

A Regular Meeting of the Durham County Board of Health was held on October 9, 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; Commissioner Stephen Valentine; Sarah Verbiest, DrPH

Excused Absences: Josh Brown, Darryl Glover, OD; Pam Silberman, JD, DrPH,

Others Present: Rod Jenkins, Donna Murphy, Attorney Christy Malott, Kristen Patterson, Jeff Jenks, Josee Paul, J Chris Salter, Marissa Mortiboy, Lindsey Bickers Bock, Micah Guindon, Rachael Elledge, Jim Harris, Liz Stevens, Dennis Hamlet, Alecia Smith, Jaeson Smith, Sherrie Miller, Shenell Little, Paul Weaver, Brad Caison, Annette Carrington, Jasmine Johnson, Aliyah Davis

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

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

Dr. Jim Miller made a motion to approve the agenda. Anthony Gregorio seconded the motion, and it was unanimously approved by the Board members listed in the attendance roster above.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

The corrected minutes from June 12, 2025, were attached to the October 9 meeting agenda. Dr. Gene Rhea made a motion to approve the minutes of both the June 12, 2025, and August 14, 2025, meetings. Mr. Anthony Gregorio seconded the motion, and the minutes from both meetings were unanimously approved by the Board members listed in the attendance roster above.

PUBLIC COMMENTS:

- There were no public comments.

Chair McDougal: Thank you. Next, we will proceed with our staff and program recognitions and give the floor to Dr. Jenkins.

STAFF/PROGRAM RECOGNITION:

Dr. Jenkins: Thank you for all that you do. I wanted to take a moment to express our appreciation for your work and service to the community. It's always a pleasure to see you.

I'd also like to give a special shout-out to Dr. LaRon Jackson. We recently saw her in action at the Durham Pride Festival, which was my first time meeting her in person. It was wonderful to see her there with her colleagues from UNC Medicine. I truly appreciate her dedication and service to the community. I want to highlight the importance of our partnerships. We are fortunate to have partners who help us carry out this important work in public health, work that is never easy, but always meaningful.

2 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

Dr. Bahby Banks of Pilar Consulting was recently honored with the Association of NC Boards of Health Partnership Award for her impactful youth program focused on Public Health and Life Matters. This well-deserved recognition came through a strong nomination led by Lindsey Bickers-Bock from our Health Education Community Transformation Division. I had the pleasure of attending the ceremony last month—it was a joy to see Dr. Banks celebrated. A big thank you to Lindsey for putting together such a stellar nomination. We are so appreciative of our partnership.

The second award, presented by the *NC Public Health Association*, went to El Centro Hispano, a long-time partner of Durham Public Health. Under the leadership of my great friend, Pilar Goldberg, El Centro continues to have a meaningful impact on our community. They were recognized at our Fall Education Conference, thanks to a thoughtful nomination led by Marissa Mortiboy, our Population Health Division Director. Many thanks to Marissa and her team for making that recognition possible.

It's always a privilege to celebrate the incredible work of our partners. Their dedication strengthens our mission and helps us move public health forward in Durham.

Lastly, a quick note on mosquito spraying. While the effort is important, I acknowledge that our communication could have been better. Due to weather and scheduling conflicts, we had to move the timeline up unexpectedly. I sincerely apologize to the Durham community and appreciate you're understanding. We've since issued a press release and shared updates on social media.

I also want to recognize Chris Salter, our Environmental Health Director, for his behind-the-scenes work, managing the bidding and procurement process with great care to ensure the chemicals used are as safe as possible for our community and getting the job done, which is to kill the mosquitoes that carry the West Nile virus.

I also want to recognize Dr. Alicia Smith, our Communications and Public Relations Officer. She truly is a one-woman army, tirelessly managing the flow of information to the community while also fielding concerns and feedback, often from passionate voices here in Durham. Her dedication and resilience are deeply appreciated.

Chair McDougal: I will echo the sentiments expressed by our Director, Dr. Jenkins, and extend heartfelt congratulations to all of our recent award winners. I won't attempt to name everyone, but I do want to recognize the incredible dedication of not only those who were honored, but also the many hardworking staff members across the Department of Public Health. Your commitment does not go unnoticed. Thank you for all that you do.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

HIV Bridge Counseling (*Activity 28.1*) Paul Weaver, DCoDPH Bridge Counselor, provided the board with an overview of the Bridge Counseling Program. (A copy of the PowerPoint presentation is attached to the minutes.)

Summary Information:

Paul Weaver: Thank you all for having me. Before I begin, I want to thank my counterpart, Aaliyah Davis, our Disease Intervention Specialist, as well as the STI Clinic team and the leadership at the Department of Public Health. I truly appreciate your time and the opportunity to be here today.

3 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

This first slide shows an aerial view of the Huajiang Grand Canyon in China's Gansu Province, a rugged, ravine-filled landscape with a gorge over 2,000 feet deep. Imagine you're a patient, and together we need to cross this canyon on foot. It would be dangerous and nearly impossible. So, what do we do? We build a bridge.

The next slide shows the Huajiang Grand Canyon Bridge, the highest bridge in the world, stretching a mile long and standing 2,051 feet above the stream below. It reminds us of what bridges do: they make the impossible possible. They span gaps and connect two points that would otherwise remain dangerously separated.

In HIV care, the gap is the vulnerable period after diagnosis but before engagement in treatment. Bridge Counselors help clients cross that gap, safely, confidently, and without falling into fear, stigma, or disengagement.

This slide shows the completed bridge, strong, stable, and purposeful. Like that structure, we as Bridge Counselors provide clarity and direction when clients feel lost. We clarify next steps and guide clients towards safety and care. Bridges are meant to be crossed. It's a transitional space to get somewhere else.

Bridge counseling is short-term, focused support. It's not long-term therapy; it's a transitional space that guides clients to medical care, psychological support, and community connection. Once the bridge has done its job, the client reaches solid ground.

Crossing the bridge brings people closer to communities they might otherwise be cut off from. HIV Bridge Counselors connect newly diagnosed individuals to a broader network of care providers, support groups, prevention services, and treatment resources.

But connection is just the beginning. The next step is building trust and confidence so clients can fully engage in treatment and life. Trust is the foundation of healing, and in counseling, it's essential.

Bridge Counselors offer compassionate, non-judgmental support, helping clients feel safe enough to take that first step toward care.

Now, this next slide shows the 2023 North Carolina HIV Continuum of Care.

Now, let's look at the 2023 North Carolina HIV Continuum of Care. While 91% of people living with HIV are diagnosed and reported, only:

- 77% have had at least one care visit,
- 72% are retained in care, and
- 67% are virally suppressed.

But what stands out just as much are the gaps:

- 9% remain undiagnosed,
- 23% have never had a care visit,
- 28% are not retained in care, and
- 33% are not virally suppressed.

These numbers reflect the current state of HIV in North Carolina, where 41,290 people are living with HIV or AIDS. Of those, an estimated 3,800 remain undiagnosed. In Durham County, approximately 2,000 people are living with HIV.

To help bridge these gaps, North Carolina has 10 state Bridge Counselors across various regions.

4 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

The next slide shows their location:

- Durham County: 2 counselors
- Wake County: 3 counselors
- Mecklenburg County: 5 counselors (and possibly more, as they were expanding at the time of this data)

Raleigh/Durham is in region 4. Our state bridge counselors are Alma Rodriguez and Kenya Gunn.

Aliyah Davis and I are the bridge counselors for Durham. Aliyah is a 2018 graduate of NCCU with a degree in Public Health Education. I'm a 2008 and 2017 NCCU graduate, with an undergraduate and a Master of Public Administration. We both started on the same day at Public Health in March 2024.

We assist in linking newly diagnosed clients into care. We locate, re-engage, and link out-of-care or lost-to-care clients. We identify and address client barriers to care. We verify care status, and we make appropriate client referrals.

A client is considered in care if they meet either of the following:

- Documented viral load suppression within the past 6 months, OR
- Two or more of the following, at least 3 months apart within the past 12 months:
 1. HIV clinical visit (confirmed by provider)
 2. CD4 count
 3. HIV viral load
 4. Prescription refill

Note: CD4 and viral load are often drawn together, so we typically look for three main indicators: clinical visit, labs, and medication.

Bridge Counseling Eligibility

Clients who meet in-care criteria but:

- Lack of a suppressed viral load in the past 6 months, or
- Are consistently non-suppressed (viral load > 1,500 copies/mL), may qualify for Bridge Counseling Intervention — especially if they're engaged in care but not consistently taking medication.

Barriers to Care

Barriers vary, but the most common is transportation. This remains a significant challenge for many clients attempting to access and maintain care.

Since March 2024, Aliyah and I have closed 174 cases, with 29 clients successfully linked back to care. This slide highlights our collaboration with Duke Clinic 1K, where we've built strong relationships, not only with them but also with UNC ID and Lincoln Community Health Center's Early Intervention Clinic.

As our partnership with Duke Clinic 1K grew, so did our impact. For example, in August 2025, out of 59 patients, about:

- 25 completed visits
- 26–27 was missing
- A few had moved
- 5–6 had pending visits, most of which have since been completed

Reasons for clients not being linked vary, but the most common is the inability to locate the clients or being lost to follow-up.

5 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

Some cases dated back to the early 1990s, involving individuals who tested positive but were never engaged in care, making outreach efforts especially challenging.

This slide features quotes from four patients who were initially out of care and reluctant to engage. Thanks to Bridge Counseling, all four are now actively in care, demonstrating the real, lasting impact bridge counselors can have by helping remove barriers and refocusing patients on their health.

This image shows the Ru Yi Canyon Glass Foot Bridge in China, 330 feet long and 460 feet above ground. It symbolizes the journey our patients take:

- Some start strong, high up, needing just a little support.
- Others begin low, facing multiple barriers.
- Some veer off course, but we guide them back.

At the bottom of the canyon lie fear, stigma, and disengagement, which we work to prevent. But if a patient falls, we go down, clear the path, and help them climb back up.

QUESTIONS/COMMENTS:

Chair McDougal: Great presentation and thank you for your valuable information. On slide 5, you had a very specific number, I think 3,800 undiagnosed cases. Is that truly undiagnosed currently, or is it undiagnosed until they were coincidentally diagnosed? How do we know if they were undiagnosed, if they were unable to come in?

Paul Weaver: This information was from the NC State Department of Public Health from 2024.

Dr. Jeff Jenks: I can answer that. It's a formula that the CDC has where they take the known diagnoses of the population, and we know that a certain percentage of people are undiagnosed. It's the best guess estimate.

Anthony Gregorio: This is a positive comment for Mr. Weaver and Ms. Davis. My brother is an Eagle, and also went through the Public Health Education Department, an amazing program, and it produces amazing leaders like you, so thank you so much for what you all do.

Dr. LeRon Jackson: One major factor you mentioned has been the barrier to care, which is transportation. Have there been any thoughts around programming, grants, funding, or anything to help link people with transportation resources that they need?

Paul Weaver: Yes, UNC ID provides transportation to and from appointments, within a 30 radius. Duke does not offer transportation to appointments but does assist in getting home. The Early Intervention Clinic does not offer services. Currently, we are not providing any transportation support either.

Dr. LeRon Jackson: My other question was regarding a partnership with any harm reduction programs for substance use. To really address the spread in those populations that also have a substance abuse disorder.

Paul Weaver: We make referrals for patients dealing with substance use issues. For example, I worked with a patient who was referred to Freedom House treatment. We aim to ensure that clients not only attend their HIV care appointments but also follow through with substance use treatment.

6 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

and other supportive services. It's about providing wraparound care, addressing the whole person, not just their HIV diagnosis.

Chair McDougal: Thank you, Mr. Weaver and team. We'll move on to the next presentation from Bria Miller on the State of the Durham County Health Report for 2024.

Division / Program: Population Health

Bria Miller, Partnership for Healthy Durham Coordinator, provided the board with a presentation of the 2024 State of the County Health Report (Activity 18.2) (A copy of the PowerPoint presentation is attached to the minutes.)

Bria Miller: I'm Bria Miller, Coordinator for the Partnership for Healthy Durham, a community-wide coalition addressing Durham's top health priorities, identified through our Community Health Assessment. I work within the Population Health Division, led by Marissa Mortiboy. Tonight, I'll share highlights from the 2024 State of the County Health Report (SOTCH). This annual report updates our progress on priority health issues, explores emerging concerns, and showcases new initiatives. It's based on the 2023 Community Health Assessment and is submitted in years when a full assessment isn't conducted.

Here's a look at Durham's current top health priorities:

- Affordable housing
- Access to healthcare and insurance
- Community safety and well-being
- Mental health
- Physical activity, nutrition, and food access

These priorities were identified through a slightly different process this time, incorporating data from our Community Health Assessment, secondary sources, and bilingual listening sessions held in English and Spanish.

Now, let's turn to some emerging issues and new initiatives. While there's much more happening than I can cover today, I'm excited to highlight a few key efforts currently underway.

In November 2024, Durham residents overwhelmingly approved bond referendums to improve transportation infrastructure, demonstrating strong community support for enhancing streets, sidewalks, parks, and public spaces.

- 72% voted in favor of the streets and sidewalks bond
- 75% approved the second bond

Together, there is a total of \$200 million in investment to strengthen Durham's transportation network and infrastructure.

At the same time, homelessness remains a growing concern:

- The number of unsheltered individuals sleeping in cars, on the streets, or in wooded areas has increased 123% since 2020, and rose another 9% from 2023 to 2024, reaching 158 people in the latest point-in-time count.
- Homeless children increased by 58%, and homeless families by 31%.
- Black or African American residents are disproportionately affected, due to systemic barriers related to poverty, access to resources, and generational wealth.

We're also addressing substance misuse and drug overdoses. Durham County received \$11.6 million in opioid settlement funds over 18 years. In

7 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

June 2024, nearly 70 community members gathered to help prioritize how these funds should be used. The top three strategies identified were:

- Evidence-based addiction treatment
- Recovery support services
- Recovery support housing

Now, looking at demographics and life expectancy:

Durham's population continues to grow, reaching 329,405—a 3.7% increase from 2020 to 2023. The population remains diverse, with the largest age group being 25–34, followed by 5–17, and then 65 and older. Durham residents also enjoy a higher life expectancy than the state average, 79.2 years compared to 76.2 for North Carolina.

As for leading causes of death, cancer remains the top cause, followed by:

- Heart disease
- Accidents
- Cerebrovascular diseases (like stroke)
- Alzheimer's disease

Infant mortality—the death of a baby before age one—has remained steady from 2018 to 2022. However, Black or African American infants continue to experience significantly higher mortality rates.

Several local programs are working to address this:

- Family Matters Durham promotes and supports breastfeeding.
- Family Connects Durham offers nurse home visits to all families with newborns, regardless of income or socioeconomic background.

Now let's look at updates related to Durham's top health issues, starting with affordable housing, which remains the top concern.

- 18% of renters and 45% of homeowners in Durham are housing cost burdened.
- Older adults (65+) are especially impacted, with 49% facing severe housing cost burdens, compared to 29% of those aged 25–34.

In 2024, the Partnership's Health and Housing Committee hosted a multi-sector series to explore the link between health and housing. This effort helped build a comprehensive list of organizations and community resources, and a mapping project is now in development.

Additionally, the City of Durham's Neighborhood Improvement Services completed 7,380 housing inspections and conducted 10 neighborhood preservation remediations.

Access to healthcare and health insurance remains the second-highest health priority in Durham County, as identified in the community health assessment. In 2022, 10.59% of residents under 65 were uninsured, down from 14% in 2019. About 80% of Durham residents have private insurance, compared to 75% statewide.

Since Medicaid expansion launched in November 2023, nearly 16,000 Durham County residents have enrolled. The Access to Care Committee has also created a new brochure using plain, inclusive language to support uninsured and underinsured residents.

Lincoln Community Health Center serves about 10% of Durham's population, with half of its patients lacking insurance.

Community safety and well-being emerged as the third top health priority in the latest assessment, replacing poverty. While violent crime is a key concern, this priority also includes traffic and pedestrian safety and

8 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

fostering environments that support mental well-being and social connection.

Durham has the second-highest crime index among comparable NC counties, following Forsyth. The most prevalent crimes are robbery, murder, and burglary.

Durham's Social Vulnerability Index (SVI) is 0.69, higher than both the state and national averages. This reflects community-level stressors like poverty and limited transportation access.

To address economic insecurity, Durham County launched the "Decode Thrives" guaranteed income program, providing direct cash assistance to 125 low-income families with children under 18.

Mental health remains the fourth top health priority. Durham has more than double the number of mental health providers per 100,000 residents compared to state and national averages.

From 2018 to 2022, 703 residents died from "deaths of despair" (suicide, drug, or alcohol poisoning). The rate declined from 11.9 per 100,000 in 2021 to 7.9 in 2022.

These deaths affect all communities, but American Indian/Alaska Native and white residents are most impacted in Durham.

The Partnership Mental Health Committee collaborated with partners to train 99 residents in the Community Resiliency Model in 2024. They also hosted a range of mental health trainings, including:

- Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid
- Other community-based sessions

Brochures are available for low- and no-cost mental health resources. Durham's TART (Therapeutic Alternatives Response Team) responded to:

- 8,107 community calls
- 1,500 crisis call diversions
- 2,500+ co-responses with law enforcement

Physical Activity, Nutrition, and Food Access have remained the fifth top health priority for over a decade. Most related health indicators in Durham have improved and are better than state and national averages.

- Access to exercise opportunities rose from 86% (2022) to 88% (2023)
- Food insecurity decreased from 2017–2021, but rose slightly in 2021–2022
- Food Index Score improved from 7.7 (2019) to 8.0 (2021)
- Obesity rates dropped from 34% (2022) to 30% (2023)
- Type 2 diabetes declined from 12.9% (2019) to 11.4% (2021)

The PANFA Committee (Physical Activity, Nutrition, and Food Access) has:

- Installed playground stencils in schools, parks, and family spaces
- Partnered with food distribution sites to improve access and reduce waste
- Organized events like Open Streets in downtown Durham

Funding from the Duke Endowment Grant has supported staffing and expanded initiatives.

As you can see on the screen, we've included photos that capture the heart of our community members coming together, building connections, and

taking action. While we've shared many graphs and data points, these images reflect the real impact of our efforts.

We remain focused on leveraging the strengths and assets of our community, while also acknowledging the gaps that still exist. Together, we're committed to building better, more equitable solutions for all. The State of the County Health Report is available at HealthyDurham.org. It's accessible in English, Spanish, and a version for individuals with visual impairments.

QUESTIONS/COMMENTS:

Dr. Gene Rhea: Bria, thank you very much for your wonderful presentation. I had a question or clarification for something I thought I heard but wanted to understand more. Do you know what factors in the significant decrease in both the obesity and type 2 diabetes rates over the past several years? That is a big success.

Bria Miller: Sure. A lot contributes to the progress, but key factors include strong local programs like Double Bucks, which help families stretch their food dollars at places like farmers' markets. We also have many accessible and inclusive physical activity opportunities, and we try to engage residents directly, showing them what's available and how to incorporate it into daily life. That connection really makes a difference.

Anthony Gregorio: Ms. Miller, wonderful presentation and great work. Regarding the unsheltered, I saw in the report that Durham has grown in terms of population, only 3.7% from 2020 to 2023 in 3 years, and yet you're telling us that we have doubled in unsheltered or homeless folks. That is quite a large increase. I'm curious how you gather information on someone who is unsheltered? Also, do we know why there is such a sharp increase?

Bria Miller: That data comes from our annual Point-in-Time counts, typically conducted in December or January, which help identify individuals who are unhoused and living on the streets.

As for contributing factors, high housing costs in our community play a major role. That said, I don't consider myself an expert on homelessness, so others may be better equipped to provide deeper context.

Dr. Sarah Verbiest: I want to say that it was an excellent report, and I am on the Partnership for a Healthy Durham email thread, so I see it in my inbox and read your emails. I want to emphasize, as someone who gets to see a little of the behind-the-scenes work of how complete and comprehensive this is, and how hard you really try to listen to our community. I want to applaud you. It was interesting learning about our community. My question is, how are you sharing the data with the community?

Bria Miller: I'm having conversations all the time about it. We share information in several ways. Reports are available online, but during listening sessions and surveys, we also ask participants how they'd like to receive updates. Many prefer infographics, so we create digestible visuals. We also share updates via email, social media, and newsletters, especially when working with groups that meet regularly.

Dr. Roger McDougal: Thank you again, Bria, for such a great report and information. Next on the agenda is the vacancy report.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports for August and September 2025. (A copy of the August and September 2025 Vacancy report is attached to the minutes.)

Dr. Rod Jenkins: We continue to see a steady decline in our vacancy rate. During and shortly after COVID, it peaked at 16–18% due to the Great Migration as individuals were reassessing their choice of Public Health service. As of August, the rate dropped to 11.2%, and by September, it further declined to 10.5%.

For context, the county's typical range is 10–16%, so Public Health is performing well in filling positions and maintaining a strong hiring pipeline in collaboration with County HR.

That concludes the vacancy report.

Dr. McDougall: Thank you. Next, we have the NOV report with Chris Salter.

NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)

The board received a copy of the Environmental Health Onsite Water Protection NOV reports for August and September 2025. (A copy of the August and September 2025 NOV report is attached to the minutes.)

Chris Salter: This report is fairly routine, with nothing extraordinary to note. However, I do want to follow up on the 3913 Cheek Road property. At our last meeting, we anticipated pursuing conjunctive relief due to non-compliance.

Since then, the property owner has become more responsive and has applied for a sewer extension with the City, so we've paused court action for now. That's a positive step; it's always better to gain compliance without legal action.

That said, our court action is still pending, and we're monitoring progress. Due to the City's backlog, connection could still take several months to a year.

Attorney Christy Malott: I would like to clarify, our action is still pending in court, and we are holding to see if the property owner complies.

Dr. Rod Jenkins: Mr. Chair, and members of the board, I want to commend Attorney Malott for working with our Environmental Health Division. She recently came to one of our staff development meetings and attended a session with our Environmental Health Division. She spoke to the staff about the specific details of how she collaborates with Environmental Health and how she works with the courts to achieve results. It was very instrumental. Staff were surprised at how much it goes into these environmental health actions, particularly with these notices of violation. I want to publicly thank Attorney Malott for doing that, taking time out of her busy schedule to present to the entire staff to help emphasize how it's all connected. So again, we thank you.

Attorney Christy Malott: Thank you. It's truly an honor to serve our Health Department.

Dr. McDougall: If there are no questions, we will move on to our Health Director's report.

Health Director's Report

October 2025

**Division / Program: Health Education & Community Transformation
/ Family Matters Durham/Improving Community Outcomes for
Maternal and Child Health – Black Maternal Health Week**

(Accreditation Activity #10: The local health department shall carry out or assist other agencies in the development, implementation, and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description:

- Funded by the North Carolina Department of Health and Human Services (NCDHHS), the Improving Community Outcomes for Maternal and Child Health (ICO4MCH) initiative is intended to improve birth outcomes, reduce infant mortality, and improve the health status of children aged zero to five.
- Using a collective impact framework, Family Matters Durham works collaboratively within the community with other local organizations – MAAME, Inc., Welcome Baby Durham, Breastfeed Durham, and Family Connects Durham - to implement selected evidence-based strategies to address program aims.
- In recognition of Black Maternal Health Week, April 11th – 17th, 2025, Family Matters Durham was part of several community-building activities.

Statement of goals:

- Implement selected evidence-based strategies (improve preconception and interconception health, 10 steps for successful breastfeeding with a specific focus on step 3 and step 10, and Family Connects postpartum nursing home visiting program) in Durham County.
 - Preconception health focuses on the well-being of individuals during their reproductive years. It includes making healthy choices and planning for your future—whether you want to have children someday or not. Interconception health refers to the care of individuals between pregnancies – the time after one birth and before the next pregnancy.
 - The 10 Steps for Successful Breastfeeding is an evidence-based protocol designed to promote and support breastfeeding. Step 3 advises informing all pregnant women about the benefits and management of breastfeeding. Step 10 emphasizes the importance of establishing breastfeeding support groups and referring mothers to these groups upon discharge from the hospital or birth center.
 - Family Connects Durham is a free program for all families with newborns aged 2 to 12 weeks in Durham that can receive between one and three visits from registered nurses.
- Uplift community-led maternal health efforts and strengthen advocacy for reproductive justice.
- Engage with family and community stakeholders to address Black maternal and infant mortality in North Carolina and beyond.
 - Black mothers in the U. S. are nearly three times more likely to die from pregnancy-related causes than white mothers.

12 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- Black infants are twice as likely not to see their first birthday as white infants.
- Center Black women and birthing people.
- Educate health systems that are contributing to the experiences of Black maternal and infant health disparities.

Issues:

- **Opportunities**
 - The Family Matters Durham team supported a community event, hosted by Equity Before Birth. Equity Before Birth uses innovative approaches to address maternal and infant mortality by eliminating financial barriers for families and enhancing their birth experience. This event highlighted the Black maternal health crisis in the United States, featuring the unveiling of the official proclamation of “Black Maternal Health Week” in North Carolina, signed by Governor Josh Stein.
 - A Family Matters Durham community health worker was acknowledged for her preconception work with our Preconception Peer Education (PPE) program at North Carolina Central University by Senator Natalie Murdock at the Black Maternal Health Day of Action at the NC General Assembly.
 - The PPE program trains college students about healthy behaviors that can impact birth outcomes and the social determinants of health that impact health disparities. Trained students are then equipped with resources to reach more college-aged students with targeted health messages emphasizing preconception health and care.
 - The Family Matters Durham team led a webinar on Black Maternal Health Week (BMHW) for Durham County Department of Public Health and Department of Social Services staff members to address the health crisis and provide information about resources within the Durham community, bringing attention to our community partners and other local organizations.
- **Challenges**
 - From 2018 to 2022, Durham County's infant mortality rate was 6.0 per 1,000 live births. The infant mortality rate for non-Hispanic African American babies was 11.4 per 1,000 live births.¹
 - Challenges are engaging with Duke Health systems (Duke Regional Hospital and Duke University Hospital) in addressing the Black maternal health crisis in our community through various stakeholder opportunities, such as Health Equity Impact Assessment (HEIA) and Community Action Team (CAT) meetings.

13 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

Implication(s):

- **Outcomes**

- Increased engagement and presence in the community have led to 10 new Community Action Team members, including 2 community members during FY24-25.
- More attention brought to our PPE program at NCCU has prompted the collaboration to make the student group an officially registered student organization for the 25-26 academic year, called Preconception Peer Eagles.
- The Family Matters Durham team and core community partners connected with over 2,267 individuals across 107 community outreach events and health fairs during FY 24-25.
- Director Rod Jenkins officially signed the Human Milk Feeding Strategic Plan into action during the FY 24-25. This 10-year plan focuses on fostering a supportive community where human milk feeding is normalized and accessible to all families, irrespective of their background.
- In partnership with Breastfeed Durham, our team established and maintained relationships with 71 different organizations—including churches, healthcare clinics, and daycare centers—to continue supporting breastfeeding in Durham during FY24-25.
- The Family Matters Durham Program Coordinator facilitated a meeting with over 30 diverse stakeholders during a full day of in-person meetings and a half day of virtual sessions to address significant health disparities experienced by Black moms and newborns in Durham County. This process involves team building, examining data, and discussing possible modifications to the Family Connects strategy to reduce disparities.

- **Service delivery**

- All outreach and educational events are promoted through a listserv, community partners, MCH coalitions, and word of mouth.
- 4 CAT meetings occurred during F 24-25. All CAT meetings are hybrid.
- Trained 8 additional NCCU students, led to 19 total active peer educators on campus, hosting 2 community events and 2 on-campus events during the 24-25 FY.
- The Family Matters Durham team held 6 meetings with English and Spanish breastfeeding support groups in partnership with Welcome Baby Durham.
- The Family Durham Team provided 11 virtual, free prenatal breastfeeding education classes to 18 participants during the 24-25 FY.

- **Staffing**

- Two full-time program staff: Public Health Education Specialist, Jasmine Johnson, and Community Health Worker, Breann Wyman
- One part-time program staff (20 hours a week): Community Health Worker, Gracie Rico Mendoza

14 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- **Revenue**
 - Improving Community Outcomes for Maternal and Child Health, AA164, provides \$450,000 of funding per fiscal year to address three prevention strategies.
 - Current grant funding has been awarded through May 31, 2026.

Next Steps / Mitigation Strategies:

- Continue to attend professional development and training opportunities, such as the 2025 Uplifting Black and Brown Lactation Success Conference and Black Maternal & Infant Health Conference.
- Strengthening our relationships with our community partners and local organizations such as Welcome Baby Durham, Breastfeed Durham, MAAME, Inc., Family Connects Durham, Equity Before Birth, and others by increasing our presence at community events and outreach to be active in efforts focused on reducing infant and maternal mortality.
- Continuing to extend invitations and opportunities for Duke Health Systems to participate in HEIAs, strategic planning, and collaborations across Durham County.
- Adding an addendum to the Human Milk Feeding Strategic Plan addressing infant and young child feeding in Emergencies (IYCF-E) from lessons learned and lived experiences of those in disaster-affected communities in coordination with Durham County's Emergency Preparedness Plans and Response.
- Expand prenatal breastfeeding education classes by offering more in-person options at the Southwest Regional Library and in Spanish.
- Continuing to offer the preventive postpartum program, Mothers and Babies, to all expectant and new families in Durham for stress and mood management techniques, building healthy habits, positive thinking, and strong social support.

Division/Program: Health Education & Community Transformation / Playground Projects, Health Promotion and Wellness

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

Program description

- Colorful, interactive stencils were installed at Durham Public Schools (DPS) campuses and Durham Parks and Recreation (DPR) sites to enhance outdoor play areas with engaging, movement-based activities. These stencils featured classic games like hopscotch, balance paths, agility ladders, and other creative designs, all painted directly onto playground-adjacent surfaces.
- The goal of the initiative was to enrich the play environment with low-cost, high-impact tools that encourage physical activity, imaginative play, and safer recess experiences.
- By offering clearly marked activity zones, the stencils help reduce unstructured or high-risk behaviors, support injury prevention, and promote inclusive play opportunities that benefit children's physical and social-emotional well-being.

Statement of goals

- The playground projects aim to create clearly defined play areas that:
 - Promote safer movement and reduce high-risk interactions among students, such as collisions, falls, and other common recess-related injuries.
 - Increase physical activity in students.
 - Increase time spent playing while outdoors.

Issues

• **Opportunities**

- Children spend an average of seven or more hours at school each weekday, during which time they are expected to participate in daily recess and physical activity. By enhancing the existing school environment with engaging playground stencils, we maximize built-in structure to support physical activity, encourage movement, and promote healthy habits during an already scheduled part of the school day.
- Ongoing collaboration with partners, such as Durham Parks and Recreation (DPR), Durham Public Schools (DPS), and Duke Health, presents a valuable opportunity to expand the reach and sustainability of the program. These partnerships not only provide additional resources and expertise but also help align the initiative with broader community health and education goals.
- The efforts also serve as a visible sign of community investment and can foster local pride and participation in health initiatives.
- Demonstrating community engagement, visual transformation of school spaces, and anecdotal benefits of stenciling can help position the program for additional funding or support from local policymakers, school boards, and grantors.

• **Challenges**

- Weather/heat: High temperatures and unpredictable weather conditions often impacted both the installation schedule and overall usage of the playground stencils. Excessive heat and rain delayed painting activities, particularly during the summer months when installations were easier to schedule.
- Measuring use and impact without formal tracking systems: While the stencils are designed to increase physical activity, capturing quantitative data to demonstrate improvements, such as increased movement or long-term health outcomes, is difficult. Without formal tracking systems in place, accurately assessing the program's overall effectiveness is challenging.
- Reliance on teachers/staff for evaluation: The success of the stenciling program is often dependent on feedback and informal observations from teachers and staff. However, educators already have full workloads, making it difficult to monitor stencil use consistently and effectively to evaluate their long-term impact on student activity levels and safety.
- Engagement from school community during installation: While school participation is encouraged, securing volunteer involvement from staff and members of the Physical Activity and Nutrition Food Access Committee of the Partnership for stencil installation days can be a challenge. Competing priorities, scheduling conflicts, and

16 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

limited availability of school personnel can affect the level of engagement and support during the implementation process.

- Lack of multi-use agreements for community members to use the spaces outside of school time: In many cases, school playgrounds are closed to the public after hours or on weekends, which limits the potential for broader community benefit. Without formal shared-use agreements in place, the reach and impact of the stencils are confined to school-day use by students only.

Implication(s)

• **Outcomes**

- Stencils were installed at seven locations: Whitted School (Pre-K), Lakewood Elementary School, Oak Grove Elementary School, Hope Valley Elementary School, Eastway Elementary School, Fayetteville Street Elementary School, and Orchard Park (Durham Parks and Recreation).
- Teachers have reported an almost 20% increase in the amount of time students spend being physically active while outdoors.
- Teachers have observed improvements in overall class engagement and attentiveness following outdoor play sessions that incorporate the stencils.
- Teachers have used stencils as a tool to help mitigate behavioral issues by providing structured and engaging activities during recess.
- A community parent has reported positive engagement in their child with Autism, noting that the stencils have created an inclusive and accessible play opportunity.

• **Service delivery**

- Visited each school or park site to prepare for stencil installation in designated play areas.
- Positioned stencils according to pre-determined layouts to ensure safe spacing and optimal use of available space.
- Outlined stencil designs with chalk to guide accurate painting and maintain design integrity.
- Applied durable, outdoor-safe paint to complete the stenciled activities, ensuring vibrant and long-lasting results.

• **Staffing**

- The current implementation of the playground stenciling initiative is supported through a collaboration between the Partnership for a Healthy Durham and Durham County Department of Public Health (DCoDPH) education staff.
- Krista Kicsak, the Physical Activity and Nutrition/Food Access (PANFA) Specialist, leads logistics and planning, including securing supplies, coordinating schedules, and transporting stencils to installation sites.
- Public Health Education Specialist Javonna Rozario supports implementation by assisting with layout, application, and painting of the stencils.
- Additional assistance has been provided by a diverse group of volunteers, including teachers and school staff, North Carolina Central University (NCCU) students, the Durham Safe Kids Coordinator, Durham Parks and Recreation employees, Partnership for a Healthy Durham members, and DCoDPH employees from the Nutrition and Health Education divisions.

17 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- This collaborative staffing approach ensures that each installation is completed efficiently and fosters strong community and organizational involvement.
- **Revenue**
 - None. The stenciling is provided at no cost to all participants. We are unable to charge for this service.

Next Steps / Mitigation Strategies

- The PANFA Specialist has applied for additional funding through the North Carolina Public Health Association (NCPHA) to expand stencil installations to churches, food distribution sites, and other community organizations.
- The team will explore additional funding opportunities, including mini-grants and sponsorships, to further increase program reach.
- Plans include improving evaluation tools to capture data on stencil use more effectively and to measure the program's impact.

The team is considering process improvements, such as using smaller, more portable stencils, to make transportation and installation more efficient.

Division / Program: Dental Division / Oral Health Screenings at DPS/Early Head Start

(Accreditation Activity 20. 1- The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- The Dental Division conducts screenings for children in Durham Public Elementary Schools and Early Head Start Centers in Durham.
- A Public Health Hygienist provides screenings to identify cavities and any emerging dental issues.
- After the screening, parents receive a letter with the results. The letters state whether the child has or may have caries. The documents note that if the child does not have a dental home, the parent can call the Public Health Dental Clinic to schedule an appointment.
- Parents of children in Durham Public Schools are notified when the Tooth Ferry mobile will visit their child's school. In these instances, parents are given information on how their child can be treated on the Tooth Ferry. (They also have the option to bring them to the Public Health Dental Clinic.)

Statement of goals

- Annual dental screenings provide indications of the prevalence of dental disease in children in the County, and how Durham compares with other counties within the state.
- Parents receive information on their child's current oral health status and treatment needs.
- Dental Division Clinic or Tooth Ferry can be dental care options for parents whose children need treatment.

Issues

- **Opportunities**
 - The screenings serve as a positive (and sometimes first) dental experience for a child.
 - The screenings aid in collecting vital information to help improve children's dental health programs.
 - The screening includes education for children (and parents) via oral health presentations at the schools or Early Head Start Centers.

Challenges

- As a result of the NC Parents' Bill of Rights, a student's parent(s) must opt-in for dental screenings in Pre-K – 3rd grade. (For students in the 4th and 5th grades, parents still have the choice to opt out of the screenings.)
- In schools where a Public Health nurse is not assigned, the dental team gets limited assistance with scheduling, setting up space, and getting rosters for the screenings.

Implication(s)

- **Outcomes**
 - The Division completed screenings on 6,304 DPS students and 997 children from Head Start sites and daycare centers. This totals 7,301 children screened during the 2024-2025 school year.
 - The number of DPS students screened was down by approximately 2,000. (The annual goal is for 9,000 youth to be screened, and the Division has been surpassing this number in recent years.)
- **Service delivery**

The team began dental screenings for the current school year in July.
- **Staffing**
 - Fariba Mostaghimi, Public Health hygienist, completes the screening.
 - Dental team members (typically the Tooth Ferry Coordinator or Driver) record results and assist in completing the letters to parents.
- **Revenue**
 - N/A
- **Other**
 - N/A

Next Steps / Mitigation Strategies

The Division will compile current school year data and produce a final report in August 2026.

Division / Program: Population Health / Epidemiology

Activity 26.3: The local health department shall ensure that agency staff receive training in cultural sensitivity and competency.

Program description

The Population Health division holds an annual retreat to plan for the fiscal year. The retreat includes training topics, presentations on local public health activities, strategic planning, and team-building activities to strengthen relationships between team members. The day-and-a-half retreat on August 7 and 8 was held at the Pauli Murray Center in the Innovation Lab of the Durham County Government Admin I building.

Statement of goals

- Provide an opportunity away from the office to develop a division strategic plan for fiscal year 2026.
- Learn more about the life of Durhamite Pauli Murray, Durham County's history, and how our history connects to our present.
- Build storytelling skills to more effectively communicate public health messages to the community, partners, and elected officials.
- Determine how the Population Health division can align its work with the Durham County Department of Public Health and Durham County Government strategic plans.
- Provide an opportunity for teambuilding and relationship building between Population Health team members.

Issues

- **Opportunities**
 - Day 1 of the retreat included teambuilding activities and a guided tour of the Pauli Murray Center.
 - Day two of the retreat included a reflection on team successes of fiscal year 2025, a capacity-building exercise to improve storytelling skills, and teambuilding activities.
 - The Population Health division began its strategic planning process to determine which areas it will focus on for fiscal year 2026.
 - Each member of the Population Health Division actively participated in planning different components of the retreat.
- **Challenges**
 - Allowing enough time to accomplish everything on the agenda.

Implication(s)

- **Outcomes**
 - Reviewed the accomplishments and outcomes of the Population Health FY 25 strategic plan.
 - Identified three goal areas for the Population Health division to focus on for the FY 26 strategic plan.
 - Spent 1 ½ days connecting in person, which is rare due to remote work schedules.
 - Evaluation results showed that team members rated the retreat at 4.8 (out of 5) for the topics covered, which were relevant to my work, and 4.8 for the retreat was well organized.
 - Additional evaluation comments included "This retreat went well in my opinion. We were productive and not rushed for time in the morning...I enjoyed the team-building activities." "I enjoyed being able to connect with my coworkers that I don't get to see often."

20 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- **Staffing**
 - All Population Health staff attended days 1 and 2 of the retreat. Three DCoDPH staff members outside of the division also attended the Pauli Murray Center tour.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to work on the Population Health FY 26 strategic plan.
- Measure progress towards strategic plan strategies and objectives.
- Continue to develop and utilize storytelling skills.

Continue to think about and identify strategies for how the Population Health division can support the DCoDPH and Durham County Government strategic plans to improve community health outcomes.

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 division is dedicated to applying evidence-based strategies aimed at effectively reducing overdose risks for 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 have currently recruited, appointed, and onboarded 10 community members to serve on the Opioid Settlement Advisory Committee, which was established through the Board of County Commissioners. This committee will include a diverse range of voices, such as a public health representative, who will serve as a resource to provide insights and recommendations for the strategic use of

opioid settlement funds. Through a collaborative, community-informed approach, the committee will help ensure that funds are used for effective, evidence-based solutions. Our first meeting is scheduled for Wednesday, October 22, 2025, at 5:00 PM via Zoom.
 - **Recovery Support Services (Community Linkages to Care - CLC)**

We continue to partner with Recovery Innovations (RI), which has been providing services since November 2014. The Opioid Settlement

21 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

Manager currently manages the contract and has been renewed for continued work through FY 26.

This ongoing partnership strengthens the CLC initiative by supporting 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**

- We do not currently face any dominant challenges beyond capacity. While we navigated a few administrative hurdles during the process of establishing the advisory committee, steady progress has been made to keep things moving forward.

- **Outcomes**

- **Establishment of the Inaugural Opioid Settlement Advisory Committee:** We have formally established the inaugural Opioid Settlement Advisory Committee, ensuring a diverse range of community voices are engaged in guiding the strategic use of settlement funds. The committee will provide insights and recommendations through a collaborative, community-informed approach to support effective, evidence-based solutions.
- **Harm Reduction Training Efforts:** As part of overseeing both the budget and programmatic areas, we have increased funding across Harm Reduction to expand capacity and supplies. Looking ahead, there are continued plans to further strengthen these efforts through the distribution of a third harm reduction vending machine and by offering more focused training to meet community needs
- **Opioid Settlement Data Dashboard:** The new Opioid Settlement Data Dashboard has been developed and launched, providing a central platform to track and share key metrics related to harm reduction and other funded strategies.

The dashboard enhances transparency by allowing the community to view key outcomes such as naloxone distribution, syringe services, and other initiatives supported through the settlement.

- **Service delivery**

- Under the direction and leadership of Opioid Settlement Manager Jaeson Smith, work is being carried out in close collaboration with multiple partners to ensure both fiscal accountability and programmatic success. Jaeson is working with Budget and Finance Management, alongside Shannon Wright, John Kenion, and associated finance administrators, to oversee budget planning, financial documentation, and compliance with county and state fiscal policies. On the programmatic side, he is partnering with Kristen Patterson, ACM Joanne Pierce, and Dr. Rod Jenkins to guide oversight of services, foster cross-departmental collaboration, and support the development of new initiatives.

22 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- **Staffing**
 - The Opioid Settlement Program, which works within Public Health, is currently being carried out by staff members Jaeson Smith, Morgan Culver, Lacie Scofield, and Shonta Fox.
- **Revenue**
 - Durham County Government has received \$1,778,732.66 in Opioid Settlement Funds, which continue to support and sustain these efforts.

Next Steps / Mitigation Strategies

- **Host a Listening Session:** Engage individuals with lived experience to gather insights and ensure their perspectives guide future priorities.
- **Launch Collaborative Strategic Planning:** Begin a structured, inclusive process to develop a comprehensive plan for the use of opioid settlement funds.
- **Release a New Request for Applications (RFA):** Provide opportunities for community-based organizations to apply for funding to support innovative initiatives that address opioid use and related needs.

Division / Program: Nutrition Division Formerly Incarcerated

Transition (FIT) Programs (Activity 20.2): The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.

Program description

- FIT supports the prevention of recidivism through navigation of supportive services and connections for primary health care, substance treatment, and mental health services.

Statement of goals

- Each site connects 50 returning citizens to services each year.
- Host an annual convening with all current FIT counties represented to review program accomplishments and plan for future goals.

Issues

- **Opportunities**
 - Create opportunities for growth within UNC and sites for Community Health Workers (CHWs) to sustain the program with experienced staff.
- **Challenges**
 - The program prefers the hiring of formerly incarcerated individuals with lived experience of successfully transitioning from incarceration. Many FIT CHWs reported not having the qualifications to advance within the organizations.

Implication(s)

- **Outcomes**
 - Durham County received 165 referrals for FY 24-25 and connected 99 eligible clients to care. We successfully closed 29 cases by independently navigating all services.
 - Drafted plans to support educational and skills growth for those employed.
 - UNC assessed positions within their organizations that could be opportunities for advancement for CHWs while addressing the educational barriers many reported.
- **Service delivery**
 - The convening was held on September 19, 2025, with representatives from 9 counties across the state. NC Formerly

23 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

Incarcerated Transition Program-Department of Family
Medicine

- **Staffing**
 - We hosted the convening here at Durham County Public Health, and UNC staff facilitated presentations and breakout sessions.
- **Revenue**
 - UNC covered the cost of hotels, food, and events for the annual convening.

Next Steps / Mitigation Strategies

- Continue to support individualized training of Community Health Workers at each site.
- UNC-NC FIT to allocate funds when available to support training costs for CHWs.
- Start with UNC positions as options for advancement if there are no options at each site.
- Continue a goal of connecting 50 returning citizens to primary health and navigating supportive services with them.

Division / Program: Nutrition / DINE

(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

- DINE, a Nutrition Education program at DCoDPH, has been funded by Durham County and the USDA SNAP Ed program since 1999. The program employs 2 DCo-funded program managers, 2 DCo-funded dietitians, 13 SNAP-Ed funded dietitians, and 1 SNAP-Ed funded administration assistant. In FY24, DINE reached 10,536 individuals with nutrition education, 16,399 individuals with healthy changes to nutrition environments, and 20,479 with a Say Yes to Water campaign.

Statement of goals

- To find alternative sources of funding for DINE, as the SNAP Ed program is ending.

Issues

- **Opportunities**
 - DCo County Manager and County Commissioners agreed to fund the entire DINE team through June 30, 2026, with the expectation that staff will move into other county positions as available.
 - DCoDPH's environmental health division and assistant health director identified \$200,000 that could be used to offset the County's cost of employment extension using AA117.
 - North Carolina has about \$3 million in unused SNAP Ed funds from FFY25 that will be used to continue some SNAP Ed programming in FFY26. DCoDPH will receive about \$300,000 of this allotment. These funds will be used to offset some of the costs to the County.
 - The DINE team is actively searching for alternative funding sources and has submitted or is writing multiple grants.
- **Challenges**
 - The USDA SNAP Ed program was eliminated in the approved July 4 House bill. SNAP Ed funds 13 of the 17 positions on Durham's Innovative Nutrition Education (DINE) team.

24 A Regular Meeting of the Durham County Board of Health,
held October 9, 2025.

- Many organizations are losing funding, and thus, competition for grants is great. Furthermore, many grants require 501(c) (3) status.

Implication(s)

- **Outcomes**

- DINE will continue to provide nutrition education through September 2026.

Next Steps / Mitigation Strategies

- Continue to seek alternative sources of funding for DINE.
- Continue to share job openings with the DINE team to help them transition to other roles.

Dr. Rod Jenkins: This is tough because there is always so much going on, but I will present 3 things briefly.

You did hear from Bria about the Partnership for a Healthy Durham and how they work to get physical activity and a lot of people moving.

I had the chance to attend the Movable Open Streets event last Sunday with my daughter, it was fantastic! It even had me dancing out there. It's a great example of how we engage with the community and respond to what they say they need.

Inside the Health Director's Report, you'll also see highlights from our Health Education and Community Transformation Divisions, including their collaboration with Durham Parks & Rec. They're working to install colorful stencils and playground equipment to encourage kids to be more active.

As a parent myself, with a 14-year-old who loves his PlayStation and Xbox, I know how important it is to get kids back outside and enjoy our parks and playgrounds.

Secondly, I want to give a big shoutout to Deputy Director Liz Stevens for her hard work on Black Maternal Health Week, which culminated in a symposium sponsored by Wake County Government. She served on the steering committee and played a key role in its success.

Details about Family Matters Durham, Family Connects, and related efforts, some of which Bria mentioned, are also included in the Health Director's Report. But I really want to highlight Liz's dedication and leadership.

We've been rotating the Black Maternal Health Week symposium across counties, last year in Durham, this year in Wake, and possibly heading to Mecklenburg next. This issue is national and statewide, and coalitions like this are essential in addressing the infant mortality crisis. In a society like ours, no mother or baby should die during childbirth. As Bria's data showed, this issue disproportionately affects the Black community, and we must continue to act.

A big thank you again to Deputy Director Liz Stevens for her leadership on the steering committee and her dedication to this work. Lastly, I want to recognize Deputy Director Kristen Patterson and Jaeson Smith, our Opioid Settlement Manager, for their efforts in establishing the Opioid Advisory Committee. This countywide initiative involved extensive coordination with the state

and reflects a lot of hard work. Jaeson recently presented their progress, and more details are included in the Health Director's Report.

He was right on the cusp of establishing the Opioid Advisory Committee, and I'm proud to say that's now been accomplished. The team is also working closely with our Health Education Division on harm reduction efforts.

We're seeing real impact; naloxone distribution is high, to the point where we're stretching our budgets to keep up with demand. Two additional vending machines are on the way, and I want to recognize Morgan Culver, Brad Caison, Dennis Hamlet, Jaeson Smith, and our community paramedics for their outstanding work. It's all coming together, though we know there's still much more to do. Mr. Chair, that concludes my report. There's a lot of good work happening, and I'm proud of the progress we're making.

QUESTIONS/COMMENTS:

Chair McDougal: A lot of good work. I did have a few questions. I was reading through the entire report and looked at the dental screenings and noticed that there was a decline in the number of screenings this year. Is there a rationale for why there are almost 2,000 fewer screenings this year?

Dr. Jenkins: We've seen a slight decline in dental services, largely due to challenges with our dental van. Our driver retired, and we experienced some mechanical issues, but those have now been resolved. We're currently in the process of hiring a new driver, which is great news.

From time to time, we also face challenges from for-profit vendors offering services in Durham Public Schools, which can interfere with our free, partnership-based model. We continue to remind school leadership of our commitment and the value of this collaboration.

Liz Stevens can speak more about this under her purview.

Liz Stevens: Thank you so much, Director Jenkins. I agree with everything that you just shared, and I invite Jim Harris, our dental director, to chime in as well. I do know, from discussions with him, that another factor that has contributed to fewer screenings in the schools relates to legislation that was passed before this school year, the Parents' Bill of Rights, legislation that some of you may remember, which changed the consenting process for screenings in schools. Many screenings to include vision, dental, and the like, previously were an opt-out process, and this past school year, that legislation turned it into an opt-in process, which we knew. We suspected it would reduce our screenings in schools, and in conversation with Jim, as well as our school health nursing team, we certainly did see that reduction in screenings. So, I do think that it has also been a contributor to this past school year.

Chair McDougal: My other question is about clarification. We had a presentation from a DINE team member, a Nutritionist, a few months

back, and I think we were all devastated by the news that so many cuts were happening. Particularly with our Nutrition program. It was mentioned, but it looks like it's been confirmed that the Durham County Commissioners have approved funding for our Nutrition Department through June of 2026.

Dr. Jenkins: That is correct. I'd like to publicly commend our County Commissioners for doing that. I'd also like to commend Chris Salter. There's a significant pot of money that Chris Salter, our Environmental Health Director, manages in the form of Public Health infrastructure. We worked out where we could contribute funds, in addition to the County contributing funds, to keep our DINE team working and stable until the end of the fiscal year. The Executive team and Micah Guindon are continuing to work with the County budget team to explore ways to extend support for the Nutrition Division. Under Rachael Elledge's leadership, the division has become more streamlined, despite some transitions to other departments like Cooperative Extension and Environmental Health. While challenges remain, this team is among the brightest in our agency, actively pursuing grants and creative solutions to grow their impact. We're taking a forward-thinking approach, and I'm confident there are great things ahead for this dynamic team.

Chair McDougal: Any other comments? So, we'll move on.

COMMITTEE REPORTS:

There were no committee reports discussed.

OLD BUSINESS:

The 2025 Board of Health Policy Review/Approval (*Activity 34.1, 34.3*)

- BOH-001 Policy Introduction Implementation & Review
- BOH-002 Delegation of Authority to the Health Director
- BOH-003 Public Contact with Board of Health
- BOH-004 Compliance with Public Health Laws and Regulations
- BOH-005 DCBOH Adjudication Process
- BOH-006 BOH Policy Adopting and Amending Rules
- BOH007 DCBOH Public Participation Policy
- DCoDPH HD 20 Employee Recruitment Retention Prof Dev

Dr. Rhea made a motion to approve the above policies. Dr. Verbiest seconded the motion. The motion was unanimously passed by the board members listed in the attendance roster above.

NEW BUSINESS:

BUDGET RATIFICATIONS (3)

Dr. Jenkins:

1. Opioid Settlement Public Health Amendment #1 2025- to approve reallocation of \$20,373 of previously approved opioid settlement funds from the syringe project strategy to the naloxone project strategy. The Durham County Department of Public Health will utilize the opioid settlement funding to implement evidence-based strategies that prevent overdose and expand access to treatment. Funded activities may include

naloxone procurement and distribution of overdose response training, and contractual support for harm reduction outreach.

2. AAF AA 510 General Communicable Disease Control – The board has requested to approve the Budget Ordinance Amendment to recognize additional funds of \$6,000 from the NC Department of Health and Human Services Division of Public Health Epidemiology section, communicable disease branch. These funds will be used to supplement previously recognized funds for FY 26, bringing the total for the grant to \$27,517. Using these funds provides additional funding to enable local health departments to implement the electronic test ordering results, or eTor, system by participating in bi-directional interface projects.
3. AAF AA 546 Communicable Disease Pandemic Recovery – The board has requested to approve a budget ordinance amendment to recognize funds for \$3,124 from NCDHHS, Division of Public Health Epidemiology, CD Branch. These funds will be used to expand communicable disease surveillance detection, control, and prevention activities to address COVID-19, public health emergencies, and other communicable disease challenges impacted by COVID-19's public health emergency.

Dr. McDougal: Thank you. I will entertain a motion to ratify all 3 amendments.

Dr. Victoria Orto made a motion to approve the 3 ratifications mentioned above. Dr. Gene Rhea seconded the motion. The motion was unanimously approved by the Board members listed in the attendance roster above.

INFORMAL DISCUSSIONS/ANNOUNCEMENTS:

Chair McDougal: For the next meeting on December 11, do we have suggestions for presentations? Ok, we'll allow our director to develop an agenda and presentations for us for October. Please review the June minutes when they come out, along with the August minutes, and we will be ready to approve them.

Dr. Jenkins: It is normally the training meeting. There was a discussion about having an in-person meeting, and we will be happy to oblige. Mr. Chair, we probably need to convene the nominating committee to form a slate so the board can vote for the officers for the February 26 chair and vice-chair officers will be in place.

Chair McDougal: I'll allow for discussion if there are no other suggestions.

Dr. Jenkins: For clarification, I would like to say the Medical Director normally gives his annual CD report. That's normally brief but very informative.

Dr. Gene Rhea: There is still a lot of confusion around COVID-19 vaccination, especially regarding who should get vaccinated, how to access it, and what's recommended for children. Even well-informed

individuals are finding it hard to keep up. I think the Department of Health would be a fantastic communicator to help clarify some of this. For myself, who should be informed, I'm still confused about this regularly. Are there plans to do some proactive communication, as we have done with other hot topic items, to make sure the public

Dr. Jenkins: Absolutely, Vice Chair Rhea. Thank you for raising that topic. Again, giving credit to the executive team and our PIO, Dr. Alecia Smith, and our epidemiology team, who have been meeting continuously since the pandemic, for 5 years. We have been proactive in meeting monthly and tracking daily, weekly, and it's a frenetic, hard-to-manage communication from the federal government. Sometimes we find out by tweet, and sometimes by word of mouth. That being said, whatever we find out, I know Dr. Smith puts it out on social media, but I do plan on having a health director chat/communication to the community to spell out in deliberate detail about the confusion of vaccines, particularly COVID vaccines for children, which are normally done at the health departments. Whereas adults usually go to their primary doctor or CVS. We are going to do our absolute best to get our bearings, but admittedly, we have been just as confused, Dr. Rhea, but we are in the process of getting that done and out to the community in short order.

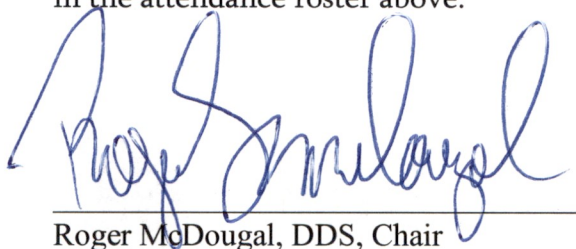
Mr. Anthony Gregorio: An idea for December's meeting as to what we are doing as a community to curtail the flu and cold season.

Dr. Jenkins: In that message to the community, Alecia normally focuses on the season of respiratory viruses in total. This includes COVID vaccines and encourages individuals to get their flu, RSV, and whatever else is needed.

Chair McDougal: December is filling up. We have a busy meeting. If anything comes to mind, please reach out to Dr. Jenkins and his staff so that they can add that to the list of topics.

I will entertain a motion to adjourn the meeting at 6:11 p.m.

Dr. Gene Rhea motioned to adjourn. Dr. Victoria Orto seconded the motion, and it was unanimously approved by the Board members listed in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director