

**Health Director's Report  
October 8, 2020**

**Division / Program: Health Education & Community Transformation / Improving Community Outcomes for Maternal and Child Health**

**(Accreditation Activity #12.3:** The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

**Program description:**

- Beginning June 1, 2020, DCoDPH will begin its fifth year as a recipient of a state grant, called Improving Community Outcome for Maternal and Child Health (ICO4MCH). The grant is intended to reduce infant mortality, improve birth outcomes, and improve the health of children 0-5 in Durham County. DCoDPH has chosen to address these goals with three programs:
  - Reproductive Life Planning (RLP)/Reproductive Justice (RJ)
  - Ten Steps to Successful Breastfeeding, with a focus on steps 3 and 10
    - Step 3: Inform all pregnant women about the benefits and management of breastfeeding.
    - Step 10: Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
  - Family Connects Durham

**Statement of goals:**

- Provide education and support to community members, DCoDPH staff, health care providers in private and public clinics about Reproductive Life Planning and Reproductive Justice, in order to reduce barriers to patients and people receiving the reproductive healthcare that they want and need.
  - Reach 300 men and women of childbearing age through educational workshops/trainings within DCoDPH and at other public/private health care facilities about family planning methods using the reproductive justice approach and evidence-based/evidence-informed protocols.
  - Reach 1,000 members of the community with education about RLP, including benefits, potential side effects, and informed consent, with a heavy emphasis on reproductive justice throughout. Locations include schools, social services, childcare centers, non-profits, churches, youth homes, minority-based organizations, and more.
  - Provide at least 6 educational/training sessions to health care providers, DCoDPH staff, and other public/private health care facilities on topics such as contraceptive counseling; RLP; shared-decision making; all contraceptive methods; side effects; informed consent; teen development; and IUD and subdermal contraceptive implant insertion and removal.
- Provide education and support to the Durham community and healthcare providers in order to improve breastfeeding rates, particularly among minority women.

- Hire a Maternal Health Public Health Nurse Specialist, who will also be a lactation consultant, to provide breastfeeding education and support to patients in the Women's Health Clinic.
- Purchase and install a Mamava stand-alone lactation pod, to be placed in the Registration Lobby, for use by lactating visitors and staff as needed to breastfeed and/or express milk.
- Hire two Community Health Workers to provide breastfeeding support and education to the community, particularly communities of color where breastfeeding initiation and duration rates are lower.
- Provide culturally and linguistically appropriate education to men and women of reproductive age to increase the initiation and continuation of breastfeeding. Health Educators will provide this through educational workshops, health fairs, and webinars.
- Provide education and training on breastfeeding guidelines as recommended by the American Academy of Pediatrics to all clinical and non-clinical staff in the local health department and other public/private health care practices.
- Maintain a designated group to manage breastfeeding policy development and review DCo staff orientation, and education. The group will consist of DCoDPH staff, other DCo staff, members of the Community Action Team, and other stakeholders as identified.
- Support and collaborate with Family Connects Durham, a newborn home visiting program that provides support and education about newborn and postpartum care, assesses family risks/needs, and triages those needs to appropriate and acceptable community services.

## **Issues:**

- **Opportunities**
  - Breastfeeding Family Friendly Communities of Durham is a volunteer-run local group that works to support breastfeeding efforts in Durham. This grant allows us the opportunity to partner with this group in a formal way and benefit from their experience and knowledge to better advance breastfeeding work in Durham.
  - Hiring a Public Health Nurse Specialist who is trained in lactation will allow the Women's Health Clinic to better provide comprehensive prenatal and postnatal care to its patients and work to increase breastfeeding initiation and continuation rates among our patients.
  - Being that this is the fifth year that DCoDPH has received this grant, we are able to use our already-established knowledge, experience, and connections to continue the work we have started.
- **Challenges**
  - Given current circumstances with COVID-19, much of the community-based work might prove challenging for the foreseeable future.

**Implication(s):**

- **Outcomes**
  - From June 1, 2019 – February 29, 2020 (most current data available for this current grant year), we reached 833 people in the community with RLP/RJ education.
- **Service delivery**
  - Most of the community and provider training will be performed by the Public Health Education Specialist, in conjunction with Breastfeeding Family Friendly Communities of Durham and the Community Health Workers. The Public Health Nurse Specialist will provide most of the patient education and support about breastfeeding.
  - Given current circumstances with COVID-19, it is likely that much of the community outreach and education will be performed remotely.
- **Staffing**
  - The grant funds two positions: one Public Health Education Specialist who serves as the program coordinator and who is responsible for most of the RLP/RJ and breastfeeding activities, and one Public Health Nurse Specialist (hired; position will start October 5).
  - One Public Health Program Manager (Manager of the Communicable Diseases/Maternal Child Health program in the Division of Health Education and Community Transformation) is largely in charge of the financial aspect of the grant.
- **Revenue**
  - The state awarded DCoDPH \$500,000 over the course of two years.

**Next Steps / Mitigation Strategies:**

- Onboard the Public Health Nurse Specialist in October 2020.
- Finalize the contract with Mamava and order and install the lactation pod.

**Division / Program: Health Education & Community Transformation / Childbirth Preparation**

**(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**

- Lamaze Childbirth Preparation provides evidence-based childbirth education in four, two-hour sessions. This childbirth series includes interactive learning experiences designed to support birth as normal, natural, and healthy, and empowers expectant women and their partners to make informed decisions.

**Statement of Goals**

- The goal of Lamaze Childbirth Preparation classes is to increase women's confidence in their innate ability to give birth.

## Issues

- **Opportunities**
  - Classes are conducted over several weeks. Meeting weekly creates an opportunity for each participant to:
    - Receive evidence-based information to empower them to make informed decisions about their childbirth.
    - Learn simple coping strategies for labor, including focused breathing, movement and positioning, labor support, massage, relaxation, warm baths/showers, and the use of heat and cold.
    - Receive information about available community resources.
    - Share product information, labor videos, or anything they find beneficial.
    - Have a safe space to voice their fears and concerns about labor and birth and in most cases, becoming new partners.
    - Strengthen their bond with their partner/support person.
    - Establish long-lasting relationships with other expectant couples.
- **Challenges**
  - Work and/or school schedules can make it challenging for some participants to attend classes as scheduled.

## Implication(s)

- **Outcomes**
  - From January 2019 – December 2019, the health educator conducted 35 childbirth preparation classes, reaching 234 participants. Class participation ranged from 2 – 14 participants per session.
  - Childbirth participants completed weekly evaluations. Evaluations show class participants learn and connect many topics during the classes, including physical activity, nutrition, breathing techniques and positions for labor, reasons to induce, different stages of labor and signs of early labor, benefits of breastfeeding, and local resources. Satisfaction with the classes has been very positive. Some of the responses are listed below.

### **“What I liked best about this course...”**

- Breastfeeding benefits, positions for labor, resources, and exercise techniques.
- Setting, demeanor of instructor, amount of time and research put in each week, guest speakers, and interactive videos and activities.
- Labor comfort stations.
- Was getting to know expectant mothers like me and having activities that my partner could be a part of. (EVERYTHING)
- How much I learned about my pregnant body and the signs of going into labor that I didn't know.
- EVERYTHING!
- The lead testing activity.
- The feel of the class was great! You really made us feel welcome and comfortable.

- **Service delivery**
  - The health educator recruited participants by posting current childbirth class information on the DCoDPH's website. Recruitments was also conducted through New Obstetrics Orientation.
  - Each childbirth series included four weekly, two-hour sessions.
  - Classes were usually conducted on Mondays, 5:15P – 7:15P, in the New OB Orientation Room 2185.
  - Participants received weekly reminders via email and/or text.
- **Staffing**
  - Lakieta Sanders, Public Health Educator
- **Revenue**
  - No revenue is received from this program. It is offered free of charge to community participants.
  - Going forward, reimbursement may be pursued now that the instructor is certified as a Lamaze Certified Childbirth Educator.

#### **Next Steps / Mitigation Strategies**

- The health educator is striving to increase participation in virtual education. The Childbirth schedule has been posted on Breastfeed Durham's website. The health educator has provided class brochures to the WIC and Maternity clinic. She plans to submit an IT request to gain access to Patagonia. With access to Patagonia, the health educator could acquire contact information for DCoDPH's maternity patients, for the sole intent of inviting them to childbirth classes.

**Division / Program: Health Education & Community Transformation / Health Promotion & Wellness Virtual Programming**  
**(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**

- Durham County Department of Public Health, Health Promotion & Wellness program creates and conducts community educational programs and activities each month. The team is often invited to speak at community events or to partner with organizations for specific planned programming. Health educators are also responsible for developing programs and events to address community health priorities, trending topics, and health observances. While such programs are traditionally delivered face-to-face, with the onset of COVID-19, team members were creative and identified new strategies to offer and programs for Durham County Government employees and the general public virtually.

## **Statement of goals**

- Health promotion is the process of enabling people to increase control over and to improve their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.
- Educational and community-based programs encourage and enhance health and wellness, helping people make informed decisions and attain the tools to make improvements, reduce risks and increase safety.

## **Issues**

### **• Opportunities**

- COVID-19 helped the health promotion program area further expand strategies to reach targeted audiences through virtual programming.
  - At the initiation of the pandemic in our community, all face-to-face programs had to be postponed or canceled. Health educators found ways to provide many of the same services through new avenues.
  - New programmatic offerings showcased creative talent and flexibility within the Health Program & Wellness program area.
- Virtual programming provided new chances to reach a broader audience. The circumstances of COVID-19 increased many audiences' comfort level with technology that they would not have tried prior to the pandemic.
  - The three day a week series "Virtual Wellness" was created for both employees and community members to address isolation, acclimation to telework, stress and the connection of resources. The program has a following of 120 residents outside of participating DCo employees.
- Offering programs virtually affords the opportunity to partner with other organizations in and out of Durham County Government.
- Virtual offerings also yielded cost savings. For several of our events, there was no longer costs associated with space usage fees, which often occurred when using Durham County Government properties for community educational programs. Other cost saving considerations include a reduction in staff preparation time, materials and travel. Virtual events require less logistics and coordination with organization representatives and equipment upon arrival.
- Providing virtual programming allowed the Division to identify remaining gaps and provided ongoing programming while allowing time to strategize how to meet these needs going forward.

### **• Challenges**

- Platforms that are consistent and sound Internet for both service delivery and participants to avoid "technical difficulties."
- Not everyone is comfortable with technology; however, we have seen members from audience segments that have not participated in the past. This includes participants from other counties in some of our events. Being out of sight and mind could have potentially jeopardized existing and future community relationships.

- Engagement must be planned to keep participants interested. Otherwise, it is too easy for participants to multi-task.
  - Show rates for educational events are in general are better than face-to-face events. Health educators have used e-mail to remind participants of events, but they have found better response rates via text message. This may be a reminder method that should be considered in the future for both remote and in-person events.
- Post-event feedback is not returned as often with virtual events. However, it is easier to follow-up with participants due to the digital footprint left during registration.

## **Implication(s)**

### **• Outcomes**

- Since April 2020, a variety of scheduled programs offered face-to-face were converted to virtual offerings. This has included 95 different events between April and August, including a grant writing series, a hypertension workshop, three capacity building trainings for faith-based organizations and many targeted events. At least 1175 individuals have participated in virtual programming.
- The quarterly meetings for the Durham County Health Ministry Network continued via virtual resources. Attendance has increased by 3% and the participants have voted to increase meetings from quarterly to bimonthly.
- The Men's Health Council conducted a virtual walk and continued to have forums with participation ranging between 35-45 community residents.
- The monthly Diabetes Support Group (conducted in Spanish) not only improved no-show rates but expanded in the area of both new participants and frequency.
- Other support groups moved to a virtual format (Hypertension, Tobacco cessation and Diabetes (English) had about the same participation when offered.

### **• Service delivery**

- Virtual programs are developed and delivered by health educators.
- Health educators often secure partners and/or speakers for events; usually at the request of participants who provided suggestions in the feedback tools.
- Events are communicated via social media (through the Public Health Communications Officer), marketing and promotions by team members and sometimes community partners.

### **• Staffing**

- All team members (four health educators and a manager) are involved in program delivery.

### **• Revenue**

- No revenue is received through this programming.

## **Next Steps / Mitigation Strategies**

- Investigate methods to expand partnerships, presenters and audiences for virtual programming.

- Expand the tracking methods to provide additional data and better measure impact.
- Modify virtual support groups based on feedback to improve participation.
- Establish a team plan as to the continued use of virtual activities even once we are able to resume traditional face-to-face meetings.

**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 in Schools program provides nutrition education in the classroom and cooking classes to many DPS schools that qualify for the program (schools in which 50% or more of the student body qualifies for the free/reduced-price lunch program).
- In response to the COVID-19 crisis, all DPS schools went to online learning in March of the 2019-2020 school year. To provide students and their families a resource of hands-on activities around the themes of outdoor learning/gardening, cooking and physical activity, DINE collaborated with community partners to create the Educational Activities Together (EAT) Newsletter and [website](#).

**Statement of goals**

- To bridge the gap of nutrition and wellness education and programming that students lost due to the abrupt switch to virtual learning.
- To provide hands-on activities that would encourage students and families to garden, cook and be physically active.
- To encourage increased daily consumption of a varied assortment of fruits and vegetables.
- To reduce obesity, overweight and chronic disease risk in Durham's at-risk youth and their families.

**Issues**

- **Opportunities**
  - The DINE elementary program, along with community partners from the Inter-Faith Food Shuttle, FoodCorps, DPS Hub Farm, Farmer Foodshare and Durham Cooperative Extension, provide some form of direct education on the topics of nutrition and gardening, specifically the growing of fruits and vegetables, to DPS students. When the schools closed due to COVID-19 all agencies were faced with the challenge of how to provide instruction to students.
  - DINE and its community partners pooled resources to create a weekly newsletter and website. The newsletter has three different areas of focus: outdoor learning/gardening, cooking, and physical activity. Under each topic, two to three activities are provided per newsletter. Each newsletter has a theme and is provided in both English and Spanish. A website was created to provide access to the newsletter via the internet: [www.eatnc.org](http://www.eatnc.org).
  - The 2020-2021 DPS school year has started online and has a Wellness Wednesday component to support student health. The EAT Newsletter is provided as a resource to families with the Wellness Wednesday materials DPS provides to all the schools.



- **Challenges**

- Translating the newsletter into Spanish is a challenge because all collaborating agencies have limited resources for translation.
- The newsletter is intended for elementary students. Because distribution was done primarily through the schools' social media sites many students may not have received the resource.

**Implication(s)**

- **Outcomes**

- The DINE program is provided in 16 elementary schools in Durham and reaches close to 6,000 students. At least through the end of the 2019-2020 school year, DINE nutritionists sent an electronic copy of the weekly newsletter to the schools that receive DINE programming for distribution through the schools' social media or other virtual platforms. Between May and July 2020, the EAT Newsletters were distributed to over 30 sites (mostly DPS elementary schools and childcare centers in Durham), with a potential reach of over 10,000 families.
- DINE nutritionists and their EAT partners also created "Grow at Home" garden kits for families with all necessary supplies to practice growing food at home. Between May and July 2020, 2,143 garden kits were distributed at 32 sites.

- **Service delivery**

- The newsletter content is created in collaboration with all community partners working on the project. Farmer Foodshare staff created and maintain the EAT website. Once each volume of the newsletter is completed, DINE nutritionists distribute electronically to DPS schools receiving the DINE program and to DPS for inclusion with the Wellness Wednesday materials.

- **Staffing**

- Seven DINE elementary school nutritionists, one DINE childcare nutritionist, one DINE processing assistant
- Staff from Inter-Faith Food Shuttle, Food Corps, DPS Hub Farm, Durham Cooperative Extension and Farmer Foodshare

- **Revenue**

- No revenue is generated through this educational outreach.

**Next Steps / Mitigation Strategies**

- The newsletter is now being published on a monthly basis for the 2020-2021 school year.
- The newsletter and EAT website will be highlighted in DPS Wellness Wednesday materials.
- The EAT "Grow at Home" garden kits will continue to be distributed to DPS students in various ways throughout the school year.
- DINE will continue to work with the EAT group to find additional opportunities for future collaborations to serve the needs of DPS families while meeting DINE grant deliverables.

## **Division / Program: Nutrition / Double Bucks FMNP Distributions**

**(Accreditation Activity 10. 2: The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)**

### **Program description**

- Double Bucks is a program run at three local farmers' markets. Customers can shop with their SNAP (EBT) cards and the market will match any amount of money the participant wants to spend. The program includes a cash match option for WIC participants, people living in Durham Housing Authority sites, those who have section 8 vouchers, and for seniors participating at Durham Center for Senior Life (DCSL). The program will also double WIC and Senior Farmers' Market Nutrition Program (FMNP) vouchers distributed in summer months.
- This summer, Durham Farmers' Market (DFM) partnered with WIC, DCSL, and DCoDPH's DINE team to provide five drive-through distributions of produce for families using the FMNP program, in order to allow access to Double Bucks during the COVID-19 pandemic.

### **Statement of goals**

- Encourage the use of the FMNP program for WIC families and senior citizens.
- Reduce risk of participants visiting the farmers' market during the pandemic.
- Increase access to nutritious foods.
- Support local farmers and the local economy.
- Promote the Double Bucks program.

### **Issues**

- **Opportunities**
  - WIC families and seniors can utilize their FMNP vouchers that may have gone unredeemed this year due to the risks of shopping at a farmers' market during a pandemic.
  - Families at less risk and able to travel to the farmers' market gain an understanding of the Double Bucks program and the current precautions set in place at markets and are more willing to visit the markets to make use of the rest of their FMNP vouchers.
  - Farmers providing the food offered the program extra produce for free, which was used to add on to the already plentiful bags and to offer additional purchases if participants wanted to spend more checks.
  - Funding for the Double Bucks 2020 season has been provided by a Blue Cross Blue Shield corporate sponsorship in addition to community donations.
  - RAFI and DINE staff hope to make a case for increased funding of FMNP vouchers in the future, given the redemption rates have increased significantly within the last 3 years.
- **Challenges**
  - Given the current circumstances, transportation to distribution sites was a must and a potential barrier to families and seniors with lack of transport or with mobility issues.

Adding additional sites may have been a way to mitigate this issue considering the current constraints and the inability to transport large numbers of people in a bus or van.

- Due to our efforts to create a safe, contactless environment, participants were unable to choose the produce they would like or most likely use. Having said that, the farmers provided a beautiful assortment of fresh fruits and vegetables at every distribution- including familiar foods like onions, green beans, blueberries, and tomatoes.

### **Implication(s)**

- **Outcomes**

- Due to the current climate and the desperate need for food in the community, FMNP participation has increased this summer season among all markets providing Double Bucks in Durham County.
- SNAP participation for the Double Bucks program has more than doubled at DFM alone. So far this year nearly \$18,000 have been distributed in Double Bucks, compared to a total of \$8,700 for 2019.

- **Service delivery**

- Under regular circumstances the FMNP program distributes vouchers to seniors at the congregate meal sites and to WIC families during their appointments in the summer months. WIC and DCSL are currently mailing out FMNP vouchers not picked up by clients at the distributions. Market hours at DFM are now limited to only Saturdays 8am-12pm during the summer season. The Double Bucks program is available year-round at DFM, South Durham Farmers' Market, and the newly established East Durham Farmers' Market hosted by Communities in Partnership.

- **Staffing**

- DINE Healthy Environments Nutritionist in collaboration with RAFI, DFM, DCSL, and WIC, coordinated and helped run distributions.
- DFM staff runs the Double Bucks program during market hours.
- The DINE Healthy Environments Nutritionist provides technical assistance and marketing. The DINE Nutrition Program Manager assists with grant writing.

- **Revenue**

- FMNP distributions did not generate any revenue for DCoDPH. However, it brought in nearly an additional \$8,000 to local farmers.
- An average revenue of about \$25,000 has been generated so far this year at DFM through the Double Bucks various programs; compared to nearly \$23,000 generated in all of 2019.
- Double Bucks provides no revenue for DCoDPH.

### **Next Steps / Mitigation Strategies**

- DINE administered a customer survey to WIC families at each distribution to assess customer satisfaction and track program reach. Feedback will be taken into consideration in the event we need to plan for another drive through distribution in the future.

## **Division / Program: Dental – Expanding Dental Services in the Clinic**

**(Accreditation Activity 30.1: The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.)**

### **Program description**

- The Dental Division serves children and OB patients.
- The clinic had been seeing emergency patients through the summer. Beginning in mid-September, recall appointments were scheduled. The clinic is now planning for return of hygiene appointments.
- Patients are scheduled one per hour to ensure treatment is administered safely, and that the team has time to clean the area thoroughly after each appointment.
- Patients are pre-screened over the phone, and again at their appointment, to be sure that treatment can safely proceed.

### **Statement of goals**

- In order to expand services, the clinic continues to purchase Personal Protective Equipment (PPE), including face shields, N95 masks, bouffant caps, goggles, etc.
- To protect against aerosolized droplets the clinic has incorporated moveable partitions (with dividers that can be wiped down between patient visits), as well as air purification systems. These measures allow the clinic to “enclose” three treatment bays.
- The dental lobby has an air purification unit in operation.

### **Issues**

- **Opportunities**
  - New safety measures allow the clinic to expand services, and schedule those who have had to await previously scheduled procedures.
  - UNC faculty members returned on a partial schedule in September, which will allow the Division to increase appointments.
  - In being able to reallocate some funds, the clinic will be able to bring in a temporary hygienist to help treat patients.

### **Challenges**

- As the team was down both hygienists, numerous appointments had to be rescheduled.
- Finding ways to “catch-up” with appointments that had been canceled due to the malware attack and COVID-19.
- Ensuring adequate safety measures in place so team members are comfortable treating patients.

### **Implication(s)**

- **Outcomes**
  - The partitions and air purification units have been put into operation and the clinic is starting to increase appointments.

- **Service delivery**
  - Appointments are being scheduled to include emergency, recall, and hygiene columns on a regular basis. The team may be able to run two hygiene columns by the end of October.
- **Staffing**
  - Front desk, 2-3 dental assistants, dentist, and UNC providers. (Additional team members have been assigned to surveillance and screening tasks.)
- **Revenue**
  - To be determined.
- **Other**
  - N/A

#### **Next Steps / Mitigation Strategies**

- To bring in additional staff (including temporary hygienist and dental assistant) so that the team can catch up with previously scheduled appointments and bring our recall patients back.

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

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

#### **Program description**

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

#### **Statement of goals**

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

#### **Issues**

- **Opportunities**
  - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
  - Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
  - Connect participants with community resources including treatment options, health care, and housing assistance.
  - The following items are provided in the Safe Syringe Kit:
    - 10 sterile 1.0mL syringes with fixed needles

- Alcohol swabs
- Tourniquet
- Condoms
- Sharps Container
- Additional injection supplies
- Participant ID card
- Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.

- **Challenges**

- Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use 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 July-August 2020:
  - Unique individuals: 4
  - Total contacts: 8
  - Syringes dispensed: 290
  - Syringes returned\*: ~4350
  - Sharps containers dispensed: 10
  - Fentanyl strips dispensed: 31
  - Naloxone kits distributed (with SSP): 19
  - Naloxone kits distributed (non-SSP): 28
  - Naloxone reversals reported: 1
- Year-to-date statistics, FY20-21:
  - Unique individuals: 4
  - Total contacts: 8
  - Syringes dispensed: 290
  - Syringes returned\*: ~4350
  - Sharps containers dispensed: 31
  - Fentanyl strips dispensed:
  - Naloxone kits distributed (with SSP): 19
  - Naloxone kits distributed (non-SSP): 28
  - Naloxone reversals reported: 1

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

- **Service delivery**
  - Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
  - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

#### **Next Steps / Mitigation Strategies:**

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

#### **Division / Program: Pharmacy/ Medication Drop Box**

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

#### **Program description**

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

#### **Statement of goals**

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

#### **Issues**

- **Opportunities**
  - The following items are accepted in the box:
    - Over-the-counter medications
    - Prescription medications
    - Prescription patches
    - Prescription ointments
    - Vitamins
  - Reduce environmental concerns caused by flushing unwanted medications.
  - Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- **Challenges**
  - Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.

- Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and Q1 of FY20-21, although this was not reflected in program participation.

## **Implications**

- **Outcomes**
  - Quarterly statistics, FY20-21 Q1
    - ~20 lbs of medication disposed
  - Year-to-date statistics, FY20-21
    - ~20 lbs of medication disposed
  - Previous year statistics, FY 19-20
    - ~102 lbs of medication disposed
- **Service delivery**
  - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
  - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
  - Pharmacy staff will regularly monitor the drop box and empty when necessary.
  - Assurant Waste Disposal is contracted to dispose of the medications.

## **Next Steps / Mitigation Strategies:**

- The drop box will be monitored regularly and emptied when necessary.
- Statistics will be monitored and reported to the Board of Health quarterly.

## **Division / Program: Pharmacy / Needle Disposal Box**

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

## **Program description**

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

## **Statement of goals**

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

## **Issues**

- **Opportunities**
  - The following items are accepted in the box:
    - Used or expired needles and syringes
    - Used or expired medications with attached needles (i.e. Epipens)
  - Reduce environmental concerns caused by improper needle disposal.
  - Reduce accidental needle sticks caused by improper needle disposal.



- Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
- Reduce the risk of security personnel being exposed to used needles by placing the disposal box before the security checkpoint.
- **Challenges**
  - Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.
  - Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and Q1 of FY20-21, although this was not reflected in program participation.

## **Implications**

- **Outcomes**
  - Quarterly statistics, FY20-21 Q1
    - ~19,670 needles/syringes returned
  - Year-to-date statistics, FY20-21
    - ~19,670 needles/syringes returned
  - Previous year statistics, FY20-21
    - ~57,605 needles/syringes returned
- **Service delivery**
  - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
  - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
  - Pharmacy staff will regularly monitor the drop box and empty when necessary.
  - Piedmont Biomedical is contracted to dispose of the used needles and syringes.

## **Next Steps / Mitigation Strategies:**

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

## **Division / Program: Information Technology**

**(Accreditation Activity 32.1-The local health department shall have computer equipment and software needed to interface with state data management systems.)**

## **Program description**

- DCoDPH uses information technology to drive innovation and design to deliver and increase the infrastructure for the services offered by public health through, increase access to information, to integrate value-added functionality to public health and the citizens we serve.

- To provide expertise, innovative insights and superior information management services to our stakeholders to achieve Public Health's goals and objectives.
- To increase the overall quality of customer service to both internal and external customers and increase knowledge among staff within Durham County Department of Public Health.

### **Statement of goals**

- To ensure systems are available to provide services for public health staff and the clients that we serve.
- To utilize data and information resources to improve service delivery
- To ensure IT planning, integration and effectiveness become a cultural phenomenon throughout the organization

### **Opportunities**

- The Financial and Technology Risk Assessment Analysis kick-off started on 09/24/20.
- Assessment will be completed prior to new Epic Go Live Date of February 23, 2021. The vendor will also work alongside of Public Health through the implementation of Epic.

- **Challenges**

- Providing the vendor with infrastructure layout for the Epic cloud-based system which is managed by UNC.

### **Implication(s)**

- **Outcomes**

- Ensure the system is configured to mitigate financial risks
- Understand the Epic infrastructure and the parties responsible

- **Service delivery**

- The service delivery will provide us with an executive summary of the outcomes of the analysis and provide measures in order to remediate any findings during the analysis.

- **Staffing**

- N/A

- **Revenue**

### **Next Steps / Mitigation Strategies**

- Continue working through the Financial Analysis and working alongside the vendor to provide needed documentation from Epic and Public Health.