

A Regular Meeting of the Durham County Board of Health was held February 13, 2020 with the following members present:

Stephen Dedrick, R.Ph, MS; Spencer "Spence" Curtis, MPA, BS; Rosemary Jackson, MD; Eric Ireland, MPH, RS; Robert Rosenstein, O.D.; Mary Braithwaite, MD, MSPH; and James Miller, DVM;

Excused Absence: Commissioner Brenda Howerton;

Others Present: Rod Jenkins, Tara Blackley, Rosalyn McClain, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Hattie Wood, Katie Mallette, Lindsey Bickers-Brock, Dr. Anita Jackson, Dr. Chitrakala Jagagdeesan, Roger McDougal, DDS, Natalie Rich, Anjail Taylor, Audra Foree, Staley Poston, Alvina Long, Tania Dautlick, Emma Jablonski and J. Jablonski.

**CALL TO ORDER:** Chairman Steve Dedrick 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/adjustments to the agenda:

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

**REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:**

Mr. Ireland made a motion to approve the minutes for January 9, 2020. Mr. Curtis seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS:** There were no public comments.

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

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**  
Mr. Dedrick called for administrative reports/presentations

- **KEEP DURHAM BEAUTIFUL PRESENTATION (*Activity 9.1*)**

Natalie Rich, Health Education Specialist, Tania Dautlick & Emma Jablonski provided the board with information on the Cigarette Litter Prevention Pilot Program that has been adopted by over 1700 US communities.

The Cigarette Litter Prevention Pilot Program supports the Board of Health Smoking Rule by:

1. Encourages individuals to extinguish cigarettes at the bus stop
2. Provides opportunity for marketing smoking rule along with litter education
3. Offers visual justification for having the rule

Cigarette butt litter is the #1 most littered item in the world. Keep Durham Beautiful is introducing a pilot program that will eliminate this type of litter from Durham through the installation of cigarette butt receptacles and education surrounding the environmental impact of cigarette butt litter. The receptacles and dissemination of educational media will reduce cigarette butt litter and therefore, keep areas for Durham residents that rely on public transportation cleaner and healthier. The receptacles will be

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installed at seven bus stops in Durham based on volume of litter and ridership.

(A copy of *the PowerPoint Presentation, Toolkit and infographic are attached to the minutes.*)

- **FY 20-21 PROPOSED BUDGET PRESENTATION (Activity 39.3)**

Mr. Sutton, Local Finance Officer presented the proposed FY 20-21 budget and fee schedule to the Board for approval. Ms. Sutton stated that the PowerPoint presentation has been updated since it was sent to the board to review prior to this meeting.

The presentation covers the FY20-21 proposed budget as follows:

**Budget Kickoff Meeting**

- Base budget fully loaded – except contracted services and one-time purchases. Inflationary increases – reallocate, reallocate
- Underspending Budgets

**I. Actual Current FY 20 versus Proposed Next FY 21**

1. Total Proposed Budget 27,843,833 (4.98% increase 1,320,760)
2. Personnel 18,694,465 (8.71% increase 1,498,406)
3. Operating 9,148,368 (1.90% **reduction** 177,646)

**II. Funding Source**

1. FY 20 County 74%, Other 26% (Approved)
2. FY 21 County 75%, Other 25% (Proposed)

**Cost Settlement** – Current talks of adding all Cost Settlement to the Budget Revenue

Talks involving PH, Budget Dept. and County Finance

If budgeted, funding percentages could change to a 70%, 30%

**III. UPDATED BUDGET NUMBERS – Reflecting Changes as of 2/13/2020**

1. Total Proposed Budget 27,871,945 (5.09% increase 1,349,872)
2. Personnel 19,013,646 (10.57% increase 1,817,587)
3. Operating 8,858,299 (5.02% **decrease** -467,715)

**FY 20 County 75%, Other 25% (same as before changes)**

**IV. Total Expenditure Budget-Highlights**

**Personnel changes**

Privacy and Contracts Officer – **Last FY Privacy Officer requested**

Physician Extender – **contract reallocation**

Sr PH Nurse – **Title X grant funded**

Public Health Nurse Specialist - **Grant and reallocation from operating**

Sr Accountants – **reallocation from operating reductions**

Data Analyst Position - **reallocation from operating reductions**

Medical Director – 1 FTE – **reallocation from existing contract**

**V. Total Revenue Budget-Highlights**

Revenue numbers – Total projected revenue is 7,092,354. This represents an overall increase of 3.97% (or \$270,757) above the prior year approved revenue number.

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**Updated Revenue Numbers**

Since the original PowerPoint presentation was produced, the actual FY 21 AA grant amounts have been received which required additional adjustments. After adjustments the total revenue was reduced to 7,082,004 which is now a 3.82% increase (or \$260,407)

**VI. Fee Schedule Changes**

Individual fee changes are listed in the PowerPoint presentation on slides 7 and 8. There are several new fees in Family Planning, Maternal Health and Dental. Estimates regarding the addition of new fees have been reflected in the revenue totals.

**VII. Additional Notes - Expenditures**

6211 – Personnel moved out of Admin – 6250, Privacy Officer, Sr. Accountants
6212 – no 100K DPS contract from alliance, 200K+ Patagonia Contact reduced from 200K to 6K
6216 – personnel increase and 100K community linkage to care grant
6219 – personnel increase and increase in the dine grant 104K
6224 – Pharmacy – moved Jail Meds to 6235 – Jail Health budget
6225 – FP – personnel increase and SR PHN – grant funded
6232 – MH – personnel increase and PHN Spec funded part grant and part reallocation
6235 – Jail Health – 352K moved from Pharmacy. Negotiated the Jail Med portion down to 456K, 78K inflationary increase and 183K actual med contract increase – no savings
6236 – School Health – personnel increase
6250 – Pop health – moved personnel from 6211, 6216, data analyst position

**VIII. Additional Notes – Revenues**

6211 – CLAS Standards advancing Health equity 20K grant declines, Comm Dis grt to 21K TB
6211 – Dept Moved part of ATC grant to cover a position
6216 – Health Ed – comm linkages grt 100K, moved part MCH 164 to 6232, AA886 reduce 4881
6224 – Pharmacy – Emergency Opioid Overdose grant ended 60+K
6225 – FP Additional grant funds Title X (30K Medicaid decrease – vacant position for 3 months)
6232 – MH MCH Grant 91K (funds PHN Spec) and 5K reduction in fees
6238 – Durham Conn – With EPIC we can no longer provide billing services -no 10%
6231 – Gen Insp – Increase on User Fees (temp food establishments) and Food & Lodging
6244 – On Site Water Protection – Increase in use fees
6248 – BCU rev (Decrease of 30K OJJDP grant ended)
6249 – Project BUILD – Grant increases – JCPC and Interlocal agreement

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

**QUESTIONS/COMMENTS:**

**Expenditures:**

**Mr. Ireland:** What was the increase amount for the DINE budget again?

**Mr. Sutton:** \$104,000 increase.

**Mr. Curtis:** Where is environmental health on the chart?

**Mr. Sutton:** The cost centers for environmental health are (6241-general inspections, 6244-onsite water protection and 6245-emergency preparedness) make up the environmental health budget.

**Dr. Miller:** Are school nurses including in this?

**Mr. Sutton:** School nurses are in cost center 6236 and there was discussion about requesting additional school health nurses but after a review of the vacant positions it was decided to fill the vacant position first before asking for additional school health nurses this year.

Revenues:

**Mr. Ireland:** Is the Emergency Opioid Overdose grant, a state grant?

**Mr. Sutton:** Yes. It ended this FY so that why there is a decrease in the pharmacy budget for FY20-21.

Total Personnel vs Operating Budget

**Chairman Dedrick:** Will, how different is the expense budget that you're presenting versus the guidance you received from finance?

**Mr. Sutton:** You must look at the operating and personnel. As far as the operating budget I think we are on point with the exemptions, because the operating budget decreased. Personnel is always going to increase. It's budgeted at 2% per position prorated based upon your hiring date and the increase in retirement from 9% to 10.2%. The screen looks at the operating and personnel budget. They always look at the operating budget and we did very well, based upon the guidance that was provided by the budget department.

**Mr. Jackson:** I just have one quick question, with the state opioid crisis grant, moving forward what are we going to do to continue the intervention services in that area?

**Ms. Bicker-Bocks:** We have different state funds that have been awarded (100K) in health education is essentially the same money and can be used for opioid crisis intervention.

Dr. Miller made a motion to accept and approve the FY20-21 Proposed Budget as amended and Fee changes. Mr. Curtis seconded the motion and the motion was unanimously approved.

- **FY 20 SLIDING FEE SCALE APPROVAL (Activity 39.3)**

Dr. Jackson made a motion to accept the revised Title X Sliding Fee Schedule as the fee schedule for all clinical services with the exception of dental services effective February 1, 2020. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Mr. Ireland seconded the motion and the motion was unanimously approved.  
*(A copy of FY20 Sliding Fee Scale is attached to the minutes.)*

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

The board received a copy of the vacancy report through the end of January 2020 prior to the meeting. The vacancy rate for January 2020 was 12.2%. There were no questions about the report.

*(A copy of the February 2020 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 January 2020 prior to the meeting. There were no questions about the report.

*(A copy of the February 2020 NOV report is attached to the minutes.)*

Attorney Wardell provided a status update on several outstanding NOV's. Attorney Wardell stated that many of them have been resolved.

**Health Director's Report  
February 13, 2020**

**Division / Program: Health Education & Community Transformation  
/ Bull City United Week of Peace**

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

**Program description:**

- Bull City United is Durham's implementation of the Cure Violence model, an evidence-based public health model that aims to reduce firearm-related death and injury.
- The Week of Peace consisted of a series of seven candlelight vigils held through the city of Durham from January 1 through 10, 2020 within neighborhoods that have experienced tragic loss due to violence. The Bull City United team stood hand and hand with community members throughout Durham each evening in order to spread the message "Peace is a Lifestyle."

**Statement of goals:**

- Bull City United aims to:
  - To target individuals at higher risk of involvement in gun violence;
  - To change behavior for those individuals and promote non-violent conflict resolution;
  - To connect these individuals to necessary services and opportunities;
  - To change overall community norms around violence and promote non-violence; and
  - To cease the spread of violence by using the methods and strategies associated with disease control.

**Issues:**

- **Opportunities**
  - The Bull City United team met with and briefed key personnel from critical partner agencies such as: Durham Housing Authority, Friends and Families of Murder Victims, Southside Church of Christ, Durham County Social Services, Oxford Manor Housing Community (Braggtown), City Ministries Church, Liberty Street Community, McDougald Residents Council, and Favor Desserts.
  - Each staff member was able to display their individual leadership abilities at one of the six assigned locations, and the entire team was present and united at the seventh location.
- **Challenges**
  - The Bull City United team did not plan for alternative accommodations for outdoor events due to inclement weather. This caused for multiple events to be rescheduled to later dates and times. However, these new dates saw greater community turnouts than the previous vigils.

**Implication(s):**

- **Outcomes**
  - Bull City United was able to make positive connections with community members and brought community wide recognition to the work they do utilizing the Cure Violence Model.

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- The Week of Peace consisted of 7 community events, with 584 community members reached, 20 guest speakers, and the establishment of 5 new community relationships, including leadership at Southern High School.
- **Service delivery**
  - Bull City United led the community in remembering loved ones lost due to violence in the Durham community.
  - Events also provided an avenue for conversation centering around strategies for preventing violence throughout the year.
- **Staffing**
  - All 6 members of the Bull City United team dedicated at least 2 hours of each workday throughout November and two weeks in December to identify vigil locations and plan event proceedings based on their community connections.
  - All BCU staff participated in implementation of the Week of Peace events.
- **Revenue**
  - None

**Next Steps / Mitigation Strategies:**

- Bull City United plans to continue the Week of Peace as an annual event.
- Bull City United will continue to incorporate the assistance of additional community partners in order to have greater community turnout.
- The Week of Peace events resulted in additional community partnerships and establishment of relationships with high risk individuals outside of the target area which will positively affect overall program operations in the year ahead.

**Division / Program: Health Education & Community Transformation / Durham ACEs & Resilience Taskforce**  
**(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:**

- Per the CDC, ACEs (adverse childhood experiences) are potentially traumatic events that occur during childhood. These include experiencing or witnessing violence or abuse, having a family member attempt or die by suicide, growing up in a household with substance abuse or mental health problem, or instability due to a parent or other family member being incarcerated, and more.
- The Durham ACEs Resilience Taskforce (DART) was created in 2017. Its mission is “to build upon the strengths of Durham’s communities and systems, advancing an equitable and culturally responsive approach to prevent and respond to toxic stress and trauma.”
- The taskforce is made up of employees of DCoDPH, DSS, Sherriff’s office (among other DCo departments), Duke Health, and several community-based organizations. It is currently chaired by Commissioner Ellen Reckhow. There are about 100 members, with about 30 regularly attending monthly meetings.

**Statement of goals**

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- Raise awareness and create a shared understanding about ACEs (adverse childhood experiences), toxic stress, trauma, and resilience by partnering with individuals, communities, and organizations.
- Promote trauma- and resilience-informed culture and practices in all community systems and organizations.
- Educate policy makers and advocate for research-based systems change to better support trauma-informed approaches across the community.
- Expand access to equitable, culturally responsive, evidence-based, trauma-informed prevention, screening, and treatment.

**Issues**

• **Opportunities**

- Hiring a Public Health Education Specialist whose role will be to coordinate DART. Hiring for this position will begin soon.
- ACEsConnection, an ACEs-focused website that allows communities to share their work, helped DART set up a page. This tool enables taskforce members to find all DART information in one place, as well as have access to information and research about ACEs and what other communities are doing to address them.
- The taskforce is working to provide avenues for primary, secondary, and tertiary prevention work focused on addressing the many linkages between ACEs and negative outcomes and resilience and improved health outcomes for children and adults.

• **Challenges**

- The taskforce is composed of various community agencies, many of which do work to combat ACEs and promote resilience, even if not directly. Coordinating these various efforts can be challenging.

**Implication(s)**

• **Outcomes**

- Over 100 community leaders and staff of local organizations attended a trauma-informed community training in March of 2019. Response was overwhelmingly positive, and many attendees expressed the need for further information and training.
- The taskforce has shown the documentary “Resilience” dozens of times around Durham to various audiences. This documentary discusses the science behind ACEs, toxic stress, and resilience shows how cutting-edge science and therapies are being used around the county to combat the negative effects of ACEs.
- The taskforce has been working on its strategic plan and mission since February 2019. Over the course of the past year, the group has split into subcommittees to better focus on various parts of the plan. The strategic plan is nearing completion.
- Two people represented the taskforce at the Benchmarks for Community Excellence in Winston Salem in September 2019, allowing them to make connections and learn from others doing ACEs work in North Carolina.
- The interim taskforce coordinator attended the ACEs Southeastern Summit in November 2019, where she learned tools, skills and strategies for advancing ACEs Work and Trauma-Informed Care.

- **Service delivery**
  - The taskforce meets monthly as whole. Subcommittees are encouraged to meet, or at least communicate, between the monthly meetings.
  - Guest speakers are present at most monthly meetings, providing information on topics ranging from childhood development reports to preventing and mitigating secondary traumatic stress.
  - The documentary “Resilience” is shown at monthly at Duke Diet & Fitness. Hundreds of people have attended viewings and been exposed to the science behind ACEs and resilience.
  
- **Staffing**
  - A county commissioner chairs the group, and a Public Health Education Specialist devotes some of their time to handling communications and administrative tasks.
  
- **Revenue**
  - Currently, the taskforce itself receives no explicit funding. The County has allocated funding for a Public Health Education Specialist to coordinate the taskforce full-time.

**Next Steps / Mitigation Strategies**

- Move forward with hiring a taskforce coordinator.
- Finalize the strategic plan and move to implement it.
- Provide training to DCoDPH staff on resilience, likely during staff development day or division trainings.

**Division / Program: Health Education & Community Transformation / Project BUILD Gang Intervention Team**  
**(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:**

- Project BUILD is a gang intervention program that provides coordinated case management and intensive services to youth and young adults between the ages of 14 and 21 who are at high risk of gang involvement. Project BUILD’s street outreach workers work one-on-one with young people to model pro-social behavior, support positive decision-making, connect youth to school and employment, and support involvement in positive activities.
- The Intervention Team is at the core of the Comprehensive Gang Model used by Project BUILD. This team is a multidisciplinary group of professionals from the fields of law enforcement, probation, outreach, education, and social services. The team works together to manage the intervention targets within the model. Together, the team identifies additional prevention, intervention, and suppression activities needed in the target community.

**Statement of goals:**

- To increase the effectiveness of each agency’s efforts – reducing duplication of services and increasing access to needed services.
- To ensure that participants are held accountable for their actions.



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- To engage participants in services that address their specific needs – to guide their transition from the gang lifestyle, decrease negativity in their lives and provide a positive life outlook.
- The Intervention Team also seeks to achieve a much larger goal. By identifying and providing concentrated services to those within the gang culture, the team seeks to improve the quality of life for all residents of the community by reducing gang crime and improving community safety. Ultimately, the goal is to create systemic and communitywide change that will reduce overall gang involvement and criminality.

**Issues:**

- **Opportunities**
  - Working with the Durham Public Schools helps with making sure Project BUILD youth are connected to the appropriate school services to address education issues.
  - School Resource Officers keep Project BUILD staff updated on gang activity within local schools and specific activities of participating youth in school.
  - The Juvenile Court Counselor informs the Project BUILD staff on current charges and pending charges of the youth. They communicate on the recommendations of the youth court orders.
- **Challenges**
  - Making sure all Intervention Team members are properly trained on the Comprehensive Gang Model.
  - Consistency of attendance from the Intervention Team at regularly scheduled meetings.
  - Making sure Project BUILD staff follow-up with identified goals and needs in a timely manner.

**Implication(s):**

- **Outcomes**
  - This fiscal year, the Intervention team held its first meeting on September 18, 2019. Since then to the present, the Intervention Team held 6 meetings.
  - Five to six youth are reviewed at each meeting
  - From September 18, 2019 to January 15, 2020, the Intervention Team has connected 3 youth to out of home placement, 1 young person to education services, and 3 youth to mental health services. Two youth received employment, and 1 young person was adopted by the Durham Police Department for Christmas.
- **Service delivery**
  - The regular meeting schedule for the Intervention Team is to convene on the 1st and 3rd Wednesday of each month.
  - Project BUILD outreach workers follow-up with Intervention Team recommendations for the youth.
- **Staffing**
  - The Project BUILD supervisor leads all the Intervention Team Meetings.
  - All Project BUILD staff participate in regular Intervention Team meetings.
- **Revenue**
  - In addition to County funds, Project BUILD receives funding from an interlocal agreement with the City of

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Durham and annual grant funding from JCPC (Juvenile Crime Prevention Council). As a core component of Project BUILD, all 3 funding sources support the operation of the Intervention Team.

**Next Steps / Mitigation Strategies:**

- The National Gang Center will provide on-site training to all members of the Intervention Team on February 12 & 13, 2020. The training will review best practices within the Office of Juvenile Justice Delinquency and Prevention Comprehensive Gang Model.
- The Intervention Team will continue to meet twice monthly.
- This summer, Project BUILD hopes to employ a graduate student to develop a dashboard of outcome measures that track progress and success of the Intervention Team.

**Division / Program: Community Health Division / Women's Health Program**

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

**Program description**

- The Women's Health Program includes services under the Family Planning Clinic, the Maternal Health Clinic, Breast and Cervical Cancer Control Program, and Pregnancy Care Management
- The Maternal Health and Family Planning Clinics are easily two of the busiest areas of the Department on daily basis. During calendar year 2019, the Family Planning Clinic saw 3,044 unique patients for a total of 5,208 clinical encounters, and the Maternal Health Clinic started care for 992 newly pregnant patients for a total of 8,090 clinical encounters.

**Statement of goals**

- To remove barriers to accessing care in the Women's Health Clinic.
- To allow patients seeking contraceptive services to access these services when desired, thus preventing unintended pregnancy.
- To facilitate early entry into prenatal care for pregnant patients seeking care at DCoDPH.

**Issues**

- **Opportunities**
  - Women's Health patients are required to "walk-in" for services related to pregnancy testing, emergency contraception, immediate initiation of routine contraception, and initiation of prenatal care.
  - The Quick Start process was established in 2017, allowing patients to be prescribed oral contraceptive pills, injectable contraception (Depo Provera), or vaginal ring by standing order during a Family Planning nurse visit.
  - Cross training which occurred during 2018 allowed nurses to gain familiarity with the workflow on both sides of the Women's Health Clinic. Family Planning nurses became comfortable screening patients for high risk pregnancy and scheduling prenatal care. Maternal Health nurses became comfortable with the additional documentation necessary for Family Planning encounters with pregnancy tests, emergency contraception, and Quick Start contraception initiation.
- **Challenges**

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- Both the Family Planning and Maternal Health Clinic have experienced reductions in the nursing staff since 2018. A “cap” on walk-in patients was established (3-5 walk-in patients each morning and afternoon per clinic) as a result of the reduction in nursing staff.
- Women’s Health utilizes multiple electronic health records for a single patient encounter (Patagonia, Epic, NCIR), with different documentation requirements in each system.

**Implication(s)**

• **Outcomes**

- In March 2019, a written protocol was developed for nurses in Maternal health and Family Planning clinic to assist with walk-in appointments in either of the clinical areas. Maternal Health nurses were provided with instructions for documentation of a pregnancy testing encounter, including advising of options for a positive pregnancy test and offering Emergency Contraception or Quick Start routine contraception as desired for patients for a negative pregnancy test. Family Planning nurses were instructed regarding screening for high risk pregnancy and scheduling the start of prenatal care.
- Nursing began to accept all walk-in patients in the interest of increasing access to contraceptive services, pregnancy options, and initiation of prenatal care. There were discussions and agreements regarding consistent walk-in hours. This information was shared with community partners (SHIFT NC, Born in Durham, Family Connects, the DCoDPH STI Clinic, and Planned Parenthood).
- The Women’s Health Clinic began accepting all walk-in patients on March 11, 2019.

• **Service Delivery**

- To date, services across the Women’s Health Program have shown a significant increase. Comparing calendar year 2018 to calendar year 2019:
  - ❖ Family Planning walk-in appointments have increased by 48.1%
  - ❖ Family Planning scheduled appointments have increased by 12.8%
  - ❖ The Family Planning Clinic has increased appointments by 21.0%
  - ❖ Maternal Health walk-in appointments have increased by 13.8%
  - ❖ Maternal Health new patient orientation appointments have increased by 7.7%
  - ❖ Maternal Health scheduled clinic appointments have increased by 17.5%
  - ❖ Maternal Health Centering Pregnancy appointments have increased by 20.7%
  - ❖ The Maternal Health Clinic has increased appointments by 16.0%
- The changes have been more significant since March 2019. The Family Planning Clinic has had more significant since September 2019. This may be as a result of the message being delivered throughout the community that patients will not be turned away. It may also be a result of the Title X funding decrease in 2019 to Planned Parenthood, with patients seeking care at DCoDPH.
  - From February 2018 to February 2019, the average number of walk-in Family Planning patients per month was 84. From March 2019 to January 2020, the average number of Family Planning patients per month was 137, an increase of 61%.

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- This increase appears to be even more significant among adolescent patients (ages 13-19). From February 2018 to February 2019, the average number of walk-in Family Planning adolescent patients per month was 5. From March 2019 to January 2020, the average number of Family Planning adolescent patients per month was 15, an increase of 200%.
- This change also appears to have had an effect on early entry into prenatal care, in accordance with recommendations by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, Healthy People, the Centers for Disease Control and Prevention, and North Carolina's Perinatal Health Strategic Plan, among countless other organizations. The Healthy People 2020 target is 78% of women starting prenatal care during the first trimester, however:
  - From January 2019 to June 2019, 55.6% of DCoDPH Maternal Health patients were starting care in their first trimester.
  - Comparatively, from July 2019 to December 2019, 68.0% of DCoDPH Maternal Health patients were starting care in their first trimester, for an increase of 22.3%.
- **Staffing**
  - Four Senior Public Health Nurses (PHN), one Clinical Nurse Specialist, three Community Health Assistants, and one PHN Supervisor staff the Maternal Health Clinic. Three Senior PHNs, one CHA, and one PHN Supervisor staff the Family Planning Clinic.
  - The program staff have had to communicate closely with Registration staff to facilitate this process. This has provided an excellent opportunity for internal collaboration across areas.

**Next Steps / Mitigation Strategies**

- 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.
- The Women's Health Program is committed to this practice as the new normal.

**Division / Program: Community Health / School Health**

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

**Program description**

- An important role of the school nurse is to provide health-related education to the school community as well as to the community at large. In public elementary, middle, and high schools throughout Durham, school nurses provide much-needed education on health-related topics in a variety of creative and innovative ways. Collaborating with school staff, the nurses engage the students in meaningful and memorable activities that are designed to increase awareness and cultivate healthy behaviors.
- At Glenn Elementary and Merrick Moore Elementary schools, nurse Martha Fitzhenry, RN, has energized the students and staff through use of song, rap, poetry, posters, flyers, and much more. Focusing on a new health topic every 2-3 months, Nurse Fitzhenry has involved the entire school community to spread the word on such topics as Hygiene, Healthy Habits (sleep, hydration, daily

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exercise, health diet), Recognizing and Dealing with Emotions, Safety, Kindness toward Others, Bullying, Germs, and Dental Hygiene.

The students are included in making morning announcements that focus on a selected topic; teachers reinforce the health topic by posting information in their classrooms and by recognizing and rewarding examples of healthy habits displayed by the students. Bulletin boards and posters throughout the school are also designed to reinforce the topic of the month.

An EXAMPLE of a morning announcement (rap) used in December to focus on the school Kindness Challenge is the following:

Tell your teacher you think they are great,  
Get to school on time and don't be late!  
Pick up trash you find on the ground,  
Eat a healthy snack, don't gain that extra pound!  
Carry your friend's books, all the way to school.  
Be kind to everyone...remember the Golden Rule?  
Show appreciation to a counselor or a mentor,  
Smile at 10 people before you go out the door.  
Recycle your trash and hug a friend,  
Let the Kindness Challenge begin!

- Nurse Fitzhenry has also started a Weight Loss Challenge and Walking Club for teachers and school staff who wish to lose weight or just get in shape as spring approaches.

#### **Statement of goals**

- Increase awareness within the school community of a variety of health-related topics, including physical and emotional well-being.
- Provide information in the form of music (rap), flyers, posters, recognition and incentives, bulletin boards and other methods to increase awareness of health-related issues, stimulate conversation about what it means to be healthy among students and staff, and cultivate a school culture of health and well-being.
- Build a trusting relationship with the staff and students through collaboration, participation, and recognition of mutual goals.

#### **Issues**

- **Opportunities**
  - To collaborate with school staff, students, and parents at 2 public elementary schools in Durham.
  - To expand the role of school nurse to encompass that of nurse leader and health expert in the schools
  - To provide a coordinated health activities program that serves as a model for other schools and other school nurses.
- **Challenges**
  - To develop and present topics, materials, and activities that hold the interest of the students and encourage active participation
  - To seek and obtain active participation and reinforcement from school staff in the planned activities

#### **Implication(s)**

- **Outcomes**
  - The school nurse provides much-needed health information in creative, innovative, and memorable ways to students, and teachers.

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- The school nurse is seen as an expert on health topics by students, parents, and teachers
- **Service delivery**
  - A variety of timely health topics can be addressed in the schools by the school nurses through collaboration with and the support of school administration and staff
- **Staffing**
  - The health activities were coordinated by the nurse and school staff to occur during as part of the daily school routine.
  - Students were active participants in the activities.
- **Revenue**
  - No revenue is realized; this service can be offered freely to students and teachers in schools that choose to participate
- **Other**
  - School nurses are the ideal health leaders to coordinate and implement programs that provide all types of health information to the school communities they serve. Addressing the health needs of all students through awareness campaigns, health fairs, panel discussions, and other venues is a key part of the role of the school nurse.

**Next Steps / Mitigation Strategies**

- Continue to review feedback from Nurse Fitzhenry's Health Activities program at Glenn and Merrick Moore Elementary schools in order to improve the program
- Encourage and assist other school nurses to design and implement similar, age-appropriate programs at their respective DPS elementary, middle, and high schools.

**Division / Program: Dental Division / Customer Care Improvement Project**

**(Accreditation Activity 27.2: The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.)**

**Program description**

- The Dental Division serves children and OB patients in its Dental Clinic, with UNC faculty and residents serving as providers.
- The Division hosts small Focus Groups every two years to solicit feedback directly from families.
- The Division also participates in semi-annual paper surveys completed in the clinic in the Spring and Fall.

**Statement of goals**

- While Focus Groups and the paper surveys have generally been positive (ratings typically in the Excellent/Very Good – Excellent range) there is always an opportunity for improvement.
- A few responses provided the chance to evaluate and reevaluate our interactions with patients – both verbal and non-verbal.
- The Division purchased the book, *Lessons from the Mouse*, by Dennis Snow, which looks at ways to enhance the customer experience through employee commitment to the organizational mission. Each team member, and primary UNC faculty members were provided a copy of the book.

**Issues**

- **Opportunities**
  - *Lessons from the Mouse* includes ten (10) lessons (chapters) with specific questions for the team to focus on. Chapters include “Pay Attention to the Details”, “Little Wows add up”, and “Find out what ticks off your customers”.

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- Monthly Team Meetings devote a portion of time to discuss each lesson, answer the questions, and discuss any challenges and opportunities.
- Discussions include strategies to use lessons from the book in our work in the clinic.
- In addition to focusing on the customer, the book also includes lessons for improving one's career and life.
- **Challenges**
  - Once per month sessions allow for a slower process and the team is looking for additional time (potentially during morning huddles).
  - Recognizing that Disney principles can be applied to our work.

**Implication(s)**

- **Outcomes**
  - Team members have welcomed the opportunity to read the book and begin conversations (outside of scheduled review times).
- **Service delivery**
  - N/A at this point in time.
- **Staffing**
  - Dental Division and UNC Adams School of Dentistry faculty members.

**Next Steps / Mitigation Strategies**

- The Division will compare previous survey results with future Focus Groups and surveys.

**Division / Program: Nutrition / DINE in Early Care and Education/Farm to ECE Collaborative Project**

**(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 Durham families.
- In December 2019, DINE in Early Care and Education (ECE) was accepted into the Center for Environmental Farming Systems Statewide Farm-to-ECE Collaborative project. This project, funded by BCBSNC and W.K. Kellogg Foundation, provides education, tools, and resources for county partners to work together to expand Farm-to ECE activities in Durham.
- DINE will work in partnership with the Inter Faith Food Shuttle, Farmer Food Share, Durham Partnership for Children and various childcare centers that serve SNAP-eligible families to discover facilitators, motivators, and barriers to providing local foods, nutrition education and gardening experiences in childcare settings.

**Statement of goals**

- Increase access to healthy, local food for SNAP-eligible families with children, aged 0-5 years old, that attend childcare in Durham.
- Promote community collaboration and skill sharing to accelerate and sustain progress.
- Discover and advocate for systemic policy and practice improvements throughout Durham, reducing barriers to engaging in Farm-to-ECE.

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- Examine and address the root causes of food and education systems inequities that lead to children's health disparities, which are disproportionately high in communities of color.

**Issues**

- **Opportunities**
  - Dine in ECE nutritionist has a good relationship with childcare facilities that serve SNAP-eligible families. This opens channels of communication with target population to better understand what specifically is needed from the community, by childcare facilities, to expand their Farm-to-ECE activities.
  - DINE in ECE nutritionist will receive training and technical support on topics including racial equity, social justice, food systems, nutrition education, gardening, and policy design.
- **Challenges**
  - Farm-to-ECE can include hundreds of different activities and it will be difficult to identify solutions that will be appropriate for most of the target population.

**Implication(s)**

- **Outcomes**
  - The Collaborative is not complete. The end of the project is planned for December 2020.
- **Staffing**
  - One DINE nutritionist will be participating in the project.
- **Revenue**
  - No revenue was generated.

**Next Steps / Mitigation Strategies**

- Continue to work with the Farm-to-ECE Collaborative, community partners, and affiliated childcare centers to strategically plan how we all can work towards providing more children in Durham Farm-to-ECE activities.

**Division / Program: Nutrition / DINE/DINE Well Durham Online Classes**

**(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 in Schools provides nutrition education and cooking classes in 15 qualified elementary and 7 qualified middle Durham Public Schools, reaching 6,000 students annually. Traditionally, nutritionists have reached parents through handouts and at occasional school-wide events, with limited success and impact.
- DINE learned through surveys that parents want more information about nutrition and meal preparation through online platforms. In response, DINE launched a pilot series of four lessons called "DINE Well Durham." To further encourage behavior change, participants received text messages 3 times per week. Participants were given a pre- and post-survey to evaluate knowledge change, increase in self-efficacy and behavior change. Participants were also surveyed about their satisfaction. A follow-up survey to evaluate long-term changes is planned for April.



**Statement of goals**

- To increase knowledge, foster positive behavior changes and increase self-efficacy around planning and preparing nutritious meals, specifically targeting parents of DPS students.
- To reduce obesity, overweight and chronic disease among DPS students and their families.

**Issues**

- **Opportunities**
  - Parents are the gatekeepers of food for elementary school children. The online classes provide a potential avenue to reaching many more parents with nutrition information and meal planning tips on a flexible timetable that fits into their families' schedule. The online platform also decreases barriers such as childcare and transportation.
- **Challenges**
  - Staff needed to identify what computer software to use, learn the software, create and launch the workshops within the DINE grant cycle. The learning curve was very steep and took more staff time than expected.
  - Because learning the platform took longer than expected, there was not as much time for marketing the workshop series as originally planned. Furthermore, many parents did not provide correct email addresses when signing up for the workshop series. Thus, DINE did not reach the target number of participants (100).
  - Errors in courses design created glitches that made it difficult for the participants to complete each lesson, leading many participants to quit the series. Of the 58 participants who were enrolled in the program, 24 completed the welcome module, 15 completed the first lesson and only 9 completed the entire series. The error has been identified and is being corrected.

**Implication(s)**

- **Outcomes:**
  - Surveys from participants who took both the pre and post surveys showed very promising results.
    - 63% demonstrated an increase in knowledge
    - 50% showed an overall improvement in nutrition-related behaviors
    - 38% began using a grocery list more often
    - 29% began to compare prices before purchasing food
    - 38% improved variety of both fruits and vegetables consumed
    - 38% decreased number of sugar-sweetened drinks
    - 92% found the content to be relevant to themselves and their families and reported learning something new from the course.
- **Service delivery**
  - The workshop series will be revised based upon participant feedback and provided in English and Spanish in FFY20.
- **Staffing**
  - Two elementary school nutritionists created the series.
  - A team of about 7 nutritionists, community health workers and health educators edited and provided feedback.
  - A bilingual nutritionist is helping to create a workshop series to reach Spanish-speaking Durham residents.

**Next Steps / Mitigation Strategies**

- Incorporate feedback and lessons from the pilot to improve the workshop series.
- Develop Spanish workshop series.
- Development of a robust marketing strategy and launch to eligible participants in April.

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- Launch the next pilot in May 2020 targeting Spanish speaking families of DPS and/or Head Start students.
- Conduct 6-month follow-up phone survey of participants in first pilot in April 2020.
- Analysis of pre/post data from second pilot set for June 2020.

**Division / Program: DCoDPH Staff Member Serves on N.C. Perinatal Task Force**

**(Activity 25.2: The local health department shall work with academic institutions and others such as universities, colleges, community colleges and Area Health Education Centers to facilitate evaluation of public health programs and issues.)**

**Program description**

- From January- December 2019, a representative of Durham County Department of Public Health served as a member of the state task force charged with developing a perinatal system of care for North Carolina. Following a year of work, the task force completed its report and the recommendations will be submitted to the N.C. General Assembly for action in 2020.

**Statement of goals**

- To improve maternal and birth outcomes in North Carolina.
- To ensure that pregnant women and infants have access to appropriate levels of care through a well-established perinatal system.
- To respond to requirements of [North Carolina Session Law 2018-93](#) and the [North Carolina Perinatal Health Strategic Plan 2016-2020](#).

**Issues**

- **Opportunities**
  - To improve maternal and birth outcomes, the North Carolina General Assembly passed North Carolina Session Law 2018-93 mandating assessment of disparities in access to perinatal care and service gaps.
  - Goal 3 of the North Carolina Division of Public Health's Perinatal Health Strategic Plan 2016-2020 is to "improve the quality of maternal care." A strategy for this goal is "to ensure that pregnant women and high-risk infants have access to the appropriate level of care through a well-established regional perinatal system."
  - In January 2019, The [North Carolina Institute of Medicine](#) (NCIOM) in partnership with the Women's and Children's Health Section, Division of Public Health, NC Department of Health and Human Services formed a task force to respond to the NC Session Law and to Goal 3.
  - The task force convened to develop a perinatal system of care for North Carolina.
- **Challenges**
  - From the report: *While infant mortality has been slowly improving over the past twenty years in North Carolina to 6.8 deaths per 1,000 live births in 2018, infants in North Carolina are still more likely to die than those in 40 other states.*
  - From the report: *55% of births in North Carolina are covered by Medicaid. Therefore, many efforts to improve birth outcomes focus on improving outcomes for women enrolled in Medicaid.*

**Implication(s)**

• **Outcomes**

- Task Force report contains 6 chapters including recommendations for prenatal care; hospital, birth, and infant care; and post-partum care.
- Following are recommendations from the report relevant to care at DCoDPH.
  - Recommendation 4.1 - Expand Access to Health Care Services: *The North Carolina General Assembly should increase access to and utilization of health care services for uninsured residents.*
  - Recommendation 4.2 - Extend Coverage for Group Prenatal Care and Doula Support  
*Private insurers and prepaid health plans in North Carolina should develop coverage policies to include or incentivize group prenatal care and doula support as part of value-based payments, enhanced reimbursements or as value-added services. The Division of Health Benefits, in collaboration with the Division of Public Health, should develop a Medicaid clinical policy to define "certified doulas". This definition should include training, certification, and supervision requirements for certified doulas.*
  - Recommendation 4.3 - Increase the utilization and completion percentages of Childbirth Education classes
  - Recommendation 4.4 - Establish full practice Authority for Certified Nurse Midwives
  - Recommendation 4.5 - Standardize Screening and Treatment for Perinatal Mental Health and Substance Use
  - Recommendation 4.6 - Expand Perinatal Access to Mental Health Services
  - Recommendation 6.1 - Use Community Health Workers to Support Pregnant Women in Their Communities
- **Staffing**
  - Rachael Elledge, MS, RD, LDN, Clinical Nutrition Program Manager, was selected to serve and served on the state-wide task force for one year.

**Next Steps / Mitigation Strategies**

- The full report and recommendations of the N.C. Perinatal Task Force will be available to the public in 2020. The task force's recommendations will be submitted to the N.C. General Assembly for action in 2020.

**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 December 2019:
    - ❖ Unique individuals: 7
    - ❖ Total contacts: 11
    - ❖ Syringes dispensed: 270
    - ❖ Syringes returned\*: ~20
    - ❖ Sharps containers dispensed: 4
    - ❖ Fentanyl strips dispensed: 21
    - ❖ Naloxone kits distributed (with SSP): 2
    - ❖ Naloxone kits distributed (non-SSP): 50
    - ❖ Naloxone reversals reported: 1
  - Year-to-date statistics, FY19-20:
    - ❖ Unique individuals: 31
    - ❖ Total contacts: 60
    - ❖ Syringes dispensed: 1130
    - ❖ Syringes returned\*: ~349
    - ❖ Sharps containers dispensed: 22
    - ❖ Fentanyl strips dispensed: 50
    - ❖ Naloxone kits distributed (with SSP): 17
    - ❖ Naloxone kits distributed (non-SSP): 197
    - ❖ Naloxone reversals reported: 6
- \*“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

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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.

**COMMITTEE REPORTS:**

There were no committee reports.

**OLD BUSINESS:**

There was no old business discussed.

**NEW BUSINESS:**

- **BUDGET RATIFICATIONS**

The Durham County Department of Public Health request approval to recognize increased funding in the amount of \$147,253 for a new Chemistry Analyzer, Tube Transport System Replacement, Two Lab Refrigerator Replacements, On-Site Licenses and Veteran Services vehicle with the funding source being the recognition of a portion of Medicaid Cost settlement funds received in current fiscal year FY 19-20 above the amount originally budgeted.

The Durham County Department of Public Health request approval to create one full-time FTE county funded Physician Extender position in the Sexually Transmitted Infection Clinic (STI).

The funding source of the position will be the elimination of a recurring contract physician previously supported with annual county funds.

The Durham County Department of Public Health request approval to create one FTE Sr. Public Health Nurse grant funded position in the Durham County Department of Public Health Family Planning program.

The Durham County Department of Public Health request approval to create one full-time FTE county funded Dental Van Driver position in the Durham County Department of Public Health Dental Division.

Funding for the position is in the Dental Division budget, currently as an existing contract line with Trillium Driver Services.

Dr. Rosenstein made a motion to approve the (4) budget ratifications as presented. Mr. Curtis seconded the motion and the motion was unanimously approved.

- **BUDGET AMENDMENTS**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$6,500.00 from the Department of Health and Human Services Division of Public Health for Breast and Cervical Cancer Control Program (BCCCP) services in Durham County. These funds are to be used to pay for clinical services provided to women in the BCCCP.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$1,000 from the Robert Wood Johnson Foundation.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$1,000 from Duke University for sponsorship of The Partnership for a Healthy Durham projects in honor of Gayle Harris.

The Durham County Department of Public Health request approval to recognize an increase of \$62,702 from the Durham County Juvenile Crime Prevention Council (JCPC) Grant.

These funds will support work of Project BUILD - a multi-disciplinary gang intervention program that provides coordinated case management and services to youth and young adults between the ages of 14 and 21 who are at high risk of gang involvement.

Dr. Miller made a motion to approve the (4) budget amendments as presented. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **NOVEL CORONAVIRUS UPDATE 2020**

Dr. Anita Jackson, Medical Director provided the Board with an update on Novel Coronavirus.

Durham County Department of Public Health (DCoDPH) has developed a Coronavirus Preparedness Plan which includes:

1. Weekly calls with the DHHS Communicable Disease Branch
2. Leadership Team meets weekly to address emerging issues.
3. Established a 24/7 cell phone line for providers to contact DCoDPH if they have a suspected case of Coronavirus.
4. Established an internal phone line for any coronavirus calls received by DCoDPH from the public. The phone line is checked twice a day for messages and all calls are returned the same day.
5. Prepared clinical staff to address any immediate health monitoring needs.

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

**QUESTIONS/COMMENTS:**

**Dr. Rosemary Jackson:** Do we have enough mask? Have you run into issues with folk coming to request masks?

**Dr. Anita Jackson:** We haven't been supplying mask to the general public, but we do feel like in the county there are enough mask. There was discussion about that between several of the health institutions in the county.

**Chairman Dedrick:** Thank you. Rodney, do you want to comment on the TB case.

**Mr. Jenkins:** Sure. On Friday, 2/7/2020, Hattie Wood, Nursing Director, Public Health Nurses and myself participated in a conference call with the Durham Public School Superintendent and Communication Specialist to develop a plan. We will be onsite to conduct screenings on next Wednesday, 2/19/2020. On Friday, 2/14/2020, Deputy Health Director Tara Blackley, Alecia Smith, PhD, PIO and myself will participate in a conference call with the Superintendent, PIO and Lead Nurse to finalize the details of the messaging that will go out to the community. We have received three public inquires and one media inquiry and we feel that we are prepared. We will certainly keep the board posted.

**Chairman Dedrick.** Okay. What about McDougal Terrace, any updates concerning public health involvement?

**Mr. Jenkins:** I have personally been attending the daily conference calls at 5pm with the exception of the weekends. The executive team for Durham

Housing Authority seems to have a nice game plan in place. The last I heard two buildings were complete but they're still going through a number of different things in terms of (electronical work, painting, etc.) and things of that nature but our involvement has been limited due to licensing and different issues of our taking on patients, however, the patients that we do have are true patients of Durham County Department of Public Health and we have been in touch with and providing care for them since the incident took place.

**Attorney Wardell:** A lot of that has been based on discussions concerning what the role of the health department should be in that manner. I think we are all on the same page that primarily it's a landlord-tenant issue in terms of the housing authority and its residents; whatever requirements HUD puts on the housing authority to provide certain habitation standards to their tenants and the City also has a code that the housing authority must adhere to as well.

• **AGENDA ITEMS MARCH 2020 MEETING**

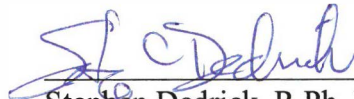
- Review/Approval BOH Operating Procedure Manual
- Vision Health Presentation
- Proposed FY20-21 Budget Update
- Nutrition Month Program Update
- Community Health Assessment Results

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

Mr. Jenkins apprised the Board that March is Colorectal Cancer Awareness Month.

Mr. Jenkins asked the board to consider wearing blue and taking a group picture at the March 2020 in recognition of Colorectal Cancer Awareness Month. Ms. McClain will send a reminder to the board.

Mr. Ireland made a motion to adjourn the regular meeting at 6:04pm. Dr. Miller seconded the motion and the motion was unanimously approved.



Stephen Dedrick, R.Ph, MS-Chairman



Rodney E. Jenkins, Public Health Director