

A Regular Meeting of the Durham County Board of Health was held August 10, 2023, with the following members present:

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

Absent: Darryl Glover, OD

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Andrews, Kristen Patterson, Liz Stevens, Micah Guindon, Rachel Elledge, Jim Harris, Lindsey Bickers-Brock, Dr. Jeff Jenks, Marcia Richardson, Marissa Mortiboy, Chris Salter, Josee Paul, Alecia Smith, Kiki Rayner, Annette Carrington, Dennis Hamlet

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

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

**DISCUSSION (AND APPROVAL) OF  
ADJUSTMENTS/ADDITIONS TO AGENDA:**

Chair McDougal requested the following adjustment to the agenda:

1. Presenter changed to Marissa Mortiboy for the CHA presentation. (*Administrative Reports/Presentations*)

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

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

Dr. Rhea made a motion to approve the minutes for June 8, 2023. Dr. Jackson seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

**STAFF/PROGRAM RECOGNITION:**

Chair McDougal recognized Attorney Bryan Wardell for his dedicated and outstanding service to the Board. Attorney Wardell is the new County Attorney for Pitt County. In his stead, for the time being we have Durham County Attorney, Alan Andrews who will serve as the Boards counsel until a permanent replacement is selected for Attorney Wardell. Welcome Attorney Andrews! We thank you for being here with us today.

**Attorney Andrews:** Thank you Mr. Chair. I appreciate that.

Mr. Jenkins recognized Kristen Patterson and Elizabeth Stevens, Deputy Health Directors for their committed leadership to the department. Thank you for all that you do!

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Chair McDougal called for administrative reports/presentations:

**2023 COUNTY HEALTH RANKINGS (Activity 9.1)**

Marissa Mortiboy, Population Health Division Director provided the board with information on the 2023 County Health Rankings data and updated trends.

**Summary Information:**

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute. The program

2 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

provides data, evidence, guidance, and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity.

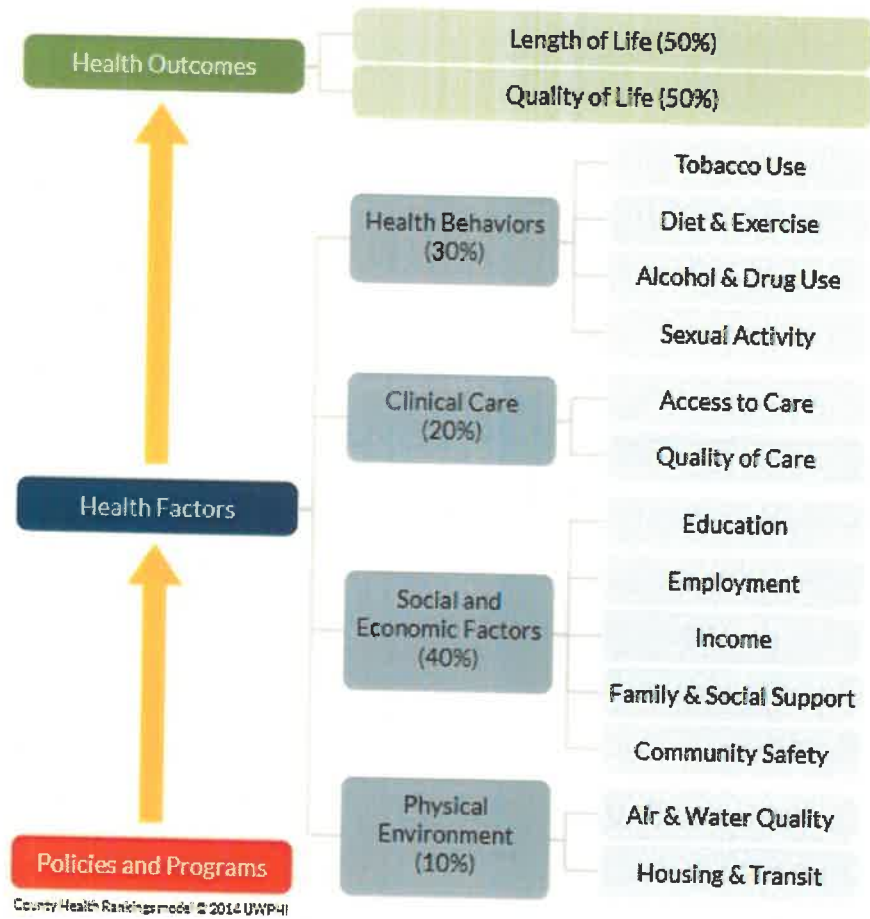
The Rankings are unique in their ability to measure the health of nearly every county in all 50 states, and are complemented by guidance, tools, and resources designed to accelerate community learning and action.

County-level values are reported for the 35 measures used to calculate the health outcome and health factor ranks and for many additional (unranked) measures. State and national values are also included, and may be calculated or represent the midpoint (median) of county values within the state or nation, respectively.

Each quartile contains 25% of the counties in the state. A county with a rank of #1 lies in the healthiest quartile.

Durham (DR) is ranked among the healthiest counties in North Carolina (Highest 75%-100%).

**County Health Rankings Model:**



**Overall Health Rankings:**

- Durham County is one of the healthiest counties in North Carolina.
- Durham County is ranked 9<sup>th</sup> among all counties of North Carolina for overall health outcomes

Year	DCo Ranking
2023	9
2022	7
2021	7

3 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

2020	12
2019	12

**Quality of Life 2023:**

Quality of Life Factor	Durham County	North Carolina
Poor or fair health	12%	14%
Poor physical health days (out of last 30 days)	2.7	3.0
Poor mental health days (out of last 30 days)	4.5	4.1
Low Birthweight	9%	9%
Diabetes	10%	11%
Drug Overdose Deaths	18*	24*

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

**QUESTIONS/COMMENTS:**

**Chair McDougal:** I have a couple of questions; this may be not terrible important but the 8 counties that were slightly healthier than Durham County can you tell us some of those counties?

**Ms. Mortiboy:** Well I can tell that Wake and Orange are definitely the top 2 counties. I can look and see what they are but our neighbors are usually the ones that are either ranked right above us or very close to us and it tends to counties that have more resources as well, like Mecklenburg is usually up there in the top 10.

**Chair McDougal:** I have another quick question. This is huge question and probably not enough time to answer but it was spoken of several times during the presentation about systemic racism and toxic stress is affecting health in Durham County. I know there're so many different ways in which we are looking to address that from a department and even in the county and city but can you talk with us a little bit about some of the more promising measures that are in place to address this toxic stress and systemic racism?

**Ms. Mortiboy:** I know through the Partnership of Durham and I advise any of the others on this call to speak up as well because I know some about the initiative but I don't know in great detail across the department. I can speak about the Partnership for Healthy Durham. I know working on ACEs and first childhood experiences and resiliency so actually training community members on being able to communicate and work with community members on that such as mental health and ACEs resiliency. I know Jess Bousquette in Health Education is also working on that too. The Partnership for A Health Durham has a mental health committee working through that and also thinking about some of our other initiatives to address systemic racism, access to care and working with community members and working with partner organizations but also working with our community members to develop those initiatives and I know that's not very specific but it's more about our approach of really doing authentic community engagement, addressing what the community tells us through the health assessment process and not just do a band-aid or surface level but to really get down to those root causes and things are historic too so

we are also doing a lot of work linking how are history and policies impact us today. I will invite anyone else if they would like to share anything else about their efforts.

**Mr. Jenkins:** I'll just say we count it a privilege to be in Durham Public Health because we been championing Racial Equity work since 2018 and we do have a Racial Equity Nexus Team in addition to the counties efforts to have an office of Equitable Well-Being which also houses a Racial Equity Officer for the entire County and Durham County has truly been a trailblazer on this front. Marissa kind of touched on outside, internally I can say that our Racial Equity Nexus Team is active and one of the commitments that I made was for us to not to stop and start but to just keep going and since I've been Public Health Director, we've done just that. It is our ultimate goal to have the "Racial Equity Groundwater Training" be a part of the staff orientation process. We are currently working on a strategic plan for racial equity for the entire agency and then of course, we also use funding to work with a consultant, Dr. Deborah Stroman to help us to ensure that we're doing all we can internally and externally to promote racial equity in an effort to decrease this toxic stress.

**Chair McDougal:** Thank you both for your responses.

**Mr. Gregorio:** Thank you Ms. Mortiboy for your wonderful presentation. Just out of curiosity, you mentioned I believe it was 1 out 350 or so was the ratio for a Durham resident to a mental health provider. Do you know what the national average would be? Are we above or below?

**Ms. Mortiboy:** I believe we are below but I will get those numbers and so that's one thing that has always been an asset here in Durham County a multitude of providers but I will get you those figures.

**Mr. Gregorio:** Thank you so much that would certainly be a big help since it's such a major topic these days it always good to hopefully be on the rising trend of that ratio. Thank you.

**Commissioner Allam:** Thank you so much Marissa this was a very great presentation, very informative. I have a couple of questions and if these are things that you need to gather information, feel free to let me know. In follow-up to Dr. McDougal's question about the rankings were was the two counties that move from below us to above us?

**Ms. Mortiboy:** I don't have that information at this time but I will look that up and share that with Ms. McClain to send out to the board. Usually it's small changes with the same counties moving around from year to year.

**Commissioner Allam:** The next question is kind of like a multi-long question. Were there areas that Durham County decreased service/care that resulted in us moving down two spots? If yes, what areas? or did other counties just improve in certain areas?

**Ms. Mortiboy:** I don't have the specific answer. I can definitely look at that as I gather the other information to be shared with the board but it's usually a combination of both...maybe there are some changes in some areas where you're not performing as well the year before but then other counties have improved so I think it's a mix and again I know it's hard when you're looking at it...well we failed or not doing as well but it's quantiles but I fully understand, the county regulators said that over and over but its human nature like "we're not in the top 10 anymore, what happened?" I will look at that information. It could be just small changes in both directions.

**Commissioner Allam:** Yes, I am really proud of our health department and all of our staff. I think more so I'm asking if there are areas that we have fallen I know Rod knows that our board will always be supportive of trying to help you guys lift up those areas so just wanting to be able to know if that is what's necessary. My last question is, I really appreciate the breakdown of the COVID vaccination and stuff. How does Durham County compare to other counties in NC in closing disparities?

**Ms. Mortiboy:** That's an excellent question. I will do some research on that as well.

5 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

**Mr. Jenkins:** Commissioner Allam that probably would be something that we need to partition the state on in terms of how we're doing overall as a county as one county out of a hundred counties and we're happy to research that for you.

**Commissioner Allam:** That would be great. I always love to be able to show off Durham County leading the way.

**Ms. Mortiboy:** Yes. We have an excellent data team and I will pose this question to them and I do have the top 10 so "thank you" to Lindsey for pulling that up and I will work on just where the changes have been in the last couple of years between counties.

Wake (WA)	1
Orange (OR)	2
Union (UN)	3
Dare (DA)	4
Camden (CM)	5
Mecklenburg (MK)	6
Watauga (WT)	7
Currituck (CK)	8
<b>Durham (DR)</b>	<b>9</b>
Tyrrell (TY)	10

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

The board received a copy of the vacancy report for August 2023 prior to the meeting. The vacancy rate for June 2023 was 17.0% and 16.6 for July 2023.

*(Copies of June and July 2023 Vacancy reports are attached to the minutes.)*

**QUESTIONS/COMMENTS:**

**Chair McDougal:** What I'm seeing is a slight uptick in vacancy from the end of June-July and I'm assuming that's due to resignations at the end of the summer.

**Mr. Jenkins:** Indeed. We still have remnants of the "great resignation" however I am proud to report that we are certainly on the upswing. I don't know whether or not it's attributed to things kind of normalizing coming out of COVID, the pandemic I should say, COVID is still here but we have seen a significant number of vacancies being filled within the last two months. The data is a little bit dated but I can attest that we still track our vacancies and hirings and meet bi-weekly and it's something we know that this board cares about and from a big picture perspective, I know that the county wants to make sure that we fill positions as well. We still have some challenges with school health team to be very transparent and I have made that my top priority in terms of trying to make sure I get those school health position filled.

**Chair McDougal:** Thank you.

**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 July 2023 prior to the meeting.

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

**QUESTIONS/COMMENTS:**

**Patrick Eaton:** We have some new additions and a couple of removals but it's a kind of steady state right now. Several of the addresses on the list are pending in connection to public sewer. One of the issues is that the City of Durham tap crews are about a minimum of six months behind just to get a tap installed and we're also seeing on the septic installations side there's some contractors that have reported at least a fourteen month backlog for new jobs so the labor shortage is affecting all aspects of our industry not just here at the health department but I look forward to

working with Attorney Andrews with addressing some of these old ones but we've also have several we have been able to issue permits for that have been on the list for a while and they're pending installation so I'm hoping in the next three to six months we'll see a big swing in the compliance rate.

**Chair McDougal:** Thank you.

**Health Director's Report  
August 10, 2023**

**Division: Health Education & Community Transformation /  
Program: Health Promotion & Wellness ASIST Training  
(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's Health Promotion & Wellness program developed the capacity to offer Applied Suicide Intervention Skills Training (ASIST). ASIST is a two-day training designed to teach suicide first-aid to help a person at-risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

**Statement of goals**

- Provide resources in Durham to increase awareness and skill sets used to identify risks for suicide and interventions for a suicide-safer community.

**Issues**

- **Opportunities**
  - In November 2022, three members of the Health Promotion & Wellness team attended a two-day ASIST training as participants.
  - In January 2023, it was announced that a Training for Trainers will be offered. DCoDPH team members completed the application, and our acceptance was announced mid-February 2023.
  - While waiting to become trained, team members brainstormed recruitment strategies to engage the Durham community, in anticipation of being trained as leaders.
- **Challenges**
  - ASIST can only be offered in-person, so logistics must be worked through carefully. Due to the challenges with parking at the time, it was decided to have the training away from the Human Services Building. Unfortunately, we were unable to secure a site using any of the DCo properties.
  - The ASIST training was held at a local hotel, which contributed to several other challenges such as the requirement for a contract, forced catering and renting of AV equipment, tables, screen etc. We collectively decided not to recommend this site for future DCoDPH activities for this and a number of other concerns.

7 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

**Implication(s)**

• **Outcomes**

- Based on the directory of facilitators, there has not been ASIST trainers in the Durham community. DCoDPH is the only agency with trainers. Our trainers are currently “provisional”; facilitators are no longer provisional after leading three trainings.
- Three team members were trained in late March 2023 as facilitators and immediately planned, recruited participants, and implemented the two-day training.
- Durham’s first ASIST training was held late May 2023 and was completed with 17 participants.

• **Service delivery**

- ASIST is offered using at least two trainers. Our first ASIST training was facilitated by Willa Robinson Allen, Donna Rosser, and Amber Taylor.
- Since the training is held over 16 hours, meals and snacks were provided for the participants.
- Evaluation results were favorable. After completing the training, 86% of participants responded that they felt more comfortable with the following skills: asking directly if a person considering suicide; feeling prepared to help a person at risk of suicide and feeling prepared to conduct a suicide intervention. Other evaluation comments stated that the instructors were prepared and delivered the training well.

• **Staffing**

- Three DCoDPH staff members are trained and supported by the part-time Comprehensive Suicide Prevention Coordinator.
- Two members from the Health Education Division completed the two-day ASIST training offered in May 2023.

• **Revenue**

- The ASIST training was provided at no cost to Durham community members.  
This work is supported by a grant from the NC Division of Health and Human Services. Durham County received \$75,000 in FY23 and will receive up to \$75,000 in FY24.

**Next Steps / Mitigation Strategies**

- As a result of the relationships built during the inaugural training, Durham Technical Community College has invited the DCoDPH ASIST team to deliver a training on their campus Fall 2023.
- Due to recent efforts to address mental health needs for public school students in Durham, the team is striving to offer ASIST for school educators towards the end of school year.
- Offer ASIST for Public Health and Social Services staff members. Other departments will be offered the opportunity to participate in future trainings.

**Division / Program: Population Health / Accreditation**

**(Accreditation Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation. Accreditation Activity 37.6: The local board of health shall approve policies for the recruitment, retention and workforce development for agency staff.)**

**Program Description:**

North Carolina Local Health Department Accreditation (NCLHDA) is a legislatively required local health department assessment required to be completed by all North Carolina health departments every four years. On January 25, 2023, Durham County Department of Public Health (DCoDPH) had its site visit conducted following completion and submission of its Health Department Self-Assessment documentation. The resultant site visit report noted that all 147 accreditation activities had been met and recommended DCoDPH for Reaccreditation with Honors. DCoDPH was subsequently awarded the Reaccreditation with Honors status during the NCLHDA Board meeting on May 19, 2023. The Accreditation Celebration including "Accreditation Spirit Week" activities took place in order to commend staff for their contributions to the successful completion of the reaccreditation process and reaching the department's goal with honors designation.

**Statement of goals**

- Acknowledge and show appreciation to staff for their efforts in helping to achieve "Reaccreditation with Honors".
- Provide staff with food and appreciation mementos.
- Stress the importance of teamwork in accomplishing high level goals.
- Allow staff to celebrate this major accomplishment.

**Issues**

- **Opportunities**
  - Show appreciation to staff for their contributions to a successful reaccreditation.
  - Impress on staff the importance of the accreditation process and the need for their continued participation.
  - Assess and provide staff knowledge through DCoDPH Trivia Contest
- **Challenges**
  - Keeping staff knowledgeable, connected and contributing to the accreditation process over its four-year span.
  - Embedding accreditation as part of DCoDPH culture.

**Implication(s)**

- **Outcomes**
  - Nearly three-quarters of DCoDPH staff attended the Accreditation Celebration.
  - Photos capturing the celebration event and "Spirit Week" activities were posted in the July DCoDPH Pulse Newsletter.
  - Many staff expressed their enjoyment and appreciation of the event.
  - Increased staff awareness of accreditation's process and importance.
  - Increased staff awareness of DCoDPH programs.
- **Staffing**
  - The Population Health Accreditation Committee and the Perfect Service Committee coordinated to plan and execute the celebration.
- **Revenue**
  - None.



**Next Steps / Mitigation Strategies**

- Keep staff engagement during the next four-year accreditation process by continuing to provide accreditation updates throughout the year utilizing staff newsletter, accreditation intranet webpage and staff meetings.
- Coordinate with the accreditation team and staff in the collection of year one accreditation documentation

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

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

**Program Description**

Mayor Elaine O’Neal selected fourteen Core Team members from the City of Durham, Durham County, community-based organizations, educational institutions, and a person with lived experience. These Core Team members joined the Bloomberg Harvard Innovation Track to learn how to adopt cutting-edge innovation techniques that engage residents in testing, adapting, and scaling creative ideas that can have lasting impact. Mayor O’Neal tasked this team with developing an intervention to improve access to housing for justice involved individuals (JIIs).

**Problem statement:**

Housing – combined with siloed supportive services – compound the challenges experienced by individuals with criminal backgrounds attempting to secure and retain housing, making successful reentry a challenge. Housing insecurities compound the physical, mental, and emotional well-being of individuals with criminal backgrounds often leading to recidivism and a perpetual diminished quality of life.

The Core Team engaged in an eight-month process that included weekly in-person or virtual meetings, Harvard learning sessions, stakeholder interviews, ideation sessions, developing and testing prototypes, and presenting recommendations to Mayor O’Neal and City Manager Page.

**Statement of goals**

- Learn Bloomberg Harvard innovation techniques.
- Adopt innovation techniques that engage impacted individuals and community stakeholders.
- Test, adapt, and scale interventions to meet the needs of Durham.
- Propose two interventions to improve access to housing for justice involved individuals (JII) to City of Durham officials.

**Issues**

- **Opportunities**
  - Learn from and co-create with formerly and currently justice involved individuals.
  - Work with partners and establish new relationships.
  - Gain a holistic perspective by engaging landlords and service providers.
  - Acquire and adopt innovation strategies.
  - Present intervention to improve access to housing for justice involved individuals.
- **Challenges**
  - Finding opportunities to observe JIIs speaking about their experiences with other peers in organized settings.

10 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- Addressing housing needs of JIIs in real time while developing long-term interventions.

**Implication(s)**

• **Outcomes**

- The Core Team prototyped and tested two ideas using storyboards, idea cards, and communication materials.
- The Core Team presented these ideas to Mayor O'Neal and City Manager Page.
  - **Idea #1: Establishing a One-Stop-Shop Model**  
Support services for justice involved individuals, including housing, are co-located in a central location. Case Managers build customized plans for individuals; and since services are in one location/shop, individuals are able to engage and have better outcomes more successfully. JIIs being connected to a one-stop-shop will help alleviate perceived risks of landlords renting to JIIs.
  - **Idea #2: Increasing Peer Support Specialists**  
To help JIIs successfully find and maintain housing, peer support specialists will help navigate additional supportive services and have strong relationships with housing providers who rent to JIIs. Landlords who rent to JIIs benefit from peer support specialists who can help identify JIIs who are a good fit for their properties, serve as a point of contact, and provide wraparound support to JIIs to help them maintain their housing.
- Developed eight additional potential interventions to address the issue.

• **Staffing**

- Partnership for a Healthy Durham Coordinator

• **Revenue**

- \$0

**Next Steps / Mitigation Strategies**

- Durham was selected to receive 20 additional hours of coaching through October 2023. An implementation team will complete these hours.
- 30-day plan
  - Gain feedback on ideas and endorsements from the mayor.
  - Present to the city manager to gain permission to investigate how to move this work forward and estimate costs.
  - Identify a project management lead inside and outside government for both tested ideas.
- 60-day plan
  - Identify and establish implementation teams for both tested ideas.
  - Implementation teams begin meeting regularly.
- 90+ days plan
  - Implementation team drafts implementation plans for both tested ideas.
  - Identify longer term milestones, objectives, and benchmarks.
  - Develop a communications plan to share the work.

**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 Q4
    - ~60 lbs. of medication disposed
  - Year-to-date statistics, FY22-23
    - ~220 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).
- 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 Q4
  - ~1757 needles/syringes returned
- Year-to-date statistics, FY22-23
  - ~17694 needles/syringes returned
- Previous year statistics, FY21-22
  - ~22753 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.

13 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- **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.

**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.

14 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- 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 Q4:
  - New participants: 20
  - Total contacts: 50
  - Syringes dispensed: 239
  - Syringes returned\*: ~1757
  - Sharps containers dispensed: 24
  - Fentanyl Test Strip dispensed: 111
  - Naloxone kits distributed to SSP participants: 55
  - Naloxone kits distributed non-SSP participants: 243
  - Naloxone reversals reported: 30

\*“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 2% when compared to Q3 FY23 and decreased by 32% when compared to Q4 FY22. The volume for unique program contacts has increased by 11 % when compared to Q3 FY23 and decreased by 39% when compared to Q4 FY22. Possible explanations for this measure include possible stabilized community-wide access to safe syringe resources. The overall increases in total participants in FY23 versus FY22 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: Dental: Cross-training/Promoting Team Members**

**(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.

**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.
- After a team member has accumulated the required hours and training, a team member can achieve Dental Assistant II designation. These requirements include:
  - a. 2 years and 3,000 hours chairside
  - b. 3 hours Dental Office Emergencies training
  - c. 3 hours Infection Control training
  - d. NC Board approved radiology course
  - e. Current CPR
  - f. Coronal Polishing training

**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 and a second (former) Processing Assistant has completed all requirements to serve as a Dental Assistant II.
  - As a Dental Assistant II, the team member can provide DA Hygiene services (educational services, assisting with sealant application, etc.) in addition to working in an operatory column.
- **Service Delivery**
  - Patients whose parents speak Spanish as a first language benefit as both of the cross-trained team members are bilingual.
  - Cross-trained assistants have also helped at the front desk when needed.
- **Staffing**
  - As of July, the dental clinic has two Processing Assistants (formerly from the front desk) who have cross-trained.

16 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- **Revenue**

- Estimates show that cross-trained team members save the dental budget an estimated \$1,000+ 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, and achieving Commercial Driver's License, etc.

**Division / Program: Nutrition / DINE Expansion**

**(Accreditation Activity 10.2 - The local health department shall carry, develop, implement, and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)**

**Program description**

- Durham's Innovative Nutrition Education (DINE) Program  
DINE, aims to make the healthy choice the easy choice through nutrition education, facilitating policy, system, and environmental (PSE) changes and running a social marketing campaign, "Say Yes to Water." DINE is funded by the USDA SNAP Ed program and Durham County.
- In FFY23, DINE will receive USDA SNAP-Ed funding to expand by 1.52 positions, adding a full time Spanish Bilingual Nutrition Specialist and a 0.52 FTE Community Nutrition Specialist.
- SNAP Ed funding will also increase to cover 2023 increases to salary and flex.

**Statement of goals**

- Nutrition Education:
  - 6,800 unduplicated school age individuals (5-17 years) will receive educational programs focused on nutrition, physical activity, and obesity prevention.
  - 500 unduplicated preschool-aged individuals (less than 5 years) will receive educational programs focused on nutrition, physical activity, and obesity prevention.
  - 500 unduplicated adults (18 years or older) will receive educational programs focused on nutrition, physical activity, and obesity prevention.
  - 65% of participants will demonstrate increase in knowledge of healthy food choices and the benefits that result from improvements in daily diet as reported in pre/post survey results for class series and post surveys for individual workshops.
  - 65% of participants will show improvement in making healthy food choices as reported by pre- and/or post surveys and parent surveys.
- Social Marketing:
  - 9,500 individuals will be exposed to "Say Yes to Water" messaging that produces voluntary behavior change; 20% will show improvement in choices.
- PSE
  - 3,526 individuals will be impacted by the implementation of nutrition and/or physical activity PSE changes made in schools.
  - 500 individuals will be impacted by the implementation of nutrition and/or physical activity PSE changes made in childcare facilities.



17 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- 500 individuals will be impacted by the implementation of nutrition PSE changes made in food pantries.
- 900 Double Bucks customers will have increased access/awareness of healthy foods due to the utilization of the Double Bucks program (up from 350)
- 200 unique IP addresses/individuals will learn where to access nutritious food using the food resource map.

**Issues**

• **Opportunities**

- The increased capacity will allow DINE to:
  - Dedicate 1 FTE to serving Durham's native Spanish speaking community.
  - Dedicate 1 FTE to the Triangle Area Double Bucks program. DINE expanded its work from three Durham farmers' markets to 7 farmers' markets in Durham, Wake and Orange Counties earlier in FFY23. (Previously, 1 FTE provided both DINE's bilingual programming and served as the Double Bucks coordinator).
  - Reach more residents with direct nutrition education.
  - Create a tailored social marketing campaign focused on beverage consumption for Durham's children and youth. valuation used to design the current "Say Yes to Water" campaign was done with adults.

• **Challenges**

- Due to staffing shortages at the State level, the contract process has been slower than in years past. DINE typically receives the annual contract in October but instead did not receive it until March (contract included the 0.52 FTE). DINE wrote an amendment to the contract to add the additional 1 FTE position in April. DINE has received a verbal commitment that the contract amendment was approved but has not received the amended contract to date. Thus, DINE has only been able to hire for the 0.52 FTE increase.

**Implication(s)**

• **Outcomes**

- DINE will be able to reach more Durham residents with programming due to the increased capacity.

• **Staffing**

- DINE is staffed by 2 Nutrition Program Managers, 10 FTE Nutrition Specialists, 4 FTE Nutritionists, and a Processing Assistant.

**Next Steps / Mitigation Strategies**

- Complete all paperwork and hiring/onboarding for the 1 FTE Spanish Bilingual Nutrition Specialist position.
- Continue executing the DINE program.

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

**Program description**

- DINE has ongoing and long-lasting partnerships with Durham Public Schools (DPS) providing nutrition education to SNAP-eligible students and their families. DINE also facilitates policy, systems, and environmental (PSE) changes and social marketing campaigns at these schools that strive to improve the health environment.
- Every year, the DINE school team conducts multiple surveys and screenings to evaluate the outcomes of the program. These include, but are not limited to:
  - End-of-Year Caregiver Surveys: Conducted with elementary school caregivers to assess students' nutrition-related knowledge, behavior change within the household, and the overall quality of the DINE program. The survey could be accessed through a Survey Monkey link or a hard copy survey that was sent home with students. This was available in both English and Spanish.
  - End-of-Year Teacher Surveys: Conducted with elementary and middle school teachers to assess knowledge and behavior change among students from teachers' observations and to assess the quality of the DINE program. Teachers could access these surveys either through a Survey Monkey link or a hard copy survey.

**Statement of goals**

- To evaluate the outcomes of DINE programming in schools and ensure DINE is contributing to a healthier Durham.
- To provide necessary data for the DINE SNAP-Ed grant and Durham County.
- To have a community-centered approach to program improvement, including caregiver and teacher feedback when modifying lessons, taste tests and cooking classes.

**Issues**

- **Opportunities**
  - Evaluation helps ensure the DINE program continues to grow in a way that it best reaches its target audience.
  - It shapes the approach taken when providing direct education, PSE change support, and social marketing campaigns.
  - Evaluation ensures that funding from SNAP-Ed and Durham County is spent with integrity, knowing that DINE programming is impactful.
  - Information received from evaluations introduces other opportunities. Ideas gathered from these surveys offer opportunities the DINE team might not have thought of.
- **Challenges**
  - Having to rely on already busy teachers and/or young students to deliver the survey to caregivers is a challenge, and it requires the caregiver to see the survey, amongst all the other materials they receive from schools.
  - Not everyone wants to take a survey. This approach does not capture perspectives from individuals who prefer to relay information in a different way, therefore missing valuable feedback from some.

**Implication(s)**

- **Outcomes**
  - During the 2022-2023 school year, caregivers, and teachers of DPS students at participating schools were sent a survey at the conclusion of the DINE education series.
    - Of the caregivers who completed the end-of-year survey (307):

19 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- 84% reported their student was more knowledgeable about nutrition after DINE classes (4% said no, 12% said not sure)
- 85% reported their student was more interested in cooking after DINE classes (9% said no, 6% said not sure)
- 79% reported their student was more willing to try new foods after DINE classes (12% said no, 9% said not sure)
- Of the teachers who completed the end-of-year survey (66):
  - 97% reported their students are more knowledgeable about nutrition (0% reported no, 3% reported not sure)
  - 78% reported their students are more willing to eat vegetables, fruits, and/or whole grains (0% reported no, 22% reported not sure)
  - 85% reported their students are more willing to try new foods (0% reported no, 15% reported not sure)
- Qualitative data was collected on students' healthy behavior changes because of the DINE program. Below are some of the comments received.
  - Parent: "These classes have been a wonderful addition to my child's education. She is always excited to share what she learned or helped cook and wants to help repeat those meals at home. She has started wanting to help cook more and asks questions about preparation methods or how healthy different ingredients are."
  - Teacher: "As a teacher, I am so grateful for the nutrition lessons that are being offered in my classroom. My students always learn healthy ways to select different foods from different food groups. I notice students open up and begin to try different types of foods that we can converse about. My students come into the classroom in the mornings eager and excited to talk about what they are having for breakfast or what healthy snacks they brought in from home to eat on that day. Thank you all for all that you do!!"
- **Service delivery**
  - During the 2022-2023 school year, DINE provided services to 15 elementary schools and 4 middle schools.
- **Staffing**
  - Nine DINE school nutritionists, including seven in elementary schools and two in middle schools, provided the DINE nutrition education program.

**Next Steps / Mitigation Strategies**

- Continue to collect data and shape the DINE program based on feedback received.

**Division / Program: Nutrition / DINE and DPS Outdoor Education Cooking & Camping at Merrick-Moore and Glenn (Accreditation Activity 10.2: The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)**

**Program description**

- DINE has ongoing and long-lasting partnerships with Durham Public Schools (DPS), providing nutrition education to SNAP-eligible students and their families. DINE also facilitates policy,

systems, and environmental (PSE) changes and social marketing campaigns at these schools that strive to improve the health environment.

- Both Merrick-Moore and Glenn Elementary Schools have an Outdoor Education (Ed) program, which students rotate through during their “Specials” block. Since 2018, DINE has been partnering with Merrick-Moore’s Outdoor Ed instructor on an Outdoor Cooking Series with the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade students. Outdoor Education was new to Glenn Elementary this school year and DINE took the opportunity to offer outdoor cooking classes with 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grades.
- During the 2022-23 school year, Merrick-Moore students had a four to five-day cooking series, designed to introduce the concept of cooking outside, as well as promoting nutrition, team building and physical activity. Glenn started with two outdoor cooking lessons per 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade class.
- This school year Merrick-Moore expanded their Outdoor Ed program to include 5<sup>th</sup> grade camping field trips. In the spring, two 5<sup>th</sup> grade groups were able to put the knowledge and skills learned in Outdoor Ed and cooking to use during an overnight camping trip to Shinleaf, Falls Lake campground.
- During Outdoor Ed Cooking with DINE, students learned how to use a portable gas camping stove (which included passing a hands-on test), practiced cooking MyPlate quesadillas and oatmeal banana pancakes, learned about food safety, and took time to plan meals.
- Camp meals were provided by Merrick-Moore (black bean quesadillas and pancakes with eggs); however, each camp group had the opportunity to plan and bring extra items.
- Note- prior units of Outdoor Ed prepared students in setting up tents, campfire safety, hiking, and canoeing.

#### **Statement of goals**

- To continue the DPS partnership and include cooking as an integral part of the Outdoor Education Program.
- To reinforce DINE’s nutrition education, focusing on basic culinary skills.
- To equip schools to include more nutrition and cooking without DINE present.

#### **Issues**

##### **• Opportunities**

- This project strengthens a PSE change, by incorporating nutrition and cooking education into another school subject-with and without DINE present.
- This project allowed for student interns to volunteer, strengthening relationships with local colleges and universities, creating a stronger community connection.
- Cooking exposes students to fresh fruits, vegetables, and whole grains, which has been shown to increase acceptance of trying new foods.
- Cooking in groups encourages team building, peer-to-peer interaction, personal development, and self-reflection.
- By moving cooking outside, students can incorporate more movement into their day, increase their daily dose of Vitamin D, and improve mood (as students enjoy being outside).
- Because of the success at Merrick-Moore, the Outdoor Education Cooking Series expanded to Glenn- and hopefully more schools in the future.

21 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- **Challenges**

- Classes had to be relocated indoors on occasion due to inclement weather.
- Unlike past years, Outdoor Ed at Merrick-Moore was scheduled during a time when equipment was not able to be washed and sanitized in the school cafeteria. Therefore, the DINE nutritionist had to take Merrick-Moore's equipment back and forth from the Department of Public Health to clean.

**Implication(s)**

- **Outcomes**

- From February – May 2023, a total of 468 students were reached through the Outdoor Cooking Series.
  - 200 Merrick-Moore students from eleven 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade classes, had four to five lessons each.
  - 268 Glenn students from fifteen 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade classes, had two lessons each.
- From April – May 2023, a total of 27 fifth grade students attended the camping trip.
- Merrick-Moore now has their own grant-funded cooking equipment and can lead one to two cooking lessons per series without DINE present.

- **Service delivery**

- At Merrick-Moore, the cooking series started with an introduction/review of cooking outdoors, a team building activity, and a trail mix snack for each grade. Subsequent lessons were grade specific:
  - 3<sup>rd</sup> grade - food groups paired with granola bites; measuring paired with oatmeal-banana pancakes; and team reflections paired with smoothies.
  - 4<sup>th</sup> grade - knife safety paired with MyPlate pasta salad; food groups paired with quick quesadillas; measuring paired with oatmeal-banana pancakes; and skills review paired with campfire apple crisp.
  - 5<sup>th</sup> grade - intro to camping stoves, knife safety paired with fruit salsa; food groups paired with quick quesadillas; and measuring skills paired with oatmeal-banana pancakes.
- At Glenn, students had two lessons:
  - Harvesting from a garden and knife safety was paired with a MyPlate quesadilla.
  - Measuring and hot surface safety was paired with oatmeal-banana pancakes.
- DINE distributed recipe booklets as educational reinforcements.

- **Staffing**

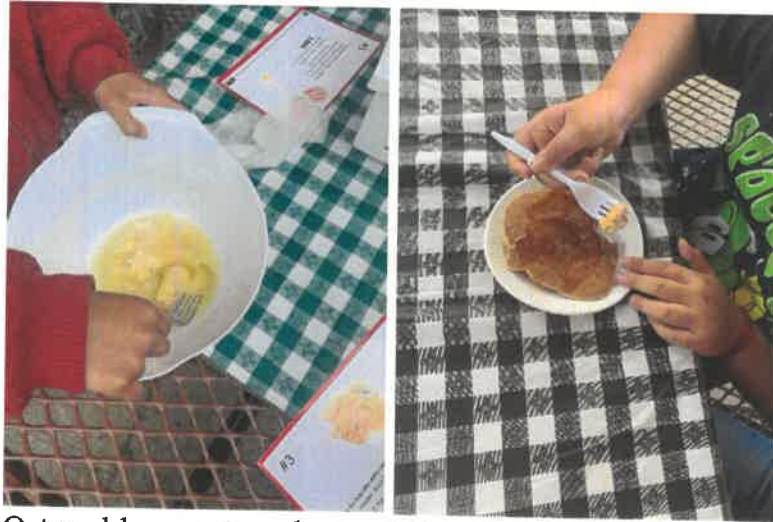
- One DINE nutritionist and one DPS Outdoor Educator from each school led this project.
- Two additional DINE nutritionists and two student interns supported this project by assisting with classes.

**Next Steps / Mitigation Strategies**

- DINE will make improvements and updates to the Outdoor Ed Cooking program based on feedback from the Merrick-Moore Outdoor Educator, students, and DINE team members.
- The Merrick-Moore Outdoor Educator will make improvements to the Outdoor Ed camping trip based on feedback from teacher, school staff, students, and the DINE nutritionist.
- DINE and the Merrick-Moore Outdoor Educator will improve and update student surveys.

22 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- Glenn Elementary will be hiring a new Outdoor Education Instructor. Once they do, DINE will connect with the new instructor to see if they are interested in continuing the Outdoor Ed Cooking Series.



Oatmeal-banana pancakes at Glenn.



Camp MyPlate quesadillas with Merrick-Moore 5<sup>th</sup> Graders

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

**Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families. DINE works with community organizations to promote healthy eating and to connect groups to community food resources.
- DINE developed a set of three cooking demos to introduce unique recipes for seasonal produce items. The classes will take place at the Durham County Public Library main location over separate days, one each month through the summer. Each demo will focus on preparing an in-season produce item “two ways”: blueberries in June, peaches in July, and tomatoes in August.

**Statement of goals**

- To reinforce DINE’s nutrition education and behavior change goals.
- To increase participants’ nutrition knowledge and basic culinary skills.
- To encourage increased daily consumption of a varied assortment of fruits and vegetables.

### **Issues**

- **Opportunities**
  - The partnership with DCo Library holds great promise. DINE can bring its nutrition resources and nutrition expertise to the library customers. The library staff are able to promote the series using promotion materials that DINE staff created. The library also provides a welcoming, community space. DINE is excited to continue this relationship beyond the summer series.
- **Challenges**
  - Participation was not as high as expected. Possible barriers for high attendance including transportation to the library or schedule conflicts for participants. DINE will continue to experiment and see what time and techniques draw in more participants.

### **Implication(s)**

- **Outcomes**
  - Three nutrition workshops will reach library customers during the summer 2023. Five participants attended the June workshop.
- **Staffing**
  - One DINE nutritionist has led this project through initiation, planning, execution, and evaluation.

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

- Complete the series and explore future workshops with Library staff.

### **Division / Program: Nutrition / DINE Teacher Training: Planting Seeds of Knowledge**

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

### **Program description**

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE works with Durham Public Schools (DPS) and community organizations on Farm to School initiatives to promote local food/agriculture, school gardens, and healthy eating.
- DINE partnered with the DPS Outdoor Learning Specialist to create and deliver two training sessions at DPS's Summer Professional Learning Academy to Support High Expectations (SPLASH). SPLASH was offered to all certified DPS teachers and staff, as an opportunity to engage in deep learning around math, literacy, culturally responsive teaching, and equitable practices. DINE's session, titled "Planting Seeds of Knowledge: Meeting Education Standards Using Food and Nature", demonstrated how gardening and food/nutrition-centered activities can be used to meet education standards for a variety of subjects.

### **Statement of goals**

- To reinforce DINE's nutrition education and behavior change goals, focusing on increasing consumption of fruits and vegetables.

24 A Regular Meeting of the Durham County Board of Health, held August 10, 2023.

- To provide teachers with gardening and food/nutrition activities and resources to use in the classroom or an outdoor learning environment that align with academic standards across a variety of subjects.

**Issues**

• **Opportunities**

- As part of the DPS Farm to School partnership, DINE and DPS Outdoor Learning often partner to provide garden and nutrition programming in DPS schools. SPLASH provided an opportunity to teach and equip classroom teachers and school staff across DPS who have not had access to the programming on how to utilize similar activities with their students.
- Both indoor and outdoor classroom gardening activities allow teachers to practice Farm to School initiatives and support students' social and emotional health while meeting education standards across various subjects.
- Teachers who attended the session now know more about the resources DINE and DPS Outdoor Learning can offer for school garden and nutrition programming. They may extend the reach of the session by sharing their knowledge of these resources with their colleagues and school administrators.

• **Challenges**

- SPLASH is not currently an ongoing initiative as it was funded through a donation to DPS. DINE will need to pursue other avenues to offer future continuing education opportunities to DPS teachers and staff.

**Implication(s)**

• **Outcomes**

- A total of 29 DPS teachers attended the two sessions offered (on June 28 and June 29). The grade levels represented by the teachers in attendance included Pre-K, elementary, middle, and high school. Also, several schools that have not traditionally received DINE programming were represented at the training.

• **Service delivery**

- DINE partnered with the DPS Outdoor Learning Specialist to develop the two and a half hour training session for teachers.
- DINE developed or co-developed many of the resources provided to the teachers:
  - Classroom Garden Kit instruction sheet and other supporting materials for the activity.
  - Durham Grown initiative that includes a resource [website](#), and many lesson plans teachers can utilize.

• **Staffing**

- Three DINE nutritionists along with the DPS Outdoor Learning Specialist led this project through initiation, planning, and presentation.

**Next Steps / Mitigation Strategies**

- DINE will evaluate feedback received via the survey provided to participants to assess impact and make improvements to the presentation.

**QUESTIONS/COMMENTS:**

**Chair McDougal:** I was certainly impressed by one of the DINE projects. The summer series at the library and the outdoor cooking lessons were very impressive and particularly with the outdoor education and cooking camps is there a plan to expand that and I know it's in two schools right now and it looks to me to be successful as far in the early metrics here and



if it is indeed successful; is there a plan to expand it to more elementary schools?

**Mr. Jenkins:** I will certainly invite Rachel Elledge, Director of Nutrition to expand on that but I will say that I'm delighted that this work can happen primarily for two reasons:

1) The DINE program was the recipient of additional funding and that doesn't happen unless they're doing great work and in FFY23, DINE will receive USDA SNAP-Ed funding to expand by 1.52 positions, adding a full time Spanish Bilingual Nutrition Specialist and we're excited about that.

2) DINE was also able to receive additional funds in the form of a grant from the North Carolina Public Health Association which I am the president and that's primarily because of the great work they've done and they have been able to submit information detailing that great work and do believe it was around \$10K to be able to continue to do that work.

**Ms. Elledge:** Yes, that is correct. That program does great work and we are receiving additional funds this year to expand with the bilingual position and another part-time position that will help with some of the policy systems and environmental changes that the program does but to the original question, we definitely plan to continue the outdoor programs. Those are primarily summer programs related to schools not being in regular session but during the school year they do some outdoor things but if you're referring to the camping program that will be done again next summer. Did that answer your question?

**Chair McDougal:** So I'm glad to hear that it's going to be happening and there's a plan for it to recur again next summer but I'm wondering once you've closed out this summer and look at how successful it was, is there an opportunity to add another one or two schools? Will the staffing allow for that?

**Ms. Elledge:** Yes, you did ask that. I don't know if there are plans right now to add but the staff is really good at looking at successful programs and then try to introduce them to the other schools. With those funds, the schools have to meet the SNAP eligibility requirements meaning that 50% or greater of the school population is eligible for SNAP funds so I'm sure that they will look to add to other schools if the staffing allows.

**Dr. Jackson:** I'm just curious, are there other counties in the state that have similar programs to what we do here with DINE in the schools?

**Ms. Elledge:** There are nine SNAP Ed funded similar programs. There're not called "DINE". DINE is the only program that is specific to Durham but there are some similar programs throughout the state that are funded with these same federal SNAP Ed funds. Our program I think is the largest in the schools. Mecklenburg also has one and theirs maybe about equivalent but other programs using those funds are not all done in the schools, some of them are done in the community and in other ways but our program is one of the biggest if not the biggest in the schools.

**Mr. Jenkins:** I do know Mecklenburg and Surry county have a pretty robust program but nothing compares to Durham.

**Chairman McDougal:** Thank you so much for your response, Ms. Elledge.

#### **COMMITTEE REPORTS:**

There were no committee reports discussed.

#### **OLD BUSINESS:**

There was no old business discussed.

#### **NEW BUSINESS:**

- **ENVIRONMENTAL HEALTH FEE CHANGES per SL 2023-90**

Dr. Orto made a motion to approve FY23-24 Environmental Health Fee Changes per SL 2023-90 effective, September 1, 2023. Dr. Rhea seconded

the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

- **BUDGET RATIFICATIONS**

The Durham County Department of Public Health request the board to recognize funds in the amount of \$26,853.00 from NC DPH Environmental Health Section / Lead and Asbestos Branch. The funds were not provided during the regular budget development season, thus not included as revenue then. The funds will support testing and remediation activities for lead in water, and inspection and remediation for lead-based paint and asbestos in Durham County Public Schools and licensed Child Care facilities requiring assistance from the DCoDPH Environmental Health Division. Assistance is expected to run from March 2023 to December 2026.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$29,000 from the North Carolina Department of Health and Human Services Division of Public Health.

These funds extend a sunseting state AA – Community Linkages to Care for Overdose Prevention and Response – for three months in order to spend all remaining funds. The Durham County Department of Public Health (DCoDPH) was awarded funds to continue to implement its approved core strategies for community-based programs to prevent fatal and non-fatal opioid overdoses, increase access and linkages to care services for the most vulnerable populations, and build local capacity to respond to the overdose crisis in North Carolina.

Dr. Orto made a motion to approve the budget ratifications in the amount of \$26,853 and \$29,000. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

- **BUDGET AMENDMENTS**

The Durham County Department of Public Health request the board to recognize funds in the amount of \$14,220 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are intended to assist the Department of Public Health in meeting the STD service needs for its patients and provides a mechanism to award federal STD Prevention funds to the Local Health Department to ensure its 340B STD Drug Eligibility. These drugs are used to reduce the morbidity, mortality, and spread of STDs in North Carolina. These funds are to be used exclusively for the treatment of local health department clients who are either diagnosed with or who are sexual partners of someone with an STD.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$420,614 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are intended to leverage and build upon existing Epidemiology and Laboratory Capacity (ELC) infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems, thus maximizing the public health impact of available resources. These additional resources, by law, are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term

care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$461,250 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds will be used to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency. The scope and magnitude of the COVID-19 response required an “all hands-on deck” approach that redirected staff from much of their normal day-to-day responsibilities. This created a disproportionate focus on COVID-19 cases at the expense of other communicable diseases. As a result, the ability to perform routine activities (e.g., case investigation/management, patient education, etc.) for these other diseases has been suboptimal compared to pre-pandemic efforts. These funds are intended to assist with a return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$98,702 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section/Communicable Disease Branch. These funds will supplement previously recognized funds for FY24 in the amount of \$98,427, bringing the total for the grant to \$197,129. Using these funds, the Board is requested to approve creation of two full time Communicable Disease Control Specialist I positions.

This grant supports the local health department (LHD) HIV and syphilis partner notification capacity. The goal is to control the spread of HIV/STDs by providing case investigation and contact tracing services to county residents infected with or exposed to these organisms. The current grant funds from NC DHHS end May 31, 2024. Per NC DHHS, this funding is expected be renewed and continue through May 31, 2025.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$1,857 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section/Communicable Disease Branch.

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


Dr. Jackson made a motion to approve the budget amendments in the amounts of \$14,220, \$420,614, \$461,250, \$98,702 and \$1,857 . Dr. Braithwaite 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**
  - School Health Program Update
  - Lead Update

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion discussed.

Dr. Rhea made a motion to adjourn the regular meeting at 5:50pm. Dr. Jackson 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