

A Regular Meeting of the Durham County Board of Health was held May 11, 2023, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Rosemary Jackson, MD; Mary Braithwaite, MD, MSPH; Commissioner Nida Allam; Victoria Orto, DNP, RN, NEA-BC; Josh Brown and Darryl Glover, OD

Excused Absence: Anthony Gregorio, MBA; James Miller, DVM

Others Present: 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, Chris Salter, Alecia Smith and Cheryl Scott

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

Dr. Rhea 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. Jackson made a motion to approve the minutes for April 13, 2023. Dr. Braithwaite 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:**

Nurse's Appreciation Week 2023

At Durham County Department of Public Health, we boast the expertise of ***81 nursing professionals***, who provide compassionate, caring, high-quality care to our community every day. Records show that the first public health nurse was hired in Durham in 1912 to provide home visiting services. Our team today provides a myriad of services, building on the legacy of ***111 years of public health nursing in Durham County***.

Michele Easterling, Nutrition Division Director

Ms. Easterling will retire on May 31, 2023 with 33 years of service with Durham County Department of Public Health and has served as Director of Nutrition Services for the last 12 years. A farewell celebration will be held on Thursday, May 18, 2023 at 4pm in honor of her service.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Chair McDougal called for administrative reports/presentations:

**COMMUNITY CHILD PROTECTION TEAM/CHILD FATALITY PREVENTION TEAM 2022 ANNUAL REPORT (Activity 11.1)**

Cheryl Scott, School Health Program Manager provided the board with information that identified systemic issues and the recommendations made by the team from the 2020 and 2021 year-in-review.

**Summary Information:**

This report is intended to inform the Board of Health members about the CCPT/CFPT and provide information about systemic issues and

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recommendations regarding child neglect and abuse, and child fatalities in Durham County.

- Review relevant cases
- Identify systemic gaps and issues
- Make recommendations to local and state leaders

**Recommendations:**

- It is recommended that the joint Community Child Protection Team (CCPT) and Child Fatality Prevention Team (CFPT) of Durham County convene a subcommittee to explore strategies and solutions to reduce infant mortality rates and improve safe sleep practices within the community.
- To support and continue funding for the valuable resources of a Family Navigator. The Family Navigator serves as a liaison between DSS, DJJ, and the Local Management Entity-Managed Care Organization (LME-MCO) and acts as a liaison for families receiving child welfare services and are engaged with or needed to be linked with other systems of care within the community.

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

**QUESTIONS/COMMENTS:**

**Chair McDougal:** Ms. Scott I did have a question. First thank you for your report it was certainly informative. I'll start by saying it's obviously disturbing to hear about the various ways that we lose children in our community and certainly they're all tragic. Are there any thoughts or recommendations regarding gun violence? That's sort of in the news a lot, probably more than any other ways that we lose our children. Any thoughts about partnering with organizations or taskforce that has some reasonable amount of success in Durham or neighboring communities as a way to address the lose of our older children?

**Ms. Scott:** The first recommendation to our team was for one of team members to join the Gun Prevention Team here in Public Health and that will be me and I would also like to reach out to see who has had success in working with teenagers particularly because I think that if we can get enough gunlocks out and people are willing to use the gunlocks which are free of charge into the community events. We have some programs here in the health department that provide community events (Bull City United, Triple P) so one thing that we can do that is a recommendation now is to partner with our existing co-programs within the health department and to make sure that gunlocks are given to them to distribute within the community. We also want to reach out to other communities because there is another Bull City United Team in Charlotte and gun prevention teams to discuss those things that work for their team and through that discussion, we can get some hard-set recommendations to offer and announce to the community but that is still in the early stages. I think that one thing and I don't know if it will help or not but the children who are involved in gang activity, some of them are honor students so it would be interesting to know any child's reason for being in a gang but I think the common perception is most of these children were from the lower socio-economic housing projects but all of the children don't live in housing projects some of the children we've seen with these gun deaths are very smart children and they have not lived in housing project in Durham anywhere so it would be interesting to see why any child would enter into gang violence it's not a one picture.

**Commissioner Allam:** I do have a question and thank you so much for this presentation, Ms. Scott. Has this been presented to the "Child Fatality Taskforce and Lincoln Community Health Board? I know Commissioner Carter has raised this to the Board of County Commissioners in our meetings because it comes up a lot on the board, she serves on around the safe sleep practices and what the county is doing to provide more education to residents about safe sleep practices so whenever you send this presentation our can forward it to her but I also think it would be a really

good presentation for those boards as well since those members are talking about it.

**Ms. Stevens:** Thanks for that suggestion, Commissioner Allam. I'm currently serving on Lincoln's Board of Directors so Cheryl I would be happy to help make that connection particularly like you said Commissioner Allam around the "safe sleep" education.

**Ms. Scott:** Thank you.

**Dr. Rhea:** Ms. Scott, thank you for the presentation and certainly it is disheartening to hear that we continue to lose infants despite all the work around "safe sleeping" practices. Just as a caution mainly based upon of my lack of knowledge, from a resource perspective if a family is identified as having certain beliefs or misunderstandings that may led to unsafe sleeping practices are their connections when that's identified? Say for instance at prenatal visits or at the at hospital discharge where for one they can get education and/or they can get some safe equipment such as cribs. Are we in public health available to help them or are there outside partners that they get referred to?

**Ms. Scott:** The Department of Social Services they provide Pack 'N play so whenever they get a call that someone needs a Pack 'N play for whatever reason they give it to them but I found out that in the hospital from the physicians on the Community Child Fatality Joint Team here in Durham that there's not as much safe sleep education given as we thought it was and so their physicians at Duke are trying to address that issue but what we do is of course, give the pros and cons and regardless we want you to be safe, even a dresser draw by the bed; don't put the baby on a palette because the baby may turn over and can't turn back over; don't put anything in the crib; get a Pack 'N play and don't put anything in it while their sleep. I think that but I'm not sure to tell you the truth if anyone with a cultural difference have people to come and speak to them in that same culture because a lot of women which include American, Spanish and all women if they don't want any coaching, they make that very clear and the Department of Social Services can't do anything about it because they're not demonstrating neglect or any intent to harm. They just want to be close to their babies and so we're trying to think of ways to help you be close to your baby without mistakenly harming your baby. Some women absolutely refuse, they say their mom did it, grandmother did it and I'm going to do it too. In the discussion that we had in the team meetings, if a woman doesn't want to do it, we've had very little success convincing her to do otherwise. It's a tough issue.

**Dr. Rhea:** Thank you very and certainly it's an upward battle trusting what your mother and grandmother said versus someone you meet in the hospitals. It's very challenging and thank you very much for informing us about this.

**Commissioner Allam:** I have one more thing. I don't know if we're tracking this but I believe it was last month or the month before there is actually this bassinet that apparently is scientifically proven to help prevent SIDS that just received FDA approval and so know there has been conversations that insurance since it has received FDA approval to prevent SIDS people will be able to get this bassinet through their insurance so if we are monitoring and tracking and if it does rollout that this new bassinet will be part of our educational materials to tell folk like this is a way to get a safe bassinet that could stay right next to your bed.

**Ms. Scott:** Thank you for telling us that the health plans that work with Medicaid offer incentives to their beneficiaries and we work with other at-risk programs so we could make a recommendation that they look into this and perhaps add it to their list.

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

The board received a copy of the vacancy report for May 2023 prior to the meeting. The vacancy rate through the end of March 2023 was 19.0%.

*(A copy of May 2023 Vacancy report is attached to the minutes.)*

**QUESTIONS/COMMENTS:**

**Chair McDougal:** The vacancy report is looking pretty consistent with what we've seen this year at around 19%.

**Ms. Stevens:** Things did seem to slow down a bit this month in terms of folks leaving and we continue to recruit and hire as much as we can so I agree with your assessment that we are staying pretty consistent.

**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 April 2023 prior to the meeting.

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

**QUESTIONS/COMMENTS:**

**Chair McDougal:** The NOV report is still going consistently well. We're seeing more and more of these issues being cleared.

**Attorney Wardell:** There really haven't been a big change since last month. Things are going very smoothly. We do anticipate a few bumps in the road. There have been a couple of cases where there are very few alternatives for the homeowner. They can temporarily bring the home to compliance through temporary pump and haul but a permanent pump and haul is an expensive remedy for many of these properties and so we do anticipate that there will be some compliance issues that may arise because of that and there has been an effort that has been going on almost as long as I've been at the county to develop a funding source for these homeowners to get the assistance in bringing their waste water system into compliance if they don't have the money to do it. I don't know where that is at this point in terms of putting that program together but I know it's something that has come before the commissioners several times and the board has talked about it several times so it's getting to a point where we are actually going to have to some options for these homeowners because they are not in a position to be annexed or have accessible City water and sewer so that's not an option and the soils are just not receptive to traditional waste water systems and so it's a problem and it's right around the corner so I think we need to regenerate that discussion. I think that is something that is coming on the arisen but as of right now all is well and so we will ride it out and hopefully we'll have something in place by the time these properties start really needing some assistance.

**Mr. Salter:** We did put together a very detailed proposal that can be easily shared and Mr. Jenkins has seen it. We did take it to county finance several years ago and we received some praise for it and it was suggested that that was a good way to spend county funds helping people who needed the help. We need seed money to get the program started and we need to decide who's going to manage it but we can certainly share that PowerPoint with everyone and give you a more indebt look at the proposal.

**Chair McDougal:** Thank you. I look forward to seeing that soon.

**Health Director's Report  
May 11, 2023**

**Division: Health Education & Community Transformation /  
Program: Durham Health Ministry Network**

**(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 Durham County Department of Public Health, Health Promotion & Wellness team works with faith-based organizations

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in Durham County to promote health and well-being. Many of the partnerships are through the Durham County Health Ministry Network, which was created in 2010. However, presentations, staffing of health fairs, trainings and resources are also offered to any faith-based organizations within the county. This year, we developed and implemented a survey to gain better information about existing organizations and assessed educational and resource needs.

**Statement of goals**

- The intention of the survey was to assess needs and to learn about the resources already present within faith-based organizations (FBO) in Durham County. A database created to track Durham County FBOs is updated periodically but is limited to information gleaned from an annual mailing.

**Issues**

- **Opportunities**
  - Annually, the Health Promotion & Wellness Program Manager sends a mailing with health services offered by the program area and upcoming events. This mailing is launched in early spring.
  - This year, a graduate student from UNC-Chapel Hill desired to complete her practicum with DCoDPH, and Willa Robinson Allen agreed to serve as her preceptor to work on the FBO assessment.
  - This year, survey was sent in three phases: email, US mail and phone call.
  - Grant monies were available to cover the cost of postage and mailing materials.
  - Since the surveys in phase 1 were released via email, mailings were limited to organizations for which we did not have email. This cut the usual mailing costs.
  - When the annual mailings return due to insufficient information, it allows us the opportunity to update the mailing address in our database. This year, the intern student was able to follow-up with some of these organizations.
  - The intern student was able to call some of the organizations that were not reached via email and mail, if we had a phone number.
  - The Program Manager followed up with DCHMN organizations and used her relationships with others to increase the likelihood of survey completion. One organization stated “I saw the survey but didn’t know her. Since you called, we will complete the survey by the close of business today”
- **Challenges**
  - While the email reached those it was intended for, many were hesitant to click the link to complete the survey for safety purposes.
  - Many of the email addresses were specific to leadership names instead of a general address such as [pastor@durhamchurch.org](mailto:pastor@durhamchurch.org) resulting in changes over the past year.
  - Many of the FBOs in Durham County have moved toward Post office box instead of receiving mail at the physical

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address. This has made it a challenge to reach organizations by mail.

- The annual mailing to over 325 organizations now costs around \$205.00.
- Each year more than 1/3 of the mailings return, due to changes in mailing address, contact changes, or organizations no longer existing. It typically takes two-weeks to six months or more for mail returns.
- Upon arriving at an FBO, postal mail is often handled by numerous people before reaching the intended representative. Leadership of the organization eventually decides if the survey will be answered and who will be responsible to complete it.

**Implication(s)**

• **Outcomes**

- Approximately 274 surveys went out to emails of which more than half were incorrect. This is not a method we have traditionally used to get information to FBOs
- To date, 39 surveys were completed. While this is far fewer than anticipated, it did help reconnect to some organizations and identified some that no longer exist but were active a year or more ago.
- 120 mailings went out. None were returned completed. Note: a QR code was included in the mailing that gave the organization an opportunity to complete online.
- It was discovered through this process and random site visits that at least twelve of the organizations on our list no longer exist.

• **Service delivery**

- The assessment was attempted with a total of 369 FBOs in Durham.
- Using updated information in the database, we will offer FBOs service information for our programs and other resource information on behalf of the DCoDPH.

• **Staffing**

- One staff member (Program Manager) and one graduate intern student.

• **Revenue**

- None

**Next Steps / Mitigation Strategies**

- The Program Manager has decided to add an additional phase to the assessment. Using the requests for health fairs (more than 50% come from FBOs), we may be able to connect to additional organizations to continue the assessment.
- We will continue to update the database and continue the survey through the end of May 2023.
- If possible, this or a similar assessment will be conducted every 3-5 years.

**Division / Program: Health Education & Community Transformation / Improving Community Outcomes for Maternal and Child Health (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 Improving Community Outcomes for Maternal and Child Health (ICO4MCH) initiative is intended to improve birth outcomes, reduce infant mortality, and improve the health statuses of children ages birth to five.
- Through partnerships with Lincoln Community Health Center, Breastfeed Durham and Family Connects, ICO4MCH continues to foster an atmosphere that utilizes the Collective Impact Framework.

**Statement of goals:**

- To improve the birth outcomes of Durham County families through Reproductive Life Planning (RLP). RLP is a strategy that aims to encourage individuals to reflect on their reproductive intentions and to find family planning strategies that function to them.
- To reduce infant mortality in Durham County by utilizing The Ten Steps for Successful Breastfeeding. Breastfeeding is a well-documented preventive health measure and one of the best modalities available to health care providers to reduce the risk of common causes of infant mortality in the United States.
- To improve the health status of children ages 0-5 Durham County has contracted with Family Connects Newborn Home Visiting program to implement a community-wide nurse home visiting program for all parents of newborns, regardless of income or socioeconomic status. The goal of the program is to reduce emergency medical care cost through improvement in parenting and infant well-being.

**Issues:**

- **Opportunities**
  - We have increased our Community Action Team to consist of 10 Durham County stakeholders.
  - DCoDPH has established a formal partnership with Breastfeed Durham. Our partnership with Breastfeed Durham allows us to work with a community-based organization to increase the initiation and duration of breastfeeding in Durham County.
- **Challenges**
  - It has been difficult to provide RLP/RJ training to healthcare providers as partnering as capacity and implementation issues have been identified during discussions with Upstream NC and Wake AHEC. However, Wake AHEC continues to share local training opportunities widely.

**Implication(s):**

- **Outcomes**
  - Webinars offered from June 2022 – April 2023
    - The Intro: Reproductive Justice
    - The Future of Roe v. Wade
    - The Art of Breastfeeding
    - Navigating Reproductive Life Planning
  - Presentations offered for June 2022 – April 2023
    - Flying Through Family Planning – Lunch & Learn
    - The State of Emergency: The Black Maternal & Child Health Crisis – provided to all 220 Durham

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County Department of Public Health (DCoDPH)  
employees at Staff Development Day

- Community Outreach June 2022 – April 2023
  - Breastfeeding Display – DCoDPH
  - Dispelling Breastfeeding Myths – Durham County Library Main
  - Women’s Health Awareness Day – North Carolina Central University
  - Senior Class Community Forum (RLP) – North Carolina Central University
  - RLP – Sandy Ridge Elementary School
- Community Action Team June 2022 – April 2023
  - ICO4MCH Kickoff
  - 2 CAT Meetings
- **Service delivery**
  - Webinars are offered free of cost to those interesting in attending. Webinars are promoted through a listserv, word of mouth and DCoDPH.
  - Community education and outreach is conducted both virtually and in-person.
  - We receive online referrals through the NCCARE360 platform.
- **Staffing**
  - Shakeya Brevard, Public Health Education Specialist
  - Andrea Chicas, Community Health Worker
- **Revenue**
  - ICO4MCH is funded through the North Carolina Division of Public Health. DCoDPH is currently receiving \$450,000 annually. Funds are currently guaranteed through May 2024.

**Next Steps / Mitigation Strategies:**

- Continue to conduct community outreach and community engagement activities around evidence-based strategies.
- Consider possibility of transitioning from Reproductive Life Planning (RLP) strategy to Improving Preconception and Interconception Health strategy to respond to input from community partners and learning experiences from our sister ICO4MCH programs.
- Conducting a Health Equity Impact Assessment with our local stakeholders to identify potential improvement opportunities in program planning, delivery, service design, and policy development.
- We will be cohosting our Family Fun Day on Saturday May 6, 2023. The Family Fun Day is a free event for Durham County to enjoy live entertainment, yard games, arts & crafts, and health services.

**Division/Program: Dental: 2023 Women’s Health Awareness Conference**

**(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 Dental Division participated in the 2023 Women’s Health Awareness Conference at North Carolina Central University. The event was organized by the National Institute of Environmental



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Health Sciences, and DCODPH was one of the community partners.

**Statement of goals (per WHA):**

- Provide evidence-based community interventions to promote wellness, environmental health literacy, and environmental public health;
- Increase community health resiliency;
- Advance health equity by improving health care access and quality.

**Issues**

- **Opportunities**
  - Develop collaborative community partnerships.
  - Provide dental screenings, and provide individuals with information and resources to ensure good oral health.
  - Offer oral health care kits to participants to bring home.
  - Chance for the Division to use its new portable dental chair, light, etc.
- **Challenges**
  - Space was at a premium and the dental screenings were in the same room as the vision screening.
  - Participants expressed their hope that dental care would be provided; some did not want screening only.
  - Attendance at the conference was lower than what it had been in the past.

**Implication(s)**

- **Outcomes**
  - The team was able to talk with numerous participants and dispersed 95 oral health care kits (with toothbrushes, toothpaste, floss, etc.). Benco Dental provided supplies.
  - 29 women were screened and provided with Referral Lists, highlighting local providers.

**Service delivery**

- **Staffing-** Dr. Jagadeesan and Jim Harris participated in the event from Dental.
- **Revenue** – Screening was provided free of charge.
- **Other** –N/A

**Next Steps / Mitigation Strategies**

The Dental Division may participate again next year and is considering bringing the Tooth Ferry mobile dental unit.

**Division / Program: Nutrition Division/Clinical Nutrition Services—Diabetes Self-Management Education Program Recognized by American Diabetes Association (Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotion/disease prevention strategies, when such evidence exists.)**

**Program description:**

- In April 2023, the Durham County Department of Public Health's (DCoDPH) Diabetes Self-Management Education (DSME) program was awarded continued recognition from the American Diabetes Association.

**Statement of goals:**

- Maintain compliance with program standards to allow for continued operation of billable services and maintenance of American Diabetes Association (ADA) recognized program status.
- Assure high-quality education for patient self-care.

**Issues:**

- **Opportunities**
  - The ADA recognition process provides a national standard by which to measure the quality of diabetes education services and helps consumers to identify highly regarded programs. Recognized ADA DSME programs that follow national standards of care can bill for the services.
- **Challenges**
  - Every four years, assessment of procedures, client medical records management, and program delivery are necessary for DCoDPH's DSME program to continue to be a nationally recognized program by the ADA.

**Implications:**

- **Outcomes**
  - DCoDPH's DSME program is governed by the North Carolina Department of Health and Human Services (NC-DHHS). By maintaining the standards set by ADA, NC-DHHS was awarded continued recognition for its DSME programs for a four-year period, 2023 - 2027. NC-DHHS and DCoDPH's DSME program were originally recognized in September 2009.
- **Service delivery**
  - The DSME program encompasses an initial individual assessment of each participant and nine hours of group or individual instruction. Education covers activity; medications monitoring; meal planning; and preventing and treating complications.
- **Staffing**
  - Fifty percent of one Registered Dietitian's position is committed to administration of the DSME program.
- **Revenue**
  - DSME is a billable service. DCoDPH is a provider for Cigna, BCBS, Medicaid, and Medicare Part B. Participants not covered by a third-party payer are billed using a sliding scale fee. Each participant in the program serves as a potential source for increased revenue.

**Next Steps/Mitigation Strategies:**

- As a program approved through the American Diabetes Association and the NC-DHHS, DCoDPH's Diabetes Self-Management Education program will continue to provide quality diabetes self-management education to residents of Durham County.
- Collaborative efforts with community health care partners and marketing of the program will continue to ensure optimal use of this resource.

**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.

**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*

**Implications**

• **Outcomes**

- The following statistics have been collected for FY22-23 Q3:
  - New participants: 18
  - Total contacts: 49
  - Syringes dispensed: 188
  - Syringes returned\*: ~5760
  - Sharps containers dispensed: 22
  - Fentanyl Test Strip dispensed: 72

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- Naloxone kits distributed (with SSP): 76
- Naloxone kits distributed (non-SSP): 243
- 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 increased by 69% when compared to Q2 FY23 and decreased by 8% when compared to Q3 FY22. The volume for unique program contacts has increased by 525% when compared to Q2 FY23 and increased by 25% when compared to Q3 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. Unfortunately, our proposal was declined.

**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**

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- 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).
  - 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 Q3
    - ~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/ 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.

**Implications**

• **Outcomes**

- Quarterly statistics, FY22-23 Q3
  - ~80 lbs. of medication disposed
- Year-to-date statistics, FY22-23
  - ~160 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: Population Health / Epidemiology**

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

**Division/Department: Population Health Team**

**Program Description**

The Durham County Community Health Assessment (CHA) 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.

In the fall of 2022 (September – November), the Population Health division along with community volunteers from DCoDPH, Duke Health, Duke University, YMCA, and community residents conducted the County-wide survey by going door-to-door to randomly selected homes. In total, 205 surveys were collected. The data is representative of Durham County regarding race, ethnicity, and gender. The data were disaggregated by race and ethnicity when possible.

The Comunidad Latina survey could not be completed during fall 2022 due to low bilingual volunteer sign ups and was instead conducted in the winter (February-March) of 2023. Eight contractors attended various community events to collect surveys from Durham County residents who identified as Hispanic or Latino/a/x. In total, more than 150 surveys were completed for the Comunidad Latina sample.

DCoDPH has been conducting CHA surveys every three years since 2010. DCoDPH now has 12 years of data regarding the health of Durham County's community. Trend data was assessed and analyzed for CHAs from 2010, 2013, 2016, 2019, and 2022 for the County-wide survey. The data scientist built a data dashboard to present data from over the years.

Durham County has grown and changed as has its health priorities since 2010. To review historical information, a public health contractor pulled together a comprehensive list of information and a presentation for the Population Health division during the winter of 2023 about how funding and resources were allocated throughout Durham County (including community-based organizations, local government and institutions) on the top health priorities between 2010 and 2022. The current health priorities are Affordable Housing, Access to Care, Poverty, Mental Health, and Physical Activity, Nutrition, and Food Access.

**Key Findings:**

- Community-based organizations, local government and institutions Durham County have created, and continued programs and initiatives aimed to address these key health priorities. For example, in 2016, 18.4% of survey participants reported affordable housing as creating the greatest impact on quality of life in Durham County. In 2022, that rose to 24.9%. In response, Durham County has spent around \$200 million on affordable housing initiatives such as Forever home, Durham, and Move In, Move Out, Move Up.
- In regard to Access to Care, in 2010, 13.1% of survey participants had difficulty finding housing. In 2022, this reached 18.1%. In response, Durham County has spent approximately \$300 million in programs

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including Project Blue Ridge for dental care, healthcare reimbursements, and Project Access.

- For Mental Health, across 2016, 2019, and 2022, most survey participants reported having social and/or emotional support either Always or Usually. However, In 2016, 4% of participants mentioned having greater than 20 bad days in the past 30. In 2022 this accounted for 3.9%. In 2022, women were more likely to report having 20 or more bad days in the past 30. In response, Durham County has spent roughly \$80 million on several initiatives including the Safe Syringes Program and free hand-out Naloxone to aid people with substance use issues – something closely related to mental health as well as providing mental health inpatient treatment and mental health support to new parents including post-partum depression.
- Regarding poverty, the unemployment rate is nearly half that of the unemployment rate of 2010 (4.9% and 8.7% respectively). In the 2019 survey, 22.5% of participants reported not making above 200% for their household size. In 2022, this went down to 18.6%. In response, about \$35 million in Durham County has spent on initiatives to aid those in poverty including the Double Bucks program at farmer's markets, the Mayor's Poverty Reduction Initiative, and increasing Durham city's minimum wage by \$7.
- Physical activity, nutrition, and food access changed 10.1% reporting cutting meals because there wasn't enough money to buy more food in 2013 to 11.9% in 2022. This among other issues resulted in Durham County spending around \$20 million on initiatives to change obesity, chronic illness, and food access initiatives including DINE for Life programs and Double Bucks.

**Statement of Goals**

- Analyze data provided by the North Carolina Institute of Public Health.
- Disaggregate quantitative data by race and ethnicity when able.
- Code qualitative data into categories to find common themes among responses.
- Create a data report summarizing the methodology and process and reasons for inequities as well as the data from each question asked in the survey.
- Look at trend data across five CHA surveys (2010, 2013, 2016, 2019 and 2022) and how health concerns in Durham County have been addressed over time.

**Issues**

- **Opportunities**
  - Present primary data to community partners through Partnership for a Health Durham Committee meetings.
  - Ensure survey data is shared with community members
  - Identify key health priorities directly from Durham County residents.
  - Tell stories from real people in the community and how their lives and health have been impacted.
  - Show the importance of collecting qualitative data and hearing it in the individual's own words.
  - Review how resources within the County have been used to enact change from 2010-2022.
- **Challenges**
  - Data could not be disaggregated by race and ethnicity for all questions due to the sample size.



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- The data required quite a bit of cleaning. For example, the epidemiologist went through and checked all surveyed home's addresses in Google maps to confirm they were in within the correct cluster. Nine surveys were excluded due to this. In addition, many responses in the 'other' textbox could have been captured in one of the options of the questions. These had to be recoded by hand to count in the correct option and not as an 'other' response.

**Implication(s)**

• **Outcomes**

- The 2022 County-wide Durham County CHA Data Report contains an introduction, background and methods, and reasons for inequities sections before the data summaries and graphs for all questions asked.
- Data was disaggregated by race when possible.
- An interactive data dashboard of County-wide survey trend data was built to aid CHA writers in their sections and research.
- Population Health established new processes that centered inclusivity and community during this cycle such as call-in and online options to complete the survey and hiring bilingual contractors to complete the Comunidad Latina survey.

• **Staffing**

- Population Health division staff
  - Epidemiologist – responsible for analyzing final weighted data and writing the data report and executive summary.
  - Data Scientist – responsible for building the data dashboard, report reviewer
  - The Partnership for a Healthy Durham Coordinator – report reviewer
  - Public Health Contractor – responsible for researching county and city budgets to find where money has been allocated over the years as it pertains to Durham County's key health priorities.
  - Population Health Director – responsible for leading meetings, supervising the public health contractors, and is a report reviewer
- Partnership for a Health Durham committee members
- North Carolina Institute of Public Health

• **Revenue**

- None

• **Next Steps/Mitigation Strategies**

- Finalize Spanish translations of both the data report and executive summary.
- Post to [www.healthydurham.org](http://www.healthydurham.org) and the County website.
- Finalize press release and social media posts to alert the community when the report is available.
- Data for the Comunidad Latina survey will be available in May and will follow the same process of weighting, analyzing using SAS 9.4 and creating the data report.

**QUESTIONS/COMMENTS:**

**Chair McDougal:** I do have a question about the Health Education & Community Transformation Improving Community Outcomes for Maternal and Child Health Program. In the statement of goals it mentioned contracting with the families newborn home visiting program. Now when I was reading this it gave the impression that we're reaching out to every parent who is contributing to live births in Durham County. Is that true that we are reaching out regardless of socio-economic status and income?

**Ms. Stevens:** The Family Connects model is indeed that. It's a universal postpartum home visiting program so regardless of socio-economic status, race, ethnicity, first child, fourth child, the model is that there are benefits to working with families postpartum universally. I do know that Family Connects Durham has had some challenges over the past couple of years and have for simple a staffing capacity related issue haven't been able to be as robustly reaching out to every program but it does remain a universal program in our community in terms of there not being any sort of requirements for families to receive a home visit.

**Chair McDougal:** I was just thinking there are a lot of live births and can't imagine the number of live births in Durham County and to imagine that they were able to reach everyone in Durham County that was monumental that it was really taking place.

**Health Education & Community Transformation**  
**Improving Community Outcomes for Maternal and Child Health**  
**Program description:**

The Improving Community Outcomes for Maternal and Child Health (ICO4MCH) initiative is intended to improve birth outcomes, reduce infant mortality, and improve the health statuses of children ages birth to five.

Through partnerships with Lincoln Community Health Center, Breastfeed Durham and Family Connects, ICO4MCH continues to foster an atmosphere that utilizes the Collective Impact Framework.

**Statement of goals:**

- To improve the birth outcomes of Durham County families through Reproductive Life Planning (RLP). RLP is a strategy that aims to encourage individuals to reflect on their reproductive intentions and to find family planning strategies that function to them.
- To reduce infant mortality in Durham County by utilizing The Ten Steps for Successful Breastfeeding. Breastfeeding is a well-documented preventive health measure and one of the best modalities available to health care providers to reduce the risk of common causes of infant mortality in the United States.
- To improve the health status of children ages 0-5 Durham County has contracted with Family Connects Newborn Home Visiting program to implement a community-wide nurse home visiting program for all parents of newborns, regardless of income or socioeconomic status. The goal of the program is to reduce emergency medical care cost through improvement in parenting and infant well-being.

**Chair McDougal:** I have one more and it's more of a comment than a question regarding the Population Health/Epidemiology Division. I was really impressed with this section of the report with the results of the data analysis for so many years actually being used by the BOCC and other agencies and we're seeing hundreds of millions of dollars going toward addressing the issues that are being outlined in this assessment so it's just good to see that all this data is being used to help to improve some of the health issues that are taking place in the community.

**Ms. Stevens:** Thank you for pointing that out we know that our Population Health Team is second to none under the leadership of Marissa Mortiboy, who is attending a conference this evening is not able to be here with us. The work of the community health assessment has been again this past year has monumental and as the findings are being pulled together for our next report that data is really so helpful for many partners around the Durham community.

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**COMMITTEE REPORTS:**

There were no committee reports discussed.

**OLD BUSINESS:**

There was no old business discussed.

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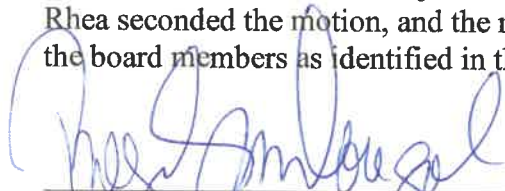
**NEW BUSINESS:**

- **AGENDA ITEMS FOR NEXT BOARD MEETING**
  - On-Site Septic Assistance Program Presentation
  - Update HIV Ending the Epidemic Services

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion.

Dr. Orto made a motion to adjourn the regular meeting at 5:54pm. 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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Roger McDougal, DDS, Chair



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Rodney E. Jenkins, Public Health Director