A Regular Meeting of the Durham County Board of Health was held on April 10, 2025, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Victoria Orto, DNP, RN, NEA-BC; Anthony Gregorio, MBA; LeRon Jackson, MD, MPH, James Miller, DVM, Pam Silberman, JD, DrPH, Commissioner Stephen Valentine, Sarah Verbiest, DrPH, and Darryl Glover, OD.

Excused Absence: Josh Brown

Others Present: Rod Jenkins, Donna Murphy, Attorney Christy Malott, Kristen Patterson, Jeff Jenks, Chris Salter, Marissa Mortiboy, Lindsey Bickers Bock, Micah Guindon, Rachael Elledge, Jim Harris, Liz Stevens, Dennis Hamlet, Alecia Smith, Kiki Rayner, JP Zitta, 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.

Dr. Gene Rhea has moved to approve the agenda. Mr. Anthony Gregorio seconded the motion. Board members unanimously approved the motion 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 moved to approve the minutes for February 13, 2025. Mr. Anthony Gregorio seconded the motion. Board members unanimously approved the motion as identified in the attendance roster above.

Chair McDougal: Thank you. So, instead of public comments, we'll go ahead and move forward with the agenda. But I want to take a moment to give Dr. Verbiest a chance to introduce herself. This is her first meeting as a Durham County Board of Public Health member. So, Dr. Verbiest, we'll give you a few moments to say hello and tell us about yourself.

Dr. Verbiest: Thank you. It's truly an honor to be on the Board of Health. My name is Sarah Verbiest. I've lived in Durham for over 30 years and raised my kids here. I'm a professor at the School of Social Work at UNC-Chapel Hill, and I lead a collaborative in the School of Medicine. My area of expertise is moms, babies, and families. I'm also an alum of the DrPH program at the Gillings School of Global Public Health— a program that Dr. Silberman has led. It is an honor to be here.

Chair McDougal: Thank you, Dr. Verbiest. Once again, welcome to the Durham County Board of Health. Dr. Jenkins, we will allow you to have your staff and program recognitions.

STAFF/PROGRAM RECOGNITION:

Dr. Jenkins: On behalf of over 250 hardworking public health practitioners, we extend a warm welcome to you, Dr. Verbiest. You graduated from a very fine program at Gillings, and we also want to thank Dr. Pam Silberman for her role in helping to shape that program. You're part of the School of Social Work, and if I may take a moment of personal

privilege, I have to share that my wife is a social worker as well. So, there are a lot of ties that bind.

Again, we warmly welcome you. I look forward to meeting you in person and giving you a proper introduction and tour of the Health Department.

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

- As our Chair mentioned, it is National Public Health Week, and I want to give a big shout-out, kudos, and all the accolades I can to our entire public health workforce. Today, we had Staff Development Day, and I had the chance to thank them in person, which is rare these days, and let them know how much we truly appreciate them. We've been celebrating all week long, and it's been a great reminder of the incredible work they do every day.

  It's no surprise that public health continues to face challenges and criticism. It's been a long five years. As I said to our team this morning, we are still in a very important fight that we will win.

  Public health is here, and we are here for our community. So, with that, I just want to say, I remain in awe of our team's resilience, their expertise, and their unwavering commitment to showing up and doing what needs to be done to protect our communities.

  Once again, I'm incredibly grateful for the leadership of the Public Health Department here in Durham, and most importantly, for our employees. I truly couldn't ask to lead a better group of people.

Chair McDougal: Thank you, sir. on behalf of the Board, I echo your sentiments and thank the staff of the Durham County Health Department. We have Micah Guindon, who will present to us the fiscal year 25/26 budget request.

ADMINISTRATIVE REPORTS/PRESENTATIONS:
Public Health Fiscal Year 25/26 Budget Request Presentation, Micah Guindon, Finance Administrator ***(Activity 39.3)***

Micah Guindon: I'm so happy to be here with you tonight at what I consider one of the best Board of Health meetings of the year, where we get to look ahead and plan for the future. As Chair McDougal mentioned, I'll be presenting the Public Health Budget request for the upcoming fiscal year. The presentation is broken into five sections, and we'll start with a high-level review.

The Department of Public Health requests a county appropriation of **$27,967,434** for Fiscal Year 2025–2026. This represents a **9.36% increase** from Fiscal Year 2024–2025—an increase of **$2,394,380** from the current year's originally approved budget.

Our total change in expenditure is $3,148,501. This includes approximately $1.9 million in personnel costs and $1.2 million in operating costs.

One major driver of our operating request is a $507,000 grant to support social, emotional, and mental health programming. In addition, we request:

- a $104,481 increase for vaccines
- a $71,582 increase for language services and medical providers.

Our total revenue change is $754,121. This fiscal year, we are sunsetting two COVID-era grants and our grant from the National Association of County and City Health Officials.

Our Medicaid revenue is expected to increase across most program areas, totaling a projected $526,439.

I know I've mentioned to this group before that contract services are one of the highest-cost line items in our general ledger—and that's not unique to us. This is true for many departments across the county, and that's prompting County Finance to take a closer look at this category during the current budget cycle.

We have approximately $8.6 million budgeted in contract services for this fiscal year.

Our largest contract by far is with Wellpath, our Jail Health contract vendor, which totals $5.2 million, or about 62% of our total contracted dollars.

Of the remaining $3.3 million, about half is grant-funded and the other half is county-funded. There are a handful of county-initiated projects that have been assigned to our department to administrate. Our county management wants us to share some current highlights during our budget presentation. I will share with the Board some of that public health work.

One key area of growth is the increased demand for immunizations, primarily driven by our Refugee Health Program. From July 1 to the end of February, our immunization clinic served 466 patients from this program. We're seeing large families arriving from countries such as Afghanistan, Pakistan, Honduras, and El Salvador, with some appointments requiring 20 to 40 vaccines in a single visit. This high volume can quickly deplete our weekly vaccine supply. This demand is driven in part by state vaccination requirements for school enrollment and those newly arriving in the U.S.

Some newly arrived community members are covered by Medicaid for their first 90 days in the U.S., but if they seek vaccinations after that period and are 19 or older, Medicaid no longer covers the cost. In those cases, we rely on our private vaccine supply, which is funded by the county.
To meet this growing demand, we've implemented several solutions:

- Using grant funds to purchase additional vaccines,
- Adjusting inventory and scheduling to manage supply and avoid monthly shortages,
- Moving to a flat fee model for certain vaccines.

We're continuing to advance our lab capabilities by adding hemoglobin A1c testing, which helps identify gestational diabetes, primarily for patients in our maternal health clinic. This is a significant improvement, as it offers a simpler alternative to the traditional glucose tolerance test. Until now, we've outsourced this test to LabCorp, but thanks to grant funding, we've purchased an analyzer to perform it in-house. This change will result in cost savings and allow us to bill Medicaid, which is especially impactful since 99% of our maternal health patients are Medicaid recipients.

It's worth noting that it's rare for a health department to have a lab, and ours is particularly advanced and well-equipped, now featuring both the Panther machine and our new analyzer. We're fortunate to offer these high-quality services to our patients while also generating additional revenue for the department.

As part of our opioid settlement initiative, we've identified four key focus areas, which were previously shared by Jaeson Smith at the last board meeting.

- The Advisory Committee is currently being formed with support from the Board of County Commissioners, with appointments expected this month.
- Narcan distribution continues at three sites: the Sheriff's Office, the Health Department lobby, and our pharmacy, with distribution stats provided for this year.
- We're also seeing strong results from data enhancement efforts and our Community Linkages to Care program.

This year, we're requesting funding for three items. Our top priority is a full-time Revenue Cycle Analyst to join our medical billing team. We're confident this position will generate a net positive in revenue through improved billing to Medicaid, private insurers, and self-pay patients.

The work of our medical billing unit has become significantly more complex in recent years. Medicaid expansion has increased our patient pool and introduced multiple Prepaid Health Plans (PHPs) where we previously had just one payer. Additionally, more private insurance companies are now seeking contracts with public health, offering revenue opportunities but also increasing administrative complexity and workload.

Simply put, with more staff, we could better manage the volume and complexity and ultimately bring in more revenue. For context, I recently spoke with Cabarrus County, a health department similar in size to ours. While Durham has 4 billing staff, Cabarrus has 10, and they are adding 2 more, specifically for dental billing, which is a strong revenue generator for both counties. Cabarrus expanded its billing team during Medicaid transformation, while we have not yet been able to grow ours to meet rising demand.

Our second priority spending request for Fiscal Year 2025–26 is an increase to the Wellpath contract, which supports health services at the Durham County Detention Center and Youth Home.

We're requesting a $378,959 increase due to rising costs in three key areas:

1. $121,359 for a 3% increase in staffing costs at both the Detention Center and Youth Home.
2. $125,000 to cover off-site medical fees, which we consistently exceed mid-year.
3. $132,600 for the rising cost of medications.

These increases reflect the growing demand and operational costs of providing healthcare in these facilities. Pharmaceutical costs have risen significantly in recent years. According to Wellpath, the main drivers of this increase are HIV medications and psychotropic drugs. The cost and volume of these medications have risen substantially since 2019.

Our third spending request is for $1.65 million to support Aging Well Durham's Comprehensive Aging Plan for 2025–2030. This initiative, driven by the Board of County Commissioners, was assigned to Public Health for contract administration in fiscal year 2023–2024.

If the Board chooses to continue supporting this initiative, we're requesting $300,000 per fiscal year, which is consistent with the amount allocated in recent years. This funding would cover the program by December of 2030, which aligns with the current timeline of the plan.

The department is proposing 278 fee changes out of a total of 668 fees. Of these, 85 dental fees are being increased to 80% of the 2024 national standard, adjusted for Durham County, up from 60% last year. Another 65 fee changes are due to minor vendor and federal guideline updates. Additionally, 15 vaccinations (including RSV, rabies, hepatitis B, and COVID) will shift to non-sliding scale fees, aligning with practices in other health departments and boosting revenue. A new fee for lactation consultant services has also been added. The projected total fiscal impact is an increase of $117,856.

As we close, I want to acknowledge the broader challenges our Department is currently facing. It would be an understatement—especially during National Public Health Week—to say these are uncertain times in public health.

We've been responding to rapidly changing directives from the Federal Government, often adjusting course weekly. Here in North Carolina, the Department of Public Health has been meeting several times each week to interpret new guidance and keep local agencies informed.

To date, we've seen a 10% cut to two of our grants for the upcoming fiscal year, and two additional grants are currently under stop-work orders. These developments are certainly difficult.

Still, this field—and this team—have weathered unprecedented challenges in recent years. Under Dr. Jenkins' steady and focused leadership, we remain committed to doing the work we know and care about. We're focusing on what we can control, including taking a critical look at how we can improve our revenue cycle.

The department is pursuing creative financial strategies, including reviewing and raising certain fees, exploring debt set off as a new revenue stream, and using debt write-offs to reduce costs. A request has been made for one additional billing team member to enhance payer contracting, credentialing, and billing efficiency. The proposed budget reflects a projected revenue increase of $592,095 over the FY 2024–25 budget, largely driven by Medicaid.

The update closed with recognition of the STI team and health educators' community engagement, as well as appreciation for the staff's hard work in delivering a smooth budget process.

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

QUESTIONS/COMMENTS:

Chair McDougal: I want to just thank you again, Micah, for a very comprehensive and informative presentation. Always on point.

Dr. Pam Silberman: I want to understand what you mean by fees. Is that what you're charging? Are most of those charges covered by insurance, like Medicaid?

Micah Guindon: Yes, the fees apply to everyone—Medicaid, private insurance, and self-pay patients. The department must charge the same fee regardless of the payer, but for self-pay patients, a sliding fee scale based on income is used. Most self-pay patients qualify for significantly reduced rates, with many paying as little as 0% to 20% of the full fee.

Dr. Pam Silberman: That's great. The other question I had is that the ban on new refugees will have on things like immunization and things like that down the road, because they're no longer coming into the country?

Micah Guindon: In Durham, the recent cuts to resettlement agencies have led to case workers having larger workloads due to reduced staff. As a result, fewer individuals can complete their resettlement process within the required 90 days, causing a slowdown in the number of people being processed.

Dr. LeRon Jackson: I wanted to ask about your experiences in collaborating with Cabarrus County and their increasing staff in the billing and revenue cycle. Have they indicated how much revenue they've been able to recover and how much of an improvement that has been for them with the increase in staffing?

Micah Guindon: While Cabarrus County didn't share exact revenue figures, they did confirm that expanding their billing team during Medicaid transformation has led to increased revenue. Their focus was on adapting to a growing number of payers and improving organizational structure. Conversations with multiple counties have shown that better staffing improves credentialing speed and responsiveness, which in turn enhances revenue generation.

Commissioner Valentine: Before I ask my questions, I would just like to say that it was an honor this week to present the proclamation recognizing Public Health Week. It was one of my highlights of the week. Thank you for that privilege.

Thank you for your presentation, Micah. Help me understand the contracted services through Wellpath and how that's funded.

Micah Guindon: The Wellpath contract is part of public health's budget, but it specifically applies to health services in Durham County's jail and detention center. Wellpath, a private company, is contracted to administer health services in these facilities. The contract is complex, but essentially, Durham County pays for Wellpath's staff to provide health services within the jail and youth home.

Commissioner Valentine: So, does any of the funding come out of the Sheriff's budget?

Micah Guindon: Not for this particular contract.

Dr. Rod Jenkins: Commissioner Valentine, if I may, I would add that since I've been here as Public Health Director, this has been something that has been assigned to Public Health for many years. It is different because it is not necessarily Public Health per se, but correctional healthcare. We do it with a smile. But, as you all know, the Sheriff has built his infrastructure to where he could do it himself to include an attorney, and the request for a medical director. Until those deliberations are finalized, we will continue to do it. It's certainly something that has been tasked with Public Health for many, many years.

Commissioner Valentine: Thank you, that's helpful. I also had a question about the County Commissioners' commitment to the comprehensive aging plan. You said that this year is going to be $1.6 million, which would take you until 2030. Any particular reason why the ask is upfront?

Micah Guindon: Yes. The Wellpath contract was originally managed by the county manager's office but was moved to public health for administration. There was some confusion regarding the 5-year plans (2020–2025 and 2025–2030) and how to reflect this in the budget each year. To streamline the process, public health requested that the Board of County Commissioners approve the contract for the full 5-year term. This

would eliminate the need for annual renewals or separate spending requests, making it easier for public health to manage the contract without recurring approvals.

Commissioner Valentine: Thank you for the context—it's helpful as I look for ways to provide more flexibility to the county. Also, I wanted to offer my support regarding the opioid settlement. I understand that Dr. Jenkins' department is positioned to receive some of those funds for the benefit of Durham County residents. If I can be of assistance, please don't hesitate to reach out.

Dr. Rod Jenkins: Thank you. We'll do it.

Anthony Gregorio: Thank you. Most of my questions have been answered, especially about Wellpath. Thank you for a great presentation. On slide 13, I wanted your thoughts on the significant year-over-year cost increases (around 40% from 2023 to 2024, and 50% from 2020 to 2021). Are the increases due to a higher volume of residents or a change in the mix of services provided? I'm seeking clarification on the cause of these sudden cost spikes.

Micah Guindon: Internally, we've been digging in as we have a work group internal to our department and we're putting a lot of work in. I'll give a lot of credit to our Administrator, Annette Carrington. In her digging into the Wellpath contract, the major increase in costs is for prescribing more medications for folks who need more support psychologically. They have a psychiatrist at the jail, and I am thinking part of this is that the psychiatrist is prescribing more. I will also add that medication costs in general have increased, and we've seen the same in our department, from supplies and medication. So, I think it's a combination of those two things.

Anthony Gregorio: Absolutely. By chance, do you know what we're trending for in quarter 1 of 25? I'm curious to see, potentially, what the cost would be this year.

Micah Guindon: Although they don't have the exact number on hand, the contract administrator and I recently identified about $300,000 within the existing budget to reallocate, anticipating that Wellpath will overspend based on past trends. Billing from Wellpath is several months behind, adding to the challenge. Over the 5 years of the contract, they've had to request mid-year budget increases almost every year because the original contract amounts are no longer adequate. This recurring issue is a key reason for requesting updated spending figures at the start of the fiscal year to avoid scrambling for additional funds mid-year.

Anthony Gregorio: I am familiar with Wellpath so it's something to consider in terms of contracting, so I appreciate it.

Dr. Rod Jenkins: I just want to reiterate to the Board that this is something we do with a smile, and I want to give Kudos to Micah and Annette Carrington. It's not easy to have to consistently go before the Board, but this is the state of operations, as it relates to correctional healthcare at this particular time. I just wanted to emphasize that point that we want to do Public Health. Sheriff Burkhead and staff have the infrastructure to do it, but it is an arduous task at best.

Chair McDougal: Thank you again for a great presentation. Do we have any other questions from Micah before we entertain a motion to accept the budget presented for next year? Alright. Well, a point of order in the motion we're about to entertain. Do we need to include the fee changes? Or is that wrapped up in the budget approval?

Micah Guindon: You can vote on the whole thing.

Chair McDougal: I'm not seeing any hands raised. I will entertain a motion at this time for acceptance of the presented budget request for the 2025-2026 Fiscal Year.

Pam Silberman motioned to approve. Anthony Gregorio seconded the motion. The motion was unanimously approved by the board members, as identified in the attendance roster above.

Division/Program: Communicable Disease: Dr. Jeff Jenks, Public Health Medical Director, provided the board with a Respiratory Virus and Measles Update (Activity 2.3).

Dr. Jeff Jenks: Thank you, Chair McDougal. This is a brief update on the current state of respiratory viruses in North Carolina, based on data from the North Carolina Department of Health and Human Services. According to recent trends, respiratory virus activity across the state is either declining or remaining stable.

Focusing on influenza specifically, data from the Public Health Epidemiologist Network, which includes hospitals across the state, indicate that flu cases peaked in early February and have since decreased. However, this flu season has been notably severe. As of a few days ago, there have been 484 flu-related deaths statewide, including 5 children, making this the worst flu season in many years. For comparison, the 2017–2018 season, previously considered one of the worst, saw 391 flu-related deaths in North Carolina. Thankfully, current indicators suggest we are now moving past the peak of flu activity.

Respiratory Syncytial Virus (RSV):
RSV, which typically peaks earlier than flu and COVID-19, reached its seasonal high in December. Activity has since dropped to non-seasonal baseline levels across the hospital surveillance network.
COVID-19 activity saw a modest winter increase starting in December, though the rise was less severe than the summer bump seen earlier. Overall, this has been a relatively mild COVID-19 season.

- Data Caveats: Current COVID-19 surveillance data are less comprehensive than in previous years due to the widespread use of at-home rapid tests, which are not reported to public health authorities. Most data now come from PCR tests in emergency departments and hospitals.
- Emergency Department Visits: ED visits for COVID-19-like illness have remained low this winter, especially when compared to the past two seasons, and are now declining statewide.
- Hospital Admissions: There was a slight increase in hospitalizations and ICU admissions in December, but levels have since been flat or declining. In Durham County, about 7 COVID-related hospital admissions were reported recently—half required ICU care, but all patients have been discharged.
- Wastewater Surveillance: Data from the North Durham site shows a decline in COVID-19 viral levels, further supporting a downward trend in transmission.

As of April 4, 2025, the U.S. has reported 607 measles cases, a sharp increase from under 500 cases the previous week. Of these, 72% are in individuals 19 years or younger, and 97% are in those who are unvaccinated or of unknown vaccination status, with most being unvaccinated. Approximately 12% of cases have resulted in hospitalization. The reported death toll is 3, with two unvaccinated children in Texas and one unvaccinated adult in New Mexico. This aligns

with expected mortality rates of around 3 deaths per 100,000 unvaccinated cases, although there have been slightly more deaths than expected so far.

Measles Trends and U.S. Impact (2023-2025):

- 2023: Mild flu and measles season.
- 2024: Increase in measles cases.
- 2025: Significant rise in measles cases, showing a sharp increase compared to the past two years.

Measles Case Distribution (as of April 3, 2025):

- Texas is the epicenter, with over half of the cases.
- New Mexico is the second most affected state.
- 22 states have reported measles cases, but North Carolina has had none so far in 2025 (one case in 2024).

Summary of Seasonal Respiratory Viruses (2025):

- RSV, flu, and COVID-19 peaks for the winter season have passed.
- 607 measles cases reported in the U.S. so far, with the majority in individuals under 19 and 97% unvaccinated.
- 12% of cases have been hospitalized, and 3 deaths have been reported.
- Texas remains the epicenter, but 21 other states have reported cases.

That was a brief update. I am happy to answer any questions.
(A copy of the PowerPoint presentation is attached to the minutes.)

QUESTIONS/COMMENTS:

Chair McDougal: Dr. Jenks, can you share what the message is in light of the political climate that we're in regarding immunizations for all those who might be on the call tonight or who may have transcript access? What is the message that goes out from the Durham County Public Health Department regarding immunizations?

Dr. Jeff Jenks: Good question, Chair McDougal. The most important preventive measure against measles is ensuring you are up to date on the measles vaccine. There are no other effective preventative methods like vitamins or supplements. The measles vaccine is highly effective, with two doses providing over 97% protection, and it is very safe. This is the key message to promote and what we're pushing.

Dr. LeRon Jackson: 2 questions, first, future COVID-19 reporting and how it will be approached, particularly with fewer people seeking testing due to the decreasing severity of illness in the general population, especially among young and healthy individuals. Many people are now using at-home tests. I know wastewater monitoring is a useful safeguard for tracking COVID-19 numbers. Do you anticipate that we will continue to do that in light of people just not coming in?

Dr. Jeff Jenks: I think that has been the plan to use wastewater monitoring as a way to survey Covid. Currently, wastewater monitoring is being used for other pathogens as well. Given the current funding climate and cuts to Federal funding and CDC funding, I can't say whether or not the State Health Department is going to be able to continue doing this in its current capacity. I think this is one of the best ways to survey Covid and other pathogens, just given some of the issues you raised. The other way this is being done is through ED visits and hospital admissions. Those are not perfect measures, and we certainly don't have all the tools that we had a couple of years ago. Making the best use of what we have, and I think wastewater is a reasonable kind of metric to be used. When wastewater levels peak or go up, emergencies and hospital visits tend to

go up. So, it's a pretty good measure of what is going on in the community.

Dr. LeRon Jackson: Another question regarding the measles outbreak. I have had several patients coming in asking for titers to check their immune status to see if they are still immune. People are mainly over 40. Do you think there is a role for that?

Dr. Jeff Jenks: I think healthcare workers or people who are more likely to be exposed to measles. There's a place for that. If there is any doubt, and if you can get a titer or if getting a booster is reasonable. The booster is probably a bit cheaper, and it's not going to hurt. People in a situation like I am, born in 1979, probably received one dose of the MMR. The MMR is 93% effective. I feel pretty comfortable with that. For someone else, they may be at a higher risk and should receive a titer or booster dose is reasonable.

Dr. Gene Rhea: This isn't a question; it's more of a compliment. I think the Department has done a fantastic job in social media messaging around being very clear about vaccination. I would love to see the Department continue to do that consistently. My other concern is that this will probably come, and it will spread throughout the country. So, it will come here eventually. When it does, are we doing enough to educate both providers and the public about what measles looks like to understand? People can understand if their child or themselves start showing symptoms because most people and even healthcare workers haven't seen a live measles case. I just wanted your opinion.

Dr. Jeff Jenks: Kudos to our PIO, Alecia Smith, who put together a great infographic about a lot of what you just mentioned. How effective the measles vaccines are and what symptoms to watch out for. Hopefully, medical providers are brushing up on the symptoms of measles and what to look out for. I think we've done a good job of getting the messaging out on social media and saturating it as much as we can.

Dr. Rod Jenkins: I also will add that our PIO, Dr. Alecia Smith, is a one-woman army on social media. She is all over the place. She did indicate that she's going to finish some additional social media graphics that will have pictures of measles, so our larger audience can see it. We are grateful to her. I also want to add that we have begun our preparations in earnest here at the Department of Public Health, under the leadership of our director of Nursing, Kiki Rayner and CD Program Manager Shenell Little from simulations to receiving information from the State to identify those particular schools that may need a little bit more attention. So, you will begin to see a lot more traction in the weeks to come.

Dr. Gene Rhea: Great! That was going to be my follow-up question. Is there a role for the school nursing program to be part of our surveillance system here? So, it sounds like you guys already had that. Thank you very much.

Chair McDougal: Seeing that there are no other questions that are asked, we'll move forward with our next presentation, Lead in city Parks Update, and the State EPI, LHC, Durham Parks Update by Mr. Salter.

Division/Program: Environmental Health: Chris Salter, Environmental Health Division Director, provided the board with a City of Durham Parks Update and State EPI-LHC Durham Parks Update (Activity 14.1).

Chris Salter: Let me start by saying, I can't believe this—but it's been one year ago tomorrow since we gave an update on the city park situation.

I'm going to try to keep this much briefer. That was a very lengthy presentation. However, some of the Board members are relatively new and were not present for that presentation. So, I'm going to try to give you a quick overview of what I'd like to call 'how we got here.'

The situation began when a graduate student from Duke University's Nicholas School of the Environment discovered old newspaper articles from the 1930s, which included maps showing former incinerator sites in Durham that had since been converted into city parks. Suspecting possible contamination, especially lead, the student used an XRF machine to test soil samples at those sites. The results showed an elevated lead level above the 400 mg/kg (or ppm) threshold considered unsafe for areas used by children. The report findings were then reported to the city.

Initially, the city was unsure how to respond and reached out to Public Health for help. Public Health suggested involving the NC Department of Health and Human Services (DHHS), specifically the Environmental Epidemiology and Occupational Health team. They joined the discussions and connected the group with contacts at the NC Department of Environmental Quality (DEQ), which manages Superfund-type programs. DEQ's program manager, Bill Honeycutt, reviewed the situation and later confirmed that the issue could be addressed under the Pre-Regulatory Landfill Program, which could also potentially provide funding for remediation efforts.

The concern about lead in parks centers on its harmful effects on young children, particularly those under six. While lead exposure poses less risk to adults, children are far more vulnerable due to their developing bodies and behaviors that increase exposure risk, such as hand-to-mouth activity. Prolonged exposure to lead can cause irreversible damage, including brain and nervous system impairment, behavioral problems, learning disabilities, and speech development issues. In city parks, the primary route of exposure for children is ingestion, most commonly from eating or mouthing contaminated soil. Inhalation is another possible route, though it typically affects adults more and is more common in industrial settings where lead dust is generated.

Throughout this presentation, it's important to distinguish between *hazard* and *risk*. While lead contamination (the hazard) exists, the actual *risk* depends on exposure. Many city parks are grass-covered, and playgrounds have 4–6 inches of mulch, which helps reduce direct contact with contaminated soil. Since the last update, State Epidemiology (State Epi) reviewed the soil testing results from DEQ's contractor and issued a detailed "Health Consultation" letter. This report includes 10 primary recommendations along with supporting rationale. A link to the full report was shared with the Board for reference. One key finding was that up to 36% of residents living within one mile of the affected parks do not speak English as their primary language, highlighting the importance of clear, multilingual communication in addressing public health concerns. That was one of the biggest things that hit home for me when it came to this. But that was State EPI's report that they stepped out of this as far as what's going on inside the parks now.

Community engagement is ongoing, with soil workshops being held to help residents understand potential contamination. One workshop has already taken place, with more planned. Moving forward is background level baseline measurements of contaminants outside the park boundaries. Under DEQ's Pre-Regulatory Landfill Program, initial sampling focuses within park boundaries, but if high contamination is found near the edges, the investigation must expand outward to assess background levels. Separately from DEQ, State Epidemiology partnered with NC State's Department of Crop and Soil Sciences and North Carolina Central

University. They joined community forums and offered to coach residents on how to collect soil samples from their own properties. Residents could then bring those samples to a workshop for analysis using an XRF device. Some of these personal property tests have returned with high lead levels. I do not know the proximity to the parks, that's private information, but there are more of these workshops being planned for the future.

The city has taken commendable steps to inform and involve the public. They've created a website, and I encourage anyone interested to visit that website. They have a lot of useful links, including project background, official reports, and Public Health information on their site. Dr. Jenkins and Dr. Jenks have videos. There is some public engagement and outreach, there's an ongoing community forum. I plan to start trying to sit in on some of those during normal work hours. I do sit on the Environmental Affairs Board, and sometimes these pop up, and I'm able to help answer some of the questions.

The city recognizes that transparency is crucial in building trust with the community. When the lead contamination issue first surfaced, it came as a complete surprise, leading to confusion, fear, and significant public frustration. At early community meetings, including one at City Hall, emotions ran high, especially given the concern for children's health. Residents expressed anger and pointed fingers at the city, even though no current officials were involved in creating the situation. Dr. Jenkins and others present at those meetings have firsthand experience with the community's concerns.

Many community members remain confused, afraid, and emotional, especially when children's health is involved. Early on, frustration was often directed at the city, even though no one currently involved was responsible for the historical contamination. This fact is often overlooked, and the current staff, who inherited the issue, are doing their best under difficult circumstances. Wade Walcott, the City Parks and Recreation Manager, has been actively working to address concerns. He and Dr. Jenks even appeared on a city TV segment to help inform the public. They recognize that maintaining transparency is essential to building credibility, and they're putting significant effort into open communication.

The Pre-Regulatory Landfill Program addresses contamination from landfills and disposal sites existing before 1983, when many environmental protection laws were not yet in place. While 1983 may seem distant, there were few regulations before then, which has left a legacy of unregulated sites. A map shows over a thousand such sites across North Carolina. This program doesn't cover everything, but it applies to sites that meet specific criteria. Fortunately, DEQ is actively working on these sites. Importantly, once a site is brought under this program, the investigation expands beyond just lead and other potential contaminants must also be assessed according to established procedures.

To help the Board understand the process, Northgate Park serves as an example of how extensive sampling is being conducted. The park has been divided into 100-foot x 100-foot grids (10,000 sq. ft. each), and five types of samples have been taken. In each grid, a composite sample is created by taking one core from the center and four additional samples 25 feet out in each direction. These are mixed and analyzed, providing an efficient and cost-effective way to identify contaminated areas. If high levels of lead are found, more targeted sampling can be done in those specific grids.

A map of the park visually displays contamination levels. Red areas indicate high lead concentrations, which may not have appeared in earlier maps. This is because in January 2024, the EPA lowered the threshold for lead from 100 parts per million (ppm) to 50 ppm. As a result, areas once

considered safe are now reclassified as high-risk. Notably, Club Boulevard Elementary School sits near the park, with red zones bordering Club Boulevard and Acadia Lane—key areas where further background sampling is likely needed.

Some areas near the park, particularly where there are no clear boundaries like roadways, blend directly into private property. This has triggered the need for additional testing beyond the park itself. These transitional zones require special attention to determine how far contamination may have spread. The level of detail and effort going into this work is substantial and commendable. This slide was included to highlight just how much has been done since the last report.

While there's a great deal of scientific detail behind the investigation, such as the specific compounds being analyzed, the most visible and immediate impact on the community is the fencing off of contaminated park areas. Based on soil test results, additional sections of some parks have been restricted from public access. A clear example is East Durham Park. Initially, only the eastern portion (near the splash pad and tennis courts) was tested. The western side wasn't included until DEQ brought the site under the Pre-Regulatory Landfill Program, which required broader testing. When samples were taken from that previously untested area, high lead levels were also found. As a result, the entire section is now enclosed with temporary fencing and signage.

Another visible change in the parks is the removal of mulch and underlying fabric from playground areas, which were previously maintained with about six inches of mulch. This is part of the remediation effort based on soil testing results.

Looking ahead to 2025, more background sampling is planned. This process is significantly more time-consuming than sampling within the parks because it involves obtaining legal permission from private property owners. This requires outreach, clear communication, and paperwork to gain access for soil testing.

In addition, surface water assessments will be conducted. Notably, Ellerbe Creek, which runs through Northgate Park and continues past Walltown, will be evaluated as part of this broader environmental assessment.

A tributary of Ellerbe Creek flows through Walltown Park, continues to Lyon Park, and runs behind it through a wooded area near the ballfields. As part of the upcoming environmental assessments, surface water testing will be conducted at creek entry and exit points within each park. If contaminants are detected at the outlet but not at the inlet, it suggests the contamination is coming from within the park.

This level of waterway testing wasn't initially planned but is now being included. Groundwater assessments will also be conducted, involving the drilling of wells to test contamination below the surface. In addition, gas testing will be performed, specifically for VOCs (volatile organic compounds) and landfill-related gases like methane, since incinerator and landfill sites often generate these substances.

Once all these assessments are complete, a comprehensive report with recommendations will be released. A silver lining in this broader testing is that many remediation methods designed for lead contamination also help address other pollutants. While not a complete solution for every contaminant, lead-focused remediation can significantly reduce overall environmental hazards.

As a final thought for the Board to consider: What happens if the background soil samples—both from DEQ's official testing and from community-submitted samples—come back with high levels of contamination? This is an open and difficult question that remains unresolved. It's been discussed with state toxicologist Wayne Spood and DEQ staff, and no clear answers have emerged. There's a real possibility that some background or private property samples could show even higher contamination levels than those found in the parks. This raises complex questions about responsibility, remediation, and communication—issues that the Board and agencies may need to grapple with soon.

I'm going to wrap it up, and hopefully, I was able to address what this board was looking for with this update. I'm open to any questions.

Dr. LeRon Jackson: Wow! This presentation was incredibly informative. There's a great deal here to unpack, much of which goes beyond the scope of today's meeting. I want to sincerely commend you for keeping the Board informed about where things currently stand. I'd also like to suggest that we consider more regular updates moving forward rather than waiting nearly a full year between reports, especially as new information continues to emerge.

Regarding the unresolved question of what happens if background samples come back with high contamination levels, it's evident that this is a deeply complex issue without an easy solution. One critical point for future consideration is the role and responsibility of the Board, the City, and other stakeholders if contamination is found on private property outside park boundaries. As a layperson, it's difficult even to imagine the implications for individuals, private citizens, and property owners in such a scenario.

Secondly, while it may be beyond the formal scope of this Board and today's meeting, it's important to acknowledge the historical context in which these issues exist. Past practices like redlining and racially restrictive covenants, and to also acknowledge that many individuals who are underserved and may have language barriers, or other socioeconomic barriers, and or are affected by other social determinants of health are primarily impacted by what we have identified, and we see that in the percentages of folks that live within one mile of these parks. So, I just asked us to recognize that, and I just wanted to bring that to the table. But thank you for this information and I hope to hear more about it as we go along.

Chris Salter: You're welcome. I will add to this, and Dr. Jenkins certainly can chime in on this because he's fully aware of it, but from the very beginning, there has been a wide array of backgrounds and folks that have been involved in this. The city has had its attorneys, their risk management folks — every aspect of the city's government, I think, is well-informed and staying on top of this. Engineers, DEQ's got several, you know — every state epidemiologist has people. They've got state toxicologists on their staff. They've got industrial hygienists. They've got people with a wide array of science backgrounds, as does DEQ. DEQ doesn't perform these studies itself. They're heavily involved and are there for consulting and monitoring what's going on. But they contract this out. They don't have the staff to do the sampling that was taking place. Their contractor is S&ME. That company did the sampling stuff, and they have those folks with a science background in engineers and environmental folks. So, yes, there's a wide array of folks that are involved in this that are staying on top of it.

Dr. Rod Jenkins: The only thing I'll add, Dr. Jackson and others, is that as you can tell, we've been at the table. We've certainly been behind

closed doors working with the city. It was comforting, during one of the town halls, to hear directly from the mayor, who all but took ownership of the issue. He essentially stated that this is something the city owns. This is a city issue, and we are working together with the county and state officials to try to rectify it.

We have kept county personnel, county commissioners, attorneys, and county management in the loop regarding the county's position and activities. Make no mistake about it, Dr. Jackson and others have done everything we're supposed to do in terms of educating and advocating with the state. Even within the powers vested in me as a public health director, I have involved Mr. Heineke with the Superfund site. That responsibility falls to me, and I've carried it out.

So, we continue to work on it. We continue to monitor it. We continue to educate the public, which is not always easy, as you can imagine, because people often equate everything with public health. This is certainly something beyond our direct purview, but we remain committed to staying on the course and doing what's right for our community. I just wanted to add that.

Dr. LeRon Jackson: Thank you, Dr. Jenkins.

Chair McDougal: Thank you, Dr. Jackson, for your question and comments, and for the responses from Chris and Dr. Jenkins.

Dr. Gene Rhea: A quick follow-up question. Mr. Salter, this is just such great dense information as I've been thinking about this. I've been trying to figure out the scope of the investigation and the scope of the response, and how it has been determined that these 5 parks are the ones that are in question, and who determines how wide the scope gets? Should it be expanded to all city parks? Is there a concern about similar issues? Are there similar issues with the land of our public schools? I guess my question is, are we the ones who decide how wide the scope is that we focus on for determining where these issues exist?

Chris Salter: I probably didn't do the best job at the beginning to explain how these particular parks came to be.

Dr. Gene Rhea: I remember the Duke University study that led to this. Is that the scope of where this is focused?

Chris Salter: Yes. That's where this became focused on these parks. But the Duke student didn't go to Lion Park. I don't remember exactly why there's so much information. I think he was aware there was an incinerator site at Lion Park, but he didn't go there. It was a documented fact that we knew that Lion Park was also an incinerator site.

Northgate Park was not an incinerator site; however, Wall Town is just down the road. Some documentation indicates that some of the incinerator ash doesn't burn completely. Some rubble is left behind. There were some low spots in Northgate Park, and they took that ash over and used it as a fill. That's how Northgate became the focus. Going back to the background we're just looking at. If you have high levels up to the boundary. We're going to go outside and look at the background levels. One thing that I didn't mention about background levels is that this is included. If you do take a look at State EPI's Occupational Health report, they'll explain that when you sample background levels, you can never say that it can be attributed to the incinerators. It could be from other sources. It could be naturally occurring. As I also mentioned in my previous report, Tetraethyl lead was used in gasoline for decades, and deposited lead in places. You can see that in studies that have been done

close to gas stations along roadsides. You'll find high levels of lead along roadsides, everywhere, because of tetraethyl lead. You can't necessarily say now what you probably will hear down the road about what's termed as speciation. Speciation in lead is when it is exposed to other compounds, and it's exposed to things that are in the soil. It relates to bioavailability. Some species of lead can't be uptake by living organisms very easily. It's not as much of a concern. When I first started thinking about that, I thought, well, if we got a species of lead that's not bioavailable, it's not too much to worry about, maybe. But then, if it has an affinity to some other compound that is bioavailable and it attaches, now you get it in your system anyway, there are so many things to think about with this. It's an important aspect that you can't attribute. If background levels come back high, you can't definitively say it was attributed to the incinerator, and that's where I have no idea how to address that, or how far do you go? What do you do if you find them?

Dr. Gene Rhea: Ok. Thank you for that. I had forgotten the details of that connection to the incinerator site. That was very helpful.

Chair McDougal: Alright, any further questions or comments? Once again, Mr. Salter, we appreciate such a thorough presentation and overview of this whole issue with the lead in our parks and getting everybody up to speed. I hear you loud and clear, Dr. Jackson, and we will certainly try to give a timelier update. maybe every 6 months, or every quarter, we can get some guidance from our director as to how quickly we can recycle the updates. We'll move on. If there are no more questions regarding the lead update. We have our vacancy report next, Dr. Jenkins.

PUBLIC HEALTH VACANCY REPORT ***(Activity 37.6)***
The board received a copy of the vacancy report before the meeting for February 2025 and March 2025. (Copies of the reports are attached to the minutes.)

Dr. Rod Jenkins: Thank you, Mr. Chair. Not much to report. There was a slight increase in the vacancy rate from 12% to 13% due to one resignation, but overall, things have remained steady. Dr. Silberman was recognized for her helpful feedback, which is prompting a clearer, improved format for future vacancy reports to avoid confusion over how data is presented.

Chair McDougal: Thank you. Our next report is Mr. Salter for the NOV report for February and March. This report looks longer, but a lot of green on there. So, more complete cases.

NOTICES OF VIOLATIONS (NOV) REPORT ***(Activity 18.2)*** **The board received a copy of the Environmental Health Onsite Water Protection section NOV reports for February and March 2025 before the meeting. (Copies of the reports are attached to the minutes.)**

Chris Salter: This report is not the kind I like because the ratio is way out of balance. I believe we added 13 entries, though I could be slightly off since I haven't reviewed it in the past week. There is, however, an explanation: it's seasonal.

A few months ago, we experienced significant snow and very cold weather. That type of weather locks moisture into the ground, and in Durham, that leads to very mushy, wet soil. Following that, we had several significant rainfalls. This kind of weather can cause surfacing in systems that are already not functioning well, which is exactly what happened last month.

As the weather improved, people started spending more time outside. They began noticing things that may have already been there but weren't reported until now. At least three of the cases reported are of this nature — neighbors saw something and reported it.

Additionally, there's a specific type of system that requires a special, ongoing permit from us, which expires every five years. In some cases, those permits have lapsed. When that happens, we are required to issue a Notice of Violation (NOV). It doesn't necessarily mean there's an active sewage issue or an environmental threat at the moment, but the NOV must remain in place until the permit is renewed. As this wind keeps blowing and the temperatures go up, some of these NOVs will probably go away on their own. Until then, we have to remain on the list. Hopefully, we can get people to respond and correct these. One property in particular, off of Cheek Road, we turned over to the county attorney's office. They are in the process of seeking adjunctive relief. We don't take that lightly, but the property owner just will not communicate. We've tried and tried to no avail, and we had to take legal action. We'll see where that goes.

Chair McDougal: Thank you. If there are no questions about the NOV report, we will move on to the Health Director's report for February and March, Dr. Jenkins.

Health Director's Report

Division / Program: Population Health / Strategic Planning and Quality Improvement
Activity 15.1: The local health department shall develop an agency strategic plan.

Accreditation Activity 27.3: Quality Assurance and Improvement: The local health department shall employ a quality assurance and improvement process to assess the effectiveness of services and improve health outcomes.)

Program description
The Durham County Department of Public Health (DCoDPH) has a 2022-2027 Quality Improvement (QI) Plan and 2023-2027 Strategic Plan in place to provide guidance to continually improve service and program outcomes for the benefit of Durham County residents. It is also part of the Strategic Plan to encourage innovative work throughout the Department. The CQI Committee is working on advancing DCoDPH quality culture to one where QI is fully embedded into the way we do business at all levels. DCoDPH staff have been implementing and evaluating the 2023-2027 strategic plan and adjusting strategies as improved processes are introduced.

Statement of goals
- Advance QI culture within DCoDPH.
- Increase staff knowledge of QI concepts and understanding of importance in their work.
- Share QI projects/results regularly with all staff.
- All staff participate in QI activities.
- Implement and adjust strategies for the strategic plan to cover priorities of the agency from 2023 – 2027.
- Evaluate and adjust the Strategic Plan as needed to ensure its effective and efficient implementation.

Issues
- **Opportunities**
  - New professional development opportunities, including certification and mentoring programs.

- The updated Stay Interview process helps surface actionable insights.
- Use Quarterly staff meetings and Staff Development Days to provide QI training opportunities and Strategic Plan updates.
- Use QI intranet webpage to provide information on available training, QI project tools, department QI initiatives.
- Reassess DCoDPH QI Culture to establish current baseline and develop plans to continue to move culture forward
- Provide Lunch and Learn sessions and Lean Six Sigma Yellow Belt training and certification opportunity for staff using available state grant funding in April and May 2025.

- **Challenges**
  - Keeping staff engaged in quality improvement work.
  - Time provided for engagement in quality improvement work.
  - Loss of QI expertise due to staff turnover.
  - Efforts to track some strategic initiatives will require long-term commitment, thoughtful evaluation, and the integration of qualitative data, ongoing dialogue, and reflection.

Implication(s)

- **Outcomes**
  - QI updates provided to staff through the DCoDPH Pulse newsletter
  - Training presentations provided during the December 2024 Staff Quarterly meeting, and October and April Staff Development Days, and in partnership with
  - DCoDPH is within the implementation and evaluation phase of strategic planning. This is an ongoing process that will require revisiting the strategic plan at least annually.

Strategic Plan Focus Area 1: Community Focus & Engagement

- Strategy 2.1: Increase the use of social media to promote public health messages and enhance marketing.
- The Partnership for a Healthy Durham has used its platform to share information about public health programs and resources such as vaccination information, community partner spotlights, data resources, Partnership and health department activities.
- The Partnership's social media accounts have been utilized more often to share work that is being done, not only within the Partnership or DCoDPH, but also with community-based groups and events. The Partnership has also been emphasizing hearing more from the community and collaborating on various initiatives.

Strategic Plan Focus Area 2: Workforce Development & Engagement

- Strategy 1.1: Explore barriers and advocate strategies to recruit and retain quality staff.
- 2025 Stay Interviews are underway as of March 2025. The questions have been updated and include categories such as job satisfaction, communication & supervision, professional development, and workplace culture. The changes to our questions are designed to provide more actionable insights that help us strengthen employee engagement and identify opportunities for improvement.

Staff are given the option to complete the interviews either in person or online.

Strategic Plan Focus Area 3: Advancing Racial & Health Equity

- Strategy 2.2: Maintain partnerships with other agencies, providers, and community stakeholders.
  - Collaborative Action Team event help for Bull City Strong partners, community health promoters, and Say Something Strong awardees at the conclusion of federal Office of Minority Health grant.
  - The Care Management for At-Risk Children (CMARC) program has been making home visits and community visits to meet with members and community agencies to promote our program and service that we provide.
  - The Partnership for a Healthy Durham Physical Activity, Nutrition, Food Access Committee has collaborated with early childhood education stakeholders, both within the County and Durham Public Schools, among others, to enhance the built environment for physical activity where families congregate. This has resulted in decals/stickers being placed at the health department, stencils being planned at various elementary schools and parks, along with a StoryWalk being installed at Solite Park.

Strategic Plan Focus Area 4: Organizational Culture of Continuous Quality Improvement

- Strategy 1.1: Align the goals, policies and agency planning efforts with North Carolina Local Health Department Accreditation (NCLHDA) and Public Health Accreditation Board (PHAB).
  - Since the submission of the agency's application for Initial Accreditation, the leadership team has been preparing documentation for submission in September 2025. To support this process, we are utilizing Microsoft Planner and other internal tracking tools to organize, manage, and monitor our progress across all domains.

- **Service delivery**
  - Improvement of both internal and external services.

- **Staffing**
  - The Strategic Plan process is coordinated by the Project Manager for Quality & Policy.
  - QI is led by DCoDPH's Quality Assurance Coordinator and Project Manager for Quality and Policy.
  - The Public Health Leadership Team has assisted with guiding the strategic planning process and helping with any challenges that have occurred.
  - Both individual staff and committees 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**
  - $14,475 in State grant funds available for QI in fiscal year 2025.

Next Steps / Mitigation Strategies

- Continuing to monitor progress on the strategies and objectives to ensure that we are allocating our resources efficiently.

- Complete assessment of DCoDPH QI culture through the use of NACCHO (National Association of County and City Health Officials) Quality Culture Survey (leadership survey complete; staff survey in process).
- Continue to incorporate quality improvement training opportunities
- Encourage engagement of all divisions/programs in quality improvement efforts.

Division / Program: Health Education / Communicable Disease / Harm Reduction (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:

- Health Education's Harm Reduction Program focuses on coordinating harm reduction activities, expanding naloxone and safe syringe distribution, enhancing data collection, and addressing the syndemic of overdose, infectious diseases, mental health, and social determinants of health.
- A Harm Reduction Coordinator was hired on August 19, 2024. The Harm Reduction Coordinator plans, implements, and evaluates opioid response efforts, including safer syringe and naloxone services, while collaborating with community partners to achieve harm reduction goals aligned with the North Carolina Opioid and Substance Use Plan. They also collect and report data on opioid overdose trends, preparing evaluation reports for the Health Education Program Manager and the Opioid Settlement Program Manager to fulfill reporting requirements.
- The program additionally advocates policy changes, seeks funding opportunities, and builds collaborative partnerships to expand substance use prevention efforts, ultimately improving community health and safety.

Statement of goals:

- In order to enhance substance, use prevention efforts and address the syndemic of overdose, infectious disease, mental health, and the drivers of health, the Harm Reduction Program aims to:
  - Coordinate and implement opioid response activities.
  - Develop data to track opioid overdose trends.
  - Foster collaborative partnerships.
  - Advocate for policy changes.

Issues:

- **Opportunities**
  - Durham County Department of Public Health has been providing harm reduction services since 2016, which provides a strong foundation for expansion. The Harm Reduction Program can grow quickly because of its strong foundation and close connections with community partners.
  - We have already been successfully implementing evidence-based programming, such as naloxone vending machines and referrals for peer support, which further strengthens our ability to expand and enhance harm reduction efforts in the community.

- **Challenges**
  - Stigma surrounding substance use can prevent individuals from seeking help or using harm reduction services, limiting the program's reach.

- Resistance to harm reduction methods, like syringe exchanges and naloxone distribution, can arise from community members, policymakers, business owners, and healthcare providers, hindering the program's effectiveness. However, the program has been mitigating this challenge by conducting extensive outreach and training to raise awareness and build support for harm reduction approaches.

Implications:

- **Outcomes – the Harm Reduction Program has accomplished the following between August 19, 2024, and February 28, 2025. These activities reflect the program's ongoing efforts to reduce harm, provide essential resources, and build community capacity for overdose prevention and substance use support.**
  - **Trainings: A total of 7 trainings were conducted on harm reduction and overdose response during this period. These trainings reached 161 participants.**
    - Post-training surveys revealed that 97% of respondents felt confident in their ability to recognize and respond to an opioid overdose with naloxone.
    - Training sessions involved various groups, including the Durham Department of Social Services (DSS), Durham Parks & Recreation, Durham Community Safety, and several community-based organizations.
  - **Naloxone distribution:** A total of 2,486 naloxone kits were distributed across various channels.
    - 138 kits were distributed at community events.
    - 711 kits were provided through 12 community partners.
    - 1,559 kits were made available through naloxone vending machines.
    - Additional kits were distributed through SSP deliveries, outreach efforts, and training.
  - **Syringe services program (SSP):** 530 sterile syringes were distributed to 9 unique participants.
    - The program also distributed 300 xylazine test strips and 250 fentanyl test strips.
- **Service Delivery**
  - Our harm reduction services are delivered directly in Durham communities with high overdose rates and a high prevalence of drug use.
- **Staffing**
  - Morgan Culver, Public Health Education Specialist (Harm Reduction Coordinator), works full time on harm reduction and overdose response activities.
  - The Harm Reduction Program is managed by the Public Health Education Program Manager, Dennis Hamlet.
- **Revenue**
  - This work is funded by Opioid Settlement Funds, awarded to Durham County.

- FY25 Opioid Settlement dollars that fund naloxone distribution work, including salary and fringe for the Harm Reduction Coordinator, total $274,253. An additional $67,775 of FY25 Opioid Settlement dollars support syringe services strategies.

Next Steps / Mitigation Strategies

- Hire a full-time contracted Harm Reduction Program Specialist to provide both programmatic and administrative support to the program.
- Bolster data collection efforts and assist in identifying baseline data.
- Conduct continuous internal and external quality improvement assessments to enhance harm reduction efforts.

Division/Program: Dental/Give Kids a Smile event)
(Accreditation Activity 20.1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description:

- February is Children's Dental Health Month. This is a national observance that brings together professionals, healthcare providers and educators to promote the benefits of good oral health to children and their caregivers. On February 6th, the Dental Division hosted its annual Give Kids a Smile event.

Statement of goals:

- The goal of Give Kids a Smile event is to ensure access to quality healthcare for all children. This is a free event. Accordingly, the Dental Division scheduled patients who were uninsured.

Issues

- **Opportunities**
  - Give Kids a Smile was held on Thursday, February 6th (with a couple of patients rescheduled for Friday). This date was chosen by the Division to:
    a. Host an all-day event and provide services other than exams and X-rays.
    b. In addition to the Department's dental team, the UNC Adams School of Dentistry sent six dental students to participate in our event, under the direction of a faculty member.
    c. Patients received exams, and the team provided operatory work for some children.
- **Challenges**
  - Although this is an opportunity for free dental care, there were still eight no-shows.
  - Dental Students work in teams of two, which limits the number of children scheduled.

Implication(s)

- **Outcomes**
  - The opportunity to offer additional services was well received by patients as well as UNC dental students.
  - Vendors donated the materials for Give Kids a Smile and dental screenings.

- The Nutrition Division's DINE team provide water bottles to give to children and their families.

- **Service delivery –**

  - Give Kids a Smile: 47 patients received dental services. Procedures included cleaning and exams. In addition, the team provided sealants, prophylaxis, and fluoride varnish.
  - Water Bottle Distribution: In partnership with the Public Health DINE team (Nutrition Division), the clinic provided 265 water bottles to patients during February, promoting the health benefits of drinking water.

- **Staffing-** Three Dental Assistants, Public Health Hygienist, Director of Dental Practice, Processing Assistants and Dental Director assisted with the Give Kids a Smile event.
- **Revenue** – The Division offered services worth $4,875 during Give Kids a Smile.
- **Other –N/A**

Next Steps / Mitigation Strategies
The Dental Division will begin planning for next year's event during the Fall.

Division / Program: Population Health / North Carolina Local Health Department Accreditation (NCLHDA) & Public Health Accreditation Board (PHAB)

(Accreditation Activity 36.3: The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.)

Program description

The focus of North Carolina's Local Health Department Accreditation (NCLHDA) is the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, policy development, and assurance and the ten essential services of public health. The Durham County Department of Public Health (DCoDPH) was last accredited on May 19, 2023, and its accreditation status will expire on May 19, 2027. DCoDPH has just completed its second NCLHDA accreditation year (January 26, 2024 – January 25, 2025). This yearly cycle continues through the four years prior to the next site visit (Winter 2027). During the first and second years, the focus has been on fulfilling the annually required accreditation activities as well as reviewing other remaining activities to determine if we have any documentation available that fulfills those requirements.

The department is also moving forward with National Public Health Accreditation through the Public Health Accreditation Board (PHAB). Attaining national PHAB accreditation would go a step further to supplement our local process and further strengthen our infrastructure and partnerships. The application for PHAB Accreditation was submitted in August 2024 and formally approved for Initial Accreditation on September 10th, 2024. Documentation submission is required by September 11th, 2025.

Statement of goals

- Fulfill NCLHDA annual activity documentation requirements.
- Provide any available documentation for other NCLHDA activities not required annually.
- Keep staff apprised of accreditation process and activities.

- Keep Leadership Team up to date on accreditation timeline, documentation requirements and needs/progress
- Complete PHAB documentation submission by August 2025 to allow time for clarifying evidence.

Issues

- **Opportunities**
  - Keep the Leadership Team updated during Leadership Team meetings.
  - Include presentations/updates during staff meetings as appropriate.
  - Use the department newsletter to provide accreditation information/updates to staff at least quarterly.
  - Use the accreditation intranet webpage to provide the latest information on accreditation documents, updates, etc.

- **Challenges**
  - Keeping staff engaged in the local accreditation process throughout the four-year cycle.
  - Engaging staff in a new accreditation process for PHAB.
  - Engaging staff in providing documentation that will be required for NCLHDA and PHAB accreditation.
  - Keeping up to date on the two accreditation process timelines.

Implication(s)

- **Outcomes**
  - Completion of NCLHDA annual requirements.
  - Staff feel an integral part of attaining accreditation success.
  - Demonstrating accountability and transparency to the community.
  - Advancement of public health practice.

- **Service delivery**
  - Improvement of both internal and external services.
  - Provide essential services to the community effectively and equitably.
  - Ensure a qualified and diversified public health workforce.
- **Staffing**
  - Division heads act as the Accreditation Management Team.
  - Two Accreditation Coordinators within the Population Health Division.
  - Division heads assign staff as appropriate in their division to provide activity documentation for meeting local accreditation activities and PHAB standards/measures.

- **Revenue**
  - None

Next Steps / Mitigation Strategies

- Monitor for completion of year three annual accreditation activities/documentation as well as other activity/documentation requirements.
- Provide at least quarterly accreditation updates for staff.
- Keep leadership updated on progress

Complete PHAB documentation in preparation for submission.

Division / Program: Nutrition Division

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

Program description

- March was National Nutrition Month, and the National Academy of Nutrition chose the theme "Food Connects Us" for 2025. The Nutrition Division promoted National Nutrition Month in a variety of ways, including: a presentation at DCoDPH's all-staff meeting, a DCoDPH food drive, social media posts, bulletin boards, and other school promotions, and a nutrition education class for clients of the Nutrition Clinic.

Statement of goals

- Promote good nutrition and the joy of eating together.
- Collect food for our food pantry partners that are seeing a 20% increase in usage.

Issues

- **Opportunities**
  - 4 DINE Registered Dietitians delivered a presentation to all DCoDPH staff during the March Quarterly Staff meeting. The presentation made four main points:
    - Food connects us, but also to good health.
    - 14% of Durham residents are dealing with food insecurity, which can impact their health.
    - Identifying community partners and other resources within the county that are working to combat food insecurity so DCoDPH staff can connect clients to the resources when appropriate.
    - Announce the food drive that DCoDPH staff could donate to during March.
  - DCoDPH staff donated nearly 300 pounds of food. Food will be delivered to the Iglesia food pantry. Iglesia Pantry serves over 700 families weekly at its food pantry.
  - DINE's bilingual nutritionist taught a cooking and nutrition class to clients who utilize the DCoDPH Nutrition Clinic. This model provides an opportunity for DINE to see new clients and for nutrition clinic clients to have messaging reinforced through cooking and group classes.

Implication(s)

- **Outcomes**
  - Bulletin boards, social media posts, and events reached thousands of Durham residents with nutrition messaging.
  - 300 pounds of food collected and donated to a local food pantry.
- **Staffing**
  - All Nutrition Division staff, including 15 Registered Dietitians from the DINE program and 6 Registered Dietitians with the Nutrition Clinic, were involved in National Nutrition Month promotions.

Next Steps / Mitigation Strategies

- The food drive was such a success that DINE is partnering with other DCoDPH employees to hold a hygiene product drive in April. Collected products will be given to Durham Public Schools for use by students as needed.

Division / Program: Nutrition / Nutrition Clinic-DINE/ Spanish Cooking Class

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

Program description

- To celebrate National Nutrition Month (NNM) the Nutrition Clinic partnered with DINE's Bilingual Nutrition Specialist to hold a cooking class for Spanish-speaking clients. Participants cooked two dishes and learned how to prepare low-carbohydrate meals to improve metabolic health.

Statement of goals

- To kick off the first of several activities to be offered to Nutrition Clinic Spanish-speaking clients. Goals of these activities include: (1) forming relationships between clients facing similar health issues (2) providing a safe place for Spanish-speaking clients to meet during a time of heightened anxiety due to the current political environment (3) allow participants to learn resources available in the community--food banks, exercise classes, supermarket tours, walking clubs.
- To highlight food samples and recipes to encourage healthy eating at home.

Issues

- **Opportunities**
  - Clients of the Nutrition Clinic were able to connect and discuss strategies for improving health in a non-formal setting
  - The cooking event allowed participants exposure to new foods and to learn that cooking healthy foods results in delicious meals.
- **Challenges**
  - Some could not attend in the morning when class was offered, and others had transportation difficulties

Implication(s)

- **Outcomes**
  - Participants were introduced to healthy foods and beverages that can aid in promoting health and improving blood sugar levels.
  - Participants made two dishes: Tuna salad in cucumber boats and cauliflower rice salad.
  - Infused water was served, and handouts with recipes, a 2025 DINE calendar, and cooking tools were given to everyone in attendance.
  - Each participant filled out a survey at the end of class, offering suggestions for other classes. All participants indicated interest in coming to future classes.
- **Service delivery**
  - Existing Nutrition Clinic clients were recruited for this event. The Nutrition Clinic Registered Dietitians (RDs) had already built a rapport with these clients and had earned their trust.
  - The RDs led the conversation to healthy meal prep, strategies for improving the balance of meals served at home, cooking on a budget, and low-carbohydrate meals.
- **Staffing**
  - Two Registered Dietitians from the Nutrition Clinic and one from the DINE program organized and led the event. All three RDs are Spanish speakers.

Next Steps / Mitigation Strategies

- The DINE Nutrition Specialist and the Clinic RDs will continue to offer activities to these participants and other Nutrition Clinic clients. Results from the surveys will be used to ensure the most popular activities are offered.

- Afternoon classes will be offered in the future to allow those who couldn't attend in the morning to participate.

Collaboration with other DCoDPH staff and community partners will be considered in the future to highlight their programs and to include activities such as exercise classes, education on parenting, and mental health strategies.

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

Issues

- **Opportunities**
  - **Opioid Settlement Advisory Committee**
    We are in the process of establishing the Opioid Settlement Advisory Committee through the Board of County Commissioners, which will include a diverse range of voices, including a public health representative. This committee will be a resource, provide insights, and give recommendations for the strategic use of opioid settlement funds through a collaborative, community-informed approach to ensure effective, evidence-based solutions.
  - **Expand harm reduction efforts (through Durham County Public Health)**
    Our harm reduction efforts are ongoing, with continued distribution of naloxone (Narcan), sterile syringes, and other medical supplies through the DCo Public Health Pharmacy. We're also expanding community education and training to increase access to these life-saving resources, especially in underserved and high-risk areas.
  - **Community Linkages to Care (through Durham County Public Health)**
    We continue to partner with Recovery Innovations (RI), which has been providing services since November 2014, and the upcoming contract renewal for FY26 presents an opportunity to further strengthen the CLC initiative. This continued partnership supports efforts, through peer support specialists, to connect individuals struggling with substance use disorder (SUD) to evidence-based care and address social determinants of health.
- **Challenges**
  - Navigated a few administrative hurdles during the process of establishing the advisory committee. Despite the challenges, steady progress was made to move things forward.
  - Our pharmacy manager, who oversees the SSP distribution, recently resigned. This transition has presented some

challenges, but we're working to ensure continuity of services over the interim.

Implication(s)

- **Outcomes**
  - **FY26 Opioid Settlement Public Health Budget Submission:** We have received the FY26 budget request for the Opioid Settlement funds on behalf of Public Health and uploaded it into the UPSPL system. The request is currently in the process of being submitted for formal approval.
  - **Harm Reduction Training Efforts**: Through February 2025, a total of 17 harm reduction trainings were conducted across both programs; 7 focused on naloxone and 10 on broader harm reduction topics like overdose prevention, safer use, and disease prevention. These training courses reached 168 individuals, equipping them with critical knowledge and skills to reduce harm and respond effectively in their communities.
  - **Naloxone & SSP Distribution:** Through February 2025, a total of 1,988 intranasal naloxone kits were distributed: 238 through pharmacies, 849 via vending machines, and 901 through community distribution by the Harm Reduction Specialist. Additionally, a total of 1,460 sterile syringes were distributed to 28 unique participants as part of ongoing harm reduction efforts.

- **Service delivery**
  - Shannon Wright and Jaeson Smith are working with Finance Director Micah Guindon on budget management and financial documents related to the opioid settlement funds. Their work includes ensuring compliance with county and state fiscal policies.
    Kristen Patterson and Jaeson Smith have led collaboration between departmental program managers and health division leaders to ensure smooth execution of services and the development of new initiatives, while Jaeson is also supporting efforts across other departments.
- **Staffing**
  - Current work for the Opioid Settlement Program, from Public Health, is being carried out by the following staff members: Jaeson Smith, Morgan Culver, 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**
  - Finalize the FY26 Opioid Settlement budget submission and secure approval.
  - Advertise and recruit for Advisory Committee seats to ensure diverse community representation.
  - Continued planning for the Annual Community Meeting scheduled for June 2025.

Dr. Rod Jenkins: Thank you so much, Mr. Chair, and to this great board, we appreciate you hanging in there. Budget presentations always make for a bit longer meeting, but I'll be very brief, as I always say.

All the work we're doing is important, and while it's always hard to highlight just one initiative, I'll lift up three for you, two of which come from our Population Health Division, led by Marissa Mortiboy and her team. They're doing a fantastic job. You may have seen updates related to our strategic plan, but even more importantly, we're working hard to build a culture of quality improvement within Public Health.

At our recent Staff Development Day, we held a great two-hour instructional block focused on quality improvement. In addition, there have been lunch-and-learn sessions, and overall, the team is doing an excellent job advancing both the strategic plan and our quality improvement efforts.

They also provided updates on North Carolina, local public health accreditation, and our efforts to receive national PHAB accreditation. We do intend to submit all of our documentation, which we're feverishly working on, to PHAB by September 11th. So, we're certainly happy to have that done. It's not an easy task, but again, under Marissa and her team, I'm pretty sure we will be successful.

Last but not least, Dental. February was children's dental health month. We always love it when we do the Make a Kid Smile event. It is always well attended. I appreciate and want to lift up the cross collaboration, which included a cross collaboration with our DINE team and UNC Dental. They always come and we have a partnership, but they really put on extra efforts for that particular event. I'm happy to answer any additional questions you may have.

Chair McDougal: Thank you, Dr. Jenkins. I don't see any hands, but we certainly appreciate that very thorough report you provided us with. We'll move on, since we have no committee reports or old business.

The new business that we have is budget ratification for $14,475. Dr. Jenkins, I will let you present that to the board, and then we'll take action.

Dr. Rod Jenkins: The board is requested to approve the budget ordinance to recognize $14,475 from the North Carolina Department of Health and Human Services Division of Public Health, Local and Community support section, local infrastructure and workforce support unit. The funds will be used and provided through CDC. Awarded to us, DPH, to support core infrastructure improvements to include additional capabilities and data infrastructure. Mr. Chair, that's all we have for your consideration.

Chair McDougal: Does anyone have any questions about the budget ratification presented? I don't see any hands, so I think we are ready for the vote.

Gene Rhea motioned to approve. Anthony Gregorio seconded the motion. The motion was unanimously approved by the board members, as identified in the attendance roster above.

Chair McDougal: Well, Board, I thank you for your patience this evening, and attendees, staff members. We're about an hour and 45 minutes into our meeting. Very informative meeting for sure. I'd say it is a little bit longer than what probably most of us are used to. But thank you again for your patience and deliberation on these important topics. With that said, I will entertain a motion to adjourn if there's no other business to take care of this evening.

Gene Rhea motioned to adjourn. Vicky Orto seconded.

Dr. Gene Rhea: Roger. I never want to stop a motion to adjourn, but for the next meeting, I continue to be concerned about and watch the changes to the different funding streams. Especially Federal funding that gets passed through the State and passed down to us, and how that might affect any services that the departments can offer. I would love to just keep that on top of mind for any updates, and there may not be any available because we may not have had to change, but I would like to address that next time.

Chair McDougal: Yes. I'm sorry I skipped over that. Are there any other requests for information to be shared at our next meeting, which will be in June?

Dr. Pam Silberman: Yes, this is not a request for June, but it is a request for some time in the fall. I would love to have an in-person meeting. I find it will be easier for me to actually get to know the other Board members if we meet in person rather than by Zoom. I would love to have at least one in-person meeting a year.

Dr. Rod Jenkins: More than happy to make that happen, Miss. Pam.

Dr. Pam Silberman: No problem. It doesn't have to be over the summer because I know people have summer plans, but I thought sometime in the fall might be a good time when we're all back in town.

Chair McDougal: Well, we have a motion on the floor that has been seconded. If there are no other debates or dialogue, I think we're ready for that vote, Donna.

The Board members, as identified in the attendance roster above, unanimously approved the motion to adjourn.

Chair McDougal: Thank you, everyone, for your patience and understanding. Great meeting! We'll see you all in June.

The meeting ended at 6:47 p.m.

Roger McDougal, DDS, Chair

Rodney E. Jenkins, Public Health Director