

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 February 11, 2021 with the following members present:

Spencer "Spence" Curtis, MPA, BS; Eric Ireland, MPH, RS; Commissioner Nida Allam; James Miller, DVM; Victoria Orto, DNP, RN, NEA-BC; Rosemary Jackson, MD; Mary Braithwaite, MD, MSPH and Josh Brown

Absence: Roger McDougal, DDS

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, Kelly Warnock, Malkia Rayner and Alecia Smith

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

Chairman Ireland requested a moment of silence in remembrance of Board Member, Dr. Robert Rosenstein.

Chairman Ireland:

It was indeed a pleasure and honor working alongside Dr. Rosenstein on the Board. He was always engaging, supportive and a wealth of knowledge, and a tremendous sense of humor. He will be missed.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: There were no additions/adjustments to the agenda. Mr. Curtis made a motion to accept the agenda. Dr. Miller 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:

Mr. Curtis made a motion to approve the minutes for December 10, 2020. Ms. Orto 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 continued to commend the staff on the hard work they've done with the mass COVID vaccination clinic.

Chairman Ireland:

Thank you and we would like to do the same. It's definite obvious of the hard work the staff has put in for these past few months and we are so thankful to them for their effort.

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Vice-Chair Jackson:

I also want to say “Thank you” too. I received my 1st shot at the health department a couple of weeks ago. The set-up and operation were very impressive, so congratulations to Rodney and your staff.

Mr. Curtis:

You’re doing a wonderful job.

Chairman Ireland:

At this time, I would like to take this moment to welcome to the board, Commissioner Allam, we look forward to a long and fruitful relationship with you.

Commission Allam:

Thank you and Thank you so much for all you guys have been doing for this amazing vaccination roll-out. I know that Mr. Jenkins and myself have talked about the burn-out that exist around dealing with the pandemic and you guys have been really strong in continuing to keep up the fight to make sure we keep Durham healthy. Thank you so much.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Mr. Ireland called for administrative reports/presentations:

STATE OF FOOD SECURITY IN DURHAM (*Activity 9.1*)

Ms. Warnock, Nutrition Division Program Manager provided the board with information on the current food security data and Durham County’s response to the rise in food insecurity due to the COVID-19 pandemic.

Summary Information:

Food insecurity has greatly risen in Durham due to the COVID-19 pandemic. Durham County responded to this crisis by:

- Creating a task force of employees and community partners.
- Sharing information and resources.
- Delivering food to households testing positive for COVID-19.
- Funding partners to provide food and services to those most impacted.
- Creating and regularly updating an interactive map of food resources.
- Collaborating with the United Way to have a County-wide Durham One Fund dedicated to hunger relief.
- Creating a position to coordinate efforts and build a more resilient food system in Durham.

Statistics that illustrate food insecurity in Durham before the COVID-19 Pandemic:

- The food bank of Central and Eastern NC reported 16.5% of Durham residents were food insecure
- 20.9% of the Hispanic/Latinx respondents to the 2019 Durham Community Health Survey sometimes skipped or limited meals
- 64% of DPS students participated in the free and reduced lunch program

Statistics since the pandemic hit have been hard to accurately gather because the ways of collecting data have all be disrupted:

- Feeding America estimates that 20% of Durham County residents. This is higher among Black and Brown residents, households led by single mothers and children (25%).
 - 55,320 individuals
 - 8,225 seniors

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- 16,580 children
- Food pantries are reporting a 50-500% increase in participation
- We do know that before the pandemic certain groups of people were more affected by food insecurity. They have also been the groups that have been hardest hit by the pandemic. These groups include
 - Seniors and other COVID-vulnerable populations
 - Black, African American, Latino, Hispanic and Native American Households
 - Households that include undocumented residents
 - Households that have tested positive or have been exposed to COVID-19 and are in isolation
 - Families with children, especially those led by single mothers
 - Individuals with transportation and access limitations

Durham's Response:

1. DCo's Emergency Operations Center (EOC) formed a Food Security Task Force to bring together public officials, county and city employees, community partners, and concerned residents. 40+ partners meet biweekly to share resources, information and fill needs.
 - a. Early in the pandemic, DCo decided to work through our partners who are already experts in distributing food instead of doing it ourselves.
 - b. Partnered with the Triangle Nonprofit and Volunteer Leadership Center to create a volunteer portal.
 - c. Assisted partners with safety, logistics, supplies, PPE and food.
 - d. Survey partners to keep a pulse on food security and food pantry data
 - e. Facilitating conversations about how to move the emergency food system in Durham from a charity model to a food justice model
2. Provided clear information to partners and the public about federal nutrition programs including SNAP, PEBT, and WIC. Used fact sheets, social media, shared through partners, robo calls to Durham Public School families, and the DPS website. Created materials written at low literacy levels and clear graphics in English and Spanish.
3. Durham Public Schools has been playing a huge part in combating food insecurity among children in Durham. DPS Student Nutrition Services provides breakfast and lunches for all children 1-18 at sites throughout the county.
 - a. Schedule found at www.dpsnc.net/nutrition
 - b. Meals can be frozen or hot
 - c. Extra food offered frozen to eat over the weekend
 - d. Fresh fruit and vegetables provided
 - e. Currently serving about 6,533 children per day
EAT NC is a nonprofit that helps deliver these meals by volunteers.
 - f. Serving 2,000 children weekly (20,000 meals per week)
 - g. Sign up to volunteer or receive meals at eatnorthcarolina.org
 - h. DCo is funding EAT NC for the staff time to manage the program.
4. County is currently funding EAT NC to provide meals to seniors and families. Meals from BEYU Café and other Black and woman owned restaurants. Providing meals to 200 families including 888 people (3,760 meals a week) and serving 135 seniors (405 meals per week). Also providing 178 boxes of pantry items to families

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per week. Produce boxes will be added in coming weeks. Can serve up to 15 more seniors and 50 more families. By referral only.

5. DCo funded three other organizations early in the pandemic to support and expand their food security efforts. This is beyond the nonprofit grants that were provided to a number of different agencies through this fall. The organizations funded include:
 - a. **End Hunger Durham** (\$60,000) to provide meals to 9,000 high risk, low income seniors, May 2020 – Sept 2020.
 - b. **El Centro Hispano** (\$36,000) to provide food aid to 300 Latino households encountering economic distress, May 2020 – Sept 2020.
 - c. **Meals on Wheels Durham** (\$56,000) to provide meals for 100 high-risk, low-income Durham seniors (65 years of age and older), May 2020 – Feb 2021.
6. Awarded a new round of nonprofit grants aimed at increasing food security. Grant cycle is January 2021 – June 2022.
 - a. **Believers United for Progress:** Pantry on Fayetteville Street by Lincoln Community Health Center
 - b. **Communities in Partnership:** Co-op in NE Central Durham
 - c. **Durham Congregations In Action:** Provide microgrants to hunger relief agencies
 - d. **Iglesia Presbiteriana Emanuel:** Food Pantry on N. Roxboro Rd
 - e. **End Hunger Durham:** Provides frozen meals to seniors, supports black owned restaurants
7. Working closely with the United Way of the Greater Triangle, the City of Durham, and the Durham Chamber to create a Durham One Fund that will raise money for nonprofits working to increase food security.
8. Created a food resource map that houses an updated list of food pantries and other sites where people can get food. Updated weekly. Partnership between DCoDPH DINE, The City of Durham, End Hunger Durham. Found at www.eduhungerdurham.org. Link can be embedded into other websites.
9. DCoDPH staff delivered food to households that tested positive for COVID-19 and lacked the financial and social resources to get food in another way. April – Oct. 2020
 - a. Individuals served: 1,049
 - b. Average food/supply cost per day/person: \$5.
 - c. Food Provided: 7 days of food and supplies including fruits and vegetables, meat, fish, oil, eggs, milk, cheese, bread, rice, beans, pasta, soup, toilet paper, bleach, and acetaminophen.
 - d. Currently referring to Duke Social Support Program.
 - e. Talking to Curamericas about contracting with them to provide support to households in emergent need.
10. DCoDPH DINE program continues to work with community partners to make policy, system and environmental changes to make nutritious food more accessible.
 - a. Partner with 5 food pantries. Provide information including recipes
 - b. Provided technical assistance and signage to assist with drive through pantries
 - c. Facilitating relationships with other partners to increase food available
 - d. Purchase supplies such as refrigerators, freezers and rolling carts

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- e. Working with Head Start, Lakewood Community Preschool and The Whitted School to create new food pantries
 - f. Work with three Farmers' Markets in Durham to support and expand the Durham Double Bucks program.
11. Created a new food security position to continue this work and coordinate with partners to build a more resilient food system. Will be housed in the Cooperative Extension.

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

QUESTIONS/COMMENTS:

Dr. Jackson: Thank you for that Kelly information. There is quite a bit going on out there with the food insecurities. Just one question, the 6,533 school children that you said were receiving food; is the number capped there because of the availability of what we have to give them; or other people are just not aware or not coming?

Ms. Warnock: That's correct. They are just not coming, and not all of those children are food insecure, DPS needs to keep the number at about 7,000 in order to pay their staff. There has been a big push among all Durham Public Schools to pick up those foods and any child can get for free whether they are in public schools or not.

Commissioner Allam: Thank you Kelly for that presentation. I was wondering, for non-profit and other organizations in Durham; what would be the best way for them to get information on how to partner with Durham County. I know that there's one group for example, distributing 100,000 pounds of fresh produce in Durham County tomorrow and next Friday and their looking for individuals and ways to partner to distribute it equitable across Durham.

Ms. Warnock: Anyone can become part of the taskforce. We meet every other Wednesday. You can e-mail me at kwarnock@dconc.gov I can connect you to them.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of December 2021 and January 2021 prior to the meeting. The vacancy rate for December 2020 was 17.2% and 14.7% for January 2021.

(A copy of December 2020 & January 2021 Vacancy reports is attached to the minutes.)

QUESTIONS/COMMENTS:

Dr. Jackson: The twenty resignations through December is quite high. Which makes it more amazing to me that the staff is able to function and get the job done. Can you speak on that Rod?

Mr. Jenkins: We have been incredible blessed to keep the show on the road. As you know being in healthcare Dr. Jackson, this is sort of like a tide we are facing right now in terms of people really getting COVID fatigue and taking into stock their personal situations being it childcare or just wanting to venture out so with that being said, we have fortunate to have the support of the county manager. We are on a hiring freeze, however on a case by case basis we can request for positions to be unfrozen and filled. We have been able to accept the resignations and fill the positions relatively quickly.

Commissioner Allam: I have one question. Mr. Jenkins, with the schools reopening how are we going to address...I see there are several school-nurse positions that are vacant. How will that impact our school reopening process and what are the roles of the nurses that we currently have?

Mr. Jenkins: It's going to impact us tremendously. The school health nurses have been the backbone of our surveillance efforts and we're fortunate in our partnership with the state in that we have been able to ramp up a lot of contract personnel for surveillance, contact tracing, contact investigation. As you may recall, for those that have been on the board for a while, when we first began it was just public health staff and

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we have been able to get about 95-115 people total encompassed in our contact tracing/investigation/surveillance staff. At present, the school health nurses are very instrumental in manning our COVID hotline, vaccination clinics and there are several that are serving as "leads" as far as surveillance. We are certainly concerned, it's right around the corner and will create a vacancy.

Chairman Ireland: I have a quick question, the number of retirements that took place, how negatively did that impact the budget? or did it impact it at all?

Mr. Jenkins: Not much of an impact. Out of the course of the impact we may have had three retirements with one pending. Our fiscal management staff has done a really good job balancing lots of monies that the department has received. We have not had to ask the county for hardly anything because of the funds we have received. We do know there are more funds on the way and delighted that House Bill 61 is geared toward communicable diseases.

- **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 2021 prior to the meeting.

(A copy of the December 2020 & January 2021 NOV report is attached to the minutes.)

COMMENTS:

Attorney Wardell: I would like to thank the Environmental Health Staff for pushing to get these NOVs resolved. We have resolved 3-4 since the last meeting which is a very high number. They are really doing a great job and we're just going case by case through them and resolving them best as we can but it's a difficult situation, particularly now during COVID when there's a moratorium on any type of eviction or process to remove someone from their home. We still have to enforce the environmental health laws, but it makes it a little bit more difficult to do so. At this time, the court docket is reserved for cases that are of extreme importance and in terms of prioritizing which cases to push forward, I don't think injunctive relief for violations, unless extremely egregious will be received very well by judges. So, we're getting them resolved one by one.

**Health Director's Report
February 11, 2021**

Division / Program: Public Health / Environmental Health

Accreditation Activities -10.0: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups. 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

Environmental Health Requirements and Recommendations for food service facilities operating in a COVID-19 environment (does not include MFUs):

- NC DHHS introduced guidance in the form of requirements and recommendations for restaurant operations during the COVID-19 pandemic and tasked local Environmental Health programs with educating owners/operators and their staff with the goal of gaining a high level of compliance.

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- The requirements and recommendations were, and continue to be, linked directly to the Governor's executive orders.

Statement of goals:

- Provide a safer environment for restaurant patrons and employees.
- Increase public confidence and patronage, thus helping to sustain the food service industry while maintaining employment at highest possible levels.
- The primary goal of these educational and compliance activities was, and continues to be, reduction in the spread of COVID-19.

Issues:

- **Opportunities**
 - County providing a valuable service to the community
 - Development of new and effective partnerships with the City Attorney's office, UNC Health Ambassadors, and Duke's Greenlight organizations.
 - Seize opportunities to provide extremely valuable information regarding testing and management of COVID-19 exposure as well as positive cases identified within food service workforces.
- **Challenges**
 - Manpower management
 - Staff burnout and fear
 - Reduced staffing levels due to other aspects of COVID-19 response requiring Environmental Health involvement (surveillance, screening, vaccination, etc.).

Implication(s)

- **Outcomes**
 - From April 1, 2020 through January 31st, 2021 the Environmental Health team performed 1,751 food service inspections and visits. Every inspection or visit incorporated review of the most up to date requirements, guidance and recommendations as set forth by NC DHHS for establishing a safer operating environment regarding COVID-19. *It should be noted that this data does not include visits made solely for food code compliance verifications nor does it include inspections or visits for Mobile Food Units.*
 - A random sample of the average number of staff currently employed by a food service establishment (restaurants in Durham County) was taken. The result was 12 employees per establishment (*does not include MFUs). Based on this random sample and documented activity data, the Environmental Health team potentially helped educate and guide 21,012 food service workers as they navigated their way through the challenging day to day operations of food service in the current pandemic.
 - Increased communications and improvement of relationships between the Environmental Health division and Durham County owners/operators and their staff.
 - Helped keep countless food service businesses open and thus preserved current and future employment for thousands of Durham residents.

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- Undoubtedly reduced the spread of COVID-19 thus improving public health for all.
- **Service delivery**
 - Owners/Operators and their staff are more confident in their knowledge and abilities to deal with operating in a COVID-19 environment.
- **Staffing**
 - All available General Inspections staff contributed to this effort and will continue to do so. Vacancies and redirection of staff to other response efforts impacted performance level but staff should be commended for their dedication and accomplishments. This is not to be taken lightly as Environmental Health staff were, and continue to be, in the field and on the front lines. They are fully aware that their daily activities place them at personally higher risk than most, yet they continue to serve their community.
 - Surveillance and cluster teams and EH field staff developed a close working relationship and are in constant communication regarding outbreaks, clusters, cases, and exposures. This allows staff to adjust activities as necessary to help control their risk levels.
- **Revenue**
 - No revenues associated with this activity

Next Steps / Mitigation Strategies

- Continue providing education and guidance while obtaining a high level of compliance regarding standard food code regulations as well as those required to operate safely in a COVID-19 pandemic.

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.

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- 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 November-December 2020:
 - New participants: 7
 - Total contacts: 23
 - Syringes dispensed: 460
 - Syringes returned*: 0
 - Sharps containers dispensed: 7
 - Fentanyl strips dispensed: 41
 - Naloxone kits distributed (with SSP): 20
 - Naloxone kits distributed (non-SSP): 71
 - Naloxone reversals reported: 0
 - Year-to-date statistics, FY20-21:
 - New participants: 13
 - Total contacts: 55
 - Syringes dispensed: 1,330
 - Syringes returned*: ~4350
 - Sharps containers dispensed: 25
 - Fentanyl strips dispensed: 123
 - Naloxone kits distributed (with SSP): 52
 - Naloxone kits distributed (non-SSP): 214
 - 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

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from the NC Division of Public Health, Injury and Violence Prevention Branch.

- **Staffing**
 - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

Next Steps / Mitigation Strategies:

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

Division / Program: Pharmacy/ Medication Drop Box

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

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Over-the-counter medications
 - Prescription medications
 - Prescription patches
 - Prescription ointments
 - Vitamins
 - Reduce environmental concerns caused by flushing unwanted medications.
 - Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.
 - Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY20-21 Q2
 - ~40 lbs of medication disposed
 - Year-to-date statistics, FY20-21
 - ~60 lbs of medication disposed
 - Previous year statistics, FY 19-20

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- ~102 lbs of medication disposed
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Assurant Waste Disposal is contracted to dispose of the medications.

Next Steps / Mitigation Strategies:

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

Division / Program: Pharmacy / Needle Disposal Box

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

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Used or expired needles and syringes
 - Used or expired medications with attached needles (i.e. Epipens)
 - Reduce environmental concerns caused by improper needle disposal.
 - Reduce accidental needle sticks caused by improper needle disposal.
 - Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
 - Reduce the risk of security personnel being exposed to used needles by placing the disposal box before the security checkpoint.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.
 - Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY20-21 Q2
 - ~5,620 needles/syringes returned

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- Year-to-date statistics, FY20-21
 - ~25,290 needles/syringes returned
- Previous year statistics, FY20-21
 - ~57,605 needles/syringes returned

Division / Program: Nutrition/DINE EATS Garden Kits

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.
- DINE works with Durham Public Schools (DPS) and community organizations on Farm to School initiatives to promote local food/agriculture, school gardens, and healthy eating.
- Since March 2020, DINE has collaborated with several Farm to School partners on the Educational Activities Together (EAT) collaboration to provide continued learning opportunities while students are attending school virtually.
- As part of the EAT collaboration, “Grow at Home” garden kits were developed for families to grow their own food at home. The kits fit in gallon size zip-top bags and contain seeds, compost, growing instructions and nutrition education reinforcements such as a cooking magazine and nutrition themed pencil.

Statement of goals

- To reinforce DINE’s nutrition education and behavior change goals, especially focusing on increasing consumption of fruits and vegetables.
- To teach students and families how to grow their own food at home.
- To provide a wellness activity for families to complete together.
- To provide a learning activity for teachers to use that aligns with academic standards across a variety of subjects.

Issues

- **Opportunities**
 - The garden kits encourage schools to continue Farm to School and school garden activities even without using a shared garden space together. This will help maintain the momentum built around these initiatives so they can continue when in-person learning returns.
 - Producing the kits strengthened relationships with community partners. Collaboration on this project allowed a broader reach and more comprehensive product than could have been achieved with just the DINE staff.
 - DINE is able to offer an additional learning opportunity for its partner schools. This is especially important during this time, as each school has varying needs and interests for virtual learning.
- **Challenges**
 - Distribution of the kits has been a challenge due to virtual learning. Some schools have added the kits to another school distribution event such as school supplies or school meals. Yet, some schools have indicated that distribution is a barrier to utilizing the kits.

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- Understanding the needs of individual schools is more challenging during virtual learning. DINE and its EAT partners have developed a garden request form where schools can share specific needs such as curriculum or resources, so that appropriate supplemental materials can be provided.

Implication(s)

● **Outcomes**

- 3289 garden kits have been distributed to 44 school, childcare, and community sites from May 2020-January 2021.
- A \$4,000 grant from North Carolina Farm to School was secured to help fund this project. This grant provided rapid response funding focused on Farm to School projects related to COVID-19 school closures. The DPS Hub Farm and Farmer Foodshare applied for the grant. DINE assisted with grant writing and coordination. The funds supplied seeds, compost, packing materials, and additional nutrition educational reinforcements.

● **Service delivery**

- DINE played a main role in developing the Grow at Home garden kit idea, creating the instruction and education sheet, and facilitating outreach.
- DINE provided educational reinforcements for the garden kits.
- DINE staff played a main role in assembling the garden kits.
- DINE coordinated garden kit distribution with partner schools and community sites and also offered consultation to help teachers and staff utilize the kits in their curriculum.

● **Staffing**

- Two DINE nutritionists have led this project through initiation, planning, execution and evaluation.
- Five DINE nutritionists have supported this project through school outreach and assisting with kit assembly.

● **Revenue**

- No revenue was generated.

Next Steps / Mitigation Strategies

- DINE will continue to participate in the EAT collaboration with community partners.
- DINE staff is currently planning how to make the Grow at Home kits part of regular service delivery when school returns to in-person learning.

Division / Program: Nutrition / DINE in Early Care and Education (ECE) Covid-19 Novel Food Distribution Program

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 collaboration with PORCH-Durham, Inter-Faith Food Shuttle (IFFS) and Durham Public Schools (DPS) started a novel food distribution program at Community Preschool at Lakewood, a local childcare center.

Statement of goals

- To improve food security of young children and families attending this childcare center.

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- To facilitate partners working together to quickly address a community need.
- To ensure Covid-19 safety precautions were implemented into the food distribution program.

Issues

- **Opportunities**
 - Childcare centers offer opportunities to address food insecurity as families are already going regularly to the centers and have strong relationships with staff.
- **Challenges**
 - The Covid-19 pandemic has increased the number of children and families experiencing food insecurity.
 - It is hard to identify families living with food insecurity in a dignified way that avoids stigma. Some families may not feel comfortable asking for help.

Implication(s)

- **Outcomes**
 - Over twenty families are receiving food bags that contain shelf-stable and fresh foods each month.
 - PORCH-Durham was able to commit to supplying ongoing grocery gift cards and shelf-stable foods.
 - IFFS committed to providing fresh produce grown in DPS gardens that was not being used due to school closures.
 - DINE worked with Community Preschool at Lakewood to implement a monthly drive-thru food distribution system that ensured Covid-19 safety precautions.
 - DINE staff are providing recipes for potentially unfamiliar foods.
- **Service delivery**
 - PORCH-Durham and IFFS provide monthly deliveries to the school and staff distribute the food to the families in a contactless drive through.
- **Staffing**
 - Two DINE staff help coordinate and facilitate the program.

Division / Program: Nutrition/DINE/Partnership with Durham Public School Nutrition Services for NC Crunch and Dairy December Promotions

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 provides nutrition education to SNAP-eligible students through classroom instruction and promotions in the school cafeteria as part of an ongoing partnership with Durham Public Schools (DPS) and School Nutrition Services (SNS).
- During this period of virtual learning and school meal distribution, DINE has continued promoting healthy food choices to DPS students and families by providing themed virtual events, digital content and distribution of hard copy materials. Two recent promotions were carried out in collaboration with SNS:
 - NC Crunch was celebrated in October 2020 to encourage fruit and vegetable consumption. NC Crunch is an annual event highlighting National Farm to School Month and celebrating North Carolina agriculture, school meals and healthy eating by encouraging participants to crunch into an apple on a specific

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day (October 21, 2020) (<https://growing-minds.org/north-carolina-crunch/>).

- A “Dairy December” promotion was carried out in December 2020 to encourage the consumption of milk.

Statement of goals

- To encourage participation in the school meals program.
- To increase the nutrition knowledge of DPS students and their families.
- To continue community collaboration and partnerships across DPS during the COVID-19 pandemic.

Issues

- **Opportunities**
 - Many families receiving school meals have requested information on how to use the quantity of milk they receive with the meals.
 - DINE has been able to continue to reach DPS students and families during remote learning by distributing hardcopy materials through the SNS school meals program and virtual content through emails to DPS schools.
 - DINE has been able to extend its reach by sharing its YouTube video content at the DPS district level.
- **Challenges**
 - Due to the logistics of including paper handouts with school meals, DINE and SNS have agreed to limit the frequency of hardcopy material distribution to not overburden the hardworking SNS staff.
 - It is challenging to track how many students and families are utilizing the content.

Implication(s)

- **Outcomes**
 - 4,250 NC Apple Crunch flyers were distributed with apples at DPS meal sites in October 2020, and 4,250 Dairy December handouts were distributed with school meals in December 2020.
 - DINE’s [Apple Crunch video](#) has been viewed 272 times to date, while DINE’s four Dairy December cooking videos have a total of 444 views.
 - The partnership with SNS has allowed DINE to continue its efforts in providing DPS students and families nutrition information, promoting a healthy home environment and encouraging participation in school meals.
- **Service Delivery**
 - DINE and SNS partnered to promote NC Crunch 2020.
 - SNS included fresh locally grown apples with school meals.
 - DINE created an NC Apple Crunch flyer, which encouraged students to crunch into apples, take pictures with their families and share on DPS social media. The flyer also provided apple nutrition information and promoted the NC Farm to School calendar art contest.
 - NC Crunch 2020 was promoted on social media and through an email sent to DINE schools. Virtual classrooms were also encouraged to participate in the Apple Crunch.
 - DINE created an [Apple Crunch video](#) that was shared with DINE partner schools and posted to the DPS district Wellness Wednesday website.
 - DINE and SNS partnered to promote “Dairy December”.

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- DINE created a Dairy December handout, which included three recipes using milk as an ingredient, milk nutrition information, and ideas for other ways to use milk.
- DINE filmed weekly cooking videos featuring the recipes in the Dairy December handout, as well as trivia questions about milk, which were posted on [DINE's YouTube channel](#) and shared with DINE partner schools and posted to the DPS district Wellness Wednesday website.
- An e-mail was sent to DINE schools, encouraging students and families to cook together and participate in the school meals program.
- **Staffing**
 - 8 DINE nutritionists helped create and distribute the promotional content.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE will continue to work with DPS and SNS to promote healthy eating and encourage participation in the school meals program.

Next Steps / Mitigation Strategies

- Expand the program to other childcare centers.
- Perform an evaluation and use the results to improve the program. Continue to follow up with all organizations to see what is needed, lessons learned, and success stories.

Division / Program: Health Education & Community Transformation / Health Education & Community Transformation Division / Durham Joins Together to Save Lives Task Force Accreditation Activity 11.1: The local health department shall participate in a collaborative community steering committee to identify health issues and needs.

Program description:

- In May 2018, the Durham County Department of Public Health (DCoDPH) received a technical assistance grant from the University of North Carolina (UNC) School of Government and the Blue Cross Blue Shield of North Carolina Foundation (BCBS) dedicated to mitigating the opioid crisis in Durham County. This grant facilitated the creation of the Durham Joins Together to Save Lives (DJT) task force, a cross-sector collective impact collaborative working to address the opioid epidemic in Durham. The Durham County Department of Public Health plays a significant role as a member of the DJT Task Force.

Statement of goals:

- Goal: Eliminate substance misuse and overdoses in Durham
Objective: By 2023 decrease EMS identified overdoses by 20%.
- Goal: Create a continuum of support
Objective: By 2019 increase access to MAT by 100%
- Goal: Facility-based Detox Recovery Centers
Objective: Build a second facility by 2022.

Issues:

- **Opportunities**
 - DJT leverages different knowledge, skills, and experiences from across the county, working together in committees focused on mental health and treatment, prevention and

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education, data, and policy. Collaboration helps the task force make a targeted impact and avoid duplicating efforts.

- Many of the members of DJT have worked with those suffering from substance or opioid use disorder for years on treatment, prevention, education, and harm reduction efforts, including Alliance Health Care, Together for Resilient Youth (TRY), the Recovery Resource Center (RRC), Duke University and Health System, and Durham County Emergency Medical Services (EMS).
- **Challenges**
 - Several programs focusing on prevention and treatment of Opioid Use Disorder (OUD) have been implemented as a result of the work of the DJT Task Force, its committees and community partners. Many of these programs are supported by grant funding. Sustainability of these programs beyond current funding cycles is a concern of the Task Force. Policy-level change is key to institutionalizing programs for long-term sustainability. The Policy Committee has been discussing types of policy (Big P-legislative and Little p-institutional), DJT Task Force could possibly influence.
 - Finding information relevant to the county's unique patient demographics presented a challenge. Durham is the only NC county reporting a higher rate of overdose in a minority population. The Data Sub-Committee provided assistance to the DJT Task Force to increase understanding of existing data resources that monitor the substance use crisis in Durham to include Durham county (EMS), various Duke projects, State resources (NC DHHS IVP Branch).

Implication(s):

- **Service delivery**
 - Prevention and Education – Produces a Substance Use Report for Durham County. Features data on substance use by adults and young people and what is happening at the community level. Together for Resilient Youth (TRY) generates this report every 2-years. Also hired and trained 22 Whole Health Ambassadors (Community Health Workers-CHW's) in order to reach at risk individuals in Durham with prevention messaging. Finding information relevant to the county's unique patient demographics presented a challenge. Durham is the only NC county with a higher rate of overdose in a minority population. When thinking about data, it is important to understand that prevention strategies should be targeted to populations most at risk. The committee has worked to create messaging that resonates with black people, to help educate about naloxone, harm reduction, and removing stigma.
 - Mental Health/Treatment - Encouraged a team focus on the opportunity to offer support for people released from the hospital emergency department and help individuals succeed after overdose treatment. Individuals meet with peer support specialists and engage in treatment if they are ready for it. The committee also succeeded in making Medication Assisted Treatment available in the Durham County Detention Center and ensuring incarcerated people are given information about Naloxone and Naloxone kits upon release.
 - Data - Was originally a standalone committee but now is integrated into Prevention and Education and Mental/Health Treatment Committees. Focus has been on collecting data for the progress report for the Community Linkages to Care grant (CLC) and collecting both quantitative and qualitative data

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from persons seeking services from Durham Recovery Response Center (DRRC).

- Policy - intends to take a more active role moving forward and help DJT partners focus on areas for policy change at the local, state and national level to address identified racial and economic disparities and inequities linked to substance and medication misuse. This committee is also focusing on identifying sustainability opportunities for the DJT Task Force.
- **Staffing**
 - 1 Program Coordinator for the Community Linkages to Care program
 - 1 DCoDPH Injury Prevention Public Health Education Specialist
 - Other representation from DCoDPH on the DJT Task Force and committees
- **Revenue**
 - As a member of the DJT Task Force, DCoDPH applied for and received the following grant awards:
 - RFA A-361 Emergency Overdose: Local Mitigation of Opioid Crisis= \$98,530.00
 - RFA A-491 Community Linkages to Care for Overdose Prevention and Response=\$275,000.00

Next Steps / Mitigation Strategies:

- The UNC-SOG grant has ended. Durham was one of eight communities funded for \$20,000 over 2 years, to assess and find solutions for opioid overdose. All eight committees are still intact, and coordinators still meet to discuss work. The committees of the DJT Task Force are still active and although meetings in 2020 have not been scheduled quarterly, the DJT Task Force has been meeting virtually.

COMMITTEE REPORTS: There were no committee reports.

OLD BUSINESS:

- **VACCINATION DISCUSSION:**

- **COVID 19:**

Ms. Jenkins: Vaccinations have been going extremely well and I think it's safe to say, for the entire state. After a fairly rough start, our processes have been smoothed out our processes and we have been successful in receiving shipments of vaccines. A lot of time has been spent toward community outreach in a form of homeowner associations, church and civic events. I really tried to speak to and dispel a lot of vaccine hesitancy in the communities of color. I also would like to report, as of Monday, we have exhausted all our dose requirements that we received. On Thursdays we receive notifications of how much vaccine we will receive and there is a survey that must be completed indicating whether or not you will be able to use all or some of the vaccine with reasons why. On Tuesdays, we receive our shipment of 1st doses and then late Thursday or Friday, we receive our shipment of 2nd doses. We are in a nice rhythm now, at first there was a lot of uncertainty but now we know when the shipments will arrive which allows us to plan. We had a very large "waitlist" as you can imagine and difficulties as far as a "wait line" in scheduling; but all of those things have been resolved. We have exhausted 85% of our Moderna and 60% of our Pfizer vaccine. In terms of current allocation, we only received a guarantee of 600 doses through next week and then of course, we have received a guarantee of what they call "equity doses" and that's to target the black and brown population in Durham and seniors (65 years or

older). Based upon the Governor's directive yesterday, that all public-school teachers and staff be vaccinated as we move into phase 3. Local health directors are in a bit of flux right now because we don't know where the vaccine is going to come from in order to accomplish this. You would imagine 1,300 doses is not going to do it for a school system in Durham that has in excess of 5,200 individuals. You also have to take into consideration private schools, charter schools and daycares which we know is a very exhausting list. In total, we're talking about 12,000-13,000 people. The task before us very daunting. We do plan to work in concert with Duke and there is a 12noon conference call to discuss the way forward, with the new directive from the governor on tomorrow. Back to the waitlist, under the leadership of Lindsey Bickers-Bock, Health Education and Community Transformation Division Director and team have trickled down the "waitlist" from 11,000 to 3,000. The last thing I will report as it relates to vaccine is that Durham is doing extremely well when it comes to our utilization rates, those people who are actually getting the vaccine. We are doing extremely well above the state percentage average with the 1st dosage; Asian (5.8%), African-American (21.92% and Latin X population (3.9%) and lagging behind in the Caucasian population vaccinations at (67.24%). It has been a pleasure to see the residents come in from 99 years-old to those individuals that are fragile, most venerable, and special needs to come in and get their vaccinations. I can't praise my staff enough, particularly the nurses and vaccinators whose given extra TLC to each and everyone that sits down to get their vaccine. I will be more than happy to answer any questions.

QUESTIONS/COMMENTS:

Commissioner Allam: I have a couple of questions for Rod. 1) What has been the fall off rate on a daily basis for people scheduling to no shows?

Mr. Jenkins: The staff understands that I don't want us to waste any vaccine and I think since December 21st we may have wasted three doses and that's primarily because there were complications with the needles and that's to be expected. We have been fortunate enough to be able to tap into our waitlist to fill any scheduling gaps. We are following the state guidelines in not to waste any vaccines so DSS is right around the corner so if necessary, if they opt for the vaccine, we have been reaching out to them to fill scheduling slots. In that regard, we are beginning to see some "no shows" anywhere between 10-20 no shows but we have been very creative and want to give praises to Deputy Kristen Patterson and nursing supervisor Malkia Rayner in keeping their nose to ground-stone and making sure we don't waste any vaccine.

Commissioner Allam: Is there any possibility for Durham County, I saw that Wake County is doing their mass vaccinations inside of PAC and have partnered directly with a laboratory to do the COVID vaccinations? Is there any possibility for Durham to do that?

Mr. Jenkins: It's complicated and I will do my best to make it plain. We started out with the news that there was going to be a state sponsored mass vaccination clinic. For all intention purposes, fidelity, in the State Office of Emergency Management and Duke had reached for some type of agreement in principal and then vaccine was steered away to two huge events in Charlotte and Forsyth and as a result of pressure from the CDC every health departments and hospital had to empty their shelves. We did all of that only to exhaust the supply to show the CDC that we could; and I think we went from number 36 in the country to number 6 from what I'm told. With that being said, now there is a huge shortage of vaccine. There have been some manufacturing issues with Moderna and Pfizer with them keeping up with their commitment to provide a hundred million doses. With all that being said we now we now have a shortage, which has paused a number of things. It has paused the mega site which had the ability to do 17, 500 vaccinations a week and has also paused a much smaller sites which would be the Optum serve which is our current COVID 19 provider that was going to do vaccines also. I'm proud to

report that the Optum contract will be signed in the next day or so and they will be able to come on-line to help which is right on time because we have all these teachers and daycare workers to vaccinate. We've looked at the Durham stadium and we can't do that because of through fair issues. We are exploring different options such as Sears at Southpoint mall and Northgate but there's a huge amazon presence there and to say all that just to say that there are not many options in Durham for a huge site. We have a number of requests from a number of different places and our partnership with local emergency management, we explore all of them and unfortunately, we don't have a thru point area like a PAC area to do it. Nevertheless, we are working hard, again our southern site is being stood-up, Duke is doing a lot of pop-up sites and as far as us here in local public health we had plans to start on Saturday to do churches, Latin X pharmacies and we have a lot of different sites and of course, we have to make a request from the state if it's 500 or more extra doses and it's not guaranteed.

Commissioner Allam: I saw that Biden announced that he was able to secure 200 million more doses and hopefully that will increase some of the doses that Durham County will receive. For future scheduling, will we be pulling people from the waitlist who are eligible or do individuals from the waitlist have to schedule a new appointment?

Mr. Jenkins: We will pull from the waitlist and have been pulling from the waitlist. We still have our great partnership with Southern High School through Duke and that's why we were able to not cancel any appointments we just have to simple rerouted those appointments to Southern High School and right now we have the capability of scheduling 360 appointments per day and expect that it will increase as their ability to thru-point gets better. So, with that being said, I also failed to mention that there is a partnership with Walgreens, where they will start providing vaccine at 11 Walgreen sites. They will start off with 100 doses per week which is 1,100 vaccinations in Durham County; and we know it's only going to increase. I think that when the Biden administration does secure those doses that's when it's going to be mandated that a lot more pharmacies and primary care practices to vaccinate because as I have been saying for a while that's the only way that we are going to really penetrate the masses. That's the reason why we are having in such a quare with going back and forth with the waitlist; people are just shopping around. I think they will be successful in securing those doses. Everything that President Biden is wanting to do, we are doing. To be determined about the Johnson & Johnson product we are still seeking guidance as to how to best administer that. There may be some reluctance, but I don't see why because a month ago if you had presented Johnson & Johnson, which is 70%, people would have been jumping at the opportunity to sign me up. Nevertheless, we shall see what happens.

Commissioner Allam: What can the Board of County Commissioners do to support these efforts?

Mr. Jenkins: I would say the Board of County Commissioners have been wonderful in receiving my briefings and providing assistance. It's that continuing advocating for more vaccine for Durham. We have the structure in place, it's been operationalized and received raved reviews. It's not be a time that I've been the vaccination clinic that someone doesn't come up and say, "You guys have a smooth operation; it flows really nice, this is great". We know that we can do upwards of 700-750 vaccinations a day with our partnership with Duke at Southern High School site even if schools goes back into session; we will have a way to be able to have a place and space to vaccinate. We just want to vaccinate.

Ms. Orto: Rod I just want to let you know I volunteered last week at the Southern High School site and it was just so well appreciated by that community and every single dose was used and it was really just wonderful.

Mr. Jenkins: Thank you.

Meningitis Requirements for DPS:

At the last Board meeting Dr. Braithwaite requested information on meningitis requirements for high school graduates in Durham Public School.

Ms. Wood, Community Health/Nursing Division Director provided the following response:

Durham County Department of Public Health follow the same process for checking immunization records this year as we do every year. At the beginning of school, the school nurse works with the data manager to get a list of the students who are entering kindergarten and/or 1st grade, 7th grade, and, for this year, 12th grade. Using the list of names and birthdates, the nurse then checks each name in NCIR to determine which vaccines are needed (if any) per state requirements.

The nurse rechecks the list throughout the first 30 days of school, sharing their findings with the data manager or others at the school who are designated to work on the project and monitor compliance rates. Students identified as needing vaccines receive reminders from school staff and teachers, reminder letters are sent to parents (see attached), robocalls are made to specific grades (1, 7, 12) with reminders about required vaccinations. Every effort is made to ensure 100% compliance with state immunization laws. The nurse works collaboratively with the school, but ultimately, it is the responsibility of the school to ensure compliance with the laws.

- The number we checked this year in elementary-middle high-high school

These numbers are approximate

Elementary = 2,250

Middle = 1,402

High = 1,900

- **Information shared with schools/principals/parents:**

The school nurses provide a wealth of immunization information to the schools, including memos sent from the state about new laws and vaccine requirements. They also provide templates for reminder letters that can be sent to by the school to parent of students who are delinquent with required vaccinations, and information that can be posted on the school website. Again, it is the responsibility of the school to review and distribute the information. Some schools focus on immunization compliance and strive for 100% each year; other schools are not focused on this issue at all. The degree of involvement by the principal in this issue affects the vaccine compliance rate of the school.

I have attached a sample of the information and letters that are provided to schools by the nurse.

- Any emphasis, if any, placed on the new vaccine requirements for seniors

School nurses provided this information to school principals via Mr. Somers, our DPS contact at that time (see attached email sent to Mr. Somers on 11/19/2019, well in advance of the implementation date for this particular vaccine). In addition, the nurses provided the same information to their respective schools. Again, it is the responsibility of DPS to distribute information to parents and staff.

QUESTIONS/COMMENTS:

Dr. Jackson: No. You actually answered my question when you said that you continued to check the records through the pandemic even when they were not in school because at Lincoln Community Health Center our numbers are down in Well-Child visits and children coming in to get immunizations.

Ms. Wood: The letter that the parents receive also states in addition to their PCP, the Durham County Department of Public Health can provide their immunizations as well. They just need to call and get an appointment. We provide immunizations three days a week at this time.

Dr. Braithwaite: Thank you for that. That's great to hear. Are there any concerns that you have looking at your data?

Ms. Wood: Not at this point, Dr. Braithwaite. What we will do is go back when school opens up and look at the records to compare the rate of students that received the vaccination prior to the summer, when school was not opened. If need, the parents will receive a letter that their child will need to be immunized; based upon the time-line of when school will be re-opened, and they must comply. As I stated, it's up to the principal to ensure that they comply accordance to the law.

Dr. Braithwaite: That makes sense. Thank you.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$877,282 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are to be used to enhance laboratory testing capacity, increase workforce by hiring temp staff, support epidemiology/surveillance activities expand informatics and provide lodging and wrap-around services as described for individuals while under state or federal quarantine and isolation orders.

The Durham County Department of Public Health request approval to recognize additional grant funds in the amount of \$48,935 from the Division of Social Services, North Carolina Department of Health and Human Services for DINE Program implementation.

Funds will be used for operational costs awarded in the FY20-21 grant to support overall DINE programming.

The Durham County Department of Public Health request approval for appropriating General Fund balance in the amount of \$125,000 for Jail Medical Care and amendment of the Jail Health contract.

These funds are to be used to pay for healthcare costs which exceeded the budgeted CAP arrangement of \$400,000.

Dr. Braithwaite made a motion to approve the (3) budget amendments in the amount of \$\$877,282; \$48,935 and \$125,000. Ms. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **FY 21 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, 2021. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Mr. Curtis seconded the motion and the motion was unanimously approved. *(A copy of FY21 Sliding Fee Scale is attached to the minutes.)*

• **AGENDA ITEMS APRIL 2021 MEETING**

- FY 21-22 Budget review/approval

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chairman Ireland requested the following agenda items for June 2021 meeting:

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- Duke follow-up for previously hospitalized COVID patients with regard to adverse-affects.
- COVID variants Update

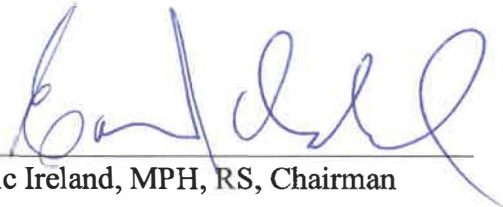
Dr. Jackson: Are we vaccinating any detainees?

Mr. Jenkins: We have not but look forward to it and have worked it out that WellPath is an eligible provider and the only thing we need to do is to provide them with the vaccine. They are the medical provider for the jail and can administer it themselves.

Dr. Jackson: Has any medical staff been vaccinated?

Mr. Jenkins: We have taken care of about 75% of the staff.

Dr. Jackson made a motion to adjourn the regular meeting at 6:20pm. Ms. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.



Eric Ireland, MPH, RS, Chairman



Rodney E. Jenkins, Public Health Director