A Regular Meeting of the Durham County Board of Health was held May 9, 2024, with the following members present:

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

Absent: Commissioner Nida Allam and Darryl Glover, OD

Others Present: Rod Jenkins, Attorney Christy Malott, Attorney Nathan McKinney, Donna Murphy, Kristen Patterson, Liz Stevens, Jeff Jenks, Chris Salter, Lindsey Bickers Bock, Josee Paul, Micah Guindon, Rachael Elledge, Malkia Rayner, Shenell Little, Jim Harris, Marcia Richardson, Alicia Smith, Quanesha Archer, Annette Carrington, Dennis Hamlet, Jaeson Smith

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: There were no adjustments/additions to the agenda.

Jim Miller 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.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:
Dr. Gene Rhea made a motion to approve the minutes for April 11, 2024. Dr. LeRon Jackson 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.

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

STAFF/PROGRAM RECOGNITION:
Mr. Jenkins recognized:

- Welcome to the Board of Health, Donna Murphy to have a proper visual. She has been doing a very good job and we beg your mercy and grace as she gets fully adjusted to working with the board. She is still doing two jobs and still taking care of the Board and me.
- Our new legal counsel to the Board of Health Christy Malot. Christy comes to us as no stranger to Public Health. I had the privilege of working with Christy when she was the head of our Child Fatality Task Force. She is someone who is very passionate about what she does. She knows the law and is well respected in legal circles. A resident of Rougemont and an avid runner. We are very grateful. When I heard she was coming, I probably did a couple of backflips. She is a good person. We are very lucky to have her.

ADMINISTRATIVE REPORTS/PRESENTATIONS:
Board of Health Fiscal Report FY 23-24: Quarter 3 ***(Activity 33.6)***

Micah Guindon, Finance Administrator, provided a financial update for Quarter 3 of the 2023-24 Fiscal Year.

- The original budget for FY 23-24 was $28,966,535, but an additional $7,208,274 has been added, bringing the current budget to $31,841,248.
- So far, $24,342,790 has been spent, accounting for 53% of the total budget, including contracts for the rest of the year.
- Quarter 3 saw expenditures of around $106,500 for lab and medical supplies, including equipment purchases such as a freezer and a steam sterilizer.
- Personnel costs are slightly higher compared to last year due to compensation adjustments, while contract spending is lower, mainly due to a decrease in large Covid-related awards.
- Revenue brought in so far is $8,054,530, representing 57% of the revenue budget, with Medicaid being the largest source at $4,264,683. Other significant sources include grant revenues ($3,179,473) and service fees ($383,965).
- The departments generating the most revenue include Administration, Pregnancy Care Management, Maternal Health, and Child Health.
- Major differences from the previous year are tied to reduced Covid-related funding, particularly in School Health and Tuberculosis.

QUESTIONS/COMMENTS:
No questions were asked by the board.
(***A copy of the PowerPoint Presentation is attached to the minutes.***)

Division / Program: Population Health
Quanesha Archer presented an update on the **Formerly Incarcerated Transition (FIT) Program**, which supports individuals recently released from incarceration with chronic health conditions but no medical coverage.

- **Program Overview:** FIT, started in Durham in 2017, now operates in several North Carolina counties and is part of UNC, led by Dr. Evan Askin. It helps connect former inmates to healthcare, Medicaid, housing, and other resources to stabilize them post-release.
- **Special Initiatives:** FIT Recovery supports individuals with opioid use disorder, while FIT Wellness focuses on mental health needs. Both programs have expanded with state funding.
- **Nationwide Impact:** FIT is modeled after a California-based transition clinic network and has helped expand similar programs across 14 states and Puerto Rico.
- **Durham's Success:** Over 300 former inmates have been served in Durham, with over half successfully transitioning to self-sufficiency. Active clients currently number 43, with new referrals being processed regularly.
- **Community Health Workers (CHWs):** CHWs with lived experience assist clients by navigating healthcare systems, attending appointments, and ensuring access to essential services such as Medicaid, housing, and food security.
- **Challenges and Support:** FIT addresses the unique needs of clients, from securing healthcare and housing to ensuring that those with limited support can understand and access their medical benefits, reducing the risk of re-incarceration.

The presentation highlighted the broad reach of FIT and its effectiveness in supporting the reentry process for formerly incarcerated individuals, ensuring they have access to essential services and support systems.

QUESTIONS/COMMENTS

Dr. McDougall: On average, what is the timeframe for a formerly incarcerated individual in the FIT program to become stable enough to be disconnected from the program, meaning they have employment, insurance, and other necessities?

Ms. Archer: Before Medicaid expansion, some individuals remained in the program for over three years. However, since the expansion and increased collaboration with organizations like NC Works and justice services advocating for second-chance employment, the timeframe has decreased significantly. Clients can now progress to a more stable state within six months to a year. Many are connected to Medicaid within two months, and we continue supporting them as they navigate employment and insurance challenges.

Dr. McDougal: That's fantastic! The Medicaid expansion has really helped accelerate that process. Thank you, Ms. Archer.

Dr. Rhea: Thank you for the presentation. I think you touched on this, but where do most of these patients seek care for their chronic health needs? Is it mainly at Lincoln, or do they also go to Duke, UNC, or other providers?

Ms. Archer: Part of the FIT model is having a dedicated clinic for primary care, and for Durham, that clinic is Lincoln Community Health Center. However, for specialty care, we do connect clients to Duke or other services as needed. In those cases, we make sure they have support like Duke Charity Care to help with costs, so they don't accumulate additional bills.

Dr. Rhea: Great, thanks. And about the vouchers, could you explain how they work? Are they used for billing the county or something else?

Ms. Archer: The county is billed, but UNC manages the funding through grants. The vouchers are essentially a form Lincoln requires. When a client visits, we provide a voucher confirming their eligibility for FIT. I also send Lincoln a monthly list of active clients so they can receive urgent care without delays. Lincoln processes the bill internally and then invoices UNC, which covers the cost.

Dr. Rhea: Thank you so much for the presentation.

Dr. Rosemary Jackson: I work with the prison system. Do you find that individuals are being released with their medical summaries and a 30-day supply of medications? Some have been incarcerated for a long time and may be very sick. Are they coming with what they're supposed to have, including their medication summary and medical history?

Ms. Archer: It varies. We don't often receive their medical summaries, but we immediately help them request that information. Through the FIT Recovery Program, UNC works directly with two prisons, making it easier to get medical records for those involved. However, for others, it's inconsistent. Some are released with a 30-day supply of medications, while others are not. We prioritize those without medications, working to get them into a clinic slot as soon as possible.

Dr. Rosemary Jackson: Thank you, I'll look into that. Sometimes they're in such a hurry to leave, they don't wait. This is a great program. Thank you!

Dr. LaRon Jackson: Thank you, Ms. Archer, for the presentation. I work with Evan at UNC and love the program. You mentioned clients waiting to enter the FIT program. What is the wait process like? Do you have a waiting list, and how are those waiting supported?

Ms. Archer: Currently, we don't have a waiting list. We had one person waiting for intake because we were having trouble reaching them, but they are now scheduled. I have two community health worker positions—one was vacant for a while, but I supported the program in the meantime to avoid delays. We're almost fully staffed now, so if our numbers increase, I can step in to ensure timely connections.

Dr McDougal: Thank you again for a wonderful presentation about a fantastic program. I wasn't as aware of the program, but I certainly have a much better understanding now. It's a much-needed initiative, and I'm proud that Durham County was the first in the state to implement it. That's another feather in our cap.

PUBLIC HEALTH VACANCY REPORT ***(Activity 37.6)***
The board received a copy of the vacancy report for April 2024 prior to the meeting. The vacancy rate through the end of April 2024 was 14.1%. We have had quite a week in which individuals are going on to their greater purpose and that's fine. However, I am very proud, that our nursing administration and the great job that they've done filling all vacancies for our school health nurses. They're just knocking it out of the park, and I do expect this vacancy percentage to decrease because we have so many positions that are filled. However, we have had a number of resignations for whatever reason, birth of a child, better opportunity, whatever happened, but just not necessarily going to another employer like employer like a Public Health.
(***A copy of April 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 April 2024 prior to the meeting.
(***A copy of April 2024 NOV report is attached to the minutes.***)

QUESTIONS/COMMENTS:
Mr. Salter: There are no major changes. I think we added two and we're able to remove one. There are a couple of positive things here. If you look in the active list, there are several NOVs that have been indicated. They're in an area that is being considered for sewer expansion and there are a couple that are actually just waiting for connection. That's always the positive solution that we're looking for because that is the permanent solution to this problem. So that is a positive outlook on this report. A

Dr. McDougall: Awesome, so do we have any idea of the timeframe where those cases might be connected to?

Chris Salter: I wish I had a crystal ball for that, but you know, it's just development continues to explode in Durham. And on that same note, if you aren't aware of what's going on on the eastern side of this county, you might want to take a Sunday leisurely ride out around the Olive Branch and Coley Road area, which has for decades been nothing but wooded area and a house here and there. There are massive developments going on back there. If you're not aware of it, it's worth taking a ride and taking a look at what's happening over there. That kind of development slows it down and the city can't tell us exactly when it will be finished, it's just a process to say the least right now.

Health Director's Report
May 9, 2024

Division/Program: Dental: 2024 Women's Health Awareness Conference
(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- Alongside programs from the Department, the Dental Division participated in the 2024 Women's Health Awareness Conference at Hillside High School. The event was organized by the National Institute of Environmental Health Sciences and co-sponsors included NC Central University Department of Public Health Education.

Statement of goals (per WHA):

- Provide evidence-based community interventions to promote wellness, environmental health literacy, and environmental public health.
- Increase community health resiliency.
- Advance health equity by improving health care access and quality.

Issues

- **Opportunities**
  - Develop collaborative community partnerships.
  - Provide dental screenings and offer individuals information and resources to promote good oral health.
  - Distribute oral health care kits to participants to bring home.
  - Chance for the Division to use portable dental chair, light, etc. in a school setting.

- **Challenges**
  - There was an athletic event occurring at the same time and individuals were initially uncertain about parking, where to enter the school, etc.
  - Participants expressed their hope that dental care would be provided; some did not want screening only.

Implication(s)

- **Outcomes**
  - The team was able to talk with numerous participants and dispersed 89 oral health care kits (with toothbrushes, toothpaste, floss, etc.). Benco Dental provided supplies.
  - 37 women were screened and provided with Referral Lists, highlighting local providers.

Service Delivery

- **Staffing-** Dr. Jagadeesan, Jim Harris, and Samantha Serafin Jimenez (Dental Assistant) participated in the event from Dental.

- **Revenue –** Screening was provided free of charge.

- **Other –N/A**

Next Steps / Mitigation Strategies
The Dental Division will participate again next year, and we have been asked about bringing the Tooth Ferry mobile dental unit.

Division / Program: Nutrition / DINE Classroom Garden Kits

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

Program description

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE works with Durham Public Schools (DPS) and community organizations on farm to school initiatives to promote local food/agriculture, school gardens, and healthy eating. Farm to school encompasses garden, nutrition, and agriculture education, and is a priority for USDA and SNAP-Ed.
- DINE, again, developed Classroom Garden Kits for students to grow microgreens in the classroom. Microgreens are small edible plants that are harvested before they grow to maturity. The classroom is a great place for microgreens because they do not require a lot of space or materials, and they are ready for harvest in 7-14 days. The kits contain seeds, compost, growing instructions, a spray bottle for watering, student garden journals and curriculum connection resources. The students also receive a packet of seeds and growing instructions so they can continue to grow food at home with their families.

Statement of goals

- To reinforce DINE's nutrition education and behavior change goals, focusing on increasing the consumption of vegetables.
- To increase Farm to School and school garden opportunities in Durham Public Schools.
- To provide a learning activity for teachers to lead that aligns with academic standards across a variety of subjects.

Issues

- **Opportunities**
  - The Classroom Garden Kits enable teachers to practice farm to school and school garden activities in their classroom rather than depending on a shared school garden space.
  - Hands-on growing projects help students understand where food comes from and increase opportunities for exposure to vegetables.
  - School gardening provides opportunities to connect with any academic subject. Teachers have reported using the kits as part of science, math, reading, writing, and more.
  - Classroom Garden Kits offer an additional learning opportunity for classes in partner schools that are not receiving the full DINE nutrition curriculum. Numerous teachers requested kits even though they were not receiving DINE lessons in their classroom.
- **Challenges**
  - Learning how to grow food takes trial and error and some of the classrooms did not have success with the grow kits on their first try. DINE was able to help with troubleshooting such as providing grow lights and hands-on watering assistance. The information from the post-evaluation will enable DINE to proactively address other common challenges and solutions for next year.
  - DINE does not have staff resources to increase the reach of this project beyond its current capacity.

Implication(s)

- **Outcomes**
  - From February-April 2024, Classroom Garden Kits were distributed to 119 classes across 15 schools, reaching 2,259 students.
  - The Classroom Garden Kit instruction video has 114 views on the DINE YouTube channel.
  - Many teachers participated in this project for the second or third time this year, demonstrating that they have established it as part of their instructional plan.
  - Feedback from teachers about this year's project is currently being collected via a survey. At the conclusion of the classroom garden kit project last year (school year 2022-2023), a survey was also distributed. Of 32 respondents,
    - 84% indicated that students were more confident growing food after using the garden kits,
    - 84% indicated that they felt more equipped to lead garden education with students after using the kits, and
    - 94% indicated that the garden kits helped reinforce what students were learning in other subject areas (math, science, ELA).
  - Some comments from last year's teacher survey included:
    - "Thank you so much for bringing learning to life and adding additional opportunities for experiential and exploratory learning!"
    - "The detailed instructions for planting were extremely helpful."
    - "Math, science, and ELA were reinforced while growing the plants. Vocabulary was increased. Students enjoyed drawing/graphing the growth of plants. Some students even made predictions of growth patterns."

- **Service delivery**
  - This was the third year that DINE has implemented the Classroom Garden Kit project. This year, DINE staff updated kit materials and instructions to increase project accessibility for teachers and students. The updates were made based on teacher and staff feedback from the previous year.
  - DINE staff created a new instructional video to assist classes in implementing this project. The video was uploaded to YouTube and the link was shared with all participating teachers.
  - DINE provided educational reinforcements with the garden kits, such as garden journals and take-home seed packets.
  - DINE staff assembled the garden kits.
  - DINE coordinated garden kit distribution with partner schools and offered consultation to help teachers utilize the kits in their curriculum.
  - DINE created a survey to gather feedback from teachers.

- **Staffing**
  - Nine DINE staff led this project through initiation, planning, execution, and evaluation.
  - Four additional DINE nutritionists have supported this project through school outreach and assisting with kit assembly and distribution.

Next Steps / Mitigation Strategies

- DINE plans to offer Classroom Garden Kits for the fourth time in the winter/spring 2025.
- DINE will continue to make improvements and updates to the Classroom Garden Kits based on feedback from teachers, school staff and DINE team members.

Division / Program: Nutrition Division / Clinical Nutrition
(Accreditation Activity 10.1 –The local health department shall develop, implement, and evaluate population-based health promotions/disease prevention programs and materials for the public.)

Program description

- A member of the DCoDPH Clinical Nutrition team was invited by a Nurse Practitioner from Hillside High School's Wellness Center to celebrate National Nutrition Month by participating in a tabling event for students and staff.
- The Nutrition Specialist provided samples of fruit infused water and education materials about sugary beverages to 120 people, primarily students.

Statement of goals

- To deliver health promotion messaging to the residents of Durham County.
- To promote and market DCoDPH's Nutrition Clinic services.
- Share strategies to decrease sugar intake with high school students.

Issues

- **Opportunities**

- Collaborate with Wellness Center employees to promote well-being among Durham County students.
- Provide sound nutrition advice to students and employees of Hillside High School.
- Promote Nutrition Division services and programs to a potential source for referrals.

Implication(s)

- **Outcomes**
  - Provided education on sugary beverages and their health implications to students and staff members.
  - Members of the Clinical Nutrition team are valued within the community as experts in the field of nutrition.
- **Service delivery**
  - A table was set up in the school lobby, immediately outside the cafeteria throughout all lunch periods.
- **Staffing**
  - 1 Nutrition Specialist participated in the tabling event.

Next Steps / Mitigation Strategies
Continue to foster a relationship with the staff at Hillside High School's Wellness Clinic to promote nutrition education and encourage referrals to the Nutrition Clinic.
Statement of goals *(pertains to the desired outcomes for activity or event being reported)*

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 spans 5 weeks, with up to 10 sessions, 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:

- Train community leaders in health topics relevant to their respective communities to facilitate community health education initiatives.
- 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, involving 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, in partnership with Durham Tech Community College.
  - Persistent 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, Summer, and Winter of 2023.

Implication(s):

- **Outcomes**
  - **Diverse Language Training Impact**: Successfully trained 151 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 57,216 residents in Durham County, contributing to the overall health and well-being of the community through our training initiatives and COVID-19 and flu vaccination campaigns yielding close to 300 African American and LATIN residents immunized.
  - **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 ranging from 16% to 40%, underlining consistent and substantial growth experienced by each participant.
  - **Educational and Career Advancements**: Empowered 41 out of the 151 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 but believe this would be sustainably increased if funding for positions were available.

- **Service delivery**
  - Community Health Promoters: 90-minute virtual training sessions

- **Staffing**
  - Four full-time positions are grant-supported.
    - Jaeson Smith, Public Health Literacy Program Manager
    - Edeia Lynch, Public Health Education Specialist
    - Cara O'Connor, Projects Coordinator
    - Jemanda Clay, Office Assistant
  - 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 initially funded this two-year initiative with a $2 million grant, originally scheduled to conclude on June 30, 2023. However, a no-cost extension has been approved, granting an additional year of support, now extending the program until June 30, 2024.

Next Steps / Mitigation Strategies:

- Sustain and expand successful initiatives with a reallocation budget request and new funding stream.

Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences
(Accreditation Activity 12.1: The local health department shall participate in a collaborative process to identify strategies for addressing community health problems)
Program description:
In collaboration with the Partnership for a Healthy Durham, the Durham Adverse Childhood Experiences and Resilience Taskforce (DART) launched the Community Resiliency Model (CRM) Learning Cohort in June 2023. Through an application process, five community members were selected to attend CRM teacher training and begin work on their teacher certification. The teachers represent a diverse set of experiences and work settings, including community development, maternal and child health, food security, social work, braiding/hairstyling, and higher education.
Statement of goals:

- **Adverse Childhood Experiences and Resilience Program goals**
  - Durham becomes more trauma-informed and supportive of strategies that strengthen individual, family and community buffers that can prevent or alleviate the effects of adverse childhood experiences and adverse community environments.
  - To mitigate sources of individual and community trauma, support the ways individuals, families, and communities manage stress and trauma, and promote health and wellbeing across age groups.
- **Community Resiliency Model Teacher Collaborative goals**
  - Community members report having more skills to support their mental health than before the training.
  - Community members report knowing an additional mental health resource they can access when needed.
  - Community members report being able to identify 3 people they can rely on to talk to about a problem or stressor.
  - Community Resiliency Model teachers maintain their certification for two years.

Issues:

- **Opportunities**
  - The project supports alignment between two coalitions leveraging networks and capacity for more impact.
  - This project expands the capacity for CRM training in Durham with additional trainers and trainer mentorship.

- **Challenges**
  - Members of the Learning Collaborative are passionate and dedicated to providing CRM and must balance training with additional work duties.
  - Two members had work-related transitions which may disrupt training within those organizations, but the trainers have remained dedicated to providing training in the community.

Implication(s):

- **Outcomes**
  - 40% of cohort members have completed all certification requirements.
  - The remaining 60% are on track to complete their requirements this spring.

- **Service delivery**
  - Members of the Learning Collaborative have been part of 5 trainings since September 2023.
  - 51 community members have been trained through the Collaborative, including doulas, first responders, youth development staff, and social services staff.

- **Staffing**
  - The Adverse Childhood Experiences and Resilience Coordinator spends about 5-10% of her time supporting the Learning Collaborative.

- **Revenue**
  - None, all trainings are provided free of charge.

Next Steps / Mitigation Strategies:

- The Learning Cohort is transitioning to a Community Resiliency Model Training Collaborative this spring with shared evaluation metrics, scheduling, and peer training support.
- The Partnership for a Healthy Durham Mental Health Committee is discussing renewed staffing support for the initiative.
- The Partnership for a Healthy Durham Mental Health Committee is measuring accomplishments and challenges as part of the Community Health Improvement Planning for 2024.

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

- 'What's the 411 in Diabetes?' is a quarterly program series that pairs diabetes with a related topic. The program is intended for residents with pre-diabetes and those with Diabetes Type 2 and is designed to increase knowledge and help participants manage the

condition to prevent complications. Since COVID-19, the program has been offered virtually.

Statement of goals

- To reduce health disparities among community members by providing outreach services, and programs developed and designed to improve health and quality of life by better managing their diabetes.
- Goals are achieved through:
  - Health forums
  - Presentations of evidence-based information delivered by health experts
  - Workshops on disease management

Issues

- **Opportunities**
  - Participants benefit from the opportunity to learn from a healthcare provider that works with patients on managing chronic conditions.
  - Dr. Holly Biola, a primary care provider from Lincoln Community Health Center worked with Yvonne Reza to plan and implement an English "What's the 411: Diabetes, Hypertension, and Kidney Health" session.
  - Accessibility may be increased by offering virtual activities, especially for those who are less likely to attend events in the evenings for safety reasons and work schedules.
  - Since the program is held virtually, we did not incur costs due to space rental to offer this free event to participants.
  - Participants learned:
    - How to prevent kidney disease.
    - Risks associated with living with type 2 diabetes, hypertension, and kidney disease.
    - Ways to prevent kidney disease after a diagnosis of type 2 diabetes and/or hypertension.

- **Challenges**
  - Some participants were not able to attend because of prior commitments.
  - It has been challenging to recruit and retain participants for webinars and sessions since COVID-19.
  - With the new Zoom updates, we have not been able to access the co-host option. As a result, the speaker serves as the sole host and is responsible for admission of participants in the waiting room while conducting their presentation. This is distracting for the guest speaker, where previously the DCoDPH staff person could monitor participant entry and chat in the background.
  - It can also be challenging to find a medical provider, especially those in specialty fields that are willing to serve as a presenter.

Implication(s)

- **Outcomes**
  - A total of 30 participants registered for the session, 19 participants attended the session on March 13, 2024, from 6 pm – 7 pm.
  - Participants asked several questions of the presenter and seemed quite pleased with her presentation and delivery.

- **Service delivery**
  - Yvonne Reza recruited participants by sharing the event flyer with several networking groups, distributing flyers at health fairs, posting the flyer in public establishments, and promoting the event via DCoDPH social media outlets.

- The session was delivered virtually via Zoom as participation was not as great when offered in-person.

- **Staffing**
  - One health education specialists: Yvonne Reza
  - One medical provider: Dr. Holly Biola
- **Revenue**
  - None.

Next Steps / Mitigation Strategies

The HES will continue to offer quarterly 'What's the 411?' sessions on topics related to diabetes, diabetes management, and diabetes prevention.

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 Q3
    - ~40 lbs. of medication disposed
  - Year-to-date statistics, FY23-24
    - ~110 lbs. of medication disposed
  - Previous year statistics, FY22-23
    - ~160 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
    - ~3341 needles/syringes returned
  - Year-to-date statistics, FY23-24

        - ~10134 needles/syringes returned
    - Previous year statistics, FY22-23
        - ~10177 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 it 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 Q3:
    - New participants: 3
    - Total contacts: 27
    - Syringes dispensed: 118
    - Syringes returned*: ~3341
    - Sharps containers dispensed: 16
    - Fentanyl Test Strip dispensed: 48
    - Xylazine Test Strips dispensed: 34
    - Naloxone kits distributed to SSP participants: 13
    - Naloxone kits distributed non-SSP participants: 129
    - Naloxone reversals reported: 1

*"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 43 % when compared to Q2 FY24 and decreased by 58 % when compared to Q3-FY23. The volume for unique program contacts has decreased by 120% when compared to Q2-FY24 and decreased by 143 % 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:

Mr. Jenkins: The Health Director's report is very robust this time, no shortage of activity. I tend to get in trouble when I point it out, you know one or the other, but lots of great work is going on without DINE and Nutrition. The third floor at one point in time smelled like a greenhouse because we have so much fresh soil from them doing the kits for the kids. That always warms my heart because they're learning about food and how it' made and everything and making food of their own. So, you know, hats off to Rachael Elledge and the Nutrition team. Of course, two programs that were high on my to do list, as far as budgetary preparation for FY 24/25 is Bull City Strong which is our Health Literacy.

Then of course, is ACE the work that Jess Bousquette is doing with ACE has really taken off. I had the great privilege of being at the state smart start conference this week in Guilford County just as my part of being vice chair of Durham partnership with children. A lot of work around ACE so I really was just tapping my chest and saying hey we got this covered. We're doing a lot of great work with ACE and beyond. So, we're trying our best to get Jess the support that she needs for their needs but again as evidenced in the Health Director's report, lots and lots of great work is going on. Then of course we do have you know, again our Dental activity. Last month at the women's health conference held at Hillside High School in conjunction with a number of different vendors, they were there on site to do dental screenings. So, it did my heart well to be in the midst with them and just kind of see them in action but a lot of good work going on also very grateful for the staff for putting it together so you can all really see their great work.

Dr. McDougal: Thank you. I was looking through the report and did kind of get fixated on the Bull City Strong program and really impressed by what over 57,000 residents being positively impacted by that program so that's quite impressive. And of course, as a dentist I had to spend a little bit of extra time on the gentle work that's being done through the women's health awareness conference. I did have a question regarding this. I see that the dental clinic is going to be participating in this conference next year, and I'm assuming it's going to be at Hillside maybe not but is there an opportunity for local dentists and Dr. Harris I know is on the call so any one of you can answer. Is there any opportunity for local dentists, benevolent providers that might be interested in participating in such an activity?

Mr. Jenkins: I'd say being familiar with how it's organized, and you know again just giving a huge shout out to Willa Allen Robinson who is on the main committee. I would say yes, there are plenty of opportunities. They will make space for benevolent care. Not on the scale of the missions of mercy so to speak but they definitely have opportunity for you and your colleagues to participate if you so desire.

Dr. McDougal: How will go about plugging into the health department to take advantage of those opportunities? What's the best way to do that?

Mr. Jenkins: I will connect you with Willa, and Willa will make it happen.

Dr. McDougal: All right, I know she does. Fantastic job. Are there any other questions or comments? Fantastic work obviously that continues to be done throughout the health department and very exhaustive report this month so thank you, Director Jenkins. I don't see any hands up so we're

going to move on. We don't have any committee reports today and no old business. So, we're moving through the agenda. Our new business, I'd like to ask the board for some input. What would you like us to maybe discuss or what presentations would you be interested in seeing at our next meeting in June? Any comments, suggestions.

Dr. LeRon Jackson: I have a general question. I recently heard an excellent presentation about the use of telehealth services. I didn't know if that had a role or that could play a role within the health department or does it exist and what sort of forms. I would be interested in learning more about that.

Mr. Jenkins: We would be more than happy to get that for you Dr. Jackson. We were proud to say we were a little ahead of the curve with COVID on a number of fronts to include telecommute activity and also telehealth. So, coming in, getting organized. Having a staff that was proactive with that, but more than happy to give you a brief update on our telehealth apparatus. More than happy to get that for you.

Dr. LeRon Jackson: Thank you.

Dr. McDougal: Any other suggestions on items that we might have presented to us at the next meeting? So, I don't know if this is appropriate. I know we're still trying to figure out the funding and exactly what the funding will be and how it will be used but with the Fentanyl grant that we've gotten from the federal government, can we get perhaps an update on that. Where we are and as resources and how they're being utilized.

Mr. Jenkins: More than happy to do it. I will give praise to deputy director Kristen Patterson who attended one of the updates today with the statewide opioid activity sponsored by the North Carolina Association and County commissioners. So happy to provide you all with a brief update on that as well.

COMMITTEE REPORTS:
There were no committee reports discussed.

OLD BUSINESS:
There was no old business discussed.

NEW BUSINESS:
There was no new business discussed.

- **AGENDA ITEMS FOR NEXT MEETING:**
  - Telehealth

INFORMAL DISCUSSION/ANNOUNCEMENTS:
There was no informal discussion discussed.

Dr. McDougal made a motion to adjourn the regular meeting 5:50 at Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

23 A Regular Meeting of the Durham County Board of Health, held May 9, 2024.

Roger McDougal, DDS, Chair

Rodney E. Jenkins, Public Health Director