

**Health Director's Report  
June 19, 2014**

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

**Program description**

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

**Statement of goals**

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

**Issues**

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

**Implication(s)**

- **Outcomes**
  - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
  - Visibility of public health information from the department has substantially increased.
- **Service delivery**
  - During the month of May, four (4) media releases and one (1) media advisory were disseminated. Staff also responded to three (3) direct (unsolicited) inquiries from reporters. A total of 13 media pieces featuring the Department were aired (television), printed in the news, or were posted to the web by local media during the month. These included coverage of activities including our monthly *My Carolina*

- Today* segment, the founder of Triple P speaking in Durham, pool inspections, health inspection reports, water testing at Rolling View Beach in advance of the Memorial Day holiday, and Veggie Van's first birthday celebration. **(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)**
- Two Communications Team members attended the NC Office of Emergency Management's G291 JIC/JIS Training held May 28-29 in the Durham County Human Services Building. The elements of this training will allow our communications staff to work seamlessly in a county or regional emergency event, should the scale of the event necessitate a public information component. **(Accreditation Activity 6.2-Role in County Emergency Operations Plan, 6.3-Participate in Regional Emergency Preparedness Exercise), 7.6-Testing of Public Health Preparedness Response Plan)**
  - The department Communications Manager, in addition to the Health Education Division Director, and Partnership for a Healthy Durham coordinator, worked with a film crew from Home Front Communications based in Washington, D.C., from May 22-24 to capture footage throughout Durham County and conduct interviews with community leaders. Communications, Health Education, and the Partnership for a Healthy Durham are also feverishly working with staff from Washington, D.C. based Burness Communications on other aspects of another upcoming project. **(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion – Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)**

#### **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: Community Health Division / Tuberculosis Control Program**  
**(Accreditation Activity 17.3- Monitor compliance with communicable disease control laws and rules.)**

#### **Program description**

- Investigate and report all tuberculosis cases in Durham County to state public health
- Provide treatment for clients with Tuberculosis (TB)
- Conduct outreach efforts to rapidly identify individuals who are high priority contacts to a confirmed case of tuberculosis.

#### **Statement of goals**

- To ensure all persons with active tuberculosis will complete a standard multi-drug regimen and to rapidly identify individuals who are high priority contacts to the confirmed case in order to evaluate risks of exposure.

## Issues

- **Opportunities**
  - Investigation initiated to identify all contacts to a 10 year old diagnosed with active TB
- **Challenges**
  - Accurately identifying all contacts to a 10 year old in a local school; investigation included identification of all contacts in school (school staff and students), extracurricular activities, family, friends, etc.
  - Mobilizing an adequate number of qualified staff to register and screen contacts, administer TB skin tests (Phase I), and to return 2 days later to interpret/read the results of the skin tests (Phase II)
  - Planning and coordinating on-site (school) TB skin testing and follow-up for the 153 contacts identified (transporting TB testing associated supplies, staff, paperwork, educational materials, etc)
  - Maintaining the confidentiality of the student (Active TB Case) and family members while communicating with students, parents, and school staff sufficient information to decrease alarm or anxiety.

## Implication(s)

- **Outcomes**
  - Identified three contacts with positive TB skin test results; all referred for a follow-up chest X-ray. TB clinic staff will obtain x-ray results, provide care, and deliver services as indicated.
- **Service delivery**
  - Tested 103 of 124 identified contacts; the additional 21 will be tested by their primary care provider or at the health department.
- **Staffing**
  - For Phase I, eight DCoDPH staff participated, including seven nurses and one administrative staff member. For Phase II, five nurses and one administrative staff member participated. The regional nurse consultant from the state TB Control Program also assisted.

## Next Steps / Mitigation Strategies

- Continue treatment of the active case.
  - Begin treatment for latent TB of family members--all tested and are asymptomatic.
  - Test all contacts again at 8 weeks per CDC recommendations (scheduled for early July).
  - Maintain communication with school, students, families, and others to answer questions, provide information as needed, and ensure follow-up is provided as needed.
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**Division / Program: Community Health Division / Parenting Program-Triple P Event**  
**(Accreditation Activity 12.3-Participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program description**

- Dr. Matt Sanders, professor of clinical psychology, University of Queensland, Australia, and the founder of the evidence-based Triple P Positive Parenting Program, visited Durham on May 5, 2014 and presented a free training entitled, “Triple P, 0-12 Years Seminar -The Power of Positive Parenting,” for parents with children between birth and 12 years of age.

**Statement of goals**

- To provide an overview of the Triple P-Positive Parenting Program.
- To provide an awareness and understanding of the clinical and practical benefits of Triple P.

**Issues**

- **Opportunities**
  - Provide a forum to introduce this evidence-based, population-based approach to parenting to the community.
  - Identify risk factors associated with the development of social and behavioral concerns in children.
  - Identify skills necessary for parents to become self sufficient in managing family issues without ongoing support.
  - Describe strategies for families to develop positive relationships, attitudes and conduct.
- **Challenges**
  - The Triple P Coordinator for Durham County is in the process of developing and implementing the community outreach plan to provide education and training to approximately twenty (20) child service agencies and providers.

**Implication(s)**

- **Outcomes**
  - Promotes the independence and health of families through the enhancement of parents’ knowledge, skills, confidence and self-sufficiency.
  - Promotes the development, growth, health and social competence of young children.
  - Promotes the development of non-violent, protective and nurturing environments for children.
  - Reduces the incidence of child maltreatment and behavioral/emotional problems in childhood.
- **Service delivery**
  - Triple P-Durham County will work closely in collaboration with Triple P America, the North Carolina Triple P Learning Collaborative and community partners to implement this population based parenting program in Durham County.

- **Staffing**
  - The DCoDPH Triple P Program Coordinator collaborated with the NC Triple P Learning Collaborative and Triple P America to plan this event.

### **Next Steps / Mitigation Strategies**

- Offer interventions from different levels of Triple P to ensure a range of intensities is available to accommodate all parents' needs. A range of different delivery types (one-on-one, seminars, groups and online) will be considered in order to support the individual preferences of the parent community and practitioner base.
- Train a range of practitioners who have regular interactions with parents. These could include family workers, social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy.

### **Division / Program: Community Health / Family Planning – On-site Mammography Screening**

**(Accreditation Activity 20.1-Collaborate with community health care providers to provide personal and preventive health services.)**

#### **Program description**

- The Family Planning Clinic provides contraceptive services to women of child-bearing age.
- Some of those women are 40 years old or older and should begin receiving screening mammograms.

#### **Statement of goals**

- To provide screening mammograms to women who are uninsured.
- To make access to this screen as convenient as possible in order to encourage participation.

#### **Issues**

- **Opportunities**
  - Rex UNC Health Care operates a mobile mammography screening bus. Services are free to women who qualify financially.
  - Rex accepts invitations from local businesses, community organizations, and health departments to provide this service.
  - Rex Mobile Mammography had an open date on May 1, 2014.
- **Challenges**
  - Amy Alspaugh, Certified Nurse Midwife in Family Planning Clinic, contacted Rex Mobile Mammography to find out all the requirements.
  - A service agreement was signed between Public Health and Rex Mobile Mammography.
  - Eligible women (many of whom had been placed on a waiting list for up to 9 months) were contacted and asked to come in before May 1 to fill out the necessary paperwork to make the day of the visit go more smoothly.

- Parking space was reserved in Durham County Human Services parking lot for the bus.

### **Implication(s)**

- **Outcomes**
  - Nineteen women received screening mammograms on May 1.
  - The process was efficient and professional.
- **Service delivery**
  - Services in the Family Planning Clinic were not disrupted.
  - The women receiving mammograms were very positive about their experiences.
- **Staffing**
  - Interpreter Ilka Pabilo assisted with Spanish interpretation to decrease waiting time for Spanish-speaking patients. No other Public Health staff was utilized.
- **Revenue**
  - This program was revenue neutral.

### **Next Steps / Mitigation Strategies**

- Rex UNC Health Care agrees to follow up on any abnormal results and to link the women with these abnormal results to any necessary resources for diagnosis and treatment.
- More visits from the Rex Mobile Mammography bus will be planned.

### **Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham Schools (Accreditation Activity 10.2 -Develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)**

#### **Program description**

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The school-based program is taught in 12 Durham elementary schools: Eastway, E.K. Powe, Fayetteville St., Forest View, Glenn, Holt, Lakewood, Merrick-Moore, R.N. Harris, Southwest, W.G. Pearson and Y.E. Smith.

#### **Statement of goals**

- To increase the nutrition knowledge of Durham elementary school students.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.
- To promote wellness within the school community and advocate for environmental changes in the schools that support wellness.

#### **Issues**

- **Opportunities**
  - The DPS Wellness Policy states students will be given age-appropriate nutrition education in the classroom. The DINE school-based curriculum satisfies the schools’

- Health and Wellness standard of Nutrition Education for grades K-5 with no added teaching burden to the classroom teachers.
- Each school is expected to form a Wellness Committee that will create and support a healthy environment where students can consume nutritious meals, snacks and beverages; get regular physical activity; and learn about the importance of lifelong healthy behaviors. DINE nutritionists are members of the Wellness committee at the schools they serve.
  - **Challenges**
    - Although there is a core curriculum standard for nutrition education to be taught to all grades, schools are not held accountable for teaching it to the students. Schools are evaluated on the students' performance on reading and mathematics only. Therefore, classroom time allotted for nutrition education is sometimes marginalized or no time is provided for instruction due to the pressure of improving student reading and mathematics scores.

### **Implication(s)**

- **Outcomes**
  - During the 2013-2014 school year, 144 classrooms (grades K-5) in 12 schools received the DINE curriculum.
  - Approximately 2750 unduplicated students received 8 hours of sequential nutrition instruction through the DINE curriculum.
  - Parent surveys were distributed to participating students to gather feedback from their families and assess potential behavior changes occurring at home. 790 parents filled out a survey about the DINE program.
    - 83% of parents indicated that after having nutrition classes their child is more aware of healthy meals and snacks.
    - 78% of parents indicated that after having nutrition classes their child is more willing to eat healthy foods (vegetables, fruits, whole grains, etc.).
  - Positive feedback was received from parents about changes they have noticed in their child's behavior. Comments included:
    - *[Nutrition classes] have made our student much more interested in and aware of food choices, and she often talks about what she has learned.*
    - *It has made our student more willing to try new foods.*
    - *My child is so eager to share what he learned!*
  - Teacher surveys were also administered to assess changes occurring in the classroom and gather suggestions from school staff. Eighty-five teachers filled out a survey about the DINE program.
    - 81% of teachers indicated that since receiving nutrition lessons, at least some of their students bring healthier meals or snacks from home.
    - 79% indicated that since receiving nutrition lessons, at least some of their students have increased their consumption of vegetables.
    - 90% indicated that since receiving nutrition lessons, at least some of their students are more willing to try new foods.
    - 74% of teachers rated the nutrition program as a whole as "excellent".

- Teachers expressed positive feedback on how the nutrition lessons integrated into the academic curriculum:
    - *[The smoothie class] integrated well with our fraction and measurement lessons.*
    - *The handouts and slides had good math and science connections. They learned a lot of new words, as well.*
    - *Students and I have multiplied the nutrition labels to determine how many calories they are actually consuming in one sitting.*
  - Teachers also commented on positive behavior changes in their classrooms:
    - *Students have been bringing in much more healthier snacks. I have also noticed that they chose white milk instead of chocolate milk. They have also increased their conversations among themselves about eating healthy at home. I even heard a student telling another student how important it is to try different foods in the cafeteria. I have seen a big change in their eating. Thanks so much!*
    - *My students will try different fruits and vegetables first before saying they don't like it.*
    - *Please continue the great work you are doing! Most of the students have learned about healthy eating for the first time with these classes and might not have otherwise!*
  - **Service delivery**
    - The 8-lesson DINE curriculum is based on the 2010 Dietary Guidelines. Each lesson included instruction, hands-on activities, and a taste test. Students are sent home with parent handouts that reinforce key nutrition messages, recipes, and educational incentives (such as rulers, pencils and jump ropes). Additionally, students are given specific, simple healthy eating “challenges” to apply what they learn.
    - In a few of the schools the program includes cooking lessons and incorporation of the school’s garden: E.K. Powe, Forest View, Holt and Lakewood.
    - Nutrition lessons are taught in each participating classroom approximately every 3 weeks throughout the school year (from October to April).
    - Topics include MyPlate, food safety, whole grains, dairy, fruits and vegetables, protein, breakfast and healthy snacks.
  - **Staffing**
    - Nutrition education is provided by five DINE nutritionists, who are Registered Dietitians.
  - **Revenue**
    - No revenue is generated through this educational program; activities are supported by the SNAP Ed Nutrition Education and Obesity Prevention Program grant.
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**Division / Program: Nutrition Division / Increasing Access to Healthy Foods**  
**(Accreditation Activity 12.2 - Participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)**

**Program description**

- A large partnership of community organizations is working to increase access to healthy foods for Durham residents.
- Both the Durham Farmers' Market and South Durham Farmers' Market started accepting SNAP Electronic Benefits Transfer (EBT) cards (food stamps) in April.
- Both markets will also implement the Double Bucks program to expand the EBT benefits at the markets.

**Statement of goals**

- To increase access to healthy, local food for low-income Durham residents.

**Issues**

- **Opportunities**
  - This project has allowed for the partnership of many non-traditional health partners, including the farmers markets, Triangle Transit Authority (TTA), Durham Congregations, Associations, and Neighborhoods (CAN), NC Office on Disability and Health, Transition Durham, Rural Advancement Foundation International-USA, Farmer Foodshare, and many others.
  - Unlike many nonprofit organizations that are working to increase food security, the farmers markets are for-profit businesses that are sustainable and do not rely on grant funding.
  - The Community Transformation Grant (CTG), Healthy Communities funding and DCoDPH's SNAP Ed grant provides funding for marketing efforts and supplies. A Facebook ad campaign and DATA bus ad campaign were recently launched, and a radio ad campaign with Radio One is planned for the summer. DCoDPH also purchased wooden tokens for the program.
- **Challenges**
  - Both markets are working to raise enough funds to make Double Bucks a sustainable program.
  - Much work is needed to increase awareness of the programs and change shopping habits so that SNAP participants think of the farmers' markets as a place to grocery shop.

**Implication(s)**

- **Outcomes**
  - The South Durham Farmers' Market has started a Double Bucks program. The Durham Farmers' Market aims to start Double Bucks in July/August. Double Bucks allows customers using SNAP benefits at the market to double their benefits up to \$10 each time they shop. The program is funded through grants and donations.

- The TTA has agreed to move the Durham Connector bus stop onto market grounds during market hours for 6 weeks to see if ridership increases. Currently it stops about three blocks away and customers would need to walk up a hill.
- **Staffing**
  - One DCoDPH nutritionist has been providing technical assistance to the markets.
  - The Nutrition Division is actively recruiting for a SNAP Ed funded Healthy Environments Nutritionist position that will help with marketing, promotion, and fundraising for the program throughout Durham County.

#### **Next Steps / Mitigation Strategies**

- Continue efforts to move the bus stop.
- Continue fundraising efforts.
- Continue marketing efforts.

#### **Division / Program: Nutrition and Health Education Divisions / Durham Food Policy Council Formation**

**(Accreditation Activity 12.2 -Participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)**

#### **Program description**

- Food Policy Councils provide local, regional, or state governments, as well as residents, information and advice about various policies and programs that support community-based food systems. Such a food system emphasizes, strengthens, and makes visible the relationships among producers, processors, distributors, and consumers of food at the local and regional levels. A number of local and regional food policy councils are forming throughout North Carolina.

#### **Statement of goals**

- To create a viable, thriving local food system in Durham County that is accessible to all residents.

#### **Issues**

- **Opportunities**
  - There are many organizations, individuals, and entrepreneurs who are working on issues of food access, food justice, and food systems in Durham County. This council will provide guidance, a platform for networking and sharing ideas and resources, help strengthen current initiatives and limit duplication of efforts.
- **Challenges**
  - To create a successful council, Durham City, County, and local organizations and citizens must work together. Some of these groups have had difficult relations in the past. Using an outside agency to facilitate the meetings is helping rebuild strained relationships.

- Durham has many small groups that have seen themselves as a policy council in the past that either disbanded or were not inclusive. These councils were mostly resident and volunteer led and did not have defined structure, as the one that is currently planned. Some stakeholders are hesitant to join in another effort at starting a council.

### **Implication(s)**

- **Outcomes**
  - Stakeholders in Durham County have had their first meeting to start forming a food policy council. The meeting was facilitated by NC State’s Center for Environmental Farming Systems (CEFS). It was organized in part by DCoDPH Nutrition Department Staff and Community Transformation Grant Project Region 10 staff.
- **Staffing**
  - One DCoDPH nutritionist has been attending meetings and helping to lead this initiative.

### **Next Steps / Mitigation Strategies**

- Continue efforts to create a structured, all-inclusive food policy council.
- Write grants for financial support to continue receiving technical assistance and meeting facilitation by CEFS (\$10,000 will buy one year’s services including website design).

### **Division / Program: Nutrition Division /Clinical Nutrition/Collaboration with Lincoln Community Health Center**

**(Accreditation Activity 12.2 -Participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)**

### **Program description**

- Durham’s Department of Public Health provides nutrition assessment and counseling to clients of Lincoln Community Health Center (LCHC). The DCoDPH Nutrition Clinic is the primary source of nutrition support services for LCHC clients.

### **Statement of goals**

- To make Medical Nutrition Therapy (MNT) and Diabetes Self Management Training (DSMT) available to all LCHC clients.
- To continue collaborative efforts between DCoDPH and LCHC to address community health issues.

### **Issues**

- **Opportunities**
  - In November 2011, LCHC no longer had funds to support nutrition therapy and counseling on-site for LCHC clients. At that time, the DCoDPH Nutrition Clinic began receiving the referrals from LCHC for all clients needing nutrition services.

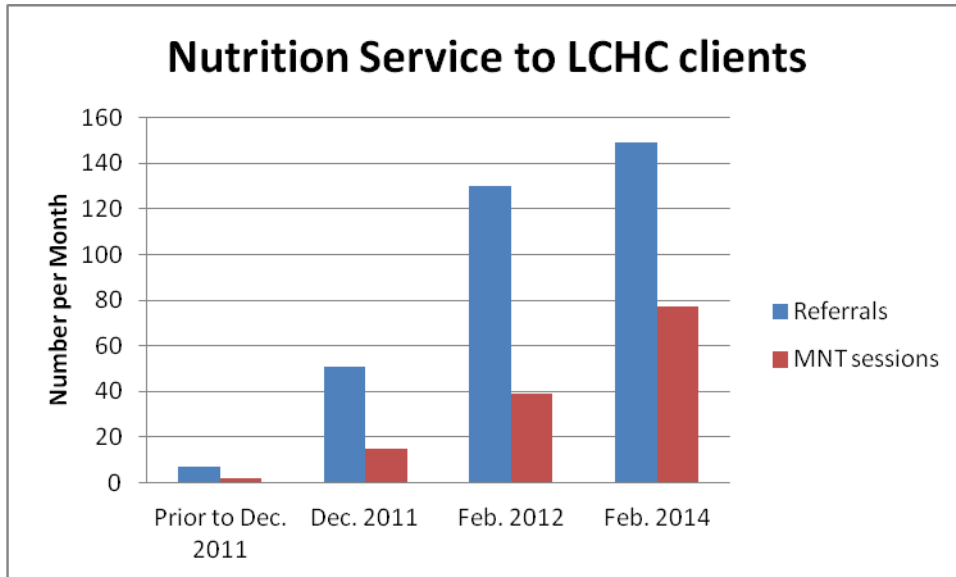
- **Challenges**
  - Lack of a shared electronic medical record system between LCHC and DCoDPH has made communication regarding the referrals and client assessments cumbersome.
  - Of the referrals received, 31% result in an actual client visit to the Nutrition Clinic due to difficulty in contacting clients (telephone numbers and addresses changing) and a 39% “no show” rate for appointments.

## **Implication(s)**

- **Outcomes**
  - Currently, clients in need of nutrition counseling are referred from all clinics at LCHC to the DCoDPH Nutrition Clinic. These nutrition referrals include clients from the Early Intervention Clinic, the Adult and Pediatric Medical Clinics, as well as WIC and LATCH programs.
  - Medical Nutrition Therapy is conducted with clients for a wide range of diagnoses including diabetes, overweight or obesity, gestational diabetes, inappropriate weight gain or weight loss, and chronic medical conditions such as cancer, HIV, hypertension.
  - The number of referrals received from LCHC to DCoDPH has increased from an average of 7 per month in 2011 to an average of 150 per month currently.
  - Approximately 46 new clients and 40 follow-up clients from LCHC are seen each month in the Nutrition Clinic for medical nutrition therapy.
  - Approximately 3 new clients from LCHC begin the Diabetes Self Management Training program each month.
- **Service delivery**
  - Staff at both DCoDPH’s Nutrition Clinic and LCHC are working together to ensure the best provision of service to the clients.
  - 90% of LCHC nutrition referrals are for clients with a diagnosis of diabetes or pre-diabetes. DCoDPH Nutrition Clinic is able to offer both MNT and DSMT to clients living with diabetes.
- **Staffing**
  - The DCoDPH Nutrition Clinic is staffed with Registered Dietitians Monday through Friday from 8:30am- 5:00pm and on Tuesday until 7:00pm. A processing assistant is also in the clinic during these hours.
  - 45% of LCHC clients seen in the DCoDPH Nutrition Clinic are Spanish speakers. The Nutrition Clinic has a Spanish speaking RD on staff. Interpreters are also available to interpret for nutrition counseling visits.
- **Revenue**
  - Clinical nutritionists are credentialed providers for billable MNT services.
  - Fees for MNT and DSMT are based on a sliding fee scale. Medicaid and third party reimbursement sources are billed when applicable.

### Next Steps / Mitigation Strategies

- Continue to collaborate with LCHC to provide nutrition services.
- Continue working together to enable the necessary exchange of information in the most efficient manner possible with the hope that a shared electronic medical record will be an option in the future.



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**Division / Program: Dental Division / Access to Dental Care for Uninsured Adults**  
(Accreditation Activity 20.1 -Collaborate with community health care providers to provide personal and preventative health services.)

### Program description

- As of January, 2014, the Dental Division has resumed collaboration with Project Access Durham to offer dental screenings to uninsured adults in need of care. A volunteer dentist completes screenings at the Department of Public Health. Based upon the screening results, Project Access then makes a referral to a local dentist that has agreed to treat patients at no cost. This program is part of the clinic's regular schedule – now operating two Friday afternoons per month, with six patients screened each session.

### Statement of goals

- To increase access to dental care to adult populations in Durham County.
- To work collaboratively with community partners to highlight the need for oral health services for uninsured patients.

## Issues

- **Opportunities**
  - Offering dental screening to adults who may not otherwise receive treatment due to being uninsured.
  - Sharing information about additional services available at the Department with adults being screened.
- **Challenges**
  - Having to limit the amount of patients screened to six (6) per session.
  - Entry into the program is through Project Access only. (The clinic is repeatedly asked about this service by other adults).

## Implication(s)

- **Outcomes**
  - 38 adults have received dental screening in Dental Clinic from late January through May.
  - The most frequent dental needs are extractions, partials, and dentures.
- **Service delivery**
  - The dental screening provided includes a panoramic x-ray and individual treatment plan.
- **Staffing**
  - Dr. Ted Brooks, former dentist with the Department, performs the screenings on a volunteer basis.
  - The Dental Division provides two dental assistants for the project to take x-rays, chart notes, and print out the treatment plan.
- **Revenue**
  - The Department provides the screenings free of charge.
- **Other**
  - Participating dentists in the community who accept referrals for dental treatment after screenings include Dr. Desiree Palmer, Dr. Steadman Willis, and Dr. Grant Service.

## Next Steps / Mitigation Strategies

- Conduct a few screening clinics over the summer months and resume a regular schedule in September.

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## **Division / Program: Environmental Health/Onsite Wastewater & Water Protection** **(Accreditation Activity 17.1: The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory program.)**

### **Program description:**

- The local health department shall issue an authorization for wastewater system construction authorizing work to proceed and the installation or repair of a wastewater system when it has determined after a field investigation that the system can be installed and operated in compliance with the rules and regulations adopted under Article 11 of Chapter 130A of The General Statutes of North Carolina. Wastewater can be rendered

ecologically safe and the public health protected if methods of wastewater collection, treatment and disposal are properly regulated. Recognizing that wastewater collection, treatment and disposal will continue to be necessary to meet the needs of an expanding population, the General Assembly intends to ensure the regulation of wastewater collection, treatment and disposal systems so that these systems may continue to be used, where appropriate, without jeopardizing the public health.

**Statement of goals:**

- In response to a request from the Durham County Manager’s Office, the Onsite Water Protection Section (OSWP) conducted a field survey of existing onsite wastewater (septic) systems in the proposed service area of the Rougemont Community Water System.
- The goal of the survey was to ascertain the type, location, and functional status of onsite wastewater systems within the proposed water service area.

**Issues:**

- **Opportunities**
  - Using the list of parcels provided by the County Manager’s Office and tax records letters were mailed to property owners on January 22, 2014 notifying them of the impending survey.
  - Letters were sent to each of the parcels in the proposed service area. For those owners with mailing addresses different from the parcel to be visited, a copy of the letter was also sent to their alternate address.
  - Site visits began on January 27 and concluded February 4, 2014.
- **Challenges**
  - During each site visit, the EHS located all above ground system components such as tank risers, pump control panels, and manifold/valve boxes. For conventional gravity systems, tile probes were utilized to assess the location of the buried tanks and drain lines. The identified septic system areas were traversed for any signs of surfacing effluent to indicate malfunction.

**Implication(s)**

- **Outcomes**
  - Rule 15A NCAC 18A .1961(a) (1) describes the criteria to classify a septic system as failing. Owners must maintain their system to prevent the following 3 conditions:
    1. a discharge of sewage or effluent to the surface of the ground, surface waters, or directly into the groundwater at any time; or
    2. a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or
    3. a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made 24 hours after a rainfall event.
  - If a system meets one or more of these conditions, then it is considered malfunctioning by the .1900 rules. For the purpose of this survey, condition 1 was

the only criteria that could be easily observed. Without access to homes or repeat visits, conditions 2 and 3 cannot be verified. Both team members must agree that a system is malfunctioning for it to be deemed as such.

- Survey Results:
 

Number of Parcels Selected for Survey	<b>81</b>
Number of Parcels EHS Denied Entry by Owner	<b>5</b>
Undeveloped/Uninhabitable Parcels (no system)	<b>32</b>
Total # of Onsite Systems	<b>49</b>
NC DWR Systems (sand filters) Identified	<b>0</b>
Systems with Ponding or Surfacing Effluent	<b>5</b>
Overall Failure Rate	<b>10.2%</b>
Systems with identified repair area	<b>28.6%</b>
Systems with moderate to severe repair limitations	<b>71.43%</b>

- **Service delivery**

- Site plans with the location of septic system components are available for 26 systems with permits on file with Environmental Health. No components could be verified on 5 parcels with active systems due to the depth of the system. The remainder of the systems visited were sketched by EH staff during the visit. Should the community water system be installed, it is recommended that Environmental Health be contacted to locate the systems on site prior to service line and meter installation.

- **Staffing**

- A team of two Environmental Health Specialists visited each property in the proposed service area and reported their findings.

- **Revenue**

- No revenue for the program will be gained from this activity

### **Next Steps / Mitigation Strategies**

- Although only 5 of the systems evaluated during the course of our survey exhibited signs of failure, the majority (77.8%) of systems within the survey area exceed the mean service life expectancy for septic systems in Durham County. While many factors affect the overall performance and longevity of septic systems, the rate of failure is certain to increase with time due to the advanced age of most of the systems in the survey area.
- A site and soil evaluation must be performed in accordance with the State rules to determine if a repair may be permitted. Soil characteristics, soil depth, available space, topography, landscape position, and soil wetness must all be considered when designing a repair option. If any of these conditions cannot be satisfied, or the system cannot be repaired in such a way that the EHS has no reasonable expectation for the system to function, then no repair permits can be issued. It is important to be aware that no individual parcel can be permitted or denied a permit without a complete evaluation. That being said, considering available space and soil series, we estimate that >71% of the parcels within the survey area have moderate to severe limitations regarding septic system repair.



**Division / Program: Health Education / Communicable Diseases and Maternal Child Health**

**(Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)**

**Program description**

- *Touchpoints* is an evidence-based theory of child development based on the work of Dr. T. Berry Brazelton that is used by providers across disciplines. Once implemented by providers, this method helps parents understand regressions that accompany their children's developmental spurts, which occur often during the first years of life. The Touchpoints approach gives providers tools to support parents during these challenging times and to strengthen the parent-child relationship.

**Statement of goals**

- To strengthen parent –child relationship during predictable regressions during a child's development.
- To support relationships (parent-child, parent-provider, provider-child)
- To establish a new way to understand child development through the process of development
- To create a common language that will ensure Durham providers are effectively connecting with parents during critical developmental regression periods.

**Issues**

- **Opportunities**
  - The Touchpoints Collaborative has strengthened the health department's relationship with local agencies including the Durham's Partnership for Children, Department of Social Services, Durham Public Schools, Child Care Services Association, and Durham Early Head Start.
  - The Collaborative will train 100 Durham –based providers over a two-year period to utilize Touchpoints approach with families.
  - Touchpoints will help break down silos by building relationships among providers across disciplines to create a more unified community.
  - Durham agencies and the Durham County Department of Public Health have adopted another evidence-based intervention.
- **Staffing**
  - Ms. Parks-Bryant, DCoDPH health educator, was selected among a competitive pool of applicants to become a Touchpoints trainer. Following a local training, she was part of a 5-member Durham team that completed the Community Level training in Boston from March 16<sup>th</sup> – 21<sup>st</sup>, 2014.
  - Ms. Parks-Bryant noted that due to the team-work approach the health department has focused on for the past two-years, she was well equipped to perform and excel during the week-long training.

## **Next Steps/Mitigation Strategies**

- The 5-member Durham team facilitated a Touchpoints training for providers in May and 30 individuals attended. The team is currently working to plan another training in September 2014.
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**Division / Program: Health Education Division/Men’s Health Advisory Committee**  
**(Accreditation Activity 19.2 - The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.)**

### **Program description**

- Men often report poorer health than women across a broad range of indicators; however, male participation in health promotion programs is often less than 25% of participants. To address this, on March 27, 2014, the Health Promotion and Wellness Program initiated a men’s health advisory committee (currently called “Committed and Caring Men: A Health Advisory Committee”). This group is engaging men from communities with the greatest health disparities.

### **Statement of goals**

- Start and maintain a conversation about the health of men in Durham County.
- Identify culturally acceptable and effective approaches for engaging African American and Latino men in health promotion activities.
- Train a cadre of capable men to lead evidenced-based health promotion activities.
- Create a forum where mature men can share their life stories with younger men and boys to make healthy lifestyles more socially acceptable.

### **Issues**

- **Opportunities**
  - A diverse group of African American and Latino men accepted the invitation to join the committee. These men are respected and trusted members of their communities. Communities represented include: Business, West End Durham, City and County Government, Elected Officials, Ministerial Alliance, Faith-based Congregations, Art, University, Health Care, Housing Authority, Operation Breakthrough, Head Start Program.
  - Men are more likely to participate in programs lead by men. As a result, this initiative aims to identify and recruit capable men to serve as role models and leaders in health promotion activities.
- **Challenges**
  - Identifying trusted and capable men to lead health promotion activities.
  - Overcoming cultural barriers that prevent men from participating in disease prevention and disease management activities.

- Identifying health promotion activities and settings that appeal to men both culturally and socially.

### **Implication(s)**

- **Outcomes**
  - Eighteen trusted and respected male leaders from the Durham community agreed to serve on this advisory committee.
  - Two meetings of the committee have been held. During these meetings, men identified several life events that had the greatest influence on them and could be effective methods for engaging other men.
  - Committee members agreed to: develop a common message explaining their purpose, network with each other to create a bond, bring younger men to meetings, and identify male-specific approaches.
- **Service delivery**
  - Initiative is in the second month of implementation.
  - During this crucial time members are developing a plan of action.
- **Staffing**
  - Two Health Education staff members (one male) serve as meeting organizers and facilitators. The Health Promotion and Wellness Manager is an advisor.
- **Revenue**
  - Durham Diabetes Coalition grant funds for community involvement and outreach were used to support meeting costs.

### **Next Steps / Mitigation Strategies**

- Define a clear and concise mission statement with no more than two goals that committee members will use as their “elevator speech” to explain their purpose.
- Create a timeline of activities and create an Executive Summary Report by May 2015.

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**Division / Program: Health Education Division/Durham County 2014 Wellness Booster (Accreditation Activity 12.3 - The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)**

### **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 11 years. This annual event focuses on physical activity, nutrition and many other health topics.

### **Statement of goals**

- Provide opportunities for City and County employees to learn about physical activity, nutrition and connect them to services offered by local health vendors/exhibitors.
- Increase participation in and exposure to a variety of exercise classes.

## Issues

- **Opportunities**
  - The event is a collaborative effort Durham County and City Government and the YMCA.
  - This year, the Wellness Booster was held in the Durham County Human Services Building to celebrate the end of Public Health's centennial. Vendors and participants liked this change.
  - County and City government employees have the opportunity to participate in "sampler" exercise classes, often exposing them to the newest exercise trends.
  - County employees learned about the procedures for Lunchtime Aerobics and other fitness activities held in the Fitness Center. These opportunities are provided by instructors from Public Health/Health Education Division.
- **Challenges**
  - Some employees and exhibitors confuse the Wellness Booster with organization sponsored employee benefit events. This may impact participation rates as they perceive it as a duplication of events.
  - There was a change in venue, however, anecdotally several clinic staff said this was the first time they were able to attend since the YMCA location took too much time away from patient care.

## Implication(s)

- **Outcomes**
  - Greater awareness of personal health and health related services offered by the partnering agencies and outside exhibitors.
  - 189 City and County Government employees attended the event, which is an increase over the previous two years.
  - 28 vendors/exhibitors displayed health and/or personal enrichment information and donated almost half of the door prizes given to the participants.
  - This year's Wellness Warrior Challenge had competitors from both the County and City. A total of 10 men and women competed in separate categories. This was a very competitive event planned and led by Public Health's fitness instructor in collaboration with the YMCA's Wellness Director. One winner from each category went home with a trophy. Both winners were city government 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 interactive activities.
- **Staffing**
  - Durham County and City and Downtown YMCA employees make up the Durham County Wellness Team.
  - Health Education provided two certified fitness instructor to lead the fitness activities.
  - Durham County General Services Department provided, set up and cleared the tables and chairs.
  - Approximately 30 volunteers from both government organizations and two NCCU students staffed the event.

- **Revenue**
  - The Durham County Manager has consistently supported this employee health event and allocated \$1,200 of funding this year to conduct 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 2015 event in September 2014.
- The County Wellness Team will have conversations with city and county employees in regards to this year's location and discuss the pros and cons of Human Services Building and YMCA.

#### **Division / Program: Health Education/ Durham Diabetes Coalition (DDC)**

**(Accreditation Activity 10.2 – The local health department shall carry develop, implement and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)**

#### **Program description**

- In observance of Diabetes Alert Day, the Durham Diabetes Coalition provided 20 health activities/events during the month of March.

#### **Statement of goals**

- To bring awareness of type 2 diabetes by having community members complete the American Diabetes Association's Diabetes Risk Test.

#### **Issues**

- **Opportunities**
  - Partnered with the American Diabetes Association and Healing with CAARE, Inc to provide a Saturday event to reach individuals who may be unable to participate in events during the work week.
  - Staff performed various community outreach activities to promote Alert Day activities.
- **Challenges**
  - Severe weather limited the amount of community outreach in targeted communities prior to Alert Day activities and events.
  - Diabetes screenings were not available at each event and were frequently requested by community members.

## **Implication(s)**

- **Outcomes**

- Prior to Diabetes Alert Day, event information, diabetes education and risk tests were provided to a variety of organizations including: the Durham Center for Senior Life, El Centro Hispano, at PAC meetings, and at local churches.
- On Diabetes Alert Day, March 25, various community organizations partnered with the DDC to provide risk tests, diabetes education, and resources for community members.
- Diabetes presentations were conducted at El Buen Pastor Church, Holy Cross Catholic Church, and at three (3) Durham Housing Authority sites.
- The diabetes health fair at CAARE, Inc. included: diabetes risk tests, A1c and blood pressure screenings, information on nutrition, physical activity, and diabetes complications. Representatives from American Diabetes Association, CAARE, a Healthier Durham, and the Affordable Care Act were also present.

- **Service delivery**

- DDC utilized social media (Facebook and Twitter) and its website to promote and provide type 2 diabetes information and update the community on coalition activities.
- DDC and American Diabetes Association representatives appeared on My Carolina Today television show to promote alert day events.

- **Staffing**

- The DDC Health Education Specialists and the Information and Communications Specialist led the event planning and staffed the events along with assistance from the DDC clinical team and community partners.

## **Next Steps / Mitigation Strategies**

- Neighborhood outreach will continue in targeted neighborhoods.
- A Take 2 for Type 2 campaign will continue to encourage completion of the diabetes risk test.