

A Regular Meeting of the Durham County Board of Health was held September 8, 2022 with the following members present:

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

Excused Absence: Mary Braithwaite, MD, MSPH; Anthony Gregorio, MBA and Victoria Orto, DNP, RN, NEA-BC

Others Present: Rosalyn McClain, Kristen Patterson, Will Sutton, Michele Easterling, Chris Salter, Jim Harris, Lindsey Bickers-Brock, Josee Paul, Dr. Jeff Jenks, Malkia Rayner, Sky Rusciano and Janice Bates

CALL TO ORDER: Chair Rosemary Jackson called the meeting to order at 5:31 p.m. with a quorum present.

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

1. New Information on Virtual Board of Health Meetings (*old business*)

Dr. McDougal made a motion to approve the agenda with said addition. Dr. Miller seconded the motion, and the motion was unanimously approved.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. McDougal made a motion to approve the minutes for August 11, 2022. Commissioner Allam seconded the motion, and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

There were no public comments.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

SCHOOL HEALTH PROGRAM UPDATE (*Activity 12.3*)

Liesl West, School Health Program Manager and Hattie Wood, Community Health and Nursing Director provided the board an update on the School Health Program Services provided by Durham County Department of Public Health (DCoDPH).

Summary Information:

The School Health program continues to grow and adjust as we head into a new school year. A review of the current staffing structure, current funding sources, nurse recruitment efforts, and DPS agency partnership will be discussed. Goals and challenges for the year will also be discussed, including a COVID-19 update.

Topics:

- Staffing structure
- Funding
- Recruitment of nurses
- Partnership with DPS nurse team
- Goals/challenges for the year

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- COVID updates

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

QUESTIONS/COMMENTS:

Chair Jackson: That was very good information. I do have one question. I met Patricia Howard at some co-events and she is very passionate about school health. I still can't quite understand how it works in terms of a Durham Public Schools (DPS) nurse and a Durham County Department of Public Health nurse. How is it decided who does what?

Ms. West: Patricia has certain assignments. She covers about six schools and then the county covers the rest so that's pretty much how we divide those duties. Now for trainings, we are going to do a DPS wide training in medication administration and diabetes management for designated DPS staff (2 administrators/2diabetic care managers) and for those trainings we collaborate on but it is confusing, it was confusing to me when I first started.

Dr. McDougal: I have a question? logistically how does it work for a nurse that has two or three schools a day? School A—Monday and Friday or...How does that work?

Ms. West: It depends on the acuteness at the schools and it's always changing because you may have a new diagnosis of diabetes or a new allergy (EPI Pen) so it's always changing, the acuity levels but they kind of priorities their days according to those circumstances. For instance, they may be at a school two days one week and then the next week they might do three days and maybe one day at the other school.

Dr. Rhea: Question on your staffing, so you obviously just like anyone else that's hiring nurses it is a huge challenge right now across the country. Given the increasing population in the county especially in the public school system if you were at full staffing is that adequate or is there another mechanism to respond to even more school openings in the coming years?

Ms. West: Are you asking how many more nurses would we need?

Dr. Rhea: Just wondering today if you were fully staffed and were able to hire twenty extra nurses is that truly enough based upon the model and are there things planned in the future to respond to the growth spurts?

Ms. West: I think that it would be adequate for nurses in the schools. I do think we need some specialized roles like a diabetic trainer. It would be great to have a diabetic trainer in each school (north, south, east and west) to case manage for those difficult diagnosis to be able to drill down to make sure the family's needs are being met. So I think nurse wise if we were fully staffed, we would be okay but I think that it would be great if we had some specialized full-time positions.

Commissioner Allam: I have a question about the specialized nursing position you mentioned earlier. Is that something since we have vacancies that we could potentially open up a position like that now with the lapse salaries and of course I would speak to the board of county commissioners to see if they are supportive of funding more school nurse positions that in the future if we are able to fill all of these vacancies we could always come back and ask for more.

Ms. West: I will say every problem that has come up and every issue that has come up could be solved with more nurses in the schools. I think it seemed like when I came the priority was to get nurses in schools so I say that I would love to have specialty nurses to do those things that I think are very needed but I do see were the priority as I said before is "getting nurses in schools" is probably still the priority because like I said every problem that I've seen would be solved if we had more nurses in schools.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for August 2022 prior to the meeting. The vacancy rate for August 2022 was 17.4%.

(A copy of September 2022 Vacancy report is attached to the minutes.)

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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 2022 prior to the meeting.

(A copy of September 2022 NOV report is attached to the minutes.)

**Health Director's Report
September 8, 2022**

Division / Program: Public Health / Environmental Health/Public Swimming Pool Program

(Accreditation Activities 18.1-The local health department shall enforce public health laws, rules, and ordinances. 17.1-The local health department shall monitor compliance with public health laws and rules.)

Program description

- The Health Department regulates the construction and operation of pools used by the public for swimming and recreation through yearly inspections, site visits, and plan review.

Statement of goals:

- To ensure compliance with the North Carolina Swimming Pool Regulations (15A NCAC 18A .2500) for recreational water facilities that operate for the public and require permits.
- Work in conjunction with pool operators to identify hazards in swimming pools and initiate remedies to these hazards.
- Identify and mitigate safety issues and non-compliance through Plan Review of newly constructed pools as well as regular inspection of existing public swimming pools.
- **Opportunities**
 - Educate pool operators on the importance of complying with NC Pool Regulations through routine visits.
 - Work with engineers and pool contractors during the plan review process to ensure public swimming facilities are safe to use.
- **Challenges**
 - May 2021, the Virginia Graeme Baker Act was updated with critical changes to drain cover standards. Now, flow rates for drain covers are pool specific as opposed to a one size fits all flow rating for previous drain covers.
 - July 2021, new regulations for pool pumps enacted through the Department of Energy. Any pool pump 5 HP and under will need to be replaced with a Variable Speed Pump if the existing pump should experience failure.
 - Staffing shortages in the Onsite Wastewater Department have led to lower rates of inspections among year-round facilities, specifically compliance inspections.

Implication(s)

- **Outcomes**
 - Public pools that comply with NC Regulations and pass an inspection receive an operation permit for the pool season.
 - Public swimming pools in Durham County are maintained in a state of high compliance through Environmental Health

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education and regulatory efforts thus improving safety and public health.

- **Service delivery**
 - Out of 343 pools currently in operation in Durham County, a total of 198 permits have been issued for the 2022-2023 pool season.
 - A total of 272 inspections have been performed since January 1st, 2022.
 - Pools that fail inspection must remain closed until a re-inspection of the facility takes place and a permit to operate is issued.
- **Staffing**
 - N/A
- **Revenue**
 - Fee for permit application: \$350. This fee applies to all public facilities to include, pools, spas, wading pools, and float tanks.
 - Fee for re-inspection: \$100.

Next Steps / Mitigation Strategies

- Seasonal pools must close by October 31st, 2022.
- Continue to inspect and permit year-round facilities in the County.

**Division / Program: Nutrition/Minority Diabetes Prevention Program
Granted Continued Recognition Status for Centers for Disease
Control National Diabetes Prevention Program**

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

Program description

- The National Diabetes Prevention Program—or National DPP—was created in 2010 to address the increasing burden of prediabetes and type 2 diabetes in the United States. This national effort created partnerships between public and private organizations to offer evidence-based, cost-effective interventions that help prevent type 2 diabetes in communities across the United States.
- One key feature of the National DPP is the Center for Disease Control (CDC) recognized lifestyle change program, a research-based program, focusing on healthy eating and physical activity which showed that people with prediabetes who take part in a structured lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old).
- To ensure high quality, CDC recognizes lifestyle change programs that meet certain standards and show they can achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data every 6 months to show that the program is having an impact (e.g., participant weight loss, reduction in hemoglobin A1C levels).
- The DCoDPH offers CDC approved/recognized diabetes prevention program services in collaboration with the NC Office of Minority Health. The continued recognition status that the DCoDPH recently received verifies that staff delivered quality, evidenced-based lifestyle change programs that meets all CDC standards.

Statement of goals

- To provide evidence-based diabetes prevention program services to Durham residents with a focus on BIPOC residents.
- To continue to meet all required standards to maintain CDC National DPP recognition status.
- To continue to meet all requirements for continued participation in the NC Office of Minority Health and Health Disparities Minority Diabetes Prevention Program.

Issues

- **Opportunities**
 - The North Carolina Office of Minority Health and Health Disparities provides funding administered through regional collaborative agreements to support local diabetes prevention programs focusing on minority populations.
 - The DCoDPH receives funding under an agreement with Region V and administered through Alamance County Health Department to support the DCoDPH's Minority Diabetes Prevention Program (MDPP).
- **Challenges**
 - The National DPP program curriculum which the DCoDPH MDPP follows is a yearlong program. This is a long commitment for the participants to make.
 - Both the NC Office of Minority Health and Health Disparities and the CDC National DPP requires significant data entry (numerous data entry for each participant for each of the 24 sessions attended) into two different data systems.

Implication(s)

- **Outcomes**
 - Two MDPP programs were offered from Oct 2021 and finishing Sept 2022. One program was offered in English (10 participants) and the other in Spanish (15 participants).
 - The data submitted to CDC resulted in DCoDPH's MDPP program being awarded continued full recognition status, meaning all requirements were met.
 - A 5 -10% weight loss is recommended by CDC for diabetes prevention. To date, 64% of the participants from both classes have lost weight. All participants in the Spanish class lost weight with 87% of participants losing at least 5% of their body weight.
- **Service delivery**
 - The DCoDPH MDPP program is listed in the National DPP data base as an in-person delivery model and historically classes have been provided in-person. The past year, classes were delivered virtually due to COVID.
 - The majority of the referrals for the MDPP class series are from Lincoln Community Health Center.
 - The program series is administered through 24 weekly classes for the first 6 months and at least monthly sessions for the last 6 months.
 - The size of the classes is intentionally low in number (e.g., 10-15 participants per class) to allow for participant interactions, support, etc.
 - Participants receive incentives throughout the year to support their lifestyle changes. Incentives include measuring cups, portion plates, food scales, pedometers, exercise mats, etc.

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- **Staffing**
 - DCoDPH has three staff who are MDPP trained lifestyle coaches including one Health Education Specialist and two Community Health Workers.
- **Revenue**
 - MDPP Participants pay a five-dollar fee at the beginning of the class series.

Next Steps / Mitigation Strategies

- Continue provision of services. Two MDPP program series in Spanish and one in English will be offered this fiscal year.
- Keep all required data and submit per CDC deadlines to continue CDC recognition status.

Division / Program: Nutrition Division /Clinical Nutrition/Collaboration with Lincoln Community Health Center (Accreditation Activity 12.2 - The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.)

Program description

- Durham's Department of Public Health provides nutrition assessment and counseling to clients of Lincoln Community Health Center (LCHC).

Statement of goals

- To make Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT) available to all LCHC clients.

Issues

- **Opportunities**
 - Clients in need of nutrition counseling are referred from all clinics at LCHC to the DCoDPH Nutrition Clinic. These nutrition referrals include clients from the Early Intervention clinic, the OB clinic, the Adult and Pediatric Medical clinics, as well as WIC and LATCH programs. Medical Nutrition Therapy is provided for clients with a wide range of diagnoses including diabetes, overweight or obesity, gestational diabetes, inappropriate weight gain or weight loss, and chronic medical conditions such as cancer, HIV, hypertension.
 - The number of referrals received from LCHC to DCoDPH averages 82/month.
- **Challenges**
 - Lack of a shared electronic medical record system between LCHC and DCoDPH makes receipt of referrals from LCHC (Duke EPIC) to DCoDPH's system (UNC EPIC) time consuming because transfer of information is not fully electronic.
 - Of the referrals received, about 60% are for clients that speak a language other than English. Interpretation services for these clients are needed at each level of service delivery- scheduling, registration, counseling, and billing.

Implication(s)

- **Service delivery**
 - 75% of LCHC nutrition referrals are for clients with a diagnosis of diabetes or pre-diabetes. DCoDPH Nutrition Clinic can offer both MNT and DSMT to clients living with diabetes.

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- **Staffing**

- The DCoDPH Nutrition Clinic is staffed with Registered Dietitians and a processing assistant Monday through Friday from 8:30am- 5:00pm.
- 55% of LCHC clients seen in the DCoDPH Nutrition Clinic are Spanish speakers. The Nutrition Clinic has one full-time Spanish speaking RD on staff. Interpreters are also available to interpret for nutrition counseling visits.

- **Revenue**

- The DCoDPH Clinical Nutrition staff includes Registered Dietitians and Licensed Dietitians/Nutritionists who are credentialed providers for billable MNT services.
- Fees for MNT and DSMT are based on a sliding fee scale. Medicaid and third-party reimbursement sources are billed when applicable.

Next Steps / Mitigation Strategies

- Durham's Department of Public Health Nutrition Clinic and Lincoln Community Health Services will continue to collaborate in providing nutrition services to clients in need of these services.

Division / Program: Health Education and Community Transformation / Health Promotion and Wellness - Chronic Disease Prevention

(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

- The health education specialist's (HES) mission is to provide education through evidence-based programs to improve overall well-being and quality of life. Evidence-based programs have been rigorously tested in controlled settings, proven effective, and translated into practical models. When these programs are delivered, an organization can be confident the program works to improve the health of their constituents. This position aims to reduce diabetes related health inequities and disparities in both English and in Spanish speaking residents in Durham.

Statement of goals

- To reduce health disparities among community members by providing outreach services, and programs developed and designed to improve health and quality of life by better managing their diabetes.
- Goals are achieved through:
 - Health forums and presentations of evidence-based information delivered by health and medical experts
 - Workshops/classes on disease management

Issues

- **Opportunities**

- To partner across Health Department Divisions for the provision of Spanish Diabetes Self-Management Programs (DSMP). Edith Slack, a bilingual Community Health Worker in the Nutrition Division, was recently trained by the Health Education and Community Transformation staff to provide DSMP classes. This allowed for increased bilingual staff trained to offer DSMP services.
- Accessibility may be increased by offering virtual activities and at times especially for those who are normally less likely to

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attend events in the evenings for safety reasons and work hours.

- DSMP classes allow for participants to learn:
 - About how to live a healthy lifestyle after a diagnosis of Type 2 diabetes
 - Risks associated with living with type 2 diabetes
 - Ways to effectively manage their type 2 diabetes
- **Challenges**
 - Virtual programs can be an opportunity but also a challenge. Since COVID-19 many residents may be suffering from what is known as “Zoom Fatigue” and may be less likely to participate in virtual offerings.
 - Some participants were not familiar with technology needed to be able to log in, join meeting, and navigate through Zoom.
 - For some participants, it was difficult to join the weekly classes because of late work schedules.
 - On one occasion we had to cancel class due to weather that caused electrical outages throughout the city.

Implication(s)

- **Outcomes**
 - Edith Slack and Yvonne Reza partnered together to offer Spanish DSMP classes (Manejo Personal de mi Diabetes).
 - A total of 12 participants were registered for the classes that lasted a total of 6 weeks. Classes were held every Thursday from 6 pm – 8 pm.
 - Weekly class attendance ranged between 6-10 participants
 - 1 person dropped out of the class due to technology issues.
 - The final class was held in person at a local city park. A total of 9 participants attended the in-person final session. The participants received incentives for completing the program. The incentives included devices and materials to help them better manage their Type 2 diabetes.
- **Service delivery**
 - Recruitment was done by Edith Slack (Community Health Worker). The participants were patients she sees on a regular basis.
 - The program was delivered virtually via Zoom due to COVID-19 restrictions.
 - In the future, Edith and Yvonne, would like to provide in person classes.
- **Staffing**
 - One health education specialist, Yvonne Reza and one Community Health Worker, Edith Slack
- **Revenue**
 - None. Education is provided at no cost to the participants.

Next Steps / Mitigation Strategies

- Increase opportunities for outreach and community participation both in English and in Spanish by working in collaboration with community health workers.
- The HES will offer opportunities for community members to participate in evidence-based diabetes prevention, and chronic disease management programs in English and Spanish.
- The HES will continue to offer webinar/information sessions about topics related to diabetes, diabetes management, and diabetes prevention.

Division / Program: Health Education & Community Transformation/ ITTS Community Testing Program

(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

- The Integrated Targeted Testing Services (ITTS) community testing program is designed to provide testing services for HIV and other sexually transmitted infections (HIV/STI testing) to high-risk HIV- negative people, such as men who have sex with men of all races and ethnicities, women, people who inject drugs, commercial sex workers, transgender persons, people living with HIV/AIDS that are unaware of their status, and other at-risk priority groups.
- This program ensures that clients testing positive are successfully linked to medical care and other services. The ITTS program implements strategies and/or interventions to reduce barriers to testing and address health inequities among key groups disproportionately affected by the HIV epidemic.

Statement of goals

- Provide HIV, Syphilis, Gonorrhea, and Chlamydia (STI) testing to college students in the Durham community
- Provide HIV/STI counseling, information, and active referrals to needed services for all applicable clients.
- Maintain condom distribution sites around Durham County and distribute condoms to persons living with HIV/AIDS and other clients at high risk for HIV and other sexually transmitted infections.
- Provide linkage to medical care, treatment, partner notification, and/or case management services for HIV/STI positive clients.
- Identify individuals in need of PrEP(pre-exposure prophylaxis) and connect them to community program services and interventions

Issue

- **Opportunities**
 - The ITTS community testing program provides free and confidential HIV/STI testing to college students on campuses such as Duke University, North Carolina Central University (NCCU), and Durham Technical Community College (Durham Tech). Duke, NCCU, and Durham Tech offer student health services to their students. Student Health is a primary source for a wide range of healthcare services for all students, many of which are covered by student health insurance and associated fees. Students utilize our services because they're free, aren't billed to their insurance, and they're confidential.
 - Under new standing orders, the ITTS testing program now provides extragenital testing for gonorrhea and chlamydia. Health Education staff have adopted written policies and procedures detailing all counseling and testing activities outlined in the standing order.
- **Challenges**
 - Some college campuses are still operating on a hybrid schedule due to COVID-19, which leads to less student participation on campus.
 - COVID-19, and related local and NC executive orders restricting gatherings and face-to-face educational opportunities, severely limited the group's usual ability to do community outreach.

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- Like all industries, universities and colleges are suffering from a high rate of employee turnover. Staff retention has hindered our ability to conduct large testing events.

Implication(s)

• **Outcomes**

- Program objectives were met this year. The following tests were conducted from August 1, 2021- July 30, 2022.
 - 313 college students were tested for HIV and other sexually transmitted infections.
 - Duke University: 253 students tested.
 - North Carolina Central University: 50 students tested.
 - Durham Technical Community College: 10 students tested.
 - 15,000 condoms were distributed throughout the three university/college campuses.
 - 10 college students were referred for PrEP services at Lincoln Community Health Center.

• **Service delivery**

- Community engagement, testing, and other ITTS services occurred on college campuses. Staff continued to integrate social media and downloadable mobile applications into testing activities to increase engagement amongst our population of interest.

• **Staffing**

- Three full-time program staff have supported this work over the last year: Ashley Bueno, Chris Mack, Laveasta Clayton
- Dennis Hamlet has served as the Program Manager.

• **Revenue**

- This work is funded by State Agreement Addendums 825 and 534. Together these two AAs provide \$461,176 to Durham County in FY22-23.

Next Steps / Mitigation Strategies

- Expand Public Health's expedited partner therapy distribution program (EPT) by allowing Health Educators to distribute free medication to clients who test positive for chlamydia. Expedited partner therapy is designed to ensure individuals and their partners receive treatment without further barriers accessing care.
- Continue to develop innovative strategies with the Public Health's HIV Navigator to reduce the number of new HIV infections and increase the number of individuals living with HIV to know their status and link them to the appropriate treatment.

Division / Program: Population Health / Epidemiology

(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

The Food Apartheid Identification Story Map provides information to Durham County, NC residents. The dashboard was built using the most current American Community Survey data estimates. The goal of the story map is to empower the community with information on how a Food Apartheid is identified, recommend steps to address food apartheid, and provide asset framing with detailed Durham specific data that explains how these inequities are exasperated. The Story Map includes block group

level data on Median Household Income, the number of households that receive SNAP from 2019 data, and block groups of those who are below the national poverty level. The Food Accessibility layer breaks down access to food by walking within half, three quarters, one and more than one mile from each established food supermarket in Durham City limits. There are also layers showing the community assets such as food pantries and no cost for children's meals locations in Durham. The other asset framing layer included is the bussing route and bus pick-up locations found throughout Durham. High quality bussing systems help alleviate the strain of food apartheid locations found in Durham by increasing connectivity from commercial zones and residential zones.

Statement of goals

- Provide accurate and timely data to empower community members to enact change and understand where the Food Apartheid areas exist in Durham.
- Provide a comprehensive understanding of the variables in addition to distance that worsen the effects of living in a food apartheid area.
- Provide information about those most affected by the food apartheid zones; especially our most vulnerable population the 65+ population of color.

Issues

- **Opportunities**
 - Provide data to the media, stakeholders, partners, elected officials, and community residents.
 - Provide a clear and comprehensive picture of Durham County community members on where Food Apartheid zones exist.
 - Analyze data to track disparities in our community and develop strategies to address them.
- **Challenges**
 - Data is obtained from an outside source, the American Community Survey, which has yearly lags.
 - Making sure the data is up to date internally such as the bus routes, bus stops, and the supermarket layer.

Implication(s)

- **Outcomes**
 - August 2022 Food Apartheid Identification Story Map Analytics
 - Total webpage visits- 654
 - Unique Page Views 627
 - Average time on Page, 7 Minutes 18 seconds
- **Staffing**
 - The Durham County Department of Public Health Data Scientist maintains the site.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to update the Story Map on a yearly basis with new data. Update features and information as needed.
- Develop tailored strategies for equitable supermarket locations based on Durham County Food Apartheid Story Map.

Division / Program: Population Health / Epidemiology

(Accreditation Activity 12.1 The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.)

Program Description

The Durham NCCARE360 Advisory Council is a partnership between the Durham Partnership for Children, Durham Partnership for Seniors and Partnership for a Healthy Durham to support the success of NCCARE360 in meeting resource needs in the community. NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, approach for delivering care in North Carolina. NCCARE360 helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up. Members of the Durham NCCARE360 Advisory Council meet monthly.

Statement of Goals

- Redefine goals of Durham NCCARE360 Advisory Council
- Increase participation in Durham NCCARE360 Advisory Council
- Highlight identified resource needs to decision-makers for policy change
- Identify and inform community-based organizations about funding opportunities to reimburse for NCCARE360 referrals
- Support community-based organizations in applying for funding opportunities to support reimbursement for responding to NCCARE360 referrals

Issues

- **Opportunities**
 - Durham NCCARE360 Advisory Council members came together and brainstormed ideas to redefine goals of the Advisory Council
 - Increase the number of members from community-based organizations at the Durham NCCARE360 Advisory Council
 - Collaborate with other groups in Durham doing similar work to support organizations that use NCCARE360
- **Challenges**
 - Durham NCCARE360 Advisory Council membership dwindled during the COVID-19 pandemic.
 - The former goals of the Durham NCCARE360 Advisory Council addressed the role of the council during implementation of the platform. During 2022, the goals of the council have evolved to how we can improve the effectiveness of NCCARE360 in Durham.
 - Community-based organizations that use NCCARE360 are not able to take on the referral load from the platform because of lack of capacity and resources.

Implication(s)

- **Outcomes**
 - Durham NCCARE360 Advisory Council membership increased from 6 regular attendees to 25 attendees at monthly meetings
 - The Durham NCCARE360 Advisory council collaborated to write and submit a grant application for the Foundation for Health Leadership and Innovation Network Support Agency grant

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- The Partnership for a Healthy Durham Contractor led monthly Durham NCCARE360 Advisory Council meetings and quarterly Durham NCCARE360 Community meetings
- **Staffing**
 - Partnership for a Healthy Durham Contractor
- **Revenue**
 - None
- **Next Steps/Mitigation Strategies**
 - Continue to hold monthly Durham NCCARE360 Advisory Council meetings and quarterly Durham NCCARE360 Community meetings
 - The Partnership for a Healthy Durham Contractor will maintain a document with funding opportunities for community-based organizations that use NCCARE360
 - The Partnership for a Healthy Durham Contractor will lead Advisory Council's efforts to meet with potential funders to secure resources for community-based organizations using NCCARE360 in Durham County.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

NEW INFORMATION ON VIRTUAL BOARD OF HEALTH MEETINGS:

Attorney Wardell:

During the pandemic we all became accustomed to the wonderful world of "Zoom" and "MS Teams" with all virtual meetings that we had and I think everyone knows that as of August 15, 2022 The Governor's State of Emergency Executive Order ended and so the legal basis for us to have those meetings was the state of emergency as specific legislation was passed along with that; so there is a gray area now as to whether or not appointed boards can still meet virtually. Elected boards can't. Boards that are quasi-judicial can't like the Board of Adjustment or the Board of Equalization, those are quasi-judicial so they can't meet remotely anymore. The Board of Health is an appointed board so there are sort of two spools of thought. One spool is "well they probably shouldn't meet remotely because of the public meetings laws and everyone has to have the ability to show and make comments and have an open forum" but because these are not elected positions or elected boards there is statutory authority that says you can have remote meetings but you have to make some accommodations for openness and I think what we were doing before with our virtual meetings we had a mechanism for people to write in or call in if they had concerns and they could actually log-in and express their concerns as well. Initially my advice was that we just have "live meetings" because that's the safest way to go you're not going to get in trouble but we have some extenuating circumstances here in the county know with the construction and because we really still have some COVID issues also. I think they are legitimate reasons to have remote meetings for as long as there is a concern about these issues and I think from a legal standpoint since there is this "gray area" I think if we put these protections in place we will be fine because it is an appointed board and appointed boards have a little bit more lead way than elected boards or boards that are doing quasi-judicial work. There was another board that had decided they were going to meet virtually and sought some input from different sources and one of the reasons that they thought that they could go ahead and meet virtually was because the by-laws that they had could be amended to allow virtual meetings but the good thing is that our by-laws already allow for virtual meetings when we did the update. That was one

of the things that we addressed. So if you are an appointed board and your individual by-laws allow for virtual meetings then it would be my opinion that you could go ahead and have virtual meetings if there are other things that you think are causing you to want to do that and I think right now safety issues, parking issues and just the logistics of getting everyone together as long as you use those same protections that we were using those are sufficient protections of due process for the public to have participation and everyone would be able to participate. If the board decides to do this, I will support the decision as long as you have these logistical issues going on but once those go away then you will go back to in-person meetings. You will need a motion and vote as a board in order to approve going in and giving the authority to have them. Any questions?

Dr. McDougal: What about hybrid meetings?

Attorney Wardell: Hybrid meetings are always a problem. You run into issues of what kind of a hybrid meeting? Will they be on video or just on the phone and if on the phone how will you verify identity. My recommendation is to go to a platform where everyone is visible and everyone is on the same platform. So if you're not going to have quorum on "Zoom" then I would say postpone the meeting for another time when you have a quorum. I would stay away from hybrid meetings.

Dr. Miller made a motion to have the option to have virtual zoom meetings as we have had in the past. Dr. McDougal seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

• BUDGET AMENDMENTS

The Durham County Department of Public Health request approval to recognize funds in the amount of \$\$115,000.00 from the North Carolina Department of Health and Human Services Division of Child and Family Well-Being, Whole Child Health Section.

This grant provides temporary funding to the Local Health Department (LHD) to hire Public Health Nurse (PHN) School Health Liaisons for the coordination of COVID-19 screening, testing, and vaccine administration efforts, and to coordinate other school health/public health services.

The Durham County Department of Public Health request approval to recognize \$4,190,442.00 from the North Carolina Department of Health and Human Services Division of Child and Family Well-Being Whole Child Health Section.

This grant provides temporary funding for the Local Health Department to support activities and staffing that promote response to the COVID-19 pandemic including to:

1. Support K-12 COVID-19 testing program activities.
2. Provide COVID-19 support and response in schools.
3. Provide and support other school health program activities that foster healthy students, in school and ready to learn.

The Durham County Department of Public Health request approval to recognize \$514,327 from the NC DHHS Division of Public Health Women and Children's Health / Immunization Branch.

These funds are intended to continue activities that focus on removing the barriers to accessing vaccine, increasing vaccine confidence, coordinating COVID-19 vaccine services, and expanding its COVID-19 vaccination program, with an emphasis on reaching high-risk and underserved populations, including racial and ethnic minorities, and all others disproportionately affected by COVID-19. Planning and response require close collaboration among public and private sector partners, public health

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emergency response and emergency management, healthcare organizations, and healthcare industry groups within the community. A key component is community sustainability so that DCoDPH is able to implement COVID-19 and influenza vaccinations both seasonally and as part of pandemic preparedness.

Dr. Rhea made a motion to approve the (3) budget amendments recognized above. Commissioner Allam seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS FOR NEXT BOARD MEETING**
 - Bull City United and Project Build Presentation
 - Gun Safety Program Update Presentation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. McDougal made a motion to adjourn the regular meeting at 6:30pm.
Dr. Rhea seconded the motion and the motion was unanimously approved.



Rosemary Jackson, MD, Chair



Rodney E. Jenkins, Public Health Director