

Health Director's Report
August 2, 2018

Division/Program: Dental: Dental Stakeholder Focus Groups

(Accreditation Activity 27.1- The local health department shall have in place a process for assessing consumer and community satisfaction with its services.)

Program description:

- The Dental Division seeks to interview parents (or caretakers) of children and youth who have received dental care at the Department.

Statement of goals:

- To gain a better understanding of family perceptions of customer care within the dental clinic.

Issues

- **Opportunities**
 - Focus Groups are but one mechanism to gain input from families (in addition to written surveys) through 1:1 meetings between parents and the Division Director.
 - Sessions offer parents chance to freely discuss their experiences related to the care provided in the clinic.
 - Parents (caretakers) had an opportunity to offer feedback on their experiences related to the following: 1. Front desk welcoming them, 2. Child received treatment as expected and any/all their questions answered, 3. Parents treated with respect by all staff, and, 4. Suggestions to improve services.
 - In having an Interpreter (from another program) present, it allowed for candid discussions with both English and Spanish speaking families.
 - In addition to providing input, parents were personally thanked for bringing their child to clinic. Dental Director's contact information was provided to each family and they were encouraged to contact him at any time.
- **Challenges**
 - The Focus Groups were scheduled for Fridays in May and June, which limited participation.
 - A few parents brought children with them during the interviews and some of their responses were short (their attention diverted by child).
 - Parents of children treated on the Tooth Ferry were not contacted during this year's sessions.

Implication(s)

- **Outcomes**
 - 11 families participated.
 - 90% of responses expressed satisfaction with the treatment they experienced, and the care their child received.
 - 10% of responses noted long wait times for initial exam and having appointments rescheduled. One parent related an example of a (previous) dentist being unfriendly.
- **Staffing-** Interpreter from Community Health area assisted in sessions with three families. Division Director led discussion in all sessions.
- **Revenue – N/A**

- **Other –N/A**

Next Steps / Mitigation Strategies

- The Dental Division will provide training in non-verbal communication, etc., and lead team to address practice issues (cell phone usage and cancellation protocols).
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Division / Program: Pharmacy & Health Education / Safer Syringe Program

Program description

- On April 2, 2018, the DCoDPH Pharmacy launched the Safer Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

Statement of goals

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

Issues

- **Opportunities**
 - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
 - Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
 - Connect participants with community resources including treatment options, health care, and housing assistance.
 - The following items are provided in the Safe Syringe Kit:
 - 10 sterile 1.0mL syringes with fixed needles
 - Alcohol swabs
 - Tourniquet
 - Condoms
 - Sharps Container
 - Additional injection supplies
 - Participant ID card
 - Printed material for harm reduction and ancillary services
 - Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**
 - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
 - Ensure that used needles and syringes are not deposited in the medication drop box in the Human Services lobby. There is a sign on the box asking that needles and syringes be brought to the pharmacy or laboratory for safe disposal.

Implications

- **Outcomes**
 - In April and May 2018, the fixed location (Pharmacy) provided 3 SSP kits and the mobile component (Health Ed) provided 2 SSP kits.
 - The Pharmacy provided a total of 150 Naloxone kits during FY 17-18 (through May 2018) with 20 of those being distributed through Health Education and Bull City United team members.
 - Bull City United had 1 reported overdose reversal by Naloxone in April 2018.
- **Service delivery**
 - Planning and implementation was completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
 - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safer Syringe Program practices.

Next Steps / Mitigation Strategies:

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health monthly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.

Division / Program: Pharmacy/ Medication Drop Box

Program description

- On March 15, 2018, the DCoDPH Pharmacy partnered with Project Pill Drop to install a Medication Drop Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for unused and expired over-the-counter and prescriptions medications.

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Over-the-counter medications
 - Prescription medications
 - Prescription patches
 - Prescription ointments
 - Vitamins
 - Reduce environmental concerns caused by flushing unwanted medications.
 - Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the drop box. There is a sign on the box asking that needles and syringes be brought to the pharmacy or laboratory for safe disposal.

Implications

- **Outcomes**
 - As this is a new service, statistics have not yet been collected.
- **Service delivery**
 - Planning and implementation was completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Assurant Waste Disposal is contracted to dispose of the medications.

Next Steps / Mitigation Strategies:

- The drop box will be monitored regularly and emptied when necessary.
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Division / Program: Nutrition / Double Bucks Expansion at Durham Farmers' Market (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

- Double Bucks is run in collaboration with two local farmers' markets. Customers shop with their SNAP/EBT cards (formerly known as food stamps) and the markets match up to \$10 of what participants spend every time they shop.
- PH's DINE team provides technical assistance and helps with marketing and grant writing.
- Durham Farmers' Market (DFM) expanded its Double Bucks program in April 2018 to double cash for SNAP participants who are out of benefits for the month, for WIC recipients, and Durham Housing Authority residents. They also double WIC and Senior Farmers' Market Nutrition Vouchers.

Statement of goals

- To increase access to nutritious foods.
- To support local farmers and the local economy.

Issues

- **Opportunities**
 - People have started using the cash match with very little marketing.
 - After two years of slight declines in participation, DFM's Double Bucks participation rates have nearly doubled from \$1,444 in June 2017 to \$2613 in June 2018.
 - Funding for DFM's 2018 season including the program expansion was provided by a grant from Burt's Bees Greater Good Foundation.
 - DFM has one of the highest rates of redemption for WIC Farmers' Market Nutrition Program Vouchers in North Carolina, likely due to the market doubling the value of the vouchers. Market staff tell WIC recipients about Double Bucks when they redeem the vouchers; many WIC customers return to the market and use their SNAP benefits or double their cash.

- South Durham Farmers' Market (SoDuFM) is interested in expanding its program. DFM and SoDuFM are working together to write a grant to Duke Health that would allow for collaboration between the programs, allow SoDuFM to expand to match cash, and to remove the \$10 limit to matching funds.
- **Challenges**
 - It has become difficult to tell residents about Double Bucks because the two markets are running the program differently. Both markets offer a match for SNAP transactions up to \$10, but the SoDuFM does not currently accept WIC vouchers or match cash for SNAP, WIC, and Durham Housing Authority residents.
 - SoDuFM has seen a decrease in customers shopping with SNAP this year, potentially due to increased advertisement of DFM due to the expansion.
 - A sustainable funding source so the program does not have to rely on grant funding, has not been identified. In many communities, foundations, hospital systems or governments support their markets incentive program.

Implication(s)

- **Outcomes**
 - Double Bucks participation has greatly increased since the expansion of the program.
 - New customers are shopping at the farmers' market.
- **Service delivery**
 - The Double Bucks program is available year-round. Market hours at DFM are Wednesdays 3-6pm and Saturdays 8am-12pm during the summer season, and Saturdays 10am-12pm during the winter season. Market hours at SoDuFM are Saturdays 8am-12pm during the summer season and Saturdays 9am-12pm during the winter season.
- **Staffing**
 - DFM staff runs the program during market hours.
 - The DINE Healthy Environments Nutritionist provides technical assistance and marketing.
 - DCoDPH Nutrition Program Manager assists with grant writing.
- **Revenue**
 - Double Bucks provides no revenue for DCoDPH
 - An average revenue of about \$15,000 is being generated annually by local farmers that accept SNAP/Double Bucks.

Next Steps / Mitigation Strategies

- DINE and DFM staff will administer customer surveys in July and August 2018 to assess program impact and customer satisfaction. Double Bucks may be tailored based on feedback.
- DINE staff will continue to update marketing materials and promote the program.
- Apply for funding from organizations including Duke Health to eliminate the \$10 matching cap and expand SoDuFM's program to mirror DFM.
- Secure a consistent funding source to reduce reliance on grants.

Division / Program: Nutrition Division / DINE/Year End Report

(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 is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- The DINE school team provides nutrition education and support for wellness initiatives at Durham Public Schools (DPS) elementary and middle schools.
- Every year, the DINE school team conducts multiple surveys and screenings to evaluate the outcomes of the program.
 - Student Pre/Post Screenings: Conducted with elementary and middle school students to assess knowledge change after receiving DINE programming. To assess behavior change, food frequency questions from validated surveys are included in the screenings for students in 4th grade and older.
 - Pre/Post Parent Surveys: Conducted with elementary school parents to assess behavior change from the parent's perspective among students who have received DINE programming.
 - End-of-Year Parent Surveys: Conducted with elementary school parents to assess additional outcomes and the quality of the DINE program.
 - End-of-Year Teacher Survey: Conducted with elementary school parents to assess knowledge and behavior change among students from teachers' observations and to assess the quality of the DINE program.

Statement of goals

- To evaluate the outcomes of DINE programming in schools.
- To use information gained from screenings and surveys to improve the DINE program.

Issues

- **Opportunities**
 - Evaluating the DINE program is essential to the quality of DINE lessons and activities. By evaluating the program, nutritionists are able to see the strengths and weaknesses of the program, and use this data to improve program offerings.
- **Challenges**
 - Evaluating the DINE program is a very time-consuming process for DINE team members.
 - DINE utilizes parent surveys as one method of program evaluation. It is challenging to get a high return rate for these surveys.

Implication(s)

- **Outcomes**
 - Elementary School Program
 - The DINE school team expanded this year to include 3 new elementary schools.
 - This year, over 8,400 DPS elementary students received nutrition/cooking classes through the DINE program.
 - DINE elementary nutritionists taught the series curriculum in more than 270 classes in 16 elementary schools, resulting in more than 1,800 lessons taught.
 - DINE elementary nutritionists taught over 125 additional lessons through after-school programming, field trips, cooking clubs, summer camps, and other opportunities.

- The DINE school team attempted over 20 Policy, Systems, and Environmental (PSE) changes in 10 elementary schools, reaching over 5,800 students. These changes included: Smarter Lunchrooms, School Gardens, Wellness Policies, and more.
- The DINE elementary school program produced a change in knowledge.
- Overall, 71% of students demonstrated an increase in knowledge by scoring higher post-screen than they did pre-screen.
- There was an increase in knowledge for every lesson taught. For example,
 - 31% increase in 2nd graders identifying the food in the grains group.
 - 23% increase in 3rd graders identifying the drink with the most added sugar.
 - 19% increase in 4th graders correctly identifying the strategy used in a food advertisement.
 - 23% increase in 5th graders correctly identifying the definition of mindful eating.
- The DINE elementary school program produced a change in behavior.
- 46% of 4th/5th graders showed an overall improvement in nutrition-related behaviors, such as eating more fruits and vegetables and drinking fewer sugary beverages.
- There was a statistically significant increase in how often 4th/5th grade students reported eating more than one kind of fruit in a day ($p < 0.05$).
- 85% of parents report their child is more willing to eat healthy foods after receiving DINE programming.
 - “My kids are more willing to eat veggies, especially colorful ones and can tell me why they are healthy for them. We eat more vegetables because of this.” - parent comment
- 30% of parents reported an increase in the number of times their child ate vegetables yesterday.
- 28% of parents reported an increase in the number of times their child ate fruit yesterday.
- 18% of parents reported a decrease in the number of times their child drank sugar sweetened drinks yesterday.
- End-Of-Year Parent Survey results showed the DINE elementary program had additional positive effect on children and families.
 - 66% of parents made one or more recipes from nutrition/cooking class.
 - “My child was excited about introducing new recipes to the family and eating them!”-parent comment
 - 91% of parents reported their student was more aware of healthy meals and snacks.
 - “My child is more aware of what a healthy plate of food should look like, and she makes better choices when choosing snacks for school.” -parent comment
- Teachers reported that students are eating more fruits and vegetables, drinking more white milk, more willing to try new foods, more aware of what is healthy, and more interested in cooking.
 - “Students tend to be more willing to try new and different foods. They are more open to the idea that something that is good for you can also be delicious. This has also helped them work together in groups that they typically do not work in.” -teacher comment
- DINE Middle Schools
 - This year, over 1,090 DPS middle school students received nutrition/cooking classes through the DINE program.

- The DINE middle school program produced a change in knowledge.
 - Overall, 55% of students demonstrated an increase in knowledge by scoring higher post-screen than they did pre-screen.
 - There was an increase in knowledge for every lesson taught. For example,
 - 15% increase in middle schoolers identifying the food(s) associated with a greater risk for heart disease.
 - 13% increase in middle schoolers identifying the food(s) associated with a greater risk for hypertension.
 - 13% increase in middle schoolers identifying the food(s) associated with a greater risk for diabetes.
 - ✓ “I have learned more about diseases and how these diseases can be caused by food and how food can determine how healthy your body is.” -student comment
 - The DINE middle school program produced a change in behavior.
 - 41% of middle schoolers showed an overall improvement in nutrition-related behaviors, such as eating more fruits and vegetables and drinking fewer sugary beverages.
 - There was a statistically significant increase in how often middle school students reported eating more than one kind of vegetable in a day ($p < 0.05$).
 - There was a statistically significant decrease in the number of fruit-flavored drinks and sodas middle schoolers reported drinking yesterday ($p < 0.05$).
 - When asked about any changes the students have made as a result of having the nutrition classes, over 200 students commented on the positive changes they’ve made.
 - The students made changes themselves: “I have tried to put more variation in my diet including more fruits and vegetables.” -student comment
 - The students also encouraged their families to make changes: “As a result of taking this class, I’ve encouraged my family to eat healthier, exercise, and pay attention to food labels.” -student comment
- **Service Delivery**
 - Elementary student pre/post screenings were conducted in 36.8% of all classrooms receiving the DINE series curriculum. Pre-screenings were done prior to the start of DINE series curriculum, and post-screenings were done after classes completed the series.
 - Elementary parent pre/post surveys were distributed at the start of DINE programming, and again after classes completed the DINE series curriculum. The return rate for matched pre/post surveys was 10.5%.
 - Elementary parent and teacher end-of-year surveys were distributed after classes completed the DINE series curriculum. The return rate was 48.4% for teacher surveys and 15.7% for parent surveys.
- **Staffing**
 - The DINE elementary school program during the 2017-2018 school year was staffed by four full-time and two part-time nutritionists and served 16 schools with the series curriculum.
 - The DINE middle school program during the 2017-2018 school year was staffed by one full-time nutritionist and served five middle schools.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Based on the 2017-2018 data, the DINE lessons and programs will be updated.
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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 June Activities – 6/7/2018
 - Are You PrEP-ared? DCoDPH Gears Up for Ignite Durham! – 6/13/2018
 - DCoDPH to Close in Observance of Independence Day - 6/27/2018
 - Rabid Fox Found near West Club Boulevard/I-85 Area - 6/28/2018
 - Website Updates
 - All Press Releases Added to Website Newsroom Page
 - June Events Added to PH Website Calendar
 - Input June BOH Meeting Agenda on Website

- Community Connections eNewsletter sent on June 6
- Media Archives
 - [ASO Gets PrEP-ared](#) (QNotes) - June 3, 2018
 - [Durham Advocates: Racism Still Fuels Communities' Food Access, Health Disparities](#) (NC Health News) - June 11, 2018
 - [Durham Pool Where 3 People Were Found Dead Passed A Health Inspection This Month](#) (News & Observer) - June 19, 2018
 - [I-Team: Pool Safety Rules, Even When Followed, Won't Guarantee Safety](#) (ABC 11) - June 19, 2018
 - [Durham pool Where 3 People Were Found Dead Passed A Health Inspection This Month](#) (HeraldMailMedia.com) - June 19, 2018
 - [Officials ID Three People Who Drowned at Durham Apartment Complex](#) (WRAL) - June 19, 2018
 - [Swimming Pool Deaths in North Carolina Spark Speculation About Cause](#) (Fox News) - June 20, 2018
 - [3 people died during late-night swim at closed pool — and police can't figure out why](#) (Washington Post) - June 20, 2018
 - [We Can Stop the Spread of HIV/AIDS in Durham. Here's How.](#) (The Herald Sun) - June 21, 2018
 - [Two Teens and a 21-Year-Old Drown on Late Night Swim in Apartment Pool Near Duke University](#) (Daily Mail Online) - June 21, 2018
 - [Fox is Durham County's 1st confirmed rabies case of year. What You Need to Know](#) (The Herald Sun) - June 28, 2018
 - [Fox becomes Durham County's 1st rabies case of the year](#) (ABC11) - June 28, 2018
 - [Rabid Fox Found in Durham County](#) (CBS 17) - June 28, 2018
- Social Media
 - All press releases, events, and monthly observances in Facebook, Twitter, and/or Instagram rotation.

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
- Promote internal communications strategies

Division / Program: Health Education and Community Transformation 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 Middle and High School.
- The law replaced 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 affect responsible decision making.

Issues

- **Opportunities**
 - A single School Health Educator is assigned full-time to assist Healthful Living Teachers with providing Reproductive Health & Safety Education in approximately 10 DPS middle schools, 4 DPS high schools and NC Public Charter Schools upon request.
 - In addition, the School Health Educator responds to requests for assistance with Human Growth & Development classes from DPS and Public Charter Elementary Schools. In the past, 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.
- **Challenges**
 - 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 Public Health Educator assists in covering these schools.

Implication(s)

- **Outcomes**
 - Provided instruction on Reproductive Health & Safety in 8 DPS Middle, 1 NC Public Charter Middle and 1 DPS High Schools, for a total of 274 educational sessions and a total of 6,102 student contacts.
- **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 between four (4) and six (6) days per semester, per requesting school and between 4-6 sessions each day to serve all students.
- **Staffing**
 - One Public Health Education Specialist with 11 years of experience in School Health Education and an additional Public Health Educator who assists in the schools as her schedule permits
- **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

- Evaluate the Reproductive Health & Safety curriculum in DPS Middle and High schools this summer and fall.
 - Document and understand the curriculum better through several focus groups and/or interviews to determine how it's selected, when and how it's taught, and its content.
 - Understand how teachers and other instructors are trained to teach the curriculum.
 - Obtain a comprehensive understanding of content being delivered, training needs and changes need to be made.

Division / Program: Health Education and Community Transformation / Tobacco Cessation

(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; Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description

- Providing nicotine replacement therapy (NRT) in the form of nicotine patches or gum to participants of tobacco cessation classes

Statement of goals

- To provide NRT to 75 people to help them quit tobacco.
- To increase enrollment in tobacco cessation classes by 25%.

Issues

- **Opportunities**
 - Use Improving Community Outcomes for Maternal and Child Health (ICO4MCH) funds to purchase NRT
 - Work with Duke Health to fund two community health workers (residents of Durham Housing Authority) to provide cessation counseling and support to fellow DHA residents
 - Attract more participants to tobacco cessation classes now that we can offer NRT
 - Use standing orders to give to people who might need them (e.g., residents of group homes who aren't allowed to have medications without a doctor's supervision)
- **Challenges**
 - Creating a system for storing and tracking the NRT was difficult to figure out, but a system is now in place.

Implication(s)

- **Outcomes**
 - Twenty-seven people have received NRT since March 2018. We expect to exceed our goal by the end of FY19.
 - The attendance rate for Fresh Start classes has increased from 34% to 59% since the addition of NRT.
- **Service delivery**
 - Health Education Specialists deliver the Fresh Start and Quit Smart classes and distribute the NRT to participants (if desired).
 - The NRT is tracked in a spreadsheet accessible by all those who can distribute it.
 - During the first-class session, the facilitator gets information from participants about what type of NRT they may want so the facilitator can bring it back during the second session.
- **Staffing**
 - Health Education Specialists deliver the Fresh Start and Quit Smart classes and distribute the NRT to participants (if desired).
- **Revenue**
 - Funding came from the ICO4MCH grant and the Aetna Healthy Cities grant. A total of \$11,000 was spent on NRT.

Next Steps / Mitigation Strategies

- Promote the availability of NRT to potential class participants.
- Work with DCoDPH clinics and Lincoln Community Health Center to refer tobacco users to classes