

A Regular Meeting of the Durham County Board of Health was held November 10, 2022, with the following members present:

Rosemary Jackson, MD; Roger McDougal, DDS; Josh Brown; Mary Braithwaite, MD, MSPH; Anthony Gregorio, MBA Victoria Orto, DNP, RN, NEA-BC; James Miller, DVM; Gene Rhea, PharmD, MHA

Excused Absence: Spencer "Spence" Curtis, MPA, BS

Absent: Commissioner Nida Allam

Others Present: Rod Jenkins, Rosalyn McClain, Attorney McKinney, Kristen Patterson, Liz Stevens, Michele Easterling, Chris Salter, Jim Harris, Lindsey Bickers-Brock, Dr. Jeff Jenks, Hattie Wood, Marcia Richardson, Marissa Mortiboy, Alecia Smith, Larry Lyles

**CALL TO ORDER:** Chair Rosemary Jackson 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:** Chair Jackson requested the following addition to the agenda:

1. Budget Amendment (*new business*)

Dr. Rhea made a motion to approve the agenda. Dr. Braithwaite seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

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

Dr. Rhea made a motion to approve the minutes for October 13, 2022. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

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

**STAFF/PROGRAM RECOGNITION:**

Mr. Jenkins recognized Liz Stevens and Marissa Mortiboy for their service to NCPHA. It was delightful to see them getting involved as part of our first official meeting. As mentioned previously, Marissa Mortiboy serves as the At-Large member and Liz Stevens is Chair of the Nursing Section.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Chair Jackson called for administrative reports/presentations:

**ENVIRONMENTAL HEALTH PROGRAM PRESENTATION**  
(*Activity 18.2*)

Chris Salter, Environmental Health Division Director provided the board with an overview of on the history, permitting details, and challenges Environmental Health staff face regarding the regulation and management of Mobile Food Units (MFUs) that are permitted in Durham County. This includes the roles played by shared-use Kitchens and commissaries which included a brief, but detailed overview of MFU management and regulation in Durham County in addition to providing an understanding of SUK/commissary roles in the process.

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

**QUESTIONS/COMMENTS:**

**Dr. Jackson:** I just wanted to say that was very good. That whole process seems so complicated and I imagine quite a bit of man-power. Are we adequately staffed for the number and complexity of all of this?

**Mr. Salter:** We have positions but we're just like everybody else, we've experienced our difficulties with the "great resignations", high turnover rate and what you have to understand is with a registered environmental health specialist, when you hire someone without experience, they have to be trained and it's draining on the staff that are here and experienced because they have to go with them on inspections and we have also lost a lot of people to neighboring counties due to higher salaries. We are hoping that the current class and compensation study will address a lot of these issues.

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

The board received a copy of the vacancy report for October 2022 prior to the meeting. The vacancy rate for October 2022 was 19.0%.

*(A copy of November 2022 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 October 2022 prior to the meeting.

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

**Health Director's Report**

**November 13, 2022**

**Division / Program: Health Education & Community Transformation / Community Linkages to Care (CLC): Peer Support Program for Overdose Prevention and Response**

**(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.)**

**Program Description**

- The CLC program links Durham residents with substance use disorder (SUD) to evidence-based treatment, harm reduction, housing, transportation, and other support services through community-based partnerships and a proven peer support model.
- Peer Support Specialists (PSS) are based at the Durham Recovery Response Center (DRRC) and partner with the Durham EMS community paramedics to form the Durham Post-Overdose Response Team (PORT). The PORT aims to visit and provide support to every individual who experiences an overdose in Durham.
- Duke hospitals refer post-overdose patients and hospitalized patients diagnosed with SUD to the program. Peer support services are also offered to individuals with SUD at the DRRC Crisis Facility and individuals with SUD who are released from the Durham County Detention Center.
- Other program activities include expanding housing and employment resources, training healthcare providers and public health staff, and developing educational and outreach materials for individuals with SUD.

**Statement of Goals**

- Reduce overdose hospital visits and fatalities in Durham County.
- Connect Durham County residents who are struggling with SUD to recovery support, harm reduction resources, and evidence-based care which acknowledges social determinants of health and responds to current housing challenges.

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- Increase the number of naloxone kits distributed to Durham County residents with SUD.
- Engage key stakeholders across Durham County to help respond to the overdose crisis and address social determinants of health for individuals affected by SUD.

**Issues**

• **Opportunities**

- We continue to have strong, positive relationships with the organizations and stakeholders involved in referring participants to our program, including EMS, Duke Hospitals, and the Durham County Detention Center. We have regular meetings with these groups to communicate feedback, improve referral processes, and resolve any problems. The collaborative spirit and passion for this work among all the groups involved has greatly contributed to its ongoing success.
- The outpatient services offered at DRRC have expanded to include more mental health specific services that provide greater assistance to individuals with co-occurring diagnoses, including individual and group therapy.
- Over the past year, we have offered a variety of education and training opportunities to community members, including: 1) a mini conference for Durham clergy and faith leaders on SUD, harm reduction, and housing barriers, 2) a training for public health staff on how to support LGBTQ individuals with SUD, 3) a webinar series for employers on how to create a recovery-friendly workplace, and 4) a training series for healthcare providers on SUD and trauma-informed care.

• **Challenges**

- We have recently experienced substantial staff turn-over among our PSS which has made continuity of care, data collection, and participant follow-up more challenging.
- It is often difficult for the PORT to reach post-overdose individuals due to lack of reliable contact information. Many do not have access to a phone and are homeless or living in unstable housing conditions.
- Duke hospitals have relaxed their COVID-19 restrictions, and PSS are now allowed to enter to meet with patients. However, hospital policy requires each PSS to register as a vendor in the Vendormate system, an expensive and lengthy process.
- During the previous fiscal year, we were awarded an extra \$10,000 of supplemental funding which we used to increase the hours of our part-time PSS. We were not awarded the supplemental funding for the current fiscal year, so we eliminated our second data analyst position rather than reduce the hours of the part-time PSS.

**Implication(s)**

• **Outcomes**

- We have reached a total of 311 participants through August 31, 2022, and 164 of those participants enrolled in the follow-up program at DRRC. The PSS have had over 1800 total contacts with program participants.
- Through August 31, 2022, we have distributed a total of 161 naloxone kits to program participants and 275 Uber gift cards to assist participants with transportation to treatment and other services.
- Through the end of July 2022, we administered a clinical questionnaire to 41 enrollees who had remained in the follow-up program for at least 3 months. Approximately 68% were not

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- using opioids, 63% were not using other substances, and 73% were taking medication-assisted treatment (MAT).
- When they entered the program, only 54% of the 41 enrollees had housing. By 3-months, 83% had housing.
- We updated the SUD resource guide “Durham County Resources for Individuals Who Use Substances” and translated it to Spanish. To date, we have provided a total of 5000 English and Spanish copies to CLC participants, community organizations, government agencies, and healthcare providers in Durham.
  
- **Service Delivery:**
  - The PORT aims to follow-up and provide support to patients who experience a non-fatal overdose within 72 hours of the overdose event.
  - PSS aim to follow-up with Duke hospital patients within one hour of referral.
  - At the initial visit with each participant, PSS provide a naloxone kit, a folder of information, and referrals to community support resources and services. PSS assess participant needs using motivational interview techniques.
  - After initial contact, PSS provide continuing follow-up on a regular basis to assess and support the continuing needs of all CLC participants. PSS also provide materials for creating Wellness Recovery Action Plans (WRAP), when appropriate.
  - Participants who reside in Durham County and agree to meet with their PSS at the DRRC are enrolled into a more extensive follow-up evaluation and are offered office-based opioid treatment (Suboxone) if diagnosed with opioid use disorder.
  
- **Staffing**
  - 1 full-time PSS (contracted) and 1 part-time PSS (contracted, 25 hours/week)
  - 1 PSS Supervisor (contracted)
  - 1 part-time Program Coordinator (contracted, 18 hours/week)
  - 1 part-time Data Analyst (contracted)
  - 2 Durham County EMS Community Paramedics
  - 1 DCoDPH Injury Prevention Public Health Education Specialist
  - Fiscal administration through Health Education & Community Transformation Division Director
  
- **Revenue**
  - Program services are offered free of charge to participants.
  - The program is supported with state grant funds awarded through the Injury & Violence Prevention Branch of the Division of Public Health.
  - The award – AA491 – began on December 1, 2019 and will end on May 31, 2023. Funds are distributed over a period of 42 months, spread across four fiscal years. The total amount awarded is \$360,000.

**Next Steps / Mitigation Strategies**

- Identify a new funding source to enable us to continue the program past May 31, 2023, rehire a second data analyst, and expand peer support to additional treatment facilities.
- Hire new PSS to replace staff that have recently left the program and complete the Vendormate process so the new PSS can enter Duke hospitals to meet with patients.
- Continue administering 3-month and 12-month clinical questionnaires to participants in the follow-up evaluation and analyze data for program effectiveness.

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- Extract data from the medical records of participants and a control group of Duke patients to compare key health outcomes between patients who are linked with peer support to those who are not linked with peer support. (IRB approval has been obtained.)
- Develop and execute educational sessions on SUD and harm reduction for senior residents of buildings operated by the Durham Housing Authority.
- Update the published resource guide for individuals who use substances with new resources and print more English and Spanish hard copies.

**Division / Program: Health Education & Community Transformation / Health Promotion & Wellness / Falls 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 **Falls Prevention Program** recognizes that unintentional falls are the leading cause of fatal and nonfatal injuries among people aged 60 and older. The Falls Prevention Program was designed to prevent falls by increasing physical activity among older adults and reducing the fear of falling, keeping them from being more active, both physically and socially. The program provides several services through the Health Education & Community Transformation Division.
- A Matter of Balance (MOB): Falls Prevention Program. This nationally recognized and evidenced-based program was developed at the Roybal Center at Boston University over 20 years ago. Studies on the program found that persons completing the program improved their confidence in reducing falls, better managed their environment to reduce risks for falling, and increased their social activity and exercise levels.
- Falls prevention webinars & forums by health professionals. Medical specialists in aging, medication usage, physical activity and physical therapy are invited annually to discuss the causes of falls, especially as the population ages, and what can be done to manage these risks.
- Monthly community walks by the Men's Health Council. Walks are held on a City of Durham, Parks & Recreation Department trail or park. Walks begin with a brief health promotion talk and warm-up exercises, followed by a 30-minute walk covering approximately one mile (or whatever distance or time each individual feels comfortable covering).
- Sharing of other local resources that provide programs promoting movement. The Health Promotion & Wellness program refers community members to Durham Center for Senior Life, the City of Durham Parks & Recreation Department, and other local health care providers.

**Statement of Goals**

- Educate the community of persons 60 years or older about ways to prevent falls through webinars and forums focused on understanding the aging process, managing chronic diseases and creating safe environments.
- Reduce the fear of falling for this age group through cognitive restructuring - changing the belief that falls are a normal part of aging to an understanding that most falls are preventable and require the individual to be assertive about getting help when needed and committing to a regular program of physical activity.

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- Collaborate with other agencies with a shared mission for health promotion to offer falls prevention programs through mutually supportive partnerships.
- Train individuals with the desire and skill to lead workshops/classes to become Matter of Balance (MOB) Coaches. MOB Coaches are both health professionals and lay leaders / community volunteers, who successfully complete at least 8 hours of training to lead fall prevention workshops.

**Issues**

- **Opportunities**
  - Many opportunities exist to offer falls prevention workshops, healthy aging and disease management forums, and exercise programs. These are key to a successful program.
  - Program activities have resulted in community members increasing physical activity, joining healthy living discussions and programs, receiving training to be lay leaders, and serving as role models for their families and neighbors. Activities reflect the benefit of partnering with other service organizations and civic groups to impact the community.
- **Challenges**
  - Restrictions due to COVID-19.
  - Availability of staff time to offer workshops, plan events with healthcare professionals, and conduct Matter of Balance Coach trainings.

**Implication(s)**

- **Outcomes**
  - Between July 2021 – September 2022, twenty-nine program activities were conducted, including the following highlights.
  - Two MOB Coach trainings were conducted, which resulted in preparing 8 individuals from DCoDPH, partnering agencies and volunteer groups to conduct MOB workshops.
  - Three MOB Workshops were offered, one virtually and two at Senior Residential Housing Apartments, managed by Durham Housing Authority. Fifty-three (53) persons attended the MOB workshops. Of these, over 70% attended at least 5 of the 8 workshops offered.
  - Seven webinars/forums were held with healthcare professionals and healthcare providers who addressed ways to manage risks for falling, i.e., medication usage, the aging process, chronic disease management, and physical activities to increase strength, flexibility and balance.
  - Fifteen in-person community walks were held at local parks. The average number of participants joining walks was 30. Most persons walked at least 1 mile. Approximately 450 miles were covered during the walks.
  - Joyce Page, MOB Master Trainer, was invited and accepted an opportunity to co-author a paper with staff from the NC Center for Health and Wellness (NCCHW) at the University of North Carolina

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Asheville (UNCA) on the participation of Blacks in the MOB programs.

- **Staffing**
  - 2 Public Health Education Specialists (partial allocation of responsibilities).
- **Revenue**
  - Program services are offered free of charge to participants.
  - Funding allocated to the Health Education & Community Transformation Division within the Department of Public Health by the Commissioners of Durham County.

**Next Steps / Mitigation Strategies:**

- Increase outreach and community participation in available programs.
- Increase training of volunteers as MOB Coaches, identify more healthcare professionals to offer forums, and identify more locations to host MOB workshops.

<b>Appendix 1: Falls Prevention Program Activities July 2021 -September 2022</b>		
<b>Dates</b>	<b>Event</b>	<b>Role</b>
July 12, 2021	Matter of Balance (MOB) Virtual Coach Training. Participants from Durham County Department of Public Health (DCoDPH), Durham Center for Senior Life, Men’s Health Council and DCoDPH Healthy Ministry Network. 10 participants.	Conducted training.
Third Saturdays, 9 am – 10 am Jul 17, 2021- Sep 17, 2022	Fifteen (15) Unique Events. “Men on the Move” monthly community walks held at various City of Durham, Park & Recreation trails. Events include healthy living messages, warm up exercises, and a group walk. Average attendance is 30 persons.	Hosted walks.
Jul 20, 2021- Aug 17, 2021	“Living Healthy with Chronic Diseases”, Virtual 6-week workshop. 13 participants.	Conducted workshop.
Aug 18, 2021	Zoom Webinar “Overprescribing Medications” by Dr. DeLon Canterbury. 30 participants.	Hosted webinar.
Aug 26, 2021	Men’s Health Council Quarterly Meeting. Presentation on high blood pressure management (important for fall prevention). Speaker Dr. Corey Cole. 23 participants.	Hosted meeting
Mar 2021	Joyce Page invited to co-author manuscript, “Black Participants in the Evidence-Based Falls Prevention Program”, with staff from NC Center for Health and Wellness.	Co-authored manuscript.
Sep 21, 2021	Webinar: “Ask the Doctor Why We Fall”. Dr. Arnett Coleman, keynote speaker. 31 participants.	Hosted webinar.

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Sep 28, 2021 - Oct 21, 2021	MOB: Falls Prevention Workshop Session, Preiss Steele Place, Durham Housing Authority. 8 sessions. 23 participants.	Conducted workshop.
Nov 3, 2021	Health Fair, Durham Center for Senior Life. MOB Coaches staff information table. 71 participants.	Provided MOB information.
Nov 4, 2021	Zoom Presentation: "Preventing Falls: Understanding the Causes". Abundant Life Christian Church. 14 participants.	Conducted session.
Dec 14, 2021	Webinar: "Healthy Aging with Movement". 27 participants.	Conducted webinar.
Jun 6, 2022	Webinar: "What Happening at Durham Center for Senior Life" (Services Offered). 32 participants.	Conducted webinar.
Aug 17, 2022	Webinar: "Reversing Side Effects of Over Medication for Seniors", Speaker Dr. DeLon Canterbury, Pharmacist. 30 participants.	Hosted webinar.
Sep 12, 2022- Oct 5, 2022	Matter of Balance (MOB) Eight Week Workshop, JJ Henderson Apartments, Durham Housing Authority. Lead by DCoDPH staff and Men's Health Council volunteer. 21 participants.	Hosted workshop.
Sep 15-16, 2022	MOB Coach Training, Veranda at Whitted School (Senior Living Residence). Participants from Duke Trauma Center, Physical Therapy Practice, Men's Health Council, DCoDPH Health Ministry Network, Retired DCo Public School Educators, and Durham Housing Authority's Golden Partners Committee. 9 participants.	Conducted training.

**Division / Program: DCoDPH Nutritionists on NACCHO Panel to Address Infant and Toddler nutrition**

**(Activity 25.2: The local health department shall work with academic institutions and others such as universities, colleges, community colleges and Area Health Education Centers to facilitate evaluation of public health programs and issues.)**

**Program description**

- Two Durham County Department of Public Health (DCoDPH) Registered Dietitians/Nutritionists (RDNs) served as panelists at the National Association of City and County Health Officials' (NACCHO) Southern Region Early Childhood Nutrition Convening in Raleigh, North Carolina on October 12<sup>th</sup>, and 13<sup>th</sup>, 2022. NACCHO brought together experts to develop recommendations for Infant and Young Child Nutrition and Interventions aimed at improving nutrition for this group.

**Statement of goals**

- To improve nutrition during the first 1,000 days of life, especially for Black/Brown and Hispanic families of color/BIPOC communities.

**Issues**

- **Opportunities**
  - By holding meetings with experts in infant and toddler nutrition, public health nutritional policy, and/or public health programming, recommendations can be developed to guide future efforts in infant and toddler nutrition.



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- Invitees included academicians, community agency leaders and staff, and local and state public agency leaders and staff.
  - Panelists had the opportunity to highlight issues/programs that they wanted included in NACCHO's report - thus providing opportunity for sharing at the national level. For example, DCoDPH RDNs highlighted the Farmer's Market double bucks model used locally. This model is different than systems used in other municipalities. The Durham model will be highlighted in NACCHO's report.
- **Challenges**
    - To identify common barriers of existing public health infant and toddler nutrition programs and/or public health programs and how they were/could be overcome.
    - To identify cultural considerations when designing programs to serve BIPOC families.
    - A limitation of the Raleigh panel was that most people serving were from the triangle region. Thus, the entire southeast region was not represented.

**Implication(s)**

- **Outcomes**
  - NACCHO panel identified people and groups who influence the nutrition of infants and toddlers
  - Identified strategies to co-create child nutrition programs with community members
  - Expert panelists, including DCoDPH's RDNs, can now access NACCHO's online portal with resources and a networking platform to stay in touch with others who participated in similar discussions across the county.
- **Staffing**
  - Rebecca Posada RD/LDN, CDCES, Nutrition Specialist, and Kelly Warnock MS, RD/LDN, Community Nutrition Program Manager, were selected to serve on the NACCHO Southern Regional panel.

**Next Steps / Mitigation Strategies**

- The full report and recommendations of NACCHO's Early Childhood Nutrition Convening will be available to the public in 2023. The project's recommendations will be used to guide future program development in infant and toddler nutrition with special attention to the wellness of BIPOC communities.

**Division / Program: Dental Division / Permanent Housing for the Tooth Ferry**

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

**Program description**

- The Tooth Ferry offers oral health services to students in Durham Public Elementary Schools.
- The unit is equipped with ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted televisions, sound systems, wheelchair lift, and expanding wall in clinic area. There is also a leveling system, generators, and shore power.

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- The unit possesses technological advances, internal antenna wiring to help connect software (registration, charting, x-ray) to complete all tasks in real time at any community location.

**Statement of goals**

- With construction of the 500 East Main Street block, the Tooth Ferry had to be relocated to a temporary site (Fire Station 3 in Bahama, on Stagville Road).
- A permanent location had been previously identified at the former fire station on Leesville Road.

**Issues**

- **Opportunities**
  - The new parking site will be indoors, shielding the Tooth Ferry from the elements. Previously the unit was housed in the Public Health parking area outdoors, inside a chain-link fence.
  - The Leesville Road site was retrofitted to accommodate the Tooth Ferry. The unit is 13.2' in height and one of the bays was expanded to 15'.
  - The space is equipped with shore power so the unit can be plugged in without running on the generators.

**Challenges**

- As the building is not located near the Department, the driver will park at the site and drive the Tooth Ferry to schools, meeting the team there.

**Implication(s)**

- **Outcomes**
  - The new home for the Tooth Ferry affords the Dental Division the opportunity to keep the unit (and supplies) in a climate controlled, locked facility.
  - Once final connectivity tests (IT) are completed, the Tooth Ferry will be able to visit DPS sites (after the holidays).
- **Service delivery**

The County has received the Certificate of Occupancy for the Leesville Road building and final walk-throughs of the site have been scheduled.
- **Staffing**
  - Tooth Ferry Coordinator (Morgan Davidson), Tooth Ferry Driver (Kenneth Broadwell), Dentist (Dr. Chitrakala Jagadeesan), Dental Assistant (Markita Williams), and Public Health Hygienist (Fariba Mostaghimi).
- **Revenue**
  - TBD
- **Other**
  - N/A

**Next Steps / Mitigation Strategies**

- The Division will schedule with DPS Elementary Schools for the remainder of the school year.

**Division / Program: Population Health / Strategic Planning**  
**(Accreditation Activity 15.1 The local health department shall develop plans to guide its work.)**

**Program Description**

The agency followed the National Association of County & City Health Officials (NACCHO) process to guide the 2022 strategic planning process. With guidance from the DCoDPH Public Health Leadership Team, the agency developed a new strategic plan over the course of a 9-month process, from February to October. After the process was introduced to staff, a Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was facilitated virtually during a mandatory staff meeting. In addition, the DCoDPH Board of Health provided feedback through an online survey for the analysis. An environmental scan was completed with a thorough look at the value of available data. The DCoDPH Strategic Planning Team analyzed results of this process and selected strategic priorities for the agency to address from 2023 to 2027.

It was determined during the SWOT analysis that the agency needed a new mission and vision statement. The new options were drafted by the Strategic Planning Team before staff were engaged in a survey to select the new statements. Approximately 80 DCoDPH staff members participated in the survey and the following were selected as the new mission and vision.

**Mission:** Partnering with our community to advance health equity, protect the environment, and promote health and wellness for all.

**Vision:** Collaborating with our community to advocate, empower, and protect the health and environment for all Durham County residents.

A final draft of the 2023-2027 DCoDPH Strategic Plan was completed in October 2022 and is awaiting final approval. Once implementation begins, the strategic priorities will be measured for progress on a quarterly basis to make adjustments when necessary.

**Statement of goals**

- Develop a strategic plan to cover priorities of the agency over the next five years. A strategic plan is developed in order to ensure the agency runs effectively and efficiently.

**Issues**

- **Opportunities**
  - Engage staff at all levels in the strategic planning process to ensure an equitable process.
  - Develop a strong implementation plan that allows the strategic plan to be adaptable with a changing environment.
- **Challenges**
  - Due to COVID-19, the process was completed virtually at all steps of the process. This did have some challenges as it is difficult to have all staff available to engage in the process at one given time outside of mandatory staff meetings.

**Implication(s)**

- **Outcomes**
  - Final Draft of 2023-2027 DCoDPH Strategic Plan
  - Development of a Strategic Planning Team including employees from all levels of the department

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- **Staffing**

- The process was coordinated by the Project Manager for Quality & Policy.
- Strategic Planning Team consisting of at least one employee from each division. This team met at least monthly to work on tasks associated with the development of the plan.
- The Public Health Leadership Team assisted with guiding the strategic planning process.

- **Revenue**

- None

**Next Steps / Mitigation Strategies**

- Identify objective leads for the implementation of the strategic plan.
- Begin the implementation process and develop the process for measuring the plan within the first quarter of 2023.

**Division / Program: Population Health / Epidemiology**

**(Accreditation Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months.)**

**Program Description**

The survey process of the 2023 Durham County Community Health Assessment (CHA) began September 21, 2022. This assessment is conducted in close partnership with Duke Health, Durham County Department of Public Health (DCoDPH), and the Partnership for Healthy Durham. The CHA utilizes a survey designed by DCoDPH to help assess the current health status of Durham County residents. Topics including physical activity, mental health, tobacco use, nutrition, community issues and more are addressed. These data will be analyzed and published in the 2023 CHA so that DCoDPH, community organizations, and elected officials are aware of current issues in the county.

DCoDPH has provided surveys for both the County-wide and Comunidad Latina surveys both in English and Spanish. The Comunidad Latina survey contains more culturally appropriate questions for the Hispanic and Latino community. Using two separate survey ensures we are hearing from the diverse population in Durham County.

The DCoDPH data scientist created individual maps of each cluster (neighborhood) in collaboration with the North Carolina Institute of Public Health. Clusters were randomly selected based on the Centers for Disease Control and Prevention (CDC) CASPER method. For the County-wide survey, 75 clusters were selected, and 7 randomly selected homes were identified in each cluster. For the Comunidad Latina sample, 35 clusters were selected. The randomization of sampling allows us to go to geographically and demographically diverse areas of Durham County. Gathering surveys from a diverse group of individuals will allow the data to be generalizable to Durham County.

The Population Health division began recruiting volunteers in early September to go door-to-door to randomly selected households in the community to complete the survey. Several trainings were held in person to inform volunteers of what to expect. A 30-minute online training was also available in English and Spanish for those that could not attend in person. Volunteer 8-hour shifts were available from 10am-6pm every Wednesday-Saturday each week; half shifts from 1:30pm-6pm on Wednesdays, Thursdays, and Fridays were later added.

**Statement of Goals**

- Utilize the random selection of clusters in Durham County to reach a diverse population.
- Gather insightful qualitative data in the survey to hear directly from Durham County residents on their health, their community,

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and what Durham County can do to improve the health of its residents.

- Analyze quantitative data to compare trends from pre-pandemic Community Health Assessments.
- Take advantage of the door-to-door process which will give detailed, comprehensive, and valuable insight into the health of Durham County and its residents.

**Issues**

- **Opportunities**
  - Hear directly from residents about what could be improved in Durham County from community members.
  - Reach populations that we may not otherwise using other survey methods.
  - Utilize real time data to assess if a diverse sample of Durham residents is being surveyed.
  - Partner with local organizations and the North Carolina Institute of Public Health.
  - A chance to engage with the community across all parts of Durham County.
  - Using a scientifically selected sample will allow us to compare previous years CHA data to data collected this year.
  - Strengthen relationships with community partners, community members, and volunteers.
- **Challenges**
  - Changes in original plans late in the survey process such as not being able to hire contractors to conduct the survey (due to liability issues) or offer gift cards to survey respondents, due to County Finance policies.
  - The Comunidad Latina survey could not be completed using the CASPR method due to low numbers of Spanish volunteers. This sample will be completed using a web survey and community outreach
  - Our initial goal for the County-wide survey was to get 420 surveys. However, due to time constraints (daylight savings time, election season, weather), we decided to aim for 210 surveys. This does not sacrifice data quality as 2022 survey data will be directly comparable to past years.
  - Significant volunteer no show or cancellation rates inhibited our ability to collect surveys.

**Implication(s)**

- **Outcomes**
  - Over 170 surveys have been collected for the County-wide survey.
  - DCoDPH has worked with volunteers from DCoDPH, Duke University, Duke Health, YMCA of the Triangle, Partnership for a Healthy Durham, and local community members interested in the process and public health.
- **Staffing**
  - Population Health division staff
    - Epidemiologist – responsible for designing and finalizing the survey questions and leading the door-to-door survey process including trainings (Both in person and online).

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- Data Scientist – responsible for finalizing selected clusters and ensuring there is a geographically and demographically diverse sample size in Durham County. He was also available for technical assistance and narrowing down clusters to those we need to prioritize.
  - The Partnership for a Healthy Durham Coordinator – responsible for filling in for volunteers if needed, reaching out to networks (through the Partnership, Duke, El Centro, and more) to recruit volunteers.
  - Population Health Director – responsible for leading the CHA efforts and providing any technical, personnel, or volunteer support. She also provided historical context and previous years’ experience to improve this year’s efforts.
- DCoDPH Southern New Hampshire University MPH intern
  - Partnership for a Health Durham committee members
  - Duke Health
  - YMCA of the Triangle
  - North Carolina Institute of Public Health
  - DCoDPH staff
- **Revenue**
    - None
  - **Next Steps/Mitigation Strategies**
    - Finish conducting the door-to-door surveys for the County-wide sample by November 6.
    - Develop strategies and a plan to complete the Comunidad Latina survey.
    - Research other methods for completing the CHA survey in the future.
    - Analyze qualitative and quantitative survey results and finalize report for publication in 2023.
    - Conduct listening sessions and community engagement to identify the top 5 Durham County health priorities for 2024-2027.

**Division / Program: Medical Services /School Health**  
**(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**

- In the Spring of 2022, a partnership was established between the Durham County Public Health School Nurse Program, Project SIGHT, and the City of Medicine Volunteer Medical Corps (CMVMC) to address the gaps in access to vision screening and follow up care. In October of 2022, the partnership completed services in two schools.
- The City of Medicine Volunteer Medical Corps’ mission is to, “recruit, train, and manage volunteers to help provide healthcare resources to schools and community groups serving children in Durham.”

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- Project Sight, a program of Durham Tech Community College, provides free eye exams and prescription eyewear to DPS students from underinsured/low-income households.
- Prescription eyewear – fitted, manufactured, and dispensed by Opticianry students supervised by NC Licensed Dispensing Opticians
- Eye Exams – comprehensive eye exams provided by volunteer optometrists

**Statement of Goals**

- To identify students in DPS schools that require professional eye exams through mass vision screens of select grades (1<sup>st</sup>, 3<sup>rd</sup>, 7<sup>th</sup>, and 9<sup>th</sup>)
- To provide eye exams and glasses at no cost to students of underinsured/low-income households in Durham County

**Issues**

- **Opportunities**
  - To provide a resource for visual aid that will enhance the chances of academic success and confidence in the learning environment that will have lifelong impact.
  - To remove the barriers of transportation, financial restraints, required time off work for parent/guardians to achieve the basic need of functional vision.
  - To partner with Project SIGHT and City of Medicine Volunteer Medical Corps.
- **Challenges**
  - Consent for the eye exam and glasses is only paper based, which results in some students not receiving care because these forms weren't returned.
  - Paperwork and phone calls to help with planning for the screening day and the exam day were labor intensive for the nurses.

**Implications**

- **Outcomes**
  - 1<sup>st</sup> and 3<sup>rd</sup> grade students from Glenn and Forest View Elementary Schools participated in a mass vision screen. Students outside of these grades identified by school support staff as having barriers to accessing vision care were also included in the screening.
  - At Forest View Elementary, 251 students were screened, and 54 were referred for follow up care. At Glenn Elementary, 182 students were screened, and 68 students were referred for follow up care.
  - At Forest View Elementary, 24 students received an eye exam and glasses through the Project SIGHT vision van. The vision van event for Glenn Elementary will take place the week of 11/7/22.
  - These students will improve their chance for success in the classroom exponentially and could have lifelong benefits.
  - This partnership has proven to be very valuable and will continue to grow and reach more students and families.

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- **Service Delivery**
  - The Senior Public Health Nurses played a huge role in coordinating this event. They reached out to school administrators, social workers, teachers, parents to strategically identify students with the highest need, planned logistics for the mass vision screen, and were responsible for the distribution and receipt of consent forms.
  - All services were provided at each school.
- **Staffing**
  - The Senior Public Health Nurses staffed the event to provide support and continuity for families needing assistance.
  - They were supportive to the CMVMC and Project Sight staff members to fill any gaps in the event to ensure its success.

**Next Steps**

- The School Health program will continue to partner with the organizations to bring mass vision screens and follow up vision care to other DPS schools this school year and in future years.
- Will continue to improve upon the event planning process to further reduce barriers to receiving vision care.

**Division/Program: Medical Services / School Health**  
**(Accreditation Activity: Activity 11.1 The local health department shall participate in a collaborative community steering committee to identify health issues and needs)**

**Program Description**

- 10.2% of youth will be diagnosed with a substance use disorder during their lifetime.
- 1 in 5 teens and young adults live with a mental health condition.
- 50% of all mental illnesses begin by age 14, and 75% by the mid-20's
- Youth Mental Health First Aid introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches them how to help adolescents in crisis or experiencing a mental health challenge.
- Durham County Public Health Administrators and Senior Public Health School Nurses realized the need and developed a plan to offer solutions.
- Collaborated with Durham Technical Community College to provide training.

**Statement of Goals**

- To increase the number of school health personnel trained to recognize the pattern of thoughts, feelings, behaviors and personal appearance issues that could indicate a youth may be experiencing challenges that place them at-risk.

**Issues**

- **Opportunities**
  - To describe the purpose and role of a Youth Mental Health First Aid (YMHFA) and the role of the Mental Health First Aider.
  - To recognize the signs and symptoms of mental health challenges that may impact youth.



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- To raise awareness of the impact of traumatic experiences and the role of resilience on adolescent development.
  - To increase ability to utilize the steps of the YMHFA for both non-crisis situations and crisis situations.
  - To provide guided practice with role-playing and simulations to demonstrate how to assess a mental health crisis and select interventions for initial help and connect youth to professional, peer, social and self-help care.
  - To increase the knowledge base for our Senior Public Health School Nurses in the recognition of risk factors for mental health challenges.
- **Challenges**
    - Providing release time for training during the school day with limited 8-hour time slots to train staff when students are not present at school.
    - Prioritizing YMHFA training during the scheduled school breaks and, also honor those times for staff self-care and time to be with their own families.
    - Participation with other staff at school in the development of plans for student support and/or school re-entry following a mental health crisis.
    - Care coordination for students receiving interventions outside of the school setting.
    - Increased number of at-risk students due to two years of remote learning due to COVID.

**Implications**

- **Outcomes**
  - Participants will learn to support youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan.
  - Participants will assess students for risk of suicide or harm.
  - Participants will listen nonjudgmentally to students.
  - Participants will learn to provide reassurance and information leading to referral for professional help.
  - Participants will encourage self-help for students.
  - This training requires a coordinated effort with School Health, Durham Technical College and PH administration which will benefit the training process in the future.
- **Service Delivery**
  - The Senior Public Health Nurses showed a tremendous amount of dedication to this public health issue and rose to the occasion with the time commitment required for training.
  - The School Health leadership team spearheaded the coordination of the training.
- **Staffing**
  - Nine staff were trained including two PHN Supervisors, four Senior Public Health Nurses and three School Nurse Extenders including two LPNs and one RN.
- **Revenue**
  - Not applicable

**Next Steps/ Mitigation Strategies**

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- Communication will be ongoing with DPS and Durham County to continue addressing this need. This effort will be widened to address the need to train more staff who regularly interact with students.

**QUESTIONS/COMMENTS:**

Chair Jackson recognized:

- **Health Education and Community Transformation**-Post-overdose follow-up with Duke hospitals to refer post-overdose patients and hospitalized patients diagnosed with SUD to the program.
- **School Health**- Durham County Public Health Administrators and Senior Public Health School Nurses realized the need and developed a plan to offer solutions. Collaborated with Durham Technical Community College to provide training to increase the number of school health personnel trained to recognize the pattern of thoughts, feelings, behaviors and personal appearance issues that could indicate a youth may be experiencing challenges that place them at-risk.
- **Population Health**- The survey process of the 2023 Durham County Community Health Assessment (CHA) began September 21, 2022.

**Dr. Braithwaite:** I have one question. When should we expect permanent housing for the ToothFerry to be completed?

**Mr. Jenkins:** Already done. The county purchased a site on Leesville Road to house the ToothFerry.

**COMMITTEE REPORTS:**

The nominating committee is working on nominations for Chair and Vice-Chair positions. If anyone is interested in the "Chair" position contact the Chair of the Nominating Committee, Spence Curtis.

**OLD BUSINESS:**

There was no old business.

**NEW BUSINESS:**

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize \$2422.00 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section/Communicable Disease Branch.

This increase in the grant funds provides temporary funding to the Local Health Department (LHD) to provide additional funding to counties to enhance latent tuberculosis (TB) infection (LTBI) and active TB disease screening and treatment due to the Local Health Department's increased caseload due to Ukrainian refugees and humanitarian parolees.

The Durham County Department of Public Health request approval to recognize funds in the amount of to recognize \$12,500 from the North Carolina Department of Health and Human Services Division of Public Health.

This is part of a larger \$112,272 award that extends from June 1, 2022 – May 2023 for Durham County to support a Regional Tobacco-Free Collaborative and implement a Tobacco Prevention and Control Action Plan for the following counties: Durham, Chatham, Orange, Alamance, Guilford, Rockingham, Caswell and Person. The Durham County Department of Public Health (DCoDPH) was awarded funds from the state to contract with Counter Tools to conduct an environmental scan of the

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tobacco retail environment in the Region and to analyze the environmental scan data.

**QUESTIONS/COMMENTS:**

**Mr. Gregorio:** Director Jenkins, how many refugees have increased from Ukrain and do you feel that those \$2,422 are enough to cover the refugees?

**Mr. Jenkins:** I can't give you a definite number right now but I know it's been quite a lot to the point where we have received some additional funding in the past that has allowed us to get some temporary help. As Madam Chair said we will take whatever funds we can get but I don't think it's nearly enough. We have been fortunate enough to be creative and also in our partner with Lincoln Community Health Center to ensure that our refugee population is taken care of but I am happy to get that specific number for you and to be able to provide this board that specific information but I can tell you definitely that we have been serving a lot of refugees in the course of the past six to eight months.

**Mr. Gregorio:** Thank you very much. Yes, every little bit helps.

**Chair Jackson:** Yes, it wasn't that long ago that we received a nice update on the Refugee Health Program. I don't know if we need a big presentation but maybe just a small update on how things are going from the last presentation up to now, how things have changed and are they getting better or worse.

Dr. Orto made a motion to approve the (2) budget amendments recognized above. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.


• **AGENDA ITEMS FOR NEXT BOARD MEETING**


- 2022 Communicable Disease Report
- 2021 SOTCH Report and County Health Rankings Presentation
- Refugee Update

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion.

Dr. McDougal made a motion to adjourn the regular meeting at 5:45pm. Dr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

  
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Rosemary Jackson, MD, Chair

  
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Rodney E. Jenkins, Public Health Director