

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

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: Roger McDougal, DDS; and Josh Brown  
Absent: Darryl Glover, OD

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Al Andrews, Kristen Patterson, Liz Stevens, Jeff Jenks, Jim Harris, Lindsey Bickers-Brock, Marcia Richardson, Marissa Mortiboy, Chris Salter, Josee Paul, Alecia Smith, Annette Carrington, Bria Miller, Dennis Hamlet and Jaeson Smith

**CALL TO ORDER:** Vice-Chair Gene Rhea 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.

Mr. Gregorio made a motion to approve the agenda. Commissioner Allam 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 October 12, 2023. Commissioner Allam 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 and acknowledged the efforts of our Health Education and Community Transformation Division for their numerous community outreach events that include Prescription Drug Takeback at Peace Moore Missionary Baptist Church; Trauma Informed Care Symposium and presentations and various conferences but most importantly COVID/Flu vaccine Outreach sponsored by DPH Bull City Strong Team. I have just been personally amazed by all the work that has gone on in the last month and very pleased with the collaboration and teamwork within the team." Definitely want to lift-up this wonderful team up and thank them for the great work they have been doing."

**Vice-Chairman Rhea:** Congratulations to the team. Awesome work. I will say I was presently surprised to see Deputy Director Stevens at the Duke Football Game on the field a couple of weeks ago getting recognition there, so that was great to see.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

Vice-Chair Rhea called for administrative reports/presentations:

**2022 DURHAM COUNTY SOTCH REPORT (Activity 1.2 & 38.1)**

Bria Miller, Partnership for A Healthy Durham Coordinator shared the results of the 2022 State of the County Health (SOTCH) report and next steps.

2 A Regular Meeting of the Durham County Board of Health,  
held November 9, 2023.

**Summary Information:**

The State of the County (SOTCH) report provides updated data from the 2020 Community Health Assessment 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 highlights the most current demographics, leading causes of death, COVID-19 and emerging issues.

The purpose of the report is to provide the community information about the health of its residents and to assist with grant writing, local policies, budgets and programs.

The efforts highlighted in the report align with the Durham County Government Strategic Goal 2: Health and Well-being for All.

**Goal:**

- Improve the quality of life across the lifespan through protecting the health of the community, reducing barriers to access services and ensuring a network of integrated health and human services available to people in need.

**Objectives:**

- Increase the number of healthy years that residents live.
- Increase the quality of life in Durham County.
- Support the optimal growth and development of children and youth.

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

**QUESTIONS/COMMENTS:**

**Dr. Jackson:** I have one quick question and I think I have asked this question before. So we're the 7<sup>th</sup> healthiest county. Who are the other six?

**Ms. Miller:** Wake, Orange, Union, Dare, Camden, Mecklenburg, Watauga and Currituck.

**Dr. Jackson:** Thanks.

**Dr. Rhea:** Thank you very much Bria for the presentation. One quick question and you may not know the answer to this yet. It's great news that the gun violence numbers are decreasing say from 2021 to 2022. In your preliminary data that you looked at from 2023 it looks like that trend is continuing or maybe going in a different direction?

**Ms. Miller:** I don't yet have the data for 2023 so I'm unsure but I will see if we can gather it and report it back to you.

**Mr. Jenkins:** Dr. Rhea, I will just say that there has been an enormous amount of support and awareness efforts around fire-arms prevention. As evidence by the North Carolina Public Health Association partnering with the state's Injury Violence and Prevention Branch. We had a very dynamic pre-conference for Fire-Arms Prevention and that work continues now in the form of "Lunch & Learns" and a lot of different smaller symposiums on the campus of University of North Carolina-Chapel Hill in particular the Gillings School of Public Health. We are not letting our foot off the pedal, so to speak, we will continue to try our best to do our part but that was certainly one of our main thrusts during my presidency with NCPHA last year and we hope to continue the work.

**Dr. Rhea:** Wonderful. Thank you very much for those efforts.

**2023 COMMUNICABLE DISEASE REPORT (Activity 2.3)**

Jeff Jenks, Public Health Medical Director provided the board an overview on communicable disease cases and rates for 2019-2023 and the work being done at DCoDPH to identify disparities and evaluate vaccine outreach efforts (COVID and mpox).

**Topics Discussed:**

- Chlamydia, gonorrhea, syphilis, HIV/AIDS, Hepatitis C
- Foodborne pathogens
- Tuberculosis

3 A Regular Meeting of the Durham County Board of Health, held November 9, 2023.

- Vaccine-preventable diseases
- Invasive Group A Streptococcus

**Summary Information:**

- Sexually transmitted infections continue to represent the largest number of reportable communicable diseases in Durham County.
- Cases of chlamydia, gonorrhea, and syphilis are increasing since 2020.
- Cases of newly-diagnosed HIV are slightly increased from 2020.
- Durham County had a stable number of reported cases of campylobacter, salmonella, and other foodborne infections from 2021 to 2023.
- Tuberculosis cases are down slightly so far in 2023 compared to 2021 and 2022. We are increasing the number of latent TB cases we are treating at DCoDPH as we come out of the COVID pandemic.
- No new cases of mpox have been diagnosed since 11/2022.
- COVID surveillance is more challenging as cases are no longer being reported by the CDC. Monitoring relies more on hospitalization and wastewater surveillance.
- NC Communicable Disease reports are available for each county by disease and year on an interactive data dashboard at <https://epi.dph.ncdhhs.gov/cd/figures.html#cds>.

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

**QUESTIONS/COMMENTS:**

**Dr. Rhea:** Thank you very much for that great presentation as always. I have two quick questions. Going back to congenital syphilis I heard a thing on MPR early this week it said something like 30% increase year over year but you mentioned in Durham County we were holding steady significantly below that. Any factors that you can highlight of why the rates here are significantly lower than what we're seeing in other...30% is just a wild number to me.

**Dr. Jenks:** Yes, that's a good question. I'm not exactly sure...our cases are so low from year to year that it is kind of tough to tell...when we've done X, Y, or Z we really notice the difference and Rod can certainly attest to this I mean we really made improving maternal and child health a huge priority here so I'm hoping that some of this is due to our outreach efforts we really just had good outreach to that community and the providers who take care of our pregnant patients in Durham County and that helps keep the numbers low. Obviously, congenital syphilis can just be catastrophic for the baby and so any cases is one too many so we're going to continue to work at it but I hoping it's because we just done a really good job with outreach with that population. That's a good question though.

**Dr. Rhea:** Wonderful. Thank you very much. The last question is going back to the rates of HIV infection and it's frustrating to see those numbers go up despite the availability of PrEP and really good education now. I'm excited about the Bridge Counselor. Can you talk a little bit more about the timeline for those individuals and what they're going to do and how you think that's going to impact the rates in Durham County?

**Dr. Jenks:** So we have two CDC funded positions. The positions are DIS Officers and the jobs should be posted tomorrow. Their job will be to track down anyone who is diagnosed with HIV but hasn't been engaged in care and they have different ways to do that. There are a number of different databases both statewide and nationwide to try to track down these folks. That can be tricky because we may think that there are four thousand people in Durham County that have HIV that are out of care but a substantial majority of those folk may have moved out of state and so it really can be time consuming to try to track down those people so that's why it's helpful to have a dedicated bridge counselor. The state is so overwhelmed with trying to do this and they have such few dedicated

4 A Regular Meeting of the Durham County Board of Health,  
held November 9, 2023.

bridge counselors and they mostly try to target younger people with HIV who they think are at most risk of transmitting HIV so there're not reaching people who may be older and less sexually active and obviously we want to reach those people too. Really excited to have them. The other exciting thing too is Randy Rogers and I have been meeting with Duke Infectious Disease physicians for at least a year now, kind of working on this and they have funding dedicated to have a part-time HIV bridge counselor at Duke and we're really hoping that we're going to continue to collaborate with them and when we identify a new patient for instance, that is out of care, we can really quickly coordinate with them so they can reach out to that person and get them back in care and we hope to expand this to Lincoln and UNC providers. This is a really big initiative of mine and then the other thing too is we have been prescribing PrEP here at the county for a year now and I think that's possibly one reason why we're seeing a bit of an uptick but we've had at least a half-dozen people come in here to get started on PrEP and we've made the HIV diagnosis at that visit. We obviously did not start them on PrEP but connected them to care.

**Dr. Rhea:** Absolutely. Great. That's really exciting about the resources coming onboard and looking forward to hearing more about what they're able to accomplish once they are on board. Thank you very much.

**Mr. Gregorio:** Dr. Jenks just a follow-up on the bridge counselor you said the budget for that was a grant for the CDC?

**Dr. Jenks:** It's a grant from the CDC and funded through January 2026. It was supposed to be longer but DIS funding nationwide was cut by \$80 million when the infrastructure package was passed last year. I don't know if any of this funding will be reinstated but right now, we have them I believe thru January 2026 and then at that point I'm hoping we can show what a benefit it is to having them and we can hopefully find a way to keep them on with another source of funding.

**Mr. Gregorio:** This was for two FTEs or one FTE?

**Dr. Jenks:** We are hiring for two DIS positions. 1FTE each.

**Mr. Gregorio:** Thank you.

**Dr. Jackson:** I have one quick question. In the two universities in the county, NCCU and Duke, are students able to receive PrEP on campus or do they come through the health department?

**Dr. Jenks:** They are able to at NCCU and this is something that Randy and I will probably work more with the Duke physicians that we talked about because we'd really like to coordinate more with some of the universities, especially the HBSU in the area regarding PrEP. The problem is at these employee health centers, there's a lot of turnovers. I have gone in to talk about PrEP and teach them how to do it and then in a couple of years the clinicians turnover and it kind of gets dropped. We are going to try to come up with some sort of tool-kit where we can really try to make this more sustainable but I will say and I've heard this from some people that they actually feel more comfortable coming here than going to the student health center. We will get them started on PrEP here and refer them out.

**Dr. Jackson:** Yes. That's probably true. Okay. Thank you.

**Dr. Braithwaite:** Dr. Jenks, I have a question. Thank you for the presentation. In regard to the current hospitalizations, do you know how Durham is doing overall with RSV, flu and COVID? Currently do we have a lot of sick people or do we seem to be doing okay?

**Dr. Jenks:** I don't know at this time but I can find out about the RSV and flu question for you but with COVID the overall rates are low. I do believe that the people that are hospitalized, it's more people being admitted because of COVID. Our data analysis routinely looks at this data and he'll look at comorbidities admitted and he can kind of tell if people are being admitted because of COVID and it seems like a lot of these admissions are because of COVID not incidental diagnoses. I'm not so sure about RSV and Flu. RSV we're smack in the middle of it as you know and we're at the early stages of the flu season. I can get that data back to you if you're interested.

5 A Regular Meeting of the Durham County Board of Health, held November 9, 2023.

**Dr. Braithwaite:** Thank you. Hopefully it's not that bad.

**FY 23-24 BUDGET OVERVIEW 1<sup>ST</sup> QUARTER (Activity 33.6)**

Micah Guindon, Public Health Local Finance Administrator provided the board with an overview of the expenditures/revenue for 1<sup>st</sup> Quarter-FY 23-24.

**Summary Information:**

The Department of Public Health began FY 23-24 on July 1, 2023 with a budget of \$28,642,035. Since July 1, 2023, \$6,164,062 has been added in expenditures from budget amendments as well as rollover funds and \$3,685,259 has been added in off-setting revenue from budget amendments. Thus, the revised budget for FY 23-24 is \$31,120,838.

The Department of Public Health has spent \$9,130,895 thus far this FY, making up 20% of the overall expense budget. Most of these expenses are personnel costs, including salaries and benefits. Contracted services and supplies are also among the highest expenditures this quarter.

The Department of Public Health has brought in \$2,229,306 in revenue, making up 17% of the revenue budget. The highest type of revenue this quarter is from various grants (\$1,361,109) and the second highest revenue type is Medicaid (\$668,701). Health Education, Administration, and Tuberculosis Screening are the cost centers that generated the most revenue this quarter.

**Expenses:**

Category	Sum of Curr. Budget	Sum of Q1 Total	% of Budget
Capital	\$ 259,205	\$ 61,888	24%
Operating	\$ 17,722,390	\$ 2,545,099	14%
Personnel	\$ 26,641,097	\$ 6,523,907	24%
<b>Grand Total</b>	<b>\$ 44,622,692</b>	<b>\$ 9,130,895</b>	<b>20%</b>

**Revenue:**

Revenue Type	Sum of Current Budget	Sum of Q1 Total	% of Budget
Grant Revenue	\$ 9,199,079	\$ 1,361,109	15%
Interlocal Agreement	\$ 165,943	\$ 81,682	49%
Medicaid	\$ 3,677,944	\$ 668,701	18%
Medicare	\$ 100	\$ -	0%
Miscellaneous	\$ 7,000	\$ 307	4%
Private Insurance	\$ 4,320	\$ 7,336	170%
Service Fees	\$ 447,468	\$ 110,170	25%
<b>Grand Total</b>	<b>\$ 13,501,854</b>	<b>\$ 2,229,306</b>	<b>17%</b>

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

**QUESTIONS/COMMENTS:**

**Mr. Gregorio:** Thank you, Ms. Guindon, as always. I just have a few questions. Would you mind going back to page 3 to the summary of the current budget column 2, just to clarify for myself that is the entire annual year budget? Is that correct?

**Ms. Guindon:** Yes.

**Mr. Gregorio:** So for the operating expenses, if I did my math correctly, we are about 60% or so which kind of explains that delta that you're seeing there 14% year to date. You mentioned that there are delays in contracts and potential grants, does that explain the fluctuations for what we're seeing in operating?

**Ms. Guindon:** Yes, I think so. I think we will increase as well as we have done particularly in October, we've been doing a lot of catching up on those so I'm expecting that the operating percentage will increase next quarter.

**Mr. Gregorio:** Excellent. Could you go to page 7 please. For the interlocal agreement is that like a biannual grant because we're doing pretty well with our percents but I'm curious if that is something that we would expect to over perform for next quarter.

**Ms. Guindon:** We won't expect that. That is an agreement that we have and I believe it's one agreement that we have this year. Occasionally we will enter into agreements with the City of Durham or another local government entity and split the cost of some projects. Sometimes it's housed with us and sometimes it's housed with them. I think that 49% will level out.

**Mr. Gregorio:** Thank you. I imagine it's pretty tough to forecast such fluctuations.

**Ms. Guindon:** That one is particularly related to the Master Aging Plan if I recall correctly and so I think that this will even out and we may not even see a change in it in quarter#2 just one or two activities in this particular line item.

**Mr. Gregorio:** Thank you. I just have one more question and by no means is it something you need to answer now maybe you could just double-check. With the 2FTEs that Dr. Jenks mentioned for the bridge counselors, I believe that is the grant money from the CDC, again please double-check my notes. I was just reviewing some of our past meeting minutes and I believe we had approved one bridge counselor back in February or March of this year to recognize the funds around \$44K. I just want to make sure that is the most up-to-date in terms of the grant money is around \$44K and if we need to approve a second FTE for that.

**Ms. Guindon:** Yes. That's a great question and it comes with a long story that others on the call started prior to me arriving. The \$44K that we approved was actually grant funding so the other pot of it from my understanding it was approved in the previous fiscal year. The \$44K was an additional and that put us over enough to have the two positions.

**Mr. Gregorio:** Sure. Like \$88K for 2FTEs?

**Ms. Guindon:** I think it was actually more than that but I don't know that off the top of my head.

**Ms. Gregorio:** Sure. So if you could just follow-up to make sure we are all aligned for any approvals. Thank you so much.

**Ms. Guindon:** Absolutely. There has been a lot of activity on that front between Human Resources, finance and our department. Staff have been working hard on that but yes, I can get the exact total of those two positions.

**Commissioner Allam:** I didn't have a question I just have a comment to make. I mentioned this to you Mr. Jenkins at our last Monday meeting but I just really want to uplift and thank our budget team and all of the staff at public health who applied for all of these grants because at our BOCC meetings, love, love, love approving and excepting this grant money and the board of health and public health is always the ones that come to us sharing that they found money instead of asking us for more money and I just really want to highlight it. Thank you for that because I know grant applications are not easy and there's a lot of competition.

**Mr. Jenkins:** Thank you, Commissioner Allam and Micah, and her team have provided the report that you requested and it is forthcoming.

**Dr. Rhea:** Micah, I do have one last question and it's about the vehicles expense on the expenditure slide. I remember us talking and previously approving purchasing some vehicles that were aging in the fleet. Is that the total purchase expense or are we leasing these vehicles? If you could help me understand what that almost \$62K is.

**Ms. Guindon:** That is two vehicles that were purchased I believe last fiscal year but have just hit the books this fiscal year because they just

7 A Regular Meeting of the Durham County Board of Health,  
held November 9, 2023.

arrived and are now in the environmental health fleet and are very much appreciated by staff all around.

**Dr. Rhea:** Wonderful. Thank you.

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

The board received a copy of the vacancy report for November 2023 prior to the meeting. The vacancy rate through the end of October 2023 was 17.4%.

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

**QUESTIONS/COMMENTS:**

**Dr. Rhea:** I took a look at that and it looked pretty much as we would expect. Director Jenkins is there anything there you want to call out particularly?

**Mr. Jenkins:** Not particularly, for the most part status quo. We had some to go on to greener pastures and we've had some promotions but for the most part it's been pretty status quo.

**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 October 2023 prior to the meeting.

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

**QUESTIONS/COMMENTS:**

**Dr. Rhea:** Again it looked pretty much as expected anything Director Jenkins you want to highlight.

**Mr. Jenkins:** Not particularly. Consultations with environmental health says we are pretty much just holding the line. Nothing new to report for this board.

**Health Director's Report**  
**November 9, 2023**

**Division / Program: Health Education & Community Transformation / Health Promotion & Wellness, Men's Health Council**  
**(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 Men's Health Council is partnering with Duke to identify effective methods for communicating health information to diverse communities.
- The Men's Health Council (MHC) of the Durham County Department of Public Health has a mission to "To educate, lead and inspire men to achieve their best health and overall well-being." The Council is led by an Executive Committee of 12 men and supported by a diverse membership of over 50 men and women (from age 17 yrs. to 84 yrs.). Physicians, nurses, clinical social workers, public health professionals, fitness specialists and other health professionals provide healthy living information to the Council. Several women are also active with the Council.
- The Council provides health forums, monthly community walks and health talks, and announcements about health events and opportunities to participate in research to MHC members and friends.

8 A Regular Meeting of the Durham County Board of Health, held November 9, 2023.

- On March 24, 2023, Julius Wilder, MD, PhD of the Duke Clinical Research Institute met with the MHC and asked leaders to partner with him on a grant from the Health Monitor Network. The grant is a three-year study to examine how diverse populations respond to various patient-education communication approaches such as print, digital and video communication. Dr. Wilder explains that “Numerous social drivers of health impact health, and these social factors often are beyond the reach of medicine. Low health literacy and inadequate patient education have a negative impact on the health of communities, especially communities of color and those considered socially vulnerable. Disparity in health literacy and patient education contributes to worse health outcomes, higher medical costs, longer hospital stays and greater risk of death.”
- The mission of the Health Monitor Network’s Magazine is to provide timely, trusted, user-friendly medical/health information and tools to their readers. Their grant to the Duke Clinical Research Institute is the first time the Health Monitor Network has funded a Health Equity Patient Education Study.

**Statement of goals**

- The MHC will assist Duke Clinical Research Institute in identifying the most effective methods for communicating relevant and important health information to diverse communities.
- The MHC will share patient education information created by the Health Monitor Network with MHC members and their families, friends, neighbors.
- The MHC will solicit feedback from individuals provided the described education materials on the effectiveness of the information provided via print, digital or video.

**Issues**

- **Opportunities**
  - Duke Clinical Research Institute provides resources that support the Men’s Health Council. In June 2023, Duke purchased blue t-shirts for persons attending the Father’s Day Walk on June 17, 2023. The shirts read “Celebrating Men’s Health Month” and “Men’s Health Council of Durham County.”
  - In August, Duke covered the cost of having a registered dietitian and plant-based cook demonstrate how to prepare a plant-based meal which included providing food samples and recipes.
- **Challenges**
  - Plans to support Duke’s research efforts on this grant are pending approval by the Duke Institutional Review Board (IRB). Once IRB approval is received, specific actions needed by the Men’s Health Council will be defined.

**Implication(s):**

- **Outcomes**
  - No data has been collected. IRB approval of the research proposal is pending.
- **Service delivery**
  - Duke will collect and share information on effective methods for communicating health information to patients.



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

• **Staffing**

- 1 Public Health Education Specialist (partial allocation of responsibilities)
- Men's Health Council Executive Committee (volunteer leaders)

• **Revenue**

- Purchase of t-shirts for Men's Health Month Walk on June 17, 2023 by Duke.
- Payment of services for a nutrition specialist and a healthy meal demonstration at the August 2023 MHC Community Walk.

**Next Steps / Mitigation Strategies:**

- Continue working with Dr. Julius Wilder, Duke Clinical Research Institute, on identifying effective ways to communicate patient information to diverse populations.

**Division/Program: Replacing Dental Equipment on the Tooth Ferry Mobile Dental Unit**

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

**Program description:**

- As the Tooth Ferry is preparing for school visits in the coming month, the Division had Benco Dental come out to perform preventative maintenance in October. At the same time, the team obtained quotes to order a new autoclave (cleans and sterilizes instruments) and cavitron (*ultrasonic scaler which uses high frequency vibrations and water flow to clean the teeth*).

**Statement of goals:**

- To ensure quality service in clinic and Tooth Ferry, the Dental Division has preventative maintenance contracts in place for servicing its equipment and a process to replace the same.

**Issues**

• **Opportunities**

- In having two Public Health Hygienists, the Dental Division can assign one to the Tooth Ferry to provide services (thus the need for a cavitron).
- The Department's Finance Administrator identified funds to replace the equipment.
- After reviewing options, Benco Dental provided discounts for the autoclave and cavitron.

• **Challenges**

- Because of the cost to replace both items, the Division will identify funds in its annual budget to replace one piece of equipment at a time (based on schedule) so that operations are not interrupted.

**Implication(s)**

• **Outcomes**

- The requisitions for the equipment were processed in October and it is hoped the equipment will be received by mid-November.

• **Service delivery**

- A technician from Benco will work with the Division to ensure the equipment is set-up properly and is working as designed.

10 A Regular Meeting of the Durham County Board of Health, held November 9, 2023.

- **Staffing-** Division Director oversaw process with assistance from the Finance Team.
- **Revenue** – N/A – The new Midmark M9 cost \$5,968 and Cavitron Select cost \$2,155.
- **Other** –N/A

**Next Steps / Mitigation Strategies**

New equipment will be maintained as prescribed.

**Division / Program: Nutrition/NC-FIT Program (Accreditation Activity 10.2** - The local health department shall develop, implement, and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the Community Health Assessment)

**Program description**

- NC-FIT Program (Formerly Incarcerated Transition Program) is a partnership with UNC-Family Medicine/Dr. Evan Askin who ensures funding is secured to cover cost for primary medical care, substance use treatment, and behavioral health services for those released back to their community with chronic conditions. The program is modeled after the national Transition Clinic Network model based out of California and the primary care provider for Durham residents is Lincoln Community Health Center.
- NC-FIT program referrals come from local re-entry partners as well as state and federal prisons that are managing the release of incarcerated citizens back to Durham County.
- This report summarizes where the program stands currently as both Community Health Worker positions became vacant during the month of October.

**Statement of goals**

- Connect Durham residents, who happen to be formerly incarcerated, to primary health care to address chronic conditions and manage their health care needs.
- Assist those residents with connection to other local re-entry programs or general services to increase positive outcomes for transition back to the community via referrals to housing programs, job services resources, food access, social security, etc.
- Recruit staff to sustain program goals and prepare to connect clients to Medicaid for additional health care support via Medicaid Expansion options.

**Issues**

- **Opportunities**
  - Address health inequities via referrals to services and education of clients on how to navigate the resources available.
  - Decrease recidivism, as clients connected to resources to manage their basic needs are less likely to become repeat offenders.
- **Challenges**
  - Connecting to clients as soon as possible due to their limited access to phones and sometimes housing.
  - Keeping clients focused on healthcare appointments due to barriers they are facing around employment, transportation and

11 A Regular Meeting of the Durham County Board of Health, held November 9, 2023.

securing long-term housing options superseding their health needs.

- Currently, referrals have been suspended for this program while recruiting to fill the 2 vacant Community Health Worker positions.

**Implication(s)**

• **Outcomes**

- Currently DCoDPH has 54 active clients receiving services via NC-FIT. Program was averaging 10 new referrals a month from July 2023 until the recent suspension of referrals.

• **Service delivery**

- Clients are typically assigned to one of two Community Health Workers for this program. Clients complete a thorough intake that addresses health care needs as well as goals on which the client would like to focus.
- Based on a client's need level, contact is maintained on a weekly, monthly, or quarterly basis to ensure that health care appointments are maintained, prescriptions are picked up, and follow-up occurs on referrals/services that are in place with other community resources.

• **Staffing**

- The needs of the current active clients are at the follow-up status, and all are being maintained by the Site Coordinator/Program Manager.

• **Revenue**

- UNC Family Medicine secures grant funds that cover the cost of invoices submitted by Lincoln Community Health Center for NC-FIT clients.
- UNC provides basic medical supplies such as canes, blood pressure monitors and glucose monitors that are maintained on site and limited cellphones with up to 3 months of services for participants.
- Grant funds cover emergency Uber rides for basic health care appointments for those not eligible for other services. All funds are administered by UNC staff at DCoDPH's request for supplies.
- As of 10/24/2023 UNC is assessing the use of grant funds to possibly support housing needs for clients for up to 3 months while in transitional living homes.

**Next Steps / Mitigation Strategies**

- As of 10/31/2023, 95% of clients have been contacted and provided the contact information for the Site Coordinator/Program Manager to maintain needed vouchers to cover the cost of medical appointments.
- Clients that were listed as high-risk have been contacted and those that responded and were eligible for Medicaid (due to their age/disability) have been set up with Medicaid Transportation or informed on how to set up this service to minimize disruption of care.
- Community partners have been informed of the vacancies and suspension of referrals and are assisting in reminding clients to call for their vouchers as well as informing previous clients of the vacancies as they may be a good fit for the positions.
- Both Community Health Worker job requisitions have been posted. One closed on October 25, 2023, and the other will close on November 6, 2023. There are currently 35 applicants to screen for potential interviews.

**QUESTIONS/COMMENTS:**

**Dr. Rhea:** Again really good report Director Jenkins is there anything you want to highlight.

**Mr. Jenkins:** Want to lift-up Ms. Joyce Page and the Men's Health Council. She does a fantastic job of always including them in our activities. I happen to be a member and I want to say myself and Dr. McDougal, our chair, are members of the Men's Health Council. We attend the walks when time permits but definitely want to make sure the board knows the value that's there. Men's Health Month was celebrated and they have a nice webinar and partnership with Duke coming up on "sleep anemia". We are hopeful that this board does receive some of those notifications but Joyce keeps us busy.

**Dr. Rhea:** Wonderful. Thank you very much. I have one question about the NC FIT Program. I noticed that it said that they stopped taking new referrals and I was wondering was that related to there is a vacancy in the community health worker position and if there was any updates there.

**Mr. Jenkins:** That is spot on. We did have to pause because we are in the process of recruiting two new community health workers. One in particular was let go to move on to his higher purpose and the other actually received a promotion on to the National North Carolina Fit Program and we were sorry to see him go, however, super happy that he was thought of to be the lead community health worker for the nation-wide effort. So we're on pause but I have all the faith in the world that we will find the right applicants. As you all know it's a little bit of a tricky position in that we really have to hire someone with lived experience and that tends to really require us to be a little bit more pensive about the right fit but we look forward to providing this board with additional updates once we're fully staffed.

**Dr. Rhea:** Wonderful. Thank you very much.

**COMMITTEE REPORTS:**

There were no committee reports discussed.

**OLD BUSINESS:**

There were no committee reports discussed.

**NEW BUSINESS:**

• **BUDGET AMENDMENTS:**

The Durham County Department of Public Health request the board to approve the relocation of 2 known and 3 probable gravesites located within the abandoned cemetery identified as the "Emory Cemetery" under the supervision of the Health Director or Health Director's designee pursuant to NCGS 65-106.

The request for Board approval is being made pursuant to NCGS 65-106 by the current property owner JOHN G. UPCHURCH (Deed Book 9967, Page 285-287) to provide for perpetual care, safer access, protection from further vandalism, and to reunite the decedents with other deceased family members. The gravesites are proposed to be disinterred from the current location at 3014 Carpenter Pond Rd, Raleigh, NC 27613 (Durham County) to be reinterred at Woodlawn Memorial Park located at 2107 Liberty St, Durham, NC 27703. This is a perpetual-care cemetery maintained by Everstory Partners (formerly StoneMor Inc).

MR. JOHN G. UPCHURCH has submitted documentation to the Durham County Department of Public Health detailing historical and genealogy investigations of the cemetery and documenting due-diligence efforts regarding next-of-kin and public notice requirements per NCGS 65-106(b). A letter of endorsement from one of the direct descendants was also provided.

13 A Regular Meeting of the Durham County Board of Health,  
held November 9, 2023.

The Durham County Department of Public Health request the board to recognize funds in the amount of \$59,743 from Guilford County.

These funds are intended to be used to offer training and professional development to staff members of the Local Health Department. Guilford County's Division of Public Health is the lead for Region 5 ARPA Public Health Workforce Development Grant (AA621). Funds may be used to recruit, hire, and train personnel to fill critical gaps in Public Health Infrastructure Foundational Capabilities in order to respond to the COVID-19 pandemic; promote a diverse workforce who are representative of, and have language competence for, the communities served; and/or train the public health workforce.

The Durham County Department of Public Health request the board to recognize additions to the Department of Public Health's (DPH) fee schedule and submit a change to the chargemaster rate. On September 11, 2023 the Food and Drug Administration approved new COVID-19 vaccines for the 2023-2024 season. The new COVID-19 vaccines are available primarily through commercial pathways. The addition of 8 current procedural terminology (CPT) codes 90480EP, 90480, and 91318-91322 to DPH's fee schedule will allow the department to request reimbursement from commercial insurers, Medicaid, and Medicare for the cost of the vaccines and an administration fee. CPT code 90619 also needs to be added to properly bill for the Meningococcal vaccine.

Uninsured and underinsured patients will be able to access vaccines at DPH at no cost through the Center for Disease Control's (CDC) Bridge Access Program, and pediatric patients will be able to access vaccines through the NC Department of Health and Human Services (NC DHHS) Vaccines For Children (VFC) Program. Further, DPH's sliding scale policy will apply to self-pay patients ensuring equitable access to healthcare for Durham County residents.

Additionally, DPH requests to submit a 3.07% percentage change to its chargemaster rate to NC Medicaid. This amount represents the aggregate percentage change to the chargemaster for dates of service between July 1, 2022 and July 1, 2023. The NC Division of Health Benefits will use this change in the calculation of DPH's Managed Care Directed Payments beginning July 1, 2023.

Mr. Gregorio made a motion to approve the (3) budget amendments mentioned above. Dr. Jackson seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **AGENDA ITEMS FOR NEXT MEETING:**

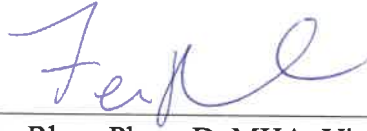
- Annual Board of Health Training
- Update: County-wide data on infectious diseases numbers related to Flu/RSV/COVID

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

There was no informal discussion discussed.

14 A Regular Meeting of the Durham County Board of Health,  
held November 9, 2023.

Dr. Orto made a motion to adjourn the regular meeting at 6:20pm. Dr. Braithwaite seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Gene Rhea, PharmD, MHA, Vice-Chair



Rodney E. Jenkins, Public Health Director