

A Regular Meeting of the Durham County Board of Health was held November 14, 2019 with the following members present:

F. Vincent Allison, DDS; Stephen Dedrick, R.Ph, MS; Spencer “Spence” Curtis, MPA, BS; Victoria Revelle, MPH, CHES®; Rosemary Jackson, MD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Eric Ireland, MPH, RS; Robert Rosenstein, O.D.; James Miller, DVM; and Mary Braithwaite, MD, MSPH and Commissioner Brenda Howerton

Others present: Joanne Pierce, Tara Blackley, Rosalyn McClain, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Hattie Wood, Katie Mallette and Lindsey Bickers-Brock.

**CALL TO ORDER:** Chairman Vincent Allison called the meeting to order at 5:00 p.m. with a quorum present.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** Chairman Allison requested the following additions:

1. Personnel Committee Update (*moved to closed session*)
2. Budget Amendments (*new business*)

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

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

Dr. Fuchs made a motion to approve the minutes for October 10, 2019. Dr. Jackson seconded the motion and the motion was unanimously approved.

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

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

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Dr. Allison called for administrative reports/presentations

- **HEP C VIRUS SCREENING AND LINKAGE TO CARE AT DCODPH (*Activity 21.3*)**

Alison Hilton, project coordinator and Candice Givens, bridge counselor provided the board with an update on Hepatitis C Screening and Linkage to Care activities at the Durham County Department of Public Health the presentation covered the history of Hepatitis C screening and linkage to care at the Durham County Department of Public Health and information on the FOCUS project, a current collaboration between the Department of Public Health and UNC Institute of Global Health and Infectious Diseases. ([A copy of the PowerPoint Presentation is attached to the minutes.](#))

**QUESTIONS/COMMENTS:**

**Chairman Allison:** To make sure I understand, you said that previously with the jail population you had to wait until they were released before you can do anything. Does the data reflect that and doesn't reflect the point where you are going into the jail?

**Ms. Givens:** Right. This doesn't reflect what the jail continuum looks like before we started. We did look at that data a little bit and we were able to increase linkage to care 20% by going into the jail.

**Dr. Jackson:** Does anybody in the jail every get started with treatment while they're still in jail because some people are in jail for a long time?

2 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

**Chairman Allison:** So, they don't get started with treatment while they're in jail. That's what I didn't understand. So, you can get started while you're in jail.

**Ms. Givens:** No. There's a lot of red tape around that so they're not getting started while they're in jail.

**Chairman Allison:** That doesn't make any sense to me because aren't they supposed to be provided medical care while they're in jail?

**Ms. Givens:** They are but it's a cost thing. A lot of patients are uninsured and are eligible for assistance programs through the drug manufacturer, but those programs are not able to those who are incarcerated.

**Chairman Allison:** Ok. I'm confused now.

**Commissioner Howerton:** I am too. I'm looking at the chart here that says "county jail" with four areas here, what does that mean?

**Ms. Hilton:** Those are the screening sites where Hepatitis C screenings are currently occurring. Lincoln Community Health Center; all the clinics within the health department; Outreach includes DSS and all community outreach including the health education division and the Detention Center.

**Commissioner Howerton:** When it says "county jail" what does that mean?

**Ms. Hilton:** Those are the people that have chronic Hepatitis C infection and were screened at that site.

**Commissioner Howerton:** They're screened in the jail....

**Ms. Hilton:** They're screened in the jail and part of the problem is usually people don't stay in jail very long and it takes eight to twelve weeks to treat someone for Hepatitis C; that's where the bridge counselor helps them to go through all the steps in the process once they are released. The most challenging part of the program is staying connected with the person once they are released and we have come up with better ways to connect with people while they are in jail.

**Commissioner Howerton:** I would really like to see some numbers about how effective that is because it doesn't sound like it's effective for the jail population.

**Ms. Givens:** We would desperately love to treat this population but the prevalence of STI is extremely high so getting all those patients from the jail to linkage requires staffing, funding and the quantity of patients to be brought to the health department would be substantial. It would be great if we could have a provider within the jail for treatment but that has not been funded as of yet and this is not just Durham County but statewide.

**Dr. Jackson:** I can speak to that. It's not unusual for jails not to actually treat Hepatitis C and like she said primarily it's because they don't stay long enough. So, you invest all this money to start them on treatment and then two weeks later they're gone and then you've wasted thousands of dollars. The trick is to try to figure out who is going to stay longer because eventually this is going to become an issue. Just like now it's a hot button issue and why I wanted this topic on the agenda to see what is available in the communities. It's a hot button issue and a push in the prisons to treat everybody who walks in the door and make sure that we test, treat and link them to medical care when they are released. So, I wanted a little more information on what is available in Durham if indeed we do have to start doing that now but that's not going to happen tomorrow but that's the discussion. If someone is released from prison and they come to Durham county and they have been started on the Hep C medicine and they walk in your door, what would you do with that person?

**Ms. Givens:** If they have already started medication, we would connect them to a provider. We utilize the by-main tracking system to be notified when someone is released from jail/prison and if they haven't been treated, we try to connect with them at that point and connect them to providers.

**Dr. Jackson:** If things work like they are supposed to within the prison there are social workers that suppose to have that set up before they leave but sometime, they get away from us before we can connect with them.

3 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

So, stay tune for me so I just wanted to know more about what would be available in the communities for the Hepatitis C folk that are about to be released from prison. One more question, the focus program that you said is about to end; do you know if there are plans to reapply.

**Ms. Hilton:** We can't reapply. We are working on encouraging our partners in the community to seek funding to implement something similar keep our referral options going and then there are state bridge counselors which would not be same as having our own Durham County bridge counselor but maybe there will be someone to provide support for linkage of care for Durham County.

**Dr. Jackson:** Is that something that Lincoln Community Health Center could apply for?

**Ms. Hilton:** Yes. We are really working with Lincoln to help continue the partnership.

**Dr. Rosenstein:** On the far-right hand side of the graph...SVR12

**Ms. Hilton:** That means sustained virologic response or no detectable amount of HCV after 12weeks of treatment. At this point, you're considered cured of Hepatitis C.

**Dr. Jackson:** Any of the patients that are cured can become re-infected?

**Ms. Hilton:** Yes, they can, and a few have.

- **FY 2019 Annual Financial Overview (Activity 33.6)**

Will Sutton, Local Financial Administrator provided the board with an overview of where the department started and ended the fiscal year. The overview covered the detailed budgets, expenditures and revenues for Public Health ending June 30, 2019.

**I. FY 2019 Budget**

Total FY19 Approved Budget was 26,030,453

The FY19 County Funded budget portion was 73.4% at 19,094,326

The "ending" FY19 County Funded budget portion was 72.3% at 19,795,132

**II. Expenditures – FY 19 End Result**

Based on the Current Budget (as opposed to the Approved July 1 Budget)

Current Expenditure budget was 27,388,460 and the actual Expenditure total was 24,919,233 which is a 91% usage overall. Overall usage is up 1% from the prior fiscal year.

Environmental Health ended at 80% (lowest of all MFR programs) usage as a result of getting funds for the 10-vehicle purchase approved and added to the budget but not making the purchase until the following fiscal year. That resulted in \$248,700 not being used. Otherwise, usage would have been 90% for E.H.

**III. Breakdown of Actual Expenditures**

Personnel costs represent 62% or 15,513,454 of total expenditures

Operating Expenditures totaled 9,405,779 for a percentage of 38%

Five Year Average is 62 for Personnel and 38% Operating

**IV. Revenues – Excludes Medicaid Cost Settlement**

Current Revenue Budget was 6,907,179 and the actual Revenue Collected was 6,359,284 which is 92% collection overall. Again, this excludes Medicaid Cost Settlement dollars received.

4 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

Allied Health at 77% was low as a result of receiving a 59K grant but only using and receiving revenue of 19K for the grant.

Health Education and Community Transformation (HECT), was at 82% as a result of lower collections for several grants (HE, BCU, PB) and an 18K donation that was not received. ***(With Cost Settlement added, total percent collected is 108%)***

**V. Breakdown of Total Revenues Collected**

Medicaid (excluding cost settlement), Grants, Fees, Misc, Insurances, Donations

**VI. Three Year Revenue Type Comparison**

Chart gives a breakdown of Grants, Medicaid, Fees for Services and Insurance Revenues for the past fiscal year FY 17, 18 and 19.

Grant revenue is consistent to the prior year. Medicaid Revenue is slightly down 98,077 and self-pay fees increased by 23,233. Third party insurances increased 5,687.

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

**QUESTIONS/COMMENTS:**

**Chairman Allison:** I have a quick question, with the change in Medicare/Medicaid going to managed care in medical services how will that affect the health department or is the health departments cut out of that sort of thing because Medicaid is transitioning from fee for service to managed care in the medical side will that affect the budget or revenues in any way?

**Ms. Sutton:** The way it's designed and the way it's been described at meetings I attended is that health departments won't be negatively affected, and the reimbursement rate will stay the same. What we have now is that people eligible for Medicaid will be signed up for one of the five pre-paid health plans in the area and once they are assigned to those pre-paid health plans, they can come here to receive the services and we receive a reimbursement from the pre-paid health plan.

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

The board received a copy of the vacancy report through the end of September 2019 prior to the meeting. The vacancy rate for September 2019 was 7.5%. There were no questions about the report.

**(A copy of the October 2019 Vacancy report is attached to the minutes.)**

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

The board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of August 2019 prior to the meeting. There were no questions about the report.

**(A copy of the October 2019 NOV report is attached to the minutes.)**

**Health Director's Report  
November 14, 2019**

**Division / Program: Dental Division / Oral Health Screenings in Durham Public Schools**

**(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)**

**Program description**

5 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- Per an MOU with Durham Public Schools, the Dental Division conducts dental screenings for children in Kindergarten and 5<sup>th</sup> grades during the school year.
- For schools visited by the Tooth Ferry, the hygienist will screen 1<sup>st</sup> – 4<sup>th</sup> graders as well.
- The parents of students screened are provided letters detailing the screening, and that “it is completed with tongue depressor and flashlight – and does not replace a complete examination by the dentist.” The letters state one of three findings: *No Obvious Decay; Questionable areas(s) on teeth; or, Teeth require care by a dentist.* The note explains that if the child does not have a dental home, they may qualify for care at the DCoDPH Dental Clinic. (For schools the Tooth Ferry visits, parents are provided registration information.)

**Statement of goals**

- Annual dental screenings provide indications of the prevalence of dental disease in school aged children in the County- and how Durham compares with other counties within the state.
- The State Oral Health Section sends their hygienist to screen two schools, and this data is used in their report.
- The Division works with Durham Head Start and Early Head Start to provide dental screening and Oral Health presentations.

**Issues**

- **Opportunities**
  - The screenings serve as a positive dental experience for students and assists in collecting vital information to help improve children’s dental health programs.
  - Those children without a dental home will have the opportunity to begin dental treatment when the Tooth Ferry visits their school and have the option to complete their treatment plan in the clinic if needed.
  - The screenings provide education to the students and includes oral health presentations at the school.
- **Challenges**
  - Some schools have been hesitant to supply classroom rosters, promote the screenings, etc. which has required additional conversations and with school’s principal.
  - Despite the Dental Division’s multiple attempts to work with DPS, numerous schools have allowed the Smiles NC Van to visit and provide dental screenings. This has the potential to reduce the total number of students the Department screens.

**Implication(s)**

- **Outcomes**

During FY 2018-2019, the Division screened 8,341 students, and provided 90 Oral Health presentations to 2,100 children and adults.
- **Service delivery**
  - The Division has a goal of screening up to 8,500+ students per year and providing 40 oral health presentations in the community.
- **Staffing**
  - Fariba Mostaghimi, a Public Health Hygienist, provides the screenings, and is aided by a Processing Assistant or dental team member.
  - Members of the dental team assist in providing oral health presentations in the community.
  - Morgan Woods is the Tooth Ferry Coordinator and arranges for and assists with the screenings.

6 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- **Revenue**
  - N/A
- **Other**
  - N/A

**Next Steps / Mitigation Strategies**

- The Division continues to work with individual schools to resume screening process.

**Division / Program: Nutrition/Ann Wolfe Mini Grant Received to Support Local Food Pantries**

**(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**

- The Nutrition Division's Healthy Food Pantry program provides technical assistance and support to food pantries with the goal of improving healthy food access and intake for clients.
- The Nutrition Specialist overseeing the program and pantry operators fill out an assessment tool and work together to identify project goals. Changes may include: providing shelf tags that identify certain foods (known as nudges), moving the pantries towards a client choice model at which clients choose what foods they want instead of receiving a premade bag, increasing the amount of nutrient dense foods that are offered.
- DCoDPH received an Ann Wolfe mini grant to support the healthy pantry program. The grant provides \$8,000 that will be used to improve or start food pantries in childcare centers and DPS schools that have a preschool program. Schools targeted in the grant include W.G. Pearson, Pearisontown and Parkwood Elementary Schools, Durham Head Start, The Whitted School. These schools serve 1,800 children on free/reduced lunch whose families could benefit from food pantries.

**Statement of goals**

- Increase access to and intake of nutrient dense foods.
- Increase the number of pantries in Durham County that offer client choice.
- Increase client satisfaction and overall wellbeing.

**Issues**

- **Opportunities**
  - School based food pantries allows families to access healthy food at locations where they already frequent. School social workers, staff, and teachers can help identify families who are in need and work with families in ways that reduce stigma and shame.
  - The grant will fund shelving, carts, and refrigeration/freezers, which have all been identified by pantry operators as needed to provide healthy options.
  - DCoDPH will partner with the pantry operators to determine what is most needed at each site.
- **Challenges**
  - Eliminating/avoiding stigma is always a challenge with nutrition programs in schools. DINE and pantry operators will work closely with staff and families to ensure confidentiality is maintained and families are satisfied with the services.
  - Pearisontown Elementary School is not a Title 1 school (50% or more students enrolled in the free/reduced lunch program).

7 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

This school does have over 200 children enrolled on free/reduced lunch however and would greatly benefit from having a food pantry onsite. Because it is not Title 1 it receives far fewer resources to meet the needs of low-income families. Funding restrictions require that DCoDPH DINE staff only work in Title 1 schools, however. To overcome this challenge, a DCoDPH Nutrition supervisor will oversee the food pantry work at Pearisontown Elementary School.

**Implication(s)**

- **Outcomes**
  - 1,800 families may have increased access to nutrient dense foods.
- **Staffing**
  - A Nutrition Specialist and Nutrition Program Manager will oversee this grant.

**Next Steps / Mitigation Strategies**

- Work with pantry operators to determine goals and plan what is needed at each site.

**Division / Program: Nutrition / Farmers' Market Double Bucks Program**

**(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**

- Durham and South Durham Farmers' Market are increasing access to nutritious, local food by doubling SNAP/EBT, Farmers' Market Nutrition Program Vouchers, and cash for SNAP/EBT, WIC, section 8 housing participants, and seniors participating in the Center for Senior Living. DCoDPH assists with grant writing, marketing, promotion, evaluation and technical assistance.

**Statement of goals**

- Increase access to and intake of nutritious, local foods.
- Provide support to local farmers and the local economy

**Issues**

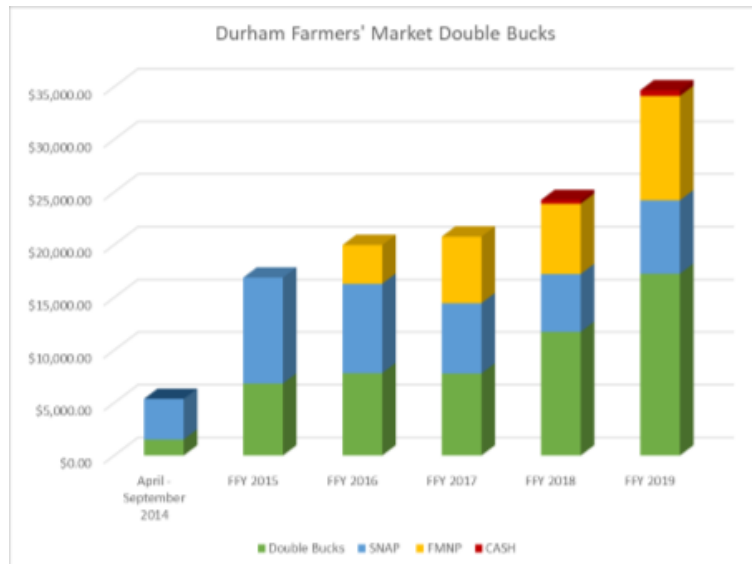
- **Opportunities**
  - Prior to 2019, there was a \$10 cap of what would be doubled per market day. National and local evaluations showed that this cap was a barrier to participation. In 2019, the markets removed this cap; an increase in participation was noted (see graph below).
  - DCoDPH and the markets worked hard to expand promotion of the program to seniors in 2019; an increase in senior participation was noted (see graph below – seniors and families on WIC were captured in FMNP).
  - Blue Cross Blue Shield North Carolina has agreed to fund the program for the next three years. The funding will allow for improved marketing and communication strategies. The program will also be expanded to 4 other markets:
    - A new market located in North East Central Durham at SEEDS
    - Carrboro Farmers' Market
    - Chapel Hill Farmers' Market
    - Eno River Farmers' Market
  - The partnership was announced at the Durham Farmers' Market on November 2.
  -

8 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- **Challenges**
  - Transportation and timing of the markets remains barriers to participation.

**Implication(s)**

- **Outcomes**
  - Participation has been steadily increasing since the market began, as is shown in the graph below:



- **Staffing**
  - One nutrition specialist and one nutrition supervisor assist with communication, evaluation, grant writing, and technical assistance. The BCBSNC funding allow the markets to increase staffing for this program.

**Next Steps / Mitigation Strategies**

- Continue to market the program to eligible audiences.

**Division / Program: Nutrition- Employee Diabetes Self-Management Education Incentive Program Impact Data**

**(Accreditation Activity 14.2: The local health department shall provide information and recommendations to support the local board of health and the board of county commissioners in planning public health programs.)**

**Program description**

- County Manager used statistics from Diabetes Self-Management (DSME) Incentive Program as part of data analysis aimed at reining in costs of employee health care.
- The DSME incentive pilot program shined a spotlight on how much difference healthy choices and guidance can make.

**Statement of goals**

- To cut county costs while maximizing impact on employee health.
- To improve health and quality of life for employees through an increase in knowledge and self-care related to diabetes.

**Issues**

- **Opportunities**
  - Durham County government, in partnership with health analytics firm [Springbuk](#), implemented data analysis of the county's DSME incentive pilot program.
  - Springbuk's healthcare intelligence application provides visibility of an organization's healthcare spending.



9 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- Durham County Government has a long history of supporting health and wellness for its employees including operating a County Wellness Center and offering annual health risk appraisals. Health risk appraisals and Wellness Clinic visits found that up to *one third of Durham County's employees* have impaired glucose levels or are diabetic.
- In December 2018, DCoDPH Clinical Nutrition, Durham County Wellness Center and Durham County Human Resources departments teamed up to provide an incentive program for employees working to improve their health.
- The *Diabetes Self-Management Incentive Program* allows Durham County employees with a diagnosis of diabetes to obtain extensive education about the disease, lifestyle change and medication management support, and free diabetic supplies.
- **Challenges**
  - Employee healthcare is self-funded by the county. Increases in healthcare costs are particularly challenging to the county budget.
  - Staff at the Wellness Center encourage Durham County employees with a diagnosis of diabetes to enroll in the Diabetes Self-Management Incentive Program however participation is voluntary. Many eligible employees do not take advantage of the program due to time or location constraints.

**Implication(s)**

- **Outcomes**
  - As highlighted in an [article from the Society for Human Resource Management](#), in eight months, the County saw claim reductions of more than \$22,000 for the nine individuals who graduated from the DSME incentive program.
  - Data showed that if the County was able to ensure that all diabetic employees had no gaps in care and took advantage of all the recommended services needed, it could save the County nearly \$500,000 a year.
  - Employees receive the knowledge, medication management support, and supplies at no cost to them and upon program completion earn a \$50.00 gift card.
- **Service delivery**
  - According to Deidra Gonzalez, Human Resources coordinator: “This study is an example of how Durham County Government is using data to make smarter, more informed decisions and investments. While it highlights potential cost savings, it also is an investment in our most important asset – our employees.”
  - Employees receive the knowledge, medication management support, and supplies at no cost to them and upon program completion earn a \$50.00 gift card.
- **Staffing**
  - One DCoDPH Nutrition Clinic Registered Dietitian-Certified Diabetes Educator provides Diabetes Self-Management Education to enrolled employees.
  - Two Nurse Practitioners staff the Durham County Wellness Clinic five days per week.
  - One Human Resources Benefits Coordinator collaborates with county health insurance regarding reimbursement for services and gift card funds. This staff person also provides program use data for analysis.

10 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- **Revenue**
  - Utilizing healthcare spending data helps streamline health benefit offerings and cuts costs.

**Next Steps / Mitigation Strategies**

- The Human Resources department, the County Wellness Center, and the DCoDPH Nutrition Clinic will continue to collaborate to provide incentives to employees to participate in activities to manage chronic conditions and improve health.
- Durham County Government will continue providing vitally important services in the most cost-efficient ways using data analysis to drive decisions.

**Division / Program: Nutrition / DINE – Durham Council of PTA’s Team Commitment to Healthy Eating Grant**

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

**Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- The DINE in Schools program delivers nutrition education and support for wellness initiatives in Durham Public Schools (DPS).
- Farmer Foodshare is a non-profit with a mission of connecting people who grow food with people who need food. Their Food Ambassadors program focuses on providing DPS students the opportunity to sample fresh food and learn about how it is grown.
- Recognizing common goals, Farmer Foodshare and DINE collaborated with school and cafeteria staff to incorporate a wellness promotion as part of open house at three DPS Elementary schools.
- The “Watermelon Welcome” promotion included the following:
  - Tasting of fresh, local watermelon;
  - Nutrition education via a quick discussion with parents and children, highlighting DINE nutrition messaging, fun facts about watermelon, and information about local produce offered in the school cafeterias;
  - DINE nutritionist dressed in a watermelon costume to get the children excited about trying watermelon;
  - Sticker incentives and activity pages for each child to encourage eating the fruit.
  - Resources for parents, including recipe cards, Double Bucks flyers, and DINE Well Durham parent online class flyers.

**Statement of goals**

- To increase fruit and vegetable consumption among children and their families
- To expose students and their families to fresh and locally grown produce
- To provide support to school staff on incorporating a wellness component into family events, such as open house
- To bring awareness of local produce being served in school cafeterias

**Issues**

- **Opportunities**
  - Fresh fruit and vegetable tastings provide an opportunity to reinforce DINE classroom nutrition messaging and to get

11 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

students and families excited about eating fruits and vegetables.

- The Watermelon Welcome promotion helps DINE build stronger relationships with Farmer Foodshare and school staff and provides opportunity for future collaboration.
- Supporting school staff on the implementing the Watermelon Welcome promotion helps to provide a model for how to incorporate wellness promotions into other family events.
- **Challenges**
  - The Watermelon Welcome promotions were planned on a tight timeline. A longer lead time would have allowed for more advertising of the events, and for clearer communication among the various partners about roles/responsibilities and overarching goals.
  - All three open houses occurred in the same week and required a large quantity of fresh, whole watermelon. This caused some logistical challenges related to the delivery and preparation of the fruit.

**Implication(s)**

- **Outcomes**
  - A Watermelon Welcome occurred at Club Boulevard Elementary and reached 219 individuals.
  - A Watermelon Welcome occurred at Merrick-Moore Elementary and reached 200 individuals.
  - A Watermelon Welcome occurred at Bethesda Elementary and reached 121 individuals.
- **Service delivery**
  - DINE nutritionists collaborated with Farmer Foodshare and school staff to organize the Watermelon Welcome promotions.
  - Farmer Foodshare donated and delivered the watermelon for the promotions. Watermelons were washed and prepped by DINE nutritionists, Farmer Foodshare staff, and school staff.
  - DINE nutritionists led educational sessions at each event focused on increasing consumption of fruits and vegetables. Farmer Foodshare staff educated families about local produce being served in school cafeterias.
  - DINE nutritionists also provided incentives for students and resources for families.
- **Staffing**
  - Nutrition education was provided by three DINE School Nutritionists, who are Registered Dietitians.
- **Revenue**
  - No revenue was generated through this educational outreach.
- **Other**

**Next Steps / Mitigation Strategies**

- The DINE in Schools team will continue to collaborate with Farmer Foodshare and school staff on wellness promotions.
- The DINE in Schools team will seek to collaborate in the future with other DINE-eligible schools on similar family events.
- The DINE in Schools team will encourage DPS cafeterias to purchase more local produce.

**Division / Program: Nutrition / DINE/Collaboration with Durham Public Schools to Expand Summer Meal Programming**

**(Accreditation Activity 10. 2: The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.**

**Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE has an ongoing and long-lasting partnership with Durham Public Schools, School Nutrition Services (DPS SNS) to help promote the healthy school meals and increase food access for DPS students.
- In August 2018, DPS SNS and the City of Durham were awarded a \$125,000 CHAMPS grant from the National League of Cities. This grant helps cities reduce child hunger by expanding participation in the Summer and Afterschool Meals Programs.
- DPS SNS asked the DINE team to assist with expansion of the program to new sites, programming at sites to increase participation, and promotion of the summer meals program.

**Statement of goals**

- To increase the reach of summer meals program by identifying high-need areas to establish new sites.
- To increase participation in the summer meals program through promotion efforts.
- To improve quality of summer meals sites by offering family-friendly programming in addition to meals.

**Issues**

- **Opportunities**
  - Funding from the CHAMPS grant provided the opportunity to expand and improve the DPS summer meals program, which was already one of the largest programs in the state.
  - DINE nutritionists have a strong presence in DPS schools and with partner organizations. This created channels for promotion, volunteer outreach and soliciting feedback from the target population.
- **Challenges**
  - The summer meals program is a large undertaking, with only one full time staff member at DPS coordinating the program. Therefore, all goals were not met in this first year of expansion.

**Implication(s)**

- **Outcomes**
  - Seven new summer meals sites were established through a GIS map created by Code for Durham.
  - A total of 21 new DPS summer meals sites were established in 2019
  - Flyers, PA announcements and emails were shared with students, staff and parents at DINE-eligible schools.
  - An electronic nutrition education toolkit was created for summer meals programming. It was shared with all DPS summer meals sites. It is also now featured on the No Kid Hungry NC website for any site to use.
  - DINE provided toolkit training to site supervisors to prepare them to add nutrition-based activities to summer meals programming.
  - Additional community contacts were made all over Durham, expanding DINE in Community reach in the future.
- **Service delivery**
  - DINE provided ongoing consultation to DPS SNS staff on ways to promote, expand and improve the summer meals program.

13 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- DINE facilitated a partnership with Code for Durham (County/City) to create an electronic map that identified areas of need for additional summer meals sites.
- DINE assisted in promotion of summer meals through DPS schools and community partners.
- DINE provided nutrition education programming once per week to enhance summer meal site offerings.
- **Staffing**
  - Five DINE nutritionists provided programming one time each at a summer meals site.
  - Three DINE nutritionists provided consultation, technical assistance to DPS SNS to help expand the reach and participation of the Summer Meals program.
- **Revenue**
  - No revenue was generated.

**Next Steps / Mitigation Strategies**

- Continue to work with Code for Durham and expand to include the GIS department with the City/County of Durham. This will allow a map to be designed to further enhance the summer meals program. This new map is anticipated to give Durham County residents real-time information on summer feeding sites to improve access. The map is also expected to reduce unnecessary spending for DPS by reducing food waste, travel costs and additional staffing.
- Continue to offer summer meals nutrition programming in upcoming summers.

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

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

**Program description**

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

**Statement of goals**

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

**Issues**

- **Opportunities**
  - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
  - Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
  - Connect participants with community resources including treatment options, health care, and housing assistance.
  - The following items are provided in the Safe Syringe Kit:
    - ❖ 10 sterile 1.0mL syringes with fixed needles
    - ❖ Alcohol swabs
    - ❖ Tourniquet
    - ❖ Condoms

14 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- ❖ Sharps Container
- ❖ Additional injection supplies
- ❖ Participant ID card
- ❖ Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.
- **Challenges**
  - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
  - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.

**Implications**

- **Outcomes**
  - The following statistics have been collected for September 2019:
    - Unique individuals: 10
    - Total contacts: 17
    - Syringes dispensed: 270
    - Syringes returned\*: ~117
    - Sharps containers dispensed: 3
    - Fentanyl strips dispensed: 8
    - Naloxone kits distributed (with SSP): 4
    - Naloxone kits distributed (non-SSP): 25
    - Naloxone reversals reported: 0
  - Year-to-date statistics, FY19-20:
    - Unique individuals: 18
    - Total contacts: 25
    - Syringes dispensed: 560
    - Syringes returned\*: ~189
    - Sharps containers dispensed: 9
    - Fentanyl strips dispensed: 18
    - Naloxone kits distributed (with SSP): 7
    - Naloxone kits distributed (non-SSP): 94
    - 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 was 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: Community Health Division / Women's Health Program**

**(Accreditation Activity 19.1: The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.)**

**Program description**

- The Women's Health Program includes services under the Family Planning Clinic, the Maternal Health Clinic, Breast and Cervical Cancer Control Program, and Pregnancy Care Management
- The Maternal Health and Family Planning Clinics are easily two of the busiest areas of the Department daily. During FY18-19, the Family Planning Clinic saw 1,838 unique patients for a total of 5,053 clinical encounters, and the Maternal Health Clinic saw 1,022 newly pregnant patients for a total of 9,645 clinical encounters.
  - Care provided in the Women's Health Clinic is often multi-faceted, including visit components and referrals to the Lab, Pharmacy, and Immunization, Tuberculosis, Nutrition, and Dental Clinics. Women's Health patients often make many stops in a single visit to DCoDPH.

**Statement of goals**

- To improve compliance with recommended vaccinations at recommended timing.
- To reduce the number of patient "stops" and wait time during a visit to DCoDPH.
- To eliminate the need for patients to return to DCoDPH for a second appointment to receive a recommended vaccination.

**Issues**

- **Opportunities**
  - Women's Health patients are the recipients of many of the Department's vaccines and would often present as a referral to the Immunization Clinic to receive vaccinations. In some instances, appointments to receive a vaccine were unavailable on the same day.
  - This delay in immunization was not a best practice of care for pregnant Maternal Health patients, who are recommended to receive Tdap vaccination at 28 weeks gestation per current ACOG guidelines.
- **Challenges**
  - Establishment of an Immunization Sub-site inside the Women's Health Clinic presented as a very detailed process. This included approval from the State Immunization Branch, creation of Women's Health-specific Policies & Procedures and Standing Orders, budget considerations and adjustments, and extensive training for staff.
  - Women's Health clinical staff documented between multiple electronic health records for a single patient encounter (Patagonia and Epic), with the addition of immunizations and required documentation in the NCIR database the process was a barrier to efficient use of staff time and clinic flow.

**Implication(s)**

- **Outcomes**
  - Planning for an Immunization Sub-site within the Women's Health Clinic began in the fall of 2018. First steps included designating an area in the clinic for vaccine storage and acquisition of refrigerator and freezer units.

16 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- Specific collaboration between the Communicable Disease Program and the Women’s Health Program began in February 2019.
- Site visit by State Immunization Branch Consultants occurred on 5/31/19. Site was approved and set up in NC Immunization registry (NCIR).
- In July 2019, vaccines were ordered and purchased using allocated funds for FY19-20. Immunizations to be offered in the Maternal Health Clinic include: Tdap and flu. Vaccines to be offered in the Family Planning Clinic include: Tdap, Td, flu, Twinrix (Hep A-Hep B), Gardasil (HPV), MMR, and Varicella.
- From July to September 2019, all ten Women’s Health Senior PHNs were trained by either Immunization Clinic staff or the Women’s Health Immunization Sub-site coordinators (a Senior PHN from each of the Maternal Health and Family Planning Clinics). This training included clear instructions for documentation, review of all Policies & Procedures and Standing Orders, and specific instruction regarding Anaphylaxis Standing Order for emergency treatment.
- Vaccine administration began in the Women’s Health Clinic on 9/11/19.
- **Service Delivery**
  - To date (10/22/19), staff have delivered to following vaccines:
    - ❖ Maternal Health Tdap: 114
    - ❖ Maternal Health flu: 155
    - ❖ Family Planning Tdap: 3
    - ❖ Family Planning flu: 18
    - ❖ Family Planning HPV: 1
    - ❖ Family Planning Twinrix: 0

*\* Varicella and MMR are just starting in the Family Planning Clinic due to a repair that was need to the freezer unit.*
  - A comparison of flu vaccination for Women’s Health patients from this time last year indicates the following:
    - FY18-19 (October 1<sup>st</sup> to October 22<sup>nd</sup>): 71
    - FY19-20 (October 1<sup>st</sup> to October 22<sup>nd</sup>): 173
    - **Increase of 243%**
  - Patients and staff have reported significant satisfaction with the availability of vaccines as part of the encounter in the Women’s Health Clinic. Patients state that it makes it easier for them to receive the recommended vaccine, and staff report it is preferable to know for certain a patient received the vaccine on the date that it was recommended by the medical provider.
- **Staffing**
  - Four Senior PHNs, one Clinical Nurse Specialist, and one PHN Supervisor are administering vaccines in the Maternal Health Clinic. One of the Senior PHNs is also the Immunization Sub-site co-coordinator. Three Senior PHNs and one PHN Supervisor are administering vaccines in the Family Planning Clinic. One of the Senior PHNs in the clinic is also an Immunization Sub-site co-coordinator.
  - The Program Managers from Women’s Health and Communicable Disease have been working closely on this project, along with significant assistance from the Immunization Clinical Nurse Specialist. This have provided an excellent opportunity for internal collaboration across programs.



**Next Steps / Mitigation Strategies**

- The option of manufacturer dose reimbursement for Gardasil (HPV) vaccines is being explored as a means of sustainably offering HPV vaccination to all eligible women in the Family Planning Clinic ages 9 to 26. Currently, the Department routinely offers HPV vaccination through age 18 under the Vaccines for Children (VFC) program due to the prohibitive cost of each dose (\$212 for each dose in a 2 or 3 dose series). If the manufacturer reimbursed the dose for low-income women, we could administer the vaccine at little to no cost to the patient or the Department and greatly increase our HPV vaccination rate.
- Adjustments will be made to the Immunization Sub-site processes based on feedback from staff and patients.

**Division / Program: Community Health Division/Parenting Program-Triple P**

**(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 Durham Triple P Program staff strives to connect with community partners across the Triple P Durham Service Area 3 (Durham, Alamance, Chatham, Guildford, Rockingham, Person, Randolph, Caswell and Orange counties).
- Outreach efforts include organizing and/or attending community events in Durham County, such as the Safe Kids Expo, Early Childhood Forum, screenings of the film Resilience, Resident Council meetings at McDougald Terrace and conducting multiple community seminars for sharing quick and practical strategies surrounding positive parenting.

**Statement of goals**

- To expand the implementation of Triple P as a multi-tiered, public health approach to parenting and family support that is designed to prevent and/or intervene to address behavioral issues, emotional trauma and/or developmental problems.

**Issues**

- **Opportunities**
  - The ability to meet with community members who discussed their concerns related to things such as toxic stress, poverty and family preservation. Research shows that these determinants of health are heavily influenced by environmental and systemic factors such as racism, gun violence and generational poverty. The research is daunting as laws continue to reinforce these social ills.
- **Challenges**
  - Under the burden multiple stressors, it is less likely that parents, guardian and other caretakers will be able to function to the highest of their abilities and effectively meet the needs of their children experiencing toxic stress without creating networks of support.

**Implication(s)**

- **Outcomes**
  - Firm, consistent and confident parenting has been shown to be associated with positive coping in parents and children—which is Triple P’s goal. Every child deserves the opportunity to lead the healthiest life possible and every family deserves the opportunity to raise healthy kids—no matter where they live, where they are from, or how much money they make. Durham’s most vulnerable populations require a tailoring of Triple P in the

18 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

community and the program will continue these efforts to increase our community's families' protective factors.

- **Service delivery**
  - The Triple P Durham Service Area 3 will continue to collaborate with community partners and coordinate with Triple P America and local stakeholders to provide the continuing implementation and expansion of Triple P services in this state Triple P service area.
- **Staffing**
  - Durham County Triple P Service Area 3 Supervisor and Lead Coordinator
  - Durham County Triple P Service Area 3 Coordinator
  - Durham County Department of Public Health employees

**Next Steps / Mitigation Strategies**

- The Triple P Durham Service Area 3 supervisor and staff will continue to support parents, guardian and other caretakers to increase and utilize networks of support to effectively meet the needs of children and their families.
- The Triple P Durham Service Area 3 supervisor and staff will continue to support accredited Triple P practitioners who have regular interactions with parents. Accredited family workers, licensed social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy continue to use program resources to support parents' learning and their use of Triple P strategies.

**Division / Program: Communicable Disease/Vaccination Outreach**  
**(Accreditation Activity 20.1: The local health department shall collaborate with community health care providers to provide personal and preventive health services.)**

**Program description:**

- The Durham County Department of Public Health (DCoDPH), Immunization Clinic in collaboration with Durham County Community EMS staff provided 159 flu vaccinations at various community sites serving individuals in need of food and/or shelter in October. The sites included Urban Ministries, Open Table and Durham Rescue Mission (Men's and Women's Shelters). There is one more outreach event planned 10/22/19 at Samaritan Health Center.
- In addition, the Immunization Clinic staff coordinated the Department of Public Health employees' collaboration with the Sheriff's Department Annual Rabies Prevention Day on October 12, 2019. Rabies vaccines were administered to 250 cats and dogs at this event.

**Statement of goals:**

- To provide 200 vaccinations at community sites to individuals accessing food or shelter services.

**Issues:**

- **Opportunities**
  - There continues to be a demand for both activities which prevent communicable diseases.
  - The Clinic is expected to meet or surpass this goal with the last event planned 10/22/19 at Samaritan Health Center
- **Challenges**
  - Participation in both the influenza community events and the Annual Rabies Prevention Day increased this year due to planning these events earlier and promotion of the event.

**Implication(s)**

- **Outcomes**
  - 159 influenza vaccines have been administered to individuals in need of food and/or shelter in October, with one more event pending on 10/22/19 at Samaritan Health Center.
  - 250 rabies vaccines were provided to cats and dogs on 10/12/19 at the Sheriff's Department's Annual Rabies Prevention Day with collaboration from the Durham County Department of Public Health led by Immunization Clinic staff.
- **Service delivery**
  - Both activities involved prevention of communicable disease transmission. Flu vaccines were provided at no cost to identified individuals. The Durham County Sheriff's Department did not charge for the rabies vaccines given to pets at the Annual Rabies Prevention Day.
- **Staffing**
  - One staff person from the Immunization Clinic and 7 additional Department of Public Health employees participated in the Sheriff's Department Annual Rabies Prevention Day.

**Next Steps / Mitigation Strategies**

- The Immunization Program will continue to collaborate with EMS and community partners to provide influenza vaccines to individuals served by food or shelter services next year with the goal to continue to increase the number of individuals who receive flu vaccine.
- The Immunization Clinic staff will continue to coordinate the Department of Public Health's collaboration with the Sheriff's Department in the Annual Rabies Prevention Day.

**Division/Program: Health Education & Community Transformation / Health Promotion & Wellness webinars**

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

**Program description**

- Durham County Department of Public Health, Health Promotion & Wellness program creates and delivers monthly webinars for Durham County Government employees and the general public.

**Statement of goals**

- Provide education and awareness of health topics monthly to the public. Webinars help us to answer the demands for specific health topics from our audiences faster and more efficiently.

**Issues**

- **Opportunities**
  - Webinars were initiated in 2010 through a grant written by health educator Willa Robinson Allen as a method to expand educational events. At that time, the health educators had more requests than they would be able to honor. In addition, there were numerous requests for educational presentations from neighboring counties for which could not be honored as we do not cross county lines. Neighboring counties also experienced more requests than could be honored due to staffing, which resulted in the requests coming to Durham County.
  - Using the webinar format, Durham County partnered with Person, Orange and Alamance counties to market and co-

present online educational sessions through the original grant.

- Two DCoDPH health educators offered between one and two webinars each a month. In later years, this was expanded to health educators on the chronic disease prevention team offering a minimum of six webinars a month.
- Webinars offer cost savings for DCoDPH in both staff time and travel. The return on investment is much higher than face-to-face presentations which offer many times less participation. A Health Educator would still create the presentation for face-to-face sessions, but there is less of time demand (an hour event requires an additional 30-45 minutes for arrival, set up and departure) and travel can range anywhere from two -16 miles one direction.
- Webinars require less logistics and coordination with organization representatives and equipment upon arrival. There is not a need to pay fees for space and security in a DCo Government building or elsewhere to offer free educational sessions.
- DCo employees are able to participate in the webinars, where many are unable to leave their workspace or building to attend educational events.

- **Challenges**

- Show rates for educational events, despite the numerous requests can sometimes be disappointing. However, the costs are less for webinars.
- Since the educational events are online, it requires Internet.
- The feedback post training is often not returned; however, those returned are often quite positive and shares interests in other topics.
- Due to staff turnover and competing priorities, we are rarely able to partner with health educators in other counties to co-present.

**Implication(s)**

- **Impact**

- To date over 250 unique webinars have been created by DCoDPH health educators.
- Depending on the topic and time/day sessions are offered, participation ranges from 3-26 attendees. Some of the most commonly requested and better attended topics include those related to stress, autoimmune conditions, health-related technology, weight management and most recently, a surge in tobacco topics
- When webinars are not offered for the month, the chronic disease team receive numerous inquiries about the webinars. This indicates continued interest in the offerings.
- Participation has included residents/workers in Durham, Person, Orange, Guilford counties, South Carolina and Florida.

- **Service delivery**

- Webinars are delivered online by health educators.
- Participants opt in to participate and can opt out as well. Internet, Intranet and social media has been helpful to expand the audience. Social media needs further expansion.

21 A Regular Meeting of the Durham County Board of Health, held November 14, 2019.

- **Staffing**
  - One staff member coordinates the monthly webinars, prepares the schedule and launches it monthly.
  - Four health educators deliver a minimum of six webinars a month.
- **Revenue**
  - None

**Next Steps / Mitigation Strategies**

- Investigate methods to expand partnerships, presenters and audience.
- Expand the tracking methods to provide additional data and better measure impact.

**Division / Program: Health Education & Community Transformation / Men's Health Initiative 2019**

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

**Program description**

- Men's Health Initiative 2019 (MHI) is a Durham-based community screening event for men between the ages of 18-75. This annual event is hosted by Duke Cancer Institute's Office of Health Equity and Lincoln Community Health Center. The overarching goal of this event is to engage as many men as possible by providing various free health screenings such as prostate cancer (PSA), A1C, digital rectal exam (DRE), HIV/HCV, and blood pressure.
- Durham County Department of Public Health is a longtime supporter of this event. The I Take Testing Seriously program (ITTS) provides free HIV and Hepatitis C screening for event participants. The ITTS staff also assists with program planning, evaluation, community organizing, and recruitment.
- MHI 2019 was held as a two-day event:
  - Day 1: Saturday, September 7<sup>th</sup> at Lincoln Community Health Center (LCHC) from 8am-12pm.
  - Day 2: Sunday, September 8<sup>th</sup> at Duke Primary Care Croasdaile from 12pm-4pm.

**Statement of goals**

- To encourage individuals to learn their HIV/HCV status.
- To address and reduce the stigma of HIV/HCV screening.
- To promote routine HIV/HCV screening.
- To increase participants knowledge about HIV and other STI's.
- To provide a safe space for HIV/STI screening and counseling.
- To increase awareness about Durham County Department of Public Health's (DCoDPH) services and outreach initiatives.

**Issues**

- **Opportunities**
  - Connect and reach individuals that do not receive services at the DCoDPH and to screen higher-risk individuals that do not routinely get tested on an annual basis.
  - Develop and sustain partnerships with Durham based community organizations and entities.
- **Challenges**
  - No challenges impacted this event. All objectives and goals were exceeded.

**Implication(s)**

- **Outcomes**
  - Free screenings (HIV and Hepatitis C) and condoms were provided along with community information and resources.
  - One-hundred & seventeen (117) participants were screened for HIV/HCV on day 1 at LCHC. One (1) individuals tested positive for HCV. This individual has been forward to DCoDPH's HCV bridge counselor and is in the process of being linked to care.
  - One-hundred & three (103) participants were screened for HIV/HCV on day 2 at Duke Croasdaile. Two (2) individuals tested positive for HIV. These two individuals are previous positive. The health educators notified the participants of their results. These two individuals are both currently linked to care and are receiving medical treatment.
  
- **Service delivery**
  - Social Media
  - Flyers
  - Community Outreach
  - Media campaigns (radio)
  
- **Staffing**
  - ITTS (Outreach) staff, Expanded Testing (Jail staff), and FOCUS (HCV project) staff.
  
- **Revenue**
  - *n/a*

**Next Steps / Mitigation Strategies**

- Connect all individuals that tested positive for any infection to medical care and treatment.
- Brainstorming recruitment strategies for MHI 2020.
- Report results to local and state stakeholders.

**Division / Program: Public Health / Environmental Health**

**Accreditation Activities -10.0 The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups. 10.2 The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.**

**Program description**

- **Septic Maintenance Mailer for 2019 to 2020:** There are over 1,2000 existing septic systems in Durham County. Since 2016, Durham County Environmental Health has been sending a septic mailer, which included educational materials and a survey, to roughly 20 percent of septic system owners throughout the county. Each year, the Division of Environmental Health sends mailers to another 20 percent of the septic system owners. This will ensure a complete survey of the county every five years.
- The program's focus is to notify homeowners about their existing septic system and provide them educational information on how to properly maintain their existing systems.

**Statement of goals:**

- Increase scheduled septic system maintenance among those households with existing septic systems.
- Provide educational resources regarding septic system maintenance to Durham County residents.
- Encourage open communication between the Durham County Division of Environmental Health and the residents of Durham County.
- Obtain statistical data that might later be used to help better educate Durham's septic system owners extend the life of their systems and in turn, help protect the environment.

**Issues:**

- **Opportunities**
  - County providing a valuable service to the community
  - Potential data sharing between the County and City; the number of septic systems in the Northeast Creek Watershed and their impact on total maximum daily load (TMDL) of pollution.
- **Challenges**
  - Manpower

**Implication(s)**

- **Outcomes**
  - Sent 2,500 surveys to the community in April 2019. As of November 4<sup>th</sup>, 2019, we have received 145 replies to the survey; of those replies 74 residents wanted more information about how to better maintain their septic systems.
  - Increased communications and development of relationships between the Environmental Health division and Durham County residents.
  - Increased the communication and working relationship with City employees who are writing the TMDL for the Northeast Creek Watershed.
- **Service delivery**
  - Residents will be more knowledgeable about existing septic systems and how to start and/or continue maintaining their septic systems.
- **Staffing**
  - Three Durham County Registered Environmental Health Specialists, including the Onsite Wastewater Protection Supervisor and the Environmental Health Director.
- **Revenue**
  - No revenues associated with this activity

**Next Steps / Mitigation Strategies**

- Continued education and outreach through yearly septic mailers. Another sample size of 2,500 mailers will be sent out to county residents in April of 2020.

**Division / Program: Population Health / Partnership for a Healthy Durham**

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

**Program description**

Partnership for a Healthy Durham Coordinator Marissa Mortiboy presented on 2017 Community Health Assessment, 2018 Partnership restructure and Community Health Improvement Process (CHIP) at the September 2019 North Carolina Public Health Association (NCPHA) Fall Education Conference.

**Statement of goals**

- Identify ways to synthesize community input into the County’s CHIPs
- Describe strategies for collaborative development of CHIPs
- Learn strategies for restructuring partnerships- where to focus efforts and resources

**Issues**

- **Opportunities**
  - Present the work of the Partnership for a Healthy Durham to partners across the state
  - Provide templates for the CHIP process and community coalition building and maintenance
  - Inform about the importance of social determinants of health and racial equity in the work of the Partnership for a Healthy Durham
- **Challenges**
  - Streamlining the information into a 45-minute presentation to allow time for Q&A and discussion

**Implication(s)**

- **Outcomes**
  - About 30 individuals from local health departments and community coalitions attended the training.
  - Marissa Mortiboy received positive feedback from several presentation attendees about the usefulness of the information.
  - Marissa Mortiboy was asked to share the CHIP templates with members of the NCPHA Wellness and Prevention section. Members asked at the presentation if they could use the template in their own counties.
- **Staffing**
  - The Partnership for a Healthy Durham Coordinator, Marissa Mortiboy developed the presentation and presented at the conference.
- **Revenue**
  - None

**Next Steps / Mitigation Strategies**

- Marissa Mortiboy will continue to answer questions from local counties on the Partnership’s Community Health Assessment and CHIP and restructuring processes.
- All Partnership committee CHIPS are located on the Partnership website at [www.healthydurham.org](http://www.healthydurham.org).



**COMMITTEE REPORTS:**

• **PERSONNEL COMMITTEE: (Activity 23.1 & 37.1)**

Personnel Committee report was moved into closed session.

• **NOMINATING COMMITTEE APPOINTMENT**

Dr. Braithwaite, Chair, Dr. Miller, Dr. Jackson and Mr. Curtis were added to the Nominating Committee.

• **FINANCE COMMITTEE APPOINTMENT**

Mr. Dedrick, Chair, Mr. Ireland, Dr. Jackson and Dr. Rosenstein were added to the Finance Committee.

**OLD BUSINESS:**

There was no old business discussed.

**NEW BUSINESS:**

• **BUDGET AMENDMENTS**

The Durham County Department of Public Health request approval to recognize grant funds in the amount of \$50,000 from the North Carolina Department of Health & Human Services, Division of Public Health (NC DHHS, DPH) for A371: Community Linkages to Care for Overdose Prevention and Response. The project will support the continued operation of a cross-sector post-overdose response team, connect justice-involved persons to care for opioid use disorder, expand provider education, and enhancing outreach with Durham County hospitals.

This funding will provide funds for peer navigators employed through Durham Recovery Response Center, as well as support for project coordination, evaluation and data analysis.

Mr. Ireland made a motion to approve the budget amendment in the amounts of \$50,000. Commissioner Howerton seconded the motion and the motion was unanimously approved.

The Durham County Department of Public Health request approval to recognize grant funds in the amount of \$30,000 from SHIFT NC for the All Together Now Project. The project will help to improve/enhance the capacity of Healthcare Provider Partners to better serve the reproductive health care needs of young people with quality services, including a full range of contraceptive options and build/strengthen a referral network with youth serving agencies to effectively link young people to quality care.

Funding from SHIFT NC will fund 50% of the 1.0 FTE MCH Project Manager position.

Mr. Ireland made a motion to approve the budget amendment in the amounts of \$30,000. Commissioner Howerton seconded the motion and the motion was unanimously approved.

• **AGENDA ITEMS DECEMBER 2019 MEETING**

- Tobacco-Free Signage Update
- Susan Ross Dental Program
- Personnel Committee Update

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion.

Dr. Jackson made a motion to adjourn into closed session pursuant to:

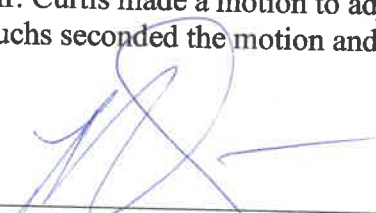
N.C.G.S Section 143-318.11(a) (3) to consult with an attorney employed or retained by the public body in order to preserve the attorney-client

conditions of initial employment of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge or grievance by or against an individual public officer or employee”

Mr. Ireland seconded the motion and the motion was unanimously approved.

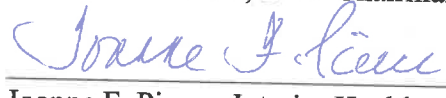
Dr. Miller made a motion to reconvene into regular session Dr. Jackson seconded the motion and the motion was unanimously approved.

Mr. Curtis made a motion to adjourn the regular meeting at 6:15pm. Dr. Fuchs seconded the motion and the motion was unanimously approved.



---

F. Vincent Allison, DDS-Chairman



---

Joanne F. Pierce, Interim Health Director