

A Regular Meeting of the Durham County Board of Health was held April 11, 2024, with the following members present:

Chairman Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Rosemary Jackson, MD; Mary Braithwaite, MD, MSPH; James Miller, DVM; Commissioner Nida Allam and Darryl Glover, OD, Anthony Gregorio, MBA, Josh Brown, Dr. Victoria Orto, DNP, RN, NEA-BC

Excused Absence: Dr. LeRon Jackson

Others Present: Rod Jenkins, Attorney Curtis Massey, Kristen Patterson, Liz Stevens, Jeff Jenks, Chris Salter, Lindsey Bickers-Bock, Marissa Mortiboy, Josee Paul, Micah Guindon, Malkia Rayner, Shenell Little, Jim Harris, Josee Paul, Alicia Smith

**CALL TO ORDER:** Chair Roger McDougal called the meeting to order at 5:02 p.m. with a quorum present.

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

Dr. Jackson made a motion to approve the agenda. Mr. Rhea seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

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

Dr. Rhea made a motion to approve the minutes for April 11, 2024. Anthony Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

Mr. Jenkins recognized:

Leadership Team of the Durham County Department of Public Health. They have been working and availing themselves as we go through this transition as evidenced by Deputy Director Liz Stevens pitching in to assist this great board with this meeting. I couldn't be prouder of them. Today we had a Leadership retreat which was one of two conducted with our region. It is always a great time getting away from the building to enhance our skills and we are very fortunate to have maximum participation from the Leadership Team. As I said via email even in absentia I would like to lift up and recognize Donna Murphy, who is the new Sr. Administrative Officer to the Public Health Director. We so wish that she could be here to meet you all and to conduct business, but she is out recovering from a medical procedure. We are most fortunate to have her, she is no stranger to this agency and means a whole lot to this agency as articulated inside my missive to all of you. She has done a whole lot with Covid, our HR functions and just being that individual, we can count on to get things done. I look forward to her providing great service to this Board and continuing to work for our agency.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

**FY 2024-25 Requested Budget Board of Health Presentation (Activity 33.6)**

Micah Guindon, Public Health Local Finance Administrator provided the board with an overview of the budget for the requested FY 24/25.

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**Summary Information:**

Good evening, Board. I am happy to be here today to share The Department of Public Health's requested budget for FY 24/25. This is the culmination of the work that our Finance Team as well as all the Leadership Team members that Dr. Jenkins was just shouting out who were on the call this evening and some who weren't. We have all been engaged in this work since December. I'm very proud to stand before all of you and offer you, our work. This has been a very unique budget season due to expected slowing County revenue and increasing have-to's at the County level. Our initial charge from the County level this year was to submit a flat budget in our operating expense line. This directive applied to operating accounts that are County supported. Personnel lines that come directly from HR and grant funds were excluded. Major changes that we wanted to make to programming needed to be reallocated from existing funds already included in our base budget. A later direction we received was to include possible 5% and 10% cut scenarios. I have 12 slides to illustrate our budget submission.

The Department of Public Health would like to request a county appropriation of \$26,989,795.00 for FY 24/25. This is an 8.7% increase from the current year. This represents \$2.2 million dollars change from current years originally approved budget. Major drivers of this change include \$1.8 million in personnel costs, \$496,966.00 in obligated contract services, \$107,750 in advertising, \$64,961 in Pharmacy supplies, \$38,289 in Laboratory, as well as decreases in software and miscellaneous supplies. Total change in revenue is \$269,059. Notably one large Federal grant in Health Education is ending this year, but Medicaid revenue is expected to increase across most of the program areas in FY 25. The DINE program received an increase of \$241,117.00. This request does not include any increase to the county portion of our operating line except for those we are contractually obligated to make. Within the Department of Public Health's budget, as you all know, we have many grants, so our operating requests for next year went up and down, reflecting the changes of those 30+ grants. As for the County-only operating costs, we submitted a flat budget per direction of management.

In terms of our FTE's the Department of Public Health picked up 2 positions during this FY. Our Disease Intervention Specialists and which are grant supported and we are not requesting any new FTEs for next FY. We will remain at 245.07 FTE's.

We have 3 reallocation requests for your consideration. All use currently budgeted resources. So, we are not requesting any additional County dollars.

At the top of our list

Priority 1: Consider the work of Bull City Strong as their Federal grant ends this year. The grant is from the office of Minority Health and is a 3-year grant. This program addresses health disparities in Durham County and the historically marginalized populations. To minimize the burden on County resources the Bull City Strong program secured \$100,000.00 in grant funding from the National Association County and Cities Health Organization or NACCHO. Backed by positive program outcomes, our request is driven by the need to continue proven interventions such as comprehensive bilingual health literacy training cohorts, community outreach and vaccine events and mass media campaign messaging. You can see on the slide some of the metrics for these activities from the past 3 years. Sustaining Bull City Strong not only aligns with the department's commitment to health equity and also ensures ongoing community empowerment, workforce development and tangible economic impact

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evidenced by educational advancements and successful employment outcomes. The reallocation request maintains only the most essential elements of the program that have shown a lot of engagement and impact during the 3-year grant cycle from OMH. The cost included are to continue support for the Health Literacy Program Manager and the PH Education Specialist in the program. The reallocation would also allow for continued contracting with community-based partner organizations such as Latin19 and some operating costs. We are requesting you to cover these costs of \$222,889 by using 2 vacant Sr. Public Health nurse positions from the School Health program. No additional costs to the County is requested.

Priority 2: Continue the treatment of symptoms of New FDA approved Aptima Trichomonas vaginalis assay screening. Within our Lab the FDA has recently approved the Tric test panel to include patient collected vaginal swabs of both male and female urine specimen. We are able to run this test in-house on our analyzer. Request for this reallocation is for purchase of lab supplies and offer this screening to asymptomatic patients to sustain a healthy community. With this preventative screening measure, affected patients may be diagnosed and treated prior to showing symptoms. Which will reduce the spread of this common STI and reduce health care costs in Durham County. This initiative would cost \$80,841 in lab testing and supplies. This initiative is revenue generating. We estimate \$49,920 per year from Medicaid and self-paid patients in STI, Family Planning and Maternal Health clinics. To cover the rest, we would like to reallocate \$30,921 from other operating lines in other areas of the department.

Priority 3: Adverse Childhood Experience program - ACEs Program evaluation and contracting. Which is growing to meet the needs of Durham County. This request is to reallocate a part-time vacant position in Nutrition to the ACE's program to achieve the goals of the program and ensure programmatic integrity. With some part-time support a community health worker can support partner engagement, develop a process to build community capacity and address adverse childhood experiences in communities most impacted. The cost of a .53 vacant FTE community health worker for ACEs is \$35,953. We would like to cover that by reallocating to .53 position from the Nutrition Division, which has been hard to fill historically. No additional cost to the county.

Fee Changes FY 2024-25

The budget for next year includes 239 fee changes which are recommended by the department's fee and coding team. 84 of these are Dental fees, that we would like to increase to 60% of the 2024 National Dental Services Advisory study with a geographical multiplier added and another 84 are proposed to change minor adjustments from vendors and the center for Medicare/Medicaid CMS. The remaining 71 are a combination of zero-dollar fees that we put on our public facing fee schedule, some deletions that are no longer applicable or allowable are changes in name only and a few new fees. The total financial impact is projected to be an increase of approximately \$146,938.

Reduction Impact FY 2024-25 of possible budget reductions to Public Health. The County operating funds that are in play with this reduction scenario is \$4,870,652.00 5% is \$243,533 and 10% is \$487,065. We asked all programs to trim their budget by these percentages. This list is not inclusive of everything that would be required to be reduced in this situation were it to come from this. 5% cuts would include travel and training, some uniforms for Environmental Health staff, medical supplies and contracts Dental/Medical services, medical equipment maintenance. Food for some meetings such as volunteers/community events. The 10% reduction would include everything on the 5% list and some contract reductions and cuts Essentially may impact staff morale negatively and

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decrease community engagement with the department's programs. Scaling back to bare bones, per our directive. For medical services we would rather cut a couple of vacant positions rather than cut further operating lines as those would have to be cut in immunization purchasing for RSV, Covid, etc. Those immunizations cannot be purchased with grant funds and cutting those in our program would have detrimental effects to Maternal Health, Family Planning, and Immunization clinic operations. Mentioned to county management that any cuts to our medical and dental areas would also have a negative impact on revenue as services as well as Environmental Health are revenue generating. We tried to trim in other places, but if Dept. of Public Health is cut at these percentages, we would be pressed to keep clinic numbers at current levels as staff are already scrambling to find funds to purchase certain items like vaccines that have to be purchased with the county dollars.

**QUESTIONS/COMMENTS**

**Dr. Rosemary Jackson:** School Nurse positions, there were two that were unable to be filled and the monies were reallocated too where?

**Micah Guindon:** One possible scenario with the reduction should the 10% reduction be put through one position would be in that possible scenario. The other position would be in the Bull City Strong program. For our School Health program we cover 45 DPS schools and given the cuts that would have 1 nurse per 2 schools. The best practice model is a 1 to 1 model, but we have been operating with 1 nurse in 4 to 5 schools, so a 1 to 2 ratio would be an improvement. One that management felt was definitely feasible.

**Commissioner Nida Allam:** The slide with the overall 8.7% increase, just want to confirm, how much of that is salary and benefits and how much of it was separated out from the operational because the county staff already presented to commissioners about expected salary and benefits increases for all departments, wondering separating that out what the amount is left because that is what the commissioners are going to see. So, the 1.3 is operational. Commissioners are already aware of the 1.8 The 1.3 is the "ask" that is coming to us since we have already been expecting the 1.8.

**Micah Guindon:** The Personnel increase from this year to next year for our department is 1.8 million. Yes, 2.4. A lot of our expense lines are tied in to grants for mandated services. So that's what makes our percents. While we are reflecting an increase on the operating line, not all of that is county funds. Much of it is grant funds for mandated services so that can't be cut.

**Commissioner Nida Allam:** 2<sup>nd</sup> question is I have been talking to the School Board members and trying to figure out the school budget side and how to balance things, what do you think the capacity has been? How has it been taking on the school nurses after having several conversations with that of floating the idea to school board members to potentially moving the rest of those positions to Public Health but wanting to see what your thoughts were and your input. I've been thinking since the positions have come over to Public Health your team has done a good job in filling the positions. Compared to the DPS side the county is able to offer better benefits and salaries that is also attracting people and I'm trying to think of how to get more nurses into schools without overburdening the Public Health department.

**Rod Jenkins:** It does come with its challenges, but we have cultivated a mighty fine relationship with DPS and that's what we endeavor to do all this time, we want to be good partners with them. Reflecting on the vacancy report we are starting to see DPS nurses coming our way. Durham county is a great place to work. We wouldn't necessarily have an issue with that, we do know that comes with a whole lot of work and requires a tremendous amount of planning, but this is no different than what other jurisdictions do. We have the majority of our School Health nurses on our team for Preparedness purposes, which was so evident during the Covid19 pandemic. In the early stages we had a lot of school

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nurses providing contact tracing and other duties. It is not something we are averse to, but we would have to do a lot of planning and preparation to make that happen. We do have the lion share of the school health nurses and a few more would not hurt us. It could only help the students and the population. We appreciate it and give praise to School Health nursing leadership under the leadership of Director Malkia Rayner, we have done a great job in reinvigorating the school health nursing program. I have let them know that they are my priority and that has not changed. We had no idea the events with DPS would transpire, but nonetheless we have stayed in constant contact with DPS administration. Nominating them for an award from the NC Association State Local Health Directors awarded them the Public Health partners award. It speaks for the phenomenal partnership we have with DPS. We are willing to do what it takes to take care of our students and to make sure that healthcare services are provided accordingly.

**Anthony Gregorio:** two questions. 1. Regarding the capital reduction of \$10,000. What is that reduction? 2. Fee changes, what is the reason for the increase of the rate change for the National Dental Advisory study and how is the capital revenue impact calculated based off historical volume of charges? Would you say that 60% is conservative?

Micah Guindon: 1. That was for a device that was purchased this year for the lab. The capital costs are run through the county and one part of our operating lines was shifted to capital because it must be ordered. 2. Mandy Cohen from a few years ago advised health departments that historical fact that Medicaid reimbursement rates are quite low for Dental servicing. In a memo from Dr. Cohen letting us know that anywhere up to 75% of the numbers put out in the advisory study would be acceptable for local health departments to accept. That was during Covid times. While we did increase a little in our dental fees in the last few years we did not look holistically at those fees, so our Dental Director did this year and presented the 60%. There are other counties we spoke with, and some are going straight up to 75%. We decided to start with 60% and perhaps increase in the future as an incremental approach. In terms of calculating the revenue impact we look at the difference in the fee from the current year to what it would be with the increase with the geographic multiplier from Durham and take the number of times in the current year and look at each of the services based on what we had done in the previous year to get the total. Yes, 60% is conservative and a good approach. Our Dental lobby is always full, and we wanted to be able to provide an accessible fee. We are leading and Medicaid is going to follow.

**Rod Jenkins:** We are taking a deeper dive into the business of Public Health. We are a resource rich community. Public Health is a business and there are opportunities for us to contribute more to the county coffers by being prudent in our business practices. Course correcting to coming up with more things to do to bring in more revenue to the county's coffers.

**Dr. Gene Rhea:** In the unfortunate scenario we get to a 5 or 10% reduction cut, is there a plan for some type of alternative funding mechanism to close that gap besides county operational funds the department can go after or is this essentially the plan and we will just have to deal with that until the next FY?

**Micah Guindon:** Some alternatives we are exploring are additional funding via grants. We can use the Health Education division as an opportunity. Knowing that the OMH grant was going to be ending this year, went out and sought funding and was able to secure a \$100,000 to support. As a department we are always looking for that kind of thing. At a state level in this era of public health we had a lot of additional funding from ARPHA as a part of Covid, while funds have wound down, bits are carrying over into FYs'. You may feel like we've been saying for 3 years the Covid funds are ending, we find out this piece will continue. At the state level they are applying for no cost extensions to the feds and

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reallocating and looking across the state as a whole this area isn't spending on a particular grant. A few we thought were ending this year will actually continue and we can support one more person providing different scenarios we are pivoting for. We are really looking at our services and service fees. With Medicaid expansion so many more people can receive Medicaid in Durham County that allows us to look at our fees closely see what can be done and leverage the Medicaid dollars while still not impacting it being cost prohibitive because we have 20,000 more people (in Durham 19,000) who are now eligible for Medicaid.

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

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

The board received a copy of the vacancy report for February 2024 prior to the meeting. The vacancy rate through the end of January 2024 was 15.3%.

*(A copy of February 2024 Vacancy report is attached to the minutes.)*

**QUESTIONS/COMMENTS**

**Chair McDougal:** Once again thank our finance director Micah Guindon for an awesome presentation today. This report is very informative and the great work she and her team are doing for the Department of Public Health and have done since she joined the team. Thank you again. We will move on to the next item of business. We have our public health vacancy report. I'll make way for our Health Director to briefly share the vacancy report.

**Alecia Smith** – do we need to approve the budget?

Chair McDougal: Yes, I will make a motion to approve the budget?

Anthony Gregario – motioned to approve.

Gene Rhea – Seconded the approval.

Chair McDougal: It's been moved and properly seconded. Is there any debate? We are ready for the question.

Liz Stevens:

Dr. McDougal – yes

Dr. Rhea – yes

Dr. Rosemary Jackson – yes

Dr. Miller – yes

Commissioner Allam – to Dr. Massey, do I vote on this, or do I abstain?

Dr. Jenkins provided a thumbs up.

Mr. Massey – Rod, what is your opinion?

Mr. Jenkins – I believe she can vote.

Mr. Massey – I think you can vote, mam. You are not tying yourself down to anything.

Commissioner Allam – aye

Dr. Glover – yes

Dr. Orto – no answer

Mr. Gregorio – yes

Mr. Brown – yes

Dr. LeRon Jackson – no answer

**Chair McDougal:** Thank you. Sorry for that critical near oversight of not approving the budget. We got that done and will go on to the Board of County Commissioners. We will move forward with the vacant positions report. (42.46)

**Mr. Jenkins:** With the vacancy report, board of health. We did have a slight bump up from 14.9% to 15.4% That's mainly attributed to the fact that we had some promotions. As I alluded to earlier, I am proud to say to this board that we have been successful in filling just about all of our vacant school health nurse positions. That has been a long time coming. Giving credit to School health nurse team, under director of nursing Kiki Rayner, is something I am very proud to report on. Otherwise, we have had very few resignations. People are starting to show up for interviews

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and not ghost us as much. With the vacancy report I do fully expect within the coming months it to be a lot lower.

**Chair McDougal:** Any questions from the board or the audience about the vacancy report?

Moving on to the NOV Report.

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

Maybe have Mr. Salter on the call, if you want to give us a brief overview of what we are looking at this month. (*A copy of February 2024 NOV report is attached to the minutes.*)

**QUESTIONS/COMMENTS:**

**Chris. Salter:** Yes sir, there was still some increase unfortunately as you all probably noted I believe last meeting we discussed the phenomenon of seasonal NOVs. I believe the one positive thing is that we are moving into warmer weather and some of these seasonal NOVs might come back into compliance, and we are hoping that. There are some that have been outstanding for an extended period of time and we are going to have to have, I spoke with Patrick Eaton my onsite supervisor and we are going to have to have some discussions with Attorney Massey or Attorney McKinney and possibly look at injunctive relief for some of these if the property owners don't make a better effort to bring them back into compliance.

**Chair McDougal:** Ok, thank you. Are there other questions about the NOV report or we will move on to the Health Director's report for the month of April.

**Mr. Jenkins:** Not too much to report on but the two that are there are certainly significant we are very proud of our Dental operator or Dental practice just lifting up our Dental Hygienists. I had an opportunity to attend a lot of their meetings lately and they do a very fine job under the leadership of Jim Harris who runs a very tight ship and Jim was very instrumental in helping us in coming up with the increase percentage for fees because as Micah says there is no shortage of activity inside our dental operator. We wanted you to know to really understand we have two dental hygienists that are doing a very good job. Most importantly, Community Health Means assessment falls under the Population Health Division. Marissa Mortiboy is the division leader and Bria Miller; I really want to lift her up and let her know how proud we are of her and the great job she has done. Final stats we are talking 426 pages lots of lots of contributors and it is now gaining traction, and this is time for the road show as I like to say, a lot of people are ready to sink their teeth into the chapters and are eager for us to various presentations on the community health needs assessment. I don't have to tell this board that lots of great work went into it. It's really conducted by the Partnership for a health Durham in collaboration with Duke and me and Michelle Lynn are the primary editors and reviewers but there are a lot of editors. I certainly want to lift up a lot of the LT members and members of the Public Health staff who contributed and edited and wrote and did all the work that's required. Out of all that work, the top 5 indicators: Affordable housing, access to healthcare and health assurance, violent crime, mental health, and what we affectionately call PANFA which is Physical activity, nutrition, and food access. Those are the top 5 and we look forward to the listening sessions that are to come where we can get community input. For right now the lion's share of the work is done is creating the document and we certainly look forward to reporting various iterations to this board. Mr. Chair.

**Chair McDougal:** Thank you. I did have one question about the Dental segment of the Director's report. Dr. Jenkins, you, or Dr. Harris feel free to answer. As far as the Public Health Hygienists I know that they are able to do Prophies and Periodontal cleanings, are they also doing a significant

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number of sealants or other procedures that they can bill for without the oversight of the dentist? Just curious as to what other procedures they are able to bill for without the check of a dentist.

**Rod Jenkins:** We do have Jim Harris on the line, I will defer to Jim on that one. Jim, are you available?

**Jim Harris:** I am. Thanks Rod, thanks Chairman McDougal. The hygienists can perform those services if the patients are on an active treatment plan as well as going to the schools to do the school screenings.

**Chair McDougal:** ok, thank you. Do we have any other questions regarding the Health Director's report? Alright, we have no committee reports, but we do have a presentation regarding the lead in the city parks update regarding that. Mr. Salter will also give us that presentation. We will give the floor to him at this time.

Chris Salter: Can everyone hear me? At the last meeting there was a request for an update about lead in the city parks and everyone here I'm sure has heard about this issue. I tried to put together a presentation that wasn't too in depth, but it just kept growing and Director Jenkins is probably thinking I hope he doesn't take too long on this because I can get long winded. But I felt like there was also an opportunity for me to touch base on some stuff that we do that's not necessarily directly related to the parks. My first slide is how did we get here? Everyone probably knows this by now but back in the early 1900's and through the 1950s, the city of Durham operated several incinerators sites across the city. Those incinerators were used to burn refuse of all types. That possibly included materials that contained lead and other hazardous materials. When those incinerators were decommissioned, several of those sites were turned into city parks. In June of 2023 last year, the city of Durham officials contacted Public Health and requested a meeting to discuss the findings of a report that was conducted by a graduate student from Duke and that report is displayed here called Legacy Lead contamination in the soils of three Durham City parks. Do secondary forest organic horizons effective blanket lead in city park soils contaminated by historic waste incineration? The three parks that the student studied were East Durham, East End and Walltown parks. He pulled samples from those parks and used what we refer to as an XRF machine to analyze the samples. That is a machine that is commonly used in Environmental Health during lead investigations. It's basically a hand-held device that has a radio isotope in it. You can put it against a sample and squeeze the trigger and send an x-ray pulse out and pretty much knock the lead electrons off of atoms. It is the innermost electrons that are knocked off and when that happens the outer shell electrons fall in and try to fill the inner shells again and that in turn causes a reflective ray to come back. Those rays are actually unique to different elements. The reflection from lead atoms is not going to look the same as that say for copper. That was the machine he used, and it does work but it does not conform to all the EPA standards and protocols that you would like to see used in a study like this. Why is Lead in City Parks Concerning? Exposure can lead to a serious adverse effect in children to include brain damage, to the nervous system, slow growth and development, behavioral problems as well as hearing and speech problems. Children under the age of 6 are most susceptible and at highest risk. Number 1 they are still developing all these systems in their body, but they also had behavioral issues as far as putting stuff in their mouth. We all know that children from age 1 to 4 are picking things up like crazy and just sticking them in their mouth, chewing on things and they don't know any better and that places them at higher risk. This slide I included refers primarily to Environmental Health. This was pulled directly off a follow-up schedule. When a child has been diagnosed with elevated blood lead levels and you see at the top of the slide, I have EBLL and that refers to elevated blood levels or a CLP what we refer to as a clip and that a confirmed lead poisoning. From this slide, what I wanted you to take away, you can see in 2012 this guidance was at 10.0 and the level of lead is measured in blood is measured in micrograms per deciliter. In 2012 the



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guidance said if a child comes back with an elevated blood level of 10 mg per dl to 19.0 mg/dl they were considered elevated, and we would offer an investigation. If it came back as 20 and higher the child was considered poisoned, and an investigation is required. That means if we offer an investigation to the parent/guardian and they refuse to allow us to do it, then we have to take legal action because it is mandatory that they have to go along with it. What you are seeing from this slide is how the importance of lead in the environment and the exposure to kids just keeps continuing to get more and more intense and it's recognized we need to do more to prevent exposure to lead. In 10 years', time the EPA cut these triggers in half. So EVL's now start at 5mg/per dl and go up to 9.99 and then 10 or higher becomes a confirmed lead poisoning. I don't want anyone to take away from this that I'm minimizing the importance of this, we just talked about the importance of limiting the exposure to lead and how it is and how we continue to grow and get more and more important. I wanted to touch base on hazard vs. risk. The two primary routes for lead exposure are ingestion and inhalation. You've got to understand that a primary route for exposure in a park would be ingestion. If a child eats contaminated soil. We just talked about smaller children who are prone to put things in their mouth and if you leave them outside, they will eat dirt. However, we have guidance, there's a General Statute and administrative code that we use to regulate childcare centers and within that there is a section that talks about if we find an area that's 400 parts per million in the soil around an area that children frequent or play in you can cover it with 4-6 inches of mulch. Or you can put sod down or allow vegetative cover to grow i.e. grass and that is remediation for it, that's how you fix it. The city parks in the play areas have about 12 inches or more of mulch in the play areas and if you have ever been to any of the parks with a few exceptions there may be a few spots here and there the majority of these parks are very beautifully grassed over. I'm not making any determinations for anyone but I'm talking about a hazard vs. risk. The hazard exists but what is the risk. When I first learned of this back in June of 23, I went straight to our lead program specialist and said we know now there are elevated levels of lead in some of the parks. I want you to go back and look at cases that we have identified on a 3-mile radius around each of these parks that have been implicated and look for oddities, look for clusters of cases and those type of things and there were none. There were 20 elevated cases that we identified around parks and 10 poisonings, there were no real clusters anywhere and in each case a hazard was identified within the home not the parks. As I mentioned earlier, in June 2023 we got a call from the city and asked Public Health can you come and sit down with us to discuss this issue that we have been made aware of. When that happened, we offered to reach out to DHHS, the Occupational Health and Environmental epidemiologist group. We have a long running relationship with these folks and worked with them from everything from Asbestos issues from the explosion that happened downtown years ago, the CO issues at McDougal Terrace, ventilation issues many times with them from Legionnaires occasions and things like that. So, we have a longstanding good relationship with them. We brought them in, they gave some guidance and they said we probably need to reach out to DEQ and one of these folks had a relationship with a person with DEQ who was over the superfunds and superfund sites and a group called pre-regulatory land fill and that's where the PRLF comes in and there is a link that explains it. We will touch on that in a few more slides as well. During the discussion amongst all 3 of these groups, the city, public health, DHHS DEQ, it was determined that you could not act based on the graduate student's report. There were protocols that were not followed, he used an XRF instead of using spectrometry instead of using a laboratory and that kind of thing, so the city was advised to have another survey performed. They contracted with Mid-Atlantic Associates, an engineering group that specializes in Environmental studies like this. They did their study and unfortunately, they did confirm there are some issues using the

parks, elevated lead levels. I added this slide so that everybody understands there some called background lead levels in the environment. Lead is a natural element, it's out there. This a previous study that I referred to in the beginning that's outside the parks that's commonly referred to as Anna Wade study you can Google it or on YouTube. She did a study back in 2020 and theorized that back in the 50's, 60's right into the 1980s tetraethyl lead was added to gasoline as an anti-knock agent. If you are as old as me, you will remember in some cars that if you stepped down on the gas it would bog down, and you would hear that rattle sound and that was knocking where the engine wasn't firing right. It was caused by the gasoline not being burnt correctly and this lead allowed it to do that. Unfortunately, the emission standards weren't very high back in the 50s, 60s 70s and 80s and when you burned lead gasoline it deposited lead through the exhaust, it came out through the exhaust and was deposited on roadsides. She sampled roadsides on some of the busier streets around Durham and close to gasoline stations and as you can see the larger, darker dots along these roadsides show elevated levels of lead. This is not in the parks this is along the street sides. This slide includes samples in areas well outside of the parks and finds samples of elevated lead in the environment. When DEQ took a look at this they said we have this group called pre-regulatory landfill and there are some funds we might be able to help you with, however, to qualify for us to come and help you out with this there are standards and there are protocols that are required that will include and require for us to do a third survey. DEQ doesn't necessarily do this on their own, they contract with other agencies or companies and in this case, they contracted with S and ME inc. and they brought them in to do this third study. One important note from this that you need to take away from this there was a gap between when Mid-Atlantic did their study and DEQ or S & ME Inc. did their study and during that time frame in January of 2024 the EPA cut the threshold in half. So, it dropped from 400 parts per million to 200 parts per million. That's important to keep in mind because now that areas of the two previous studies as identified as not being high may come back as high because the threshold was cut in half. Which did happen in some cases.

There are a lot of maps and some things that were in these studies, and it can get very complicated. If you remember, in the beginning of this presentation we touched on Walltown, East End and East Durham parks, Lyon Park also had an incinerator during the same time period, so this study actually includes Lyon park as well. This particular slide shows a map where all these borings were done and it's intense. That's a lot of borings collected in samples here. As you can see the way that they performed these borings for this survey, they go in and mark off 100x100 ft grids or sectioned squares and pull a boring from the center and then go out 25 ft north, south, east, and west and pull what they refer to as composite borings. They are testing for more than just lead. They are testing all heavy metals and also looking for VOC's. So that center bores when they pull it, they actually pull the soil out and put it in a plastic bag, seal it up and then they wait a while, they open it back up and put a photo ionizer in there and check it for VOC's. When you put soil in a bag like that and seal it up VOCs by their name Volatile Organic Compounds are usually associated with petroleum products. One in particular that's of concern is Benzene. They put that device in and measure as it gases off because if you try and get that to a lab it is going to be gone by the time you get to the lab because the gases are off. They are checking for that as well. This one is so impressive to me because there are so many borings there. The next one is East End Park. The thing to take away from this is the grids in green, if you look at the legend it came back as below 200 mg/kg. That is the same as parts per million. In Environmental Health we speak in parts per million but it's the same thing. There is one small area in the upper right that is in red, that is an area of concern. It's above 200 parts per million. This is East End Park. You will see a mixture of green

and red, but you see the same pattern of sample borings. You will notice that these center borings are not really in the center. This is due to the fact that something was in the way. It was either rocky or there was something there that they couldn't take a sample from the center of the grid. That's a good example. There's a reason. I'm looking at this park as well in East End Durham Park. If you look down at the lower right corner you will see a driveway down there and a building, that is a small apartment complex. The concern there is the close proximity so there could be contamination that has gone over into that property as well however it is private property so that hasn't been sampled yet. This map shows intersecting lines it explains soil cover and what they found in addition to lead and other contaminants there was waste materials that were just dumped and covered up and they pose a hazard so in shallow soil areas where there was a lot of waste discovered they don't want people going in there because you can easily be exposed, you can get cut you could easily be exposed to something that you don't want. That's why these maps are here. So, what does all that mean? We just covered just a handful and there are dozens of dozens of these maps and reports. The map we just looked at Figure 5, it takes all the data collected for the sites and presents areas that the PRLF (pre-regulatory landfill unit) unit would target for a risk-based remedy with an importation with additional soil cover. They don't mention here how much soil covers, but one of the standards I'm familiar with is the typical amount is they bring about 12" of soil in. That is typically the recommendation to remediate issues like this when it comes to DEQ. We already talked about the scenario. This is what has been proposed so far for the city. The area of the sites in scenario 1 should be cordoned off to prevent exposure at lead concentrations that exceed 200 parts per million. The city should also consider limiting access to areas of the sites in scenario 2 as there is the potential to encounter landfill waste in the top 12-inches of soil in these areas. One of the recommendations is that the city may want to start with East End and Walltown Parks first I believe because it will be easier to get those done. There is no other reason because the risk is the same if it came back high. I think those have less areas that need to be addressed so they should be easier to address first. That was what I pretty much had for this. Are there any questions?

**QUESTIONS/COMMENTS:**

**Chair McDougal:** Director Jenkins has his hand up so I will let him go.

**Director Jenkins:** The only thing I say to this Board, thank you all for hanging in there. This is a very important presentation and I'm thankful to Chris for cultivating and presenting. I think the most important thing I want to extend to this board as I've said to you all in many emails is that Public Health has done in terms of what we are supposed to do in terms of making sure that we partner with the city. Making sure that we get that information out to the community from an educational perspective. We do know that there are many who feel as if we ought to extend ourselves in lanes that Public Health should not. As he has articulated many times, we have been in conversations with the State. State Environmental. In conversations with Environmental Quality. We have been in constant conversation with the individuals who are directly responsible for what they call the Superfund. I just want this board to really understand that we have always taken this position and this situation very seriously. I have been in constant contact with the City, particularly the Deputy City Manager, we have an excellent working relationship, and we are committed to ensuring that whatever remedy that the city chooses it in accordance with the recommendations from DEQ study. It's important to say that a lot of the stuff that Chris went over was not necessarily commissioned by the Department of Public Health but more or less by DEQ. But again, I just want to say thank you to Chris for that presentation and Mr. Chair I will be happy to answer any questions we have.

**Chair McDougal:** I want to thank Chris again for that very informative presentation, especially the historical information about how the lead gets

into the soil in our current parks and roadways. It's just very informative and I appreciate your comments as well Director Jenkins. Just helping to remind all of us that this is not an issue that the Board of Health is responsible for alone. That we have to partner with other agencies.

**Chris Salter:** One comment I forgot to mention is that I think is important. There are surveys being conducted right now that will take some time to complete. But once the boundaries are surveyed and identified there will be additional borings and samplings run from S and ME and after they do that they will determine how far out the contamination goes and if it's out close to the border then they will start the process of going out to private property which will take some time because they will have to get permission and that's going to take some time. I don't want to get ahead of myself because nobody knows just yet how far it extends but if it does that's the plan they will venture out. So, this process could take quite some time to get completed.

**Chair McDougal:** I appreciate that as well Chris. I just want to ask this, but I want to be clear as far as the abatement whenever that should occur is it typically or is it more likely going to be where more soil is brought in to cover those high-risk areas and then grassing it over. I was reading online where you can add soil and add grass, sometimes concrete asphalt, sometimes you are taking the soil up. If you can guess estimate what is likely going to be the strategy that the city takes on if you care to guess at that?

**Chris Salter:** I would venture to say that it will be a 12" cap of soil. Yes.

**Chair McDougal:** ok, thank you. Dr. Rhea has his hand up. Go ahead sir.

**Dr. Rhea:** Thank you, Chris, for the great presentation. You took my knowledge of this topic from zero to something above zero and I really appreciate you going through that detail. My question is about the current status of these parks. I haven't been to all of them. I have been to Lyon I recall seeing walls and fences up there but not all over the park and I think when you go there. I think when you went through the topical diagram there was an area that memory served that was in red, but I don't remember that being behind a fence. What's the status now and is there anything public comments mentioned last time about communication and signage, is there anything that we can or should be doing regarding the current status of just the public knowing and having access to this information and the areas of these parks?

**Chris Salter:** I do know that there has been additional fencing and signage put up since the S and ME study was done, I can't speak 100% for sure as I have been out recently. We did have Public Health go out and survey the parks along with DHHS and DEQ and S and ME were involved in as well. Since the S and ME study there have been additional recommendations made like I referenced to at the end of the presentation to the city to add additional fencing. That's about all you can do until you get to the additional soil phase. We have and Director Jenkins can attest to this we've done a lot of stuff and there is a lot of involvement around this we got this thing called Clean Water for North Carolina kids that is now transitioning to Clean Classrooms for North Carolina kids where water samplings and other samplings have been going on for a couple of years now. The nursing staff opened a clinic and offered blood level testing. We accompanied a 1940's home that was burned in July at 1415 Bevin Street and the siding had lead paint on it and that paint went up in ash as was depositing around surrounding homesites and the people knew about parks and the people had some concerns that now there was lead in their yards. We were involved in surveying those and recommending clean-up in that. It goes on and on, now we are involved in Municipal water in an effort that the EPA mandated that all lead pipes and fixtures that are in the municipal system be identified and removed. So, there's a lot we've been doing and I'm just touching the surface of it. There's a lot more we have done. There is education. Our PIO Alecia Smith has updated many, many things that were on our websites. There was a Public Service announcement that Dr. Jenks and one of our Health Education staff did.

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We are trying to get word out there. One aspect of this that I would like to get out there. I hope everybody can look at this and make their own decision. There is a hazard. We know there is an identified hazard but what is the risk. I reference a rule set that we used when it comes to the identification of a hazard in a play area or area frequented by children and it's 4-6" of mulch or vegetative cover or like Dr. McDougal referenced you can pave over an area, but ideally the 4-6' of mulch but like I said the play areas in these parks from what I have observed have about 12" or more of mulch on them and they are very beautifully grassed over. These parks are a jewel as far as I'm concerned as far as recreation goes in this city.

**Dr. Rhea:** Chris, thank you very much and thank you for educating us on this topic. I agree that our parks are a wonderful public asset. I appreciate your time and effort in putting all this together.

**Chris Salter:** thank you.

**Chair McDougal:** Thank you. Are there any other questions for Mr. Salter regarding our presentation? All right, well thank you. We are going to move on, we've got our new business, we've got 3 budget amendments totaling about a million dollars, if I'm not mistaken, a little over a million so I will give way to our director to present those to the board.

**Director Jenkins:** Thank you again to this board for hanging in there, I promise to be very quick.

First budget amendment the board is requested to approve a budget ordinance amendment to recognize funds in the amount of \$50,000 from the NC department of Health and Human Services Division of Public Health's local and community support section these funds are going to be able to provide through budget receipts and transfer from the State's ARPHA temporary savings fund and are available through the General Assembly's 2022/ 2023 appropriations act HB 259 which provides \$50,000 in the form of a grant for each year 2023 and 2025 fiscal biennium the good thing about this one is it rolls over, although we are getting it a little late in the game it will rollover and we will get an additional \$50,000. I could get on my soapbox and say that this is not nearly enough because the work that we do in Public Health the General Assembly needs to recognize that we certainly need a lot more money from the state to keep our citizens safe. I'll leave it at that.

The next budget amendment is the board is requested to approve budget ordinance amendment to recognize grant funds in the amount of \$241,116 from the Division of Child and Family Well-Being NC department of Health and Human Services for our DINE Programs implementation of the 1,355,391 total contracts amount 1.1 million was previously approved by the Board of County commissioners during the FY 2024 budget cycle. These funds will be in addition to previously approved staffing and programming plus funds will be used for a new FTE Nutrition Specialist position to expand DINE programming in the community settings per the approved staffing. So again, this is good money and a good way for us to continue to educate about food with our DINE program. Finally, the board is requested to approve budget ordinance amendment to allocate \$880,475 of the Opioid settlement funds awarded to Durham County. As I've said to this Board before the county management executive team has designated Public Health to be the purveyor of these funds and the funds will be inside Public Health's coffers. Durham County Department of Public Health will use the funds to advance two strategies identified in our exhibit A of MOA between the state of NC and local governments on proceeds related to the selling of opioid litigation, collaborative strategic planning, and recovery support services specifically we are going to get two positions from these funds. One is going to be an overall Opioid Program Manager who is going to be focused on overseeing the development, administration, budget, grant management and reporting of Durham Counties Opioid settlement program. The second is going to be housed in our Health Education community transformation division. These

funds will also be used to continue the community's linkage of care peer support program as it was developed to connect individuals who are struggling with substance abuse disorders. With comprehensive evidence-based care which acknowledges social determinants of health and response to current housing challenges. I like to say they do a mighty fine job, and we are looking forward to these funds having a greater impact in Durham. That is all I have, Mr. Chair.

**Chair McDougal:** Thank you, Director Jenkins. Do we have any questions or comments regarding those amendments?

**Anthony Gregorio:** Yes, I have one question Dr. McDougal, Director Jenkins. This might actually be a question for Finance Director Micah Guindon for the Opioid Settlement funds \$880k is that already baked into the \$343k from the reallocation request from the budget?

**Director Jenkins:** No.

**Anthony Gregorio:** it would be on top, ok, gotcha. So, would we recognize more additional revenue?

**Director Jenkins:** yes sir

**Anthony Gregorio:** ok great, thank you.

**Director Jenkins:** We have approximately at present anywhere in the neighborhood of 2.5 million that we are doing our best to make sure we get out, but we have to start off with getting these positions funded so we can start moving the money. Thank you for that question, Mr. Gregorio.

**Anthony Gregorio:** I see, thank you.

**Chair McDougal:** Any other questions? Ok, I will make the motion to accept these amendments.

**Gene Rhea:** Motion to accept.

**Chair McDougal:** It's been moved do we have a second?

**Anthony Gregorio:** Second

**Chair McDougal:** It's been moved and properly seconded. Is there any unreadiness and debate? Hearing none, we are ready for the vote.

Liz Stevens: roll call

Dr. McDougal: yea

Dr. Rhea: yes

Dr. Rosemary Jackson: yes

Dr. Miller: yes

Commissioner Allam:

Dr. Glover: yes

Dr. Orto: yes

Mr. Gregorio: yes

Mr. Brown: yes

Dr. Lauran Jackson:

Liz Stevens: Thank you.

#### **INFORMAL DISCUSSION/ANNOUNCEMENTS:**

**Chair McDougal:** Thank you, passes unanimously. Ok, so the next item is do we have any requests for agenda items for our next meeting? Any agenda items you would like to see at our next meeting? Alright I don't see any hands so we will leave that to our director and his staff to put together our meeting. Any comments or formal discussion that our board or anyone else in our gallery would care to bring up?

**Dr. Rosemary Jackson:** Actually, I'm still thinking about it. I'm involved again with corrections part-time; do we still have Mr. Clayton working with in terms of helping with making the release of transition?

**Director Jenkins:** NC FIT?

**Dr. Rosemary Jackson:** Yes, with the Healthcare needs.

**Director Jenkins:** Unfortunately, Mr. Clayton is no longer with us, but he is still with FIT. He has graduated from local to State.

**Dr. Rosemary Jackson:** oh yeah, he's good!

**Director Jenkins:** But we are more than happy to provide an update on FIT. They continue to do great work. They are expanding their reach so we would be more than happy to get that for you, Dr. Jackson.

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**Dr. Rosemary Jackson:** ok great. It doesn't have to be a big thing.

Director Jenkins: Yes, mam.

**Chair McDougal:** Awesome, thank you. Anything else for the next meeting? Ok, I will make a motion to adjourn.

Dr. Rhea: I accept.

Dr. Jackson: Second

**Chair McDougal:** ok it has been moved and properly seconded. I don't think we are going to have any unreadiness.

**COMMITTEE REPORTS:**

There were no committee reports discussed.

**OLD BUSINESS:**

Lead in the City Parks Update (Activity 14.1 & 14.2)

**Dr. Jackson:** It was a good meeting, longer than usual but it was good.

**Chair McDougal:** Very informative for sure. So, I don't see any debate regarding our adjournment, so we are ready for the vote.

Liz Stevens: roll call

Dr. McDougal: yes

Dr. Rhea: yes

Dr. Rosemary Jackson: yes

Dr. Miller: yes

Commissioner Allam:

Dr. Glover: yes

Dr. Orto: yes

Mr. Gregorio: yes

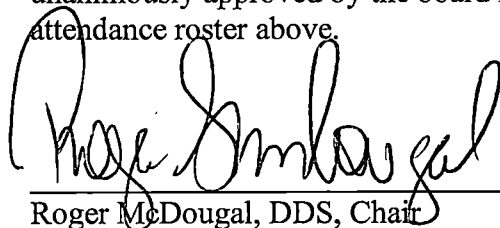
Mr. Brown: yes

Dr. Lauran Jackson:

Liz Stevens: Thank you.

**Chair McDougal:** Thank you, folks, for hanging in for a slightly longer meeting today but again very informative hope everyone enjoys the privilege. Great discussion. We'll see each other again, hopefully next month. So, you folks have a good one and take care until then.

Chair McDougal made a motion to adjourn the regular meeting at 6:29 pm. Dr. Rosemary Jackson seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.



Roger McDougal, DDS, Chair



Rodney E. Jenkins, Public Health Director