

A Regular Meeting of the Durham County Board of Health was held February 9, 2023, with the following members present:

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

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Wardell, Kristen Patterson, Liz Stevens, Micah Guindon, Michele Easterling, Jim Harris, Lindsey Bickers-Brock, Dr. Jeff Jenks, Hattie Wood, Marcia Richardson, Marissa Mortiboy, Josee Paul, Chris Salter, Alecia Smith, Larry Lyles, Rochelle Tally; Annette Carrington, Antrel Branch

CALL TO ORDER: Chair Roger McDougal called the meeting to order at 5:00 p.m. with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS/ADDITIONS TO AGENDA: Chair McDougal requested the following addition to the agenda:

1. Budget Amendment (*new business*)

Dr. Orto made a motion to approve the agenda. Mr. Brown 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. Jackson made a motion to approve the minutes for January 12, 2023. Mr. Gregorio 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 the entire staff for their active participation in the department's re-accreditation site visit on January 25, 2023.

Dr. Jackson stated that in her interview with the site visit team they were very complimentary of the staff, facility, programs and people. So, kudos to the staff and all the hard work you do during the year. Congratulations to the staff and leadership team.

Chairman McDougal: Thank you Director Jenkins and Dr. Jackson for your comments and I think we all can agree that the staff and particularly the leadership team is worthy of praise for such a great job during the re-accreditation process. Awesome!

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair McDougal called for administrative reports/presentations:

NCLHD-RE-ACCREDITATION RESULTS/NEXT STEPS SITE VISIT PRESENTATION (*Activity 36.3*)

Rochelle Tally, DCoDPH accreditation coordinator provided the board with an update and information regarding results of NCLHD Re-Accreditation Site Visit January 25, 2023 and next steps.

Summary Information:

The focus of North Carolina's Local Health Department Accreditation (NCLHDA) is on the capacity of the local health department to perform at

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a prescribed, basic level of quality the three core functions of assessment, policy development, and assurance and the ten essential services of public health. Accreditation strives to meet the mission of the NCLHDA to improve the health of all citizens and enhance the quality of local public health.

NCLHD reaccreditation is legislatively required for all NC health departments every four years from the date of their previous reaccreditation. Due to the Covid-19 pandemic the legislature extended accreditation for all North Carolina health departments for two years. DCoDPH was last accredited May 19, 2017 and its accreditation status is due to expire on May 19, 2023.

DCoDPH recently completed the reaccreditation process which included completion and submission of the Health Department Self-Assessment Instrument (HDSAI) and a Site Visit from the NCLHDA Site Visit Team (SVT) on January 25, 2023. The site visit included entrance and exit conferences, documentation review, facility tour and interviews with the health director, environmental health director, nursing director and two BOH members. At the exit conference the Site Visit Team noted our welcoming atmosphere and were complimentary of our presented documentation.

Upon completion of the site visit, a report is prepared by the SVT to be submitted to the NCLHD Accreditation Board for consideration regarding granting accreditation status for the next four years. This will be included in the Accreditation Board's agenda when it meets on May 19, 2023. Prior to this, the SVT Report will be forwarded within two weeks (February 8, 2023) of the site visit to DCoDPH to allow for the opportunity to provide any response within ten business days of receipt.

A Suggestions for Quality Improvement Report (SQI Report) prepared by the SVT will also be included. This report is not forwarded to the Accreditation Board as it is intended for DCoDPH internal use only.

The health department met all 147 benchmark activities with a recommendation for re-accreditation with honors from the site visit team. *(A copy of the PowerPoint Presentation is attached to the minutes.)*

QUESTIONS/COMMENTS:

Chairman McDougal: Thank you Rochelle for your presentation and again a hardy and heartfelt kudos to Director Jenkins, board of health representatives and the entire Durham County Department of Health staff for a great job and we have our figures cross for the recommendation of re-accreditation with honors. Very good! Thank you.

2023-2027 DCoDPH STRATEGIC PLAN PRESENTATION (Activity 15.1)

Antrel Branch, DCoDPH Strategic Plan coordinator provided the board with information on the agency's strategic planning process and shared the final draft of the strategic plan.

Summary Information:

The agency followed the National Association of County & City Health Officials (NACCHO) process to guide the 2022 strategic planning process. Through 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.

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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.

Strategic Priorities:

1. Community Focus & Engagement
2. Workforce Development & Engagement
3. Advancing Racial & Health Equity
4. Organizational Culture of Continuous Quality Improvement

A final draft of the 2023-2027 DCoDPH Strategic Plan was completed in October 2022 and was approved in November.

Next Steps:

1. Assignments of staff and/or committees to strategies, goals, and objectives
2. Presenting the plan to all Durham County Department of Public Health staff
3. Implementation of the new plan
 - a. Assuring equity throughout the process

(A copy of the PowerPoint Presentation and 2023-2027 Strategic Plan are attached to the minutes.)

QUESTIONS/COMMENTS:

Chairman McDougal: I do have a question, so I know that a lot of the objectives or strategies are to be determined as far as the leeds but particularly with strategic priority# 1” *COMMUNITY FOCUS & ENGAGEMENT*” and I’m not sure it’s been done in the past but identifying organizations that could provide value or work to the department...has there been a plan to look at congregations and maybe civic organizations particularly in black and brown communities to help market.

Ms. Branch: I’m sure there are but I’m not 100% sure of all the partnerships that we’ve had. That may be something that can be answered by someone from health education.

Mr. Jenkins: I would say Mr. Chair our partnerships continue to be robust. We continue to capitalize off the existing partnerships that we maintained and developed through-out the covid pandemic. When you talk about black and brown, there are a number of churches that we have connected with such as Los Amelia to St. Paul A.M.E, the list goes on and on. They still call on us and expect us to show up and provide the services that we do and it really offers an opportunity for some new and improved services to really reinvigorate our partnerships and highlight the services of public health. I do see Lindsey Bickers-Bock, Health Education and Community Transformation Division Director hand up and she can add a little bit more information.

Ms. Bickers-Bock: I agree with everything Director Jenkins said and want to add that the division of health education is also the home of the Durham Health Ministry Network. We gather quarterly with different congregations to think about how they’re responding not just to covid response but to whatever other health issues so I think this is definitely a place of strength that exist but we welcome anybody who has suggestions on contacts to consider and inviting other folks into the fold but this certainly is an area of outreach that exist.

Chairman McDougal: Thank you can you tell me the name of the group again?

Ms. Bickers-Bock: The group is “The Durham Health Ministry Network” and would be glad to connect folks to Willa Robinson-Allen who leads that program.

Chairman McDougal: Thank you.

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Anthony Gregorio: Thank you Ms. Branch for the presentation. In terms of and it maybe me just brainstorming...the operational of these strategic goals and priorities do you have any thoughts, metrics or project plans to successfully meeting the objectives? For example, priority#3” **ADVANCING RACIAL & HEALTH EQUITY**” is planned to be accomplished by December 2023 so certainly with these timelines I just want to make sure we are staying accountable to the objectives.

Ms. Branch: So, with that particular objective we do anticipate that objective being done and adding more objectives after we analyze the results of that particular one. For “Advancing Racial & Health Equity” we’re trying to figure out how to measure this and what data we already have available to us and what data do we need to collect in the future. Measuring equity is probably one of the most daunting tasks to figure out and how to do it because you just don’t want to count demographics because that shows diversity but doesn’t necessarily show equity so we’re working on it and it’s a work in progress so as I said this is a living document so you may see some changes in it but we are welcome to any feedback.

Dr. Rhea: No question but kudos on putting this together. It has been very well put together and an easily read document. I also saw that one of the strategies surround around the use social media to promote market. I think the team that runs that for the department does a fantastic job and I think you guys have a real strong foundation to build on.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for January 2023 prior to the meeting. The vacancy rate through the end of January 2023 was 18.6%.

(A copy of February 2023 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 January 2023 prior to the meeting.

(A copy of February 2023 NOV report is attached to the minutes.)

QUESTIONS/COMMENTS:

Attorney Wardell: We have not had any significant activity within the last month but we do have one pending lawsuit for a current non-compliant property and that matter is moving through the court and I would anticipate by the next meeting there will be some significant action on that particular case.

**Health Director’s Report
February 9, 2023**

Division / Program: Dental: Processing Assistants Cross-train as Dental Assistants

(Activity 24.2: The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.)

Program description

- The Dental Division has four Dental Assistants to serve the clinic and Tooth Ferry.
- As dental appointments for the clinic are scheduled months in advance, having additional Dental Assistants prevent the need to reschedule patients in the event of staff shortage, emergency, etc.
- When Processing Assistants are hired in dental, they are given the option to cross-train to achieve a Dental Assistant I designation. This allows them to assist with operatory patients.

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Statement of goals

- To ensure the clinic schedule is maintained, and minimize canceling/rescheduling appointments, it is advantageous to have 1-2 Dental Assistant I team members ready to help in the clinic (or on the Tooth Ferry).
- Having additional auxiliary staff reduces the need to bring in temporary Dental Assistants from a placement agency.
- Team members that wish to cross-train receive an overview with the Dental Practice Administrator, attend Radiography course, and work with other Dental Assistants when taking x-rays. Their shifts in the clinic are with the Dental Practice Administrator.
- After two years or 3,000 clinic hours the individual can earn the Dental Assistant II designation.

Issues

- **Opportunities**
 - As Processing Assistants are cross-trained, it allows the clinic to maintain schedule without moving appointments or hiring temporary staff from an outside agency.

Implication(s)

- **Outcomes**
 - In the past year, the Division filled a Dental Assistant opening with a Processing Assistant who had cross-trained for the position.
 - The clinic has not utilized temporary agency for auxiliary staff for the past 18 months.
- **Service Delivery**
 - Patients whose parents speak Spanish as a first language benefit as one of the cross-trained team members is bilingual.
 - Cross-trained assistants working at the front desk have a greater knowledge of dental procedures, etc.
- **Staffing**
 - As of January, the dental clinic has two Processing Assistants (Front Desk and Tooth Ferry Coordinator team members) who have cross-trained and earned Radiography certification.
- **Revenue**
 - Estimates show that cross-trained team members save the dental budget an estimated \$1,200 per week when not having to bring in temporary Dental Assistants to cover shifts.

Next Steps / Mitigation Strategies

- To continue to offer team members the chance to cross-train for dental positions, including covering the front desk, providing oral health presentations in the community, etc.

Division / Program: Population Health / Epidemiology

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

Program description

The Maternal Health Dashboard provides new information for the Maternal Health team at the Durham County Department of Public Health. The dashboard was built using data from internal EPIC medical records and birth data sent to the health department from Duke University Health System.

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The goal of the dashboard is to empower the Maternal Health team with information on how they can identify improvements to better birth outcomes, recommend steps to address in the inequities within Black and Brown patient populations, and provide text analytics with detailed Durham specific data that explains these inequities. The dashboard includes gestational weeks at age of delivery, common problems during birth stratified by race, data about the Gravitas Prima (GP) score and length of birth and blood loss. DCoDPH also has information about the most common problem words found in each patients' notes to help identify discrepancies between races.

The Maternal Health program is using the dashboard to examine infant mortality and fetal mortality data trends by identifying common themes such as the number of times the patient is seen by the provider, gestational age at mortality and the text fields that indicate the problems seen by the provider. All of this is stratified by race and ethnicity.

Statement of goals

- Provide accurate and timely data to empower the Maternal Health program to enact change and understand where the discrepancies with maternal health exist in Durham.
- Provide a comprehensive understanding of the variables that may worsen the effects of maternal health and gestational health during pregnancy.
- Provide trainings and information to the maternal health community about improving birth outcomes.

Issues

- **Opportunities**
 - Provide data to the media, stakeholders, partners, elected officials, and community residents.
 - Analyze data to track maternal health disparities in our community and develop strategies to address them.
- **Challenges**
 - Collecting and understanding all the data was quite a challenge, there were many disparate data sources for the information, and it took a lot of work to clean the data.

Implication(s)

- **Outcomes**
 - December 2022 Maternal Health Birth Observations
 - First comprehensive and expandable dashboard to show and follow data trends.
 - Provides the Maternal Health program with talking points about inequalities in birthing outcomes as well as external stresses.
 - Potential solutions for inequities are being discussed internally.
 -
- **Staffing**
 - The Durham County Department of Public Health Data Scientist created and maintains the dashboard.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to update the Dashboard on a monthly basis with new data. Update features and information as needed.

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- Develop tailored strategies for equitable approaches to reducing low birth weights, engaging with patients sooner and improving the information sharing efforts.

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

Accreditation Activity 15.1 The local health department shall develop plans to guide its work.

Program Description

In partnership with Duke Health, The Partnership for a Healthy Durham applied for a grant from The Duke Endowment through Healthy People Healthy Carolinas in 2021. Duke Health and the Partnership for a Healthy Durham were awarded \$100,000 for January 1, 2022-December 31, 2022. Healthy People Healthy Carolinas is an initiative of The Duke Endowment is a community-based approach to respond to chronic health diseases like diabetes, unhealthy weight, and heart disease. These funds were for a planning year, dedicated to work on the Physical Activity, Nutrition, and Food Access (PANFA) committee.

Statement of goals

- Utilize grant funds and learning opportunities to operationalize racial equity principles in the Partnership.
- Align efforts with Community Health Improvement Plans (CHIPs) with other county-wide initiatives to improve rates of obesity, diabetes, and food access for those most impacted in Durham County.

Issues

- **Opportunities**
 - Work towards operationalizing racial equity. Build a more community centered coalition.
 - Host a two-day racial equity training for the Partnership.
 - Hire a contractor to support the Partnership and The Duke Endowment grant.
 - Review and make changes to Durham Community Health Improvement Plans to ensure equity for those most impacted by obesity, diabetes, and food access.
 - Support community projects such as connecting parks to predominantly Black or Comunidad Latina neighborhoods.

- **Challenges**

- Lack of established contract for simultaneous translation services for quarterly Partnership meetings prevented this service from being offered.
- Short-term guarantee for position created a barrier to hiring a full-time specialist dedicated to grant activities.

Implication(s)

- **Outcomes**
 - Created and distributed educational materials encouraging the use of school meals.
 - Publicized applications for free school meals.
 - Provided three racial equity and food justice trainings facilitated by a local Black woman led organization with an average of 25 participants in attendance for each session.
 - Hosted call-to action table at World Hunger Day event encouraging the purchase of culturally appropriate foods and opportunities for engagement. This opportunity resulted in more than thirty people pledging to be a part of the solution and twenty people expressing interest in participating in the PANFA committee.

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- Identified and initiated framework to build authentic and continuous community engagement (Community Cafes).
- Maintaining current Healthy Mile Trails and redesigning signage to include Spanish language.

- **Staffing**

- Partnership for a Healthy Durham Coordinator
- PANFA Co-Chairs

- **Revenue**

- \$100,00 for one year

Next Steps / Mitigation Strategies

- The Partnership PANFA committee will begin working with a racial equity consultant in 2023 and collaborate to build an action plan to embed equity into PANFA's processes and therefore produce more equitable outcomes
- The Partnership plans to hire a specialist in the first quarter of 2023. This specialist will support The Duke Endowment grant activities, assure that PANFA's fulfills its CHIPs, improve authentic engagement with community members, and support the Partnership overall.
- PANFA will host three Community Cafes focused on food security and physical activity in areas most impacted by these issues beginning in the spring of 2023.

Division / Program: Pharmacy/ Medication Drop Box

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

Program description

- On March 15, 2018, the DCoDPH Pharmacy partnered with Project Pill Drop to install a Medication Drop Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for unused and expired over the counter and prescriptions medications.

Issues

- **Opportunities**

- The following items are accepted in the box:
 - Over-the-counter medications
 - Prescription medications
 - Prescription patches
 - Prescription ointments
 - Vitamins
- Reduce environmental concerns caused by flushing unwanted medications.
- Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- Medication drop-off is available during the hours of operation for the HHS building.

- **Challenges**

- Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.

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Implications

- **Outcomes**
 - Quarterly statistics, FY22-23 Q2
 - ~40 lbs. of medication disposed
 - Year-to-date statistics, FY22-23
 - ~80 lbs. of medication disposed
 - Previous year statistics, FY21-22
 - ~155 lbs. of medication disposed
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Trilogy MedWaste Southeast, LLC is contracted to dispose of the medications.

Next Steps / Mitigation Strategies:

- The drop box will be monitored regularly and emptied when necessary.
- Statistics will be monitored and reported to the Board of Health quarterly.

Division / Program: Pharmacy / Needle Disposal Box

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

Program description

- In September 2018, DCoDPH Pharmacy installed a Needle Disposal Box in the lobby of the HHS building. In June 2020, the box was relocated to the pharmacy sub-lobby.

Statement of goals

- To offer a safe method of disposal for used or expired needles and syringes.

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Used or expired needles and syringes
 - Used or expired medications with attached needles (i.e., EpiPens)
 - Reduce environmental concerns caused by improper needle disposal.
 - Reduce accidental needle sticks caused by improper needle disposal.
 - Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
 - Reduce the risk of staff needlesticks by providing sharps containers to *all* clients prior to needles being deposited in Needle Disposal Box (implemented August 2021).

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- Needle disposal is available during the hours of operation for the HHS building.
- **Challenges**
 - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP kits and participants are encouraged to use them and return the container to the DCoDPH Pharmacy.
 - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby. Both drop boxes have clear signage in English and Spanish.

Implications

- **Outcomes**
 - Quarterly statistics, FY22-23 Q2
 - ~6487 needles/syringes returned
 - Year-to-date statistics, FY22-23
 - ~10,177 needles/syringes returned
 - Previous year statistics, FY21-22
 - ~6151 needles/syringes returned
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.

- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Carolina Biomedical Disposal is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

- The disposal box will be monitored regularly and emptied when necessary.
- Statistics from the Needle Disposal Box will be monitored and reported to the Board of Health quarterly.

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

Program description

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

Statement of goals

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

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Issues

• **Opportunities**

- Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
- Reduce the risk of bacterial infections (i.e., endocarditis) that occur when injection supplies are reused.
- Connect participants with community resources including treatment options, health care, and housing assistance.
- The following items are provided in the Safe Syringe Kit:
 - 10 sterile 1.0 mL syringes with fixed needles
 - 10 Alcohol swabs
 - 1 Tourniquet
 - 6 Condoms
 - Sharps Container
 - Additional injection supplies
 - Participant ID card
 - Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP kit.

• **Challenges**

- Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP kits and participants are encouraged to use them and return the container to the DCoDPH Pharmacy.
- Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.
- Hours of distribution were changed effective September 06, 2022 due to conflicting demands of pharmacy operations. Staffing is now devoted to serve the SSP clients during the following specified hours:
 - Tuesday/ Thursday: 9AM – 12Noon*
 - Wednesday/ Friday: 1PM – 4PM*
- Participants will not be turned away if presented outside of the distribution hours to give participants time to adjust to this new schedule.

Implications

• **Outcomes**

- The following statistics have been collected for FY22-23 Q2:
 - New participants: 4
 - Total contacts: 29
 - Syringes dispensed: 105
 - Syringes returned*: ~6487
 - Sharps containers dispensed: 7
 - Fentanyl Test Strip dispensed: 20
 - Naloxone kits distributed (with SSP): 17
 - Naloxone kits distributed (non-SSP): 188
 - Naloxone reversals reported: 0

*“Syringes returned” metric includes needles/syringes returned directly to staff regardless of usage (i.e., substance use, medical use, prescription use)

• **How this measure is trending?**

- The volume for total program contacts has decreased by 77% when compared to Q1 FY23 and increased by 107%

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when compared to Q2 FY22. The volume for unique program contacts has decreased by 78% when compared to Q1 FY23 and decreased by 33% when compared to Q2 FY22. Possible explanations for this measure include possible stabilized community-wide access to safe syringe resources. The overall increases in total participants in FY22 versus FY23 can be attributed to established services and movement in the community.

- **Service delivery**
 - Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
 - Pharmacy and Health Education team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

Next Steps / Mitigation Strategies:

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health quarterly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.
- The DCoDPH team submitted a grant proposal to NASTAD on January 20, 2023 to request funding to expand the program and establish a dedicated Safe Syringe Program Coordinator. We expect to hear back regarding award notifications by the end of February 2023.

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

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

Program Description

- Outreach efforts include organizing, developing, and providing community Triple P activities throughout the 9-county service area. Parent support activities included weekly trauma-informed parenting with the Criminal Justice Resource Center's (CJRC) substance abuse program and a parenting seminar series with Durham Charter School.
- Data collection regarding the provision of Triple P services earned the Durham County Triple P Services, 9-county area, a second-place ranking in the state for reaching and providing services to families.
- Team members are members of the Nexxus, a trauma-informed task force-the public health group. Triple P Durham is coordinating with Bull City United for parenting seminars, and the Durham Team also participated in at least four health fairs this past quarter.

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Statement of goals

- Scaling communities, defined as a local municipality, a county, or a geographic region in which an organized approach to Triple P scale-up is the goal, is an organized approach that includes structured partnerships and systematic activities that span each level of Triple P. Community Triple P Coalitions facilitate leadership, management, and coordination of Triple P services.

Issues

- **Opportunities**

The ability to meet with community members who discussed their concerns about toxic stress, poverty, and family preservation. Research shows that these determinants of health are heavily influenced by environmental and systemic factors such as racism, gun violence, and generational poverty

- **Challenges**

- Parents and guardians who experience multiple stressors are less likely to function to the highest of their abilities and effectively meet the needs of their children experiencing toxic stress. Triple P can function as a network of support.

Implication(s)

- **Outcomes**

The program will continue provider training, parent support groups, and other events and activities to increase our communities' protective and support factors.

Service delivery

- The Triple P Durham Service Area will continue to collaborate with North Carolina's seven other service areas and community partners while coordinating with Triple P America and local stakeholders to provide the continuing implementation, expansion, and data tracking of Triple P services.

Staffing

- Durham County Triple P Service Area 3 Supervisor and Lead Coordinator (1)
- Durham County Triple P Service Area 3 Coordinator (2)
- Durham County Department of Public Health employees (Internal collaborations and partnerships)

Next Steps / Mitigation Strategies

- The Triple P Durham Service Area 3 supervisor and staff will continue to support parents, guardians, and other caretakers to increase and utilize support networks to effectively meet the needs of children and their families.

QUESTIONS/COMMENTS:

DENTAL DIVISION: Processing Assistants Cross-train as Dental Assistants

Chair McDougal: In looking through the report and not surprisingly I was drawn to the dental division in regard to the cross-training of the processing assistants. I think that is a great model of operation. Not only does it save a significant amount of money for the department's dental clinic but it also helps to develop the staff from processing to dental assistant I and in time maybe promoting them to a dental assistant II and it also allows the clinic to operate more efficiently. Great news there and

hopefully that sort of thing is happening throughout the different departments within public health.

Mr. Jenkins: Indeed Mr. Chair I'm a big component of professional growth and certainly want to reward those individuals who take the opportunity to advance themselves and to get that education in their craft. I'm so proud of our dental team. They continue to do innovative things both inside and outside under the leadership of Jim Harris. Well-oiled machine, well-tuned, very good outfit.

Mr. Gregorio: Yes, for Director Jenkins I was looking at activity 15.1 the Duke Endowment regarding the racial equity consultant that we're looking to hire; is that initiative also aligned with strategic priority#3 that Ms. Branch went over today?

Mr. Jenkins: It's a little blended to be very honest because we have a number of consultants as you all know racial equity is near and dear to this organization and we are revered far and wide for our work with it and we do have a "Racial Equity Nexus Team" that is comprised of various stakeholders throughout our agency and we have a consultant for that one not actually sure that we will retain her services but we do have a number of individuals who offer their services in this particular field. I think what I will do to get a definitive answer is I will ask Marissa Mortiboy if she is available to comment on that.

Ms. Mortiboy: We are working this FY with racial equity consulting which was built into the population health budget and to do additional consulting next FY looking at what sources of funding will be available and do want to continue the work in building equity into the Partnership for Healthy Durham initiative, The Duke Endowment Grant and other work in the way we approach not just data but in everything we do in population health as you heard from Rochelle and Antrel a little bit earlier.
Mr. Gregorio: Thank you so much.

COMMITTEE REPORTS:

- PERSONNEL COMMITTEE APPOINTMENT (Activity 37.4)
The personnel committee consist of Dr. Gene Rhea, Dr. Mary Braithwaite, and Mr. Josh Brown. Dr. Rhea will act as Chair and Dr. McDougal will act as Ex-Officio.

- FINANCE COMMITTEE APPOINTMENT (Activity 39.3)
The finance committee consist of Dr. Gene Rhea, Dr. Rosemary Jackson and Mr. Anthony Gregorio. Dr. Rhea will act as Chair and Dr. McDougal will act as Ex-Officio.

- BOH OPERATING PROCEDURE REVIEW COMMITTEE APPOINTMENT (Activity 36.1)

The Board of Health Operating Procedure Review committee consist of Dr. Victoria Orto, Dr. James Miller, and Commissioner Nida Allam. Dr. Orto will act as Chair and Dr. McDougal will act as Ex-Officio.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

- FY 23 SLIDING FEE SCALE APPROVAL (Activity 39.3)
Dr. Rhea made a motion to accept the revised Title X Sliding Fee Schedule as the fee schedule for all clinical services with the exception of dental services effective February 1, 2023. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Dr. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

(A copy of FY23 Sliding Fee Scale is attached to the minutes.)

15 A Regular Meeting of the Durham County Board of Health, held February 9, 2023.

• **BUDGET AMENDMENTS**

The Durham County Department of Public Health request approval for a refund in the amount of \$12,503.33 to the Division of Social Services, North Carolina Department of Health and Human Services for unused grant funds by Durham's Innovative Nutrition Education (DINE) program.

The DINE program use to send print newsletters to all Durham County SNAP participants. A postal account was set up to cover the postage of these newsletters. Grant funds covered the funds needed in the postal account and the account was prepaid each year. Updated SNAP guidance required additional participant consent for receiving the print newsletters, so the newsletters were converted to a pilot e-newsletter format. The postal account was not closed at the time since there was the possibility of returning to print newsletters and it could also be used for other mailings such as customer satisfaction surveys. The e-newsletters have proven to be successful, so the postal account is no longer needed and the remaining funds in the account were refunded to the Durham County Department of Public Health.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$44,125.00 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section/Communicable Disease Branch.

This grant supports the local health department (LHD) HIV and syphilis partner notification capacity through the creation of a Disease Intervention Specialist Bridge Counselor (DIS BC). The goal is to identify persons who are HIV positive and not known to be in HIV care or not virally suppressed. Interview clients with HIV disease who are out of care to determine barriers to ensure medical treatment and follow up occur and make medical and psychosocial referrals for cases as needed.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$4,820.00 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section/Communicable Disease Branch for Tuberculosis infection and disease screening.

This increase in the grant funds provides temporary funding to the Health Department to enhance latent tuberculosis infection (LTBI) and active TB disease screening and treatment. This funding increase is in response to the Health Department's increased caseload of Ukrainian refugees and humanitarian parolees.

Dr. Rhea made a motion to approve the (3) budget amendments recognized above. Dr. Orto 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**

- Mr. Jenkins will provide the board a brief update on the federal public health emergency funding ending in May 2023 by e-mail.

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Jackson: Thank you Chair McDougal. Glad you're here. Great job!
Dr. Braithwaite: and Dr. Rhea too. Great job!
Dr. Jackson: Yes. Good team!

16 A Regular Meeting of the Durham County Board of Health, held
February 9, 2023.

Dr. Jackson made a motion to adjourn the regular meeting at 5:51pm. Dr. Braithwaite seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director