

# **DURHAM RECOVERY AND RENEWAL TASK FORCE**

## **VIRTUAL MEETING VIA ZOOM**

Friday, December 11, 2020

8:00 A.M. - 10:00 A.M.

### **MINUTES**

#### **Task Force Members**

Steve Schewel, Mayor City of Durham

Wendy Jacobs, Vice Chair, Durham County Board of Commissioners

Katie Galbraith, Task Force Co-Chair, President, Duke Regional Hospital

Maticia Sims, Task Force Co-Chair, Vice President & Corporate Controller, Blue Cross Blue Shield of NC

Ibukun Akinboyo, M.D., Assistant Professor, Division of Pediatric Infectious Diseases, Duke Health

Susan Amey, CEO, Discover Durham

Ed Boyd, Chief Strategy Officer, iNvictus

Dr. Herbert Reynolds Davis, Senior Pastor, Nehemiah Church

Lois DeLoatch, Executive Vice President, Self-Help

Geoff Durham, Durham Chamber of Commerce

George Habel, Vice President, Capitol Broadcasting Company

Philip Harewood, CEO, Lincoln Community Health Center

Rodney Jenkins, Health Director, Durham County Department of Public Health

Jodi Miller, Deputy County Manager, Durham County Government, representing the Emergency Operations Center

Pilar Rocha-Goldberg, President & CEO, El Centro Hispano

Anthony Nelson, Dean, North Carolina Central University School of Business

Nicole Thompson, CEO, Downtown Durham, Inc.

C.C. Croxton, We Dream in Black

#### **Call to Order**

Co-Chair Galbraith called the meeting to order.

#### **RRFT Update and Discussion on COVID-19 Vaccinations**

Member Wolfe provided an update regarding current vaccines for COVID; stating the vaccines would be dispersed starting December 15, 2020 providing the Pfizer vaccination to most hospitals. The Moderna EUA vaccination team would meet on December 17, 2020 and once approved, they would be dispersed to County Health Departments and Adult Care Homes. Member Wolfe stated the Pfizer vaccine had a 95 percent efficiency rate and the Moderna vaccine had a 94.5 percent efficiency rate. He also emphasized that there were other vaccines in development trial, but the future was unclear on whether they would be dispersed.

Member Wolfe shared the phases in which the vaccines would be administered:

**Phase 1**

- Healthcare workers and COVID responders
- Long term care (LTC) staff - group homes, adult care homes, etc.
- LTC residents

**Phase 2**

- Incarcerated individuals
- Homeless shelter residents
- Teachers and school staff
- Adults age 18-64 with one chronic condition
- 65+ with one or no chronic conditions

**Phase 3**

- K-12 and college students
- Workers in industries critical to functioning society and at increased risk of exposure

**Phase 4**

- Remaining population

Member Wolfe stated there were side effects to the Pfizer vaccine and the community leaders would need to be transparent with the community regarding those side effects. During Phase 3 trials, 1 in 100 people had “provoked symptoms” which were - fatigue, chills and fever; of those 1 in 20 people developed severe symptoms. He also emphasized although a vaccine was created, there were still concerns which included the supply chain, how to address pregnant patients, when was it safe to vaccinate children, and the durability of the vaccine.

Member Jenkins informed the task force that North Carolina was expected to receive 85,000 dosages of the Pfizer vaccine and allocation would be determined by hospital size and County population. The Moderna vaccine allocation was based on population size and density. Member Jenkins noted the vaccine would first be distributed to all frontline workers and by the end of February 2021, they were hopeful to have the vaccine distributed to the general population.

Member Akinboyo asked if there were trials dedicated to children. Member Wolfe responded there was currently a trial being facilitated with Pfizer with children aged 12-15, but the data was extremely low due to participation.

Vice Chair Jacobs inquired about the vaccine requiring two doses. Member Wolfe explained the second dosage was critical to get within three weeks of the first dose because it increased the protection and durability of the vaccine.

**Reports from Community Health Ambassadors and Greenlight Durham**

Member Ribisl shared a brief update pertaining to the Community Health Ambassadors Program.

- New training practices - 2-day training, In-person component
- (8) Eight Ambassadors - 3 LatinX, 2 African American, 3 White
- Materials Distributed to Businesses - bag, handouts, posters, disposable masks, etc.
- Visit food trucks
- 900 businesses visited

- 438 completions
- Participation among LatinX businesses have increased
- Continued Outreach to Durham Community Organizations
- Reached over 50 black owned businesses (But would like to reach over 150 by the end of January 2021)
- Focus on Rural Businesses

Vice Chair Jacobs asked if the Health Ambassadors would assist in getting businesses the vaccine when it was available for distribution to the general population. Member Ribisl responded the Ambassadors could assist with a special outreach to the essential businesses, i.e. grocery stores and gas stations.

Co-Chair Sims asked if the ambassadors received any resistance while in the field. Member Ribisl responded the resistance does not come from refusal but from the businesses focusing more on their customers.

Member Sendak provided an update on the Greenlight Durham Program.

- Hired a full-time Program Manager (Karina Moreno Bueno)
- Weekly newsletter, weekly office hours
- Pilot with two Charter Schools to provide rapid testing
- Identify distribution channels to reach right businesses
- Met with public health department to explore long term care

Challenges:

- Language barriers - “front of house” adoption and “back of house” reluctance
- Confusion about testing - bills sent for COVID testing, concerns on immigration status
- Engagement approach - need for on-site visits and training
- Broaden community resources

Next Steps in the Greenlight Durham Program

- Vaccine Registry
- Public Health reporting - integrate community-administered COVID testing with public health reporting systems
- Tailored Community Resources - resources for owners, employees and customers
- Health Education and Communications - vaccine education content
- Playbooks - instructions for various COVID scenarios
- Hotline - extended phone hours for businesses and employees

Vice Chair Jacobs inquired about the participation rate, capacity and disaggregated data. Member Sendak responded the cloud infrastructure was acquired to house up to 1 million people and as of now, 42 businesses were on board with 180 active daily users. He continued to say the data being collected through the program was just basic information.

## **Priority Updates**

Mayor Schewel provided an update on Work Force Development. He stated \$250,000 of the CARES funding was reallocated and would be given as grants to approximately 70 small businesses. He also recognized Blue Cross Blue Shield for donating 250,000 bottles of hand sanitizer and 50,000 masks.

Vice Chair Jacobs mentioned to the task force a suggestion to create a roundtable for the K-12 School Board system. She shared the County received an additional \$3.6 million worth of Hope funding that would help fund applications received in Durham. Vice Chair Jacobs also announced the LEAP program (for seniors) was underway and would become available to everyone else starting January 2021.

Co-Chair Galbraith informed the task force that DPS would be returning to B Schedule - partial hybrid for K-6<sup>th</sup> grade.

## **RRFT Update and Discussion on Current COVID-19 Case Statistics**

Co-Chair Galbraith shared a brief update from the hospitals pertaining to the rise of COVID cases.

- 90 COVID cases between Duke Regional and Duke University Hospital
- 27 recovery patients between the two hospitals
- 63 active cases
- Hospitals were at 90 percent capacity
- 6 percent of patients required ICU care

Member Jenkins informed the task force that COVID numbers increased significantly since Thanksgiving and numbers were in the triple digits. He added COVID was a preventable disease and encouraged everyone to continue to utilize the three W's.

Member Jenkins shared the following numbers:

- NC had approximately 708 active cases
- 11,698 inactive cases
- COVID killed 2 US citizens per minute which equates to 2,500 - 3,000 deaths per day
- Durham County had 128 deaths - total deaths 12,539
- 7-day average increased to 95 percent
- There were 668 total cases in NC for the month of December
- LatinX cases decreased to 19.4 percent
- African American cases increased to 40.9 percent

Member Jenkins stated most citizens receiving the vaccine would be a personal choice but as leaders in the community, we must be transparent with residents about how safe the vaccine was and the side effects. He added that DSS created a website <https://www.dcopublichealth.org/covid19vaccines> to provide information to Durham County residents.

## **Open Discussion**

Member Deloatch asked was there any data to show how many kids were enrolled in school through virtual learning. Member Jenkins stated there was no formal data to show enrollment or those students logging into classes. Member Galbraith added DPS kids would only go back to full in-person learning if Durham's COVID metrics were at 4 percent or less for at least two weeks in a row.

Member Rocha-Goldberg stated the RRFT would need to get together to develop a plan on how to get the most accurate information about the vaccine to the community.

Member Durham informed the task force that the State opened the Retooling TNC grant program for a second round of funding that would support historically underutilized businesses that were impacted by COVID.

## **ADJOURNMENT**

The task force announce that the next meeting was scheduled for Friday, January 8<sup>th</sup> at 8:00 a.m.

This meeting adjourned at 10:00 a.m.

Respectfully Submitted,



Shaunecie Wardrick, Administrative Assistant  
Durham County Clerk's Office