

A Regular Meeting of the Durham County Board of Health, held January 10, 2013 with the following members present:

Sue McLaurin, M. Ed., PT; John Daniel, Jr., MD; James Miller, DVM; Teme Levbarg, MSW, PhD; Stephen Dedrick, R.Ph, MS; Heidi Carter, MSPH; Commissioner Brenda Howerton and Nancy Short, DrPH, MBA, RN.

Excused Absence: Michael Case, MPA; F. Vincent Allison, DDS; and Jill Bryant, O.D.F.A.A.O

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

CALL TO ORDER: - Chairman Sue McLaurin called the meeting to order at 5:05pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following item was added to the Agenda.

- Renewal of Financial Disclosure Statement for Ethics Policy

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Commissioner Howerton made a motion to approve the minutes for December 13, 2012 meeting. Mr. Dedrick seconded the motion and the motion was approved.

PUBLIC COMMENTS:

There were no public comments.

COMMITTEE REPORTS:

- **Nomination Committee Recommendations**

The Nominating Committee made a motion to recommend Dr. Jim Miller, as Chair and Mr. Michael Case, as Vice-Chair to the Board. Dr. Miller accepted the position as Chair and the board unanimously approved the nomination. Due to Mr. Case's absence, the board will vote in the Vice-Chair position at the next meeting.

- **Personnel Committee Appointment (Activity 37.4 & 37.5)**

Ms. Harris reported for the Chair of the Personnel Committee (Michael Case). Mr. Case requested that the position of Chair for the Personnel Committee be a rotating position. Mr. Dedrick and Dr. Levbarg agreed to serve on the Personnel Committee. Dr. Miller will appoint a Chair for the personnel committee at the next meeting.

- **Finance Committee Appointment (Activity 33.6)**

Dr. Short and County Commissioner Howerton agreed to serve on the Finance Committee. The Vice-Chair will also serve on the Finance Committee.

Dr. Short requested that information on program outcomes/evaluations be included in FY13-14 Budget data.

- **Ad Hoc Municipal Water Fluoridation Committee (Activity 14.3 and 34.5) (Board)**

The subcommittee met on December 17 and reviewed copies of municipal water fluoridation documents presented at the Orange Water and Sewer Authority Natural Resources / Technical Systems Committee's December 5th meeting. The documents included: 1) copies of statements made by Dr. Rebecca King, Chief of NC Oral health Section and Allen Spalt, former Executive Director of Toxic Free North Carolina and 2) a copy of a

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letter from Dr. Harold Goodman, President of Association of State and Territorial Dental Directors. The letter was addressed to Rob Elmore, News Director WTVD-Channel 11 and copied to Steve Daniels, Reporter WTVD-ABC 11. Caroline Welch, President and General Manager, WTVD –ABC 11 and Kelly McBride, Senior Faculty The Poynter Institute.

The group decided to move forward with an expert panel presenting at the March 14th Board of Health meeting. Committee staff support will invite the following agencies / individuals to participate

- Representative from City Department of Water Management (focus on current levels of fluoride in Durham’s municipal water)
- Dr. Rebecca King, Chief of Oral Health Section (reactions to assertions)
- Dr. Tim Wright, Bawden Distinguished Professor and Chair, UNC Department of Pediatric Dentistry (reactions to assertions and his portrayal by I-Team report)
- Representative from local Environmental Protection Agency (focus on EPA report referenced in I-Team report)
- Representative from the Nicholas School of the Environment (address natural occurring fluoride levels in our community)

Invitations were to be extended to the proposed panel members by first week in January.

Staff will review and summarize the assertions made during public comment period at the September Board of Health meeting.

The group reviewed “Fluoridation of Drinking Water: Considerations for Brevard City Council”, a document developed by Transylvania County Board of Health. (This document was recommended Steve Smith, Public Health Director.) Using the format presented in the document, panel members will be asked to address assertions, evaluation of the assertions and provide conclusions.

The Committee proposes to handle the process similar to a Congressional Hearing. Each person will make an opening statement – either pro or con. Members of the Board will ask questions based on the assertions. Cost / benefit questions will be asked of the panelists. (Panelists will receive the assertions prior to the event.) The Board will be asked to make a recommendation in April that will be forward to Mayor Bell.

Next steps: Schedule the next Ad Hoc Committee meeting after the panelists are confirmed

Since the meeting, the following experts have been contacted to participate at the March 14th Board meeting.

- Dr. Tim Wright (confirmed)
- Dr. Rebecca King (confirmed)
- Dr. Avner Vengosh, Nicholas School of the Environment (a traveling commitment conflicts with Board meeting. He was asked if he could submit a written summary that provides information regarding naturally occurring fluoride levels in Durham. Another name was suggested by Dr. Marie Lynn Miranda.)
- Dr. Anthony DeAngelo, local EPA representative listed on the Speakers Bureau as one who discusses water quality (Contact sent via link on EPA RTP Speakers Bureau. Staff will follow up with a phone call.)
- Mr. Don Greeley, Director, City’s Department of Water Management (awaiting a response)

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Commissioner Howerton asked if the fluoride issue has come up in other counties. Ms. Harris stated that it has come up in several counties.

STAFF/PROGRAM RECOGNITION:

Mr. Ireland introduced Marcia Johnson, who accepted the position as Senior System Administrator at the Department of Public Health. Ms. Johnson will assist the department with our technology needs. Ms. Johnson will also be the lead on implementing the Technology Objective for the department's Strategic Plan.

The Board recognized Ms. Sue McLaurin, Chairperson for her dedicated service to the Board of Health. Ms. McLaurin received a plaque in honor of her service.

The Board recognized Dr Nancy Short for her appointment to the NALBOH as Director- At-Large.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **Public Health Vacancy Report: (Activity 33.6) (Marcia Robinson)**

The Board received a copy of the vacancy report which includes information on the currently vacant positions (22.60 FTEs) in December 2012 (*10 new positions, 6.6 resignations 1 transfer 2 promotions, and 3 reclassifications*). (A copy of the vacancy report is attached to the minutes)

- **Review Year-To-Date Financial Report FY 12-13 (Activity 33.6) (Marcia Robinson)**

Ms. Robinson provided an overview of the summary data and details of the department's expenditures and revenue with the Board. (A copy of financial report is attached to the minutes).

Ms. Harris stated that the Pharmacy is working on a detail report that will cost out the medications used in the Jail. The Board will receive a copy of the report when it is completed.

- **State of the County Report (Activity 38.1) (Mel Downey-Piper)**

The Partnership for a Healthy Durham and the Durham County Department of Public Health are pleased to release the annual State of Durham County's Health Report for 2012. Every three years Durham County conducts a comprehensive community health assessment in which county residents are interviewed about their health and data are compiled from many sources. The most recent assessment was completed in 2011 and the next community health assessment is in 2014. In the interim years, this report is presented to the public. The State of Durham County's Health report highlights challenges, progress, and addresses emerging issues. It provides the most current data highlighting county demographics, leading causes of death, and the county's seven health priorities. Its purpose is to educate the community about the health of its citizens and to serve as a resource for grant writing, local policies, budgets, and programs. This is a statewide effort to meet the Healthy North Carolina 2020 health objectives.

Ms. Downey-Piper presented an overview of the 2012 State of County Health Report data with the Board. (A copy of the PowerPoint presentation is attached to the minutes).

NEW BUSINESS:

- **Budget Amendment** (Gayle Harris)

The health department requests approval to recognize the following budget amendments:

The Durham Local Public Health Preparedness (LPHP) program has received notice that a grant in the amount of \$4,000.00 is being awarded by the National Association of County and City Health Officials (NACCHO) to the Durham County Medical Reserve Corps. This capacity building award will assist with equipment and supplies to help build recruiting and further develop the MRC program.

The health department will receive a \$1500.00 stipend for participating in the Community Guide Mentorship Program. Funds will be used to help support the health department's 100th Year Celebration.

Dr. Miller made a motion to approve both budget amendments in the amount of \$4000.00 from NACCHO and \$1500.00 from NALBOH. Dr. Levbarg seconded the motion and the motion was approved.

- **Onsite Water Protection Notices of Violation Report** (Robert Brown)

Mr. Brown provided an overview of the Notice of Violations issued by the Environmental Health Division since July 1, 2012 with the Board. (A copy of the data is attached to the minutes). Ms. Harris requested that the report be formatted by date.

- **Health Director's Report: December 2012 (Activity 39.2)** (Gayle Harris)

Division / Program: Administration / Information and Communications

Program description

- The Information and Communications program provides timely and relevant information on key health issues to the residents of Durham County.

Statement of goals

- Increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- Increase the public's utilization of the Department of Public Health programs and services.

Issues

- **Opportunities**
 - With staff dedicated to information and communications, the Department of Public Health can provide more information to the public on health issues.
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers.
- **Challenges**
 - Prioritizing the topics to publicize.

Implication(s)

- **Outcomes**
 - Information and communication about health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.

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- **Service delivery**
 - The Information and Communications staff
 - Worked closely with Engine and Public Health's Leadership Team to finalize the design for DCoDPH's Centennial Anniversary. The centennial logo will be used throughout 2013.
 - Disseminated 3 media releases/advisories during the month of December, resulting in 8 stories being aired (radio and television), printed in the news, or posted to the web.
 - Developed bus ads to promote the Durham Diabetes Coalition and worked with the Nutrition Division for the new Eat Smart, Move More "Empower Yourself" campaign. The diabetes coalition ads will run for the next two months on DATA and Triangle Transit buses, while "Empower Yourself" campaign will run for the next six months.
 - The Information and Communications Manager has been selected by FEMA to participate in the Advanced PIO Training for Health and Hospital Emergencies in Anniston, AL, from February 3-7, 2013. FEMA will incur all expenses for this training opportunity.

Next Steps / Mitigation Strategies

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

Division / Program: Dental Division Equipment Upgrades

Program description

- The Dental Division sees approximately 5,000 appointments per year.
- In 2012, the most frequently provided procedures in the clinic and Tooth Ferry were sealants (4,785) and fillings (1,982). Sealants are thin plastic coatings that protect teeth from decay. They are applied to the grooves on the chewing surfaces of the back teeth; the area where most decay occurs in children and teens. Fillings treat teeth through the removal of the decayed portion of the tooth, and "filling" the area where the decayed material was removed. Fillings also repair cracked or broken teeth.

Statement of goals

- Protect thousands of children from dental decay each year in Durham County.

Issues

- **Challenges**
 - In mid-2012 providers began to note that the amount of patients for whom they had to replace sealants was on the rise.
 - Additionally, and due to the number of children treated, the need to upgrade/replace equipment has become imperative.

Implication(s)

- **Outcomes**
 - In October 2012, the Division purchased three Isodry units (a system that retracts the patients' tongue and cheek, and keeps the mouth gently propped open, while providing suction) allowing the provider working without an assistant to work efficiently and effectively.
 - In November 2012, the Division purchased three LED curing lights (boosting the adhering property of dental resin – used for fillings).

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- **Service delivery**
 - During the first two months of use the providers and staff have expressed satisfaction with the Isodry units and the upgrade to the LED curing lights.
- **Staffing**
 - The new equipment is being utilized by the dentists, as well as the hygienists and dental assistants.
- **Revenue**
 - The new equipment will allow providers to work more efficiently, thus eliminating the amount of repairs on previous procedures (specifically sealants) for which the Department cannot receive reimbursement.

Next Steps / Mitigation Strategies

- The Division will purchase another Isodry unit over the next few months, bringing the total to three units in the clinic and one on the Tooth Ferry.
- The Division just purchased another LED curing light to be used on the Tooth Ferry. The clinic received the first three.

Division / Program: Community Health/Maternity Clinic (In collaboration with Nutrition)

Program description

- Maternity Clinic provides comprehensive prenatal services.
- CenteringPregnancy® is method of providing prenatal care in a group setting. CenteringPregnancy® has been shown to improve birth outcomes.
- The groups are led by Certified Nurse Midwives employed by Duke University Health System.

Statement of goals

- Reduce infant mortality and morbidity
- Use grant funds to support CenteringPregnancy® programs and provide additional information on prenatal and post partum nutrition and weight management – an enhanced collaborative relation between Community Health and Nutrition Divisions

Issues

- **Opportunities**
 - Funds from a March of Dimes grant are still available since the grant (with approval of the funder) and program had to be put on hold.
- **Challenges**
 - In the summer of 2011 there was a large turnover in the midwives employed by Duke. It was impossible for the remaining midwives to continue the CenteringPregnancy® program as well as staff the traditional clinics. Centering was suspended until new midwives could be hired and oriented by Duke. This happened just a few months after a March of Dimes Grant was award to Public Health to expand the Centering program and to provide some services in the post partum period. Centering resumed in January 2012 and is now near capacity.

Implications(s)

- **Outcomes**
 - A planning meeting was held on December 6th to determine how the March of Dimes funds would be spent.

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- **Service Delivery**
 - A portion of the funds (approximately \$4,827) will be spent to purchase program notebooks and to provide snacks for the group meetings. A portion will be used to support Nutrition staff to attend Centering sessions to provide nutritional information. The rest will pay for staff to attend the reunion sessions that occur in the postpartum period where interconceptional health will be emphasized and the participants will be provided with incentives to live a healthy lifestyle such as exercise balls and resistance bands.
- **Staffing:** Nutrition Division staff will primarily be used in the CenteringPregnancy® sessions.

Next Steps / Mitigation Strategies

- On-going funding will be needed to support this number of Centering sessions. We are required to provide each mother with a notebook and at present they cost \$22 each. We are also required to provide healthy snacks during each 2 hour session. The level of Nutrition Division involvement would only be maintained with continued funding.

Division / Program: Nutrition Division/ Junior Iron Chef Durham at Lowes Grove Middle School

Program description

- Junior Iron Chef Durham (JICD) is a series of culinary-based nutrition classes. The classes reinforce academic subjects like math, reading, and science while teaching leadership and teamwork skills.
- JICD uses unconventional methods to excite the students about health and wellness, such as competition and social media.
- JICD was held this fall at Lowes Grove Middle School in collaboration with Citizen Schools North Carolina.

Statement of goals

- Increase health and nutrition knowledge.
- Improve self-efficacy to prepare healthy meals at home and make healthy food choices while eating away from home.
- Ultimate goal is to reduce overweight, obesity and chronic disease risk in Durham's at-risk youth and their families.

Issues

- **Opportunities**
 - According to the recent 2011 Durham County Community Health Assessment, obesity rates are on the rise. Approximately 28% of high school students are overweight or obese.
 - According to the 2009 Durham County Schools Youth Risk Behavior Survey 'eating supper at home with family [is one] behavior associated with healthy eating.' Approximately 58% of those surveyed in the community health assessment eat out two or more times per week.
 - JICD builds and improves student's self-efficacy to choose and prepare healthy meals and snacks at home. Each student receives a cookbook at the end of each series filled with nutritious, low-cost recipes, some they prepared in class and others of equal nutritional value and comparable skill level. Students are also given a variety of cooking equipment (spatulas, measuring cups/spoons, pot holders, etc.) throughout the series to help with meal preparations at home.

- **Challenges**

- Facilities often have limited space and access to the necessary food preparation requirements (i.e. sink, oven, electrical outlets, etc.).
- The process to adequately and safely facilitate a culinary focused lesson is labor-intensive for a single staff person.
- Cost. Preparing simple recipes the students like and can share with their families each class session can become costly. Lessons and recipes must be monitored closely to ensure they are within budget.

Implication(s)

- **Outcomes**

- Students were exposed to a variety of new healthy ingredients. One student team chose to prepare a vegetarian chili for the competition, citing beans as a healthy, lean protein option.
- Each week focused on a different healthy eating topic (i.e. MyPlate, whole grains, reducing bad fats, etc.) and a new culinary skill (i.e. knife skills, measuring techniques, sautéing, etc.). Topics and concepts increased in complexity as the series progressed.

- **Service delivery**

- Students were divided into two teams to cook.
- Each team worked together to prepare a different recipe. Students met with the registered dietitian and are taught hands-on nutrition and culinary lessons once per week for 10 weeks.
- Students displayed their nutrition knowledge and culinary ‘know-how’ at the end of the semester by competing in a chili cook-off event.
- Each student team created their own chili recipe to present to three guest “celebrity” judges. Board of Health member, Teme Levbarg, served as one of the judges.
- Students gave a brief presentation about their chili, covering preparation methods and nutritional value, before judges announced a winner.

- **Staffing**

- JICD is delivered by one DINE nutritionist. Dietetic interns assisted with program delivery when available.

Next Steps / Mitigation Strategies

- Continue to improve JICD with new lessons and recipes. Work to reach more students through the social media aspect of the JICD program.

**Division / Program: Nutrition Division /Clinical Nutrition—
Scheduling Spanish Speaking Clients for Medical Nutrition Therapy
Appointments**

Program description

- Durham County’s Department of Public Health (DCoDPH) provides medical nutrition therapy (MNT) to Spanish speaking clients in need of nutrition assessment and counseling.

Statement of goals

- Make Medical Nutrition Therapy (MNT) available to all Spanish speaking clients needing nutrition care.

Issues

- Challenges
 - Approximately one third of all referrals for MNT to the DCoDPH Nutrition Clinic are for Spanish speaking clients. These clients must be contacted for appointment scheduling and reminders by Spanish speaking staff.
 - The DCoDPH Spanish speaking interpretation staff does not have the resources to complete all of the necessary contacts for Nutrition Clinic scheduling.

Implication(s)

- **Outcomes**
 - In mid-September 2012, the Nutrition Division was fortunate to gain an employee in the division office assistant position with language skills in both English and Spanish. The task of contacting Spanish speaking clients for the Nutrition Clinic was added to this employee's work plan.
 - Since her start in September, the office assistant has contacted 571 Spanish speaking clients regarding appointments for the Nutrition Clinic.
 - Approximately 190 contacts are made per month, including: appointment scheduling calls (90 calls/month), reminder calls (90 calls/month), and reminder post cards (10/month sent to those unable to be contacted via telephone).
 - Adding the task of contacting Spanish speaking clients to the Nutrition Division office assistant position has also benefited the DCoDPH Interpretation Services staff by reducing the number of Nutrition client contacts completed by the interpreters.
- **Service delivery**
 - Approximately 45 new appointments and 45 f/u appointments for Spanish speaking clients are made each month.
 - The current rate for kept appointments by Spanish speaking clients in the Nutrition Clinic is 60%. (No-show rate = 40%)
 - Approximately 54 Spanish speaking clients are seen for MNT in the Nutrition Clinic monthly.
- **Staffing**
 - In addition to the bilingual staff person that serves as office assistant, DCoDPH Nutrition Division has a bilingual nutritionist who speaks English and Spanish.
 - Three non-bilingual nutritionists are also available to serve Spanish speaking clients with the assistance of a DCoDPH interpreter.
- **Revenue**
 - Fees for MNT are based on a sliding scale fee and Medicaid and other 3rd party reimbursement sources are billed if applicable.

Next Steps / Mitigation Strategies

- DCoDPH Nutrition Clinic will continue to provide needed Medical Nutrition Therapy for the Spanish speaking population of Durham County. The clinic will continue to use the services of a bilingual staff person for scheduling clients.
- In 2013, efforts will be made to improve the show rate of clients for Nutrition appointments. These efforts will include increasing client contacts regarding appointments and will require bilingual staff.

Division / Program: Health Education

Program description

- Health Education wrote a successful HIV/STD High Impact Prevention Projects grant funded by NC Department of Health and Human Services for Integrated Targeted Testing Services (ITTS). This grant replaces and continues our current Non-traditional Testing Services (NTS). The grant was written as a one-year grant, but we received three years of level funding for a total of \$300,000.

Statement of goals

- Reduce the spread of sexually transmitted infections in our community using community-based HIV/STD counseling, testing and early referral to care
- Provide education, counseling, and testing in homeless shelters, community-based clinics and other outreach venues, with a special emphasis on African American heterosexuals and African American and Hispanic men who have sex with men (MSMs). Street outreach and testing efforts will be targeted to areas that epidemiological data and communication from State Disease Investigation Specialist (DIS) specify as high morbidity locations.

Issues

- **Opportunities**
 - Strengthening relationships with community partners, such as El Centro Hispano and Triangle Empowerment, Inc.
 - Receiving three years rather than one year of funding is an indication of the quality of work that this team does and provides continued funding for staff.
 - Six additional targeted testing outreaches will be planned with El Centro Hispano and Triangle Empowerment, Inc., and Alliance for AIDS Services- Carolinas to reach African American and Hispanic MSMs.
 - HIV testing will be provided along with syphilis, gonorrhea, Chlamydia and Hepatitis C tests in order to provide a more comprehensive approach to services.
- **Challenges**
 - While this grant covers a portion of three staff salaries, there is only one full time health educator doing testing and outreach for this grant. With all of the testing that the Health Education Division is doing, it would have been helpful to find funding for a Bridge Coordinator.

Implication(s)

- **Service delivery**
 - There will be no lapse in funding for positions and thus no lapse in service delivery.
 - Testing is done in non-traditional settings.
- **Staffing**
 - This grant funds two health educators: Paul Weaver (1.0 FTE) and Tim Moore (0.10 FTE) and Empris Crawford (0.20 FTE), administrative assistant.

Next Steps / Mitigation Strategies

- Funding will begin on June 1, 2013.

Division / Program: Environmental Health / General Inspections

Program description

- Environmental Health is responsible for the sanitation inspections of permitted facilities in Durham County and has supported the City of Durham Storm Water Services periodically with data sharing and enforcement support.

Statement of goals

- Make City of Durham Storm Water Services aware of new food vendors
- Enable Storm Water Services to provide information regarding proper waste disposal to new vendors.

Issues

- **Opportunities**
 - An annual review of data sets helps to keep the storm water data collection information current and detailed with respect to point sources for grease in the waste water and reducing storm water violations.
 - This year the storm water staff hopes to develop targeted communication with the mobile food operators permitted in Durham County to help educate businesses about storm water pollution and how to remain in compliant with City ordinances regarding storm water.
- **Challenges**
 - A measurable reduction in storm water complaints and sewer backups related to improper grease disposal relies on the provision of effective guidance, including enforcement, to facilities management on the proper methods for grease disposal.

Implication(s)

- **Outcomes**
 - Past collaborations with Storm Water Services have resulted in restaurants correcting runoff and improper disposal problems.
 - Storm Water has escalating financial penalties that can affect repeat violators in the tens of thousands of dollars.
- **Service delivery**
 - Environmental health works with Storm Water services upon request.
- **Staffing**
 - No effect on staffing.
- **Revenue**
 - No effect on revenue is anticipated.

Next Steps / Mitigation Strategies

- Regular data updates will be provided to help Storm Water staff better target their educational and regulatory efforts.

Division / Program: Environmental Health/Onsite Water Protection

Program description:

- The On-Site Water Protection (OSWP) program will accomplish a major objective by completing the Falls Lakes Nutrient Management Strategy (FLNMS) systems inventory by the deadline of January 31, 2013.

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Statement of goals:

- Complete and submit to the Division of Water Quality (DWQ) by January 31, 2013
 - An inventory of on-site wastewater systems under Durham County Department of Public Health's jurisdiction within the Falls Lake portion of Durham County
 - An inventory of discharging on-site wastewater systems under DWQ jurisdiction
 - A list of DWQ systems which have municipal sewer service available
 - A percentage failure rate for HD systems determined by field surveys and other means

Issues

- **Challenges**
 - The calculation of annual nutrient contributions to the lake from Durham's wastewater systems is still a topic of discussion with little input provided to date from North Carolina Division of Water Quality (DWQ). This remains an issue to be resolved.
- **Opportunities:** The accomplishment of this major objective will allow Environmental Health to proceed toward meeting other Falls Lake requirements. These will include the better refinement of the inventory and additional field surveys.

Implication(s)

- **Outcomes:**
 - For the first time within the Environmental Health Division, there exists a digital database of septic systems within the county which can be updated in real time as new systems are placed into service and old systems removed from service by connection to municipal sewer or other means.
 - This will make future updates to the Falls lake Inventory a much simpler matter.
- **Service delivery**
 - The completion of this electronic inventory will improve customer service by allowing immediate access to and delivery of information from Environmental Health files by electronic transmission.
- **Staffing**
 - A new position in the Onsite Water Protection Section was approved and filled in fiscal year 2013 to manage the tasks associated with the FLNMS.
- **Revenue**
 - The FLNMS Rules are an unfunded mandate and compliance with these rules will produce no revenue for the county.

Next Steps / Mitigation Strategies

- In the upcoming months, OSWP will be involved with
 - Further identification of older systems within the county as to system type
 - The design and completion of future field surveys
 - Remediation of system failures identified during these surveys
 - Policy input related to the FLNMS through board and committee participation.

- **2nd Quarter Statistics** (*Gayle Harris*)

The Board received a copy of the departments' 2nd quarter statistical data for FY12-13 that included a breakdown of dental procedures. (A copy of the statistical report is attached to the minutes).

OLD BUSINESS:

- **Smoke-Free Initiative Update** (*Activity 34.5*) (Gayle Harris)

A copy of a letter received from City Manager Tom Bonfield was shared with the Board. Additionally, Attorney Wardell stated the County Attorney received the response to his letter this afternoon, Thursday, January 10, 2013 from the City Attorney Patrick Baker. The City Attorney was asked if the City is going to comply with the Smoking Rule. Attorney Wardell stated that the response appears to be noncommittal unless some changes to the rule are made to allow the City to have designated smoking areas for the City Employees. Attorney Wardell states, the first issue is amending the rule to remove any enforcement responsibility that the City may have. As the rule stands, the rule doesn't require the City to provide any enforcement. The rule only requires the City to report any violations to the County and distribute educational materials to any person seen smoking. The City Attorney is requesting another meeting to discuss a resolution to the designated smoking area issue. Attorney Wardell stated that the City would need to present to the Board where they would place the designated smoking areas and then the Board would make a decision to grant the City an exception under the rule.

The Board made a recommendation that the Smoking Rule issue be presented to the City/County Leadership at the February 5, 2013 meeting. Commissioner Howerton will let the Health Director know if it is placed on the agenda.

- **Policy Review/Discussion/Approval** (*Activity 15.3*) (*Eric Ireland*)

The Adjudication (Appeals) Process) policy will be revisited at the next Board meeting in February 2013. Attorney Wardell will set up a time to train the Board on "quasi-judicial" proceedings.

Accreditation-Sample Questions (*Activity 36.3*) (Gayle Harris)

The Board received a copy of the sample questions provided in the guidance documentation provided in the State Accreditation Manual.

NEW BUSINESS:

- **Agenda Items February 2013 meeting**
 - Smoking Rule Update
 - Ad Hoc Fluoridation Municipal Water Committee
 - Accreditation Update/Site Visit

INFORMAL DISCUSSION/ANNOUNCEMENTS:

- A copy of the Renewal of Financial Disclosure Statement for Ethics Policy was distributed to each Board member to complete and submit to Health Director.
- Durham Health Summit-March 22 from 8-3pm.

Dr. Levbarg made a motion to adjourn the meeting at 7:35pm. Ms. Carter seconded the motion and the motion was approved.

Sue McLaurin, M. Ed., PT-Chairperson

Gayle B. Harris, MPH, Health Director