

A Regular Meeting of the Durham County Board of Health was held February 14, 2019 with the following members present:

F. Vincent Allison, DDS; F. Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; Robert Rosenstein, O.D.; Commissioner Brenda Howerton, Spencer "Spence" Curtis, MPA, BS, MPH, CCHP; James Miller, DVM; and Victoria Revelle, MPH, CHES®.

Excused Absence: Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; and Rosemary Jackson, MD;

Resigned: Arthur Ferguson, BS.

Others present: Gayle Harris, Tara Blackley, Joanne Pierce, Rosalyn McClain, Katie Mallette, Hattie Wood, Jim Harris, PhD; Will Sutton, Dr. Chitrakala Jagagdeesan, Michele Easterling, Chris Salter, Bryan Wardell, Dr. Arlene Sena, Khali Gallman, Marcia Richardson, Jen Isher-Witt, PhD; and Mabel Ashe, student.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:04 p.m. with a quorum present.

Chairman Allison welcomed Victoria Revelle, MPH, CHES®, Public Member to the Board.

Ms. Revelle introduced herself to everyone and stated that she is excited to serve this term and looks forward to learning a little bit more about everyone and contributing to the Board.

The Board welcomed the new board member.

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

Mr. Curtis made a motion to approve the agenda with no adjustments. Commissioner Howerton seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Chairman Allison: Regarding, the Medicaid rate for dental reimbursement, the minutes show that I said the rate is increasing by 10%. I don't know what the increase will be. The statement should be the Medicaid rate for dental reimbursement is increasing.

Mr. Dedrick made a motion to approve the minutes for January 10, 2019 with the correction. Mr. Curtis seconded the motion and the motion was unanimously approved.

Commissioner Howerton: I have a question about the committee plan for seniors Master Aging Plan Steering Committee. I would like to be involved. How do I get on the Committee?

Ms. Harris: This is the committee that is responsible for overseeing the Master Aging Plan proposal that the Commissioners approved on December 20th. This may be a committee that the Chair will appoint the BOCC representative.

Commissioner Howerton: I will bring it to the Board.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: STAFF/PROGRAM RECOGNITION:

Chairman Allison recognized the passing of Dr. Rosemary Jackson's mother.

Chairman Allison recognized the resignation of Arthur Ferguson, Public Member, Board of Health. A letter from the Board thanking him for his service was signed by the members present. The letter and the customary plaque will be mailed to Mr. Ferguson.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **DURHAM COUNTY PERFORMANCE MANAGEMENT MODEL: MANAGING FOR RESULTS (Activity 37.6)**

Dr. Isherwood, data evaluator in the Health Education Community Transformation Division and Public Health liaison for the County's performance management system provided the Board with an overview on Durham County's Performance Management Model: Managing for Results.

Durham County uses ClearPoint, a county-wide performance management platform, to track performance measures in the name of impact, effectiveness, and efficiency of the services, programs, and initiatives each County agency is providing.

The performance management model, , Managing for Results (MFR), uses Clear Point to display the data.

Data for the public-facing measures (accessible to the public and the County Commissioners) is updated quarterly and annually, along with narrative to provide context for the measure and explain how it was calculated.

All measures in ClearPoint are organized first by agency, then division or service area, and with audience tags (e.g., budget book, departmental, budget presentation, dashboard). Each measure has its own page with a figure displaying trends over time, data table, and narrative questions to explain the measure and its context:

- What is being measured and why does it matter?
- What explains how this measure is trending?
- What steps can be taken to improve how this measure is trending (or improve upon current success)?
- Why is the target for this measure set at this level?
- How is this measure collected and what are all the steps involved for collecting this measure?
- What is the data source? And if collected from an external source (like a survey or the Census), please provide the link.

Each measure is explicitly linked to one of the Goal 2 objectives of the County's Strategic Plan.

Dr. Isherwood provided an example measure from Nutrition: "Percent of children willing to eat healthier foods by end of school year"

QUESTIONS/COMMENTS:

Ms. Revelle: Could you share with us how often the site is updated?

Dr. Isher-Whitt: Sure, we update the site every quarter and sometimes more frequently than that depending on the measure. A lot of times these measures can be updated monthly and so it can be done off-line and when it's time to update this for the quarter we can do that. I have access to the site 24/7 so if I need to tweak something or we find an error then I go ahead and get that changed.

Ms. Revelle: Just one more question. Is there any measure that specifically look at health disparities?

Dr. Isher-Whitt: I believe that we have a measure that looks at "years lived" by race and ethnicity. I know that we are also trying to include more population health level measures so that we can make sure we are pointing out the inequities in Durham and try to reduce them.

Ms. Harris: Many of those are associated with the Strategic Plan Goal 2 population level.

Commissioner Howerton: One quick question; you mentioned healthy foods. Are you measuring just when they're in school? You're not measuring when they take backpacks home?

Dr. Isher-Whitt: I may not have given enough details. I believe this survey is sent home to parents. The students receive 5-7 nutrition sessions and at the end of the series a parent survey is sent to the parents of kids who participated in the class. Using a 1 to 5 scale from "not at all" to "very much", the parents are asked to rate their child's willingness to eat healthy foods. That's the sample. Of course, not every single parent responds. We also have a response rating and take that in consideration when we're integrating the data. Did that answer your question?

Commissioner Howerton: Yes. It does because sometimes kids eat differently when they go home.

Dr. Isher-Whitt: Absolutely. Some really interesting things about this measure is that they recognize when nutrition came up with this measure that students can't self-report their own healthy behavior at times and so a parent report is the next best thing given the cost and time it would take to do a full-scale observational study.

Ms. Harris: Periodically in the Health Director's Report, DINE staff will share survey comments/results that they've received from parents. Parents report that their children have been more willing to engage in healthy food selections.

Chairman Allison: Any other questions. Thank you. Thank you so much.

• **FY 19-20 PROPOSED BUDGET OVERVIEW (Activity 37.6)**

Mr. Sutton, Local Finance Officer present the proposed FY 19-20 budget and fee schedule to the Board for approval. Ms. Sutton stated that the PowerPoint presentation has been updated since it was sent to the board to review prior to this meeting. An updated PowerPoint presentation and a spreadsheet with the combined fee schedule changes will be sent to the board.

12/12/18 **Budget Kickoff Meeting**

- Budget Overview – Deadlines (02/15/19 Dept. requests due)
- Base budget fully loaded – except contracted services, one-time purchases, inflationary increases – reallocate, reallocate
- Underspending Budgets
- Challenges/Opportunities – Auto pay for performance, benefits, DPS
- Dept. Requests – reallocate, evaluate vacancies before requesting new positions

01/14/19 Pre-Budget Meeting with General Manager, Budget and other Goal 2 Departments

- update on prior year expanded services/new initiatives
- new expansion/initiatives summary
- New Expanded Services Form
- Fee Study Overview

I. Actual Current Fiscal Year versus Proposed Next Fiscal Year

1. Total Proposed Budget \$27,741,845 (6.48% increase, \$1,687,803)
2. Personnel \$17,822,841 (8.15% increase, \$1,342,475)
3. Operating \$9,919,004 (3.61% increase, \$345,328)

II. Funding Source

1. FY 19 County 73%, Other 27% (Approved)
2. FY 20 County 76%, Other 24% (Proposed)

III. UPDATED BUDGET NUMBERS – Reflecting Changes Since Report Date 02/06/18

1. Total Proposed Budget \$27,734,970 (6.21% increase, \$1,622,157)
2. Personnel \$17,849,222 (7.92% increase, \$1,310,085)
3. Operating \$9,885,748 (3.26% increase, \$312,072)

FY 20 County 76%, Other 24% (same as before changes)

IV. WITHOUT NEW INITIATIVES

1. Total Proposed Budget \$26,603,165 (**1.88%** increase, \$490,352)
2. Personnel \$17,126,604 (**3.55%** increase, \$587,467)
3. Operating \$9,476,561 (**-1.01%** decrease, \$490,352)

FY 20 County 75%, Other 25%

V. Total Expenditure Budget-Highlights

Admin – Increase – **New Initiatives (Racial Equity, Sr Accountant, IT Sys Support Analyst, Information Security Officer, HIPAA Privacy Officer (\$561K)**

Departmental – Increase – **Inflationary contract/training increases**

Health Ed – Decrease – **Transfer personnel and operating expenses to Population Health**

Pharmacy – Increase – **New Initiatives -Opioid Crisis and Safer Syringe (\$131K)**

Jail Health – Increase – **Contract increase and New Initiatives**

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General Inspections – **Increase – Replacement Vehicles (\$99K)**
 Bull City United – Increase – **reduced resulting from New BCU expansion request being made to the City of Durham**
 Population Health – Increase – **Transfer from Health Ed and Admin**

VI. Total Revenue Budget-Highlights

Updated Revenue numbers – from 3.16 decrease to 2.64% decrease
FY 20 AA grant amounts received
 Admin – Decrease (now a \$3K increase)
 Departmental – Increase – Aid-to-County (ATC) grant funds moved from HE replaced with County funds in HE
 Health Ed – Decrease – Moved ATC grant to Dept and part of AA to Pop. Health
 Dental Increase – Medicaid Revenue
 Immunization Decrease – due to Medicaid Revenue for Refugees
 Pharmacy Increase –
 CCI – Decrease – Grant ending
 Maternal Health – Decrease – Now a \$12K increase
 On-Site – Increase – User Fee Increase (\$40K)
 Project Build - Decrease – Grant Ending
 Population Health – Increase – transfer part of grant from Health Ed.

VII. Budget Priorities – listed in ranked order

RANK	AVG Rank	CC	PERSONNEL	OPERATING	TOTAL	DESCRIPTION
1	3.00	6248	89,352	-	89,352	BCU - Additional County Funding supporting 2 Existing FTE Grant Positions
2	3.80	6229	40,231		40,231	Formerly Incarcerated Transition (FIT) Program (Additional County funds for an Existing Grant funded
6	5.40	6249	55,267	-	55,267	PB - Additional County Funding supporting 1 Existing FTE Grant Position
3	3.97	6211	150,404	70,000	220,404	Racial Equity Positions (2)
4	4.50	6224		116,460	116,460	Opioid Crisis - Contracts for Peer Support Specialists, Counseling, Data Analyst, Evaluator
5	4.60	6211	80,892	3,818	84,710	Sr. Accountant
8	6.00	6211	72,390	-	72,390	IT System Support Analyst
9	6.33	6241	-	99,632	99,632	Replacement Vehicles for GI (4 Ford Fusions)
10	6.83	6224		15,000	15,000	Safe Syringe Program Continued Funding
11	7.00	6235		84,546	84,546	Jail Health Contract Increase (Med Tech for LPN, Dental Svcs)
12	7.83	6244		24,212	24,212	Replacement Vehicle for WW (1 Ford Ranger)
7	5.82	6211	91,657		91,657	Information Security Officer
14	8.80	6211	91,967		91,967	Privacy Officer
15		6216	46,660		46,660	ACE - Adverse Childhood Experiences Coordinator
		Total	718,820	413,668	1,132,488	

The driving factors behind the overall budget increase are the budget priorities. Without the priorities, the overall budget increase is less than 2%.

VIII. Fee Schedule Changes - Multiple changes resulting from Fee Study Analysis.

[\(A copy of the updated PowerPoint Presentation and Fee Schedule Changes are attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Chairman Allison: So, there’s not an environmental health cost center?

Ms. Harris: There is an environmental health cost center. We didn’t move everything. Environmental Health’s cost centers are 6241-General Inspections; 6244-On-site Water Protection and 6245-Local Public Health Preparedness. All of these are population health, but we wanted to take the population health analytics roles and elevate them at no additional cost.

Chairman Allison: Ok. Now I understand it.

Dr. Miller: So that’s the additional cost?

Ms. Harris: No, that’s just moving things around.

Commissioner Howerton: Are your numbers updated from what we have?

Ms. Harris: Yes. We had a discussion this morning and the version you’re looking at was prepared last week.

Chairman Allison: Question. With the decrease in the number of refugees and that in turns decreases the revenue does it warrant the elimination or reduction of personnel in that particular area?

Ms. Harris: We have staff that can work between the communicable disease clinics - Immunizations, Tuberculosis and STI -if needed. The staffing, at this juncture, would not need to be reduced.

Chairman Allison: So just in previous years any existing FTEs that we're losing grant money, you're putting those positions at the top of the priority list to try to keep those positions.

Ms. Harris: Yes.

Ms. Revelle: I have a question. I see the senior accountant position is on the priority list. Has there been consideration to use a consultant instead of a full-time employee?

Ms. Sutton: Funny you should ask. This request was on the table two or three years ago. At that time, it just so happened that someone from County Finance retired. It was suggested that I could bring that person in to supply some additional help; which I did. It worked out; but it was very expensive to keep the person as a consultant. So now it's back on the table.

Commissioner Howerton: I think Joanne said with ACEs that's a year's position.

Ms. Harris: For that position we budgeted \$80K including funds for benefits. That's comparable to how the project coordinator in Wake County is compensated. We have asked for foundation funding to help support the position the first year. On March 28th we are bringing in a consultant to train key leaders and community partners on how to move from awareness to action to create a trauma-informed community. Her name is Becky Haas, Johnson City, Tennessee. She has trained over four thousand people in Johnson City on how to help create a trauma-informed community. For the first hour and a half there will be an overview of the process, a discussion about the lesson-learned and on how Durham can start thinking about how to make changes within our organizations to accomplish the goal. At 10:15am she will train the potential implementers on how we can move to the next step. Johnson City has seen decreases in crime rates and increases in academic successes by getting people to understand brain development, how it's impacted by trauma and how to respond.

Commissioner Howerton: When is she here?

Ms. Harris: March 28th.

Commissioner Howerton: Gayle, is NCCU involved in any of this at all?

Ms. Harris: We will be reaching out to invite them to attend the training and to join the taskforce.

Chairman Allison: I do have a couple of questions that Dr. Fuchs sent me. I think you answered most of them; but I do want to get them in the minutes so that she can see that the questions were asked.

1. 6.48% is a large increase for one year. So, do we really think that this will be supported?

Ms. Harris: Probably not, but there are a lot of needs throughout Durham County to do the work that staff are being asked to do.

2. Is the reason for the large increase in pharmacy expense utilization or increase in the cost of drugs? For either what is the plan to mitigate the increase?

Ms. Harris: The increase is because we added the continuation of the opioid grant funded program to the pharmacy budget. Katie Mallett, pharmacy director is managing the grant. We are also discussing moving the medications for the inmates into the CCS contract. The CCS contract may go up and the pharmacy line go down.

3. Why is there such a large increase for Bull City United?

Ms. Harris: The increase was there to expand the program to other areas of Durham. Since the County Manager is asking the City to fund the expansion request, those dollars will be removed from our request.

4. Can you please describe the population health line item, what is included and is this all new expense?

Ms. Harris: The Population Health Division will be comprised of existing positions and operational expenses. There are no additional costs included.

Dr. Miller made a motion to approve the FY19-20 Proposed Budget as amended. Commissioner Howerton seconded the motion and the motion was unanimously approved.

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

The Board received a copy of the vacancy report through the end of January 2019 prior to the meeting. The vacancy rate for January 2019 was 6.9%. There were no questions about the report.

[\(A copy of the February 2019 Vacancy report is attached to the minutes.\)](#)

- **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 January 2019 prior to the meeting. There were no questions about the report.

[\(A copy of the February 2019 NOV report is attached to the minutes.\)](#)

**Health Director's Report
February 14, 2019**

Division / Program: Pharmacy & Health Education / Safe Syringe Program

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

Program description

- On April 2, 2018, the DCoDPH Pharmacy launched the Safe 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 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 HHS 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**

- The following statistics have been collected for December 2018:
 - ❖ Unique individuals: 4
 - ❖ Total contacts: 8
 - ❖ Syringes dispensed: 210
 - ❖ Syringes returned: 120
 - ❖ Sharps containers dispensed: 8

- ❖ Fentanyl strips dispensed: 6
- ❖ Naloxone kits distributed (with SSP): 6
- ❖ Naloxone kits distributed (non-SSP): 7
- ❖ Naloxone reversals reported: 1
- Year-to-date statistics, FY18-19:
 - ❖ Unique individuals: 21
 - ❖ Total contacts: 39
 - ❖ Syringes dispensed: 1000
 - ❖ Syringes returned: ~2005
 - ❖ Sharps containers dispensed: 59
 - ❖ Fentanyl strips dispensed: 49
 - ❖ Naloxone kits distributed (with SSP): 21
 - ❖ Naloxone kits distributed (non-SSP): 119
 - ❖ Naloxone reversals reported: 2
- **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 Safe 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: Dental Division / Oral Health Screenings in Durham Public Schools
(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- Per an MOU with Durham Public Schools, the Dental Division conducts dental screenings for children in Kindergarten and 5th grades during the school year.
- For schools visited by the Tooth Ferry, the hygienist will screen 1st – 4th graders as well.
- The parents of students screened are provided letters detailing the screening, and that “it is completed with tongue depressor and flashlight – and does not replace a complete examination by the dentist.” The letters state one of three findings: *No Obvious Decay*; *Questionable areas(s) on teeth*; or, *Teeth require care by a dentist*. The note explains that if the child does not have a dental home they may qualify for care at the DCoDPH Dental Clinic. (For schools the Tooth Ferry visits, parents are provided registration information.)

Statement of goals

- To provide annual dental screenings in order to determine the prevalence of dental disease in school aged children in Durham Public Schools
- To contribute to the State’s annual Oral Health Report by assisting a hygienist from the State Oral Health Section during screenings at two schools in DPS
- To provide dental screenings and oral health presentations at Durham Head Start and Early Head Start.

Issues

- **Opportunities**
 - The screenings serve as a positive dental experience for students and assist in collecting vital information to help improve children’s dental health programs.

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- Those children without a dental home will have the opportunity to begin dental treatment when the Tooth Ferry visits their school and have the option to complete their treatment plan in the clinic if needed.
- The screenings provide education to the students and includes oral health presentations at the school.

Challenges

- Some schools have been hesitant to supply classroom rosters, promote the screenings, etc. which has required additional conversations and with school's principal.

Implication(s)

• **Outcomes**

During the first half of the current Fiscal Year (July – December 2018), the Division has screened 3,907 children.

• **Service delivery**

- The Division has a goal of screening up to 8,500+ students per year and providing 40 oral health presentations in the community.

• **Staffing**

- Fariba Mostaghimi, a Public Health Hygienist, provides the screenings, and is aided by a Processing Assistant or dental team member.
- Rebecca Perez, a Public Health Hygienist, assists in providing oral health presentations in the community.
- Morgan Woods is the Tooth Ferry Coordinator and arranges for the screenings.

Next Steps / Mitigation Strategies

- The Division continues to work with individual schools to resume screening process.
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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
 - BCU Continues Call for Nonviolence in 3rd Annual Durham Week of Peace – 1/3/2019
 - DCoDPH to Distribute FREE Radon Test Kits to Residents – 1/3/2019
 - Stay Connected with DCoDPH January Activities – 1/8/2019
 - Website Updates
 - All Press Releases Added to Website Newsroom Page
 - January Events Added to PH Website Calendar & Social Media Calendar
 - Input January BOH Meeting Agenda on Website
 - Community Connections eNewsletter sent on January 8
 - Media Archives
 - Questions About Curing Violence in Greensboro – RhinoTimes.com – 1/8/2019
 - 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: Nutrition Division/DINE/Smarter Lunchrooms Movement
(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 Durham families.
- DINE has an ongoing and long-lasting partnership with Durham Public Schools School Nutrition Services (DPS SNS). Through this partnership, DINE assists DPS SNS with promoting the foods served in school meals in an effort to both increase student consumption of nutrient-dense foods and reinforce DINE nutrition education messaging provided in the classroom.
- The Smarter Lunchrooms Movement (SLM) is a program based out of Cornell University based on behavioral economics principles. Through its SLM Scorecard, SLM provides cafeterias with no or low-cost strategies to nudge children toward selecting and consuming the healthiest school meal choices. Cafeterias participating in SLM across the country have seen results including increasing consumption of nutrient-dense food, higher school meal participation and reduced food waste. <https://www.smarterlunchrooms.org/about>
- For the past three school years, DINE has assisted SNS with understanding and implementing SLM strategies through education, training and technical support for cafeteria managers and staff. DINE significantly increased their support and involvement in SLM starting in the 2017-2018 school year.

Statement of goals

- To increase accessibility and appeal of healthy foods to DPS students by educating SNS cafeteria managers and staff on SLM principles and strategies they can implement in their cafeterias.
- To assist cafeteria managers in identifying goals to implement SLM strategies and provide technical assistance to reach those goals.

Issues

- **Opportunities**
 - DINE has a strong and well-established partnership with SNS that allows for initiatives like this one to be well received by SNS central office and cafeteria staff.
 - SLM strategies has been shown to increase consumption of nutrient-dense food which is one of DINE's overarching goals.

- Many of the SLM strategies reinforce DINE nutrition messaging being provided by DINE nutritionists in the classroom.
- SLM strategies are frequently policy, systems, and environmental (PSE) changes. PSE change is a major focus for the DINE program and is a requirement of the DINE's SNAP-Ed grant.
- **Challenges**
 - Cafeteria staff have busy schedules which makes it challenging to schedule SLM trainings and meetings.
 - SLM strategies often take longer than expected to implement due to the competing demands on cafeteria staff such as serving, cooking, administrative requirements, etc.

Implication(s)

- **Outcomes**
 - In the 2017-2018 school year, 17 SLM strategies were implemented in four schools with DINE technical assistance. Examples of strategies implemented include:
 - ❖ Using signage to indicate a vegetable-of-the-day and fruit-of-the-day with creative, descriptive names.
 - ❖ Involving students in developing creative and descriptive names for menu items through a naming and art contest.
 - ❖ Offering vegetable taste tests to increase exposure and buy-in to locally sourced vegetables served at lunch.
 - One-page reports were created with evaluation results from two of the participating schools. These reports were used for local stakeholders and also posted on the SLM national website. <https://www.smarterlunchrooms.org/scorecard-tools/resources-smarter-lunchrooms-pioneers>
 - After implementation of SLM strategies at Club Boulevard Elementary, there was an 11.5% decrease in tray waste due to students eating more/throwing away less baby carrots.
- **Service delivery**
 - From 2016-2019, seven trainings have been provided for SNS managers. One additional training is scheduled for February 2019. Trainings are open to all managers and have varying attendance rates based on manager availability.
 - Direct technical assistance has been provided by DINE nutritionists to four schools in 2017-2018 and four in 2018-2019. This includes assistance completing pre-post SLM scorecards; consultation on selecting/implementing SLM strategies; and developing and/or supplying resources such as signage/posters.
 - Starting in November 2018, DINE sends a monthly SLM newsletter to all DPS cafeteria managers with ideas, suggestions and resources to implement SLM strategies.
 - Tray waste studies were completed in one school in 2017-2018 and will be completed in at least two schools in 2018-2019 to evaluate SLM interventions.
- **Staffing**
 - Three nutritionists are providing direct technical support for SLM (one nutritionist per participating school).
 - Each SLM manager training at SNS central office is provided by two or three nutritionists.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE will continue to work with SNS to identify and provide cafeteria manager training opportunities.
 - DINE will continue to provide direct technical assistance to interested cafeteria managers.
 - The DINE school team will have representation on the SLM national collaborative which starts meetings in February or March 2019. This collaborative will have quarterly calls with organizations around the country to share their work on implementing the SLM program in school cafeterias.
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Division / Program: Nutrition/DINE in Early Childhood/Nuestra Escuelita

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 in Early Childhood is a nutrition education program targeted at SNAP-eligible families, whose child, aged 0-5, attends daycare, Pre-k, or Head Start in Durham, NC. This program also offers nutrition consultation and training to help child care programs implement policy, systems and environmental changes to improve preschool environments.
- DINE nutritionist identified an opportunity to improve the nutrition environment at the half-day, dual-language preschool that serves mostly Latino families, Nuestra Escuelita. Children were arriving to school hungry, impacting their ability to learn. Historically, a small snack, consisting of maybe fruit and some processed crackers, has only been provided due to lack of funding for the preschool. The need for better quality snacks and implementing a breakfast at the school was identified but funding needed to be found.
- DINE nutrition facilitated the collaboration of Nuestra Escuelita and a local church, Trinity Avenue Presbyterian Church, to apply for a grant so they could meet their two goals. DINE nutritionist designed a low-cost, nutritious breakfast and snack menu that they could implement, that would fit the grants budget. The grant was awarded, and the menu was implemented. Now these students are receiving milk, fresh fruits and vegetables and whole grains regularly to help support their learning environment. The grant is available annually and Nuestra Escuelita will continue to apply.

Statement of goals

- To make the healthy choice, the easy choice for children of low-income families living in Durham, NC that attend local preschools and charter schools.
- To increase children's exposure to a variety of fresh fruits and vegetables to encourage life-long healthy lifestyle behaviors at a time in their life when they are most likely to benefit from that exposure.

Issues

- **Opportunities**
 - The variety of the menu, offering fresh fruit and vegetables, dairy products and whole grains, will help introduce healthy foods at a time of life that is most critical to development.
 - Students learning outcomes and attendance rates could possibly improve due to the start of breakfast service when the children arrive. By providing breakfast and quality snacks, students are more likely to want to come to school and more likely to concentrate on school because they are not hungry. Research shows that by providing school breakfast, learning outcomes and attendance improve.
- **Challenges**
 - The school will have to change their systems and environments to accommodate a breakfast service within their 3 ½ hour day.
 - Fresh foods require regular trips to the grocery store and room for storage. This school is funded only by grants, asking low-paid staff to do an additional task. They only have a small refrigerator.

Implication(s)

- **Outcomes**
 - Exposure to foods and tastes in early childhood highly influences dietary patterns throughout life, therefore this program could have a great impact on the health and wellbeing of the children.
 - Improvement in attendance and participation rates due to breakfasts and better-quality snacks being provided at the school.
- **Staffing**
 - One DCoDPH Nutritionist spearheaded the project.

Next Steps / Mitigation Strategies

- Follow up with reports on process and outcome evaluations required by the grant so that the school is eligible to apply again the following year.
 - Provide technical assistance to school in locating funding for a larger refrigerator.
-

Division / Program: Nutrition Clinic/Human Resources Collaborate for Employee Wellness (Accreditation Activity: 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- DCoDPH Clinical Nutrition services and Durham County Human Resources and Wellness Center have partnered to provide an incentive program for employees working to improve their health.
- The new *Diabetes Self-Management Incentive Program* allows Durham County employees with a diagnosis of diabetes to obtain extensive education about the disease, lifestyle change and medication management support, and free diabetic supplies.

Statement of goals

- To improve health and quality of life for employees through an increase in knowledge and self-care related to diabetes.
- To enroll 50% of County employees (120) living with diabetes (240) in the incentive program; 50% of the incentive program enrollees will complete the entire program; 75% of participants completing the incentive program will report an increase in at least one evidenced based self-management practice.

Issues

- **Opportunities**
 - Durham County Government has a long history of supporting health and wellness for its employees including operating a County Wellness Center and offering annual health risk appraisals. Health risk appraisals and Wellness Clinic visits have found that up to *one third of Durham County's employees* have impaired glucose levels or are diabetic.
 - The Diabetes Self-Management Incentive Program encourages self-care, active collaboration with the health care team, improved health status, and improved quality of life.
 - The American Diabetes Association recognized Diabetes Self-Management Training Program was initiated August 1, 2009 at Durham County. Employee participation increases reach of the program.
- **Challenges**
 - Staff at the Wellness Center encourage Durham County employees with a diagnosis of diabetes to enroll in the Diabetes Self-Management Incentive Program however participation is voluntary. Many eligible employees do not take advantage of the program due to time or location constraints.
 - Details around billing are still being monitored with Aetna to ensure that the employee does not incur a charge for the program.

Implication(s)

- **Outcomes**
 - The Diabetes Self-Management Incentive Program facilitates diabetes self-care by providing participants with the knowledge and skills needed to manage the disease.
 - Employees receive the knowledge, medication management support, and supplies at no cost to them.
- **Service delivery**
 - Employees enroll in the program through the County Wellness Center. The program includes 1) enrollment in the Living Connected Diabetes Program that includes providing wireless glucose meters, 24/7 glucose monitoring and coaching, ongoing diabetes education and care management and 2) referrals to the Health Department's American Diabetes Association recognized Diabetes Self-Management Training program for evidenced-based diabetes self-management services provided by a registered

dietitian/certified diabetes educator and 3) Participants can be seen by nurses in Wellness Clinic to close any gaps in care and for personal coaching.

- Employees who complete the incentive program requirements can earn a \$50.00 gift card.
- **Staffing**
 - One DCoDPH Nutrition Clinic Registered Dietitian-Certified Diabetes Educator provides Diabetes Self-Management Education to enrolled employees. Appointments are one-on-one in 1-hour slots every Tuesday from 9am-12n.
 - Two Nurse Practitioners staff the Durham County Wellness Clinic five days per week.
 - One Human Resources Benefits Coordinator collaborates with Aetna regarding reimbursement for services and gift card funds.
- **Revenue**
 - Reimbursement for provision of Diabetes Self-Management Education (DSME) to employees is received by the Nutrition Clinic through Aetna.
 - Funds for incentives are provided by Human Resources (Aetna Wellness Funds).
- **Other-Program Promotion**
 - Incentive Program initially promoted with the kick-off of National Diabetes Awareness Month on November 1st with a blog post on MyDCo. Blog post was sent to all employees across the County who have access to MyDCo.
 - Nurse practitioners from the Employee Wellness Clinic performed outreach calls to employees identified with diabetes to inform them about the new incentive program and inquired if they were interested in signing up.
 - Department Heads were informed about the program during their Department Head meeting on November 21st and it was requested for them to cascade the information downward to all levels of staff.
 - Employee Wellness Committee was asked to promote the incentive program to members of their department for promotion purposes during their November 21st meeting.
 - Public Information Office highlighted the incentive program on the December 21st edition of "New You Can Use".

Next Steps / Mitigation Strategies

- The Human Resources department, the County Wellness Center, and the DCoDPH Nutrition Clinic will continue to collaborate to provide incentives to employees to participate in activities to manage chronic conditions and improve health.

Division / Program: Health Education Community Transformation / Linkage to Care
(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

- A systematic approach to linking individuals that test positive for HIV, Syphilis, Hepatitis C (HCV), Gonorrhea, Chlamydia to medical treatment. The definition of linkage to care varies for each STI: HIV- getting patient to their first appt; CT/ GC, and Syphilis – treatment; and HCV means getting patient in contact with the bridge counselor or notifying them of their infection.

Statement of goals

- To improve access to timely HIV/HCV/STI treatment.
- To decrease re-infection and the spread of infection to others.
- To decrease the number of individuals that are lost during the treatment continuum.
- To improve education about HIV/HCV/STI treatment methods.
- To address and reduce the stigma of HIV/HCV/STI treatment.
- To increase routine HIV/HCV/STI testing.

Issues

- **Opportunities**
 - Collaborate with care networks in the Triangle (Durham, Chapel Hill). Health educators refer positive patients to the Adult Health Clinic (DCoDPH), Early Intervention Clinic at Lincoln, FOCUS bridge counselor (DCoDPH), Duke, and UNC.

- **Challenges**
 - Occasional lapse in time for treatment due to staffing and workflow of the Adult Health Clinic.
 - A small percentage of patients are reluctant to get treated from our care network. Although this creates a delay we encourage individuals to get treated from their own medical provider.
 - Not enough providers offering treatment.
 - Patients sometimes miss treatment and/or linkage appointments due mental health/substance use.

Implication(s)

- **Outcomes**
 - 100% of our patients are linked to medical treatment. (We continue to follow-up with them until they are linked to care. Sometimes this takes up to a year.)
 - From October 2017- September 2018, we were able to link **8** new HIV positive individuals to care. We were also able to refer and confirm linkage to care for **6** previous positive individuals.
 - From October 2017- September 2018, we were able to link **218** positive Hepatitis C individuals, **32** syphilis positive individuals, **75** chlamydia positive individuals, **28** gonorrhea positive individuals to care.
 - Partners of positive individuals are notified of possible infection and are encouraged to get screened and/or treated.
 - From October 2017- September 2018 the ITTS (outreach program) was able to connect **23** individuals to Pre-Exposure Prophylaxis (PrEP) introductory appointments. If taken every day, PrEP will prevent individuals from getting infected with HIV. This medication is prescribed to high-risk HIV negative individuals such as men who have sex with men and commercial sex workers.
- **Service delivery**
 - Phone calls, home visits, and social media are the tools used for implementing this system.
 - Health educators also work closely with Disease Intervention Specialist to coordinate linkage to care for HIV positive and/or syphilis positive individuals.
- **Staffing**
 - The ITTS/Jail Public Health Educators.
- **Revenue**
 - Funded by State Agreement Addendums 825 and 534.

Next Steps / Mitigation Strategies

- Advocating for health educators to be able to distribute medication to patients infected with Chlamydia.
- Continue to improve linkage to care flow with care network.
- Continue to develop and implement innovative techniques for linking individuals to care.
- Strengthen collaboration with DCoDPH's adult health clinic.

Division / Program: Health Education / Bull City United

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

Program Description

- Bull City United is an implementation of the Cure Violence model, an evidence-based public health model that aims to reduce firearm-related death and injury.

Statement of Goals

- To target individuals at high risk of involvement in gun violence;
- To change behavior for those individuals and promote non-violent conflict resolution;
- To connect these individuals to necessary services and opportunities;
- To change overall community norms around violence and promote non-violence.
- To stop the spread of violence by using the methods and strategies associated with disease control. This three-step approach, detecting and interrupting conflicts, identifying and

treating the highest risk individuals, and changing social norms has resulted in reductions in violence up to 43% targeted areas.

Issues

- **Opportunities**
 - The Week of Peace, a week of vigils to highlight community violence and promote non-violence were scheduled for January 1-8. Approximately 800 people participated in these events. Significant positive media coverage was generated by these events.
 - The team presented on the program to the McDougald Terrace Resident Association, Gun Safety Team, Cities United, Durham Police Department, County Sheriff's Office School Resource Officers, Durham County Commissioners, ReBound Program, Durham YouthBuild/Triangle Learning Center
 - Team representatives have also supported other vigils and violence reduction activities occurring in the community, including the Religious Coalition for a Non-Violent Durham's annual vigil.
- **Challenges**
 - Although Durham has fully implemented the Cure Violence Model, we are awaiting completion of the contracting process with the University of Illinois at Chicago. Neither additional and ongoing training nor weekly Technical Assistance can be fully implemented without orientation training from Cure Violence, and this training cannot be held until a contract is finalized.

Implication(s)

- **Outcomes**
 - From July to December 2018, Bull City United personnel made 5405 contacts with individuals who are likely to be involved in violence, made 27,883 contacts with community residents, and distributed 33,196 violence prevention publications and fliers.
 - Forty-six individuals were engaged in or maintained service delivery by Bull City United to reduce their involvement in violence. Twelve additional individuals were added to the case load in the last 6 months.
- **Service delivery**
 - 8 Week of Peace events held during January, with over 800 participants.
 - From July to December 2018, Bull City United violence interrupters conducted 157 conflict mediations involving 558 individuals. 68% of the mediations involved conflicts that were likely or very likely to result in a shooting. 74% of the mediations successfully resolved the conflict at least temporarily or as long as certain conditions were met. There have been no homicides in the two Census Tract, compared to 3 last year.
- **Staffing**
 - One Program Manager, three Violence Interrupters (1 contract), and three Outreach Workers (1 contract) are involved in this program. The Supervisor position is currently vacant.
- **Revenue**
 - County funds, as well as funding from grants from the Governor's Crime Commission and the Office of Juvenile Justice and Delinquency Prevention.

Next Steps / Mitigation Strategies

- Provide the staff with professional development opportunities and conduct outreach and surveying while we wait for the approval of the contract between DCo and Cure Violence (UIC) which should be implemented March 1.

COMMITTEE REPORTS:

- **PERSONNEL COMMITTEE (Activity 37.5)**

Mr. Dedrick, Chair, Personnel Committee reported that the responses for 2018-19 Health Director's Evaluation Survey have been collected and a meeting will be scheduled within the next two weeks to meet with the Health Director to review the results.

OLD BUSINESS:

• **REVIEW OPERATING PROCEDURE MANUAL (Activity 34.1 & 36.1)**

The following documents were updated in the 2019 Board of Health Operating Procedures Manual.

- FY 19 meeting schedule
- Current BOH member roster
- FY 18 approved BOH policies
- Updated organizational chart

Mr. Curtis made a motion to approve and include the aforementioned documents in the Board of Health Operating Procedures Manual. Commissioner Howerton seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

• **NEW SLIDING FEE SCALE APPROVAL (Activity 39.3)**

Commissioner Howerton made a motion to accept the revised Title X Sliding Fee Schedule as the fee schedule for all clinical services with the exception of dental services effective February 1, 2019. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Dr. Rosenstein seconded the motion and the motion was unanimously approved.

• **UNC MATRIX STUDY: COMBINED HIV AND STD PREVENTION AND CARE FOR AT-RISK NETWORKS**

Dr. Arlene Sena provided the board with an overview on the study entitled Combined HIV And STD Prevention and Care for At-Risk Networks Matrix Study. Dr. Sena requested Board approval to move forward with the study.

MATRIX is CDC-funded project awarded to the NC Communicable Disease Branch, and UNC is a subcontractor to implement the grant. The project will involve 4 high morbidity counties including Durham, Wake, Guilford and Forsyth counties. Only 2 states were awarded this grant – NC and New York.

The main goals are to reach men who have sex with men and transgender women of color with syphilis and/or HIV, along with their contacts in their sexual and social networks, with the intent of expanding testing and linkage to services including PrEP for a high-risk population.

The MATRIX DIS have been trained by the state to conduct routine DIS activities but focusing on the needs of the client at the first encounter. Participants will be recruited at the second encounter to refer their contacts using coupons and incentives for the referrals (called respondent driven sampling). In addition, participants will be asked to conduct computer-assisted interviews during follow-up.

There will be no costs to Durham County, and UNC staff will conduct all activities. UNC is requesting a counseling room in the pharmacy for clients, as well as the ability to refer persons for STI/HIV testing and treatment as necessary to the health dept. The study has received IRB approval at UNC.

Dr. Braithwaite made a motion to approve and move forward with the Combined HIV And STD Prevention and Care for At-Risk Networks Matrix Study. Commissioner Howerton seconded the motion and the motion was approved unanimously.

• **AGENDA ITEMS MARCH 2019 MEETING**

- Proposed Failing Septic System Assistance Program
- Personnel Committee Recommendation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chairman Allison: We've talked about Mr. Ferguson's resignation from the Board, but I would like to read his letter to you:

"Please accept this as my resignation from the Board of Health. This is not a decision that I made easily, but with declining health, it is best for the board. The cancer has spread to other bones, into the liver and into a kidney, making it difficult for me to travel or sit for any length of time.

I have enjoyed my time on the Board, I learned a lot and hope that I contributed in some small way.

Thank you to the Board for giving me the opportunity to serve

Respectfully,

Art Ferguson”

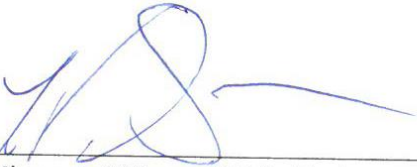
Chairman Allison: We will accept his resignation and advertise for the Public Member position.

Ms. Harris: Board will receive an invitation to the March 28th training discussed earlier.

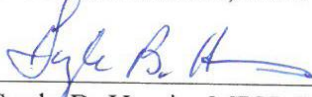
Mr. Curtis made a motion to adjourn into closed session pursuant to N.C.G.S Section 143-318.11(3) and (7) to consult with an attorney employed or retained by the County of Durham to preserve the attorney-client privilege; and, to discuss a matter related to the planning, executing and reporting of an investigation regarding an allegation of criminal misconduct by a former employee.” Commissioner Howerton seconded the motion and the motion was unanimously approved.

Mr. Curtis made a motion to reconvene into regular session Dr. Miller seconded the motion and the motion was unanimously approved.

Dr. Miller made a motion to adjourn the regular meeting at 7:20pm. Dr. Rosenstein seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director