

A Regular Meeting of the Durham County Board of Health was held October 10, 2019 with the following members present:

F. Vincent Allison, DDS; Stephen Dedrick, R.Ph, MS; Spencer "Spence" Curtis, MPA, BS; Victoria Revelle, MPH, CHES®; Rosemary Jackson, MD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Eric Ireland, MPH, RS; Robert Rosenstein, O.D.; James Miller, DVM; and Mary Braithwaite, MD, MSPH

Excused Absence: Commissioner Brenda Howerton

Others present: Joanne Pierce, Tara Blackley, Rosalyn McClain, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Hattie Wood, Lindsey Bickers-Brock; Katie Mallette, Attorney Bryan Wardell, David Johnson, Elizabeth Stevens, Cheryl Scott and Sally Herndon

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:02 p.m. with a quorum present.

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

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

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Eric Ireland made a motion to approve the minutes for September 12, 2019. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Pierce recognized Mary Katherine Carpenter RN, BSN, Senior Public Health Nurse, Communicable Disease Program, Community Health Division and Hattie Wood, Director of Community/Nursing Division.

Kathy Carpenter and Hattie Wood were recognized as one of North Carolina's 100 Distinguished Public Health Nurses on September 24, 2019. She received her award at the Grandover Resort in Greensboro. Below is an excerpt from her nomination package:

"Kathy is passionate about her work and shares her love and knowledge of TB with her colleagues through individual mentorship, staff meetings and case conferences. She leads the weekly TB case conferences, annual state cohort review and state TB audit. She is well-known as a TB subject matter expert and willingly shares her knowledge and guidance with both internal and external partners, including staff and providers of shelters, community clinics, hospitals and long-term care facilities. Our Health Department and county are truly fortunate to have such a dedicated, competent and compassionate nurse providing services to her clients, colleagues and community partners."

The board applauded the recognition.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Dr. Allison called for administrative reports/presentations

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- **UNDERSTANDING CONCERNS RELATED TO VAPING**
(*Activity 14.3 & 37.2*)

Sally Herndon, Head Tobacco Prevention and Control Branch
N.C. Division of Public Health, North Carolina Department of Health and Human Services and Lindsey Bickers-Bock, Director of Health Education & Community Transformation Division provided the board with updates on the e-cigarette epidemic in NC and the US and severe lung disease outbreak among those who vape.

A video recorded by Dr. Brian King, Deputy Director of Research Translation at the CDC Office on Smoking and Health, was shown to give the Board an overview of what we know about e-cigarettes and their use. This video is available for viewing at:

<https://www.youtube.com/watch?v=5aLiRQPQnAc&feature=youtu.be>

E-cigarettes and Youth:

The 2017 NC Youth Tobacco Survey Fact Sheet was referenced. While traditional cigarette usage has decreased among middle and high school students every year since 1999, use of electronic cigarettes has increased enormously over the last 8 years. The most recent data shows one in four high schoolers have used an e-cigarette in the last thirty days. The fact that e-cigarettes can use a wide variety of flavored cartridges is known to contribute to youth use.

Also, many youth inaccurately think that there are no health issues associated with using vaping products. However, these emerging products introduce youth to nicotine, a highly addictive substance, which leads many to use other tobacco products. Among middle and high school students who report that they use tobacco products, half report using two or more tobacco products.

Lung disease associated with e-cigarette use:

The CDC is actively investigating cases of a new serious, lung disease among those using vaping products. Cases and findings are being reported on a weekly basis. As of Wednesday, October 9, 1,299 cases have been reported in the US. Twenty-six deaths have been reported. Affected individuals are most likely to be male (70%) and under 35 (80%). All patients have reported using e-cigarettes or vaping.

In NC, we have 51 cases, and 6 more under investigation. Range of affected individuals is 13-72. Most patients have been hospitalized and require respiratory support.

Most (about 78%) report using THC products. About 36% report exclusive THC use, but 16% report exclusive nicotine produce use.

At this point, we don't know about specific chemical(s) causing lung injury. No single product or substance has been linked to all reported cases of lung disease.

NC investigations of new possible cases include medical records review, in-depth patient interviews, and product acquisition and testing.

While investigation continues, the CDC recommends:

- Refraining from using e-cigarettes, especially with THC.
- Do not return to using traditional cigarettes if you were using e-cigarettes to quit.
- If you have recently used an e-cigarette or vaping product and have the following symptoms, see a healthcare provider: cough, shortness of breath, chest pain, nausea, vomiting, abdominal pain, diarrhea, fatigue, fever or weight loss.

Regardless of the investigation, the CDC recommends:

- Don't buy e-cigarettes, vaping products or other emerging tobacco products from friends, family or off the streets.
- Do not modify or add any substances not intended by the manufacturer.
- Youth should not use e-cigs or vaping products.

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- Women who are pregnant shouldn't use e-cigarettes.
- Don't start using e-cigarettes or vaping products.

Most current information:

Updated info available at: www.cdc.gov/lunginjury

NC case counts are updated weekly on Wednesdays:

<https://www.tobacopreventionandcontrol.ncdhhs.gov/ecigs>

Another good resource from Betsy Tilson, State Health Director:

<https://energycommerce.house.gov/committee-activity/hearings/hearing-on-sounding-the-alarm-the-public->

[health-threats-of-e-cigarettes](#)

What Durham is doing to address vaping and e-cigarette use:

- Policy: Durham County BOH Smoking Rule includes e-cigarettes, a very effective policy-level intervention.
- Community education: Between 2016 and 2018, Durham County Health Education Division has delivered 4 community webinars on e-cigarettes and vaping. Recording available: <https://www.gotostage.com/channel/036310ae656944c79febc63bf39a9021>.
- **Upcoming events:**
 - o Durham County Health Ministry Network will present "Vaping Crisis: What you need to know" at their next quarterly meeting on Monday November 4, 2019, from 6:00pm to 7:30pm at Human Services Building. Meeting is free and open to the public.
 - o The Durham Men's Health Forum will present "Smoking, Vaping & Stress: Things You Want to Know about these Connections" on Saturday, November 16, 2019, from 9am to 11am at Human Services Building. Event is free and open to the public.
- **Targeted interventions:**
 - o Tobacco Health Education Specialist has provided ongoing information to Durham County school health nurses on the dangers of vaping and vaping-related lung disease. Resources are used to educate students and screen for possible vaping-related lung disease cases.
 - o Tobacco Health Education Specialist conducts monthly information session "How to Quit Smoking" on the first Thursday of the month at 5:30pm at Human Services Building, which provides information and tailored support to anyone who wants to quit using tobacco products, including vaping. Session is free and open to the public. Free nicotine replacement is available for tobacco users who want to quit.
 - o Tobacco Health Education Specialist currently serves on the "Emerging Products Working Group," a multi-county, multi-sectoral work group dedicated to reducing vaping among youth in Durham, Orange, Alamance, Chatham, Rockingham, and Person counties.

[\(A copy of the PowerPoint Presentation and Youth Tobacco Survey Fact Sheet are attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Chairman Allison: Joanne, what are we doing as far as the health department to add this into our "no smoking" policy?

Ms. Pierce: We have our division director here to talk about some of the things we are doing.

Ms. Bickers-Bock: I happy to offer some commentary on some of the specific things that we've done. As you know the board of health smoking rule includes e-cigarettes, that's at the policy level intervention. We are doing community education and targeted intervention marks. There are

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regular webinars that are happening through the health education and community transformation division with those being available as recordings so for anyone who would like to spread those out further that's available. We are working to do education to sustain programs like our Health Ministry Network which is having an event on November 4, 2019 related to the vaping crisis "What you need to Know" and the Men's Health Forum is sponsoring an event on November 16, 2019 entitled "Smoking, Vaping and Stress". Those are some of the general community education efforts and then the targeted intervention is focused on "Youths in Schools" a collaborative effort through the school health nurses providing educational materials that the CDC and state are offering. Monthly information sessions, on-going smoking cessation and free nicotine replacement classes are being offered through the health education and community transformation division for the community. The last thing we thought we would highlight is we are starting on an emerging products working group to really think about how to reduce vaping among youth in Durham, Orange Alamance Chatham, Rockingham and Person counties.

Chairman Allison: You mentioned school nurses and using them. When I was in the public school, there was a health education class. Is that still in the Durham Public Schools or not?

Ms. Bickers-Bock: There are requirements through the curriculum that there are health education instruction requirements for both elementary and middle school levels. There is information that is integrated in and the work that is happening through the school nurses is more focused on education of staff, so they have a sense of 1)what are these products; 2)what does vaping mean; 3)what are e-cigarettes. It's not specifically in the curriculum focused on e-cigarettes in a way that is broader than that at this point.

Ms. Herndon: I can add to that a little bit from the states' prospective. We have been working with the Department of Public Instruction but as you know schools in North Carolina are managed at the school district level. One of the things we are really encouraging is for the school system to look at this as an addiction and not as a punishment. We want to education folks as you're doing very well here, school nurses are critical in this; to help refer students to resources and counseling to help them quit. We're also in a national conversation about how to help people under eighteen. We have a standard of care for tobacco treatment which includes counseling and FDA approved tobacco treatment/ medications. The two that work the best are a combination nicotine replacement therapy which is the patch for long-term and either the gum or the lozenges for those break-through cravens or varenicline as known as Chantix. Now FDA has stated on their website that if you have a young person sixteen years old and is this addicted you should talk to your physician. We are starting conversations with physician leaders including Dr. Chung, Director of Adolescent Medicine at Duke. I think pediatricians in the state are very hungry for information about how they can help with this problem and help with the youth epidemic. We are starting to think about a more robust adolescent health protocol to help these adolescents quit using tobacco products including these very attractive e-cigarettes.

Mr. Curtis: This morning there was program on television about the new devices that don't look like the traditional vaping devices and evidently the demand by kids....it made it look like a marker; it may be pen that writes but it comes apart...may look like a memory stick for your computer...a watch and what was amazing was most adults couldn't figure out what they were. They had a classroom of thirty people with kids that had stuff out that they normally would have; and an adult was doing good if they spotted three.

Ms. Herndon: You're absolutely right. We talked with school teachers and parents and that is a huge challenge. The people designing these are being very clever in making them look like things that would normally be in a kids backpack. It's really challenging for the schools. One of the

things we did the first year or two and it's still having to happen is to educate adult influencers of kids, parents, teachers and so forth about what these are so I love Dr. King's thesis "Hot off the Press". Please feel free to share that with all your school districts and school health nurses. There is an eleven-minute version and a six-minute version so there are a couple of options and we have lots of information on our website.

Dr. Rosenstein: Do you guys talk to the girl scouts, boy scouts and the YMCAs?

Ms. Bickers-Bock: At this point we have not done specific targeted outreach in those programs. We do have a process in which they can request programs but those are not efforts that we're making targeted events.

Dr. Rosenstein: The kids are not going to ask.

Ms. Bickers-Bock: Of course, not the kids but being invited to a scout or group meeting.

Dr. Rosenstein: my last question, that was a great presentation. Can we get a copy of that?

Ms. Herndon: Yes. I'm going to leave it. I've given you the website to look up any of this material and I am happy to come back at any time.

Attorney Wardell: I have a question, is it the traditional tobacco companies that are making these devices or is the fringe companies, marijuana companies?

Ms. Herndon: It's a great question. Yes. All of the above. In North Carolina as you know, we are one of the few states that doesn't have a retail licenser law, so we don't really know who is selling these products and it's a challenge across North Carolina to help the FDA and the state alcohol law enforcement to be able to enforce the "Access to Tobacco" law that prohibits the sale to minors. A number of states are making progress on pushing the legal age up to twenty-one so that's another thing that's being discussed. I will just add, you'll as you know, were the leaders in advancing the smoke-free policies when the legislature gave you back the authority to do so. You were ahead of the game and the first on the block. A number of things could be done to add e-cigarettes to your current ordinance, if you were interested in doing so and this is going to be a more strategic question back to you. Heretofore we have had conversations with boards of health and health directors about: Is it time to add e-cigarettes to your smoke-free restaurants and bars portion of your law? We haven't been confident that they wouldn't push back to an extent that we might get a change in the state law which we don't want. We are very happy with our smoke-free restaurants and bars but with this situation going on and young people getting hospitalized is it perhaps time to do that? To look at not allowing vaping in restaurants and bars.

Chairman Allison: Now if you're looking at doing that, there is evidence data that supports second-hand smoke from combustible tobacco and that's why we were able to get the restaurants and bars smoking-band. Is there any data that suggest that you can get second-hand effects with vaper from vaping products?

Ms. Herndon: Yes. There is clear evidence that the aerosol that's breath out in the cloud is not as safe as clean inner air. CDC is still studying what components...but the slide that Dr. King had of all of the constituents of toxic chemicals, cancer causing chemicals, heavy metals and so forth that have been found in the aerosol that comes from e-cigarettes. It probably is not as harmful as cigarette smoke but there's hardly anything that's as harmful as cigarette smoke and there's a lot of studies going on about at-risk populations, people with asthma and so forth.

Chairman Allison: I'm just playing "devils' advocate", you're going to have some push-back on that.

Ms. Herndon: That's a great question. I'm happy to continue to provide you with information on that.

Ms. Revelle: With these new cases that we saw in the presentation have we been able to identify if disparities exist?

Ms. Herndon: Are you speaking of disparities by race, income...any particular...uhm probably, I will ask those questions as they get the survey out. I think we can assume from the data that we do know about smoking that there are tremendous disparities. In fact, driving here today I was listening to another call and this will be posted on line too that had the public health law center who works on public health law from a disparities perspective actually used data from Mecklenburg county that we provided. Remember when we were doing the work with counter tobacco and we were looking at places where you could purchase tobacco products in North Carolina. Mecklenburg did quite a bit of that and they showed how many more sites there were to buy tobacco products of all types in low-income and African-American neighborhoods compared to White neighborhoods.

Chairman Allison: Any other questions?

Dr. Jackson: Just one quick one. Are you finding much of the synthetic marijuana used in those products or was it just...?

Ms. Herndon: That is being investigated in North Carolina and can't give you the exact statistics nationally and in North Carolina we kind of know...the epidemic that you may recall that was more focused the counties around Fort Bragg and the military communities with different kinds of symptoms but that was related to synthetic marijuana and CBD oil and so there have been a number of out-breaks. There have been some studies on that.

Dr. Jackson: I was in corrections and I've surveyed lots of jails and prison across the country, so the synthetic marijuana is a huge problem in the prisons.

- **BULL CITY UNITED PRESENTATION (*Activity 37.2*)**

Lindsey Bickers-Bock, Director of Health Education & Community Transformation Division and David Johnson, Bull City United Team Lead provided the board with an update on the Bull City United (BCU) approach to addressing gun violence as a public health problem and review current data on the impact of BCU efforts in targeted geographical areas.

Overview:

Bull City United is a program of the Health Education & Community Transformation Division at Durham County Public Health. The effort is focused on gun violence prevention and intervention.

The approach is based on the notion that violence is contagious – like an epidemic disease. This approach is based on evidence that exposure to violence increases an individual's risk of adopting violent behaviors themselves.

Public health methods have been extremely successful in reducing violence in communities around the world. A graphic showing other cities across the US using a public health model to reduce gun violence was shown, with measures of success in reducing shootings and homicides indicated.

The Cure Violence model has three main components:

- Detecting and interrupting potentially violent conflicts, by preventing retaliations, mediating ongoing conflicts, and keeping new conflicts 'cool';
- Identifying and treating risks, by working directly with individuals at the highest risk of being violent, working to change their gun-related behaviors, and helping them obtain needed social services; and
- Mobilizing the community to change social norms, by responding to every shooting in targeted geographic areas within 72 hours and spreading positive messaging like "Stop Shooting! Start Living!"

Bull City United is Durham's branded implementation of the Cure Violence model.

Implementing Bull City United:

The current Bull City United team has six individuals. David Johnson currently leads the team. Dwight Bagley and Matthew Harrington are violence interrupters. Carlos McLendon, Convellus Parker, and Keshia Gray are outreach workers.

The group targets two geographical areas: Census tract 1400 – McDougal Terrace and census tract 1301 – Southside.

These two communities were selected as focus areas because they had the highest rates of violent crimes per person based on 2015 data (McDougal: 0.0191 violent crimes per person/Southside: 0.0177 violent crimes per person).

Bull City United works with the Cure Violence model exclusively in these communities. Staff are familiar with the neighborhoods they are hired to work in; they are respected and able to make connections with influential individuals. This allows them to interrupt the contagious nature of violence. We saw the value of this approach when violent crimes increased this summer, but incidents in the target communities stayed steady.

Participants:

60 individuals were on the BCU case load between January – June 2019. These individuals have several risk factors that make them have a high potential for involvement in violence, including gang involvement, prior criminal history, involvement in street activity, recent release from prison, and/or they or someone close to them are a recent shooting victim. BCU recognizes that half of individuals' health status is linked to socioeconomic factors and the physical environment. Between January – June 2019, 91% of BCU participants were connected to employment, and 57% of program participants were employed. 100% of participants received services to change gun-related behaviors, and 79% showed gun-related behavior change.

Mediations:

Between January – June 2019, BCU conducted 136 mediations, involving 581 individuals. Mediations were predominately related to personal altercations, gang disputes, theft/robbery, narcotics, and domestic violence.

Sixty-one percent of mediations involved conflicts that were *likely* or *very likely* to result in a shooting.

Eighty percent of BCU mediations successfully resolved the conflict, at least as long as certain conditions were met.

Outcomes data:

Looking at year-to-date data from 2018 and 2019, comparing the BCU target areas to the City of Durham overall, shootings in the BCU target areas are holding steady while homicide for the city is up 39% and non-domestic aggravated assault with a firearm is up 32.5%.

Graph showed a spike in BCU mediations in April 2019.

Year over year, the number of persons shot in BCU target areas is down 50% from 2016 to 2019.

Events:

While seeking to address violent conflict directly, BCU also seeks to change community norms through three different types of events:

- Direct responses to shootings within the targeted geographic areas

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- Participant events, which take participants out of their home communities to other events where they can see positive role models and opportunities
- Community events that celebrate peace

Photos of several recent events, which included BCU staff, community members, and elected officials, were shown.

Future opportunity:

Bull City United is working to implement a hospital response program with Duke Health, to provide support to local emergency departments to provide a comprehensive response to trauma victims when they arrive at the hospital. The goal is to intervene during the critical window after a violent incident to prevent retaliation and interrupt the cycle of violence. [\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Chairman Allison: One question. I think you're doing great work and we can definitely see the numbers are going down in the two census tracts but overall the numbers are going up. Do you see any evidence that maybe folks that were once involved in Southside or the McDougal Terrace area are migrating out of those areas to different areas where they may have a little more freedom because they don't have the Bull City United presence?

Mr. Johnson: No sir. I see people actually moving into the community once they see the work that we do. Actually, in the southside community the guys don't go anywhere. They are born and raised there and don't hardly leave. It's hardly likely in Durham to actually be from one neighborhood and go chill, hangout and do dirt in another neighborhood.

Chairman Allison: Another question. You may not be able to answer this one. With the emanate gentrification housing moving in, how is that affecting the traditional local residents of southside? How do you see that affecting the move of the neighborhood?

Mr. Johnson: It's difficult. You have the new community, the new people moving in and then the older folk that have been there. It's a delicate situation to try to bridge the gap because to be totally honest, these residents don't see the old people as residents of the community because they don't own a house in the neighborhood.

Chairman Allison: and I can see that leading to conflict.

Ms. Bickers-Bock: One other thing I will add to that is I think in utilizing the cure violence model we need to acknowledge that part of what we have to do is employee people who are within those communities and not just from Durham but really thinking specifically about what communities people are from and so here David stated that we just hired someone and as a part of that process we really had to think about what relationships that person brought with them based upon their history from living in that community and thinking about the knowledge that they bring and how that allows them to be violence interrupters in a way that is different than someone else coming in from another place.

Dr. Braithwaite: With the work that you guys are doing, do you know if there is the capacity for expansion to the areas that are with increased violence in Durham?

Ms. Bickers-Bock: I think the model certainly allows ability to expand our capacity. The funding certainly is another piece of that. We have very positive support from the county thus far and that's something that has been really important. The data in which we're able to provide shows that in order to be effective we really have to maintain the presence in each community that we're in and so to just spread the six folks that we have right now to a wider geographic area is not something that we want to do. If we move into the hospital setting, which is something we're looking into then additional resources would be needed for that and to move into other geographical areas.

Mr. Johnson: I just want to say, I know we've been in conversations with city officials and county officials about funding and those type of things so we can expand. I can't say none of that is off the table, but I can say none of that hasn't happened yet. We did get some funding to hire two additional positions. We have hired one and working on the other position so with hard work I think we will be able to expand.

Chairman Allison: Joanne remind me, is Bull City United budget completely out of the health department's budget or are they getting funding from additional sources?

Ms. Pierce: Tara. Do we get additional resources?

Ms. Blackley: When the program started, there was a lot of grant funding but as of September 30 the grant ended. The two positions that David mentioned, those were two grant funded positions, but they are now paid with county funds. Right now, the program is 100% county funded.

Chairman Allison: So, it's still coming out of the health department's budget.

Ms. Blackley: Right.

Chairman Allison: So, when you're talking with county officials maybe we can get another agency to partner with the health department so it's not 100% warranted by the health department. See what I'm saying.

Mr. Ireland: How much is the city a part of that budget? I know when the program first started, they had agreed to fund a position or two.

Ms. Blackley: Right now, the city isn't funding any of Bull City United. They are funding one and a third position in Project Build.

Mr. Curtis: David please take back to your team that we're really proud of what you're doing and what you're accomplishing.

Mr. Johnson: Thank you.

The entire board applauded Bull City United Team efforts.

- **SICKLE CELL ACTIVITIES-DCoDPH (Activity 14.3 &37.2)**

Elizabeth Stevens, Maternal Health Program Manager and Cheryl Scott, School Health Program Manager provided the board with an overview of the Sickle Cell Disease (SCD) prevalent in NC, SCD care coordination partnerships and SCD testing, results and counseling provided by public health programs.

- Sickle Cell Disease is a red blood cell disorder that is genetically inherited.
- Most people with SCD are Black or African-American. The condition is also common within the Hispanic culture.
- Public Health programs provide services that are appropriate for SCD screening, care coordination and counseling.

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

QUESTIONS/COMMENTS:

Mr. Ireland: Is it possible to bring to the board prevalent data for Durham County for sickle cell disease?

Ms. Stevens: We can keep working on trying to get that data. We reached out to a number of resources prior to this presentation but we can continue to work on that. I can share...we were talking about the patients we've seen in our program over the three years. We haven't seen anyone come into our clinic with sickle cell disease and I think that makes sense. Someone with sickle cell disease is going to know that they have it by the time they're pre-productive age and they would be in a higher risk clinic so I think we can understand that. I will say the number of patients that we see who get tested and have the trait or come to us already knowing that they have the trait; I would say that is probably between fifteen and twenty percent. With those patients we go through the standard protocol and recommend testing.

Ms. Scott: We have very few children with sickle cell disease because usually if they have sickle cell disease, they go somewhere that has more intensive care or resources.

Mr. Ireland: Will we be able to see sickle cell data through EPIC when the implementation occurs?

Ms. Stevens: We will definitely be able to see it as it pertains to our patients.

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Ms. Revelle: From much of what I read and seen within the literature in looking at the hallmark of sickle cell disease the pain and the pain crisis that often occur much of the literature was saying that the pain is as great or if not greater than experiencing cancer but right along-side of that in the literature were instances of patients being able to be resilient, thrive and find ways to overcome that pain through various mechanisms and resources and I think even here in our own county we seen that with the sickle cell support group. Have we as a department been able to tap into some of that local genius. Some of those roots on the ground that are doing that and really displaying that resilience?

Ms. Stevens: I will say not having patients with the disease in our clinic I haven't been involved in that.

Ms. Scott: I haven't either.

Ms. Steven: I think that would be a good information to be connected to even in the interest of having a sense of resources to share with our community. Even these aren't patients coming through our door it could affect family members of our patients.

Ms. Revelle: Ok. I will make sure I try to get that information to you'll. I guess the latter part of that questions was the US Department of Health and Human Services has actually formed a very broad work group looking at solutions for sickle cell such as gene therapy that we just seen in Alabama that actually cured a young man from sickle cell, who is a father himself. So, I appreciate you'll showing us the way that it works when it comes to the motherhood, fatherhood and then having children who may also have the trait. Have we been able to distribute maybe some of those webinars to staff, so they are up to date and up to speed on some of the local and nationally things that are occurring?

Ms. Steven: If we could share those local resources that would be appropriate to share with staff particularly for the OBCM and CCFC care managers because their main goal is to provide resources to families based on whatever situation the family is encountering. I feel within women health certainly all the staff are pretty well versed in how do the teachings to patients and explaining the disease.

Ms. Scott: We have a close contact with Teresa Vallance, State Sickle Cell Consultant who works with the school health team. When we get the name of a sickle cell patients, she also gets the same information. Ms. Vallance visits the health department every month to consult with patients and families about the state program and connect them with mental and spiritual recourses.

- **BOARD OF HEALTH POLICY REVIEW AND APPROVAL (Activity 15.3)**

Ms. Blackley, Deputy Health Director provided a brief overview of the changes made to annual policies reviewed and approved by the Board.

Mr. Ireland made a motion to approve the BOH policies with the changes to BOH 004 - Attachments and reference documents that were no longer available were removed; (2) BOH 005 - updated Section D3 to 30 days as it was in conflict with procedures for finalizing appeals hearing transcripts. Updated the procedures for finalizing appeals to update our process; (3) HD 20 - updated position title of person responsible in two areas of the documentation section. Mr. Curtis 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 September 2019 prior to the meeting. The vacancy rate for September 2019 was 7.5%. There were no questions about the report.

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

- **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 August 2019 prior to the meeting.

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

COMMENTS:

Attorney Wardell apprised the board of one pending NOV enforcement action. Negotiations are on the way to bring the property into compliance.

**Health Director's Report
October 10, 2019**

Division / Program: Population Health

(Accreditation Activity 1.1 – The local health department shall conduct a comprehensive community health assessment every 48 months)

Program description

The Community Health Assessment (CHA) is a systematic collection, analysis, and dissemination of information about the health of the community. The CHA is completed every three years in collaboration with Duke Health.

The process begins with a community health assessment survey to assess the needs and assets within the community. Two random surveys are conducted: a full county survey and a survey of Latinx and Hispanic residents. In the full county survey, any resident is eligible to be randomly selected to participate. In the Latinx and Hispanic resident survey, only community members who identify as Latinx or Hispanic and live in a neighborhood where at least 50% of the total resident population is Latinx or Hispanic are eligible for random selection into the survey.

Statement of goals

- Understand health concerns that affect community members
- Identify community assets that benefit health and wellbeing

Issues

- **Opportunities**
 - Community identified needs and assets affecting health and wellbeing are identified.
 - Updated data on measures related to determinants of health, physical and mental health, physical activity, diet and food access, tobacco use, and emergency preparedness are obtained for the full county and specifically among Latinx and Hispanic community members.
 - Results are used to prioritize work areas according to community member input.
 - Survey volunteers, which include DCoDPH and Duke employees, community members, students, and community partners, have an opportunity to engage in the CHA process and learn about community needs and assets.
 -
- **Challenges**
 - Volunteer recruitment required to complete the survey proved to be challenging due to high no-show rates.
 - 2010 Census data are used to identify neighborhoods with 50% or more Hispanic or Latinx residents for the Latinx and Hispanic resident survey. The data are now nine years old and neighborhoods have changed significantly. As a result, many of the neighborhoods included in the sampling frame have very few Latinx or Hispanic residents currently living there, which made reaching the required response rate difficult.

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Implication(s)

• **Outcomes**

- Both surveys have been completed. The full county sample has a total of 423 surveys and the Latinx and Hispanic resident survey has a total of 187 surveys.
- Both surveys reached the 80% response rate threshold required for door-to-door surveys.
- The sample size for the full county survey increased from 201 in 2016 to 423 in 2019. The increase in sample size will allow for more comprehensive data analysis this year, including disaggregation by race, ethnicity, and sex. Disaggregation was not possible in prior years due to smaller sample sizes.

• **Staffing**

- In total, 247 people helped complete the surveys for the full county and Latinx/Hispanic resident surveys.
- A total of 229 person days, defined as an 8-hour shift, among volunteers were required to complete the full county survey.
- A total of 56 person days, defined as an 8-hour shift, have been clocked so far for the Latinx and Hispanic resident survey.

• **Revenue**

- None

Next Steps / Mitigation Strategies

- After all data are collected, the survey data will be cleaned and analyzed by Denver Jameson, Epidemiologist.
- Data analysis of both surveys will be summarized into summary documents and shared with community members who took the survey, volunteers who assisted with the survey, DCoDPH staff, and the community at large.
- Next steps in the Community Health Assessment process include coordinating listening sessions, writing the Health Assessment Report, disseminating the findings, and updating the Community Health Improvement Plans.

Division / Program: Health Education: Community Grant writing Trainings

(Accreditation Activity: n/a)

Program description

- Durham County Department of Public Health, Health Promotion & Wellness program area developed community level grant writing trainings as a result of survey responses indicating interest. Grant writing classes are extremely expensive, and many times are not delivered in a manner that is conducive to community needs. The trainings originally were created for faith-based organizations by request. It was later expanded as an offering for not-for-profit and non-profit organizations.

Statement of goals

- Provide a training that is free for community members intended to:
 - Understand the basics of grant writing (general knowledge)
 - Build skills for community members to apply for funding and other resources
 - Promote collaboration and share ideas
 - Help participants decide whether or not they are indeed interested in grant writing.

Issues

• **Opportunities**

- The grant-writing training was developed by health educator Willa Robinson Allen. Originally a one-hour course was expanded to a total of 4.5 hours over a span of three sessions. This is the result of feedback from participant evaluations. The first and third session are face to face while part two is offered online as a recorded webinar.
- DCoDPH has trained members from faith-based organizations, community organizations, sororities and fraternities, non-profits and non-affiliated individuals.
- Grant writing trainings are announced in the DCoDPH Webinar & Community Events newsletter distributed monthly via email. The information is spread also word of mouth. Since initially offered, DCoDPH has never had to cancel a training due to a lack of participants.

• **Challenges**

- Space to hold the trainings has been difficult to secure. This has become even more difficult since the Durham County Library has limited advanced booking from 90 to 30 days.
- While registration rate is not a problem, the show rate is quite disappointing. The show rate hovers at about 64%.
- The return of feedback post training to learn if attendees have written for grants whether received the funding or not has not been significant.

Implication(s)

• **Outcomes**

- The grant writing training is offered now at least twice a year.
- Since the delivery of the first training, over 300 (unduplicated) participants have been trained.
- The training has reached 26 participants outside of Durham County that heard about the event and registered.
- 13 attendees have indicated they have received grants and applied skills learned during the training. Others may have attempted grant writing but did not share their experience.
- There is an assumption that grant writing is easy. While many have not gone on to write for grants, several have provided insight that the experience has helped them to think differently about grant writing.

• **Service delivery**

- The grant writing training has been offered by DCoDPH and sometimes hosted by a faith-based organization without charging DCoDPH for the use of their space. Other times, the trainings are held at Durham County Library sites.
- Major recruitment has not been needed as the trainings have registrants almost immediately after release.

• **Staffing**

- One staff member and sometimes volunteers assist to implement the event. The volunteers have been former intern students.

• **Revenue**

- None

Next Steps / Mitigation Strategies

- Investigate opportunities to offer more online training related to grant writing
- The health educator that developed the training has been invited to offer a two-part series grant writing webinar for North Carolina Society for Public Health Education in partnership with NCPHA in the fall 2019

Division/Program: Dental: UNC Hygiene Students Assigned to Clinic (Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- The Dental Division works with the UNC School of Dentistry to provide clinic assignment for dental hygiene students' pediatric site rotation.

Statement of goals:

- To provide students hands-on experience in a public health setting, which opens additional hygiene slots for Dental Division patients. In addition, the students assist the Department's Public Health hygienist in screening students at Durham's Elementary schools.

Issues

- **Opportunities**
 - For the past few years, the Department has had two dental hygiene students rotate through the clinic (three weeks each). Beginning in September, two hygiene students are also assigned to the clinic each Tuesday.
 - This arrangement has helped the Division reduce its waitlist for hygiene patients, and hygiene students experience screenings at Durham Public schools.
- **Challenges**
 - The hygiene students are seeing typical column of patients for the first time, and treatment can take extra time.
 - Some of the students are seeing children for the first time, requiring clinic's hygienist to provide additional 1:1 support at the outset.
 - Students must learn how to use Dentrax dental software.

Implication(s)

- **Outcomes**
 - Five-six patients are treated by hygiene students each Tuesday. Services include prophylaxis, full mouth debridement, and placing sealants.
 - Clinic can see additional 150 patients during the Fall semester.
 - Students become familiar with the clinic prior to their completing a three-week rotation the following year.
- **Service delivery** –Last year the clinic saw the hygiene students saw 128 patients.
- **Staffing**- Students work under the guidance of one of the County's hygienists.
- **Revenue** – Approximately \$9,000 in Medicaid billing and self-pay fees during assignment.
- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division and UNC continue to discuss opportunities to work together to treat pediatric patients.

Division / Program: Pharmacy / Needle Disposal Box

(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

- In September 2018, DCoDPH Pharmacy installed a Needle Disposal Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for used or expired needles and syringes.

Issues

• **Opportunities**

- The following items are accepted in the box:
 - ❖ Used or expired needles and syringes
 - ❖ Used or expired medications with attached needles (i.e. Epipens)
- Reduce environmental concerns caused by improper needle disposal.
- Reduce accidental needle sticks caused by improper needle disposal.
- Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
- Reduce the risk of security personnel being exposed to used needles by placing the disposal box before the security checkpoint.

• **Challenges**

- Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.

Implications

• **Outcomes**

- Quarterly statistics, FY19-20 Q1
 - ❖ ~8,430 needles/syringes returned
- Year-to-date statistics, FY19-20
 - ❖ ~8,430 needles/syringes returned
- Previous year statistics, FY18-19
 - ❖ ~12,083 needles/syringes returned

• **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.
- Piedmont Biomedical is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

- The disposal box will be monitored regularly and emptied when necessary.
- Statistics from the Needle Disposal Box will be monitored and reported to the Board of Health quarterly.

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.
- The NC Injury and Prevention Branch received grant funds to purchase SSP supplies in February 2019. Durham County's portion of the grant was \$1,000. SSP supplies have been ordered with these funds to include antibiotic ointment, hand sanitizer, and feminine hygiene products.

• **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 HHS lobby.

Implications

• **Outcomes**

- The following statistics have been collected for August 2019:
 - ❖ Unique individuals: 4
 - ❖ Total contacts: 7
 - ❖ Syringes dispensed: 70
 - ❖ Syringes returned*: ~52
 - ❖ Sharps containers dispensed: 2
 - ❖ Fentanyl strips dispensed: 2
 - ❖ Naloxone kits distributed (with SSP): 1
 - ❖ Naloxone kits distributed (non-SSP): 29
 - ❖ Naloxone reversals reported: 1

- Year-to-date statistics, FY19-20:
 - ❖ Unique individuals: 8
 - ❖ Total contacts: 16
 - ❖ Syringes dispensed: 290
 - ❖ Syringes returned*: ~72
 - ❖ Sharps containers dispensed: 6
 - ❖ Fentanyl strips dispensed: 10
 - ❖ Naloxone kits distributed (with SSP): 3
 - ❖ Naloxone kits distributed (non-SSP): 69
 - ❖ Naloxone reversals reported: 1

*“Syringes returned” metric includes needles/syringes returned directly to staff regardless of usage (i.e. substance use, medical use, prescription use)

• **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: Pharmacy/ Medication Drop Box

(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 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. The needle/syringe disposal box is located next to the medication drop box.

Implications

• **Outcomes**

- Quarterly statistics, FY19-20 Q1
 - ❖ ~30 lbs of medication disposed
- Year-to-date statistics, FY19-20:
 - ❖ ~30 lbs of medication disposed
- Previous year statistics, FY 18-19
 - ❖ ~105 lbs of medication disposed

• **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.
- Statistics will be monitored and reported to the Board of Health quarterly.

Division / Program: Nutrition/Clinical Nutrition/Men's Health Initiative

(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

- September 8, 2019, DCoDPH's Nutrition Division provided Nutrition & Healthy Lifestyle Classes at the Men's Health Initiative- a free, community-wide health screening offered by the Duke Cancer Institute.

Statement of goals

- The Nutrition Division delivers health promotion and disease prevention education and medical nutrition therapy to the residents of Durham County.
- The Men's Health Initiative aims to prevent disease and illness by lowering health risks through education, increasing the use of preventative medical screenings, and encouraging preventative health care.

Issues

- **Opportunities**
 - Collaboration between the Nutrition Division and the Duke Cancer Institute promotes the goals of both agencies.
 - Event took place on Sunday, September 8 at the medical clinic in Duke Primary Care Croasdaile.
 - Free screenings for colon cancer, skin cancer, diabetes, and high blood pressure were offered including prostate specific antigen (PSA), digital rectal exam (DRE), blood pressure readings and hemoglobin A1C blood tests.
 - Two Durham County nutritionists lead 20-minute rolling Healthy Eating and Diabetes classes during the initiative.

Implication(s)

- **Outcomes**
 - Of the over 200 attendees, 29 had a diagnosis of diabetes or pre-diabetes based on an elevated A1C measurement.
 - 34 men with a diagnosis of diabetes, prediabetes, or simply an interest in healthy eating attended a 20-minute nutrition education class.
 - Participants were engaged in learning tools for self-care and were interested in nutrition and healthy lifestyle changes.
 - Program emphasized the importance of nutrition and exercise and how they affect overall health and blood sugar control.
- **Service delivery**
 - Two Nutrition Specialists from DCoDPH contributed the educational presentations and counseling.
- **Staffing**
 - The DCoDPH Clinical Nutrition staff includes 5 Registered Dietitians who provide Medical Nutrition Therapy (MNT) and nutrition education outreach to the community.
 - Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH, Monday through Friday.

Next Steps / Mitigation Strategies

- DCoDPH's nutritionists will continue to collaborate with community agencies in the shared goal of educating and empowering citizens for optimal health and selfcare.

COMMITTEE REPORTS:

- **PERSONNEL COMMITTEE:** (*Activity 23.1 & 37.1*)

Update on the recruitment process for the public health director position:

Mr. Dedrick: Since our last meeting, we are scheduling a third round of interviews for two candidates. If the committee is not successful with this set of candidates, the committee have had discussion about switching to another recruitment firm that is more methodical with their assessment process.

The interviews will be conducted sometime in the first week of November by Health Department Leadership, community partners, the Personnel Committee, and Board Members. The process will include a meet and greet session for the interviewees with health department staff.

A defined sets of questions will be used by the Board, leadership and community partners for the candidates. Mr. Dedrick invited the board members to sit in on the interviews.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

• **BUDGET AMENDMENTS**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$90,988.00 from the Department of Health and Human Services Division of Public Health Women's and Children's Section / Women's Health Branch for Title X funding in the Family Planning Program in Durham County for fiscal year 19-20.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$1,890.00 from the Department of Health and Human Services Division of Public Health for Breast and Cervical Cancer Control Program (BCCCP) services in Durham County. These funds are to be used to pay for clinical services provided to women in the BCCCP.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$3,301.00 from the Department of Health and Human Services Division of Public Health Epidemiology Section / Communicable Disease Branch for the Tuberculosis (TB) Control Program in Durham County. These funds are to be used to enhance latent TB infection (LTBI) screenings and treatment in Durham County.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$8,000 from the Ann Wolfe Mini Grant for Child Health and Infant Mortality.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$7,000 of additional Medicaid revenue. As a result of Public Health efficiencies in medical claims billing on behalf of The Center for Child and Family Health, the amount of Medicaid revenue will be higher by \$7,000 over what was budgeted.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$104,459 from the Division of Social Services, North Carolina Department of Health and Human Services for DINE Program implementation. Funds will be used to support a new FTE nutrition specialist position who will provide nutrition programming in Durham Public Schools. The new position was approved in the FY19-20 DINE grant award. Additional operational costs were also awarded in the FY19-20 grant to support overall DINE programming.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$57,110 from the University of North

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Carolina-Chapel to support a second Formerly Incarcerated Transition Community Health Worker position.

UNC-Chapel Hill received a National Institute of Drug Abuse grant to support a Community Health Worker position to work in collaboration with the Durham County Detention Center's Medication-Assisted Treatment (MAT) Program. The Durham County Department of Public Health is a sub-recipient of the grant and grant funds will be administered by UNC-Chapel.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$13,600 from the University of North Carolina-School of Government for Opioid Crisis Response.

Mr. Curtis made a motion to approve the budget amendments in the amounts of \$90,988; \$1,890; \$3,301; \$8,000; \$7,000; \$104,459; \$57,110 and \$13,600. Dr. Jackson seconded the motion and the motion was unanimously approved.


- **AGENDA ITEMS NOVEMBER 2019 MEETING**

- HEP C Treatment Presentation
- Financial Presentation
- Personnel Committee Report


INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Mr. Ireland made a motion to adjourn the regular meeting at 6:44pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Joanne F. Pierce, Interim Health Director