

A Regular Meeting of the Durham County Board of Health was held January 11, 2024, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Rosemary Jackson, MD; Mary Braithwaite, MD, MSPH; Anthony Gregorio, MBA; James Miller, DVM; Josh Brown; Victoria Orto, DNP, RN, NEA-BC; Commissioner Nida Allam and Darryl Glover, OD

Others Present: Rod Jenkins, Rosalyn McClain, Attorney Curtis Massey, Kristen Patterson, Liz Stevens, Jeff Jenks, Chris Salter, Marcia Richardson, Lindsey Bickers-Brock, Marissa Mortiboy, Josee Paul, Annette Carrington, Malkia Rayner

CALL TO ORDER: Chair Roger McDougal called the meeting to order at 5:01 p.m. with a quorum present.

**DISCUSSION (AND APPROVAL) OF
ADJUSTMENTS/ADDITIONS TO AGENDA:**

Chair McDougal requested the following adjustment to the agenda:

1. Black Youth in Crisis Resolution (new business)

Dr. Rhea made a motion to approve the agenda. Dr. Braithwaite seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

COMMITTEE REPORTS:

- **FY 2024 NOMINATION COMMITTEE
RECOMMENDATION**

Dr. Jackson reported that the committee met to discuss possible nominations for Chair and Vice Chair positions. Dr. Jackson spoke with Dr. McDougal and Dr. Rhea about their interest and ability in continuing as Chair and Vic-Chair. The committee recommended Dr. Roger McDougal as Chair and Dr. Gene Rhea as Vice-Chair.

Dr. Braithwaite made a motion to accept the nomination of Roger McDougal as Chair of the Board of Health. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Dr. Braithwaite made a motion to accept the nomination of Gene Rhea as Vice-Chair of the Board of Health. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Dr. Roger McDougal and Dr. Gene Rhea agreed to accept the positions of Chair and Vice-Chair.

- **PERSONNEL COMMITTEE APPOINTMENT (Activity 37.5)**

The personnel committee consists of Dr. Gene Rhea, Josh Brown, Dr. Darryl Glover, and Anthony Gregorio (interim). Dr. Rhea will act as Chair and Dr. McDougal will act as Ex-Officio.

- **FINANCE COMMITTEE APPOINTMENT (Activity 39.3)**

The finance committee consists of Dr. Gene Rhea, Anthony Gregorio, Dr. Rosemary Jackson, and Josh Brown. Dr. Rhea will act as Chair and Dr. McDougal will act as Ex-Officio.

2 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- **BOH OPERATING PROCEDURE REVIEW COMMITTEE**
APPOINTMENT (Activity 34.1)

The Board of Health Operating Procedure Review committee consists of Dr. Victoria Orto, Dr. James Miller, and Commissioner Nida Allam. Dr. Orto will act as Chair and Dr. McDougal will act as Ex-Officio.

**REVIEW OF MINUTES FROM PRIOR
MEETING/ADJUSTMENTS/APPROVAL:**

Dr. Rhea made a motion to approve the minutes for December 14, 2023. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Mr. Jenkins recognized:

- Micah Guindon-Public Health Local Finance Administrator for her hard work and dedication and “Thank you” for being a part of our team.

Chair McDougal: I will echo those sentiments of “Thanks” and congratulation to Micah Guindon for her excellent work with the department.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

There were no Administrative Reports/Presentations.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy report for January 2024 prior to the meeting. The vacancy rate through the end of December 2023 was 16.6%.

(A copy of January 2024 Vacancy report is attached to the minutes.)

QUESTIONS/COMMENTS

Chair McDougal: The report looks to be fairly standard, and I know the department is working hard to fill those vacancies.

Mr. Jenkins: We continue to fight a good fight and are doing well in filling our vacancies especially now knowing that going into next budget year is going to be a pause on new spending and new initiatives so again giving “kudos” to the leadership team for working hard in filling those vacant positions to ensure that no positions are taken away from us.

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 December 2023 prior to the meeting.

(A copy of January 2024 NOV report is attached to the minutes.)

QUESTIONS/COMMENTS:

Chris Salter: Traditionally December is a very quiet month for On-site and we only had two changes. We were able to get a permit issued by the City of Durham for sewer connection (70309 Farrington Road). That’s always good when we can get someone off an on-site system and on to sewer. The only compliant change is we had someone added to the list (1418 Mockingbird Lane). There was a septic tank found open during a visit and just for your information, sewage on the ground is not considered an immanent hazard but an open tank like that is; because a child could easily fall into it and drown or suffocate so that has to be addressed quickly and we were able to get that property abandoned. The property complies now.

Health Director's Report
January 11, 2024

Division / Program: Health Education & Community Transformation
/ Bull City Strong

(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. / 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 Bull City Strong Community Health Promoters Program offers a health literacy skill-building opportunity. Its goal is to create and implement culturally affirming training for community health workers and advocates, addressing health disparities in COVID-19 outcomes in Durham County. The program consists of 10 sessions, held over 5 weeks, each lasting one to one and a half hours. Throughout the program, participants are encouraged to apply their acquired skills and knowledge in various ways, including personal interactions, community events, and their jobs. Those enrolled in the program are referred to as Community Health Promoters (CHPs), and a group of CHPs participating simultaneously is called a "cohort."

Statement of goals:

- Expand local efforts to provide culturally and linguistically appropriate health information services in the community.
- Increase the dissemination and use of evidence-based health literacy practices and interventions.
- Leverage health literacy strategies to enhance communication between community members and healthcare providers.
- Disseminate information on accessing primary care services in Durham and effectively managing chronic conditions.
- Provide up-to-date information regarding COVID-19 and COVID-19 vaccinations.

Issues:

- **Opportunities**
 - Sustained community building and empowerment with Project Access via our Community Health Promoters program, increasing education in Durham through community events, and the dissemination of targeted health messages.
 - Strengthened collaboration with LATIN-19 to augment our Health Education programs specifically tailored for the Spanish-speaking community.
 - Ongoing support for the Community Health Worker (CHW) Workforce through the continuous provision of the Community Health Worker certification course.
 - Collaboration with communities that do not primarily speak English or Spanish to ensure inclusive and comprehensive outreach efforts.
- **Challenges**
 - Vacancies arose in the Bull City Strong Office Assistant and Project Access Consultant roles due to staff turnover during the Spring and Summer of 2023.

4 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- The program's stability was impacted by the varying staffing capacities of partner organizations, as their pivotal roles support the overall functioning of the initiative.

Implication(s):

- **Outcomes**

- **Diverse Language Training Impact:** Successfully trained 91 individuals in English, Spanish, and Haitian Creole, fostering inclusivity and ensuring our program is accessible to a diverse community.
- **Extensive Community Reach:** Reached and positively impacted 12,486 residents in Durham County, contributing to the overall health and well-being of the community through our training initiatives.
- **Substantial Health Literacy Rate Growth:** Demonstrated significant literacy rate improvements within our cohorts, with increases ranging from 13% to 28%, showcasing the effectiveness of our program in enhancing health literacy across a broad spectrum. The average individual literacy increase has been an impressive 37%, indicating consistent and substantial growth experienced by each participant.
- **Educational and Career Advancements:** Empowered 26 out of the 91 participants to pursue further education by enrolling in the Community Health Worker course. Notably, one participant secured employment post-program, highlighting the tangible impact and success stories emerging from our training initiative.

- **Service delivery**

- Three cohorts of CHPs attended virtual training sessions since July 1, 2023. Three more cohorts are planned for the remainder of the fiscal year.
- CHP training sessions were conducted in English, Spanish (in coordination with LATIN-19) and Haitian Creole (with Haitians of the Triangle).

- **Staffing**

- Four full-time positions are grant-supported.
 - Jaeson Smith, Public Health Literacy Program Manager
 - Edeia Lynch, Public Health Education Specialist
 - Kiara Tompkins, Projects Coordinator
 - Jemanda Clay, Office Assistant (to begin January 2024)
- DCoDPH staff provide in-kind support to the project, including:
 - Project Director: Lindsey Bickers Bock, Health Education Division Director
 - Authorized Organizational Representative: Rodney Jenkins, Public Health Director

- **Revenue**

The federal Office of Minority Health funded this initiative with a \$2 million grant. An approved no-cost extension has provided support for the program through June 30, 2024.

Next Steps / Mitigation Strategies:

- Sustain and expand successful initiatives with a new funding stream, following the end of funding from the Office of Minority Health.

5 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

Division / Program: Health Education & Community Transformation
/ Health Promotion & Wellness

(Accreditation Activity 10.1 the local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public; Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description

- The Tobacco Health Education Specialist partnered with another Health Education Specialist and the Duke Cancer Institute Community Outreach, Engagement, and Equity Assistant Director to present educational information about Radon, Lung Cancer awareness, and an interactive activity called the “White Ribbon Project”.

Statement of goals

- Offer educational information about lung cancer and its risk factors, like tobacco use and radon exposure.
- Offer tips and resources for radon testing and NC Quitline resources.
- Provide an interactive activity by having each participant sign handmade wooden white ribbons with encouraging messages to cancer patients/survivors.

Issues

- **Opportunities**
 - Increase awareness of how many people are affected by lung cancer.
 - Increase awareness of the risk factors of lung cancer.
 - Showcase resources like the NC Quitline and the tobacco treatment services offered by the DCoDPH Tobacco Health Education Specialist.
- **Challenges**
 - Identifying meeting times for planning and implementing this event with Duke Cancer Institute.
 - Evaluation: determining did this event result in behavior change or actions taken?
 - Follow-up: understanding how we can connect this outreach with any increased service utilization.

Implication(s)

- **Outcomes**
 - Reached a total of 25 people at the Men’s Health Council Walk held at Merrick Moore Park.
 - Strengthened partnership between DCoDPH, Duke Cancer Institute, and the Men’s Health Council.
- **Service delivery**
 - Tobacco Health Education Specialist (THES) presented information to participants of Men’s Health Council Walk before exercise warm-up.
 - THES and Duke Cancer Institute Community Outreach, Engagement, and Equity Assistant Director answered participants’ questions that participants had on tobacco use, lung cancer, and radon.
 - Participants were invited to sign handmade wooden white ribbons with encouraging messages after completing their 30-minute walk.

6 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- **Staffing**
 - Tobacco Health Education Specialist
 - Duke Cancer Institute Community Outreach, Engagement, and Equity Assistant Director
- **Revenue**
 - Funding for the NC Quitline promotional materials provided by DCoDPH funds.
 - Funding for the handmade wooden white ribbons for cancer patients provided by Duke Cancer Institute

Next Steps / Mitigation Strategies

- Partner with Jeff Forde and Durham Parks and Recreation to provide more tobacco prevention and awareness activities to the community, including to the youth population.
- Repeat this activity for the next Lung Cancer Awareness walk in 2024.
- Develop more events for tobacco-related observances.
- Plan at least 60 to 90 days with Duke Cancer Institute to ensure goals can be carried out in the desired time frame.

Division/Program: Dental: Treating Pregnant Women in the Dental Clinic

(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description: The Dental Division clinic provides services to pregnant women who are DCoDPH patients. Dental services include preventative, diagnostic, and basic restorative services.

Statement of goals:

- To improve oral health and well-being for women during their pregnancy, and,
- To promote dental health outcomes for their infants, including decreasing complications from dental disease, and reduce dental caries in children which is believed to decrease costs associated with treatment of early childhood caries.

Issues

- **Opportunities**
 - The DCoDPH Women's Clinic can make dental referrals for OB patients, and advise the dentist of any precautions, if any, necessary for dental treatment to be provided.
 - Following a dental examination, appointments for dental procedures can be scheduled for the duration of the pregnancy. Operatory procedures are typically scheduled for the second trimester and beginning of the third trimester.
 - When a patient's treatment needs are beyond the scope of care at DCoDPH, the Division will refer a patient to a specialist from the referral list for continuity of care.
 - The team provides all patients with oral health education, including information on diet, tobacco and alcohol use as well as guidance about oral health practices for pregnant women and their infant to prevent early childhood caries.

7 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- **Challenges**

- Although priority is given when scheduling pregnant women, completing all necessary dental treatment can be a challenge and is dependent on when an OB patient is referred to the dental clinic.
- Operatory treatment and checks can only be provided by the Director of Dental Practice, as she is the only General Dentist on staff.
- Referrals are only received from the DCoDPH Women's Clinic presently.

Implication(s)

- **Outcomes**

- The current schedule allows for pregnant women to be seen on Mondays and Fridays. Emergencies are worked in as needed.
- The team completes an initial exam, and dental treatment plan is developed to include preventive care with periodontal and restorative treatment if needed. When possible, restorative care is completed during the second trimester. Preventive care is scheduled for the first trimester (when possible), as well as the third, and includes prophylaxis, probing depths and fluoride varnish.

Service delivery

- **Staffing-** Director of Dental Practice with auxiliary staff and PH Hygienists who work in the clinic.
- **Revenue** – Dependent on coverage type (Medicaid or self-pay).
- **Other** – The Division sees 10-15 pregnant patients each month.

Next Steps / Mitigation Strategies

The Dental Division continues to work with the Women's Clinic to provide services to pregnant patients requiring oral health care.

Division / Program: Population Health / Strategic Planning

Activity 15.1: The local health department shall develop and update annually an agency strategic plan.

Program description

Durham County Department of Public Health (DCoDPH) staff have been implementing the 2023-2027 strategic plan and adjusting strategies as improved processes are introduced. As a result, here is a summary of updates on our strategic priorities:

1. Community Focus & Engagement
 - Planned and executed the first annual Trauma Informed Care Symposium with partners at Durham Technical Community College, Duke Health, and South Regional Area Health Education Center.
2. Workforce Development & Engagement
 - DCoDPH has developed and implemented an ongoing stay interview process to improve the DCoDPH employee experience. Stay interviews serve to answer the questions such as "Why do you stay employed at DCoDPH?" and "What changes would you make within your role at DCoDPH?". Ten in-person interviews have been completed to date.

8 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- The Workforce Development Committee members determined that we would move forward with succession planning at DCoDPH. Supervisors will be included in this process and there will be more updates to follow.
- 3. Advancing Racial & Health Equity
 - The Nexus Team has started the planning process for an internal racial equity action plan for DCoDPH. This plan seeks to improve equitable outcomes within our core work (policies, programs, service-delivery, etc.)
 - Bull City Strong completed three Community Health Promoter training cohorts with partners including LATIN-19 and Project Access to provide culturally and linguistically appropriate health information services in the community.
 - Several DCoDPH programs presented work focused on addressing racial and health equity through the NC Public Health Association (NCPHA), the NC Society of Public Health Educators (NCSOPHE), and the American Public Health Association (APHA) annual conferences.
- 4. Organizational Culture of Continuous Quality Improvement
 - The Continuous Quality Improvement committee meets monthly to determine the best practices to ingrain quality improvement within DCoDPH. The committee seeks to engage staff in the process and better track the work done within the agency to avoid overlap.
 - The Population Health division has continuously monitored the progress of activities within the local health department accreditation program to ensure the agency is on track to be re-accredited in the future.
 - An application was submitted and approved to begin the process of becoming nationally accredited through the Public Health Accreditation Board. The agency will have one year to complete requirements, including a readiness assessment that is currently in progress.

Statement of goals

- Implement and adjust strategies for the strategic plan to cover priorities of the agency from 2023 – 2027. A strategic plan often needs to be evaluated and adjusted to ensure its effective and efficient implementation.

Issues

- **Opportunities**
 - The strategic planning process allows for staff from all levels to be engaged to ensure equity.
 - Employees have expressed interest in developing more impactful strategies, particularly within racial and health equity and continuous quality improvement.
- **Challenges**
 - Employees often have difficulty finding time to meet regarding the strategic plan due to scheduling conflicts. Frontline staff often attend meetings virtually but often have to multitask.
 - Some of the strategies have measures that will be difficult to capture progress, such as racial equity. It will take time and commitment to not only collect data, but to analyze and research beyond the quantitative data.

9 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

Implication(s)

- **Outcomes**

- The Project Manager for Quality & Policy has communicated the priorities, goals, and strategies of the 2023-2027 DCoDPH Strategic Plan to all staff and inquiries about any ideas or feedback regarding how we can successfully meet our goals.
- DCoDPH is within the implementation phase of strategic planning and will re-evaluate strategies before the next fiscal year.

- **Staffing**

- The process is coordinated by the Project Manager for Quality & Policy.
- The Public Health Leadership Team has assisted with guiding the strategic planning process and helping with any challenges that have occurred.
- There are both individual staff and committees that are serving as leads towards our strategies. They are responsible for implementing and measuring progress to determine if adjustments to the plan need to be made.

- **Revenue**

- None

Next Steps / Mitigation Strategies

- Conduct an evaluation with strategic plan leads to see which priorities may need adjustments.

Division / Program: Nutrition/NC-FIT program update year-end 2023 (Accreditation Activity 10.2 - The local health department shall carry, develop, implement, and evaluate health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the Community Health Assessment)

Program description

- DCoDPH's NC-FIT Program (Formerly Incarcerated Transition Program) is a partnership with UNC-Family Medicine/Dr. Evan Askin that ensures funding to cover costs for primary medical care, substance use treatment and behavioral health services for formerly incarcerated individuals released back to the community with chronic conditions.
- The program is modeled after the national Transition Clinic Network model based out of California. The primary care provider for Durham residents is Lincoln Community Health Center.
- NC-FIT program referrals come from local re-entry partners as well as state and federal prisons that are managing the release of incarcerated citizens back to Durham County.
- Durham was the first NC county to pilot the FIT program starting in 2017. The program is now provided in Wake, Orange, Guilford, Mecklenburg, and New Hanover County. Forsyth County has been working to establish the program with the hopes of having it available to residents in 2024.

Statement of goals

- Connect Durham residents, who happen to be formerly incarcerated, to primary health care to address chronic conditions and understand how to manage health care needs.
- Assist those residents with connection to other local re-entry programs or general services to increase positive outcomes for

10 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

transition back to the community via referrals to housing programs, job services resources, food access, social security etc.

- Transition clients from the program through the connection to other eligible medical coverage: Medicaid, Medicare/Disability, Health Insurance through employment or via low to no-cost insurance plan options.

Issues

- **Opportunities**
 - Address health inequities via referrals to services and education of clients on how to navigate the resources available.
 - Decrease recidivism. Clients connected to resources to manage their basic needs are less likely to become repeat offenders.
- **Challenges**
 - Connecting to clients as soon as possible due to their limited access to phones and sometimes housing.
 - Referrals for high-risk cases resumed in November after being suspended for a month due to both positions being vacant. High risk referrals were determined to be those being released from partnering prisons and jails that needed Suboxone and behavioral health services.
 - Clients are required by Lincoln to receive a paper voucher from the program staff at Public Health before any visits or prescriptions are filled. This hinders some clients from maintaining their health needs as emergency appointments are sometimes needed and our agency may be closed, or staff are unavailable to provide a voucher in all urgent circumstances.

Implication(s)

- **Outcomes**
 - DCoDPH had 54 active clients at the end of October and has since closed 1 of those cases and received 5 new referrals in November and December.
 - Two of the new referrals have completed their Intake and started receiving services via Lincoln Community Health Center. Two have not been located due to 1 being homeless and another missed an appointment on 12/12/23 and has not been located since. The last referral was not eligible for the program however efforts were made to still connect that resident to services in the community to meet his needs.
 - We now have 55 active clients and are expecting to close some additional cases in January-February for clients that have been connected to other health resources and are now showing the ability to meet their own needs more.
- **Service delivery**
 - Clients are typically assigned to one of two Community Health Workers for this program. They then complete a thorough intake that processes out health care needs as well as goals on which the client would like to focus.
 - Based on the client's need level, contact is maintained on a weekly, monthly, or quarterly basis to ensure that health care appointments are maintained, prescriptions are picked up and follow-up is occurring on referrals/services that are in place with other community resources.
- **Staffing**
 - The needs of the current active clients are maintained by the Site Coordinator/Program Manager until new hires start.
 - As of January 8, 2024, one new hire is set to start with the 2nd position expected to be filled January 22, 2024.

11 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- **Revenue**

- UNC Family Medicine continues to cover the cost of monthly invoices submitted by Lincoln Community Health Center for client visits and prescription cost of up to \$100/client monthly.
- Durham has not needed any additional medical supplies or phones since September 2023 however UNC will continue to cover this cost once supplies run out.
- As of December 1, 2023, UNC has reallocated \$500.00 per site to cover the cost of temporary hotel stays or transitional housing fees for clients in need. This amount is expected to increase in future fiscal years however we must pilot the use of these funds first. We can use it on 1 client or provide a smaller portion to more than 1 client and UNC will arrange payment via their procurement cards.

Next Steps / Mitigation Strategies

- Onboarding material to support new hires transitioning to the County as well as to their role as a Community Health Worker for FIT has been updated.
- Community partners have been updated monthly on the status of referrals and when to expect to resume sending new referrals.
- Monthly meetings continue to be held to process workflows with UNC FIT Program Staff, Durham-Program Manager and FIT staff as well as Lincoln Community Health Center staff to ensure continuous improvement and sustainability of the program.
- DCoDPH is currently working with Lincoln on a process that will eliminate the use of paper vouchers currently required for clients. The hope is to assist them in denoting within EPIC that the client is active with FIT for billing purposes. This will minimize the barrier some have on needing urgent care and not being able to get a voucher in time.

**Division / Program: Nutrition/-Chronic Care Initiative Team +
Minority Diabetes Prevention Program year-end 2023 update.**

(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

- DCoDPH's Chronic Care Initiative employs two Community Health Workers that support referrals from the public, Lincoln Community Health, Duke Health, and other community partners to support patients with chronic conditions, or at risk of chronic conditions, to stabilize and maintain their health.
- Assigned Community Health Workers (CHW) support patients through home visits to assess their needs, connecting them to community resources or providing assistance in understanding how to store medications or use monitoring equipment for blood pressure or diabetes. CHWorkers also facilitate group education series such as Diabetes Self-Management courses and Diabetes Prevention Program curriculum.
- To support the Diabetes Prevention Program, DCoDPH receives grant funds from the State Office of Health Equity to administer the NC-Minority Diabetes Program following guidance and curriculum standards established by the CDC.

12 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

Statement of goals

- To provide evidence-based diabetes prevention program services to Durham residents with a focus on minority, Black and Latino populations.
- To continue to meet all required standards to maintain CDC National DPP recognition status.
- To continue to see an increase in health equity connecting clients to resources to ensure they have ongoing primary health care doctors, understand how to navigate transportation and resources to cover the cost of care and educating them so they are comfortable asking doctors to clarify their health and know how to maintain their care at home.

Issues

- **Opportunities**
 - The program is offered in English and Spanish as we strive to employ at least 1 bi-lingual Community Health Worker. This allows us to meet the needs of those in the community that display the greatest need for this service and support.
- **Challenges**
 - Staffing needs led to restructuring how some services were offered to ensure all clients' needs continued to be met and we were able to maintain and use grant funds allocated from the State for NC-MDPP.

Implication(s)

- **Outcomes**
 - One MDPP programs was started in October 2023 and another in November however this year we are offering two Spanish cohorts to support the use of grant funds allocated.
 - With the continued approval from the CDC and state, one program has been offered online to meet the needs of those participants and the other is in person.
 - We have a total of 21 participants in the two cohorts.
 - We are working with Nutrition Division staff and Health Ed staff to support CCI clients that need self-management training or other support outside of NC-MDPP.
 - We are offering Living Well-lunch and learns with approved funds from the NC-MDPP grant. The first one is set for January 9, 2024, and will promote the Say yes to water initiative.
- **Service delivery**
 - Lincoln Community Health Center continued to send referrals via Medlink for CCI/DPP services for their patients and the program manager monitored/reviewed these referrals.
 - The bi-lingual Community Health Worker attended community events to recruit participants for NC-MDPP and held informational meetings in October and November to provide more information to prospective participants.
- **Staffing**
 - The bi-lingual Community Health Worker is facilitating the NC-MDPP cohorts.
 - The bi-lingual Community Health Worker and Nutrition and Health Ed staff are working on the upcoming lunch and learn/living well event.
 - The Community Health Worker position for the primary English coach became vacant as of December 11, 2023.
- **Revenue**
 - MDPP Participants pay a five-dollar fee at the beginning of the class series.

13 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

- Other program costs for MDPP are covered by \$10,723 received annually from a state grant.

Next Steps / Mitigation Strategies

- The job posting for the vacant Community Health Worker position was created on December 11th and has been reviewed by HR. It is scheduled to be posted in January 2024 for recruitment.
- The use of the grant funds continues to be monitored monthly to ensure all funds are spent and none need to be reallocated to other counties within our region for NC-MDPP.
- We are processing other living well/lunch and learn events that can be held to support residents between January and April of 2024.
- The Program Manager is working to contact the active clients that were assigned to the now vacant Community Health Worker position to continue to support their needs.

QUESTIONS/COMMENTS:

Chair McDougal: Director Jenkins, I'll give you the floor once again.

Mr. Jenkins: We certainly want to lift up a couple of things in the report. Our strategic plan which continues to progress rather nicely but more attention I like to give to our dental program which they're treating pregnant women in the dental clinic. I think that's something noteworthy and certainly admirable because statistics show that during pregnancy women tend to forsake their dental care so again I dental operator is doing a fantastic job in that. We always have a very nice report from our nutrition division, they continue to do stellar work but I definitely wanted to lift up dental in their work with pregnant patients.

Chair McDougal: I have a question, in the report one of the challenges was that the treatment and the hygiene checks can only be provided by the Director of Dental Practice because she's the only General Dentist on staff. Is there any consideration for maybe a partnership with UNC Pediatric Dentistry hospital or residents that may be able to come in and provide some services?

Mr. Jenkins: We do have stellar partnership with the Adams School of Dentistry at UNC. I'm definitely going to defer to Jim Harris to speak a little bit more definitively to your question. I do know we do have some trials and tribulations as it involves having residents/representatives in the clinic at times, but we tend to work things out when things bottleneck at times.

Mr. Harris: Yes, our contract with the Adams School of Dentistry those are pediatric dentists, residents, and students. I guess it's something that we could explore. I mean everything could be talked out with them. It hasn't really come up yet. Between our dentist and the hygienist, we can do some of the work and then the dentist just does the checks. We're good right now but if we wanted to expand it is something we would have to consider because Dr. Jagadeesan can only see so many patients and again these are referrals from the women's clinic in Public Health. I don't think we are overwhelmed, however, if we wanted to expand further that would be something we could look at.

Chair McDougal: Okay. Just a thought so I appreciate that.

Commissioner Allam: A follow-up on that conversation around UNC. I know that and Dr. Harris may know more about this, the UNC School of Dentistry also has the Deon clinic which was formed after the Chapel Hill shooting they created a clinic in honor of Deon who was a current and future student where they do service projects and especially with the upcoming anniversary of their passing they increased the amount of service projects they do in the community and that may be a good

14 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

partnership in relationship because it's solely dedicated to getting the students to do acts of service around the community.

Chair McDougal: Yes. Absolutely.

Mr. Jenkins: Thank you for the recommendation, Commissioner Allam and that is certainly something that we will endeavor to look into.

Chair McDougal: Very good. Thank you.

OLD BUSINESS:

There was no old business discussed.

NEW BUSINESS:

• **BLACK YOUTH IN CRISIS RESOLUTION:**

The resolution calls for a co-created Resilient Community Campaign with community and institutions being launched to promote wellbeing and address individual, interpersonal, community adverse experiences and trauma, that may lead to substance use, violence and harmful outcomes, supporting community-based culturally relevant mental health/substance use prevention and wellbeing programs in schools and within the community for young people and their families in Durham, and resources provided by organizations including community-based organizations, that are free or affordable.

(A copy of the Resolution is attached to the minutes.)

Dr. Rhea made a motion to accept The Black Youth In Crisis Resolution and recommended that it be forwarded to the BOCC for consideration. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **BUDGET AMENDMENTS:**

The Board is requested to approve a 3% CPI in the amount of \$112,800.33 to the current County contract with WellPath to provide comprehensive medical services for inmates in the Durham County Detention Center and residents of the Durham County Youth Home (RFP: 21-030 Comprehensive Health Care Services for the Durham County Detention Facility and the Durham County Youth Home). The total amount of the year-one current contract will be \$5,014,267.33.

The Board is requested to recognize funds in the amount of \$222,559 from the North Carolina Department of Health and Human Services Division of Public Health, Epidemiology/Immunization Branch.

This grant provides funding to the Local Health Department (LHD) to help support activities associated with Bridge Access Program to COVID-19 vaccines and treatments. This program provides funding to help maintain access to COVID-19 vaccines for uninsured and underinsured adults through existing public health infrastructure, HRSA-supported health centers (i.e., Health Centers), and participating pharmacies.

Mr. Gregorio made a motion to approve the (2) budget amendments mentioned above. Dr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

• **AGENDA ITEMS FOR NEXT MEETING:**

- FY 23-24 Quarter 2 Fiscal Overview

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chair McDougal: Once Again, I just want to "Thank" Dr. Braithwaite for her nine years of service to the Board of Health and the citizens of Durham County. The best to you as you move on into other spaces and roles.

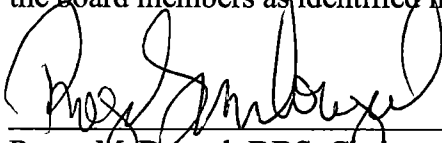
15 A Regular Meeting of the Durham County Board of Health,
held January 11, 2024.

Dr. Braithwaite: Thank you. I have enjoyed being a part of the board. Thank you, guys, for having me.

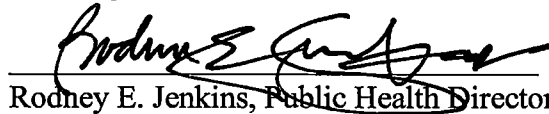
Dr. Jackson: I would like to say when I was "Chair" Dr. Braithwaite was Chair of the Personnel Committee and was very helpful in our role at that time in personnel issues she was great to work with and also in the COVID space too. The work she did in the COVID space was phenomenal. Thank you so much, we will definitely miss you.

Mr. Jenkins: Her work in the COVID space actually having ten toes on the ground doing a lot of hours long and drive-thru vaccinations she is a public health hero.

Dr. Jackson made a motion to adjourn the regular meeting at 5:38pm. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director