

A Regular Meeting of the Durham County Board of Health was held April 13, 2023, with the following members present:

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

Excused Absence: Josh Brown and Darryl Glover, OD

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

CALL TO ORDER: Chair Roger McDougal called the meeting to order at 5:02 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. 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. Jackson made a motion to approve the minutes for March 9, 2023. Dr. Rhea 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:

Special Event:

Black Maternal Health and Infant Mortality Conference in Greensboro on Friday and Saturday.

Shout out! —Great work they do!

Hattie Wood-Division Director of Community Health/Nursing Division

Liz Stevens-Deputy Health Director

Kristen Patterson-Deputy Health Director

Cheryl Scott-School Health Program Manager

Maternal Health Team

Bull City Strong Grant:

Health Education and Community Transformation no-cost extension-additional One million (Bull City Strong Grant continues to June 2024)

Workforce Development Training:

Region 5 ARPA Workforce Development funds-No-cost extension (staff training)

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair McDougal called for administrative reports/presentations:

FY23-24 PROPOSED BUDGET AND FEE SCHEDULE REVIEW/APPROVAL (Activity 39.3)

Micah Guidon, Local Finance Administrator provided the board with an overview of FY23-24 Proposed Budget and Fee Schedule which includes:

- Personnel Costs/FTE Overlook
- Operating Costs

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- New Spending Requests
- Revenue
- Fees

Summary Information:

The Department of Public Health will request a County Appropriation of \$27,766,768 in FY 23-24, which is a 26.5% increase from FY 22-23. This represents a \$5,809,122 change from the current year's approved budget.

The total change in expenditures is \$4,675,294. The major drivers of the change are \$2.7M in personnel costs, \$1.2M in contract services, medical supplies, Refugee Health program expenses, and lab equipment. The total change in revenue is -\$1,133,828. Most of this revenue decrease is due to COVID funding related to School Health ending and is mirrored with a decrease in expenditures.

The FY 23-24 requested budget includes 99 fee changes for Environmental Health, Medical Service/Community Health, Lab, Pharmacy, and Dental divisions. Specific fee changes are attached. Forty-two of the fee changes are proposed to reflect minor adjustments from vendors and Medicaid reimbursement; other changes are in name only or may no longer be applicable/allowable. The total financial impact from the fee changes is projected to be an increase of \$55,475.

FY 24 Proposed Fee Changes:

Division	CPT	Modifier	Description	FY23 Fee	FY24 Proposed Fee	Change
Phar	J1050	UD	PR MEDROXYPROGESTERONE ACETATE	\$ 4.80	\$ 10.90	\$ 6.10
Phar	J7297	UD	PR LILETTA, 52 MG	\$ 93.79	\$ 93.19	\$ (0.60)
Phar	J7298	UD	PR MIRENA, 52 MG	\$ 248.90	\$ 231.70	\$ (17.20)
Phar	J7300	UD	PR INTRAUT COPPER CONTRACEPTIVE (Paragard)	\$ 252.89	\$ 295.12	\$ 42.23
Phar	J7307	UD	ETONOGESTREL IMPLANT SYSTEM (Nexplanon)	\$ 399.99	\$ 418.95	\$ 18.96
Dental	D2932		Resin-based Crown	\$ 300.28	\$ 320.18	\$ 19.90
Dental	D3110		Pulp Cap-Direct	\$ 75.88	\$ 76.00	\$ 0.12
Dental	D3120		Pulp Cap-Indirect	\$ -	\$ 76.00	\$ 76.00
Med Svcs	90734	SL	Meningococcal	\$ -	\$ -	\$ -
Med Svcs	90734		Meningococcal	\$ 127.44	\$ -	\$(127.44)
Med Svcs	90688		PR IIV4 VACCINE 3 YRS & OLDER FOR IM USE	\$ -	\$ -	\$ -
Phar	Q0163		PR DIPHENHYDRAMINE HCL 50MG	\$ 0.99		\$ (0.99)
Lab	80051		Electrolyte Panel (test# 303754)	\$ -	\$ -	\$ -
Lab	80162		Digoxin, Serum (test# 007385)	\$ -	\$ -	\$ -
Lab	80164		Valproic Acid (Depakote)®,S (test# 007260)	\$ -	\$ -	\$ -
Lab	80178		Lithium, Serum (test# 007708)	\$ -	\$ -	\$ -
Med Svcs	90649	SL	Gardasil-HPV Females/males 9-26 payor 6	\$ -	\$ -	\$ -
Med Svcs	90649		Gardasil-HPV Females/males 9-26 payor 6	\$ 216.40	\$ -	\$(216.40)

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Med Svcs	90650	SL	HPV (Human Papillomavirus Vaccine)	\$ -	\$ -	\$ -
Med Svcs	90650		HPV (Human Papillomavirus Vaccine)	\$ 232.00	\$ -	\$(232.00)
EH	N/A		Mobile Food Unit/Push Cart/Caterer Plan Review	\$ 200.00	\$250.00	\$ 50.00
EH	N/A		Tattoo Artist Permit	\$ 300.00	\$325.00	\$ 25.00
Phar	J1050		PR MEDROXYPROGESTERONE ACETATE	\$ 4.80	\$ 10.90	\$ 6.10
Phar	J7297		PR LILETTA, 52 MG	\$ 93.79	\$ 93.19	\$ (0.60)
Phar	J7298		PR MIRENA, 52 MG	\$ 248.90	\$231.70	\$ (17.20)
Phar	J7300		PR INTRAUT CUPPER CONTRACEPTIVE (Paragard)	\$ 252.89	\$295.12	\$ 42.23
Phar	J7307		ETONOGESTREL IMPLANT SYSTEM (Nexplanon)	\$ 399.99	\$418.95	\$ 18.96
Phar	J0561		PR PENICILLIN G BENZATHINE INJ	\$ 0.19	\$ 0.04	\$ (0.15)
Phar	J2790		PR RHO D IMMUNE GLOBULIN INJ	\$ 85.63	\$ 69.58	\$ (16.05)
Phar	N/A		Nitrofurantoin	\$ 0.40	\$ 0.39	\$ (0.01)
Phar	N/A		Cipro 250mg	\$ 0.57	\$ 0.13	\$ (0.44)
Phar	N/A		Cipro 500mg	\$ 0.20	\$ 0.12	\$ (0.08)
Phar	N/A		Sulfamethoxazole/Trimethoprim	\$ 0.04	\$ 0.05	\$ 0.01
Phar	N/A		Miconazole 7	\$ 0.19	\$ 3.26	\$ 3.07
Phar	N/A		Fuconazole	\$ 0.64	\$ 1.93	\$ 1.29
Phar	N/A		Antifungal Cream	\$ 0.09	\$ 1.98	\$ 1.89
Phar	N/A		Ferrous Sulfate	\$ 0.02	\$ 0.01	\$ (0.02)
Phar	N/A		Docusate	\$ 0.01	\$ 0.01	\$ -
Phar	N/A		Promethazine	\$ 0.02	\$ 0.06	\$ 0.04
Phar	N/A		Ondansetron	\$ 0.12	\$ 0.13	\$ 0.01
Phar	N/A		Ferrous Gluconate	\$ 0.05	\$ 0.04	\$ (0.01)
Phar	N/A		Folic Acid	\$ 0.08	\$ 0.14	\$ 0.06
Phar	N/A		Metronidazole Gel	\$ 0.19	\$ 6.59	\$ 6.40
Phar	N/A		Cryselle	\$ 0.12	\$ 4.76	\$ 4.64
Phar	N/A		Aviane	\$ 0.08	\$ 1.96	\$ 1.88
Phar	N/A		Apri	\$ 0.07	\$ 1.96	\$ 1.89
Phar	N/A		Norethindrone	\$ 0.04	\$ 0.84	\$ 0.80
Phar	N/A		Tri-Sprintec	\$ 0.09	\$ 1.40	\$ 1.31
Phar	N/A		Sprintec	\$ 0.05	\$ 1.40	\$ 1.35
Phar	N/A		Tri-Lo Sprintec	\$ 0.08	\$ 1.40	\$ 1.32
Phar	N/A		Portia	\$ 0.14	\$ 1.96	\$ 1.82
Phar	N/A		Plan B/My Choice	\$ 3.69	\$ 3.13	\$ (0.56)
Phar	N/A		Ocella	\$ 0.13	\$ 4.76	\$ 4.63
Phar	N/A		Nuvaring	\$ 0.00	\$ 0.01	\$ 0.01
Lab	82952		Glucose Tolerance Test Each Assit Beyond 3 Spec	\$ 32.97	\$ 4.99	\$ (27.98)
Dental	D2940		Sedative Filling - PROTECTIVE RESTORATION	\$ 101.30	\$101.30	\$ -
Lab	81001		Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin	\$ 4.16	\$ 4.16	\$ -
Lab	81003		Ua, By Dip Stick Or Tablet; Automated, Wo Micro	\$ 7.75	\$ 7.75	\$ -
Lab	81015		Microscopic Urine Exam	\$ 8.44	\$ 8.44	\$ -
Dental	D1551		Recement Bilateral Space Maintainer - Maxillary	\$ 39.00	\$ 39.00	\$ -
Dental	D1552		Recement Bilateral Space Maintainer - Mandibular	\$ 39.00	\$ 39.00	\$ -

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Dental	D1553		Recement Unilateral Space Maintainer	\$ 39.00	\$ 39.00	\$ -
Dental	D1556		Removal of Fixed Unilateral Space Maintainer	\$ 34.00	\$ 34.00	\$ -
Dental	D1557		Removal of Fixed Bilateral Space Maintainer - Maxillary	\$ 34.00	\$ 34.00	\$ -
Dental	D1558		Removal of Fixed Bilateral Space Maintainer - Mandibular	\$ 34.00	\$ 34.00	\$ -
Dental	D4346		Scaling Pres Gen Mod.Sev Ging Inf	\$ 95.00	\$ 95.00	\$ -
Med Svcs	76830		CHG ECHOGRAPHY,TRANS VAGINAL	\$ -	\$208.85	\$ 208.85
Phar	J0696		PR CEFTRIA XONE SODIUM INJECTION	\$ -	\$ -	\$ -
Phar	J1580		PR GARAMYCIN GENTAMICIN INJ	\$ -	\$ -	\$ -
Phar	J3490		PR DRUGS UNCLASSIFIED	\$ -	\$ -	\$ -
Phar	Q0144		PR AZITHROMYCIN DIHYDRATE. ORAL	\$ -	\$ -	\$ -
Lab	82274		CHG BLOOD,OCCULT,FECA L HGB,FECES,1-3 SIMULT	\$ -	\$ 20.22	\$ 20.22
Lab	87206		CHG SMEAR,FLUOR STAIN,INTERP	\$ -	\$ 6.83	\$ 6.83
Phar	J2791		Rho (D) Immune Globulin (Human), Intramuscular Or Intravenous, 100 Iu, Injection	\$ -	\$ 5.09	\$ 5.09
Dental	D7961		BUCCAL/LABIAL FRENECTOMY (FRENULECTOMY)	\$ -	\$188.69	\$ 188.69
Dental	D7962		LINGUAL FRENECTOMY (FRENULECTOMY)	\$ -	\$188.69	\$ 188.69
Dental	D2929		PREFAB PORC/CERAMC CROWN-PRIM TOOTH	\$ -	\$345.00	\$ 345.00
Dental	D1353		Sealant Repair	\$ -	\$ -	\$ -
Dental	D2920		Recement Crown	\$ -	\$100.00	\$ 100.00
Lab	81002		Urinalysis Routine Without Microscopy	\$ -	\$ 3.25	\$ 3.25
Lab	85027		CBC Without Differential	\$ -	\$ 8.23	\$ 8.23
Phar	N/A		Dipjenhydramine HCL 25MG	\$ -	\$ 0.02	\$ 0.02
Phar	N/A		Seasonique	\$ -	\$ 0.85	\$ 0.85
Phar	N/A		Nortrel	\$ -	\$ 6.71	\$ 6.71
Phar	N/A		Nortrel 7/7/7	\$ -	\$ 1.97	\$ 1.97
Med Svcs	90713		PR POLIOMYELITIS IMMUNIZATN,INACTV ,SUB-Q		\$ 39.13	\$ 39.13
Med Svcs	90620		PR MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	\$ -	\$196.72	\$ 196.72
Med Svcs	90621		PR MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	\$ -	\$172.43	\$ 172.43
NT	97802		MNT, initial visit, 15-minute unit	\$ 36.38	\$ 35.49	\$ (0.89)
NT	97803		MNT, subsequent visit, 15-minute unit	\$ 31.48	\$ 30.89	\$ (0.59)
NT	G0108		DSMT individual visit, 30-minute unit	\$ 54.24	\$ 52.87	\$ (1.37)
NT	G0109		DSMT group session of 2 or more, 30-minute unit	\$ 14.96	\$ 15.01	\$ 0.05
Med Svcs	90732		Pneumoonia Vaccine (PneumoVax)	\$ 113.07	\$119.48	\$ 6.41
Med Svcs	90746		Hepatitis B (Adult)	\$ 63.25	\$ 66.08	\$ 2.83

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Med Svcs	90750		Shringrix	\$ -	\$166.72	\$ 166.72
Med Svcs	90651		PR 9VHPV VACC 2/3 DOSE SCHED IM USE	\$ 232.00	\$273.46	\$ 41.46
Med Svcs	90675		Pre-Exposure Rabies	\$ 304.45	\$390.41	\$ 85.96
Med Svcs	86790		Rabies Titer	\$ 20.97	\$ 50.00	\$ 29.03
EH	N/A		Existing Food Establishment Plan Review	\$ 150.00	\$ -	\$(150.00)

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

QUESTIONS/COMMENTS:

Commissioner Allam: I just want to say I'm excited about a lot of these things and excited to support them.

Mr. Gregorio: Thank you Ms. Guidon for your wonderful work. I just have a few questions for clarification. Do you mind if we go back to the approved FTEs. When you went through the breakdown of FTEs for request# 1 \$100K CLC request? Were there any FTEs attached to that? You might have mentioned three.

Ms. Guidon: Yes, there are and Lindsey are we contracting for these or are there FTEs on this one?

Ms. Bickers-Bock: We have been contracting with Recovery Innovations (RI) for this work based on the framework that they have for patients coming into their crisis unit and also for the way that they can provide the CLC help support so our proposal is for all three of these positions to be contracted through RI.

Mr. Gregorio: So, these would be contracted FTEs or contracted positions?

Ms. Bickers-Bock: Correct.

Mr. Gregorio: So, these three positions would not be included with the FTE count?

Ms. Guidon: That's correct.

Mr. Gregorio: Okay. Good.

Ms. Guidon: The cost would be all in like a contracted services line.

Ms. Gregorio: Okay. Thank you for that, so if I'm doing the math correctly, I am getting a total of 1.2million for these new budget request...would that be a fair amount and I would be happy to have a follow-up afterwards as well. I'm trying to reconcile the personnel with the new 1.2 million spend for FY24 budget compared to the difference of 2.6 million from FY23 to FY 24 personnel.

Ms. Guidon: For personnel were you asking specifically or for the whole cost?

Mr. Gregorio: The whole cost I am trying to see how much the new FTEs would live for that net new difference of the personnel.

Ms. Guidon: I can get that number for you. I don't have it right at my figure tips. What I can do is...like for example with the example that you brought up and thank you for asking that...I think that's the only one that has the personnel cost in a contract line but some of the costs are in personnel line and some are in the operating line and so I can give you that breakdown of what the totals would be for each of those if you want, it just takes a little bit of time.

Mr. Gregorio: I know you're super busy so no hurry. I appreciate that. I'm just trying to reconcile that 1.2 million for the new FTEs spend request because it looks like we're increasing by 2.2 million and I just want to account for that missing million or so.

Ms. Guidon: I think that is likely going to be the 8% increase for the class and comp study. We receive personnel numbers from the county budget office as we're preparing all of this and they pretty much say here's your list of people and we make sure everyone is on the list and it looks right to us in terms of numbers of people in programs so the difference between the new FTEs associated with new spending requests and the total personnel increase is going to be that 8%. The county is factoring in the personnel cost.

Mr. Gregorio: Okay, understandable. Thank you very much.

Mr. Jenkins: It is a fairly moving target Mr. Gregorio. As Micah indicated we are kind of like at the mercy of personnel...huge decisions to be made with the class and comp pay study and that is in an effort to make sure salaries are commissary with market and so glad that Commissioner Allam and the rest of the county commissioners are really thinking highly of public health and trying our best to address environmental health, nutrition and a couple of other places but not necessarily an exact number but what we try to do is ballpark the best we can.

Mr. Gregorio: I understand 100% we got to get the best talent. I did have one more question Ms. Guidon. For the operating expenses if you don't mind going back to that so the RPR machine in the lab for \$10K you mentioned sounds like amazing technology is that a lease or a capital expense?

Ms. Guidon: I believe it will be a capital expense.

Mr. Jenkins: That is correct. A couple of years ago we did have a major capital expense with our Panther and that is a machine that we can use to do COVID testing and a number of high complexity test. Again, when we recruited talent like Josee Paul who is a lab technician, manager, subject matter expert she challenged us to get some equipment that would take us to the next level with us providing services for a number of other small counties (orange, person) we certainly want to make sure we have equipment to fulfill our contractual mandates.

Mr. Gregorio: Great. Thank you so much I just want to make sure that is called out in the capital expenditure. I saw that there were zero dollars for FY24 requests.

Ms. Guidon: The reason for that is because it is a capital expense, I'm not able to enter it into our system so there's a specific equipment line item that we're not able to enter that at the department level. I will flag that for our budget analyst because I sure she is able to do that so we will make sure that it is in the correct line.

Mr. Gregorio: Absolutely, that makes sense and my final question for you this evening is I did a rollup and hoping that my math is correct about all of these operating expenses for the difference and I believe we're seeing about a difference of \$1.7 million in savings and I imagine that is a large part from the decrease in the COVID expenditures. If we're seeing about \$1.7 million decrease in expenditures for FY24 budget I'm just wandering why there would be a potential increase in operating from that chart that you showed in the very start. I'm seeing an increase of \$2.1 million instead of a decrease.

Mr. Guidon: This doesn't actually show all of the increases just the ones that are (+/-) \$20K we have many more that were much more minimal and I'm also happy to share that with you when I give you the breakdown of the personnel and operating.

Mr. Gregorio: Awesome check my math on that. I just want to make sure I'm able to account for the proposed increase of \$2.2 million or so for operating expenses. It sounds like we might have a lot of "might" items that may be under or more than \$20K.

Ms. Guidon: Yes. We do.

Ms. Gregorio: Great. Thank you so much. That's all the questions I have. I appreciate it.

Ms. Guidon: Thank you for your interest.

Dr. Braithwaite: Thank you for the presentation and helpful information. The question I have is in the past sometimes once we approve the budget or the ask; we're then requested to consider a reduction in our ask and I'd like to know if there is a priority list? Are there areas in here where we've already considered we are okay with not making this ask but we really want to maintain this increase in FTEs or this particular project?

Mr. Jenkins: That's an excellent question. I'll help you out there Micah. When we met with the county manager, (myself and Micah) of course we want it all and I was very forthright with the county manager in as much as saying "I've been here for 3 ½ years and I've not asked for anything.

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This is the first time that we have been really asking for specific positions for a specific purpose. We come to the table in our negotiations so “The Duke Endowment Grant” that’s no cost to the county, we do have some nutrition funds that are half of an FTE and we also know that the county has some decisions to make along the lines of the Opioid Settlement Funds. Request # 1& 2 has something to do with it but we wanted to really let them know “hey, we’re asking for it please consider us first...public health” because it is a public health emergency but when it comes to like IT positions and making sure that we can keep things moving and particularly that position that would liaison with UNC EPIC to make sure that we can have better connectivity, those are things that we must have because again we want to make sure that we have a smooth running operation and we’ve had significant hiccups ever so often. We’re not holding back on this request we want all 12.

Dr. Braithwaite: Understood. Thank you.

Dr. Rhea: Just a quick question for me but thank you for the detailed presentation I am very supportive of all the requests. With the public health emergency, the federal emergency ending will there be an operational expense and potential fee and revenue impact if we have to start purchasing some of supplies (vaccines, testing) things like that and then patients choose to come to us for those or are there other means we are anticipating like grant funding outside of the federal government to obtain those and is that a part of this budget or are we just going to adjust for that in subsequent budget requests or amendments going forward?

Mr. Jenkins: I’ll take that one Micah. We will adjust Dr. Rhea and thank you for that question. It is something that myself, the executive team and talking with Dr. Jenks and Director of Nursing, Hattie Wood have already pondered and we are most hopeful that there will be some grant funds coming down and one advantage of being an officer of the North Carolina Association of Local Health Directors (NCALHD) is that I’m privileged to the information first. This is something that our officers of the NCALHD has been really pressing the State Department of Public Health about because we are in budget season and we need that information and unfortunately we have not received confirmation so we will have no other choice but to adjust and then we talk about the commercialization of COVID vaccines that are scheduled for the fall of 2023; we’re hopeful that that’s going to bring in some increased revenue and then of course you’re talking about Medicaid Expansion that is tied to the budget so I’m the optimist and think that it’s all going to come together but getting it together is going to be a significant challenge but nevertheless we are beating that drum real loud with the Dr. Susan Kansagra, Mark Battens and Kody Kinsley’s of the world to let them know at the ground level we need some decisions to be made in order for us to continue to do the great work that we’re doing.

Dr. Rhea: So if I’m understanding correctly, we are essentially going forward...not necessarily projecting any of those things to happen or trying to predict...going forward as the status is today and we will adjust once we know what the stand is going to be on those issues.

Mr. Jenkins: That is correct.

Dr. Rhea: Perfect. Thank you very much.

Chair McDougal: Okay are there any other questions. I want to thank everyone for their questions and responses. I believe we need a motion to accept the FY24 proposed budget in the amount of \$27,766,768.

Dr. Jackson made a motion to accept and approve FY23-24 Proposed Budget and Fee Schedule changes. Dr. Rhea seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for April 2023 prior to the meeting. The vacancy rate through the end of March 2023 was 19.9%. *(A copy of April 2023 Vacancy report is attached to the minutes.)*

QUESTIONS/COMMENTS:

Mr. Jenkins: Things are starting to get a little bit better. We do have folks leaving and it's starting to balance out. We have a little bit more people coming than leaving and we're grateful for that.

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 March 2023 prior to the meeting.

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

QUESTIONS/COMMENTS:

Attorney Wardell: We're making progress and in fact I was in court week before last with Patrick Eaton on a mediation and we were able to get a favorable result, I think, for the homeowner as well as the county to bring that property into compliance. We're working hard and those folks in Environmental Health work hard and all the public health employees work hard no question but there're working hard down there in Environmental Health and I appreciate the assistance they give me when I do need to file an action and we work well together and are making a headway on the NOV list. All is good so far and these things go in waves so just keep your fingers crossed.

Mr. Jenkins: I just want to express gratitude to Attorney Wardell because it's not easy. He makes us look good so we are thankful to our counsel.

Health Director's Report

April 13, 2023

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

Accreditation Activity 1.2 The local health department shall update the community health assessment with an interim State of the County Health report (or equivalent) annually.

Program Description

Every three years Durham County Department of Public Health, the Partnership for a Healthy Durham, and Duke Health conduct Community Health Assessments (CHA). Each year that a Community Health Assessment is not submitted, a State of the County Health (SOTCH) report is produced. The 2022 SOTCH report provides an update on data from the 2020 CHA and the county's top five health priorities, affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes, and food access. It also provides an update on Community Health Improvement Plans, county demographics, and leading causes of death.

Statement of goals

- Provide Durham community with information about the health of its residents.
- Report recent, reliable data that can be used to assist with grant writing, local policies, and programs.
- Give reasons for health disparities across the top health priorities.

Issues

- **Opportunities**
 - Update the community and stakeholders on health measurements since the 2020 CHA.

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- Share progress on Community Health Improvement Plans.
 - Highlight institution and community led initiatives that respond to top health issues.
 - Provide context for historical and current policies and practices that contribute to health disparities.
 - Present progress on health outcomes using ScoreCard.
- **Challenges**
 - Presenting the information in formats that accommodate different abilities and literacy levels.
 - Distributing the health data to the community equitably.

Implication(s)

- **Outcomes**
 - The 2022 SOTCH report is a twelve-page document that includes updates on Durham's demographics, infant mortality, leading causes of death, and progress on the top health priorities, affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes, and food access.
 - The Mental Health committee and Durham Adverse Childhood Experiences and Resilience Taskforce created a joint workgroup to support the Community Resiliency Model Teacher Collaborative. The goal of this project is for the Durham community to have increased skills to support their social, emotional, and mental health at no cost.
 - While poverty rates for the general population in Durham is decreasing, the gap in poverty levels between Black and white residents has widened.
- **Staffing**
 - Partnership for a Healthy Durham Coordinator
 - Input for community partners, Partnership Co-Chairs, and Durham County Department of Public Health staff.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- The report will be available in English and Spanish at www.healthydurham.org.
- The Data Scientist and Partnership Coordinator will collaborate to produce a SOTCH StoryMap.
- The Partnership Coordinator will collaborate with Public Health Communications and Partnership Communications to distribute the information to the community.
- The report will be printed in English and Spanish and distributed to the community.

Division/Program: Replacing Dental Carts in the Clinic

(Accreditation Activity 31.6: The local health department shall have an inventory of equipment that includes a plan for replacement.)

Program description:

- Beginning in 2021, the Dental Division began experiencing issues with its dental carts in the clinic. Frequent maintenance was being requested to address issues such as minimal air or water to handpieces, water leaking from units, and handpiece holders starting to crack, etc.

Statement of goals:

- To ensure quality service in clinic, the Dental Division has preventative maintenance contracts in place for servicing its equipment. Some dental equipment (sensors, handpieces, RAMVAC) has been replaced in the past two years.

Issues

- **Opportunities**
 - During the summer of 2022, the Division began looking into replacing its six dental carts in the clinic.
 - Within the Department's Administrative budget, Medical Equipment Funds were identified to purchase new carts.
 - A contract was executed with Benco in October 2022.
- **Challenges**
 - Scheduling for replacement of equipment during the week is challenging as patients are scheduled out for months. The team arranged for a Friday delivery, and the technicians removed/replaced two carts at a time so the clinic could stay open.
 - As the cost of each cart is \$3,000+, the Dental Division had to prepare in advance to identify/budget funds to replace carts. In the interim, the preventative maintenance program kept each cart operating.

Implication(s)

- **Outcomes**
 - Six new DCI carts were installed the first Friday in March.
 - With proper care and maintenance, the new units should each last 12-15 years.
- **Service delivery**
 - Technicians from Benco removed old carts and installed new units. The team was trained in how to use the carts.
- **Staffing-** Division Director oversaw contract and installation process, with the dental team selecting the new carts.
- **Revenue** – N/A – New equipment cost \$ 20,833.80.
- **Other** –N/A

Next Steps / Mitigation Strategies

New DCI carts will be maintained as prescribed.

Division / Program: Nutrition Division / DINE Wall Calendar
(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), Pre-K programs, and community organizations to promote healthy eating and to connect groups to community food resources.
- DINE developed the 2023 Wall Calendar as a resource for community members. The calendar provides 12 DINE tested recipes, cooking tips, food tips, links to social media resources,

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contact information for the Nutrition clinic, and contact information for community programs including Double Bucks, the Food Resource Map, and the DINE e-newsletter.

Statement of goals

- To reinforce DINE's nutrition education and behavior change goals.
- To promote DINE's activities in the community.
- To provide connections to community resources.

Issues

- **Opportunities**
 - DINE modeled the wall calendar after another SNAP-Ed agency calendar that DINE used to purchase and distribute. By creating a calendar in-house, the calendar provides a constant visual reminder of nutrition resources in Durham and contains culturally appropriate, tested recipes.
 - Tested recipes provide simple and budget-friendly options for eating meals at home.
 - Simple nutrition messages displayed for an entire year.
- **Challenges**
 - Limited staff time for creating Spanish calendar
 - Tedious editing process with printing company causing delays in production.

Implication(s)

- **Outcomes**
 - Since January 2023, 500 DINE calendars have been or are in the process of distribution.
- **Staffing**
 - Two DINE nutritionists have led this project through initiation, planning, execution, and evaluation. DINE staff created the layouts, graphic design, content, and original photos used in the calendar.
 - DINE staff distributed calendars as educational incentives in classes as well through partner agencies.
 - Five additional DINE nutritionists and two assistants have supported this project through helping with design, content planning, and editing.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE staff is currently planning the 2024 DINE Wall Calendar.
- DINE will implement lessons learned to streamline the editing and production process.

Division / Program: Nutrition Division / DINE SNAP-Ed Management Evaluation

(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 program that targets SNAP-eligible families. DINE provides nutrition education,

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facilitates policy, systems and environmental (PSE) changes, and implements a social marketing campaign.

- DINE is largely funded by a grant from USDA's SNAP-Ed program.
- In February 2023, the North Carolina Department of Health and Human Services completed a Management Evaluation (ME) of the SNAP-Ed activities performed by the DCoDPH DINE program. The objective of this SNAP-Ed ME was to ensure both fiscal responsibility and program integrity. On-site nutrition education ME activities assessed State and local-level compliance with SNAP-Ed Plan Guidance requirements, including financial management, program delivery and evaluation for the period of October 2021 through September 2022.

Statement of goals

- SNAP-Ed Management Evaluations are conducted by States to assess whether:
 - The agency has a process in place to review and monitor grantees' and subgrantees' program operations.
 - Operations are consistent with the terms of the approved Plan.
 - Activities are targeted to participating and potentially eligible SNAP clients.
 - Nutrition education and obesity prevention activities are being evaluated for effectiveness.
 - The agency is examining and documenting the progress being made toward reaching the Plan goals.
 - Administrative expenses are reasonable, necessary, and properly documented and allocated.
 - Agencies are submitting developed materials for sharing on the SNAP-Ed Connection Web site.
 - Agencies are adhering to Civil Rights and Equal Employment Opportunity (EEO) requirements.

Issues

- **Opportunities**
 - The SNAP-Ed Management Evaluation site visit provided the opportunity for DINE staff to showcase program activities to the State agency.
 - Furthermore, it provided an opportunity for our staff and the State Coordinator to meet in person and get questions answered.
 - The site visit provided a chance to learn about areas in which DINE can improve services and compliance.

Implication(s)

- **Outcomes**
 - The Management Evaluation resulted in positive feedback and one finding/corrective action.
 - Some of the positive feedback included:
 - "Your team's amazing work in schools, childcare centers, and various community organizations. More specifically, an impressive team of registered Dietitians to conduct work in your numerous programs..."
 - "We were most impressed with, and will log this as best practice, the middle school students filling out their preloaded SNAP-Ed survey on their Chromebook... This is what amazing partnership looks like and we truly believe the success of SNAP-Ed programming may need to model this practice."
 - "We observed that the childcare students have been learning and engaging to increase their knowledge

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about gardening and plants. In addition, your partner is excited and enthusiastic about future plans with DINE to do more PSE work.”

- The final report outlined one finding/corrective action:
 - “Agency to maintain copies of Memoranda of Agreement/Understanding with organizations it coordinates with for the provision of services. NC-DHHS staff review of documents indicated that this was not available for many organizations with which the agency partners.”
 - Corrective Action: “Please provide documentation of Memoranda of Agreement/Understanding (MOU/MOA) with organizations it coordinates with for the provision of services.”
- **Service delivery**
 - The SNAP-Ed Management Evaluation was conducted by the SNAP Outreach/Ed Coordinator and Program Assistant from the Division of Child and Family Well-Being, FNS Section of the NC-DHHS.
- **Staffing**
 - The DINE program is staffed by nine full-time and four part-time nutritionists, one processing assistant, and two program managers. The two program managers and two of the full-time nutritionists are funded by Durham County; the other positions are funded by SNAP-Ed.
 - DINE is also supported by the Nutrition Division Director, the Nutrition Division Senior Office Assistant, the Health Director and Assistant Health Directors, and the DCoDPH Finance team. All these staff members also contributed to making the SNAP-Ed Management Evaluation a success.

Next Steps / Mitigation Strategies

- DINE will ensure signed program agreements are obtained from all current partners. These will be kept on file, and copies sent to the State within the required 60-day timeframe.
- The process of obtaining signed program agreements has been added to internal DINE policies/procedures to ensure these are collected for all future partnerships.

Division / Program: Environmental Health/Public Health Preparedness

Accreditation Activity 6.2 - County Emergency Operations Plan. Accreditation Activity 6.3 Regional Exercises/Activities. Accreditation Activity 7.4 - All Hazards Emergency Response Plan. Accreditation Activity 7.5 Local Emergency Manager Communication. Accreditation Activity 7.6 Response Plan Testing

Program description:

- On 28 March 2023, the Shelter Activation and Operation Full Scale Exercise was held at Jordan High School. This exercise resulted from an almost 7-month planning effort and was a joint-effort of Durham City/County Emergency Management, Durham County DSS, and Durham County Public Health. This exercise was risk-informed, capability-based, and objective-driven. DCoDPH’s preparedness program employs a progressive exercise approach, with this exercise building on the Shelter Activation and Operation Tabletop Exercise (TTX) held on May 23, 2022.

Statement of goals:

- Demonstrate our ability to notify and prepare our teams for shelter operations within 48 hours of the initial notification of severe weather from Durham EM.
- Demonstrate our ability to setup and open the shelter once notified the plan has been activated, in accordance with the Durham City/County shelter annex and DSS Shelter Operations Handbook.
- Demonstrate our ability to overcome challenges faced during shelter shifts by navigating exercise injects in accordance with departmental policies and procedures.

Issues:

- **Opportunities**
 - Address Multi-year Training and Exercise Plan training priority #2: Public Health Response in Sheltering.
 - Identify and collaborate with new partners.
 - Reestablish and strengthen partnerships with existing partners.
 - Identify PH sheltering shortfalls and areas for improvement.
 - Provide staff, observers, and role players from internal and external organizations the opportunity to observe or participate.
 - Activate and test new DCoDPH All Hazards Plan

- **Challenges**
 - Ensure efficient shelter setup and adequate equipment.
 - Apply public health plans, policies, and practices to shelter operations.
 - Manage public health issues within the shelter.

Implication(s)

- **Outcomes**
 - Simulated 3 shelter shifts/36 hours of shelter operations

- **Service delivery**
 - This exercise strengthened DCoDPH's ability to deliver Public Health Emergency Preparedness and Response Capability 7: Mass Care. Mass care is the ability of public health agencies to coordinate with and support partner agencies to address within a congregate location (excluding shelter-in-place locations) the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and assessments to ensure that health needs continue to be met as the incident evolves.
 - Overall, Durham County will be better prepared to establish and operate a shelter in response to a real-world event.

- **Staffing**
 - 11 DCoPH staff members participated in in-person exercise play.
 - An additional 1 staff participated in remote/virtual exercise play.

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- **Revenue**

- Execution of the exercise satisfies training requirements needed to sustain critical grant funding to the department.

Next Steps / Mitigation Strategies

The after-action review process is not yet complete, but there are already improvement items concerning communications, staff training, and documentation. These items will be added to the improvement plan that stems from the after-action report and will be addressed in a timely manner.

Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences

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

Program description:

- The Adverse Childhood Experiences (ACEs) and Resilience Coordinator (Coordinator) was hired in August 2020. In this position, Jess Bousquette supports the activities of the Durham Adverse Childhood Experiences and Resilience Taskforce (DART), contributes to the development of the Durham Early Childhood Action Plan, and works to increase trauma-informed care within the Durham County Department of Public Health (DCoDPH).
- To help achieve this goal, DART, with support from the ACEs and Resilience Coordinator, has designed a website for people who work on preventing and responding to ACEs to learn more about trauma-informed care. The website will launch on April 1st at www.resilientdurhamnc.org

Statement of goals:

- To develop an accessible website for DART using human-centered design and trauma-informed communication.
- To provide resources for practitioners in Durham on ACEs, trauma, and trauma-informed care that will inform their work in being more trauma-informed.
- To provide a virtual space for the Durham community to learn more about DART's work and how to get involved.

Issues:

- **Opportunities**
 - This project helped DART clarify its audience for communication. The audience is people who work to prevent and respond to ACEs in the Durham community.
 - The project invited many DART members to be a part of interviews about their work and desires for the website, participate in brainstorming, and feedback sessions. This was our first large collective project since the COVID-19 pandemic began in 2020.
 - This project helped the team better understand what efforts related to ACEs and resilience in the Durham community looks like in practice, how we similarly define and approach this work, and what are the roadblocks practitioners tend to face in this work. Even though many organizations have their own efforts, there are a lot of shared skills and mindsets in this work, and this project helped uncover some of those commonalities.

- **Challenges**

- Throughout the development process, we have relied on the capacity of members to participate in the process. During the summer and around the end of year holidays, we took breaks due to the expected decrease in engagement.
- Human-centered design is a new way of working for DART. It starts with the people the solution is being designed for. Initially, members were unsure about having enough “expertise” to build a website. The Communications Fellow helped move our perception of “expertise” to empower the end user of the website as the expert in how it should be designed. Our design and content are grounded in these learnings.

Implication(s):

- **Outcomes**

- The goal of this project is to increase access to trauma-informed care resources and training within Durham. We expect to see an uptick in training requests coming through DART.
- Practitioners, including DART members, will now have access to resources, tools, and data sources in one place on the website. This will support program design, program implementation, and grant writing for ACEs and resilience programs in Durham.

- **Service delivery**

- The website will be operational on April 1st.
- The website contains a resource library of tools, including guidance and surveys for organizations to use to become more trauma informed. These tools are external resources that we have made easily searchable in the library with links to the external source.
- We have developed a survey tool for organizations to request training on ACEs, resilience, and trauma on the site. This tool will streamline training requests for DART, allow us to collect data on trainings that are most popular, and track number of people trained.

- **Staffing**

- Adverse Childhood Experiences and Resilience Coordinator has dedicated 10-15% of her time to this project, including supervision of the ACEs and Resilience Communications Fellow.
- An ACEs and Resilience Communications was hired as a contractor in June 2022. She has dedicated an average of 10 hours a week to this project.
- DART members dedicated about 1-2 hours a month to provide input and feedback.
- The Communications and Public Relations Manager and County IST provided support and guidance on this project.

- **Revenue**

- This project cost \$11,600 for research, design, and content development
- We do not anticipate the website to be a source of funding. We do expect that having easy access to resource, guidance, toolkits, and data in an easy to navigate site will support grant writing and program implementation in Durham and indirectly support increasing financial resources for ACEs and resilience work in Durham.

Next Steps / Mitigation Strategies:

- We will promote the new website by presenting it at various coalitions related to ACEs and trauma and sharing it on relevant listservs.
- The website will be maintained by the ACEs and Resilience Coordinator, including meeting times for DART, news items, the resource library, and community events.

QUESTIONS/COMMENTS:

Mr. Jenkins recognized the following programs:

Environmental Health Division/Durham County Preparedness

Exercise—Corey Morris, Public Health Preparedness Coordinator

On 28 March 2023, the Shelter Activation and Operation Full Scale Exercise was held at Jordan High School. This exercise resulted from an almost 7-month planning effort and was a joint-effort of Durham City/County Emergency Management, Durham County DSS, and Durham County Public Health. This exercise was risk-informed, capability-based, and objective-driven. DCoDPH's preparedness program employs a progressive exercise approach, with this exercise building on the Shelter Activation and Operation Tabletop Exercise (TTX) held on May 23, 2022.

Health Education & Community Transformation / Adverse

Childhood Experiences—Jess Bousquette

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To help achieve this goal, DART, with support from the ACEs and Resilience Coordinator, has designed a website for people who work on preventing and responding to ACEs to learn more about trauma-informed care. The website will launch on April 1st at www.resilientdurhamnc.org

Dr. Alicia Smith-Durham County Department of Public Health Public Communications and Information Officer for all here hard work and dedication to the department.

Chair McDougal: I have one comment and one question. My comment, looking at the Nutrition Division portion of the report particularly with the DINE wall calendar. I would love to come down and pick up one of those calendars and look at some those food tips and recipes. It sounds interesting to me. My question is about the Emergency Operation Plan on March 28, 2023. Now in the event of an emergency, I'm assuming there will be other venues that would be implemented other than Jordan High School?

Mr. Jenkins: Absolutely. We just had that one location for that particular exercise. Well done and all our partners were involved and again it was a virtual type situation. However, we remain in a heightened state of readiness and I would put our preparedness coordinator up against anyone in the state. He is committed to ensure that we are ready and if something were to happen there are a number of different locations available for our residents and our plan is solid.

Chair McDougal: I did have one other comment. I did get a chance to take a look at the "resilient Durham" website. Kudos to the team for putting the website together. I learned a little bit about trauma informed care and yes, I think it will help create some revenue for the county.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

• **BUDGET RATIFICATION**

The Durham County Department of Public Health request the board to recognize additional grant funds in the amount of \$53,723 from the Division of Child and Family Well-Being, North Carolina Department of Health and Human Services for DINE Program implementation.

Funds will be used to support a new 0.52 FTE nutrition specialist position to expand DINE programing in community settings per the approved staffing in the FY22-23 grant award,

Dr. Orto made a motion to approve the budget ratification in the amount of \$53,723.00. Dr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

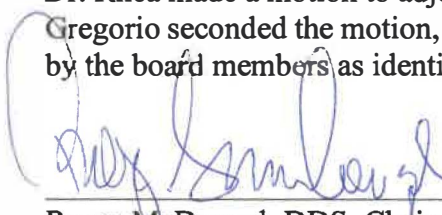
• **AGENDA ITEMS FOR NEXT BOARD MEETING**

- Child Protection/Child Fatality Task Force Presentation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Dr. Rhea made a motion to adjourn the regular meeting at 6:08pm. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director