

A Regular Meeting of the Durham County Board of Health, held July 14, 2011 with the following members present:

William H. Burch, R.Ph, Sue McLaurin, John Daniel, Jr., MD, James Miller, DVM, Jill Bryant, O.D, F.A.A.O, Michael Case, Ronald Spain, DDS, Heidi Carter and County Attorney Bryan Wardell

Excused Absence: Nicholas Tise and Sandra Peele, RN

Unexcused Absence: Commissioner Brenda Howerton

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

DISCUSSION/ADJUSTMENTS (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: There were no revisions to the agenda.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Ms. Sue McLaurin made a motion to approve the May 12, 2011 minutes. Dr. Jill Bryant seconded the motion and the motion was approved.

PUBLIC COMMENTS:

There were no public comments.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **Budget Amendments** (*Gayle Harris*)

Request to recognize funds in the amount of \$11,663 from the NC Department of Health and Human Services, Division of Public Health for implementation of Statewide Health Promotion Activities. The Health Department will use the funds to support policy or environmental level objectives addressing physical inactivity, poor diet, tobacco use and risk reduction (HIV) through two of its Divisions, Health Education and Nutrition.

Request to recognize funds in the amount of \$250 from the NC Department of Health and Human Services, Diabetes Prevention and Control Program to support continuing education training to local health departments participating in the NC Diabetes Education Recognition Program. Funds will be used to support continuing education in diabetes for Health Department nutrition staff.

Dr. Ronald Spain made a motion to approve the budget amendments. Mr. Michael Case seconded the motion. The motion was approved.

• **Update Smoking Rule/Ordinance** (*County Attorney Bryan Wardell/Gayle Harris*)

County Attorney Bryan Wardell and Health Director Gayle Harris discussed the next steps in the process to amend the county's current smoking ordinance. The Board received a packet of e-mail and handwritten comments pertaining to the draft smoking rule comment period. There were more pros than cons to the draft smoking rule. County Attorney Bryan Wardell stated the next step is to have the Smoking Rule Committee review the proposal again with the public comments and incorporate any changes made by State Tobacco Branch Attorney Ellevee Donahue; then present the draft amended smoking ordinance to the County Commissioners and City Council in a joint session to vote upon. Ms. Harris stated the BOCC / City Council Joint Board meets every other month – September and November as the next opportunities. Presenting in this venue will provide the opportunity to discuss the intent of the proposed changes to the current smoking ordinance. Below are the

2 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

e-mail and handwritten comments pertaining to the draft smoking rule comment period.

6/15/11-Adam Sampieri [asampieri@gmail.com]

Dear Ms. Harris,

I am a proud Durham resident, a teacher, a musician, and a part-time employee of a local Durham business. My wife and I have made our home here. We hope to raise a family here. I am also a proud ex-smoker and wholeheartedly support the ban on smoking in public places in Durham. I support it for my own health, the health of our fellow Durhamites, and the health of all those visiting our amazing city. This is an opportunity to lead and set a remarkable example for healthy living in this, an area built on the tobacco business. What an extraordinary and important precedent to set! We've preserved our tobacco history in the beautiful architecture downtown. Let us let that be the window to our past as we grow into a healthier and brighter future as a city and county that cares--one that is willing to stand up and truly support the health of its citizens. Thank you for your support on this important issue.

Best regards,

Adam Sampieri

Durham, NC

Adam Sampieri

www.sampieri80.com

asampieri@gmail.com

973-903-2872

6/15/11-Kimberly Williams [KWilliams@lungusa.org]

Hello Ms. Harris,

On behalf of the American Lung Association in North Carolina, please accept the attached as our formal comments on the proposed smoking rule. We would also like to extend our appreciation to the Durham County Board of Health for their continued commitment to protecting the health of residents and in particular to lung health issues.

We look forward to hearing the outcome of this proposed rule.

Many thanks,

Kim

6/4/11-Robyn Glushik [rglushik@frontier.com]

Dear Gayle,

I hope the county will ban smoking in public places. I have two young children and I don't want them being exposed to second-hand smoke on playgrounds, in stores, or at the park. As they get older, I know I won't even want them to see people smoking. I believe smokers should be able to smoke on their own property, but not on public property where their actions have consequences for everyone around them.

Thank you, Robyn Glushik

6/3/11-Daniel Westreich [danielw@gmail.com]

Durham County Board of Health

Attn: Gayle Harris, Director

As a PhD in epidemiology and a parent of a 2-year old: I am fully in favor of the proposed smoking ban.

Thank you very much.

Daniel Westreich

1125 Anderson St.

Durham, NC

6/3/11-Wendy Edds [wendyedds@gmail.com]

As an individual who suffers from migraines brought on by exposure to cigarette smoke, I support the cigarette ban. As a mother of young children, I support the cigarette ban. As a physician who has seen the devastating affects of cigarette smoke, I support the cigarette ban.

Sincerely,
Wendy Edds, MD
Sevier St
Durham, NC

6/3/11-Jon Guze [jonguze@mindspring.com]

Dear Ms. Harris:

I would like to record my opposition to the proposed rule banning smoking in outdoor public places in Durham. Despite its good intentions, the effect of such a ban would be to cruelly victimize the weakest and most afflicted members of our community and make their lives even worse than they already are.

Because smoking is so dirty and unhealthy, those of us who don't smoke often find it hard to sympathize with those who do. We tend to feel that, if smokers are too pig-headed or weak-willed to quit, they should at least do their smoking in private where it won't bother the rest of us. What we may not realize, however, is that many smokers can neither quit nor do their smoking in private because they are mentally ill, or homeless, or both.

Only a little more than 20% of the general population smokes; however, the percentages are much, much higher among the mentally ill and among the homeless. At least 80% of people with schizophrenia smoke—probably because of neurological changes related to their disease—and smoking rates are also very high among those who suffer from other psychiatric disorders. In fact, a study published in the Journal of the American Medical Association found that people with serious mental illnesses consume nearly half of all the cigarettes sold in America. Smoking is also very common among the homeless, 60-75% of whom smoke. This is probably at least partly due to the fact that many of them are also mentally ill. What all this means is that when we see someone smoking on a street corner or in a park, there is a very good chance that person is mentally ill and has nowhere else to go. Nobody likes being exposed to second-hand smoke, even when it is highly diluted by outside air.

Nobody likes looking at discarded cigarette butts. But, these are occasional and minor annoyances compared to what the mentally ill and the homeless have to endure all day every day. It would be grossly unfair and discriminatory for us to persecute these unfortunate people simply to make our already comfortable lives just a little bit better.

Someday, perhaps, we will be able to do something to significantly improve the lives of the mentally ill and the homeless. In the meantime, let's at least refrain from making their lives worse. Durham is a wonderfully tolerant community. Surely we can find it in our hearts to tolerate a bit of smoking in outdoor public places for the sake of those who are already carrying such a heavy burden of affliction. Thank you.

Sincerely,

Jon Guze

2507 Wrightwood Ave.

4 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

Durham, NC 27705
919-490-6086

Cc: Ms. Nancye Bryan, President, National Alliance on Mental Illness,
Durham
Mr. Patrice Nelson, Executive Director, Urban Ministries of
Durham
Dr. Ernie Mill, CEO, Durham Rescue Mission
Mr. Lowell Siler, County Attorney, County of Durham

6/1/11-Rah Bickley [rahbickley@mac.com]

Dear all,

I hope the county will ban smoking in public places. I have a four year old and I don't want him breathing in second-hand smoke on playgrounds. I don't even want him to see people smoking. Smokers should be able to smoke on their own time or their own property, but not on the public's property.

Thank you for the opportunity to comment.

Sarah ("Rah") Bickley

12 Streamview Ct., Durham NC 27713

Rah Bickley

6/1/11-Laurie Snyder [laurie.snyder@duke.edu]

As a physician and a mother, I am completely in support of a smoking ban in public spaces- athletic fields, playgrounds, outside of hospital grounds, etc.

We need to keep our kids safe and protect the health of our community.

thank you,

Laurie Snyder

5/31/11-holly madariaga [holly.madariaga@gmail.com]

While I'm not opposed to shutting smokers totally out of parks, I think it's a fantastic idea to ban smoking and butts directly IN the playground areas. We have 3 children ages 4, 2 and 1, and the younger kids always want to pick the butts up! What a great law!

Holly Madariaga

Durham, NC

5/31/11-Katharine Kollins [kwkollins@gmail.com]

I would like to express an opinion strongly IN FAVOR of the proposed smoking ban. I think it is critical that all public places be free of smoke not only for children, but adults as well. No one should be forced to breathe carcinogens just because they take public transportation, want to play at a playground, or are otherwise utilizing Durham city and county services. I urge you strongly to set a good example for our children, our State and the Country that we recognize smoking is detrimental to everyone's health and no one should be forced to suffer the consequences of others' irresponsible actions.

Thank you,

Katharine Kollins

2722 Spencer St.

Durham 27705

5/24/11-Karen Crumbliss [kcrumbliss@me.com]

Dear Gayle,

I heartily support your efforts to protect our health and curb second-hand smoke in public places. Your advocacy is important for all of us. Thank you very much!

5 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

Thanks, Karen

(Karen Crumbliss)

5/24/11-ata@duke.edu

I support any and all efforts to ban smoking in public places, indoors and out.

Arthur T. Alt
3 Scott Place
27705

5/24/11-Deborah Pilkington [dpilkington@nc.rr.com]

I am writing to express my complete support in this matter. As you may know, NYC has just enacted similar:

New York City outdoor smoking ban effective as of Monday.

The CBS Evening News (5/22, story 9, 2:00, Mitchell) reported, "Smokers considering a visit to New York City should consider themselves warned. The city that has already extinguished most indoor smoking is taking aim now at the great outdoors." CBS (Dow) explained, "New York City is now taking the war against tobacco a step further with a new law that goes into effect tomorrow banning smoking outdoors at beaches, boardwalks, parks, and pedestrian plazas. New York City Mayor Mike Bloomberg, a former smoker, pushed for the law that aims to drastically reduce if not eliminate exposure to secondhand smoke."

I'm a former 17-year pack-a-day smoker and I know how hard it is to quit. I also volunteer for Keep Durham Beautiful and am disgusted by the seemingly never-ending cigarette butts on the sides of the road. I would love to see Durham take this step for both the health of its citizens and the environment.

Deborah Pilkington
Durham, NC

5/24/11-Judith Kelley [Judith.Kelley@duke.edu]

Greetings,

Every year 400,000 US citizens die pre-maturely from smoking or second hard smoke. 17% of high school kids smoke, and 7 percent of middle school kids. Half these kids will die from smoking. Lets send a message to improve health by enacting the smoking ban in public places!

Judith

Judith Kelley
Associate Professor of Public Policy and Political Science
Duke Sanford School of Public Policy

5/23/11-Elisabeth Jezierski [shemeanswell@gmail.com]

Durham, NC 27701

Dear Ms Harris:

I and members of three generations of my family strongly support the proposed smoking ban in all public spaces, be they indoors or outdoors. We all know how even secondary smoke is most deleterious to health. For children to see adults smoking on a playground or in a sports arena sets a terrible example. They can get "hooked" for life!

Smoking signifies high costs for our health services, and painful death for our fellow Durhamites by causing avoidable cancers. Smoking also negatively affects family budgets when it's a question of good nutrition vs cigarettes.

6 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

Cigarette butts on sidewalks and trails are visually offensive. Besides, birds can ingest them and choke on them.

There is, unfortunately, enough industrial pollution in the air we breathe. We hardly need smoke as a further contaminant.

Sincerely ,
Elisabeth Jezierski
1101 Norwood Ave
Durham NC 27707

N.B.

I am speaking out as the daughter of a man who got very ill as a result of nicotine poisoning, and of a mother who died of cancer as a result of having smoked as a young woman. My husband's secondary smoke caused me a tumor, necessitating the removal of a third of my right lung.

5/23/11-Deborah Pilkington [dpilkington@nc.rr.com]

I was astounded when I saw the proposed rule in the paper. I never thought this would make it to North Carolina!

I would love for there to be a ban. I have two stakes in this. First, I am a local family physicians and spend a lot of my day, everyday, seeing and talking to people about the consequences of smoking.

I also volunteer for Keep Durham Beautiful and do neighborhood cleanup where I live. I literally cannot go more than 3 or 4 feet on Cornwallis Road without seeing a cigarette butt, and this is the section of Cornwallis in the Duke Forest Neighborhood.

It is such a difficult habit to overcome and anything we can do to encourage people to quit will be help. Every little disincentive, including raising the cost, or making it more difficult to find places to light up, will help a small percentage of people reach that critical point where they become ready to take the plunge.

There will always be people who talk about "their right" to smoke, but I have a right to clean air and to not have to step on butts wherever I go.

Please let me know what I can do to help push this forward!

Lisa Nadler, MD
2800 DeKalb Street, 27705
919-475-1763

5/23/11-Deborah Marion [dmarion@nc.rr.com]

To Whom It May Concern,

I support the ban on public smoking that is under consideration.

Thank you,

Deborah Marion, M.S., CCC-SLP
Speech-Language Pathologist
2730 Montgomery Street
Durham NC 27705
9194038040

5/23/11-Elisabeth Jezierski [shemeanswell@gmail.com]

Durham County Board of Health
Gayle Harris
Director
Durham County Health Department
414 E Main St
Durham, NC 27701

7 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

Dear Ms Harris:

I and members of three generations of my family strongly support the proposed smoking ban in all public spaces, be they indoor or outdoor. We all know how even secondary smoke is most deleterious to health. For children to see adults smoking on a playground or a sports arena sets a terrible example. They can get "hooked" for life!

Smoking represents high costs to our health services, causing avoidable cancers. It also negatively affects family budgets when it's a question of healthy food vs a pack of cigarettes.

Cigarette butts on sidewalks and trails are visually offensive. Besides, birds can ingest them and choke on them.

There is, unfortunately, enough industrial pollution in the air we breathe. We hardly need smoke as a further contaminant.

Sincerely ,

Elisabeth Jezierski
1101 Norwood Ave
Durham NC 27707

N.B.

I am speaking out as the daughter of a man who got very ill as a result of nicotine poisoning, and of a mother who died of cancer as a result of having smoked as a young woman. My husband's secondary smoke caused a tumor, necessitating the removal of a third of my right lung.

5/22/11-derek_frontier [derek.le@frontier.com]

Yes, I fully support the proposed smoking rule. Please implement it.

Furthermore, please address the serious health hazards posed by burning wood in fireplaces, woodstoves, and the new outdoor fire grills.

Dioxins and other toxins are in the smoke so neighbors are poisoning neighbors. Please ban smoke of all kinds.

Thanks,

Derek Leadbetter

5/18/11-Bob Conroy [conroybob@frontier.com]

To: Gayle Harris , Director:

We totally support the proposed smoking rule and fervently hope the County Commissioners will adopt it at their first opportunity. The proposed rule is the best local news since the billboard ordinance change was defeated.

As a former smoker I am well aware that most smokers are so addicted they are oblivious to their dangerous and rude behavior. Only a ban backed by law will make a dent in the public smoking problem. We especially like the sidewalk ban. For some reason smokers congregate as close as possible to doorways to non-smoking areas thereby forcing the rest of us to go through their smoke to enter, say, a restaurant.

Then they litter public areas with their leftovers.

Question: will the rule ban smoking in outdoor restaurants? One of the unintended consequences of the indoor restaurant smoking ban has been that the pleasant outdoor areas are now ruined by smokers. I am thinking particularly of the outdoor restaurant areas at Brightleaf Square and around The Federal on Main Street.

The May 17 Herald Sun editorial ("Ban Smoking? Absolutely" was 100% dead on.

When asked "mind if I smoke?" Durham's answer should be "YES!"

Thanks,

8 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

Bob & Liz Conroy
919-493-1238
919-419-6878 (fax)
conroybob@frontier.com
2811 Welcome Drive
Durham, NC 27705-5515

5/17/11-Donald Ball [donald.ball@gmail.com]

I'm a Durham resident and support the proposed ban on smoking outdoors in public spaces.

-- donald

5/17/11-Thomas Burke, Ph.D. [Thomas.Burke@duke.edu]

I would like to go on record as supporting the proposed 'Durham County Smoke Free Rule'.

I choose to live my life healthy, and I resent breathing second-hand smoke from people who decide to light up while in public spaces. I have a right to commute, exercise, recreate, and simply exist in Durham's public places without being subjected to poisons and pollution produced by smokers.

Sincerely,
Tom Burke

Thomas Burke, Ph.D.

Institute for Genome Sciences & Policy
Duke University
919.668.3576

5/17/11-Ricardo Correa [ricardotcorrea@gmail.com]

THIS IS A GREAT IDEA! Especially at the Downtown bus stop.
Thanks

--

Shalom,

Pastor R.Correa

5-17-11-John Staddon [jers@duke.edu]

The following is adapted from my in-press book UNLUCKY STRIKE: How Weak Science, Bad Law, Fear and Money have left Smokers out in the Cold. My research has led me to conclude that most restrictions on smoking are both unjust and unjustifiable. There is no medical basis for restrictions on outdoor smoking and some public places should be available for smokers to smoke indoors.

Now everyone hates smoking, but 50 years ago...not so much. Everybody smoked. Back another 50 years, smokers were hated again – cigarettes were illegal in ten states in 1909. Smoking has been controversial ever since tobacco came to Europe in the sixteenth century. It has always been a ready source of revenue; it has also been a source of health problems, real and imagined. The mixture of pleasure, money and health risk means that smoking is rarely treated in a dispassionate manner by politicians, health professionals or the public. This heady stew reached another boiling point in the last decade or two with expansive anti-smoking legislation now almost universal in the developed world. The misinformation about and unreasoning hostility directed at smoking and

smokers – and the sight of smokers, usually poor, puffing desperately outside in winter weather – prompted me to write this book.

The dominant attitude to smoking makes no sense. In addition to an instinctive aversion displayed by a few – about as rational as some people’s hatred of cats – the general animus encourages tendentious science, perverts law and tempts politicians into dubious practices. When large amounts of money can be made at their expense, the plight of smokers becomes dire.

I look at three main issues in this book. The first is, what *should* we want for health? Is longevity enough? Is a long life for everyone an absolute good? How about productivity – how much should we value the productive fraction of a citizen’s life? Evolutionary biology doesn’t answer these questions, but it should make us skeptical of simple answers to them. And how about the ‘joy of smoking,’ smokers’ own ‘pursuit of happiness,’ where does that fit into public policy? The second question is simply factual: how dangerous is smoking, really? Is it dangerous to others – the problem of secondhand smoke? Well smoking is risky for the smoker, but less risky than most people now believe. It is probably not dangerous to other people. The third issue is cost: Smoking-related illnesses are costly and painful, no doubt. But we all get sick and die; dying is rarely pleasant; and the fact is that smokers tend to die a bit more efficiently than the rest of us. They cost society *less* not more than nonsmokers. Taken together, these facts should make society much more sympathetic to smoking than they are. But perverse incentives in the political and legal systems have pushed policy in the opposite direction.

So my conclusion is this: Durham, indeed the US itself, was founded on tobacco and even if we are not proud of that, we should at least leave smokers alone as much as possible. Secondhand smoke has NOT been shown to pose any health threat, but many non-smokers don’t like it. It would be nice to provide a few separate smoking places in bus stations and the like so smokers don’t get pneumonia puffing away on their over-taxed coffin nails outside. But there is absolutely no scientific basis for restricting smoking outdoors.

John Staddon is James B. Duke Professor of Psychology, and Professor of Biology and Neurobiology, Emeritus, at Duke University.

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J. E. R. Staddon
Faculty Secretary
James B. Duke Professor of Psychology,
Professor of Biology and Neurobiology Emeritus
Dept. of Psychology and Neuroscience, Duke University
Ph. 919-493-4398

<http://fds.duke.edu/db/aas/pn/faculty/staddon>
<http://dukespace.lib.duke.edu/dspace/handle/10161/2878>

5-16-11-Debby Bishop [debbybishop@earthlink.net]

I believe that this legislation would be good. I frequently take children to park play areas and have to keep after them not to touch discarded cigarette butts. Beyond health considerations, the litter created is unpleasant, and the city and county should not have to pay to pick it up.

Waiting for a bus next to someone who is smoking is not healthy.

Sincerely,

Deborah Bishop

10 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

3521 Manford Drive
Durham, NC 27707

5/16/11-luther mason [lilluke0@yahoo.com]

Dear Director G. Harris,

I had a baby sister who passed away recently who didn't smoke in her 59 years of lung cancer I can't understand that because she was a minister and didn't allow smoking in her presence!

As a concerned citizen I understand the preventive methods to avoid the harmful affect by secondhand smoking, but to put outdoors smoking into the mix I can't agree on that notion. Yes, I understand if I am in close proximity with anyone in an enclosed or simi-enclosed area like some bus stops the risk is there.

Then you mention State and County owned property sidewalks abutting to buildings and grounds which is right, but when you said all of state and county owned sidewalks that's all over the city everywhere. This part of your rule needs a little refining I would think? I'm on your side but these rules are in a young stage they will need more screening.

Respectfully,
Concerned Citizen
Luther

Mr.Luther N. Mason

5/15/11-Marge Nordstrom [mnordstrom@nc.rr.com]

I support the proposed rule to ban smoking in public places. Not only is the relationship between smoking and disease for smokers overwhelming, second hand smoke is known to cause disease and premature death. I believe we should not be doing anything that promotes ease of smoking

5/13/2011-Tucker, Randy

I strongly support the proposed Rule banning Smoking in public places. As a former smoker who struggled for years to quit, any rule prohibiting the pollution of our public areas would be beneficial. I want to be able to enjoy fresh air without having to breathe toxic chemicals. Second hand smoke is a public health issue and needs to be addressed immediately. Someone who smokes should not be allowed to pollute the air of our public spaces any more than we would allow someone to litter our parks. (Stop at any street corner in our city and count the number of cigarette butts littering the environment).

Thanks,

Randy

William R. "Randy" Tucker, CSAC

STARR Program Supervisor

Criminal Justice Resource Center

Durham County Detention Facility

219 South Mangum Street

Durham, NC 27701

(919) 560-0972

Fax: (919) 560-0819

- **Illegal Contact Lens Sales in Durham County** (*Jill Bryant, O.D., F.A.A.O*)

Jill Bryant, O.D., F.A.A.O, presented to the Board of Health on the illegal sale of contact lens in Durham County. On November 9, 2005 Congress amended the Federal Food, Drug, and Cosmetic Act (FD&C Act) such that all contact lenses, including those used only for decorative purposes, are considered medical devices under the law, and are regulated by FDA's Center for Devices and Radiological Health. This means that all contact lens (decorative included) require a prescription by an Optometrist. Dr. Jill Bryant stated that the presentation today is for the Board's awareness of the issue and to see what the Board of Health can do about the issue. Can we ask the District Attorney and the Attorney General to get involved? What would be the Board of Health course of action? What would be the Board's authority on this issue?

County Attorney Bryan Wardell stated that he had done some research on how the FDA and State regulate the sale of contact lens. The FDA regulations are enforced by the agency in several ways, including seizures, injunctions, warning letters and recall events. Under North Carolina Law it is not clear that non-prescription contact lenses would be considered a "device" within the meaning of the law. It is a plausible interpretation that non-prescription lenses do not affect the "function" of the eye. Of course, an argument can be made that given the clarity of the Federal Definition of non-prescription contacts as a medical device, and the desire to have the State Act be consistent with the Federal Act that, similarly non-prescription contact lenses are devices under the State Act. County Attorney Bryan Wardell suggested that Dr. Jill Bryant continue to contact the FDA and to contact the Commissioner of Agriculture to alert them of the issue. A copy of the Regulation of Non-Prescription Contact Lenses was distributed to the board.

Q: Chairman Bill Burch - "Can local law enforcement enforce such rules?"

A: County Attorney Bryan Wardell - "No, the FDA has its own enforcement mechanism. Local law enforcement doesn't have the jurisdiction to do anything about it. They would have to be directed by FDA to assist them in enforcing the law. I think you will get more bang for your buck going to the Department of Agriculture because they take enforcement action all the time."

Q: Ms. Heidi Carter - "Would the NC Statue supersede the Federal Statue?"

A: Attorney Bryan Wardell - "They are supposed to work in conjunction. Let's say the remedies are different and the remedies are different; then nothing in the federal law says that the District Attorney can prosecute, but in the state law you can. The remedy clearly is to send a letter to put some pressure on them, but if you really want to get the State law to come in line with the Federal law."

After further discussion by the Board of Health, it was suggested to educate the public through the Durham Public School System, Channel 4; and DCHD School Nurses.

Chairman Bill Burch made a motion to write a letter to the Agriculture Commission to address the enforcement of illegal contact lens sales. Dr. Jim Miller seconded the motion and the motion was approved.

12 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

• **Update on Monitoring Falls Lake Beach** (*Robert Brown*)

Robert Brown, Environmental Health Director revisited the Falls Lake Beach Monitoring presentation provided to the board in the May meeting. Mr. Brown asked for the board's input on the formatting of the signage "This Beach is Not Monitored for Water Quality" that will be posted at Falls Lake. The sign will be a 2' X4' in English and Spanish. The sign will read as follows:

- Don't swim after a heavy rain event or when water appears very muddy.
- Don't swim if you have open wounds or sores.
- Avoid getting water in your mouth or swallowing.
- Shower with soap after swimming.

Chairman Bill Burch requested information on how much it would cost for the state laboratory to do the water testing at Falls Lake and how much it would cost for Wake County to monitor Falls Lake. Mr. Michael Case volunteered to provide the staff with a literature review on best practices associated with monitoring recreational waters.

Ms. Heidi Carter made a motion to proceed with posting signage with the formatting revisions; giving Mr. Robert Brown editing authority if changes were necessary; and to continue the fact finding mission. Dr. Ronald Spain seconded the motion and the motion was approved.

• **Strategic Planning-Next Steps** (*Gayle Harris*)

The board was provided the following written report from the strategic planning retreat:

**Durham Board of Health
Strategic Planning Retreat – June 11, 2011
Durham County Health Department – 3rd Floor
Retreat Notes**

Facilitators: Lydian Altman and Margaret Henderson
The School of Government, UNC-Chapel Hill

Participants: Bill Burch, Sue McLaurin, County Commissioner Brenda Howerton, Dr. John Daniel Jr, Nicholas Tise, Dr. Jim Miller, Heidi Carter, Dr. Jill Bryant, Gayle Harris, Eric Ireland, Rebecca Freeman, Sue Guptill, Robert Brown, Tekola Fisseha, Marcia Robinson, Dr. Miriam McIntosh, Jim Miller, Dr. Arlene Sena, Michele Easterling, Rosalyn McClain, Kelly Warnock, Rochelle Talley, Karen Hicks, Bob Jordan, Clementine Buford, Tonya Battle, Marc Myer, Wilhelmenia Jordan and Asiyah Mikell.

Goals for today's retreat:

- To recognize our successes over the last two years
- To identify the local assets that contribute to our success
- To assess the implications of upcoming changes in our community
- To review and revitalize our mission and vision
- To set goals for the next three years

My vision of public health and wellness for Durham County includes _____

- No violence
- The public understands what the Public Health Department does
- Comprehensive program for teens based in their communities
- Use technology to common benefit
- Everyone can find and get to the services they need
- We provide services **in** communities.
- More consumer engagement and awareness and accountability.

- Reduced teen obesity rate.
- DPHD is seen as the “go to” place.
- Healthy schools, mothers, children
- Better collaboration across divisions and organizations.
- DPHD gets to families **early**: We catch ‘em young!
- Awareness of what DPHD does
- Reduced obesity and violence
- “Eat more tofu.” People practice what we preach.
- Competent work force
- Increased access to health care
- More prevention, through both services and improved access
- Nothing happens because the prevention worked
- Elimination of health disparities. Everyone gets better.
- Increased access to dental care
- Better coordination of care among providers
- Everyone has opportunity live and be healthy
- Everyone has access to nutritious food and is excited about it.
- DPHD us viewed as a partner in good health by individuals
- DPHD is one of the best in the world and doesn’t have to worry about resources.
- We eradicate HIV.
- Strong environmental health: clean water and effective waste management
- More streamlined, effective environmental health system, that offers more options for residents
- Improvement in access to care, especially eye care
- People adopt principles of prevention programs

Paired Interview Exercise:

To be all that we can be, what gifts, opportunities, or assets does the Durham Public Health Department have to build on?

Question 1: Our strategic opportunities are _____

- Increasing data competence of agency for understanding our public health needs
- Public health access: teens with chronic conditions, eliminating barriers education/staff
- Elderly population in Durham is increasing. Neglected group. Fragmented care. Needs to be included in planning.
- Reduce health disparities

- Population-based goal for all health department staff
- Alternative forms of governance may be coming (regionalization or consolidation)
- Efficiency of operations: leverage local resources; partner with others.
- Enhanced partnership opportunities (in sustainable fashion)
- Early intervention education : teen health, pregnancy prevention, youth risk behaviors
- Joint leadership collaboration at the policy-making level (e.g., members of Health, School, others)
- Public policy development: expanding partnerships; all policies - across different departments - that affect health.
- Explore funding possibilities: grant writing, private partnerships
- Opportunity for role shifting: increase effectiveness and efficiency; decrease silos

- Place matters in public health: environmental factors; public design

- Health Department viewed as a community resource
- Increase community awareness of our current resources (be physically present at events and public gatherings; conduct media outreach)
- Perception of Health Department – we’re here for all, not just a certain population group
- Communication – education - information
- Education: reach more people
- Create a Communication Specialist position
- Common message/goal for health for all department staff (“I work for the Health Department, not just one division or office.”)
- Think of public health as a business: marketing, perception of our department
- Social media, webinars, website
- Public awareness: social media (Facebook, twitter, etc.)

- Should the role of the Board of Health change somehow to adapt to all the other changes in our environment?

Paired Interview Exercise (continued): *To be all that we can be, what gifts, opportunities, or assets does the Durham Public Health Department have to build on?*

Question 2 [a look into the future]:

People appreciate _____ about the Durham Public Health Department.

- Consumers understand that their services came from the DPHD.
- There are improvements in all Durham communities, not just the poor ones.
- The knowledge gained from DPHD: service recipients, community partners, other service providers, those who attend large events....
- Repository of answers: resource, reservoir
- Spirit of collaboration
- Leaders in the state
- Catalyst for positive change
- Community has more trust
- Services valued
- Influence employers to promote healthy behaviors and lifestyles
- Residents appreciate and understand that they have access to restaurant inspection grades
- Personal responsibility
- Positive behavior modification
- Consumers become advocates for us because our services matter to them
- Technology: all systems interfaced with one another!
- Care is oriented towards the individual
- People appreciate how they are treated: timeliness, quality of service.
- People aren’t embarrassed to come here.
- Community resources are where I am. Public health workers have a positive impact on communities, neighborhoods, churches, etc.

Paired Interview Exercise (continued): *To be all that we can be, what gifts, opportunities, or assets does the Durham Public Health Department have to build on?*

Question 3 [a look into the future]: **Our new patterns or practices include_____.**

- DPHD is at the table for all health impact issues, with a

- population-based view.
- Policymakers, public, and other providers see health as impacted by all big policy and infrastructure decisions.
 - DPHD always has a seat at the table and is respected.
 - Offer lunch-&-learns, program promotion to internal audiences that could extend to other county departments
 - Local providers use expertise and knowledge of DPHD, sees us as “the expert.”
 - They don’t always have to come here; we’re out there.
 - “Customers” are also “partners”
 - Proactive and vision driven
 - Grants & IT Specialist; hire director of development
 - Develop a consistent pattern of giving out information to clients
 - New public relations/ marketing/communications network ---using targeted messages
 - Present ourselves as one entity vs. a nurse or nutritionist or health educator
 - Everyone asks: “What are the health implications for this decision?”

What are the emerging changes coming over the next three years in terms of...

Policies, Practices, Philosophies, Politics?

Internal Issues:

- Accreditations
- Quality improvement
- Policy development
- Technology – paperless environment – systems interface
- Organizational restructuring
- Cost benefits analysis
- Public health preparedness
- Workforce development
- Program evaluation
- Innovation & research

External Issues, but with local impact:

- Political climate/philosophy
- All \$\$\$ tied to measurable improvements
- Michele Obama’s program, “Let’s Move”
- Next outbreak or disaster: might create a new need for reorganization and /or chasing \$\$
- Community transformation grants and partnerships

What are the emerging changes coming over the next three years in terms of...

Physical Resources and Infrastructure?

Internal Issues:

- Great new building!
- Increase in functionality of the building
- Increased physical accessibility
- Decrease in federal/state funds and grants
- Maximization of technology
- With decreased funding, how will that impact our mission?

External Issues, but with local impact:

- General climate change
- Financial downturn

- National debt
- Economic recovery
- Dwindling and costly natural resources

What are the emerging changes coming over the next three years in terms of...

Innovations in the field?

Internal Issues:

- Using evidence-based interventions
- Geo-mapping of health indicators (population clusters of need)
- Life course perspective of client health
- Co-location of services
- Prioritize continuing education on new technological advances in on-site sewage disposal
- Social marketing media
- Community engagement & demonstration of consumer responsibility

External Issues, but with local impact:

- Possible state-mandated reorganization or consolidation of public health departments
- Regional coordination in delivery of services (multi-county approach)
- Linking information in a timely manner between agencies
- Health Care Reform

What are the emerging changes coming over the next three years in terms of...

People, Partnerships, Relationships?

Internal Issues:

- Decrease in silos
- Reallocation of staffing; we're not getting more positions so any new initiatives will have to be undertaken with existing staff
- Succession planning
- High school drop-outs
- Increase in partnership with sister agencies
- Shared interests with Durham public schools

External Issues, but with local impact:

- Partner with private industry, private providers
- Durham health Innovations
- Partnership 4 Healthy Durham
- IRS community benefit requirement for non-profit hospitals. We need to articulate what we do well so hospitals don't duplicate and can learn
- Reassess role of external partners given pending state regulators' reorganization (direction and autonomy)
- Bull City Forward (effort to reduce duplication of services)
- East Durham Children's Initiative (early intervention)

The issues that keep coming up in our discussions:

- Partnership
 - Integrating, streamlining various requirements, standards, processes
- Get in proactive mode regarding development
- Technology: GIS mapping; life mapping; continuing education
- Changing funding models and allocations

- Sharing, linking information
- Succession planning and leadership development
- Innovation + evidence-based initiatives + performance evaluation
- Agility: realignment, reorganization, reallocation

Suggestions on organizing these ideas:

Three goal areas:

1. Workforce Development and Succession Planning
 - Cross-training, showing, mentoring
 - Retiring baby boomers
 - Preparing the next generation of public health leaders
2. Communications and Marketing:
 - Sharing information about ourselves and our services
 - Thoughtful public relations efforts
 - Engage social media opportunities to inform Durham residents
3. Technology
 - Embracing new forms and uses of technology
 - Using data to inform our service delivery

Three operational principles:

1. Use a multi-disciplinary approach within our organization and across community agencies
2. Involve and engage the people affected by the work (consumers, employees, etc.)
3. Practice transparency in our work, especially the planning and decision-making efforts.

Decision on focus to be made by the Board of Health:

- Should DPHD focus on, organize around, or otherwise prioritize specific health issues?
 - Would we have a better chance of “moving the needle” and being seen as the “go to” health source if we focus on a specific issue or issues?
 - We would all ask: How does [my work][this decision] relate to [the chosen focus areas]?
 - Potential areas include:
 - tobacco cessation
 - obesity/overweight
 - communicable disease
 - pre-conceptive health
 - violence prevention

New Vision Statement:

The ideas:

- Healthy people in healthy Durham. Join us.
- Healthy people in healthy communities. [Durham logo]
- Engaging [communities][Durham County] for healthy outcomes.
- Engaging all for a healthy Durham
- Healthy people. Healthy communities. Healthy Durham.
- Healthy people. Healthy communities. Healthy Durham. Healthy environments.
- Healthy people supported by healthy community living in healthy environments.
- Healthy P4U (P = people, places, policies, practices) Join us!
- Healthy X 4

18 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

What we like about these phrases:

- Active
- Inclusive
- Encouraging
- Positive
- Fresh language
- Community oriented

The words that appeal to us:

- Empower
- Healthy Durham. Join us!
- Engaged [in health care]
- Promote ---- Foster ---- Enhance
- Partnering
- Clean
- Community
- Healthy people in healthy communities

Healthy Durham. Join us!

- People
- Policies
- Practices
- Places
- Partners

New Mission Statement:

The Ideas:

- Keep “preserve and protect.”
- OR change to “promote and protect.”
- Promote, protect, and enhance
- To promote and enhance the health and environment of Durham County.
- What about “prevent?”
- Of “our” community, not “the” community
- To involve people and communities in good health practices
- To continually assess & respond to the health need of the community
- To involve the individual and the community in health promotion and disease prevention
- Preserve, protect and enhance the general health and environment, and support healthy behaviors and lifestyles of our community.
- Existing statement: Drop “general”

Working with our community to promote health, protect the environment, and prevent disease.

Self-Evaluation: What went well today

- Physical location; being up high; having a view of Durham
- Opportunity for everyone to offer and consider ideas
- Facilitation: their skills and the outside perspective
- Board/staff interaction
- The energy was very positive and active
- The pace kept us moving (*I never even checked my emails!*)
- Food was good (and healthy).
- Nice to walk around after lunch
- Diversity of the group

Self-Evaluation: What to change for next time

- Maybe incorporate formal voting at goal level

The next Strategic Planning Meeting is July 15, 2011. Ms. Harris asked the Board if there were other goals and objectives that the Board would like see discussed. Ms. Heidi Carter suggested using the same list of goals and objectives as the Partnership for A Healthy Durham. Ms. Harris said we can take those priorities and bring them back to the board. She discussed the new vision and mission statement.

- Mission Statement: “Working with our community to promote health, protect the environment, and prevent disease”
- Vision Statement: Healthy Durham, Join Us!
 - People
 - Partners
 - Places
 - Policies
 - Practices
- Logo Statement: Promote, Protect and Prevent

Dr. Ronald Spain made a motion to accept the new Durham County Health Department mission and vision statement. Chairman Bill Burch seconded the motion and the motion was approved.

COMMITTEE REPORTS: There were no committee reports.

OLD BUSINESS: There was no old business discussed.

INFORMAL DISCUSSION: There was no informal discussion.

Health Director’s Report May – June 2011

Division/Program: Nutrition / DINE for LIFE and Clinical Nutrition Services

Brief program description/statement of goals:

The DCHD Nutrition Division was reviewed and audited by Michelle Futrell, Nutrition Consultant, Children and Youth Branch, NC DPH on June 16, 2011. The goals of the visit were:

- Assess appropriateness and quality of clinical nutrition services provided through the state-funded Special Nutrition Services grant.
- Tour the new DCHD building and become familiar with services offered.
- Meet with staff and consider what collaborations would be valuable for the DCHD Nutrition Division and the NC DPH.

Issues/Barriers/Challenges/Opportunities:

- Michelle Futrell has an excellent understanding of nutrition services, both school-based and otherwise, around the state and can share information that would be difficult to find independently. Mrs. Futrell serves as the coordinator of the North Carolina School Health Nutritionist Network (NC SHNN). This group of school nutrition professionals (including school-based health clinic nutritionists, nutrition educators and Child Nutrition Service professionals) exists to facilitate communication and information-sharing among those who work in school nutrition and to provide relevant education to members. DCHD DINE team nutritionists

20 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

have been a part of NC SHNN since its inception. This year in connection with NC SHNN, the DINE for LIFE team presented their school program as a success story in a session on school nutrition at the NC Dietetic Association meeting. Michelle Futrell was also the coordinator of the SESAMM (Students Eat Smart and Move More) program at several sites in North Carolina including Hillside High School in Durham and interacted with the Nutrition Division in running that program for several years.

- As the state representative charged with over-site of the Special Nutrition Services grant, Mrs. Futrell has the responsibility of ensuring that the funds of this grant are used effectively. The purpose of the grant is to enhance provision of medical nutrition therapy services to citizens of Durham County that might otherwise not have access to these services due to lack of insurance or Medicaid coverage. Monies from the grant are used to provide individual nutrition assessment and counseling to children with diagnoses requiring medical nutrition therapy (MNT) such as inappropriate growth including poor weight gain or excessive weight gain, chronic medical conditions affecting intake or absorption such as cancer and gastrointestinal disease, or physical conditions impacting eating such as low birth weight or cerebral palsy. Through the grant, MNT is provided by licensed, registered dietitians during home visits or appointments at the health department.

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

- The review and chart audit of the clinical nutrition program at DCHD proved that funds from the Special Nutrition Grant were being appropriately and effectively used. In Mrs. Futrell's words, "Congratulations on your excellent nutrition program as evidenced by the medical record review and site visit. You have a wonderful team of innovative and committed staff. Thank you for your hard work and dedication to the nutritional health and well being of young people in Durham County."
- Because Michelle Futrell is conversant with many nutrition programs that flow through the state, she is a valuable information source for the Nutrition Division; likewise, she can share information about the many programs of the Division, spreading our reach further. She also understands some of the funding streams that can provide nutrition services to Durham citizens and is very willing to facilitate collaborations/connections.

Next Steps/Mitigation Strategies:

- Maintain regular contact with Michelle Futrell through:
 - Monthly NC SHNN Strategic Planning Team meetings (a DINE for LIFE team member is also a member of this team)
 - Sharing updates on DINE plans and programs with her on a regular basis
- Regular communications between Clinical Nutrition team members and Michelle Futrell for the purpose of ensuring Special Nutrition Grant funds are being most appropriately and effectively utilized (to include annual audit of MNT program at DCHD). The goal of DCHD Nutrition Division is to continue to receive the Special Nutrition Grant funds from NC DPH.

Division/Program: Nutrition / DINE for LIFE Program / Tomato Days

Brief program description/statement of goals:

Students at WG Pearson Elementary School and Merrick-Moore Elementary School participated in "Tomato Days." Led by the DINE for LIFE staff, students planted tomato plants in large pots, watered their

21 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

plants, and learned how to care for them throughout the summer. Students took the plants home to care for over the summer. In addition to planting tomatoes, students also participated in a cooking experience, learning how to use the tomatoes their plants produce. Students learned to make Grilled Cheese, Tomato, and Basil Sandwiches and then tasted them. For use at home, students were given a handout with tomato recipes, tomato care directions, and a log to track tomato growth. After the planting, five classes at WG Pearson received additional instruction on the health benefits of tomatoes and had the opportunity to prepare romaine salad, couscous-stuffed tomatoes and tomato smoothies. Additionally, throughout the month students participated in a tomato trivia contest and used tomatoes as a theme in classroom projects, art, drama and dance activities. The goals of the program were to:

- Encourage increased fruit and vegetable acceptance and consumption by students;
- Help students recognize the connection between the garden and the food they eat;
- Encourage student/family interest in container gardening;
- Expose students to a variety of ways to use their harvested tomatoes.

Issues/Barriers/Challenges/Opportunities:

- The logistics involved in ordering and receiving 1100 plants, pots, and soil at the two schools on the correct day and time were a challenge, particularly as the schools changed schedules until close to the planned events
- The schedule at WG Pearson was a challenge since the event involved the whole school (25 classes). This required two teams of staff. One team helped students plant and the second team showed students how to make grilled cheese, tomato and basil sandwiches. The entire DINE team, as well as the two UNC interns, and a high school volunteer, was needed to complete this project.
- A project of this magnitude requires buy-in from the school. Buy-in involves not only the school's agreeing to be the site for such a project but also offering support in the form of partnership. In a partnership the school would be involved in the planning process as well as the carrying out of the project as planned with the DINE team. This would require more of the school than this project did but long term would build a stronger relationship with the school with more opportunities for nutrition learning experiences that are reinforced by the school.

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

- 1100 tomato plants were planted and taken home by students and staff at WG Pearson and Merrick-Moore Elementary Schools.
- All students tasted Grilled Cheese, Tomato, and Basil Sandwiches with the majority of the students liking them.
- Students were very excited about taking home a tomato plant for the summer and harvesting their own tomatoes.
- Students were encouraged to fill out their Tomato Plant Logs over the summer and bring them back for a prize next year. Results from this phase will follow this fall.

Next Steps/Mitigation Strategies:

- Collect tomato logs in the fall and determine the actual impact of the program.
- Consider ways to build in a parent/family feedback component to learn if the tomato plant was cared for through the summer and how the family benefitted from it.
- Recruit more school based support for program delivery if a project of this type is to be repeated.

Division/Program: Nutrition/ DINE for LIFE Program / Mobile Cooking Unit

Brief program description/statement of goals:

Recently, George Watts Elementary School acquired a mobile cooking unit to provide the opportunity to cook with students in the classroom. The cooking “cart” was designed and developed by three North Carolina State University Industrial Design students specifically for use in Watts’ classrooms in collaboration with a Health Department DINE for LIFE nutritionist. The cart is equipped with two induction burners, cutting boards, mixing bowls, knives, spoons, peelers, graters, measuring spoons, pots and pans, and even a compost bin – all equipment was donated by parents, Wal-Mart, and Target and enough to completely involve students in cooking. While this program is still in its initial stages, the cart has been used to combine nutrition lessons with cooking and harvesting. Each class incorporates a nutrition lesson, a cooking skill, and new recipe. The purpose of the program is to:

- Teach students about harvesting seasonal fruits and vegetables from the garden and how to use them in cooking.
- Increase awareness about where the food we eat comes from.
- Teach students how to make dishes using items growing in the garden.
- Teach students about the nutritional value of different foods, the importance of a varied diet, and how to incorporate those foods into meals.
- Encourage students to try new foods.

Issues/Barriers/Challenges/Opportunities:

- The biggest challenge with this program is the amount of intense work it requires – shopping for ingredients, intense hands-on cooking experience with students, washing dishes between classes, etc. Fortunately, the school cafeteria is providing access to the cafeteria dishwasher.
- It is challenging to know exactly what the garden will be producing--when, and how much. As a result it is difficult to plan lessons around specific garden elements.
- Finally, the man-power required to run these lessons in the classrooms, especially in the younger grades, is significant. Two to three parent volunteers are essential in helping to make the program successful. Fortunately, Watts has a strong PTA and is able to recruit parents to assist in program implementation.
- While preparation for the program requires a lot of extra time, organization, shopping, and support, the results of the program are well worth the extra effort. This is an extraordinary opportunity to further enhance nutrition classes at Watts.

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

- Currently, two different lessons have been taught by the DINE nutritionist using the mobile cooking unit. The first lesson reached three classrooms and 60 students. The students used arugula from the school garden to make “Arugula, and Corn Salad.” Prior to the lesson, the majority of students indicated that they had not tried arugula before. After making the salad, the majority of students tasted and liked the arugula salad. Speaking with parents post-lesson, many students insisted on making the recipe at home.
- The second lesson used many more ingredients from the garden reaching 9 classes and 190 students. The older grades made “Root Vegetable Slaw” using carrots, parsnips, radishes, chives, and

23 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

parsley from the garden. The younger grades made “Classic Carrot Salad” using carrots from the garden. Student learned how to peel, grate, and cut properly to make the dishes. The lesson also focused on the importance of eating fruits and vegetables every day.

- The program was recently recognized on the Jamie Oliver Food Revolution website (<http://www.jamieoliver.com/us/foundation/jamies-food-revolution/news-content/finding-garden-solutions-in-durham-n-c>) and in the Durham Herald Sun ([https://durhamcora.durhamcountync.gov/f5-w-687474703a2f2f777772e686572616c6473756e2e636f6d\\$\\$/view/full_story/14553990/article-School-garden-thrives-in-Durham?instance=homeseventhleft](https://durhamcora.durhamcountync.gov/f5-w-687474703a2f2f777772e686572616c6473756e2e636f6d$$/view/full_story/14553990/article-School-garden-thrives-in-Durham?instance=homeseventhleft)).
- The edible garden at Watts helps to further enhance the DINE program at Watts by adding an application piece to the information that we convey to the students.

Next Steps/Mitigation Strategies:

- Develop and write a 6-7 lesson curriculum that incorporates, nutrition, cooking, and harvesting from the garden that can be used regularly in classrooms at Watts Elementary School.
- Develop a network of parent volunteers to help make the program a success.



Division/Program: Health Education / Partnership for a Healthy Durham

Brief program description/statement of goals:

A community health assessment is a process by which community members gain an understanding of the health concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. The Durham County Health Department's current health assessment is due to the State in December 2011.

Durham County has already collected primary data through a community survey, which along with secondary data, is being incorporated into the written document. Of the 45 sections that health department staff and community partners have been asked to write, 87% of the sections have been submitted and are currently being edited. The following chapters will be included: social, economic and environmental determinants of health; health promotion; chronic disease; reproductive health; communicable diseases; injury and violence; oral health; environmental health; and public health preparedness.

Issues/Barriers/Challenges/Opportunities:

- Community Opinion Survey: The 2007 community health assessment surveyed residents by dialing landlines, and writing a final report. The current community opinion survey included 80 community volunteers who went to randomly selected Durham County households to administer the survey using handheld GPS devices. Technical assistance was provided by the UNC Center for Public Health Preparedness and two graduate level UNC Epidemiology students analyzed the data and wrote a report. The 2011 survey involved the community in the process, supported local businesses, and gave two students a relevant mentored experience. Most importantly, it provided better quality data since households were randomly sampled and the data can be generalized to the entire county. The 2011 survey, however, was very labor intensive.
- Document and Format: The entire outline and format has been revamped from 2007 to make it more readable and include the following new subheadings for each section: overview of the health issue, Healthy NC 2020 objectives, disparities, gaps, and emerging issues, and recommended strategies. The document will provide more depth on each topic and suggest evidence-based strategies for addressing the most pressing needs.
- Document and Writers: The 2011 assessment involved over 80 health department staff and outside agency and community volunteers as writers. The health department staff has become much more engaged in the process and involving so many people creates joint ownership of the final document. It has been challenging, however, because many have had difficulty managing this with normal duties, and several have struggled with writing and knowing the appropriate content to include. The task is even more daunting since the document is being revamped; this means original writing rather than simply making updates is required. That said, the health director and Leadership Team have fully supported this and all health department staff have submitted drafts for their sections.
- Priority Selection: A requirement of the community health assessment is to select new priorities based on the information that was collected, include the community, and document the process. The 2003 health priorities were carried into 2007 since more progress needed to be made; however, the community was not involved and this was not well documented. This year, there will be seven community workshops to determine the new health priorities. There is a "short list" of 12 potential priorities that will be narrowed down to 5 – 8. This list was compiled by analyzing the community survey results, Healthy 2020

25 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

objectives, and top causes of mortality. Durham Health Innovations is helping to co-sponsor these workshops.

Not only will the Partnership have new health priorities, but the health department, Durham Health Innovations, and Duke University Medical Center will use the top selected priorities to inform their strategic and action plans.

- Partnership committees / new priorities: The new priorities present a challenge to current Partnership committees that are not selected as ongoing health priorities. They can continue, but the Partnership Coordinator cannot support the groups with her time. Mobilizing new committees and recruiting strong co-chairs will also be a challenge.
- Funding: Since the survey, writing, and prioritization process have been revamped, it was difficult to create a budget. Funds are still needed for the community workshops.
- Collaboration with Duke University Health System (DUHS): Due to federal healthcare reform, hospitals are now required to conduct a community health assessment in concert with local health departments every three years. This means that DCHD will move from the current 4-year to a 3-year cycle. The Partnership for a Healthy Durham has worked closely with staff from DUHS, but understanding the new IRS regulations and the best way to partner will present challenges and opportunities.

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

The new community health assessment process and document will be rich, relevant and useful to the community and stakeholders. Continuing a relationship with current writers and duplicating the 2011 process should make the process easier to replicate in 2014. The emerging complexity of the health assessment, however, has created a time intensive task for the Partnership Coordinator who is ultimately responsible for the health assessment. The process began in March 2010 and will conclude in June 2012, which will have taken almost 2.5 years. Now that we are moving from a 4-year to a 3-year cycle, this does not provide ample time for the Partnership Coordinator to focus on the current eight committees that meet monthly to address the selected health priorities. This year, Duke was able to provide funding for a contract employee to work 10 hours per week to support the Partnership Coordinator with writing and editing. Recurring funds must be allocated to support ongoing community health assessment activities and the Partnership committees that address the selected priorities.

Next Steps/Mitigation Strategies:

- Hold at least seven community workshops from July 13 through mid-September to determine the new health priorities.
- Continue to write and edit the document.
- Submit the final document to the State by the due date, December 5, 2011.
- Work with ongoing and new committees to create 3-year action plans from January to June 2012 that will effectively address the chosen health priorities.

Division/Program: Dental

Brief program description/statement of goals:

The Dental Division strives to improve the oral health of economically disadvantaged children and pregnant women as well as provide oral health screening and education to the community in Durham County.

Issues/Barriers/Challenges/Opportunities:

The mission of the DCHD Dental Division is to create opportunities for as many of the children with urgent needs and pregnant women receiving prenatal care at DCHD as possible to receive dental care.

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

In the quest to increase opportunities to maximize service availability:

- The Division has undergone a reorganization that includes:
 - Hiring James (Jim) Harris, PhD, as the Dental Services Division Director
 - Redefining Dr. McIntosh's duties as Director of Dental Practice including delivering dental services on the Tooth Ferry, primarily and in the dental clinic
 - These positions will be peers to each other and part of the organization's Leadership Team, reporting to Rebecca Freeman, Assistant Health Director of Clinical Services.
- Yolandas Alston, dental van coordinator (funded by BCBSNC Foundation) has been oriented to her role.
- The contract with UNC School of Pediatric Dentistry has been expanded to have UNC faculty on site five days per week.
- The Dental Hygiene Program at UNC has requested to have dental hygiene students on-site under the supervision of the UNC faculty already on site.

Next Steps/Mitigation Strategies:

- The Division will fully implement the strategies recommended by Safety Net Solutions.

Division/Program: Community Health/Family Care Coordination

Brief program description/statement of goals:

Family Care Coordination or Strong Couples/Strong Children (SCSC) is a relationship skills intervention project designed to strengthen newly forming families. Eligible couples must be over 18, unmarried, and the female member of the couple must be pregnant or must have delivered in the last 3 months. It is funded by Health and Human Services and is collaboration between UNC School of Social Work, Cooperative Extension, and the Health Department.

Issues/Barriers/Challenges/Opportunities:

The Family Care Coordination Project is in its fifth and final grant year and will end September 30, 2011. The Health Department employs four people who are paid by this grant.

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

An announcement for new funding opportunities was not made until June 29, and applications must be submitted by July 28. Anne Jones, the principle investigator from UNC, has stated that she is not interested in applying for another grant through Health and Human Services.

Next Steps/Mitigation Strategies:

A decision will have to be made quickly as to whether Health Department staff will pursue this funding opportunity.

Division/Program: Community Health/Women's Health

Brief program description/statement of goals:

The Maternity Clinic and the Family Planning Clinic are components of the Women's Health Program. The Maternity Clinic provides comprehensive services relating to prenatal care with the purpose of reducing infant mortality and morbidity. The Family Planning Clinic provides comprehensive contraceptive services with the purpose of preventing unplanned pregnancies.

Issues/Barriers/Challenges/Opportunities:

The Women's Health Branch of the Department of Public Health traditionally monitors the women's health programs within local health departments every two years. The monitoring visit consists of a review of

27 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

clinical policies and procedures, administrative policies and procedures, quality assurance policies and procedures, and anything else related to Title X and Agreement Addenda requirements.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
The Health Department's Women's Health Program had a monitoring visit on June 23 that was continued on June 30. Brenda Dunn, one of the Regional Nurse Consultants, conducted the visit. She found very few minor deficiencies:

- She was unable to view signed consent forms in the Maternity Clinic patient record because the forms had not yet been scanned into Laserfiche.
- Required signage has not been displayed since the move to the new building. (Title X Family Planning Programs are required to display signs at the place where patients are registered that this facility will provide services without regard to religion, race, color, national origin, age, sex, or marital status; that interpreter services are available at no cost to the patient; and that charges will be based on a sliding scale according to family size and income.)

Next Steps/Mitigation Strategies:

Ms. Dunn will send her report of the monitoring visit within the next four to six weeks and corrections will be quickly made. Because of state budget cuts, the monitoring visits will be every three years in the future.

Division/Program: Community Health/Pregnancy Care Management
Brief program description/statement of goals:

Pregnancy Care Managers (former Maternal Care Coordinators) provide case management services to Medicaid eligible pregnant women who have priority risk factors. The goal is to promote healthy pregnancies and positive birth outcomes. Some women without Medicaid who are at risk are also served using a state grant and county funds in FY 11

Issues/Barriers/Challenges/Opportunities:

The transition plan which outlines how the county will meet the goals set forth by the Division of Public Health and Division of Medical Assistance was sent to the State in early May. Pregnancy Care Managers are receiving the Risk Screenings from the Pregnancy Medical Homes and other OB providers and they are performing the Risk Assessments according to guidelines. They are just beginning the training in the use of electronic documentation called Case Management Information Service (CMIS). Once their training is complete the Pregnancy Care Managers will not need to keep paper records. One of the most rewarding aspects of this transition has been the increased collaboration between the Health Department, the Durham Community Health Network, and the State consultants.

Implication (s) (i.e., outcomes, service delivery, staffing, revenue, etc.):
This has been a seamless transition for our patients. We were allowed to continue to case manage our current patients. The only difference is that the frequency of contact depends on the need of the patient and may not be the same for everyone. Because most of our former and present patients have had the priority risk factors, the makeup of our caseloads will probably not change.

Next Steps/Mitigation Strategies:

Health Department staff is participating in monthly meetings with staff from Durham Community Health Network. State Social Work Consultants will be meeting with us to implement the transition plan and to help with any technical issues.

Division/Program: Community Health/Tuberculosis and Communicable Disease Control Programs

Brief program description/statement of goals:

- **Eliminate tuberculosis disease by reducing the number of new cases of TB and controlling the spread of TB into the general public**
- Provide prevention, identification, treatment, education, counseling, reporting and epidemiological investigation and follow-up of communicable diseases.

Issues/Barriers/Challenges/Opportunities:

Hepatitis B

- The staff completed the investigation of acute hepatitis B outbreak 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). Two LTCFs each had 7 cases of acute hepatitis B.
- The agency is in the process of completing hepatitis B vaccinations for residents of the second LTCF who are not immune.
- The staff continues to assist the CDC with post vaccination testing of residents from second LTCF by coordinating blood draws on the residents by DCHD laboratory personnel.
- Designated staff provided results of available CDC post vaccination testing and recommendations to the second LTCF administrative staff.
- Dr. Zack Moore from the NC Division of Public Health, Dr. Arlene Sena, Durham County Health Department Medical Director, and Hattie Wood RN, Durham County Health Department Communicable Disease Program Manager observed infection control practices involving physical therapy, glucose monitoring and insulin administration at the second LTCF.

Tuberculosis (TB)

- TB Clinic staff are conducting a large scale contact investigation involving a Hispanic woman with active TB that involves 3 counties- Durham, Wilson, and Caswell. The contact investigation so far has identified 164 contacts. The staff is providing preventive medication with directly observed therapy to at least 10 children identified as being exposed this case.
- The staff is also conducting another contact investigation to a secondary case of active TB linked to the index case above.
- Kathy Carpenter presented a PowerPoint presentation at the Annual TB/RD Institute in Raleigh, NC on Large Scale Tuberculosis Contact Investigations on June 29, 2011.

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

- CDC, NC DHHS Epidemiology Branch, and NC Immunization Program are continuing to assist DCHD with the investigation of acute hepatitis B among elderly persons, hepatitis B vaccinations, and post vaccination hepatitis B testing in the LTCFs.
- Adequate staffing are needed to assist with outbreak investigations, community directly observed therapy (DOT) for TB, 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 surveillance and investigation of hepatitis B outbreak at multiple LTCFs.
- Complete hepatitis B post vaccination testing at second LTCF.
- Continue to identify contacts to the primary and secondary cases of active tuberculosis among foreign-borne individuals.
- Continue to develop creative methods of community DOT to active TB patients with transportation problems and limited resources.
- Continue to collaborate with the State Communicable Disease Program on a procedure to decrease the communicable disease workflow
- Conduct reporting in a more timely and efficient manner.

Division/Program: Community Health/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:

Rabies

- Issued a quarantine order for a dog after exposure to a rabid bat since the dog was not in compliance with rabies vaccination at the time of the incident.
- Issued 2 additional Orders of Quarantine and one Order of Seizure during May and June. Home visit made by Diana Coates, RN related to Order of Seizure for purposes of providing human rabies post exposure prophylaxis information and other information related to rabies.

Immunization Clinic

- The Immunization Program will participate in the management of Twinrix® vaccines for inmates in the Durham County Jail that are diagnosed with Hepatitis C through a new screening program offered through the DCHD Health Education Division and Community HIV/STD testing programs.
- Past experience indicates that adolescents are more likely than younger children to not have recommended vaccinations, including required follow-up doses of Tdap and recommended vaccinations against meningitis and genital warts. The Immunization staff received informational sessions from the Merck Vaccine Representative on 06/09/2011 and the Novartis Representative on 06/06/2011 with the latest information related to their respective vaccine products. These companies provide materials to help support vaccination campaigns.
- Flu vaccination season starts in a few months. New state coverage criteria include free influenza vaccine for health care workers.

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

- Unvaccinated animals who have been exposed to rabies pose a threat to humans and other animals.
- Incomplete vaccinations of adolescents pose both a personal risk to the adolescent and a communicable disease risk to others.
- Planning for the annual fall and winter flu vaccine campaign must begin now.

Next Steps/Mitigation Strategies:

- Investigating the feasibility of an immunization outreach for adolescents.
- Ordering vaccine, communicating with partners, and reviewing protocols has begun for the upcoming flu season.

Division/Program: Community Health/CC4C Program

Brief program description/statement of goals:

Care Coordination for Children (CC4C) is a new program transitioning the Child Service Coordination (CSC) program into a population management model. In partnership with Community Care Networks and Local Care Management Entities, the goal of the program is to maximize health outcomes among children birth to age 5 years of age. CC4C will coordinate community based interventions to target the highest risk and highest cost children for care management.

The relationship between each Medical Home and the specific CC4C Care Manager(s) assigned to work with their clients will support the effective exchange of information between the Medical Home and the CC4C Care Manager.

Issues/Barriers/Challenges/Opportunities:

Opportunities and benefits include:

- Continuing facilitation of family support and networking
- Care Managers' ongoing ability to understand and incorporate the developmental needs of infants and children and their families into service delivery systems.

Challenges include:

- Implementing new state mandated policies and procedures for working with CC4C eligible children/families;
- Meeting with community partners to educate/update regarding Care Managers' new roles/responsibilities and
- Pending implementation of the state electronic documentation program.

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

- Increased number of children and families affiliated with a medical home
- Decreased: pre-school/school absences, use of emergency departments and number of hospitalizations;
- Decreased duplication of services;
- Improved communication and coordination between families and medical homes;
- Increased and strengthened child/family advocacy;

31 A Regular Meeting of the Durham County Board of Health, held July 14, 2011.

- New policies and procedures that support the provision of emotional, cultural and financial support to meet the needs of families;
- Restructuring the system to best fits the family's needs by the provision of an accessible service delivery system that is flexible and responsive to each individual family's identified needs
- Facilitation of family/professional collaboration at all levels of service provisions.

Next Steps/Mitigation Strategies:

- The program will remain an active participant in implementation of the CC4C population management model for child health services.

Division/Program: Community Health/Durham Connects

Brief program description/statement of goals:

The Durham Connects Program provides home visits by Public Health Nurses to postpartum women and newborns in Durham for the purposes of assessing mothers and newborns and to make community referrals as needed. Health and social supports and/or educational services are provided directly to families in their homes. The goal is to offer at least one home visit to every Durham County woman who gives birth. The program is funded by the Duke Endowment through Duke University; Medicaid is billed for those who have Medicaid.

Issues/Barriers/Challenges/Opportunities:

- Effective July 18, 2011, the Durham Connects program will transition personnel and operational services to the Center for Child & Family Health (CCFH). The Durham County Health Department (DCHD) will remain an active partner in this initiative.

Challenges include:

- Expanding the number of nurse positions in order to continue the provision of universal visiting at the current level.

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

- Durham Connects' overall goal continues to focus on reducing community rates of child maltreatment.

Next Steps/Mitigation Strategies:

- Final transition of staff and operational services from DCHD to CCFH.
- DCHD will continue active participation in the program.

Division/Program: Environmental Health/Public Health Preparedness

Brief program description/statement of goals:

The Public Health Preparedness program is responsible for the development, maintenance and exercise of plans and procedures assuring that the Durham County Health Department and its community partners can effectively respond to public health emergency events, including responses to widespread communicable disease, natural and man-made disasters, and other events that require medication of large numbers of people.

Issues/Barriers/Challenges/Opportunities:

- Due to cuts in grant funding that have been passed down from the federal level, the Preparedness grant allocation to Durham County has been reduced from \$121,058, for the 6/01/10 to 5/31/11 period, to \$92,800 for the 6/01/11 to 8/09/12 period (14 months). It is anticipated that funding for the 8/10/12 to 8/09/13 period will be \$80,000.

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

- Made cuts in operational costs.
 - Elimination of a part-time processing assistant position to assist the Coordinator
 - Significant reductions in overall operating funds for the Preparedness program.

Next Steps/Mitigation Strategies:

- Actively pursue alternative funding sources to assist with supplementing grant funding for the Preparedness program.

Dr. Ronald Spain made a motion to adjourn the regular meeting. Mr. Michael Case seconded the motion and the motion was approved.

William H. Burch, R.Ph. Chairman

Gayle B. Harris, MPH, Health Director