

A Regular Meeting of the Durham County Board of Health was held May 9, 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 and James Miller, DVM and Commissioner Brenda Howerton

Excused Absence: Mary Braithwaite, MD, MSPH

Others present: Gayle Harris, Joanne Pierce, Rosalyn McClain, Katie Mallette, Jim Harris, PhD; Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Marc Meyer, Natalie Rich, Willa Robinson-Allen, Kelly Warnock, Rachael Elledge, Meghan Brown and Damaris Hernandez.

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:00 p.m. with a quorum present.

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

Dr. Fuchs made a motion to approve the agenda. Mr. Dedrick seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Rosenstein made a motion to approve the minutes for April 11, 2019. Mr. Curtis seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Pierce, Deputy Health Director recognized Iris (Damaris) Hernández, MBA, PMP, Interpreter Unit Supervisor, in Administration.

Damaris Hernández joined Durham County Department of Public Health in February of 2018 to serve as the Interpreter Unit Supervisor. This past year, Damaris mapped out and implemented an electronic interpreter request application that allows staff to create a request for a Spanish-speaking interpreter from their computers every time a guest needs the service. The purpose of this new application is to bridge language barrier gaps, making interpretation services more accessible for guests as well as offering a simple and easy-to-use tool. The app also allows staff to customize the request at the unit, clinic, and/or division level to measure both the performance of the interpreters and the need of the service. The program has helped the unit to standardize processes and create a culture of trust and professionalism among staff, assuring that if they request Spanish-speaking interpretation service, someone will come to assist.

Implementation has 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

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- 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.

This past February 2019, Damaris was asked to submit this innovative 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. Nationally, 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.

The board applauded the recognition.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **COMMUNITY-FOCUSED POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGES IN EARLY CARE AND EDUCATION (ECE) (*Activity 10.2*)**

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.

Ms. Brown works in the DINE program, which stands for Durham’s Innovation Nutrition Education. This program is housed in the Nutrition Division within the Department of Public Health. The DINE program is funded both through Durham County and a grant from SNAP – Ed, a federal program seeking to ensure SNAP benefit recipients have access to evidenced-based nutrition approaches designed to improve their health outcomes.

This position specifically serves: Children, aged 0-5 years old, that attend ECE facilities. To be eligible, the center must serve: 50% of families that are eligible to receive SNAP services; parents, by providing them information and education on how to encourage healthy nutrition and physical activity behaviors in their preschooler; and staff and directors, by connecting them with community resources that might help them improve their nutrition and physical activity environments that they offer their preschoolers.

Ms. Brown: The role at these centers is to provide them with some direct education about nutrition and physical activity but mostly to help facilitate PSE change.

Ms. Brown: What is PSE Change?

Changes in policy include changes in a written statement of an organizational position, decision or course of action. I work with centers to review their current policies to see if they align with best practices for nutrition and physical activity. If there is opportunity for improvement, we discuss it. I find most centers do not have many nutrition policies other than stating they are following the federal CACFP food program.

- System changes involve changing procedures and processes within the center and usually require training of staff. Also, system changes can involve a network of community partners to support that center's changes. I provide feedback on what procedures they are following that could be easily tweaked to improve nutrition and physical activity outcomes. I also connect most of my centers with various community partners to help them achieve their goals.
- Environmental changes include changing the built or physical environment, which are visible or observable. I lend a set of fresh eyes, with a nutrition and physical activity lens, that can identify what their environment might be lacking to promote better nutrition and physical activity.
- Most importantly - All goals that are set are based on what the center wants to do. Goals are center-driven, and I am there to only provide education on what is best practice. They decide what will work in their center and what they are interested in.

Ms. Brown: The **Whitted School** is a DPS preschool that started a food pantry. We were able to facilitate a relationship between Whitted and PORCH, a hunger-relief non-profit in Durham, to supply enough food for all children in need of extra food for the weekend. This pantry was open all year long and distributed food on Fridays, to cover the weekends. This relationship will continue next year.

Ms. Brown: **LEAP Preschool** is a low cost, dual-language preschool in Durham. All services are mostly grant and donation funded so their resources are very limited. They were discovering most of their children were arriving to their school hungry and unable to concentrate and learn. They were only budgeted to provide a small snack to the kids because it was a half day program. This snack was processed grains, milk and sometime a fruit. They did not have the resources to supply anything else but wanted to help the students. We helped to facilitate a relationship with a local church that wrote a grant on their behalf to be able to supply the above menu to the students every day at school. They now have a full breakfast and a healthy snack.

Ms. Brown: Through a collaboration between Durham County Department of Soil and Water, DPS Northern High School FFA and DINE in ECE, we were able to distribute **over 30 fruits trees** just this year to local preschools and schools to improve their nutrition and outdoor learning environments.

Ms. Brown: When centers were asking for more gardens, gardening equipment, and gardening education, we realized we did not have the funding to support this request. We applied for the NCPHA Anne Wolfe Mini Grant and received \$8000 to install gardens, provide child-sized gardening tools, gardening and nutrition tool-kits, and books to 11 centers in our program. They also received a lesson on how to work with preschool children in the garden. To provide further training, Inter-faith food shuttle hosted interested centers for a 6-week gardening training.

Ms. Brown: The grant also provided us with funds to foster relationships between local farmers and preschools. All centers received **local food deliveries** each month that children either got to eat at school or take home to share with their families. This connection was based on feedback from preschools that they did not know how to start buying local foods. We set this up, so they could see how easy and affordable it could be to eat local.

Ms. Brown: While working on a project with DPS to expand summer feeding sites so that more children could have food access over the upcoming summer, we connected with Durham City and Code for Durham, a local non-profit that helps connect citizens and government. Code for Durham was able to make us a map of local feeding sites, so we could determine where in Durham sites were needed. They then laid a layer over the map, so we could determine where in Durham there were more children living in poverty. These four maps are zones that we focused our efforts on facilitating **summer feeding program connections**. Because of these maps, DPS has been able to identify potential sites and have reached out and recruited them. There will be more sites in areas of need this summer because of this system change.

Ms. Brown: To provide preschoolers with an education curriculum that focused on specific seasonal fruits and vegetables, we created our own curriculum. Each 30-minute lesson aligns with the NC Foundations domains so that implementing these lessons in the classrooms is feasible. Each lesson includes a physical activity component, a hands-on component and a cooking segment, designed to expose children to specific fruits and vegetables. In addition to the classes the preschoolers are exposed to, these handouts are provided to give parents the language to speak to their children about the **Harvest of the Month**. This is to bridge learning about these fruits and vegetables into the home as well. These newsletters also include other challenges for the family to expose everyone to the fruit or vegetable. It also has the recipe that their child made and/or tried in class that day. We are working towards 12 lessons per calendar year before we submit them to SNAP-ed to hopefully get approved so ECE providers can access these nation-wide.

Ms. Brown: I have shared with you examples of PSE changes that were ideas of individuals in the community. I was able to help facilitate these changes, but the desires and ideas come from our community. This is how it should be. However, to make **successful, sustainable PSE change**, we must involve community stakeholders and partners to help support changes. We must be willing to provide some sort of technical assistance, so they build confidence in their ability to make and sustain these changes. Tools and resources are a critical component to PSE change, so we learn from our mistakes and implement evidenced-based changes. Lastly, providing education on these changes can help ignite the passion to want to change and give the skills needed to make the change.

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

QUESTIONS/COMMENTS:

Ms. Harris: Meghan, talk a little about how many meals children receive at those sites. Is it breakfast and lunch or just lunch?

Ms. Brown: It can be breakfast and/or lunch....and/or a snack I believe. I'm not a hundred percent positive on the specifics of what they can offer but I think its breakfast, snack and a lunch.

Ms. Harris: Five days a week.

Ms. Brown: Yes, but the site is able to determine how often they want to participate. So, it could be five days a week or they could decide they only want to do one day a week. Maybe they're only capable of doing just lunch so they get to pick, it varies per site. The map was helpful in identifying the sites that we really needed to target.

Commissioner Howerton: Can you explain the colors.

Ms. Brown: Yes. I wish I would have added the larger map; so, if you can envision just a big map of Durham, then we had all the specific sites in Durham. The colors show, like the deep purples are zones in Durham where there are more children that live 180% of the poverty level. So, we were able to say, hey, this zone off Moreene Road or Cheek Road or Fayetteville Street has a ton of kids that are living a 180% of the poverty level that have no feeding sites, so we should find a site there. So, we were able to better to implement feeding sites.

Commissioner Howerton: What's the site on the very end?

Ms. Brown: This one is, I can't tell exactly what that one is but the zones we targeted are Moreene Road, Cheek Road all the way to Fayetteville Street. They have hardly any feeding sites. North Durham (Eno Valley, Northern High School, Old Oxford Highway) those were the four main priority zones that we were looking at. If you guys are interested, we can certainly provide the maps.

Ms. Revelle: I have a quick question Meghan; I think this is great. Could you tell us a little bit about the feedback that you've received from students and staff as well as maybe some of the parents?

Ms. Brown: On an example in general or just overall?

Ms. Revelle: Both. That would be great.

Ms. Brown: We surveyed all the childcare centers that received the services and all of them said that it was a benefit to their program that they saw children eating more fruits and vegetables. They were interested in more fruits and vegetables. Almost every center provided strong feedback that supported it. This was the first year we surveyed the preschool pantry. We didn't really know how best to survey it. We only received four surveys back; but they liked it and felt it was helping. It provided them the foods they wanted, and it helped their families meet their needs throughout the weekend. All centers are loving the gardens; but I will speak most to the fresh fruit and vegetable deliveries that the Farmer Food Share is offering. There has already been one pre-school that is going to continue to purchase the produce on their own outside of the program and that was the goal. I hope that answers your questions.

Ms. Revelle: Yes. Congratulations. I'm impressed.

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

The board received a copy of the vacancy report through the end of April 2019 prior to the meeting. The vacancy rate for April 2019 was 5.6%. There were no questions about the report.

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

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

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

Health Director's Report (Activity 39.2)

May 9, 2019

Division / Program: Laboratory/ CLIA 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 CLIA Inspection Team on February 28, 2019.
- Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.
- On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all CLIA requirements to maintain accreditation.

Statement of goals

- The Laboratory will continue to maintain accreditation through CLIA by meeting, successfully maintaining, and continually improving upon the CLIA regulatory standards.
- The Laboratory set an internal goal of receiving 2 or less deficiencies as identified by the Inspection Team.

Issues

- **Opportunities**
 - Previous CLIA Inspection results have greatly improved (2015: 14 deficiencies, 2017: 2 deficiencies) while still leaving opportunities for improvement.
 - CLIA 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**
 - CLIA regulations are numerous, varied, and open to interpretation.
 - Previous 2 years of laboratory documentation must be available to the inspectors.

Implications

- **Outcomes**
 - The Inspection Team cited 0 deficiencies for the Laboratory which exceeded the goal the Laboratory set as an internal metric. This is the first time that the DCoDPH Laboratory has achieved the status of 0 deficiencies. This is an impressive accomplishment that is awarded to a small percentage of laboratories.
 - The Inspection Team made a few suggestions to continue to improve processes within the Laboratory. All suggestions have been implemented.
- **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.
 - A plan for Corrective Action was not required as the Laboratory received zero deficiencies.

- **Staffing**

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- DCoDPH Laboratory staff assisted in process changes, laboratory documentation, record retention, etc. which culminated in a successful inspection.

Next Steps / Mitigation Strategies:

- Maintain high standards of integrity and efficiency while preparing for the next CLIA inspection in 2021.
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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 March 2019:
 - ❖ Unique individuals: 3
 - ❖ Total contacts: 3
 - ❖ Syringes dispensed: 70
 - ❖ Syringes returned*: ~ 41
 - ❖ Sharps containers dispensed: 4
 - ❖ Fentanyl strips dispensed: 4
 - ❖ Naloxone kits distributed (with SSP): 3
 - ❖ Naloxone kits distributed (non-SSP): 13
 - ❖ Naloxone reversals reported: 0
- Year-to-date statistics, FY18-19:
 - ❖ Unique individuals: 29
 - ❖ Total contacts: 49
 - ❖ Syringes dispensed: 1180
 - ❖ Syringes returned*: ~ 2126
 - ❖ Sharps containers dispensed: 68
 - ❖ Fentanyl strips dispensed: 57
 - ❖ Naloxone kits distributed (with SSP): 27
 - ❖ Naloxone kits distributed (non-SSP): 194
 - ❖ 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: Nutrition Division/Clinical Nutrition Services—Diabetes Self-Management Education Program Recognized by American Diabetes Association (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies.)

Program description:

- The Durham County Department of Public Health’s (DCoDPH) Diabetes Self-Management Education (DSME) program was awarded continued recognition from the American Diabetes Association.

Statement of goals:

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- Maintain compliance with program standards to allow for continued operation of billable services and maintenance of American Diabetes Association (ADA) recognized program status.
- Assure high-quality education for patient self-care.

Issues:

- **Opportunities**
 - The ADA recognition process provides a national standard by which to measure the quality of diabetes education services and helps consumers to identify highly regarded programs. Recognized ADA DSME programs that follow national standards of care can bill for the services.
- **Challenges**
 - Every four years, assessment of procedures, client medical records management, and program delivery are necessary for DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

Implications:

- **Outcomes**
 - DCoDPH's DSME program is governed by the North Carolina Department of Health and Human Services (NC-HHS). By maintaining the standards set by ADA, NC-HHS was awarded continued recognition for its DSME programs for a four-year period, 2019- 2023. NC-HHS and DCoDPH's DSME program were originally recognized in September 2009.
- **Service delivery**
 - The DSME program encompasses an initial individual assessment of each participant and nine hours of group or individual instruction. Education covers activity; medications monitoring; meal planning; and preventing and treating complications.
- **Staffing**
 - Fifty percent of one Registered Dietitian's position is committed to administration of the DSME program.
- **Revenue**
 - DSME is a billable service. DCoDPH is a provider for Aetna, BCBS, Medicaid, and Medicare Part B. Participants not covered by a third-party payer are billed using a sliding scale fee. Each participant in the program serves as a potential source for increased revenue.

Next Steps/Mitigation Strategies:

- As a program approved through the American Diabetes Association and the NC DPH, DCoDPH's Diabetes Self-Management Education program will continue to provide quality diabetes self-management education to residents of Durham County.
- Collaborative efforts with community health care partners and marketing of the program will continue to ensure optimal use of this resource.

Division / Program: Nutrition / DINE for LIFE / Nutrition Education in Durham

(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

- The DINE program provides nutrition education, and cooking classes to many DPS elementary and middle schools that qualify for the program (50% or more of the school's student body qualifies for the free/reduced lunch program).
- Pilot project of DINE online classes for parents: In an effort to reach the parents with nutrition education and healthy meal planning and preparation skills, DINE is creating an online curriculum of four lessons that parents can access on their computers and/or mobile devices. Participants can view the curriculum at a time of day that works best for their schedules.

Statement of goals

- To increase nutrition knowledge.
- To improve meal planning and culinary skills.
- To increase self-efficacy in preparing and providing healthy food for families.
- To increase daily consumption of a variety of fruits and vegetables.
- To reduce obesity, overweight and chronic disease risk in Durham's at-risk youth and their families.

Issues

- **Opportunities**
 - Historically the only way the DINE program reaches parents, the gate keepers of food for this age group, is through parent handouts that correspond to the lessons the students receive in class. Periodically a DINE nutritionist is asked to speak to families at a PTA or school wide event, but this is sporadic and does not happen at all schools.
 - At the beginning of the school year, DINE conducted a brief needs assessment with parents of children who receive the DINE program to assess interest in receiving classes that offer nutrition information and training in meal preparation skills. Results of the survey indicated that parents are interested in these classes.
 - The DINE program is provided to 15 eligible elementary schools in Durham and reaches close to 6000 students a year. If the pilot is a success, expansion of the online program could potentially reach many of these parents with quality nutrition education.
 - The DINE program is in four Head Start facilities in Durham reaching around 100 students whose parents could also be reached with this online program.
- **Challenges**
 - Choosing a Learning Management System (LMS) that best meets the needs and deliverables of this project and is affordable for the DINE program.
 - Choosing a texting platform. The project development team has reached out to Alert Durham and is likely to be able to use this resource that the County already has in place.
 - Designing slides for an interactive asynchronous online program requires acquisition of new computer software and skill development of the software for the program creators/designers.
 - Best methods and practices to market the program to the eligible participants so they will sign up, participate and complete the program need to be explored.
 - All staff involved significantly underestimated the amount of time needed to create, design, review, and edit these classes.

Implication(s)

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- **Service delivery**
 - Based on research results of similar programs and interest surveys of the target population, the program design is as follows: The series will be held for 4 weeks in an asynchronous format using a platform that would allow participants to log in and have access to recorded classes, links to interactive activities and other supporting materials as well as the ability to send and receive feedback and engage in group discussions. Participants will register for the series that will be offered during a specific period of time. At the beginning of each week, the instructor will send out an email with the week's lesson and assignments and ways to engage with the instructor and class participants. The pilot will target 100 participants who are DPS and/or Head Start parents. Lesson topics include Quick and Easy Meals, Planning and Shopping on a Budget, Snacking for Health, and Eating More Fruits and Vegetables.
 - To further encourage behavior, change, participants will be part of a texting program and will receive text messages several times per week with important reminders related to the week's lesson.
 - Participants will be given a pre and post survey to evaluate knowledge change, increase in self efficacy and behavior change around healthy eating and meal preparation. There will be a 6-month follow up survey to determine long term changes in self-efficacy and behavior change around healthy eating and meal preparation.
- **Staffing**
 - Two DINE Elementary Nutritionists
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- Adobe Captivate, a slide development software for use with the LMS for class development, has been purchased, and the two staff members working on the project are taking online classes through the Durham County Library program, Lynda, to be trained on how to use the software.
- The lessons are currently in the development stage and will be completed by the end of July.
- Development of the marketing strategy, creation of the texting library and development of the evaluation tools will happen May-July 2019.
- Marketing to eligible participants to happen August 2019.
- Pilot of the online classes to 100 participants will take place during September 2019.
- Analysis of pre/post data to be completed by the end of October 2019.

Division/Program: Tooth Ferry Mobile Dental Unit

(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 Tooth Ferry is a mobile treatment unit that visits Durham Public Schools. The unit is equipped with two chairs and includes ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted television and sound system.

Statement of goals:

- To provide treatment to students in Durham’s Public Elementary Schools during the school day.

Issues

- **Opportunities**
 - The Tooth Ferry team completes dental exams and x-rays for students; and can provide subsequent treatment while the Tooth Ferry is at a school (4-6 weeks).
 - For schools that the Tooth Ferry visits dental screenings help to identify students in need of care.
 - The unit can visit multiple schools throughout the school year, as well as summer camps.
 - Students have the option to complete treatment in the clinic if services are not completed on the Tooth Ferry.
- **Challenges**
 - Receiving back from parents the second consent to treat form (after treatment plan developed).
 - Some schools permit the for-profit NC Smiles Van to visit the schools which limits the amount of schools the Tooth Ferry can visit.

Implication(s)

- **Outcomes**
 - The Tooth Ferry returned to visiting schools in January, and has treated students at Holt, Bethesda, and W.G. Pearson Elementary Schools.
 - Through 4/23 the Tooth Ferry has provided dental care to 229 students.
- **Service delivery** – The Tooth Ferry visits schools Tuesday- Thursdays and schedules are contingent upon school bus arrival and departure times.
- **Staffing-** The team includes the Dental Practice Administrator, Coordinator, Dental Assistant II, Hygienist (on specific days) and a contract driver.
- **Revenue** – The Tooth Ferry has provided approximately \$23,700 in dental care.
- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division continues to meet with principals from various schools and has tried to get on school meetings schedules to discuss Tooth Ferry services with administrators. The team is also working on ways to streamline forms and get a greater return of the same.

Division / Program: Women’s Health

(Accreditation Activity 21.3: The local health department shall develop and implement strategies to increase use of public health programs and services.

Program description:

- The Durham County Department of Public Health (DCoDPH) Women’s Health Program developed and implemented cross training for the nursing staff in the Maternal Health program and the Family Planning program.

Statement of goals:

- Avoid turning away any patient who presents to Durham County Department of Public Health (DCoDPH) seeking a pregnancy test.
- Increase access and decrease wait times for patients to access contraceptives.

Issues:

- **Challenges**
Staffing of Family Planning and Maternal Health clinics, difficulty incorporating these walk-in visits along with scheduled patients. Two different charting systems (Patagonia vs. Epic) also difficult to navigate
- **Opportunities**
Cross training which occurred during a period last year allowed nurses to be familiar with the flows on both sides of the Women's Health Clinic. Family Planning nurses have become comfortable in screening pregnant patients for high risk, and scheduling for first prenatal care. Maternal Health nurses are also familiar with charting necessary for Family Planning encounters for negative pregnancy tests.

Implication(s):

- **Outcomes**
 - 1) Effective 3/11/19, no walk-in patients desiring a pregnancy test have been turned away.
 - 2) In the first seven weeks of implementation, an average of 32 walk-in patients desiring a pregnancy test have been seen each week. This compares to an average of 15 patients seen weekly in the seven weeks prior to implementation.
- **Service Delivery**
 - 1) A clear protocol was developed for Maternal Health nurses to offer Emergency Contraception or QuickStart contraception (oral contraceptive pills, Depo Provera, or Nuva Ring) as desired for patients who present with a negative pregnancy test.
 - 2) Agreement and communication across program areas regarding consistent walk-in hours.
- **Staffing**
Agreement among staff that Maternal Health (with more nurses in staffing compared to Family Planning) would see any pregnancy test walk-in patient who presents to DCoDPH after Family Planning has seen their capacity.
- **Revenue**
 - 1) If a patient has Medicaid, we can bill \$52.77, and expect to collect approximately \$44.00 per patient. Additional charges may be collected if a patient has a negative pregnancy test and desires to start a contraceptive method that day.

Next Steps / Mitigation Strategies:

- Progress will be monitored, and adjustments made as a new Family Planning nurse is oriented. Both sides of the Women's Health Clinic are committed to this practice as the new normal.
 - **Other**
Community partners have expressed support for this much-needed change. Information is being shared widely through the DCoDPH's Maternal Child Health Grant Coordinator and Women's Health Program's ongoing quality improvement collaboration with SHIFT NC.
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Division / Program: Health Education/ Men's Health Council Anniversary

(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

- Celebrating its 5th year, The **Durham County Men's Health Council** (initially called "Committed and Caring Men: A Health Advisory Committee") continues. The 1st meeting was held on **March 27, 2014**.
- The first meeting was called to seek guidance on engaging men from communities with the greatest health disparities (African American and Latino) in health promotion activities.
- A diverse group of African American and Latino men, respected by their communities, accepted the invitation to join the committee.
- After more than 1 year of program planning, the group changed their titled to "The Durham County Men's Health Council" (the Council).
- The Council is now a collaboration of men and a few women with a mission to:
 - "Improve the health and well-being of men in Durham County by promoting and modeling healthy lifestyles and responsible decision making.
 - Reduce health disparities by targeting men with the greatest health disparities."
- The Council hosts the following annual activities:
 - **"Men on the Move" Walks.** Held monthly at various City of Durham Parks and/or Recreation Facilities, or on "Healthy Mile Trails" (initiative of Partnership for a Healthy Durham). In 2019 attendance ranged from 12 – 51 participants.
 - **Quarterly Health Forums on Topics Requested by Male Participants.** In 2018 presentations were on Emotional Health, Domestic Violence, Sexual Health, Sudden Cardiac Arrest and Prostate Cancer. Attendance ranged from 33 – 81 participants.

Statement of goals

- To provide quarterly forums on topics identified by male participants as topics of interest.
- To provide health information delivered by health and medical experts in locations where men are in large attendance.
- To promote healthy movement through "Men on the Move Walks" held on "Healthy Mile Trails" and at City of Durham Parks and/or Recreation facilities.

Issues

- **Opportunities**
 - Council Executive Leadership Team consist of 28 active members from: Durham County Department of Public Health, Durham Parks and Recreation, Sheriff Office, Fraternal and Service Organizations, Faith-based Organizations, Retired Police, Male Mentoring Organizations, Veterans, Durham Partners Against Crime, Duke Health, NCCU Behavioral Health & Wellness Clinic and St. Augustine College.
 - Council has 3 Medical / Health Advisors (Dr. Arnett Coleman, Dr. Christopher Edwards, Dr. Julius Wilder). All share guidance and deliver presentations.
 - On Saturday, June 30, 2018 via a partnership with Duke's Cancer Institute, Office of Health Equity & Disparities, a 3-

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hour cancer conference was held at the Human Services Building. Eighty-one (81) persons attended.

- Council is planning the first annual Men's Health Conference in 2020 with North Carolina Central University (NCCU) School of Social Work, NCCU Behavioral Health & Wellness Clinic and Duke's Cancer Institute, Office of Health Equity.
- Over six hundred (600) persons were reached by the Council in 2018.

- **Challenges**

- Increasing attendance at walks/forums/presentations. Feedback /evaluations from events indicate that programs should be promoted more in the community and more people should hear valuable information shared.
- Originally, the program targeted both African-American and Latino men. However, two Latino representatives on the Council did not remain active. One moved from Durham and the other accepted an additional position as a pastor. After much consideration, the Council realized it did not have the necessary staffing, volunteers or cultural understanding to create a program targeting both Latino and African-American men. This remains a goal.
- Identifying Latino representatives who have the time and commitment has been a major challenge. Most recently the two Latino representatives that were active on the Council will be relocating out of Durham.

Implication(s)

- **Outcomes**

- Over 600 persons attended forums/presentations/walks in 2018. Many of these are duplicates.
- Male participants are visibly bonding especially through community walks.
- When asked on evaluation forms what they liked most about forums, the most frequent response is the topic and the speaker.
- When asked what they would change, many indicated more publicizing of the event so more people hear the information.

- **Service delivery**

- Monthly, a health forum, presentation, and/or walk is held.
- Forums are held four times per year on the fourth Thursday from 6:00 pm to 8:00 pm.
- Originally, walks were held on the third Saturdays during the Spring and Summer. This year the Council decided to hold walks each month, except for December. During cold months, walks are held at a City Parks & Recreation indoor track.
- In 2018, health forums/presentations were held at the Human Services Building, Cormetech Inc., NCCU, Partners Against Crime meeting and First Calvary Baptist Church.
- Recruitment is through council membership, announcements to various organizations, emails, public service announcements, the Carolina Times and the Durham County and Public Health Communication Offices.

- **Staffing**

- 1 Health Education Specialist (part-time).
- Executive Committee, Men's Health Council (26 male and 2 female volunteers).

- **Revenue**

- None.

Next Steps / Mitigation Strategies

- Increase outreach and participation from faith community leaders, fraternal organizations education institutions and community outreach organizations.
 - Plan an Annual Men’s Health Conference to be held on a Saturday with partner organizations.
 - Create a brand strategy to better market Council programs, e.g. “Men on the Move Walks.”
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Division / Program: Health Education Community Transformation / Diabetes Awareness Month Events

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

Program description

- In 2019, the American Diabetes Association did not hold an official Diabetes Alert Day, stating that they wanted to move to a model in which they talked about diabetes risk every day. However, in observance of Diabetes Alert Day, Tuesday, March 26, 2019, a Chronic Care Initiative health educator provided three opportunities for members of the community to assess their risk for developing type two diabetes and to learn more about diabetes and its complications.

Statement of goals

- To bring awareness of type 2 diabetes by having community members complete the American Diabetes Association’s Diabetes Risk Test.
- To raise awareness of the relationship between diabetes and various chronic conditions.
- To inform participants of simple approaches to improve their overall health while also managing diabetes.

Issues

- **Opportunities**
 - An online presentation, Type 2 Diabetes: Are you at risk? - was presented twice with the following agencies:
 - ❖ North Carolina Central University Telehealth program
 - ❖ Durham County Department of Public Health monthly webinars
 - An in-person presentation, Diabetes: Does it have to be so complicated? was held at the South Regional Library from 6:00 PM until 7:30 PM.
 - ❖ The library created and posted their own flyer for this event.
 - ❖ The event information was shared with participants of past programming.
- **Challenges**
 - Online presentations are a great way to reach many people without them having to come to one central location. However, in the same note, it can pose a challenge for individuals who do not have the technology to view the presentations.
 - Having an event in the evening is convenient for those who work during the day. Traffic can still be an issue for those travelling to locations during the post-work, rush hour traffic time.

Implication(s)

- **Outcomes**
 - 1 person attended the online webinar and 3 people attended the library presentation.
 - Attendance data for the NCCU telehealth presentation was not available at the time of writing this report.
- **Service delivery**
 - Presentations were held electronically and in-person.
- **Staffing**
 - 1 Health Education Specialist staffed all events.

Next Steps / Mitigation Strategies

- Continue to look at ways to share diabetes risk information with the community. Diabetes Alert Day activities can still be planned even if there is no longer an official date going forward.

Division / Program: Health Education: Employee Wellness -Admin II Fitness Center

(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)

(National Accreditation: Measure 8.2.4 A Work environment that is supportive to the workforce, RD 3)

Program description

- Administration Building II, also known as Admin II was formerly the second Durham County Courthouse was renovated and opened officially in October 2018. On the fourth floor of the building is Durham County Government's third fitness facility. The facility opened in January and was part of the ribbon cutting ceremony and introduction to the public. The facility houses an aerobics studio and cardio area with four treadmills, two upright and one recumbent exercise bicycles, two ellipticals, and one each of the following: row machine, captain's chair, universal and Smith machine. This facility also has a Stairmaster machine which until that point, only the Judicial Building had.

Statement of goals

- Durham County provides three fitness centers for the employees. Onsite fitness centers benefit both employees and employers as they:
 - Promote exercise to manage weigh and stress
 - Models a culture that embraces physical activity and contributes towards changes in attitudes about physical activity
 - Motivates and encourages employees, especially more sedentary individuals, to move more
 - Make available health offerings that bring many advantages which can include: reduced healthcare costs, lower absenteeism, increased job satisfaction and enhanced morale.

Issues

- **Opportunities**
 - Increased physical activity opportunities which can contribute towards improved health outcomes for employees.
 - Additional site for which to exercise as employees in other buildings were not either willing or able to come down to Human Services Building to work out.

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- Since new waivers were required for badge access, it gave an opportunity to include the current Fitness schedule and updates in the “access granted” emails.
- The size of the Admin II Aerobics studio holds twice as many participants as Human Services Building (HSB)
- Employees have commented on the windows and brightness of the Admin II Fitness Center. Both areas are fitted with ceiling fans which was a request by employees and fitness instructors. Many of which for the first time started using a DCo Government sponsored fitness facility.
- **Challenges**
 - There were numerous items that were not completed on the punch list, as a result, the facility appeared to be ready to open but it was not. There were numerous complaints from employees about not being able to use the facility during this time.
 - Communication and marketing were limited to MyDCo which has been less effective in alerting employees about scheduled activities and updates.
 - Admin II has a different badging system than most of the buildings. Although this was mentioned on many occasions using MyDCo, employees were unaware that that their badge had to be activated or they needed a separate badge for the facility.
 - Employees in and near Admin II prefer classes in that building.
 - Durham County requirements and the process for contractors has made it difficult to obtain and maintain fitness instructors. This results in fewer group fitness classes. Employees continue to ask for more classes.

Implication(s)

- **Outcomes**
 - An official Fitness Center Opening was held on Thursday, January 22, 2019, 38 employees, mostly from Admin II attended. More may have attended but did not sign in or participate in scheduled activities and tours.
 - There were four door prizes given to employees who participated in the drawing.
 - Lunch Time Aerobics which is usually held at Human Services Building (HSB) was moved to Admin II that day, for which there were 16 participants.
 - We used the opportunity for employees to select which class they wanted next and Zumba Toning maxed out all 30 slots.
- **Service delivery**
 - Employee wellness supports Choose To Move also through offering classes and advocating for opportunities for employees who are not near a DCo Fitness Center
- **Staffing**
 - One program manager and a wellness attendant staff the fitness centers.
- **Revenue**
 - Where there is no physical dollar amount that can be identified at this time, employees that engage in physical activity reduce their risks for certain chronic conditions which impacts Durham County healthcare costs.

Next Steps / Mitigation Strategies

- Continue to offer classes and wellness events specific to the fitness center sites.
- Employee fitness instructors as contract employees.

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- Once Durham County Government buildings convert to one badging system, processing waivers and badges will be much easier.

QUESTIONS/COMMENTS:

Mr. Dedrick: I'd like to comment on the health director's report. I noticed in the report, Gayle, there was a successful laboratory evaluation in February, finding no deficiencies for the first time.

Ms. Harris: Yes. That was awesome thanks to Katie Mallette, Allied Health (Lab/Pharmacy) division director. I sat in during the exit interview. The same site visit team has worked with us over the past six years. They were very impressed with the performance of the laboratory staff and the policies and procedures. They commented that anything they asked for, the staff could produce it and any staff that they talked to could respond appropriately. They were really impressed with the work that is being done. Katie and her team are really good.

Mr. Dedrick: Those are never fun; so, congratulations.

COMMITTEE REPORTS:

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

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

Mr. Dedrick: Since the last meeting, we had conversations about what Durham County deserved and how we were going to find our next health director. The committee reached out to Erick Pena, the human resource representative, who was familiar with a firm that has recruited people for Durham County government positions. The name of the firm is Polihire. They have an office in Charlotte, NC and Manassas, Virginia.

Mr. Dedrick: There are 29 candidates at this point. We are not worrying about the numbers but the quality of the candidates. We want to finish with a pool of 5 to 7 individuals selected for telephone interviews and then decide who will be chosen for face-to-face interviews. That's the plan for May. August 1 is still the target hiring date for the position.

Chairman Allison: I commend the personnel committee for the work they have been doing with the recruitment process.

(A copy of Polihire's proposal is attached to the minutes.)

OLD BUSINESS:

- **FAST TRACK CITIES UPDATE (Activity 40.1 & 41.2)**

Ms. Harris: The budget requests were submitted before the Fast Track Cities presentation was made to this board. I told both the county manager and the BOCC chair that the Board of Health recommended that the BOCC sign the Fast Track Cities Resolution for HIV 90:90:90 by 2030 and provide funds needed to support a coordinator/navigator and operational expenses. We will continue this discussion about adding the coordinator and potentially some operational expenses during the budget deliberations.

- **NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE AUDIT REPORT**

Ms. Scott provided the board with the most recent audit findings and recommendations for the Durham County Detention Facility's health services provided by Correct Care Solutions.

Ms. Scott: March 11-12, 2019 the National Commission on Correctional Health Care (NCCHC) conducted its accreditation review for the Durham County Detention Facility's health services provided by Correct Care Solutions. The surveyors returned to the detention facility on May 3, 2019

to review the survey findings with the jail detention leadership and the Health Services Administrator. There are 39 essential standards. 38 standards were applicable during this survey (1 standard was not applicable). 35 of the 38 applicable standards were found to be in full compliance (92%). Three standards were partially compliant:

- J-B-05 Suicide Prevention and Intervention
 - Deficiency: Nonacute suicidal detainees were monitored every 15 minutes instead of being monitored at unpredictable intervals with no more than 15 minutes between checks.
 - Corrective Action Plan: Nonacutely suicidal detainees will be monitored at unpredictable intervals with no more than 15 minutes between checks
- J-D-01 Pharmaceutical Operations
 - Deficiency: A staff or consulting pharmacist documents consultations and inspections at least quarterly. Two nonconsecutive quarterly audits were omitted over a three-year period.
 - Corrective Action Plan: Pharmacy operations will transition to Diamond Pharmacy who has this standard included in their operational plan. Audits will be conducted quarterly
- J-D-02 Mediation Services
 - Deficiency: There is no back-up pharmacy plan in place
 - Correction Action Plan: Diamond Pharmacy will provide medications for the jail effective July 1, 2019. Diamond Pharmacy has a back-up pharmacy plan in place and will provide medications after-hours, weekends and holidays.

Full compliance with these standards is to be documented in a report to be submitted to the NCCCHC by September 4, 2019.

QUESTIONS/COMMENTS:

Commissioner Howerton: Did you say they missed two years?

Ms. Scott: No, two quarters out of three years.

Chairman Allison: I want to make sure I say it right. It was because of the transition from one contract to another contract?

Ms. Scott: Not yet. I guess the visits were overlooked.

Ms. Harris: That was an on-site visit?

Ms. Scott: Yes. A site visit to their pharmacy from whoever was providing the medications

Ms. Harris: So, a visit from CCS staff to our pharmacy is the issue?

Ms. Scott: No, our pharmacy staff going over there.

Ms. Harris: OK.

Dr. Fuchs: Was it two consecutive quarters or were they spread apart.

Ms. Scott: They were spread apart.

Chairman Allison: I guess my question is whose responsible for making sure the audit gets done, the pharmacy here or the folks at the correctional facility.

Ms. Scott: Since we were providing the medications, it was the responsibility of our pharmacy staff to make the visits. That will change when Diamond comes on board.

Dr. Jackson: I have a question about the back-up pharmacy. So, Diamond is going to be the new pharmacy?

Ms. Scott: Yes. They will also provide back-up services.

Dr. Jackson: Locally right?

Ms. Scott: Yes. They have an office that's based in Tennessee, but they have a wide reach; so whatever medications are needed will arrive at the jail in a timely manner.

Dr. Jackson: What will you do if you need a medication that you can't wait for a next day shipment? Do we have an arrangement with a local pharmacy to provide medications?

Ms. Harris: We have used Gurley on occasion. We tried to reach out to Walgreen and CVS but the corporate structure was a barrier. Diamond will work a local backup pharmacy.

Dr. Jackson: I'm sorry, which one did you say was not met?

Ms. Scott: There were three standards.

Dr. Jackson: You said there were three partially met.

Ms. Scott: The citation came with being partially met for all three of the ones I just discussed, and one standard didn't apply.

Ms. Harris: This was far better than the last one we received.

Chairman Allison: Question, with the new contract will they be part of EPIC?

Ms. Harris: No. They have their own system (ERMA) but they do have read-only rights to MED-LINK which means whenever detainees come in staff can access the system to determine diagnoses, treatments, medications, etc.

Chairman Allison: So, they can tap into EPIC for those inmates who have been through the Duke system or any other system in EPIC.

Ms. Harris: Yes, they can look at summary information related to problem lists, visits, medications, etc. which will facilitate care in the Detention Center. It is also my understanding that information from other EPIC sites will also be uploaded every day.

NEW BUSINESS:

- **AGENDA ITEMS JUNE 2019 MEETING**

- Interpretation Services
- Personnel Committee Report
- Measles/MMR Vaccine Update (*Durham County, North Carolina and United States vaccination rates and who grants exemptions*)

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Board requested a complete report from the Internal Auditor.

Mr. Curtis made a motion to adjourn into closed session to consult with an attorney employed by the County of Durham in order to preserve the attorney-client privilege pursuant to N.C.G.S. 143-318.11(3). Mr. Dedrick seconded the motion and the motion was unanimously approved.

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

Dr. Fuchs made a motion to adjourn the regular meeting at 6:30pm. Dr. Jackson seconded the motion and the motion was unanimously approved.

F. Vincent Allison, DDS-Chairman

Gayle B. Harris, MPH, Public Health Director