

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

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

A Regular Meeting of the Durham County Board of Health was held December 9, 2021 with the following members present:

Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Mary Braithwaite, MD, MSPH; James Miller, DVM; Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Commissioner Nida Allam; Roger McDougal, DDS and Josh Brown

Excused Absence: Victoria Orto, DNP, RN, NEA-BC

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, Marissa Mortiboy, Hattie Wood, Lindsey Caster, Alecia Smith

CALL TO ORDER: Chair Rosemary Jackson called the virtual meeting to order at 5:01 p.m. with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Chair Jackson requested the following addition:

1. Budget Amendment (*new business*)

Dr. Rhea 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. Rhea made a motion to approve the minutes for October 14, 2021. Mr. Curtis seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

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

Dr. Jeffery Jenks, Medical Director

Dr. Jenks begin his role as medical director on November 1, 2021. Jeff comes to us from San Diego, California where he was an Associate Clinical Professor of Medicine at the University of California San Diego. There he specialized in both general internal medicine and infectious diseases, providing primary care for adults and specialized care including pre-exposure prophylaxis (PrEP), LGBTQ+ care, and treatment for COVID-19 infection and tuberculosis. He also was an instructor to medical students, residents, and fellows and was active in clinical and translational research, receiving numerous awards and honors. Jeff sought

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a career in healthcare as a means of furthering social justice and working for social change to combat poverty and disease and improve the lives of his patients and community.

Jeff received a Bachelor of Science degree in Anthropology from Loyola University Chicago in 2001 and a Master of Public Health and Doctor of Medicine from Wright State University in 2010. He completed his internal medicine residency training at Boston University in 2013 and infectious disease fellowship in 2016 at the University of California San Diego.

Lindsay Caster, Supervisor for Allied Health

received a promotion to Director of Allied Health Division effective November 1, 2021.

The Durham County Department of Public Health was awarded a Duke Endowment grant in partnership with the Duke University Health System in the amount of \$100,000.

The Partnership for a Healthy Durham (Partnership) is a coalition collaborating to improve the physical, mental, and social wellbeing of Durham county residents using racial equity principles. Existing in Durham County Public Health Department since 2004, the Partnership is the state certified Healthy Carolinas partnership for Durham County comprised of community members and organizational representatives from healthcare, education, housing, food, nonprofits, transportation, and government. Durham County has one full-time position and one part-time contracted position dedicated to the Partnership.

The Partnership has worked and continues to work with Duke University Health System on the Community Health Assessment conducted every three years, which drives the work of the Partnership to improve social determinants of health.

The Partnership seeks to sustain a coalition that centers community voices, operating inclusively and equitably. The coalition strives to reflect the diversity of Durham County residents to include those of different races, ethnicities, gender identities, sexual orientations, income levels, and languages.

The Durham County Department of Public Health and the Partnership will continue to work with Duke University Health System to increase alignment with the Community Health Improvement Plan and build the capacity for health systems and local health departments to adopt and advance the spread of this model to additional counties. The Durham County Department of Public Health will serve as the backbone organization for these activities.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

NC LOCAL BOARDS OF HEALTH: ROLES AND RESPONSIBILITIES OF LOCAL PUBLIC HEALTH GOVERNING BOARDS (Activity 36.2 & 36.3)

Mr. Jerry Parks, former Health Director in North Carolina and faculty member at The North Carolina Institute for Public Health provided the Board training on the roles and responsibilities of local public health governing boards.

Learning Objectives:

1. Describe key concepts underlying the practice of public health and the role a board of health plays in carrying out core functions and essential services

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2. Identify the laws regulating the local public health system
3. Describe the guidelines and expectations for being an effective board member

Roles and Responsibilities of Local Public Health Governing Boards

Section 1: Public Health Milestones and Current Challenges

- a) Public health main goals are to prevent disease and promote health
- b) Great public health achievements range from mass vaccination to motor vehicle safety
- c) Major challenges remain

Section 2: Public Health Functions and Essential Services

- a) Three core functions of public health:
 - a. Assessment
 - b. Policy Development
 - c. Assurance
- b) Ten essential services within the core functions
- c) Core functions and essential services represent aspects of your board's activities and responsibilities

Section 3: Legal Responsibilities and Authority

- a) Sources of public health law in North Carolina
- b) Legal guidelines governing the roles and responsibilities of:
 - a. Local health departments
 - b. Health directors
 - c. Boards of health
- c) All boards have three major roles:
 - a. Rulemaking
 - b. Adjudication
 - c. Administration

General Statutory Citations:

- ❖ A local health department shall ensure that the 10 essential public health services are available and accessible
- ❖ N.C. General Statute (G.S.) § 130A-1.1(b)
- ❖ “‘Local board of health’ means a district board of health or a public health authority board or a county board of health.”
- ❖ G.S. § 130A-2(4)
- ❖ Board of health = “policy-making, rule-making and adjudicatory body” for local public health agency
- ❖ G.S. § 130A-35(a), G.S. § 130A-37(a), G.S. § 130A-45.1(a)
- ❖ The consolidated human services board shall have the “powers and duties conferred by law upon a board of health”
- ❖ G.S. § 153A-77(d)
- ❖ The public health authority board has the powers and duties of a county or district board of health, plus a few additional powers
- ❖ G.S. § 130A-45.3

Sources of Public Health Law in NC:

- ❖ North Carolina Public Health Statutes
 - www.ncleg.net
- ❖ North Carolina Administrative Code
 - reports.oah.state.nc.us/ncac.asp
- ❖ Federal law
- ❖ Other sources:
 - US and North Carolina constitutions
 - Local rules and ordinances
 - Court decisions
 - Contracts

Section 4: Local Governance Boards

- a) BOCC may:
 - a. Assume powers and duties of boards
 - b. Create consolidated human service agency
 - c. Take both actions
 - d. Protect and promote the public health
- b) Rules, roles and responsibilities vary depending on BOC decisions

Section 5: Board Members' Work

- a) Board members are advocates for public health, function as policy makers, and stay educated about local public health
- b) The Chair has a specific role
- c) Meetings must follow specific guidelines
- d) Board's overall roles are rule-making, administration and adjudication
- e) Board's #1 goal is to support local health department in achieving its public health goals

Section 6: Effective Governance

- a) It is an honor to serve on a governing board for public health
 - b) Serving as a governing board for public health is a weighty responsibility
 - c) Strive for partnership: the board hires the Director and the Director runs the Department
 - d) Providing good service to your community is the ultimate goal
- (A copy of the PowerPoint Presentation is attached to the minutes.)*

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of October and November 2021 prior to the meeting. The vacancy rate for October 2021 was 17.4% and 16.2% for November 2021.

(Copies of October 2021 & November 2021 Vacancy reports are attached to the minutes.)

QUESTIONS/COMMENTS:

Chair Jackson: I have one question. On the vacancy report for October, it stated there were 43 vacancies but when the calculations were done for vacancy rate; you used 40 instead of 43. Was it 43 vacancies or 40?

Mr. Jenkins: It could have been a "typo". I do know we had an increase in resignations. I will clarify that and get that information back to you.

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 September 2021 prior to the meeting.

(Copies of the October 2021 & November 2021 NOV reports are attached to the minutes.)

HEALTH DIRECTOR'S REPORT

December 9, 2021

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

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

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Program description

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

Statement of goals

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

Issues

• **Opportunities**

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

• **Challenges**

- Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
- Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.
- Bull City United was previously housed within the Department of Public Health but moved to form a separate County department for FY 21-22. BCU staff are working closely with DCoDPH staff to update all protocols to continue to distribute naloxone to program participants.

Implications

• **Outcomes**

- The following statistics have been collected for Oct-Nov 2021:
 - New participants: 4
 - Total contacts: 10
 - Syringes dispensed: 180
 - Syringes returned*: ~1238
 - Sharps containers dispensed: 5
 - Fentanyl strips dispensed: 0
 - Naloxone kits distributed (with SSP): 8

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- Naloxone kits distributed (non-SSP): 98
- Naloxone reversals reported: 0

*“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 and Health Education 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 bimonthly.
- 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 prescription 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.

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- 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, FY21-22 Q2 (Oct and Nov)
 - ~0 lbs of medication disposed
- Year-to-date statistics, FY21-22
 - ~40 lbs of medication disposed
- Previous year statistics, FY20-21
 - ~270 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. 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.

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- Reduce the risk of staff needlesticks by providing sharps containers to *all* clients prior to needles being deposited in Needle Disposal Box (implemented August 2021).
- **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, FY21-22 (Oct and Nov)
 - ~22,480 needles/syringes returned
 - Year-to-date statistics, FY21-22
 - ~89,920 needles/syringes returned
 - Previous year statistics, FY20-21
 - ~73,925 needles/syringes returned
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Piedmont Biomedical is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

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

Division/Program: Replacing Sensors/Dental Equipment in the Clinic (Accreditation Activity 31.6: The local health department shall have an inventory of equipment that includes a plan for replacement.)

Program description:

- During the Spring of 2021, the Dental Division began experiencing issues with the quality of images when using some of its sensors. (The digital sensors provide high resolution images with decreased radiation exposure to patient and allows the dental practice staff to diagnose and treat oral conditions with increased efficiency.)

Statement of goals:

- To ensure quality service in clinic, the Dental Division has preventative maintenance contracts in place for servicing its equipment. As the clinic has been open ten (plus) years, some of the equipment has begun to be replaced.

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Issues

• **Opportunities**

- When the Division moved into current building in 2011, the team upgraded technology, purchasing digital sensors to replace traditional photographic X-ray film.
- The Division had identified funds to replace the dental sensors during FY' 22.
- After reviewing options, Henry Schein provided discounts for the sensors that were needed (sizes 0, 1, 2).

• **Challenges**

- When digital sensors begin to malfunction, the dental team may miss critical information for the diagnosis and treatment of dental disease and other oral conditions.
- Because of the cost of each sensor (\$5,000+) the Dental Division needs to identify/budget funds to replace sensor every five years or so.

Implication(s)

• **Outcomes**

- Three sensors were ordered in September and due to be delivered and installed the second week in December.
- With proper care and maintenance, the new sensors should each last 4-6 years.

• **Service delivery**

- Technician from Schein will work with Department's IST Division to ensure the sensors are installed and working correctly.

• **Staffing-** Division Director oversaw contract process, with Dental Practice Director selecting the sensors.

• **Revenue** – N/A – New Sirona sensors kits (sizes 0, 1, 2) cost \$18,548.

• **Other** –N/A

Next Steps / Mitigation Strategies

New sensors will be maintained as prescribed.

Division / Program: Population Health / Epidemiology

(Accreditation Activity 38.1: The local board of health shall annually review reports provided by the local health department on the community's health)

Program Description:

The Youth Risk Behavior Survey (YRBS), designed by the Centers for Disease Control and Prevention (CDC), is an anonymous survey given every 2 years. The YRBS assesses physical health, physical activity, nutrition, safety, bullying, sexual behavior, mental health, and substance use. The 2019 YRBS was conducted in selected Durham County middle and high schools in the Spring of 2019. Data was analyzed by the CDC and the results were put into the 2019 YRBS report to be published in 2021. The 2019 YRBS data will be used as a baseline and comparative information as 'pre-pandemic' data. The 2019 YRBS was conducted in collaboration with Durham Public Schools (DPH), and Durham County Department of Public Health (DCoDPH).

Statement of goals

- Provide a comprehensive set of valid and reliable information about the health of the youth of Durham County.
- Understand the issues Durham County youth are facing.
- Publicize report to different DCoDPH divisions and ensure external partners have the data needed to inform their initiatives and programs.

Issues

- **Opportunities**
 - Provide data and context regarding disparities to the stakeholders, partners, elected officials, and community residents.
 - Provide a clearer picture of what impacts the health of the youth in Durham County.
 - Focus intentionally on equity.
 - Add a Glossary at the end of the report to define terms such as redlining, disparities, and equity.
 - Providing the report in English and Spanish languages.
- **Challenges**
 - CDC did not provide raw data, so DCoDPH was unable to run our own analysis.
 - Delay in receiving data, the COVID-19 response, and staff turnover delayed release of publication to December 2021.
 - Balancing analysis and construction of the report during COVID-19.

Implication(s)

- **Outcomes**
 - The final report is 27 pages long.
 - 2,446 students participated (1,329 middle schoolers, 1,117 high schoolers).
 - Student participation decreased since 2017.
 - 12 middle schools and 9 high schools participated.
- **Staffing**
 - The epidemiologist reviewed CDC's analysis and compiled the report.
 - Durham Public Schools distributed and conducted the survey.
 - Durham Public Schools staff, Durham County Racial Equity Officer, DCoDPH staff and the Public Health Director reviewed and edited the report.
 - City of Durham Office on Youth provided feedback on the report.
- **Revenue**
 - None.

Next Steps / Mitigation Strategies

- Review Spanish translations for the 2019 YRBS report.
- Issue a press release to publicize the report.
- Create and publicize middle school and high school infographics based on the data in the report.
- Hold virtual listening sessions with Durham County youth.

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. Holding listening sessions with Durham County residents allows for further insight into thoughts and feelings about their community. The English and Spanish language listening sessions held May-August of 2021 asked community members questions about their experiences with the top health priorities (affordable housing, access to care, poverty, mental health, obesity, diabetes and food access) identified in the 2017 CHA. Responses were analyzed by Duke University staff. These listening sessions were held in collaboration among the Partnership for a Healthy Durham, the Durham County Department of Public Health and Duke Health. Listening sessions were held with the general public as well as focus groups that included veterans, LGBTQ Center of Durham, Mayor's Committee for Persons with Disabilities, and Partnerships for Seniors. Participants received \$25 gift cards as incentive to participate.

Statement of goals:

- Provide a comprehensive set of valid and reliable information about the health of the Durham community.
- Provide community members with an opportunity to be engaged with Durham County Department of Public Health projects.
- Gain insight into Durham County resident's thoughts on issues affecting their community.

Issues:

- **Opportunities**
 - Provide qualitative data and context regarding disparities to the stakeholders, partners, elected officials, and community residents.
 - Use qualitative data to inform the Community Health Improvement Plan process.
 - Provide a clearer picture of what impacts health in Durham County.
 - Focus intentionally on equity.
- **Challenges**
 - Holding listening sessions virtually during COVID-19.
 - Postponing listening sessions from spring 2020 to spring and summer 2021 due to COVID-19.

Implication(s)

- **Outcomes**
 - Held eight community listening session sessions.
 - These sessions discussed topics of mental health, affordable housing, poverty, access to healthcare, and obesity, diabetes, and food access.
 - These sessions were held virtually.
 - Responses were analyzed by Duke University staff.
- **Staffing**
 - The epidemiologist compiled the responses to create a slide show presented at the first 2021 Community Health Improvement Plan kickoff meeting.
 - The Partnership for a Healthy Durham (PHD) Contractor and PHD Coordinator scheduled listening sessions and partnered with community-based organizations to gather

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feedback on Durham County residents' experiences with the top health priorities.

- Listening session facilitators and notetakers included Partnership Co-Chairs and several from the Durham County Facilitators Network.

- **Revenue**
 - None.

Next Steps / Mitigation Strategies

- Publicize results of the listening sessions during 2020 CHA presentations to community groups.
- Present listening session results to participants.
- Create Community Health Improvement Plans (CHIPs) around Durham County's top health priorities using data, community input and information from the 2020 CHA.

Division / Program: Environmental Health/Onsite Water Protection (Accreditation Activity -4.2 The local health department shall monitor exposure to environmental health risks.)

Program description: DCoDPH Onsite Wastewater Protection (OSWP)

The local health department shall issue an authorization for wastewater system construction authorizing work to proceed and the installation or repair of a wastewater system when it has determined after a field investigation that the system can be installed and operated in compliance with the rules and regulations adopted under Article 11 of Chapter 130A of The General Statutes of North Carolina. Wastewater can be rendered ecologically safe and the public health protected if methods of wastewater collection, treatment and disposal are properly regulated. Recognizing that wastewater collection, treatment and disposal will continue to be necessary to meet the needs of an expanding population, the General Assembly intends to ensure the regulation of wastewater collection, treatment and disposal systems so that these systems may continue to be used, where appropriate, without jeopardizing the public health.

Statement of goals:

In response to a request from the City of Durham, the Onsite Water Protection Section (OSWP) conducted a field survey of existing onsite wastewater (septic) systems in the Northeast Creek Watershed. This survey is in conjunction with the City of Durham's efforts to reduce the total maximum daily load (TMDL) of contaminants in Northeast Creek Watershed. TMDLs are the maximum amount of a pollutant allowed to enter a body of water while meeting the water quality standards set by the United States Environmental Protection Agency (US EPA) The TMDL of particular interest for the Northeast Creek Watershed is the bacteria *Escherichia coli* (*E. coli*). Goals of the survey were: 1) to ascertain the type, location, and functional status of onsite wastewater systems within the watershed with access to public sewer infrastructure and 2) effect repairs or connection to public sewer for abatement of all observed malfunctions.

Issues:

- **Opportunities**
 - Using the list of parcels obtained via geoprocessing existing wastewater permit files and tax records, letters were mailed to property owners on November 18, 2021, notifying them of the impending survey. Letters were sent to each of the parcels in the proposed service area. For those owners with mailing addresses different from the parcel to be visited, a copy of the letter was also sent to

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their alternate address. Site visits began on November 15 and concluded November 16, 2021.

- The City of Durham has funded a Septic to Sewer cost-share program to assist qualifying property owners with connection to public sewer.

- **Challenges**

- During each site visit, the EHS located all above ground system components such as tank risers, pump control panels, and manifold/valve boxes. Where available, existing septic permit records were used to locate the system area on the parcels. The identified septic system areas were traversed for any signs of surfacing effluent to indicate malfunction.

Implication(s)

- **Outcomes**

- Rule 15A NCAC 18A .1961(a) (1) describes the criteria to classify a septic system as failing. Owners must maintain their system to prevent the following 3 conditions:
 1. a discharge of sewage or effluent to the surface of the ground, surface waters, or directly into the groundwater at any time; or
 2. a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or
 3. a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made 24 hours after a rainfall event.
- If a system meets one or more of these conditions, then it is considered malfunctioning by the .1900 rules. For the purpose of this survey, condition 1 was the only criteria that could be easily observed. Without access to homes or repeat visits, conditions 2 and 3 cannot be verified.
- **Survey Results:**

Data processing of field notes is ongoing for preparation of a final report. Initial review of the staff feedback indicates that only one subsurface system malfunction was observed. Some sites were already connected to public sewer but not shown on City billing records. Some others are served by discharging sand filter systems that are regulated by the NC Department of Environmental Quality.

- **Service delivery**

- Site plans with the location of septic system components were available for many of the parcels. Most sites were accessible and field notes were taken by the EHS visiting the parcel. Flyers for the “Septic to Sewer” program were left at each site along with a visit report indicating if any malfunction was observed. For sites that connect to public sewer it is

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recommended that the septic system abandonment be inspected and documented by Environmental Health.

- **Staffing**
 - A team of two Environmental Health Specialists visited each property in the proposed service area and reported their findings.
- **Revenue**
 - No revenue for the program will be gained from this activity
- **Next Steps / Mitigation Strategies**
 - A final report will be prepared by the OSWP supervisor detailing outcomes of the survey.
 - The report will also contain an appendix with location information of existing discharging sand filter systems within the watershed that do not have access to sewer. This data will be obtained via geoprocessing Environmental Health septic permit records and DCo parcel records.

Division / Program: Nutrition Clinic/Community Engagement Programs

(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

- Nutrition Clinic participated in 2 community engagement programs in October/November 2021.

Statement of goals

- DCoDPH Nutrition Clinic will collaborate with community partners in promotion of health and well-being for Durham residents.

Issues

- **Opportunities**
 - “Rethink your Drink” education session provided at PEACH (Partnership Effort for the Advancement of Children’s Health) community engagement event. To promote awareness of sugar content of many beverages and to encourage water intake, a registered dietitian (RD) provided education and flavored water samples at the community event. Held on October 28 from 5-7pm, the session took place at the Community Resource Center outdoor space at 800 N Mangum Street. The PEACH Lead Poison Prevention Awareness event included vendors, food, COVID testing and COVID vaccines, as well as promotion of lead-based paint home repair opportunities and Renovate, Repair, and Paint (RRP) training programs.
 - “Quarantine 15 No More” healthy eating seminar was offered on Sunday, November 21 at Greater Ecclesia Church, 106 N Alston Ave. 38 community members participated in the seminar given by Nutrition Clinic RD. Education focused on increasing nutrient intake and decreasing empty calories while

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also increasing flavor and food enjoyment. High protein yogurt parfaits were sampled.

Implication(s)

- **Outcomes**
 - 60 community members obtained education regarding healthy eating and healthy beverage choice.
 - Participants were able to access nutrition education in their normal places of activity in the community.
- **Staffing**
 - One DCoDPH Clinical Nutritionist.

Next Steps / Mitigation Strategies

- DCoDPH Nutrition Division will continue to collaborate with community partners to provide health promotion and nutrition education that reaches Durham residents where they work, worship, and live.

Division / Program: Nutrition Division/DINE/FFY21 Evaluation Report

(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 program that targets SNAP-eligible families. DINE provides nutrition education, facilitates policy, systems and environmental (PSE) changes, and implements a social marketing campaign. DINE is funded by a grant from USDA's SNAP-Ed program and by Durham County.

Statement of goals

DINE will help/encourage Durham residents to:

- Establish healthy eating habits.
- Eat a healthy diet every day, including fruits and vegetables, whole grains, fat-free or low-fat milk products and seafood.
- Increase obesity prevention activities and maintain a physically active lifestyle.
- Balance caloric intake from food and beverages with calories expended.
- Plan easy, healthy meals and choose healthy snacks.

Issues

- **Opportunities**
 - Due to schools being virtual for most of the 2020-2021 school year, DINE nutritionists pivoted to provide nutrition education virtually. Virtual nutrition classes were also provided for preschool-aged children at childcare centers and for adults.
 - During the summer of 2021, with COVID-19 infection rates decreasing and the added flexibility of summer camps in terms of smaller groups of children and the opportunity for outdoor sessions, DINE was able to provide in-person nutrition programming to elementary and middle school students at a variety of sites.
 - DINE created a YouTube channel and created multiple videos. One video was part of the Rethink Your Drink campaign. It is currently running in all of the DCoDPH clinic waiting rooms.

Videos were also shared with Durham Public Schools (DPS) and posted on the DPS Embrace Wellness Wednesday website during virtual schooling.

- DINE partnered with the County's COVID-19 vaccination clinic. DINE staff tested Rethink Your Drink messaging with community members coming to receive a COVID-19 vaccine and displayed banners with the messages chosen in the clinic.
- DINE worked closely with DPS School Nutrition Services (SNS) to promote school meals when schools were virtual. DINE assisted SNS fund and create signs that were placed along busy roads and by school meal sites.
- DINE worked closely with DPS's The Whitted School to create an outdoor learning space and playground. During this work, it was discovered that Durham Public Schools had a policy that prohibited flowering plants close to playground areas. DINE worked with DPS to change the district-wide policy.
- DINE helped facilitate the COVID-19 Food Security Task Force. The task force coordinated 100+ partners, helped multiple hunger relief agencies obtain additional funding and resources, and created a new food security coordinator position.
- **Challenges**
 - The pandemic upended many planned programs. DINE's direct education reach was lower than prior to COVID-19. Reaching adults and evaluation were especially hard.
 - There was a learning curve with creating videos and providing online virtual nutrition education. DINE opted to maintain its high quality of programming and thus was not able to provide the quantity of work it has in years past.
 - During Federal Fiscal Year 2020-2021 (FFY21), the DINE team had several positions vacant due to parental leave, employment transitions, and a Durham County COVID-19 hiring freeze.

Implication(s)

- **Outcomes**
 - During FFY21, DINE provided direct nutrition education to 5,059 Durham residents.
 - 57% of participants surveyed demonstrated increased knowledge of healthy food choices and benefits of a healthy diet.
 - 66% of survey respondents showed improved behavior related to nutrition.
 - The DINE team facilitated 81 policy, systems and environmental changes reaching 24,863 Durham residents. These took place in Durham Public Schools, childcare centers, food pantries, and farmers' markets. Some of the changes include:
 - Assisting the Black Farmers' Market in becoming a SNAP retailer.
 - The installation of vegetable gardens at childcare centers.
 - Starting food pantries in childcare centers to help enrolled families.

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- The development of district-wide wellness goals at DPS.
- A “Rethink Your Drink” social marketing campaign reached 6,157 Durham residents with the message “Say Yes to Water.” Of those surveyed, 19% showed a positive behavior change or stated they will change their behavior because of the campaign.
- The attached “*DINE FFY21 Evaluation Report*” provides a summary of the program’s outputs and outcomes from this past year.
- **Service delivery**
 - During FFY21, DINE provided services at 13 elementary schools, 7 middle schools, 12 childcare centers, 4 farmers’ markets, and 6 food pantries. DINE also reaches Durham residents via Instagram, Facebook, YouTube, and an e-newsletter.

Next Steps / Mitigation Strategies

- DINE will modify its programming based on the FFY21 evaluations.
- DINE will add Healthy Vending and Durham Food Resource Map programs in FFY22.
- DINE will resume in-person nutrition education during FFY22.

Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences and Resilience
(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description:

- The Adverse Childhood Experiences (ACEs) and Resilience Coordinator (Coordinator) was hired in August 2020. In this position, Jess Bousquette supports the activities of the Durham Adverse Childhood Experiences and Resilience Taskforce (DART), contributes to the development of the Durham Early Childhood Action Plan, and works to increase trauma-informed care within the Durham County Department of Public Health (DCoDPH). A full program description is available in Appendix I.

Statement of goals:

- Implement key DCoDPH ACEs and Resilience priorities in partnership with the Durham ACEs and Resilience Taskforce
- Develop strategic goals for Durham County Department of Public Health related to adverse childhood experiences, trauma-informed care, and resilience
- Create a resource development approach for Durham County Public Health to contribute to ACEs and Resilience work

Issues:

- **Opportunities**
 - The ACEs and Resilience Coordinator worked with DART members to identify co-leaders for 3 of its 4 work groups, including diverse experiences and expertise, to help guide and propel the work of the Taskforce.
 - The Durham Early Childhood Action Plan (ECAP) was launched in September (summary in Appendix II). The ECAP was created with leadership from almost 150 parents, caregivers, early childhood providers, community leaders, and institutional leaders. The Coordinator serves as a DCoDPH co-

representative to the implementation steering committee and is working on dissemination within DCoDPH and with our clients. This includes coloring books that present the goals of the plan in child-friendly language that will be available in the COVID-19 Vaccine Clinic, Nutrition Clinic, Dental Clinic, Clinics 5 & 6, and the Women's Clinic.

- **Challenges**

- DART membership has been in flux with staff changes and turnover at partner agencies, including one work group co-lead.
- COVID-19 continues to stretch the capacity of our partners and staff.

Implication(s):

- **Outcomes**

- The Durham ACEs and Resilience Taskforce continues to meet on at least a bimonthly basis.
- The Coordinator created and convened a Trauma-informed Care Task Team within DCoDPH to support the Department's efforts to become more trauma-informed.
- In Summer 2021, the Coordinator supervised a graduate public health student to develop a plan to evaluate ACEs and resilience work within DCoDPH and DART. The research and recommendations from this work are informing state-wide conversations about measuring ACEs and resilience work.

- **Service delivery**

- The Coordinator hosted a screening of "Resilience: The Biology of Stress and the Science of Hope" for members of the Health Education and Community Transformation Division in October 2021.
- The Coordinator hosted a lunch and learn on "How does being trauma-informed enhance our work in Health Education?" for the Health Education and Community Transformation Division in November 2021.

- **Staffing**

- The ACEs and Resilience Coordinator is a full-time County position.
- The Health Education Office Assistant supports DART meetings for 2.5 hours a month.
- The Director of Health Education & Community Transformation supports strategic direction and community engagement for DART approximately 5 hours a month.

- **Revenue**

- The County's Adverse Childhood Experiences and Resilience efforts do not provide any revenue generating programs nor receive any grant funds currently.

Next Steps / Mitigation Strategies:

- The Coordinator will work with DART work group co-leads to complete one year work plans for the work groups and begin implementation in Fiscal Year 2023.
- The Coordinator will work with DCoDPH Leadership on roll out of the trauma-informed care initiative within the Department in Quarter 4 of FY22.
- The Coordinator is working with the DCoDPH Data Scientist to develop an internal dashboard to track key community level metrics related to positive childhood experiences, community

adversity, and access to services. Additionally, new Measuring for Results measures will be identified and rolled out in 2022.

Program Summary:

Adverse Childhood Experiences and Resilience Problem

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18 and increase the risk of negative, lasting effects on a person's health and well-being. Adversity in childhood can cause toxic stress which can disrupt organ, tissue, and brain development impacting physical health, mental health, social outcomes, and health risk behaviors. Over 15% of North Carolina's children have experienced two or more adverse childhood experiences. These experiences could include abuse, neglect, interpersonal violence in the home, parental substance use, parental mental illness, incarceration, and caregiver divorce. Additionally, children and their families can experience adverse community experiences, such as structural racism, community divestment, lack of affordable housing, and deteriorating physical environments (Annex 1). The Community Health Assessment, Youth Behavioral Risk Survey, Early Childhood Action Plan, and community resources show that children in Durham experiences ACEs. They also demonstrate that not all children in Durham experience an equally distributed amount of stress and trauma because of systemic racism and other forms of oppression.

Durham County Public Health Commitment

Durham County Department of Public Health (DCoDPH) is committed to preventing and addressing adverse childhood experiences and their root causes. Our work is grounded in the principles of trauma-informed care and racial equity. We are committed to practicing trauma-informed community engagement that acknowledges harm done by policies and systems to our community, honors history and celebrates culture, commits to long-term sustainability of efforts, ensures consistency, makes community accomplishments visible, supports clear and meaningful engagement structures, and promotes safety.

Durham County has already made several key commitments to addressing and preventing adverse childhood experiences. In November 2018, the Board of County Commissioners passed Resolution 18-1134, "Resolution to Support the Actions to Become an Adverse Childhood Experiences (ACEs) Informed Community and the Development of an ACEs Community Resilience Plan." The resolution acknowledges toxic stress and adverse childhood experiences as a "growing public health crisis for the state with implications for the state's educational, juvenile justice, criminal justice, and public health system." In June 2020, the Board of County Commissions reiterated their commitment to addressing and preventing ACEs in their Racial Equity Resolution. The County has committed to "to always promote and support policies that prioritize the health of all people, especially people of color by mitigating exposure to adverse childhood experiences."

Approach

Durham County Department of Public Health recognizes the history of community-rooted organizations in Durham who have been working to address ACEs and build resilience for decades. Our approach honors that work by not duplicating their interventions, addressing systemic drivers of ACEs, supporting a data hub to monitor county-wide indicators of ACEs, community adversity, and positive childhood experiences, providing coordination support and working to increase the resources for ACEs prevention and response work in Durham.

Solutions

Positive childhood experiences, which include safe, stable, and nurturing relationships and environments, can outweigh experiences of adversity. Durham County Department of Public Health will support the development of these critical relationships and environments using the following strategies:

- Promote social norms that protect against violence and adversity.
- Teach social emotional skills, healthy relationship skills, parenting skills, and family relationship approaches.
- Promote organizational and county-wide policies that create the context for healthy children and families.
- Ensure training and ongoing professional development opportunities for all Public Health staff on ACEs, trauma, and trauma-informed care.
- Address secondary stress and trauma among County staff.
- Support collaborative efforts across the county including the Durham ACEs and Resilience Taskforce (DART) and the Early Childhood Action Plan.

While not part of the ACEs and Resilience program, the Department of Public Health's work uses the following strategies:

- Strengthen Economic Supports for Families
- Ensure a Strong Start for Children

Initial Outcomes

By July 2023, the ACEs and Resilience Program intends to achieve the following in Durham:

- Increase the number of people who are trained in ACEs, resilience, stress management, and trauma.
- Increase the number of children who have access to socio-emotional skills resources and learning opportunities.
- Increase the number of caregivers who have access to socio-emotional skills resources and learning opportunities.
- Develop an agenda to promote trauma-informed practices and policies in Durham.
- Report on primary barriers to accessing existing resources for prevention, treatment, assessment, and treatment of adverse childhood experiences.
- Increase the number of public health, education, justice, and healthcare professionals who receive training in trauma-informed care in partnership with DART.
- A professional quality of life survey shows a decrease in compassion fatigue, burn out, and secondary traumatic stress among Durham County Public Health staff

Longer-term outcomes and impact indicators are available in the table on page 3.

Resources

The ACEs and Resilience Program has a current budget of \$40,000 in County funds for FY 21-22. This funding is largely for supporting the Durham ACEs and Resilience Taskforce, implementation of the ACEs Community Resilience Plan and implementation of related work in the Early Childhood Action Plan. The ACEs and Resilience Program has one full-time coordinator, Jess Bousquette. Two additional DCoDPH staff support the ACEs and Resilience Program with about 2-5 hours a month each.

Out of scope

While there are additional strategies that are evidence-based for preventing and mitigating ACEs, not all of them are within the capacity or expertise of DCoDPH. Many of these strategies are well supported within the wider Durham community or other DCo programs. Based on the

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expertise and capacity of DCoDPH, the following strategies are out of scope for this program:

- Mental healthcare
- ACEs screening of clients or staff when not supported appropriate referral pathways nor screeners that are trained in ACEs screeners
- Treatment to lessen harms of abuse and neglect exposure
- Connection for youth to caring adults and activities (after-school programs and mentoring programs)

COMMITTEE REPORTS:

• **NOMINATION COMMITTEE RECOMMENDATION:**

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

Mr. Curtis made a motion to accept the nomination for Mary Braithwaite as Vice-Chair of the Board of Health. Dr. McDougal seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

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

Dr. Rosemary Jackson and Dr. Mary Braithwaite agreed to accept the positions of Chair and Vice-Chair.

PERSONNEL COMMITTEE UPDATE (Activity 37.3)

The personnel committee decided to postpone the formal health director's evaluation review until April/May 2022 to coincide with the county's new universal review process for all Durham County employees. The committee has already done an initial survey and the results will be included. The survey will reopen again for everyone to have an opportunity to respond.

• **PERSONNEL COMMITTEE APPOINTMENT**

Chair Jackson requested that the current members of the personnel committee continue to serve. The personnel committee consist of Dr. Mary Braithwaite, Dr. Victoria Orto and Dr. Jim Miller. Dr. Braithwaite will act as Chair and Dr. Jackson will act as Ex-Officio.

• **FINANCE COMMITTEE APPOINTMENT**

Dr. Gene Rhea and Joshua Brown were appointed to the Finance Committee. Dr. Braithwaite will act as Chair and Dr. Jackson will act as Ex-Officio.

OLD BUSINESS: There was no old business discussed.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$514,327.00 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 mass vaccination planning and implementation.

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The Durham County Department of Public Health request approval to recognize funds in the amount of \$150.00 from the Department of Health and Human Services Division of Public Health for Breast and Cervical Cancer Control Program (BCCCP) services in Durham County.

These funds are to be used as additional funding to increase screenings, diagnostics and/or patient navigation services to eligible women in the NC BCCCP.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$10,000 from North Carolina Department of Health and Human Services (NC DHHS) for the Community Linkages to Care for Overdose Prevention and Response program implementation in Public Health.

Since December 2019, the award has worked to continue efforts and partnerships that Durham County has successfully implemented to reduce the gap between time of an overdose and an individual's initial appointment with a substance use or mental health provider. The overall purpose of this project is to connect more Durham County residents who are struggling with opioid use with comprehensive, evidence-based care, which acknowledges social determinants of health and responds to current housing challenges. Initially, DCoDPH received \$100,000 for FY2022. This revision to the Agreement Addendum increases the funding amount to allow for expansion of services due to the dramatic spike in drug overdose deaths in the last year.

Mr. Curtis made a motion to approve the (3) budget amendments recognized above. Dr. Rhea seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **FY 22 MEETING SCHEDULE**

After some discussion, the board decided to resume with monthly meetings beginning February 10, 2022.

• **AGENDA ITEMS DECEMBER 2021 MEETING**

- Covid Update Related To Omicron (How we stand in the county)

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chair Jackson would like to give a "shout-out" and "thank you" to the Board of Health members and Durham County Department of Public Health staff for the great work and dedication to the citizens of Durham County.

Mr. Curtis made a motion to adjourn the regular meeting at 6:30pm. Dr. Rhea seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.



Rosemary Jackson, MD, Chair



Rodney E. Jenkins, Public Health Director