

A Regular Meeting of the Durham County Board of Health was held March 14, 2024, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Rosemary Jackson, MD; James Miller, DVM; Josh Brown; Victoria Orto, DNP, RN, NEA-BC; Anthony Gregorio, MBA; LeRon Jackson, MD, MPH

Absent: Commissioner Nida Allam and Darryl Glover, OD

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Curtis Massey, Kristen Patterson, Liz Stevens, Jeff Jenks, Chris Salter, Marcia Richardson, Lindsey Bickers-Brock, Marissa Mortiboy, Josee Paul, Micah Guindon, Rachel Elledge, Annette Carrington, Malkia Rayner, Shenell Little, Sara Snyder, LeeAntoinette Moore, Caroly Jacobs, Katie Foy Huamani, Dennis Hamlet, Jaeson Smith, Keisha Graham, Danielle Doughman

CALL TO ORDER: Chair Roger McDougal called the meeting to order at 5:01 p.m. with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS/ADDITIONS TO AGENDA: There were no adjustments/additions to the agenda.

Dr. Orto 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. Rosemary Jackson made a motion to approve the minutes for February 8, 2024. Dr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC COMMENTS:

Ms. Doughman, resident of Walltown community/Walltown Association spoke to the board concerning “Lead contamination in the Durham City Parks. Ms. Doughman requested board of health support to:

- Work with us toward public education/promotion in supporting residents understanding of their exposure through mobile testing, clear and accurate signage and clear and direct communication with an emphasis on educational events in our parks.

Chair McDougal: Thank you, Ms. Doughman, for your comments and we will get back to you with a response.

STAFF/PROGRAM RECOGNITION:

Mr. Jenkins recognized:

- Welcome to the new Board of Health Member, LaRon Jackson, MD, MPH. Dr. Jackson was appointed to the Board of Health on February 26, 2024 in the physician position.
- NCALHD Award nominations—20th Annual Public Health Leaders Conference—Durham Public Schools was awarded the Partnership Award” on March 13, 2024.
- Rosalyn McClain, Senior Administrative Officer to the Public Health Director will retire on March 28, 2024 after 35 years of service to Durham County. A celebration will be held on Thursday, March 28, 2024 from 2-4pm at the Health & Human Services Building, conference rooms B&C.

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ADMINISTRATIVE REPORTS/PRESENTATIONS:

DCoDPH Vision Care Update-School Health Program (Activity 21.2)

KiKi Rayner, Director of Nursing/Community Health, Sara Synder, LeeAntoinette More, Carolyn Jacobs, and Cheryl Parsons School Health Supervisors and Katie Foy Huamani, School Health Nurse provided the board with an update on identified issues, action taken, and partnerships surrounding vision needs in Durham Public Schools students.

Summary Information:

The School Health program continues to collaborate with community agencies and resources to improve the health and wellbeing of Durham Public Schools students. A review of the current partnership with Prevent Blindness of NC, Durham Technical Community College, City of Medicine Volunteer Medical Corps, and Durham Public Schools and impact will be discussed.

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

QUESTIONS/COMMENTS

Chair McDougal: An awesome presentation to everyone who participated in the presentation. This is a program that I was completely oblivious to and didn't know was available to our residents but I'm so glad that it is so very much needed services that are offered free of charge to our young people. I have a couple of questions and I'm looking at the van and I think I heard someone say that there are eight schools participating and I'm assuming it's a one day event. What happens with the van on the other days? Is it there and just kind of sitting, is it possible to expand the program to get other optometrists to volunteer to offer more services to perhaps all the schools in DPS and they're doing what they can with the current staff that they have.

Ms. Foy Huamani: The community mobile health lab is involved in other initiatives and partnerships through Durham and surrounding areas so I know during the week they're going to different events but I think getting connected with the program to see what the possibility are because certainly the need is there and just kind of see what kind of capacity is available. We are certainly seeing that on our side we quite a wait-list of schools that are ready to receive these services.

Chair McDougal: Yes, that would be great to see if there was an interest from volunteers throughout the community to come in and expand the program but great program.

Mr. Gregorio: Thank you, Ms. Katie and team. Wonderful presentation. I just wanted to add that it was a DPS nurse who helped me gather that I needed my own glasses growing up. So, thank you again for your wonderful work. Just out of curiosity, I do realize that this was a program for glasses but perhaps for some of the students in high school do they have a choice to get contact lenses as well or just the glasses?

Ms. Foy Huamani: At this time is just for glasses.

Dr. LaRon Jackson: Are there any restrictions for participating in project sight, such as existing Medicaid enrollment?

Ms. Foy Huamani: That's a great question. The mission of "project sight" is to serve any student regardless of their insurance status. We open it up to any student that doesn't pass the vision screening.

Chair McDougal: Thank you again team for the presentation very informative.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for March 2024 prior to the meeting. The vacancy rate through the end of February 2024 was 14.9%.

(A copy of March 2024 Vacancy report is attached to the minutes.)

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QUESTIONS/COMMENTS

Mr. Jenkins: The rate continues to drop from 16.6% in December to 14.9%. We continue to do a very good job of bringing people on. Not necessarily out of the woods with this period of resignation so to speak. Our medical services and school health nurse team are doing a fantastic job filling a lot of the vacancies that have been on our books for quite a while. We are certainly being responsive to the needs of the community and it's important for us to continue to fill those positions because you never know when there will be some claw backs. We continue to do a good job in making progress.

Chair McDougal: Awesome. It looks great.

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 February 2024 prior to the meeting.

(A copy of February 2024 NOV report is attached to the minutes.)

QUESTIONS/COMMENTS:

M. Salter: This month the NOV report expanded. We were able to remove two but ended up adding eight. There are a couple of reasons for that but primarily as we all know we've had a period of very wet weather and in this region when you have wet weather in the winter months the ground becomes very saturated and in an older septic system, the drain field becomes saturated as well and instead of the affluent trickling down into the soil it begins to surface. We commonly refer to those as "seasonal NOVs" because a system right now that's failing under these conditions many times when the weather warms up in the summer when everything starts to dry up naturally the system will start to function properly again. The good thing about the report is there're a couple of older NOVs that look like they are in the process of becoming connected to sewer and a couple of the new NOVs do have sewer available and that's always the best option for correction and hopefully we can get those folks connected soon. For the board's knowledge, it's taking the city about six months to get folks connected to sewer right now but if we issue a NOV, it moves them up higher on the list so in that respect, I think a NOV is a good thing.

Health Director's Report

March 14, 2024

Division/Program: Dental/Give Kids a Smile event
(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- February is Children's Dental Health Month. This is a national observance that brings together professionals, healthcare providers and educators to promote the benefits of good oral health to children and their caregivers. On February 8th, the Dental Division hosted its annual Give Kids a Smile event.

Statement of goals:

- The goal of Give Kids a Smile event is to ensure access to quality healthcare for all children. This is a free event. Accordingly, the Dental Division scheduled patients who were uninsured.

Issues

- **Opportunities**
 - Give Kids a Smile was held on Thursday, February 23rd (with a couple of patients rescheduled for Friday). This date was chosen by the Division to:

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- a. Host an all-day event and provide services other than exams and x-rays.
- b. In addition to the Department's dental team, the UNC Adams School of Dentistry sent six dental students to participate in our event, under the direction of faculty member Dr. Miguel Simancas Pallares.
- c. Patients received exams, and the team provided operatory work for some children.

- **Challenges**

- Although this is an opportunity for free dental care, there were still four no-shows.
- Dental Students work in teams of two, which limits the number of children scheduled.
- Two dental team members were out, and this led to frequent adjustments in the schedule.

Implication(s)

- **Outcomes**

- The opportunity to offer additional services (other than exams) was well received by patients as well as UNC dental students.
- Vendors donated the materials for Give Kids a Smile and dental screenings.
- The Nutrition Division's DINE team provide water bottles to give to children and their families.

- **Service delivery**

- Give Kids a Smile: 42 patients received dental services. Procedures included cleaning and exams. In addition, the team provided sealants, fillings and two extractions.
- Water Bottle Distribution: In partnership with the Public Health DINE team (Nutrition Division), the clinic provided nearly 300 water bottles to patients during February – promoting the healthy benefits of drinking water.

- **Staffing**- Three Dental Assistants, one Public Health Hygienist, Director of Dental Practice, Processing Assistants (front desk) and Dental Director assisted with the Give Kids a Smile event.

- **Revenue** – The Division offered services worth \$5,375 during Give Kids a Smile.

- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division has formed a committee to discuss ways to expand next year's Give Kids a Smile event, devising a schedule that will allow us to see more patients.

Division / Program: Population Health

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.

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Program Description

The Finance Division in the Durham County Department of Public Health requested assistance in processing complex information to help streamline and optimize their efforts in managing and reviewing their data. The dashboard was built using the most current data from the County's SAP budget software. Monthly SAP reports are extracted, transformed, and loaded into an interactive and useful dashboard to quickly discern insights into trends and how revenues and expenditures are being processed and handled. The Finance Division also requested visualization of data from previous years to see and process trends throughout the years.

Statement of Goals

- Utilize the data dashboard to help empower the Finance Director with the information needed to answer Board of Health and Health Director questions that arise frequently.
- Reinforce quality data services.
- Analyze quantitative data to examine trends from previous months to see how expenditures and revenues are being utilized throughout the fiscal year.

Issues

- **Opportunities**
 - Provide detailed data to division directors about their expenditures and revenues throughout the fiscal year.
 - Utilize near real time data during the data collection process to verify the accuracy of revenues and expenditures which could be cross checked quickly.
 - A chance to engage with the division directors across all parts of the Public Health Department by using visually engaging charts instead of complicated tables.
 - Strengthen relationships with the Health Director, Board of Health and division directors when discussing financial information.
 - Potential to build additional dashboards for the Health Director and some Program Managers to monitor their budgets more closely. These both would be an expansion of fiscal reports that have previously been offered, increasing fiscal transparency and ownership of budgets for supervisors/managers.

- **Challenges**

- Data transformations and the extraction to pull a consistent and reliable SAP finance report took over 10 hours due to complexity.
- The Python scripts to transform and load the data into the dashboard consisted of over 200 lines of code and required over 20 hours work to complete to make sure the process could be automated.
- The complicated language used by the Finance division required time to understand and significant collaboration was needed with the Finance Director to ensure each of the visuals fit the division's needs.

Implication(s)

- **Outcomes**

- An automated report that is easy to navigate and is easily controllable by the Finance Director was established.
- Estimate that dozens of hours will be saved each fiscal year utilizing this dashboard, as the calculations are automated and the charts are standardized.
- A model dashboard has been created so that other DCoDPH staff are able to see what can be done with the data they manage.

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- **Staffing**
 - Finance Director- Responsible for pulling the data and sending to the Data Scientist, providing insight on what is required for the dashboard, verifying the accuracy of the report, and leading the process of what is needed/desired in the dashboard.
 - Data Scientist – Responsible for building the dashboard, writing the Python code to perform the extracting, transforming, and loading (ETL) the data and building the database where the data is housed.
- **Revenue**
 - None
- **Next Steps/Mitigation Strategies**
 - Build upon the dashboard to include more advanced statistics such as projections for revenues and expenditures.
 - Incorporate what if scenarios and Monte-Carlo simulations (a probabilistic model that can include an element of uncertainty or randomness in its prediction).
 - Add visuals as necessary to help communicate additional financial information.

Division / Program: Population Health / North Carolina Local Health Department Accreditation (NCLHDA) & Public Health Accreditation Board (PHAB)

(Accreditation Activity 36.3: The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.)

Program description:

The focus of North Carolina's Local Health Department Accreditation (NCLHDA) is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, policy development, and assurance and the ten essential services of public health. The Durham County Department of Public Health (DCoDPH) was last accredited on May 19, 2023 and its accreditation status will expire on May 19, 2027.

DCoDPH has just completed its first accreditation year (January 26, 2023 – January 25, 2024). The accreditation year begins the day after the site visit (January 25, 2023). This yearly cycle continues through the four years prior to the next site visit (Spring 2027). During this first year, the focus has been on fulfilling annually required accreditation activities as well as reviewing other remaining activities to determine if we have any documentation available that fulfills those requirements.

The department is also moving towards applying for National Public Health Accreditation through the Public Health Accreditation Board (PHAB). Although many local accreditation requirements are similar to those required by PHAB, they are not the same. Attaining national PHAB accreditation would go a step further to supplement our local process and further strengthen our infrastructure and partnerships. One of the initial steps to qualify for PHAB application is providing a completed PHAB Readiness Checklist which will be due August 30th. This checklist covers all the Standards & Measures that are required to be met to be successfully accredited through PHAB. The checklist is reviewed by PHAB and a feedback report with recommendations regarding readiness to move forward with application is provided.

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Statement of goals

- Fulfill NCLHDA annual activity documentation requirements.
- Provide any available documentation for other NCLHDA activities not required annually.
- Keep staff apprised of accreditation process and activities.
- Keep Leadership Team up to date on accreditation timeline, documentation requirements and needs/progress.
- Complete and submit PHAB Readiness Checklist by August 30th.
- Identify areas that require additional documentation as noted during completion of the PHAB Readiness Checklist.

Issues

- **Opportunities**
 - Keep Leadership Team updated during Leadership Team meetings.
 - Include presentations/updates during staff meetings as appropriate.
 - Use the department newsletter to provide accreditation information/updates to staff at least quarterly.
 - Use accreditation intranet webpage to provide latest information on accreditation documents, updates, etc.
- **Challenges**
 - Keeping staff engaged in local accreditation process throughout the four-year cycle.
 - Engaging staff in a new accreditation process for PHAB.
 - Engaging staff in providing documentation that will be required for NCLHDA and PHAB accreditation.
 - Keeping up to date on two accreditation process timelines.

Implication(s)

- **Outcomes**
 - Completion of NCLHDA annual requirements.
 - Staff feel an integral part of attaining accreditation success.
 - Demonstrating accountability and transparency to the community.
 - Advancement of public health practice.
- **Service delivery**
 - Improvement of both internal and external services.
 - Provide essential services to the community effectively and equitably.
 - Ensure a qualified and diversified public health workforce.
- **Staffing**
 - Division heads act as Accreditation Management Team.
 - Two Accreditation Coordinators within Population Health Division.
 - Division heads assign staff as appropriate in their division to provide activity documentation for meeting local accreditation activities and PHAB standards/measures.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Monitor for completion of year two annual accreditation activities/documentation.
- Provide at least quarterly accreditation updates to staff.
- Complete PHAB Readiness Checklist.

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- Determine areas that require attention for meeting PHAB requirements.

Division / Program: Health Education & Community Transformation / Fast Track Cities Durham

(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:

- Fast Track Cities is a global partnership between cities and municipalities around the world with an overarching goal to end the HIV epidemic and HIV related stigma.

Statement of goals:

- 95% of all individuals living with HIV will know their status by 2030.
- 95% of all individuals living with HIV are on continuous antiretroviral therapy (ART) by 2030.
- 95% of all individuals w/HIV on ART achieve suppressed viral loads by 2030.

Issues:

- **Opportunities**
 - Collaboration and community engagement are essential activities regarding realizing the aims for Fast Track Cities Durham.
 - The Fast Track Cities Durham Community Advisory Group's primary objective is to inform, guide, shape, support and evaluate the three core global objectives with an emphasis on Durham. These aims, with a 95% success rate by 2030, are: 1) Providing HIV prevention and treatment education along with increasing "accessible" testing efforts in underserved communities; 2) Creating a social media presence to educate, elevate awareness and combat HIV stigma by addressing it as a definitive barrier and providing concrete strategies and tips to end it; 3) Promoting the benefits of PrEP (Pre-Exposure Prophylaxis) and TasP (Treatment as Prevention) as viable tools to prevent HIV and viral suppression (Undetectable=Untransmittable). This group meets quarterly for updates, sharing, guidance, planning, delegation, and process evaluation.
 - Fast Track Cities Durham has two active social media accounts: Facebook and Instagram (@fasttrackcitiesdurham). The purpose of these accounts is to promote the Fast Track Cities Durham Initiative, HIV prevention and treatment education, HIV related community resources and to address the debilitating barriers of stigma, as well as ways to "inclusively" combat it. Relevant content is developed and supportive information is posted to these sites weekly.

- **Challenges**

- One of the local initiative's challenges is securing HIV self-testing kits to distribute to community partners with the intent to assess the efficacy of this testing option disseminated to community members.
- Although there has been an increase in community representation from populations most vulnerable to HIV acquisition on the Fast Track Cities Advisory Board, we can still benefit from more representation, as their ongoing input is invaluable in addressing systemic access barriers.

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- Another perpetual challenge is PrEP education and access in underserved communities, especially Black cisgender women and Black men.

Implication(s):

• **Outcomes**

- Fast Track Cities Durham has had six quarterly Advisory Board meetings to date.
- The HIV Navigator served as a panelist with International Association of Providers of AIDS Care (IAPAC) webinar series on “HIV and the Impact of Racism” (4/18/23).
- FTCD Strategic Plan 2023 was published in the December 2023 issue of “The Pulse”.
- The HIV Navigator worked with Population Health to collect and update data to the FTCD Durham Dashboard with 2022 demographic data and an FTCD Fact sheet was produced and published in the January 2024 issue of “The Pulse”.
- The HIV Navigator successfully curated and hosted a “Women and PrEP” Symposium (10/26/23).
- The HIV Navigator hosted a “Moving from “Risk” to “Reasons” Workshop with Viiv Health Care (2/7/24).
- The HIV Navigator developed and facilitated a “Getting to the Roots of Stigma” Workshop (1/30/24; 2/20/24).
- Launched FTCD Social Media Campaign to amplify messaging via visual art consistent with eliminating HIV transmission (11/23).
- Co-curated the county wide World AIDS Day 2023 virtual event with the ITTS testing program (11/30/23).

• **Service delivery**

- Managed Fast Track Cities Durham social media accounts (Facebook and Instagram) weekly.
 - Provided community education with an emphasis on PrEP at several community events and two local universities (NCCU and Duke University)
 - Presented at Board of Health meeting.
- **Staffing**
- Randy C. Rogers, Health Education Specialist, works full-time on Fast Track Cities Durham.

• **Revenue**

- None.

Next Steps / Mitigation Strategies:

- Fast Track Cities Durham will continue to curate educational programming consistent with removing barriers to HIV testing, prevention, and treatment opportunities.
- Fast Track Cities Durham will continue to actively recruit members for the Advisory Board and explore HIV self-testing resources.
- The HIV Navigator will continue participating in the HIV Linkage to Care and Re-Engagement collaborative between DCoDPH and Duke University with the intent to achieve continuous antiretroviral therapy and suppressed viral suppression.

Division / Program: Laboratory/ North Carolina State Laboratory of Public Health Drinking Water Inspection

(Accreditation Activity 8.1 – The local health department shall have written policies and procedures for handling clinical and environmental laboratory samples.)

Program description

- The DCoDPH Laboratory was inspected by the North Carolina State Laboratory of Public Health Certification Team on February 13, 2024.
- All laboratories that analyze water from public water supplies are subject to regulation under the North Carolina Drinking Water Act.
- On-site inspections occur, at a minimum, every three years and the laboratory must meet all requirements for the purpose of maintaining certification.

Statement of goals

- The Laboratory will continue to maintain Drinking Water certification through the North Carolina State Laboratory of Public Health by meeting, successfully maintaining, and continually improving upon the North Carolina Drinking Water Act regulatory standards.
- The Laboratory set an internal goal of receiving two or less deviations as identified by the Inspection Team.

Issues

• **Opportunities**

- Previous inspection results have been suboptimal (three deviations in 2021) leaving opportunities for improvement.
- Inspections are a learning experience for all participants and encourage discussion among peers regarding processes and improvement opportunities.
- Offer Lab Technicians and Lab Assistants the opportunity to experience an external inspection process.

• **Challenges**

- Regulations are numerous, varied, and open to interpretation.
- The previous five years of laboratory documentation must be available to the inspectors.

Implications

• **Outcomes**

- The Laboratory has met its internal goal of receiving two or less deviations identified by the Inspection Team.
- The Inspection Team noted one new requirement on the checklist as deviation 3.3 for the Drinking Water testing process.
- The Inspection Team commended DCoDPH Laboratory for our well written policies and procedures and suggested that we share them with other labs.
- The Inspection Team had no other suggestions to continue improving processes within the Laboratory.

• **Service delivery**

- Process improvements, record retention, and inspection planning have been ongoing by the Laboratory Division Director, Medical Laboratory Supervisor, and Laboratory Technical Consultant.
- The Plan for Corrective Action requires updating the Quality Assurance Plan to include the 100 ml volume accuracy check for sample bottles and a copy of the updated page to be sent as the audit response to the inspection division.
- The laboratory Sterility Check Log has also been updated to include an extra column for the Volume Accuracy Check documentation. These tasks are being completed by the Laboratory Division Director and Laboratory Technical Consultant.

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- **Staffing**
 - DCoDPH staff assisted in process changes, laboratory documentation, record retention, etc. which culminated in a successful inspection.

Next Steps / Mitigation Strategies:

- Implement the Plan of Corrective Action for the identified deviation.
- Maintain high standards of integrity and efficiency while preparing for the next inspection in 2026.

Division / Program: Nutrition/NC-FIT Program TCN Conference and New Hires (Accreditation Activity 10.2 - The local health department shall carry out, 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. 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 is a summary of where the program stands since filling 1 vacancy and the Program Manager returned from the national Transition Clinic Network convening.

Statement of goals

- Support the onboarding of new FIT Community Health Worker (CHW).
- Learn more information on the model used for FIT and put support in place for FIT CHW's.

Issues

- **Opportunities**
 - More residents of Durham that are released from jail and prison can be connected to needed services.
 - Decrease recidivism, as clients connected to resources to manage their basic needs are less likely to become repeat offenders.
- **Challenges**
 - 1 of the FIT CHW positions had to be reposted for recruitment.
 - The Program Manager is currently covering cases while also trying to onboard and train the new CHW that started in January.

Implication(s)

- **Outcomes**
 - The new CHW has been connected to resources for NC-FIT's other programs as well as resources provided during the TCN conference to support her transition to fully working independently in this role.
 - The TCN conference provided resources to support substance use in those being referred from jail and prison and focused on Harm Reduction as a whole. This was helpful information to have and supports the transition of new hires to the role as 9

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out of the 14 referrals received since January 2024 have a diagnosis of Substance use/Opioid Use disorder.

- The TCN conference helped to show the progression made in California on some of the bills that the governor and others are now working on in North Carolina to support re-entry, especially in areas of getting Medicaid applications started prior to release back into the community to help with transition to needed services.

- **Service delivery**

- In addition to the Division and Departmental onboarding checklists, the Program Manager has created a checklist for Community Health Workers in this role. The checklist is used to support training specific to the day-to-day work.
- The current FIT Community Health Worker is carrying a modified caseload size that is still being primarily overseen by the Program Manager to support her full transition to the role and duties.

- **Staffing**

- Applications for the reposted FIT Community Health Worker with “lived experience” have been reviewed and interviews are being scheduled.
- The onboarding process for the other community health worker that started January will include supportive meetings and trainings with the TCN Community Health Worker trainer, which happens to be a previous Community Health Worker that was employed by Durham County Public Health’s NC-FIT Program.

- **Revenue**

- UNC Family Medicine continues to secure the grants that support the services administered by the FIT Program CHW’s.
- TCN has indicated they will continue to put it in their budget funds to cover the cost of any FIT Community Health Worker that travels to LA for the annual TCN convening to learn more about the model and services that support clients served.

Next Steps / Mitigation Strategies

- The NC-FIT program and Transition Clinic Network (TCN) are in the process of restarting their monthly CHW chats as a way of supporting new hires and FIT CHW’s in this role.
- Efforts to fill the other vacant position will continue.

Division / Program: Nutrition / DINE

(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 develops social marketing strategies for their campaign named, “Say Yes to Water”, to promote positive messaging around choosing healthy beverage options in the Durham community.
- DINE collaborates with North Carolina SNAP implementing agencies (IAs) within the NCSNAP-ed social marketing group meeting each month. This NCSNAP-ed Statewide Social Marketing group has a budget provided by a State SNAP grant to work with TV channel CBS17 in developing social marketing/advertising materials that will be displayed across internet and TV platforms among North Carolina SNAP target audiences. Taking part in this opportunity is free of charge to Durham County Department of Public Health.

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Statement of goals

- To reinforce DINE's nutrition education and behavior change goals.
- To encourage increased daily consumption of water and healthy beverage choices.

Issues

- **Opportunities**
 - DINE nutritionists, in collaboration with CBS17 staff, created materials which included social media ads, website banners ads, and a 30-second video promoting the "Say Yes to Water" campaign.
 - This project strengthened and expanded DINE's already existing "Say Yes to Water" social marketing campaign from Durham County to all of North Carolina.
 - Nutrition and health information is being made more accessible to a larger audience of NC residents through internet website ads and videos and social media ads.
- **Challenges**
 - Translating materials, particularly the video, to Spanish is a challenge because CBS17 does not staff a Spanish-speaking voice actor.

Implication(s)

- **Outcomes**
 - The DINE "Say Yes to Water" advertising campaign materials with CBS17 will run online through the month of March 2024.
- **Service delivery**
 - CBS17 staff created initial rough drafts of the advertising assets from existing DINE Say Yes to Water materials provided by DINE nutritionists. DINE nutritionists provided guidance for revisions until the assets fit into the intended message.
- **Staffing**
 - Three DINE nutritionists led this project through planning, execution, and regular communication with CBS17 staff.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE nutritionists will evaluate audience reach from the March CBS17 campaign in early April when the data is available.
- Pursue options to have statewide social marketing assets available in Spanish, such as utilizing Spanish radio channels, if this campaign option takes place next year.

Division / Program: Nutrition / DINE

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE works with community organizations to promote healthy eating and to connect groups to community food resources.
- On February 7, 2024, DINE provided nutritional programming and cooking demos for a dinner event that was hosted at WD Hill Community Center. This was in partnership with Lincoln Community Health, in which Lincoln provided a budget for a full

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dinner meal for participants. Attendees were provided with a brief presentation, a cooking demonstration, and a hands-on activity where groups made their own salad dressing.

Statement of goals

- To reinforce DINE's nutrition education and behavior change goals, including choosing lower sodium choices.
- To increase participants' nutrition knowledge and basic culinary skills.
- To increase self-efficacy in preparing and providing healthy meals.
- To encourage increased daily consumption of an assortment of fruits and vegetables, whole grains, and lean proteins.

Issues

- **Opportunities**
 - This project strengthened and expanded DINE's partnership with Lincoln. Lincoln Community Health provided funding for a full dinner meal to be enjoyed for all attendees. Lincoln and its partners also promoted the event by word of mouth and with flyers among their patient groups.
 - WD Hill Community Center provided an accessible large public space, which was open to all in the Durham community.
 - Hands-on group cooking activities encourage social interaction, personal development, and self-reflection.
- **Challenges**
 - Barriers for higher attendance included transportation to WD Hill and schedule conflicts for participants.

Implication(s)

- **Outcomes**
 - The event took place on February 7th. Fifteen participants attended. The menu for the cooking night included DINE recipes - 'Easy Chili', 'Garden Grilled Cheese', side salads with 'Homemade Salad Dressing', 'Yogurt Parfaits', and 'Orange Mint Water'.
 - Easy Chili and Orange Mint Water recipes were made prior to the event. DINE nutritionists talked through with participants how these recipes were made and shared relevant food and nutrition tips on the recipes. Garden Grilled Cheese sandwiches recipe was demonstrated by DINE nutritionists in front of participants at the event.
 - Participants at the cooking night made their own Homemade Salad Dressing recipes with the groups at the tables where they were sitting. Yogurt Parfaits were served with many different choices in a make-your-own set up for participants to customize their parfaits.
- **Service delivery**
 - A Lincoln Community Health staff member coordinated with WD Hill to reserve a room and schedule the event date and time.
 - Two DINE nutritionists coordinated with a Lincoln staff member in planning a timeline of presentations for the event.
 - DINE nutritionists planned a menu, organized handouts and materials of relevance, and shopped for ingredients for the cooking demo/classes.
- **Staffing**
 - Two DINE nutritionists led this project through planning, execution, and evaluation.

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- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE nutritionists will maintain partnership and communication with Lincoln staff to plan future similar events.

Division / Program: Nutrition/-Chronic Care Initiative Team and NC Minority Diabetes Prevention Program Living Well Event (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 Chronic Care Initiative Program employs two Community Health Workers that support referrals from the public, Lincoln Community Health, Duke Health, and other community partners to support patients with chronic conditions or at risk of chronic conditions stabilize and maintain their health.
- To support the Diabetes Prevention Program, grant funds are received from the State Office of Health Equity to administer the NC-Minority Diabetes Program following guidance and curriculum standards established by the CDC.
- The funds received this year included opportunities for living well events that could emphasize nutrition, physical activity, and other topics to promote healthy living. Today's report focuses on a recent lunch and learn event held in support of the Durham County construction workers.

Statement of goals

- To provide evidence-based resources regarding health to residents of Durham County

Issues

- **Opportunities**
 - Participants were trained on "The Importance of Water" which supports the Nutrition Division's campaign "Say Yes to Water".
- **Challenges**
 - The weather and possible reassignment of some of the workers to other construction sites reduced the number of participants.
 - Some construction staff could not enter the building for the event due to their work belts not being cleared through security and them not having a designated area to securely leave them at the site.

Implication(s)

- **Outcomes**
 - The event was held January 31st with a total of 30 construction workers and 15 other participants that included Spanish speaking County staff in attendance.
 - As participants enjoyed the lunch provided, education on healthy drink options and resources to support continued healthy outcomes were offered.
- **Service delivery**
 - DCoDPH's Spanish speaking CHW led recruitment efforts with the support of the Spanish speaking senior office assistant for the Nutrition Division.

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- A DCoDPH Nutrition Specialist delivered the presentation on the Importance of Water.
- A DCoDPH Health Educator provided healthcare and healthy living resources.
- **Staffing**
 - Bi-lingual staff within the Nutrition and Health Ed divisions were utilized to provide the Spanish speaking lunch and learn event.
- **Revenue**
 - Grant funds for the MDPP program allowed lunch to be provided.

Next Steps / Mitigation Strategies

- Preparations are being made for an English Lunch and Learn event with the hopes of holding it in April to use the remaining funds allotted to us by the NC Office of Health Equity and MDPP.

The pictures below capture the positive turn out from the event. All participants were very active and asked questions related to improving their health and consumption of healthy drinks.



QUESTIONS/COMMENTS:

Mr. Jenkins: I certainly want to lift up our Lab here at public health. We most recently had a water inspection site visit by the North Carolina State Laboratory of Public Health Certification Team which takes place every three years. Happy to report to the board that we passed with flying colors. Josee Paul, Pharmacy and Lab Division Director and Jeff Jenks, Medical Director do a fine job in working collaboratively. We also have a CLIA inspection that is right around the corner.

The second thing I want to life up is our NC FIT (Formerly Incarcerated Transition Program). Our team under the leadership of Quanesha Archer is doing really well. All vacancies are filled and most recently they were the recipients of some training in California. I'm a big proponent of our staff being trained by the best, going to the source and this program originated out of California. It is also my understanding that NC FIT celebrated a

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very important milestone (10 year anniversary). This is an opportune time to really lift them up and encourage the work that they're doing in this space.

Chair McDougal: Awesome work Mr. Jenkins for you and your team. I wanted to ask a question. I see that there are always a number of public events that are taking place all the time hosted by the Department of Public Health. Is there a calendar of all the public events that I can look at?

Mr. Jenkins: I can say there once upon a time was a calendar but I am happy to get that to the board of health.

Mr. Gregorio: Thank you, Director Jenkins, for your report. I do see that there is a new budget finance dashboard created out of SAP and just whenever the data and the dashboards are publicly available that are being developed by your finance director, for my own curiosity I would love to see her key takeaways and trends.

Mr. Jenkins: More than happy to do so. Micah has been a welcomed addition and she has made some significant inroads with our budget and our finance division. We will be more than happy to get that to you.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS: There was no old business discussed.

NEW BUSINESS:

• **BUDGET AMENDMENTS:**

The Board is requested to recognize funds in the amount of \$15,000 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology Section of Communicable Disease Branch.

This grant provides funding to the Department of Public Health (DPH) to help support activities associated with the higher-than-anticipated number of refugee arrivals to Durham County. DPH will increase the number of screenings provided to an additional 250 screenings, for a new total of 925 screenings for the State Fiscal Year.

Dr. Rhea made a motion to approve the budget amendment mentioned above. Mr. Gregorio 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:**

- Update: Lead contamination in Durham City Parks
- FY24-25 Proposed Public Health Budget

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chair McDougal: I would like to take this time to make a few comments. On behalf of the board, I wanted to certainly take the opportunity to “thank” Rosalyn McClain for all the great work that she has done on the time that I have been on the board and I took the liberty and you can't see it very well but I got a plaque made up that says:

“With Our deepest appreciation in honor of many years of dedication and loyal service “Rosalyn McClain”.

A time to look back with admiration, a time to look forward with anticipation, best wishes and congratulations to you on your retirement.

From your friends on The Durham County Board of Health—2023-2024.

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Ms. McClain: Thank you all very much! I will miss you all.

Dr. Rosemary Jackson: I would just like to echo about "Rosalyn". I've worked with her for a long time. I started in public health in 1980 at the health department but I can't remember when "Rosalyn" came but it's been a long time and she has been the best. I wish her well and I just want to go on the record to say, "she is a cherished member of the board and she was just about indispensable and there are not a lot of people that are indispensable but "Ros" is one of those, she knows everything and how things....oh she is just amazing...congratulations "Ros" and we wish you the best.

Ms. McClain: Thank you all very much!

Dr. Rhea made a Motion to adjourn into closed session pursuant To N.C.G.S. 143-381.11 (A) (3) to discuss the Health Director's FY 23-24 Performance Evaluation. Dr. Miller seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Dr. Miller made a motion to reconvene into regular session. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Dr. Rhea made a motion to adjourn the regular meeting at 6:25pm. 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