

A Regular Meeting of the Durham County Board of Health was held August 11, 2022 with the following members present:

Rosemary Jackson, MD; Spencer "Spence" Curtis, MPA, BS; Mary Braithwaite, MD, MSPH; James Miller, DVM; Anthony Gregorio, MBA; Roger McDougal, DDS; Gene Rhea, PharmD, MHA, Josh Brown and Commissioner Nida Allam

Excused Absence: Victoria Orto, DNP, RN, NEA-BC

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, Josee Paul, Dr. Jeff Jenks, Tonia Luna, Dr. Maria Small, Dr. Vanisha Wilson, Natalie Thompson, Dennis Hamlet, Malkia Rayner 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: Chair Jackson requested the following addition:

1. Budget Amendment (*new business*)

Dr. McDougal made a motion to accept the agenda. Dr. Miller seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Rhea made a motion to approve the minutes for June 9, 2022. Dr. McDougal 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 communicable disease staff for their continued responsiveness to another outbreak Monkeypox.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

Chair Jackson called for administrative reports/presentations:

FAMILY PLANNING SERVICES (*Activity 12.3*)

Liz Stevens, Deputy Health Director and Tonia Luna, Women Health Program Manager provided the board an update on the current family planning services offered at the Durham County Department of Public Health (DCoDPH).

Summary Information:

The DCoDPH Family Planning clinic offers a range of contraceptive and preventative services to the Durham community. Services are confidential and offered using a sliding fee scale and intended to be responsive to the needs of the population we serve. The program is supported by several funding sources with applicable rules and regulations attached to this funding, particularly in the case of Title X. Given the current climate surrounding reproductive rights and access to reproductive healthcare, it is important for the DCoDPH staff and board to have clear understanding of

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the scope, limitations and opportunities surrounding family planning services offered at DCoDPH.

Presentation Objectives:

1. Overview of services offered at DCoDPH Family Planning Clinic
2. Requirements of Title X program funding
3. Opportunities for increased support for Family Planning clients

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

QUESTIONS/COMMENTS:

Dr. Small: I will just give a brief “thank you” to the partners at the health department and also acknowledge that we are in a very critical time now for women’s reproductive health and support for the entirety of health for individuals both during and after pregnancy. One of the critical needs that is going to get larger....Durham was highlighted as the need for really reliable contraception and already those long-acting reversible contraceptive (LARC) methods are things we sometimes run out of in our health department and we run out of them at a time when we are in the critical period that we are in now and we anticipate that those needs are going to get larger so that’s one area that we really need to think about providing additional resources and support and in general some of the community-based efforts, community-based organizations are navigators are other folks who can support people when they’re transitioning in times that are challenging, difficult facing challenges in pregnancy and beyond pregnancy, prior to pregnancy and after pregnancy and also Doulas who can support people as they are faced with challenges with pregnancies that are desired or unplanned and after so I think these are some of the folks in our community that we have as resources that could consider providing additional support if available.

Chair Jackson: Thanks so much to the team for that very informative presentation. Are there any other questions/comments for the family planning team?

Dr. Rhea: Dr. Small, you mentioned that some time you run out of the long-acting reversible contraceptive products (LARC) and those are your most popular products, the question of logistics is what happens when the products run out and how far is that gap? Is there a process for referring patients somewhere else to get those or are they offered other alternative methods?

Dr. Small: Liz I am going to refer the question back to you to answer.

Liz Stevens: All of the above. Sometimes we refer clients to partners at Lincoln Community Health Center or Duke depending on what is logistically possible for that client and family. Other times we will give a bridge, for example we might give a woman a three-month Depo injection knowing that in three months we will have another shipment of IUDs in the clinic and we will schedule the patient to come back at that time. I would like to say we do everything we can to keep those clients from falling between the cracks but it does present a little bit of a logistical challenge and honestly additional appointments that they need to come back into the clinic to get the LARC if it’s not going to be available for a month or two.

Dr. Small: Sometimes those interim options are not favorable to particular individual if they’ve had depo or they are not a candidate for birth control pills because of medical conditions so it can be challenging. That is a challenge.

Dr. Rhea: The gap sounds like it is funding based, correct? It’s not that it is a lack of supply but you don’t have funding to purchase the next supply.

Liz Stevens: Yes. It tends to be at the end of the fiscal year when we have used everything we have and we are trying to find that funding to order more.

Dr. Small: The trend now because of the changes in the laws and legislation uncertainty people are really looking for the most reliable methods.

Dr. Rhea: Thank you very much.

Commissioner Allam: Thank you for this presentation. I know Director Jenkins has heard a lot from me in a lot of conversations going back and forth on this so I am really glad we are having this discussion as a full board. I did have a few questions, and Director Jenkins this came up after the call I had with you and other staff. I was talking to the general counsel at Planned Parenthood because I was just trying to figure out because I know they also receive Title X funding and to see how they maneuver accepting and receiving Title X funding and also being an abortion provider and wanting to hear and obviously they're not a government entity so what restrictions exist for us. They sent me the health and human separation of services that if abortions services are provided that they have to be delineated in the budget from Title X funding. Is that only something that groups like planned parenthood have that delineation or can government entities like the public health department have?

Mr. Jenkins: Again Commissioner Allam and I welcome feedback from Liz and others but it has been our tradition to not provide those services because it has been frowned upon by the North Carolina Department of Health and Human Services. I have consulted on several occasions with our legal experts which include Joe Moore, School of Government, Chris Hoke, retired counsel for DPH and others which all said that this is simple something that we don't do in public health, however, through your research with the general counsel for Planned Parenthood being that they are an entity that is set-up specifically designed for that particular activity they have the ability to delineate but public health departments have not and to my knowledge have never been setup to do this type of work.

Dr. Small: Some of the required regulations to perform terminations are fairly extensive and costly. I think that would be a big challenge and for the resources that are available to the county we could really use the LARC support for a service that we already provide knowing that we would have quite an extensive amount of change in regulatory obstacles to overcome in order to be able to provide those services and the health department also has access to those services at similar cost ranges through our Ryan funding in Durham.

Dr. Braithwaite: Dr. Small can I ask you a question? I think Commissioner Allam question was very intriguing and important but are you saying there is access to termination services in our area?

Dr. Small: Absolutely.

Dr. Braithwaite: It's not limited and those who seek those services through the health department can be linked to a provider in a timely manner.

Dr. Small: Yes. The providers that are in charge of providing those services also provide services at the health department so they can provide a seamless connection to individuals who would seek those services. They may see familiar faces in both places.

Commissioner Allam: Just two more questions. I just wanted to clarify like reading the presentation I just want to make sure when I go out to talk to folks about the separation of referrals of not being able to actively advocate for abortions for the public health department but Title X doesn't bar us sense the Biden administration changes that we can refer patients to abortions if they ask for that care, we just can't actively be saying or promoting abortions.

Dr. Small: There's no "gag" rule in that respect.

Commissioner Allam: I had one more question. The support of like a community fund that's something that Director Jenkins and I have also talked about because there are a lot of different funds especially as North Carolina is one of the few states that is still currently legal for abortion services. I know our board members (BOCC) have been talking about varies options and meeting Director Jenkins about pushing the line... because I know he knows I still in my heart want the public health department to provide these services and I will keep researching and asking questions but if we are not able to, I would really like to see us

moving in the way of providing a community funding and support and I'm really glad I was included here for us to explore. We have services and clinic providers because Planned Parenthood in Durham don't provide abortions; the Chapel Hill location does and there is a clinic in North Durham. Under the state website is there any other clinics located in Durham or are they in neighboring areas?

Dr. Small: The Ryan Family Planning Clinic at Duke provides termination services and obviously for some of the reasons that you know of I don't know if we widely advertise that but I think that people are given that information and can be made aware of that availability. Dr. Beverly Gray, Co-Medical Director and in charge of family planning is also the past director of The Ryan Family Planning Clinic and has spoken at the state and national level about full access to reproductive health services which includes abortions. One of the things that can be discussed but not talking up the rest of this meeting but obviously is a very important issue is what type of fund would be available to have individuals if not the county itself provide support for people coming to our Durham County Health Department and desire termination services.

Commissioner Allam: I would like to schedule some time with you later to talk about that more.

Dr. Small: And maybe we can also include some of our community partners who are active in that area.

Chair Jackson: That sounds good. Thank you Dr. Small for that.

Mr. Jenkins: I know that we spent a significant amount of time on this topic but I would like to give Dr. Vanisha Wilson an opportunity to speak since she collaborated on the presentation.

Dr. Wilson: I don't think I have any additional information to add besides to the questions Dr. Small have answered in terms of the resources that are available to our patients at our clinic and there has not been an issue with patients accessing those services when they ask for them. As Dr. Small said a lot of the same providers at the health department are also at our family planning clinic as well.

Chair Jackson: Thank you so much. Are there any other questions or discussion? I hear that Commissioner Allam will continue her research. Thank you, Commissioner Allam for your interest and research and bringing this to the full board. I look forward to discussing this a little bit more so "thank you" all very much.

PUBLIC HEALTH VACANCY REPORT (*Activity 37.6*)

The board received a copy of the vacancy reports for June and July 2022 prior to the meeting. The vacancy rate for June 2022 was 16.6% and 16.1 for July 2022.

(Copies of June and July 2022 Vacancy reports are attached to the minutes.)

QUESTIONS/COMMENTS:

Chair Jackson: I see we are holding steady at around 16% for the past several months. We were up in the 20% close to 30% at one point.

Mr. Jenkins: We have had a rough couple of weeks so September may not be looking to good. Just giving you a heads up.

Chair Jackson: How are those vacancies affecting day-to-day operations? Is anyone's area in particular being affected more? Are we still able to keep up with what we need to do?

Mr. Jenkins: We are but I would like to lift up our Environmental Health Division. The On-site Water Protection area in particular has been hit hard and as we know in Environmental Health it's a long process to get fully authorized. Chris Salter and team are doing a fine job with maintaining and I am happy to say that we have been able to secure new hires but as mentioned before if they're not fully qualified it takes quite a while to get them up to speed. Otherwise, nursing is holding its own with no real impact to operations.

Chair Jackson: Okay we will continue to keep an eye on that.

Commissioner Allam: I have a question, not necessarily about the vacancies but how the Board of County Commissioners (BOCC) is their ways that we can be more supportive. I know that President Buxton at Durham Technical College is really eager to increase their nursing program and is their ways that the BOCC, Board of Health and Durham Technical College could partner and I know I would need to talk to the rest of the BOCC but I think that would be a really cool opportunity for us to explore. A pipeline from Durham County Department of Public Health to Durham Technical College.

Mr. Jenkins: That is an excellent suggestion and we've done things like that in the past and can revisit it. We've had strong connections with Duke School of Nursing in particular for our School Health Nursing Program under the leadership of Liesl West and we are beginning to see so good fruits of our labor so we are open to investigating any and all avenues in order to get these positions filled.

Chair Jackson: I know one health organization I worked with had to resort to travelers. I know we had to do some of that. Have you been able to avoid that expense for the most part?

Mr. Jenkins: For the most part. Different reasons have been given as to why people are leaving but it's just again resignations. People are looking at different options particular telecommute and remote options which we offer but it's hard to tell.

Mr. Gregorio: Just to add on to Commissioner Allam's idea we also have the City of Medicine Academy and Duke Regional as a pipeline for early career talent here in Durham. It would be great if we can partner with them as well.

Mr. Jenkins: Absolutely.

Chair Jackson: Duke Regional work with both Durham Tech and the academy right next to their campus. I think it would be great for that whole coordination with the same needs and the same people to do the work there and why we are mentioning Duke Regional, the president of Duke Regional, Katie Galbraith is retiring. She has been in the healthcare system for 26 years and is moving to New Jersey. I want to say publicly that we appreciate all of the work she has done with Durham County Department of Public Health particular in the last couple of years with our COVID efforts. She has been an amazing support and I want to wish her well and she will be missed.

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 July 2022 prior to the meeting.

(Copies of June and July 2022 NOV reports are attached to the minutes.)

QUESTIONS/COMMENTS:

Chair Jackson: I still see a lot of "red" and some purple and it looks like things are happening. I know Environmental Health is being stretched but they are doing a really good job in trying to keep up...it's a lot.

Health Director's Report August 11, 2022

Division / Program: Nutrition/Clinical Nutrition/Participation at Men's Health Initiative Event

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

Program description

- June 4 and 5, 2022, DCoDPH's Nutrition Division provided Nutrition & Healthy Lifestyle Classes at the Men's Health Initiative- a community-wide health screening offered by the Duke Cancer Institute.

Statement of goals

- The Nutrition Division delivers health promotion and disease prevention education and medical nutrition therapy to the residents of Durham County.
- The Men's Health Initiative aims to prevent disease and illness by lowering health risks through education, increasing the use of preventative medical screenings, and encouraging preventative health care.

Issues

- **Opportunities**
 - Collaboration between the Nutrition Division and the Duke Cancer Institute promotes the goals of both agencies.
 - Event took place on Saturday, June 4 at Lincoln Community Health Center and Sunday, June 5 at the medical clinic of Duke Primary Care Croasdaile.
 - Free screenings for colon cancer, skin cancer, diabetes, and high blood pressure were offered.
 - Two Durham County nutritionists lead 20-minute rolling Healthy Eating and Diabetes classes during the initiative.

Implication(s)

- **Outcomes**
 - Of the 181 attendees, 70 had a diagnosis of diabetes or pre-diabetes based on an elevated A1C measurement or risk screen.
 - 100 men with a diagnosis of diabetes, prediabetes, or simply an interest in healthy eating attended a 20-minute nutrition education class.
 - Participants were engaged in learning tools for self-care and were interested in nutrition and healthy lifestyle changes.
 - Program emphasized the importance of nutrition and exercise and their effect on overall health and blood sugar control.
- **Service delivery**
 - Two Nutrition Specialists from DCoDPH contributed the educational presentations and counseling.
- **Staffing**
 - The DCoDPH Clinical Nutrition staff includes 4 Registered Dietitians who provide Medical Nutrition Therapy (MNT) and nutrition education outreach to the community.
 - Nutrition Clinic is open for individual appointments with a Registered Dietitian during normal business hours of DCoDPH, Monday - Friday.

Next Steps / Mitigation Strategies

- DCoDPH's nutritionists will continue to collaborate with community agencies in the shared goal of educating and empowering citizens for optimal health and selfcare.

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Division / Program: Nutrition Division /Clinical Nutrition—Provision of Nutrition Services thru Special Nutrition Addendum State Funds
(Accreditation Activity 20.1 The local health department shall collaborate with community health care providers to provide personal and preventive health services.)

Program descriptions

- On June 8, 2022, the DCoDPH Nutrition Division was audited by the NC Department of Health and Human Services, Division of Child, and Family Well-Being. The purpose of the audit was to assess compliance with the Special Nutrition Agreement Addendum for the provision of clinical nutrition services.

Statement of goals

- To obtain a deficiency free report for continuation of medical nutrition therapy for uninsured infants and children through the Special Nutrition Addendum grant.

Issues

- **Opportunities**
 - Special Agreement Addendum funds are available from the North Carolina Department of Health and Human Services (NCHHS) for the provision of medical nutrition therapy services to infants and children who might otherwise not have access to these services due to lack of insurance/ Medicaid coverage.
- **Challenges**
 - Assessment of compliance with the addendum deliverables by NCHHS is necessary for the continued funding of the grant.

Implication(s)

- **Outcomes**
 - The review and chart audit of the clinical nutrition program at DCoDPH demonstrated that funds from the Special Nutrition Grant are being appropriately and effectively used.
- **Service delivery**
 - The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH. Home visits are scheduled for infants and young children as needed.
 - Targeted medical nutrition therapy for children of all ages in Nutrition Clinic and in the home by pediatric nutrition specialists is a service unique to Durham County and recognized throughout the State. Referral sources for the services include pediatricians, Care Management for At Risk Children (CMARC), pediatric and family-focused community agencies, schools, Children's Developmental Services Agency, WIC, Duke Special Infant Care Clinic, and pediatric physical, speech, and occupational therapists.
- **Staffing**
 - The DCoDPH Clinical Nutrition staff includes 5 Registered Dietitians and Licensed Dietitians/Nutritionists who provide Medical Nutrition Therapy (MNT) and nutrition consultations.
 - Registered Dietitians staff the DCoDPH Nutrition Clinic, Monday through Friday, 8:30am- 5:00pm.
- **Revenue**
 - The Special Nutrition grant funds \$20,000 annually for direct service and consultations for children and their families.

Next Steps / Mitigation Strategies

- Regular communications will continue between DCoDPH Clinical Nutrition team members and the State for the purpose of ensuring Special Nutrition grant funds are being most appropriately and effectively utilized. The goal of the DCoDPH Nutrition Division is to continue to receive the Special Nutrition Addendum from NC-HHS.

Division / Program: Nutrition/ DINE/Collaboration for Durham Public Schools Wellness Event

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

Program description

- 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.

- WG Pearson Elementary School recently hosted an event for students and their families – the MyPlate Fun Run on Saturday May 14. It was a collaboration between DINE, school administration and staff, and the WG Pearson Parent Teacher Association (PTA).
- The MyPlate Fun Run was part race and part obstacle course; it emphasized balanced nutrition and the importance of physical activity. Students ran around the entirety of the school's perimeter, stopping at six stations on their course. Five stations represented food groups from MyPlate (the USDA's healthy eating model) and one station represented the importance of hydration. Each station featured fun food trivia and facts, a physical activity challenge, and a corresponding taste-test. Students received a food group sticker on a "MyPlate" necklace each time they completed a station. Once they completed all stations, they received a "swag bag"- an insulated lunch bag filled with recipes, nutrition themed bookmarks, pencils and more.

Statement of goals

- To plan and execute a replicable school-wide wellness event for students and families in an effort to promote a culture of wellness.
- To provide extracurricular nutrition education and physical activity opportunities for all students at the school.

Issues

- **Opportunities**
 - This project has expanded the partnership between DINE and WG Pearson Elementary School.
 - The PTA provided a healthy breakfast at the event, which helped to encourage families to attend.
 - Offering a weekend wellness event provided an opportunity to engage parents and families in nutrition and physical activity education.
 - The WG Pearson administration has already added a date for this event for the upcoming school year.
- **Challenges**
 - Advertising began later than initially planned because there were other schoolwide events that occurred during the weeks leading up to the Fun Run.
 - A rain date was not planned. It rained on the day of the event and only half of the event was completed outdoors. Thanks to the PE instructor and school leadership, the team was able to move the stations into the gym and complete the run there.
 - Replicating this event requires a significant amount of effort and time from the PTA and school administration. This creates barriers for some of DINE's partner schools, especially those with less active PTAs.

Implication(s)

- **Outcomes**
 - A nutrition and physical activity event and resources were provided to WG Pearson Elementary School students and families on Saturday, May 14.
 - A total of 40 students and family members participated in the Fun Run.
 - The DINE Nutritionist documented the process so that the event can be replicated in the future.
- **Service delivery**
 - On Saturday, May 14, DINE Nutritionists and WG Pearson staff and volunteers executed a MyPlate-themed Fun Run event for students and families.

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- **Staffing**
 - One DINE Nutritionist and the WG Pearson PE instructor coordinated the event with the WG Pearson PTA.
 - Additional DINE Nutritionists staffed the event.
 - Volunteers were recruited from the WG Pearson PTA.
- **Revenue**
 - No revenue was generated by this activity.

Next Steps / Mitigation Strategies

- The DINE school team will work with WG Pearson to help the school administration and the PTA replicate or provide a similar event in the future.
The DINE Nutritionist will continue to partner with WG Pearson to provide nutrition education and to help facilitate nutrition and physical activity policy, systems, and environmental changes at the school.

Division / Program: Nutrition Division / DINE / 2021-2022 School Year

(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 families in Durham.
- The DINE school team provides nutrition education and support for wellness initiatives at Durham Public Schools (DPS) elementary and middle schools.
- Due to the COVID-19 pandemic, DINE delivered the majority of its lessons and programs virtually from March 2020-June 2021, and returned to in-person programming in DPS elementary and middle schools during the 2021-2022 school year.
- Every year, the DINE school team conducts multiple surveys and screenings to evaluate the outcomes of the program.
 - Student Pre/Post Screenings: Conducted with elementary and middle school students to assess knowledge change after receiving DINE programming. To assess behavior change, food frequency questions from validated surveys are included in the screenings for students in 4th grade and older. The pre-survey is administered prior to DINE classes and the post-survey is administered soon after DINE classes end. This year, these were completed via a Survey Monkey link or PEARS (data entry platform for SNAP-Ed).
 - End-of-Year Parent Surveys: Conducted with elementary school parents to assess behavior change and the quality of the DINE program. Parents could access these surveys either through a Survey Monkey link or the hard copy survey that was sent home.
 - End-of-Year Teacher Surveys: Conducted with elementary and middle school teachers to assess knowledge and behavior change among students from teachers' observations and to assess the quality of the DINE program. Teachers could access these surveys either through a Survey Monkey link or a hard copy survey.

Statement of goals

- To modify lessons, taste tests and cooking classes to ensure quality nutrition education while maintaining the safest environment

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possible for students, teachers, and staff during the ongoing pandemic.

- To evaluate the outcomes of DINE programming in schools.

Issues

- **Opportunities**

- DINE school nutritionists were invited back into schools this year to carry out their nutrition curriculum.
- Middle school nutrition classes pivoted to virtual learning more easily than other grades reached by DINE. Nutritionists were able to offer hybrid series this school year, with online classes and in-person cooking demonstrations instead of hands-on cooking labs.
- DINE's presence in the schools reintroduced other opportunities, beyond the classroom curriculum. DINE participated with school programs such as family events, before and after-school programs, garden education, and more.
- DPS placed an emphasis on increasing students' time outdoors when in-person learning returned. This created additional DINE education opportunities such as outdoor student and family cooking lessons, and an increased amount of garden education.
- Some schools were willing to also return to implementing policy, systems and environmental (PSE) changes with DINE support to improve their school health environment. Classroom Garden Kits were a new project that many classrooms participated in. These kits provided materials and lessons for students to grow microgreens in the classroom, and reinforced academic subjects such as science, math, and English language arts.
- DINE was also able to grow and pivot ongoing projects. For example, the Educational Activities Together (EAT) newsletter transitioned into an active Farm to School coalition, including community partners throughout Durham.

- **Challenges**

- DINE nutritionists modified the process for classroom taste tests to ensure best safety practices during the ongoing pandemic. DINE always operates with strict food safety measures, however additional processes needed to be considered due to COVID-19. DINE nutritionists created specific taste-test guidelines to implement during COVID-19 and regularly reviewed and modified those based-on classroom experiences and any changing public health guidance. For example, instead of preparing foods in the class or allowing students to assist, most taste tests were prepared in the DINE kitchen, prepackaged, and delivered in individual containers or bags.
- Cooking classes are usually a part of the DINE curriculum in most participating schools. DINE nutritionists did not feel that cooking classes were safe during the continued pandemic this year. While this is an important part of the program, the DINE team was creative in providing other hands-on, food-based experiences for students. Examples included cooking demonstrations, mindful eating experiences and garden education.
- The school system faced multiple challenges with COVID-19 and the entry of students back into the classroom. Some administration and teachers were overwhelmed with the day-to-day tasks that were required of them. DINE was impacted by this as some nutritionists faced challenges with classroom enrollment in DINE. Some classroom sizes grew throughout

the year, alongside teacher shortages, making classroom management more difficult at times.

- Evaluation was more challenging due to COVID-19 precautions. Typically, nutritionists would work individually with a student, using an iPad, to collect pre/post survey responses. In an effort to remain socially distant, iPads were not used but rather links were administered to students, so that as a class the survey was taken on student laptops simultaneously. This change in procedure impacted the amount of usable data collected.

Implication(s)

- **Outcomes**

- During the 2021-2022 school year, DINE provided direct nutrition education to 7,684 elementary and middle school students.
- Pre/post screenings were conducted with 2nd-8th grade students. 1,019 matched surveys were collected.
 - 69% of students surveyed demonstrated increased knowledge of healthy food choices and benefits of a healthy diet by scoring higher post-screen than they did pre-screen.
 - 45% of 4th-8th grade students surveyed (721 matched) showed improved behavior related to nutrition.
- Parents were sent a survey at the conclusion of DINE lesson series. Of the parents completing the end-of-year survey (400):
 - 81% reported their student is more willing to eat healthy foods after having DINE nutrition classes
 - 81% reported their student is more willing to try new foods
 - 76% reported their student drinks more water
- Teachers were sent an end-of-year survey. Of the teachers completing the end-of-year survey (56):
 - 96% reported their students are more knowledgeable about what is healthy
 - 89% reported their students are more willing to try new foods
 - 78% reported their students are drinking more water
- Qualitative data was collected from teachers and parents on students' healthy behavior changes as a result of the DINE program. Below are some of the comments received.
 - Teacher: "I have had a nutrition program in my classroom for several years. The information for our students and families is very valuable. Students start to understand what is healthy and what is not healthy and why it is important to eat healthy foods."
 - Parent: "She loves to cook and try new recipes(.) She even encourages us to drink water."
- 108 unduplicated students were reached in 8 classes through a DINE partnership with DPS Ignite Academy, a new virtual and in-person blended school program.
- 243 unduplicated students were reached in 54 class sessions through a DINE partnership with the outdoor learning program at DPS. These were conducted at Merrick Moore Elementary and the DPS Hub Farm and included a new pilot cooking class series.
- The DINE school team facilitated 15 policy, systems and environmental changes reaching 2,074 DPS students as of June 2022. DINE is still working alongside DPS to help facilitate district-wide changes that may result in a larger reach later in the year. Some of the changes include:

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- Initiating, improving, expanding, reinvigorating, or maintain edible gardens
- Initiating or expanding a mechanism for distributing produce to families or communities
- Initiating or expanding use of the garden for nutrition education
- **Service delivery**
 - During the 2021-2022 school year, DINE provided services to 15 elementary schools and 6 middle schools.
- **Staffing**
 - Nine DINE school nutritionists, including seven in elementary schools and two in middle schools, provided the DINE nutrition education program during the 2021-2022 school year.
- **Revenue**
 - No revenue was generated.

Next Steps / Mitigation Strategies

- Continue to adjust curriculum and programming based on best safety practices and COVID-19 protocols, as well as survey results from the 2021-2022 school year.
- Work toward reintroducing cooking classes when it is safe.
- Consider adding the outdoor cooking class series curriculum to DINE's permanent programming.
- Seek to improve evaluation procedures while continuing to follow COVID-19 precautions.

Division / Program: Dental Division / Tooth Ferry Mobile Dental Unit
(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- Per an MOU with Durham Public Schools, the Division's mobile dental unit (the Tooth Ferry) will visit various elementary schools in the County.
- The unit is a 2017 Freightliner Chassis, with a leveling system, bump-out walls, and wheel-chair lift. The unit is equipped with ADEC dental equipment, Nomad (hand-held) x-ray unit, ceiling mounted televisions and sound system. There are two dental chairs, a small waiting area and restroom on the Tooth Ferry.

Statement of goals:

- The Tooth Ferry helps ensure that children without a dental home have access to dental services. Those students who do not complete their treatment on the mobile unit have the option to complete their care in the Dental Clinic.

Issues

- **Opportunities**
 - The Dental team initially identifies students in need of treatment based on oral health screenings completed by our Public Health Hygienist.
 - Children can be treated while they are in school, making it convenient for families.
 - As school nurses are in DPS sites, we can work together to address issues.
 - In addition to the two chairs on the Tooth Ferry, the Division has portable chair/cart units so additional students can be treated in the schools, pending space and staff.

- **Challenges**

- Coordinating with schools can take time, particularly when there are new administrators at a site.
- Connectivity on the Tooth Ferry has been spotty in some areas, necessitating IS&T to continue working with us as we approach the new school year.
- The for-profit Smiles Dental Van had been visiting DPS sites and some schools were under the impression this van was affiliated with the County.

Implication(s)

- **Outcomes**

- The team has been meeting with Michael Sommers (Principal: Duke Hospital School at DPS) in preparation for the 2022-23 school year.
- The Division is working with Mr. Sommers to put together a schedule for the upcoming year, finalizing September – December in the coming weeks.

Division / Program: DCoDPH Racial Equity Nexus Team

(Accreditation Activity 26.3: The local health department shall assure that agency staff receives training in cultural sensitivity and competency)

Program description

- DCoDPH launched the 17-person Racial Equity Nexus team in August 2021. The team met monthly for the past year, spending the first five months on team building and training and then moved into projects. Team members were chosen through an application process. Team members dedicate 2-4 hours a month to working on improving racial equity at DCoDPH.

Statement of goals

- DCoDPH is committed to advancing racial and health equity (justice and fairness). Our goal is that health outcomes and wellbeing will not differ based on race, ethnicity, immigration status, sexual orientation, gender, nor religion. To accomplish this goal the Nexus team will:
 - Provide regular opportunities for DCoDPH staff to participate in learning activities about race, racism, and equity.
 - Create a DCoDPH racial equity plan that is based in data and staff/community feedback. Assist with the implementation of the plan.

Issues

- **Opportunities**

- The Nexus team allows for a space where staff come together from different divisions and work to make DCoDPH's policies and practices more equitable.
- DCoDPH received state funding to create an equity plan and provide staff with training. The Nexus team used this funding to contract with Dr. Deborah Stroman and send staff to racial equity trainings. Dr. Stroman is a professor at the University of North Carolina-Chapel Hill and the director of their Diversity, Equity, and Inclusion in research program. She is a senior trainer at the Racial Equity Institute and is the NC NAACP woman of the year.
- Durham County Government is a member of the Government Alliance on Race and Equity and is able to network and share

resources with jurisdictions throughout the country that are working towards racial equity.

- **Challenges**

- Staff have limited capacity and must complete all of the tasks of their regular positions along with the work of the Nexus Team.
- Two teammates have left the County and one was unable to stay on the Nexus team when his job duties increased.
- The County's Contract process took over four months to contract with Dr. Stroman, giving us only two months to complete the work with her.
- The County Racial Equity position has been vacant for nearly the entire year.

Implication(s)

- **Outcomes**

- Documents created include Team Structure, a Commitment Form, Team Norms, and a Mission and Vision of the Nexus Team.
- Executed two contracts with Dr. Deborah Stroman. All staff received two trainings during Staff Development Day. The Nexus Team received further guidance from her during meetings. Dr. Stroman offered listening sessions to all staff to determine the needs, gaps and assets of the health department as it relates to racial equity. Feedback offered during these sessions will help guide the racial equity plan.
- The team held five discussions about current events or about articles related to racial equity and racism. The team hopes to bring these conversations to the whole Department after receiving facilitation training from Dr. Stroman.
- The team planned a racial equity resource center/library to be housed in the 3rd floor break room. Books were identified and purchased. A check out system was created.
- The team reviewed various racial equity surveys/assessment with the goal of surveying staff about needs and assets. Information will be incorporated into the DCoDPH racial equity plan. The team decided to create its own survey and did so with the guidance of Dr. Stroman. The team hopes to present this survey to DCoDPH's leadership team this fall.

- **Staffing**

- Ideally the team would include members including representation from the following sectors of DCoDPH: Leadership team, Dental, Nutrition, Allied Health, Population Health, Health Education, Administration/Finance/IT (2), School Health, Cc4c/Triple P, Woman's Health (2), Communicable Disease, Environmental Health, DCo Core Team Member, Chairs (2).
- The team expanded its size, creating two At Large seats and is currently accepting applications. This was in response to staff feedback from the listening sessions.
- The team is chosen through an application process.
- Reviewers (both internal and external to DCoDPH) worked hard to select a team that represents the DCoDPH workforce in regard to race, ethnicity, gender, sexual orientation, ability/disability, religion, years of service, and if the staff is a supervisor.

Next Steps / Mitigation Strategies

- Orient new team members and new chair.
- Execute survey and analyze results.

16 A Regular Meeting of the Durham County Board of Health, held August 11, 2022.

- With assistance of Dr. Stroman and facilitation training, start optional monthly conversations with all staff during lunch about race and racism. Dr. Stroman would like us to purchase the book *The Sum of Us* for our staff to guide the discussions.
- Maintain resource library.
- Incorporate survey and listening session results into a racial equity plan. Write plan with guidance of Dr. Stroman and present to leadership. Begin to execute plan in work groups.
- **Service delivery**
 - The Tooth Ferry will remain at a school up to six weeks, based on the number of students requiring care. A full array of services can be provided on the mobile unit.
- **Staffing**
 - Tooth Ferry Coordinator
 - Dental Practice Director
 - Public Health Dental Hygienist
 - Dental Assistant
 - Driver
- **Revenue – TBD**
- **Other**
 - During redevelopment of the 500 East Main Street block, the Tooth Ferry will be housed at Fire Station 3 (Bahama). The unit will be permanently housed at the former Leesville Road Fire Station when renovation are completed there.

Next Steps / Mitigation Strategies

The Tooth Ferry is hoping to visit Holt and Merrick Moore as the school year begins.

Division / Program: Population Health / Epidemiology

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

Division/Department: Population Health Team, UNC intern, and members of Durham County community

Program Description

The 2023 Durham County Community Health Assessment (CHA) process is underway with plans to begin the door-to-door survey in the Fall. This assessment is conducted in close partnership with Duke Health, Durham County Department of Public Health (DCoDPH), and the Partnership for Healthy Durham. The CHA utilizes a survey designed by DCoDPH to help assess the current health status of Durham County residents. Topics including physical activity, mental health, tobacco use, nutrition and more are addressed. These data will be analyzed and published in the 2023 CHA so that DCoDPH, community organizations, and elected officials are aware of current issues in the county.

These data have been used in a variety of ways including informing grant writing, analyzing data trends over time, and supplement reports disseminated to the public. Health equity takes the front seat of this project and is present in every discussion surrounding objectives. To that end, two surveys have been created for this project: a county-wide survey for any randomly selected community member and the Comunidad Latina survey designed to be culturally appropriate for the Hispanic and Latino population. The Comunidad Latina survey takers will be in randomly selected neighborhoods with 50% or more of the population being of Hispanic or Latino descent. Before the door-to-door survey process can start, the two CHA surveys (for County-wide and Comunidad Latina samples) must be reviewed, tested, and finalized.

Statement of Goals

- Review previous CHA surveys for guidance and identify questions to keep for continuity.
- Invite internal partners including DCoDPH divisions that have participated before in the CHA process to review and edit the survey.
- Invite external partners (Duke Health, LATIN-19, LGBTQIA+ Center and more) to review and edit the survey.
- Hold discussions with LATIN-19, El future and other Hispanic or Latino descent to develop culturally appropriate questions for the Comunidad Latina survey.
- Update demographic questions such as gender and sexuality to be more inclusive as progress has been made since 2019.
- Invite community members to test the survey to identify any issues in the flow of the survey, the questions, and the time limit.
- Use feedback from survey tests to finalize the survey.

Issues

• **Opportunities**

- 6 external partners participated in updating and reviewing the CHA surveys.
- 3 internal divisions within DCoDPH participated in updating and reviewing the CHA surveys.
- Partner with UNC to have an MPH student intern with the Population Health Division.
- Reach out to partners across the county to identify community residents that would represent an equitable sample size to test the surveys.
- Utilize the location of DCoDPH at 414 E Main St. to conduct survey testing
 - Approached individuals in the COVID-19 vaccine clinic and health department lobby on the first floor to help test the survey and provided an incentive for completion.
- Receive real-time feedback on the surveys and get a sense of what it will be like when teams go out in the field in the Fall.

• **Challenges**

- Consolidating all drafts from all partners of the survey into one easy to read document.
- Narrow down questions to keep the time the survey takes between 20-25 minutes.
- Finding an equitable way to identify people to test the survey.

Implication(s)

• **Outcomes**

- Sixteen people took the practice survey from a wide variety of backgrounds, races, ages, vocations, education, and sexes.
- Input from external and internal partners was factored into finalizing the surveys.
- The DCoDPH intern wrote up an extensive report on the process with which the survey was drafted and tested.

• **Staffing**

- Population Health division staff
- DCoDPH UNC MPH intern

- Partnership for Health Durham committee members
- **Revenue**
 - None
- **Next Steps/Mitigation Strategies**
 - Finalize survey by August 5, 2022.
 - Use a third party to translate the survey into Spanish
 - Provide training on how to conduct the survey to staff/contractors/interns/volunteers.
 - Upload survey into tablets provided by the North Carolina Institute of Public Health (NCIPH).
 - Hire contractors to conduct the survey using DCoDPH and Duke Health funding.
 - Conduct the door-to-door survey starting in mid-September throughout Durham County.

Division / Program: Pharmacy/ Medication Drop Box

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

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - The following items are accepted in the box:
 - Over-the-counter medications
 - Prescription medications
 - Prescription patches
 - Prescription ointments
 - Vitamins
 - Reduce environmental concerns caused by flushing unwanted medications.
 - Alleviate prescription drug abuse from expired medications left in medicine cabinets.
- **Challenges**
 - Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.
 - Due to COVID-19, the hours of operation for the HHS building were reduced in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY21-22 Q4
 - ~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.
- Trilogy MedWaste Southeast, LLC 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.
- 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 were reduced in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

Implications

- **Outcomes**
 - Quarterly statistics, FY21-22 Q4
 - ~49,175 needles/syringes returned
 - Year-to-date statistics, FY21-22
 - ~185,460 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: Pharmacy & Health Education / Safe Syringe Program

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

Program description

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

Statement of goals

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

Issues

- **Opportunities**
 - Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
 - Reduce the risk of bacterial infections (i.e., endocarditis) that occur when injection supplies are reused.
 - Connect participants with community resources including treatment options, health care, and housing assistance.
 - The following items are provided in the Safe Syringe Kit:
 - 10 sterile 1.0mL syringes with fixed needles
 - Alcohol swabs
 - Tourniquet

- Condoms
- Sharps Container
- Additional injection supplies
- Participant ID card
- Printed material for harm reduction and ancillary services
- Fentanyl testing strips and Naloxone kits are also offered with each SSP kit.
- **Challenges**
 - Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
 - Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.

Implications

- **Outcomes**
 - The following statistics have been collected for FY21-22 Q4:
 - New participants: 18
 - Total contacts: 74
 - Syringes dispensed: 1890
 - Syringes returned*: ~10378
 - Sharps containers dispensed: 47
 - Fentanyl strips dispensed: 108
 - Naloxone kits distributed (with SSP): 46
 - Naloxone kits distributed (non-SSP): 1
 - 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.

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

2022 BOH POLICY REVIEW/APPROVAL (Activity 35.1, 37.2 & 37.6)

Mr. Curtis made a motion to approve the 2022 Board of Health policies as written. Dr. Braithwaite seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

NEW BUSINESS:

• **MONKEYPOX UPDATE**

Dr. Jeffrey Jenks, Medical Director provided the board with an update on Monkeypox.

Summary Information:

- Monkeypox is not a new virus but this current outbreak is unprecedented
- Infected individuals in this current outbreak differ from previous outbreaks in epidemiology, symptoms and signs of infection
- Infection can be prevented through vaccination with the Jynneos vaccine
- Limited treatment options – infection is typically self-limiting and runs its course in 2-4 weeks

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

QUESTIONS/COMMENTS:

Dr. McDougal: Dr. Jenks thank you for the presentation it was very informative. With monkeypox being pandemic in ten or eleven countries in Africa for decades are there any hypothesis within the public health community about what is causing this recent outbreak and are we seeing an increase occurring in Africa as well?

Dr. Jenks: Good question. The first part of your question is one theory is we were vaccinated against smallpox for decades and the smallpox vaccines that we were using decades ago were very protective against preventing monkeypox as well. The last case of smallpox was in 1976 and globally we stopped vaccinating against smallpox in 1980 so one theory is that people who either had smallpox or were vaccinated against smallpox know are dying for other reasons or the protective effectiveness of the vaccine is wearing off and is just giving monkeypox more room to cause problems so I think that is one theory...now why this all of a sudden we're seeing such a huge outbreak now, were we didn't see a surge in cases 2-3 years ago I am not entirely sure that's why in one of my first slides I just threw this in there even though this is somewhat subjectory at this stage that we may be dealing with a new clade. The monkeypox virus that we are seeing now has some genetic mutations that make it dissimilar from the other two clades so we may just be seeing a new clade or almost like a subvariant that is overwhelming us right now. It's probably multifactorial but one of the theories that I've heard quite about is that people are just not getting vaccinated against smallpox and monkeypox vaccinations are not routinely don anywhere as far as I know and that could be one reason. The second part of your question is are we seeing an increase occurring in the pandemic areas in Africa as well? Not really, the vast majority of cases are occurring outside of the pandemic areas and it really is right now in this specific population primarily, men who have sex with men so I think the prevailing theory is that it has taken hold in these sexual networks relatively small and closed off and its' just causing lots of problems within that community and that sexual network. There is no reason to think that it's just going to stay in those sexual networks of men who have sex with men are more predisposed to get monkeypox there's no data to back that up and it's just circling through that community right now and we will probably if it already hasn't jump out into other sexual networks but because monkeypox is typically not considered a sexually

transmitted infection it primarily occurs in children through close contact with another child or parent (non-sexual) but we are not seeing surging cases in those primarily pandemic countries.

- **BUDGET AMENDMENTS**

The Durham County Department of Public Health request approval to recognize funds in the amount of \$1,433,151 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds are intended to leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems, thus maximizing the public health impact of available resources. These additional resources, by law, are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$728,148 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology/Communicable Disease Branch.

These funds will be used to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency. The scope and magnitude of the COVID-19 response required an “all hands-on deck” approach that redirected staff from much of their normal day-to-day responsibilities. This created a disproportionate focus on COVID-19 cases at the expense of other communicable diseases. As a result, the ability to perform routine activities (e.g., case investigation/management, patient education, etc.) for these other diseases has been suboptimal compared to pre-pandemic efforts. These funds are intended to assist with a return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

The Durham County Department of Public Health request approval to recognize funds in the amount of \$262,706 from the NC DHHS Division of Public Health Women and Children’s Health / Children and Youth Branch.

These funds are intended to strengthen and maintain a strong and inclusive school health team (e.g., school nurse, health educator, school mental health professional, school social worker, and other school health-serving positions) to provide services to students; training and professional development for school health professionals; and other school health workforce capacity building measures as needed and allowable. People in these positions will serve as members of a school-based health team, collaborating with local school health programs to provide COVID-19 response, recovery, and resiliency support in schools. These people will contribute to strengthening school health as part of a local health system ready for the next public health challenge. To achieve this, these funds

may be used to support positions, training, or other capacity-building investments.

The Durham County Department of Public Health request approval to recognize \$20,000 from the North Carolina Department of Health and Human Services Division of Public Health.

This is part of a larger \$112,272 award that extends from June 1, 2022 – May 2023 for Durham County to support a Regional Tobacco-Free Collaborative and implement a Tobacco Prevention and Control Action Plan for the following counties: Durham, Chatham, Orange, Alamance, Guilford, Rockingham, Caswell and Person. The Durham County Department of Public Health (DCoDPH) was awarded funds from the state, to conduct educational activities for a prohibition on tobacco product usage within 100 linear feet outside any building on a North Carolina A&T State University campus.

Dr. Miller made a motion to approve the (4) budget amendments recognized above. Mr. Curtis seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.

- **EXTERNAL BILLING AUDIT RESULTS**

Rodney Jenkins, Public Health Director apprised the board of the results of the external audit conducted this spring in reference to the DCoDPH Billing Unit. The audit was conducted as a best practice for the period of January 5, 2020-present.

Applied Medical Systems conducted two site visits in their assessment of our billing unit. The audit findings did not indicate any malfeasance or anything improper. They found our group of employees to be knowledgeable in billing and take pride in their work. The auditor concluded that there are several opportunities for improvement in the billing department.

Areas of Improvement:

- Increase accountability
- Increase our utilization of our EHR system
- Improve our billing team dynamics

Mr. Jenkins stated that we are committed to implementing these recommendations. Will Sutton, Local Finance Administrator and team have begun to work on this plan internally with the assistance of County Human Resources.

The department also participated in an administrative monitoring site visit through the North Carolina Division of Public Health on May 24, 2022, 10:00 AM (In person – DCoDPH) - June 01, 2022, 1:00 PM (Virtual follow up - Teams) - June 06, 2022, 1:00 PM (Virtual follow up - Teams) The site visit occurs every two years to ensure the local health department (LHD) complies with the consolidated agreement. The last monitoring visit took place in 2019 (No visit was scheduled in 2021 due to the pandemic).

Additional Information

In past monitoring visits, the LHD staff was able to pre-select accounts for review based on a list of accounts the consultants wanted to see. This visit was a random, live onsite selection of records.

Prior to the scheduling of the monitoring visit, we reached out to state consultants in March with an inquiry about what services could be provided with respect to a billing audit. The consultants suggested we first

move forward with the monitoring visit which was subsequently scheduled in May.

Review was performed solely from the previous system used – Patagonia for FY21 (not EPIC)

Results/Findings – Letter Issued 07/13/22 (45-day response ends 8/27/22) – CAP being drafted

- I. Fiscal component (time documentation, expenditure reporting, budget process and financial checklist) – No discrepancies found
- II. Clinical administrative component (review fee and eligibility policy, patient income eligibility for MH and FP - Six funding conditions and one recommendation found

Funding conditions

1. Agency maintains financial records and oversight documentation that demonstrate that the financial management practices are aligned with Title X and other applicable regulations and grants requirements.
2. Financial documentation indicates clients whose documented income is at or below 100% FPL are not charged for services.
3. Agency documentation indicates client income is assessed annually and discounts are appropriately applied to the cost of services.
4. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.
5. Agency should correct billing practices for 87491 & 87591 to ensure that 87491 and 87591 are not being billed to patients.
6. Agency should correct Maternal Health package billing practice. (Maternal Health Consultant is working with agency on this practice)

Recommendation

1. Agency should follow fee and eligibility policies and procedures.

QUESTIONS/COMMENTS:

Chair Jackson: Just one quick question. You talked a little bit about staffing in the finance department. How is the staffing in the finance department?

Mr. Jenkins: There is one question from the billing staff. They continue to state, “they need more people”. As part of the external billing audit conducted by Applied Medical Systems the auditors indicated that we have the correct number of billing staff. The auditor stated that it’s the accountability and ensuring that the work is divided equally and gets done which is something that we are working on including possible changes in job descriptions and the ability for the staff to be trained and certified in billing and coding to make the most of their billing opportunities.

- **AGENDA ITEMS FOR NEXT BOARD MEETING**
 - School Health Presentation

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Attorney Wardell:

The Governor’s State of Emergency Executive Order ends August 15, 2022. The meetings will need to be “live” and subject to the Open Meeting Laws.

Dr. Rhea made a motion to adjourn the regular meeting at 6:27pm. Dr. McDougal seconded the motion and the motion was unanimously approved by the board members as identified in the attendance roster above.



Rosemary Jackson, MD, Chair



Rodney E. Jenkins, Public Health Director