

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 February 10, 2022 with the following members present:

Rosemary Jackson, MD; Spencer “Spence” Curtis, MPA, BS; Mary Braithwaite, MD, MSPH; James Miller, DVM; Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Commissioner Nida Allam; Josh Brown; Victoria Orto, DNP, RN, NEA-BC; and Anthony Gregorio, MBA

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Attorney Bryan Wardell, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Lindsey Bickers-Brock, Marissa Mortiboy, Hattie Wood, Josee Paul, Dr. Jeff Jenks, Savannah Carrico, Alecia Smith, Liesel West and Darlana Moore

CALL TO ORDER: Chair Rosemary Jackson called the virtual meeting to order at 5:00 p.m. with a quorum present.

Chair Jackson welcomed the new Board of Health member, Mr. Anthony Gregorio. The Board of County Commissioners appointed Mr. Gregorio in the vacant “At Large” position on Monday, January 24, 2022.

Mr. Gregorio: Good afternoon, my name is Anthony Gregorio I have a background in Public Health and Healthcare Finance and Advisory. I’ve worked at Duke Regional, Duke Hospital and currently at Healthcare supplier company in Cary, North Carolina. I am looking forward to leveraging my background into providing equitable healthcare outcomes to the team. I am very proud to be on the board.

The board members welcomed Mr. Gregorio and introduced themselves and provided their years of service on the Board of Health.

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

Dr. Rhea made a motion to accept the agenda. Mr. Curtis 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. Rhea made a motion to approve the minutes for December 9, 2021. Mr. Curtis 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:

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Josee Paul, Allied Health Division Director

Ms. Paul began her role as Allied Health Division Director February 7, 2022. She brings several decades of clinical laboratory experience, including many years working in leadership and supervision roles, as well as work in public health. She comes most recently from a UNC clinical area and is skilled in using Epic.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

2019 Youth Risk Behavior Survey Report (*Activity 9.1*)

Savannah Carrico, Public Health Epidemiologist provided an overview of 2019 Youth Risk Behavior Survey Results and next steps in the process.

The Durham County Youth Risk Behavior Survey (YRBS) is a part of a national school-based survey produced by the Centers for Disease Control and Prevention (CDC) and administered every other year by the Durham Public Schools (DPS). The purpose of this survey is to assess health risk behaviors that can contribute to injury and leading causes of death among the adolescent population.

The YRBS measures specific behaviors that fall into six categories:

1. Behaviors that contribute to unintentional injuries and violence
2. Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
3. Alcohol and other drug use
4. Tobacco use
5. Unhealthy dietary behaviors
6. Inadequate physical activity

The results are often used by state and local education and public health officials to develop and track goals, seek funding for programs, implement strategies, and inform policies that promote prevention and health promotion among youth.

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

QUESTIONS/COMMENTS:

Chair Jackson: Thank you Savannah, that was really good information and quite interesting. I do have one question, in the metric regarding suicidal ideations, the difference in the races was “huge”, the biggest gap I saw amongst the others. Have we had any completed suicides in the school system?

Ms. Carrico: I don’t know the answer to that but will be happy to look into that for you.

Dr. McDougal: I have a question. I noticed that females reported to be more likely to be bullied and to report alcohol use. Do you have any rationale for why we are seeing that as opposed to males?

Ms. Carrico: I don’t know but there was a difference among the sexes for that; the literature probably has more information again I will be happy to look into that for you.

Chair Jackson: Thank you again Savannah for that report. It’s really going to be interesting to compare the data for 2021.

PUBLIC HEALTH VACANCY REPORT (*Activity 37.6*)

The board received a copy of the vacancy reports through the end of December 2021 and January 2022 prior to the meeting. The vacancy rate for December 2021 was 17.0% and 14.9% for January 2022.

(Copies of December 2021 & January 2022 Vacancy reports are attached to the minutes.)

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 January 2022 prior to the meeting.

(Copies of the December 2021 & January 2022 NOV reports are attached to the minutes.)

HEALTH DIRECTOR'S REPORT

February 11, 2021

Division / Program: Public Health / Environmental Health Accreditation Activities -10.0: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups. 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

Environmental Health Requirements and Recommendations for food service facilities operating in a COVID-19 environment (does not include MFUs):

- NC DHHS introduced guidance in the form of requirements and recommendations for restaurant operations during the COVID-19 pandemic and tasked local Environmental Health programs with educating owners/operators and their staff with the goal of gaining a high level of compliance.
- The requirements and recommendations were, and continue to be, linked directly to the Governor's executive orders.

Statement of goals:

- Provide a safer environment for restaurant patrons and employees.
- Increase public confidence and patronage, thus helping to sustain the food service industry while maintaining employment at highest possible levels.
- The primary goal of these educational and compliance activities was, and continues to be, reduction in the spread of COVID-19.

Issues:

- **Opportunities**
 - County providing a valuable service to the community
 - Development of new and effective partnerships with the City Attorney's office, UNC Health Ambassadors, and Duke's Greenlight organizations.
 - Seize opportunities to provide extremely valuable information regarding testing and management of COVID-19 exposure as well as positive cases identified within food service workforces.
- **Challenges**
 - Manpower management
 - Staff burnout and fear
 - Reduced staffing levels due to other aspects of COVID-19 response requiring Environmental Health involvement (surveillance, screening, vaccination, etc.).

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Implication(s)

- **Outcomes**

- From April 1, 2020 through January 31st, 2021 the Environmental Health team performed 1,751 food service inspections and visits. Every inspection or visit incorporated review of the most up to date requirements, guidance and recommendations as set forth by NC DHHS for establishing a safer operating environment regarding COVID-19. *It should be noted that this data does not include visits made solely for food code compliance verifications nor does it include inspections or visits for Mobile Food Units.*
- A random sample of the average number of staff currently employed by a food service establishment (restaurants in Durham County) was taken. The result was 12 employees per establishment (*does not include MFUs). Based on this random sample and documented activity data, the Environmental Health team potentially helped educate and guide 21,012 food service workers as they navigated their way through the challenging day to day operations of food service in the current pandemic.
- Increased communications and improvement of relationships between the Environmental Health division and Durham County owners/operators and their staff.
- Helped keep countless food service businesses open and thus preserved current and future employment for thousands of Durham residents.
- Undoubtedly reduced the spread of COVID-19 thus improving public health for all.

- **Service delivery**

- Owners/Operators and their staff are more confident in their knowledge and abilities to deal with operating in a COVID-19 environment.

- **Staffing**

- All available General Inspections staff contributed to this effort and will continue to do so. Vacancies and redirection of staff to other response efforts impacted performance level but staff should be commended for their dedication and accomplishments. This is not to be taken lightly as Environmental Health staff were, and continue to be, in the field and on the front lines. They are fully aware that their daily activities place them at personally higher risk than most, yet they continue to serve their community.
- Surveillance and cluster teams and EH field staff developed a close working relationship and are in constant communication regarding outbreaks, clusters, cases, and exposures. This allows staff to adjust activities as necessary to help control their risk levels.

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- **Revenue**
 - No revenues associated with this activity

Next Steps / Mitigation Strategies

- Continue providing education and guidance while obtaining a high level of compliance regarding standard food code regulations as well as those required to operate safely in a COVID-19 pandemic.

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.

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 November-December 2020:
 - New participants: 7
 - Total contacts: 23
 - Syringes dispensed: 460
 - Syringes returned*: 0
 - Sharps containers dispensed: 7
 - Fentanyl strips dispensed: 41
 - Naloxone kits distributed (with SSP): 20
 - Naloxone kits distributed (non-SSP): 71
 - Naloxone reversals reported: 0
 - Year-to-date statistics, FY20-21:
 - New participants: 13
 - Total contacts: 55
 - Syringes dispensed: 1,330
 - Syringes returned*: ~4350
 - Sharps containers dispensed: 25
 - Fentanyl strips dispensed: 123
 - Naloxone kits distributed (with SSP): 52
 - Naloxone kits distributed (non-SSP): 214
 - 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.
 - 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 Q2
 - ~40 lbs of medication disposed
- Year-to-date statistics, FY20-21
 - ~60 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.

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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.
 - 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 Q2
 - ~5,620 needles/syringes returned
 - Year-to-date statistics, FY20-21
 - ~25,290 needles/syringes returned
 - Previous year statistics, FY20-21
 - ~57,605 needles/syringes returned

Division / Program: Nutrition/DINE EATS Garden Kits
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.

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- DINE works with Durham Public Schools (DPS) and community organizations on Farm to School initiatives to promote local food/agriculture, school gardens, and healthy eating.
- Since March 2020, DINE has collaborated with several Farm to School partners on the Educational Activities Together (EAT) collaboration to provide continued learning opportunities while students are attending school virtually.
- As part of the EAT collaboration, “Grow at Home” garden kits were developed for families to grow their own food at home. The kits fit in gallon size zip-top bags and contain seeds, compost, growing instructions and nutrition education reinforcements such as a cooking magazine and nutrition themed pencil.

Statement of goals

- To reinforce DINE’s nutrition education and behavior change goals, especially focusing on increasing consumption of fruits and vegetables.
- To teach students and families how to grow their own food at home.
- To provide a wellness activity for families to complete together.
- To provide a learning activity for teachers to use that aligns with academic standards across a variety of subjects.

Issues

- **Opportunities**
 - The garden kits encourage schools to continue Farm to School and school garden activities even without using a shared garden space together. This will help maintain the momentum built around these initiatives so they can continue when in-person learning returns.
 - Producing the kits strengthened relationships with community partners. Collaboration on this project allowed a broader reach and more comprehensive product than could have been achieved with just the DINE staff.
 - DINE is able to offer an additional learning opportunity for its partner schools. This is especially important during this time, as each school has varying needs and interests for virtual learning.

- **Challenges**
 - Distribution of the kits has been a challenge due to virtual learning. Some schools have added the kits to another school distribution event such as school supplies or school meals. Yet, some schools have indicated that distribution is a barrier to utilizing the kits.
 - Understanding the needs of individual schools is more challenging during virtual learning. DINE and its EAT partners have developed a garden request form where schools can share specific needs such as curriculum or resources, so that appropriate supplemental materials can be provided.

Implication(s)

- **Outcomes**
 - 3289 garden kits have been distributed to 44 school, childcare, and community sites from May 2020-January 2021.
 - A \$4,000 grant from North Carolina Farm to School was secured to help fund this project. This grant provided rapid response funding focused on Farm to School projects related to COVID-19 school closures. The DPS Hub Farm and Farmer Foodshare applied for the grant. DINE assisted with grant writing and coordination. The funds supplied seeds, compost,

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packing materials, and additional nutrition educational reinforcements.

- **Service delivery**
 - DINE played a main role in developing the Grow at Home garden kit idea, creating the instruction and education sheet, and facilitating outreach.
 - DINE provided educational reinforcements for the garden kits.
 - DINE staff played a main role in assembling the garden kits.
 - DINE coordinated garden kit distribution with partner schools and community sites and also offered consultation to help teachers and staff utilize the kits in their curriculum.
- **Staffing**
 - Two DINE nutritionists have led this project through initiation, planning, execution and evaluation.
 - Five DINE nutritionists have supported this project through school outreach and assisting with kit assembly.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE will continue to participate in the EAT collaboration with community partners.
- DINE staff is currently planning how to make the Grow at Home kits part of regular service delivery when school returns to in-person learning.

Division / Program: Nutrition / DINE in Early Care and Education (ECE) Covid-19 Novel Food Distribution Program

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

Program description

- DINE, in collaboration with PORCH-Durham, Inter-Faith Food Shuttle (IFFS) and Durham Public Schools (DPS) started a novel food distribution program at Community Preschool at Lakewood, a local childcare center.

Statement of goals

- To improve food security of young children and families attending this childcare center.
- To facilitate partners working together to quickly address a community need.
- To ensure Covid-19 safety precautions were implemented into the food distribution program.

Issues

- **Opportunities**
 - Childcare centers offer opportunities to address food insecurity as families are already going regularly to the centers and have strong relationships with staff.
- **Challenges**
 - The Covid-19 pandemic has increased the number of children and families experiencing food insecurity.
 - It is hard to identify families living with food insecurity in a dignified way that avoids stigma. Some families may not feel comfortable asking for help.

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Implication(s)

- **Outcomes**
 - Over twenty families are receiving food bags that contain shelf-stable and fresh foods each month.
 - PORCH-Durham was able to commit to supplying ongoing grocery gift cards and shelf-stable foods.
 - IFFS committed to providing fresh produce grown in DPS gardens that was not being used due to school closures.
 - DINE worked with Community Preschool at Lakewood to implement a monthly drive-thru food distribution system that ensured Covid-19 safety precautions.
 - DINE staff are providing recipes for potentially unfamiliar foods.
- **Service delivery**
 - PORCH-Durham and IFFS provide monthly deliveries to the school and staff distribute the food to the families in a contactless drive through.
- **Staffing**
 - Two DINE staff help coordinate and facilitate the program.

Division / Program: Nutrition/DINE/Partnership with Durham Public School Nutrition Services for NC Crunch and Dairy December Promotions

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 provides nutrition education to SNAP-eligible students through classroom instruction and promotions in the school cafeteria as part of an ongoing partnership with Durham Public Schools (DPS) and School Nutrition Services (SNS).
- During this period of virtual learning and school meal distribution, DINE has continued promoting healthy food choices to DPS students and families by providing themed virtual events, digital content and distribution of hard copy materials. Two recent promotions were carried out in collaboration with SNS:
 - NC Crunch was celebrated in October 2020 to encourage fruit and vegetable consumption. NC Crunch is an annual event highlighting National Farm to School Month and celebrating North Carolina agriculture, school meals and healthy eating by encouraging participants to crunch into an apple on a specific day (October 21, 2020) (<https://growing-minds.org/north-carolina-crunch/>).
 - A “Dairy December” promotion was carried out in December 2020 to encourage the consumption of milk.

Statement of goals

- To encourage participation in the school meals program.
- To increase the nutrition knowledge of DPS students and their families.
- To continue community collaboration and partnerships across DPS during the COVID-19 pandemic.

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Issues

- **Opportunities**
 - Many families receiving school meals have requested information on how to use the quantity of milk they receive with the meals.
 - DINE has been able to continue to reach DPS students and families during remote learning by distributing hardcopy materials through the SNS school meals program and virtual content through emails to DPS schools.
 - DINE has been able to extend its reach by sharing its YouTube video content at the DPS district level.
- **Challenges**
 - Due to the logistics of including paper handouts with school meals, DINE and SNS have agreed to limit the frequency of hardcopy material distribution to not overburden the hardworking SNS staff.
 - It is challenging to track how many students and families are utilizing the content.

Implication(s)

- **Outcomes**
 - 4,250 NC Apple Crunch flyers were distributed with apples at DPS meal sites in October 2020, and 4,250 Dairy December handouts were distributed with school meals in December 2020.
 - DINE's [Apple Crunch video](#) has been viewed 272 times to date, while DINE's four Dairy December cooking videos have a total of 444 views.
 - The partnership with SNS has allowed DINE to continue its efforts in providing DPS students and families nutrition information, promoting a healthy home environment and encouraging participation in school meals.
- **Service Delivery**
 - DINE and SNS partnered to promote NC Crunch 2020.
 - SNS included fresh locally grown apples with school meals.
 - DINE created an NC Apple Crunch flyer, which encouraged students to crunch into apples, take pictures with their families and share on DPS social media. The flyer also provided apple nutrition information and promoted the NC Farm to School calendar art contest.
 - NC Crunch 2020 was promoted on social media and through an email sent to DINE schools. Virtual classrooms were also encouraged to participate in the Apple Crunch.
 - DINE created an [Apple Crunch video](#) that was shared with DINE partner schools and posted to the DPS district Wellness Wednesday website.
 - DINE and SNS partnered to promote "Dairy December".
 - DINE created a Dairy December handout, which included three recipes using milk as an ingredient, milk nutrition information, and ideas for other ways to use milk.
 - DINE filmed weekly cooking videos featuring the recipes in the Dairy December handout, as well as trivia questions about milk, which were posted on [DINE's YouTube channel](#) and shared with DINE partner schools and posted to the DPS district Wellness Wednesday website.
 - An e-mail was sent to DINE schools, encouraging students and families to cook together and participate in the school meals program.
- **Staffing**
 - 8 DINE nutritionists helped create and distribute the promotional content.

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- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE will continue to work with DPS and SNS to promote healthy eating and encourage participation in the school meals program.

Next Steps / Mitigation Strategies

- Expand the program to other childcare centers.
- Perform an evaluation and use the results to improve the program. Continue to follow up with all organizations to see what is needed, lessons learned, and success stories.

Division / Program: Health Education & Community Transformation / Health Education & Community Transformation Division / Durham Joins Together to Save Lives Task Force Accreditation Activity11.1:
The local health department shall participate in a collaborative community steering committee to identify health issues and needs.

Program description:

- In May 2018, the Durham County Department of Public Health (DCoDPH) received a technical assistance grant from the University of North Carolina (UNC) School of Government and the Blue Cross Blue Shield of North Carolina Foundation (BCBS) dedicated to mitigating the opioid crisis in Durham County. This grant facilitated the creation of the Durham Joins Together to Save Lives (DJT) task force, a cross-sector collective impact collaborative working to address the opioid epidemic in Durham. The Durham County Department of Public Health plays a significant role as a member of the DJT Task Force.

Statement of goals:

- Goal: Eliminate substance misuse and overdoses in Durham
Objective: By 2023 decrease EMS identified overdoses by 20%.
- Goal: Create a continuum of support
Objective: By 2019 increase access to MAT by 100%
- Goal: Facility-based Detox Recovery Centers
Objective: Build a second facility by 2022.

Issues:

- **Opportunities**
 - DJT leverages different knowledge, skills, and experiences from across the county, working together in committees focused on mental health and treatment, prevention and education, data, and policy. Collaboration helps the task force make a targeted impact and avoid duplicating efforts.
 - Many of the members of DJT have worked with those suffering from substance or opioid use disorder for years on treatment, prevention, education, and harm reduction efforts, including Alliance Health Care, Together for Resilient Youth (TRY), the Recovery Resource Center (RRC), Duke University and Health System, and Durham County Emergency Medical Services (EMS).

- **Challenges**

- Several programs focusing on prevention and treatment of Opioid Use Disorder (OUD) have been implemented as a result of the work of the DJT Task Force, its committees and

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community partners. Many of these programs are supported by grant funding. Sustainability of these programs beyond current funding cycles is a concern of the Task Force. Policy-level change is key to institutionalizing programs for long-term sustainability. The Policy Committee has been discussing types of policy (Big P-legislative and Little p-institutional), DJT Task Force could possibly influence.

- Finding information relevant to the county's unique patient demographics presented a challenge. Durham is the only NC county reporting a higher rate of overdose in a minority population. The Data Sub-Committee provided assistance to the DJT Task Force to increase understanding of existing data resources that monitor the substance use crisis in Durham to include Durham county (EMS), various Duke projects, State resources (NC DHHS IVP Branch).

Implication(s):

- **Service delivery**
 - Prevention and Education – Produces a Substance Use Report for Durham County. Features data on substance use by adults and young people and what is happening at the community level. Together for Resilient Youth (TRY) generates this report every 2-years. Also hired and trained 22 Whole Health Ambassadors (Community Health Workers-CHW's) in order to reach at risk individuals in Durham with prevention messaging. Finding information relevant to the county's unique patient demographics presented a challenge. Durham is the only NC county with a higher rate of overdose in a minority population. When thinking about data, it is important to understand that prevention strategies should be targeted to populations most at risk. The committee has worked to create messaging that resonates with black people, to help educate about naloxone, harm reduction, and removing stigma.
 - Mental Health/Treatment - Encouraged a team focus on the opportunity to offer support for people released from the hospital emergency department and help individuals succeed after overdose treatment. Individuals meet with peer support specialists and engage in treatment if they are ready for it. The committee also succeeded in making Medication Assisted Treatment available in the Durham County Detention Center and ensuring incarcerated people are given information about Naloxone and Naloxone kits upon release.
 - Data - Was originally a standalone committee but now is integrated into Prevention and Education and Mental/Health Treatment Committees. Focus has been on collecting data for the progress report for the Community Linkages to Care grant (CLC) and collecting both quantitative and qualitative data from persons seeking services from Durham Recovery Response Center (DRRC).
 - Policy - intends to take a more active role moving forward and help DJT partners focus on areas for policy change at the local, state and national level to address identified racial and economic disparities and inequities linked to substance and medication misuse. This committee is also focusing on identifying sustainability opportunities for the DJT Task Force.

● **Staffing**

- 1 Program Coordinator for the Community Linkages to Care program
- 1 DCoDPH Injury Prevention Public Health Education Specialist

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- Other representation from DCoDPH on the DJT Task Force and committees
- **Revenue**
 - As a member of the DJT Task Force, DCoDPH applied for and received the following grant awards:
 - RFA A-361 Emergency Overdose: Local Mitigation of Opioid Crisis= \$98,530.00
 - RFA A-491 Community Linkages to Care for Overdose Prevention and Response=\$275,000.00

Next Steps / Mitigation Strategies:

- The UNC-SOG grant has ended. Durham was one of eight communities funded for \$20,000 over 2 years, to assess and find solutions for opioid overdose. All eight committees are still intact, and coordinators still meet to discuss work. The committees of the DJT Task Force are still active and although meetings in 2020 have not been scheduled quarterly, the DJT Task Force has been meeting virtually.

COMMITTEE REPORTS:

PERSONNEL COMMITTEE REPORT: (Activity 37.3)

Dr. Braithwaite reported that the Health Director's Survey has re-opened for responses. Dr. Braithwaite asked that everyone respond in the next 1-2 weeks. The survey is administered to provide feedback to the Board as part of the health director's annual evaluation.

The personnel committee was also tasked to review and update the Operating Procedures for the Board to include a process for addressing complaints. The personnel committee meet with Human Resource Director to provide guidance in addressing complaints that are sent directly to the board. We have a proposed process that we would like the board to review and vote on at the next board meeting.

Proposed Process for Addressing Complaints:

With the exception of patient care complaints, all complaints shall be sent to the Durham County Human Resources Department (HR) for review and assessment.

- a. Complaints regarding personnel issues received by the Board shall first be sent to the personnel committee who will review and forward them to HR for guidance and next steps, where applicable,
- b. Complaints regarding non-personnel related issues shall first be sent to the Board Chair who will review and forward them to HR for guidance and next steps, where applicable,
- c. Once the personnel committee or Board Chair receives guidance and next steps from HR, the Board shall be apprised.

QUESTIONS/COMMENTS:

Attorney Wardell: Just a point of clarification, Kathy Everett-Perry is the Human Resource Director and is also an attorney but her representation is through HR. The document should be vetted through the County Attorney's office.

Dr. Braithwaite: Thank you Attorney Wardell, we can discuss next steps in getting it vetted through your office so we can vote on an approved document at the next meeting. The other members of the committee are Dr. Victoria Orto and Dr. Jim Miller and Dr. Jackson as Ex-officio.

Dr. Jackson: I want to thank the committee for the time and effort put into revising the procedures.

PERSONNEL COMMITTEE APPOINTMENT (Activity 37.3)

Dr. Roger McDougal was appointed as an additional member to serve on the personnel committee. The personnel committee consist of Dr. Mary Braithwaite, Dr. Victoria Orto, Dr. Jim Miller and Dr. Roger McDougal. Dr. Braithwaite will act as Chair and Dr. Jackson will act as Ex-Officio.

• **FINANCE COMMITTEE APPOINTMENT**

Mr. Anthony Gregorio was appointed as an additional member to serve on the finance committee. The finance committee consist of Dr. Mary Braithwaite, Dr. Gene Rhea, Joshua Brown and Anthony Gregorio. Dr. Braithwaite will act as Chair and Dr. Jackson will act as Ex-Officio.

OLD BUSINESS:

• **COVID UPDATE:**

Mr. Rodney Jenkins, Public Health Director provided the board with an update on the current confirmed COVID-19 cases in Durham County. (*A copy of the PowerPoint Presentation is attached to the minutes.*)

QUESTIONS/COMMENTS:

Dr. Braithwaite: I have a question. That was very helpful information Director Jenkins. One thing that struck me was that the death age is 72.9 or greater. I would like to know if we could consider a campaign to boost that age group in order to help reduce the deaths even further? In my field of expertise in pediatrics we have targeted campaigns. Is there a way for us to make sure that our seniors are getting their boosters?

Mr. Jenkins: That's a fantastic question and a great idea I will say this it would probably be a short-lived campaign because our 65 and older population is at 90.1% fully vaccinated but I know you're talking about boosters. If I pulled the data for boosters, it's not as high as 90% but it's up there. The deaths that we're seeing with that population are unvaccinated but we certainly will talk with our vaccination team. We are also working with the Department of Health & Human Services to reach the folk who didn't come back for the 2nd dose of vaccine or booster.

Attorney Wardell: I also represent the planning department and until recently they were only holding virtual meetings. There is discussion about having a large hearing in May 2022 and my concern is that it's an in-person meeting. How do we coordinate that if we are still in a state of emergency, none of the requirements would necessarily apply if you have a virtual meeting but if you have a "live" meeting you just have to social distance and such; is that a discussion that I need to pull you in on in terms of how we structure that particular meeting if they decide to have it. I know there has been some discussion with the Mayor but none with the county and it's a joint city-county department. So is that something I need to pull you into?

Mr. Jenkins: Absolutely. I did receive a text from General Manager Jay Gibson to discuss this subject.

Dr. Rhea: I would like to first compliment you on all the testing that was done. My question is "what are the plans for the current testing sites and the availability as the positive rates go down?" A lot of good work has been done but certainly that doesn't likely need to stay at the same level as it is today.

Mr. Jenkins: Optum-Serv is our main point of contact and when they see a decrease in testing activity for a certain testing-site they let us know and then we shift those assets to those areas with higher activity. We have been doing that since we began to test. We meet with our testing partners weekly to discuss any need to shift assets and this has continued to work well to keep Durham safe.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$71,990 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 Local Health Department (LHD) to help support activities associated with number of Refugee arrivals to Durham County that has exceeded expectations of the increase in number of screenings of 160 to an additional 895 screenings, for new a total 1,055 screenings.

The Durham County Department of Public Health request approval to appropriating General Fund balance in the amount of \$125,000 for Jail Medical Care and amending the Jail Health Contract.

These funds are to be used to pay for healthcare costs which exceeded the budgeted CAP arrangement of \$400,000.

The Durham County Department of Public Health request approval to the relocation of 1 known, 4 probable, and 3 possible burial sites located within the abandoned cemetery identified as the “Ferguson 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 owners NICHOLS FAMILY HOLDINGS LLC (Deed Book 7461, Page 707-711) to accommodate the sale of the property for subsequent development and to provide better protection for the burials by relocating them to a perpetual care cemetery. The gravesites are proposed to be disinterred from the current location at 1051 Olive Branch Rd, Durham, NC 27703 to be reinterred in Markham Memorial Gardens located at 4826 Trenton Rd, Chapel Hill, NC 27517.

NICHOLS FAMILY HOLDINGS LLC has submitted a report to the Durham County Department of Public Health detailing historical and archaeological investigations of the cemetery and documenting due-diligence efforts regarding next-of-kin and public notice requirements per NCGS 65-106(b).

Dr. Rhea made a motion to approve the (3) budget amendments recognized above. Dr. Orto seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **AGENDA ITEMS DECEMBER 2021 MEETING**

- Covid Update
- CLIA Inspection Report
- FY 22-23 Proposed Budget
- Revised BOH Operating Procedure

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chair Jackson asked board members to send Ms. McClain a current cell number in which to contact them in case of an emergency.

Chair Jackson made a motion to adjourn into closed session pursuant to N.C.G.S Section 143-318.11(3) And (7) to consult with an Attorney Employed Or Retained By The County Of Durham to preserve the Attorney-Client Privilege; and, to discuss a matter related to the planning,

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executing and reporting of an investigation regarding an allegation of criminal misconduct by A former employee.”

And

Motion to adjourn into closed session pursuant To N.C.G.S. 143-381.11 (A) (3) And (6) to consult with an Attorney Employed Or Retained By The County Of Durham to preserve the Attorney-Client Privilege; and, to discuss a personnel matter.

Dr. McDougal seconded the motion and the motion was unanimously approved.

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

Dr. Braithwaite made a motion to adjourn the regular meeting at 6:56pm. Dr. McDougal seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.


Rosemary Jackson, MD, Chair


Rodney E. Jenkins, Public Health Director