

A Regular Meeting of the Durham County Board of Health was held December 12, 2019 with the following members present:

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

Excused Absence: James Miller, DVM; and Victoria Revelle, MPH, CHES®;

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

**CALL TO ORDER:** Chairman Vincent Allison called the meeting to order at 5:05 p.m. with a quorum present.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** There were no additions/adjustments to the agenda:

Mr. Ireland 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 November 14, 2019. Mr. Curtis seconded the motion and the motion was unanimously approved.

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

**STAFF/PROGRAM RECOGNITION:**

Dr. Fuchs introduced Cleveland Sauls, Nurse Manager, Duke Health System. Mr. Sauls is a participant of the Duke Health System Nurse Leadership Development Program that assist leaders in growth and development. Dr. Fuchs is Mr. Sauls mentor in the program.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Dr. Allison called for administrative reports/presentations

- **2017 YOUTH RISK BEHAVIOR SURVEY RESULTS**  
(*Activity 38.1*)

Marissa Mortiboy, Partnership For A Health Durham coordinator provided the board with a brief overview of the 2017 Youth Risk Behavior Survey (YRBS) results and an update on the status of the 2019 YRBS.

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

**QUESTIONS/COMMENTS:**

**Chairman Allison:** I take it that the data is aggregated by the specific type of weapon?

**Ms. Mortiboy:** No. I think its guns, knives and clubs, anything in that category.

**Chairman Allison:** Do you have any idea what the response rate was for the 2019 survey?

**Ms. Mortiboy:** No but I can find out.

**Chairman Allison:** I’m just curious.

**Ms. Mortiboy:** I know that the problems from the 2017 survey were addressed and we worked with Durham Public Schools so that they would not happen again.

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**Chairman Allison:** Now when they administer the survey, are they done in the classroom or given to the students to take home?

**Ms. Mortiboy:** They are administered in the classrooms. What has happened in the past, the school chooses a particular class period (3<sup>rd</sup> or health class) and the students complete the survey in that particular class.

**Commissioner Howerton:** Can you go back to the suicide slide...from the numbers you have there; have we done anything more to increase school counselors to address this issue?

**Ms. Mortiboy:** Durham Public Schools have mental health services now in almost all the schools. I think there has been an increase in school counselors, but I don't know the exact number; but students are aware that mental health services are available in the schools.

**Chairman Allison:** Going back to the amount of sleep and I know you may not know the answer to this question. I know they changed the bell schedule, but a lot of times different groups and organizations have rehearsals and practices early in the morning do you know if they made rules that organizations can't have practices or rehearsals early in the morning, so they aren't defeating the purpose of the late bell time?

**Ms. Mortiboy:** No, I don't know the answer to that question, but I can find out.

**Dr. Braithwaite:** No, they have not changed the practice schedules. They have swim practice at 5am in the morning.

**Chairman Allison:** I guess things haven't changed.

**Commissioner Howerton:** At some point I would like to know if that has had any impact on how the students perform in class. 1)The percentage of sleep impacted by participating in early rehearsals and practices. 2)How does that impact student performance? 3)Are their grades better or worse?

**Dr. Fuchs:** Didn't we have some data presented to us a while ago that actually showed the county and citywide suicides in youth? Someone is nodding yes. I would love to see that report mapped out against this report to see what that looks like. 1)Does it match? 2)Is it more that we can do with that? 3)Here is what the students are telling us but here's what's happening and is there an opportunity to think about how the schools can target different interventions.

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

The board received a copy of the vacancy report through the end of October 2019 prior to the meeting. The vacancy rate for October 2019 was 11.7%. There were no questions about the report.

[\(A copy of the December 2019 Vacancy report is attached to the minutes.\)](#)

- **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.

[\(A copy of the December 2019 NOV report is attached to the minutes.\)](#)

Attorney Wardell stated that we are making progress and two NOV's have been resolved.

### **Health Director's Report**

**December 12, 2019**

#### **Division / Program: Dental Division / Dental Team On-going Training in Basic Spanish**

**(Accreditation Activity: 26.3 - The local health department shall assure that agency staff receives training in cultural sensitivity and competency)**

#### **Program description**

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- The Dental Division serves children and OB patients, whereby 90% of families speak Spanish as their primary language.
- The Division has four team members who are bilingual, including a Dental Assistant, Hygienist, and two Processing Assistants (front desk).
- In addition to having four team members that speak Spanish the team also has access to the Language Line.

**Statement of goals**

- During a Process Mapping session, an idea was presented that the Dental team learning basic Spanish.
- While this would not eliminate the need for interpretation, or using the Language Line, it would help team members understand common words and phrases.
- The Division is also finalizing the process to secure its own Interpreter on Wheels (having purchased the iPad). This facilitates better understanding through spoken and visual communication, reducing the risk of misunderstanding by capturing body language and facial expressions to read visual cues.

**Issues**

- **Opportunities**
  - The Division is using a team member (who is bilingual and has completed Bridging the Gap certification) to organize the initiative.
  - The Dental Team Meetings devote a portion of time for a basic Spanish session, and staff practice the words and phrases during that month.
  - A “cheat-sheet” of common words is being developed for the team.
- **Challenges**
  - Once per month sessions allow for a slower process and the team is looking for additional time (potentially during morning huddles).
  - Team members will not earn certification/recognition for developing skills and the Division may look at providing for enhanced training, allocating funds in next year’s budget.

**Implication(s)**

- **Outcomes**
  - Team members have welcomed the opportunity to engage in the sessions. Some are even pursuing additional opportunities (i.e. outside learning, Rosetta Stone, etc.)
- **Service delivery**
  - N/A at this point in time.
- **Staffing**
  - Rita Chavez, Processing Assistant and Interpreter, is organizing initiative. Additional members of team who are bilingual offer support.

**Next Steps / Mitigation Strategies**

- The Division will offer session for remainder of fiscal year in this fashion, potentially bringing in outside instructors in the next fiscal year.

**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.

**Implications**

• **Outcomes**

- The following statistics have been collected for October 2019:
  - Unique individuals: 3
  - Total contacts: 8
  - Syringes dispensed: 160
  - Syringes returned\*: ~ 40
  - Sharps containers dispensed: 7
  - Fentanyl strips dispensed: 3
  - Naloxone kits distributed (with SSP): 3
  - Naloxone kits distributed (non-SSP): 20
  - Naloxone reversals reported: 1
- Year-to-date statistics, FY19-20:
  - Unique individuals: 21
  - Total contacts: 38
  - Syringes dispensed: 720
  - Syringes returned\*: ~ 229
  - Sharps containers dispensed: 16
  - Fentanyl strips dispensed: 21

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- Naloxone kits distributed (with SSP): 10
  - Naloxone kits distributed (non-SSP): 114
  - Naloxone reversals reported: 2
- \*“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.

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

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

**Program description**

- Asthma affects approximately 11% of school-age children leading to missed school days, hospitalization, and activity limitation (CDC, 2013). Poor and minority children bear are most affected by asthma morbidity. For these children, health education is often received only when they are admitted to local emergency departments for care and treatment. School-based asthma education programs provide an opportunity to reach children at risk for poor asthma control when they are healthy and better able to learn.
- *Iggy and the Inhalers* is an asthma education program based on the National Asthma Education and Prevention Program guidelines for children between the ages of 7 and 12 years. The teaching materials were developed by a pediatric allergist and a health communications specialist and were designed to improve children’s understanding of asthma, symptoms, inhaler technique, and triggers, and what to do about worsening symptoms.
- An Asthma Blitz program, based on the Iggy program, was piloted by a team of school nurses in 3 Durham County elementary schools between May and November 2019. Holt Elementary, Fayetteville Street Elementary, and Hillandale Elementary were selected using the following criteria: percentage of students participating in free/reduced lunch program, overall enrollment number, history of supportive school health relationship with the School Health program in providing health related events, and numbers of students known to have Asthma. A total of 45 students in grades 2-5 participated in the pilot program in these 3 schools.

**Statement of goals**

- Increase student’s overall knowledge of asthma as evidenced by pre and post test results.

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- Upon completion of the Asthma Blitz:
  - ~ 90% of students will be able to identify 2 symptoms of an asthma emergency and 2 asthma triggers
  - ~ 90% of students attending the event will verbalize or demonstrate correct use of an inhaler
- At least 4 weeks after completion of the Asthma Blitz:
  - ~ 75% of students will be able to identify 2 symptoms of asthma emergency and 2 asthma triggers
  - ~ 75% of students will verbalize or demonstrate correct use of an inhaler
- Provide culturally appropriate materials to increase family's overall knowledge of asthma management
- Provide materials to increase knowledge of asthma management in school staff

**Issues**

- **Opportunities**
  - To adapt and pilot a successful national Asthma Education program in 3 selected elementary schools in Durham County
  - To collaborate with Durham Public Schools to provide an asthma education strategy that can increase the knowledge base of students and families affected by the disease as well as awareness of asthma among school staff
  - To expand the role of school nurse to encompass that of nurse leader and health expert in the schools
- **Challenges**
  - To convince at least 3 Durham elementary schools into introducing a new health program into their already busy school routines
  - To identify and secure adequate space within the schools to hold the Asthma Blitz

**Implication(s)**

- **Outcomes**
  - Over 75% of all students who participated showed overall knowledge gain regarding symptoms, management, and inhaler use and 100% of participants demonstrated how to correctly use an inhaler.
- **Service delivery**
  - The Asthma Blitz pilot demonstrated that the event can be held annually at every elementary school in Durham given the support of school administration and staff
- **Staffing**
  - The Asthma Blitz pilot was conducted by a team of 7 school nurses, including the school nurse at each participating school. Future events would be conducted by the school nurse at the assigned schools, with assistance from school nurse peers as needed
- **Revenue**
  - No revenue is realized; this service is offered freely to students who choose to participate
- **Other**
  - School nurses are the ideal health leaders to coordinate and implement programs that provide asthma education to vulnerable students. Addressing the education needs of children with asthma is a key part of providing comprehensive asthma care and information at the community level.

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- Students who participate in the program will be tracked ongoingly by school nurses in middle and high school to assess level of knowledge retained re: asthma, triggers, symptoms, inhaler use

**Next Steps / Mitigation Strategies**

- Continue to review data, feedback, and observations from the Asthma Blitz pilot project in order to expand the program into all Durham elementary schools during the 2020-2021 school year

**Division / Program: Health Education & Community Transformation /Linkage to Care**

**(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:**

- A systematic approach to linking individuals that test positive for HIV, Syphilis, Hepatitis C (HCV), Gonorrhea, and Chlamydia to medical treatment. The definition of linkage to care varies for each sexually transmitted infection (STI).
  - HIV: getting patient to their first appointment for treatment
  - Chlamydia, Gonorrhea, and Syphilis: getting patient to complete treatment
  - HCV: notifying them of their infection and getting patient in contact with the bridge counselor

The strategies used for the linkage to care process are carried out by Public Health's Integrated Targeted Testing Sites (ITTS) program. ITTS is an outreach team consisting of education and testing staff.

**Statement of goals:**

- To improve access to timely HIV/HCV/STI treatment.
- To decrease re-infection and the spread of infection to others.
- To decrease the number of individuals that are lost during the treatment continuum.
- To improve education about HIV/HCV/STI treatment methods.
- To address and reduce the stigma of HIV/HCV/STI treatment.
- To increase routine HIV/HCV/STI testing.

**Issues:**

- **Opportunities**
  - Collaborate with care networks in the Triangle (Durham, Raleigh, & Chapel Hill). Health educators refer positive patients to the Adult Health Clinic (DCoDPH), Early Intervention Clinic at Lincoln, FOCUS bridge counselor (DCoDPH), Duke, UNC and the Region 6 Network of Care and Prevention.
- **Challenges**
  - A small percentage of patients are reluctant to receive treatment from our care network and decide to receive services from their preferred medical provider.
  - Patients sometimes miss treatment and/or linkage appointments due mental health/substance use, no phone, unstable housing circumstances, and/or lack of transportation.

**Implication(s):**

- **Outcomes**

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- 100% of our patients are linked to medical treatment. (We continue to follow-up with them until they are linked to care. Sometimes this takes up to a year.)
- From June 1, 2019 - October 31, 2019, we were able to link **5** HIV positive individuals to care.
- From June 1, 2019 – October 31, 2019, we were able to link **9** positive Hepatitis C individuals, **4** syphilis positive individuals, **21** chlamydia positive individuals, **5** gonorrhea positive individuals to care.
- Partners of positive individuals are notified of possible infection and are encouraged to get screened and/or treated.
- From June 1, 2019 – October 31, 2019 the Integrated Targeted testing Sites (ITTS) team able to connect **10** individuals to Pre-Exposure Prophylaxis (PrEP) introductory appointments. If taken every day, PrEP will prevent individuals from getting infected with HIV. This medication is prescribed to high-risk HIV negative individuals such as men who have sex with men and commercial sex workers.
- Public Health’s outreach screening program captures a high positivity rate. That can be attributed to their ability to engage high-risk individuals into our program.
  - ❖ From June 1, 2019 – October 31, 2019, 76% (56.9% Black/African American and 18.96% Hispanic) of people tested by Public Health’s outreach screening program are people of color, which is the most by any other agency in the region. Blacks/African Americans and Hispanic individuals are disproportionately affected by HIV compared to other racial and ethnic groups, so it is imperative that our efforts target and engage these high-risk groups
  - ❖ From June 1, 2019 – October 31, 2019, 2 out of 3 individuals tested, were male (African American /Hispanic). Identifying as a male is a risk factor for HIV. Targeting men is a focal point of the program because approximately 80% of all newly HIV infected individuals were men.
- **Service delivery**
  - Phone calls, home visits, and social media are the tools used for implementing this system.
  - Health educators also work closely with Disease Intervention Specialist to coordinate linkage to care for HIV positive and/or syphilis positive individuals.
- **Staffing**
  - ITTS/Jail Public Health Educators:
    - ❖ Dennis Hamlet 40%
    - ❖ Ashley Bueno 5%
    - ❖ Timothy Moore 5%
    - ❖ Christopher Mack 5%
- **Revenue**
  - This is funded by State Agreement Addendums 825 and 534 - \$100,000

**Next Steps / Mitigation Strategies:**

- Continue to decrease the time it takes for a positive individual to get linked to care.
- Continue to develop and implement innovative techniques for linking individuals to care in a timely manner.



**Division / Program: Health Education & Community Transformation  
/Hands Only CPR**

**(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**

- Hands Only CPR, also known as “compression CPR” is a type of resuscitation that uses chest compressions but does not require rescue breaths. It is recommended for use by people who witness a teen or adult suddenly collapse in an “out-of-hospital” setting (such as at home, at work or in a park). This workshop can be offered to the community for free and is much shorter than the traditional CPR training. It has been deemed an effective method in saving a person’s life who has experienced sudden cardiac arrest.

**Statement of goals**

- To provide an hour-long Hands Only CPR workshop to the residents of the Men’s Campus of the Durham Rescue Mission.

**Issues**

- **Opportunities**
  - In June 2018, the Health Education Community Transformation Division received a request for Hands Only CPR workshops at the Durham Rescue Mission. During that month, there were four workshops provided between the Men’s and Women’s campuses and a total of 32 residents and staff members that attended.
  - In February 2019, there was a request to return and provide Hands Only CPR workshops again at the Men’s Campus. There were 21 individuals that attended two workshops.
  - In May 2019, a Public Health Education Specialist began offering the Hands Only CPR program at the Men’s Campus of the Durham Rescue Mission on a monthly basis.
- **Challenges**
  - There was a lower turnout of participants with the Women’s Campus and therefore the focus shifted to providing the workshops at the Men’s Campus. The goal is to return to the Women’s Campus to begin providing workshops to the residents as well as to the staff of the Durham Rescue Mission training center.
    - ❖ One possibility is to offer a Family and Friends CPR workshop. In addition to the Hands Only CPR, this also brings in CPR skill training for children/infants and choking. Since the Women’s Campus houses both women and children, this offering may attract more participants. This is also a training that can be provided at the Men’s Campus.

**Implication(s)**

- **Outcomes**
  - From June 2018 – October 2019, a total of 101 people have attended the Hands Only CPR workshops at the Durham Rescue Mission.

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- **Service delivery**
  - All workshops were held in-person.
- **Staffing**
  - 1 Health Education Specialist staffed all events.

**Next Steps / Mitigation Strategies**

- There are plans to continue to provide programming with the Durham Rescue Mission Men's Campus on a monthly basis.
- The Health Education Specialist and Coordinator at the Durham Rescue Mission are working together to expand the program offerings at the Men's campus to incorporate more health and wellness topics in addition to the Hands Only CPR sessions.
- The Health Education Specialist will receive training materials for Family and Friends CPR and begin providing this option to both Men's and Women's campuses of Durham Rescue Mission in 2020.

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

**(Accreditation Activity 11.2: The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and need)**

**Program description:**

The **Men's Health Council (MHC)** of the **Durham County Department of Public Health** has a vision to "Educate, lead, and inspire men and boys of all ages in Durham County to achieve their optimal health and accomplish goals that improve well-being and quality of life."

**Structure:** The Council is led by an Executive Committee which consists of 30 men (from age 24 yrs. to 84 yrs.) and 3 young men (each age 17 years). Two females (a Public Health Community Health Worker and a Major with the Durham County Sheriff's Department) serve as "Liaison/Friend" to the Council. Their role is to assist in getting men from their service communities and place of work (law enforcement and jail) to participate in activities of the MHC. A subcommittee is currently looking at bylaws to strengthen the MHC's structure. One Public Health Education Specialist is partially allocated to coordinate the MHC.

**Statement of goals**

- To address and reduce health disparities among men by providing outreach, services, and programs developed and designed to improve men's health.
- Goals are achieved through:
  - Quarterly health forums on topics selected by participating men.
  - Regular presentations of evidenced-based information delivered by health and medical experts held in locations that men frequently attend or feel comfortable visiting.
  - Regular workshops on disease management and falls prevention lead by 4 MHC members (who completed lay leader training by certified instructors) and DCoDPH staff.
  - Monthly community walks to demonstrate the many benefits of moving with family, friends and the Durham community.

**Issues**

- **Opportunities**

In 2019, MHC members, as volunteers, have been asked to give presentations, attend trainings, teach workshops, support and attend community events, recruit participants for research studies, serve on boards and/committees of organizations, work at health

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events and fill positions requiring an understanding and respect for the community.

Events hosted by the Men’s Health Council in 2019 have included:

- “What Every Man Should Understand about Women’s Health”
- “Marijuana Might Reduce Your Ability to Make Healthy Babies”
- Garden Eats at the Community Garden at West Point on the Eno
- “Sports Injuries & Osteoarthritis, Don’t Let It Get You Down”
- “Vaping, Smoking & Other Inhalants: What You Should Know”

The following page provides a summary of requests received and fulfilled by the Men’s Health Council in 2019.

<b>Date</b>	<b>Event</b>	<b>Role</b>
April 4, 2019	President’s Walk, North Carolina Central University	Provided display Presented to 48 participants
April 27, 2019	LisaP Angels Charitable Diabetes Walk/Run	Provided display Participated as walkers/runners
May 14, 2019	“Making a Connection,” Duke University Dining	Presented to 46 staff
May 18, 2019	“Engaging Men in Faith-based Activities,” Faith, Health & Wholeness Symposium	Presented to 16 participants
May 25, 2019	Center for Outreach in Alzheimer’s Aging & Community Health (COAACH), NC A&T State University	Spoke on Men’s Health
May 27, 2019	Memorial Day Celebration, Vietnam Veterans Living Memorial	12 MHC members and their families attended
June 13, 2013	City of Durham Men’s Health Symposium	Provided display Engaged 47 participants
June 18, 2019 – August 6, 2019	Matter of Balance Workshops, East Regional Library	2 MHC members led 8 community workshops
June 21, 2019	American Heart Association Steering Committee	2 representatives served
June 22, 2019	“Write Now, We Will Heal,” North Carolina Central University	Recruited 2 speakers for an after-play panel
June 27, 2019	Lincoln Memorial Baptist Church’s Health Fair	Provided presentation
July 18, 2019	Recruitment for job with CareMore – to serve BCBS Medicaid patients	At least one referral hired
July 20, 2019	Global Scholars Academy Health Fair, Union Baptist Church	Presented goals and activities
August 13, 2019	Duke University Cannabis-Induced Potential Heritability of Epigenetic Revisions in Sperm (CIPHERS) study	Provided letter of support through Program Manager

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August 18 - 19, 2019	Matter of Balance: Falls Prevention Workshop Leader training	1 MHC member attended coach training
August 23, 2019	Duke University Health System, Durham Drone-Delivered AED Network (DDAN): Pilot Study of the Human Factors	Recruited over 10 participants
September 7 – 8, 2019	Men’s Health Initiative screening event	7 MHC members volunteered
September 12, 2019	“Stress & African American Male Pre-disposition for Kidney & Cardiometabolic Disease” study," North Carolina Central University	Recruited participants
September 25, 2019	Duke Trauma Center’s Ready Steady Balance Fall Prevention Expo	Provided display Recruited 24 workshop participants
October 30, 2019	Matter of Balance Workshop, Durham Center for Senior Life	1 MHC member led community workshop

- Challenges
  - Increasing attendance at walks/forums/presentations.
  - Staff time needed to further develop Council and respond to requests.

**Implication(s):**

- **Outcomes, since January 2019:**
  - Over 486 persons attended MHC-supported forums and presentations.
  - Approximately 250 miles covered by the 222 participants joining in 11 MCH-hosted community walks on trails of the City of Durham Parks & Recreation Dept.
  - Connections between MCH participants and partnerships with other health organizations and community groups, such as the Fatherhood Program and Men of Vision
  - Positive evaluations request more education sessions and increased attendance because information is valuable.
  - Through community walks, new skills are learned:
    - Group stretching exercises
    - Walking at your own pace
    - Ease of walking with and supporting others
    - Enjoying the relaxed outdoor environment,
    - Increased knowledge of community resources (parks, rec centers, health resources).
  - Participation in the food tastings, gardening lessons and cooking activities at West Point on the Eno resulted in requests for more of these activities and attendance by some MHC members at other similar events promoted at this demonstration.
  - Committed and dedicated men who give of their time and talents to make the program a success. They have participated in several strategic planning sessions to design a successful program. As a result of their demonstrated skills, they have been asked to support other organizations community events and committees.
  - Families and friends are building stronger bonds as demonstrated by seeing fathers, grandfathers, uncles and others bringing their family members to events.

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- **Staffing**
  - 1 Public Health Education Specialist (partial allocation of responsibilities)
  - Men's Health Council Executive Committee volunteer leaders
- **Revenue**
  - Received \$5,000 grant from the Duke Lung Cancer Initiative to conduct a community forum on lung disease.

**Next Steps / Mitigation Strategies:**

Increase outreach and community participation.  
Identify funding to support the use of facilities, participant incentives, etc.  
Provide recognition of MHC members and other volunteers (presenters) who support the program without charge.

**Division / Program: Population Health**

**(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**

A Durham Public School (DPS) high school student was placed by NextGen in a paid internship at the Durham County of Public Health per signed MOU to plan, recruit for, and facilitate a series of focus groups with other DPS students. The high school student worked with an Epidemiologist, Project BUILD staff member, and the City-County Youth Initiatives Director to obtain needed training for the internship. Four focus groups were conducted on the following topics: mental health, sexual health, sexual assault, and sleep.

**Statement of goals**

- Provide context to supplement quantitative data collected through the Youth Risk Behavior Survey, especially related to racial inequities noted through survey responses.
- Explain youth opinions, attitudes, and beliefs related to questions asked through the Youth Risk Behavior Survey.

**Issues**

- **Opportunities**
  - Themes obtained through focus group transcripts can be used to supplement quantitative data obtained through the 2019 Youth Risk Behavior Survey, which was conducted among DPS youth in May 2019.
  - Quotes from DPS high school students can be included with the 2019 Youth Risk Behavior Survey report to provide context and meaning to the quantitative data.
  - DPS students were given an opportunity to engage with data from the 2017 Youth Risk Behavior Survey during the focus groups.
  - A student intern developed qualitative data collection and analysis skills throughout the course of the internship.
- **Challenges**
  - Funding limitations prevented the intern from being able to conduct a focus group on all topics included in the Youth Risk Behavior Survey.
  - County policies made it difficult to hire a youth intern (under 18) and a co-facilitator to conduct the focus groups.

**Implication(s)**

• **Outcomes**

- Four focus groups were conducted between September and November 2019 on the following topics: mental health, sexual health, sexual assault, and sleep.
- The number of student participants engaged in each focus group ranged from eight to nine.
- An interactive activity was facilitated, which included quotes from the focus groups and data from the 2017 Youth Risk Behavior Survey, with the DPS Superintendent's Student Advisory Council on November 19<sup>th</sup> and the Partnership for a Healthy Durham Mental Health Committee on November 21<sup>st</sup>.

• **Staffing**

- Two Durham County Department of Public Health staff provided assistance and oversight to the student intern: Antoan Jeffries, an Outreach Worker with Project BUILD, and Denver Jameson, an epidemiologist in the Population Health Division.
- Lara Khalil from the City-County Youth Initiatives office also provided oversight and assistance to the student intern.
- The student intern was paid through NextGen. The internship was executed via an MOU between NextGen and the Durham County Department of Public Health.

• **Revenue**

- None

**Next Steps / Mitigation Strategies**

- The student intern is reaching out to additional organizations to facilitate interactive activities to engage people with qualitative data obtained through the focus groups.
- Themes and quotes from the focus groups will be incorporated into the 2019 Youth Risk Behavior Survey upon receipt of the survey data from the Centers for Disease Control. The report is expected to be available by the summer of 2020.

**COMMITTEE REPORTS:**

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

**Mr. Dedrick:** We are pleased to announce we have a new Public Health Director, Mr. Rodney Jenkins. Mr. Jenkins will begin work on January 13, 2020.

**Chairman Allison:** I would like to invite him to our next board meeting and on behalf of the board we want to thank you Steve for all the work you put into making sure we made a good choose.

The board applauded.

**OLD BUSINESS:**

There was no old business discussed.

**NEW BUSINESS:**

There was no old business discussed.

- **AGENDA ITEMS JANUARY 2020 MEETING**

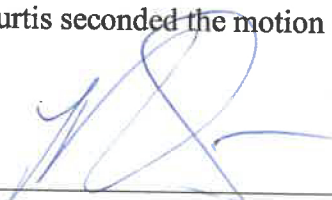
- Tobacco-Free Signage Update
- Local Start Dental Program-Susan Ross
- Nominating Committee Recommendation

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

15 A Regular Meeting of the Durham County Board of Health, held  
December 12, 2019.

There was no informal discussion.

Dr. Jackson made a motion to adjourn the regular meeting at 5:45pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



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F. Vincent Allison, DDS-Chairman



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Joanne F. Pierce, Interim Health Director