

A Regular Meeting of the Durham County Board of Health was held January 11, 2018 with the following members present:

F. Vincent Allison, DDS; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Spencer "Spence" Curtis, MPA, BS; MPH, CCHP; James Miller, DVM; Stephen Dedrick, R.Ph, MS; F. Mary Braithwaite, MD, MSPH; and Teme Levbarg, PhD, MSW.

Excused Absence: Commissioner Brenda Howerton; Rosemary Jackson, MD; Arthur Ferguson, BS and Dale Stewart, OD

Others present: Gayle Harris, Rosalyn McClain, Joanne Pierce, Tara Blackley, Dr. Miriam McIntosh, Chris Salter, Katie Mallette, Mel Downey-Piper, Dr. Arlene Sena, Hattie Wood, Marcia Johnson, Jim Harris, Khali Gallman, Keyanna Terry, Torrey Green, and Dr. Maria Small.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:06pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Chairman Allison and Ms. Harris requested the following addition:

1. Budget Amendment (*new business*)

Dr. Fuchs made a motion to accept the adjustment to the agenda. Mr. Curtis seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Mr. Dedrick made a motion to approve the minutes for December 14, 2017. Dr. Levbarg seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

There were no staff recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **TOOTHFERRY UPDATE (*Activity 10.1*)**

Mr. Harris provided the Board with an update on the Tooth Ferry Dental Van operations.

In December 2016, the Durham County Department of Public Health accepted delivery of new mobile dental van, known as the Tooth Ferry. The unit is a 2017 Freightliner Chassis, with a leveling system, bump-out walls, and wheel-chair lift. The unit is equipped with ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted television and sound system. Technology upgrades in the new Tooth Ferry includes a patch panel, internal antenna wiring, and Dexhub which allow for connecting with software and complete x-rays in real time within the community.

The team includes the Director of Dental Practice, Tooth Ferry Coordinator, Dental Assistant, and Dental Hygienist. The goal for the van is to see 1,500 encounters annually. (Half-way through this Fiscal Year the Tooth Ferry has had 59 encounters.) This equates to 7 -8 appointments per day assuming a Monday-Thursday schedule for ten months. The goal for the hygienist is to screen up to 8,000 students each year. Those with decay are provided letters offering parents the option to have their child treated on the Tooth Ferry (or in the clinic) if they do not have a dental home. This year we have screened 5,201 and 421 were identified as having a cavity/need for care.

There have been numerous issues in getting the Tooth Ferry out to the schools, including the complexity in operating the vehicle, which has required numerous trainings for the operators. It has been in the shop four times for repairs (most covered under warranty). There have been some connectivity issues, which IT helped us work through. Another issue we are in the process of addressing is the Smiles Dental Van which, as their website shows, is being permitted to provide screenings and treatment at Durham Public Schools. The final issue that we are in the midst of is looking at is staffing patterns, duties, etc.

The plan to resolve these issues begins with getting the Tooth Ferry back, with repairs to the bump out and leveling system. In the meantime, we are scheduling a meeting Dr. Kendra O'Neal to discuss our MOU with DPS and the Smiles Dental Van. The Division is also looking at contracts and staffing patterns to see if there are opportunities to retool operations.

[\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Dr. Levbarg: So tell us something about the "Smiles Van" because not everybody knows what that is.

Mr. Harris: The "Smiles Van" is a for-profit van that goes around to all the schools. They try to get in there to do screenings and then to treat the children; now what they do is they make sure they see the children who are insured or parents can pay. We actually had an issue with them a couple of years back. They went to a school and were set to go back to see the children. However, when the forms came back, they found out the parents couldn't pay and they had no insurance. The van didn't make an appearance at that school. That is a real problem for Durham. We have a MOU with DPS so we're going to meet with Dr. O'Neal to see if we can try to resolve this. We had less than four meetings in the last year with DPS and they have had some staffing changes. Now we will meet with Dr. O'Neal. She really wants to sit down with us and figure this out. The goal is that Ms. Pierce and I will meet with her in the next couple months. Then we also have to revamp our dental contracts, staffing patterns, etc., and see if there's anything else we can do to re-tool and provide these services. My goal is to report back to the Board once we have a chance to remediate some of these issues. Hopefully, we will report back that we're in the schools, our numbers are going up and we have resolved some of these issues. I think the key is that we have got to get that vehicle on the road every day.

Dr. Fuchs: So how often is the Tooth Ferry inoperable?

Mr. Harris: Quite a bit.

Dr. Fuchs: Is it the main reason why we can't get out to the schools or is there another issue, like staffing or....

Mr. Harris: Probably both. We've had it since December 2016 and it's been out to one school and we had fifty-nine encounters. So it's a combination of many things that we're trying to address.

Chairman Allison: With the "Smiles Van" are you running into an issue where they go in, screen, take radiographs, don't come back and you have to follow-up...you can't get the radiographs and if you retake them you won't be reimbursed for them if they are Medicaid or private insurance....are you having that issue?

Mr. Harris: Not to that extent but I can see that happening. Again they're at the schools this year and again there's been a vacuum because we haven't been out for a fourteen or sixteen months on a regular basis so they have been able to get in there. We have had a recent conversation with one of the principals who was going to have the "Smiles Van" come out. They were really confused because the way the Smile Van's website pitches this, it says "The Tooth Fairy really exists" and then it talks about their dental van. Our absence is a way to get themselves in the front door.

Ms. Harris: If the services are provided appropriately, we certainly could use the help in seeing the children. We had a conversation with Interim Hospital School principal, Jim Keys. We agreed that there should be performance expectations documented so that they don't just take the radiographs and run off. He was willing to work with us to establish the performance expectations.

Chairman Allison: One thing I am worried about with a for-profit group like this is they're probably not as sensitive to the fact that some of these student patients may have a dental home. We are very sensitive to that fact that you're not just going to see a patient if they already have a dental home.

Ms. Harris: That was part of our conversation with Mr. Keys - that approach would interrupt the care that is in place and that is not how we want care to be delivered.

Chairman Allison: If you start doing that, you'll have push back from the private dental practices.

Ms. Harris: Absolutely.

Attorney Wardell: So the MOU say's what?

Ms. Harris: There are sections about each service we will provide from all of the divisions within the department. We review the MOU annually. We can add the specifics that we agree on with Dr. O'Neal and put in the part about how we value the continuity of care and we don't want that disrupted just because the van comes and they charge.

Attorney Wardell: So are they saying because the Tooth Ferry is not available that...I'm really not understanding why.....

Ms. Harris: There are thirty-nine elementary schools and there are thirty-nine different principals that manage each school. If they hear about a resource that can provide a needed service from either a marketing campaign or another person they, will agree to services. We have to re-establish credibility.

Attorney Wardell: So basically you're trying to piece together services to provide to the children.

Ms. Harris: We want to be sure that the "Smiles Van" is not running counter to the culture of encouraging a dental home and not just providing services to the insured and those who can pay for services.

Mr. Harris: When we met with "Smiles" and Jim Keys the thought was maybe we could enter into an agreement with "Smiles" to serve the middle and high school kids but they didn't want to do that.

- **FIT PROGRAM UPDATE (Activity 10.2)**

Ms. Keyanna Terry and Mr. Torrey Green provided the Board with an update on the Formerly Incarcerated Transitions (FIT) program.

FIT program summary:

- Utilizes existing state and local resources to assist formerly incarcerated persons suffering from chronic disease with all aspects of successful reentry including a linkage to medical services.
- Community Health Worker – key employee for care coordination and navigation.

FIT Program Goals:

- Connection to needed resources
- Reduction in:
 - preventable negative health events
 - emergency room utilization
 - hospitalization (and increased chances of disability)
 - recidivism

Funding Sources for FIT Program:

- North Carolina Department of Public Health, Chronic Disease and Injury Section, Aid-to-Counties grant
- Duke Endowment grant obtained by UNC Department of Family Medicine

FIT Program Updates:

- Connection with Transition Clinic Network (TCN)
 - CHW is currently enrolled in online training with TCN, anticipated graduation date Spring 2018
 - Monthly coaching calls
 - On-going sharing of resources (e.g., research findings, patient education materials, etc.)

North Carolina Department of Public Safety Transition Sites:

- Originally scheduled to open at the beginning of FY 17-18
- Central NC Site (e.g., Wake County) is not yet open; no word on an opening

Current Activities:

- Clients Seen
 - Number of clients released who are living with chronic illnesses has been relatively low
 - Current Caseload
- Networking, on-site hours at CJRC
- Issues and Challenges
 - Many clients returning to the community have been adverse to change
 - Some clients have seen ongoing engagement as a stressor

Competing Services:

- Urban Ministries
 - Proximity to other services provided
 - Many similar services
- Community-based clinics
 - Familiarity
 - Individuals feeling attached to prior providers

Key Partners:

- Lincoln Community Health Center
- Urban Ministries
- Durham Center Access
- Criminal Justice Resource Center
- Probation and Parole
- NC Department of Corrections

QUESTIONS/COMMENTS:

Dr. Levbarg: Do you know eighteen months in advance who's likely to be coming up for parole? Are you able to visit that person in jail or are you saying that there's no access right now?

Ms. Terry: Not at this time. We don't have an eighteen month window right now we would say about three to six months prior to release, which is helpful.

Mr. Green: Monthly or every other month, Evan has been able to get us a detailed e-mail from the Department of Correction which gives us individual names, other information, and their release date. We're going to try to use that information and start writing to them advising them of the FIT program. We will include detailed program brochure and my card so that we can try to jump in before they're released.

Chairman Allison: Has there been any effort to possibly collaborate with one of the competing agencies? The individual might not be in your program but you can at least follow them as they are using the services at another agency. You can at least know what's going on with that particular individual just to make sure he is being taken care of.

Mr. Terry: Thank you for mentioning that. That is something that we're doing as well. In the next few months we will be going out to present to agencies when they have meetings and make sure that the partners are aware of the services that we provide. We will also work with them to figure out how we interact at the initial appointments so that the people that we serve are aware that these are our partners and that we work collaborative rather than competitively.

Mr. Dedrick: Do you collaborate with the faith community on any of these activities?

Ms. Terry: We haven't. I think that is something we desire to do. We do sit on a number of re-entry councils. There are a number of faith-based representatives there.

Dr. Braithwaite: Do you know how the competing agencies access the formerly incarcerated? Do they have a way of reaching out to them?

Ms. Terry: I think it's referral as well; like healthcare for the homeless, maybe their probation or parole officer might make them aware or make a referral.

Mr. Green: I won't say we are necessarily competing with them. Now you have services that are inside of the community where they have lived all their lives like the Walltown Center. So when they come back they may want to go there just for familiarity.

[\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

- **2018 COMMUNICABLE DISEASE REPORT(Activity 2.3)**

Dr. Sena provided the Board with an overview of the 2018 Communicable Disease Report.

Objectives:

- Communicable disease program updates 2016-2017
- Communicable disease cases and rates for 2012-2017
 - Gonorrhea, chlamydia, early syphilis
 - HIV, AIDS
 - Tuberculosis
 - Other communicable diseases
- Program successes and challenges

Summary Information:

- Durham County has had declining early syphilis cases/rates since 2015; however, cases/rates of chlamydia and gonorrhea remain high.
- 2017 TB cases for Durham County is 50% less than in prior years, but large TB contact investigations remain challenging and costly.
- The CD program continues to deal with increased workload of rabies control/prevention and investigating CD outbreaks (i.e. norovirus).
- DCoDPH has successfully implemented new initiatives to provide screening, education and prevention for communicable diseases.

[\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Dr. Braithwaite: Our rates in Durham and the State of North Carolina are 27 per 100,000 and 14 per 100,000?

Dr. Sena: You mean for HIV?

Dr. Braithwaite: For HIV yes.

Dr. Sena: That's correct.

Dr. Braithwaite: That's some of the highest in the country.

Dr. Sena: That's correct. North Carolina and other places in the south have had highest rates of HIV.

Dr. Fuchs: So is that based on the current population or is it a new population moving into this area that brings in new cases?

Dr. Sena: That's a great question...actually these are new HIV diagnoses...if they are new to the state they are being counted as well.

Chairman Allison: Dr. Sena, with that outbreak we had...I guess that one case we had at the public school that didn't increase our numbers significantly did it because we only had that one case. If I'm correct.

Dr. Sena: That is correct. There was one case but over three hundred contacts who had to be tested and that investigation is on-going.

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Board received a copy of the vacancy report through the end of December 2017 prior to the meeting. The vacancy rate for December was 7.7%. There were no questions about the report.

[\(A copy of the January 2018 Vacancy report is attached to the minutes.\)](#)

- **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of December 2017 prior to the meeting.

[\(A copy of the January 2018 NOV report is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Chairman Allison: Brian has there been any major changes in the Notices of Violations since the last meeting?

Attorney Wardell: We did file a lawsuit on one of the properties that was in violation. That was one of the more complicated ones. The owner had filed bankruptcy. It was heir property. One of the owner's filed bankruptcy; so it was hard to serve them. It turns out that the attorney from legal services in the bankruptcy proceedings contacted me about the lawsuit. That was very helpful in moving toward a point where we could actually resolve this issue. They received some money from the sale of some additional property so they actually got someone to clear the land so that we could actually inspect the system. The problem was we knew that it was affluent surfacing but we didn't know if it was from the system or the repairs. There was so much overgrowth we couldn't get to the system. She was scheduled to call environmental health to set up a time for a site visit. That's the last discussion I had. I received an e-mail from the attorney saying that it would be done so we just need to follow-up and see if that was done. They have not filed a response. I'm really trying to work with them to see if we can get in and do the investigation and see if there can't be a repair. If there can't be a repair, I can almost assure you that they will have to leave the property. That's 2005 Patterson Road.

**Health Director's Report
January 11, 2018**

Division / Program: Nutrition / DINE for LIFE / Introduction of New Cooking Labs in Elementary Schools

(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 teaches a series nutrition curriculum in sixteen elementary schools in Durham. The format of the curriculum is flexible and designed to meet the needs of each school. Typically programming includes either 30-45 minute traditional classes (nutrition lesson and taste test), or hour-long cooking classes (nutrition lesson and cooking experience). A hybrid model has recently emerged with some schools receiving the core curriculum of at least five 30-45 minute traditional classes plus optional hour-long cooking labs two to three times per year.
- The DINE nutritionist at Club Boulevard and Hope Valley Elementary Schools adopted this model for the 2017-2018 school year. The first hour-long cooking labs were held in December 2017.

Statement of goals

- To provide hands-on learning that integrates nutrition messaging and basic cooking skills to increase elementary school students' self-efficacy related to preparing healthy foods.
- To encourage increased daily consumption of a variety of fruits and vegetables.

Issues

- **Opportunities**
 - The traditional curriculum at Club Boulevard Elementary and Hope Valley Elementary does not involve cooking, and so the cooking labs are an opportunity to provide a hands-on learning

experience designed to teach students basic cooking skills and increase their self-efficacy related to preparing healthy foods.

- The cooking labs are in addition to the normal curriculum, thereby increasing the number of contacts with each student.
- Having students engaged in the making of healthy foods may increase their willingness to try those new foods, and the likelihood that they will make those foods again at home.
- **Challenges**
 - Scheduling was a challenge, since the cooking labs were an hour rather than the usual 30 minutes.

Implication(s)

- **Outcomes**
 - Throughout December 2017, the DINE nutritionist provided cooking labs to 12 classes. Two kindergarten classes, one first grade class, six second grade classes, two third grade classes, and one fourth grade class participated.
 - The one-hour, hands-on cooking labs (12 classes) reached 232 students.
- **Service delivery**
 - Each cooking lab began with a review of nutrition-related topics that had been covered thus far in the curriculum.
 - The DINE nutritionist gave an explanation of the recipe and cooking techniques and demonstrated food safety techniques.
 - The students then worked in small groups to prepare the recipe (Roasted Red Pepper Hummus or Black Bean Mango Salsa) and tasted the results.
 - Each student received a recipe card for the dish to take home to their families.
- **Staffing**
 - One DINE nutritionist staffed the classes with support from classroom teachers and parent volunteers.
- **Revenue**
 - No revenue was generated by this activity.

Next Steps / Mitigation Strategies

- To date, the cooking labs have been a great success. Eleven additional teachers have approached the DINE nutritionist and scheduled hour-long cooking labs for January.
- The DINE nutritionist serving Club Boulevard and Hope Valley Elementary Schools will continue providing the DINE nutrition education program using this hybrid model of traditional curriculum interspersed with occasional cooking labs.
- Other DINE nutritionists have also adopted this model for use in their schools, and, with similar success, will continue with the hybrid model.

Division / Program: Nutrition Division / Clinical Nutrition

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

Program description

- Members of the DCoDPH Clinical Nutrition team provided a total of 4 presentations focused on meal planning to the City of Durham Employees as a part of the City's Wellness program. Two sessions were held on October 17, 2017 and two additional sessions on November 16, 2017.
- The City of Durham Employee Wellness Program provides a comprehensive and innovative wellness program to employees. The wellness program is designed to help employees prevent disease and illness by lowering health risks through education, adopting healthy lifestyles, increasing the use of preventative medical screenings, and preventative health care.

Statement of goals

- To deliver health promotion and disease prevention education and medical nutrition therapy to the residents of Durham County.
- To promote and market DCoDPH's Nutrition Clinic services.
- Provide simple and actionable steps for meal-planning to encourage city employees to eat more meals at (or from) home.

Issues

- **Opportunities**
 - Collaborate with the City of Durham to promote the goals of both agencies.
 - Provide sound nutrition advice to Durham City employees in attendance.
 - Promote Nutrition Division services and programs to city employees.
- **Challenges**
 - Staffing group presentations can be a challenge because the Nutrition Clinic must remain open during regular business hours. Nutrition clinic staff time is mostly spent counseling clients in 1:1 medical nutrition therapy sessions, making time to research and prepare group presentations challenging.

Implication(s)

- **Outcomes**
 - Provided education and resources to approximately 50 City of Durham employees on the importance of preparing and eating meals at (or from) home.
- **Service delivery**
 - A total of 4 education sessions were conducted for approximately 50 City of Durham employees.
- **Staffing**
 - 2 Nutrition Specialists collaborated to create the presentation. The same Nutrition Specialists each presented 2 workshops on separate days (October 17, 2017 and November 16, 2017).
- **Revenue**
 - N/A
- **Other**
 - Based on the high number of presentation and workshop requests received by the Nutrition Clinic from the City of Durham fall and winter 2017, the City of Durham Employee Wellness Program values the services and expertise of the nutrition clinic personnel.

Next Steps / Mitigation Strategies

- Continue to build the partnership between the City of Durham and the DCoDPH Nutrition Clinic.
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Division / Program: Community Health / Communicable Disease Program

(Accreditation Activity 7.2: The local health department shall conduct communicable disease investigations, follow-up, documentation, and reporting activities.)

Program description

- On December 12, 2017, 148 students and faculty who were contacts to a student (index case) with mycobacterium tuberculosis (TB) were routinely re-tested at Northern High School.
- Various programs in the Durham County Department of Public Health (DCoDPH) participated in this large scale investigation including Community Health (TB Clinic, STI Clinic, and School Health), the Laboratory, Emergency Preparedness, Health Education, Communications, Environmental Health, Administration, and Registration.

Statement of goals

- To routinely re-screen students, faculty, and staff that were initially tested in October, 2017 with the T-Spot blood test.
- To assess all known contacts for symptoms of TB disease.
- To provide written TB educational material and an opportunity to ask questions to all screened.
- To determine if those testing negative during the first round of testing have converted to positive for TB.

Issues

- **Opportunities**
 - To provide education about the TB disease to the public.
 - To access in one place (Northern High School) all needing TB re-screening.
 - To utilize the Incident Command System for this event.
- **Challenges**
 - 32 students needing to be retested were absent from school, three had no consent forms, three were on suspension, one bus driver did not come for re-testing, and one is getting re-tested at his or her PCP.

Implication(s)

- **Outcomes**
 - 148 students and staff were re-tested for TB
 - Students absent that need to be re-tested will be notified by mail to come in to DCoDPH for re-testing.
- **Service delivery**
 - Staff from various areas of the health department assisted in this collaborative event.
- **Staffing**
 - Multiple DCoDPH departments (noted above) assisted in the event.
 - The Incident Command System was used to conduct the event.
- **Revenue**
 - County funding was realigned and put in the Tuberculosis Program budget for payment of the T-Spot laboratory tests.

Next Steps / Mitigation Strategies

- Send certified letters to all those tested noting the results of the test.
- Send a letter to the students absent on the day of re-testing requesting that they follow up at DCoDPH for re-testing.

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**
 - Event photography and videography at multiple events at the same time.

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
 - Stay Connected with DCoDPH December Activities – 12/4/2017
 - Rabid Coyote Found Near Bahama – 12/14/2017
 - Christmas Day Closing – 12/19/2017
 - Bull City United 2nd Annual Week of Peace – 12/27/2017
 - Website Updates
 - All Press Releases Added to Website
 - December Events Added to PH Calendar
 - Input December BOH Meeting Agenda on Website

- Community Connections eNewsletter sent on December 6.
- Media Archives
 - [Get ACA Help Today](#) (Partnership for A Healthy Durham column) – December 5, 2017 – The Herald Sun
 - [Why you should still get a flu shot this season](#) – December 6, 2017 – The Herald Sun
 - [Rabid Coyote Found Near Bahama in Durham County](#) – December 14, 2017 – ABC 11
 - [Rabid coyote reported in Bahama. What can you do to protect yourself and your pets?](#) – December 15, 2017 – The Herald Sun

Next Steps / Mitigation Strategies

- Disseminate consistent & timely content
- Engage the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers
- Continue internal communications strategies

Division / Program: Health Education & Community Transformation/ World AIDS Day
(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

- In observance of World AIDS Day, the Health Education and Community Transformation Division partnered with the HIV Committee of the Partnership for a Healthy Durham, NC Central University Student Health Services and Duke Partners in Caring to host a World AIDS Day (WAD) event at CCB Plaza on December 1, 2017.
- The World AIDS Day event at CCB Plaza was scheduled from 5:30pm-7:30pm. The program consisted of opening remarks from our Public Health Director, Gayle Harris and a presentation from the co-founder of WAD, James W. Bunn. The state of PREP in NC was presented as well. Entertainment was provided by Bishop Dixon and the Anointed Voices of Faith.
- A World AIDS Day Shoe and Sock drive was held two weeks prior to WAD to commemorate the souls who are living with or have died from HIV. The group had a candlelight vigil. At the end of the program, all attending were able to take needed shoes and socks.

Statement of goals

- To raise awareness about HIV/AIDS and the many people impacted by the disease.
- To address and reduce the stigma of HIV/AIDS.
- To support the millions living with HIV/AIDS worldwide.
- To honor those that live fulfilling lives with HIV/AIDS.
- To improve education about HIV/AIDS.
- To remind people that HIV/AIDS is an ever present problem that affects everyone.

Issues

- **Opportunities**
 - Collaborate with agencies within the HIV Committee (Duke PIC, UNC Center for AIDS Research, EI Clinic, and NCCU).
 - Great location - individuals stopped by to hear the guest speakers and the choir.
- **Challenges**
 - Cold weather

Implication(s)

- **Outcomes**
 - A total of 63 community members were present at the World AIDS Day event
 - Community information/resources and condoms were provided
 - Refreshments were provided
 - Shoes and socks were provided to anyone who attended the event. The remaining items were donated to CAARE.

- **Service delivery**
 - The Partnership for a Healthy Durham website, Durham KNOWS Facebook page, local news, and organizational e-mail blasts for agencies within the HIV Committee, to promote and provide event information.
- **Staffing**
 - Health Education and Community Transformation- Tim Moore and Paul Weaver
 - Partnership- Candice Givens
- **Revenue**
 - N/A

Next Steps / Mitigation Strategies

- Start planning for 2018 World AIDS Day event early in the year.
- Bring the community back into planning process for the World AIDS Day event.
- Become more creative in our approach to host a World AIDS Day event that greatly peaks the interest of those in the Durham community.

Division / Program: Health Education & Community Transformation/Stay Quit

(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

- Stay Quit is a support group for people who are trying to or have recently quit smoking. It has been held monthly since August 2016.
- Twenty individuals are enrolled in the group.

Statement of goals

- To provide continued support, education and relapse prevention to participants of the Fresh Start and other smoking cessation programs
- To provide a space and an opportunity for smokers attempting to quit to learn from and support one another
- To provide education and guidance to people about how to quit smoking and stay quit

Issues

- **Opportunities**
 - Local radio stations and websites have provided free advertising.
 - Facebook ads have been able to reach a wide audience.
 - Holding the group in the Human Services Building allows for a free space and adequate parking.
 - There are no other tobacco related support groups in Durham known at this time.
 - The Stay Quit group is an appropriate next steps approach for those who have quit smoking and need additional support.
- **Challenges**
 - Recruiting participants is challenging, and attendance has been low. Many months have seen zero attendees.
 - Finding an appropriate space has proven to be difficult. The Human Services Building is free, but the doors lock early and some participants have been locked out. Other times, people aren't able to find the room. Talking with the security guards has helped, but the room location is less than ideal.
 - The time of the meeting is also difficult. Meetings are held from 5:30- 6:30 so that participants can come after work, but it's dark and cold in the winter and that might discourage participants. Discussions are occurring regarding holding another monthly meeting during the day.

Implication(s)

- **Outcomes**
 - Multiple participants report that they have told friends and family about the group in order to increase the size and reach.
- **Service delivery**
 - The group is held every first Thursday from 5:30 – 6:30 pm in the first floor board room of the Human Services Building.
 - Staff advertise the group to participants at Chronic Disease and Diabetes Self-Management classes, Fresh Start programs, webinar schedule and other community events. Staff paid to boost Facebook

ads on occasion to reach a broader audience when funding has been available. The support group is also advertised in agency and countywide e-newsletters.

- **Staffing**
 - Two Public Health Education Specialists plan, recruit, and organize the group.
- Facilitators alternate each month.

Revenue

- N/A

Next Steps / Mitigation Strategies

- Consider alternate locations and/or time to increase participation
- Explore if there is interest and a need in offering a day session for Durham County Government employees.

COMMITTEE REPORTS:

- **NOMINATION COMMITTEE APPOINTMENT**

Dr. Braithwaite, Dr. Fuchs and Dr. Jackson were appointed to the Nomination Committee. Slate of officers will be presented at the next Board meeting.

- **PERSONNEL COMMITTEE APPOINTMENT**

Dr. Levbarg, Dr. Miller and Mr. Curtis were appointed to the Personnel Committee. Mr. Dedrick, Vice-Chair will lead the Personnel Committee. Work to be completed by March 2018.

OLD BUSINESS:

- **SAVE THE DATE:** County Leadership Forum on Substance Abuse
February, 27, 2018
8:30am-12noon
Human Service Building-2nd floor Conference room

- **BULL CITY UNITED** (*Follow-up discussion on comparison data*)

Ms. Downey-Piper advised the Board that Durham County finished this calendar year with a total of 23 criminal homicides, which represents a 23% reduction of criminal homicides over 2016 levels (30). However, the county experienced an increase in total persons shot, from 214 shootings in 2016 to 244 in 2017.

Bull City United focuses on two census tracts (1301 and 1400). Total shooting incidents and persons shot decreased from 2016 to 2017 in those two census tracts. Total shooting incidents decreased from 85 to 75 (12%) and persons shot decreased from 46 to 26 (43%). It is important to note that areas immediately surrounding the two census tracks saw an increase in both total shooting incidents and persons shot.

During the past 6 months, Bull City United violence interrupters conducted 77 conflict mediations involving 506 individuals. 42% of the conflicts mediated occurred due to personal altercations, 21% involved gang disputes, 9% involved conflicts over theft/robbery, 6% involved conflicts over narcotics, 4% involved domestic violence, and 18% had causes other than those described. 83% of the mediations involved conflicts that were likely or very likely to result in a shooting. 88% of the mediations successfully resolved the conflict at least temporarily or as long as certain conditions were met.

QUESTIONS/COMMENTS:

Mr. Curtis: The 46 to 23 is that a 23% decrease or a 50% decrease?

Ms. Downey-Piper: That looks more like 50%

Dr. Fuchs: Or is that trended over time since 2013?

Mr. Curtis: Yes. That might be more than four years.

Ms. Downey-Piper: I will have to pull up the data spreadsheets after this meeting.

Chairman Allison: Is there any way to track...this may be impossible to track...retribution or revenge type action if that's actually decreasing or if something happens and we can actually see something was stopped from any type of revenge or retribution?

Ms. Downey-Piper: I mean that's a lot of the work that we're doing in those mediations, when there is an incident, then we kind of work that to make sure those retaliations don't happen. Then we're tracking the mediations - how successful they were, how likely was it that the situations would erupt into violence and how successful it was to interrupt that violence.

Chairman Allison: So you are keeping track of that?

Ms. Downey-Piper: Yes.

Ms. Blackley: Based upon our conversations with the police department yesterday, one of the things they did share with us was at times its really hard for them to gather any information when a shooting happens and they can't find information on what happened because people in the community are not willing to talk about it. So it's hard for the police to even gather more information on the "why".

Dr. Levbarg: I'm impressed that there has got to have been incredibly hard and a good amount of work that went into making that happen. It's astounding.

Chairman Allison: The team has to feel good about those numbers.

Ms. Downey-Piper: Definitely. This is what they kind of expected.

Ms. Fuchs: So can we identify some new target areas to expand?

Ms. Downey-Piper: That's a great question. We don't know but that's something we are considering. If we use the data according to what it's saying and if we chose to expand; the next target area would be Cornwallis or Liberty Street area but we have to think about are we at a place where we can expand in terms of staffing and budgeting

Chairman Allison: Do you think we are too early in the program with this data; do we want wait a couple more years with data to actually try to present something or some of this to the media or do you think we are just way too early in it?

Ms. Downey-Piper: There's going to be media on it tomorrow. So we're ready.

Chairman Allison: Great. Then we're not early.

The Board applauded.

2018 NALBOH CONFERENCE PRESENTATION UPDATE

Dr. Levbarg stated that the committee met as reported at the last Board meeting. Since then Ms. Harris and Dr. Levbarg met and almost completed the abstract. It will be submitted by the January 15, 2018. Dr. Levbarg stated that she feels the Board has a strong presentation and hopefully they will accept it.

NEW BUSINESS:

- **HEP C RESEARCH STUDY**

Dr. Sena provided an overview on a new HEP C research study. The study will evaluate the Gilead FOCUS hepatitis C virus (HCV) program at the Durham County Human Services Facility, and explore patient and provider experiences with of HCV screening and linkage to care.

The study will inform future program activities and broaden the knowledge base on facilitators and barriers for HCV linkage to care.

UNC research staff will interview a total of 15 participants, and provide \$30 gift- card incentives for participation. This program evaluation will be funded by the Gilead FOCUS grant.

Mr. Dedrick made a motion to approve the HEP C Research Study. Mr. Curtis seconded the motion and the motion was unanimously approved.

- **BUDGET AMENDMENT:**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$10,000 from Duke University to support racial equity training.

Mr. Curtis made a motion to approve the budget amendment in the amount of \$10,000.00. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS FEBRUARY 2018 MEETING**

- Report from the Nominating Committee
- FY 18-19 Budget Meeting

Dr. Levbarg asked the Board to review the article sent on raw water.

QUESTIONS/COMMENTS:

Chairman Allison: I read the article Teme. Maybe I missed understood, it's a good thing we need to look at but isn't the raw water bottled water purely unfiltered, untreated water, fresh spring water? Is that something that we can regulate or not regulate or is almost like "buyer beware"? I'm asking a question.

Attorney Wardell: I don't think we can regulate it but we can be informed about it. Actually I have never seen any raw water sold in this area.

Dr. Levbarg: Well it's probably coming.

Mr. Curtis: It's like raw milk was a big deal to a lot of people at one point and time. Obviously it's going to have a fairly short shelf life. It will turn green.

Attorney Wardell: If it's FDA approved.

Dr. Levbarg: Well it's not FDA approved.

Attorney Wardell: At some point it will have to be FDA approved

Dr. Levbarg: Well they're selling at \$36.99 for 2.5 gallon jug.

Attorney Wardell: So is this a supplement?

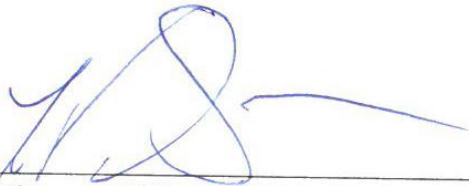
Chairman Allison: It's bottled water. I guess we can get staff to do some research on it and report at the March meeting, Gayle.

Ms. Harris: Yes.

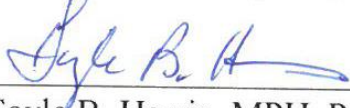
INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. Miller made a motion to adjourn the regular meeting at 6:18pm. Dr. Fuchs seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director