

A Regular Meeting of the Durham County Board of Health was held June 13, 2019 with the following members present:

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

Others present: Gayle Harris, Joanne Pierce, Rosalyn McClain, Jim Harris, PhD; Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Damaris Hernandez, MARRISA Mortiboy; Cheryl Scott and Denver Jameson.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:01 p.m. with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Chairman Allison requested the following addition:

1. Community Health Assessment Discussion (*new business*)

Dr. Fuchs made a motion to approve the revised agenda. Dr. Jackson seconded the motion and the motion was approved unanimously.

Chairman Allison took a moment of personal privilege to welcome Mr. Eric Ireland to the board noting that his experience in public health will be invaluable to the board. Mr. Ireland was appointed to serve in the vacant “Citizen At Large” position on the Board of Health. Mr. Ireland said that he was looking forward to being on the board and back with family. He is looking forward to being a part of this work again.

Ms. Harris suggested that Mr. Ireland be added to the personnel committee because of his work experience in public health. Dr. Allison and Mr. Dedrick agreed that his experience will be very helpful.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Mr. Dedrick made a motion to approve the minutes for May 9, 2019. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: There were no staff/program recognitions.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Dr. Allison called for administrative reports/presentations

- **INTERPRETATION SERVICES UPDATE (*Activity 20.2*)**

Ms. Harris reminded the board that in February 2019, Damaris Hernandez was asked to submit the innovative interpretation services work to the National Association of Counties (NACo) Achievement Awards Program on behalf of Durham County. The NACo Achievement Awards Program is one that seeks to recognize innovative county government programs. One outstanding program from each category is selected as the “Best of Category.”

On May 3, 2019, we received notification that NACo granted Durham County the 2019 Achievement Award for its program titled “Interpreter Request Service” in the category of Health. As a 2019 Achievement Award winner, a Durham County representative is invited to attend the NACo Achievement Awards Luncheon in July at NACo’s Annual Conference and Exposition in Clark County, Nevada. NACo will list each award winner in the lunch program booklet and honor the Best in Category winners on stage.

Ms. Damaris Hernández, Interpreter Unit Supervisor provided the board with an overview of the Interpreter Request Service, which facilitates the understanding in communication between people who speak different languages, ensuring equal access in quantity and quality to health

services for guests/patients with limited English proficiency (LEP) as it is for English-speaking guests.

The Interpreter Unit, within the Administration Division at Durham County Department of Public Health, provides professional interpretation services to improve guest/patient access to existing programs and ensure consistency of care for all of them. Provides a link between the community and health care services for guest/patients with limited English proficiency and transcends linguistic and cultural barriers to foster an environment of diversity, accessibility and opportunities for all. In July 2018 a new tool was implemented to achieve this objective in a more effective way, the Interpreter Request Application, which offers the opportunity to measure the performance of the unit.

Implementation led to the following achievements:

- In-time measurement of performance and effectiveness
- Savings of 76 percent in the Language Line contract, which was a more-expensive private service that had been used more frequently for Spanish-speaking interpretation services before creation of the request system
- Increased accessibility for guests
- Creation of a positive spiral effect for the interpreter services unit, thereby creating a culture of continuous improvement
- The provision of increased and improved customer service to the public and to fellow employees by reaching more guests serving them faster
- A demonstrated example of innovation in Durham County which could serve as a model program for other service areas within the County, since there is no other program with the same characteristics or purpose.
- Increased team morale, motivation and the sense of pride for what team members do, as well as the connection and acceptance of different cultures within the unit.
- Allowed us to more efficiently implement the Culturally and Linguistically Appropriate Services (CLAS) standards.

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

QUESTIONS/COMMENTS:

Chairman Allison: With your reduction in use of language line, did you have to bring on more personnel or you just were more efficient with what you have?

Ms. Hernandez: Yes, we were more efficient with the staff we have

Chairman Allison: Fantastic!

Dr. Fuchs: That's a great improvement; so, thank you. That's really wonderful! My question is, I know that Spanish is number one request, what are the other languages that you get request for most often?

Ms. Hernandez: Arabic is the other one.

Chairman Allison: No Mandarin?

Ms. Hernandez: No.

Ms. Harris: Our refugee patient volume decreased because of the politics of our country.

• **SOTCH REPORT (Activity 38.2)**

Ms. Marissa Mortiboy provided a brief overview of the data from the 2018 State of the County Health report. This report is an update of the 2017 Community Health Assessment which is mandated by the state for local health departments and IRS for Duke Health. Information is used to set agency priorities and grant writing. Ms. Mortiboy shared quantitative and qualitative data, health priorities and emerging issues.

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

QUESTIONS/COMMENTS:

Chairman Allison: Does the 41% Latino population that are uninsured include undocumented individuals?

Ms. Mortiboy: I believe so. Let me check on it.

Dr. Allison: Do you think that the actual numbers are going up or do you think it's just better identification and better diagnosis of identifying those folks that are depressed? Or is it a combination of both?

Ms. Mortiboy: I think it's a combination of both and I also think it's a trend that depression among adolescents has been increasing.

Chairman Allison: It's not just the detection but the actual number is going up?

Ms. Mortiboy: Yes. I think so.

Dr. Fuchs: How many students were in the sample size overall?

Ms. Mortiboy: It's in the copy of the Youth Risk Behavior Survey. I don't know off the top of my head, but I believe it was eleven middle schools and most of the high schools as well. I think it was over two thousand students.

Ms. Harris: We sent the data to be analyzed by CDC. That's why it took us so long to get it back.

Chairman Allison: On the data that we collected; it's good to have the numbers but what kind of strategies are we going to use to move forward to try to improve these numbers?

Ms. Mortiboy: The Partnership for A Healthy Durham has developed action plans around access to care, Health & Housing, Obesity, Diabetes and Food Access. The mental health committee is currently working on an action plan.

Chairman Allison: I guess the million-dollar question is with the action plans, how many of them or how much of them will require legislative action where we have to get some of our lawmakers to pass some statutes to get moving or even to get extra funding to make some changes in the way we do things. That's probably about everything. Right?

Ms. Mortiboy: Yes, just about all of them. For example, access to care, expanded Medicaid from the state will have a huge impact. We had a meeting this morning on Medicaid transformation with Blue Cross and Blue Shield on the Healthy Blue plan. Some of the recipients have never had to pick a plan before and there will be about four-five different plans depending on where you live. So as a committee, we're going to work with community members to help disseminate the information in a format that points out the different plans.

Chairman Allison: And that's going to be difficult because even though it's just one Medicaid there are different plans through Medicaid in terms of levels. I have customers that come in my office and think they have dental coverage, but their particular plan doesn't cover dental. Apparently, they didn't get the correct information.

Ms. Harris: On July 8, 2019 Social Services is hosting a meeting in this space that will bring representatives from each of the plans and the enrollment broker so that people can have conversation with representatives from each of the plans. From 10:00 a.m.-12:00 noon leadership from community partner agencies and the County and elected officials will receive an overview of the enrollment process and the plans.

Chairman Allison: Do you know, like now you have family planning Medicaid, baby-love, Aid to Mothers with Children but there several different plans where some cover certain things and some don't. When they go into this managed care system where the carrier is covering the plan, are they still going to be broken up into those different sections, or does it depend on what plan they pick? or do you know?

Ms. Harris: I'm not real sure, I know there are carve outs and then the services the health departments provide will be still be "fee for service" unless we are the primary care. We're not quite sure how that will work at this time.

Chairman Allison: It's going to be interesting. Is there anything else?

Ms. Harris: Marissa, you might want to talk about the exhibits.

Ms. Mortiboy: Yes, affordable housing is one of our top priorities. Bull City 150 has done an exhibit on the history of housing in Durham County (147 in Hayti and redlining). The exhibit will be installed on July 19 in the HHS building.

Chairman Allison: So, does everyone know what 147 in Hayti is? That's when they built 147 and came through and destroyed Hayti with the promise that they would rebuild everything. It was never done. The City of Durham reneged on their promise.

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

The board received a copy of the vacancy report through the end of May 2019 prior to the meeting. The vacancy rate for May 2019 was 6.0%. There were no questions about the report.

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

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

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

Health Director's Report

Division / Program: Health Education Division / Parents Matter!

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

(National Accreditation Measure 3.1.2 A - Health promotion strategies to mitigate preventable health conditions, RD 2)

Program description

Parents Matter! is an evidence-based HIV/STI and Adolescent Pregnancy Prevention program for parents of pre-teens. The program is designed to equip parents/guardians with the knowledge, skills, confidence and comfort level to discuss sexual health/sexual risk reduction strategies with their children ages 9-12 years.

Statement of goals

- To increase parental awareness concerning issues children face
- To improve parents' ability to communicate with their children about sex
- To encourage parenting practices that increase the likelihood that children will not engage in sexual risk behaviors
- To help parents feel more competent and comfortable addressing issues of sexual health and sexual risk reduction with their pre-teens.

Issues

- **Opportunities**
 - Continue to build relationships with community organizations
 - Increase partners for the Parents Matter! program and potentially other department initiatives
 - Despite the significant time commitment of five 2.5-hour sessions (Total=12.5-hours) required to complete the program, collaboration with the Durham Housing Authority has allowed for recruitment of adults within our intended audience who are unemployed or between jobs. This has allowed us to reach program participants who were available during week day mornings.
- **Challenges**
 - The 2018-2019 school year has made it particularly challenging to offer the Parents Matter! program on week days. Efforts were made to recruit participants who could participate in the program on weekends. ECU Student Intern, Jasmine Chambliss, developed a presentation previewing the program to recruit churches willing to host the program on Saturdays. She presented this preview for a parent group at the Monument of Faith Church in September 2018. In February 2019, the church requested the program to begin in mid-March and run for five Saturdays.
 - To improve participant retention in the program, meals/snacks are served during some sessions and gift cards are given to those who complete the program.

Implication(s)

- **Outcomes**
 - In 2019, one DCoDPH Public Health Educator and an additional trained facilitator implemented the Parents Matter! Program at the Monument of Faith Church.
 - A total of 6-participants completed the program.
- **Service delivery**
 - Recruitment for the Parents Matter! program is initiated by Public Health Educators, who contact a DHA Resident Opportunity for Self-Sufficiency (ROSS) Services Coordinator, who, in turn, circulates an interest sheet during Resident Council meetings
 - Public Health Educators also contact church leaders via email and request to preview the program with parent groups to see if they are interested in hosting the program.
 - The Parents Matter! Program is implemented in five (5) 2.5-hour sessions.
 - The final session includes parents and children which allows parents to role play communication skills they have learned during the training.
- **Staffing**
 - One Public Health Educator trained in facilitation of the Parents Matter! program and one additional trained facilitator from the UNC Center for AIDS Research, who assists as her schedule permits.

- **Revenue**
 - The Parents Matter! program is offered to program participants at no cost.

Next Steps / Mitigation Strategies

- DCoDPH staff will continue the Parents Matter! program.
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Division / Program: Health Education: Faith-based event: Faith, Health & Wholeness

Activity 13.1: The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.

Program description

- Durham County Department of Public Health hosts the Durham County Health Ministry Network (DCHMN), which is a group of representatives from faith-based organizations (FBO) that meet quarterly to discuss how to incorporate health activities at their site. Periodically, a gathering or training is held for DCHMN members and other faith-based organizations to learn about available resources and encourage collaboration of ideas and activities. This year's event took place on Saturday, May 18, 2019.

Statement of goals

- To promote and share resources
- To build capacity through train-the-trainer sessions
- To promote collaboration and share ideas
- To increase the incorporation of health and wellness activities, policies and practices in the faith-based settings

Issues

- **Opportunities**
 - DCHMN members helped to plan, secure speakers and promote the event
 - Attendees were able to visit the Admin II Building, which was a first for many.
 - Some attendees made new connections and discussed possibilities of sharing resources
 - Two new FBOs have requested to be part of the DCHMN
- **Challenges**
 - Attendees were unfamiliar with the Admin II Building, so parking was challenging for some.
 - Some attendees confused the Human Services Building (HSB) with Admin II and showed up at another event held at HSB.
 - Three speakers cancelled, but staff members were able to cover the open sessions.
 - Space for the event was limited so we under registered participants. Even with this some of the sessions, there was room for only 10-12 participants due to the size of the room with equipment.
 - The use of the space was over \$1,500 for four hours.

Implication(s)

- **Outcomes**
 - 32 participants registered for the event. 17 showed and 9 walk-ins.
 - All sessions had participants for which all were understanding about some of the changes in the sessions.
 - Evaluations indicated the participants would like a similar event held again next year
 - Two participants who were not members of DCHMN volunteered to help plan next year's event
- **Service delivery**
 - The half-day event was held at the Admin II Building on the first floor from 9:00am-1:00pm.
 - Durham County Government allowed staff to use manikins and AED trainers for the train-the-trainer Hands Only CPR sessions led by the American Heart Association.

- **Staffing**
 - Three staff members and four volunteers helped to implement the event.
 - Of the four volunteers, two were former intern students that graduated in May, one wants to intern with DCoDPH, and one is expected to be assigned to the department in Fall 2019.

Next Steps / Mitigation Strategies

- DCHMN will help to plan a similar event either in FY2020 or the year after depending on the available resources.

Division / Program: Health Education & Community Transformation Division – ICO4MCH

(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

- Improving Community Outcomes for Maternal and Child Health (ICO4MCH) is a state-funded program that aims to reduce infant mortality, improve birth outcomes, and improve the health of children 0-5 in Durham County. The program addresses these goals by supporting reproductive justice and improving patients' access to the method of contraception of their choosing, supporting tobacco prevention and control efforts, and supporting Family Connects Durham and its newborn home visiting program.
- As part of the grant contract, each site is required to perform a health equity impact assessment (HEIA) each grant year. This exercise is designed to assess whether a program or policy is functioning in an equitable way and to help identify modifications if it's less than ideal. This year Durham chose to perform a HEIA with Family Connect Durham. (A HEIA had already been performed with the other two arms of the program.)

Statement of goals (*pertains to the desired outcomes for activity or event being reported*)

- To use data to assess if and how Family Connects Durham is working with Durham's population equitably
- To provide modifications to improve the equity of Family Connects Durham

Issues

- **Opportunities**
 - Staff was able to convene a group of 16 people from various agencies working with issues pertaining to child health and well-being, as well as a community volunteer who had received a Family Connects visit.
 - Relationships with partner agencies and staff were strengthened by including them in this process and valuing their feedback and input.
 - The relationship between DCoDPH and Family Connects Durham was strengthened.
 - Staff worked closely with Family Connects staff to create a data profile that showed various data (e.g., % of scheduled home visits by race, % of completed visits by mother's age, etc.) about the Family Connects Durham program.
- **Challenges**
 - Many of the people invited were unable to attend, so the HEIA team was not as diverse in terms of agencies and partners as we wanted it to be.
 - The HEIA took a lot of time (5 hours), which was a big ask for people. It would be good if it could be shorter.
 - The proposed modifications might be difficult for Family Connects Durham to implement. For example, the team proposed hiring a more diverse staff. Family Connects Durham can try to do this, but there is no guarantee that they will be able to achieve it.

Implication(s)

- **Outcomes**
 - A total of 16 people attended and completed the HEIA exercise.
 - The HEIA team generated a list of proposed modifications to improve the equity of the Family Connects Durham program.

- **Service delivery**
 - This event took place from 11am-4 pm on Monday, April 29, 2019.
- **Staffing**
 - 2 staff from DCoDPH, as well as 4 staff from Family Connects Durham, worked to put together the HEIA.

Next Steps / Mitigation Strategies

- The ICO4MCH program coordinator is working with Family Connects Durham staff to think through the proposed modifications and see what is most feasible to implement.

Division / Program: Health Education / Communicable Disease & Maternal and Child Health / Making Proud Choices

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

Program Description

- Making Proud Choices (MPC) is an evidenced-based curriculum that addresses the prevention of adolescent pregnancy and sexually transmitted diseases (STDs), including HIV. It acknowledges that abstinence is the best choice but emphasizes the importance of condoms, if participants choose to have sex.

Statement of Goals

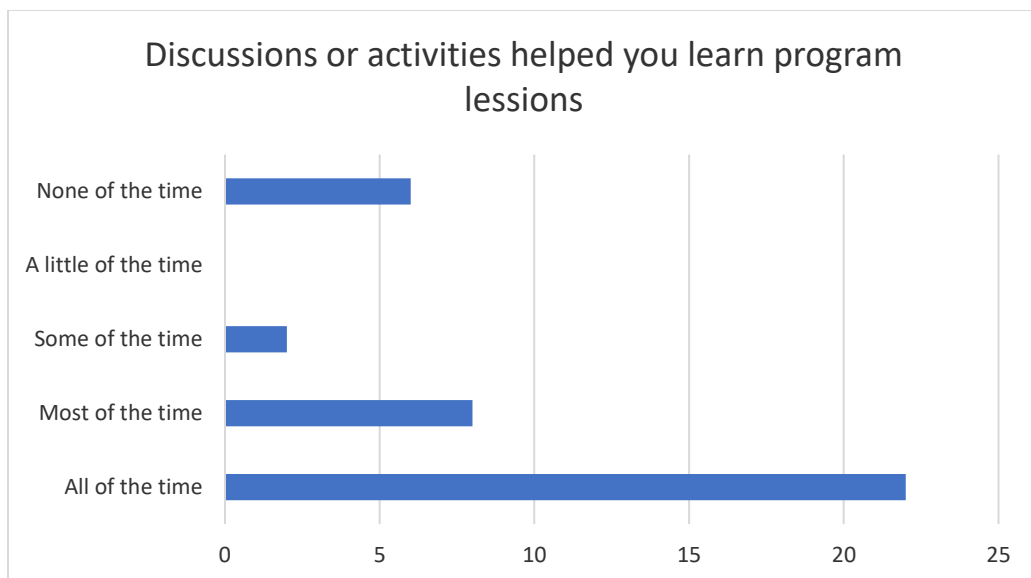
- To empower adolescents to change their behavior in ways that will reduce their risk of becoming infected with HIV and other STDs, and their risk for an unplanned pregnancy.
- Youth participating in this intervention will:
 - Increase their knowledge about prevention of HIV, STDs and pregnancy.
 - Believe in the value of safer sex, including abstinence.
 - Develop confidence in their ability to negotiate abstinence/safer-sex practices.
 - Have stronger intentions to use condoms if they have sex.
 - Improve their ability to use condoms correctly.
 - Have a lower incidence of HIV/STD sexual risk-taking behavior.
 - Take pride in choosing responsible sexual behaviors.

Issues

- **Opportunities**
 - Making Proud Choices was implemented with three youth groups: Project BUILD, Carter Community Charter School, and Rebound
 - The Public Health Educator traveled to each group to provide programming.
 - Participants received refreshments during sessions. Each participant also received a certificate of completion and a \$50 Walmart gift card upon successfully completing the 8-hour series.
- **Challenges**
 - The Public Health Educator experienced some challenges completing all the activities planned for Carter. Although an hour allotted, sometimes it took longer for students to transition, physically and mentally, from one class to the to the next. Also, MPC is an interactive curriculum; engaging 16 eighth graders and responding to their comments and questions can quickly fill an hour.

Implication(s)

- **Outcomes**
 - 32 participants completed the exit survey; 22 boys and 10 girls and the average age was 15 (range 13 – 19).
 - 71% participants felt interested in program sessions and classes most or all the time.
 - 93% thought the discussions and activities helped them learn the lessons.
 - 93% thought the materials were clear.
 - More than half (62%) felt comfortable and (31%) felt somewhat comfortable about their ability to put on a condom
 - 62% reported being much more likely to use birth control in the next 6 months



- **Service delivery**
 - MPC consists of eight, one-hour modules.
 - The Public Health Educator facilitated modules, at each site, on the following dates:
 - Project Build (February 4, 2019 – February 25, 2019)
 - Carter Community (March 12, 2019 – May 21, 2019)
 - Rebound (5/28/2019 – 6/3/19)
- **Staffing**
 - One Public Health Educator was responsible for MPC.

- **Revenue**
 - Received TANF funds to provide program supplies, refreshments and gift cards.

Next Steps / Mitigation Strategies

- The public health educator will search for additional sites to implement MPC.
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**Division / Program: Laboratory/ North Carolina State Laboratory of Public Health
Drinking Water Inspection**

(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

- The DCoDPH Laboratory was inspected by the North Carolina State Laboratory of Public Health Certification Team on May 22, 2019.
- All laboratories that analyze water from public water supplies are subject to regulation under the North Carolina Drinking Water Act.
- On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all requirements in order to maintain certification.

Statement of goals

- To maintain Drinking Water certification through the North Carolina State Laboratory of Public Health by meeting, successfully maintaining, and continually improving upon the North Carolina Drinking Water Act regulatory standards.
- To meet an internal goal of receiving 2 or less deficiencies as identified by the Inspection Team.

Issues

- **Opportunities**
 - Previous inspection results have been sub-optimal (2017: 7 deficiencies) leaving opportunities for improvement.
 - Inspections are a learning experience for all participants and encourage discussion among peers regarding processes and improvement opportunities.
 - Offers Lab Technicians and Lab Assistants the opportunity to experience an external inspection process.
- **Challenges**
 - Regulations are numerous, varied, and open to interpretation.
 - Previous 5 years of laboratory documentation must be available to the inspectors.

Implications

- **Outcomes**
 - The Inspection Team cited 1 minor deficiency for the Drinking Water testing process.
 - The Inspection Team made a few suggestions to continue improve processes within the Laboratory.
- **Service delivery**
 - Process improvements, record retention, and inspection planning have been underway since June 2017 by the Laboratory Division Director, Medical Laboratory Supervisor, and Laboratory Technical Consultant.
 - The Plan for Corrective Action is being completed by the Laboratory Division Director and Laboratory Technical Consultant.
- **Staffing**
 - DCoDPH staff assisted in process changes, laboratory documentation, record retention, etc. which culminated in a successful inspection.

Next Steps / Mitigation Strategies:

- Implement the Plan of Corrective Action for the identified deficiency.
- Maintain high standards of integrity and efficiency while preparing for the next inspection in 2021.

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 April 2019:
 - ❖ Unique individuals: 4
 - ❖ Total contacts: 6
 - ❖ Syringes dispensed: 120
 - ❖ Syringes returned*: ~ 30
 - ❖ Sharps containers dispensed: 5
 - ❖ Fentanyl strips dispensed: 2
 - ❖ Naloxone kits distributed (with SSP): 4
 - ❖ Naloxone kits distributed (non-SSP): 28
 - ❖ Naloxone reversals reported: 0

- Year-to-date statistics, FY18-19:
 - ❖ Unique individuals: 33
 - ❖ Total contacts: 55
 - ❖ Syringes dispensed: 1300
 - ❖ Syringes returned*: ~ 2156
 - ❖ Sharps containers dispensed: 73
 - ❖ Fentanyl strips dispensed: 59
 - ❖ Naloxone kits distributed (with SSP): 31
 - ❖ Naloxone kits distributed (non-SSP): 222
 - ❖ Naloxone reversals reported: 2

*“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: 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 Division also screens in Head Start programs and provides exams with fluoride in Early Head Start Programs.
- Parents are provided letters detailing the screening, and they have the option to opt-out. After the screening, parents receive a letter with the results immediately after screening is completed. The letters state whether the child has or does not have cavities and explains that if the child does not have a dental home they may qualify for care at the Department.

Statement of goals

- Provide annual dental screenings determine the prevalence of dental disease in school aged children in the County and how Durham compares with other counties within the state.
- To collaborate with the State Oral Health Section when their hygienist screens two schools as they obtain data to use in their report.

Issues

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

12 A Regular Meeting of the Durham County Board of Health, held June 13, 2019.

- Those children without a dental home may have the opportunity to begin dental treatment when the Tooth Ferry visits their school and/or complete treatment plan in the clinic if needed.
- The screenings provide education to the students which include oral health presentations at the school.
- The Division works with Durham Head Start and Early Head Start to provide dental screening and presentations.

Challenges

- Some schools have been hesitant to supply classroom rosters, promote the screenings, etc. which led to additional conversations with school leadership.
- Some schools allow the Smiles Van to screen children.
- There are often last-minute adjustments to the screening schedule upon arrival at the schools, including finding space for the hygienist and assistant to conduct the screenings.

Implication(s)

• **Outcomes**

Through the first three quarters of this fiscal year, the Division has screened 7,120 students (annual goal is 8,500) and delivered 90 presentations to 1300 students and 340 adults.

The Division has provided exams with fluoride for 87 children, surpassing its original goal of 65,

• **Service delivery**

- The Division's goal is to screen up to 8,500 students per year and provide 40 oral health presentations in the community.

• **Staffing**

- Public Health Hygienist provides the screenings, and is aided by a dental team member, or Dental Hygiene students from UNC. This year the Division's second Public Health Hygienist has also assisted with screenings.

Next Steps / Mitigation Strategies

- The Division will continue to meet with school administrators to promote screening, as well as Tooth Ferry services.

Division / Program: Nutrition Division / Clinical Nutrition/City of Durham Police Wellness Presentations

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

Program description

- Members of the DCoDPH Clinical Nutrition team provided a total of 6 Nutrition presentations focused on healthy eating to the City of Durham Police Department as a part of the City's Wellness program. Two sessions were held weekly from April 16-May 21. Topics included *What's on your Menu*, *Making Sense of the New Food Label*, *Boost Your Success at Maintaining a Healthy Lifestyle*, *Let's Get on Track with Mindful Eating*, *What's Hot and What's Not*, and *Meal Planning*.
- The City of Durham Employee Wellness Program provides a comprehensive and innovative wellness program to employees. The wellness program is designed to help employees prevent disease and illness by lowering health risks through education, adopting healthy lifestyles, increasing the use of preventative medical screenings, and preventative health care.

Statement of goals

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

Issues

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

Implication(s)

- **Outcomes**
 - 101 Durham Police employees received education and resources on several aspects of nutrition.
- **Service delivery**
 - A total of 12 one-hour-long education sessions were conducted.
- **Staffing**
 - 2 Nutrition Specialists collaborated to create and deliver the presentations. The same presentation was presented twice each week by the two Nutrition Specialists to allow multiple opportunities for police staff attendance.
- **Revenue**
 - N/A
- **Other**
 - Based on the high number of presentation and workshop requests received by the Nutrition Clinic from the City of Durham, the City of Durham Employee Wellness Program values the services and expertise of the nutrition clinic personnel.

Next Steps / Mitigation Strategies

- Continue to build the partnership between the Durham Police Department and the DCoDPH Nutrition Clinic.

COMMITTEE REPORTS:

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

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

Mr. Dedrick: This afternoon we received 5 applications from the recruiter. We had 165 applications. From that list, they narrowed it down to the top five candidates. I shared the information on those with the committee. We have not had time to look at the applications. Of the five, one has a job offer. According to the recruiter, he would like to hear from us by next Tuesday if we chose to pursue him. He has another job opportunity; but Durham would be his preferred place to come. That is a very short timeline for us. The personnel committee will review the applications and decide on the candidates that will be interviewed. Rosalyn will provide the personnel committee with a dedicated conference call line for the telephone interviews. There is only one North Carolina applicant in the pool. If any of you want to be involved, let me know. I am going to work with Durham Human Resources to develop a standard list of questions so that we can ask each candidate the same questions. August 1st is still the target start date.

Chairman Allison: I want to commend Steven and the personnel committee for the work they have been doing with the recruitment process. Great work!

OLD BUSINESS:

- **BUDGET UPDATE (Activity 39.3)**

Ms. Harris: The BOCC included the following requests in the FY 19-20 budget:

- county funds to fully support Bull City United, Project BUILD and FIT;
- Adverse Childhood Experiences Coordinator which will reside in this department to coordinate the work of the task force and oversee/initiate activities to help Durham become a trauma-informed community;

- Racial Equity Officer which will be in county manager's office to work across the enterprise; and
- HIV coordinator/navigator and operational expenses to provide the additional resources to implement activities included in the Fast Track Cities Resolution for HIV 90:90:90 by 2030.

We asked for replacement vehicles for Environmental Health in our proposed FY 19-20 budget; but the county took the position not to replace vehicles in order to minimize the impact on the tax rate. Since we received the letter regarding our 2018 Medicaid cost settlement funds, I talked with the Manager about going to the BOCC to use some of the funds to purchase 10 replacement vehicles and implement the UNC Epic contract. The BOCC approved this request during the June 10, 2019 regular session meeting.

QUESTIONS/COMMENTS:

Chairman Allison: Are the vehicles hybrid vehicles?

Ms. Harris: Yes, they are hybrid Toyota Camrys.

Chairman Allison: Did we ask for school nurses this year?

Ms. Harris: No, we did not. When we were preparing the budget, there were four or five vacant school nurse positions. Knowing how difficult it is to on-board that many people at one time, we did not request additional positions. We will make sure the commissioners remember their commitment to incrementally increase the number of school nurses. Staff will ask for additional positions next year. We also need to look at increasing the Environmental Health staff.

Chairman Allison: With the Environmental Health staff we just need to find some more money to increase their salaries because adjacent counties are beating us out.

Ms. Harris: Absolutely! However, adjacent counties are beating us across the board. The City of Durham gave their employees a 4% increase across the board. Wake County, also, gave 4% across the board. Mecklenburg County is starting Environmental Health Specialists at \$51,000.

Mr. Salter: And July 1, they are getting a 5.5% increase.

Chairman Allison: ...and we start at...?

Mr. Salter: \$41,000

Chairman Allison: That's a big difference.

Ms. Harris: I have been sending that information to the HR Director and the Manager. The Commissioners have received information from a Durham County Classification and Compensation Study prior to the adoption of the FY 18-19 budget. Several discussions have occurred over the past year.

- **FOLLOW-UP MAPS—COMMUNITY-FOCUSED POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES IN EARLY CARE AND EDUCATION**
(*Activity 10.2*)

At the May 9, 2019 board meeting, Ms. Meghan Brown shared with the Board some of the approaches that are currently being used in Durham County to improve nutrition and physical activity environments for children, aged 0-5, that attend eligible Early Care and Education (ECE) programs.

After the presentation Commissioner Howerton had questions about the maps and how to understand the site areas. A copy of the maps for six site areas was sent to the board prior the meeting to review. There were no further questions. The latest map link: <https://reverent-lamarr-1b5f87.netlify.com/>.

NEW BUSINESS:

- **MMR VACCINATION REPORT** (*Durham County, North Carolina and United States vaccination rates and who grants exemptions*)

Ms. Cheryl Scott, program manager provided the board with data on the MMR vaccination rates and exemption process.

(A copy of the PowerPoint Presentation is attached to the minutes.)

QUESTIONS/COMMENTS:

Dr. Fuchs: Can I ask a question? Was the majority of people vaccinated 51%, 75%, 80% or 90%? Do you know?

Ms. Scott: The information is coming up in the next few slides.

Chairman Allison: Question. You may not know the answer to this but the folks that are home schooled, 1) is there some type of report to identify what kindergarten age children or first graders are being home schooled since they are not enrolled in a school; 2) is there a way to collect data on home schooled children in terms of vaccinations?

Ms. Scott: I don't know but I can look that up in the home school rates and find that out.

Chairman Allison: Because I think the number is steadily increasing as far as home schooling.

Dr. Jackson: Do you know how Durham compares to other counties within the state in terms of the exemptions?

Ms. Scott: No but I can find that out.

Chairman Allison: Do you have any longitudinal data from past years in terms of how many exemptions? Are they steady or was there a spike (increase or decrease) in the numbers?

Ms. Harris: We can get that information for you.

Ms. Scott: Dr. Fuchs, I don't believe I answered your question earlier. I will have to look it up.

Dr. Rosenstein: I have a couple. Looks like we are doing really well with 17-18 group. We are better than where we should be, as far as I can tell. Where we are not good, we are 85% overall. Can you explain why there is a discrepancy there?

Ms. Scott: It may be because children in the older grades. When the children enter seventh grade, there is a set of vaccines that are required. We have a very difficult time getting those children immunized on time. We also have children that move here from out-of-state. They must have a required health assessment; but when they move here and set up residence, we don't have a NCIR record. We don't know which vaccines they have had until they complete the health assessment and it gets reported. Sometimes the providers, don't enter the vaccines into the NCIR. That means we aren't capturing a lot of children who may be vaccinated. I can't think of any reasons that may be happening. Can you Hattie?

Ms. Wood: We only have access to the data that has been entered into the NCIR. Of course, we enter all our vaccines. We also ask patients scheduling appointments for immunizations that they bring their immunization record with them. As Ms. Scott stated it's not mandatory to enter the data in NCIR; so, we are only able to pull what has been entered.

Dr. Braithwaite: In my practice my experience is some parents want to wait and delay vaccinations and they will do when they are required to by the state to get into school, so that school state requirement is very important; 2) some children haven't had their first MMR but they have gotten both of them in order to get into school. so that 85% I think is pretty similar to what we see in practice in our office.

Ms. Scott: Our school nurse team has a component that we monitor the immunizations for seventh graders. In 2020, 12th graders will be included. We help catch a lot of students that were missed. We pull the school record for children enrolled in DPS and our staff review the NCIR record to see who has not had the required vaccines. The information is provided to the principals and then we refer those children to their medical homes, other providers, and the health department to get those missed vaccinations.

Dr. Braithwaite: It works. The parents come with their letters in hand.

Chairman Allison: Is there any type of public campaign to counteract some of the myths that are out there that the health department is involved in or do you think you're doing a pretty good job and it's not necessary?

Ms. Scott: Well we don't have a coordinated event now but what the school nurses were speaking of is that sometimes in the City of Durham water bills they provide flyers about upcoming events and a variety of other topics. We are interested in seeing if something about the vaccinations could be inserted. That's just one idea that we have.

Chairman Allison: I was speaking of some type of social media campaign every so often. Social media is not free. Because you have to have personnel to put it together. There's no external cost to social media so that might be something you can investigate.

Ms. Harris: We are in the process of hiring a new media person.

Dr. Rosenstein: One final question. Other states in the nation are in the process of changing their laws; severely restricting personal and religious exemptions for MMR. So, my question is who does that in North Carolina?

Chairman Allison: The state legislators.

Dr. Rosenstein: Would this be a coalition of the county boards of health coming together?

Chairman Allison: That's a statute.

Ms. Harris: Legislators like to have a coalition of counties across the state because they can't enact health-related legislation for one county. It will help them if our professional organizations establish a platform that is pushed across the state. An organized effort of that magnitude creates more opportunity for them.

Dr. Rosenstein: What I think I heard you say is we need as many county boards of health to make that a stated platform that can be taken to legislators.

Chairman Allison: You would probably need that along with the North Carolina Medical Society and Academy of Pediatrics. All those groups would have to come together in one big push.

Dr. Braithwaite: Academy of Pediatrics is already pushing for that.

Ms. Harris: It would be helpful, if you can share that with the board. something could be sent to the Boards of Health and health departments.

Chairman Allison: That's a good idea. That could be an initiative that we can start here in Durham County to get it started.

- **FEDERAL POVERTY GUIDELINES RULE PROPOSAL**

Ms. Harris provided the board with information about changing formula used for the federal poverty guidelines. The proposed change would impact and/or exclude many families who receive SNAP or Medicaid benefits. Ms. Harris stated that in the packet of information there is a summary of the impacts of the changes and an email from Ben Rose, Director of Durham County Department of Social Services. The Office of Budget and Management is asking people to comment on the formula. Ms. Harris will send an electronic copy of the proposal for board members to make comments by June 30.

Chairman Allison: Thank you, Gayle for sharing this information. Please send the electronic version.

(See the attached documents)

- **COMMUNITY HEALTH ASSESSMENT DISCUSSION**

Ms. Revelle shared her experience and concerns while administering the community health assessment survey with the board. Ms. Revelle commended the staff and volunteers that participated in administering the survey. She also shared safety and liability concerns and some recommendations for the future when administering the community health assessment survey. She recommended that staff:

1. provide cultural competency training so that volunteers are clear on how to handle various scenarios;
2. have diversity in the teams that are sent out;
3. communicate with households before going out;
4. use other methods – Next Door – to communicate with neighborhoods; and f
5. notify the Sheriff's Department and the Police Department before going out so that they can respond to potential calls by saying we know there are volunteers in the area administering the community health survey.

Chairman Allison: Gayle, we don't notify the Sheriff or the Police Department about this activity.

Ms. Harris: I am not sure if the LEOs are notified. I asked that Marissa stay for this part of the meeting so that she can speak about the process. We will also get feedback from other volunteers and staff about ways to improve the process. I spoke at length with Victoria about her concerns.

Ms. Blackley: We did press releases in both English and Spanish. There were notifications on next door. We engaged all of partners through the Partnership For A Healthy Durham as a part of the process. I agree that we need to have diversity in the teams that are going out. We have been struggling with volunteers signing up and not always having the best show rate. I hope that addresses some of the questions and concerns. We are always willing to improve the process.

Ms. Mortiboy: We have begun to have hot washes to discuss safety and how to improve the process.

Chairman Allison: I'm just thinking. What about door knockers the day before?

Ms. Blackley: I think part of the struggle is the survey methodology. It's set up this way for scientific reasons based on addresses. If no one is at that address, you go to the next door. So, we probably knocked on forty-five doors and it depends on who is there that day.

Chairman Allison: So, you're saying that you have specific addresses that you already have. It's not random?

Ms. Blackley: There are clusters. The way it works is: you go to a specific address; knock on the door; if no one answers, you go to the next closest house; and if no one answers there, you go to the next closest house and so forth.

Chairman Allison: So, is it feasible to send out a mailer to that cluster, or will that mess up the methodology? Say you had one specific address, you have a cluster of houses, could send a mailer to that cluster saying, "We'll be in the neighborhood and might come to your door to complete a survey on this specific date"? Is that possible?

Ms. Blackley: Yes, I think it's possible. We would just have to budget for that at the right time.

- **AGENDA ITEMS AUGUST 2019 MEETING**
 - Personnel Committee Report


INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. Rosenstein made a motion to adjourn the regular meeting at 6:45pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director