

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 14, 2022 with the following members present:

Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Mary Braithwaite, MD, MSPH; James Miller, DVM; Victoria Orto, DNP, RN, NEA-BC; Anthony Gregorio, MBA; Commissioner Nida Allam and Roger McDougal, DDS

Excused Absence: Gene Rhea, PharmD, MHA and Josh Brown

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, Malkia Rayner, Shenell Little, Makeda Black, Joy Nolan, Donna Rosser and Joyce Page

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

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

Dr. Orto made a motion to accept 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:

Mr. Curtis made a motion to approve the minutes for March 10, 2022. Dr. 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. Rodney Jenkins, Public Health Director for Durham County Department of Public Health recognized the upcoming initiatives in the month of April 2022:

- National County Government Month
- Black Maternal Health Week

Dr. Rosemary Jackson, Chair of the Board of Health congratulated and thanked the staff at Durham County Department of Public Health for the awesome work they do each and every day in recognition of National Public Health Week, April 4-10, 2022.

The board applauded.

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ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

FY 22 CLIA LABORATORY INSPECTION (Activity 8.2)

Jose Paul, Allied Health Division Director shared the summary results of the 2022 DCoDPH Laboratory CLIA inspection site visit on March 3, 2022.

Summary Information:

The Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research. On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all CLIA requirements in order to maintain accreditation.

The last CLIA inspection at DCoDPH was in 2019, and there had been a delay related to COVID. The DCoDPH Laboratory was inspected by the CLIA Inspection Team on March 3, 2022. The DCoDPH Laboratory passed the inspection with zero deficiencies.

CLIA Recommendations:

- Update the General Supervisor job description:
 - Since the Lab Supervisor was promoted from Technologist to Supervisor (01/24/22) and was working on the bench, his title should be Technical Supervisor
- Diplomas and all Continuing Ed documents should be included in all staff files; not just training and competencies.
- When we implement/validate a new analyzer, the date that patient testing begins must be documented for easy access.
- Revise the Gram Stain procedure to correlate with practice.
- Add temperature monitoring in storage area.
- Add a new menu for new and retired test dates.

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

COMMENTS:

Chair Jackson: Thank you for the presentation, Josee. That was impressive. It seems they didn't leave any stone unturned and the fact that you didn't have any deficiencies or citations. Congratulations.

I am going to thank and congratulate you all early for "Laboratory Week", April 18-22, 2022. Thank you for all the good work that you do, especially you "Josee" because I know you came in the door running with what you had inherited. You took the ball in hand and didn't look back. "Thank you".

REFUGEE HEALTH PROGRAM PRESENTATION (Activity 19.1)

Ms. Rayner, Communicable Disease Program Manager provided the board with an overview of the Refugee Health Program.

Overview consisted of:

- 1) The goal for the Refugee Health Program
- 2) Arrivals to North Carolina
- 3) Clinical Services provided
- 4) Number of Refugee screenings

Summary Information:

- Refugees are a high-risk and vulnerable population that face special health challenges due to their exposure to deteriorating

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conditions usually attributed to circumstances such as war, trauma, and forced migration.

- Durham County is the fourth largest county out of ten in North Carolina receiving grant funds to provide a Refugee Health Program which is guided by our State Agreement Addendum 583

Durham County expects an increase in the numbers of Refugees seen in the clinic due to the current situation in Ukraine.

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

QUESTIONS/COMMENTS:

Dr. Orto: I have a question. I heard that you use the language line and in-person interpreters. Do you also use the “live” interpreters on the I-pad?

Ms. Rayner: Yes. Propio has that capability.

Dr. Orto: So you guys are able to use them. Right?

Ms. Rayner: Yes. The staff use them and it really helps because the patient can actually see the interpreter.

Dr. Orto: That’s great. Just wanted to make sure.

Ms. Rayner: Yes. It’s an interpreter on wheels.

Dr. Orto: Yes. That’s what I was hoping. Perfect. Excellent work.

Chair Jackson: Yes, that was great Ms. Rayner. Thank you so much for that overview. I have a couple of questions. Just curious, the 404 refugees that were seen in 2021 up until now; where did the majority of those refugees come from?

Ms. Rayner: Afghanistan.

Chair Jackson: Okay. That makes sense and my other question is, do you see many that come who are already pregnant and I know you said that you see them and screen and I thought you said that you refer them, so do we see them in OB clinic at health department or do you refer them out?

Ms. Rayner: We refer them to our OB clinic but they have an option on where they would like to be seen. When they come in, if we see that they do not have or have not established a primary medical home we do try to go ahead and make an appointment for them with our in-house maternity clinic.

Chair Jackson: Great. Like I said that was really great and informative. Thank you so much. Are there any other questions or comments for Ms. Rayner?

Dr. Braithwaite: I did have a question. Thank you, Ms. Rayner for that information and I imagine that these families need lots of other services and all of them won’t be provided by public health but some of the information that you guys have needs to be shared with other services like the schools to the vaccination records and their connection/integration into schools I imagine is done in a timely manner and the support and languages services are available as far as you know. I know there’s a program through The Center for Child and Family Health for refugees, I don’t know if they are connected to those for psychological services. Are you guys talking to those entities as well to share information?

Ms. Rayner: We do but mostly we work with the resettling agencies and the caseworkers take the lead in connecting them with the needed services.

Mr. Gregorio: Thank you Ms. Rayner. Congratulation to you and your team, that was a wonderful presentation. Out of curiosity, has there been any cultural or religious barriers, especially for the refugees coming from the middle east.

Ms. Black: We partner with Lincoln Community Health Center for medical appointments and with our Afghanistan refugees we need to have female providers with all female patients, so that has been somewhat of a challenge getting the families scheduled on the same day so that a female provider can be with all female patients and a male provider with all male

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patients. Some time we split them up on two different days just so we can get it right. There is a cultural barrier but we work through it.
Mr. Gregorio: Got it. Thank you so much for the example.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of March 2022 prior to the meeting. The vacancy rate for March 2022 was 17.0%.

(A copy of March 2022 Vacancy report is attached to the minutes.)

COMMENTS:

Chairman Jackson: I see that the vacancy rate has been pretty stable for the past three or four months at around 16 or 17%.

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 2022 prior to the meeting.

(A copy of March 2022 NOV report is attached to the minutes.)

COMMENTS:

Attorney Wardell: I do have a few comments. We have been chipping away at that and have had some success. Since the last meeting we had a case that went directly to superior court to request an injunction and administrative fines and the injunction was approved requiring the abatement of the violation which is probably going to be the abandonment of the premises. We also recovered \$5,500.00 in fees that were assessed in the result of the violation. That's the good news. The bad news is that we only get to keep 10% of the fees and the other 90% goes to the school board which is in compliance with the general statute when we collect fines. We have a few more coming down the pipeline and although we can't really recover a lot of that money in regard to the fines, I think it's really important to have the understanding in the community that we will in fact pursue judgements for the violations of these statutes and that it is a very real possibility and enforcement mechanism that we will use for violators of the wastewater rules. The Environmental Health Division do a really good job in addressing these matters.

HEALTH DIRECTOR'S REPORT

April 14, 2022

Division / Program: Nutrition / DINE Classroom 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.
- 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.
- DINE developed Classroom Garden kits for teachers to grow microgreens in the classroom with their students. The benefits of growing microgreens are they do not require a lot of space or materials, and they are ready for harvest in 10-20 days. The kits contain seeds, compost, growing instructions, lesson resources that help connect the activity to nutrition education, a watering can and garden journals. The students also receive a packet of seeds and

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growing instructions for microgreens so they can repeat the activity at home.

Statement of goals

- To reinforce DINE's nutrition education and behavior change goals, focusing on increasing consumption of fruits and vegetables.
- To provide a learning activity for teachers to use that aligns with academic standards across a variety of subjects.

Issues

- **Opportunities**
 - The classroom garden kits enable teachers to practice Farm to School and school garden activities right in their classroom rather than depending on a shared school garden space.
 - Third grade has an essentials science unit on plants and how they survive in their environment that combines well with an indoor garden activity.
 - DINE can offer an additional learning opportunity for classrooms in partnering schools that are not receiving the full DINE nutrition curriculum.
- **Challenges**
 - Learning how to grow food takes trial and error and some of the classrooms did not have success with the grow kits on their first try. The information from the post-evaluation will enable DINE to address common challenges and solutions going forward.

Implication(s)

- **Outcomes**
 - Since February 2022, Classroom Garden kits have been distributed to 34 classrooms across 8 schools, reaching 1,042 students.
- **Service delivery**
 - DINE developed the Classroom Garden kit idea, creating the instruction and education sheet, and facilitating outreach. *See attached DINE Classroom Garden Kit instructions.*
 - DINE provided educational reinforcements for the garden kits.
 - DINE staff assembled the garden kits.
 - DINE coordinated garden kit distribution with partner schools and offered consultation to help teachers utilize the kits in their curriculum.
 - DINE created a survey to gather feedback from teachers.
- **Staffing**
 - Two DINE nutritionists have led this project through initiation, planning, execution, and evaluation.
 - Six DINE nutritionists have supported this project through school outreach and assisting with kit assembly.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- DINE staff is currently planning how to make the Classroom Garden kits part of regular service delivery to the schools.
- DINE will evaluate feedback received via the survey to assess impact and make improvements.

Division / Program: Nutrition / DINE/Outdoor Cooking Education Classes

(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 has ongoing and long-lasting partnerships with Durham Public Schools (DPS), providing nutrition education to SNAP-eligible students and their families. DINE also facilitates policy, systems, and environmental (PSE) changes at these schools that help students make healthy choices.
- Merrick-Moore Elementary School has an Outdoor Education class, which students rotate through during their “Specials” block. DINE partnered with the Outdoor Education instructor to pilot an Outdoor Cooking Series with the 3rd, 4th, and 5th grade students. This cooking series is designed to introduce the concept of cooking outside (while camping, at a park, etc.), as well as promoting nutrition, team building and physical activity.
- This Outdoor Cooking Series pilot started as a PSE change in 2018. In its first year, DINE modeled how to incorporate cooking into Merrick-Moore’s Outdoor Education Program. By late 2019 Merrick-Moore received a grant to purchase most of the cooking equipment needed: portable camp stoves, griddles, measuring tools, utensils, storage, etc. Unfortunately, the series were cancelled in 2020 and 2021 due to Covid; however, this year in February 2022 the program resumed. The goal in 2022 was to have more of a 50/50 split in leading classes, with Merrick-Moore taking more of a leadership role and DINE supporting with ingredients and co-teaching.

Statement of goals

- To partner with DPS schools that have an Outdoor Education Program to implement a cooking curriculum.
- To increase students’ nutrition knowledge and basic culinary skills.

Issues

- **Opportunities**
 - This project continued to grow DINE and Merrick-Moore’s partnership.
 - This project strengthens a PSE change, incorporating nutrition and cooking education into another school subject.
 - The project allowed for student interns to volunteer, strengthening relationships with local colleges and universities and creating a stronger sense of community.
 - Cooking exposes students to whole grains and fresh fruit and vegetables, which has been shown to increase acceptance of trying new foods.
 - Cooking in groups encourages team building, peer-to-peer interaction, personal development, and self-reflection.
 - By moving cooking outside, students can incorporate more movement into their day, increase their daily dose of Vitamin D, and improve mood (as students enjoy being outside).
 - Unlike past years, this year the Specials schedule allowed students to rotate through the five-day curriculum consecutively. The same 3rd, 4th and 5th grade classes had a 45-minute Outdoor Cooking session daily, Monday through Friday. This seemed to be beneficial, especially with regards to team building. All the Merrick-Moore 3rd

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- through 5th grade classes were able to rotate through the Outdoor Cooking Series in a total of five weeks.
- The program also strengthens DINE's relationship with DPS School Nutrition Services (cafeteria staff) as they allowed the use of their facilities to wash and sanitize equipment.
 - This Outdoor Education Cooking pilot will provide a model for other DINE nutritionists to partner with other schools as DPS continues to grow their Outdoor Education Program.
 - **Challenges**
 - Due to Covid, parent volunteers were not solicited.
 - Class had to be relocated indoors on occasion due to inclement weather. Merrick-Moore fortunately has multiple outdoor spaces, which allowed for cooking and eating to occur outside under a pavilion even when the weather was inclement but still safe for students to be outdoors.
 - Cooking over a campfire has been a goal; however, weather and time made it almost impossible. Instead, students were able to use portable camp stoves.
 - Ensuring all students stayed safe during Covid was a priority. Some recipes had modified preparation methods to reduce germ exposure, such as ingredients being pre-measured, pre-portioned into containers, or each student receiving their own bag of raw veggies for chopping.

Implication(s)

- **Outcomes**
 - A total of 259 students were reached through the Outdoor Cooking Series.
 - A total of 62 lessons were delivered to thirteen 3rd, 4th, and 5th grade classes.
 - The DINE Nutritionist and Merrick-Moore's Outdoor Education instructor documented lessons learned so they can be incorporated in the Outdoor Education Cooking curriculum toolkit.
- **Service delivery**
 - Lessons for 3rd grade included cooking class rules and food safety, paired with trail mix; food groups paired with no-bake energy bites; hiking paired with a measuring tools relay race; measuring skills paired with pumpkin pancakes; and team reflections paired with smoothies.
 - Lessons for 4th and 5th included cooking class rules and food safety pair with trail mix; knife safety and cutting skills paired with Asian noodle salad; food groups paired with quick quesadillas; measuring skills paired with pumpkin pancakes; and knife and measuring review paired with campfire apple crisp.
- **Staffing**
 - A DINE nutritionist co-facilitated with one DPS Outdoor Education teacher.
 - Student interns volunteered occasionally throughout the program.

Next Steps / Mitigation Strategies

- Debrief from recent Outdoor Cooking Series and update curriculum toolkit so it can be shared with other DPS Outdoor Education teachers.
- Continue to work with DPS to incorporate more nutrition and cooking education.

Division / Program: DCoDPH staff member serves on 2022 Durham County Leadership Academy
(Activity 24.2-The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.)

Program description

- A representative of Durham County Department of Public Health was selected to participate in Durham County's 2022 Leadership Academy.

Statement of goals

- The goal of the nine-month program is to enhance leadership continuity and succession planning by fostering leadership opportunities, harnessing talent at different levels, and exposing employees to opportunities for personal development.

Issues

- **Opportunities**
 - Creates an inclusive educational environment to develop leadership skills that can be applied regardless of position.
 - Facilitates an opportunity for sharing, networking, and learning for participants across departments promoting an environment of teamwork.
 - Builds employee effectiveness and contributions within their department and strengthens the employee/supervisor relationship.
 - Deepens knowledge of Durham County Government's mission, departments, and initiatives.
 - Training provided on communication skills, business writing, dealing with change, conflict resolution, public speaking, decision making, and ethics.
 - Community service and a team project are completed.
- **Challenges**
 - Due to Covid restrictions, all trainings and session must take place virtually. Interaction between participants and with speakers is limited.

Implication(s)

- **Outcomes**
 - Leadership Academy graduates use their abilities and knowledge to enhance service delivery and effectiveness throughout the County.
- **Staffing**
 - Jennifer Morwick, MS, RD/LDN, Clinical Nutrition Specialist, was selected to participate in the 2022 Durham County Leadership Academy. Ms. Morwick serves as the representative from DCoDPH.

Next Steps / Mitigation Strategies

- DCoDPH will continue to contribute to Durham County's strong workforce and leadership continuity by allowing staff to participate in the Leadership Academy.

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.)

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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.
- Bull City United was previously housed within the Department of Public Health but moved to form a separate County department for FY 21-22. BCU staff are working closely with DCoDPH staff to update all protocols to continue to distribute naloxone to program participants.

Implications

• **Outcomes**

- The following statistics have been collected for March 2022:
 - New participants: 4
 - Total contacts: 27
 - Syringes dispensed: 570
 - Syringes returned*: ~2,669
 - Sharps containers dispensed: 12
 - Fentanyl strips dispensed: 28
 - Naloxone kits distributed (with SSP): 13
 - Naloxone kits distributed (non-SSP): 12

- Naloxone reversals reported: 0

*“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 and Health Education 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.
- In partnership with Durham County Emergency Medical Services (DCEMS), and Together for Resilient Youth (TRY), DCoDPH applied for a Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Harm Reduction Program Grant in early February. Notification is expected in mid-May, and if awarded, the grant would provide up to \$400,000 for up to three years to enhance community-wide harm reduction services, including the DCoDPH safe syringe program.

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.

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- **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, FY21-22 Q3
 - ~155 lbs of medication disposed
- Year-to-date statistics, FY21-22
 - ~195 lbs of medication disposed
- Previous year statistics, FY20-21
 - ~270 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. In June 2020, the box was relocated to the pharmacy sub-lobby.

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.

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- 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 staff needlesticks by providing sharps containers to *all* clients prior to needles being deposited in Needle Disposal Box (implemented August 2021).
- **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, FY21-22 Q2
 - ~46,365 needles/syringes returned
 - Year-to-date statistics, FY21-22
 - ~136,285 needles/syringes returned
 - Previous year statistics, FY20-21
 - ~73,925 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: Laboratory/ CLIA Inspection
(Accreditation Activity 8.2 - The local health department laboratory and external laboratories utilized by the local health department shall comply with all applicable federal regulations for clinical and environmental laboratory testing.)

Program description

- The DCoDPH Laboratory was inspected by the CLIA Inspection Team on March 3, 2022.
- Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.
- On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all CLIA requirements in order to maintain accreditation.

Statement of goals

- The Laboratory will continue to maintain accreditation through CLIA by meeting, successfully maintaining, and continually improving upon the CLIA regulatory standards.
- The Laboratory set an internal goal of receiving 2 or less deficiencies as identified by the Inspection Team.

Issues

- **Opportunities**
 - Previous CLIA Inspection results have greatly improved (2015: 14 deficiencies, 2017: 2 deficiencies, 2019: 0 deficiencies) while still leaving opportunities for improvement.
 - CLIA Inspections are a learning experience for all participants and encourage discussion among peers regarding processes and improvement opportunities.
 - Offers Lab Technicians and Lab Assistants the opportunity to experience an external inspection process.

- **Challenges**

- CLIA regulations are numerous, varied, and open to interpretation.
- Previous 2 years of laboratory documentation must be available to the inspectors.
- Prior to this year's inspection, we had experienced significant changes in Laboratory leadership, to include a new Laboratory Director, new Allied Health Division Director, and new Medical Laboratory Supervisor.

Implications

- **Outcomes**

- The Inspection Team cited 0 deficiencies for the Laboratory which exceeded the goal the Laboratory set as an internal metric. This is the second time that the DCoDPH Laboratory has achieved the status of 0 deficiencies. This is an impressive accomplishment that is awarded to a small percentage of laboratories.
- The Inspection Team made a few suggestions to continue to improve processes within the Laboratory. All suggestions are being implemented.

- **Service delivery**

- Process improvements, record retention, and inspection planning have been underway since the previous inspection by the Allied Health Division Director, Medical Laboratory Supervisor, and Laboratory Technical Consultant.
- A plan for Corrective Action was not required as the Laboratory received 0 deficiencies.

- **Staffing**

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

Next Steps / Mitigation Strategies:

- Maintain high standards of integrity and efficiency while preparing for the next CLIA inspection.

Division / Program: Population Health / Partnership for a Healthy Durham

(Accreditation Activity 1.2: The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall

demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.)
Program Description

A State of the County Health report is a document that serves as an update of the county's health years Community Health Assessments (CHA) are not completed. The Partnership for a Healthy Durham Coordinator compiles relevant health data including Durham's demographics, life expectancy, infant mortality rates, and leading causes of mortality. The report for 2021 also highlights emerging issues and new initiatives while sharing progress in Community Health Improvement Plans (CHIPs). This top health priorities in Durham carried over from the 2017 CHA are affordable housing, access to healthcare and health insurance, poverty, mental health, and obesity, diabetes and food access. This report centers health equity by presenting disaggregated data that shows health disparities and includes reasons for those inequities. There is also information on how COVID-19 impacts the health and efforts of the community.

Statement of Goals

- Report on the state of health in Durham County
- Provide timely and accurate health data
- Highlight community initiatives addressing health issues
- Display accomplishments, progress and challenges in areas of health
- Provide context for existing health inequities in Durham County

Issues

- **Opportunities**
 - Report on the status of health in Durham County by utilizing reliable, comparable data
 - Report on the progress organizations, coalitions and institutions that impact the health of Durham's residents
- **Challenges**
 - Due to COVID-19 restrictions, there were limited face-to-face events, decreasing the photos available to include in reports

Implication(s)

- **Outcomes**
 - Produced a 12-page document highlighting measurable health outcomes
 - Utilized disaggregated state and local data
 - Communicated data in writing and visual formats (charts and graphs)
- **Staffing**
 - The Partnership for a Healthy Durham Coordinator wrote the 2021 Durham County State of the County Health Report
 - The Population Health Division Director, Epidemiologist and Data Scientist provided support and data for the report
- **Revenue**
 - None
- **Next Steps/Mitigation Strategies**
 - Translate the document into Spanish and make it available to the public

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- Post English and Spanish versions on the Partnership website, www.healthydurham.org.

Division / Program: Health Education and Community Transformation / Lung Cancer Awareness Month
(Accreditation Activity 10.1: The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- Cigarette smoking is the number one risk factor for lung cancer. Through this program, community members learn about keeping the lungs healthy through tobacco cessation and how to support their loved ones that use tobacco products. November is Lung Health Awareness Month, a perfect time to offer community-based activities in support of the topic.
- In collaboration with Duke's Community Outreach, Engagement, & Equity (COEE) Program, the Durham County Department of Public Health (DCoDPH) hosted "Clearing the Smoke: Helping You or Your Loved Ones Kick Tobacco, One Day at a Time," presented by DCoDPH's Aleyah Brown and Duke Cancer Institute's Megan Keith. This was another installment of COEE's *Conversations with Our Community* virtual webinar series. After the presentation, a discussion panel was led by members of Durham County's Men's Health Council. Participants were provided a handout of resources after the conclusion of the webinar, which included local/national tobacco resources and a Lung Cancer Toolkit-created by the North Carolina Advisory Committee on Cancer Coordination and Control.
- Prior to the virtual event, Durham County Men's Health Council dedicated their walk for the month of November to lung cancer awareness. Prior to the walk, there were presentations by Jeffrey Forde of Durham Parks and Recreation, Aleyah Brown of DCoDPH, and Dr. Angelo Moore of COEE. After the walk, local tobacco and patient navigation resources were shared with the council members.

Statement of goals

- Increase awareness around the racial disparities that surround lung cancer diagnosis, specifically in the African American community.
- Discuss the various ways that non-smokers can support tobacco users in their lives on their journey to be smoke-free.
- Educate community members on the various resources offered in Durham County regarding tobacco cessation and lung cancer screenings.

Issues

- **Opportunities**
 - As a result of the webinar, participants learned about racial disparities around tobacco use, lung cancer diagnosis, and tobacco marketing. Participants also learned the risks associated with tobacco use and secondhand smoke, the environmental impact of tobacco use, and why it is important to encourage cessation.
 - Participants also learned strategies on how to have productive conversations with loved ones regarding smoking cessation.
 - Virtual activities may increase accessibility, especially for those who have challenges with transportation, are less likely to attend evening activities and have safety concerns due to the COVID-19 pandemic.

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- The collaboration with Duke's COEE program is a continuation of the partnership with Durham County and Duke University.
- Participants were encouraged to provide questions during the registration period. This gave presenters an opportunity to better prepare responses.

- **Challenges**

- It has been difficult to recruit and/or retain participants for virtual events and support groups during the COVID-19 pandemic.
- Virtual programs are accessible to some participants; however, technology can be a barrier to many community members. The number to dial in to the presentation was shared with participants who were concerned about connecting via smartphone or computer.
- Concerns about cybersecurity may also be a challenge for participants. Many are weary to click a link or use a QR Code, even from trusted sources such as DCoDPH.
- So far, events have been made available for English speakers only. This limits the reach to non-English speakers who would benefit from the program. At this time, DCoDPH does not have access to real time interpreters for programming purposes.
- Since the webinar was a tobacco cessation event, it may be alienating to those smokers who were not considering cessation at that time.

Implication(s)

- **Outcomes**

- The webinar was offered on Tuesday, November 30, 2021 from 6:30pm – 7:30 pm EST. There were 41 registrants with 27 participants attending the webinars. The recording was shared on the Duke Cancer Institute's YouTube page (77 views). Photos were shared on Duke's social media pages- particularly Facebook (18 reactions to the post). The following questions/comments were submitted by participants prior to the presentation:
 - Are there mental health services available for those that want to quit using tobacco or vaping products?
 - Are there support groups in the Durham area for persons who want to quit smoking?
 - How can smokers become better aware of and access potential smoking cessation opportunities?
 - What smokers can and should do to detect early potential / personal smoking health related issues.
 - I am not the smoker but would like information to help me encourage a smoker in my family to consider quitting with help of a local program.
 - I have a son that has been trying to quit smoking almost the whole year of 2021, trying to find ways to help him. He has schizophrenia which makes it more difficult for him.
 - I would love to help you in researching Smoking Cessation as a Research Assistant
- The Lung Cancer Awareness Walk was held on Saturday, November 20 from 9:00-10:00 AM EST. There were 28 attendees.

- **Service delivery**

- The virtual event was hosted on Duke's Zoom platform, whereas participants were recruited through the DCoDPH website, COEE's website, word of mouth, and email delivery.

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The recording of the presentation was disseminated through various networks and community partners.

- The walk was held at Solite Park in Durham, NC.

- **Staffing**

- For the webinar, Aleyah Brown, Health Education Specialist DCODPH
- Other presenters for the event included: Megan Keith, MSW, LCSW Tobacco Treatment Specialist (Duke Smoking Cessation Program), Bradley Long, James Tabron who served as moderator (Durham County Men's Health Council) and Angelo Moore, PhD, Assistant Director (Duke COEE). Other partners included Alliance Health and the NC Department of Health & Human Services.
- Lung Cancer Awareness Walk: Two health education specialists, Aleyah Brown and Joyce Page, collaborated on the event.
- **Revenue**
 - None. The webinar, resources, and walk were provided at no cost to the participants.

Next Steps / Mitigation Strategies

- Increase the accessibility of virtual events to offer interpretation for Spanish speakers.
- The THES will offer opportunities for community members to participate in evidence-based smoking cessation classes.
- The THES will continue to offer webinar/information sessions about topics related to tobacco, smoking cessation, and smoking-related disparities.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

- **COVID UPDATE:**

Mr. Jenkins provided the board with an update on the current COVID 19 cases and the department's surveillance and vaccine activities.

We have seen a significant decrease in cases dating back to mid-February. Our positivity percentage has remained below 5% since the week of Valentine's Day. Last week we had two deaths due to COVID which were the first death we experienced due to COVID in Durham since 2/13/2022.

Our community transmission remains in the Green per the CDC and has remained in this status since we lifted the mask mandate.

While the demand for testing has waned, we still have State supported testing available at El Centro Hispano and Fidelity. Testing is also available at over 30 locations in Durham and can be found on our Data Hub.

In order to ensure that staffing mirrors the demand, we have begun to right size our operations. There are several contractors that will be leaving us as a result of these actions.

Under the leadership of Deputies Liz Stevens (who is over Surveillance) and Kristen Patterson (over Vaccine Operations), we have been successful in ensuring that we have the right number of staff should a surge occur.

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We have reduced our footprint on the second floor. We no longer occupy all conference rooms (-B-C). We have combined all of our operations to Conference Room A and are making plans to use the old Wellness Center Location of the first floor as our future COVID Clinic. We are in the process of retrofitting and furnishing this space to meet our needs.

In following the lead of the State, we have reduced the frequency of our internal and external meetings. We have gone to a bi-weekly rotation for our Internal Covid 19 meeting, Bi-Weekly COVID Coordination Meeting with Emergency Management (which has been scaled down to just PH/EM/Homeless Support), and finally I am providing COVID-19 updates to the BOCC monthly.

Externally, we are still meeting bi-weekly with Durham Public Schools Executive Leadership and School Health Team, NC Central, Duke (monthly), and many others.

Our Data Team meets frequently to discuss trends and strategizes on future plans. Our Hotline is still up and running taking calls and answering questions. Our Digest team still does a great job of publishing pertinent updates to our community. Our PIO, Dr. Alecia Smith maintains excellent relations with our media partners by granting interviews and ensuring that the content is consistent with current Covid activities and interests.

We are maintaining our readiness posture and are nimble enough to spring into action should the need arise. I have assured Chair Howerton and Mayor O'Neal that we will let them know if further actions need to be taken around masking if we experience a sustained level of infections in Durham County.

We have enjoyed this period of respite. It has allowed us to scale down carefully and compassionately with the Durham Community always on the top of our minds. We now turn our attention to Public Health topics and activities that warrant our attention.

After some discussion, the board decided to meet in person for the next Board of Health Meeting on May 12, 2022.

NEW BUSINESS:

• **AGENDA ITEMS FOR NEXT BOARD MEETING**

- Durham County Government Staff Well-Being Initiative Update
- Community Health Improvement Plan
- Covid Update

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Attorney Wardell announced County Attorney Lowell Siler retirement effective April 30, 2022. The Board of County Commissioners will present County Attorney Siler with a proclamation recognizing his many years of dedicated service to Durham County Government and a virtual retirement celebration on April 25, 2022.

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Dr. Orto made a motion to adjourn the regular meeting at 6:22pm. Mr. Gregorio 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