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 August 12, 2021 with the following members present:

Eric Ireland, MPH, RS; Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Victoria Orto, DNP, RN, NEA-BC; Mary Braithwaite, MD, MSPH; James Miller, DVM; Roger McDougal, DDS and Gene Rhea, PharmD, MHA

Excused Absence: Josh Brown

Absent: Commissioner Nida Allam

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Lindsey Bickers-Brock, Marcia Richardson, Marissa Mortiboy; Patrick Eaton, Malkia Rayner and Cheryl Scott

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".

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Chairman Ireland requested the following addition:

1. Budget Amendment (new business)

Dr. Miller made a motion to accept the agenda. Mr. Curtis 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:

Dr. McDougal made a motion to approve the minutes for June 10, 2021. Dr. Jackson 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:

Marissa Mortiboy, Population Health Division Director recognized Ms. Bria Miller, new Partnership for Healthy Durham Coordinator. Bria joined the department on June 14, 2021.

Bria Miller attended the University of North Carolina at Greensboro where she studied Political Science. In past positions, Bria has served as an advocate for victims of human trafficking, mentored under-served youth and educated residents in Alamance and Caswell counties on human

trafficking, child maltreatment, and sexual assault. Bria's skills include community engagement and relationship building, facilitation, collaboration, writing and editing, and oral presentations. In her free time, Bria enjoys spending time with family and friends, cooking, dancing, writing, and attending festivals. Bria looks forward to utilizing her knowledge, skills, and passion for community building to continue the improvement of health and well-being of Durham's residents.

Mr. Jenkins, Public Health Director for Durham County Department of Public Health recognized the Public health staff and contractors for their continued COVID vaccination and response efforts. Public Health and additional staff provided to us through the state have remained resilient in their assistance with the department's COVID vaccinations and contact tracing response efforts.

Chairman Ireland: Thank you Rod. Welcome Bria and please extend to your wonderful staff our appreciation for the work their doing for Durham County.

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

OSWP NOTICES OF VIOLATION UPDATE (Activity 9.5) At the June 8, 2021, Chairman Ireland requested a presentation on the current NOV violations.

Mr. Eaton, Onsite Water Protection Section Supervisor provided the board with an update on program mandates, Notice of Violation (NOV) list, and legal remedies.

Environmental health specialists enforce laws and rules governing onsite sewage treatment and disposal systems via delegated authority from NC DHHS. Notices of Violation are the instrument used to notify a system owner of non-compliant conditions. Environmental Health does not have citation authority thus requiring legal remedies to be pursued by the County Attorney's Office. Fines have been added to the NOVs. (A copy of the PowerPoint Presentation is attached to the minutes.)

QUESTIONS/COMMENTS:

Mr. Curtis: The one question we had from the last meeting was...the violations that have been opened for a number of years and I think that Chris said that was due to owners not submitting the required reports but as far as violations, you guys were on it pretty fast where sewage was being discharged on the ground.

Mr. Eaton: Yes, we have one that has aged that currently has a discharge and we have reissued another notice of violation (NOV) for that one at the direction of Attorney Wardell. We have reworded part of the NOV to emphasize the statutes authorizing a fine of up to \$50 per day and even within the last few days we have seen some folks respond very quickly that we had not seen previously. The other two that are immediately next to that one, are systems that are "technical violations". There's not a discharge of effluent. For those systems that have either a low-pressure pipe distribution, advance pre-treatment or trip arrogation distribution those do require an operation maintenance contractor (certified operator) and they are required to submit reports to the local health department depending on the system type. There is a different schedule for each one. For those two, those are low-pressure pipe systems and they just need to contract with a certified operator to be in compliance but they're not an actual system failure. Since the August 2021 NOV list was published, we have had a lot of movement on those, several have become compliant and we have issued several more and another one become compliant today so there will be a lot of updates in the August report for the next meeting.

Mr. Curtis: Wonderful...Thank you.

Attorney Wardell: I also would like to add with regard to enforcement we routinely meet to discuss the NOV list when it looks like it's beginning to be a little bit long. We discuss a variety of solutions and one of the things that was mentioned by Patrick is that we have to take certain matters before the court because they can only be enforced civilly and as you know there has been a moratoria on removing people from their residences for the past year and a half or so and that is the ultimate hammer that we have to deal with those violations so when there's a situation when we have to go before a judge and ask for an injunctive relief that would potentially put someone out of their home; when there is a moratoria on removing people from their homes you're not going to get much action in the court in that regard. So we haven't had very many legal filings with regards to the NOV list over the last year and a half or so and clearly you understand why. So, I believe after reviewing the list it is in pretty good shape. I will say that Patrick Eaton, Matthew Yearout and Chris Salter do a great job of dealing with a very difficult issue in Durham. We have a good system set up for addressing this problem and of course, for many years we have discussed trying to get some type of financing mechanism in place to assist homeowners in replacing some these systems or at least provide some financial assistance in replacing some the systems that we know are going to fail and those that are failing currently.

Mr. Jenkins: To Attorney Wardell's last point, Interim Manager Claudia Hager has reached out to us to discuss that very topic. Deputy Kristen Patterson has presented me with a very elaborate plan and we have passed that on to county management for consideration when it comes to the "ARPA" funding.

Chairman Ireland: Excellent work Patrick, Chris, Bryan and Matthew. Keep up the work and stay vigilant.

Dr. Jackson: I agree. That was a very good presentation Patrick. **Mr. Eaton**: Thank you very much.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of June and July 2021 prior to the meeting. The vacancy rate for June 2021 was 13.8% and 16.4% for July 2021.

(Copies of June 2021 & July 2021 Vacancy reports are attached to the minutes.)

• NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)

The board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of July 2021 prior to the meeting.

(Copies of the June 2021 & July 2021 NOV reports are attached to the minutes.)

Health Director's Report August 12, 2021

Division / Program: Nutrition Division/DINE/FY20-21 Outcomes/Outputs

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible families in Durham.
- The DINE school team provides nutrition education and support for wellness initiatives at Durham Public Schools (DPS) elementary and middle schools.
- Every year, the DINE school team conducts multiple surveys and screenings to evaluate the outcomes of the program.
 - Student Pre/Post Screenings: Conducted with elementary and middle school students to assess knowledge change after receiving DINE programming. To assess behavior change, food frequency questions from validated surveys are included in the screenings for students in 4th grade and older.
 - End-of-Year Parent Surveys: Conducted with elementary school parents to assess behavior change and the quality of the DINE program.
 - End-of-Year Teacher Survey: Conducted with elementary and middle school teachers to assess knowledge and behavior change among students from teachers' observations and to assess the quality of the DINE program.

Statement of goals

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

Issues

• **Opportunities**

- Evaluating the DINE program is essential to the quality of DINE lessons and activities. By evaluating the program, nutritionists are able to see the strengths and weaknesses of the program and use this data to improve program offerings.
- With limited opportunities for direct nutrition education this year, the DINE school team attempted to reach students and families in other ways, such as distributing newsletters, "Grow at Home" garden kits, and short educational videos. The impact of these indirect educational initiatives is not captured in DINE's outcome data, but they provided new avenues for engagement around nutrition and health.

• Challenges

- With schools being virtual for most of the school year due to COVID-19, the DINE team had to modify its programming to reach students learning remotely. Although DINE nutritionists adapted the DINE series curriculum to deliver it virtually, the number of students receiving the full series was much lower this year than in previous years. This was due to several reasons including schools and/or teachers not opting into nutrition education due to the added pressures of remote learning, DINE offering more single sessions and shorter series than typical, and lower attendance rates overall in DPS virtual classes. This subsequently resulted in a smaller number of matched pre/post screenings.
- DINE utilizes parent and teacher surveys as one method of program evaluation. It is challenging to get a high return rate for these surveys. Additionally, due to COVID-19, the DINE team relied solely on digital surveys, resulting in a very low number of completed surveys.

Implication(s)

Outcomes

o <u>Elementary School Program</u>

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 - This year, over 2,600 DPS elementary school students received nutrition classes through the DINE program.
 - DINE nutritionists taught more than 440 nutrition lessons in 13 elementary schools.
 - The DINE school team implemented 18 Policy, Systems, and Environmental (PSE) changes in 12 DINE-eligible elementary schools and at the district-level, reaching 21,380 students. These changes included: distributing garden kits that included supplies and instructions for families to grow microgreens and herbs inside their homes, working with DPS SHAC to develop district wellness goals for the new wellness policy, and developing and distributing school meal signs and a breakfast video to help increase participation in school meals during virtual learning.
 - The DINE elementary school program produced a change in students' nutrition knowledge.
 - Overall, 55% of students demonstrated an increase in knowledge by scoring higher post-screen than they did pre-screen.
 - End-Of-Year Parent Survey results showed the DINE elementary program had a positive effect on children and families.
 - 79% of parents reported their child is more willing to eat healthy foods after receiving DINE programming.
 - End-Of-Year Teacher Survey results showed the DINE elementary program had a positive effect on children.
 - 93% of teachers reported the students are more knowledgeable about what is healthy and 93% of teachers reported noticing that the children were having more conversations about health and healthy eating.
 - "I noticed an excitement about learning and having conversations regarding nutrition. It was great!" teacher comment
 - "Students are much more aware of the nutritious foods they should be eating. They also are more open to trying new foods." -teacher comment
 - An additional benefit of DINE nutrition classes is that the teachers themselves also begin to make changes.
 - "I make sure myself and my students take movement breaks. I also ask them to name one healthy food they had for lunch." -teacher comment
 - "I have been eating healthier snacks." -teacher comment
 - o Middle School Program
 - This year, over 1,300 DPS middle school students received nutrition classes through the DINE program.
 - DINE nutritionists taught 165 nutrition lessons in four middle schools.
 - The DINE middle school program produced a change in students' nutrition knowledge.
 - Overall, 63% of students demonstrated an increase in knowledge by scoring higher post-screen than they did pre-screen.
 - The DINE middle school program produced a change in students' behavior.
 - 66% of middle school students showed an improvement in at least one nutrition-related behavior, such as eating more fruits and vegetables and drinking fewer sugary beverages.
 - "I've been eating mindfully and eating more nutritious foods." -student comment

- "I started eating more balanced meals." -student comment
- o Other Nutrition Programming
 - In addition to teaching the DINE series curriculum, DINE nutritionists offer afterschool, summer, and other nutrition programming to reach additional DPS school-age students.
 - This year, DINE nutritionists taught virtual lessons to students during the afterschool period at DPS Learning Centers, conducted virtual family cooking nights, and provided pre-recorded lessons to some schools that were not able to accommodate live virtual nutrition classes.
 - The DINE team has resumed in-person programming this summer, conducting nutrition sessions at DPS and Durham Parks and Recreation summer camps and at the DPS Hub Farm.
- Service Delivery
 - Matched pre/post surveys were collected for 109 3rd-5th grade students who received the DINE series curriculum.
 - Elementary parent and teacher end-of-year surveys were distributed digitally. The DINE team received 16 teacher surveys and 54 parent surveys.
 - Middle school student pre/post screenings were conducted with students who received the DINE series curriculum. Prescreenings were done prior to the start of the DINE series curriculum, and post-screenings were done after classes completed the series. Matched pre/post surveys were collected for 436 middle school (6th-8th grade) students.
- Staffing
 - The DINE elementary school program during the 2020-2021 school year was staffed by four full-time and two part-time nutritionists and served 14 schools.
 - The DINE middle school program during the 2020-2021 school year was staffed by one full-time nutritionist (with a second full-time nutritionist for the final four months of the school year) and served four middle schools.

Next Steps / Mitigation Strategies

• Based on the 2020-2021 data, the DINE lessons and programs will be updated.

With schools returning to in-person learning in the 2021-2022 school year, DINE is planning to resume many of its more traditional programming and delivery methods, while still utilizing some of the creative digital content that was developed this past year to effectively engage with students and families.

Division / Program: Nutrition/DINE/Whitted School Outdoor Play Environment Development

(Accreditation Activity 10.4 The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.)

Program description

- DINE has ongoing and long-lasting partnerships with Durham Public Schools (DPS), providing nutrition education programing to SNAP-eligible students and their families. DINE also facilitates policy, systems, and environmental (PSE) changes at these schools that help students make healthy choices.
- At the Whitted School, a public preschool run by DPS, half of the outdoor fields were underdeveloped and lacked equipment to assist in play or outdoor learning. DINE, DPS Facilities Management,

DPS Grounds, DPS Sustainability and Capital Improvements, the Durham Partnership for Children, and the Whitted School Coordinator worked together to design and begin to implement a new outdoor learning space that promotes healthy eating and physical activity.

Statement of goals

- To assist DPS teachers and staff with the creation of an outdoor learning environment.
- To promote community collaboration to facilitate better policies that impact children ages 0-5 years old.
- To assist in making PSE changes that promote nutrition, physical activity, and food security.

Issues

• **Opportunities**

- This project fostered new partnerships and relationships.
- The project allowed for parents and volunteers to participate and created a stronger sense of community.
- The Whitted School was able to secure a grant through the DPS Foundation to financially assist with installing the first phase of a new outdoor learning environment.
- Outdoor play encourages peer-to-peer interaction, language skills and gross motor skills. By moving the learning environment outside, children can incorporate movement and exercise into their day in ways the classroom does not allow.
- Incorporating fruit trees and gardens into the outdoor learning space allows for exposure to fresh fruits and vegetables. This is shown to increase acceptance of these foods among preschool age children.

• Challenges

- During the implementation phase, it was discovered that DPS had a district-wide policy that prevented fruit trees from being installed on school campuses. While this was a challenge and could have prohibited the installation of fig, blueberry, and strawberry plants at the Whitted School, it turned into a great opportunity. Partners worked to update the policy, allowing fruit-bearing plants on all DPS campuses.
- Ensuring all volunteers who helped with the implementation phase stayed safe during the Covid pandemic was a priority. Risk and safety had to be assessed to ensure the plan and procedures followed DPS protocol.
- Cost of the project is a challenge. The outdoor learning space will be implemented over a period of years as funding becomes available.

Implication(s)

- Outcomes
 - Design for the outdoor learning space is complete and implementation is underway.
 - o Partnerships were created and strengthened.
- Service delivery
 - The space will allow the DINE nutritionist to incorporate lessons in the garden to further encourage and improve fruit and vegetable intake among the children.
- Staffing
 - A DINE nutritionist facilitated design, meeting agendas, and volunteer groups.

• Volunteers from the DPS Foundation and the community, and parents of children who attended the Whitted School came out to implement phase one, in a socially distanced way.

Next Steps / Mitigation Strategies

- Continue to work with DPS and educate about the need for outdoor learning environments, especially with preschool-aged populations.
- Work with the Whitted School to develop a sustainability plan for the outdoor learning environment.

Division/Program: Dental:UNC Adams School of DentistryServices in Dental Clinic

(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

• The Dental Division contracts with the UNC Adams School of Dentistry to provide pediatric dental services in the Department of Public Health Dental Clinic.

Statement of goals:

- To offer a comprehensive array of dental services to pediatric dental patients.
- To provide Residents and Dental students hands-on experience in a public health setting.

Issues

• **Opportunities**

 For the ten years the Department has contracted with the School of Pediatric Dentistry. Beginning in August, the 2021-2022 schedule will include:

Tuesdays: Faculty (DDS), Pediatric Dental Resident and three Dental students.

Wednesdays: Faculty (DDS) and Pediatric Dental Resident. Thursdays: Faculty member (DDS) and three Dental students.

- During the winter, two hygiene students will complete threeweek rotations in the clinic, and this will help the clinic see more hygiene patients.
- Arrangement ensures Department of Public Health Dental team has access to latest research in the field, and our patients benefit from advancements in care.

• Challenges

- During their first day, students may be seeing column of patients for the first time, so they are each scheduled two patients for the morning and afternoon sessions.
- Division Director must ensure faculty, residents and students have completed HIPAA training within the past year and meet with them to cover confidentiality issues and HIPAA requirements for contractors.
- Arranging for access to Epic Wisdom, to make certain that the combo sub-template is assigned for incoming Resident or Faculty.
- The Adams School of Dentistry has reduced one day from the contract, meaning that our Director of Dental Practice must cover the clinic two days per week. This can take away from the days that we can treat children in DPS Elementary Schools.

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- Implication(s)
 - Outcomes
 - The current schedule will allow the clinic to see up to 40 additional patients each month, allowing the Division the chance to work on its wait list.
 - Residents and students gain experience working within the Public Health setting.

Service delivery

- **Staffing-** Dental Division provides auxiliary staff to work with UNC SOD faculty, residents, and students. The Division employs two PH Hygienists that work in the clinic.
- Revenue Dependent on coverage type (Medicaid or self-pay).
- Other –N/A

Next Steps / Mitigation Strategies

The Dental Division and UNC School of Dentistry continue to explore options to work together, and this could lead to additional assignments to clinic and/or on the Tooth Ferry.

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, heath care, and housing assistance.
- o 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

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 - 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 May-June 2021:
 - New participants: 4
 - Total contacts: 20
 - Syringes dispensed: 72
 - Syringes returned*: ~1030
 - Sharps containers dispensed: 11
 - Fentanyl strips dispensed: 43
 - Naloxone kits distributed (with SSP): 30
 - Naloxone kits distributed (non-SSP): 130
 - Naloxone reversals reported: 0
- o FY20-21 annual statistics:
 - New participants: 29
 - Total contacts: 116
 - Syringes dispensed: 3,200
 - Syringes returned*: ~6,030
 - Sharps containers dispensed: 56
 - Fentanyl strips dispensed: 267
 - Naloxone kits distributed (with SSP): 123
 - Naloxone kits distributed (non-SSP): 602
 - Naloxone reversals reported: 1

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

- Service delivery
 - Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.

• Staffing

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

Next Steps / Mitigation Strategies:

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

Division / Program: Pharmacy / 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. In June 2020, the box was relocated to the pharmacy sub-lobby.

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

- o Quarterly statistics, FY20-21 Q4
 - ~37,935 needles/syringes returned
- o Year-to-date statistics, FY20-21
 - ~74,465 needles/syringes returned
- o Previous year statistics, FY20-21
 - ~57,605 needles/syringes returned
- Service delivery
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.

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 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
 - Staffing
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Piedmont Biomedical is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

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

Division / Program: 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 overthe-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 mediations.
- 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

- o Quarterly statistics, FY20-21 Q4
 - ~160 lbs of medication disposed
- o Year-to-date statistics, FY20-21
 - ~270 lbs of medication disposed
- o Previous year statistics, FY 19-20
 - ~102 lbs of medication disposed
- Service delivery
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.

- 13 <u>A Regular Meeting of the Durham County Board of Health, held</u> <u>August 12, 2021.</u>
 - 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: Population Health / Epidemiology (Accreditation Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months.) Program Description

A Community Health Assessment (CHA) is a process by which community members and stakeholders gain an understanding of the health issues that affect their county by collecting, analyzing and sharing information about community assets and needs. The 2020 Community Health Assessment was created and written by the Partnership for a Healthy Durham, Durham County Department of Public Health, Duke Health, and community organizations specializing in health subjects included in the document. One hundred and seventeen authors contributed to the 2020 Community Health Assessment. The Writers Celebration Lunch was conducted June 30, 2021 to show Community Health Assessment Writers appreciation for sharing their knowledge and time. Due to the COVID-19 pandemic, this was held as a drive-through event. **Statement of Goals**

- Acknowledge and express appreciation for 2020 Community Health Assessment writers.
- Provide writers with lunch and gifts.
- Show writers a hard copy of the 2020 Community Health Assessment
- Gather information on why the Community Health Assessment is important by recording videos with permission.
- Reflect on the Community Health Assessment writing experience

Issues

• Opportunities

- Connect with writers to show appreciation and encourage participation in future Community Health Assessments.
- Collect data on the importance of the Community Health Assessment and the writing process.
- Challenges
 - Due to COVID-19 restrictions, we were unable to have a meeting with all contributors together at the same time.

Implication(s)

• Outcomes

- o 34 writers attended the 2020 CHA Writers Celebration
- Captured 35 photos of writers participating in the celebration.
- Recorded 5 videos of writers explaining the importance of the Community Health Assessment.
- Staffing

- The Partnership for a Healthy Durham Coordinator and the Population Health Division Director staffed the Writers celebration.
- Revenue
 - o None
- Next Steps/Mitigation Strategies
 - Utilize information gathered to communicate the importance of Community Health Assessments in the community and with stakeholders and encourage future participation.

Division / Program: DCoDPH Racial Equity Nexus Team

Activity 26.3: The local health department shall assure that agency staff receives training in cultural sensitivity and competency.

Program description

The DCoDPH Racial Equity Nexus Team is a new department-wide team at DCoDPH. The team is made up of a diverse group of staff that are representative of DCoDPH employees. The structure of the team was created between February 2021 and April 2021. Applications were collected between May 2021 and July 16, 2021. Applications were reviewed by a 6-person team made up DCo employees within and outside Public Health. Team members were notified of their selection by August 1, 2021. Those that were not selected, were asked if interested, to support race equity work by way of skills or area of interest.

Statement of goals

- The Racial Equity Nexus Team aims to:
 - normalize conversations about race and racism at DCoDPH.
 - o create a racial equity action plan for DCoDPH.
 - examine DCoDPH policies and practices to improve health outcomes among BIPOC residents and to reduce health disparities.

Issues

• **Opportunities**

- There is a lot of passion and excitement around racial equity work at DCoDPH. Ten percent of our staff applied to be on the team.
- As members of the Government Alliance for Race and Equity (GARE), our staff has access to consulting, tools, webinars and regular meetings, and connections of other jurisdictions and public health departments throughout the country.
- Multiple DCo departments have created similar teams; the Nexus team co-chairs meet regularly with the other co-chairs to discuss opportunities and challenges.

Challenges

- Talking about the presence and effects of racism is truly a courageous conversation; all people living in this country have their own personal histories and will need to work through their emotions to be able to discuss, confront and change the systems that have created a racist society.
- Changing culture, policies and practices that are embedded in our society and the way we live is extremely difficult.
 DCoDPH must be willing to dedicate staff time and resources to make transformative change.

Implication(s)

- Staffing
 - The 17-person team is made up of the two staff who sit on the DCo Core Racial Equity Team, two co-chairs, and thirteen additional team members. The team is representative of DCoDPH staff in regard to race, ethnicity, gender, sexual orientation religion and ability/disability.

Next Steps / Mitigation Strategies

- Hold an orientation meeting for the team in August and a retreat that includes a training organized by the County Racial Equity Coordinator in September.
- Continue to create space as a team for training and support other strategies and/or efforts developed that devise other opportunities to discuss race and equity.
- Restart or redesign the conversation circles that were paused in 2018. These lunch time conversations were open to all DCoDPH staff. They centered on a topic and were meant to normalize conversations around race and racism and be a safe space in the workplace to discuss difficult topics.
- Use the Government Alliance for Race and Equity process to begin to thoroughly examine how DCoDPH's policies and practices have unintentionally caused harm to marginalized and BIPOC communities and make changes aimed at reducing health disparities.

<u>COMMITTEE REPORTS:</u> There were no committee reports.

OLD BUSINESS:

• MANDATED COVID VACCINATION DISCUSSION (Public Health employees):

After much discussion concerning the increases in COVID cases due to the Delta variant and the safety of Durham County Department of Public Health employees, the Board of Health decided to mandate COVID vaccinations for all "Durham County Department of Public Health" employees and recommend to the BOCC that all "Durham County" employees are vaccinated as a safeguard to our workforce.

Mr. Curtis made a motion to make it mandatory for all DCoDPH employees to be vaccinated as a condition of employment. Those with legitimate medical or religious exemptions will have to submit to weekly COVID testing. Dr. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

Mr. Curtis made a motion to forward a recommendation to the Board of County Commissioners that all "Durham County" employees be subject to the same requirements (i.e. vaccination and testing). Dr. Jackson seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

In a display of solidarity, the Board recommended that all Board members be vaccinated prior to reconvening in person for Board meetings.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$903,807 from the U.S. Department of Health and Human Services Office of Minority Health (OMH) and Create

Three Full Time Equivalent (FTE) Provisional Grant Funded Positions for Public Health.

The Durham County Department of Public Health (DCoDPH) was awarded a grant from the U.S. Department of Health and Human Services (HHS) Office of Minority Health for a project to improve health literacy and equity among historically marginalized populations in Durham. The grant totals \$2 million (\$903,807 recognized in year 1 and \$1,096,193 in year 2) to be administered over the next two years for the project, titled "Bull City Strong: Improving Health Literacy in Durham to Further an Equitable Community Response to COVID-19." This grant will fund three Full Time Equivalent positions (1) Program Manager, (2) Community Health Worker Coordinator (Human Services Coordinator) and (3) Office Assistant in Public Health.

Dr. Braithwaite made a motion to approve the budget amendment in the amount of \$903,807.00. Dr. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **BUDGET RATIFICATIONS**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$3,311,290 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are intended to prevent, prepare for, and respond to coronavirus by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$75,000 from the North Carolina Department of Health and Human Services Division of Public Health, Women's and Children's Health Section/Immunization Branch.

This grant provides funding to the Local Health Department (LHD) to help support activities associated with COVID-19 vaccine distribution to sites where vaccines are most needed. The Local Health Department will serve as a COVID Vaccine distribution hub.

The Board is requested to approve Public Health's receipt of vaccine gift card incentives from the NC Department of Health and Human Services.

The Durham County Department of Public Health received Agreement Addendum #717 COVID-19 Vaccine Incentives. This Agreement Addendum supports the Local Health Department's ability to provide vaccine incentives during the COVID-19 pandemic by providing \$25 gift cards to eligible vaccine recipients and non-commercial transporters. NCDHHS will distribute a quantity of pre-paid gift cards to use as vaccine incentives on dates to be determined.

There is no drawdown of funding associated with this Agreement Addendum.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$733,355 from the North Carolina Department of Health and Human Services Division of Public Health, Women's and Children's Health Section/Immunization Branch.

This grant provides funding to the Local Health Department (LHD) to continue supporting activities associated with COVID-19 mass vaccination planning and implementation.

Dr. Orto made a motion to approve the (4) budget ratifications recognized above. Dr. Jackson seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

DISCUSSION: BOARD OF HEALTH MEETING SCHEDULE •

After further discussion the Board decided to continue with virtual meetings on a bi-monthly basis until further notice.

AGENDA ITEMS OCTOBER 2021 MEETING

- Update: COVID in the School System w/ School Nurses
- CHA Update
- FY 2021 Financial Report
- FY 21 BOH policy review/approval
- FY 21 BOH Procedure Manual review/approval

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. McDougal made a motion to adjourn the regular meeting at 6:00pm. Mr. Curtis seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

Rosemary Jackson, MD, Vice-Chair

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Rodney E. Jenkins, Public Mean Director