

A Regular Meeting of the Durham County Board of Health, held September 9, 2010 with the following members present:

Present: William Burch, William, Small Ronald Spain, Michael Case, Jim Miller, Sandra Peele, and John Daniel Jr.

Absent: Commissioner Brenda Howerton

Excused Absence: Nicholas Tise, Sue McLaurin, and Heidi Carter.

CALL TO ORDER: Mr. Burch, Chairman, called the meeting to order with a quorum present.

REVISIONS TO THE AGENDA: Budget amendment in the amount of \$49,000 for the Child and Family Support Team at the DCHD. The Board of Health Retreat was confirmed for Thursday, October 14, 2010 at 5pm.

APPROVAL OF MINUTES: Dr. John Daniels made a motion to approve the minutes. Dr. Ronald Spain seconded the motion and the motion was approved.

RATIFY BUDGET AMENDMENT: (Gayle Harris)

- a. Recognize a one-time temporary Aid to Needy Families (TANF) Out-of-Wedlock Funds in the amount of \$33,328 for Family Planning and Health Education Programs.

BUDGET AMENDMENT: (Gayle Harris)

- b. Recognize funds in the amount of \$49,000 from Durham Public Schools to be used to reinstate one ten month nurse position in the Child and Family Support program.

IMMUNIZATION PROGRAM FEES

Vaccine	Current Fee	Proposed Fee
Seasonal Flu Mist	\$34.00	\$31.00
Seasonal Flu	\$25.00	\$29.00
Hepatitis A (adult)	\$92.00	\$42.00
Hepatitis B (adult)	\$75.00	\$51.00
MMR	\$55.00	\$74.00
Meningococcal (MCV4)	\$100.00	\$140.00
Pneumonia	\$31.00	\$66.00
Pre-exposure Rabies	\$200.00	\$229.00
Rabies Titer	\$37.50	\$42.00
Varicella	\$86.00	\$113.00
Herpes Zoster (shingles)	\$175.00	\$201.00
Hepatitis A (pediatric)	0	\$35.00
Tdap	0	\$58.00
Human Papilloma Virus	0	\$174.00
Pneumococcal (PCV7)	0	\$147.00
Rotovirus	0	\$91.00

Dr. Ronald Spain made a motion to approve the above budget amendments and adopt an increase in the following proposed immunization vaccine fees to include the cost of vaccine plus 20% and the

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Medicaid administration fee. Ms. Sandra Peele seconded the motion and the motion was approved.

SMOKING ORDINANCE: (Gayle Harris/Sally Herndon)

House Bill 2 was implemented in January 2, 2010 which addresses “An Act to Prohibit Smoking In Certain Public Places and Certain Places of Employment”. Gayle discussed the collaborations of the Durham County Health Department Duke Medical Center, and the City of Durham on what can be done to prohibit smoking in front of healthcare facilities. House Bill 2 has a clause that allows board members to establish stricter smoking regulations in public places. Sally Herndon, Durham resident and Head of NC Tobacco Prevention and Control Branch, has led the charge in getting House Bill 2 policies in effect to regulate a smoke-free environment. Sally Herndon gave the board a update on how compliant business owners have been in complying with House Bill 2 in their restaurants and bars. Ms. Herndon stated that out of 2400 restaurants and bars only 7 complaints were recently reported. Ms. Herndon stated that the bill also reinstates authority to the local government on restricting smoking in local government buildings, local government grounds, and public places. Ms. Herndon stated the proposal has to come from the Board of Health, but must be approved by the County Commissioners. Ms. Herndon is working with Elleveve Donahue, Tobacco Attorney in the Branch to draft model language for both City and County local smoke-free and tobacco-free ordinances. Ms. Herndon stated the state can provide smoking cessation initiatives for county employees. The state provides a toll-free counseling hotline for smokers. The phone number is 1-800-QUITNOW.

The Board expressed their concern as to their authority to take the smoking rights away from citizens. The board will address the smoking issue at the next Board of Health Meeting.

COMMUNICABLE DISEASE CHALLENGES IN DURHAM: (Dr. Arlene Sena)

The investigation and control of communicable diseases (CDs) is a critical component of the mission of the Health Department. The last 8 months have been extremely challenging for DCHD staff involved in recent disease investigations due to the number of outbreaks faced over a short period of time on top of “routine” activities and events during the H1N1 pandemic. The DCHD communicable disease response typically involves the communicable disease nurses, environmental health staff and the Epi-team, who have been trained to follow the steps recommended for CD investigations. However, two of our recent outbreaks have also required the active support of the NC Division of Public Health (NCDPH), Communicable Disease Branch and the Centers for Disease Control and Prevention. The NCDPH has recognized the outstanding work performed by CD staff at DCHD, and awarded us with a “Best Practice In Outbreak Response Award”. As described by the award, “Durham County displayed an exemplary performance in the face of multiple simultaneous outbreaks involving norovirus and hepatitis transmission in long term care facilities and a retirement village/ rare rural rabies/listeria issue on a farm; restaurant associated salmonella and general communicable disease case management. DCHD had a lot thrown at them all at once and did a wonderful job not dropping anything important”. Mr. Burch recognized and congratulated the DCHD staff for the excellent work that they are doing in Communicable Disease Control.

Dr. Jim Miller discussed his concerns as a veterinarian and personal experience concerning the rabies outbreak at the goat farm. Dr. Miller is very interested in getting more community awareness in understanding that this incident can be more prevalent in the community and the financial burden on the families that have to receive rabies treatment when exposed to the infected animals.

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COMMUNITY HEALTH ASSESSMENT 2011: (Melissa Downey-Piper)

There are eight phases of a Community Health Assessment (CHA). They are:

- Phase 1: Establish a Community Assessment Team
- Phase 2: Collect Community Data (*primary/secondary*)
- Phase 3: Collect and Analyze Your Community's Health Statistics (state and local resources)
- Phase 4: Combining Your County's Health Statistics with Your Community Data
- Phase 5: Solicit Community Input to Select Health Priorities
- Phase 6: Create a CHA Document
- Phase 7: Disseminate the Community Assessment Document to the Community
- Phase 8: Develop the Community Health Action Plans

Durham County is in Phase 2 out of eight phases required to conduct a community health assessment. Using census data and GIS technology, 210 Durham households were selected at random in June 2010 to participate in the community health perception survey. Over 80 volunteers assisted and 207 surveys were completed. The next step is to analyze the survey data and to collect and analyze additional primary and secondary data. The full community health assessment report is due in December 2011. As part of accreditation, the Board of Health must remain engaged in the community health assessment and the selection of Durham's health priorities.

NC DEBT SET-OFF UPDATE (Marcia Robinson/Kimberly Simpson)

The NC Debt Set-Off Act allows a vendor to attempt to collect debt that is at least sixty days past due. The patient has to be notified in writing that a lien will be put on their state income taxes. The notification allows them to request a hearing before a hearing officer to dispute the debt and show cause why the debt should not be collected by garnishing their individual tax returns.

- Tax Department's involvement – Kim Simpson will contact County Commissioners Association to confirm that DCHD must go through the Tax Department as the program allows one contact per county.
- Vendor involvement – This process involves Insight connectivity to the system. Netsmart to contact IT Department for IT set up. Programmers to speak to each other for set up.
- Completion of Resolution of Board Adoption Form – BOH chair must approve DCHD participation in the program. The form includes the name of a person designated to hold hearings and to conduct necessary proceedings. This would be Kim Simpson. The Board Chair cannot approve until we receive confirmation from the County Commissioners Association.
- Revenue - Revenue will be deposited into a designated county trust account, not the department's revenue line. However, the department (DCHD) will be recognized as the recipient.

BAD DEBT WRITE-OFF (Marcia Robinson)

The Durham County Health Department Bad Debt policy states the following:

“Bad debts shall be written off at the end of a fiscal year, if there has been no activity in an account for one year, and the associated client and/or the reimbursement provider has been billed three or more times”

The Health Department requests the Board of Health's approval to write-off uncollected bad debts in the amount of \$12,864.47.

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The board discussed using the Debt Set-off process in collecting the \$12,864.47. Ms. Robinson explained that the health department will continue to attempt to collect the debt if the patient returns to the health department for services. After board discussion, Marcia Robinson stated that she will confirm that we can continue to collect the debt if the patient returns to the health department. She will report back to the board regarding her findings.

Mr. William Small made a motion to write-off the uncollected bad debt in the amount of \$12, 864.47. Dr. Ronald Spain seconded the motion and the motion was approved.

FY 09-10 STATISTICS AND BUDGET (Gayle Harris/Marcia Robinson)

Ms. Robinson provided an overview on how the health department spent the approved budget of \$21,445,773. Ms. Robinson provided an overview of the generated revenue in the amount of \$7,480,277. The board was given spreadsheets to review the details of the FY 09-10 budget and statistics.

**Health Director's Report
July / August 2010**

Division/Program: Nutrition Division / DINE for LIFE

Brief Program Description/Statement of Goals

Junior Iron Chef Durham, a culinary focused nutrition education series, was taught to middle school students during Durham Public School's Expeditions Summer Camp at Githens Middle School. Students who were homeless at some point during the school year were eligible to attend this camp which focused on a different continent each week (Africa, Asia or Latin America). DINE for LIFE nutritionists tailored the lessons and recipes to fit each week's theme. During each workshop, students learned nutrition and basic culinary skills while participating in an Iron Chef competition. Two groups of 13 students competed to prepare the winning recipe. Participants in each group cooked authentic recipes from the week's region and presented information about the recipe's region of origin as well as the health benefits of the dish to the competing group of students. All camp participants tasted and learned about the recipes. At the end of the sessions, the students were given cooking utensils and a recipe book. Recipes included African stew with fufu, beans and rice with homemade salsa, sweet potato cookies, wonton soup, and chicken curry.

Goals for students participating in the program were to:

- Improve nutrition knowledge
- Improve self-efficacy to make healthier choices.
- Develop culinary skills, and in turn increase food security by decreasing the reliance on fast and convenience foods.
- Expose students to healthy foods from different cultures around the world.
- Decrease overweight and obesity and related chronic disease risk by increasing healthy behaviors.
- Build teamwork, leadership, math, reading, and public speaking skills.

Issues/Barriers/Challenges/Opportunities

This was a pilot program to test the plausibility and effectiveness of the Junior Iron Chef Durham model. Overall, it was a success. The students enjoyed the competition and it helped with classroom management because the students were more focused on their tasks. Because students tend to listen to peers better than they do to adults, having the students do their own research and teach the other students about nutrition and the

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cultures was also successful. We plan to use this model during our regular after-school programming in the upcoming school year.

The program at Githens Middle School also illustrated the versatility of the Junior Iron Chef Durham program. In the past, we facilitated six to ten week similar programs in which students cooked healthier versions of typical American dishes. During this program, we included social studies and research skills, reduced the program to three short weeks, and cooked authentic ethnic food. We have equipment to create a kitchen in almost any room with access to a sink. Thus the Junior Iron Chef Durham model is flexible and can be tailored to fit the learning environment to incorporate academics and nutrition.

Time was a limiting factor in this program. A nutrition lesson, culinary demonstration, food preparation, research, presentation, taste test and clean-up all had to occur within a 120 minute time span. The time limitation took an extraordinary amount of planning and organization to ensure program success.

Finding recipes that tasted good, were healthy, affordable, from specific regions, could be completed in a limited amount of time, and involved enough prep work to occupy and teach the students culinary skills was also a great challenge. Nutritionists tested recipes to identify the ones likely to be most acceptable to teens. Fortunately, the students liked many of the chosen recipes, and they will be used again in the future.

The greatest challenge and barrier to continuing and expanding Junior Iron Chef Durham program is cost. It typically costs about \$50 per workshop. In the past we also sent students home with bags of food to reach the parents, which costs an additional \$40-\$50 per session. We are currently exploring different funding options to support the program during the 2010-2011 academic year.

Implications

Post test results showed that 88 percent of students learned something new about nutrition and 82 percent of students learned new culinary skills.

Students reported:

- “It was fun to cook a new and better (way) while being healthy.”
- “We got cooking items that me and my mom use to cook.”

A classroom staff reported the program made students more willing to try new foods, stating, “At the start of the program a few of our students would not try the food. I noticed today (last day) that those students at least tried one sample.” Choosing a variety of foods is a major factor in diet quality and in teaching healthy eating to children.

Next Steps/Mitigation Strategies

The program required a significant amount of time and resources, but the results indicate those resources were well spent to produce positive behavior changes in Durham County youth. We are currently exploring different funding options and plan to apply for grants to support the continuation of Junior Iron Chef Durham.

The DINE team is currently branding the Junior Iron Chef Durham program. A Facebook page was created to keep teens engaged in learning and sharing ideas and experiences in nutrition and culinary practices. A factsheet is being developed.

We have received multiple requests for this program from DPS and charter schools throughout the county. This fall we are conducting this program at the Durham Nativity School and Lowes Grove Middle School. We also plan to teach a program at Southern High School.

Division/Program: Nutrition Division / Clinical Nutrition Services

Brief program description/statement of goals:

Duke contracted with the Health Department for provision of medical nutrition therapy to Duke employees receiving care in Duke's Connected Care clinics.

Duke Division of Community Health contracted with the Health Department Nutrition Division to provide medical nutrition therapy (MNT) to Duke employees who are covered by Duke Select health insurance and who are participating in a diabetes care management pilot program in Duke Connected Care clinics. Duke Select covers MNT services but perceived barriers to getting MNT are accessibility to a dietitian and requirement of a co-pay. This contract increases accessibility to a Health Department nutritionist and removes the co-pay requirement. The nutritionist provides MNT to Duke employees in a variety of settings including the clinic, workplace, home, or other community settings.

Goals:

- Improve diabetes management among Duke employees covered by Duke Select health insurance plan,
- Control health care costs.
- Increase accessibility to MNT services and remove co-pay barrier.
- At the invitation of Duke, attain credentialing status with Duke Basic and Duke Select health insurance plans in order to provide reimbursable MNT services after contract ends.

Issues/Barriers/Challenges/Opportunities:

- The contract covers Duke employees who are enrolled in the Connected Care program and have uncontrolled diabetes and thus are at greater risk for developing acute and long term complications associated with uncontrolled diabetes, increasing health care expenditures.
- These patients are hard to reach, a challenge the nutritionist also faces when attempting to schedule nutrition appointments.
- The ability to provide care at a location most convenient to the patient and the regular communications between the nutritionist and other providers are helping increase the number of patients referred to and seen for MNT.
- The contract has facilitated shared communications between Duke and the Health Department via electronic medical records, an identified goal of the Durham Health Innovation planning grants.
- As a result of this partnership, five nutritionists at the Health Department have become credentialed with Duke Select/Basic health insurance at Duke's invitation, in order to provide reimbursable MNT to covered members.

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Outcomes from MNT care to these patients include improved Hemoglobin A1C, weight loss, and healthier food choices.
- MNT services will continue to be covered through the contract until the contract funds are exhausted. Upon depletion of those funds, Duke Basic/Select will reimburse for MNT services, a new revenue source for the Nutrition Division and Health Department.
- Communication that facilitates patient referrals and care between Duke clinics and the Nutrition Division has significantly improved.

Next Steps/Mitigation Strategies:

- Our nutritionist will conduct diabetes/nutrition in-services with area physicians who provide medical care to Duke Select Connected Care

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enrollees in order to improve communication and facilitate MNT services.

Division/Program: Nutrition Division/ DINE for LIFE Program

Brief program description/statement of goals:

Collaborative work on Durham Public School's Wellness Policy with key Durham Public Schools (DPS) personnel was strengthened through attendance at North Carolina's Healthy Schools Institute. Barbara Rumer, DINE for LIFE elementary school nutritionist and team outreach specialist, attended this conference with a scholarship from NC Action for Healthy Kids. This annual Institute aims to foster a school and community team approach to school wellness planning and implementation. Ms. Rumer represented the Health Department as well as DINE school nutritionists who assist and provide guidance to schools on their wellness plans and issues.

Goals:

- Learn more about school wellness policies and practices throughout the state.
- Network with people from other school districts across the state.
- Develop a closer working relationship focusing on school wellness with Durham Public Schools (DPS) personnel, Larry McDonald and Pete Shankle, and DPS Board member, Heidi Carter, who also attended this conference.

At the Conference, Ms. Rumer

- Attended sessions on topics such as CDC School Health Index, evaluation of school wellness policy and practices, in-school prevention of obesity and disease, and worksite wellness for school personnel.
- Participated as a panelist in an Action for Healthy Kids session on parent involvement.
- With DPS personnel/Durham team, laid groundwork for work both within and outside of the School Health Advisory Council (SHAC) related to both revision and implementation of the DPS Wellness Policy.

Issues/Barriers/Challenges/Opportunities:

- DPS Board of Education approved the district's Wellness Policy in 2006.
- There is interest in strengthening and clarifying the Wellness Policy.
- Significant and measurable progress in wellness planning, policies and activities in Durham Public Schools has been made through the work and tenacity of the part-time DPS wellness coordinator, Pete Shankle. Together with Larry McDonald, the reach into all DPS schools and the resulting positive impact is evident. On-going funding of the part-time position may be in jeopardy and will seriously retard the momentum of wellness planning, policy and activities in schools as well as our collaborative work.
- The Durham team met at the conference and continues to meet to plan for the upcoming school year. One challenge the team plans to address is how to be proactive in implementing healthier behaviors and standards in the schools. One possible opportunity is to enlist SHAC members to participate in subcommittees focusing on issues such as foods in schools, nutrition education, and physical activity. The Health Department will have representation in workgroups as well as providing leadership responsibility for some groups.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

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- The Durham team is poised to provide leadership to DPS SHAC to stimulate/strengthen initiatives leading to increased wellness activities within schools and administrative offices.
- Attendance at the NC Healthy Schools Institute helped the Health Department, through Barbara Rumer's participation, to reaffirm support for DPS wellness initiatives and strengthen our active involvement in assisting DPS in achieving healthy school programs, environments and policies.

Next Steps/Mitigation Strategies

- Participate in providing a team report to SHAC in the September meeting.
- Advocate for/support SHAC members organizing to become more active in wellness issues in DPS.
- Actively participate in SHAC meetings and activities.

Division / Program: Health Education Division

Brief program description / statement of goals:

Project REACH Diabetes

Health Promotion & Wellness team provides a number of interventions and communication activities in partnership with Person County Health Department to promote diabetes awareness, education and disease management. In support of Healthy People 2010, through prevention programs, reduce the disease and economic burden of diabetes and improve the quality of life for all persons who have or are at risk for diabetes.

Goals:

- Provide online sessions (webinars) to increase awareness and educate on disease management and avoidance of diabetes related health complications
- Increase through communication interventions/activities (website, social media etc.), active participation and educational reinforcement of information pertaining to diabetes education and management and give community members an avenue to communicate with health professionals representing project agency partners
- Identify and connect community members to available diabetes and chronic disease prevention resources in Durham
- Increase participant's knowledge of healthy lifestyle choices and encourage the adoption of behaviors that support healthy living.

Issues / Barriers / Challenges:

- Online activities attract an audience that is "techno savvy", a generation that can be challenging to reach, and should be reached while the adoption of healthy behaviors can be of the most benefit; however, these methods do not always reach all segments of the population.
- Internal communication with the IT Department in blocking programs such as the webinar and online survey services can be a barrier.
- Local government functions are different in two counties, which often places barriers when accomplishing project tasks and could have interfered with timelines.
- Space in which to conduct education services and events for community members who prefer traditional delivery methods

Implication(s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

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- Using webinars, health educators have delivered a number of programs without the usual related expenses related to mileage, compensatory time with about the same participation rate as traditional presentations. This while accomplishing goals, has saved the agency money. We are currently using less manpower and reaching an audience that by self admission are not willing to come on site to community programs
- Formation of the Durham-Person Diabetes Collaborative, a group representing community members and service organizations striving towards connecting and creating diabetes health promotion activities in both counties.
- Facilitated 21 webinars reaching 64 participants on a variety of diabetes and chronic disease topics which address five of the ten leading health indicators-physical activity, overweight/obesity, tobacco use, access to healthcare and immunization. Durham County Health Department was the first local health department to initiate and utilize webinars as a method to provide educational services.
- Media: one newspaper wrappers, online assessments, website, Facebook page, three newspaper ads, online discussions and one completed video which was disseminated via DVD and numerous websites.
- Three staff members participated in specialized training for Diabetes Self Management Program (Stanford University model).
- Two staff members received specialized training in stress reduction facilitation.

Next Steps / Mitigation Strategies

- Project REACH Diabetes will produce a resource guide connecting community members in both counties to free or low cost health education and medical resources.
- The development of two additional educational videos, produced in mass and disseminated at diabetes related events or upon request via DVD

Division/Program: General Health Services Division / Tuberculosis and Communicable Disease Control Programs

Brief program description/statement of goals:

To eliminate tuberculosis disease by reducing the number of new cases of TB and controlling the spread of TB into the general public

To provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases

Issues/Barriers/Challenges/Opportunities:

- Continued outbreak investigation of acute hepatitis B among residents in 3 long term care facilities (LTCFs), in conjunction with the NC Division of Public Health (NCDPH) and the Centers for Disease Control (CDC). The CDC has been conducting molecular testing on the acute and chronic cases of hepatitis B at the LTCFs. The CDC was invited to Durham by the NCDPH to assist with the investigation of the outbreak. The CDC was in Durham for over ten days assisting with the investigation at the two LTCFs that each had 7 cases of acute hepatitis B.

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- While investigating hepatitis B at one LTCF, 2 cases of hepatitis C without prior history were discovered. Investigation was initiated on whether these cases have any common exposures for hepatitis C in this LTCF. Specimens were sent to the CDC for molecular typing of these 2 cases along with 7 other cases of known hepatitis C in the LTCF.
- Provided initial hepatitis B vaccinations to residents of the 2nd LTCF who were not immune and continued hepatitis B vaccinations in the first LTCF.
- Returned to court for TB Health Law Violator since attorney is requesting that the patient be released before completion of his TB treatment due to a terminal illness. Patient will complete TB treatment at the end of September.
- Conducted contact investigation at the Urban Ministries of Hope Homeless Shelter in July for a TB suspect. Forty four residents were tested with T-Spot testing (a new TB test of blood sampling) with negative results.
- Conducted contact investigation for confirmed TB case among Bhutanese refugees who live in Durham County. Assistance was requested from Cumberland County and Robeson County Health Departments since the investigation involved a chicken factory in that area where potential workplace exposure occurred.
- Treating 2 foreign born students at Duke University for active tuberculosis. Duke Student Health and Occupational Employee Health are assisting with directly observed therapy and contact exposure on campus.
- Meeting constant challenge of timely investigation and reporting of communicable diseases through the NC Electronic Disease Surveillance System (NC EDSS).
- Dr Arlene Sena was an invited speaker at the 1st Annual NC Communicable Disease Conference on July 23rd; During the conference, the Health Department received the “*Best Practice in Outbreak Response Award*” with the following acknowledgment: “*Durham County displayed an exemplary performance in the face of multiple simultaneous outbreaks involving norovirus and hepatitis transmission in long-term care facilities and a retirement village; rare rural rabies/listeria issue on a farm; restaurant associated salmonella and general communicable disease case management. DCHD had a lot thrown at them all at once and did a wonderful job not dropping anything important.*” Diana Coates, RN and Pam Weaver, RN attended the conference and received the award on behalf of the Department.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- CDC , NC DHHS Epidemiology Branch, and NC Immunization Program assisted with the investigation of acute hepatitis B outbreak, hepatitis C investigation, hepatitis B vaccinations, and repeat hepatitis B testing in the LTCFs.
- Continued incarceration of Health law Violator with continuity of all medical care of while in medical prison until patient completes treatment for active tuberculosis.

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- Adequate staffing to assist with outbreak investigations, community directly observed therapy (DOT), and timely investigating and reporting of all reportable communicable diseases in the North Carolina Electronic Disease Surveillance System (NC EDSS).

Next Steps/Mitigation Strategies:

- Continue investigation of hepatitis B outbreak and hepatitis C at multiple LTCFs.
- Continue hepatitis B vaccination campaign at two LTCFs.
- Continue to develop creative methods of community DOT to active TB patients with transportation problems and limited resources.
- Assure adequate evaluation and treatment of refugees with latent tuberculosis infection.
- Evaluate T-Spot TB test results from Homeless Shelter contact investigation. Plan for repeat T-Spot testing 8-10 weeks from first testing. Follow up with contacts not tested during initial testing at shelter.
- Continue to manage and monitor TB treatment of 2 foreign born students at Duke University.

Division/Program: General Health Services Division / Immunization Program

Brief program description/statement of goals:

To promote public health through the identification and elimination of vaccine-preventable diseases and focusing efforts on:

- Reducing the spread of vaccine preventable childhood diseases by assuring that individuals are age appropriately immunized;
- Eliminating barriers that delay or prevent delivery of immunizations, and to assure the safe delivery of vaccines;
- Ensuring that vaccine-preventable disease outbreaks are identified, monitored and managed;
- Providing education and outreach;
- Utilizing and promoting the North Carolina Immunization Registry.

Issues/Barriers/Challenges/Opportunities:

- Administered 1410 immunizations.
- Provided weekly aggregate H1N1 influenza vaccine use reporting to the NC Department of Health and Human Services, Division of Public Health in July and began monthly reporting for August.
- Provided immunization services for 20 new refugees (7 Iraqi and 13 Bhutanese).
- Provided I-693 adjustment of status documentation (which includes the results of the medical examination) for 18 refugees.
- Provided assistance with 5 requests from Durham County Animal Control for home quarantine of animals.
- The Immunization Program transitioned to an appointment system on July 26, 2010 and initiated a new registration process whereby clients are registered and complete financial screening in Central

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Intake prior to coming to the Immunization Clinic. Walk-ins are given an appointment if there is vacant appointment time. Clinic patients have priority as walk-ins.

- Implemented changes resulting from the planned phase out of state funding for vaccines to the North Carolina Immunization Program (NCIP) on 07/01/2010. All vaccines including vaccines required for school entry needed by children who are not eligible for the VFC program must now be purchased by providers.
- On 07/16/2010 the NCIP related that the past session of the NC General Assembly eliminated permanent state funding for vaccine purchase. However \$3,000,000, in non-recurring state funds was appropriated to support the provision of required vaccines to fully insured children entering school (in kindergarten through eighth grade) in the upcoming school year. DCHD agreed to take the usual percentage of vaccine typically provided to fully insured school entry children and to send the remaining vaccine allocated to the county to the private providers in the county.
- On 08/26/2010, DCHD was notified by the NCIP that the CDC had made available to the NCIP additional vaccine funding that allowed the NCIP to offer additional vaccines to local health departments for all children through 18 years of age that are not eligible for the VFC program. DCHD agreed to take the allocation of 1,360 doses of vaccines including: DTaP, Kinrix, Pentacel, IPV, Hep B, Hib, MMR, Tdap, and Varicella.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
The Immunization service delivery continues to be impacted by complex changes to the NC Immunization Program.

Next Steps/Mitigation Strategies:

Plans are being made for the 2010-2011 influenza season.

Division/Program: Community Health Division/School Health Program

Brief program description/statement of goals:

The School Health Program provides nursing services to students and families enrolled in fifty-three (53) Durham Public Schools (DPS), school faculty and staff, administrators, and the larger community. Two nursing supervisors have immediate supervisory responsibilities for the day to day management of the School Health Program and also provide nursing supervision for nurses hired by the school system.

The primary goal of the program is to develop, establish, and maintain a comprehensive School Health Program by utilizing the nursing process through a collaborative effort with educators and health personnel by establishing:

- Strong relationships with school students, faculty, and staff
- Close collaborations with partners and
- Offering programs that meet the individual needs of individual schools

In August 2010, the program collaborated with Durham Public Schools to conduct school based Tdap vaccination at 3 locations. Clinics are scheduled for additional school sites in September 2010.

Issues/Barriers/Challenges/Opportunities:

Opportunities and benefits to holding school based Tdap clinics include:

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- Students are able to be vaccinated at the schools which will help to increase accessibility to the vaccine;
- Collaboration between Durham County Health Department and the Durham Public Schools district;
- School nurses are responsible for planning and implementing the vaccination activities, and are familiar with health concerns in each student population; and
- School staff have access to parental contact information, which facilitates communications (e.g., for conferring with parents when necessary; announcing clinic dates).

Challenges to holding the school based Tdap clinics included:

- Due to recent changes to the North Carolina Immunization Program, state-funded vaccines are no longer provided to insured children. Children with insurance coverage may be able to take advantage of vaccines funded this year only for required vaccines for children entering kindergarten through 8th grade. The recent changes to the North Carolina Immunization Program may result in some children not obtaining their vaccines during that first month of school (or sooner).
- Handling and transporting the vaccine to the various locations required considerable planning, equipment, and training.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Ongoing education for students/parents and the general public is needed to increase awareness of the Tdap requirement for children entering 6th grade in public schools.

Next Steps/Mitigation Strategies:

The program will conduct additional Tdap clinics in September 2010.

Division/Program: Community Health Division/Home Health Program

Brief program description/statement of goals:

The Home Health Program has been charged with the primary responsibility of providing in-home care and skilled services to medically homebound patients who reside in Durham County and who have a plan of care signed by a physician. To a much lesser degree, the program is also charged with providing assessment for needed services for adults in Durham County.

Issues/Barriers/Challenges/Opportunities:

- In January, 2010, the Board of Health voted to consent to the sale of the Home Health program.
- The Health Department, County Manager's office, and County Attorney's office, with advice from the County Finance office then began the process of advertising the sale of the agency, reviewing proposals and offers, and interviewing the preferred proposers.
- Effective August 2, 2010, the sale to Innovative Senior Care of Brookdale was official. Innovative Senior Care will continue to operate under the Health Department's Home Health license until all approvals for license change are received from federal and state agencies. During that time, Innovative Senior Care will be physically located in our building.
- In January, the agency had a total of 60 patients. By the time of the sale, only four patients remained. These were transitioned to the new agency through joint home visits between Vicki Watkins, RN,

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PHN Supervisor for Home Health, and Innovative Senior Care staff nurses.

- No staff who were employed in the Home Health project were dismissed due to the change; instead, these staff were able to move into roles where they were needed to provide support to other programs:
 1. Program Manager: Previously allotted approximately 50% of her time to administrative functions of Home Health, has now been assigned administration of other outreach services
 2. Home Health Supervisor: Chose to retire
 3. Physical Therapist/Team Leader: Moved to a newly-created role as Quality Assurance Manager
 4. Public Health Nurse III/Quality Assurance: Moved to the Communicable Disease project
 5. Public Health Nurse II: Moved to the Child Service Coordination project
 6. 2 Community Health Assistants: Moved into lab assistant positions
 7. 2 Community Health Assistants: Moved into CHA positions with STD and Maternal Health clinics
 8. 1 Processing Assistant III: Moved into the Child Service Coordination project

Issues addressed in selling the project:

- Ensuring that the purchaser was willing to continue to provide care to low-income and non-paying patients
- Ensuring that the purchaser was able to provide a high quality of service with a philosophy consistent with DCHD
- Negotiating a sale price that was fair to both parties
- Transitioning patients in a way that was the least stressful to the patients
- Assisting staff with choosing their “best fit” options for transfer, and providing adequate training/orientation

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Stability of services for Home Health patients in Durham. Our expectation is that Innovative Senior Care will have the flexibility to provide a wide range of services, and will offer continuity through a spectrum of options for patients (including home-based services, assisted living, and skilled nursing facility)

Next Steps/Mitigation Strategies:

This process is complete, except for the physical move of Innovative Senior Care from our building once the license process is complete.

Division/Program: Environmental Health General Inspections

Brief program description/statement of goals:

General Inspections objectives include the mandated enforcement of local and state rules and regulations as they apply to the permitting, plan review, inspections and complaint investigations of food, lodging, tattoo artists, day cares and other institutions. Compliance and consultative activities promote the improvement of public health and environmental quality as it relates to food safety, water quality, general sanitary practices and exposure to chemical, biological and/or physical agents. The prevention and control of communicable diseases are also supported by these efforts.

Issues/Barriers/Challenges/Opportunities:

Efforts to address unpermitted food sales have been a perennial challenge for General Inspections. Traditionally, complaints or reports of

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unpermitted vendors are investigated as they are received by Environmental Health staff. Most illegal vendors voluntarily shut down their operations and leave when requested by inspectors. However, there has been a notable increase in the numbers of these illegal vendors and many simply relocate to another area and continue their operations.

The traditional route of legal notice issuance with the 30 day due notice time period and subsequent scheduling of a court date is very time consuming. Over the last year, a stepped-up effort by Marc Meyer, Environmental Health Supervisor to develop connections with City Business License office, Zoning Enforcement and other agencies within the City of Durham has significantly improved interagency communication regarding this issue.

On August 9th, 2010, Robert Brown and Marc Meyer attended an evening Partners Against Crime (PAC) meeting for Durham City Police District 2 to contribute to a community discussion on unpermitted vendors in the City. The City Business License Services manager, Zoning Enforcement and City Storm Water representatives as well as several City police officers were present at this event. A referral to Assistant Chief Russ, with the City of Durham Police Department was obtained to discuss the possibility of an enforcement partnership. Robert Brown and Mason Gardner met with Assistant Chief Russ, District Commanders and other investigators on August 26th at City Police Headquarters.

Procedures are currently being developed to allow City Police to issue citations to illegal vendors, when necessary, and require an appearance in District Environmental Court. Prior to implementation, plans include public notice of this initiative through local media. This will likely be followed by periodic combined City Police and Environmental Health patrols through areas of the City reported to have suspected illegal food vendor activity.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

An initiative to develop connections with other agencies within the City of Durham has brought improved inter-agency communication and in some cases expedited enforcement through those partnerships benefitting the citizens of Durham. The relationship being developed between Environmental Health and City of Durham Police may result in a more efficient process for addressing illegal food vendors in the City of Durham.

Next Steps/Mitigation Strategies:

Continue with the development and implementation of this procedure.

Division/Program: Environmental Health/ On-Site Water Protection (OSWP)

Brief program description/statement of goals:

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

Issues/Barriers/Challenges/Opportunities:

The Falls Lake Nutrient Management Legislation is still involving a significant amount of staff time. Public Hearings have been conducted and comments have been submitted to the North Carolina Environmental Management Commission (EMC). Draft Rules will go before the EMC for approval this fall and these rules will become effective January 15, 2011. It is expected that this matter will go back to the legislature during the 2011 Long Session.

On a related note, two separate engineering firms have approached Environmental Health in recent months seeking test sites for new sewage discharging technologies equipped with pre-treatment. The engineering

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firms have volunteered to donate full designs. System components will be donated by the product manufacturers and labor will be donated by registered onsite system contractors. Bob Jordan, Environmental Health Supervisor, is coordinating these efforts between the selected property owners, Durham City and County Storm Water, the NC Division of Water Quality (NC DWQ), the permitting agency, and NC State Research staff. Different system types will be used on the two properties. The systems will replace currently failing systems in Durham County. Following installation, effluent samples will be collected for several years to determine the systems' capabilities to reduce nitrogen and phosphorous levels in the discharge. Periodic visits by Environmental Health, City and County Storm Water, NC State research staff and NCDWQ will be made to observe system function.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):

- Two property owners in Durham will receive systems valued at between \$20,000 and \$30,000 in exchange for their consent to use their sites for research.
- Valuable data should result from this endeavor to help formulate Falls Lake strategies especially relating to technologies that can be used to address nitrogen and phosphorous emissions from discharging sand filters.
- Positive PR for this Durham Public Health initiative should help Durham in its effort to achieve measurable reductions in these nutrients entering the Falls Lake watershed.

Mr. William Small made a motion to adjourn the meeting. Ms. Sandra Peele seconded the motion and the motion was approved.

William H. Burch, R.Ph., Chairman

Gayle B. Harris, MPH, Health Director