

Health Director's Report

Division / Program: Nutrition Division / DINE for LIFE/Housing Resource Fair
(Accreditation Activity 10.2 -The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- The Mayor's 10.01 Transformation in 10 initiative (formerly Mayor's Poverty Reduction Initiative) is focused on reducing poverty and improving the quality of life for residents in Census Tract 10.01 in the areas of jobs, health, finance, education, public safety and housing. The Housing Task Force organized a housing resource fair on September 17, 2016 at Holton Community Resource Center based on feedback from a community survey. A DCoDPH nutritionist was a member of the resource fair's planning committee and organized the health component of the fair.

Statement of goals

- Provide information from housing organizations about different resources regarding homeownership (financial counseling, mortgages, affordable home buying, etc.).
- The nutrition and physical activity component of the fair had the following goals:
 - Increase the nutrition knowledge of Durham County residents by providing nutrition and physical activity information.
 - Encourage simple behavior changes with healthier food selection, cooking, eating habits, and physical activity.
 - Encourage potential and existing homeowners to grow a garden in their yard as a way to increase access to and consumption of fruits and vegetables.

Issues

- **Opportunities**
 - Collaboration between the Nutrition Division, City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders, and community members promoted the goals of all agencies and builds relationships for future partnerships and projects.
 - The partnership with the Housing Resource Planning Committee allowed DINE nutritionists the opportunity to expand their reach to SNAP participants with health information.
- **Challenges**
 - There was no budget allocated for the event. However, the committee organized a successful, well attended housing and resource fair by collaborating and leveraging available resources of the different organizations involved.
- **Outcomes**
 - The fair was very well attended by community members. The Mayor and Commissioner Jacobs also attended the event. Nutritionist provided information to 51 participants about MyPlate and portion sizes. Participants tasted and seemed to enjoy

a Kale Salad and received the recipe. Participants were very engaged and asked great questions.

- **Staffing**
 - DINE in Childcare Nutritionist participated in planning and executing the event. Other partners included City of Durham, Habitat for Humanity, Durham Regional Financial Services, BB&T, Durham Housing Authority, City leaders and community members.

Next Steps / Mitigation Strategies

- DCoDPH's Nutritionists will continue to collaborate with community agencies and childcare centers serving children in Durham County.

Division / Program: Fresh Fruit and Vegetable Program Collaboration and Kick-off Event (Accreditation Activity 10.2 -The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE school team has partnered with Durham Public Schools School Nutrition Services department (SNS), to provide educational and promotional support for the USDA Fresh Fruit and Vegetable Program (FFVP). FFVP provides funding for tastings of fresh produce to high-need elementary schools around the country. Fourteen DPS schools currently participate in this program by distributing fruit and vegetable tastings three times per week in the classroom.
- DINE collaborated with SNS for their FFVP annual kick-off event on September 12th. The FFVP was promoted in all fourteen participating schools and special event activities occurred in five focus schools.

Statement of goals

- To provide support to SNS for the existing FFVP by promoting the program in the schools.
- To provide supplemental education for students about the fresh fruits and vegetables they are receiving through the FFVP.
- To provide teachers and schools with resources and ideas to incorporate the FFVP as a part of their instructional curriculum.

Issues

- **Opportunities**
 - The DINE school team's existing curriculum and educational resources align with the mission of the USDA FFVP to "improve children's overall diet and create healthier

eating habits to impact their present and future health” (from the USDA FFVP [fact sheet](#)).

- The exposure to produce through the FFVP allows for additional educational opportunities to reinforce the USDA MyPlate messaging about the important role of fruits and vegetables in a healthy diet.
- SNS operates the FFVP in 14 elementary schools, all of which are eligible for DINE programming. DINE currently offers programming in 13 of these schools. These existing relationships allow for DINE nutritionists to reach school staff to distribute resources and promote the FFVP.
- This program allows for further collaboration between DINE and SNS in an effort to improve the school food environment and provide education for students to make healthier food choices at school and at home.
- **Challenges**
 - Some schools did not have extra time to allow DINE nutritionists to promote the FFVP to their staff at faculty meetings at the beginning of the school year.
 - Some schools do not wish to incorporate additional FFVP activities into their established schedule and curriculum.

Implication(s)

- **Outcomes**
 - The FFVP kick-off took place in all 14 participating schools with special events in five focus schools – Merrick Moore, W.G. Pearson, Glenn, Eno Valley and Bethesda.
- **Service delivery**
 - DINE provided written fruit and vegetable morning announcements for all five focus schools
 - SNS facilitated visits from fruit and vegetable “characters” to the schools. The characters were SNS staff who wore costumes provided by the North Carolina Department of Agriculture.
 - DINE nutritionists spoke in faculty meetings when allowed by school principals.
 - DINE nutritionists offered email or paper copies of an informational letter with FFVP activity resources to all 14 participating schools.
- **Staffing**
 - DINE nutritionists worked in their assigned schools with the school administration and faculty.
 - A DINE nutritionist worked with SNS central staff to plan the event.
- **Revenue**
 - No revenue is generated by this activity.

Next Steps / Mitigation Strategies

- DINE will continue to collaborate with SNS on the FFVP, specifically to promote the program within schools and to strengthen its educational component.
- DINE has agreed to create a FFVP “toolkit” to provide DPS teachers with information, resources and ideas to easily incorporate FFVP into their curriculum.
- DINE will stay in regular communication with SNS to assist and provide support for future FFVP events.

Division / Program: Nutrition Division / Clinical Nutrition Team/Presentation to City of Durham staff

(Activity 21.2: The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- In late August 2016, a registered dietitian (RD) from the DCoDPH Nutrition Clinic participated in the annual staff training event for City of Durham street maintenance workers.
- A presentation titled: “Healthy Eating on the Go” was offered, information on individual and group nutrition services at DCoDPH was provided, and a question and answer session with city employees was conducted.

Statement of goals

- To collaborate with the city of Durham in service provision to employees as well as the general public.
- To provide evidence based nutrition recommendations as part of staff development activities.

Issues

- **Opportunities**
 - Participants learned of nutrition recommendations to improve or maintain a healthful diet decreasing likelihood of developing chronic diseases such as diabetes and heart disease.
 - The dietitian provided marketing materials regarding nutrition services offered by the Nutrition Division to attendees.
- **Challenges**
 - To avoid mid-day heat, hours of work for city street maintenance employees begins at 6:00am. Staff training began at 6:30am requiring an earlier than usual start to the work day for the dietitian.

Implications

- **Outcomes**
 - Approximately 100 City of Durham street maintenance staff attended the training.
- **Service delivery**
 - The presentation was offered at the City of Durham Public Works Facility on Martin Luther King Boulevard.
- **Staffing**
 - The presentation was offered by a Registered Dietitian of the Nutrition Division.

Next Steps / Mitigation Strategies

- Future opportunities for collaboration between the city of Durham Health Strategies programming and DCoDPH will be encouraged.
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Division / Program: Nutrition Division/Clinical Nutrition Services/Nutrition Education for Durham Public Schools (DPS) Personnel

(Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)

Program description:

- DPS is mandated by federal law to provide diabetes education to school personnel that serve as Diabetes Care Managers (DCMs).
- A school nurse employed by the DCoDPH provides a yearly training to DCMs from each school.
- The DCoDPH Clinical Nutrition team provides nutrition education to school personnel.

Statement of goals:

- To provide the nutrition education component of the mandatory diabetes training.

Issues:

- **Opportunities**
 - Optimal blood sugar control in children living with diabetes decreases the risks of acute and long term complications. Blood sugar levels during the school day impact overall diabetes control.
- **Challenges**
 - School personnel on a diabetes management team need a general understanding of how foods impact blood sugar levels and how the amount of carbohydrate eaten at a meal or snack relates to the student's medication needs and risk of acute adverse effects on blood sugar control.

Implications:

- **Outcomes**
 - School personnel are able to assess food's impact on blood sugar control and risk of hyper- or hypoglycemia.
- **Service delivery**
 - A Registered Dietitian/Certified Diabetes Educator (RD/CDE) provided training to over 80 school personnel.

Next Steps/Mitigation Strategies:

- Staff will continue to provide nutrition education to DPS school personnel on an annual basis to contribute to the safety and well-being of children living with diabetes while at school and while participating in school related activities.
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Division / Program: Community Health Division/Communicable Disease Program
(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to access care.)

Program description

- On September 20–23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented data from the HCV (Hepatitis C Virus) Health Department initiative at a national sexually transmitted disease conference. This initiative was a targeted HCV screening program in DCoDPH's STD (Sexually Transmitted Disease) Clinic.

Statement of goals

- To identify the prevalence of HCV infection.
- To disseminate lessons on the efficacy of implementing HCV screening and linkage to care in a county public health department STD clinic.
- To assess provider perspectives regarding impact on services.

Issues

- **Opportunities**
 - To begin screening in December, 2012 for HCV.
 - To screen a target population based on the following risk factors: birth year, injection drug use (IDU), incarceration, sexual history, history of incarceration, medical history, and HIV status.
 - To increase the number of Durham County residents with chronic HCV infection who are aware of their HCV status.
 - To provide education, immunization and linkage to HCV care for individuals tested through the DCoDPH screening program.

Challenges

- Added time to the clinic visit by integrating HCV messages in the clinic.
- The additional time for the clinic visit impacted the clinic flow.

Implication(s)

- **Service delivery**
 - Over a 28 month period, 733 patients underwent targeted screening.
- **Outcomes**
 - The program identified a significant portion of chronically infected HCV patients (11% of those tested.)
 - Fifty-one (63%) of the 81 individuals identified with chronic HCV infection were linked to a first medical appointment.
 - Clinic staff surveyed strongly agreed that HCV screening should be offered in the DCoDPH STD clinic.

Staffing

The staff involved were the STD/HIV clinic staff and counselors, the Health Education staff, the Hepatitis C Program Coordinator, the Care Bridge Counselor, the laboratory staff, and Duke and UNC Infectious Disease physicians.

Next Steps / Mitigation Strategies

- In December, 2015, new HCV screening and linkage to care efforts were initiated as part of the UNC FOCUS partnership. These activities are an extension of the previous DCoDPH HCV screening program.
 - DCoDPH continues to serve as a model for HCV screening and linkage to care in the public health department setting.
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Division / Program: Community Health Division/Communicable Disease Program
(Accreditation Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.)

Program description

- On September 20-23, 2016, Arlene Sena, MD, Medical Director of Durham County Department of Public Health (DCoDPH), presented on the HIV Pre-Exposure Prophylaxis (PrEP) Health Department pilot program at the national 2016 Sexually Transmitted Disease Prevention conference in Atlanta, Georgia. The focus of the pilot program was to develop an internal and external referral process for PrEP to patients who have the highest risk for HIV infection (primarily designed for patients who report as men who have sex with men (MSM) and patients with HIV positive partners).

Statement of goals

- To collaborate with community partners for the purpose of referral for pre-exposure prophylaxis.
- To identify patients at high-risk for HIV infection who present to the Health Department for STD services, with particular focus on MSM patients and partners of HIV positive persons
- To refer MSM and partners of HIV positive persons for pre-exposure prophylaxis.
- To prevent transmission of HIV from an HIV positive person to his/her HIV negative partner.

Issues

- **Opportunities**
 - To develop a PrEP referral process for at risk patients.
 - To develop a PrEP Task Force consisting of state and local public health officials and key providers.
 - To identify resources and priorities for PrEP implementation in the community.
- **Challenges**
 - Patients making appointments for PrEP with a prescribing provider (53%)
 - Only (27%) of the patients referred initiated and continued PrEP and (8%) discontinued PrEP after initiation.

- Patients reported the following barriers: stigma, motivation, and co-pay costs for visits and medication.

Implication(s)

- **Outcomes**
 - Although a PrEP program can be and was implemented in a Sexually Transmitted Disease (STD) Clinic, various barriers were found to affect the continuous treatment for those who initiated treatment.
 - Out of (92) patients referred for PrEP, (53%) of those made an appointment with a PrEP provider, while only (27%) of those initiated and continued PrEP.
 - The pilot program has increased awareness about the availability of HIV prevention through PrEP with both community members and medical providers.
- **Service delivery**
 - Patients at high risk for HIV infection were identified within the STD clinic of the Health Department and referred for counseling and PrEP referral.
 - Most patients referred for PrEP were referred to Lincoln Primary Care, a Federally Qualified Health Center (FQHC) that is located within the same facility.
 - Additional partners for PrEP referrals included Duke and UNC Infectious Disease clinics.
- **Staffing**
 - Staff involved include an RN, NPs, counselors, and Duke and UNC providers, as well as registration staff.
 - As nearly 100% of our patients referred for PrEP did not report a primary care medical provider at the time of referral, we have increased overall health outcomes by linking patients with a PrEP provider that also can manage their other preventative health needs.

Next Steps / Mitigation Strategies

- Next steps under consideration are to pilot a program for PrEP navigators (who assist patients with the process and with appointments).
- To improve collaboration with our community partners (Lincoln, Duke and UNC) in monitoring patient outcomes of following up with appointments and adhering to the PrEP regimen.

Division / Program: Community Health Division / Communicable Disease Program

(Accreditation Activity: Activity 12.2: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.)

Program description

- On September 24, 2016 Durham County Department of Public Health (DCoDPH), in collaboration with the Animal Protection Society, NC State College of Veterinary Medicine, Durham Parks and Recreation, and the Coalition to Unchain Dogs sponsored a

rabies clinic. The clinic was held from 9:00 am – 3:30 pm at Holton Career and Resource Center.

Statement of goals

- To vaccinate 500 animals against rabies.
- To microchip animals for aid in identifying owners of lost animals.
- To offer name tags to animals presenting at the clinic.
- To offer veterinary examinations to animals presenting at the clinic.

Issues

- **Opportunities**
 - To increase the number of animals vaccinated against rabies in the Durham community.
- **Challenges**
 - To vaccinate as many animals as possible.
 - To vaccinate all animals that attended the clinic.
 - To microchip as many animals as possible.
 - To provide name tags to as many animals as possible.

Implication(s)

- **Outcomes**
 - Rabies shots: 328 dogs and cats
 - Name tags: 488 dogs, cats, and ferrets
 - Microchips: 357 dogs, cats, and ferrets
- **Service delivery**
 - All animals attending, received the services requested by their owners, with the exception of animals too young to be vaccinated.
 - Animals too young to be vaccinated received vouchers for free rabies shots to be used in the future.
- **Staffing**
 - Multiple staff from various areas of DCoDPH volunteered at the event along with the community partners.

Next Steps / Mitigation Strategies

- The rabies clinic will be held in 2017 with community partners and DCoDPH.

Division / Program: Dental Division / New Tooth Ferry Mobile Unit Update
(Accreditation Activity 20.2 -Collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program description

- In June the Department had entered into a contract with LifeLine Mobile to build its new Tooth Ferry Dental Unit. During September, the company began the project.

Statement of goals

- The Tooth Ferry reaches 8,000+ youth a year in Durham County, providing screenings and oral health services at Durham Public Elementary Schools. In an effort to maintain its commitment to the schools, a new vehicle was needed to replace the current unit.

Issues

- **Opportunities**
 - The new Tooth Ferry will be “state-of-the art”, including ADEC dental equipment, Nomad hand-held x-ray unit, ceiling mounting televisions, sound systems, and a bump out to expand clinic space.
 - The unit will have the capacity to connect to Dentrix software for registration, charting, Meaningful Use requirements and complete x-rays in real time while at any of the schools.

Challenges

- The build of the new unit has required numerous parties be involved in providing their expertise, including IS&T, Engineering, and representatives from Henry Schein, Verizon, and Dentrix. This has presented challenges in scheduling meetings, and conference calls with LifeLine – remedied on some occasions by having various individuals remote in.
- County and City representatives have been consulted, and are working on a plan to assist with the disposal of grey and black water in compliance with forthcoming EPA regulations that dental facilities will have to follow.

Implication(s)

- **Outcomes**
 - LifeLine Mobile has completed the chassis build and are incorporating final renditions to the plan.
 - A team from the County will travel to see the unit when it is 80% complete.
 - The Division is soliciting bids to have a “carport” type roof in place for delivery of the new Tooth Ferry.
- **Service delivery**
 - LifeLine anticipates delivering the completed unit prior to the New Year.
- **Staffing**
 - Dr. McIntosh will provide dental treatment on the Tooth Ferry. A dental assistant and hygienist also work on the van.

Next Steps / Mitigation Strategies

- The team will continue to communicate with LifeLine as the build progresses.

Division / Program: Administration / Communications and Public Relations
(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.
- **Challenges**
 - Current vacancy of Communications and Public Relations Manager position

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - Press releases
 - DCoDPH Leaders Academy Graduates
 - Flu Shots Now Available
 - DCoDPH Launches Support Group for Former Smokers
 - DCoDPH Urges Public to Prepare for Emergent Incidents
 - Website updates
 - New page added for upcoming events
 - New Public Information page added to highlight newsletters
 - Instagram icon added to home page

Next Steps / Mitigation Strategies

- Recruit for the Communications and Public Relations Manager position
- Establish additional media exposure in lieu of My Carolina Today ending
- Disseminate consistent & timely content

- Engage more of the public on social media to increase page likes and followers
 - Increase the number of monthly eNewsletter subscribers
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Division / Program: Leadership and Business Management – Invest Health

Accreditation Activity 12.1 – The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.

Accreditation Activity 12.2 – The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.

Program description:

- ***Invest Health*** is a new initiative that brings together diverse leaders from mid-sized U.S. cities across the nation to develop new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health. The program is a collaboration between the Robert Wood Johnson Foundation and Reinvestment Fund.
- This initiative was developed to provide an opportunity for mid-sized cities to transform the way local leaders work together to create solution-driven and diverse partnerships. These partnerships will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food, and reducing crime rates and environmental hazards.

Statement of goals

- To provide the opportunity for Durham to transform the way our local leaders work together to create solution-driven and diverse partnerships.
- To develop plans that will emphasize making changes in low-income neighborhoods to improve resident health and well-being.
- To provide the program participants the options to focus on - increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.

Issues

- **Opportunities**
 - **Bring together disparate sectors** in Durham to align around a vision for better health, create innovative ideas, and unlock new sources of investment.
 - **Test Potential Solutions** to inform the local conversation about how to best invest to achieve health equity in more communities throughout Durham and the region.
 - **Help Durham attract capital** to improve health outcomes in low-income communities.
 - **Advance systems focused strategies** that reach across sectors to support health improvement in low-income communities.
 - **Build lasting relationships** in Durham that extend beyond the length of the program and help inform work in other communities State wide.

- **Help Durham use data as a driver** for change, beginning with an evidence-based understanding of the problem and continuing to a data framework for assessing impact.
- **Challenges**
 - Creating new partnerships
 - Developing a common vision
 - Identifying and sharing resources
 - Competing priorities

Implication(s)

- **Outcomes**
 - The partnership is developing new strategies for increasing and leveraging private and public investments to accelerate improvements in neighborhoods facing the biggest barriers to better health
- **Service delivery**
 - This partnership will emphasize making changes in low-income neighborhoods to improve resident health and well-being. These changes can focus on increasing access to quality jobs, affordable housing, and nutritious food; and reducing crime rates and environmental hazards.
- **Staffing**
 - Deputy Public Health Director of Support Services and Environmental Health serves as member of the Durham team tasked with developing the plan.
- **Revenue**
 - Reinvestment Partners accepted the \$30,000.00 awarded to Durham for plan development and training around community engagement.

Next Steps / Mitigation Strategies

- Begin the Community Engagement process around the Invest Health Model
- Utilizing information gathered from the community engagement process, continue with plan development.

Division / Program: Health Education: Partnership for a Healthy Durham Co-Chair Training

Accreditation Activity 10.1-The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

Program description

- The Partnership for a Healthy Durham held a training for all new and returning committee co-chairs. The training was conducted by health education staff. Topics of Partnership history, co-chair roles and responsibilities and meeting facilitation skills and strategies.

Statement of goals

- To clarify roles and expectations of co-chairs
- To understand history and accomplishments of the Partnership
- To build relationships among co-chairs of various committees

- To build skills and understanding of effective committees and meeting facilitation
- To identify key focus areas/issues for 2016-2017

Issues

- **Opportunities**
 - Increase meeting facilitation skills of co-chairs
 - Understand what the Partnership is trying to accomplish
 - Work together towards common goals of the next year
 - Share information with one another on how to conduct meetings and engage committee members
- **Challenges**
 - Identifying a time and date that works for all co-chairs

Implication(s)

- **Outcomes**
 - 11 of 12 co-chairs participated in the training
 - Training satisfaction among participants was 9.1 on a scale of 10
 - On evaluations, participants stated, the best things about the training were: “the flow, facilitation and info provided to the group!”; “meeting everyone and hearing advice/tips/etc. from existing chairs”: and “it was well organized”.
- **Service delivery**
 - Binder with Partnership and training information for co-chairs
- **Staffing**
 - The Partnership for a Healthy Durham Coordinator planned the training with the Health Education Community Transformation Division Director. The Division Director, Partnership for a Healthy Durham Coordinator and Tobacco Cessation Health Educator conducted parts of the training.

Next Steps / Mitigation Strategies

- Continue to work with co-chairs to plan meetings and further the work of the committees.
- Work on overall Partnership goals as a Steering committee.

Division / Program: Health Education

Accreditation Activity 10.1-The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

Program description

- The first week in September is Suicide Prevention Week. A one hour presentation on suicide prevention along with fact sheets, resources, and Yellow Ribbon Cards were developed for Cormetech employees.
- On Wednesday September 7, 2016 from 7 am – 4 pm the presentation was repeated every hour from 7 am – 4 pm.

- Employees attended sessions to earn health insurance points. Each year, employees receive a reduction in health insurance cost based on the number of sessions attended.
- Cormetech provides health-related topics requested by employees in monthly one-hour sessions.

Statement of goals

- To help Cormetech employees recognize suicide warning signs, risk factors and to plan a suicide response while at work.
- To connect employees to available suicide prevention resources for worksites, faith based organizations and while at home with family/friends.
- To present data that demonstrates what death by suicide looks like in Durham and North Carolina.

Issues

- **Opportunities**
 - Presenters had the opportunity to increase awareness, provide resources, and recruit members for the suicide task force.
 - Four employees felt safe enough to self-disclose their personal battles with depression and suicidal thoughts/ attempts.
 - Employees reported that Cormetech has had two employees to die by suicide and wanted to know how they could have prevented the losses.
 - The community volunteer that helped to facilitate the discussion was a great resource to the groups as she shared her experience of losing her son by suicide.
- **Challenges**
 - Not all employees attended the session as it was not required.

Implication(s)

- **Outcomes**
 - 26 employees attended the sessions
- **Service delivery**
 - Resources
 - Fact Sheets: (1) Co-workers and (2) Managers
 - Updated Statistics from Injury Prevention Branch
 - Yellow Ribbon Cards
 - 1- 800 numbers
 - Role Plays
- **Staffing**
 - One Health Education staff member and a community volunteer provided the training.
- **Other**
 - This was the first time employees requested suicide prevention.

Next Steps / Mitigation Strategies

- Obtain results from Cormetech
- Return to the worksite to provide training on other topics such as Reproductive Health

Division / Program: Health Education

Accreditation Activity 10.1-The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

Program description

- September is emergency preparedness month. A 3-hour workshop was planned specifically for faith-based organizations to raise awareness, stress the importance of planning for emergencies and make connections to existing resources.
- To help the organizations take advantage of resources, this event brought representatives from Durham County Department of Public Health, Emergency Management, Emergency Medical Services (EMS) and the City of Durham's Fire Department to one setting.

Statement of goals

- To raise awareness of resources offered specifically for faith-based organizations offered by Public Health, EMS, Fire and Emergency Management.
- To provide a template for organizations to draft an Emergency Action Plan, have it reviewed and placed on record with Durham Emergency Management.
- To help organizations prepare in advance for emergencies and prepare members.
- To identify faith-based organizations willing to serve as a shelter in times of emergency.
- To increase awareness and participation in DCoDPH services-Emergency Preparedness (Medical Reserve Corps), Durham County Health Ministry Network, webinars and community workshops/trainings.

Issues

- **Opportunities**
 - The event was an opportunity to collaborate across the county and city to communicate the importance of preparedness.
 - The Durham County Health Ministry Network was approached to find a space to hold the event free of charge. As a result, White Rock Baptist Church and another site agreed to host. White Rock was chosen due to location and size.
- **Challenges**
 - Reaching faith-based organizations can be challenging. There sometimes is a mistrust when it comes to governmental agencies.
 - This was a new event for the Durham community. It is suspected that the newness of the event contributed to challenges of finding a host site and slow registration submissions.
 - There was no funding source to cover the expenses of the event.

Implication(s)

- **Outcomes**
 - The event was held on Saturday, September 24th. The goal to register at least 25 faith-based organizations was exceeded by 15. There were an additional 5 organizations that completed onsite registration.
 - A total of 58 registered for the event, 44 of the registered participants attended (76% show rate) with an additional 9 walk-ins for a total of 54 participants. This includes organizations outside of Durham: Person and Orange Counties.
 - Six organizations indicated interest in becoming a sheltering site at times of emergencies; 4 indicated interest in the Public Health newsletter; 9 indicated interest in Active Assailant training, 9 for hands-only CPR and 5 expressed interest in volunteering for the Medical Reserve Corps.
- **Service delivery**
 - The event provided a history of disasters and emergencies in Durham and information on how to be proactive.
 - Resources given included a CD containing handouts, a fillable Emergency Action Plan template, an emergency list of phone numbers and an emergency kit checklist
- **Staffing**
 - Staff members from DCoDPH (three Public Health Educators and Public Health Preparedness Coordinator), DCo Sheriff's Department, and Emergency Management supported the event. Other planning committee members attending two community members.

Next Steps / Mitigation Strategies

- Planning committee members will meet again to review evaluations results and decide next steps.
- Several event participants have requested to have the event again next year and St. Paul's Lutheran Church has offered to host the event at no charge.

Division / Program: Health Education Division / Reproductive Health & Safety
Accreditation Activity 10.1-The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

Program description

Reproductive Health & Safety Education is the official name for education provided under the Healthy Youth Act of 2009. This state law went into effect in the 2010-2011 school year and redefined what is to be included in the human sexuality education component of healthful living classes for North Carolina students in 7th and 8th grades and throughout High School. The law replaced the curriculum, Abstinence until Marriage Education, with Comprehensive Sexuality Education, to include abstinence. The law also eliminated the public hearing process by which Durham County adopted its policy of comprehensive sexuality education in the late 1990's.

Statement of goals

- To provide young people with the tools to make informed sexual decisions throughout adolescence and build healthy relationships;
- To stress the value of abstinence while also equipping young people with effective sexual risk-reduction strategies they can use when they do become sexually active;
- To provide medically accurate information about the effectiveness and failure rates of all FDA approved contraceptives, including condoms, as a means to prevent pregnancy and reduce the risk of contracting STI's, including HIV/AIDS;
- To encourage family communication about sexual health and sexual risk reduction;
- To teach young people the skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical and sexual advances; and
- To teach young people how alcohol and drug use can effect responsible decision making.

Issues

- **Opportunities**
 - In summer 2015, the School Health Educator met with representatives from the Governor Morehead School for the Blind to discuss the need for *Reproductive Health & Safety* education for its students in grades 9-12. The request involved provision of information in a tactile/auditory format. Education would be provided to between 15 and 20 students in attendance at each session.
- **Challenges**
 - A single School Health Educator is assigned to assist Healthful Living Teachers with providing Reproductive Health & Safety Education in approximately 9 DPS Middle Schools, 6 DPS High Schools and requesting Public Charter Middle Schools. In addition, the School Health Educator responds to requests for assistance with Human Growth & Development classes from DPS and Public Charter Elementary Schools. DCoDPH in collaboration with NC Department of Public Instruction and NCCU Public Health Education program has offered several trainings/workshops to DPS Healthful Living teachers, certifying them as “highly qualified” to teach Reproductive Health & Safety in the schools. The Public Health Educator receives few requests for assistance from High schools. However, the 2015-16 school year proved a sharp increase in the number of requests from Healthful Living teachers in DPS Middle Schools.
 - Schools having a high census and 90 minute classes are more difficult for one person to cover in the 4 days allotted each semester. On such occasion, an additional Health Educator may need to assist in covering these schools.

Implication(s)

- **Outcomes**
 - Provided instruction on Reproductive Health & Safety in 8 DPS Middle, 2 NC Public Charter Middle and 3 DPS High Schools, a total of 216 educational sessions, reaching 5,448 students
 - Provided adaptive Reproductive Health & Safety for the Governor Morehead School for the Blind, for a total of 4 educational sessions, with approximately 16 students in each.

- **Service delivery**
 - The School Health Educator typically responds to requests for assistance with Reproductive Health & Safety from the Healthful Living (Health & Physical Education) Teacher at a Middle or High School
 - The School Health Educator usually schedules four (4) days per semester, per requesting school and between 4-6 sessions each day in order to serve all students.
- **Staffing**
 - One Health Education Specialist with 11 years of experience in School Health Education
- **Revenue**
 - Reproductive Health & Safety Education is provided at no cost to students attending Durham Public Schools in accordance with the Memorandum of Agreement between Durham County Department of Public Health and Durham Public Schools.

Next Steps / Mitigation Strategies

- Continue to offer classes at all sites.