

A Regular Meeting of the Durham County Board of Health, held May 9, 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; Bergen Watterson, MSCP, BA; Michael Case, MPA and Nancy Short, DrPH, MBA, RN

Excused Absences: Jill Bryant, O.D.F.A.A.O; and Heidi Carter, MSPH

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

CALL TO ORDER: - Chairman Jim Miller called the meeting to order at 5:09pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: The following additions were made to the agenda.

- Public Health Electronic Software System (Patagonia Software)
- Budget Update
- Notices of Violations (NOV) Report

Commissioner Howerton made a motion to make the adjustments to the agenda. Mr. Dedrick 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 April 11, 2013 meeting. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS:

There were no public comments.

STAFF RECOGNITION:

Dr Arlene Sena, Medical Director for DCoDPH, was invited to participate as a consultant in the Centers for Disease Control and Prevention Sexually Transmitted Disease (STD) Treatment Guidelines meeting, which was held in Atlanta from April 30-May 2, 2013.

The purpose of the meeting was to convene the experts in the field of sexually transmitted infections (STIs) and review the scientific data which provide the basis for the changes in the national guidelines to be updated and released in 2014. The CDC STD Treatment Guidelines are recognized worldwide as a source for the management of STIs. There were approximately 50 invited scientists and liaisons including representatives from national and international organizations like the World Health Organization.

Dr. Sena presented data for the sexual assault section for adults and adolescents and served as a subject matter expert for the urethritis and syphilis sections, based on her research activities at UNC-Chapel Hill and DCoDPH.

Chairman Miller recognized the public health staff for receiving a perfect score (met 148 out of 148 benchmarks) during the accreditation site visit April 25, 2013.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **VACANCY REPORT** (*Activity 37.6*)

Ms. Harris provided the board with a copy of the vacancy report which includes information on the currently vacant positions (20.15 FTEs) in April 2013 (*5 new positions, 7.6 resignations 3.55 transfers 1 promotion, 1 reclassification, 1 termination and 1 retirement*) and the total positions filled (*3 PHN III-School Health, .9 Physician Extender-Family Planning Clinic and 1 Health Education Specialist-CMS grant*). (A copy of the vacancy report is attached to the minutes)

- **HEALTH DIRECTOR'S REPORT**

Division / Program: Health Education Division / Durham County 2013 Wellness Booster

Program description

- The Durham County Wellness Team, which consists of county and city government employees, has planned and implemented the Wellness Booster for the last ten years. This annual event focuses on physical activity, nutrition and many other health topics.

Statement of goals

- Provide opportunities for participants to learn about physical activity, nutrition and connect them to services offered by local health vendors/exhibitors.
- Increase participation and exposure to a wide variety of exercise classes.
- Increase the number of employees trained in “hands only” CPR.

Issues

- **Opportunities**
 - A collaborative effort between Durham County government, Durham City Government and the YMCA.
 - The Durham County Manager has consistently supported this employee health event and allocated \$1200 of funding this year to conduct the event.
 - Each year, the event is hosted at the Downtown YMCA, a convenient location for both county and city government employees.
 - County and City government employees have the opportunity to participate in brief exercise classes, often exposing them to the newest exercise trends in a “sampler” format.
 - Participants learn fun ways to include healthy foods in their diet.
 - Greater awareness of personal health and health related services offered by the partnering agencies and outside exhibitors.
- **Challenges**
 - Some employees confuse the Wellness Booster with organization sponsored employee benefit events. This may impact participation rates as they perceive it as a duplication of events.
 - Parking at the Downtown YMCA for the vendors/exhibitors and employees who do not traditionally work in the downtown area.

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Implication(s)

• **Outcomes**

- County employees learn about and sign up for Lunchtime Aerobics, held every Tuesday and Thursday, and sponsored by Public Health and the Downtown YMCA.
- This year, 173 City and County Government employees attended the event, which is a significant increase over the previous year.
- Approximately 29 vendors/exhibitors displayed health and/or personal enrichment information and donated almost half of the 30 door prizes given to the participants in addition to other incentives at their tables.
- This year's Wellness Warrior Challenge had competitors from the County and City, three men and five women competing in separate categories.
- Exposure to the Downtown YMCA facility and increased membership for the organization. Many walk to the event, which also increases physical activity for employees.

• **Service delivery**

- This free event for Durham County and City Government employees was offered during lunch time in a health fair-type setting with the addition of interactive activities.

• **Staffing**

- Durham County and City and Downtown YMCA employees make up the Durham County Wellness Team.
- Health Education provided two certified fitness instructors and the City provided one certified instructor to lead activities.
- Durham County General Services Department provided, set up and cleared the tables and chairs at the YMCA.
- Approximately 30 volunteers from both government organizations and two NCCU students staffed the event.

Next Steps / Mitigation Strategies

- Health Promotion staff will compile the participant and the vendor/exhibitor evaluations.
- The County Wellness Team will hold a wrap up and evaluation breakfast within one month of the event.
- The County Wellness Team will begin planning the 2014 event in September 2013.

Division / Program: Community Health Division / Communicable Disease (CD)—Measles Outbreak

Program description

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

Statement of goals

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

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Issues

- **Opportunities**
 - NC public health officials and staff from local health departments are investigating 19 cases of measles in Stokes, Orange, and Polk counties.
 - To date, no cases have been reported in Durham County.
 - In an effort to prevent the spread of disease, the NC Immunization Branch has granted “liberal use” status for MMR (measles, mumps, and rubella) vaccine to affected counties and surrounding counties, including Durham.
 - DCoDPH is offering MMR vaccine free of charge to anyone over 12 months of age who has not been vaccinated or is unsure of their vaccination status.
 - DCoDPH Communicable Disease (CD) Program staff are actively monitoring for and investigating any disease reports that could be suggestive of measles.
 - DCoDPH staff are regularly participating in all-county conference calls with NC public health officials and implementing recommendations as suggested.
- **Challenges**
 - As with any potential outbreak situation, the challenge is for CD staff to maintain active surveillance and to react quickly and appropriately in the event that a case is reported.
 - Most of the persons who became infected with measles, both inside and outside the Prabhupada Village in Stokes County, were not vaccinated according to Stokes County Health Director.

Implication(s)

- **Outcomes**
 - Active surveillance will enable CD staff to quickly identify a case of measles in Durham County and take preventive measures to stop the spread of disease to others in the community.

Next Steps / Mitigation Strategies

- CD staff will maintain active surveillance and remain current on all aspects of the outbreak by participating in all-county calls with state public health officials.
- DCoDPH will continue to provide free vaccine to those who are unvaccinated or are unsure of their vaccination status.

Division / Program: Community Health Division / Tuberculosis Control Program

Program description

- The Tuberculosis (TB) Control program investigates and reports all tuberculosis cases in Durham County to state public health, provides treatment for clients with Tuberculosis (TB), and conducts outreach efforts to rapidly identify individuals who are high priority contacts to a confirmed case of tuberculosis.

Statement of goals

- To promote the health of the community through the identification and elimination of Tuberculosis; by decreasing the spread of Tuberculosis among high risk individuals in Durham County; by assuring that those who test positive for Tuberculosis receive appropriate treatment and services; and by providing education and outreach to the community at large.

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Issues

- **Opportunities**
 - The national shortage of Tubersol® necessitated modifications in the way TB skin testing is provided.
 - To comply with state guidelines modifications were made to the way DCoDPH provides testing to persons who stay at homeless shelters.
 - The modifications in the testing procedure provided an opportunity to educate the staff at the Durham Rescue Mission about TB.
 - TB nursing staff worked together to develop a TB training course/ PowerPoint to use in educating the shelter staff.
 - TB nursing staff worked together to refine a screening tool to be used by shelter staff in evaluating new and returning residents for symptoms of TB.
- **Challenges**
 - Finding a time to provide the training to include all shelter staff. Training was scheduled for different days and times to include all shelter staff.
 - Developing a training that would be targeted to lay persons rather than clinicians, yet still meet the needs of the shelter staff in evaluating residents for symptoms of TB.

Implication(s)

- **Outcomes**
 - This was an excellent example of community outreach by the TB nursing staff
 - There has been positive response to and acceptance of the change in TB skin test procedure by the shelter staff.
- **Service delivery**
 - Two of the TB clinic nurses presented TB training on April 11 and 12.
 - A second training is scheduled for May 7 for staff at the Women's Division of the Durham Rescue Mission.

Next Steps / Mitigation Strategies

- Collaborate with Durham Urban Ministries to present the TB training and the screening tool to the staff at that homeless shelter.
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Division / Program: Community Health Division/Breast and Cervical Cancer Control Program (BCCCP)

Program description

- The BCCCP program provides screening for breast and cervical cancer to underserved women of North Carolina who are at or below 250% of the poverty line. Priority population is women between the ages of 40 to 64.
- The federal/state program provides funds to DCoDPH to screen approximately 117 women at \$255 per person.

Statement of goals

- To reduce the incidence of breast and cervical cancer
- To reduce the mortality from breast and cervical cancer

Issues

- **Opportunities**
 - African American women under the age of 45 have a higher incidence of breast cancer and at every age are more likely to die from breast cancer.

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- To identify effective strategies to increase breast cancer screening among the at-risk population, the Centers for Disease Control and Prevention (CDC) developed the African American Women and Mass Media pilot campaign (AAMM campaign).
- A similar campaign was pilot tested in Georgia from 2008 to 2009 with some increase in screening mammograms noted.
- The CDC will replicate the campaign in Raleigh, Durham, Charlotte, and Windsor from April 1, 2013 through March 31, 2014. Radio ads will be aired and print material will be disseminated in the community to promote free and low-cost breast cancer screening.
- **Challenges**
 - The department does not have the resources to answer and respond to a large volume of calls from the public.
 - The department is already near capacity in providing BCCCP services.

Implication(s)

- **Outcomes**
 - The CDC, in association with ICF International, has contracted with a local, experienced patient navigator to receive calls and prescreen women for eligibility for BCCCP.
- **Service delivery**
 - The patient navigator will work closely with DCoDPH personnel to schedule as many eligible women for BCCCP services as possible.
 - The patient navigator will refer ineligible women to other low-cost resources.
 - Eligible women who cannot be seen immediately at DCoDPH will be referred by the patient navigator to other resources and/or placed on a waiting list if there are no other acceptable alternatives.
- **Staffing**
 - No additional staff time is included in this special project.
- **Revenue**
 - No additional funds are available to the department associated with this campaign.

Next Steps / Mitigation Strategies

- Plan to sign a Memorandum of Understanding with the patient navigator to clearly define roles and responsibilities.
- Expect to learn if media strategies were helpful in increasing the number of African American women seeking BCCCP services.

Division / Program: Dental Division / County Government Perfect Service Initiative Update

Program description

- Durham County is in the midst of planning a comprehensive Perfect Service model for customer care focused on core quality standards (safety, courtesy, professionalism and efficiency). Perfect Service is a Durham County Strategic Plan Goal 5: Accountable, Efficient and Visionary Government.

Statement of goals

- To create a culture of stewardship whereby team members exceed the expectations of the customers of Durham County Government.
- To provide exemplary care to those that utilize County services.

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- To ensure that all Durham County staff members are well trained, supported, and recognized for their adherence to the standards exemplified by the perfect service model.

Issues

- **Opportunities**
 - DCoDPH has been selected as a “pilot” training site for 2013.
 - The department will focus on providing outstanding care to internal and external customers, while breaking down the stereotypes and emotions typically associated with County government.
- **Challenges**
 - Rolling out a program countywide, taking into account the different environments of each county department, all the while working to bring change to individuals and groups that have entrenched ideas and behaviors about what is acceptable treatment of customers.

Implication(s)

- **Outcomes**
 - The Perfect Service Team is completing a Quality Standards matrix to align with County’s Strategic Plan. The team has also completed customer assessments, a review of access to County facilities, and has convened groups (comprised of team members for various Departments) to share stories of quality customer care throughout the County.
- **Service delivery**
 - The County has begun providing ACE-IT (Accountability, Commitment, Exceptional Customer Service, Integrity, Teamwork and Collaboration) training, in which numerous DCoDPH staff members have participated. The sessions focus on the core values of and exploring behaviors that exemplify ACE-IT. The sessions are provided in advance of the Perfect Service training.
- **Staffing**
 - The Dental Division Director is a member of the Perfect Service Team. The goal is to have additional members become part of the project (as trainers, planners, etc.) as the project moves forward.
- **Other**
 - The pilot training program is being planned for the fall, 2013.

Next Steps / Mitigation Strategies

- The Perfect Service Team is preparing to present the progress of the model to the County Manager and Department Heads.

Division / Program: Nutrition Division /Health Promotion--Rethink Your Drink

Program description

- DCoDPH nutritionists are invited to community and school based health fairs on a regular basis. A display that attracts much attention is “Rethink Your Drink”, a visual display of how much sugar is in popular beverages.

Statement of goals

- To improve the health of residents in Durham County by decreasing their intake of sugar sweetened drinks.

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Issues

- **Opportunities**
 - One in four Americans get at least 200 calories a day from sugar sweetened beverages, with 5% getting at least 567 calories.
 - Many individuals are unaware of the amount of sugar/calories in beverages.
 - The Rethink Your Drink display provides clear and understandable messages on the sugar and calories in beverages.
- **Challenges**
 - The extra calories in beverages can add to extra weight gain. A 20-year study on 120,000 men and women found that people who increased their sugary drink consumption by one 12-ounce serving per day gained an extra pound every 4 years. Another study found that for each additional 12-ounce soda children consumed each day, the odds of becoming obese increased by 60% during 1½ years of follow-up.
 - People who consume at least 1 or 2 cans of sugar sweetened beverages a day have a 26% greater risk of developing type 2 diabetes than people who rarely consume such drinks.
 - Beverage companies in the US spent roughly \$3.2 billion marketing carbonated beverages in 2006, with nearly a half billion dollars of that marketing aimed directly at youth ages 2–17.

Implication(s)

- **Outcomes**
 - The “Rethink Your Drink” display was used at three health fairs in April, reaching approximately 240 people. Participant’s comments included:
 - “This is the best display here. Thank you for this information. It’s really useful.” Participant took a picture of the display to show his friends and family.
 - “You mean there’s that much sugar in soda? What am I doing to myself?”
 - “I gave up soda and started drinking grapefruit juice instead. I thought I was doing something good. Even grapefruit juice has sugar? I thought it was natural!”
 - “What? Gatorade has sugar in it? I knew it had salt, but I didn’t think it had sugar.”
- **Staffing**
 - Utilizing the display during health fairs requires one person’s staff time for the duration of the event. There is very little preparation/clean up involved.

Next Steps / Mitigation Strategies

- Continue to spread the “Rethink Your Drink” message to Durham County residents through health fairs, workshops, newsletters, social media, and other platforms.

**Division / Program: Administration/Durham Diabetes Coalition--
Diabetes Alert Day**

Program description

- The American Diabetes Association Alert Day, held annually on the fourth Tuesday in March, is a one-day, “wake-up call” asking the American public to take the Diabetes Risk Test to find out if they are at risk for developing type 2 diabetes.

Statement of goals

- To increase awareness about type 2 diabetes in Durham County residents.
- To encourage residents to take the American Diabetes Association risk test to measure their risk for type 2 diabetes.
- To increase awareness of the Durham Diabetes Coalition.

Issues

- **Opportunities**
 - To provide Durham residents the opportunity to assess their risks for type 2 diabetes by completing a simple test that provides a total risk factor score.
 - To have professional staff available to the public to answer questions about diabetes prevention and referral resources.
 - To provide blood sugar (Hemoglobin A1c) screenings to individuals who score high on the risk test.
 - To provide health screenings [Body Mass Index (BMI) and blood pressure] for type 2 diabetes risk factors.
 - To encourage individuals who scored “at risk” for diabetes to contact their primary care provider to discuss their risk factors.
- **Challenges**
 - Nearly 26 million people in the United States are diagnosed with type 2 diabetes.
 - One in three Americans has prediabetes. (American Diabetes Association 2013)
 - Early diagnosis is critical to successful treatment and prevention of complications such as heart disease, blindness, kidney disease, stroke, amputation and death.

Implication(s)

- **Outcomes**
 - Over 1500 Diabetes Alert Day Risk Assessment surveys at 15 sites were distributed along with educational information on diabetes prevention, healthy eating and physical activity.
 - The event provided one Public Health intern from North Carolina Central University the opportunity to interact with Health Department clients.
 - Three community outreach and awareness events were conducted the week prior to help promote Alert Day. The activities associated with these events included educational presentations and one physical activity session hosted by the local library.
 - Radio One stations WNNL (103.9) and WFXY (107.1/104.3) broadcasted from multiple Durham Alert Day sites live to encourage Durham residents to participate in activities.
 - The Herald-Sun featured a story on the Durham Diabetes Coalition and Diabetes Alert Day on Wednesday, March 27.
- **Service delivery**
 - A display booth in the main entrance at DCoDPH allowed for customers to visit the booth either prior or after their appointments.
 - Faith-based organizations were contacted through the Durham County Health Ministry Network and the Community Health Coalition to distribute risk assessments amongst members.
 - Individuals were able to complete the test immediately or could take with them to complete later.
- **Staffing**
 - Durham Diabetes Coalition staff along with two Health Education interns staffed the Diabetes Alert display booth and provided information, answered questions, and referral resources.

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- DCoDPH staff also participated in an Alert Day site at the American Tobacco complex.

Next Steps / Mitigation Strategies

- DCoDPH staff will complete the Diabetes Alert Day post event survey overseen by the Durham Diabetes Coalition. Results of the survey will be used to assess the success of the event and provide guidance for future community event planning.
 - The Diabetes Risk Test will be available at community programs and on the Durham Diabetes Coalition website at www.DurhamDiabetesCoalition.org to increase awareness of risk factors of type 2 diabetes.
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Division / Program: Administration Division /Durham Diabetes Coalition—Diabetes Alert Day Radio Interview

Program description

- DCoDPH nutritionist participated in a live radio interview on WFXC/WFXK Foxy 107/104 as part of Diabetes Alert Day on March 26, 2013.

Statement of goals

- Highlight the relationship between diet and the control of type 2 diabetes.
- Inform community of resources specific to type 2 diabetes available at DCoDPH including Medical Nutrition Therapy (MNT) and Diabetes Self Management Education (DSME)

Issues

- **Opportunities**
 - Type 2 diabetes affects almost 12% of Durham County residents (source: Durham Diabetes Coalition).
 - MNT and DSME are standards of care in the treatment of diabetes. Both residents and health care providers regularly request information on resources for these services.
 - The Radio One broadcasts on Diabetes Alert Day included live interviews with professions on important topics related to diabetes care.

Implication(s)

- **Outcomes**
 - The radio interview provided a unique opportunity to discuss the importance of nutrition and management of type 2 diabetes, reaching a broad audience.
 - The interview may increase the awareness and utilization of self management services specific to type 2 diabetes, including MNT and DSME.
- **Service delivery**
 - A DCoDPH nutritionist was interviewed by WFXC/WFXK Foxy 107-104 radio host as part of 2013 Diabetes Alert Day activities.
- **Staffing**
 - For MNT and DSME, the DCoDPH Registered Dietitians/Licensed Dietitians/ Nutritionists provide these services to Durham County residents.

Next Steps / Mitigation Strategies

- Continue to participate in efforts to increase awareness of type 2 diabetes and available self-management resources.
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Division / Program: Administration/Durham Diabetes Coalition (DDC)--Media Activities

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

- Increase the penetration of type 2 diabetes information to Durham residents through popular methods of communication.

Issues

- **Opportunities**
 - Connect with Durham County residents in an interactive way through social media.
 - Inform the public about the purpose of the Durham Diabetes Coalition and available services.
- **Challenges**
 - Reaching the target audience with Durham Diabetes Coalition and type 2 diabetes information.
 - Increasing number of followers on Durham Diabetes Coalition social media sites.

Implication(s)

- **Outcomes**
 - Received valuable feedback from a focus group with the Senior Center on April 18 about what people would like to see around diabetes in their community, diabetes media messaging, and topics they would like to see on the TV show, “Living Healthy.”
 - Conducted interviews with community members following a Duke Community Health diabetes education class. Received helpful feedback.
 - Added 32 Twitter followers, an increase of more than 50 percent, and five Facebook subscribers, an increase of about 10 percent, during the month of April as a result of social media activities.
- **Service delivery**
 - Participated in an American Diabetes Association Twitter chat on April 19. Dr. John E. Anderson, the ADA’s president of medicine and science, answered individual questions about everything from diet to lifestyle to medications. The DDC account fully participated in the chat “#T2Dchat” asking questions and ReTweeting helpful information.
 - Live tweeted a grocery store tour for Durham residents on April 24. Tweets included information on nutrition tips, budget shopping, and reading food labels.

Next Steps / Mitigation Strategies

- Continue to participate in Twitter chats to increase audience.
 - Implement communication strategy plan.
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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.

Statement of goals

- Increase the public's awareness and understanding of important health information and DCoDPH's programs and services availability
- Increase the public's utilization of DCoDPH 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.
- **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 six media releases/advisories during the month of April, resulting in over 29 unique media postings/airings (radio and television), printed in the news, or posted to the web. These included pieces for measles, water quality testing at Rolling View Beach, Bull City Play Streets, rabies vaccination clinic, and DCoDPH centennial celebration.
 - Revised DCoDPH services brochure, commercially printed and placed into service.
 - Formatted DCoDPH Employee Guide, commercially printed, and placed into service for staff reference.
 - 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.
 - Worked collaboratively with other county departments with social media to develop a comprehensive county Social Media Policy and Plan (on-going).

Next Steps / Mitigation Strategies

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

Division / Program: Environmental Health/Onsite Water Protection/Rolling View Water Quality Monitoring Program

Program description:

- Environmental Health is responsible for protecting the public health through the administration of certain water quality programs. The On-Site Water Protection (OSWP) program has begun water quality monitoring at the Rolling View Swim Beach for the 2013 summer swimming season.
- When fecal coliform bacteria counts exceed the established threshold (2 of 3 samples exceeding 235 fecal colonies/100ml) or the geometric mean (126 fecal colonies/100ml for a 30 day period), the beach will be closed until resampling results on two successive days is below the established threshold.

Statement of goals:

- To inform the general public of the water quality for swimming purposes at the Rolling View swimming beach.

Issues:

- **Opportunities**
 - This program will inform interested citizens of the potential risks of swimming in naturally occurring water bodies.
 - Preliminary sampling was done last fall for quality assurance purposes.
 - Environmental Health staff recently reviewed the process with the Falls Lake Park Superintendent who assured cooperation with Public Health and assumed responsibility for beach closure when notified.
- **Challenges**
 - Expedient sampling turn-around time and any necessary beach closure postings will be prioritized.

Implication(s)

- **Outcomes**
 - Sampling for the season has begun a few weeks before the normal swim season.
 - The major outcome of this program will be the educational value and health protection it provides for those swimming at Rolling View Beach.
 - A spreadsheet has been created for recording sampling results. The spreadsheet will calculate the geometric mean on a continuing basis.
- **Service delivery**

Environmental Health staff will make every effort to continue to deliver other mandated services in a timely manner.
- **Staffing**

The Onsite Water Protection Program employee tasked with responsibilities associated with the Falls Lake Nutrient Management Strategy legislation will be also responsible for the Rolling View Beach Water Quality Monitoring Program.
- **Revenue**

This is not a state mandated program and will produce no revenue for the county.

Next Steps / Mitigation Strategies:

- Fully implement this program as planned.

- **COUNTY HEALTH RANKINGS (Dr. Erika Samoff):**
(Activity 38.2)

The County Health Rankings are created by the University of Wisconsin Population Health Institute, and are designed to provide information to support improvements in population health. The rankings are designed to support change – they're designed to be sparky, to capture interest and support outrage (if appropriate). They are not boring. In 2013, Durham County was ranked 17th out of North Carolina's counties. This presentation describes how the rankings are derived. Durham County's ranking dropped in 2013 (from 8th in 2012); this presentation provides information on changes in the ranking measures that may have contributed to this drop. (*A copy of the PowerPoint presentation is attached to the minutes*).

Discussion/Comments:

Dr. Samoff: The population -per primary physicians doubled, probably because they took out the obstetricians as primary care physicians. That is the only negative number that changed for Durham.

Ms. Watterson: It seems that the exclusion of OB numbers would disproportionately affect a county like Durham.

Dr. Short: The University of Wisconsin crunches the numbers, but Robert Wood Johnson Foundation pays for it.

Dr. Samoff: Yes

Dr. Short: Is this "664 acts of violent crime" per 100,000? How do we know what to compare this to?

Dr. Samoff: At this time I am not sure, I can look that up for you.

Dr. Samoff: So in summary most of the actual changes to Durham are because of changes to the measures and other counties changes, it's not a change in Durham.

- **YOUTH RISK BEHAVIOR SURVEY (Dr. Samoff):** (Activity 38.2)

Durham Public Schools and the Durham County Department of Public Health have been collaborating on the Youth Risk Behavior Survey (YRBS) since 2007. The survey is performed biannually to collect information on adolescent health behavior. This presentation of 2011 results provides information on drug use, perceptions of violence, physical activity, nutrition, and mental health for high school and middle school students. (*A copy of the PowerPoint presentation is attached to the minutes*)

Discussion/Comments:

Commissioner Howerton: Do you have a number for the suicide rate in Durham?

Ms. Harris: The difference in the race and ethnicity in the suicide rate has been consistent with Hispanics having a huge gap since YRBS survey in Durham began. As a result of the data, the school system has worked to improve mental health services onsite and that is one of the superintendent's strategic goals. They have partnered with Alliance Behavioral Healthcare to have school-based mental health professionals assigned particularly in the elementary schools. The presentation will be presented to the School Board and BOCC.

Dr. Allison: Is there a question that can be asked to collate information to ask about social economics?

Dr. Samoff: There is not an income question on the YRBS survey. There are no specific questions about violence at home. There are nutrition questions (what did you eat for breakfast...).

Ms. Harris: We deliberately did not put the school site in the questionnaire because we didn't want the information to be misused.

Dr. Allison: Are the surveys anonymous?

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Ms. Harris: Yes, they are. We pick them up from the schools but when we send them out they are bundled together.

Dr. Short: Can we collate the bullying question with the Mental Health section?

Dr. Samoff: That is possible.

Ms. Harris: After the last survey, the superintendent immediately pulled together a coalition to do something about bullying in the schools. When we presented to the BOCC, the media picked up the bullying piece because it was higher; so, they held a press conference about their efforts to change perception of bullying in the schools.

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

Mr. Brown reported on the Onsite Water Protection Notices of Violations (NOV). Mr. Brown stated the report explains the current status the NOVs that have been issued. A number of early NOVs have been resolved. Some of the later NOVs have not been resolved for a variety of reasons. The property located at 4009 Suitt Street is one that is on the log and is pending transfer to the County Attorney's office for discussion. The homeowner has been very unhappy with the situation and this has been ongoing for quite a few years. To give you a little bit of history, there are a lot of systems in Durham that were installed in unsuitable soils based on current regulations. The reason for that is prior to 1977 we evaluated properties using what was called the old perk test. The department has stopped doing perk tests for many years. Prior to 1977 most of the lots, 50-60%, in Durham in this area of unsuitable soil was approved using the perk test. Now that we use a site and soil evaluation one of the criteria we look at is the types of clay you have in the sub-soil. One type of clay that is very prevalent in southern parts of Durham County is an expansive type of clay that swells up when it gets wet and shrinks when it is dry and does not allow the water to pass through. A lot of those homes that were built prior to 1977 were served by septic systems that were installed in those soils and we have a lot of them. When an existing septic system fails, especially an older one that was installed in unsuitable soils, there are only three basic options:

1. Require permanent pump and haul which in many cases amounts to a financial burden to the homeowner;
2. Send the homeowner to the state for a discharging sand filtration system which is something we are doing mostly now;
3. Recommend repairs considered to be "best professional judgment", which is to assist in the replacement of a septic system in the unsuitable soils. The problem is that some of these systems will work for several years and then there are some that work for a year or less and fail again which creates a lot of problems and legal concerns with respect to what the health department's responsibility was in recommending that repair.

The system on Suitt Road is one that failed in 1998. It was installed in 1965 and in 1998 we wrote a letter recommending that City services be extended which depended on available funds that were in place in either County Engineering or City Engineering projects depending on where the property is located. Shortly thereafter in 1999, the health department installed the best professional judgment repair which was really an attempt to control the existing failing system. Then the property was sold. The health department is not made aware of property sales in North Carolina unless the buyer hires a private certified evaluator to do a soil and septic report. If that happens all the health department's records are pulled and the buyer is informed of any septic system concerns. So the repair we did was deemed as an unsuitable soil repair. One of the concerns of the owner of this property is that the City Sewer needs to be extended and they were told in 2000 in a letter from the City and County that City sewer would be ran between 2007-2012. That has not happened. City sewer is about 2-

quarters away on each side of the property but County Engineering/City Engineering did a cost assessment that determined that just the required pump station alone (required to be at the foot of the street) would be over \$400,000 plus the cost of installation. We are dealing with a system that is not functioning and we don't have many options except to push the homeowner toward a discharging sand filter permit with the state which is a cost that the homeowner states they can't bear and feels the County is responsible.

COMMITTEE REPORTS:

- **AD-HOC SUBCOMMITTEE FLUORIDATION IN THE MUNICIPAL WATERS** : *(Activity 14.3 & 34.5)*

The Ad-Hoc Subcommittee will meet on Friday, May 24, 2013 at 8am. The sub-committee will begin to work on the final report so the committee can make a recommendation to the Board. The final report will be sent to the board prior to the next Board of Health meeting in June 2013. Dr. Allison commented on the letter from the Surgeon General's Office supporting fluoridation which stated that it is one of the most cost effective measures. Dr. Allison requested the Surgeon General letter be included in the report.

OLD BUSINESS:

- **ACCREDITATION UPDATE:**

Durham County Department of Public Health's (DCoDPH) initial accreditation site visit was held on April 23-25, 2013. The Site Visit Team was able to designate 148 activities of 148 as "Met". DCoDPH staff will be onsite to receive the official accreditation award at the Accreditation Board Meeting on June 21, 2013 from 10-3 at the NC Division of Public Health, Cardinal Room, in Raleigh. Ms. Harris provided the board with a copy of the site visit report. Once the health department receives the official accreditation award the information will be forwarded to the BOCC to be added as an agenda item.

HEALTH DEPARTMENT: Durham County Department of Public Health Initial Accreditation Site Visit

Site Visit Team Composition

- Barry Bass, Public Health Administrator, Lead Site Visitor
- Bill Browder, Board of Health
- Dicke Sloop, Environmental Health
- Jacqueline Glenn, Public Health Nurse

Region Served by the Health Department

Spanning almost 300 square miles, the city and county of Durham are located in the heart of the North Carolina Piedmont Region. Historically known as the "tobacco capital of the world" and the home to Black Wall Street, Durham is now known as the "City of Medicine." While Durham has three times the state average of physicians per capita, a higher-than average number of hospital beds and more nurses than most other counties in North Carolina as well as a top-10-ranked medical school and hospital, many of Durham's poorest and minority residents have not benefited from the rich medical resources in their backyard. There is a rich agricultural heritage, a diverse population, numerous parks, excellent public services and a strong faith and social justice community. Although Durham County is rich in resources, disparities do exist between racial/ethnic groups as well as between lower income and higher income residents. Durham County has a strong history of multi-sector collaboration and the Durham County Department of Public Health is working with its community stakeholders to transform Durham from the "City of Medicine" to a "Community of Health."

Durham County Department of Public Health Site Visit Report

The demographics of Durham County residents have shifted dramatically over the last decade. Since 2000, Durham County's population has grown over 22% to 267,587, which is slightly higher than the statewide increase of 18.5%. Durham is the 6th largest county in North Carolina and approximately 85% of all Durham County residents live within the city limits of Durham. With a median age of 33, Durham County residents are younger than the state average. Since 2000 the older adult population has risen by 16% and is projected to grow at least 44% by 2025. Durham continues to grow as a racially and ethnically diverse community. In fact, in 2005, Durham County became a "Majority-Minority" county, or one in which more than half of the county is considered "minority." By 2010, 46% of all residents were White and 53% were of a different race. The Hispanic population in Durham has increased from just over 1% in 2000 to 13.5% in 2010. Another demographic group that has grown is refugees; from 2008 to 2010, Durham County experienced a 450% increase in refugee settlement. Burma (Myanmar) and Nepal have been the most common country of origin for refugees who have resettled in Durham.

Number of Local Health Department Employees

Since 1913 Durham County Department of Public Health (DCoDPH) has provided both mandated and specialized services addressing the identified needs of underserved community residents. Its mission, to preserve, protect and enhance the general health and environment of the community, is carried out by 187 staff members in six divisions that work in close collaboration.

Local Health Department Budget Information

In Fiscal Year 2012-2013 the adopted budget was \$20,238,782 with County funding at \$14,265,582 (which is 70% of the budget) and grants/fees \$5,973,200. In Fiscal Year 2011-12, DCoDPH served 14,463 (unduplicated) customers for a total of 50,521 visits. According to data by payer source, the majority of customers (78%) were self-pay, indicating a high proportion of uninsured customers. Less than 1% of customers had Medicare or insurance where as 22% had Medicaid. Of those customers who reported race and ethnicity, 46% were Non-Hispanic and 42% were Hispanic. The most common race reported was black (43%) followed by white (10%), Asian (5%) and less than 1% of customers reported American Indian or Native Hawaiian/Pacific Islander. The customers served at the health department differ from the overall Durham County demographics; the health department serves a far greater proportion of Hispanics (42% versus 13.5%) and fewer whites (10% versus 46%).

Local Health Department Services/Programs

- 1) Administration handles financial, personnel, public relations, vital records and support services.
- 2) Community Health conducts communicable disease surveillance and control, including TB, STI/HIV, Refugee and Immunization Clinics; Family Planning and Prenatal Clinics; School Health, and Coordinated Care for Children and Pregnancy Care Management services. It also administers the contract for the Durham County's jail medical services.
- 3) Health Education focuses on health promotion, teen pregnancy prevention, communicable disease prevention and school health education in addition to staffing the Partnership for a Healthy Durham coalition.
- 4) Nutrition provides medical nutrition therapy, diabetes self-management education and community and school education through a SNAP-Ed program. The department Durham Diabetes Coalition project is administered through the Nutrition Division.
- 5) Dental provides dental services on-site as well as on the mobile van, Tooth Ferry, at schools and community sites.
- 6) Environmental Health services include the health inspections program, onsite water protection program and department preparedness functions.

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A major strength of the Durham County Department of Public Health is its long history and successful track record of community collaboration. In providing services and programming for the community, the department is committed to securing community input. This philosophy and practice has resulted in collaboration with an extensive list of community organizations. Staff from the Health Department sit on Boards (Lincoln Community Health Center, Durham's Partnership for Children) as well as actively participate in community collaboratives and initiatives with other agencies, including but not limited to Durham Community Health Network, Partnership for a Healthy Durham, Durham Health Innovations, Durham Public Schools, Durham's Community Health Coalition, Durham Diabetes Coalition, Cooperative Extension-Welcome Baby, Child Care Services Association, and the Durham Committee on the Affairs of Black People-Health Committee, Duke Division of Community Health, Interfaith Food Shuttle, the Food Bank and Urban Ministries.

Findings:

Accreditation Recommendation

The Site Visit Team was able to designate 148 activities out of 148 as 'Met' by the Durham County Department of Public Health. Scoring requirements for Accreditation have changed effective February 1, 2013 to score each activity individually and not Benchmarks as a whole. The Accreditation Site Visit Team recommends the Durham County Department of Public Health for accreditation.

Not Met Activities: N/A

Strengths:

- The Accreditation Site Visit Team commends the Durham County Department of Public Health staff for their sincere hospitality and friendliness shown to the site team.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for their excellent documentation which allowed the Site Visit Team to easily find evidence provided.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having a facility that is "state of the art" and was very impressed that the staff collaborated in the building design.
- The Accreditation Site Visit Team was very impressed that the County was so supportive of the Durham County Department of Public Health building project and their contribution to their agency budget.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having a facility that is very customer friendly, easily navigable, and which allows for secure patient privacy in most areas.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having good signage throughout the building.
- The Accreditation Visit Team was very impressed with the Durham County Department of Public Health's advanced Technology Department and equipment which has enabled them to institute an electronic medical records system ahead of most other local health departments.
- The Accreditation Site Visit Team commends the Health Department for their collaboration with the Lincoln Community Health Center (FQHC) to provide additional client services which include WIC, HIV Early Intervention (Ryan White), Primary and homeless care within the Health Department facilities. This has provided additional resources that are convenient and seamless for clients.

- The Accreditation Site Visit Team commends the Durham County Department of Public Health on the utilization of residents and students

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from Duke and UNC Departments of Medicine and Dental School at UNC to provide dental and other clinical care services.

- The Accreditation Site Visit Team commends the Durham County Department of Public Health for developing a first class Lab with laboratory diagnostic equipment which is second to none seen elsewhere in the state.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health having Emergency carts strategically located throughout the building.
- The Accreditation Site Visit Team was impressed with the Durham County Department of Public Health longevity of the Management staff and their great job of recruiting and retaining experienced staff.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having such a diverse staff that reflects the county population.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health having the vision to co-locate with the Department of Social Services enhancing collaboration and provision of human services.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having a walk-in system for clinical services that is very customer friendly, provides for greater utilization of clinical services considering staffing availability and minimizes customer wait time and decreased "no show" statistics.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having a School Nurse program that integrates both school system and health department nurses working collaboratively in the public schools. School partners stated in their interviews that they recognized the Health Department as a vital partner in providing all around care for the community.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for having a Medical/Laboratory Director that has helped to develop a search friendly attitude throughout the Department and participates freely in evidence-based research projects.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health on having a great Health Education staff that functions internally and externally providing all around education to customers and the community.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health and Duke University in their collaborative efforts to improve the health of the community. They selected three of the Social Determinants of Health as their priorities which include: poverty, homelessness and education.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Board of Health for being very active and appropriately involved in governance and policy development while avoiding involvement in day to day management of the Health Department.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Board of Health for being so well trained

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including Orientation and on-going training both individually and collectively.

- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Board of Health on their research, development and implementation of model tobacco free rules.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Board of Health on their Fluoridation study.
- The Accreditation Site Visit Team recognizes the Durham County Department of Public Health's Board of Health for its diligent process of vetting and appointing citizens to the BOH.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health for fostering support and working cooperatively with the Board of County Commissioners. Health is included as a strategic goal in the Durham County Strategic Plan and the Health Director was selected to serve as a "Champion" to provide leadership for that goal.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Health Director for being recognized as a respected community leader by Commissioners, BOH, Staff and Community Partners.
- The Accreditation Site Visit Team commends the Durham County Department of Public Health's Health Director for creating an organizational culture that values work force development and training, with a clear vision of succession planning and continuing career development for staff that includes mandatory staff participation in quarterly staff meetings and bi-annual staff development days.
- The Accreditation Site Visit Team commends Durham County Government for a culture of inclusion demonstrated by the County Manager attending every New Employee Orientation at the Durham County Department of Public Health.
- The Accreditation Site Visit Team commends the Durham County engendering and encouraging creativity and innovation among staff.

- **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 negotiated costs for the Patagonia Software as a Service, 1st 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 st 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: 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 and they should be wagging the tail.

Ms. Harris: It is called demand. We can certainly go back to Patagonia and the number that I would ask you to approve is not to exceed an amount with the understanding that we would go back to Patagonia for re-negotiations.

Attorney Wardell: Is that a negotiated fee or is that what they charge?

Ms. Harris: There were some early adopters and they did receive a grant through Rural Health to work with local health departments a couple of years ago. The early adopters got some discounts but Patagonia said in January 2013 their fee schedule increased across the board and these are the charges. What we did not have was an opportunity to do is double back with our peers to say “what are they charging you now?” because we did that on the front end and found out that we were being charged more but Patagonia also said we were asking for more and we had far more users than our peers. The ability to interface with the state system is another unique beast in itself.

Dr. Short: Will there be anything written in the contract that says “if Patagonia gets into the weeds and finds the integration with the state system is taking them many more man hours, that they can’t come back to us and say we need \$50,000 more? Is there anything that blocks that?

Ms. Harris: We usually have very close parameters in the contracts that we do, right Bryan?

Attorney Wardell: Unfortunately no. We are dealing with an issue right now very similar with a HR issue where the vendor was having some problems providing what HR needed and the functionality wasn’t fully there but they had met certain milestones, so they said we met those milestones so you have to pay us but the full functionality was not there. The contract was written on a milestone basis as to oppose to a functionality basis. We have negotiated to pay them with an amendment to the contract based on functionality so that they will know that you met this milestone but the system will do X Y and Z then you get paid.

Ms. Harris: Can we incorporate the functionality in the contract?

Attorney Wardell: Yes. We would have to because in the past that is how they were written and that caused some problems. You have to have a functionality component to trigger the payment, so if the vendor signs off on the invoice it would be paid.

Dr. Short: So we will benefit from what Human Resource has learned? Will there be penalties in the contract for delays? So if they can’t hit the due date, is there a penalty for them failing to meet the deadlines? It seems that they are making a lot of demands on us I would like to make sure that we get what we need.

Attorney Wardell: I would need to see the proposal. Typically in these IT contracts they want as wide of a variety of latitude as possible. You have to negotiate really hard and have someone in-house who can really understand what they are doing because they tell you “well it’s taking us an extra 30 days because the health department couldn’t give us a b and c” so you need to know up front what they need from the health department and then you need a IT person to say, if we give you this it should take you this amount of time to do what you need to do. You almost need to have your own consultant monitor the process to make sure that everything is going as planned.

Ms. Harris: John Myatt, Steve Barden and Jane Harper-Everson from the IT Department are at the table.

Attorney Wardell: What we can do is take a part of your budget and specifically get them to do this task.

Commissioner Howerton made a motion to approve the amended negotiation price for Patagonia Software with the contingency that the contract would be amended to include functionality requirements, penalties for not meeting the functionality requirement deadlines, and the

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IT and County Attorney department reviewing the contract to make sure the functionality and penalty specifications are included and clearly defined. Ms. Watterson seconded the motion and the motion was unanimously approved.

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

Ms. Harris provided the board with information regarding FY 13-14 budget progress. The County Manager recommended

- most of the operational increases (3% of total budget-county funds)
- Family Planning replacement funds that will allow us to continue to employ to full-time(36% and 63% positions) staff members in the Family Planning Clinic
- An Environmental Health Specialist
- 0.30 FTE added to the existing 0.70 FTE Physician Extender
- 0.45 FTE added to 0.55 FTE Interpreter

NEW BUSINESS:

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

Mr. Henry McKoy provided the Board an overview of a project that will address 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:

Health Impacts of Poor Housing

Poor housing has been used both as an indicator of poverty and as a target for interventions to improve public health and reduce inequalities in health. Although housing still has a prime place on the health inequalities agenda, it also has wider importance because small health effects can have a large impact at the population level.

Policy makers are also increasingly interested in measuring the health effects of social interventions (such as social housing) and in gathering evidence to shape policy. Much of the research investigating the links between housing and health has been cross sectional, and these studies have shown strong independent associations between housing conditions and health. Evidence suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Problems such as damp, mold, excess cold and structural defects which increase the risk of an accident also present hazards to health.

Rehousing, refurbishment and relocation or community regeneration

Two prospective controlled studies reported beneficial effects of rehousing or refurbishment on health outcomes, including improvements in mental health.

Energy efficiency measures

Although the four studies that we identified all found that energy efficiency measures improve respiratory and other symptoms, only one study adjusted for potential confounding variables.²⁷

Use of health services and social effects

Some studies assessed the effects of improving housing on use of health services; decreased visits to the general practitioner, reduced likelihood of inpatient and outpatient use of health services, and reduced prescribing of hypnotic and respiratory drugs were reported.

Broader social impacts of housing improvement were reported in some studies, including improvements in social outcomes, such as perceptions of safety and social and community participation. One small study reported a small increase in social support after the intervention. Two studies that examined the effects of housing improvement in the context of area regeneration, reported that residents' concerns about local crime were reduced. Another small study reported that fewer days were lost from school because of asthma after heating improvements.

Example: Maternal Health Issues

The gap does not narrow with age and educational attainment. In other words, white women's health outcomes improve as they climb the socioeconomic ladder and give birth in their 20s and early 30s, rather than in their teen years. Not so for black women, whose health problems seem to compound with age.

So what explains that? Arline Geronimus, a professor at the University of Michigan School of Public Health, calls this phenomenon "weathering." She theorizes that the cumulative impact of constantly dealing with disadvantages causes birth outcomes for black women to deteriorate with maternal age.

"Women in particular, especially in low-income communities, have enormous stressors they're coping with," she says. "They're usually centrally responsible for raising children, taking care of ailing elders, working, earning money, and dealing with material hardship."

And it's not just hardships associated with poverty. Geronimus says that for middle- and upper-class blacks, the pressure to be model minorities — or sometimes being the *only* minority — can also take a toll.

When Geronimus began talking about her weathering theory more than 20 years ago, she was widely pilloried. Some called her racist; others wanted her fired.

But in the years since, there's been growing acceptance of her view that constant stress *does* lead to the deterioration of bodily systems: the cardiovascular system, the metabolic system and the immune system.

"This weathering process that eats at your health begins quite young. Its impact is seen as early as the 20s," she says.

In fact, studies have found that African-American women of childbearing age in particular, in their 20s and early 30s, already suffer from chronic disease.

"In those ages, they're suffering from hypertension at two or three times the rate of whites their own age," she says. "African-Americans at age 35 have the rates of disability of white Americans who are 55, and we haven't seen much traction over 20 to 30 years of trying to reduce and eliminate these disparities."

"We're not understanding what a broader social problem it is," she adds, "and how much social policies, housing policies, economic policies, urban planning policies all impact health through these various roots and mechanisms."

(A copy of the City-County Public –Purpose Partnership Proposal is attached to the minutes.)

Discussion/Comments:

Ms. Watterson: On my day job I am an urban planner. I having been looking into affordable housing, in particularly around transit, especially here in Durham; so, I am familiar with these often called affordable housing trust funds I wasn't aware of New York but I know San Francisco, Denver they all have very successful ones as far as I can see - the only way to get successful affordable housing. The thing that I see that is different about that versus your idea, which I think is fantastic by the way, it is really exciting - is those funds are set up to lend to developers who are constructing affordable housing often or rehabilitating which then they can rent the units or sell them and pay back their loan. I was listening my best; so, I could have missed it. How, if low income property owners, are we expecting them to pay back the loans?

Mr. McKoy: So I'll give a kind of a quick synopsis. About a couple years ago when I was in the Department of Commerce I spent some time out on the west coast with Google and commercial folks as well as in DC at the White House talking about these enormous amounts of funds that these major corporations have and are trying to figure out ways to leverage those against tax credits and that nature; so we talked to Google about possibly making an investment in Durham to do some work in the Rolling hills project and things of that nature and some other corporations. What we want to do from a pilot stand point is to look at how we might partner with some of those people that we have had conversations with; the foundations and the non-profits around creating an attachment to invest in these kind of projects; particularly, Google has invested quite a bit of money in green energy efficient projects One of the folks within our team has worked on these projects around energy credits and things of that nature; so, what we want to do is to look at how do we partner with those companies that are interested in affordable housing and energy efficiency and how they can essentially bear the costs. What we want to do is to put a demonstration from a positive stand point that has a possibility of creating some tax policy or something of that sort that in the long term could be used to raise capital to bring into these communities, so more like a grant than necessarily a loan. So this is set up around that as to find a partner who doesn't have an expectation in this round of getting funding back and in this situation the landlord the homeowner would not be expected to pay it back which it then should not fall down to the renter.

Dr. Levbarg: I also think this is a very interesting and very exciting project. One of the things as you were just talking, the re-energy projects, it also strikes me that this leads to where our legislature has wiped out any incentive for green anything. So it kind of worries me a little bit on account of if we say tax incentives and all of that but it is where we are and not where they are and they are negative about it.

Mr. Koy: To 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.

Dr. Levbarg: Let me take this conversation in a different direction because the other thing that is happening now is our 100th year anniversary and it seems to me that this project is smack dab in the conversation of public health, social determinants and it would seem to me that this would be working with this project, investing in this project would be one amazing way for us to celebrate 100 years as a way of pushing it.

Mr. Koy: I agree. I think that certainly what I would like to see out of this in the conversations that we have had with the public leaders is that we really want to use this as a demonstration of something that can be different but I really think that Durham can be the center of this social world which means that I been saying for years that we have all of these wonderful assets in our community, we have a great diverse community which is wonderful. We have universities like NCCU, Duke University with young energetic kids that want to change the world. We should be able to do something with that. We have the largest research park in the world right here connected to us Research Triangle Park. With all of these factors we should be able to be innovative and creative in what we do. I believe that Durham can be at the centerpiece of that and the truth of the matter is and this is how I have worked with communities all across the country, we have great leadership. We have leaders who think about how we move communities and how do we do this in ways that really change the life senses of people. I think if any where, we can do it here and the argument I am making to people outside of Durham is that if you want to get the best bang for your buck put resources here and let's put them to bear on doing some creative things that can then possible be demonstrated elsewhere. I think that it would be wonderful to tie this into the 100 year and keep marching forward.

Commissioner Howerton: The thing that I keep thinking about is that we are not going to get any new money. I don't see any new money coming out of Raleigh, coming up with innovative ways of moving forward. What else is there to do to not stop moving?

Dr. Miller: The project is potentially for \$1.2million so encumbering \$55K is a low risk it will hopefully encumber \$55K and sit somewhere in capital and no money will be cost out.

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.

Dr. Short: Are you as individuals putting money into this?

Mr. McKoy: We have invested a substantial amount of money thus far to get to this point in terms of the cost that we bore to set up an office and to travel around talking to different partners on the way the project is structured. Essentially, we are not taking a fee. We are working with the public side of it.

Dr. Short: That is kind of where I am going. Is this your full-time job?

Mr. McKoy: My full-time job is working on my PhD. All of us have been very successful so the financial return is not at the center piece of what we are focused on.

Dr. Short: So there is not a master plan for a return on your investment?

Mr. McKoy: No the master plan for us is to show that you can leverage funds in this kind of way to really move the public sector forward and bring private capital to bear. Now I am of the belief that you don't have to take a vow of poverty to solve poverty so the idea behind this is create a model that incents people to change the way they make investment decisions. Instead of saying I am going to invest in a company that

doesn't care about anybody or anything but ourselves, the model is going to show how you can incent capital and find very creative solutions to public issues that can also create a return on revenue. This project is saying, how can we pilot this and see what that opportunity is at the time we are working with people like foundations that don't really care about what their return on an investment is financially. So the pilot is a proof of concept.

Dr. Short: So how much of the monies that are invested will be used up in overhead and maintaining your organization, the kind of things that you have already been putting your own money into apparently?

Mr. McKoy: None actually because, as I mentioned, the two reasons why we are asking for investors is you just can't sell it as something that the public won't do or the public is saying okay that's great go do it but we don't feel like it is important enough for us to invest in; so as I said a part of this was to find a innovative way that the public can make an investment that possibly does not cost them anything. That is the nature of public/private partnerships saying that the public is willing to make an investment in this. So that is kind of the first reason the model came up. The second reason is that, hopefully, it is not me that I am selling going out here but Durham that I am selling. Apart of that has to be focused on bringing some other folks to bear and saying that this a community and this is why the community is the right place for this kind of investment. So part of this is bringing people to the table who are going to come to the table for not just a wink and a smile. The overhead would be going to cover this particular project, setting up the design of the fund, what does that look like, how does it flow, what would actually be the structure and how it is operated? Everything will be dedicated specifically to getting the project set up and what it looks like.

Dr. Short: So there is no fee being siphoned off to support your operational expenses is what you are telling me?

Mr. McKoy: Not associated publicly. If I get on a plane and go some place on behalf of this project, I would expect that to be covered out of funds.

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?

Mr. McKoy: I don't know if I can answer that to your satisfaction. I think that the nature of innovation is doing something different I think that is the definition of innovation. I'll tell anybody who ask me I have never given any one a one hundred percent promise of anything. "I love my wife to death, we have been married for 16-17 years ,I think it is going to last forever, I hope it last forever" but I can't say that this is going to go all exactly as planned but I do know that the only way we can move forward is by trying different things. I have done all I could to reduce the risk from the public side and having been someone who spent a lot of time in Raleigh in the big chair I recognize when people come to the table that most of the time all of the money is stacked up in one direction and so I have done all I could on this to try to minimize the risk to the public sector.

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?

Mr. McKoy: I have worked on a number of projects with the Gates Foundation and Kellogg Foundation and things of that nature. A lot of this is driven by the idea that there has been a shift in approach to how these organizations are putting money out in terms of investments in communities. What I am trying to do is to see how do we get in front of that approach and say here's a community that can absorb that kind of innovative capital. So we are trying to do what we think is a relatively

small project to show that this is a community that can absorb that capital and in working with particularly foundations that who have these program related investment funds to say let's work on this together.

Dr. Short: So if I am interpreting that correctly there isn't like a list of prospective folks that you are going to knock on the door yet. You're starting with City/County in proof of good faith I guess.

Mr. McKoy: There is a list.

Dr. Short: That's kind of what I am asking. Who would we be in bed with?

Mr. McKoy: We would have to go into closed session because these are partners who would rather not be outted. We did this all of the time from a government standpoint. We have partners and I am happy to talk about that in a closed session.

Dr. Short: Are you on a timeline that would preclude us from taking more time to talk about this?

Mr. McKoy: I mean we are trying to move forward fairly quickly. We have been having this conversation with the public side for several months. We talked to the County Commissioners, so we have been having this conversation.

Dr. Miller: Encumbering the \$55K is there a time period that it would need to be encumbered?

Mr. McKoy: This is a project that we don't expect that it would take forever. We are saying an optimistic timeframe where we would like to get this running by the beginning of year January 2014. That will depend on how long it takes to get this through this process but we would not expect it to be beyond a 12 month period.

Dr. Levbarg: Do you see this as something that would be easier to sell if you have our amendment first?

Mr. McKoy: From this stand point, my understanding is that because of the public side or the health side that it would have to go through you all to get to the County Commissioners. It is more of a perquisite.

Dr. Levbarg: I was talking about being able to sell it to the private investors.

Mr. McKoy: I think it is critical. I don't think you can go to a private investor until you have a public/private partnership. If you don't have the public so like I said I think that there are not a whole lot of ways around it. Most of the time investors like to see that there is a initial something, So your partnership is largely with the City, Public Health and Neighborhood Improvement, we are there as a kind of facilitator to help move it forth. This is their program, it is already up and running. It is not a visionary, their already in place. They need access to capital and they don't have capital.

Dr. Miller: At this point it is going to bring money to low income folk which is going to help them prepare low income people who need a job, or need things to do.

Mr. McKoy: Community Development Division within the City has a number of departments but Neighborhood Improvement and Workforce Development are working on this as a function of showing how to use or place people who are hard to place in jobs and that kind of opportunity. It is really set up as a comprehensive type of pilot that not only we can create a high quality quota but we can also put people to work who have a hard time finding jobs and things of that nature so that's the nature of the pilot to figure all that out in terms of how you connect all these pieces together at this level and then hopefully over time a million dollars is not going to take care of 17 houses and that is just the 1st phase.

Attorney Wardell: Has the City already agreed to encumber the funds?

Mr. McKoy: They agreed in principle in a sense of what they are doing now is trying to figure out from where to pull their funds. In the City Council I think some of them have their own ideas of where it might come from of that nature.

Commissioner Howerton: When are you carrying it to the City Council?

Mr. McKoy: The City is going to go through the City Manager's Office. It should be sometime in the next few weeks. I don't have a problem at all with a conditional approval. I see in this model the City and County have to be there together.

Attorney Wardell: I think it is probably not right to vote on whether to encumber the money. I think you probably need to bring it to the full board and then at least have the Finance Manager weigh in on it. I think you have presented it to the Finance Manager as well. So the full board will understand it and have a vote on it. I think for information purposes it is great at this point but I think the full board probably should be involved in the vote. That is what my advice would be. Accept the presentation to the board for information purposes and then set it back on for a meeting of the full board and they will take a vote on it.

Ms. Harris: We should make sure everybody gets the PowerPoint presentation. Anyone who is not here Rosalyn will e-mail this out and we could have it at the beginning of the meeting because everybody may not show but a bigger majority is what you are asking.

Attorney Wardell: I think you want to have as much of the full board as possible.

Commissioner Howerton: So is that going to impact your possible meeting with the Gates Foundation? I know that you were trying to work out something around interacting with her.

Mr. McKoy: It kind of pushes it out. We talked to the County Commissioners so this was a process to get it back to the County Commissioners.

Attorney Wardell: We could have a special meeting to address this issue which shouldn't take too long but my advice would be to at least vetted the full board before you actually make a decision to encumber this money.

Dr. Miller: Is there a way of putting it down that there is interest in supporting it and we need the rest of the board and more information but yet we are on the positive side? Is there some way that can be beneficial and we are really helping ourselves.

Mr. McKoy: You are asking for more information I don't know what.

Attorney Wardell: You have spoken to the Finance Director. So I think this board at least should get what his feelings are, I am presuming they are good.

Ms. Harris: Commissioner Howerton what did you say Mr. Quick said?

Commissioner Howerton: George Quick said 'no brainer.' Henry presented it to Lowell Siler and Marqueta Welton and they said there would be no risk to the County and that was my major objective. The possibilities were great.

Ms. Harris: Should I get Mr. Quick to put something in writing?

Attorney Wardell: I think that would be right because it is my sense that it is something that we want to do. My only concern is that this is the first time that the board is hearing it and it is not the full board that is hearing it. So we want to make sure that it is the will of the board since it is a open and public meeting. We want to make sure that the full board is in favor of it.

Mr. McKoy: My question right now is how many board members do you have missing? If you had all the board members here and 6 voted yes and 5 voted no...

Attorney Wardell: That would be a yes but I think they should be afforded an opportunity to weigh in on it. I don't think it would be a 6-5 vote, most votes are unanimously.

Commissioner Howerton: Do you still have some more questions?

Dr. Short: I don't know, I just sounds too good to be true.

Dr. Miller: You made some great questions and are being a great steward.

Dr. Short: I guess I want more of an actual business plan instead of a PowerPoint. I don't know exactly, I think I am a little uncomfortable.

Mr. McKoy: My responsibility is to tell you this is what you can win; this is what you can lose. I think people will make decisions based on whether that balance is something that you can live with.

Dr. Short: Well that is true and think you did a great job presenting and if I was just going to make a decision just on you, you are a go getter, you are a winner but if I was investing in a stock I would look at the company's years and this and that, and their business plan and I would also think through what I said before "who I am getting in bed with so to speak". I just don't want some headline to come back later saying that the public government including the Board of Health has landed us in another pickle because they didn't look at this and that. Did they do due diligence? I guess it's the due diligence is what I am talking about.

Attorney Wardell: The due diligence part is what you are talking about.

Dr. Short: We listened to something for 45 minutes and didn't do any due diligence and to lay your mind at rest about the quorum right now I would vote "no" just not on the idea, I would be voting "no" on the process that we are in right now. So it would not be all six of us saying "yes" right this minute but it would be more process than the idea -if I am stating it correctly. I hope I am.

Ms. Harris: Could I ask what additional information you would like to see so that we can make sure that we get that together and create an environment I heard Mr. McKoy say if you were in closed session you would talk more freely about.

Mr. McKoy: Yes. These are the people we are talking with and that.

Dr. Short: If I understand it correctly you are telling me that the three principals are independently wealthy enough that there is really no need for operational expenses. Like the United Way, when they issue their annual report, they will tell you 20%, 18% was spent on operational expenses and did not go to our projects our good will projects and that is what I am looking for, a budget or at least a best estimate. What you gave me which I guess is your best is "where if I had to fly somewhere that would be an expense and I understand on the one hand that this is still a concept but on the other I am feeling really a need for concreteness.

Mr. McKoy: I say this, it cost a million and half dollars so setting up funds is not cheap and it really is a proof of concept.

Dr. Short: I guess I look to my fellow board members. If this is something that is proof of concept do we just have to take a leap out into faith?

Mr. McKoy: This is the City's project I am here as a kind of facilitator so you are getting in bed with the City in a lot of ways.

Dr. Short: The City contacted you?

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.

Ms. Harris: When the City was in the proposal process with the Bloomberg Foundation, the Director of Neighborhood Improvement Services, Constance Stancil and I had several conversations. She said that we are working on this and have included the health department as a partner. She said when they move to the next level, we would be actively engaged in working with them. They didn't move to the next level.

Attorney Wardell: This very same project?

Ms. Harris: Yes. They have taken the innovation lab that they have set up already and trying to move that forward with the projects that they have. Since we are interested in addressing social determinants of health, this proposal is an excellent way for us to partner with Neighborhood Improvement Services.

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

Mr. McKoy: In any situation like this it would have to go through a very formal process anyway. Really you go through the process saying I like it and then it goes through a legal process.

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

Commissioner Howerton: It would have to go to our finance /legal department and then they would forward it to the County Commissioners and we vote on it.

Attorney Wardell: I think the issue tonight is voting to encumber funds. I think everything else is fine. I think the issue is voting to encumber our funds.

Dr. Short: It's our funds, not City funds but health department funds.

Dr. Levbarg: In the meanwhile, if we set this process in motion does that make it more likely that by the time these funds have been the process, which is a lot of different door steps does that make it more likely that you would have some private sponsors. If you can go to them and say, that you have the backing of the City and the County which sounds like you need to leverage your presentation to market it up which sounds like it was leaning on this decision . If we indeed go ahead and say tonight that we are on board and are willing to encumber that 55K does that may it most likely that you would get the private jumping on board.

Mr. McKoy: Yes we already have a partner that said they like the project. So we have someone already lined up that is ready to invest.

Dr. Levbarg: A private partner that is waiting for the public sector?

Mr. McKoy: Yes.

Dr. Levbarg: That is a piece of information that is good for us to have.

Ms. Harris: So what do we need to do?

Attorney Wardell: I think you can certainly bring a motion to certainly proceed with the process of getting additional information to come back for a formally vote on whether or not come back and encumber the funds. That would be my suggestion-to move to formally endorse the project and then at the next meeting or a special meeting to vote on whether or not to encumber the funds.

Commissioner Howerton: What additional information?

Attorney Wardell: The information from the Finance Director and County Attorney on the soundness of the project.

Commissioner Howerton made a motion to endorse accepting the proposal going forward with additional information and vote on the encumbrance at the next board meeting. Dr. Short seconded the motion and motion was approved.

The presentation will be sent to the board members who are not present for their review. A special meeting will be scheduled for the entire board to review and discuss the proposal and to do due diligence on the process.

- **Agenda Items June 2013 meeting**
 - Triple P Project
 - Community Guide
 - Operating Procedures

31 A Regular Meeting of the Durham County Board of Health, held
May 9, 2013.

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Mr. Dedrick made a motion to adjourn the meeting at 7:30pm. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Jim Miller, DVM-Chairman

Gayle B. Harris, MPH, Public Health Director