

Partnership for a Healthy Durham Quarterly Meeting

October 16, 2019

Minutes

Facilitated by: Angel Romero Ruiz

Present: Marilla Padilla, Don Bradley, Angel Romero, Donna Biederman, Joey Nelson, Tara Ilsley, Marissa Mortiboy, Ama Mensah-Boone, Katelyn Miller, Isabella Scurria, Shauntelle “Shaun” Evans, Leticia Ross, Stelfanie Williams, Pam Diggs, Bobby Rossilli, Theo Satterfield, Janelle V. Hampdne, Elizabeth Barber, William Usry, Jannah Bierens, L’Tanya Gilchrist, Riley Auman, Blake Roper, Debbie Royster, Musa Ali, Tonya Del Soldato, Sam Garza, Natalie Rich, Michelle McKinney, Reta Scarlett, Jackie Vail, Lucas Little, Charlene Reiss, Annette Smith, Michael T. Wilson, Agyei Ekundayo, Armenous Dobson, Tamar Chukrun, Marcella Jones, Ela Savas, Sarah Penry, Teresa Engebretsen, Lindsey Bickers Bock, Amanda Snyderman, Catrina Lloyd, Heather Edge, Sally Wilson, Kevin Kay, Sofia Edelman, Nikki Vangsnes, Natalie Eley, Gretchen Thompson, LaSonia Barnett, Kimberly Alexander-Bratcher, Mary Vinson, Allysha Maragh Bass, Chris Erickson, Kesi Satterwhite, Alyssa Platt, Tania Desrosiers, Christa Gibson, Rachel Elledge, Lindsay Goolsby, Benita Perkins, Debra Duncan, Marc Strange, Alecia Holloman, Betsy Crites, Kat Combs, Josh Downey, Anne Miller, Mel Downey-Piper, Jonah Zaas, Booth Stewart, Stephanie Rudolph, Alex Hurdle, Fern Hickey, Pushti Patel, Chelsea Butler, Angela D. Davis, Kiah Gaskin, Dr. Lottie K. Barnes, Sheri Starks, Chelsea Hawkins, Michelle Old, Nasim Youssefi, Lindsey Carver, Jen Meade, Michelle Easterling, Gudrun Palmer, Jude Cashing, Smith Hill, Robert Liu, KC Buchanan, Helena Cragg, Amber Esters, Lara Khalil, Maisie Moglan, Evelyn Guyer, Peggy Kernodle, Richard Paddock, Caitlin Georgas, Larry Partee, Courtney Simpson, Danielle Delwiche,

Guest: Jeff Baker

Topic	Major discussion points	Action steps and responsible parties
Welcome	Angel Romero Ruiz welcomed special guests Joey Nelson with Senator Tillis’s North Carolina office and eighth grade students from Durham Academy.	
Documenting Durham’s Health History: Understanding the Roots of Disparities in the City of Medicine <i>Dr. Jeff Baker, Duke University</i>	Dr. Jeff Baker is a pediatrician and historian with Duke University. Duke University received a grant from Bass Connections to do an exhibit on Durham’s Health History. They also worked with Bull City 150 on the project. Documenting Durham’s Health History tells the history of health disparities in Durham through four case studies- Tuberculosis (TB) in the 1920s and 30s, maternal health in the 1960s and 70s, HIV/AIDS in the 1980s and 90s and diabetes in the present day.	Visit the Documenting Durham’s Health Disparities exhibit at the health department through October 31.

Erwin Mills provided jobs, housing, library schools and even a theater for white workforce. African Americans only had marginal or manual labor positions. Large TB disparities between whites and African Americans were due to inequities in employment, lack of access to care and housing conditions. Mistrust with the healthcare system was also another factor.

Durham had two hospitals in 20th century, Watts and Lincoln. Duke Hospital was built in 1930. To survive financially, Duke tended to rely on Watts and Lincoln to care for Durham's working classes and poor. Duke Hospital saw African American and white patients, but white patients were seen starting at 8 am and African American patients at 1 pm. Lincoln became a base for Durham's African American physicians and surgeons, many of whom became nationally prominent— such as surgery chief Charles Watt.

In 1966, Durham County rejected the referendum to integrate Watts Hospital. This was opposed by many whites and rejected by African American leadership. African American women felt they received better care at Lincoln due to caring staff. Maternal health outcomes are still worse for African American women today due to implicit bias from health care providers. Eventually Watts and Lincoln were both closed with the opening of Durham Regional Hospital in 1976. Lincoln Community Health Center opened adjacent to the site of Lincoln Hospital.

Diabetes rates vary in Durham from 4 to 21%. Dr. Baker compared two neighborhoods whose rates fall above and below the County average in Old West Durham/Watts-Hillandale and Edgemont/ East Durham. Old West Durham has access to four grocery stores while East Durham has only two. Disparities in food access exist due to historical factors. The white millworkers who lived in Old West Durham were provided reasonably affordable housing and were able to purchase homes. Edgemont rose around Durham Hosiery Mill was any African American community. In the 1930s

	<p>homes in Edgemont were sold to white landlords rather than tenants. Many landlords hiked up rents without maintaining properties. Housing discrimination and disinvestment contribute to neighborhood conditions.</p>	
<p>Results of Partnership Member Vote <i>Marissa Mortiboy,</i> Durham County Department of Public Health</p>	<p>Partnership members were asked to vote on two items prior to the Quarterly meeting- adopting the proposed racial equity principles and revised mission and vision and whether to create a one-year NCCare360 Task Force.</p> <p>The Partnership membership voted and approved the racial equity principles developed by the Racial Equity Task Force. The Partnership also approved a new task force to monitor NCCare360 in Durham County.</p> <p>The Racial Equity Task Force will continue for a second year to operationalize the adopted principles. All interested Partnership members are invited to participate.</p> <p>The NCCare360 Task Force will be made of Partnership members and community members and organizations who use the platform. Partnership for Seniors and Partnership for Children will be part of the task force. Interested Partnership members are invited to participate.</p>	<p>Marissa Mortiboy will send out an email to the full Partnership with links to sign up to be part of the racial equity and NCCare360 task forces.</p>
<p>Partnership for a Healthy Durham Racial Equity Principles- <i>Kimberly Alexander-Bratcher,</i> Access to Care committee co-chair & Racial Equity task force member <i>Dr. Don Bradley,</i> Racial Equity task force member</p>	<p>In April 2018, the Partnership Steering committee proposed a 2018-2021 Partnership structure with overarching racial equity principles. This was in response to racism and discrimination as the sixth health priority from Community Health Assessment and Partnership members wanting next steps to advance racial equity after attending REI trainings for two to three years. Racial Equity Principles would flow through all work of the Partnership. The new structure was approved by the full Partnership in April 2018.</p> <p>The Task force began in July 2018. It had a tentative timeline of a year (or however long it would take). The task force consisted of volunteer Partnership members working in or interested in racial equity. The role of the Task Force was to develop principles for the work of the entire Partnership.</p>	

Task Force met monthly for a year (meeting minutes on website). Marissa guided members through facilitated processes, open dialogue and group work. The group decided principles could not be developed without also amending Partnership mission and vision. Kimberly and Don thanked all the task force members who worked for over a year on the principles.

Revised Mission:

The Partnership for a Healthy Durham is committed to collaboratively improving the health and well-being of its community, and those who live in it, using racial equity principles.

Revised Vision:

All people of Durham have an equitable opportunity and ability to enjoy safety and good physical, mental and social health.

Principles:

- **Cultivate community power and leadership-** This isn't saying that people don't have power. Build on strengths in the community. Share power and help people if wanted gain leadership skills for Partnership
- **Transform inequitable systems using justice and accountability-** All systems contribute to unjust outcomes and build equitable culture
- **Operationalize internal equity-** Start with the task force and Partnership to increase access and remove barriers to participation
- **Connect our humanity-** Value lived experience and building relationships. Work with marginalized groups and collaborative communities.
- **Admit language and history matter-** Be conscious of language used and that language matters. Have conversations about how to address usage. Be explicit about race and its contributions to systemic racism. People most impacted are those the Partnership will focus on.

	People of color are not explicitly stated in the mission, vision or principles but that is the focus of the principles. The task force will talk more about this and other comments from Partnership members. The next phase will be to continue for one more year to determine how to operationalize the principles.	
Announcements	The Durham Community Collaborative is hosting a free, community-wide lunch on Tuesday, October 22 at Nehemiah Day Center, 514 N Mangum St. from noon-1:30 pm. ALL are welcomed to come out to get a free meal, free resources and connect with our community.	
Documenting Durham's Health History Exhibit	View the Documenting Durham's Health History exhibit. It will be located on the 2nd floor of the Durham County Human Services building through October 21.	
Next meeting	January 15, 2020- noon to 1:30 pm	