

A Regular Meeting of the Durham County Board of Health was held September 14, 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

Excused Absences: Darryl Glover, OD; Gene Rhea, PharmD, MHA; and Victoria Orto, DNP, RN, NEA-BC

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Nathan McKinney, Attorney Larissa Williamson, 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, Cheryl Parson, Corey Morris, Sarah Synder

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: There were no adjustments/additions to the agenda.

Dr. Jackson 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. Jackson made a motion to approve the minutes for August 10, 2023. Dr. Braithwaite seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

STAFF/PROGRAM RECOGNITION:

Mr. Jenkins recognized Malkia "KiKi" Rayner, as the new Director of Nursing/Director of the Medical Services Division.

Ms. Rayner official start date was September 4, 2023, but also served as Interim Director of Nursing after the retirement of former Nursing Director, Hattie Wood.

Ms. Rayner has worked effectively within our department for roughly three years. Prior to her time with Durham County, she worked in a supervisory capacity for 5.5 years in areas of Sexually Transmitted Disease, Communicable Disease, Tuberculosis, Family Planning, Breast and Cervical Cancer Control Program, Wise Women, Teen Wellness, and Pregnancy Test Counseling. Her local public health experience also extends to School Health, WIC, and Diabetes Education. Simply stated, there is no facet of public health that she has not had prior experience. It is this breadth of public health experience that is needed to move our Nursing Corps and Medical Services Division to the next level.

Chairman McDougal: I will reiterate the welcome that Director Jenkins shared and we welcome Ms. Rayner to her new position and this board meeting.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair McDougal called for administrative reports/presentations:

SCHOOL HEALTH PROGRAM UPDATE (Activity 21.2 & 4.1)

Malkia Rayner, Nursing Division Director, Sara Synder and Cheryl Parsons, Public Health Nurse Supervisors provided the board with an update on the School Health Program and services offered by Durham County Department of Public Health.

Summary Information:

The School Health program continues to grow and adjust as we head into a new school year. A review of the current staffing, funding sources, DPS agency partnership, and leading health issues were discussed.

Topics discussed:

- Staffing structure
- Funding
- Recruitment of nurses
- Partnership with DPS nurse team
- Goals/challenges for the year

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

QUESTIONS/COMMENTS:

Dr. Jackson: Just one quick question. We're aiming for two schools per nurse. What has it been in the past?

Ms. Synder: Great question, for now our nurse to school ratio, most of our school nurses have between 2 to 5 schools.

Mr. Jenkins: In addition, Dr. Jackson, we are proud to say our Board of County Commissioners is leading the charge...I do believe my predecessor, Gayle Harris put that in place back in 2018-2019 and as funds are available, they have been giving us positions.

Chairman McDougal: I did have a question regarding the staffing. I think it was on slide 3 if we could go back to that slide. I think it's thirty-two available positions and we have nineteen of those thirty-two positions still vacant. At what point are we at a critically low level. I would think that below fifty percent, we're already there but apparently not so; at what level is it critically low? And my follow-up question is are our salaries competitive with the local hospitals or the average range for nurses coming out of nursing school? I know you have fairs at the local nursing schools to try to attract new talent. I'm just wondering if we're competitive and at what point do we need to maybe change our paradigm to fill some of those vacancies.

Ms. Stevens: I think one thing that we are thrilled about that the board is aware of is that recently all of our positions and pay grades associated with positions have been reexamined and adjustments have been made. So, I think to your question of whether our Senior Public Health Nursing position is competitive compared to liked positions around the county I would say that the answer at this point is "yes". I think we offer a competitive salary for a Public Health Nurse in addition to the sign-on/referral bonuses that you see, certainly many of the hospitals perhaps have had bonuses larger than ours but I think to the question about the salary I do feel confident that we are offering a competitive salary.

Ms. Rayner: One of the things I just wanted to point out with the salaries is one of the good things is public health they've changed is before in school health you couldn't really go out and recruit a new school health nurse or a new grad so one of the good things about the county that we're revamping because we had such a hard time recruiting during COVID, is we now get to go and recruit. It used to be that you could only recruit a new grad for a Public Health Nurse I position so that has changed and this is why we are doing events in the schools and colleges. When you ask about our critical times, one thing that I love about our team is that we are at a critical time but they do it with a smile because they know that when

they go into the schools they are making sure they are taking care of our babies, our students and so they do it with a smile and I would say working with Durham Public Schools (DPS), one of the things you may not know is with DPS nurses they have one school versus our health department has 2-5 schools and they don't complain about it so when you say a critical time because of the experience and expertise that we are doing and redeveloping I would say even this year Tricia gave us a really good compliment. We have hit the ground running and we have knocked out a lot of critical events and high acuties and have really been working together. I will say what we have put into place is kind of like what Sara said we're interviewing, getting the positions filled, working in the communities and schools, making our faces known so we can really start getting more involved. We are working to fill our positions as quickly as possible and with the new compensation, bonuses and benefits we should be able to fill our positions and will soon be coming back to ask for more nursing positions.

Mr. Jenkins: I just want to say publicly I agree with everything that KiKi is saying. This team is phenomenal and they have certainly hit the ground running but more importantly before my board and leadership team and community at-large I said to the school health nurses that during the Director of Nursing interview I let everyone know that school health is the top priority and for me personally filling these positions is the top priority because as you know we review the vacancy report often and we see school health nurses is mainly the main one so that is certainly top of my priority personally and professionally for this fiscal year and I'm just delighted that we have the people in place to make it happen.

Chairman McDougal: Yes , I just wanted to say it's clear that the nursing team is very upbeat and dedicated to their work so much so that I was confused when I read the nineteen vacancies the presentation doesn't reflect the hard work that's being done. The upbeat nature of the presentation wouldn't reflect any fatigue or anything like that so "kudos" to the nursing staff. I just wanted to make sure this board didn't need to do some things differently to try to make the funding more available so that we can recruit more talent. Thank you for your responses.

Mr. Gregorio: Ms. Synder thank you so much for this presentation. Fantastic job. Just wondering what EMR vendor do you'll utilize and what does "ECATS" acronym stand for?

Ms. Synder: That's a great question and I will answer the first part and I will ask Cheryl to tell us what the acronym stands for. "ECATS" is a program, we've gone round and round probably since 2018 looking at some school health specific vendors for electronic medical record and part of the barrier of making a decision and choosing a vendor is that the records are student records and are owned by DPS and so what that introduces is making sure the system is something that DPS approves they can store the records there and essentially they are allowing us to use it which is really amazing so "ECATS" is a system that is currently used in the public school system for specialized academic plans for students and just happens to have a component that is health-related. That is the vendor that was chosen by DPS and we have started the transition over the last year. As you can imagine is a giant hurdle to leap going from paper to EMR in any setting but our nurses tackled it head-on. Our nurses are a passionate bunch. They tackled EMR the same way by creating a work group, evaluating all the avenues, consulting and collaborating with neighboring counties on how they use it and that sort of informed us on how to move forward. Cheryl if you wouldn't mind sharing what "ECATS" stands for? It's escaping me right now.

Ms. Parson: Hi I'm Cheryl Parson, School Health Supervisor. I have sort of lead the role out of "ECATS" and I also can't tell you what the acronym stands for. The company is PCG education and like Sara said it is a platform for education needs. They have rolled out some medical portions of the system which we work with them weekly to update to have the system more compatible with the North Carolina health requirements

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such as immunizations and requirements for school entry. They have been very helpful working with us, changing some things that we need in the North Carolina State Report and this is just part of our effort to increase state data collection in doing this and they're really helpful working with us for that.

Mr. Jenkins: Mr. Gregorio, like a good teammate I'm going to chump in and let you know that "ECATS" stands for Every Child Accountability and Tracking System.

Ms. Rayner: I wanted to just mention also with the "ECATS" is that with some of the challenges that we had with reporting our state data the team worked with our Population Health Division to establish our own dashboard that we can pull in data to be able to make sure we are looking at our data so that we can put it to the state because the state is also know working on opening up a module in "Power School" that will allow us to transition from this medical record system to what they're working on so hopefully that will be rolling out soon because they found a lot of the time with this particular system we can't deduct the data so I want to say "kudos" to our population health division for jumping in and helping our school health team export the data to the state.

Mr. Gregorio: Thank you all. I do have a follow-up question. How do we compare with other states in terms of digital transformation and incorporating EMR in our school system?

Ms. Synder: I would have to say it seems like in the nursing world more people use EMR than not. I think that we were maybe a bit behind that transition time wise. Even reflecting on working on this transition for the past five to six years is sort of a reflection of that but I'm glad that we're here now.

Mr. Gregorio: Thank you so much.

Dr. Braithwaite: Thank you, Sara, and KiKi for these answers and responses and for the presentation as well Sara. One more question that I have is related to vaccinations. I like to know if you guys have an idea of how our vaccination rates in Durham County compare to other school systems and if there is a way of being able to track individual students and target them to get their vaccines and the reason I ask is as a pediatrician at Chapel Hill Peds periodically we get kids coming in because they've gotten reminders from Orange or Chatham County schools that they are due for a Tdap or meningitis vaccine and sometimes that can be very helpful as a trigger or reminder to the parent. Some of those students have already had those vaccines and they just needed a print-out of their record but I'm just curious as to how Durham County is handling that?

Ms. Parson: I can just speak a little on the procedure. We do a very similar procedure in Durham County with our schools. We get a list of kids missing immunizations from our data managers and our nurses look them up in CIR and then go ahead and send out that reminder letter and after the first reminder letter if they don't get anything back, we do follow-up phone calls until they can get their vaccines and if they're not linked to a primary care there is also that referral piece to the health department. I checked in with my schools today and only two seven graders are non-compliant so those efforts are working.

Ms. Rayner: One of the main things I work with Ms. Tricia Howard at DPS is vaccines because historically we have had very low rates of our vaccines, making sure we are in compliance and that is one of the things that me and Ms. Howard really worked on so we are working together to make sure...I know there's more to come because it has not been the full thirty days...I like to say the final letter to the parents but one of the things that we really worked on is looking through those records, before it was not with the nurses it was really more so of data managers and we still work very closely but we are really work very closely with our nurses this year so those are some of the things kind of like what Cheryl said about they only had one so we're seeing our rates coming down because this is something that we really want to work this year about looking through our information and meeting those needs so we will have more to come about

if we have to go and do vaccinations or how do we open up our clinics more so those are some of the things that we're working on to see because again we can open up the clinic if they have the availability to come.

Ms. Stevens: Dr. Braithwaite, I'm just going to follow-up and say that I know that the challenges that we have in Durham County certainly are being felt across the state. I don't think we have those numbers right now to your question of how Durham compares to other counties right off the top of our heads but that is some information that we can happily gather and share with the board because coming out of COVID and we know that this is top of mind state-wide.

Ms. Synder: I do want to add and that is not something I added in our presentation today but over the past school year we also had an immunization worker again lead by our nurses and one of the things they were able to do that I feel was very successful was to partner with Lincoln Community Health Center and one of the things they discussed was particularly with seventh grade immunizations was how we can break down that barrier and raise awareness and get students in and so Lincoln sort of took it and ran with it. They were able to develop several dates between which they grabbed all of those patients in their patient population and had a team to address each of those students and what their needs were and get them in within a certain span of time and because we know a lot of those patients are in our schools that was sort of a way that we could address it from that side instead of finding that gap that needed to be addressed and addressing it in that first month of school. Being proactive and making sure those kids not only get their immunizations but they have that connection with their provider and it's on-going.

Dr. Braithwaite: Thank you, that was very helpful and "thanks" to you Liz.

Chairman McDougal: Okay do we have any other questions? I want to "thank" Sara, Kiki, Cheryl, Liz and the entire school health team and echo Director Jenkins sentiments in saying be of good courage support is on the way. We look forward to adding to your team so that you're able to do your job even better than what you're doing right now. Thank you again for your hard work and dedication.

LEAD TESTING UPDATE (Activity 21.2 & 4.1)

Corey Morris, Preparedness Coordinator provided the board with a briefing and response to elevated lead levels in Durham City Park soils and lead testing efforts at Durham County Department of Public Health.

Based on initial and confirmatory soil testing for lead at several Durham parks, Durham County Department of Public Health has instigated lead testing at the Health Department for children six and under and pregnant women.

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

QUESTIONS/COMMENTS:

Mr. Brown: How has lead testing utilization been over the last few weeks and how many pregnant women and children have been to the clinic for that lead-based testing?

Mr. Jenkins: It's a dismal amount but we are committed to doing the right thing for the community but it pains me to say that only two people have come into the clinic.

Mr. Brown: Thank you.

Commissioner Allam: Thank you Corey for this presentation. I just wanted to confirm. I saw an article recently and I think it was WRAL and I know that we are obviously not very concerned about the lead being tested in our parks but haven't they also found that this is not something that is just happening in Durham? Like the duke researchers that have been testing the Durham parks have also been discovering outside and it's not just a Durham specific issue?

Mr. Morris: I imagine that you and I read the same article or similar articles and it's my impression that what started this concern was the presence of municipal incinerators in Durham and according to what I've read those municipal incinerators were deactivated in the "50s" but I think that there are certainly other cities that are in a similar situation so "yes" I don't think this is a unique Durham problem.

Mr. Salter: Yes we pulled EPI data very early in this process when the City of Durham reached out to us and it only makes sense to believe that Durham would not be unique in the fact that those incinerators were used back in the early "20th" century all the way up to the 1950s and I doubt if it was uncommon to other cities and towns transformed those sites into parks so it would only make sense that the state would have some concerns that this could be an issue state-wide. I have not heard anything from anyone at the state level that they have found any serious issues anywhere else.

Commissioner Allam: Yes. Thank you, I appreciate that. I mostly just asked because we're concerned about it but also to be able to provide that information to the residents, I think is also important for them to know it. That this isn't an issue that Durham created. This is something that past policy decisions caused but our current board of health, health director and our city and county are working to resolve as soon as possible.

Mr. Salter: One more thing I would like to add to this is we went out with one of the state EPI industrial hygienist and we surveyed the three original parks that replicated and we concluded that there's really no route of ingestion because everything grassed over very well. There's a foot to two feet of mulch on the playground areas like Corey said and there is no bare dirt anywhere. We had some concerns with one of the parks that portions were being used as a parking lot and on the overhead maps looks like it may be bare dirt but everything is very well grassed over so you would have to let a small child sit and dig down through the grass and ingest the soil in order to become poisoned or get an elevated level. So, we feel good about that aspect of it anyway.

Mr. Jenkins: I just want this board to know contrary to what was said and what has been published by certain individuals this public health department found out about the report the same time that the WallTown association sent the e-mail out to the general public and upon finding that out we immediately took action. Got involved with the state and local officials and we have been involved ever since. Our response has been nothing short but most proactive. We didn't sit around, the only time we sat around was to wait for the actual report but even during that we still engaged the state EPI to the Chief Epidemiologist, Dr. Zack Moore. All of which have been detailed with the correspondence between yourself, the board and the board of county commissioners.

Chairman McDougal: Thank you. I did have a question but I think through the presentation from Corey and from Chris as well I think my question is answered but I want to ask it anyway just for clarification and want to "thank" Corey for the presentation and particularly for being specific about where the different areas. The play areas versus the surface soils and the different level criteria for the different areas. So no excessively high levels or anything above 400ppm (parts per million) in the play areas in any of the park samples.

Mr. Morris: That was my reading from the Atlanta report. Correct.

Chairman McDougal: and then was it Walltown or East Durham parks I think there were some samples over 1200ppm in surface soils again where children are not, I guess accessing those areas but is there a plan to cleanup those areas where there were samples that had more than 1200ppm of lead?

Mr. Jenkins: Again, the walk-thru that Chris Salter and team and the state and team did was very effective because it allowed them to see where it was based upon the initial study. We have engaged the state at every level. The next level is really having conversations a gentleman who is sort of like the liaison between the EPA and as we mentioned he indicated

that he didn't really see where there is imminent danger so to speak however, my premise one of two things has to happen. I can really engage him as the Public Health Director, which I have or the City of Durham can specifically request that remediation begin. Again, the operative word here for my board is "proactive" and we've done that. I had a conversation with the state a couple of days ago and asked, "have you had that conversation" with this representative to which they said "yes" and they don't really feel as if it has risen to the level to get the EPA involved so to speak. However, even with that said it is still the prerogative of the EPA if they want to get involved but rest assured from a local level in Durham Public Health, we have done everything that we are supposed to do in order to address the issue. The only two things that have come up most recently are do we expand the age and do we do mobile testing? The unfortunate thing is that were not necessarily privileged or prepared to do both based upon what we've seen. 1) we don't have the bandwidth or the finances to do mobile testing going everywhere. Primarily because we have a clinic that has been open for three weeks now and we've only had two people and it's been broadcast widely. 2) changing the age, we have the capacity but in talking to the state they are of the opinion that we need to six months to six years because that is the CDC recommendation. Primarily because of kids in their level of development and their propensity to probably play in dirt and possible ingest dirt. With that question I hope I answered it but I will just say we have done everything we can to ensure that action can be taken, the proper authorities know and letting them know that we've done all that we are supposed to do and we await further instructions.

Chairman McDougal: That does answer my question. Thank you.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for September 2023 prior to the meeting. The vacancy rate through the end of August 2023 was 15.8%.

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

QUESTIONS/COMMENTS:

Mr. Jenkins: I promise to be really brief. The one thing I will say is it can be a little bit deceiving primarily because so far for this fiscal year we are at nine but out of the nine; five were new positions and what I'm most proud of is four were actually promotions. I definitely a proponent of promoting from within and those people who know the organizational culture understand how things work but for the most part when they do get promoted it does create a vacancy that we have to fill but that's the only thing about the vacancy report that I wanted to touch on.

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 August 2023 prior to the meeting.

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

QUESTIONS/COMMENTS:

Chris Salter: The biggest thing about this report is we meet with Attorney Andrews a week ago and spent a few hours with him bringing him up to speed, providing an explanation as to the rules of on-site wastewater which are complex, what you can and can't do legally, what's really an issue and what's not. Al has done a great job and is very receptive and will be a great asset to us in seeking injunctive action when needed and working with us to try to find solutions to help people get off the NOV list.

Chair McDougal: Thank you for that information.

**Health Director's Report
September 14, 2023**

Division / Program: Population Health / Epidemiology

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

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

Division/Department: Population Health Team

Program Description

The Durham County Community Health Assessment (CHA) is done every three years by the Partnership for a Healthy Durham, the Durham County Department of Public Health (DCoDPH) and Duke Health. The CHA survey collects data directly from Durham County residents about what impacts their health. In 2013, 2016, 2019 and 2023, the Partnership for a Healthy Durham, the Durham County Department of Public Health and Duke Health have also conducted a Comunidad Latina survey along with the Countywide survey. The Comunidad Latina survey focuses on Durham County residents who identify as Hispanic or Latino. This survey is conducted in Spanish or English.

The purpose of this dashboard is to share 2016, 2019 and 2023 data from the Comunidad Latina survey. This data is not generalizable to entire Durham County Hispanic or Latino population, only those who took the survey. This is a separate data set from a County-wide survey and the two are not directly comparable. The 2023 survey was conducted in person at community events and locations, which is a convenience sample. Since this method was different than the door-to-door method used in 2016 and 2019, **the 2023 results are not comparable to the other years.**

The intent is to give access to the community to review the data from the surveys conducted. The Comunidad Latina survey contains more culturally appropriate questions for the Hispanic and Latino community. There are many overlaps in the questions asked throughout the year with 32 overlapping questions asked throughout the years. In 2023, we had 176 total responses, 186 in 2019, and 157 in 2016. Each section (physical activity, nutrition, access to care, personal health, emergency preparedness, etc.) contained between 2 and 5 questions with the data broken down by race, age and ethnicity when the data exceeded a threshold where the data was no longer identifiable.

Statement of Goals

- Utilize the data dashboard to help empower the writing quality and availability to the CHA writers and the public.
- Reinforce quality data services.
- Gather insightful qualitative data in the survey allows us to hear directly from Durham County residents on their health, their community, and what Durham County can do to improve the health of its residents.
- Analyze quantitative data to examine trends from pre-pandemic Community Health Assessments.

Issues

- **Opportunities**
 - Provide detailed data to our community members about past and present surveys.
 - Utilize real time data during the collection process to assess if a diverse sample of Durham residents is being surveyed.
 - Partner with local Hispanic or Latino organizations and the North Carolina Institute of Public Health.

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- A chance to engage with the community across all parts of Durham County.
- Strengthen relationships with community partners, community members, and volunteers.

- **Challenges**

- The Comunidad Latina survey could not be completed in the Fall of 2022 using the CASPR method due to low numbers of bilingual volunteers. This sample was completed using a web survey and community outreach in 2023, which made it unable to be compared to previous years data.

Implication(s)

- **Outcomes**

- Over 550 surveys in 2016, 2019 and 2023 have been collected, reviewed, and analyzed to identify trends for the Comunidad Latina survey.
- Although we have collected over 175 responses in 2023 this sample was completed using a web survey and community outreach, which made it unable to be compared to previous years data.
- DCoDPH has worked with volunteers from DCoDPH, Duke University, Duke Health, YMCA of the Triangle, Partnership for a Healthy Durham, and local community members interested in the process and public health.
- Although we cannot make a 1 to 1 comparison of the data, we saw a trend in the 2023 data where racism was reported more frequently than in previous years.
- The number of homeowners in the 2023 survey was significantly higher than in previous surveys although we are unable to do the 1 to 1 comparison due to methodology in collection.
- Participants reported cutting meals size or skipping meals because they were worried, they wouldn't have money for more either sometimes was significant in 2023.
- Participants reporting never getting the emotional and/or social support they need was very high in 2023.

- **Staffing**

- Population Health division staff
 - Epidemiologist – responsible for designing and finalizing the survey questions and leading the door-to-door survey process including trainings (Both in person and online).
 - Data Scientist – responsible for building the dashboards, managing the web cluster for data access and building the database where the data lives.
 - The Partnership for a Healthy Durham Coordinator – responsible for filling in for volunteers if needed, reaching out to networks (through the Partnership, Duke, El Centro, and more) to recruit volunteers.
 - Population Health Director – responsible for leading the CHA efforts and providing any technical, personnel, or volunteer support. She also provided

historical context and previous years' experience to improve this year's efforts.

- Partnership for a Health Durham committee members
- Duke Health
- North Carolina Institute of Public Health
- DCoDPH staff

- **Revenue**
 - None

- **Next Steps/Mitigation Strategies**
 - Use this data dashboard to incorporate all future data from Comunidad Latina surveys.
 - Develop strategies and a plan to complete the Comunidad Latina survey.
 - Research other methods for completing the Comunidad Latina survey in the future.
 - Hold writer's huddles and be available for data support to CHA writing partners.

**Division / Program: Health Education & Community Transformation
Division / Suicide Prevention and Awareness Education
(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)**

Program Description:

- National Gun Violence Awareness Month (June) and National ASK (Asking Saves Kids) Day (June 21) have long been observed by the Firearm Injury Prevention Partnership (FIPP), formerly the Gun Safety Team, seated within the Durham County Department of Public Health (DCoDPH).
- Recently, a statewide observance highlighting firearm safe storage has come to the forefront. Governor Roy Cooper proclaimed the week of June 4-10, 2023, NC S.A.F.E. Week of Action to raise awareness about the importance of responsible gun ownership and urging gun owners to Secure All Firearms Effectively.

Statement of Goals

- To collaborate with partnering agencies, organizations and community leaders to assure widespread adoption of evidence-based safe storage practices shown to reduce the risk of injury and death due to firearms in the community.
- To raise awareness about the urgent need to effectively secure and prevent theft of firearms, especially from parked vehicles. The intent of these collaborative efforts is to:
 - Have conversations with other community leaders on ways to engage with community members on the topic of firearm safe storage.
 - Educate gun owners on best practices for firearm storage and safety.
 - Educate parents, pediatricians, and school resource officers on how to have conversations about firearm safe storage.
 - Help North Carolinians identify local options for temporary, voluntary firearm storage.
 - Create an event or bring the message of firearm safe storage to an existing event.

Issues:

• **Opportunities**

- In April 2023, representatives of the DCo FIPP were approached by William Lassiter, Deputy Secretary for Juvenile Justice and Delinquency with the NC Department of Public Safety about organizing a community event in Durham County during the NC S.A.F.E. Week of Action, to raise awareness about the importance of firearm safe storage. This inaugural event would take place the week of June 4-10, 2023, with a kick-off event to be held at the Governor's Mansion on June 5, 2023. The invitation was accepted.
- The six featured cities included in the Week of Action were Durham, Raleigh, Greenville, Greensboro, Asheville and Charlotte.

Challenges

- According to the NC Child Fatality Task Force, firearms (homicides and suicides) are the leading injury-related cause of death in children and youth in North Carolina. Eighty-two percent of adolescent suicides by firearm involve a gun belonging to a family member.
- More than 20 percent of youth car break-ins involve guns. In Durham, 62 percent of the approximately 185-gun thefts from cars in 2022, were from unlocked cars.
- The NC S.A.F.E. Week of Action event was a success. However, time constraints made it difficult for all DCo FIPP partners to have agency/organization leadership available to participate in the Media Advisory during the Gun Lock Giveaway, on June 6, 2023.

Implication(s):

• **Outcomes**

- DCoDPH and the FIPP have an existing relationship with the Durham DA's Office and have hosted an Annual Gun Lock Giveaway for the last 2-years. However, this was an opportunity for Public Health Director Rodney Jenkins and Durham Public Schools Board of Education Member Alexandra Valladares to join District Attorney DeBerry in addressing the media on the topics of safe firearm storage and gun violence prevention and intervention in Durham.
- This collaboration also provided DCoDPH and the FIPP the opportunity to partner with School Board Member Alexandra Valladares and LaSemilla Church to share information on NC S.A.F.E. during the Gun Violence, Public Health and Youth Community Forum held on Saturday, June 17, 2023. The FIPP and its partnering agencies were invited to the table prior to the start of the forum.
- Outcomes of activities are speculative at this point. However, strategies that assure widespread adoption of evidence-based safe storage practices are shown to reduce the risk of injury and death due to firearms in the community. Awareness about the urgent need to effectively secure and prevent theft of firearms, especially from parked vehicles, should ultimately result in a decrease in access to guns by children and youth.

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- **Service Delivery**

- The decision was made to pair the NC S.A.F.E. Week of Action event with the FIPP and Durham DA's Office's Annual Gun Lock Giveaway held at the Durham County Courthouse on June 6, 2023. The event was held from 9:00 am -12:00 pm.
- Representatives from DCoDPH, FIPP, the Durham DA's Office, and Schoolboard Member Alexandra Valladares filled NC S.A.F.E. drawstring bags with educational materials from the campaign and distributed bags in addition to 260 cable-style gun locks to approximately 200 community members as they entered and exited the Durham County Courthouse.
- There was also a raffle for a gun safe provided by the NC S.A.F.E Initiative. The winner picked up the gun safe from DCoDPH following the event.

- **Staffing**

- One DCoDPH Public Health Education Program Manager worked with the DCoDPH Public Information Officer and Public Health Director to schedule the media advisory and secured educational and promotional materials for the June 6, 2023 event.
- One DCoDPH Public Health Education Specialist worked with the DA's Office representatives to schedule the Annual Gun Lock Giveaway and secured gun locks for the event.
- One DCoDPH Comprehensive Suicide Prevention Program Coordinator facilitated giveaway bag assembly along with staff from DA's Office
- Two Public Health Education Specialists coordinated data collection during gun lock distribution.

- **Revenue**

- No revenue was generated as a result of these activities.
- Staff time and programmatic activities are supported by AA 493, which provides \$75,000 of funding to DCoDPH to implement comprehensive suicide prevention efforts between June 2023 – May 2024.

Next Steps / Mitigation Strategies

- Additional agencies have requested to collaborate with the FIPP to plan activities for NC S.A.F.E. Week of Action 2024. Meetings to plan for events throughout the month of June will begin in March 2024, using a strategic planning process to identify activities and evaluation methods.

Division/Program: Dental: UNC Adams School of Dentistry Services in Dental Clinic

(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- The Dental Division contracts with the UNC Adams School of Dentistry to provide pediatric dental services in the Department of Public Health Dental Clinic.

Statement of goals:

- To offer a comprehensive array of dental services to pediatric dental patients.

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- To provide Dental residents and students hands-on experience in a public health setting.

Issues

- **Opportunities**

- The Department has contracted with the UNC Adams School of Pediatric Dentistry for twelve years. The schedule for the 2023-2024 year will be as follows:

Tuesdays: Faculty (DDS), Pediatric Dental resident and two Dental students.

Wednesdays: Faculty (DDS) and Pediatric Dental resident.

Thursdays: Faculty member (DDS) and four Dental students.

- Arrangement ensures the Department of Public Health Dental team has access to the latest research in the field, and our patients benefit from advancements in care.

- **Challenges**

- During their first day, students may be seeing a column of patients for the first time, so they are each scheduled two patients for the morning and afternoon sessions.
- Division Director must ensure faculty, residents and students have completed HIPAA training within the past year and meet with them to cover confidentiality issues and HIPAA requirements for contractors.
- Arranging for access to Epic Wisdom, to make certain that the combo sub-template is assigned for incoming resident or faculty.

Implication(s)

- **Outcomes**

- The current schedule will allow the clinic to see up to 40 additional patients each month, allowing the Division the chance to work on its wait list.
- Residents and students gain experience working within the Public Health setting.

Service delivery

- **Staffing-** Dental Division provides auxiliary staff to work with UNC SOD faculty, residents, and students. The Division employs two PH Hygienists that work in the clinic.
- **Revenue** – Dependent on coverage type (Medicaid or self-pay).
- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division and UNC School of Dentistry continue to explore options to work together, and this could lead to additional assignments to clinic and/or on the Tooth Ferry.

Division / Program: Nutrition/Minority Diabetes Prevention Program
Granted Continued Recognition Status for Centers for Disease
Control National Diabetes Prevention Program

(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

- The National Diabetes Prevention Program—or National DPP—was created in 2010 to address the increasing burden of prediabetes and type 2 diabetes in the United States. This national effort created partnerships between public and private organizations to offer evidence-based, cost-effective interventions that help prevent type 2 diabetes in communities across the United States.
- To ensure high quality, CDC recognizes lifestyle change programs that meet certain standards and show they can achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data every 6 months to show that the program is having an impact (e.g., participant weight loss, reduction in hemoglobin A1C levels, monthly physical activity rates etc.).
- In January 2023 DCoDPH received Full-Plus Recognition status having successfully facilitated the program for more than 5 years.

Statement of goals

- To provide evidence-based diabetes prevention program services to Durham residents with a focus on minority, Black and Latino populations.
- To continue to meet all required standards to maintain CDC National DPP recognition status.
- To continue to meet all requirements of the MOU and maintain grant funding to support the incentives and activities used to achieve positive outcomes for participants.

Issues

- **Opportunities**
 - The program is offered in English and Spanish and gives an opportunity to reach at least 20-30 participants a year when two full sessions are being administered.
- **Challenges**
 - This is a yearlong program that has an intensive phase consisting of weekly sessions for the first four months, twice a month for the next two months and then monthly for the remaining 6 months so it can be a lot to commit to as most of our participants are also employed.
 - Finding a location that is available for late evening classes that also has close parking and flexibility in the time as most classes are held from 6-7:30pm and wrap up around 8pm after processing with participants and cleaning up.

Implication(s)

- **Outcomes**
 - Two MDPP programs were started in Oct 2022 and participants will graduate in October 2023. One program was offered in English (6 participants) and the other in Spanish (10 participants).
 - The data submitted to CDC was for the Spanish program and as of mid-August 2023 this was reviewed and resulted in DCoDPH meeting the 6-month review goals for the program and maintaining Full-Plus status. Participants are also showing weight loss and positive changes as they continue in the program.
- **Service delivery**
 - The DCoDPH MDPP program is listed in the National DPP database as an in-person delivery model and historically classes have been provided in-person. The CDC approved

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virtual classes during COVID and will determine by the end of the year if virtual options can continue.

- Most of the referrals for the MDPP class series are from Lincoln Community Health Center. Additional recruitment efforts are made through attending community events, UNC-Student U, flyers distributed to churches and local businesses, and networking with other community programs.
- The size of the classes is intentionally low in number (e.g., 10-15 participants per class) to allow for participant interactions, support, etc.
- Participants receive incentives throughout the year to support their lifestyle changes. Incentives include measuring cups, portion plates, food scales, pedometers, exercise mats, etc.
- Grocery store tours, nutritionist and other presentations occur to promote healthy lifestyles.
- **Staffing**
 - DCoDPH has three staff who are MDPP trained lifestyle coaches including one Health Education Specialist (who backs-up the English Program as needed) and two Community Health Workers with one serving as the primary coach for English and the other for Spanish.
- **Revenue**
 - MDPP Participants pay a five-dollar fee at the beginning of the class series.

Next Steps / Mitigation Strategies

- Continue provision of services. We are looking at one in-person Spanish program to start with an intro meeting September 28, 2023 and possibly another program online if approved. We are continuing to assess and recruit for English and Spanish participants.
- Keep all required data and submit per CDC deadlines to continue CDC recognition status.
- Ensure that grant funds are used appropriately and activities of the MOU are met so that this program continues to be awarded grant funding.

This year, we were approved to use some of the grant funds to support Lunch and Learn Health and Wellness events and we are looking at ways to use existing DCoDPH and community partners to facilitate these events and offer more understanding of how to prevent or maintain chronic conditions to the residents of Durham.

QUESTIONS/COMMENTS:

Mr. Jenkins: I just want to continue to lift up all of our divisions but bring specific attention to what was going on in the month of June. Some members of the board heard about it. June was National Gun Violence Awareness. Our firearm injury prevention partnership formerly known as our Gun Safety Team was heavily involved and our just want to lift up our relationship and our special collaboration not only with the Sheriff department as seen in most recently in the news with setting up Naloxone vending machine at the detention center but also with the district attorney's office. There was a very special presentation that I was able to attend a press conference with District Attorney Deberry and we were able to set-up shop and give gun locks and pass out a lot of good information about firearms awareness outside the courthouse. This also ducktails nicely in a couple of weeks we will have a Firearms Prevention Pre-conference to the NCPHA. I was heavily involved. Durham continues to lead the way with that and will be attended by several hundred people from all around the state and country to talk more about firearms safety.

Chairman McDougal: I did have one question in regard to the dental division. The partnership with Adams School of Dentistry, Pediatric Department. With the residents, students and facility are they coming in from UNC or are they seeing the Durham County Department of Public Health patients at UNC or in Durham?

Mr. Jenkins: They come into our agency. We have been welcoming them with this unique partnership for over twelve years and it certainly works not without its challenges which are depicted inside the document such as electronic medical records, HIPPA and getting them on-boarded. That can be a little stream-line but I'm proud to say that we have a very robust on-boarding process not just for our residents and contractors but for full-time employees also but other than that we have been able to provide care to many, many kids in Durham. I'm definitely thrilled that the partnership continues to grow strong.

Chairman McDougal: Awesome. Thank you.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS:

There was no old business discussed.

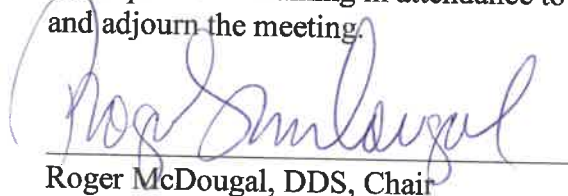
NEW BUSINESS:

- **AGENDA ITEMS FOR NEXT BOARD MEETING**
 - Youth Risk Behavior Survey Report
 - Review/Approve Operating Procedures
 - Review/Approve Operating Procedure Handbook

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion discussed.

Chairman McDougal suspended the meeting at 6:21pm because there was not a quorum remaining in attendance to vote on the budget amendments and adjourn the meeting.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director