

Due to the ongoing social distancing restrictions in response to the coronavirus (COVID-19) pandemic, the Durham County Board of Health Meeting was conducted virtually. The virtual option aligns with social distancing requirements which ensure the safety of citizens who wish to participate as well as Board members and Durham County Government staff.

The agenda, weblink and access code were posted to DCoDPH website and provided to the Clerk to the Board office 48 hours prior to the meeting for citizens to join by computer or phone.

A Regular Meeting of the Durham County Board of Health was held April 8, 2021 with the following members present:

Eric Ireland, MPH, RS; Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Victoria Orto, DNP, RN, NEA-BC; Mary Braithwaite, MD, MSPH Josh Brown; Roger McDougal, DDS and Gene Rhea, PharmD, MHA

Absent: Commissioner Nida Allam; James Miller, DVM

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Katie Mallette, Lindsey Bickers-Brock, Marcia Richardson, Marissa Mortiboy, Alecia Smith and Willa Robinson

CALL TO ORDER: Chairman Eric Ireland called the virtual meeting to order at 5:00 p.m. with a quorum present and the board was instructed on how the attendance would be taken and agenda items would be voted upon that require "board action".

Chairman Ireland recognized the new board member, Dr. Gene Rhea. Mr. Rhea was appointed to the Pharmacist position. "Gene it is a pleasure to have you on the board".

Dr. Rhea: Thank you very much Eric. It's a pleasure and I do appreciate being a part of the board.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: There were no additions/adjustments to the agenda. Mr. Curtis made a motion to accept the agenda. Dr. Jackson 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 February 11, 2021. Ms. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Mr. Jenkins, Public Health Director for Durham County Department of Public Health recognized:

- Board of Health for their continued support
- "National Public Health Week
- Public Health staff on their tireless efforts during the pandemic
- Implementation of EPIC "Go Live" effective February 23, 2021

2 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Mr. Jenkins stated the COVID vaccination clinic is going well and he is so proud of the staff. The Health and Human Services Mass Vaccination Clinic has the ability to vaccinate approximately 500 people a day. Hours of operation have been extended to those people who work late. On Thursday and Friday vaccinations range from 700 to 800.

Chairman Ireland: Thank you Mr. Jenkins. It has indeed been our pleasure to witness the tireless work and efforts put forth by you and your staff in this last year of change. Please continue to express to your staff our gratitude, appreciation and let them know they will always have our continued support. We appreciate everything that has been done for the citizens of Durham County.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Mr. Ireland called for administrative reports/presentations:

FY 21-22 PROPOSED BUDGET & FEE SCHEDULE REVIEW/APPROVAL (*Activity 39.3*)

Mr. Sutton, Local Finance Administrator provided the board with an overview of FY21-22 Proposed Budget & Fee Schedule and requested board approval.

Summary Information: Public Health has completed its preliminary budget development process for fiscal year FY 21-22. The presentation covered the following information.

- Actual FY 21 Approved vs Proposed FY 22 Budget
- Total Proposed Personnel and Operating Budget
- Total Proposed Expenditures and Revenue Budget
- Fee Schedule Changes

Overview:

- Budget submission due date 02/12/21
- Changes following submission – to be discussed
- Overall increase of 5%

Funding Sources:

- County Funding decreased by a percent (70% FY21 vs 69% FY22)
- New Dental Hope grant 140K
- Health Ed Tobacco Prevention grant 126K
- BCU funding from the City 935K (not really because expenditures offset the revenue)

Personnel vs Operating breakdown:

- Initial numbers include new BCU staff as contract employees (came on as contract, then later moved to permanent positions)
- No pay for performances increases FY 21 – but those increases are reflected in the FY22 budget

Detail Expenditure:

- 6212 – Dept Increase in 1601 (Data dump 27K, Hazard Waste 36K)
- 6216 – Health Ed--29K FY21 reduction, initially 40K now up to 55K (contracts)
- 3 new positions (HIV NAV, ACES Coord, Tobacco Prevention Mgr.
- 6221 – STI--Decrease b/c MD position was added in FY21, in FY22 it is in Admin
- 6229 – CCI--Reduction in FIT funding ** (20,789)
- 6245-LPHP--Reduction in Personnel – Retirement of Pat Gentry
- 6248 – BCU--Expansion - 145K contract added (new ILA) – more changes in a later slide
- 6239 PCM –Flex Benefits added 15,120/person, 8 positions

3 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Detail Revenue:

- 6211 – Admin Entire Medicaid Cost Settlement moved from Admin to pertinent fund centers (STI, IMM, FP, MH)
- 6215 – Nutrition reduction of historical MCS amount - 80K placed in Nutrition – down to 20K
- 6217 – Lab--Orange Co. lab testing reduction (12,960)
- 6218 – Dental--Hope grant addition (and Medicaid cost settlement)
- 6229 – CCI--Reduction of FIT position funding* - request county cover position
- 6244 - On-Site--Reduction in User Fees (60K) FY21 budget was 200K now 140K
- 6250 – Population HLTH--Duke Grant Funds for CHA 2,800 ended

New Fees:

- The conversion to EPIC has caused a discovery of additional fees to be added (future meeting scheduled)

Highlights:

- Jail Health Budget - The RFP for the Jail and Youth Center was posted on 3/21/21, Virtual Pre-Con was done on 3/30/21, questions are due back in on 4/14/21 and the Due Date for the proposal is 4/27/21.
- BCU – Expansion –Two additional teams - Since the initial budget was submitted in February, the commitment to BCU was further increased. Initial 1.6 M, now increased to 1.9 M
- To date no additional cuts have been requested
- Unspent COVID grants via the state will carry over to FY 22
- Discussions on moving Project BUILD and BCU from PH are ongoing.
- PH is applying for a two year, 4M grant From Office of Minority Health – Due 4/24/21

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

Dr. Jackson made a motion to accept and approve the FY21-22 Proposed Budget and proposed fee changes. Dr. McDougal seconded the motion and the motion was unanimously approved.

QUESTIONS/COMMENTS:

Chairman Ireland: Will, can I ask a question? When Bull City United moves from public health, will their budget move with them?

Mr. Sutton: My understanding is that the budget will move with them.

Chairman Ireland: and the same for Project Build?

Mr. Sutton: Yes

Dr. Jackson: Will, I have a quick question. What does PCM stand for and I see there is a 20% increase in their budget?

Mr. Sutton: That is Pregnancy Care Management and the majority of that is a reflection from the increase in the retirement benefits for the overall county.

Mr. Sutton: Do anyone have any questions about the revenues?

Dr. Jackson: Yes, and I may have missed it; but did you mention the 66% increase in STI clinic?

Mr. Sutton: That was part of the Medicaid Cost Settlement funds that were originally in the administration budget. That was one of the cost centers where monies were distributed to.

4 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Dr. Jackson: Will, I do have one question about the medication fees and you may not be able to answer this but the one that stands out is the “Plan B Pill” that went up a ton from \$3.79 to \$30.91.

Mr. Sutton: I can’t answer that at this time. I will refer to Katie Mallette for the answer to your question.

Mr. Jenkins: The answer to your question about the Plan B drug is that the price was set by the drug manufacture due to high demand and at the present time that’s the price fluctuation.

Dr. Jackson: Wow that’s too bad.

Dr. Orto: I agree Rosemary, that is really high.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of February and March 2021 prior to the meeting. The vacancy rate for February 2021 was 16.8% and 15.9% for March 2021.

(A copy of February 2021 & March 2021 Vacancy reports is attached to the minutes.)

QUESTIONS/COMMENTS:

Dr. Jackson: I do have one question concerning the vacancy report. Rod, I think the overall turnover rate was about 15% or something but I would be interested in knowing what the vacancy rate is for our nursing staff ?

Mr. Jenkins: I will reach out to our human resources department to get an accurate rate and report back to you. I will say earlier on in the pandemic we did have a challenge with retaining our nurses but toward October/November 2020 it leveled off, but the summer months were not kind to us. I look forward to providing you that information.

• **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of March 2021 prior to the meeting.

(A copy of the February 2021 & March 2021 NOV reports is attached to the minutes.)

**Health Director’s Report
April 8, 2021**

Division/Program: Installation of Bison RAMVAC in Dental
(Accreditation Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.)

Program description:

- During the Fall of 2019, during maintenance of its RAMVAC unit, the Dental Division learned that the unit had to be replaced. (A RAMVAC is a vacuum unit intended solely for the removal of dental waste material from the oral cavity during dental procedures.)

Statement of goals:

- To ensure maintenance of clinical equipment and service areas, the Dental Division has schedules in place for servicing its equipment.

Issues

- **Opportunities**
 - The Division had identified funds to replace the Dental RAMVAC during FY’ 21.
 - After seeking, Benco provided best price for the unit. (The Division already had an established a Preventative

5 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Maintenance contract with Benco for dental carts, hand pieces, autoclaves, replacement of amalgam separator, etc.)

- **Challenges**

- When equipment work cannot be scheduled for a weekend, the clinic must close, and replacing the RAMVAC require the clinic to close for an entire day.
- There had been issues in the Dental Maintenance Room, where leaks corroded the former RAMVAC. Issues had been reported and it appears all leaks have been repaired.

Implication(s)

- **Outcomes**

- New unit was installed on February 19th.
- With proper care and maintenance, the new unit will last up to 20 years.

- **Service delivery**

- Technician from Benco came back on March 23rd to inspect the unit, and it is operating as designed.

- **Staffing-** Division Director oversaw contract and installation process.

- **Revenue** – N/A - Bison RAMVAC cost \$12,353.61 installed.

- **Other** –N/A

Next Steps / Mitigation Strategies

New unit will be serviced each Fall, and as needed.

Division / Program: Nutrition / DINE / Partnering with PE Teachers to Provide Nutrition Education

(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 DINE program provides nutrition education and cooking classes in many Durham Public Schools (DPS) schools that qualify for the program (50% or more of the school's student body qualifies for the free/reduced price lunch program).
- Typically, DINE nutritionists work with classroom teachers to provide the DINE nutrition curriculum to elementary school students. In response to the COVID-19 crisis, all DPS schools went to online learning in March of the 2019-2020 school year and continued the virtual model for the start of the 2020-2021 school year. Classroom teachers needed to prioritize core subject content instruction during the virtual school day, leaving little room for other subjects (including nutrition education). As a result, several of the DINE elementary school nutritionists partnered with PE teachers to provide the DINE curriculum during the PE block of the online school day.

Statement of goals

- To encourage daily physical activity, healthy meal and snack choices, daily consumption of water, and food safety.
- To encourage increased daily consumption of a varied assortment of fruits and vegetables.

6 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

- To reduce obesity, overweight and chronic disease risk in Durham's at-risk youth and their families.

Issues

• **Opportunities**

- PE teachers are tasked with providing health and physical education for students. During a normal school year, most of the PE block is focused on providing a weekly opportunity for physical activity to students, with health messages included. While leading students in physical activity was still possible with online learning, the model presented a new opportunity to provide more health-related curriculum to the students.
- The DINE nutrition curriculum provides content on many health-related themes including increasing consumption of a variety of fruits and vegetables, the practice of healthy habits (getting enough sleep, drinking water, daily physical activity, mindful eating and food safety practices) and healthy meal and snack choices.
- The DINE program partners with 16 eligible elementary schools in Durham and reaches close to 6,000 students in a typical school year. DPS's decision to move to online learning decreased DINE's access to students for nutrition instruction. The partnership with PE teachers allowed DINE programming to reach 1,224 students during the 2020-2021 school year, in addition to the students reached through regular (virtual) classroom instruction.

• **Challenges**

- Not all PE teachers at the 16 elementary schools served by the DINE program responded to the invitation to collaborate during online schooling.

Implication(s)

• **Service delivery**

- The PE teachers provided DINE nutritionists with a Zoom link for the scheduled classes and the nutritionists taught nutrition lessons via Zoom.
- DINE nutrition lessons were provided during PE classes at five elementary schools (Bethesda, Lakewood, Southwest, YE Smith and WG Pearson Elementary Schools).

• **Staffing**

- Four DINE elementary school nutritionists provided nutrition education in collaboration with PE teachers this school year.

• **Revenue**

- No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- These new partnerships between DINE nutritionists and PE teachers provide the opportunity for future collaborations to promote healthy habits to DPS families while meeting DINE grant deliverables.

Division / Program: Pharmacy & Health Education / Safe Syringe Program

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

7 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Program description

- On April 2, 2018, the DCoDPH Pharmacy launched the Safe Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

Statement of goals

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

Issues

• **Opportunities**

- Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
- Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
- Connect participants with community resources including treatment options, health care, and housing assistance.
- The following items are provided in the Safe Syringe Kit:
 - 10 sterile 1.0mL syringes with fixed needles
 - Alcohol swabs
 - Tourniquet
 - Condoms
 - Sharps Container
 - Additional injection supplies
 - Participant ID card
 - Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.

• **Challenges**

- Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
- Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.

Implications

• **Outcomes**

- The following statistics have been collected for January-February 2021:
 - New participants: 5
 - Total contacts: 19
 - Syringes dispensed: 410
 - Syringes returned*: ~150
 - Sharps containers dispensed: 8
 - Fentanyl strips dispensed: 36
 - Naloxone kits distributed (with SSP): 18
 - Naloxone kits distributed (non-SSP): 130
 - Naloxone reversals reported: 0
- Year-to-date statistics, FY20-21:
 - New participants: 18

8 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

- Total contacts: 74
- Syringes dispensed: 1,740
- Syringes returned*: ~500
- Sharps containers dispensed: 33
- Fentanyl strips dispensed: 159
- Naloxone kits distributed (with SSP): 70
- Naloxone kits distributed (non-SSP): 369
- Naloxone reversals reported: 1

*“Syringes returned” metric includes needles/syringes returned directly to staff regardless of usage (i.e. substance use, medical use, prescription use)

- **Service delivery**
 - Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.
- **Staffing**
 - Pharmacy, Health Education, and Bull City United team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

Next Steps / Mitigation Strategies:

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health monthly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.

Division / Program: Pharmacy/ Medication Drop Box

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

Program description

- On March 15, 2018, the DCoDPH Pharmacy partnered with Project Pill Drop to install a Medication Drop Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for unused and expired over-the-counter and prescriptions medications.

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Over-the-counter medications
 - Prescription medications
 - Prescription patches
 - Prescription ointments
 - Vitamins
 - Reduce environmental concerns caused by flushing unwanted medications.

9 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

- Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.
 - Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY20-21 Q3
 - ~50 lbs of medication disposed
 - Year-to-date statistics, FY20-21
 - ~110 lbs of medication disposed
 - Previous year statistics, FY 19-20
 - ~102 lbs of medication disposed
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Assurant Waste Disposal is contracted to dispose of the medications.

Next Steps / Mitigation Strategies:

- The drop box will be monitored regularly and emptied when necessary.
- Statistics will be monitored and reported to the Board of Health quarterly.

Division / Program: Pharmacy / Needle Disposal Box

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

Program description

- In September 2018, DCoDPH Pharmacy installed a Needle Disposal Box in the lobby of the HHS building.

Statement of goals

- To offer a safe method of disposal for used or expired needles and syringes.

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Used or expired needles and syringes
 - Used or expired medications with attached needles (i.e. Epipens)
 - Reduce environmental concerns caused by improper needle disposal.
 - Reduce accidental needle sticks caused by improper needle disposal.

10 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

- Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
- Reduce the risk of security personnel being exposed to used needles by placing the disposal box before the security checkpoint.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.
 - Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY20-21 Q3
 - ~11,240 needles/syringes returned
 - Year-to-date statistics, FY20-21
 - ~36,530 needles/syringes returned
 - Previous year statistics, FY20-21
 - ~57,605 needles/syringes returned
- **Service delivery**
 - Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
 - General Services installed the drop box in the HHS lobby with input from Security and General Services.
- **Staffing**
 - Pharmacy staff will regularly monitor the drop box and empty when necessary.
 - Piedmont Biomedical is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

- The disposal box will be monitored regularly and emptied when necessary.
- Statistics from the Needle Disposal Box will be monitored and reported to the Board of Health quarterly.

Division / Program: Population Health / Epidemiology

(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.

Program description

The COVID-19 vaccine data distribution dashboard provides information on vaccine doses administered to Durham County, NC residents. The dashboard is updated weekly with information regarding vaccine completion percentages, vaccination provider sites, demographics and spatial mapping.

Statement of goals

- Provide accurate and timely data regarding Durham County COVID-19 vaccine distribution.
- Provide COVID-19 vaccine data and resources for Durham County residents.
- Provide COVID-19 vaccine data in an interactive format that is easy to understand.

11 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Issues

- **Opportunities**
 - Provide data to the media, stakeholders, partners, elected officials and community residents.
 - Provide a clear and comprehensive picture of Durham County residents being vaccinated and where.
 - Analyze data to track disparities in vaccine distribution and develop strategies to address them.
- **Challenges**
 - Data is obtained from an outside source, the North Carolina Department of Health and Human Services on a weekly basis.

Implication(s)

- **Outcomes**
 - March 2021 Vaccine Distribution Webpage Analytics
 - Total webpage visits- 1,451
 - Unique Page Views 1,233
 - Average time on Page, 3 Minutes 7 seconds
- **Staffing**
 - The Durham County Department of Public Health epidemiologist maintains the site. Durham County IS&T assists with troubleshooting issues.
 - The Population Health Division Director, epidemiologist and Durham County IS&T analyst worked together to develop the look and features of the site. The Durham County IS&T analyst built the dashboard.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to update the dashboard on a weekly basis with new data and update features and information as needed.
- Develop tailored strategies for equitable vaccine distribution based on Durham County vaccine data.

Division / Program: Population Health / Epidemiology

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

Program description

A Community Health Assessment (CHA) is a process by which community members and stakeholders gain an understanding of the health issues that affect their county by collecting, analyzing and sharing information about community assets and needs. The process results in the selection of community health priorities. The 2020 CHA document was created as a collaboration among the Partnership for a Healthy Durham, the Durham County Department of Public Health and Duke Health.

Statement of goals

- Provide a comprehensive set of valid and reliable information about the health of the Durham community
- Meet the standards related to Community Health Assessment established by (a) the North Carolina Local Health Department Accreditation Board.
- Meet the requirements of the Federal Patient Protection and Affordable Care Act (ACA), one of which requires hospital

12 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

systems to conduct a Community Health Assessment every three years.

Issues

- **Opportunities**

- Provide data and context regarding disparities to the stakeholders, partners, elected officials and community residents.
- Provide a clearer picture of what impacts health in Durham County.
- Focus intentionally on equity.
- Include a new chapter on climate change and a more inclusive history of Durham County.

- **Challenges**

- Balancing completing the 2020 CHA with COVID-19 response.
- Communicating results in virtual or electronic formats, without being able to gather in person.
- Postponing the listening sessions from spring 2020 to spring 2021 due to COVID-19.

Implication(s)

- **Outcomes**

- The final report is 524 pages with 15 chapters and 50 sections.
- This Community Health Assessment has 117 authors, some of whom also assisted with the survey. Volunteers and writers represent local government, health care systems, colleges and universities, community-based organizations and non-profits in sectors of physical and mental health, transportation, education, housing, research, food access, planning, environment and more. 117 authors for the report
- The 2020 assessment process included 612 resident surveys in County wide and Hispanic or Latino neighborhood samples. The County wide survey sample size was doubled in 2019 to analyze data by race and ethnicity for the first time.
- Durham's community survey was carried out by 243 community volunteers, Partnership members and staff from the Durham County Department of Public Health and Duke University.

- **Staffing**

- The Partnership for a Healthy Durham Coordinator led the process and compiled the final draft of the 2020 CHA.
- The epidemiologist planned and led the CHA survey process in 2019.
- The Public Health Director reviewed and edited half of the 2020 CHA chapters and sections.
- Many health department staff participated in the process as survey volunteers and writers throughout the process.

- **Revenue**

- None

Next Steps / Mitigation Strategies

- Completion of a one-month comment period for the 2020 CHA on April 5, 2021.
- Make final edits to the 2020 CHA by mid-April.
- Publicize CHA results to the community.

13 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

- Hold virtual community listening sessions in April and May 2021.
- Create Community Health Improvement Plans (CHIPs) around Durham County's top health priorities using data, community input and information from the 2020 CHA.

Division / Program: Health Education & Community Transformation / Regional Tobacco Prevention and Control

(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; Accreditation Activity 10.3: The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description:

- Durham County Department of Public Health is now the host for the Region 5 Tobacco Prevention Manager position. On December 14, 2020, Natalie Rich, MPH, was hired to fulfill this role.
- This position provides tobacco prevention policy and program expertise and assistance to the eight counties of Region 5: Durham, Chatham, Orange, Alamance, Guilford, Rockingham, Caswell, and Person.

Statement of goals:

- The goals of this position are outlined by the Centers for Disease Control and Prevention (CDC) grant that funds the position and are as follows:
 - Prevent the initiation of smoking and other tobacco use
 - Eliminate exposure to secondhand smoke
 - Help tobacco-users quit; and
 - Identify and eliminate tobacco-related health disparities among N.C. populations and communities
- The Region 5 Manager is currently focusing on the third and fourth goals as priorities for this fiscal year.

Issues:

- **Opportunities**
 - Positions Durham County as a leader in tobacco prevention in Region 5 and in the state of North Carolina
 - Provides an opportunity to replicate the program and policy successes of Durham in other counties
- **Challenges**
 - COVID-19 presents a challenge in mobilizing any tobacco prevention efforts because so many agencies are focused on immediate COVID-19 response
 - Tobacco prevention policies and programs often face resistance in tobacco-producing states like North Carolina

Implication(s):

- **Outcomes**
 - Evaluation efforts will focus on two priority goals: helping tobacco users quit and identifying and eliminating tobacco-related health disparities.
 - The outcome related to helping tobacco users quit is to increase utilization of the NC Quitline, 1-800-QUIT-NOW, an evidence-based statewide telephone counseling service that

14 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

helps NC residents quit tobacco. Baseline number of NC Quitline calls for Region 5 (December 2020): 91.

- The outcome related to eliminating tobacco-related health disparities is that all health facilities that receive any Medicaid funds will successfully implement a tobacco-free policy, in accordance with Medicaid transformation requirements.
- **Service delivery**
 - The Region 5 Manager is not permitted to provide direct service to tobacco users trying to quit (examples of direct service: one-on-one quit coaching, tobacco cessation classes). The position is focused on implementing policies and helping agencies and health facilities adopt and/or improve tobacco prevention and intervention programs.
 - To increase the utilization of the NC Quitline, the Region 5 Manager has partnered with Radio One (97.5, 103.9 The Light, and Foxy 107.1) to implement a radio and digital ad campaign. To date, the radio ads have played over 110 times and the digital ads have had 45,000+ impressions. The campaign will continue through May 2021.
 - To assist health facilities in successfully implementing tobacco-free policies in accordance with the new Medicaid requirements, the Region 5 Manager has partnered with Alliance Health to develop and deliver a “Tobacco Treatment and Nicotine Replacement Therapy” [training](#) for behavioral health providers. To date, 217 behavioral health providers have attended the trainings.
- **Staffing**
 - The Region 5 Manager is employed by DCoDPH and works closely with a Region 5 Collaborative Team of health providers throughout the region. The Manager also works closely with the NC Tobacco Prevention and Control Branch.
- **Revenue**
 - This position is funded by the Center for Disease Control and Prevention and is administered through the NC Tobacco Prevention and Control Branch.

Next Steps / Mitigation Strategies

- Continue to promote NC Quitline, and other evidence-based tobacco treatment programs throughout Region 5.
- Continue to provide expertise and assistance to health facilities implementing a smoke- or tobacco-free policy.
- Work with the Region 5 Collaborative Team and Region 5 county leadership to identify and implement tobacco prevention policies.

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

(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:

- The Adverse Childhood Experiences (ACEs) and Resilience Coordinator was hired in August 2020. In this position, Jess Bousquette supports the activities of the Durham Adverse Childhood Experiences and Resilience Taskforce (DART), contributes to the development of the Durham Early Childhood Action Plan, and works to increase trauma-informed care within the Department of Public Health.

15 A Regular Meeting of the Durham County Board of Health, held April 8, 2021.

Statement of goals:

- Guide the adoption of the Durham Adverse Childhood Experiences and Resilience Action Plan
- Develop strategic goals for Durham County Public Health related to adverse childhood experiences, trauma-informed care, and resilience
- Develop a resource development approach for Durham County Public Health to contribute to ACEs and Resilience work

Issues:

- **Opportunities**
 - There is community and institutional energy around early childhood and trauma-informed care.
 - A UNC Chapel Hill Injury Prevention Research Center program – the ACEs and Suicide Prevention in a Remote Environment (ASPIRE) Learning Collaborative – has provided a forum for planning and engagement between Public Health (ACEs and Resilience), Cooperative Extension (Durham's Early Childhood Coordinator and Welcome Baby), the Department of Social Service (CPS In-Home & Prevention), and Durham Office on Youth.
 - DART membership is expanding, and there is a desire to define the Taskforce's role and scope more clearly.
- **Challenges**
 - The process of defining DART's role, scope, and vision with additional community input rightfully requires additional time and may slow the process of finalizing an implementation plan.
 - The Adverse Childhood Experiences and Resilience Coordinator has been working full-time on COVID-19 vaccination scheduling, January – March 2021.

Implication(s):

- **Outcomes**
 - The Durham ACEs and Resilience Taskforce has met five times since October after a 7 months hiatus due to COVID-19 and staffing limitations.
 - The Durham ACEs and Resilience Coordinator has actively contributed to the development of the Durham Early Childhood Action Plan through the Safe and Nurtured Work Group. She is currently actively involved in the Child and Family Social-Emotional Health, Mental Health, and Resilience Action Team.
- **Service delivery**
 - In partnership with the Deputy Health Director and Director for Health Education and Community Transformation, the ACEs and Resilience Coordinator co-presented on secondary traumatic stress and burnout to DCoDPH supervisors in December 2020.
 - The ACEs and Resilience Coordinator initiated a contract with the Exchange Family Center to support parental resiliency through the Community Resilience Model to address familial stress related to the COVID-19 pandemic. Additionally, the contract provides support to meet emergency needs of families which drive parental stress.
 - The Early Childhood Action Plan is expected to be released in June 2021.
- **Staffing**
 - The ACEs and Resilience Coordinator is a new, full-time County position as of this fiscal year.
 - The Health Education Office Assistant supports monthly DART meetings for 2.5 hours a month.

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- The Director of Health Education & Community Transformation supports strategic direction and community engagement for DART approximately 5 hours a month.
- **Revenue**
 - The County's Adverse Childhood Experiences and Resilience efforts do not provide any revenue generating programs nor receive any grant funds currently.

Next Steps / Mitigation Strategies:

- This summer, a graduate public health student will be hired as an Adverse Childhood Experiences and Resilience Evaluation Fellow to develop a plan to evaluate ACEs and resilience work within DCoDPH and DART.
- The ACEs and Resilience Coordinate will continue guiding the finalization of DART's mission, vision, and values with a goal to plan for meaningful, sustained community engagement in DART.
- The ACEs and Resilience Coordinator will continue meeting with the County's Early Childhood Coordinator about strategic alignment of Durham County's early childhood work and ACEs work.

COMMITTEE REPORTS: There were no committee reports.

OLD BUSINESS: There was no old business discussed.

NEW BUSINESS:

● **BUDGET RATIFICATION**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$753,843.00 from the North Carolina Department of Health and Human Services Division of Public Health, Women's and Children's Health Section/Immunization Branch.

This grant provides funding to the Local Health Department (LHD) to help support activities associated with COVID-19 mass vaccination planning and implementation.

Mr. Curtis made a motion to approve the budget ratification in the amount of \$753,843.00. Ms. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

● **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$2,574,826.00 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are to be used to enhance laboratory testing capacity, increase workforce by hiring temp staff, support epidemiology/surveillance activities, expand informatics, improve surveillance and reporting of electronic health data, coordinate and engage with partners, and provide lodging and wrap-around services as described for individuals while under state or federal quarantine and isolation orders

Please note that this amendment requires no additional County funds.

Dr. Braithwaite made a motion to approve the budget amendment in the amount of \$2,574,826.00. Dr. Jackson seconded the motion and the

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

- **AGENDA ITEMS JUNE 2021 MEETING**
 - Duke follow-up for previously hospitalized COVID patients with regard to adverse-affects.
 - COVID variants Update

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Jackson: I just want to give a "Thank You" and express tremendous gratitude to the Durham County Department of Public Health Staff, led by Mr. Rod Jenkins. You'll have been phenomenal. Congratulations and "Happy Public Health Week".

Dr. McDougal made a motion to adjourn the regular meeting at 5:53pm. Dr. Jackson seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.



Eric Ireland, MPH, RS, Chairman



Rodney E. Jenkins, Public Health Director