

A Regular Meeting of the Durham County Board of Health was held June 9, 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; Roger McDougal, DDS; Gene Rhea, PharmD, MHA and Josh Brown

Absent: Commissioner Nida Allam

Others Present: Rod Jenkins, Rosalyn McClain, Kristen Patterson, Liz Stevens, Will Sutton, Michele Easterling, Chris Salter, Marcia Richardson, Jim Harris, Lindsey Bickers-Brock, Marissa Mortiboy, Hattie Wood, Josee Paul, Dr. Jeff Jenks, Antrel Branch, Natalie Thompson and Larry Lyles

CALL TO ORDER: Chair Rosemary Jackson called the 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. Dr. Rhea 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. Miller made a motion to approve the minutes for May 12, 2022. Dr. Braithwaite 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 June 2022 as Men’s Health Month.

Dr. Angelo Moore sent a “Thank you” letter in recognition of Durham County Department of Public Health and their volunteers for participating in the Men’s Health Screening at Lincoln Community Health Center on June 4-5, 2022.

On Monday, June 6, 2022, Rod Jenkins, Public Health Director, Elvert Dorsey, Chair of The Men’s Health Council and Joyce Page, DCoDPH Health Promotion and Wellness Coordinator was presented a proclamation in recognition of The Men’s Health Council by the Durham City Council.

The Board applauded.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

DCoDPH STRATEGIC PLAN UPDATE (*Activity 15.1*)

Antrel Thomas Branch provided an update on the DCoDPH strategic plan process for Durham County Department of Public Health.

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Summary Information:

According to the National Association of City and County Health Officials (NACCHO), an organizational strategic plan provides a local health department and its stakeholders with a clear picture of where it is headed, what it plans to achieve, the methods by which it will succeed and the measures to monitor progress.

The Durham County Department of Public Health is in the process of refreshing its current strategic plan using the NACCHO framework by seeking input from health department staff, leadership, and Board of Health. The process which began in April 2022 will take approximately four to six months. The plan should be completed by August 2022. The board of health will receive a survey link to provide input in the strategic plan process within the next week.

Strategic Plan Process:

1. Laying the groundwork for strategic planning
2. Develop mission and vision statement and values
3. Compile relevant information
4. Analyze results and select strategic priorities
5. Develop and implement strategic plan
6. Implement, monitor, and revise strategic plan as needed

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

QUESTIONS/COMMENTS:

Chair Jackson: Antrel, How many years does this strategic plan cover?

Ms. Branch: It's usually 3-5 years. Traditionally, Durham County Department of Public Health strategic plan has been five years .

REGION 5 TOBACCO UPDATE/FDA PROPOSED MENTHOL BAN (Activity 9.1)

Natalie Thompson, Region 5 Tobacco Prevention Manager, provided a brief overview of the past year's regional tobacco successes and information on the FDA's current proposed menthol ban.

Summary Information:

Durham County Department of Public Health now hosts the Region 5 Tobacco Prevention Manager position. Natalie Thompson has served in this role since December 14, 2020. Ms. Thompson will review the goals of the position and highlight some success from the past year. In addition, she will present the FDA's recent proposed menthol ban and the potential impact it could have on the community as well as address some potential concerns that have been raised regarding the ban.

Ms. Thompson asked the board to voice their support by submitting a comment to the FDA's proposed rules on menthol and flavored cigarettes.

The link to submit comments directly to FDA is:

[Voice your Support for FDA's Proposed Rules on Menthol Cigarettes and Flavored Cigars! - American Lung Association](#)

(A copy of the PowerPoint Presentation and CDC fact sheet on the proposed product standards are attached to the minutes.)

QUESTIONS/COMMENTS:

Chair Jackson: Thank you. That was very good and informative. I have a couple of questions. 1) In Canada and other countries have they seen a decrease in the amount of youth that are starting to smoke?

Ms. Thompson: Canada's ban was phased into a couple of years between 2014-2017 and they have seen reductions in young people using menthol cigarettes. Know I will say that with vaping that does complicate matters because we are seeing an increase in vaping but ultimately, I think that any reduction in smoking is a "win".

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Chair Jackson: My other question is regarding your position. Is that a permanent position within the health department or does it rotate within the counties?

Mr. Jenkins: Madame Chair, I can answer that one. One of the things I did is to assess the talent that we have and I couldn't think of a more talented and passionate person about tobacco prevention than Ms. Thompson. It is a permanent position with funding from the CDC with a small amount of county funding and we are delighted to have Ms. Thompson leading the region.

Dr. Rhea: Great presentation Ms. Thompson, I learned a lot. I think you mentioned this, my question was about data around youth switching to vaping products. Is there data locally or through the FDA available for strategies to address that conversion?

Ms. Thompson: That is a great question. What we more likely see is youth starting out with the vaping products and then taking up combustible tobacco product like cigarettes. The shift that we've seen is a reduction in cigarette use and a sky-rocket in vape use so that when you look at the overall tobacco use rate among youth it hasn't changed very much since early 2000. As far as whether young people will turn to vaping with the menthol-ban I think that is a possibility but right now we have jewel settlement money at the state-level that we are really excited to put into practice. We have a lot of conversations going on about different strategies on how to use the funds.

Dr. Rhea: Great. My last question is and you don't have to answer it right now is if and when this ban goes into effect; with implementation of getting tobacco cessation aids and products to individuals that are affected we would love to have some continued conversation around that when it comes up.

Ms. Thompson: North Carolina has a really robust Quitline and we are lucky not every state does and I will say that right now anyone who calls the Quitline gets at least two-weeks of nicotine replacement therapy mailed to them for free. Recipients on Medicaid/Medicare or uninsured can get much more than that but North Carolina has great resources to help support folks who want to quit smoking.

Mr. Gregorio: Thank you Ms. Thompson for your hard work. Actually, Dr. Rhea may have already asked this question and you may have already clarified for me but it does sound like this particular ban won't necessarily apply to e-cigarettes correct for menthol?

Ms. Thompson: That is correct. Vaping is seen as a new thing and menthol ban on cigarettes is seen as a long overdue concern that should have been done in 2009 when other characterizing flavors were ban in cigarettes so it almost feels like the FDA is trying to play catch-up. As far as any flavors in e-cigarettes that is going to be more of a up hill climb as this point with the vaping industry.

Chair Jackson: Thank you.

Mr. Jenkins: Madame Chair we will also provide the board with the on-line link for those who wish to make comments on the menthol ban.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports through the end of May 2022 prior to the meeting. The vacancy rate for May 2022 was 15.4%.
(A copy of May 2022 Vacancy report is 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 May 2022 prior to the meeting.

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

QUESTIONS/COMMENTS:

Attorney Wardell: We have had some significant movement. We had one difficult case in which we had to file a lawsuit and it turns out that not

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only did we prevail in the lawsuit but we also were able to acquire fees and fines as well and resolve the problem with the violator actually abandoning the septic tank and I believe they are going to demolish the building that it's on but it was a little tricky because they had a tenant in the house so that did take some time but we are certainly still plowing through the NOV list. I would like to thank the Environmental Health staff for the work that they do because they do a tremendous amount of work.

Chair Jackson: Thank you Environmental Health.

HEALTH DIRECTOR'S REPORT

June 9, 2022

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

Program description

- The DINE e-newsletter is a monthly original publication with nutrition educational messaging, food preparation tips and recipes sent to members of the community. It regularly promotes programs such as Double Bucks and the Food Resource Map, the Nutrition Division's Say Yes to Water social marketing campaign and provides additional DINE resources through social media links.

Statement of goals

- Provide the community with a resource for nutrition education including recipes and cooking tips.
- Connect community members with food resources and additional educational resources.

Issues

- **Opportunities**
 - Reach a large number of community members with nutrition information.
 - Increase awareness of the DINE program with links for how to connect with the program.
 - As staff begin to work out in the community again, the mailing list will expand.
 - Use this [link](#) to sign up for the DINE e-newsletter and to view past issues.

- **Challenges**

- Over the past 2 years it has been difficult to collect email addresses to increase the mailing list due to very few interactions in the community.

Implication(s)

- **Outcomes**
 - 12 original e-newsletters created every year and delivered to over 900 community members
 - An average 25% open rate for delivered newsletters.
- **Service delivery**
 - The newsletter is created and disseminated using MailChimp.
- **Staffing**

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- One DINE staff member creates the newsletter each month, and 4-5 DINE staff members review and edit the contents as needed.
- **Revenue**
 - No revenue is generated from this project.

Next Steps / Mitigation Strategies

- The DINE program intends to expand the newsletter recipient list by gathering more email contacts through health fairs, classes, and school parent surveys.
- In the next fiscal year, the newsletter will also be provided in Spanish.

Division / Program: Nutrition Clinic/Community Engagement Activity

(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

- Nutrition Clinic participated in a community engagement family festival and health fair in support of breastfeeding on Saturday, May 14.

Statement of goals

- DCoDPH Nutrition Clinic will collaborate with community partners in promotion of health and well-being for Durham residents including promotion and support of breastfeeding.

Issues

- **Opportunities**
 - Nutrition Division staffed a table and provided education at **2022 Family Festival** event sponsored by Born In Durham Healthy For Life (BIDHFL) work group and Breastfeed Durham- health equity advocacy group. [BreastfeedDurham.org](https://www.breastfeeddurham.org) Event was held May 14, 3-6pm at Forest Hills Park in Durham.
 - Inclusion of breastfeeding promotion and education in community events encourages a positive attitude toward breastfeeding and empowers families with the ability to choose optimal health behaviors.

Implication(s)

- **Outcomes**
 - At DCoDPH's Nutrition table, 88 community members obtained education regarding growing vegetables and healthy beverage choice. Infused water including watermelon-lime and cucumber-mint-lemon was offered. Seeds and instructions for growing tomatoes, squash, cucumber, cilantro, beets, and basil were shared.
 - Programming at the festival focused on children and families and included live music performance by Pierce Freelon, food trucks, inflatable slides, lactation counseling and education, healthy snacks, and health topic presentations.
 - Participants were able to access health education in their normal places of activity in the community.
- **Staffing**
 - Two DCoDPH Registered Dietitians and one Dietetic Intern from UNC provided education.

Next Steps / Mitigation Strategies

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- DCoDPH Nutrition Division will continue to collaborate with community partners to provide health promotion and nutrition education that reaches Durham residents where they work, worship, and live. DCoDPH will promote and support breastmilk as the optimal food for babies.



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

Program description:

- During the winter and spring, during preventative maintenance of its dental handpieces (high speed, slow speed and prophyl), the Division realized that instruments had to be replaced due to age/usage. (Handpieces are mechanical instruments used to perform a variety of common dental procedures, including removing decay, polishing, etc.)

Statement of goals:

- To ensure that all dental chairs remain open, the Dental Division has schedules in place for servicing its equipment (at least, quarterly) and to replace handpieces due to wear and tear.

Issues

- **Opportunities**
 - The Division had identified funds to replace the handpieces during FY' 22.
 - After seeking quotes, Benco provided best price for the handpieces. (The Division already had an established a

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Preventative Maintenance contract with Benco for dental equipment, including replacement of our RAMVAC unit in 2021).

- **Challenges**
 - The team had been having repairs made to handpieces and there seemed to be regular occurrences were some of the equipment was not working.
 - The Division had to identify the funds to make the purchase.

Implication(s)

- **Outcomes**
 - New handpieces were delivered the week of May 9th.
 - With proper care and maintenance, the new handpieces will last 3-5 years.
- **Service delivery**
 - Technician from Benco to come back in June to inspect the handpieces to ensure they are operating as designed.
- **Staffing-** Division Director oversaw contract and installation process.
- **Revenue** – N/A – Handpieces cost \$22,643.
- **Other** –N/A

Next Steps / Mitigation Strategies

The Division is upgrading its policy/procedures to include an upgraded list of all equipment, logging frequency of repairs and downtime by unit, and collecting team feedback about equipment performance.

Division / Program: Population Health / Epidemiology
(Accreditation Activity 3.1: Activity 3.1: The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data

Program description

Uplift the Dental Services and Medical Services data to an appropriate level where data and work can be viewed in a timely manner. Streamline the data capture process so that managers can easily access the data when needed for reporting purposes. Performing extract, transform and load processes so that the data is accurate and precise for data analysis.

Statement of goals

- Provide accurate and timely data regarding Durham County Dental Services and Medical Services data.
- Provide services completed and general workload for Durham County managers.
- Provide overview data for Dental Services and Medical Services in an interactive format that is easy to understand.

Issues

- **Opportunities**
 - Provide data to the managers so that the data can be understood quickly and often.
 - Provide a clear and comprehensive picture of Durham County residents being vaccinated and where.
 - Analyze data to track disparities in Dental Services and Medical Services specifically the OB clinic and STI clinic.

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- Deduce trends based on demographics, location and how we relate to our surrounding communities.

- **Challenges**

- Data is obtained from our EPIC Databases and NC-Detect from North Carolina Department of Health and Human Services on a weekly basis.
- Maintaining and processing the large amount of data we receive weekly.

Implication(s)

- **Outcomes**

- Develop dashboards for quick and easy access for OB Clinic, STI Clinic and the Dental Services Division.
- Provide insight into staffing issues, number of people and analyzed through an equity lens.
- Understanding the number of clients seen daily, understanding the number of procedures completed daily, types of tests performed as well as how to optimize our time with each client based on their needs from a quantifiable perspective.

- **Staffing**

- The Durham County Department of Public Health Data Scientist maintains the site.

- **Revenue**

- None

Next Steps / Mitigation Strategies

- Continue to update the dashboards on a weekly basis with new data and update features and information as needed.
- Develop tailored strategies for equitable health care based on our data and continued conversations with the managers on what the data means.
- Continue to monitor new and innovative methodologies for displaying and distributing data.

Division/Program: Population Health / Customer Survey Results (Accreditation Activity 27.1: The local health department shall have in place a process for assessing consumer and community satisfaction with its services.)

Program description:

Customer surveys are conducted on a quarterly basis to assess customer satisfaction with services provided. Surveys also help to illuminate any areas that might require improvement efforts. The survey process has been paused during COVID. This is the first quarter surveys have been completed since pre-COVID. Surveys completed for the third quarter included the following programs: Sexually Transmitted Infection (STI) Clinic, Immunization Clinic, Maternal Health Clinic, Family Planning Clinic, Tuberculosis (TB) Clinic, Care Management for High-Risk Pregnancy (CMHRP), and Nutrition Clinic. Surveys were provided to clients using either paper format or by providing access to the online survey. Survey results were compiled and analyzed including both quantitative data results and qualitative data (client comments).

Statement of goals:

- Allow client input to assist in improving services that Durham County Department of Public Health (DCoDPH) offers to the community.

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- Determine degree of client satisfaction with services provided by DCoDPH and whether intervention needed to improve service level.

Issues:

- **Opportunities**
 - Provide clients an opportunity to give feedback regarding the quality of the services they received.
 - Provide service satisfaction data that can be used to determine adequacy of services provided and an opportunity to identify areas for improvement.
 - Provide opportunity to identify service trends that may require intervention.
 - Increase use of online surveys vs paper during survey process to allow for improved confidentiality as well as process efficiency.
- **Challenges**
 - Accessibility to online surveys by clients during visits hindered by sporadic wi-fi availability in clinic areas and/or phone plan limitations.
 - Changes in flow of some clinics limiting staff participation in promoting client survey completion.

Implication(s)

- **Outcomes**
 - Overall, 418 surveys were completed with 56.5% English and 43.5% Spanish.
 - Overall, 98.1% of clients rated the services they received as excellent/very good with 33.5% of corresponding comments highlighting staff being friendly/respectful/welcoming/kind and 14.2% informative/helpful/responsive to questions.
 - Days/hours of operation were rated excellent/very good by 86.6% of client respondents
 - 96.9% of clients responded that they would recommend DCoDPH services.
 - Despite efforts to encourage use of online surveys only 12.9% were completed online
 - Numbers of surveys completed was below average by 52%. Use of online surveys was encouraged over paper decreasing the number of paper surveys completed. Staffing and provider challenges in several clinics affected their completion numbers. Difficulties adapting the process to incorporate the use of online/phone translation services also affected access for some clients.

- **Staffing**
 - Clinic staff assisted in providing surveys or encouraging online survey access to clients.
 - Processing assistant for Community Health assisted in providing and collecting survey materials.
 - Population Health Quality Improvement Coordinator involved with survey preparation, compilation, and analysis of survey results.

- **Revenue**
 - None.

Next Steps / Mitigation Strategies

- Determine barriers that contribute to the low utilization of online surveys during the survey process.

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- Work with clinic staff to identify ways to improve the survey process for their clients with language barriers requiring online/phone translation services.
- Investigate possibility of providing survey opportunities to clients following their clinic visits using Epic medical record software.

Division / Program: Health Education & Community Transformation / Regional Tobacco Prevention and Control
(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public; Accreditation Activity 10.3: The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description:

- Durham County Department of Public Health hosts the Region 5 Tobacco Prevention Manager position. Natalie Thompson (*née* Rich) has served in this role since December 14, 2020.
- This position provides tobacco prevention leadership and technical assistance to the eight counties of Region 5: Durham, Chatham, Orange, Alamance, Guilford, Rockingham, Caswell, and Person.

Statement of goals:

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

Issues:

- **Opportunities**
 - Positions Durham County as a leader in tobacco prevention in Region 5 and in the state of North Carolina.
 - Provides an opportunity to replicate the program and policy successes of Durham in other counties.
- **Challenges**
 - Staff turnover and burnout from the COVID-19 pandemic presents a challenge in mobilizing support for tobacco prevention programs and policies.
 - Tobacco prevention policies and programs often face resistance in tobacco-producing states like North Carolina.

Implication(s):

- **Outcomes**

The Region 5 Manager has achieved a number of successes in each of these goal areas, including:

 - Prevent the initiation of smoking and other tobacco use: reconvened Region 5 Tobacco Collaborative, with representation from each of the counties in the Region and added a new partner, Insight Human Services, an agency that provides tobacco prevention education and treatment to middle and high school students in Person, Orange, and Chatham Counties.

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- Eliminate exposure to secondhand smoke: laid the groundwork for partnering with NC A&T and NCCU on a 2-year grant to strengthen their campus tobacco policy, prevention, and treatment for students and staff.
- Help tobacco-users quit: supported three Region 5 Collaborative members in getting trained and certified as Tobacco Treatment Specialists.
- Identify and eliminate tobacco-related health disparities among N.C. populations and communities: provided ongoing technical assistance to two of the three LME-MCOs delivering Medicaid behavioral health services in Region 5. Assistance included guidance on implementing a tobacco-free policy in accordance with the new Medicaid Tobacco-free requirement and recommendations for providing tobacco treatment to people with behavioral health disorders.
- **Service delivery**
 - To meet the tobacco prevention goals for the region, the Region 5 Manager has reconvened the Region 5 Tobacco Collaborative, that includes representatives from each of the eight counties. The Collaborative members are health educators, medical providers, and/ or administrative staff that focus all or part of their time on tobacco. The Collaborative meets at least quarterly to share ideas and resources. New Collaborative members have been added to the team from Rockingham, Person, Chatham, Alamance, and Durham County, including the new Durham County Tobacco Health Education Specialist (Aleyah Brown).
 - The Region 5 Manager also sends weekly updates to the Health Directors in each of the counties in the region and presents updates at the Health Directors' meeting upon request.

- **Staffing**

- The Region 5 Manager is employed by DCoDPH and works closely with the Region 5 Tobacco Collaborative, Durham County Tobacco Health Education Specialist, and the NC Tobacco Prevention and Control Branch.

- **Revenue**

- This position is funded by the Center for Disease Control and Prevention and is administered through the NC Tobacco Prevention and Control Branch.
- Durham County received \$92,272 to support the work of the Region 5 Tobacco Prevention Manager in fiscal year FY21-22. It will receive the same for FY22-23.

Next Steps / Mitigation Strategies

- Continue to lead and support the Region 5 Tobacco Collaborative.
- Continue to provide technical assistance to LME-MCOs and health agencies implementing a smoke- or tobacco-free policy.
- Reach out to Region 5 Health Directors to identify tobacco-related priorities in a post-COVID world.
- Provide support and technical assistance to NC A&T and NCCU in strengthening their campus tobacco policy and improving tobacco education, prevention, and treatment for students and staff.

Division / Program: Health Education & Community Transformation Division / Teen Dating Violence Awareness and Prevention Month Education Activities
(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.)

Program Description:

- Teen dating violence is more common than many people think. The CDC's Youth Risk Behavior Survey data indicated that, in the US, approximately 1 in 4 females and 1 in 7 males experience intimate partner violence under the age of 18. There is an ever-present need for conversations between trusted adults and the teens they support concerning dating violence, sexual assault, exploitation and prevention strategies.
- The 'Talk About It or Talk it Up' Lunch-and-Learn series is a call to action for young people and those who support them to engage in meaningful conversations about healthy relationships and navigate what may be unhealthy or even abusive.

Statement of Goals

- To enhance collaboration with partnering agencies and organizations to increase education on teen dating violence awareness and prevention among Durham teens and the adults who play a supportive role in their lives. The intent of these collaborative efforts is to:
 - Equip adults and the teens they support with information on risk and protective factors for teen dating violence and the skills to prevent it before it starts.
 - Educate parents and others serving in supportive roles for teens to communicate characteristics of healthy dating relationships based on to teens prior to dating.
 - Equip parents, trusted adults and teens with skills to recognize the signs of teen dating violence and actions to take to put an end to the violence.

Issues:

- **Opportunities**
 - In December of 2022, while discussing plans to offer Mental Health First Aid (MHFA) training to Durham County Library employees, James Osborn of Alliance Health proposed an opportunity to collaborate on webinar offerings from the DCoDPH Health Promotion and Wellness Team. A discussion with Ashley Bass-Mitchell of Alliance Health, Armenous Dobson of Insight Human Services and Donna Rosser of DCoDPH led to plans for a lunch-and-learn webinar series in honor of Teen Dating Violence Awareness and Prevention Month.
 - While discussing possible topics to cover, additional agencies including existing partner, Durham Crisis Response Center (DCRC), The LGBTQ Center of Durham and the Office of Women and Youth Involvement were proposed to cover topics like sexual assault, LGBTQ dating violence and human trafficking. To allow for adequate planning, the group decided to wait until March to begin the webinar series. Thus, a post-TDVAM webinar series during a month that offered an additional week was selected.

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- **Challenges**
 - For the most part, the webinar series was carried out as planned. A few of the challenges experienced during planning included:
 - An invitation to one agency was never accepted. Fortunately, an Alliance Health representative accepted an invitation to facilitate the webinar on the selected topic instead.
 - A family emergency on the day of one webinar led to a need to switch sessions at the last minute. All attendees agreed to remain and participate in a confidential “Real Talk” session instead. The originally scheduled webinar was rescheduled and was also well attended.
 - One of the participating agencies asked that their representative withdraw as facilitator for a webinar for which they felt needed more preparation time. The planning team agreed that more preparation was needed and to prepare webinar on sexting and the law for a later date.

Implication(s):

- **Outcomes**
 - Partnerships with Alliance Health and Insight Human Services on injury prevention topics like firearm safe storage and safe medication disposal have existed over the last year. However, domestic violence is a new area of focus for this partnership.
 - Durham Crisis Response Center (DCRC) has been a partner with DCoDPH on domestic violence activities for many years but planning for the webinar series provided an opportunity for them to collaborate with additional agencies.
 - Planning for the webinar series provided an opportunity to collaborate with the NC Office of Administration at the Council for Women and Youth Involvement.
 - A total of 68 individuals attended some or all of the webinar series, with 24-percent attending more than one session.
 - Outcomes of activities are speculative at this point. However, strategies that educate adults and teens to recognize dating “red flags,” encourage healthy parent-child relationships, caring relationships with friends, and dating relationships based on respect and consent, will ultimately result in a decrease in dating violence.

- **Service Delivery**
 - The Talk About It/Talk it Up Post-TDVAM Lunch-and-Learn Webinar Series took place during four Tuesdays in March 2022 and featured the following topics and facilitators:
 - March 8, 2022 – Human Trafficking of North Carolina’s Youth. Facilitators: Kiricka Yarborough-Smith and Kendra Underwood of the NC Office of Administration at the Council for Women and Youth Involvement
 - March 15, 2022 – How Will I Know? Talk About Signs of Healthy and Unhealthy Relationships. Facilitators: Ashley Bass-Mitchell of Alliance Health and Donna Rosser of Durham County Department of Public Health

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- March 22, 2022 – LGBTQIA+ Specific Healthy and Unhealthy Relationships. Facilitator: James Osborn of Alliance Health
- March 29, 2022 – What We Teach Kids About Sexual Assault: An Interactive Session for Adults. Facilitator: Sam Peterson of Durham Crisis Response Center

- **Staffing**

- 1 DCoDPH Injury Prevention Public Health Education Specialist – Over the 6-weeks, attended 30-minute, weekly Zoom meetings with Alliance and Insight Human Services representatives to discuss progress in plans for webinar series. Worked with group to develop content to include on flyers. Facilitated session and introduced webinar facilitators during sessions she did not facilitate.
- One representative from Insight Human Services and Alliance Health
- Two representatives from Durham Crisis Response Center who attended planning meeting and facilitated session on sexual assault and parenting.
- Two representatives from NC Department of Administration at the Council for Women and Youth Involvement facilitated a session on human trafficking.

- **Revenue**

- No revenue was generated as a result of these activities.

Next Steps / Mitigation Strategies

- Additional agencies have requested to collaborate with the existing group to plan activities for Domestic Violence Awareness Month (October 2022). Meetings will begin in May 2022, using a strategic planning process to identify activities and evaluation methods.

Division / Program: Health Education & Community Transformation and Nutrition / Early Childhood Action Plan
(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description:

- In 2019, the North Carolina Department of Health and Human Services released North Carolina’s Early Childhood Action Plan (ECAP). The plan sets forth a bold vision for North Carolina’s children, focused on making steady progress towards achieving ambitious goals relating to children’s health and development, safety and well-being, and learning. Building off this statewide work, Durham is now the first county in the state to create an ECAP specific to our community. “[Grown in Durham: Durham’s Early Childhood Action Plan](#)” is a community plan that was released in September 2021 after a year of county-wide, collaborative planning with families, community leaders, early childhood providers, and early childhood system leaders across Durham. The Durham Early Childhood Action Plan envisions a community where all Durham’s children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities. The plan identifies priorities for collective action and funding to strengthen our early childhood systems in the areas of maternal and child health, early care and education, family support, and basic needs. The Grown in Durham Steering Committee has selected five strategies for immediate fundraising and action. These are called the Five to Thrive:

physical space and peer support; basic income pilot; childcare campaign; affirming & inclusive childcare; and child social-emotional health.

Statement of goals:

- Our early childhood system is strong, all children and families have their basic needs met, all children are safe and nurtured, all children are healthy, and all children are learning and ready to succeed.

Issues:

• **Opportunities**

- A 36-member steering committee has been selected. The steering committee intentionally prioritizes the perspectives and expertise of Black, Indigenous, and People of Color (BIPOC) parents, parents with other marginalized identities (LGBTQ+, low-income, etc.) and representatives from community-rooted groups. Two DCoDPH staff share a seat on the steering committee.
- The ECAP plan includes robust information about the state of our early childhood ecosystem. The strategies in the plan, as well as the landscape analysis, data, and parent perspectives included in the “systems overviews,” can be helpful now for DCoPH program planning, partnership development, and service delivery.
- The Steering Committee has prioritized five strategies for fund development and action. They are called Five to Thrive.
 - 1. Physical space and peer support: Creating spaces where families are welcomed and connected with services through peer support.
 - 2. Basic income pilot: Improving family economic security and increasing economic agency through cash assistance.
 - 3. Childcare campaign: Raising awareness and advocating for important investments to sustain and strengthen our childcare system.
 - 4. Affirming and inclusive childcare: Increase community education and support about understanding, identifying, and accessing developmentally-appropriate, affirming care that is inclusive of all, especially Black and Brown children and children with disabilities.
 - 5. Child social-emotional health: Supporting social emotional health of our children at home and in schools.
- There may be opportunities for DCoDPH to partner on implementing some of the prioritized strategies, especially #1 and #5.

• **Challenges**

- All strategies outlined in the Five to Thrive priorities will require additional funding. That is planned to be a focus of the Grown in Durham Fundraising Committee.
- Ongoing community collaboration is needed to ensure Grown in Durham is community driven and centers the voices and experiences of those most impacted by the challenges in our early childhood systems.
- Shifts in culture, policy, and procedures are not easy changes, but they are necessary to support the success and sustainability of Grown in Durham moving forward.

Implication(s):

- **Outcomes**

- While the Five to Thrive strategies have been prioritized by the Steering Committee, Grown in Durham and the Early Childhood Coordinator will continue to support work in other areas of the plan.
- In addition to supporting the implementation of the Five to Thrive, DCoDPH has the opportunity to support the implementation of the following additional strategies:
 - Language Justice: Ensure early childhood services in Durham can be accessed by all families with young children regardless of their immigration status or English language proficiency.
 - Anti-racism and power sharing: Address institutional racism as a root cause and share power with parents and communities.
 - Food Security: Ensure all families and children in Durham have access to enough affordable, culturally-relevant, and healthy food every day.
 - Family Essential Supplies: Ensure families have the essential family supplies needed to support pre- and post-partum health and to care for babies and young children.
 - Anti-racist healthcare: Create and implement approaches to culturally affirming, anti-racist maternal and child healthcare to reduce negative health outcomes for BIPOC (especially Black) women, birthing people, and children.
 - Healthcare access: Ensure families have regular access to convenient, affordable, preventive, and responsive healthcare for the mother and child throughout pregnancy, childbirth, the postpartum period, and the early years.

- **Service delivery**

- The Early Childhood Coordinator, ACEs and Resilience Coordinator, and a member of the DINE Nutrition team provided an overview of the Early Childhood Action Plan to all Public Health staff in December 2021
- The ACEs and Resilience Coordinator and a member of the DINE Nutrition team will lead a lunch and learn for interested staff on the Five to Thrive on May 20, 2022

- **Staffing**

- The County's staffing contribution to Grown in Durham is 75% of the Early Childhood Coordinator's time. The Early Childhood Coordinator is based in Cooperative Extension.
- Five percent of the Adverse Childhood Experiences and Resilience Coordinator's time currently is devoted to the Grown in Durham Steering Committee.
- 3 percent of a member from the DINE Nutrition program's time.
- Grown in Durham is in the process of selecting a team to serve as the Grown in Durham "backbone" or central support team moving forward. The backbone is expected to be in place by the fall.

- **Revenue**

- DCoDPH has not dedicated or received any funding specifically to the Grown in Durham implementation yet.
- Fundraising for strategies in the plan has begun and Grown in Durham partners have received two awards to date:

17 A Regular Meeting of the Durham County Board of Health, held
June 9, 2022.

- Pediatrics Support Parents, ~\$1.5 million to strengthen the partnership between the pediatric medical home and community partners with a goal of improving early relational health
- Think Babies Alliance, \$10,000 to educate local policy makers and officials about the importance of childcare subsidies and teacher pay

Next Steps / Mitigation Strategies:

- Case management teams within DCoDPH will have an opportunity to provide thought leadership for the strategy around physical space and peer support.
- Through the Durham Adverse Childhood Experiences and Resilience Taskforce DCoDPH will support implementation of strategies around social, emotional, and mental health.
- The ACEs and Resilience Coordinator will continue to provide updates to Leadership Team about the implementation of the Plan and opportunities for DCoDPH staff to engage.
- The ACEs and Resilience and Early Childhood Coordinators will be available to Departmental units interested in engaging with one or more strategies of the Plan.
- The ACEs and Resilience and Early Childhood Coordinators submitted ARPA proposals that are aligned with the ECAP through the staff portal in Fall 2021.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

- **COVID UPDATE:**

Dr. Jeffrey Jenks, Medical Director provided the board with a COVID update.

Summary Information:

- COVID-19 cases have increased since mid-April due to Omicron subvariants circulating
 - Able to get infected with multiple Omicron subvariants
- Slight increase in hospitalizations over the past couple weeks
- Per the CDC metrics we are at the “High” community level
- Universal indoor masking recommended in public
- We will likely see sustained high levels of COVID cases over the coming months given the multiple circulating sub-variants of Omicron, including now BA.4 and BA.5.

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

QUESTIONS/COMMENTS:

Dr. Braithwaite: Dr. Jenks thanks for the information. What would you say would be our metric for determining when we would start requiring instead of recommending mandatory indoor masking? I ask as a parent of three kids headed off to camp soon. No one is requiring mask for camps or travel on airplanes. When would we consider it?

Dr. Jenks: I think that is a good question and it’s something we certainly have talked about here. I think one way to look at it is that we are 2-1/2 years into this and Durham has done a pretty good job, I think of masking when we’ve recommended it and getting vaccinated and we now have plenty of mask, vaccine, test and now some plentiful of good therapeutics and this built up background immunity from prior infection and immunization and this is probably going to be the new normal for a while and a couple of weeks ago we were sort of waffling on the medium and high community level so we were speculating that we knew we were dipping into the high level and we may revert back to the medium level

based on the hospitalization numbers so we rather not make the recommendation to “mask mandate” and then do away with it and keep going back and forth. I think the one thing that we are really looking at is hospitalizations. It hospitalizations are ticking up and hopefully this doesn’t happen; a new variant comes through in the fall for instance and it’s really a mad match for our vaccines, we may have to take a look at that but I think given the situation we’re in and the fact that hospitalizations are low and Durham residents follow our recommendations, I don’t think we have to do that right now.

Mr. Jenkins: I concur and would like to add that we stay in touch with the North Carolina Department of Health and Human Services and the CDC constantly and from a state-wide perspective there is just not an appetite to go back to mandating. They feel as if we really need to go back into that traditional public health posture which is to advise and highly recommend but again, we are not a centralized health system in North Carolina, we are decentralized so we on a local level and have the ability to make that call. There’s not a week that goes by that I don’t ask Dr. Jenks about his thoughts and we are working in tandem and closely monitoring the situation.

Dr. Jenks: The last thing I will say is that me and Liz Stevens meet regularly with Dr. Campbell at Duke so we’re getting feedback from him as well about the situation over there and the Duke hospitals.

Dr. Rhea: Dr. Jenks one quick question just for my education, what role does the health department play if any in prescribing and distributing any of the oral therapeutics? A lot of patients just don’t know about them or don’t understand how to obtain them. What role are we promoting to educate about those agents?

Dr. Jenks: That’s a good question, we talked about this back during the initial omicron wave. It’s a little bit tricky because the thing we like to do in my previous position was to follow-up with the patient a few days after they received it to make sure they were doing okay and then our nurses would follow-up until they were out of isolation. It gets a little tricky, for instance if I were prescribing them here, we don’t have a good mechanism to follow-up because if they are not our patients, we get into a little tricky ground so we decided that it would probably be a little risky for me to prescribe them but we were in contact with medical directors in some of the nursing homes and we offered some teaching if they wanted to discuss prescribing these medications. I would be happy to full-fill that role.

NEW BUSINESS:

- **AGENDA ITEMS FOR NEXT BOARD MEETING**

- Cure Violence (BCU) Presentation
- Gun Safety Presentation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

There was no informal discussion.

Mr. Gregorio made a motion to adjourn the regular meeting at 6:00pm.

Mr. Curtis 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