

A Regular Meeting of the Durham County Board of Health was held on December 11, 2025, with the following members present:

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

Excused Absent: Anthony Gregorio, MBA, Sarah Verbiest, DrPH

Others Present: Rod Jenkins, Donna Murphy, Attorney Christy Malott, Beth Lovette, Jeff Jenks, Chris Salter, Marissa Mortiboy, Lindsey Bickers Bock, Micah Guindon, Rachael Elledge, Jim Harris, Liz Stevens, Dennis Hamlet, Alecia Smith, Brad Caison, Annette Carrington, Olivia Cunningham, Kiki Rayner, Jaeson Smith, Quanna Norman, Javonna Rozario

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. Pam Silberman made a motion to approve the agenda. Dr. Gene Rhea seconded the motion, and board members unanimously approved the motion as identified in the attendance roster above.

PUBLIC COMMENTS:

- There were no public comments.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

The minutes from the October 9, 2025, meeting were not distributed to all Board members. This item will be tabled, and the Board will review and approve the minutes from October 9, 2025, at the next scheduled meeting on February 12, 2026.

Chair McDougal: Thank you. 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 Durham County Department of Public Health, recognized:

Bria Miller, our Coordinator for the Partnership for a Healthy Durham, was selected as one of the de Beaumont Foundation's 40 under 40 honorees. This recognition highlights her outstanding contributions and leadership in promoting community health. Hats off to Bria for her incredible work and dedication!

Dr. Verbiest is in Japan or on her way from there, continuing her incredible work championing Maternal and Child Health issues through social work. Last month, at the American Public Health Association (APHA) annual meeting, she received a very prestigious honor, the Outstanding Leadership and Advocacy Award from the American Public Health Association's Maternal and Child Health Section. This prestigious honor reflects her many years of dedication and leadership in the field. We celebrate her achievements and encourage her to keep that fire burning for issues that are so vital to the work we do in Public Health. Congratulations, Dr. Verbiest, on a job well done!

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Last but not least, on behalf of a very grateful agency, I would be remiss if I did not express our deepest appreciation to Dr. Roger McDougal. This is his last meeting as Chair of the Board, and I want to personally thank you for all the encouragement and support you have given me over the years. You have been present, not only as a prospective member of the Men's Health Council but also engaged with our agencies and departments across Public Health. You have always been warmly received by staff, and your leadership has left a lasting impact. Dr. McDougal, we owe you a debt that we'll never be able to repay, but we want to thank you for your years of leadership and dedication.

Dr. Roger McDougal: Thank you for that recognition. It's certainly not necessary. I truly enjoyed it, and it's bittersweet that this is my last meeting. I know I'm leaving it in capable hands with our current vice-chair, our director, and the entire staff. It's been a pleasure, though. I also want to echo the congratulations to Bria Miller and Dr. Verbiest for all the great work that they're doing on behalf of the Durham Department of Public Health. Thank you.

So, we are moving on with our administrative reports and presentations. We have our Roles and Responsibilities training this evening, and I see Ms. Lovette here with us, ready to update us on all that we need to know.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:
NC Local Boards of Health: The Role and Responsibility Training
(Activity 36.3) Ms. Beth Lovette provided the board with a
presentation.**

Beth Lovette is an instructor and former health director who served for the last five years as the Deputy Division Director for the Department of Health and Human Services Division of Public Health provided training on the Roles and Responsibilities of North Carolina local Public Health Governing Boards.

Learning Objectives:

Objective 1: Identify a Board of Health's role in carrying out public health core functions and essential services.

Objective 2: Discuss the legal responsibilities and authorities of local public health in North Carolina.

Objective 3: Describe public health governing structures in North Carolina.

Objective 4: Describe the guidelines and expectations for being an effective board member.

Summary Information:

Public Health Governance Stability

Many laws remain unchanged because revising statutes can introduce risks due to limited expertise among elected officials. Despite being dated, North Carolina's public health laws are among the strongest nationally, supported by state, university, and local leadership.

Board of Health Role & Impact

Durham County Board of Health is highly influential. County funding provides over half of the health department's budget, ensuring stability during federal and state funding challenges. Members are reminded of their responsibility to advocate for public health and maintain a big-picture governance perspective.

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Core Public Health Functions

- Assessment, Policy Development, Assurance, all centered on equity.
- Board ensures services are provided, even if not directly delivered by the department.
- Accreditation and compliance with state and federal laws are mandatory.

Community Health Priorities (Durham)

- Affordable housing (top priority)
- Healthcare access and insurance
- Community safety, mental health, physical activity, food access

Current Challenges & Achievements

- Achievements: Vaccination, maternal health, safety laws, emergency preparedness
- Challenges: Physical activity, environmental improvements, violence reduction, health equity

Legal Framework & Funding

- Governance relies on state statutes, administrative codes, federal law, and local ordinances.
- Consolidated Agreement governs funding; most funds are federal, with complex requirements.
- Accreditation ensures equity across counties despite outdated service mandates.

Board Responsibilities

- Advocate for resources, review materials, attend meetings, and represent public health interests.
- Focus on governance, not daily operations; support policies that protect health.
- Engage in partnerships and community outreach to strengthen influence.

QUESTIONS/COMMENTS:

No questions or comments were asked.

ADMINISTRATIVE REPORTS/PRESENTATION:

FY 25/26 Quarter 1 Fiscal Update. Micah Guindon, Finance Administrator, provided the board with an overview of the FY 25/26 update. (Activity 36.3) A copy of the PowerPoint Presentation is attached to the minutes.

Micah Guindon: We began the fiscal year with a budget of \$28,410,835, which increased by \$170,776 through amendments and rollovers, resulting in a current budget of \$28,581,611. Our overall expense budget, excluding benefits managed separately by the county, is approximately \$40 million, representing a 1.11% increase from the initial allocation. By the end of the first quarter, we have spent \$7,076,078, or about 18% of the general fund expense budget. This lower-than-usual spending for Q1 reflects the time required to execute, invoice, and pay for contract services, which make up a significant portion of our expenditures. Personnel costs for the quarter totaled \$5,943,442. Contract spending totaled \$890,735, which remains one of our highest expense categories despite being slightly lower than usual due to the timing of execution and invoicing. Notable purchases included \$46,332 for Narcan nasal spray, \$19,909 for dental supplies to start the year, and \$16,747 for various vaccines for the immunization clinic. A significant change this year is the county's decision to move medical examiner payments into the Public Health budget, adding a new cost center that accounts for approximately \$443,401 in contract services.

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On the revenue side, we have collected \$2,014,931 as of the end of quarter one, representing 18% of our annual revenue budget. Of the \$2,014,931 in revenue collected through the first quarter, \$928,408 came from Medicaid and \$847,231 from grant funding; together, these two sources account for 88% of our revenue, which is typical for our operations. Service fees contributed \$142,326, including patient self-pay and environmental health activities.

Additionally, we continue to advance our three opioid-related projects, with a total budget of \$937,000 for fiscal year 2025–26. By the end of quarter one, we have spent 13% of that allocation, primarily due to delays in executing large contracts, which we expect to catch up on as the year progresses.

QUESTIONS/COMMENTS:

No questions or comments were asked.

Division/Program: Communicable Disease: Dr. Jeff Jenks, Public Health Medical Director, provided the board with a 2025 Communicable Disease Report (Activity 2.3). A copy of the PowerPoint Presentation is attached to the minutes.

Dr. Jeff Jenks: Thank you for having me. We will review trends in sexually transmitted infections (STIs), followed by an overview of other non-STI communicable diseases. We will conclude with a brief update on seasonal respiratory illnesses, including influenza, RSV, and Covid as observed this fall.

The slide mirrors the format used in previous years and serves as a reminder that most of the data presented was sourced from the North Carolina Electronic Disease Surveillance System (NC EDSS). The data was compiled by our epidemiologist, Savannah Carrico, on November 19th, 2025.

The HIV data for 2025 is not yet available, as reporting is typically delayed until mid-next year. Similarly, tuberculosis data often lags in appearing in NC EDSS, so our data scientist, JP Zitta, supplemented this information using Epic. For this review, we are presenting a five-year data span. Please note that figures may differ slightly from those on the state website due to the timing of data entry and the cleaning process.

Chlamydia trends in Durham County show encouraging progress, with a decrease in infections over the past two years. This mirrors national trends, where there was an 8% decline in chlamydia cases from 2023 to 2024. While nationwide data for 2025 is not yet available, we anticipate continued improvement. As in previous years, individuals who identify as female, Black or African American, and those aged 18–29 remain disproportionately affected. The figure on the left illustrates the trend through October, represented by the gray dotted line.

Gonorrhea infections in Durham County have also declined over the past two years, consistent with national trends that showed a 10% decrease from 2023 to 2024. While 2025 national data is not yet available, we anticipate a similar downward trend. As in previous years, gonorrhea disproportionately affects individuals who identify as male, Black or African American, and those aged 18–29, which remains the most impacted age group. The figure on the left illustrates the trend through October, represented by the gray dotted line.

Syphilis trends in Durham County largely reflect national patterns, with decreases observed in primary and secondary syphilis cases from 2023 to

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2024. Primary syphilis, the initial stage of infection, typically presents as a painless or mildly painful sore at the exposure site, which resolves within weeks with or without treatment. Secondary syphilis often manifests as a painless, itchy rash across much of the body and similarly resolves without treatment. Both stages remain overrepresented among males, individuals identifying as Black or African American, and those aged 18–29.

Early latent syphilis cases have also declined, while late latent syphilis has not shown a similar decrease, primarily due to limited testing among older age groups. Congenital syphilis cases remain low, though underreporting is suspected, consistent with trends seen elsewhere in the country. Overall, syphilis continues to disproportionately affect males and Black or African American individuals, with age distribution varying by stage of infection. Rates continue to be low. I suspect that these cases are being underreported. So, our actual numbers probably are a bit higher.

HIV remains a challenging area where progress has been limited. While there was a slight decrease in cases from 2023 to 2024, overall trends indicate that we have not significantly reduced infections despite the availability of effective prevention tools such as PrEP, PEP, and ongoing education efforts. The data suggest that HIV continues to be resistant to broader prevention strategies, and bending the curve remains a priority.

Hepatitis A, B, and C - We observed a noticeable spike in reported hepatitis cases during midsummer 2025, primarily due to two large testing events that identified several chronic hepatitis C cases. While this created the appearance of a significant increase, the actual number of new diagnoses was modest. These events were successful in linking individuals to treatment. It's important to note that hepatitis C cases are likely underreported, so any bulk data entry into NC EDSS can create temporary surges in reported numbers.

Vaccine-Preventable Diseases - In 2025, pertussis (whooping cough) cases have risen sharply, as shown by the green line in the figure. This increase is consistent with statewide and national trends and is likely influenced by decreased vaccination rates. Pertussis has been a significant challenge this year, both locally and nationally.

Pertussis and Vaccination - While Tdap vaccination remains critical for preventing pertussis, its protective effect tends to wane more quickly than other vaccines. As a result, some cases this year occurred in individuals who were up to date on their vaccinations, representing breakthrough infections. However, many cases were linked to exposure from unvaccinated individuals, reinforcing the importance of maintaining high vaccination coverage.

Vector-Borne Diseases - As expected, vector-borne diseases typically rise during summer months when outdoor activity increases exposure to ticks and mosquitoes. However, this year we have not observed a significant increase compared to prior years. Ehrlichiosis, Lyme disease, and Rocky Mountain Spotted Fever remain endemic in our region, while malaria and dengue cases reported locally were imported, diagnosed in individuals infected outside the United States.

Invasive Group A Streptococcus - After two years of rising case numbers, we are seeing a welcome decline in invasive Group A strep infections this year compared to previous years.

Waterborne Diseases - As expected, waterborne illnesses peak during summer months when outdoor gatherings increase. Campylobacter continues to be the most common cause of waterborne disease in our area.

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Foodborne Illness - Similar to waterborne diseases, foodborne illnesses typically peak during summer months due to outdoor gatherings and picnics. Salmonella remains the most common culprit. This year, we have not observed an increase in either waterborne or foodborne illnesses compared to previous years.

Tuberculosis (TB) - 2025 has been an unusually busy year for TB, with 16 active cases reported so far, well above the typical range of 8–12 cases annually and the highest since 2021. While data modeling by our data scientist, JP Zitta, does not predict a significant increase in active or latent TB cases through mid-next year, the current workload is substantial. Although 16 cases do not seem like a lot, TB treatment requires 6–12 months of directly observed therapy (DOT), mandated by North Carolina law, meaning our TB nurses monitor medication intake Monday through Friday for every active case. These cases are highly time-intensive, often complicated by patients' work schedules and social circumstances. We want to recognize and commend our TB team for their exceptional efforts during this demanding year.

Respiratory Illnesses - Wastewater surveillance shows no influenza activity at the North Durham site, but some flu detection at the South Durham site. Emergency department visits for flu-like illness are beginning to rise, signaling the start of flu season. RSV and COVID activity remain low for now, but we anticipate increases in the coming weeks as holiday gatherings occur. COVID levels in wastewater remain minimal.

West Nile Virus - This year, we reported three cases of neuroinvasive West Nile virus, the first since 2019. A significant effort led by Chris Salter from Environmental Health included mosquito testing and rapid contracting for mosquito spraying, which likely prevented additional cases. Which can be severe or deadly.

Overall, we've seen encouraging decreases in chlamydia, gonorrhea, and primary, secondary, and early latent syphilis cases this year. HIV remains a challenge, with no significant decline despite ongoing prevention efforts. Pertussis cases have surged locally and nationally, likely due to waning immunity and reduced vaccination rates. Respiratory illnesses are beginning to trend upward, with flu activity detected in Durham wastewater and early increases in emergency department visits; RSV and COVID are expected to follow in the coming weeks. Additionally, we reported three cases of neuroinvasive West Nile virus, the first since 2019, successfully managed through targeted mosquito control efforts. I want to extend my gratitude to Savannah Carrico for data analysis and slide preparation, JP Zitta for predictive modeling, and our dedicated Communicable Disease team for their exceptional work behind the scenes. Their efforts make these successes possible.

Dr. Roger McDougal: We have a few questions

Dr. Pam Silberman: Dr. Jenks, thank you for that excellent presentation. I have two quick questions. First, do you have any hypotheses about why STI rates are declining? Could this be related to increased condom use or changes in sexual behavior?

Dr. Jeff Jenks: Two key factors are improved screening and testing, both locally and nationwide. There's been a stronger emphasis on screening, particularly among younger, higher-risk populations. The other is Doxycycline post-exposure prophylaxis (DoxyPEP). This intervention, available for a couple of years, allows individuals at the highest risk to take doxycycline within 72 hours of condomless sex. Studies show it can reduce chlamydia and syphilis infections by 70–80% and gonorrhea by

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40–50%. While concerns about antimicrobial resistance remain, surveillance is ongoing, and the impact appears significant.

Dr. Pam Silberman: My second question relates to wastewater surveillance: we've confirmed flu cases, but they're not showing up in the wastewater data. What level of concentration is typically required before influenza becomes detectable in wastewater samples?

Dr. Jeff Jenks: It's very small. It's parts per million. I don't have the exact answer for you, but it's very sensitive. Wastewater surveillance is highly sensitive, but it's not perfect. Even if flu cases exist in the community, detection depends on whether viral particles are present in the specific sample collected. The absence of detection doesn't necessarily mean zero cases; it may simply reflect sampling variability. When the virus is in the sample, the test is extremely sensitive and will pick it up, but because we're only testing a small portion of wastewater, there's no fixed threshold for case numbers before detection occurs.

Dr. Rod Jenkins: Dr. Silberman, on that note, I would like to thank the City of Durham for continuing to partner with us on wastewater surveillance. At one point, we had to work hard to keep this program going, and their support has been critical in maintaining this important public health tool.

Dr. Jeff Jenks: Yes, we really had to explain that this is certainly public health and how we keep people safe. Especially with COVID, when we don't have a lot of other tools now, and they have since started testing for other pathogens, like measles, which is really handy.

Dr. LeRon Jackson: Thank you, Dr. Jenks. I appreciate all of the data, and as a physician, it's always nice to see that and compare things that you see daily in the clinic.

Given that so much of our data and trends depend on reported cases, what's your estimate of the percentage of cases that go unreported? In other words, how many cases might we be missing, and what does that underreporting look like in your view?

Dr. Jeff Jenks: Underreporting varies significantly by pathogen. For waterborne and foodborne illnesses, such as Salmonella, Shigella, and Campylobacter, many cases go undiagnosed because most people with acute gastroenteritis don't seek care or undergo diagnostic testing. Even when cases are diagnosed, reporting can depend on institutional protocols, whether labs or providers submit reports consistently. For urgent care settings, reporting often falls on the provider, which may not always occur.

In contrast, diseases like tuberculosis are reliably reported due to strict protocols and legal requirements, and pertussis cases are captured because they trigger contact investigations. HIV reporting is also robust. However, congenital syphilis can be tricky; newborns treated empirically after negative tests may not be reported as cases, even though they received treatment. Overall, the degree of underreporting "runs the gamut" and is highly pathogen specific.

Dr. LeRon Jackson: My follow-up question, regarding institutional reporting policies, do you know what larger institutions, such as Duke, are doing? For example, is reporting primarily provider-driven, or do labs have automated systems in place? Are there any integrations with electronic medical records (EMR) that streamline reporting?

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Dr. Jeff Jenks: At Duke, the responsibility for reporting appears to fall primarily on the lab rather than individual providers. For example, one Duke infectious disease provider recently reached out after seeing a few salmonellosis cases in the hospital, asking if we were seeing an increase. After reviewing NC EDSS data, we confirmed that case numbers were typical. The provider then indicated they would follow up with the lab to ensure reporting was occurring. This suggests that Duke relies on lab-driven reporting processes, though provider awareness and follow-up remain important.

Dr. Vicky Orto: Thank you, Dr. Jenks. Great report. Looking ahead, with recent changes in vaccination trends, what plans do you and your team have to monitor and respond to potential increases in vaccine-preventable diseases such as measles, chickenpox, and hepatitis? How will we ensure early detection and prevention?

Dr. Jeff Jenks: We have strong protocols in place for vaccine-preventable diseases. Whenever a case of chickenpox, varicella, pertussis, or similar pathogens is reported, our entire Communicable Disease team mobilizes immediately. We develop a response plan that includes identifying individuals who need post-exposure prophylaxis, notifying school nurses, and initiating contact tracing. These steps help contain potential outbreaks quickly. Our focus remains on school-aged children and other high-risk groups, and we continuously review and adapt our strategies to ensure readiness as vaccination trends evolve.

Dr. Vicky Orto: Plans for prevention related to big outbreaks?

Dr. Jeff Jenks: We are prepared for potential large outbreaks. Earlier this year, we conducted a measles tabletop exercise and held internal planning meetings to review protocols and readiness. While we hope these preparedness measures won't be needed, we have strong plans in place to respond quickly and effectively if an outbreak occurs.

Dr. Vicky Orto: Just in case, because we want to make sure that you guys are doing it, but it's good to hear about it.

Dr. Jeff Jenks: Just today, I read that Spartanburg, SC, is having a big measles outbreak right now. This is at the end of a year where we've had outbreaks all over, so yes, it's on our radar for sure.

Dr. Rod Jenkins: The only thing I'll add is I echo everything Dr. Jenks says. The recent restructuring of the North Carolina Department of Health and Human Services has split operations, with some remaining in Raleigh. However, Dr. Zach Moore and his team will soon relocate to RTP, placing them conveniently close to us, a development we're very pleased about.

Dr. Roger McDougal: Thank you, Dr. Jenks. That was an outstanding presentation. Thanks to you and your CD team. Up next, we have the Public Health vacancy report.

PUBLIC HEALTH VACANCY REPORT (Activity 37.6)

The board received a copy of the vacancy reports for October and November 2025.

(A copy of the October 2025 Vacancy report is attached to the minutes.)

(A copy of the November 2025 Vacancy report is attached to the minutes.)

Dr. Rod Jenkins: We have that vacancy report in single digits! Shout out to the leadership team. We regularly focus on addressing vacancies and improving hiring processes. We value our strong partnership with County HR and their support. In October, our vacancy rate was 9.7%, rising

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slightly to 10.1% in November. Despite this increase, we remain well below the county's overall vacancy rate of 13–14%, and we aim to keep improving.

Dr. Roger McDougal: Our next report is from Chris Salter with the NOV report.

NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2) The board received a copy of the vacancy reports for October and November 2025.

**(A copy of the October 2025 NOV report is attached to the minutes.)
(A copy of the November 2025 NOV report is attached to the minutes.)**

Chris Salter: There is nothing that stands out. It's a normal report. At a recent meeting, we discussed progress on one of our oldest NOVs, the 3913 Check Road property. Initially, things looked promising: the owner agreed to apply for municipal sewer connection and implement pump-and-haul for the septic system. However, the pumper reported nonpayment issues and now requires prepayment before service. As a result, we're monitoring the property closely, but sewage is currently on the ground, creating a serious concern. We may need to involve Attorney Malott and pursue legal action.

QUESTIONS/COMMENTS:

No questions or comments were asked.

**Health Director's Report
December 2025**

**Division / Program: Health Education & Community Transformation
/ Region 5 Tobacco Prevention and Control**

(Accreditation Activity 10.4: The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.)

Program description:

- Since December 2020, Durham County Department of Public Health (DCoDPH) has hosted the Region 5 Tobacco Prevention Manager position.
- This position provides tobacco prevention leadership and technical assistance in the nine counties of Region 5: Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, and Rockingham.

Statement of goals:

- The Region 5 Manager is responsible for providing leadership and guidance to nine counties in the North Carolina Tobacco Prevention and Control Branch, Region 5, based on evidence-based tobacco control strategies. The purpose of this job is to focus on advancing initiatives related to the following goals:
 - Identifying and addressing tobacco-related health disparities among populations.
 - Eliminating exposure to secondhand smoke and aerosol.
 - Providing resources for tobacco users who want to quit, through tobacco use treatment practices and policy, system, and environmental changes in healthcare settings, including primary care, mental health, and substance use treatment facilities; and
 - Preventing youth from initiating tobacco use, including e-cigarettes and vaping.

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Issues:

- **Opportunities**
 - Positions Durham County as a leader in tobacco prevention in Region 5 and in the state of North Carolina.
 - Provides an opportunity to replicate the program and policy successes of Durham in other counties.
- **Challenges**
 - This spring, the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health was eliminated, and associated federal funding was eliminated. These changes have rippled down to the state and local level:
 - **Loss of Federal Funding Source:** The elimination of the Office on Smoking and Health ended a critical funding stream that has supported North Carolina's tobacco prevention and control since 1998, including the state's infrastructure.
 - **Uncertainty in Long-Term Sustainability:** With only limited state and time-bound settlement funds available, the long-term viability of tobacco prevention infrastructure is at risk. This includes the structure of the Tobacco Prevention and Control Branch, the availability of Regional Manager positions, and the scope of services they can provide. Impacts include reduced service age ranges, increased county coverage per manager, and limitations on the type of technical assistance offered.

Implication(s):

- **Outcomes**
 - **Funding Shift:** The Tobacco Prevention and Control Branch has transitioned funding for Region Manager positions to the Juul Settlement funds.
 - **Reduced Scope of Local Programs:** Regional Managers must now rely solely on Juul Settlement funds, which restrict the scope of work to youth and young adult vaping prevention.
 - **Narrowed Focus of Services:** Due to settlement restrictions, Regional Managers are now limited in the populations they serve and the types of intervention they can support.
 - **Increased Risk of Tobacco Use Among Vulnerable Populations:** With fewer cessation resources and prevention programs targeting adults, rural communities, and underserved populations, disparities in tobacco use and related health outcomes may widen.
- **Service delivery**
 - Due to the loss of federal funding, service delivery has shifted to focus solely on youth and young adult vaping prevention, in line with Juul Settlement restrictions. In Region 5, efforts include supporting Local Health Departments (LHDs) in developing youth-led initiatives and forming a regional Youth and Young Adult Council. Technical assistance is provided to LHDs to align programs with settlement guidelines and share best practices.
- **Staffing**
 - DCoDPH employs the Region 5 Manager (1.0 FTE) and works closely with the Region 5 Tobacco Collaborative, the Durham County Tobacco Health Education Specialist, and the remaining NC Tobacco Prevention and Control Branch.

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- **Revenue**

- This position is funded by the Juul Settlement Funds and is administered through the NC Tobacco Prevention and Control Branch. Durham County received \$92,272 to support the work of the Region 5 Tobacco Prevention Manager.

Next Steps / Mitigation Strategies:

- **Youth and Young Adult Prevention and Control Activities:** Focus efforts on establishing a regional Youth and Young Adult Council to lead youth-driven tobacco-free and smoke-free initiatives within their communities. The council members will serve as ambassadors for healthy living, representing their peers in efforts to reduce tobacco and vaping use and exposure. They will also support peer-led education and advocacy campaigns. Additionally, the Region 5 manager and the council members will provide technical assistance to counties to strengthen their engagement with youth and young adults and expand youth-focused programming and services.
- **Funding Structure and State Tobacco Prevention and Control Branch:** Collaborate with the state Tobacco Prevention and Control Branch too:
 - Advocate for sustainable funding to support long-term tobacco prevention infrastructure.
 - Emphasize the importance of the Master Settlement Agreement and its role in maintaining tobacco prevention and control programs.

Division / Program: Health Education / Community Transformation / Health Promotion & Wellness (Accreditation Activity 10.1 The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public; Accreditation Activity 10.3 - The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.)

Program description:

- The Tobacco Health Education Specialist partnered with the Diabetes Health Education Specialist and Alliance Health System of Care Coordinator, along with The River Church, to plan and implement a health fair to honor Lung Cancer and Diabetes Awareness month. The health fair was designed to provide the community with free health information, resources, programs, and screenings. Many of the exhibitors consisted of organizations that specialize in chronic illnesses, such as cancer and diabetes.

Statement of goals:

- Plan an annual event that honors Lung Cancer and Diabetes Awareness Month.
- Inform the community about the health information and resources available to them.
- Offer free health screenings to the community (e.g., blood pressure, blood glucose, HA1C, lipid panel, weight, height, and, as appropriate, Toe pressure/PAD screening).

Issues:

- **Opportunities**
 - This activity was a new annual event to honor both health observances.
 - The event fostered partnerships with several organizations and some non-profits.
 - The collaboration showcased many free resources available to communities in need.

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- By partnering with LliBott Consultorios Medicos, a medical clinic that serves the Hispanic population, we were able to reach Spanish-speaking community members effectively.
- By partnering with The River Church, the team was able to identify a location for future successful events (great location, space, and parking).
- **Challenges**
 - Promotion/Engagement: We distributed the flyer in both English and Spanish across our networks. In hindsight, we recognize that our promotion could have been stronger, for example, by placing flyers in recreation centers, libraries, and other community spaces. We also anticipated a larger turnout. However, the church hosting our event was simultaneously conducting a blood drive. This overlap made it unclear who their target audience was or how they marketed their event, which may have affected overall attendance.

Implication(s):

- **Outcomes**
 - 20 exhibitors attended.
 - Duke Division of Vascular and Endovascular Surgery screened 20 people.
 - LliBott Consultorios Medicos screened 11 people.
 - Men's Health Council had 12 people sign up for their mailing list and provided health information to 25 people.
 - DCoDPH's Health Promotion and Wellness program provided Hands-Only CPR demo and training to 25 people.
- **Service delivery**
 - The Tobacco Health Education Specialist, along with other staff, assisted with setting up, directing traffic, and vendors checking in.
 - Free health screenings: blood pressure, blood glucose, HA1C, lipid panel, weight, height, and as appropriate Toe pressure/PAD screening
 - Direct education from a physician, based on screening results
 - Tabling for health information and resources (wellness, fitness, medical, etc.)
 - Hands-Only CPR training
- **Staffing**
 - Tobacco Health Education Specialist, Diabetes Health Education Specialist (Durham County), System of Care Coordinator (Alliance Health), Chief of Staff at The River Church
- **Revenue**
 - There were no funds received specifically for this event. Participation was free for all attendees.

Next Steps / Mitigation Strategies:

- **Completed Follow-up:** Sent personalized thank-you letters to all exhibitors to acknowledge their participation.
- **Strong interest in future collaboration:** Many vendors expressed enthusiasm about joining this event again and are open to partnering on additional initiatives.
- **Organized exhibitor database:** Created a comprehensive spreadsheet with vendor names and contact information to streamline future outreach efforts.
- **Expanded community outreach:** Going beyond direct partner communication by distributing flyers not only to vendors but also

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in key community-based locations to maximize visibility and engagement.

Division/Program: Dental: UNC Adams School of Dentistry Services in Dental Clinic

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

Program description:

- The Dental Division contracts with the UNC Adams School of Dentistry to provide pediatric dental services in the Department of Public Health Dental Clinic.

Statement of goals:

- To offer a comprehensive array of dental services to pediatric dental patients.
- To provide dental residents and students with hands-on experience in a public health setting.

Issues

- **Opportunities**

The Department has contracted with the UNC Adams School of Pediatric Dentistry for fifteen years. The schedule for the year 2025-2026 is as follows:

Tuesdays: Faculty (Dr. Rosalyn Crisp), a resident, and four dental students.

Thursdays: Faculty (Dr. Jeanine Ginnis), a resident, and four dental students.

Students work in pairs under the direction of a UNC faculty member.

- Arrangement ensures the Durham County Department of Public Health Dental team has access to the latest research in the field, and our patients benefit from advancements in care.
- Clinic can refer patients with complex treatment needs to the school

- **Challenges**

- Before their arrival in the clinic, the Division Director must ensure students have completed HIPAA training within the past year and have signed the proper HIPAA checklist.
- There are occasions when students miss an assignment, and the clinic must provide a Dental Assistant to work with the odd-numbered student.

Implication(s)

- **Outcomes**

- The current schedule will allow the clinic to see up to 24 additional patients per week.
- Residents and students gain experience working within the Public Health setting.
- The Chair of the school's Department of Pediatric Dentistry (Dr. Kimon Divaris) presented at Public Health's October Staff Development Day. His presentation included an overview of the Tooth Auto Transplantation (AT) program at the UNC Adams School of Dentistry. AT is a treatment for children with missing teeth, but it is seldom practiced in North America.

- **Service delivery**

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- **Staffing-** Dental Division provides auxiliary staff to work with UNC SOD faculty, residents, and students. The Division employs two PH hygienists who work in the clinic.
- **Revenue** – Dependent on coverage type (Medicaid or self-pay).
- **Other** –N/A

Next Steps / Mitigation Strategies

The Dental Division and UNC School of Dentistry continue to explore collaborative opportunities, including training opportunities for the dental team.

Division / Program: Nutrition / DINE/Hunger Relief Efforts

(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 involved in food security efforts for over ten years. In November, due to the government shutdown, DINE assisted with coordinating Durham County's response, which was delayed by SNAP benefits.

Statement of goals

- To assist Durham County residents in identifying alternative food sources while SNAP benefits were delayed due to the government shutdown.

Issues

- **Opportunities**
 - Durham County Manager and the Department of Social Services organized a food drive for Durham County employees. DINE coordinated DCoDPH efforts, and DCoDPH staff brought in over **500 pounds** of food, including rice, pasta, canned produce, beans, and meats.
 - DINE staff created two simple, clearly written handouts to inform Durham County residents where they can access food and how to find ways to help and donate food, money, and time.
 - DINE assisted the Triangle Double Bucks (DB) team to support farmers' market customers who did not have funds on their EBT cards by providing DB customers with **\$50**. A DCo ARPA grant provided funding. Donors also came forward to help cover the costs. DINE staff assisted in organizing the markets and creating marketing materials. The promotion attracted new double-bucks customers to the markets.
- **Challenges**
 - SNAP is the largest and most impactful food assistance program in our country. In Durham, 32,529 residents rely on SNAP food benefits. The total amount that was at risk of not being issued was \$5,959,077. For every \$1 in food provided by a food pantry, \$9 is provided by the USDA SNAP program. Despite the strong support within the Durham community, closing the gap created by cuts to SNAP benefits remains nearly impossible.

Implication(s)

- **Outcomes**
 - 508 pounds of food were collected from DCoDPH staff and distributed to DSS clients.
 - Over **\$8,000** in Double Bucks was provided to customers and used to purchase fresh, local produce and support farmers in

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one weekend. Markets will continue to provide the \$50 as long as they are able or until the needs are lessened.

- Two professional-quality handouts were created, one explaining how to access food resources and one explaining how best to donate time, food, and money.

Next Steps / Mitigation Strategies

- Continue to learn how best to support our hunger relief partners and support our community.
- Write additional grants for Double Bucks to cover the funds spent to support Double Bucks customers during this time.

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), participated in the third annual Acceler8 Career Exploration Day.

Statement of goals

- To encourage students to strengthen their career awareness and explore the field of public health and nutrition through real-world simulations and interactions.
- To increase knowledge about becoming a Registered Dietitian (RD).

Issues

● **Opportunities**

- The Acceler8 Career Exploration Day is an event for all 8th grade (DPS) students. This event is a one-day opportunity for companies to expose students to the industry in which they work. The fields represented included the following categories: Business, Management & Technology; Industrial & Engineering Technology; Arts, A/V & Communication; Health and Life Sciences; Natural Resources & Agriculture; and Human Services. By exposing students to a variety of careers and the corresponding coursework, educators help them begin making high school curriculum choices that align with their interests. It also encourages students to consider a range of post-graduation options, such as technical training, community college, university, or opportunities with non-profit organizations.

● **Challenges**

- There were many students at the event, making it difficult to share the details of becoming an RD with every student.
- There was a wide disparity among students in their ability to answer basic nutrition questions, making our activities very easy for some and difficult for others.

Implication(s)

● **Outcomes**

- Information was shared with students about the profession of dietetics and about public health. Over 250 students received individual attention at the event table.

● **Service delivery**

- On October 21, three Registered Dietitians, two from the DINE team and one from the Nutrition Clinic, participated in the Acceler8 Career Exploration Day.
- The event was held from 9:30 am to 1:00 pm, and approximately 2,250 students attended.

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- The DCoDPH Nutritionists had a table during the Acceler8 Career Exploration Day. They shared information with the students about the field of dietetics and the various settings where Registered Dietitians work, including hospitals, education and research, foodservice, media, and community-based roles. Universities in NC offering nutrition majors and dietetic internships were also included.
- Three activities were offered at the table: 1) A Trivia Wheel (Myth or Fact, Name That Food, Nutrition Careers, Health & Wellness, Food and Fun Facts) tested students' knowledge on food and nutrition, and water bottles, jump ropes, and protein drinks were given for correct answers; 2) Culinary Skills were practiced using frying pans, cotton balls, and beans; 3) Bottles filled with different spices were on display, and students guessed which spice was in each. Additionally, students were provided with trail mix made from cereal, pretzels, dried cranberries, and chocolate chips, along with apple-cinnamon infused water. Recipes, Chop magazines in English and Spanish, pencils, spatulas, cutting boards, and magnets were offered.
- **Staffing**
 - Four DCoDPH Nutritionists provided support for this event. One prepared the food, incentives, and trivia wheel before the event.

Next Steps / Mitigation Strategies

- The DCoDPH Nutrition Division will continue to partner with DPS Acceler8 to promote public health and the nutrition profession to Durham Public Schools students. This event occurs annually, and we have added it to our calendar for 2026.

Division / Program: Nutrition / DINE Classroom Garden Kits

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

Program description

- DINE is a school- and community-based nutrition education program. DINE works with Durham Public Schools (DPS) and community organizations on farm-to-school initiatives to promote local food/agriculture, school gardens, and healthy eating.
- DINE developed Classroom Garden Kits (CGK) for students to grow microgreens in the classroom. Microgreens are young, edible plants harvested just after the first true leaves develop, before they reach full maturity. The kits contain seeds, compost, growing instructions, a spray bottle for watering, student garden journals, and curriculum resources. The students also receive a packet of seeds along with growing instructions, allowing them to continue growing food at home with their families.
- DINE has provided these kits to schools for four years. To enhance the project's sustainability and expand access to more classrooms, DINE partnered with the Durham County Library.

Statement of goals

- To find a partner that would facilitate the CGK project in the future.
- To increase farm-to-school and school garden opportunities in DPS and within the community.

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Issues

- **Opportunities**
 - DINE and DCo Library already have an established partnership, coordinate classes together, and share the common goal of increasing farm-to-school opportunities in the community.
 - DCo Library has an active Garden Committee that meets regularly, with funding for projects and community volunteers.
 - The Classroom Garden Kits enable teachers to practice farm-to-school and school garden activities in their classroom rather than depending on a shared school garden space.
 - Hands-on growing projects help individuals understand where food comes from and increase opportunities for exposure to vegetables.
 - School gardening provides opportunities to connect with any academic subject. Teachers have reported using the kits as part of science, math, reading, writing, and more.
- **Challenges**
 - DINE does not have staff resources to continue the project in its current iteration and cannot increase the reach of the project beyond its current capacity. It costs approximately \$1,000 to create 100 garden kits each year.

Implication(s)

- **Outcomes**
 - From February-April 2025, CGKs were distributed to 64 classes across 12 schools, reaching 1,127 students.
 - The CGK instruction video has 146 views on the DINE YouTube channel.
 - Many teachers participated in this project for the third or fourth time this year, demonstrating that they have established it as part of their instructional plan.
 - At the conclusion of the project last school year (2024-2025), a survey was distributed to participating teachers. Of the nine respondents,
 - 100% indicated that students were more confident growing food after using the garden kits,
 - 100% indicated that the garden kits helped reinforce what students were learning in other subject areas (math, science, ELA).
 - Some comments from last year's teacher survey included:
 - "The students were excited each day when they realized that their plants had started to grow and they were able to see the roots and the little shoots showing."
 - "The students were excited to take plants home and replant in larger containers."
 - "It helped to reinforce the living and non-living things concept of our science lessons. And it helped them to answer our essential question of what plants need to live and grow."
- **Service delivery**
 - This was the fourth year that DINE implemented the CGK project. This year, due to grant funding cuts, DINE established a plan to transfer the project to the DCo Library Garden Committee. DINE trained committee members and provided print and digital resources, links to order materials, and supplies to get them started. DCo Library will coordinate the project for the 2025-2026 school year.

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- **Staffing**

- Nine DINE staff led this project through initiation, planning, execution, and evaluation.
- One DINE member trained four individuals from the DCo Library Garden Committee on how to assemble the garden kits.

Next Steps / Mitigation Strategies

- DINE will help the DCo Library Garden Committee during the first year of implementation to overcome potential challenges.

The DCo Library Garden Committee also plans to offer Family Microgreen Kits at certain library locations for community members to take home.

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

Program description

- The Chronic Care Initiative program manages referrals from the public, Lincoln Community Health, and other service providers for clients who have or are at risk of chronic health diagnoses. Staff assist clients with navigating services to maintain their health at home.
- In addition to navigating services, residents at risk of diabetes are offered preventative support via the nationally recognized Diabetes Prevention Program.

Statement of goals

- To offer services to residents that promote healthier lives and link to supportive services.
- To provide an evidence-based diabetes prevention program helping participants achieve weight loss goals and form lasting lifestyle changes to manage their health.
- To continue to meet all required standards to maintain CDC National DPP recognition status.

Issues

- **Opportunities**
 - Services are available in English and Spanish, and we employ 2 Bilingual Community Health Workers.
- **Challenges**
 - Recruiting for the DPP program can be a challenge due to the yearlong commitment from participants.
 - Changes in funding to many supportive programs limited the ability to link clients to additional services that are needed.

Implication(s)

- **Outcomes**
 - CCI provided services for an average of **80** clients this **past quarter**, with **23** receiving preventative training via DPP.
 - CCI participants were connected to services supporting Social Determinants of Health areas such as: Health Care Access via applying for Medicaid and linkage to more cost-effective services at Public Health and Lincoln. Economic

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Stability via navigating DSS resources, churches, and assistance in locating employment resources and food banks. Education Access via internal training with Health Ed and CCI, linked to Durham Community College, and more.

- 22 of the 23 DPP participants graduated in October and November of 2025. One gained additional employment and moved out of the county but was unable to complete the program. Of those who graduated, at least 5 were able to get their A1C rechecked and confirmed it was lower. More than half of the participants achieved their overall weight loss goals and planned to schedule follow-up A1C testing. All participants reported making valuable, sustainable lifestyle changes that will help them continue to prevent the onset of diabetes.
- **Service delivery**
 - CCI services are provided via home visits, office visits, and phone support in navigating services, completion of applications for supportive services, and more.
 - DPP services are provided in an approved virtual or in-person setting.
- **Staffing**
 - This program is staffed by two Community Health Workers funded by the County.
- **Revenue**
 - DPP Participants pay a five-dollar fee at the beginning of the class series.
 - Additional costs for DPP are covered by the \$10,723 grant from the state.
 - Grant funds are approved to be used in partnership with other county programs to provide health awareness and informational events, supplementing county funds.

Next Steps / Mitigation Strategies

- We are moving forward with 3 cohorts, 1 in person and 2 online, with a total of 24 that have registered and 11 tentatively planning to register before December 4, 2025, the start of the online DPP cohorts.
- We maintain a partnership with Lincoln Community Health Center that generates an average of 113 referrals a year for CCI and DPP services.
- We will continue to attend community events and visit community service providers to gain a clearer understanding of the status of other program funding, while also promoting CCI programs to inform and support those in need.

Division / Program: Population Health / Partnership for a Healthy Durham

Accreditation Activity 15.1 The local health department shall develop plans to guide its work.

Program Description

The Partnership for a Healthy Durham is a community health coalition launched in June 2004. In 2021, The Partnership, in collaboration with Duke Health, received a \$750,000 grant from The Duke Endowment to support community-based approaches for addressing chronic health conditions. These funds have been dedicated to the work of the Physical Activity, Nutrition, and Food Access (PANFA) committee, which works to provide a community-based approach to address limited access to healthy foods that fit the needs of all people and opportunities for safe physical activity, factors that contribute to the development and complications associated with many chronic illnesses.

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Statement of goals

- Utilize grant funds and learning opportunities to improve chronic health conditions throughout Durham County
- Align CHIPs efforts with other county-wide initiatives to achieve goals
- Build and center community through authentic engagement
- Celebrate the sustained connections and community impact built through the Partnership

Issues

Opportunities

- Supporting Durham Public Schools (DPS) Nutrition Services and Community Eligibility Provision (CEP) participation and spreading awareness in various formats
- Compensating five community members and/or leaders for sharing their lived experience and feedback on PANFA efforts
- Partnering with other committees (Mental Health, Access to Care) and groups (Durham County Food Security Network) to host meetings open to the public to bridge the gap in connectedness of priorities
- Updating Partnership website with more visuals for community members to see work being done
- Continued engagement from DPS teachers for built-environment projects
- Reengaged efforts with Healthy Mile Trails (HMTs)
- Gaining clarity around current policy on shared use of school facilities for community use to determine if advocacy or promotion is needed
- Better understanding of DPS Nutrition Services' relationship with charter schools to estimate the dietary needs of students
- Collaboration at World Hunger Day, including planning and communication of the event, as well as giveaway items to participants
- Supporting Kind Kitchen Group's summer camp for youth to learn cooking and literacy skills
- Supporting community gardens

Challenges

- Communication/response with the School Health Advisory Council (SHAC) and DPS
- Lack of participation in the food recovery program from both donors and recipients
- Federal policy changes, including loss of funding and changes to program eligibility
- Limited capacity from partner organizations
- Weather challenges for outdoor initiatives
- Combating health misinformation circulated online

Implication(s)

Outcomes

- Completion of multiple CHIPs priorities, including:
 - Co-hosting Move-a-Bull City Open Streets event with over 1,000 participants
 - Hosting a community wellness campaign for physical activity, hydration, sleep, and self-care, where 42% of participants increased activity levels, 28% increased sleep, 40% increased hydration, and 24% increased mindfulness practice
 - Enhancing the built environment for students to be active through Paint the Playground
 - Promoting engagement with Vision Zero efforts

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- Compiling a recipe and spice handout for pantries to share with clients
- Translating materials into Spanish
- Assisting in grant application with DPS, Cooperative Extension, Duke University
- Purchase, preparation, and communication of the litter cleanup kits now available out of DCo libraries.
- Printing and distribution of Free and Low-Cost Physical Activity Resource Guide throughout the community.
- Collaboration between City staff & Fayetteville St. Elementary pantry on Fayetteville St. Corridor business pantry project, where large totes are available at businesses for patrons to donate healthy and needed pantry items.
 - Installation of playground stencils at nine locations (three parks and six DPS sites), resulting in a 5% increase in students getting 30-60 minutes of physical activity and a 26% increase in students being active while outside *during the school day*
- Installation of StoryWalk at Solite Park, connecting early literacy and physical activity while sharing important community resources and assets.
- **Staffing**
 - Partnership for a Healthy Durham Coordinator
 - PANFA Specialist
 - PANFA committee Co-Chairs
- **Revenue**
 - \$750,000 over five years
 - \$150,000 per year

Next Steps / Mitigation Strategies

- Additional stencils will be purchased, and some will be created in-house to incorporate outdoor games from different countries, socio-emotional learning, education components, and creative play.
- Will continue compensating community members for working on CHIPs strategies and sharing their lived experience through a contract with Project Access to make sure the work stays community-centered; this contract will also work to compensate a DPS teacher for working on an active/outdoor learning curriculum to teach to interested district teachers.
- Revisit CATCH My Breath and the potential for school nurses or other school staff to get trained for providing the training.
- Incentivize community members to engage in wellness campaigns and provide feedback on community offerings.
- Look into how the new policy for Medicare to recognize physical activity assessment can be implemented and prioritized in Durham.
- Supporting potential share tables at pilot DPS schools, where extra, unopened food from lunch can be placed and taken by other students.

Division / Program: Nutrition / DINE/Hunger Relief Efforts

(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, is partnering with multiple community organizations, the Food Bank of Central and Eastern NC, Upstream Works, and 15 food pantries to support a large-scale fundraiser for Durham hunger relief organizations entitled Everyone Eats, Durham. The group began meeting in April

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2025 and launched the campaign in November 2025. The campaign will run for 6 months. If successful, it will be repeated in the future and possibly grow to include additional pantries. More information can be found on the Everyone Eats, Durham website <https://www.endhungerdurham.org/everyone-eats-durham/>. The Campaign plan has been provided as an attachment.

Statement of goals

- To assist Durham County hunger relief agencies in continuing to provide high-quality, nutritious food to Durham residents as demand increases.

Issues

- **Opportunities**
 - Durham County has a strong network of hunger relief organizations that stay connected through the efforts of End Hunger Durham and Durham Food Security Network.
 - Often, food pantries compete for the same resources. By collaborating on fundraising efforts, the pantries have the opportunity to increase reach and impact, potentially raising more money than if working alone.
 - When the Everyone Eats, Durham planning team reached out to the region's food bank to inform them of plans, the food bank saw the efforts as innovative and became a partner. They have shared grant opportunities, contacts at local organizations that support food security efforts, and have even asked large corporations such as Food Lion for money on Everyone Eats, Durham's behalf.
 - While DINE staff cannot assist with soliciting donations from businesses, local corporations, or residents, the pantries and other partners can do this. DINE staff can assist with creating graphics, researching data on need, assisting with website design, meeting facilitation, and grant writing.
- **Challenges**
 - Decisions and progress take much longer when working among 15+ organizations.
 - The pantries needed to find a fiscal agent, which took a while to find a good fit. They are working with Upstream Works.
 - Food insecurity in Durham is increasing, and more people are relying on food pantries every week. Many food pantries in Durham are months away from having to close their doors unless they obtain additional financial resources.

Implication(s)

- **Outcomes**
 - The goal of the campaign is to raise \$500,000 for the 15 food pantries. An update will be provided to the BOH after the campaign wraps up in May.

Next Steps / Mitigation Strategies

- The pantries will solicit donations from businesses, corporations, and residents. DINE staff will not help with these efforts. DINE staff will assist with grant writing. The pantries will review the grants prior to the fiscal agent submitting them.

**2025 - 2026 Everyone Eats. Durham Fund Drive
Promotional Plan**

Prepared by Durham Food Pantry Network

BACKGROUND & NEED

Food insecurity is when people don't have enough to eat and don't know where their next meal will come from. (Feeding America)

In Durham, there are ~62 community-led food distribution sites (aka food pantries) as well as many school and university pantries that serve individuals and families struggling with food insecurity. According to Feeding America, in 2023, 1 in 7 Durham residents (45,330 people) and 1 in 6 children (12,130 children) were food insecure. Since this time, Durham food pantries have noticed a 30%+ increase in participation and need, so this number is likely now over 50,000. Many families who rely on SNAP (the USDA Supplemental Nutrition Assistance Program) to help with food purchases will soon lose these benefits due to federal program changes. This will inevitably lead to increases in visits to food pantries. Households with seniors and children are at greater risk for food insecurity. Hunger & Poverty in Durham County, North Carolina | Map the Meal Gap

Federal support for emergency food programs such as The Emergency Food Assistance Program (TEFAP) has decreased and the Local Food Purchase Assistance (LFPA) program has ended. This reduces the amount of food that pantries are able to receive from the Food Bank of Central and Eastern North Carolina and InterFaith Food Shuttle- two organizations that supply food for most of the region's food pantries and soup kitchens. The Food Bank of Central and Eastern North Carolina saw a \$2 million decrease in funding from LFPA alone. USDA cancels \$11 million in federal funding for North Carolina food banks | WUNC

Many food-insecure households in Durham **include working adults**. Fifty-nine percent of families in Durham who are food insecure have incomes too high to qualify for programs such as SNAP. Hunger & Poverty in Durham County, North Carolina | Map the Meal Gap

According to WRAL's recent article, "Real Cost of Living in NC: How Much Does It Take to Make Ends Meet?" the cost to meet needs and live comfortably in Durham is:

Expenses	Monthly costs for a family of 4	Monthly salary if both adults working full time making minimum wage of \$7.25/ hour	Monthly salary if both adults working full time making \$15/ hour
housing & utilities	\$1,870		
food	\$920		
transportation	\$1,290		
healthcare	\$730		
childcare	\$1,820		
taxes	\$1,160		
Total expenses	\$7,790	\$2,320	\$4,800

This does not include clothes, education costs, personal hygiene, cleaning products, and other essentials. The monthly salaries are based on a 40-hour work week with no unpaid leave. **Each adult making \$15 per hour would have to work ~65 hours per week to cover these expenses. Each adult making \$7.25 per hour would have to work ~134 hours per week to cover these expenses.** Omitting childcare costs brings the total to \$5,970, which is still more than the total salaries for many families.

Durham is a very expensive place to live, where many hard-working people rely on food pantries and other safety net programs to make ends meet. Food pantries have always been a place where people could go after a disaster like a fire, flood, or illness. This can be seen by the high amount of support they are providing for families affected by Tropical Storm

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Chantal. Many food pantries also provide pet food, cleaning and hygiene supplies, clothes, and even money for rent and utilities. However, thousands of Durham's working families are now relying on pantries as their major source of food **due to Durham's high cost of living.**

"Everyone Eats. Durham" Fund Drive Participating Pantries

Durham has a strong network of emergency food agencies, with over 62 food pantries serving the 50,000+ food insecure residents. Many of the pantries coordinate through the Durham Food Pantry Network to share communications, resources, and to share food before it spoils.

In Spring 2025, as food needs increased and federal resources decreased, a group of food pantries and partners decided to coordinate fundraising efforts. All 62 pantries were invited to participate, and 15 food pantries rose to the challenge and formed the "Everyone Eats. Durham" fundraising campaign. They realized they would be stronger together and could accomplish more as a group to address the growing need. These pantries include:

1. Bell-Yeager
2. Community Health Coalition
3. Durham Community Food Pantry (Catholic Charities)
4. Emanuel Food Pantry
5. Feed My Sheep
6. Greater Walltown United Holy Church Food and Clothing Pantry
7. Jewels Outreach & Networking, Inc
8. Mount Calvary UCC Food Pantry
9. New Hope and Durham Food Pantry
10. Parktown Food Hub
11. Pantry at LGBTQ Center of Durham
12. Root Causes
13. Rougemont Community Food Pantry
14. The Help Center NC
15. Urban Ministries of Durham

Together, these 15 pantries provide food and personal items to 30,000+ clients monthly.

The group hopes that this coalition will continue, adding additional pantries and partners to strengthen Durham's emergency food system.

"Everyone Eats. Durham" Fund Drive

To address the immediate need, Everyone Eats, Durham Fund Drive is embarking on an emergency food fund drive campaign to address food insecurity.

Goal: Raise \$500,000 by June 1, 2026, for the 15 pantries involved to support critical infrastructure and provide food to the community.

Reason: Many pantries are running out of food and are at risk of being forced to close their doors. Without additional funding, families who rely on emergency food in Durham County will go hungry.

Phase I of the fundraising campaign will include creating community awareness about food insecurity. (Starting October 15)

Phase II of the fundraising campaign will include fundraising to corporations, the local faith community, and small businesses. (Starting November 3)

Phase III of the fundraising campaign will include messaging to the public. (Starting December 1, 2025)

CAMPAIGN OVERVIEW

Purpose

Everyone Eats, Durham Fund Drive will raise funds to support a coalition of food pantries in Durham, North Carolina, in providing quality, nutritious food for food-insecure families. This fundraiser is needed because the recent decrease in federal grants, funding, and benefit programs has led to an increase in need for many Durham individuals and families.

Phase I, the educational campaign, aims to create community awareness about food insecurity in Durham County and its impact on residents, as well as promote healthy food choices and active living. Phase II launches engagement with large corporations, faith organizations, and businesses, with a focus on donations to the fundraiser. Phase III will continue to focus on donations but will also open up to a broader segment of the general population.

Campaign Objectives

- Raise awareness about local food insecurity
- Drive donations from individuals and businesses
- Build long-term donor relationships
- Increase visibility for the Durham Food Pantry Network

Target Audiences

- Residents (18+)
- Civic Groups (Rotary, Chamber of Commerce members, fraternities/sororities, etc.)
- Farmers and Growers (Durham County Cooperative Extension, etc.) (*see Excel sheet*)
- Local Businesses (restaurants, barber shops, hair salons, etc.) (*see Excel sheet*)
- Faith Community (churches, faith leaders, mosques, temples, etc.)
- Schools and Colleges (Alumni associations, etc.)
- Government Leaders (City, County, State)
- Major Employers in Durham County (Duke, County/City departments, Fidelity, GlaxoSmithKline, etc.) (*see Excel sheet*)
- Medical Community (Duke Health, UNC Health, dental providers, mental health providers, professional medical associations, etc.) (*see Excel sheet*)
- United Way of the Triangle
- Big Foundations (Triangle Community Foundation, etc.) (*see Excel sheet*)

Message Strategy

Messaging is an important element of this campaign. We will rely on pertinent information related to food insecurity by creating messaging that resonates with the target audience and features commitment and a call to action. Also, it is important to convey community partnerships that benefit everyone in our communities. The key message, "Everyone Eats, Durham," is central to the branding and awareness for this campaign. Other recommended messaging can include:

Donations Messaging	Advocacy Messaging	Educational Messaging
<ul style="list-style-type: none"> • “Donate now.” • “Start a fundraiser challenge.” • “No donation is too small.” • “Partner With Us” 	<ul style="list-style-type: none"> • “No one in Durham should go hungry.” • “Your donation means a meal for someone in need.” • “Partner with us to feed families and strengthen our community.” 	<ul style="list-style-type: none"> • Health benefits seen by pantry clients after receiving fruits and vegetables • Hunger detriment to learning, etc.

We will incorporate vibrant images of healthy food, food bank volunteers, testimonials, and video reels where appropriate to complement our messaging strategies. We will include materials in English and Spanish translation where appropriate.

Messaging that communicates policy or political points of view related to food insecurity and funding gaps to food banks will be avoided. Rather, we will educate the public about the urgent need for emergency food funding from an advocacy position.

A *special messaging campaign* for faith leaders to consider is: “Everyone Eats Sunday,” where we will request that churches designate one Sunday during the campaign to request donations from their congregations.

Promotional Campaign Tactics

Traditional

Community Outreach – during Phase II, presentations will be made to large businesses, foundations, the faith community, employers, and city/county leaders about the emergency fund drive, with a call to action and messaging to partner with the Durham Food Pantry Network to raise donations.

- News Releases – featuring pertinent information about the fund drive, food insecurity, etc. to newspapers, radio and television stations.
- Community Announcements – to local churches, schools, and civic organizations through church bulletins, newsletters, etc.
- Municipal Utility Bill Inserts – create a flyer to include in bill inserts for utility customers of local municipalities.
- Flyer/Poster

Digital

- Website Content
 - Create images to share on partner websites, including Partnership for a Healthy Durham, Durham Congregations in Action, Durham County Food Security Network, Durham County Social Services, etc.
 - Create a separate page on the website linking to the donations portal for the campaign.
- Social Media Posts: Facebook and Instagram (3-4 posts per week)

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- Posts will feature appeals for donations, food insecurity facts, healthy food choices, and partnerships.
- We will encourage the community and our partners to like and tag our social media posts to extend engagement. Share with: Department of Social Services, Hunger relief organizations such as the Food Bank of Central and Eastern NC, IFFS, Farmer Foodshare may share information and social media posts, and other partners, all participating food pantries
- E-Newsletters Partnership for a Healthy Durham newsletter and possibly the County newsletters
- Emails/List serves: DCoFS, Partnership PANFA - include information and updates monthly.
- Neighborhood newsletters (INC, etc.)
- Explore utilizing the DCo television channel announcements and interviews for education purposes during phase 1.

MEASUREMENT

We will measure the success of our promotional efforts through achieving the donation goal, social media engagement, and media engagement. We will also track how money is spent at each pantry and how many clients were impacted with more food or improved infrastructure. Participating pantries will be asked to report expenditures and impact for 12 months post-fundraisers or until their allotment of funds raised is spent, whichever comes first.

Dr. Rod Jenkins: I'll be brief. Jasmine Sturdivant, our Region 5 Tobacco Control Manager, is off to a strong start in her role. As a reminder, Durham County assumed responsibility for this position from Guilford County in December 2020. We continue to lead the region in tobacco control and prevention.

Our partnership with the Adams School of Dentistry has now reached its 15th year. This long-standing relationship remains strong, supporting pediatric dentistry and numerous community events. While occasional meetings are needed to align expectations, the collaboration continues to be highly valuable.

The DINE team, led by Rachel Elledge in the Nutrition Division, has been highly active, especially during the recent pause in SNAP benefits. Partnering with DSS and Deputy Director Liz Stevens, they launched a strong hunger relief campaign. Special recognition goes to Kelly Warnock for coordinating efforts. Our agency collected significant food donations, helping many Durham residents. This collaborative effort between Durham County and the City of Durham even garnered media attention. We're proud of the team's impactful work.

Dr. Roger McDougal: I want to echo my pride in the department, but especially the DINE team program, with the consistent and outstanding efforts in nutritional education with our DPS schools and the community at large, especially with the SNAP benefits hunger relief efforts like the Everyone Eats Durham program. It makes me proud as a citizen of Durham and a member of this board when such great work is being done by the DINE and Nutrition division.

NEW BUSINESS:

Dr. Rod Jenkins: Mr. Chair, we will endeavor to have the February meeting in-person. We had scheduling conflicts for this December meeting, but we look forward to it. We want to introduce the Board to our

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new mobile medical unit. We want you all to step foot on it and see its beauty and how it will make an impact on the Durham community.

COMMITTEE REPORTS:

Dr. Roger McDougal: We need to establish a nominating committee for next year. I will give the floor to Dr. Miller to present those recommendations.

Dr. Jim Miller: The nominating committee, consisting of Dr. McDougal, Josh Brown, and me, met to discuss leadership roles for the upcoming year. We recommend Dr. Rhea as Chair and Dr. Jackson as Vice Chair. The matter is now open for discussion, motion, and voting.

Dr. Roger McDougal: Dr. Miller, as committee chair, you can go ahead and make the motion for those. Then we can entertain discussion.

Dr. Jim Miller: I'd like to make a motion that we nominate Dr. Gene Rhea as Chair and nominate Dr. LaRon Jackson as vice chair.

Dr. Roger McDougal: Thank you. So, it's been properly moved. Do we have a second?

Dr. Pam Silberman seconded the motion.

The motion was unanimously approved by the Board members listed in the attendance roster above.

Dr. Roger McDougal: Congratulations to our newly elected officers for 2026, Dr. Rhea, our Chair, and Dr. Jackson, our Vice Chair. I'm looking forward to serving under your leadership.

Dr. Gene Rhea: Thank you very much, Dr. McDougal. It's been a pleasure working with you for the past two years as Vice Chair. You've set a high standard, but we will strive to continue that leadership.

Dr. LeRon Jackson: I wanted to say thank you all for the nomination and the opportunity to serve. I look forward to helping the board continue its engagement and care and support of all the public health in Durham County.

Dr. Roger McDougal: I'm going to let our newly elected Chair-elect present personnel Committee, Finance Committee, and Operating Procedure Committee appointments for 2026.

Dr. Gene Rhea: These are the proposed committee assignments:

Personnel Committee

Dr. LeRon Jackson, Chair
Mr. Joshua Brown
Dr. Sarah Verbiest
Dr. Roger McDougal

Finance Committee

Dr. LeRon Jackson, Chair
Dr. Pam Silberman
Mr. Joshua Brown
Mr. Anthony Gregorio

Operating Procedures Review

Dr. Vicky Orto, Chair
Commissioner Stephen Valentine

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Dr. Darryl Glover
Dr. Pam Silberman

Nominating Committee

Dr. James Miller, Chair
Dr. Sarah Verbiest
Dr. Roger McDougal

Dr. Roger McDougal: Thank you, Dr. Rhea. If there is anyone who has dissenting opinions about your appointments, you can email Dr. Rhea privately, and he will make the adjustments.

INFORMAL DISCUSSIONS/ANNOUNCEMENTS:

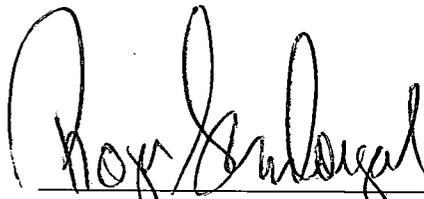
Dr. Rod Jenkins: On behalf of the very grateful Board and Public Health Department, I look forward to getting this to you, preferably over lunch. This plaque reads, Board of Health, presented to Roger McDougal, DDS, MS, Chairman, in appreciation for your dedication to Durham County Department of Public Health and the citizens of Durham County from January 2023 to January 2026.

Dr. Roger McDougal: Thank you. Before we adjourn, I will say thank you to everyone for your participation on the board. To all the board members, all the staff, Dr. Jenkins, you've made my job very easy, and I certainly appreciate it. I couldn't have done anything or any of this without you. Don't let me forget Donna, who's kept me in line for the past 2 years. Happy holidays, and whatever you celebrate, hope you enjoy and have a safe holiday season, and we'll see you back next year.

I am making a motion to adjourn the regular meeting at 6:35 pm

Dr. Vicky Orto: Motioned to adjourn.

Dr. Gene Rhea: Seconded the motion, and it was unanimously approved by the Board members listed in the attendance roster above. The meeting ended at 6:35 pm.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director