

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

Rosemary Jackson, MD; Roger McDougal, DDS; Mary Braithwaite, MD, MSPH; Anthony Gregorio, MBA Victoria Orto, DNP, RN, NEA-BC; James Miller, DVM; Gene Rhea, PharmD, MHA; Spencer “Spence” Curtis, MPA, BS and Commissioner Nida Allam

Excused Absence: Josh Brown

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Wardell, Kristen Patterson, Liz Stevens, Michele Easterling, Chris Salter, Jim Harris, Lindsey Bickers-Brock, Dr. Jeff Jenks, Hartie Wood, Marcia Richardson, Marissa Mortiboy, Josee Paul, Alecia Smith, Larry Lyles, Bria Miller, Shenell Little, Makeda Black, Vangie Quiambao, Dennis Hamlett, Jaeson Smith, Natalie Thompson

**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/ADDITIONS TO AGENDA:** There were no adjustments/additions to the agenda.

Mr. Curtis made a motion to approve the agenda. Dr. Orto 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 December 8, 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 Durham County Department of Public Health employees celebrating milestone years of service with Durham County Government during the 2022 DCo Honors Program held on Friday, December 2, 2022 at the Durham Convention Center.

Mr. Jenkins recognized the great work of the DINE Team and the continued hard work of the Durham County Department of Public Health staff.

Chair Jackson thanked the staff for all the hard work they are doing in Public Health.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Chair Jackson called for administrative reports/presentations:

**2022 COMMUNICABLE DISEASE UPDATE (Activity 2.3)**

Dr. Jeffrey Jenks provided the board with a 2022 Communicable Disease Update.

**Objectives:**

- Update on COVID
- Update on Monkeypox
- Communicable disease cases and rates for 2018 - 2022
  - Chlamydia, gonorrhea, syphilis, HIV/AIDS
  - Tuberculosis

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- Foodborne, vector-borne diseases, and pertussis
- Program successes and challenges

**Summary Information:**

- As of November 30, 2022, there were a total of 96,418 COVID-19 cases since the beginning of March 2020 and 369 COVID-related deaths
- As of November 30, 2022 we have had 45 cases of monkeypox diagnosed in Durham County. All have been in males and 73% in Black or African Americans
- Sexually transmitted infections continue to represent the largest number of non-COVID reportable communicable diseases in Durham County. While reported cases of chlamydia and gonorrhea are stable since 2020, the number of cases of latent syphilis decreased from 127 (2021) to 64 (2022) and primary syphilis 68 (2021) to 19 (2022)
- Cases of newly-diagnosed HIV are slightly decreased from 2019 – 2021 (68 in 2019 and 61 in 2021)
- Durham County had a decrease in reported cases of campylobacter, salmonella, and other foodborne infections from 2021 to 2022.
- NC Communicable Disease reports are available for each county by disease and year on an interactive data dashboard at <https://epi.dph.ncdhs.gov/cd/figures.html#cds>

**Communicable Disease Program:**

- Successes:
  - Continue COVID vaccine outreach
  - Quickly developed MPOX vaccine outreach and collaborations with community partners
  - Ramping up STI testing in Adult Health Clinic and through Health Education program
  - Started HIV PrEP Quickstart program
- Challenges:
  - Chlamydia, gonorrhea, and HIV incidence largely unchanged

**Next Steps:**

- Continue COVID vaccine Clinic at DCoDPH
- Continue MPOX vaccine Clinic at DCoDPH
- Will analyze effectiveness of PrEP Quickstart program in future
- Increase community outreach in 2023
  - STI testing with Health Ed Program
  - STI testing through Medical Van
- Better use data analytics through our Population Health team to target testing and community outreach

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

**QUESTIONS/COMMENTS:**

**Dr. Jackson:** Thank you Dr. Jenks that was a very good and comprehensive presentation and easy to follow. Yes, you're right, in the big picture, we are always going to have some cases but it appears we are moving the needle in the right direction.

**Dr. Rhea:** Just one question I have. I think it has been pretty well documented that a lot of patients have delayed vaccinations with just normal vaccinations. What do you think is the risk of seeing upticks in vaccine preventable disease like measles, polio and things like that?

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**Dr. Jenks:** It's a huge issue. Now with measles I just saw this week I think it was a world health organization sounded the alarm that this really is a potential issue globally. Measles is so infectious that in small drops of vaccinations in the community can cause outbreaks and we certainly see this in the United States and it doesn't take much. The herd level for measles immunity is low in the mid nineties so you're right we really need the majority of the population vaccinated so I think that is a huge risk. Polio we've seen an outbreak in New York state, know the kind of level of vaccination needed to prevent an outbreak with polio is in the mid sixties and we are well above that in North Carolina so I think the risk of like a polio outbreak here is pretty low but this is certainly an issue vaccinations is something you must continue to keep those numbers up or there's always a risk of an outbreak of these vaccine preventable diseases and that was the emphasis for purchasing the new medical mobile unit because we were seeing drops in vaccination rate among school children and that was really one of the big issues in getting this van to try to vaccinate that population and we also have come up with other good uses for the van. It's a good question and a big consideration.

**Dr. Rhea:** Thank you.

**2021 SOTCH REPORT AND COUNTY HEALTH RANKINGS**  
*(Activity 1.1 & 9.1)*

Bria Miller, Partnership for A Healthy Durham Coordinator provided the board with an update on data from the 2020 Community Health Assessment, related to the top Durham County Health priorities and overall population health.

**Summary Information:**

The State of the County Health (SOTCH) report provides an update on data from the 2020 Community Health Assessment and the county's top five health priorities- affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes, and food access. This is the most current data on demographics and leading causes of death. The information in the report provides information on the health of Durham's residents and can be used for grant writing and decision-making around local policies, budgets, and programs.

The Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute County Health Rankings bring actionable data to communities and help them identify changes and opportunities for local health improvement. The rankings identify health disparities by collecting data on race, and in some cases gender, highlighting opportunities for equity paired with recommended interventions.

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

**QUESTIONS/COMMENTS:**

**Commissioner Allam:** Thank you Bria for this presentation. I just have one question if you could repeat the stats you mentioned about the patient vs physician ratio. What's that again?

**Ms. Miller:** That is 790 patients to every physician in Durham.

**Commissioner Allam:** Okay I misread it I thought we had a higher ratio than the state but we have a lower ratio. I have a second question and it may can be answered under the refugee health presentation or somewhere else within the county. You were talking about the population growth areas by demographic and everything do we have a track of like what the refugee population growth has been in Durham?

**Ms. Miller:** I don't have that information but I imagine that it does exist somewhere. I can inquire with our team to see if we can track that down.

**Commissioner Allam:** Thank you Bria. I appreciate it.

**Dr. Jackson:** That was very good Bria. Thank you so much. Quite comprehensive. Toward the end, the information about students who have

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a suicide plan was a bit alarming for me and we know that through surveying students?

**Ms. Miller:** That is correct. Surveying students in middle and high school.

**Mr. Jenkins:** Madam Chair, they touched on this earlier in the year in the presentation by Ms. Carrico and it's fresh on my mind because most recently the NACCHO UNC student chapter asked me to speak on student mental health and those stats are pretty alarming. They really are.  
**Chair Jackson:** Yes. Well thank you for that and continue the good works.

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

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

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

**QUESTIONS/COMMENTS:**

**Chair Jackson:** I love the new format you can just look at a glance and tell what's happening. Thanks to Environmental Services for that.

**Attorney Wardell:** Just a brief update. That was one of the first things I did when I got back is to meet with the folks in environmental health and we are plowing through the list. There was a complaint filed in my absence which I will follow-up on and we sent at least one ten-day notice for a matter that is relatively pressing at this point so we have to address that but slowly but surely, we are working through the list. Some people are in fluent, there is no current violation but they still have a few things to do to make sure that they are fully compliant and so that is reflected in the color-coordinated list. So, it's coming along pretty good.

**Chair Jackson:** Great. I know it's a lot of work for environmental health so kudos to them again and thank you for all that hard work and working along with Attorney Wardell. Thank you.

**Health Director's Report**

**December 8, 2022**

**Division / Program: Medical Services/Care Management for At-Risk Children (CMARC)**

**(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program Description**

The Care Management for At-Risk Children Program (CMARC), formally known as Care Coordination for Children, has entered the second year of Medicaid Transformation. CMARC is a population-based care management program providing services to Durham County children and families from birth to 5 years of age. The social worker and nurse team is dedicated to improving the health and well-being of children and families in the community. This is evident in the performance metrics; the team is meeting or exceeding the goals set for each metric. The active outreach and engagement rates remain well above the 85% expectation, with our average consistently measuring between 90 % and 100%.

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**Statement of goals**

- The care managers connect children and families to valuable resources throughout the Durham County community, including food and childcare resources and physical, occupational, and speech therapies. The team promotes and maintains a positive relationship between the child's medical team and the family and advocates on behalf of the family for services necessary to support the child and the family unit.

**Issues**

- **Opportunities**
  - Care Managers utilize their knowledge and skills to facilitate navigating the complexities of systems that are, at times, responsible for creating barriers for families. The impact of trauma on families is recognized and acknowledged, and the care managers evaluate the most appropriate services for families. As such, the team is equipped and trained in various assessments to help identify the services needed. The Life Skills Progression (LSP) assessment evaluates the biopsychosocial aspect of the family to guide each care manager in providing a more holistic approach to meeting the child and family's needs. Care managers also utilize the Survey of Well-Being for Young Children (SWYC) assessment, which clarifies the social determinants of health impacting the child and family.

- **Challenges**

- Each care manager manages approximately 30 to 50 children per caseload and contacts each family at a minimum, once each month, agreed upon by both the care manager and guardian. Contacts are made by phone calls or by scheduled in-person visits. Staff and families continue to use COVID-19 protocols during in-person visits to minimize the risk of illness for staff, children, and families.

**Implication(s)**

- **Outcomes**

- Care managers are well connected within the community as each care manager serves on a committee, task force, or advisory board specific to early childhood. When attending meetings, care managers share valuable information about the CMARC program and learn about other resources available to families within Durham County. The team is in the process of incorporating evidence-based equity tools into program standards and operations and advocating for systemic changes to ensure focused service provision to marginalized populations and promoting maximum efforts toward equitable services.

- **Service delivery**

- The CMARC team remains committed to serving children and families from birth to 5 years throughout Durham County. Each care manager is eager, passionate, dedicated, and committed to promoting and improving the health and well-being of children in our community.

- **Staffing**

- CMARC Supervisor
- CMARC Human Services Coordinator
- CMARC Social Workers
- CMARC Public Health Nurse
- CMARC Processing Assistant

**Next Steps / Mitigation Strategies**

- Durham County Care Management for At-Risk Children (CMARC) supervisor and staff will continue to support parents, guardians, and other caretakers to utilize support networks to effectively meet the needs of children and their families.

**Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences (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 Trauma-Informed Care Initiative is an organizational effort coordinated by the Adverse Childhood Experiences Program. The Adverse Childhood Experiences and Resilience Coordinator is tasked with “identifying avenues to increase trauma-informed services within Public Health”. Trauma-informed care “realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization ([SAMHSA](#)).”
- In 2021, the Durham County Department of Public Health (DCoDPH) leadership team and Durham County Human Resources approved the use of a trauma-informed organizational assessment of staff to assess DCoDPH policies and practices. The Coordinator, in consultation with Leadership, assembled an internal Trauma-Informed Care Task Group. The Task Group is working to implement the assessment across all DCoDPH staff; identify specific areas for growth; develop and implement policies and practices to address identified areas for growth; and track progress on goals identified by the initial assessment.

**Statement of goals:**

- To assess Durham County Department of Public Health policies and practices to align with the core values of the trauma-informed care.
- To develop a baseline to use for tracking progress towards goals identified by the initial assessment.
- To identify specific areas for growth and opportunities to build trust, establish safety, increase staff satisfaction, improve customer service, and promote the health and wellbeing of the Durham community.
- To develop and implement policies and practices to address the identified areas for growth in using a trauma-informed care approach.
- To collaborate and engage strategic planning and future programmatic, workforce development, and staff wellness plans with specifics that integrate trauma-informed practice and policy throughout the organization.
- To provide a pilot within DCoDPH to model, document, and assess a process for Durham County government to become more trauma-informed across the enterprise.

**Issues:**

- **Opportunities**
  - DCoDPH has partnered with the National Center for Child Traumatic Stress (NCCTS) to administer the Trauma-Informed

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- Organization Assessment (TIOA). The NCCTS leads collaboration around trauma informed best practices and resource development for children and families and their child serving workforce across multiple systems of care.
- The Trauma-Informed Care Task Group includes 13 DCoDPH staff from 10 programmatic teams.

- **Challenges**

- Finding time for staff to take the assessment. We have given staff time to complete the assessment during required All-Staff meetings to alleviate this burden.
- Establishing safety and trust (two trauma-informed care principles) that this assessment is meant as an organizational assessment and will be used to make changes.

**Implication(s):**

- **Outcomes**

- The goal is 80% of staff complete the survey to give us a sufficient sample size.
- Increased understanding of the prevalence of trauma, the signs and symptoms of trauma and the importance of trauma-informed care.
- We plan to have a multi-year work plan that will help strengthen our work and address opportunities for growth.

- **Service delivery**

- All staff who attended the October Staff Development Day received Trauma-Informed Care 101 training.
- Due to the length of the survey and concerns about decreased response rate, we divided the survey into two sections. The first section was given to staff on October 5, 2022. Part, one covers workforce development, resilience and protective factors, cross-system collaboration, secondary traumatic stress, partnering with clients and families, and cultural responsiveness. The second section will be administered December 7, 2022, and will cover trauma screening, assessment, care-planning and treatment, and addressing parent/caregiver trauma.
- The survey is voluntary and anonymous. Our partnership with NCCTS gives us an additional level of anonymity since they will be handling all raw data and no identifying information is attached to responses.

- **Staffing**

- Adverse Childhood Experiences and Resilience Coordinator has dedicated 30% of her time for this program during FY 23.
- The members of the Task Group contribute about 1-3 hours a month.
- Two members of the NCCTS support this project at 1-3 hours a month.

- **Revenue**

- The TIOA is available for free, and no funding has been required to administer the assessment.
- We anticipate funding will be needed to address identified needs, such a workforce development training.

**Next Steps / Mitigation Strategies:**

- The purpose of the NCTSN TIOA is to identify and implement opportunities for improvement. After the Trauma-Informed Care Task Group has administered the TIOA, NCCTS will analyze and

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share the results broadly with the DCoDPH Trauma-Informed Care Task Group. We anticipate this will occur in January 2023.

- The Task Group will share back the results with staff through various channels. This process will then help the Task Group identify domains on which we would like to focus to become a more trauma-informed organization.
- The Trauma-Informed Care Task Group will develop a multi-year work plan based on these prioritized areas with feedback from staff and leadership.

**Division / Program: Health Education & Community Transformation  
Division / Suicide Prevention and Awareness Education Activity  
(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:**

- Suicide rates in Durham County have increased from 8.2/100,000 in 2016, to 13.1/100,000 in 2021. While suicide prevention is important to address year-round, Suicide Prevention and Awareness Month (September) provides a dedicated time to come together with collective passion and strength around a difficult topic. We can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.

**Statement of Goals**

- To collaborate with partnering agencies and organizations to increase awareness and education about mental health, depression, and suicide. The intent of these collaborative efforts is to:
  - Educate community members to recognize the signs of suicide and actions to take
  - Reduce the stigma associated with suicide, depression, and other mental health needs
  - Improve access to treatment for mental health needs in Durham County by connecting residents to mental health treatment services in the community
  - Reduce access to lethal means for persons at risk in Durham County

**Issues:**

- **Opportunities**
  - In December of 2021, while discussing plans to offer Mental Health First Aid (MHFA) training to Durham County Library employees, James Osborn of Alliance Health proposed an opportunity to collaborate on webinar offerings from the DCoDPH Health Promotion and Wellness Team. Following a successful lunch-and-learn webinar series in March 2022, recognizing Teen Dating Violence Awareness Month, a discussion with Ashley Bass-Mitchell of Alliance Health, Armenous Dobson of Insight Human Services and Donna Rosser of DCoDPH led to plans for a lunch-and-learn webinar series in recognition of National Suicide Prevention and Awareness Month.
  - This webinar series features representatives from agencies serving particular populations at-risk for suicide. These populations would include **Veterans, the elderly, and**



**lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth.**

- **Challenges**
  - For the most part, the webinar series was carried out as planned. In anticipation of the challenges experienced during the TDVAM webinar series, planning committee members took the following actions:
    - Agencies and facilitators were identified, and invitations extended earlier. This allowed more time to find an alternate representative or agency as necessary.
    - Webinar facilitators were emailed instructions to register and receive the meeting link. They were also contacted by phone two days prior to their webinar to confirm that they received the meeting link.
    - Facilitators were asked to join the meeting 15-minutes prior to the start of the webinar to get any technical support necessary.

**Implication(s):**

- **Outcomes**
  - Partnerships with Alliance Health and Insight Human Services on injury prevention topics like firearm safe storage and safe medication disposal have existed over the last two years. We have also partnered with Alliance to provide a webinar on suicide basics. However, this is the first time we have offered a webinar series to address suicide in particular at-risk populations.
  - Durham VA Healthcare System and its Suicide Prevention Program has been a partner with DCoDPH as a member of its Gun Safety Team for many years. The webinar series provided an opportunity to highlight suicide prevention services for veterans, as well as information on safe storage of firearms and Counseling on Access to Lethal Means (CALM).
  - Planning for the webinar series provided an opportunity to partner with Silver Linings for Seniors – a therapy organization focusing on the mental health needs of seniors, caregivers and loved ones.
  - The webinar series also provided an opportunity to partner with the LGBTQ Center of Durham, whose mission is to ‘support LGBTQ+ people through services, programming, resources, and support networks that center their wellbeing and allows them to thrive.’
  - A total of 16 individuals attended some or all of the webinar series, with 25 percent attending more than one session.
  - Outcomes of these activities are speculative at this point. However, evidence-based strategies, including educating community members to recognize the signs of suicide, reducing stigma associated with mental health issues; improving access to mental health treatment, and reducing access to lethal means for persons at risk for suicide, have been shown to result in a decrease in suicide rates.
- **Service Delivery**
  - In recognition of National Suicide Prevention and Awareness Month (SPAM), and to raise awareness concerning an often stigmatized and taboo topic, Durham County Department of Public Health, Insight Human Services and Alliance Health featured a lunch and learn

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webinar series. The S.O.S./Caring and Support (CAS): Life Matters Webinar Series took place during four Thursdays in September 2022 and featured the following topics and facilitators:

- Thursday, September 8, 2022, 1:00pm-2:00pm  
Suicide: Your Life Matters!  
Facilitator: Javonna Rozario, BS — Suicide Prevention Coordinator, Durham County Department of Public Health
- Thursday, September 15, 2022, 1PM-2PM  
Community-Based Firearm Safety and Gunlock Distribution Programs  
Facilitator: Gary H. Cunha, MSW, LCSW — Suicide Prevention Coordinator, Durham VA Health Care System
- Thursday, September 22, 2022, 12PM-1PM  
Suicide Prevention in the Elderly  
Facilitators: Tamra Demello, Business & Community Liaison, Silver Linings Silver Linings Teletherapy, student interns, Patricia Bunn and Rhonda Hunt
- Thursday, September 29, 2022, 1PM-2PM  
LGBTQ Youth & Suicidality  
Facilitators: Freddy Perkins, MMT, MT-BC, Youth Center Director, LGBTQ Center of Durham, and Niccolo Roditti, MEd, Assistant Director LGBTQ Center of Durham

- **Staffing**

- One (1) DCoDPH Injury Prevention Public Health Education Specialist worked with the planning group to identify agencies to feature in webinar series, invited guest facilitators, develop content to include on flyers. Introduced webinar facilitators during sessions.
- One DCoDPH Comprehensive Suicide Prevention Program Coordinator who facilitated the introductory session in the series and provided technical assistance throughout the series.
- One representative from Insight Human Services and one from Alliance Health who served on planning committee, designed flyer, provided technical assistance throughout the series, and managed the virtual platform.
- One representative from Durham VA Healthcare System who facilitated a session related to Veterans and suicide.
- Three representatives from Silver Linings for Seniors who facilitated the session on suicide and the elderly.
- Two representatives from the LGBTQ Center of Durham who facilitated the session on Suicidality and LGBTQ youth.

- **Revenue**

- No revenue was generated as a result of these activities.

### **Next Steps / Mitigation Strategies**

- Additional agencies have requested to collaborate with the existing group to plan activities for Teen Dating Violence Awareness Month (February 2023). Meetings will begin in November 2022, using a strategic planning process to identify activities and evaluation methods.

**Division / Program: Nutrition Clinic/Health Education Collaboration (Accreditation Activity 12.3- Participate in a collaborative process to implement population-based programs to address community health problems.)**

**Program description:**

- On November 22, a Registered Dietitian from DCoDPH's Nutrition Clinic provided a presentation and cooking demonstration for Health Education Division's monthly Diabetes Support Group.

**Statement of goals**

- Health Education and Nutrition Divisions collaborate to deliver best practice health promotion and illness prevention education.
- DCoDPH will provide easily accessible education and support to people living with diabetes.

**Issues**

- **Opportunities**
  - Collaboration between Nutrition and Health Education Divisions enhances services.
  - Monthly virtual support group meetings offered by the Health Education Division provide people living with diabetes and their loved ones - education and support to best manage the disease and to reduce the risk of complications.
  - Registered Dietitians can provide intensive education and counseling regarding nutrition's role in control of diabetes.

**Implication(s)**

- **Outcomes**
  - 39 participants are enrolled in the monthly Diabetes Support Group.
  - Participants are engaged in learning tools for self-care related to diabetes and are interested in nutrition and healthy lifestyle changes.
  - Presentations by the Registered Dietitian emphasize the importance of nutrition and how it affects blood sugar control.
  - November 22 was the second presentation this year by a DCoDPH Registered Dietitian to the group.
- **Service delivery**
  - A Registered Dietitian from the DCoDPH Nutrition Clinic provided a presentation on the importance of good nutrition in overall health and how foods affect blood sugar control. A virtual cooking demonstration was conducted from the Nutrition Division kitchen on making Black Bean Quesadillas and Kale Salad. The Surviving the Holiday handout and Healthy Holiday Recipes were provided.
  - A Health Education Specialist facilitates the Diabetes Support Group sessions and provides support and education regarding living with diabetes.
- **Staffing**
  - The DCoDPH Nutrition Clinic staff includes 3 Registered Dietitians who provide Medical Nutrition Therapy (MNT) counseling to individuals and nutrition education to groups.
  - The Health Education Division includes 18 health educators who provide health education in the community.

**Next Steps / Mitigation Strategies**

- DCoDPH's Nutrition and Health Education Divisions will continue to collaborate in the shared goal of educating and empowering citizens for optimal health and selfcare.

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**Division / Program: Nutrition Division / DINE FFY22 Outputs and Outcomes**

**(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**

- DINE is a school- and community-based nutrition program that targets SNAP-eligible families. DINE provides nutrition education, facilitates policy, systems and environmental (PSE) changes, and implements a social marketing campaign.
- DINE is funded by a grant from USDA's SNAP-Ed program and by Durham County. The grant funding is allocated based on the federal fiscal year, October 1 through September 30.

**Statement of goals**

DINE will help/encourage Durham residents to:

- Establish healthy eating patterns and maintain a physically active lifestyle.
- Promote obesity prevention activities.
- Facilitate policies, systems, and environmental changes that promote healthy eating.

**Issues**

- **Opportunities**
  - DINE nutritionists were able to resume in-person nutrition education in FFY22.
  - Durham Public Schools (DPS) placed an emphasis on increasing students' time outdoors. This created additional DINE education opportunities such as garden classes and outdoor cooking lessons.
  - DINE partnered with the new DPS Ignite Online Academy to reach students virtually.
  - DINE received an Ann Wolfe Mini Grant (\$8,000) from the NC Public Health Association to create/improve outdoor learning spaces in early child education settings.
  - DINE was awarded a GlaxoSmithKline Foundation Child Health Award (\$10,000) in September 2022.
- **Challenges**
  - The COVID-19 pandemic continued to present challenges and limited hands-on cooking classes. DINE nutritionists modified classroom taste tests to ensure best safety practices during the ongoing pandemic.
  - The DINE in Childcare position was vacant for three months. Childcare centers also struggled with COVID-19 restrictions and safety protocols. This limited DINE's capacity to facilitate PSE changes in FFY22.
  - Three of the food pantries with which DINE planned to partner did not have the capacity due to increased client demand. DINE pivoted to work with three new food pantries located in DPS schools.
  - Blue Cross Blue Shield of North Carolina (BCBSNC) has funded Durham Double Bucks since FFY19 and did not renew funding for the 2023 market season. The program will end in January if a new funding source is not secured.

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**Implication(s)**

- **Outcomes**
  - During FFY22, DINE provided direct nutrition education to 2,287 Durham residents.
    - 73% of participants surveyed demonstrated increased knowledge.
    - 63% of survey respondents showed improved behavior related to nutrition.
  - The DINE team facilitated 49 policy, systems and environmental changes reaching 20,612 Durham residents. These took place in schools, childcare centers, food pantries, farmers' markets, Durham County buildings, and via a web-based food access map. Some of the changes include:
    - Implemented a new annual MyPlate Fun Run event for DPS families as an opportunity to promote healthy eating and physical activity outside of school.
    - Created classroom garden kits with materials and lesson plans for teachers to help students grow microgreens in the classroom, while reinforcing academic subjects.
    - Facilitated incorporating produce from a preschool garden into meals and snacks.
    - Assisted with the establishment of three new food pantries in DPS schools.
    - Assisted the Black Farmers' Market join the Farmers' Market Nutrition Program (FMNP) and secure funding to start a Double Bucks program.
    - Partnered with DCo General Services with the implementation of the healthy vending policy for all Durham County Government buildings including DINE staff providing regular monitoring of items in vending machines and feedback to General Services about vendor compliance with healthy vending standards.
    - DINE continues to support an online, searchable map of food resources. This year, DINE added an evaluation system and translated the map into Spanish.
  - A "Say Yes to Water" social marketing campaign reached 20,293 Durham residents through workshops and health fairs, a monthly e-newsletter, social media posts, and banners.
    - Of those surveyed, 19% showed a positive behavior change around drinking water or stated they will change their behavior because of the campaign.
- **Service delivery**
  - During FFY22, DINE provided services at 15 elementary schools, 5 middle schools, 14 childcare centers, 4 farmers' markets, and 6 food pantries. DINE also reaches Durham residents via Instagram, Facebook, and an e-newsletter.
  - DINE conducts program evaluation through pre/post screenings, participant surveys, and parent and teacher surveys.
- **Staffing**
  - The DINE program is staffed by nine full-time and four part-time nutritionists, one processing assistant, and two program managers. The two program managers and two of the full-time nutritionists are funded by Durham County; the other positions are funded by SNAP-Ed.

**Next Steps / Mitigation Strategies**

- DINE will modify its programming based on the FFY22 evaluation.

- DINE secured grant funds to hire an additional part-time Nutrition Specialist to work with Durham's Latino/a/x and Hispanic community.

**QUESTIONS/COMMENTS:**

- **DINE PROGRAM**

**Chair Jackson:** The DINE Summary sheet was very good and you could tell what had been done in the past year without doing a lot of reading. It's a great program.

- **CARE MANAGEMENT FOR ADVERSE CHILDREN**  
The Care Management for At-Risk Children Program (CMARC), formally known as Care Coordination for Children, has entered the second year of Medicaid Transformation. CMARC is a population-based care management program providing services to Durham County children and families from birth to 5 years of age. The social worker and nurse team is dedicated to improving the health and well-being of children and families in the community. This is evident in the performance metrics; the team is meeting or exceeding the goals set for each metric. The active outreach and engagement rates remain well above the 85% expectation, with our average consistently measuring between 90 % and 100%.

**Chair Jackson:** I did have one question. It said that the program is for children ages 0-5 years, so after the five years, do we have any follow-up down the road say like at age 10 or 12 or when they get to high school? Do we have any information on how they continue to do after those first five years of getting that extra care?

**Mr. Jenkins:** Madam Chair I definitely will defer to the Director of Nursing, Hattie Wood but I will say I'm very familiar with those programs believe it or not as a Deputy Public Health Director, I administratively supervised those programs in another county. Traditionally, what has happened is from 0-5 they're in CMARC and then they can transition into another program which is called CMHARP and they're able to continue to monitor them. That's been my experience.

**Ms. Wood:** Basically what happens in care-management for high-risk kids, they're dealing with a high-risk population with babies that are in neocube....babies that may have been exposed to drugs in utero so we deal with this fragile group of children from 0-5. After that we link the families to resources so if they need further resources that's what our care management team do. They link them to what further resources they need whether it's through DSS, DPS, kindergarten readiness or whatever resources are available in the community. These kids are not lost because they're being followed by their pediatrician as well so that's how their care is continued to be provided. This grant is very specific to just that age group because that's when we really want to be most impactful and we have to reach deliverables for the state by submitting our data that show how many clients our social workers and nurses have provided care.  
**Chair Jackson:** Okay great. Thank you for that. Sounds like a great program.

**COMMITTEE REPORTS:**

There were no committee reports.

**OLD BUSINESS:**

- **REFUGEE HEALTH UPDATE**

Ms. Little, Public Health Nurse Supervisor provided an update on Refugee Health Program activities since the last presentation in April 2022.

**Objectives:**

- The country of residence and number of refugees receiving services FY 22 (July 2021 - June 2022) and July 2022- November 2022 (present date)

15 A Regular Meeting of the Durham County Board of Health, held December 8, 2022.

- Difference between FY 22 and FY 23 data
- The top (5) five countries where refugees came from FY 22 and FY 23.
- The number of Ukrainian refugees provided services July 2022-November 2022 (present date)

**Summary Information:**

Refugees are a high-risk and vulnerable population that face special health challenges due to their exposure to deteriorating conditions usually attributed to circumstances such as war, trauma, and forced migration.

While there has been an increase of Refugee Health Screening over the past two (2) years. The increased number of Ukrainian refugees has slowly begun to increase in 2022.

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

**QUESTIONS/COMMENTS:**

**Chair Jackson:** We appreciate the update. It looks like we are doing what we need to do so thank you all for that.

**Ms. Little:** You're welcome.

**Chair Jackson:** Out of the 17 Ukrainians seen how many of them are children?

**Ms. Wood:** Out of the 17, there were 10 adults and 7 Ukraine children seen since April 2022.

- **2022 BOH OPERATING PROCEDURE HANDBOOK REVIEW/APPROVAL**

The 2022 Board of Health Operating Procedures Manual was reviewed by the Board of Health which included:

1. Face Page
2. Board Members Contact Information
3. FY2022 BOH Meeting Schedule
4. Operating Procedures for Durham County Board of Health
5. FY2022 Approved BOH policies

Dr. Rhea made a motion to approve and include the aforementioned documents in the 2022 Board of Health Operating Procedures Manual. Mr. Gregorio second the motion and the motion was unanimously approved by the board members as identified in the attendance list above.

**NEW BUSINESS:**

- **AGENDA ITEMS FOR NEXT BOARD MEETING**
  - Accreditation Update
  - Nominating Committee Recommendations

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

Chair Jackson requested cell phone numbers for all Board members in cases of emergent matters.

Dr. Orto made a motion to adjourn the regular meeting at 6:01pm. Dr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Rosemary Jackson, MD, Chair



Rodney E. Jenkins, Public Health Director