

Due to the ongoing social distancing restrictions in response to the coronavirus (COVID-19) pandemic, the Durham County Board of Health Meeting was conducted virtually. The virtual option aligns with social distancing requirements which ensure the safety of citizens who wish to participate as well as Board members and Durham County Government staff.

The agenda, weblink and access code were posted to DCoDPH website and provided to the Clerk to the Board office 48 hours prior to the meeting for citizens to join by computer or phone.

A Regular Meeting of the Durham County Board of Health was held December 10, 2020 with the following members present:

Spencer "Spence" Curtis, MPA, BS; Eric Ireland, MPH, RS; Robert Rosenstein, O.D.; Commissioner Brenda Howerton; James Miller, DVM; Roger McDougal, DDS; Victoria Orto, DNP, RN, NEA-BC; Rosemary Jackson, MD; Mary Braithwaite, MD, MSPH and Josh Brown

Excused Absence: Stephen Dedrick, R.Ph, MS

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Katie Mallette, Lindsey Bickers-Brock, Dr. Anita Jackson, Marcia Richardson, Marissa Mortiboy and Larry Lyles.

CALL TO ORDER: Vice-Chairman Eric Ireland called the virtual meeting to order at 5:00 p.m. with a quorum present and provided the board with instructions on how the attendance would be taken and agenda items would be voted upon that require "board action".

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

Dr. Rosenstein: I would like to present two items to the Board: First, I would like to offer a moment of private meditation for the members of our frontline care teams; the doctors, nurses, and support staff directly involved in the care of our Covid-19 patients, as well as our Board of Health contact tracing teams. Our thoughts and prayers go out to the families of those who have suffered and recovered, and those who have suffered and died from this terrible pandemic. A moment of silence please. Thank you.

Secondly, these are my thoughts solely and are meant to be a starting point for further discussion.

As members of the Durham County Board of Health we share a common obligation to do what is in the best medical interest for the citizens of Durham County. My understanding is that a significant number of the citizens of Durham County are reluctant to take the soon to be released Covid-19 vaccine. I hope that you will join me in a public display, recorded for TV, of our unity as the Durham County Board of Health, as we collectively get vaccinated together. I can think of nothing that will send a stronger signal to the community that the vaccine is 1) safe, 2) efficacious, and 3) needs to be taken as a total community effort.

There will be the obvious problem that we all may not be in the same vaccination group, but I'm sure that can be solved, along with whatever else arises. This signal of our unity as the Board of Health will send an unmistakable symbol to the citizens of Durham County.

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Let's find a way to make this happen soon so that we are in the forefront of this vaccination effort. Thank You

After further discussion, the Board decided to revisit the agenda item at the February 2021 Board meeting.

Dr. Rosenstein made a motion to accept the agenda. Commissioner Howerton seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Commissioner Howerton made a motion to approve the minutes for October 8, 2020. Dr. Rosenstein seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Mr. Jenkins, Public Health Director for Durham County Department of Public Health recognized:

NEW BOARD OF COUNTY COMMISSIONER APPOINTMENTS

1. Commissioner Brenda Howerton to serve as chair
2. Commissioner Nada Allam
3. Commissioner Nimasheena Burns

Durham County Government has made history with the swearing in of its first-ever all female Board of County Commissioners.

MARISSA MORTIBOY, POPULATION HEALTH DIVISION DIRECTOR

Marissa has been promoted to the Population Health Division Director. This is a new division with responsibilities for accreditation, strategic planning, quality improvement and integrating technology within our public health delivery of services.

An Illinois native, Marissa has lived in North Carolina for nearly two decades and spent her entire public health career in the state. After receiving her MPH in Community Health Education from the University of Tennessee-Knoxville, Marissa worked with NC county and state level public health agencies in the areas of health education, community engagement, communications, coalition building and community assessments.

Marissa joined the Durham County Department of Public Health in 2012 as a communications specialist for the Durham Diabetes Coalition project. She became the Partnership for a Healthy Durham Coordinator in late 2014. After spending more than six years working with wonderful local partners and community members to address the County's top health priorities, Marissa moved into her current role.

Marissa is excited to lead the new Population Health Division. She looks forward to working with a team to use data, equity, strategic planning, community engagement and quality improvement to align the health department's priorities with partner organizations and the County health priorities. Currently, the Population Health team is focused on COVID-19 response and ensuring quality COVID-19 data for the community.

**ALECIA SMITH, Ph.D, PUBLIC INFORMATION &
COMMUNICATIONS OFFICER**

Dr. Smith was awarded The Ernie Seneca Award for Excellence in Public Services by the North Carolina Association of Government Information Officers in November 2020 for her excellence in serving the citizens of Durham County during the pandemic through her public information efforts.

Dr. Smith joined the Durham County Department of Public Health (DCoDPH) as Communications and Public Relations Manager in August of 2019. Dr. Smith has worked in communications roles since 2011, in two university positions and for a non-profit organization. During this time, Dr. Smith earned her Ph.D. in Education from the University of North Carolina at Chapel Hill. In her doctoral program, Dr. Smith researched issues of educational equity, with a focus on understanding how race, language, and socioeconomic status influence educational access, engagement, and motivation. After earning her Ph.D., Dr. Smith worked in a statistics position for an education research organization before accepting the opportunity to return to communications work in her new role in Durham County.

In her current role, Dr. Smith is responsible for timely communication from the health department to the community. These communications include critical health alerts, information about DCoDPH programs and services, and more. Dr. Smith's responsibilities include, but are not limited to, maintaining the website and social media accounts; writing news releases and organizing media opportunities; managing relationships and events with community partners; developing infographics and print materials; and producing the annual report.

**NATALIE RICH, MPH, TTS, REGION 5 TOBACCO
PREVENTION MANAGER**

Originally from Orlando, Florida, Natalie has been in North Carolina for 25 years and is proud to call Durham home. For the past 5 years, she has served as the Tobacco Health Education Specialist, promoting tobacco- and smoke-free environments throughout Durham County and providing tobacco treatment services to Durham residents. Prior to working at Durham County, Natalie worked in addiction treatment and recovery as a Drug and Alcohol Intervention Specialist, Harm Reduction policy advocate, and a Residential Supervisor at a drug treatment program for women.

As the new Region 5 Tobacco Prevention Manager, Natalie hopes to expand on the incredible policy and programmatic successes we have had here in Durham. The Regional Manager is responsible for addressing the following goals throughout the 8 counties of Region 5 (Guilford, Alamance, Rockingham, Caswell, Person, Orange, Chatham, and Durham):

1. Eliminate exposure to secondhand smoke and e-cigarette aerosol
2. Promote tobacco use treatment among youth and adults
3. Prevent initiation of tobacco use among youth and young adults
4. Identify and eliminate tobacco use disparities and improve health equity

This position is funded by the North Carolina Tobacco Prevention and Control Branch and is seated in the Health Education & Community Transformation Division of Public Health. Natalie looks forward to applying her skills in this new role and continuing to make Durham a tobacco prevention leader in the Region and in North Carolina.

KRISTEN PATTERSON, MHA, DEPUTY PUBLIC HEALTH DIRECTOR

Kristen comes to our agency with over 20 years of Public Health experience. Kristen has served as the Health Director for Scotland County, North Carolina since August 2016. Kristen most recently lead her agency through successful public health accreditation with honors in March 2020.

Kristen served in the North Department of Health and Human Services, Communicable Disease Branch for over 14 years as a disease investigator and in various areas within the branch. Kristen also lead Forsyth County during their Syphilis Outbreak in 2009. Kristen also has experience as an Emergency Planner serving in Scotland County. She is passionate about educating the community on how to make healthier lifestyle changes.

Kristen holds a Master's in Healthcare Administration from Central Michigan University, and Bachelor of Science in Exercise Physiology from Winston-Salem State University.

Since starting with Durham County Public Health on October 19, 2020, Kristen has been assigned as the direct supervisor for Health Education & Community Transformation, Environmental Health, Population Health, Information Technology, and Facilities Maintenance Divisions. Kristen is currently the Lead for our COVID vaccination clinic.

The Board extended their congratulations to everyone.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Mr. Ireland called for administrative reports/presentations:

FY 2020 END OF THE YEAR & FY 2021-1ST QUARTER BUDGET PRESENTATION (Activity 33.6)

Mr. Sutton, Local Finance Officer provided the board with an overview of FY 2020 End of The Year & FY 2021-1st Quarter expenses and revenues for the department. The presentation provided

Fiscal Year End FY 2020

I. FY 2020 Budget

1. Total FY20 Approved Budget 26,522,073
2. Total FY20 Approved County Funding 19,700,476
3. Total FY20 Other Funding 6,821,597

II. Funding Source

1. FY 19 County 73%, Other 27% (Approved)
2. FY 20 County 74%, Other 26% (Approved)

III. FY 20 Expenditures (By MFR Program) Percent Spent (Overall 91%)

1. Allied Health 91%
2. Dental Health 90%
3. Environmental Health 100%
4. Health Education & CT 83%
5. Leadership & Business Mgmt. 88%
6. Medical Services 97%
7. Nutrition Services 84%
8. Population Health 41%

Total of all unspent funds \$2,458,098

IV. FY 20 Revenues (By MFR Program) Percent Received (Overall 81%)

1. Allied Health 71%
2. Dental Health 81%

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3. Environmental Health	105%
4. Health Education & CT	89%
5. Leadership & Business Mgmt.	50%
6. Medical Services	91%
7. Nutrition Services	53%
8. Population Health	17%
Total of all uncollected revenue \$1,327,830	

V. FY 20 Additional Revenue Info

Grant 3,500,082 – decrease of 358,156 from prior year
Medicaid 1,913,661 – decrease of 80,101
Self-Pay Fees 393,066 – decrease of 63,137

First Quarter FY 2021

VI. FY 2020 Budget

1. Total FY21 Approved Budget 27,698,841
2. Total FY21 Approved County Funding 19,161,921
3. Total FY21 Other Funding 8,536,920

VII. Funding Source

1. FY 20 County 74%, Other 26% (Approved)
2. FY 21 County 69%, Other 31% (Approved)

VIII. 1st Quarter Historical Expended Percentages

1. FY 21 22%
2. FY 20 19%
3. FY19 21%

IX. 1st Quarter Historical Revenue Collection Percentages

1. FY 21 13%
2. FY 20 19%
3. FY 19 16%

X. FY 21 1st Quarter Additional Revenue Info

Grant 639,305 – decrease of 97,626 from prior year
Medicaid 338,427 – decrease of 97,949
Self-Pay Fees 67,474 – decrease of 34,723

Additional Notes

- FY 2021 Budget was prepared using reallocated dollars
- Additional FY21 operating budget reductions were subsequently provided \$201,200
- Additional FY21 personnel budget reductions provided \$595,043
- Budget reduction scenario exercises for FY 2022 (3%, 5% 7%)

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

QUESTIONS/COMMENTS:

Mr. Sutton: Any questions concerning the FY 2020 end of the year report? If not, I will move on to the 1st quarter of FY 2021.

Dr. Jackson: Will, what is the reason for the fairly significant dip in 2020 for this year?

Mr. Sutton: That \$358K represents a Triple P grant that had about \$99K unspent dollars and the DINE grant is also making up a large portion of that decrease from FY 2019.

Commissioner Howerton: Will, can you tell us what kind of impact these dips are having on services?

Mr. Sutton: The reduction in services are scaling back to appointment “only” and sometimes clinics are closed is a direct impact on the amount of self-pay fees and grant revenue we receive.

Commissioner Howerton: I guess my question has to do with service, what kind of impact is it having on serving people?

Mr. Jenkins: Madame Chair, not much of an impact as we continue to be fore-facing throughout the pandemic to this day. We did have some significant issues as it related to the mal-ware attack because that rendered the entire enterprise useless if you will. However, we did find a way to still provide services going back to antiquated way like with paper and everything but we intended to provide services but as Will stated we ended up converting to telehealth visits and a number of different creative ways in order to continue to provide services and generate revenue. Of course, it’s like other healthcare organizations throughout the triangle we took a blow because of COVID in that we couldn’t be as fore-facing also telehealth visits don’t pay as much as in-person visits. So, we had to make some adjustment for that. As far as to definitely answer your question in regard to the level of service and the impact to the community it’s been minimal. Clients continued to come for their services but in an effort to protect our environment and staff our clinic schedules were Monday-Friday fore-facing; Thursday-Friday telehealth visits and that reduced the foot traffic.

Mr. Sutton: Any questions regarding the 1st quarter report?

Dr. Rosenstein: I don’t see how you can be asked to reduce the budget in the middle of the screaming pandemic. I don’t know how we are to reduce our physical forces, our boots on the ground; that just doesn’t seem to be programmatic thing to do in 2022 and with all due respect to the county commissioners, they may well ask that we do that; but what they ask and what we’re able to do may be two different things. I have great concerns about that.

Mr. Sutton: Just keep in mind, of course, this is an exercise just to come up with some different scenarios that the budget department could use to potentially address any needed reductions that may occur. The budget department is aware of the nature of our business and of the mandated services we must provide to the public. Those things will be taken into consideration but as one of the larger departments within the county; we are in a much better place to look for certain areas that we could possible reduce and not be effected as much as some of the smaller departments within the county.

Mr. Jenkins: To the members of the board I might also add, we are facing the same economic uncertainty as the rest of the nation; particularly as the rest of the region as a result of COVID 19. Of course, people are not going to Durham Bull games, flying out of RDU and just matriculating down in our restaurant scene; it’s having a major impact to the overall economics in the triangle region. Make no mistake about, public health is prepared to do our part to contribute to the overall good of the enterprise. As Will said we are a larger department, but I am so proud of him and our leadership because we have always been very frugal and prudent in our spending. When the first cuts came in the amount \$200K no problem; when 500K was taken away from our administrative budget it was a little tap to the gut; but we were still able to absorb the blow a little better than other departments. With the 3%, 5% and 7% cuts I do believe we will be able to weather that storm also.

To Dr. Rosenstein point, I will say in the presence of Chair Howerton that the county and general managers have been very good to us through the pandemic. Where there is truly a hiring freeze it has not affected us because they do understand we need people, boots on the ground, in order to fight the pandemic. In almost all of the positions we have requested, they have been granted. Additionally, I would also like to mention for the sake of time, which I will be real brief, there’s a lot of need in Durham County and there has been a lot of ask from different departments for

specific needs but public health has not asked for one dime and we have been fortunate because of the good budgeting and also because the state has provided us with a number of buckets of money that we've been able to meet and deliberate on those things that a necessary. Case and point, last weekend, we decontaminated the entire Durham County Health and Human Services Building and The Senior Living Center with public health funds and we will continue to do those things because it protects against COVID. So, I just wanted to bring a little bit more clarity to the numbers. we are continuing to pinch pennies and make sure we do all that we can to contribute to the overall enterprise and its budgetary needs; but we have been blessed and are in a good position to fight a good fight.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of October and November 2020 prior to the meeting. The vacancy rate for October 2020 was 18.9% and 17.2% for November 2020.

(A copy of October/November 2020 Vacancy reports are 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 November 2020 prior to the meeting.

(A copy of the October/November 2020 NOV report is attached to the minutes.)

**Health Director's Report
December 10, 2020**

Division / Program: Nutrition Division/Clinical Nutrition Services/CCSA Staff Education

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

Program description

- "What's on Your Menu?" was presented by a DCoDPH Clinical nutritionist at a recent conference for childcare providers through the local CCSA.
- Child Care Services Association (CCSA) is a nationally recognized nonprofit working to ensure affordable, accessible, high quality childcare for all families through research, services and advocacy.

Statement of goals

- To increase childcare directors' and teachers' knowledge on nutrition and its effects on healthy development of young children and general wellbeing.
- To help childcare staff learn how to incorporate proper nutrition and physical activity into all aspects of childcare as well as into to their own routines and daily lives.

Issues

- **Opportunities**
 - DCoDPH Nutrition division was able to assist an important community partner with education of staff even during restrictions imposed by COVID.
- **Challenges**
 - Education and cooking demonstration were conducted via virtual media (Zoom).

Implication(s)

- **Outcomes**
 - 25 early childhood educators learned how good nutrition and physical activity contribute to positive wellbeing especially during stressful times of a pandemic.
 - Topics in the 90-minute presentation included basics of healthy eating: MyPlate, mindful eating, portion control, energy balance, food label, and physical activity recommendations.
 - The presentation ended with a recorded virtual cooking demo provided by DCoDPH's DINE Program.
 - CCSA learned about other services that the Department of Public Health can provide for the early childhood education field.
- **Staffing**
 - One DCoDPH Clinical Nutritionist.

Next Steps / Mitigation Strategies

- DCoDPH Nutrition Division will continue to pursue alternative avenues for outreach and education through virtual media.

Division / Program: Nutrition Division/Clinical Nutrition Services/Diabetes Self-Management Education Program State Audit (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies, when such evidence exists.)

Program description:

- Durham County Department of Public Health's (DCoDPH) Diabetes Self-Management Education (DSME) program completed a deficiency free audit on November 20, 2020. The annual audit, following American Diabetes Association standards, was conducted by the DSME Quality Coordinator from the North Carolina Department of Health and Human Services, Public Health Branch.

Statement of goals:

- Maintain compliance with American Diabetes Association (ADA) program standards to allow for continued operation of billable services.
- 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**
 - Limitations on face-to-face interaction due to COVID have restricted program availability to only those clients able to participate via Telehealth.
 - Nutrition Clinic resources for DSME program delivery have been limited since March 2020 due staff time diversion to COVID mitigation responsibilities.

Implications:

- **Outcomes**
 - DCoDPH's DSME program is governed by the North Carolina Department of Health and Human Services (NC-DHHS). By maintaining the standards set by ADA, NC- DHHS is granted

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continued recognition for its DSME programs. NC-DHHS and DCoDPH's DSME program were originally recognized by ADA 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 (RD) position is committed to administration of the DSME program. Since March 2020, staff time for the program is reduced to ten percent of the RD's time.
- **Revenue**
 - DSME is a billable service. DCoDPH is a provider for Cigna, 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.
- When increased staff time is returned from COVID mitigation back to Nutrition Services, collaborative efforts with community health care partners and marketing of DSME will continue to ensure optimal use of this resource.

Division / Program: Nutrition / DINE/Collaboration with Durham Public Schools for Wellness Wednesdays

(Accreditation Activity 10.2: The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE has ongoing and long-lasting partnerships with Durham Public Schools (DPS), providing nutrition education programming to SNAP-eligible students and their families. During this period of virtual learning, DPS has committed one day per week for providing activities that support wellbeing, called Wellness Wednesdays. This space offers resources and ideas for schools to offer their students. DINE provides weekly content for Wellness Wednesdays, including 3-5min videos paired with supplemental worksheets, recipes and/or newsletters.
 - Wellness Wednesday content created by DINE covers topics such as:
 - Exploring bell peppers in the garden and with our five senses
 - Bell pepper trivia
 - Exploring okra in the garden
 - Say yes to water and an agua fresca cooking demonstration
 - Mindful eating practice
 - Exploring Hispanic Heritage through meals

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- Exploring corn and popcorn
- EAT Newsletters – filled with activities to get families moving, outdoors and cooking.
- DINE Wellness Wednesday videos can be found on the new [DINE YouTube playlist](#) housed within the DCoDPH YouTube Channel. They can also be found on the DPS Embrace Social and Emotional Learning (SEL) Hub [Wellness Wednesdays site](#).

Statement of goals

- To assist DPS teachers and staff with Wellness Wednesday content and increase nutrition knowledge and physical activity.
- To promote community collaboration across Durham County during the COVID-19 pandemic.

Issues

- **Opportunities**
 - DINE delivered in-person nutrition lessons prior to COVID-19 that were able to be modified to be delivered via an online platform.
 - Many DINE nutritionists have learning extenders at their homes, such as a garden, that they have been able to utilize to enhance the online material while working virtually.
 - DINE is able to extend its reach by sharing Wellness Wednesday video content directly with individual schools and with community partners, in addition to DPS. This content has been shared with various organizations across North Carolina such as the North Carolina Farm to Preschool Network, Growing Minds, Farm to School Network, and the Child and Adult Care Food Program (CACFP).
- **Challenges**
 - DINE cannot ensure that all students have the resources to cook and taste the foods and complete the activities while they are learning virtually. This may affect younger learners more than older ones, as younger learners are more tactile and learn more through doing than watching and listening.
 - Access to all the equipment necessary to move nutrition classes to a virtual platform has been a challenge.
 - DINE has experienced a steep learning curve with moving teaching to a virtual platform. Creating content and teaching virtually takes more time than teaching in-person due to this learning curve.
 - It is challenging to track how many students are utilizing the content.

Implication(s)

- **Outcomes**
 - Wellness Wednesday videos allow students to continue to receive nutrition education (as one avenue of virtual delivery), while in-person teaching is not possible.
- **Staffing**
 - 1-3 DINE Nutritionists create content weekly.
 - 1 DINE Nutritionist edits and finalizes video content.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE will continue to work with DPS and provide weekly Wellness Wednesday content through the end of the first semester.
- Should virtual learning continue into the 2021 calendar year, the DINE team will discuss next steps.

**Division / Program: Nutrition Division/DINE/FY19-20 Outcomes and
Outputs**

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- DINE is largely funded by a grant from USDA's SNAP-Education Program, which is allocated based on the federal fiscal year, October 1 through September 30.
- Every year, the DINE team conducts surveys and screenings to evaluate the outcomes of the program.

Statement of goals

- To evaluate the outcomes of DINE programming.
- To use information gained from screenings and surveys to improve the DINE program.

Issues

- **Opportunities**
 - Evaluating the DINE program is essential to the quality of DINE lessons and activities. By evaluating the program, nutritionists are able to see the strengths and weaknesses of the program and use this data to improve program offerings.
- **Challenges**
 - Due to COVID-19, many of DINE's program activities were cancelled or modified, and some evaluation methods were no longer possible.
 - Although the DINE team was able to adapt some of its programming and evaluation to be implemented virtually, participation numbers and survey response rates were lower than would typically be expected.

Implication(s)

- **Outcomes**
 - During FFY19-20, the DINE program reached a total of 7,662 unduplicated individuals with its direct nutrition education.
 - 69% of participants demonstrated increased knowledge of healthy food and physical activity and benefits of a healthy diet as reported in pre/post survey results for class series and post-survey for individual workshops.
 - 66% of workshop series participants showed improvement in making healthy food choices after receiving DINE teaching as reported by pre- and/or post-surveys and parent surveys.
 - The DINE team facilitated 63 policy, systems and environmental (PSE) changes in schools, childcare centers, food pantries and farmers' markets, reaching 8,507 individuals.
 - DINE also implemented a "Rethink Your Drink" social marketing campaign and reached 9,690 individuals with its messaging.
 - "FY20 Evaluation Report" provides a full summary of the DINE program's outcomes from this past year (*2019-20 DINE Fact Sheet/FY20 Evaluation Report is attached to Health Director's Report*)
- **Service Delivery**

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- DINE reaches SNAP-eligible Durham residents through classes, taste tests, cooking demonstrations, health fairs, displays, and in collaboration with programs like school gardens and food pantries.
- DINE delivers its nutrition education programming in schools, childcare centers and in various locations in the community.
- DINE conducts program evaluation through pre/post screenings, participant surveys, and parent and teacher surveys.
- **Staffing**
 - The DINE program is staffed by nine full-time and four part-time nutritionists, one processing assistant, and two program managers.

Next Steps / Mitigation Strategies

- Based on the FFY19-20 data, DINE lessons and programs will be updated.
- Due to precautions related to COVID-19, DINE will continue to adapt nutrition education to be delivered and evaluated virtually.

Division/Program: Preventative Maintenance of Dental Equipment
(Accreditation Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.)

Program description:

- The Dental Division has schedules in place for monthly, quarterly or annual maintenance of its equipment.

Statement of goals:

- To ensure the cleaning, disinfection and maintenance of clinical equipment and service areas.

Issues

- **Opportunities**
 - The Department has provided for calibration of some of the clinic equipment, and in dental this includes the Ultrasonic unit and scales.
 - Dental established a PM (Preventative Maintenance) contract with Benco for dental carts, hand pieces, autoclaves, oil change and filter, and replacement of amalgam separator.
 - Dental established contract with Lewis Systems for Air Compressor for annual PM.
 - Contract is in place for Benco to replace the Bison RAMVAC Unit.
 - Contract is in place for calibration of the panoramic x-ray machine.
- **Challenges**
 - When preventative maintenance is performed on larger pieces of equipment (such as with the Air Compressor) the clinic must be closed, often for an entire day.
 - There were issues securing calibration for the panoramic x-ray machine, and the Division is working to have service completed prior to Epic Wisdom training in February 2021.

Implication(s)

- **Outcomes**
 - All equipment PM is up to date through first week of December 2020.
 - During annual PM of Air Compressor, Lewis Systems will replace and calibrate the carbon monoxide monitor.

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- **Service delivery**
 - Lewis Systems and Benco are scheduled for December service and repairs.
- **Staffing-** Division Director is contact with vendors and works with Dental Practice Administrator to schedule PM at most convenient time.
- **Revenue** – N/A. Preventative maintenance and repair contracts total \$19,250 in FY'21, which includes replacement of the RAMVAC system.
- **Other** –N/A

Next Steps / Mitigation Strategies

Dental carts and handpieces to receive next PM service in January 2021.

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

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

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
 - Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
 - Connect participants with community resources including treatment options, health care, and housing assistance.
 - The following items are provided in the Safe Syringe Kit:
 - 10 sterile 1.0mL syringes with fixed needles
 - Alcohol swabs
 - Tourniquet
 - Condoms
 - Sharps Container
 - Additional injection supplies
 - Participant ID card
 - Printed material for harm reduction and ancillary services
 - Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**

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- 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 September-October 2020:
 - New participants: 4
 - Total contacts: 17
 - Syringes dispensed: 430
 - Syringes returned*: 0
 - Sharps containers dispensed: 3
 - Fentanyl strips dispensed: 37
 - Naloxone kits distributed (with SSP): 12
 - Naloxone kits distributed (non-SSP): 115
 - Naloxone reversals reported: 0
- Year-to-date statistics, FY20-21:
 - New participants: 10
 - Total contacts: 41
 - Syringes dispensed: 789
 - Syringes returned*: ~4350
 - Sharps containers dispensed: 21
 - Fentanyl strips dispensed: 98
 - Naloxone kits distributed (with SSP): 31
 - Naloxone kits distributed (non-SSP): 143
 - 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: Population Health / Partnership for a Healthy
Durham**

(Accreditation Activity 9.1 – The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.

Program description

The Partnership for a Healthy Durham is a coalition of local organizations and community members with the goal of collaboratively improving the health and well-being of its community, and those who live in it, using racial equity principles. The Partnership has five committees that focus on a Durham County health priority and communications, which are led by a Steering committee. The Partnership for a Healthy Durham held a virtual meeting via Zoom on October 21 on the topic of COVID response. There were representatives from the Durham County Department of Public Health, LATIN-19, Black/African American COVID group, Homelessness and COVID, Partnership for Seniors and More and Root Causes.

Statement of goals

- Update on the Durham County Department of Public Health response to the COVID-19 pandemic
- Update on the activities of partners to respond community needs related to the COVID-19 pandemic

Issues

- **Opportunities**
 - Update the community on Durham initiatives and activities in response to the COVID-19 pandemic
 - Identify potential areas of collaboration and alignment between community partners
 - Share accurate information, data and resources regarding the COVID-19 pandemic in Durham County
- **Challenges**
 - Reaching those without access to technology with information from the meeting
 - Ensuring meetings are accessible to community members
 - Communicating all of the needed information with time for Q&A within the 60-minute meeting

Implication(s)

- **Outcomes**
 - There were 99 attendees at the virtual meeting, which is the highest attendance for any Partnership for a Healthy Durham meeting.
- **Staffing**
 - The Partnership for a Healthy Durham Coordinator worked with two overall Partnership co-chairs to arrange speakers, set the agenda and run the meeting.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue collaboration with community partners.
- Identify grant opportunities and funding sources for future collaboration.

16 A Regular Meeting of the Durham County Board of Health, held December 10, 2020.

- The Partnership Coordinator typed and posted draft meeting minutes on the Partnership for a Healthy Durham website at <https://healthydurham.org/cms/wp-content/uploads/2020/11/Quarterly-meeting-minutes-10212020-draft.pdf>.
- Meeting minutes were shared in the November Partnership newsletter and through email with Partnership members.

COMMITTEE REPORTS:

• **NOMINATION COMMITTEE RECOMMENDATION:**

Dr. Braithwaite reported that the committee met to discuss possible nominations for Chair and Vice Chair positions. The committee recommended Eric Ireland as Chair and Dr. Rosemary Jackson as Vice-Chair.

Vice Chairman Ireland asked if there were any other nominations for Vice-Chair.

Mr. Curtis made a motion to accept the nomination for Rosemary Jackson as Vice-Chair. Dr. Miller seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

The nominating committee would like to recommend Mr. Eric Ireland for Chair.

Commissioner Howerton made a motion to accept the nomination for Eric Ireland as Chair of the Board of Health. Mr. Curtis seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

Mr. Eric Ireland and Dr. Rosemary Jackson agreed to accept the positions of Chair and Vice-Chair.

• **FINANCE COMMITTEE APPOINTMENT**

Dr. Jim Miller, Joshua Brown and Spence Curtis were appointed to the Finance Committee. Dr. Jackson will act as Chair and Mr. Ireland will act as Ex-Officio.

OLD BUSINESS: There was no old business.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$43,657.00 from the NC Department of Health and Human Services Division of Public Health, Women's and Children's Health Section/Immunization Branch.

This provides additional funding to the Durham County Department of Public Health to enhance and adapt influenza activities and to implement innovative local solutions to achieve increased vaccination coverage during the COVID-19 pandemic.

Dr. Miller made a motion to approve the budget amendment in the amount of \$43,657.00. Dr. Braithwaite seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **AGENDA ITEMS FEBRUARY 2021 MEETING**

- Board of Health-vaccination discussion to include meningitis vaccine
- Food Insecurity Update

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Braithwaite: I would like to elaborate a little if I can on the vaccination discussion, this might be a part of it already but I received an expression of concern for Trisha Howard who is one of our DPS nurses who said that there is a reduction in the number of children who are actually getting vaccinated especially for the vaccines that are required before high school graduation that were not previously part of the requirement which is the "meningitis" vaccine. I would like to have that as part of our discussion "how to vaccinate children especially for those that are required by schools."

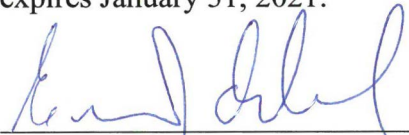
Dr. Rosenstein: I would like to add to the informal discussion that the Pfizer-BioNTech COVID 19 drug has been approved by the FDA.


Vice-Chair Ireland made a motion to adjourn into closed session pursuant to N.C.G.S Section 143-381.11(A) (3) to discuss the Health Director's 2020 Performance Evaluation. Dr. Jackson 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 by the board members as identified in the attendance roster above.

Commissioner Howerton made a motion to adjourn the regular meeting at 6:24pm. Dr. Miller seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

The Board would like to give a special thanks to Chairman Steve Dedrick for all his hard work and dedication to the board. Chairman Dedrick terms expires January 31, 2021.


Eric Ireland, MPH, RS, Vice-Chairman


Rodney E. Jenkins, Public Health Director