

A Regular Meeting of the Durham County Board of Health was held on June 12, 2025, with the following members present:

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

Excused Absent: none to report

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, Malkia Rayner, Alecia Smith, 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. Jim Miller made a motion to approve the agenda. Dr. Gene Rhea seconded the motion, and the board members unanimously approved it, as listed in the attendance roster above.

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

Mr. Anthony Gregorio motioned to approve the minutes for April 12, 2025. Dr. Victoria Orto seconded the motion, and the board members unanimously approved it, as listed in the attendance roster above.

**PUBLIC COMMENTS:**

- There were no public comments

**Chair McDougal:** Thank you, it's been moved and properly seconded. we will move on to our staff and program recognitions and give the floor to Dr. Jenkins.

**STAFF/PROGRAM RECOGNITION:**

Dr. Jenkins, Public Health Director for the Durham County Department of Public Health, recognized:

I want to acknowledge the entire staff of Public Health. While the Health Director's report will highlight many positive developments, I especially want to recognize the resilience, commitment, and dedication to public service shown during these particularly challenging times, when public health itself often feels under attack.

You will hear in this meeting about cuts and other difficulties that we're facing at this time. Our mission for public health moves on. I am proud to be the health director for the staff and under the leadership team that we have, which has been together for quite some time. I just want to say to them, thank you for choosing to stay the course, and thank you to this Board for helping to shape and shepherd us through these difficult times. That is all I have.

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**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

**FY 24-25 Quarter 3 Fiscal Overview (*Activity 33.6*)** Micah Guindon, Finance Administrator, provided the board with an overview of the FY 24/25 Fiscal Report presentation. **(A copy of the PowerPoint Presentation is attached to the minutes.)**

Micah Guindon: We are just about to complete the last month of our entire fiscal year. We have complete data for quarter 3, which is what I'll be sharing this evening, also touching on some of the Federal funding cuts that we have seen at DPH so far.

**Summary Information:**

The Department of Public Health began this fiscal year with a budget of \$25,573,054 through Quarter 3. We've had budget amendments and rollovers resulting in a net positive of \$1,447,046. Our Quarter 3 budget amendments included several state grants, as is typical, along with contributions from local coalitions.

This includes funding from Duke, the Community Health Initiative, and the Community Engagement Research Institute. These additions bring our current budget to \$27,020,100.

Our expense budget stands at \$38.45 million, excluding benefits managed by the County outside of the general fund. This represents a 7% increase from the beginning of the fiscal year. As of Quarter 3, we've spent \$25,268,477, which is 66% of our general fund expense budget. Personnel costs and miscellaneous contract services continue to be our largest expense categories, as has been the case in previous reports—at least so far. These categories make up 96% of our spending.

However, I'd like to highlight a few notable purchases from Quarter 3:

- Approximately \$55,000 worth of long-acting contraception and birth control
- Nearly \$50,000 in Narcan
- A new industrial refrigerator and freezer for the Nutrition Division
- \$2,500 in forestry supplies for Environmental Health

I like to share these details because I know sometimes the raw data alone doesn't provide the full picture. These examples give a clearer sense of how our operating expenses are being used.

In terms of revenue, the Department of Public Health has brought in \$6,664,155 in revenue as of Quarter 3, which represents 58% of our projected revenue budget. We typically experience a lag in revenue reporting—often by several months—so I'm not overly concerned about this percentage at this point in the year. We were in a very similar position at this time last year, so I'm comfortable with where we stand.

Our Medicaid collections remain strong, totaling \$3,155,592 through Quarter 3. Grant revenue totals \$2,637,062. Together, these two sources make up approximately 87% of our total revenue so far.

Service fees have brought in \$391,781. Additionally, there is about \$261,000 that is likely Medicaid or grant revenue, which, at the time I pulled the data, had not yet been properly coded or allocated. That figure typically reconciles over time as entries are finalized in the system.

As you all know, we've been granted \$923,866 in opioid settlement funds for this fiscal year, distributed across three different projects.

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As of the end of Quarter 3, we've spent 38% of our allocated budget for these programs. We're continuing to see activity ramp up as the year progresses and the programs gain momentum and hit their stride.

In Quarter 3, we saw a significant increase in our *Community Linkages to Care* programming. This was primarily due to peer support contracting, which is reflected in the \$103,000 expenditure listed on the first line.

At our last meeting, Dr. Rhea requested more detailed information about the impact of recent federal actions on our budget. In response, I've prepared a few slides that address this topic.

The remaining slides in this presentation will focus on that topic.

The first item I want to highlight is our NACCHO grant. We received a one-year, \$100,000 grant beginning in October 2023 from NACCHO—the National Association of County and City Health Officials. This grant was intended to improve vaccine access, education, and outreach through faith-based partnerships.

We were granted a no-cost extension through May 31, 2025, to complete the work. However, on April 4, 2025, a request to pause the project was issued. These funds were originally appropriated as part of COVID-19 response funding through the CDC.

At the time the pause was issued, approximately \$15,000 worth of work remained. Of that amount, \$7,500 has already been spent and cannot be recovered.

In terms of project impact:

- One convening on pediatric vaccinations had to be canceled.
- One contract with Grace Church was suspended.
- The contract with Northeast Baptist Church was shifted to be funded through county funds.

Now, shifting over to the state grant side, we've recently seen two grants impacted.

One of them—AA716—has quite a story and continues to develop, even as I'm sharing these slides. There's been an update since last week, when these were originally sent out.

This particular grant involved COVID-related funds that were originally set to expire on May 31, 2025. However, a stop-work order was issued on March 24.

At the time of that order, we had \$58,936 in uncollected funds remaining.

We acted quickly to address the situation. Contract nurses who had been paid through these grants—and who were administering vaccines in the clinic—were promptly switched to funding from another grant, allowing them to continue their work without interruption.

However, we were unable to order additional PPE or other supplies aimed at reducing the spread of respiratory illness during that time.

We initially assumed this would be the end of the restrictions. But on Monday, June 9th, we received notice from the State that we may proceed with submitting invoices for reimbursement for the stop-work period, covering March 24th through May 31st, after all.

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So, essentially, the grant is back on. This week was the final opportunity to submit any reimbursement requests to the State for the last fiscal year. Our final reimbursement report was due this week.

We quickly pivoted and were able to shift some invoices back to this grant, allowing us to access those funds to support ongoing work instead of relying solely on county spending. This grant has been a major roller coaster.

The other state grant impacted is AA451, which supports tobacco prevention and control. A stop-work order was issued for the federal portion of this grant on April 29th, lasting through the end of the fiscal year for only the Federal portion of these funds. As a result, program activities have been minimal. The State switched the federal portion over to be paid by the Juul settlement funds.

Rather than using Federal dollars, from our perspective, it's a minimal impact. In terms of the program with it being funded now by the Juul settlement funds. There's a much narrower scope of work that focuses only on youth vaping.

You'll also notice the same tobacco grant (AA451) mentioned in the third bullet below. The situation remains the same for the upcoming fiscal year, which begins in June with the start of the state fiscal year.

For this next state fiscal year, we have received notifications confirming that the narrow scope of work for tobacco prevention will continue, and funding will again come from the Juul funds.

Additionally, AA534, which supports HIV and STI testing, was cut by 10%, resulting in a reduction of \$26,755 from our award.

AA825, which funds STI and HIV testing in the county jail, was also cut by 10%, a reduction of \$19,416. Both programs are facing a corresponding 10% reduction in services.

Lastly, I want to mention that SNAP-Ed funding, which supports our nutrition education program and is approximately \$1.3 to \$1.4 million annually, is currently at risk. I'm sure you've all heard concerns about this funding recently.

We use these funds to support 13 full-time employees in our Nutrition Division, 12 of whom are registered dietitians. Since 1999, DINE has led nutrition education efforts in Durham through this award-winning program, serving 21 elementary schools, 5 middle schools, 10 preschools, and 10 community sites.

DINE has also championed the Triangle Double Bucks program, which recently provided \$277,370 to local farmers, helping to put locally grown food on the plates of residents.

Unfortunately, all of this funding is potentially at risk. I know Dr. Jenkins will provide additional big-picture insights into the federal funding landscape shortly, but this is our current status as of today.

As always, I appreciate your attention to the fiscal matters of our agency, and I'm happy to answer any questions.

**QUESTIONS/COMMENTS:**

**Mr. Anthony Gregorio:** My question is regarding the \$7,500. Would you please explain why that amount was unrecoverable? I'd appreciate a bit more detail on that.

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**Micah Guindon:** The \$7,500 was unrecoverable because the work had not yet been completed, so we were unable to request reimbursement for those expenses. The work was still in progress during the final months of the grant period.

**Commissioner Stephen Valentine:** My question is with regard to the opioid settlement funds; this is helping me with my steep learning curve. Concerning the money sent to public health for opioid settlement funds. The amount of money that's going to be coming in is going to reduce exponentially over the years; I think it's an appropriate space for that money to go. Do we have community partners, or is that just specifically for the needs of the department? Forgive me if that's a weird question.

**Micah Guindon:** Not at all. The short answer is yes; we do have community partners. I'm perhaps not the best person for this question. I know we have a handful of community partners that we contract with particularly to provide peer support coaching, and that is where we had \$100,000 that was paid out in quarter 3, where my understanding of that program is that there are individuals who themselves have been affected by substance, use disorder, and they are in sort of a peer coaching role to individuals in the program. That whole piece is run by another entity that we work very closely with. I'm sure other community partners are involved. Dr. Jenkins, I'm sure there are others you can include.

**Commissioner Stephen Valentine:** I don't want to slow the meeting down. That is something Dr. Jenkins and I can discuss offline. I wanted to know as a general proposition, because I think I heard something previously, and I'm just trying to connect the dots to see how that is working. We definitely can do that unless you want to deal with it right now, Dr. Jenkins; it is up to you.

**Dr. Jenkins:** I'd be more than happy to talk with you offline about this in more detail. Just know that we do work with many partners, especially through our coalition, which brings a wide range of stakeholders to the table. Community Linkages Care internal partners to include county EMS. The list goes on. Happy to talk to you about it, offline.

**Dr. Gene Rhea:** My question relates to the SNAP-Ed funding that's currently at risk. Director Jenkins, you may be planning to speak to this shortly, but I'd appreciate a bit more clarity on where exactly that risk lies. Is it part of the current federal budget process?

Also, is there anything we, as a Board, can do to support your efforts, whether that means advocating directly to our representatives or partnering with you in the advocacy work you're already doing? We'd welcome the opportunity to help elevate the importance of this program and to communicate its impact to policymakers.

**Dr. Jenkins:** I'll just say, it's a little bit of all the above. And thank you again for the question, Vice Chair, Rhea.

As Micah's slide showed, the impact DINE has had in Durham is remarkable. It's truly mind-blowing to think about what could be lost if this program were no longer funded, not just here, but across the country.

I want to give full credit to our DINE team, under the outstanding leadership of Rachel Elledge. They have mobilized in ways you wouldn't believe. They've been deeply engaged in advocacy efforts, including support from Commissioner Wendy Jacobs.

Much appreciation goes to our Board of County Commissioners, who have already sent letters to Senator Tillis and Senator Budd advocating

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against these cuts. They've provided strong, evidence-based justifications—highlighting outcomes, awards, and program data—to our elected officials.

So yes, a lot has already been done. But what this great Board can do—both collectively and individually, continue to reach out to your representatives in Congress and the Senate. Advocate for these funds to remain in place—not just for SNAP-Ed, but also for Medicaid and other critical programs under threat.

In the spirit of honesty and transparency, I do want to share that we received word today that the SNAP-Ed cuts are currently included in the Senate's proposed budget.

That's not good news, but it is the reality we're facing right now. So, now more than ever, is the time for us to make calls, to advocate, and to do everything we can to support this program.

As I mentioned earlier, our team at the Durham County Department of Public Health has been incredibly active, both professionally and personally. They've taken to social media, they've engaged directly with the community, and they've done everything in their power to raise awareness.

I especially want to recognize Dr. Alecia Smith, our Public Information Officer, who has been a strong voice online, actively promoting the DINE program and highlighting all the outstanding work the team continues to do.

I would just add that these are some of the things you can do right now—before the budget is finalized. We know there's still a long road ahead in the process, but your advocacy can make a real difference in this moment.

So, to Vice Chair Rhea and to all members of the Board, these are concrete actions you can take today to help protect this critical funding.

**Dr. Pam Silberman:** I just wanted to follow up on the conversation that Dr. Rhea and Dr. Jenkins were having. The U.S. House has already passed its budget, and we're talking here about the federal level, not the state. That budget includes significant cuts to both Medicaid and the food stamp program, including SNAP-Ed.

The proposal is now in the Senate, and while it's still unclear exactly when the vote will happen, I've been hearing it could be soon. There's a strong push to move it forward to the Senate.

So, for anyone interested in acting, I would strongly encourage doing so sooner rather than later, particularly in reaching out to our Senators while there's still time to influence the outcome.

**Federal Funding Updates**

**Dr. Rod Jenkins:** I'll be brief. Micah has covered a lot, but as this Board knows, in addition to my day job as the director of Public Health for Durham County, I'm also the Association of NC Health Directors' president, and that has been an arduous task, given this volatile but dynamic environment. It has allowed me to go throughout the State to cheer on and hear what is going on and what is being done to advocate for these public health dollars.

This situation has also allowed me to engage with the North Carolina Department of Public Health more frequently than usual, more than I

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might prefer, honestly. We're now meeting two to three times a week, compared to our typical once-a-month schedule.

That increased contact has allowed me to take a deeper dive and gain more insight into what's happening at the federal level, particularly with how CDC funding is being distributed.

I've been told that instead of receiving their funding from large branches as they traditionally would, CDC is now getting its funds piecemeal, on a month-to-month basis. Often, those amounts are not enough to meet all of their existing obligations.

As a result, we, along with many other local health departments, are left in a position where we are, quite frankly, at the mercy of these delayed or uncertain federal disbursements. As I shared with our staff just last Thursday, when it comes to the grants we rely on, including all the AA-designated funds, we are now operating in a state of dependency on what the federal government can release and when.

The Department of Public Health manages thousands of funding streams, grant cycles, and reporting requirements. And given the current situation, particularly the delays and piecemeal disbursements from the CDC, we're operating without a full picture of where things stand.

Now that we're in June, we're far from having final clarity. We won't fully understand the impact until the federal agencies can assess what's coming in and communicate what's available. Until then, we remain in a holding pattern—planning as best we can with the information we have. We are not going to know the true picture of where we are until they're able to see what's coming.

So, it's almost like we're in a free fall. But we've not reached rock bottom just yet. That was a description that was given to me by the deputy director of DPH to really articulate how this Federal funding cycle looks. It doesn't look good. We continue to feel minor abrasions right now. We have not felt significant cuts. That is where I lean on Micah Guindon, I lean on my leadership team to really have a plan of action for how we can sustain this. But the fact of the matter is that some of these cuts that we are anticipating will certainly not be sustainable.

What we are used to doing in Public Health is just really kind of moping along and finding ways to do the impossible with very little. But we have never been in a position where we just can't do anything because we just can't get the funding.

So, with that, we continue to meet, and I will give credit to the State before anything is communicated to the masses. In other words, all 86 local health departments meet with us. They get clearance from us—it's the executive team of the NC Association of Local Health Directors—and then we approve the messaging.

That allows me to give Micah a heads-up, like, "Hey, this is what's happening in Durham," to better position ourselves for the blow. But as I mentioned, I just wanted to let you all know that the federal picture does not look good.

We are doing the very best that we can. I think once the Federal budget is officially passed, that's when we can prepare ourselves for that major blow that's to come. I'm happy to answer any questions you may have.

**Dr. Pamela Silberman:** I appreciate that update. I know that everything is in flux. So, we're not going to know anything for sure until the budget is

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passed. But there are other things happening at the Federal level that also have significant public health implications, like the fact that our Secretary of HHS at the National level just fired everybody, and the Advisory Committee for Immunization Practices.

In the future, I'd love to have a sort of laundry list of things we're keeping an eye on—not just the federal budget, but other issues that have significant implications for us.

For example, if a whole new team comes in and decides that nothing should be recommended anymore, then all of our funding for the Vaccines for Children program could disappear. All the insurance coverage for mandatory vaccines that those of us with private insurance currently have could potentially go away as well.

There are many public health implications that I'm not even aware of, simply because I don't follow all the different developments. It would be great, even if we don't discuss it every time, to have a handout that helps us understand the other issues we need to stay aware of.

**Dr. Rod Jenkins:** I'm more than happy to provide that to this great board in the interim, as updates come in. But you're right, it's not just about the budget. We're also talking about disease monitoring, including measles and other emerging issues.

I want to reassure this board: please don't think for a second that we're not monitoring these developments. Under the leadership of Dr. Jeff Jenks and our epidemiology team, we meet regularly to discuss these matters. We haven't stopped meeting since COVID began—it's been five years of continuous meetings to track emerging communicable disease threats.

So again, we want to make sure this board knows that we're staying on top of these issues, and we'd be more than happy to produce a one-page to let you all know exactly what we're monitoring.

**Dr. Sarah Verbiest:** These are certainly interesting times on all fronts. One thought I've been having is around messaging. When we talk about things feeling like they're free-falling, that's exactly how I feel in my job as well.

I've been thinking about how we communicate with the community and what these implications are. I don't have a clear answer, but I do think it might be important—depending on how things unfold—for us to make some statements or to stand behind you in making statements. Maybe offer suggestions to the community about what they can do to keep themselves and their families well.

It's just something that's been on my mind. I know it's difficult to plan messaging when we're still figuring out exactly what's happening, but I was curious to hear what you all are thinking about that.

**Dr. Rod Jenkins:** Thank you for that question, and to this great board. I also want to acknowledge Dr. Alicia Smith. I trust her messaging, especially in times like this, and throughout the entire pandemic, her work has been nothing less than stellar. She has received rave reviews for her ability to clearly articulate what is evidence-based and factual, as well as to call out misinformation.

She lets me know when it's time for me to step in front of the camera to deliver broader messages to the Durham community. With the help of the County PIO, I've been able to do that effectively for the past five years, as Dr. Silberman mentioned.



Right now, it's admittedly a little difficult because things are still very much in flux. That said, I follow Dr. Alicia Smith and the Durham County Department of Public Health on social media—and not because I'm checking up on her, but I can genuinely attest that the information and messaging have remained consistently strong. This has been especially true around topics like the SNAP cuts, the termination of ACIP, and several other key issues.

I know Alicia is on this call, so she can keep me honest! We're on Facebook, Instagram, BlueSky—I think that's what it's called—and most of the major social media platforms, and she does a marvelous job. However, she hasn't given me the thumbs-up yet to push out a broader message. The last time I did so was to talk about measles and help the community understand the dire implications.

But certainly, Dr. Verbiest and others, we strongly believe in messaging and in putting out evidence-based information to protect our community. Thank you so much again for that topic and that question.

**Dr. Alecia Smith:** Thank you, 1st of all, for all the praise. I do appreciate it. And to confirm. Yes, we are on Instagram, Facebook, and Blue Sky. As for the messaging, it is part of what he said, like, we don't know yet, but I will say we have State PIO calls every month, and we have talked heavily about how to communicate about the cuts specifically, and kind of where the State landed is. They've created stuff that is more advocacy-based.

The advocacy stuff, like “Call your Senator, here are the cuts, this is what's going to happen”—I specifically asked about that today because I was like, “Y'all made this, but you're not sharing it. What's going on?”

They do have to share that information. They're sending it to community organizations, partners, and people like you who can then share it. They're providing details on what the cuts specifically will do, coming from their official channels.

You can probably guess why they're only saying certain things and sharing certain messages, but for their channel, they're doing things like, “Here's what Medicaid does”—strictly informational, not so much “call your senators.” I can share that if you all would like those resources, because they created a bunch of materials. They made some for Medicaid, and when I asked about SNAP, they said they haven't yet but would like to.

So, we're also following the State's lead when it comes to our channels. Most of the stuff we're sharing is information, not actively telling people to call their representatives, but just explaining what's going to happen. But at the same time, we can share resources with partners if you want more specific materials, like graphics about cuts to share. Hopefully, that makes sense.

**Dr. Gene Rhea:** No question. I'll just say thank you so much, Alecia, for all that you do and anything you're able to share. Please just send it to Dr. Jenkins and or to the board, and I think all of us would be appreciative to at least have it in our possession.

**Dr. Alecia Smith:** Sure, I can send you all the toolkits they made for Medicaid cuts. They have specific information about who would be impacted. The SNAP-specific stuff will come soon, I don't know their timeline, but I will share that also.

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**Dr. Rod Jenkins:** Mr. Chair, I'll just say that our Board of County Commissioners met with our legislative delegation last Friday, and they articulated some pertinent information as to the impact that all of this activity will have on Durham, particularly with DSS, Public Health, and other ancillary departments. I wanted to make sure the Board knew that as well.

**Commissioner Stephen Valentine:** Thank you for highlighting that, Dr. Jenkins. I was going to mention that the information seemed to be conveyed. I appreciate you doing that.

**Dr. Roger McDougal:** These are some trying times. Thank Dr. Jenkins and your awesome staff for leading us through this and your work with the NC Association of Local Health Directors. Thank you so much.

**PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

(A copy of the vacancy reports for April and May 2025 is attached to the minutes.)

**Dr. Rod Jenkins:** We're holding steady at a 12% vacancy rate, which aligns with the county average. While we aim to lower that rate, it's important to note that recent retirements and promotions have contributed to current vacancies. Despite this, the Durham County Department of Public Health remains an employer of choice. We continue to fill positions effectively, thanks in large part to our Leadership team. In these challenging economic times, they work diligently to avoid wasted resources and lapse salaries by reviewing and filling vacancies promptly with the awesome help of our human resources department.

**Dr. Roger McDougal:** Thank you. Mr. Salter, we will give you the floor to review the NOV report.

**NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The board received a copy of the Environmental Health Onsite Water Protection Section NOV reports for April and May 2025

(A copy of the NOV reports for April and May 2025 is attached to the minutes.)

**Chris Salter:** This is a two-month report for April/May. Unfortunately, we were not able to remove as many as we added, but there is nothing earth-shattering on there. There have been a couple of positive updates since we submitted the report. We were able to get one of the older NOVs removed just this past week. There is one this week that was issued to a school, and it is being corrected.

**QUESTIONS/COMMENTS:** No questions were asked.

**Dr. McDougall:** We'll once again call on Dr. Jenkins for the Health Director's report for April/May.

**Health Director's Report**  
**June 12, 2024**

**Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences**

**(Accreditation Activity 13.1:** The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training)

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**Program description:**

- The Adverse Childhood Experiences (ACEs) and Resilience Coordinator was filled in August 2020. In this role, Jess Rhodes (Bousquette) supports the activities of the Durham Adverse Childhood Experiences and Resilience Taskforce (DART), contributes to the development of the Durham Early Childhood Action Plan, and works to increase trauma-informed care within the Durham County Department of Public Health (DCoDPH).
- On April 30 – May 1, 2025, the Durham County Department of Public Health co-hosted the second Trauma-Informed Healthcare Provider Conference. The Adverse Childhood Experiences and Resilience Coordinator, Jess Rhodes, worked closely with Southern Regional AHEC, Durham Tech, and providers from Duke to develop the agenda, recruit speakers, and host the event.

**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 well-being across age groups.
- **2025 Trauma-Informed Care Healthcare Provider Symposium goals**
  - To increase provider skills and self-efficacy to provide trauma-informed care in Durham County.
  - To strengthen knowledge and skills for healthcare and behavioral health providers to implement trauma-informed care in a clinical setting.
  - To increase understanding and skills related to self-care for healthcare providers.

**Issues:**

- **Opportunities**
  - Based on the evaluation of the 2023 Trauma-Informed Care Healthcare Provider Symposium and feedback from healthcare workers, we identified skills and populations of focus that healthcare providers would like additional training on in trauma-informed care.
  - The Planning Committee consisted of 2 DCoDPH staff, 1 Durham Technical Community College staff member, 1 trainer/consultant, 1 Duke mental health provider, and 2 members of the Duke University Hospital Violence Recovery Program. They met regularly for over 12 months to plan the event.
- **Challenges**
  - The conference was originally scheduled for February 19-20, 2025, and was postponed due to a snowstorm. Therefore, the team had to shift the conference from Durham Technical Community College to County facilities, splitting sessions between the Human Services Building and the Administration II building.
  - Especially with the need to reschedule the original dates, there were several challenges with our contracted partner

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for Continuing Medical Education, particularly around communication and timelines.

**Implication(s):**

- **Outcomes**

- The conference provided continuing education for 84 providers, including 5 physicians, 34 nurses, and 12 social workers. Other attendees included community health workers and health educators.
- 98% of attendees reported learning at least one new thing that could be incorporated into their daily work.
- Attendees reported improved skills and knowledge in communication (65%), current best practice (57%), and patient-centered (57%) because of the conference.
- Through the planning and implementation of the conference, the ACER Team strengthened its relationship with the Duke University Hospital Violence Recovery Team, developing new relationships with Duke University Hospital Emergency Medicine and Refugee Communities in Partnership.

- **Service delivery**

- The free day-and-a-half event included 6.25 hours of continuing education credit for nurses, social workers, physicians, psychologists, nurse practitioners, and counselors.
- The first day included 3-hour workshops on important topics in trauma-informed care, based on the training needs of staff and feedback from the 2023 symposium. Workshops included:
  - Working with adolescents who have experienced trauma
  - Migration and trauma: Working with immigrants and refugees
  - Trauma, Mental Health, and Substance Use
  - Trauma-Informed Care 101
- On May 1, a full day of programming (agenda attached) was opened by Deputy Director Liz Stevens, Durham Technical Community College Dean of Health and Wellness Melissa Ockert, and Dr. John Purakal, emergency room physician at Duke University Hospital. Sessions included:
  - Culturally affirming and relevant care,
  - Establishing safety,
  - Secondary trauma and self-care,
  - Trauma-informed de-escalation,
  - The intersection of trauma-informed care and diversity, equity, inclusion, and belonging,
  - Services in Durham for trauma recovery.

- **Staffing**

- Adverse Childhood Experiences and Resilience Coordinator dedicated an average of 5 to 10 hours a month to the planning.
- From January 2024 to September 2024, the Nurse Planner dedicated 3-4 hours a month to planning.
- The Health Education Administrative Assistant contributed about 1-5 hours a month.
- Members of the planning committee dedicated about 1-3 hours a month.

- **Revenue**

- No revenue was collected. The event was offered free of charge to remove barriers to participation.

**Next Steps / Mitigation Strategies:**

- DCoDPH will meet with Durham Tech to determine the next steps in providing training and workforce development based on participant evaluations. There is already interest from partners and providers related to additional training or conferences related to trauma-informed care.

**Division / Program: Medical Services/School Health**

**(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**

- The DCoDPH School Health Program ensures school health service delivery to 46 of the 57 Durham Public Schools.
- The program collaborates with Durham Public Schools' (DPS) teams for incoming Prekindergarten and Exceptional Children's (EC) students with complex health needs.

**Statement of goals**

- Promote student health and safety.
- Provide quality healthcare and ensure a skilled nursing workforce is available to students.

**Issues**

- **Opportunities**
  - A DPS Prekindergarten EC nursing position was vacated in March 2024. The DCoDPH School Health program has filled this gap.
  - DPS Immunization support was needed for improved compliance, vaccination rates, and resource access for families.
  - Two Public Health Nurse Specialist positions were created through reclassification to improve services to vulnerable populations and strengthen the school nursing workforce.
  - Need for accessible vision screening and resources for DPS students. Collaborated with Project SIGHT to hold events providing vision screening and eye exams at six schools, where over 100 students have received glasses.
  - Increasing health needs of students requiring skilled nursing and flexibility to provide a prepared workforce of school nurses. One example is the increase in feeding tubes this school year and subsequent collaboration with Duke Gastrointestinal Clinics.
  - In December 2024, a DCoDPH school nurse provided lifesaving measures, including CPR, to a DPS staff member before EMS arrival. This staff member survived.
  - In May 2025, a DCoDPH contract school nurse and two school nurse supervisors provided lifesaving measures, including CPR, to a DPS student. The student survived.
  - Increased need for resources and support for student mental health. This includes more than one incident this year of student suicide attempts by prescription medication overdose.

**Implication(s)**

- **Outcomes**
  - Multiple training opportunities provided this fiscal year, including:

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- Childhood complex health needs
- School health emergency management
- Substance use and abuse trends in schools
- DSS training for Child Protective Services processes and collaboration
- NC School Nurse Conference, held annually
- Leadership development course for school health leadership
- **Service delivery**
  - DCoDPH School Health has expanded to meet the needs of DPS and students throughout the 2024-2025 school year. This collaboration has resulted in improved Prekindergarten student transition into the school setting and nursing availability for two classrooms serving students with multiple disabilities.
  - Immunization data availability was improved at all schools receiving DCoDPH nursing services.
- **Staffing**
  - The program has three school nurse vacancies as of May 2025.
  - During this fiscal year, we welcomed a new program manager, supervisor, and five new school nurses.
- **Other**
  - The program received an NCDHHS grant this FY 24-25 that supported the contract employment of one full-time and one part-time school nurse who served three schools.

**Next Steps / Mitigation Strategies**

- Continued collaboration with DPS EC and Prekindergarten teams.
- Continued intensive program assessment and quality improvement.
- Ongoing efforts to reduce vacancies and promote equitable school nurse workloads.
- Ongoing collaboration with DPS to promote nursing alignment across programs.
- Increased training efforts related to student mental health and suicide prevention strategies.

**Division / Program: Population Health / Epidemiology**

**Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.**

**Program description**

Durham's Health and History report aims to tie the throughline of historical policies and practices to current health outcomes and inequities that exist among population groups in Durham, North Carolina. It is important to connect our past to our present to give a fuller picture of issues that affect health and well-being. This report builds on the information in the Durham Facts and History section of the 2023 Durham County Community Health Assessment (CHA).

**Statement of goals**

- Expand on historical information included in the 2023 CHA.
- Provide an accurate accounting of Durham County history and impact on population groups.
- Develop a comprehensive narrative (from the 1500s to present-day) of factors that impact health and provide up-to-date data

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related to the Durham County Community Health Assessment priorities.

- Reflect on our past and continue to look forward to promoting the health and wellness of ALL Durham County residents.

**Issues**

- **Opportunities**
  - Collaborate within DCoDPH, County departments, and external partners.
  - Provide a framework to understand current health data and inequities among population groups.
  - Develop a comprehensive, easy-to-understand historical narrative.
  - Build on the historical work done by organizations such as Bull City 150, Duke World Policy Food Center, Duke University School of Medicine, Data Works NC, etc.
  - Identify historical information and sources related to Durham County's health.
  - Share and present information from the report with partners and community members.
- **Challenges**
  - Conducting research, writing, and editing two chapters in the report while maintaining regular job duties.
  - Narrowing the scope and focus of the report to ensure readability.
  - Time to publicize and share information and results from the report.

**Implication(s)**

- **Outcomes**
  - Fifty-six-page comprehensive report is available at [www.healthydurham.org](http://www.healthydurham.org).
  - Report contains two chapters: Colonization, Displacement and Slavery, and Housing.
  - Morbidity, mortality, and housing tables, charts, and graphs created specifically for this report.
  - Health and History presentation on April 23, 2025, Partnership for a Healthy Durham quarterly meeting.
  - Partnered with a co-author who formerly worked with Durham County Library and individuals from Durham County Government, Data Works NC, and the UNC American Indian Center on report content.
  - Produced a unique report that sets a precedent for this type of work within local health departments.
- **Staffing**
  - The Population Health Director researched, wrote, edited, identified visuals, and compiled the report between March and October 2023.
  - Epidemiologist, Partnership for a Healthy Durham Coordinator, and Partnership for a Healthy Durham contractor served as editors, the Data Scientist provided the data, and Public Health Director Dr. Rod Jenkins was the report reviewer.

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- **Revenue**
  - None

**Next Steps / Mitigation Strategies**

- Complete chapters on Wealth/Income and Access to Care for part II of the report to be released by fall 2025.
- Develop an interactive Health and History story map to provide an alternative option to view the data.
- Work with a UNC Capstone Team in academic year 25-26 to further the work.
- Partner with the North Carolina Institute of Public Health to create health and history learning modules for health department staff.

**Division / Program: Population Health / Epidemiology**

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

**Division/Department: Population Health Team**

**Program Description**

This Durham County Community Health Assessment (CHA) is conducted in collaboration with Duke Health, the Durham County Department of Public Health (DCoDPH), and the Partnership for a Healthy Durham. The CHA utilizes a survey designed by DCoDPH to help assess the current health status of Durham County residents. The survey process of the 2026 Durham County Community Health Assessment (CHA) began March 17, 2025, and will end June 30, 2025. Surveys are being conducted at various community events and locations throughout the County.

Survey topics include the top five health priorities identified in 2024, a section on community improvement, and a section with miscellaneous questions. The survey itself was cut in half, with only 35 questions. These data will be analyzed and published in the 2026 CHA so that DCoDPH, community organizations, and elected officials are aware of current issues in the county. Historically, DCoDPH has provided surveys for both the County-wide and Comunidad Latina surveys, both in English and Spanish. In this cycle, a third survey was introduced, specifically to the Black and African American population.

**Statement of Goals**

- Collect 2,500 Durham County Community Health Assessment surveys (between the three samples).
- Track real-time demographics to ensure we reach a representative sample of Durham residents.
- Gather insightful qualitative data in the survey to hear directly from Durham County residents about their health, their community, and what Durham County can do to improve the health of its residents.
- Analyze quantitative data to compare trends from pre-pandemic Community Health Assessments.
- Develop a new convenience sampling approach aimed at gathering a representative sample.

**Issues**

- **Opportunities**
  - Hear directly from residents about community assets and areas for improvement in Durham County.
  - Reach populations that we may not otherwise use other survey methods.
  - Utilize real-time data to assess if a diverse sample of Durham residents is being surveyed.
  - Partner with local organizations, including El Centro Hispano and NCCU.



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- A chance to engage with the community across all parts of Durham County.
- Strengthen relationships with community partners, community members, and volunteers.
- Work closely with part-time contractors to gather valuable data.

- **Challenges**

- Contractor availability during survey shifts and turnover.
- Canceled survey events/shifts due to lack of contractor and/or volunteer availability.
- The county-wide survey results cannot be compared to previous years due to a change in methodology. The 2023 and 2025 Durham County Comunidad Latina CHA surveys use a convenience sample, so those results will be comparable.

**Implication(s)**

- **Outcomes**

- Over 700 County-wide surveys have been collected. Over 200 Comunidad Latina surveys have been collected. Over 100 Black or African American surveys have been collected.
- This is the largest sample we've ever achieved in any prior Community Health Assessment.
- All CHA survey capabilities have been moved in-house.
- The data will be robust enough to disaggregate by race, ethnicity, gender, and age.

- **Staffing**

- Population Health division staff (in addition to collaborating on the survey, scheduling event locations, and leading survey events)
  - Epidemiologist – responsible for designing and finalizing the survey questions and leading the survey process, including training (Both in person and online).
  - Data Scientist – responsible for finalizing the survey dashboard for tracking demographics in real time to ensure we're gathering a representative sample.
  - The Partnership for a Healthy Durham Coordinator – responsible for survey communication and reaching out to networks (through the Partnership, Duke, El Centro Hispano, and more) to recruit volunteers
  - Population Health Director – responsible for leading the CHA efforts and providing any technical or personnel support. She also provided historical context and previous years' experience to improve this year's efforts.
  - The survey was reviewed by DCoDPH staff, Partnership for a Healthy Durham members, Duke Health, and external partners, including El Centro Hispano and NCCU
  - DCoDPH staff and volunteers conducting the County-wide survey
  - UNC Gillings School of Public Health intern

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- Partnership for a Health Durham committee member's
- Duke Health
- YMCA of the Triangle
- El Centro Hispano
- North Carolina Central University
- NCAPHA
- **Revenue**
  - None
- **Next Steps/Mitigation Strategies**
  - Finish collecting surveys by June 30, 2025
  - Analyze qualitative and quantitative survey results and finalize report for publication in 2027.
  - Share the results widely with the community through reports, infographics, presentations, social media, etc.
  - Conduct listening sessions and community engagement using survey results in the fall of 2025.

**Division / Program: Dental Division /Community Screenings and Presentations**

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

**Program description**

- In addition to Dental Division screenings for children in Durham Public Elementary Schools, the team provides dental screenings and presentations during community-based events.
- A Public Health Hygienist provides screenings to identify cavities or emerging dental issues. Parents receive screening results and information on scheduling an appointment with the Public Health Dental Clinic if their child does not have a dental home.
- The Division provides a variety of oral health presentations within the community during the year.

**Statement of goals**

- Community dental screenings offer parents information on their child's current oral health status and any treatment needs.
- If care is needed, parents will receive information on options for treatment, including the Public Health Dental Clinic.
- A variety of oral health presentations are scheduled to provide information to citizens of Durham County.

**Issues**

- **Opportunities**
  - The screenings serve as a positive (and sometimes first) dental experience for a child.
  - Oral health presentations include education for children and adults via events within the community.

**Challenges**

- If the Division is attending a large community event, with limited space, it can be difficult to conduct screenings, and, adding to the difficulty, families may not want to wait at the booth/table.

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- Having families schedule an appointment for their child post-screening can be difficult, as some want treatment to be completed at the event.
- Presentations are offered multiple times at community-based events, as there can be occasions when a limited number of participants attend a session.

**Implication(s) -**

• **Outcomes**

- The Division has completed events for over 400 individuals in the past year, including daycare centers, library story-time hours, community housing, and Durham Parks and Recreation back-to-school events, among others.
- The team provided 14 presentations at several community events, including the North Regional Library, Health and Human Services Building programs, and various daycare centers.

• **Service delivery**

Team compiling data for screenings that were completed in early June.

• **Staffing**

- Fariba Mostaghimi and Brandie Carter (Public Health Hygienists) and Dr. Chitrakala Jagadeesan, DDS, complete the dental screening.
- Dental team members, including those mentioned above, offer oral health presentations.

• **Revenue**

- N/A

• **Other**

- N/A

**Next Steps / Mitigation Strategies**

The Division is establishing its summer and fall schedule.

**Division / Program: Nutrition**

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

**Program description**

- Durham's Innovative Nutrition Education (DINE) works with Head Start (HS) and Early Head Start (EHS) programs throughout Durham.
- Double Bucks is a nutrition incentive program at local farmers' markets that offers a dollar-for-dollar match to customers receiving SNAP, WIC, and housing vouchers.
- Durham Farmers' Market (DFM) hosted its second annual Early Care and Education (ECE) Day on May 14<sup>th</sup>, 2025. The event included \$5 vouchers for any child and ECE teacher, special \$10 vouchers for HS and EHS children and teachers, a cooking demonstration led by Eat Well Exchange dietitian Jasmine Westbrook, resource sharing, and activities.

**Statement of goals**

- Increase awareness about Double Bucks and Sprouts Club (see description below).
- Increase access to and consumption of nutritious foods.

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- Support local farmers and the local economy.

**Issues**

- **Opportunities**
  - Partnerships between DINE, DFM, Durham Partnership for Children, Durham Cooperative Extension, Book Harvest, Breastfeed Durham, Equity Before Birth, Family Matters Durham, HEART, More in My Basket, and WIC.
  - Staff pre-distributed \$10 vouchers in advance to approximately 550 children and teachers at all Durham HS and EHS locations. Vouchers had written instructions for redemption in English and Spanish. Vouchers do not expire.
  - DFM offers a Sprouts Club that gives any child who comes to a Wednesday market \$5. Attendees learned about this program and Double-Bucks.
- **Challenges**
  - Heavy thunderstorms limited attendance at this year's event.
  - Barriers to attendance include scheduling conflicts and transportation.

**Implication(s)**

- **Outcomes**
  - A cooking demo of strawberry mango salsa utilizing market ingredients reached 65 people.
  - DFM will track the redemption of vouchers for this event.
- **Staffing**
  - DINE childcare nutritionist coordinated the event. Four additional DCoDPH staff assisted with the event.

**Next Steps / Mitigation Strategies**

- Continue to work with preschools served by DINE to teach families and staff about benefits at local farmers' markets and collaborate on future projects with DFM.

**Division / Program: Nutrition/ Nutrition Clinic and DINE**  
**(Accreditation Activity 21.2: The local health department shall provide complete and up-to-date information about local health department programs, services, and resources.)**

**Program description**

- The DCoDPH Nutrition Clinic and Durham's Innovative Nutrition Education (DINE) program, in collaboration with Durham Public Schools (DPS) - City of Medicine Academy, participated in the City of Medicine Academy Career Fair.

**Statement of goals**

- To encourage high school students to explore nutrition/dietetics as a STEM field in which they can study.
- To increase knowledge about the path to becoming a Registered Dietitian (RD) and the different jobs that exist for dietitians.

**Issues**

- **Opportunities**
  - DCoDPH Nutritionists partnered with the City of Medicine Academy to promote the field of nutrition and dietetics to high school students.
- **Challenges**
  - Most students did not know that Nutrition was an available career path, as many are directed toward CNA or dental hygienist work and must choose their high school career track by the end of their sophomore year.

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**Implication(s)**

- **Outcomes**
  - Information was shared with students about the career field of dietetics. 200 students were reached during this event.
- **Service delivery**
  - The event was held on April 11, 2025, at DPS City of Medicine Academy facility.
  - DCoDPH Nutritionists had a table during the Career Fair with infused waters (strawberry + mint, and cucumber + lemon), along with bilingual handouts in Spanish and English. There were also incentives such as measuring cups, spatulas, pencils, and aprons for correct answers from a Flipboard nutrition trivia and for talking to dietitians about nutrition.
- **Staffing**
  - Three Registered Dietitians planned for and attended this event.

**Next Steps / Mitigation Strategies**

- When DPS- City of Medicine Academy hosts another Career Fair, DCoDPH Nutrition Division will participate.

(Pictured below- 3 DCoDPH Nutrition Division Registered Dietitians at the event.)



**Division / Program: Nutrition Division/Chronic Care Initiative (CCI)**  
**and Formerly Incarcerated Transition (FIT) Programs (Activity 20.1:**

The local health department shall collaborate with community health care providers to provide personal and preventive health services.)

**Program description**

- Community Conversation on Diabetes Prevention and Self-Management in partnership with the Justice Services Department for Second Chance Month in April.

**Statement of goals**

- Desired to reach at least 50 community members providing educational resources and A1C testing with a target focus on formerly incarcerated individuals.

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**Issues**

- **Opportunities**
  - Prevent the onset of diabetes by offering access to the upcoming year-long Diabetes Prevention Program as well as referrals to the Nutrition Clinic and linkage to care.

**Implication(s)**

- **Outcomes**
  - Nearly 80 community members were reached.
  - Alamance County provided the onsite A1C testing and results within 6 minutes.
  - Community Health Workers were able to assist those in need with connection to Lincoln Community Health for follow-up services, as well as provide diabetes test strips and machines for diabetes management at home.
- **Service delivery**
  - The event was held April 24, 2025, at the Department of Public Health/Social Services building for easy access. Staff provided a presentation on diabetes prevention and self-care and remained at the event from 10:00 a.m.-1:00 p.m., assisting with questions and connecting to resources.
- **Staffing**
  - Justice Services and FIT staff assisted with advertising the event and communicating with the community. Community health workers from the CCI program, along with a registered dietitian from the Nutrition Clinic, facilitated the presentation.
- **Revenue**
  - While the event did not generate immediate revenue, it supported the use of Diabetes Prevention Program grant funds, helping to ensure continued funding for the next fiscal year.

**Next Steps / Mitigation Strategies**

- Continue to follow up with those who signed up for additional services or requested to attend the next Diabetes Prevention Program

**Division / Program: Nutrition/DINE**

**(Accreditation Activity (Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.)**

**Program description**

- A DINE program manager, the Durham Food Security Coordinator, and a DSS Assistant Director presented a letter about proposed federal funding cuts to SNAP (Supplemental Nutrition Assistance Program), upon the request of Commissioner Wendy Jacobs. The letter was presented to the County Commissioners at their meeting on Monday, May 12.

**Statement of goals**

- To raise awareness of the impacts proposed cuts would have on hunger, food security and health for Durham and North Carolina residents.
- To provide a method for the County Commissioners to tell federal legislators that they oppose the cuts.

**Issues**

- **Opportunities**
  - Supplemental Nutrition Assistance Program (SNAP) is the cornerstone of addressing basic needs of nutrition and food

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security in the U.S., helping over 42 million people afford to put food on the table each month.

- Staff from three different departments collaborated to write the letter and deliver the presentation. Each department works with a different aspect of the SNAP program, providing a thorough illustration of the potential impacts of the proposed cuts.

- **Challenges**

- The USDA SNAP Ed program was eliminated in the House bill. SNAP Ed funds 13 of the 17 positions on Durham's Innovative Nutrition Education (DINE) team.
- 35,000 Durham residents are currently on SNAP and are at risk of receiving reduced benefits or being cut from the program.
- Children who are enrolled in SNAP are automatically qualified for free meals in the National School Lunch and Breakfast programs. This reduces the burden of paperwork on the families. Furthermore, if SNAP enrollment decreases, Durham Public Schools may become ineligible to provide free meals to all students through the Community Eligibility Program, which relies on SNAP and Medicaid enrollment data.
- Participation in SNAP is associated with better health outcomes and lower medical costs. Reducing benefits or restricting eligibility is likely to lead to increased costs for Medicaid and Medicare.
- Every \$1 invested in SNAP benefits generates between \$1.50 and \$1.80 for local economies. If SNAP is cut, grocery stores and farmers will lose revenue, and job losses are likely.

**Implication(s)**

- **Outcomes**

- The County Commissioners signed and sent the letter to Durham's federal delegation. They also provided letters to Durham's City Council and Durham Public School Board.

**Next Steps / Mitigation Strategies**

- Continue to educate elected officials on the impacts of proposed cuts to SNAP Ed and SNAP.

**QUESTIONS/COMMENTS:**

**Dr. Rod Jenkins:** Thank you. It's always very tough to highlight a few items in the report. The Health Director's report includes two key items related to advocacy, emphasizing the urgent need for this board to actively support these efforts. Additionally, we held our second annual ACEs (Adverse Childhood Experiences) and Resilience Conference, a trauma-informed event led by Jess Rhodes. She is the former ACEs coordinator. She has been promoted, and we are happy to be filling that position. In partnership with Durham Technical Community College and other organizations, we hosted our second annual ACEs and Resilience Conference. Originally scheduled for February 19–20, it was postponed due to unforeseen circumstances but was successfully held a few months later. The conference focused on working with adolescents who have experienced trauma, including topics such as migration, mental health, substance use, and trauma-informed practices in K-12 settings. Jess Rhodes' leadership in this area has been phenomenal, and we wanted to recognize her invaluable contributions to both the agency and the broader community.

Marissa Mortiboy, our Population Health Division Director, has undertaken a unique and comprehensive project—a historical report on Durham's health landscape. I've had the opportunity to review drafts,

sometimes 30 to 40 pages at a time, and I can say it's rich in historical detail. The report traces Durham's health journey from the 1500s to the present, incorporating our Community Health Needs Assessment and providing current data tied to our health priorities. Once completed, I believe it will be a powerful and informative document, and I'm eager for the Board to review it.

In addition, under Marissa's leadership, the Community Health Needs Assessment process for the next cycle is already well underway. We've had record participation so far—over 1,000 surveys collected, surpassing previous efforts and aiming to outpace even Wake County. The data gathered will directly inform us of our five health priorities and the Community Health Improvement Plan. Three surveys are being conducted: a general community survey, a Latina community survey, and, at the request of the community, a survey focused on the Black or African American experience. Kudos to the team for this tremendous effort.

The last update I'd like to share, though not included in the report, is that we've officially received our mobile unit. It arrived about two Fridays ago, and it's been years in the making. We've faced manufacturing delays, funding challenges, and logistical hurdles, but we finally have a fully operational, rolling public health department.

I'm hopeful that during the next in-person meeting, the unit will be parked outside our agency so the Board can tour it. Its purpose is to extend our reach, particularly into underserved communities. I've already spoken with Superintendent Dr. Lewis about partnering with Durham Public Schools to support student vaccinations. We also plan to deploy the unit at community events and use geo-mapping and data to identify and reach public health hotspots.

This was money well spent, and I can truly say I'm honeymoon happy and peacock proud to see it finally come to life.

**Dr. McDougal:** Wow! That is exciting to have a mobile unit. I might have to come by and take a look.

**Dr. Rod Jenkins:** It is a tricked-out Winnebago, you will love it!

**Dr. McDougal:** Thank you, Dr. Jenkins, for that report.

**Dr. Silberman:** When do you think you're going to have the results of the surveys that you've been doing? So that we have a sense of when we may see that.

**Dr. Rod Jenkins:** I believe it will be completed in the mid to latter part of 2026.

**Dr. McDougal:** I don't see any other hands, so we'll move on. Commissioner Valentine, would you please present a letter of support to Senator Thom Tillis?

**Commissioner Valentine:** I don't have the letter with me.



**Dr. McDougal:** We can come back to you on that. We don't have any committee reports or old business for today, so I will entertain any suggestions for new business to be discussed at our August meeting or presentations to be given.

**Mr. Gregorio:** Thank you, Doctor. Just a suggestion for a future topic, especially now that summer is upon us and kids are out of school, I'd love to hear more about how our outstanding Public Health Department is engaging with the community. In particular, it would be great to learn about efforts related to seasonal health issues like sunburn prevention, aquatic safety, and overall wellness outreach. With our continued community presence—and now the addition of our new mobile unit—it's a great opportunity to showcase how we're staying active and accessible.

**Dr. Rod Jenkins:** More than happy with that, Mr. Gregorio. Thank you for the suggestion.

**Dr. Silberman:** I'd appreciate an update once the State passes its budget, specifically on what the implications will be for us. I'm not only interested in federal-level changes, but also in how the State's decisions will impact on our work locally.

**Dr. Rod Jenkins:** Consider it done, Dr. Silberman. Happy to do that for this Board.

**Dr. McDougal:** Any other suggestions or topics for the August meeting? Before we go into a closed session, I'll see if Commissioner Valentine has that letter from the County Commissioners.

**Commissioner Valentine:** I'm trying to pull it up as we speak. I'm familiar with it and was a signatory. It was initiated by Commissioner Jacobs.

**Dr. Rod Jenkins:** We're deeply thankful to the Board of County Commissioners for not only giving us time on their agenda—about a month ago—to speak about SNAP-Ed and our DINE program, but also for acting. Commissioner Wendy Jacobs spearheaded these efforts, including a letter to Senator Tillis that served as a call to action. The letter clearly articulated the value of SNAP-Ed in Durham—how many lives it touches, its impact through Double Bucks, farmers' markets, and more.

While the outlook remains uncertain, we're grateful for the Board's advocacy. As President of the Association, I also shared the letter statewide as a model for other county commissions and boards of health to use in their advocacy efforts.

To Commissioner Valentine and all others involved, thank you for your continued support. We remain hopeful, knowing that any negative action against the DINE program would be deeply harmful to our community.

**Commissioner Valentine:** Thank you, Dr. Jenkins. I'd like to add that although I haven't read the letter in full, I did have the opportunity to speak with our representative, Valerie Foushee. I spoke with her once in a social setting and followed up directly as well. She's fully aware of the issue and is tracking it closely.

I shared my belief with her that it's important to engage colleagues across the aisle at the federal level to ensure these funds aren't lost. Frankly, I'm very concerned about what this could mean for our community. If we were to lose these funds, the burden would fall on the county to act as a safety net, not just for this program, but for other critical services.

So, while I remain hopeful, even if cautiously, I want to thank you again, Dr. Jenkins, for your continued leadership and advocacy.

**Dr. McDougal:** Thank you, Commissioner Valentine, for your continued work as an elected official and for your efforts to help mitigate potential cuts to these critical programs.

If there is no further new business, I will now entertain a motion to adjourn into closed session under North Carolina General Statute §143-381.11(a)(3), to discuss the Health Director's performance evaluation for fiscal year 2024–2025.

Dr. Vicky Orto made a motion, seconded by Commissioner Valentine. The motion was unanimously approved by the board members as identified in the attendance roster above.

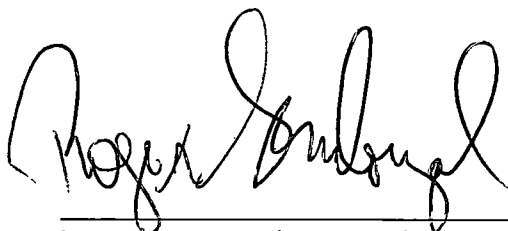
Dr. McDougal made a motion to reconvene into regular session. Dr. Orto seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

Dr. McDougal: Do we have any closing remarks from anyone before we entertain a motion to adjourn this meeting?

**Commissioner Valentine:** Mr. Chair, I want to compliment you on how you run your meetings. As you can imagine, I'm a part of many meetings. You get these meetings started, you facilitate, and you get us out. So, thank you for that. It doesn't go unnoticed.

**Dr. McDougal:** Thank you, sir. Any other comments before we entertain a motion to adjourn? I will entertain that motion.

Dr. Jim Miller made a motion to adjourn the meeting at 6:25 p.m. Dr. Gene Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director