A Regular Meeting of the Durham County Board of Health was held August 8, 2024, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Josh Brown; Victoria Orto, DNP, RN, NEA-BC; Anthony Gregorio, MBA; LeRon Jackson, MD, MPH, James Miller, DVM

Absent: Commissioner Nida Allam and Darryl Glover, OD, Rosemary Jackson, MD.

Others Present: Rod Jenkins, Attorney Christy Malott, Attorney Nathan McKinney, Kristen Patterson, Jeff Jenks, Chris Salter, Micah Guindon, Rachael Elledge, Malkia Rayner, Jim Harris, Bria Miller, Annette Carrington, Kierra Simmons

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

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

Victoria Orto made a motion to approve the agenda. Dr. Gene Rhea 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.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:
Dr. Gene Rhea made a motion to approve the minutes for June 13, 2024. Anthony Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Chair McDougal: Thank you, we will move on to the next agenda item.

STAFF/PROGRAM RECOGNITION:
Dr. Jenkins, Public Health Director for Durham County Department of Public Health recognized:

- The lab team successfully completed a CLIA (Clinical Laboratory Improvement Amendments) inspection on June 25, 2024, finishing all requirements in one day instead of the proposed two.
- The lab passed the inspection with no deficiencies, though there were some recommendations. Dr. Jenkins praised the leadership of Josee Paul and the lab personnel for their excellent performance.
- Further details about the inspection were included in the Health Director's Report.

ADMINISTRATIVE REPORTS/PRESENTATIONS:
Board of Health Fiscal Report FY 23-24: Quarter 4 *(Activity 33.6)* Ms. Micah Guindon, Finance Administrator provided the board with a FY 2024-25 Requested Budget presentation.

- The Department of Public Health (DPH) finished fiscal year 2023-2024 with a revised budget of $31,668,056. Budget adjustments during quarter 4 were primarily linked to opioid funds, the DINE Program, and Federal ARPA (American Rescue Plan Act) pass-through funds.

- The department's expense budget at year's end, including benefits, totaled $56.11 million at year's end. Of that, DPH spent $33,940,466 was spent, reflecting 86% of the general fund expense budget. Major expenses included salaries, fringe benefits (FICA, supplemental retirement, etc.), miscellaneous contracts, immunizations. There was a concerted effort to ensure adequate immunization supplies were in stock for the start of the new fiscal year (2024-2025).
- In terms of revenue, the department brought in $10,480,440, representing 73% of its revenue budget. This figure is expected to increase as more revenue from fiscal year 2024 is received and posted through mid-August. Medicaid was the largest revenue source, accounting for $5.16 million, followed by grant revenues at $4.42 million. Together, these two sources comprised 92% of the department's overall revenue. Service fees contributed an additional $582,942.
- For state grants, the DPH was awarded 31 one-year-only state grants totaling $3.9 million. These are reimbursement grants, meaning funds are only received if they are spent. The department successfully pulled down 90% of the grant funds, collecting $3.5 million. This was a significant improvement from the previous year, where only 70% of the funds were collected.

Ms. Guindon expressed pride in the department's improved performance, particularly in revenue collection and grant utilization, and was open to questions from the audience.

QUESTIONS/COMMENTS:
Anthony Gregorio: For that last slide with the 31 amendments, I noticed that jail testing and integrated targeted testing services, amounting to around $460,000, were included in the director's report. Is this also included in the 31 in the amounts for the grants?

Micah Guindon: Yes, the jail testing amendment is included in the 31. The specific numbers in the director's report may refer to current fiscal year data.

Anthony Gregorio: I saw that there was an expected operational decrease in the budget for the DINE Program. Was that accounted for in the earlier slide where you mentioned the DINE Program?

Micah Guindon: Yes, we had an amendment for the DINE Program this year. It operates on a federal fiscal year, and the contract was received in quarter 4. However, due to delays with federal contracts, we received notice of a budget decrease for the current year, and the budget reflects these changes retroactively.

Anthony Gregorio: Thank you. I also like the new analytics dashboards, especially the Sales Parado is cool.

Micah Guindon: Thank you. I'll let the Population Health team know, as JP and I are always tweaking it. We appreciate your comments and questions.
(A copy of the PowerPoint Presentation is attached to the minutes.)

Division / Program: Population Health
Ms. Bria Miller, Partnership for Healthy Durham Coordinator, Population Health provided the board of an overview of the 2023 Durham County Community Health Assessment: (Activity 1.1)

- The assessment was developed collaboratively by the Durham County Department of Public Health, Partnership for Healthy

Durham, and Duke Health. This assessment provides comprehensive data on the health status of Durham residents and is used by the community for grants, presentations, advocacy, and guiding policy decisions.

- **Vision statement**: The community health assessment is rooted in the community and uses high quality, reliable data to provide a clear and detailed picture of the health assets and needs of Durham County residents in order to equitably guide decision making programs and policies to improve health outcomes.
- **Assessment Process**:
  - The community health assessment must be completed every four years for accreditation purposes. However, since Duke Health operates on a three-year cycle due to the Affordable Care Act, Durham aligns with their schedule.
  - The report focuses on making data accessible and understandable to the public, with community involvement throughout the process.
- **Unique Approach**:
  - Durham still conducts door-to-door surveys, making it one of the few counties in North Carolina to do so. This method helps reach populations often left out of online surveys, especially in marginalized communities.
  - The Latino community survey was conducted by Spanish-speaking contractors at community events. This allowed the team to capture perspectives from individuals who may not have been reached through traditional methods.
  - The assessment involved 53 community volunteers and 86 writers from various organizations, contributing to a document with 15 chapters, 41 sections, and 427 pages.
- **Key Findings**:
  - Racial and Ethnic Disparities: Disparities exist across nearly all health outcomes, driven by structural racism and historical policies such as redlining and segregation.
  - Community Sentiment: Most participants noted that their neighbors, safety, and a quiet environment made their community a good place to live.
  - Affordable Housing: Housing affordability was the biggest barrier for many. White residents were three times more likely to own their home compared to Black or African American residents—a gap that has widened since the 2019 assessment.
  - Access to Healthcare: 41.9% of Latino respondents reported having health insurance in the past 12 months, while 58.1% lacked coverage at some point, with immigration status being a major barrier.
  - Violent Crime: Community safety emerged as a top concern, with violent crime, theft, and gang activity impacting quality of life. The term "community safety and well-being" was used to address these concerns from a public health perspective.
  - Mental Health: 40% of respondents reported worsened mental health since March 2020, primarily due to financial stress, work pressures, and personal relationships.
  - Physical Activity & Nutrition: 83% of participants didn't worry about food running out, but time and cost were barriers to eating healthy. Walking, lifting weights, and gardening were the top forms of exercise.

- **New Chapters:**
  - COVID-19: A chapter was dedicated to highlighting the community's resilience and experiences during the pandemic.
  - Environmental Justice: Durham became one of the first counties in North Carolina to include a chapter on environmental justice, following Alamance County's lead. This chapter delved into how historical environmental policies have impacted public health.
- **Community Involvement:**
  - Listening Sessions: Conducted in both English and Spanish, 14 sessions were held with marginalized groups, including people with disabilities. These sessions were hosted by local organizations and places of worship, ensuring that the community felt safe and heard.
  - Feedback from these sessions revealed concerns about crime, traffic control, housing conditions, and the need for safe sidewalks. Issues such as fear of retaliation from landlords prevented some from reporting problems.
- **Data Tools:**
  - Interactive Data Dashboards were built by John Paul Zitta, allowing users to explore more than a decade of health data. Separate dashboards are available for the countywide survey and the Latino community survey, both in English and Spanish.
- **Top Health Priorities:**
  1. Affordable Housing
  2. Access to Healthcare and Health Insurance
  3. Violent Crime (Community Safety and Well-Being)
  4. Mental Health
  5. Physical Activity, Nutrition, and Food Access

The new priority this year is violent crime, rebranded as community safety and well-being to integrate it with other health priorities and address it through public health initiatives.

- **Next Steps:**
  - Planning for the 2026 Community Health Assessment is already underway. Based on feedback, the next assessment will include a Black or African American sample and use a mixed-method approach, including both door-to-door and community event-based outreach.
  - The 2024 Community Health Improvement Plans are in progress and will be submitted to the state by September. These plans will reflect the community's input from the listening sessions and ensure that local health initiatives align with the community's needs.

Bria concluded by thanking everyone who contributed to the assessment and highlighted the availability of the full report, executive summary, and data dashboards.

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

QUESTIONS/COMMENTS:

Dr. McDougall: Thank you, Bria for a wonderful and very informative presentation. One quote that I couldn't quite make sense of was that "charity is killing people." Please give us a little insight to what that meant.

Bria Miller: That was very powerful. So, in this particular conversation the person was expressing how they have high blood pressure and type, 2 diabetes, and a lot of times whenever they go to sites to receive foods, they are canned foods that are very high in sodium, or they are packaged goods that are high in sugar and carbohydrates, and they express that like, while they are grateful to receive food that they wouldn't have to pay for, and it

wouldn't have to take away from resources that they could put towards something else. Those foods are often detrimental to their health, and they would like to have better options that would support their wellbeing.
Dr. McDougall: Thank you. Yeah, I would have not come to that conclusion. Thank you for clarifying.
Anthony Gregorio: Was the distribution of responses for your study standardized across the county or more localized in certain areas such as the City of Durham? As a downtown resident grocery stores in my area are not easily accessible or walkable, which is a problem given the presence of food deserts in many cities.
Bria Miller: The data collection was mapped with all of Durham County in mind. It involved a random selection of neighborhoods within different census tracts, ensuring a broad representation rather than focusing on just one area like downtown Durham.
Dr. LeRon Jackson: How do we evaluate the data presented, specifically regarding benchmarks and measurements? Whether the goal is to continually improve from previous County Health Assessments or to compare Durham with other cities that have similar structures and demographics.
Bria Miller: It's a combination of both approaches. The primary focus is on evaluating Durham's progress as a community through tools like the trend data dashboard, aiming for improvement in all areas over time. However, it is also valuable to compare Durham's outcomes with surrounding counties to see if other regions have achieved significant improvements. In such cases, Durham might adopt successful interventions from these areas.

PUBLIC HEALTH VACANCY REPORT ***(Activity 37.6)***
The board received a copy of the vacancy report for June 2024 and July 2024. Dr. Rod Jenkins shared positive news regarding a significant drop in the vacancy rate within Durham's school health program. There had been a high number of vacancies, but recent efforts, including successful interviews and onboarding of new staff, have drastically improved the situation. At a recent school health nurse kickoff event, there was a strong turnout, reflecting the program's growth.

Thanks to the efforts of nursing leadership and the program management team, the vacancy rate has decreased to about 13.5%, the lowest it's been since the pandemic. Only 6 or 7 positions remain unfilled out of 40 to 50, which has contributed to this success. Dr. Jenkins expresses pride in the progress and optimism for continued improvement.
(A copy of June 2024 Vacancy report is attached to the minutes.)
(A copy of July 2024 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 June 2024 and July 2024 prior to the meeting.
(A copy of the June NOV report is attached to the minutes.)
(A copy of July 2024 NOV report is attached to the minutes.)

QUESTIONS/COMMENTS:
Chris Salter: Despite having 7 or 8 NOVs approved for municipal sewer connection, progress remains slow, and no new connections have occurred since the last meeting. Some properties are nearing completion, but significant issues persist.

One notable case has had an NOV since January 2023. Despite issuing a repair permit in spring 2023 and initially seeing progress, communication with the property owners has ceased. The team have reached out multiple times without response. A 10-day demand letter was sent by Attorney Malott in January 2024, but no response has been received yet. Sometimes

legal action is necessary to address lingering Notices of Violation (NOVs) when properties are not compliant. These violations can negatively impact neighboring properties, and legal measures become unavoidable if issues are not resolved.

Dr. McDougal: What happens if a property owner doesn't respond to the 10-day demand letter?

Attorney Christy Malott: The legal team will meet with Interim County Attorney Curtis Massey to determine next steps. They are considering filing a complaint in court, as allowed by statute, which would lead to mediation to encourage compliance.

Dr. McDougal: What does the legal process involve if the case goes to court?

Attorney Christy Malott: The court can order injunctive relief, which could require the property owner to either take corrective action, vacate the property, or pay fees.

Dr. McDougal: How are communication barriers being addressed?

Attorney Christy Malott: The Health Department and legal team are working to ensure documents are translated into Spanish and other languages, so that non-English and non-Spanish speakers can fully understand the situation and potential legal consequences. This ensures all efforts are made before resorting to court action.

Dr. McDougal: What is the ultimate goal before taking legal action?

Attorney Christy Malott: The goal is to explore all possible avenues of communication and resolution to encourage compliance before having to take the case to court. The court can order an injunctive relief in order that they abandon the property, or that they take corrective action within a certain time period and then can order fees to be paid also.

Health Director's Report
May 9, 2024

Division / Program: Nutrition / DINE grant update

(Accreditation Activity 10.2 - The local health department shall carryout, develop, implement, and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the CHA.)

Program description

Durham's Innovative Nutrition Education (DINE) program is a unique school and community-based nutrition education program that serves the people of Durham, NC through all stages of life. DINE provides workshops to any group in which 50% of the audience is living at or below 200% of the poverty line. DINE is funded by Durham County and the United States Department of Agriculture's SNAP Ed program.

Statement of goals

- Provide nutrition education to 8,200 Durham residents.
- Work with partners to facilitate policy, system and environmental changes that increase access to nutritious foods and physical activity opportunities for 9,436 Triangle residents.
- Implement a social marketing campaign that reaches 22,350 Durham residents.

Issues

- **Opportunities**

  DINE is looking for other sources of funding to supplement the County funds and SNAP Ed grant and has already applied for a mini grant from the NCPHA.

- **Challenges**

  North Carolina's SNAP Ed allotment did not increase for FFY25 and thus DINE was flat funded. To cover the cost-of-living increase and increased county benefit costs for DINE's staff, the operational budget was cut 37%. This was in addition to the 15% cut to County funding DINE received for FY25.

Implication(s)

- **Outcomes**
  - DINE was able to maintain its current staffing level. Cuts were made to participant education reinforcements, staff travel and continuing education, food for taste tests and other supplies. Reach will not decrease but programs will need to be altered.
  - The Nutrition Division has always paid for continuing education required to maintain staff's national and state dietetics licenses. DINE had to cut this line item and the team will have limited opportunities for continuing education in FFY25.
- **Staffing**

  DINE is staffed by four County funded and twelve SNAP Ed funded staff.

Next Steps / Mitigation Strategies

DINE will seek additional sources of funding through grants and awards.

Division / Program: Nutrition / DINE Teacher Training: Planting Seeds of Knowledge

(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 for SNAP-eligible Durham families.
- DINE works with Durham Public Schools (DPS) and community organizations on Farm to School initiatives to promote local food/agriculture, school gardens, and healthy eating.
- DINE partnered with the DPS Outdoor Learning Specialist to create and deliver two training sessions at DPS's Summer Professional Learning Academy to Support High Expectations (SPLASH). SPLASH was offered to all certified DPS teachers and staff as an opportunity to engage in deep learning around math, literacy, culturally responsive teaching, and equitable practices. DINE's session, titled "Planting Seeds of Knowledge: Meeting Education Standards Using Food and Nature", demonstrated how gardening, cooking, and other food/nutrition-centered activities can be used to meet education standards for a variety of subjects.

Statement of goals

- Reinforce DINE's nutrition education and behavior change goals, focusing on increasing consumption of fruits and vegetables.
- Provide teachers with gardening and food/nutrition activities and resources to use in the classroom or an outdoor learning environment that align with academic standards across a variety of subjects.

Issues

- **Opportunities**

- As part of the DPS Farm to School partnership, DINE and DPS Outdoor Learning often partner to provide garden and nutrition programming in DPS schools. SPLASH provided an opportunity to teach and equip classroom teachers and school staff across DPS who have not had access to the programming on how to utilize similar activities with their students.
- Classroom gardening and cooking activities allow teachers to practice Farm to School initiatives and support students' social and emotional health while meeting education standards across various subjects. During the training session, teachers were shown examples of gardening and cooking activities. Activities ranged from very simple to more intensive, so teachers could pick activities for their classroom based on their comfort level. For example, teachers did a cilantro taste test and made graphs of how many of them thought the cilantro tasted like soap. They also prepared a strawberry cucumber salsa and learned knife skills for chopping.
- Teachers who attended the session now know more about the resources DINE and DPS Outdoor Learning can offer for school garden and nutrition programming. Teachers may extend the reach of the session by sharing their knowledge of these resources with colleagues and school administrators.
- This was the second year of DPS SPLASH. If DPS continues to offer this opportunity, DINE will be able to reach and train more teachers in the future.

- **Challenges**

  Funding to purchase the materials needed for the activities demonstrated in the workshop session (such as ingredients for recipes and gardening supplies) may be a limiting factor for teachers implementing the activities in their classrooms.

Implication(s)

- **Outcomes**

  A total of 33 DPS teachers attended the two sessions offered on June 18. Teachers from Pre-K, elementary, middle, and high school were in attendance. Additional professionals such as social workers also attended. Several schools that have not traditionally received DINE programming were represented at the training.

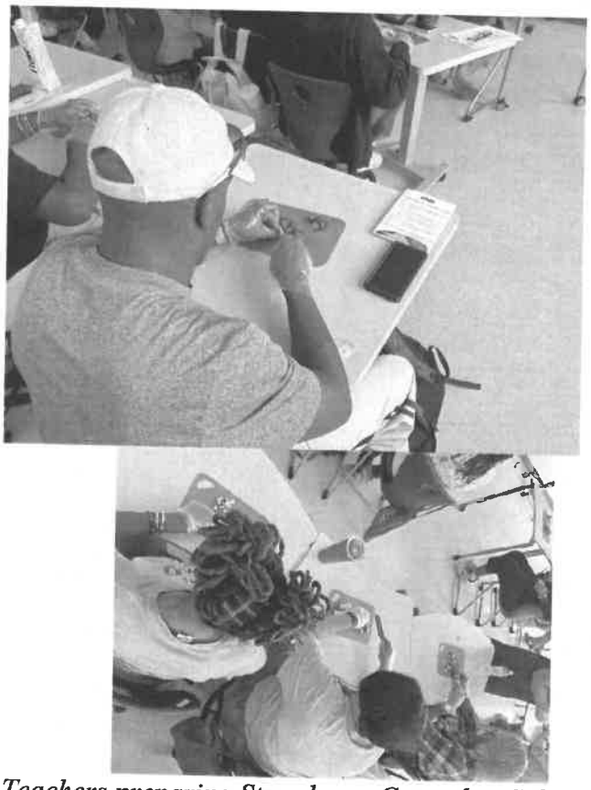
- **Service delivery**
  - DINE partnered with the DPS Outdoor Learning Specialist to develop the two-and-a-half hour training session for teachers.
  - DINE developed or co-developed many of the resources provided to the teachers:
    - Classroom Garden Kit instruction sheet and other supporting materials
    - Durham Grown initiative that includes a resource website, and lesson plans teachers can utilize.

- **Staffing**
  - Three DINE nutritionists along with the DPS Outdoor Learning Specialist led this project through initiation, planning, and presentation.

Next Steps / Mitigation Strategies

DINE will evaluate feedback received via the participant survey to assess impact and make improvements to the presentation.

DINE Nutritionist leading the teacher training



Teachers preparing Strawberry Cucumber Salsa

Division/Program: Population Health / Partnership for a Healthy Durham
(Accreditation Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months.)

Program description:
A Community Health Assessment (CHA) is a process by which community members and stakeholders gain an understanding of the health issues that affect their county by collecting, analyzing, and sharing information about community assets and needs. Holding listening sessions with Durham County residents allows for further insight into thoughts and feelings about their community. The English and Spanish language listening sessions held May-June of 2024 asked community members questions about their experiences with the top health priorities (affordable housing, access to care, mental health, and physical activity, nutrition, and food access) identified in the 2023 CHA process. Responses were analyzed by Public Health Epidemiologist Savannah Carrico. These listening sessions were held in collaboration among the Partnership for a Healthy Durham, the Durham County Department of Public Health, and Duke Health. Eight sessions were held in English by Population Health staff and seven sessions were held in Spanish language by El Centro

Hispano. In additions to listening sessions for the general public, some sessions focused on specific populations such as people with disabilities, men, and parents of young children. Participants received a meal and $25 gift cards as incentive to participate.

Statement of goals:

- Provide a comprehensive set of valid and reliable information about the health of the Durham community.
- Provide community members with an opportunity to be engaged with Durham County Department of Public Health projects.
- Gain insight into Durham County residents' thoughts on issues affecting their community.
- Collect qualitative data to further progress on addressing Durham's health priorities.

Issues:

- **Opportunities**
  - Provide qualitative data and context regarding disparities to the stakeholders, partners, elected officials, and community residents.
  - Use qualitative data to inform the Community Health Improvement Plan process and decision making.
  - Provide a clearer picture of what impacts health in Durham County.
  - Focus intentionally on equity.
  - Uplift community voices.

- **Challenges**
  - One location was hard to access due to limited parking.
  - No residents attended the listening session for young adults.
  - Rushed timeline due to a change in staff and fiscal deadlines.

Implication(s)

- **Outcomes**
  - Held 15 community listening sessions. Seven of these listening sessions were conducted in Spanish in partnership with El Centro Hispano.
  - Reached approximately 150 Durham County residents.
  - These sessions were held in person at local businesses throughout Durham County, increasing accessibility for residents.
  - Listening session data is informing the Community Health Improvement Plan (CHIP) process. Those who are developing CHIPs are reviewing listening session quotes, themes, and recommendations before setting objectives and strategies.
  - Connected with local business owners in Durham County.
  - Offered morning, afternoon, and evening opportunities for participation to connect with a wide demographic.
  - Quotes from listening session participants:
    - "With my employer, health insurance is available but even when you have insurance, health care, access and services are still expensive."
    - "I have a perspective of seeing a lot of people in crises, all the time. These health priorities hit hard. The first thing that comes to mind is that I would love to see Durham (county and city) do more to repair trust in our community."
    - "Helping Durham County share power. I just think we don't utilize lived experience enough and that's

a unique perspective you won't get from your classroom."

- **Staffing**
  - The epidemiologist compiled the responses to create a virtual presentation at the Partnership for a Healthy Durham's Steering Committee meeting in July 2024.
  - The Partnership for a Healthy Durham (PHD) Contractor, the PHD Coordinator, the PANFA specialist, and the epidemiologist scheduled listening sessions and partnered with community-based organizations to gather feedback on Durham County residents' experiences with the top health priorities.
  - Listening session facilitators and notetakers included Partnership members, community members, and several from the Durham County Facilitators Network.
- **Revenue**
  - None.

Next Steps / Mitigation Strategies

- Publicize results of the listening sessions during 2023 CHA presentations to community groups.
- Present listening session results to participants.
- Create Community Health Improvement Plans (CHIPs) around Durham County's top health priorities using data, community input, and information from the 2023 CHA.

Division / Program: Health Education & Community Transformation/ Integrated Targeted Testing Services (ITTS) Community Testing Program
(Accreditation Activity 10.2 – The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description:

- The Integrated Targeted Testing Services (ITTS) community testing program is designed to provide testing services for HIV and other sexually transmitted infections (HIV/STI testing) to high-risk HIV- negative people, such as men who have sex with men of all races and ethnicities, women, people who inject drugs, commercial sex workers, transgender persons, people living with HIV/AIDS that are unaware of their status, and other at-risk priority groups.
- This program ensures that clients testing positive are successfully linked to medical care and other services. The ITTS program implements strategies and/or interventions to reduce barriers to testing and address health inequities among key groups disproportionately affected by the HIV epidemic.
- Connecting clients to PrEP (pre-exposure prophylaxis) services is a crucial piece to slowing the spread of HIV. PrEP is a prescribed medication taken to reduce the chances of getting HIV infection. PrEP is used by people who do not have HIV but are at high risk of being exposed to HIV through sex or injection drug use. The ITTS testing team has increased their PrEP referrals by addressing stigma around PrEP to clients, working with the Adult Health clinic to make PrEP visits more accessible, and proposing innovative strategies to address barriers.

Statement of goals:

- Increase PrEP usage amongst high-risk HIV negative people.
- Address stigma regarding PrEP usage and emphasize that PrEP is for anyone at risk of acquiring a new HIV infection.
- Address barriers the client may have regarding PrEP adherence.

Issues:

- **Opportunities**
  - Maximizing street outreach, which includes going to LGBTQ+ nightclubs, areas that are high risk for drug use and sex work, and local colleges and universities to build trust and rapport among vulnerable populations.
  - Expanding engagement on social media platforms targeting populations of interest to drive increases in awareness about HIV/STI prevention services.
- **Challenges**
  - Unmet social determinants of health are associated with low uptake in preventive health services, including HIV/STI testing services and access to PrEP.

Implication(s):

- **Outcomes**
  - For the fiscal year of July 1, 2023 – June 30, 2024, a total of 39 individuals were referred to PrEP.

- **Service delivery**
  - Community engagement, testing, and other ITTS services occurred across Durham County. Staff integrate social media and downloadable mobile applications into testing activities to increase engagement among our population of interest.

- **Staffing**
  - Two full-time program Public Health Education Specialists on staff have supported this work over the last year: Ashley Bueno and Jarrel Clark.
  - Dennis Hamlet has served as the Program Manager.

- **Revenue**
  - This work is funded by State Agreement Addendums 825 (Jail Testing) and 534 (Integrated Targeted Testing Services). Together these two AAs provided $461,716 to Durham County in FY23-24.

Next Steps / Mitigation Strategies

- Continue to develop innovative strategies to reduce the number of new HIV infections, increase the number of high-risk individuals to know their HIV status, and link individuals to PrEP.

Collaborate with DCoDPH clinic staff to create an efficient and equitable experience for clients on their PrEP visits.

Division / Program: Health Education and Community Transformation / Health Promotion and Wellness - Chronic Disease Prevention

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

Program description

- Hands Only CPR is an American Heart Association (AHA) training aimed to provide basic lifesaving skills to community members. It is estimated that 70% of cardiac arrests happen at home or out of a medical facility. Hands Only CPR is recommended for any teen or adult who suddenly collapses and is not breathing. The training is provided in English and Spanish.
- Hands Only CPR without rescue breath involves 2 procedures. They are:
    - Call 911
    - Press hard and fast on the person's chest at a rate of 100-120 beats per minute.

Statement of goals

- To train Spanish speaking Durham County residents on how to react when a person suffers from a cardiac arrest. The training could reduce the number of deaths related to sudden cardiac arrests that happen outside a hospital setting such as in, their home, a park, or a shopping center.
- Goals are achieved by:
    - Building network relationships with leaders from the Latino(a)(e) community and collaborating with them to organize training dates at their location or at the Durham County HHS building.
    - Work in collaboration with the Durham County Main library to have space for evening and weekend training.

Issues

- **Opportunities**
    - Participants benefit from learning Hands Only CPR without breaths from a certified CPR instructor.
    - Health Educator Yvonne Reza worked with LATIN-19's Health Literacy Program Coordinator, Sharon Munoz to provide Spanish Hands Only CPR to 15 community members on June 24, 2024, at the Durham Co. HHS bldg.
    - Health Educator Yvonne Reza worked with City of Durham Bilingual Community Engagement Strategist Maria Padilla to provide training to 20 members of the community organization Sembrando Raices at Club Blvd.
    - Health Educator Yvonne Reza worked with Durham Co. Library Spanish Speaking Services Coordinator, Maria Ramirez to provide Hands Only CPR training on February 19, March 25, and April 8, 2024.
    - Health Educator Yvonne Reza worked with Tammy Johnston from Iglesia Bautista La Fe to provide Spanish Hands Only CPR to 80 parishioners.
    - Participants learned:
        - About how to react when witnessing a cardiac arrest
        - About how to perform Hands Only CPR without breaths
- **Challenges**
    - It is sometimes a challenge to meet the demand for training because there is currently only one Bilingual Health Educator trained to provide Hands Only CPR.

Implication(s)

- **Outcomes**
    - More Spanish speaking community members are becoming aware about the opportunity to be trained in Hands Only CPR.
    - Several of the participants have expressed interest in becoming certified in CPR, demonstrating awareness of the importance of knowing how to perform effective CPR.
- **Service delivery**
    - The health educator created flyers for the community leaders to recruit participants for the training.

- All training was conducted in-person with AHA approved Hands Only CPR manikins.
- Participants received reminders about each event, and a certificate of participation.

- **Staffing**
  - One Public Health Education Specialist: Yvonne Reza
- **Revenue**
  - This program does not generate any revenue. Education is provided at no cost to the participants.

Next Steps / Mitigation Strategies

- Continue to work with community leaders to provide Spanish Hands Only CPR as workload allows.

Division/Program: Replacing X-ray Equipment in Clinic with Nomad Units

(Accreditation Activity 31.6: The local health department shall have an inventory of equipment that includes a plan for replacement.)

Program description:

- As the x-ray units in the clinic are thirteen years old, and the arms continue to drift, the Division purchased two Nomad units – one for each x-ray room. (Nomad dental X-ray units are portable, handheld X-ray machines designed for dental offices.)

Statement of goals:

- To ensure quality service in the clinic, the Dental Division has preventative maintenance contracts in place for servicing its equipment and a process to replace the same.

Issues

- **Opportunities**
  - Because they are handheld units, the Nomad gives the team flexibility in taking x-rays from anywhere in the clinic (although each one will be housed in one of our two x-ray rooms). Each unit has a shielding feature to protect the operator and patient from radiation.
  - After reviewing options, Benco Dental provided discounts for the Nomad units and could deliver them in a timely manner. The total cost was $13,463.30.

- **Challenges**
  - Because of the cost of acquiring the Nomad units, the Deputy Director received approval from NC DHHS for the Department to use AA 543 ELC Enhancing Detection Activities funds for the purchase.
  - Before the units can be used, we are awaiting shielding plan approval. This was submitted to the State in June. Once the clinic receives final approval, the team will receive training in the operation of the Nomad.

Implication(s)

- **Outcomes**
  - Requisitions for equipment were processed in May and units were delivered in June.

- **Service delivery**
  - A technician from Benco will work with the Division to ensure the equipment is set up properly and is working as designed. The team will also be provided with training.

- **Staffing** – Division Director consulted with the Director of Dental Practice (who researched Nomad models and training options) and

worked with the Deputy Director and Finance Team to complete the purchase.

- **Revenue** – N/A – The new units cost a total of $13,463.30.

- **Other – N/A**

Next Steps / Mitigation Strategies
Training will occur in the coming weeks once approval for the shielding plan is received. To maximize the lifespan of the new equipment, it will be regularly maintained as prescribed.

Division/ Program: Administration – Durham County Opioid Settlement Funds
(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)
Program description

- The Opioid Settlement Funds program is dedicated to implementing evidence-based strategies to effectively reduce the risk of overdose among individuals dealing with opioid use disorder, co-occurring substance use disorder, or mental health conditions.

Statement of goals

- All strategy implemented are evidence-based to effectively reduce the risk of reduce the risk of overdose among individuals dealing with opioid use disorder, co-occurring substance use disorder, or mental health conditions.

Issues

- **Opportunities**
  - **Opioid Settlement Manager position**
    This position will coordinate, strategize and manage the overall opioid settlement program.
  - **Expand harm reduction efforts (through Durham County Public Health)**
    Under the 'Expand harm reduction efforts' initiative, we are planning to hire a Public Health Harm Reduction Specialist. We will also provide medical supplies for harm reduction, including Narcan supplies to support DCo Public Health Pharmacy distribution, 1 vending machine, and safer syringe program supplies for DCo Public Health Pharmacy and community distribution. Additionally, we are considering potential contracts for outreach by an individual(s) with lived experience. We intend to carry this item forward into next year.
  - **Community Linkages to Care (through Durham County Public Health)**
    The CLC initiative will connect individuals who are struggling with substance use disorder (SUD) with comprehensive, evidence-based care, which acknowledges social determinants of health and responds to current housing challenges. The goals are to:
  - Reduce overdose hospital visits and fatalities in Durham County.
  - Increase the number of naloxone opioid overdose reversal kits distributed to Durham County residents with SUD.
  - Engage key stakeholders across Durham County to help respond to the overdose crisis and address social determinants of health for individuals affected by SUD.
  - We intend to move forward with these items into next year.

- **Post-Overdose Response Team (through Durham EMS)**
- Hiring two additional Community Paramedics will allow the Paramedics to broaden their reach and connect with people at the time of the overdose as well as having more staff available to connect with patients within 24 to 72 hours post overdose.
- **Medical Director (Sheriff Department)**
- Hiring of a Medical Director in Support of Detention Center Programs

- **Challenges**
  - We are committed to combatting the opioid crisis by enhancing our Opioid Response program with groundbreaking strategies that will truly make a difference in our community and county.
  - To ensure transparency and community involvement, once the Opioid Program Manager is in place an advisory committee will be developed.

Implication(s)

- **Outcomes**
  - We proudly hosted our Annual Community Meeting on Monday, June 24, 2024. This meeting was a vital platform to update stakeholders and the community on the significant progress we have made and the path forward. We are deeply grateful for the dedicated support of our partners from the Durham County Government, Community Partners, and Local Residents, whose contributions are indispensable to our long-term efforts to combat the Opioid Crisis.
  - As we look ahead to the opportunities and challenges that FY 24-25 will bring, we do so with a sense of excitement and optimism. We are committed to our collective efforts and eagerly anticipate the future, confident in our ability to continue addressing the Opioid Crisis and make a significant impact.
- **Service delivery**
  - In addition to the team preparing required documents for the Board of Health, County Commissioners, and CORE NC (Federal and State approvers) to approve, the Deputy Public Health Director, Kristen Patterson, Finance Director, Micah Guindon, Partnership for Healthy Durham Program Manager, Bria Miller, and Nutrition Program Manager Patrice Carr, conducted interviews for the Opioid Settlement Program Manager in June.
  - Health Education Division Director, Lindsey Bickers Bock, Program Manager, Dennis Hamlet, Medical Director, Dr. Jenks conducted interviews for the Harm Reduction Specialist in June.
  - Finance Director, Micah Guindon assist with the financial and other required documents for the respective Boards approval.
- **Staffing**
  - The Harm Reduction Specialist and Opioid Settlement Program Manager positions have conducted interviews and submitted to HR.
  - Current work for the Opioid Settlement Program is being carried out by the following staff members Lindsey Bickers Bock, Lacie Scofield, Dennis Hamlet, Micah Guindon, and Kristen Patterson.

- **Revenue**
  - Durham County Government continues to fund these efforts through the Opioid Settlement Funds.
- **Next Steps / Mitigation Strategies**
  - The strategies were approved by the Board of County Commissioners on July 8, 2024, and submitted to CORE NC. We are awaiting approval from CORE NC.
  - Durham County Opioid Settlement Program and Opioid Settlement Program Manger positions are waiting HR response.
  - Continue to expand our reach to the community though the Community Linkage to Care program (CLC) with the new funding source.
  - The County is dedicated to securing additional housing units and enhancing current county-owned units using these funds.

Division / Program: Laboratory/ CLIA Inspection
(Accreditation Activity 8.2 - The local health department laboratory and external laboratories utilized by the local health department shall comply with all applicable federal regulations for clinical and environmental laboratory testing.)

Program description

- The DCoDPH Laboratory was inspected by the CLIA Inspection Team on June 25, 2024.
- Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.
- On-site inspections occur, at a minimum, every 2 years and the laboratory must meet all CLIA requirements in order to maintain accreditation.

Statement of goals

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

Issues

- **Opportunities**
  - Previous CLIA Inspection results have greatly improved (2015: 14 deficiencies, 2017: 2 deficiencies, 2019: 0 deficiencies, 2022: 0 deficiencies) while still leaving opportunities for improvement.
  - CLIA Inspections are a learning experience for all participants and encourage discussion among peers regarding processes and improvement opportunities.
  - The inspection offers Laboratory Technicians and Medical Laboratory Assistants the opportunity to experience an external regulatory process.

- **Challenges**
  - CLIA regulations are numerous, varied, and open to interpretation.
  - The previous two years of laboratory documentation must be available to the inspectors.

- Prior to this year's inspection, the Laboratory has experienced extensive staffing challenges, including a vacancy of the Medical Laboratory Supervisor.

Implications

- **Outcomes**
  - The Inspection Team cited 0 deficiencies for the Laboratory, which exceeded the goal the Laboratory has set as an internal metric. This is the third time that the DCoDPH Laboratory has achieved the status of 0 deficiencies. This is an impressive accomplishment that is awarded to a small percentage of laboratories.
  - The Inspection Team was favorable of our refrigeration monitoring system alerts.
  - The Inspection Team offered helpful suggestions and recommendations to improve the readability of several Laboratory policies.

- **Service delivery**
  - Continuous process improvement is ongoing by the Allied Health Division Director, Medical Laboratory Supervisor, and Laboratory Technical Consultant.
  - A plan for Corrective Action was not required as the Laboratory received 0 deficiencies.

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

Next Steps / Mitigation Strategies:

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

Division / Program: 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 mediations.
  - Alleviate prescription drug abuse from expired medications left in medicine cabinets.

- Medication drop-off is available during the hours of operation for the HHS building.

- **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.

Implications

- **Outcomes**
  - Quarterly statistics, **FY23-24 Q4**
    - ~35 lbs. of medication disposed
  - Year-to-date statistics, **FY23-24**
    - ~145 lbs. of medication disposed
  - Previous year statistics, **FY22-23**
    - ~220 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 regularly monitor the drop box and emptied when necessary.
  - Trilogy MedWaste Southeast, LLC is contracted to dispose of the medications.

Next Steps / Mitigation Strategies:

- The drop box is monitored regularly and emptied when necessary. Statistics are 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 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).
- Needle disposal is available during the hours of operation for the HHS building.

- **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 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. Both drop boxes have clear signage in English and Spanish.

Implications

- **Outcomes**
  - Quarterly statistics, **FY23-24 Q3**
    - ~4433 needles/syringes returned
  - Year-to-date statistics, **FY23-24**
    - ~14567 needles/syringes returned
  - Previous year statistics, **FY22-23**
    - ~17694 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.
  - Carolina Biomedical Disposal is contracted to dispose of the used needles and syringes.

Next Steps / Mitigation Strategies:

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

Division / Program: Pharmacy / 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, heath care, and housing assistance.
  - The following items are provided in the Safe Syringe Kit:
    - 10 sterile 1.0 mL syringes with fixed needles
    - 10 Alcohol swabs
    - 1 Tourniquet
    - 6 Condoms
    - Sharps Container
    - Additional injection supplies
    - Participant ID card
    - Printed material for harm reduction and ancillary services
    - Fentanyl test strips
    - Xylazine test strips
    - Naloxone kits
  - Xylazine testing strips are offered in addition to the fentanyl testing strips as of September 2023.

- **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 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.
  - The hours of distribution were changed effective September 06, 2022, due to conflicting demands of pharmacy operations. Staffing is now devoted to serve the SSP clients during the following specified hours:

    Tuesday/ Thursday: 9AM – 12Noon
    Wednesday/ Friday: 1PM – 4PM

Implications

- **Outcomes**
  - The following statistics have been collected for **FY23-24 Q4**:
    - New participants: 4
    - Total contacts: 24
    - Syringes dispensed: 141
    - Syringes returned*: ~4433
    - Sharps containers dispensed: 5
    - Fentanyl Test Strip dispensed: 32
    - Xylazine Test Strips dispensed: 32
    - Naloxone kits distributed to SSP participants: 8
    - Naloxone kits distributed non-SSP participants: 297
    - Naloxone reversals reported: 2

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

- **How this measure is trending?**
  - The volume for total program contacts has decreased by 11 % when compared to **Q3 FY24** and decreased by 52 % when compared to **Q3-FY23**. The volume for unique

program contacts has increased by 25% when compared to **Q3-FY24** and decreased by 80 % when compared to **Q3-FY23**. Possible explanations for this measure include the possibility of increased community-wide access to safe syringe resources.

- **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 quarterly.
- 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.

QUESTIONS/COMMENTS:

Dr. Rod Jenkins: Thank you so much. It's always a tough task to highlight so much great work. I'll be brief and just highlight two things and give credit where credit is due, and that's the expert leadership under Jim Harris in our Dental unit. The replacement of aging X-ray equipment with innovative Nomad units, made possible through state grants. This move is intended to improve efficiency and make better use of available funds, ensuring none go unused.

Under Deputy Director Kristen Patterson's leadership, an opioid settlement manager has been appointed to oversee the management of opioid settlement funding, now housed in public health. These efforts aim to enhance service delivery within the community. There is a need for a dedicated individual to work both internally and externally, coordinating with Deputy Director Kristen Patterson. This individual's role is to ensure that all efforts align with NC Core and county regulations, ensuring that procedures properly followed, and everything managed efficiently and accurately.

Dr. McDougal: You did touch on one of the things that I had a question about. That was the Opioid Settlement Program Manager. You identified a person, and I think you stated his name? Is there a timeframe that we can expect that he will be officially named today?

Dr. Rod Jenkins: His first day was Monday, August 5th and not only did he start but he is already at a conference with our fellow county Commissioners learning more about what we need to do in order to use these funds and to make a difference. His name is Jaeson Smith. He's no stranger to public health. He was the program manager for our Bull City. Strong health literacy initiative and has a ton of experience working in the city of Baltimore. So, we lucked up and got someone whose talents can extend beyond health literacy on to the realm of opioids and community linkages of care and all of that stuff he's quite experienced and we look forward to greater returns.

Dr. McDougal: So, congratulations to Mr. Smith. With the harm reduction specialist from reading the report, it sounds like you made a recommendation. Certainly, interviews have concluded that we have someone in mind for that position.

Dr. Rod Jenkins: Yes. We do have someone with experience in another county from my understanding, just not ready to reveal the name just yet, but we look forward to presenting that to the board at a future date.

COMMITTEE REPORTS:
There were no committee reports discussed.

OLD BUSINESS:
Dr. Rod Jenkins: The board was asked to consider switching to meetings every other month to save time and avoid repetitive discussions, while still meeting statutory obligations. There would be flexibility to call special meetings if needed, such as during budget periods. It was hoped that board members reflected on the proposal during their time off.
Dr. McDougal: Made a motion to entertain and accept that the board move to a bimonthly meeting.
Dr. Gene Rhea: Yes, Dr. McDougal and Dr. Jenkins, I support and make a motion to move to bimonthly meetings.
Dr. McDougal: Do we have a start time or proposed start time, maybe in January that we start or is this immediately?
Rod Jenkins: This can be immediately.
Dr. McDougal: Is that your desire Dr. Rhea?
Dr. Gene Rhea: Yes, absolutely. Unless there's some type of requirements of us making public notice, or something like that, I think immediately makes sense.
Dr. Rod Jenkins: It's important to indicate that all of our meetings are publicly noticed and so I think we're clear on that.
Dr. McDougal: So, we have a motion on the floor. I will entertain a second.
Dr. Jim Miller: Seconded the motion.
Dr. McDougal: It has been moved and properly seconded. Do we have any unreadiness or debate on the issue? Seeing none, we are ready for a vote.

This has been moved and properly seconded. The motion was unanimously approved by the board members as identified in the attendance roster above.

NEW BUSINESS:

- 4 budget amendments to consider.

Dr. Rod Jenkins:

- The Board is requested to approve Public Health request to create a 1.0 FTE Community Health Worker position. This is a grant funded position that requires no additional county funding as it is coming from the State funding is for this position. The funding for this position is already budgeted within public health fiscal year 2024, 2025 budget. This position will support access to women's health services and improve the cultural competency or competence of service delivery.
- The Second Budget Amendment, the Board is requested to approve budget ordinance to recognize funds in the amount of $140,350 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology section of the Communicable Disease Branch. These funds will be used to support communicable disease, surveillance, detection, control and prevention activities to address COVID-19 public health, emergency, or other communicable disease challenges impacted by COVID-19.
- The Third Budget Amendment, the Board is requested to approve budget ordinance amendment to recognize funds in the amount of $72,204 from the North Carolina Department of Health and Human Services Division of Public Health Epidemiology section

of the communicable disease branch. These funds are to assist Durham public health, to help support activities associated with the number of refugee arrivals to Durham County. Which is also going to bring our new total screening to 725 screens.

- The Fourth Budget Amendment, the Board is requested to approve, to recognize funds. The amount of $177,560 from the North Carolina Department, DHHS division of Public Health Epidemiology section of the Immunization Branch. These funds are intended to continue activities that focus on removing barriers to accessing vaccine, increasing vaccine confidence and coordinating COVID-19 activities, vaccine activity services and expanding its COVID-19 vaccination program.

Dr. Roger McDougal: Thank you, Dr. Jenkins. So, we have heard the Budget Amendments, and I will entertain a motion to accept them all. Mr. Anthony Gregorio Motion to accept all four. Seconded by Dr. Gene Rhea and the motion was unanimously approved by the board members as identified in the attendance roster above.

We'll listen to or entertain any suggestions for agenda items for our next meeting, which will be the second Thursday of October.

- **AGENDA ITEMS FOR NEXT MEETING:**
  - Community Health Improvement Plan

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Rod Jenkins: Mr. Chair, we look forward to introducing you to the new Opioid settlement manager formally.

Dr. LeRon Jackson: I would love to hear an update on the Community Health improvement plan that will be submitted.

Dr. Rod Jenkins: More than happy to get that for you, Dr. LaRon Jackson and Mr. Chair. I can assure you that between now and October there will be a couple of other things. So, I will say first, prepare for a slightly longer one, but we'll do our best to streamline it and make it more succinct.

Dr. Roger McDougal: Thank you. Well, before we entertain a motion to adjourn, I wanted I want to publicly recognize and congratulate our director Dr. Rod Jenkins, for completion of his Ph.D. in Public Health at the University of North Carolina, Chapel Hill. So, kudos to our fearless leader, and we are appreciative of the extra effort and academic credentialing that you have gone through, and we're excited for you and want to just publicly congratulate you.

Dr. Rod Jenkins: To this excellence board, with this excellence chair and all this excellence people. I just say, thank you all for the faith that you have me to run this Local Health Department with the help of many talented people. But to also fulfill one of my lifelong goals and dreams which is to get my doctorate. It was a pleasure. It was hard when you think back to the fact that I started it in August of 2021, Covid was rampant, and we didn't know where we were coming or going, but I found a little respite in being able to disconnect and learn and do the things that are necessary to have the knowledge, to run public health with the latest and greatest. But I appreciate the faith and the support and the encouragement that this Board has given me over the years, and I'm eternally grateful.

Dr. Roger McDougal: Thank you. Congratulations.

Dr. McDougal made a motion to adjourn the regular meeting 5:55 at Dr. Gene Rhea motion to adjourn, Dr. LeRon Jackson seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

25 A Regular Meeting of the Durham County Board of Health, held August 12, 2024.

Roger McDougal, DDS, Chair

Rodney E. Jenkins, Public Health Director