#### Health Director's Report December 9, 2021

#### Division / Program: Pharmacy & Health Education / Safe Syringe Program

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

#### **Program description**

• On April 2, 2018, the DCoDPH Pharmacy launched the Safe Syringe Program based on the guidance and program requirements from the NC Division of Public Health.

#### Statement of goals

- To offer new needles, syringes, and injection supplies to reduce the transmission of HIV and Hepatitis C in the community.
- To offer free HIV and Hepatitis C testing and follow-up care.
- To offer education, treatment information, and referrals to community members.
- To provide a safe method of disposal for used needles and syringes.

#### **Issues**

#### Opportunities

- Reduce the transmission of HIV and Hepatitis C by offering new needles, syringes, and injection supplies.
- Reduce the risk of bacterial infections (i.e. endocarditis) that occur when injection supplies are reused.
- Connect participants with community resources including treatment options, heath care, and housing assistance.
- o The following items are provided in the Safe Syringe Kit:
  - 10 sterile 1.0mL syringes with fixed needles
  - Alcohol swabs
  - Tourniquet
  - Condoms
  - Sharps Container
  - Additional injection supplies
  - Participant ID card
  - Printed material for harm reduction and ancillary services
- o Fentanyl testing strips and Naloxone kits are also offered with each SSP Kit.

#### Challenges

- o Ensure that used needles and syringes are properly discarded in a puncture proof container. Sharps containers are included with SSP Kits and participants are encouraged to use of them and return the container to the DCoDPH Pharmacy.
- Ensure that used needles and syringes are not deposited in the medication drop box in the HHS lobby.

 Bull City United was previously housed within the Department of Public Health but moved to form a separate County department for FY 21-22. BCU staff are working closely with DCoDPH staff to update all protocols to continue to distribute naloxone to program participants.

#### **Implications**

#### Outcomes

- o The following statistics have been collected for Oct-Nov 2021:
  - New participants: 4
  - Total contacts: 10
  - Syringes dispensed: 180
  - Syringes returned\*: ~1238
  - Sharps containers dispensed: 5
  - Fentanyl strips dispensed: 0
  - Naloxone kits distributed (with SSP): 8
  - Naloxone kits distributed (non-SSP): 98
  - Naloxone reversals reported: 0

#### • Service delivery

 Planning and implementation were completed by the Opioid Response Committee with guidance and support from the NC Division of Public Health, Injury and Violence Prevention Branch.

#### Staffing

 Pharmacy and Health Education team members have received training from the NC Division of Public Health and the NC Harm Reduction Coalition regarding harm reduction strategies and Safe Syringe Program practices.

#### **Next Steps / Mitigation Strategies:**

- Statistics from the Safe Syringe Program will be monitored and reported to the Board of Health bimonthly.
- The Opioid Response Committee will continue to work with the NC Division of Public Health to improve our program and develop strategies to further our goals.

#### Division / Program: Pharmacy/ Medication Drop Box

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

<sup>\*&</sup>quot;Syringes returned" metric includes needles/syringes returned directly to staff regardless of usage (i.e. substance use, medical use, prescription use)

#### **Program description**

• On March 15, 2018, the DCoDPH Pharmacy partnered with Project Pill Drop to install a Medication Drop Box in the lobby of the HHS building.

#### **Statement of goals**

• To offer a safe method of disposal for unused and expired over-the-counter and prescriptions medications.

#### **Issues**

#### Opportunities

- o The following items are accepted in the box:
  - Over-the-counter medications
  - Prescription medications
  - Prescription patches
  - Prescription ointments
  - Vitamins
- o Reduce environmental concerns caused by flushing unwanted mediations.
- Alleviate prescription drug abuse from expired medications left in medicine cabinets.

#### Challenges

- o Ensuring that used needles and syringes are not deposited in the drop box. The needle/syringe disposal box is located next to the medication drop box.
- Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

#### **Implications**

#### Outcomes

- o Quarterly statistics, FY21-22 Q2 (Oct and Nov)
  - ~0 lbs of medication disposed
- o Year-to-date statistics, FY21-22
  - ~40 lbs of medication disposed
- o Previous year statistics, FY20-21
  - ~270 lbs of medication disposed

#### Service delivery

- Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
- o General Services installed the drop box in the HHS lobby with input from Security and General Services.

#### • Staffing

- o Pharmacy staff will regularly monitor the drop box and empty when necessary.
- o Assurant Waste Disposal is contracted to dispose of the medications.

#### **Next Steps / Mitigation Strategies:**

- The drop box will be monitored regularly and emptied when necessary.
- Statistics will be monitored and reported to the Board of Health quarterly.

#### Division / Program: Pharmacy / Needle Disposal Box

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

#### **Program description**

• In September 2018, DCoDPH Pharmacy installed a Needle Disposal Box in the lobby of the HHS building. In June 2020, the box was relocated to the pharmacy sub-lobby.

#### Statement of goals

• To offer a safe method of disposal for used or expired needles and syringes.

#### **Issues**

#### • Opportunities

- o The following items are accepted in the box:
  - Used or expired needles and syringes
  - Used or expired medications with attached needles (i.e. Epipens)
- o Reduce environmental concerns caused by improper needle disposal.
- o Reduce accidental needle sticks caused by improper needle disposal.
- Reduce the transmission of HIV and Hepatitis C by disposing of needles after each use coupled with offering new needles, syringes, and injection supplies through the Safe Syringe Program.
- Reduce the risk of staff needlesticks by providing sharps containers to *all* clients prior to needles being deposited in Needle Disposal Box (implemented August 2021).

#### Challenges

- Ensuring that used needles and syringes are not deposited in the medication drop box. Both drop boxes have clear signage in English and Spanish.
- Due to COVID-19, the hours of operation for the HHS building decreased in Q4 of FY19-20 and FY20-21, although this was not reflected in program participation.

#### **Implications**

#### Outcomes

- o Quarterly statistics, FY21-22 (Oct and Nov)
  - ~22,480 needles/syringes returned
- o Year-to-date statistics, FY21-22
  - ~89,920 needles/syringes returned
- o Previous year statistics, FY20-21

■ ~73,925 needles/syringes returned

#### • Service delivery

- Planning and implementation were completed by the Pharmacy Manager and Allied Health Division Director.
- o General Services installed the drop box in the HHS lobby with input from Security and General Services.

#### • Staffing

- o Pharmacy staff will regularly monitor the drop box and empty when necessary.
- o Piedmont Biomedical is contracted to dispose of the used needles and syringes.

#### **Next Steps / Mitigation Strategies:**

- The disposal box will be monitored regularly and emptied when necessary.
- Statistics from the Needle Disposal Box will be monitored and reported to the Board of Health quarterly.

# <u>Division/Program: Replacing Sensors/Dental Equipment in the Clinic</u> (Accreditation Activity 31.6: The local health department shall have an inventory of equipment that includes a plan for replacement.)

#### **Program description:**

• During the Spring of 2021, the Dental Division began experiencing issues with the quality of images when using some of its sensors. (The digital sensors provide high resolution images with decreased radiation exposure to patient and allows the dental practice staff to diagnose and treat oral conditions with increased efficiency.)

#### **Statement of goals:**

• To ensure quality service in clinic, the Dental Division has preventative maintenance contracts in place for servicing its equipment. As the clinic has been open ten (plus) years, some of the equipment has begun to be replaced.

#### **Issues**

#### Opportunities

- When the Division moved into current building in 2011, the team upgraded technology, purchasing digital sensors to replace traditional photographic X-ray film.
- o The Division had identified funds to replace the dental sensors during FY' 22.
- After reviewing options, Henry Schein provided discounts for the sensors that were needed (sizes 0, 1, 2).

#### Challenges

 When digital sensors begin to malfunction, the dental team may miss critical information for the diagnosis and treatment of dental disease and other oral conditions. • Because of the cost of each sensor (\$5,000+) the Dental Division needs to identify/budget funds to replace sensor every five years or so.

#### Implication(s)

#### Outcomes

- Three sensors were ordered in September and due to be delivered and installed the second week in December.
- o With proper care and maintenance, the new sensors should each last 4-6 years.

#### • Service delivery

- o Technician from Schein will work with Department's IST Division to ensure the sensors are installed and working correctly.
- **Staffing-** Division Director oversaw contract process, with Dental Practice Director selecting the sensors.
- Revenue N/A New Sirona sensors kits (sizes 0, 1, 2) cost \$18,548.
- Other –N/A

#### **Next Steps / Mitigation Strategies**

New sensors will be maintained as prescribed.

Division / Program: Population Health / Epidemiology (Accreditation Activity 38.1: The local board of health shall annually review reports provided by the local health department on the community's health)

#### **Program Description:**

The Youth Risk Behavior Survey (YRBS), designed by the Centers for Disease Control and Prevention (CDC), is an anonymous survey given every 2 years. The YRBS assesses physical health, physical activity, nutrition, safety, bullying, sexual behavior, mental health, and substance use. The 2019 YRBS was conducted in selected Durham County middle and high schools in the Spring of 2019. Data was analyzed by the CDC and the results were put into the 2019 YRBS report to be published in 2021. The 2019 YRBS data will be used as a baseline and comparative information as 'pre-pandemic' data. The 2019 YRBS was conducted in collaboration with Durham Public Schools (DPH), and Durham County Department of Public Health (DCoDPH).

#### **Statement of goals**

- Provide a comprehensive set of valid and reliable information about the health of the youth of Durham County.
- Understand the issues Durham County youth are facing.
- Publicize report to different DCoDPH divisions and ensure external partners have the data needed to inform their initiatives and programs.

#### Issues

#### Opportunities

- Provide data and context regarding disparities to the stakeholders, partners, elected officials, and community residents.
- o Provide a clearer picture of what impacts the health of the youth in Durham County.
- o Focus intentionally on equity.
- Add a Glossary at the end of the report to define terms such as redlining, disparities, and equity.
- o Providing the report in English and Spanish languages.

#### Challenges

- o CDC did not provide raw data, so DCoDPH was unable to run our own analysis.
- o Delay in receiving data, the COVID-19 response, and staff turnover delayed release of publication to December 2021.
- o Balancing analysis and construction of the report during COVID-19.

#### Implication(s)

#### Outcomes

- o The final report is 27 pages long.
- o 2,446 students participated (1,329 middle schoolers, 1,117 high schoolers).
- o Student participation decreased since 2017.
- o 12 middle schools and 9 high schools participated.

#### • Staffing

- o The epidemiologist reviewed CDC's analysis and compiled the report.
- o Durham Public Schools distributed and conducted the survey.
- o Durham Public Schools staff, Durham County Racial Equity Officer, DCoDPH staff and the Public Health Director reviewed and edited the report.
- o City of Durham Office on Youth provided feedback on the report.

#### Revenue

o None.

#### **Next Steps / Mitigation Strategies**

- Review Spanish translations for the 2019 YRBS report.
- Issue a press release to publicize the report.
- Create and publicize middle school and high school infographics based on the data in the report.
- Hold virtual listening sessions with Durham County youth.

Division/Program: Population Health / Epidemiology (Accreditation Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months.)

#### **Program description:**

A Community Health Assessment (CHA) is a process by which community members and stakeholders gain an understanding of the health issues that affect their county by collecting, analyzing, and sharing information about community assets and needs. Holding listening sessions with Durham County residents allows for further insight into thoughts and feelings about their community. The English and Spanish language listening sessions held May-August of 2021 asked community members questions about their experiences with the top health priorities (affordable housing, access to care, poverty, mental health, obesity, diabetes and food access) identified in the 2017 CHA. Responses were analyzed by Duke University staff. These listening sessions were held in collaboration among the Partnership for a Healthy Durham, the Durham County Department of Public Health and Duke Health. Listening sessions were held with the general public as well as focus groups that included veterans, LGBTQ Center of Durham, Mayor's Committee for Persons with Disabilities, and Partnerships for Seniors. Participants received \$25 gift cards as incentive to participate.

#### **Statement of goals:**

- Provide a comprehensive set of valid and reliable information about the health of the Durham community.
- Provide community members with an opportunity to be engaged with Durham County Department of Public Health projects.
- Gain insight into Durham County resident's thoughts on issues affecting their community.

#### Issues:

#### Opportunities

- Provide qualitative data and context regarding disparities to the stakeholders, partners, elected officials, and community residents.
- o Use qualitative data to inform the Community Health Improvement Plan process.
- o Provide a clearer picture of what impacts health in Durham County.
- o Focus intentionally on equity.

#### Challenges

- o Holding listening sessions virtually during COVID-19.
- Postponing listening sessions from spring 2020 to spring and summer 2021 due to COVID-19.

#### Implication(s)

#### Outcomes

- Held eight community listening session sessions.
- o These sessions discussed topics of mental health, affordable housing, poverty, access to healthcare, and obesity, diabetes, and food access.
- o These sessions were held virtually.

o Responses were analyzed by Duke University staff.

#### Staffing

- The epidemiologist compiled the responses to create a slide show presented at the first 2021 Community Health Improvement Plan kickoff meeting.
- The Partnership for a Healthy Durham (PHD) Contractor and PHD Coordinator scheduled listening sessions and partnered with community-based organizations to gather feedback on Durham County residents' experiences with the top health priorities.
- Listening session facilitators and notetakers included Partnership Co-Chairs and several from the Durham County Facilitators Network.

#### Revenue

o None.

#### **Next Steps / Mitigation Strategies**

- Publicize results of the listening sessions during 2020 CHA presentations to community groups.
- Present listening session results to participants.
- Create Community Health Improvement Plans (CHIPs) around Durham County's top health priorities using data, community input and information from the 2020 CHA.

## <u>Division / Program: Environmental Health/Onsite Water Protection</u> (Accreditation Activity -4.2 The local health department shall monitor exposure to environmental health risks.)

#### **Program description: DCoDPH Onsite Wastewater Protection (OSWP)**

The local health department shall issue an authorization for wastewater system construction authorizing work to proceed and the installation or repair of a wastewater system when it has determined after a field investigation that the system can be installed and operated in compliance with the rules and regulations adopted under Article 11 of Chapter 130A of The General Statues of North Carolina. Wastewater can be rendered ecologically safe and the public health protected if methods of wastewater collection, treatment and disposal are properly regulated. Recognizing that wastewater collection, treatment and disposal will continue to be necessary to meet the needs of an expanding population, the General Assembly intends to ensure the regulation of wastewater collection, treatment and disposal systems so that these systems may continue to be used, where appropriate, without jeopardizing the public health.

#### **Statement of goals:**

In response to a request from the City of Durham, the Onsite Water Protection Section (OSWP) conducted a field survey of existing onsite wastewater (septic) systems in the Northeast Creek Watershed. This survey is in conjunction with the City of Durham's efforts to reduce the total maximum daily load (TMDL) of contaminants in Northeast Creek Watershed. TMDLs are the maximum amount of a pollutant allowed to enter a body of water while meeting the water quality standards set by the United States Environmental Protection Agency (US EPA) The TMDL of

particular interest for the Northeast Creek Watershed is the bacteria *Escherichia coli* (*E. coli*). Goals of the survey were: 1) to ascertain the type, location, and functional status of onsite wastewater systems within the watershed with access to public sewer infrastructure and 2) effect repairs or connection to public sewer for abatement of all observed malfunctions.

#### Opportunities

**Issues:** 

- O Using the list of parcels obtained via geoprocessing existing wastewater permit files and tax records, letters were mailed to property owners on November 18, 2021 notifying them of the impending survey. Letters were sent to each of the parcels in the proposed service area. For those owners with mailing addresses different from the parcel to be visited, a copy of the letter was also sent to their alternate address. Site visits began on November 15 and concluded November 16, 2021.
- The City of Durham has funded a Septic to Sewer cost-share program to assist qualifying property owners with connection to public sewer.

#### Challenges

O During each site visit, the EHS located all above ground system components such as tank risers, pump control panels, and manifold/valve boxes. Where available, existing septic permit records were used to locate the system area on the parcels. The identified septic system areas were traversed for any signs of surfacing effluent to indicate malfunction.

#### Implication(s)

#### Outcomes

- O Rule 15A NCAC 18A .1961(a) (1) describes the criteria to classify a septic system as failing. Owners must maintain their system to prevent the following 3 conditions:
  - 1. a discharge of sewage or effluent to the surface of the ground, surface waters, or directly into the groundwater at any time; or
  - 2. a back-up of sewage or effluent into the facility, building drains, collection system, or freeboard volume of the tanks; or
  - 3. a free liquid surface within three inches of finished grade over the nitrification trench for two or more observations made not less than 24 hours apart. Observations shall be made 24 hours after a rainfall event.
- o If a system meets one or more of these conditions, then it is considered malfunctioning by the .1900 rules. For the purpose of this survey, condition 1 was the only criteria that could be easily observed. Without access to homes or repeat visits, conditions 2 and 3 cannot be verified.

#### o Survey Results:

Data processing of field notes is ongoing for preparation of a final report. Initial review of the staff feedback indicates that only one subsurface system malfunction was observed. Some sites were already connected to public sewer but not shown on City billing records. Some others are served by discharging sand filter systems that are regulated by the NC Department of Environmental Quality.

#### • Service delivery

Site plans with the location of septic system components were available for many of the parcels. Most sites were accessible and field notes were taken by the EHS visiting the parcel. Flyers for the "Septic to Sewer" program were left at each site along with a visit report indicating if any malfunction was observed. For sites that connect to public sewer it is recommended that the septic system abandonment be inspected and documented by Environmental Health.

#### • Staffing

 A team of two Environmental Health Specialists visited each property in the proposed service area and reported their findings.

#### Revenue

o No revenue for the program will be gained from this activity

#### • Next Steps / Mitigation Strategies

- A final report will be prepared by the OSWP supervisor detailing outcomes of the survey.
- The report will also contain an appendix with location information of existing discharging sand filter systems within the watershed that do not have access to sewer. This data will be obtained via geoprocessing Environmental Health septic permit records and DCo parcel records.

#### **Division / Program: Nutrition Clinic/Community Engagement Programs**

(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**

• Nutrition Clinic participated in 2 community engagement programs in October/November 2021.

#### Statement of goals

• DCoDPH Nutrition Clinic will collaborate with community partners in promotion of health and well-being for Durham residents.

#### **Issues**

#### Opportunities

- "Rethink your Drink" education session provided at PEACH (Partnership Effort for the Advancement of Children's Health) community engagement event. To promote awareness of sugar content of many beverages and to encourage water intake, a registered dietitian (RD) provided education and flavored water samples at the community event. Held on October 28 from 5-7pm, the session took place at the Community Resource Center outdoor space at 800 N Mangum Street. The PEACH Lead Poison Prevention Awareness event included vendors, food, COVID testing and COVID vaccines, as well as promotion of lead-based paint home repair opportunities and Renovate, Repair, and Paint (RRP) training programs.
- "Quarantine 15 No More" healthy eating seminar was offered on Sunday, November 21 at Greater Ecclesia Church, 106 N Alston Ave. 38 community members participated in the seminar given by Nutrition Clinic RD. Education focused on increasing nutrient intake and decreasing empty calories while also increasing flavor and food enjoyment. High protein yogurt parfaits were sampled.

#### Implication(s)

#### Outcomes

- o 60 community members obtained education regarding healthy eating and healthy beverage choice.
- o Participants were able to access nutrition education in their normal places of activity in the community.

#### • Staffing

o One DCoDPH Clinical Nutritionist.

#### **Next Steps / Mitigation Strategies**

• DCoDPH Nutrition Division will continue to collaborate with community partners to provide health promotion and nutrition education that reaches Durham residents where they work, worship, and live.

#### Division / Program: Nutrition Division/DINE/FFY21 Evaluation Report

(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 program that targets SNAP-eligible families. DINE provides nutrition education, facilitates policy, systems and

environmental (PSE) changes, and implements a social marketing campaign. DINE is funded by a grant from USDA's SNAP-Ed program and by Durham County.

#### Statement of goals

DINE will help/encourage Durham residents to:

- Establish healthy eating habits.
- Eat a healthy diet every day, including fruits and vegetables, whole grains, fat-free or low-fat milk products and seafood.
- Increase obesity prevention activities and maintain a physically active lifestyle.
- Balance caloric intake from food and beverages with calories expended.
- Plan easy, healthy meals and choose healthy snacks.

#### **Issues**

#### • Opportunities

- Due to schools being virtual for most of the 2020-2021 school year, DINE nutritionists pivoted to provide nutrition education virtually. Virtual nutrition classes were also provided for preschool-aged children at childcare centers and for adults.
- Ouring the summer of 2021, with COVID-19 infection rates decreasing and the added flexibility of summer camps in terms of smaller groups of children and the opportunity for outdoor sessions, DINE was able to provide in-person nutrition programming to elementary and middle school students at a variety of sites.
- O DINE created a YouTube channel and created multiple videos. One video was part of the Rethink Your Drink campaign. It is currently running in all of the DCoDPH clinic waiting rooms. Videos were also shared with Durham Public Schools (DPS) and posted on the DPS Embrace Wellness Wednesday website during virtual schooling.
- DINE partnered with the County's COVID-19 vaccination clinic. DINE staff tested Rethink Your Drink messaging with community members coming to receive a COVID-19 vaccine and displayed banners with the messages chosen in the clinic.
- DINE worked closely with DPS School Nutrition Services (SNS) to promote school
  meals when schools were virtual. DINE assisted SNS fund and create signs that were
  placed along busy roads and by school meal sites.
- DINE worked closely with DPS's The Whitted School to create an outdoor learning space and playground. During this work, it was discovered that Durham Public Schools had a policy that prohibited flowering plants close to playground areas.
   DINE worked with DPS to change the district-wide policy.
- DINE helped facilitate the COVID-19 Food Security Task Force. The task force coordinated 100+ partners, helped multiple hunger relief agencies obtain additional funding and resources, and created a new food security coordinator position.

#### Challenges

The pandemic upended many planned programs. DINE's direct education reach was lower than prior to COVID-19. Reaching adults and evaluation were especially hard.

- There was a learning curve with creating videos and providing online virtual nutrition education. DINE opted to maintain its high quality of programming and thus was not able to provide the quantity of work it has in years past.
- During Federal Fiscal Year 2020-2021 (FFY21), the DINE team had several positions vacant due to parental leave, employment transitions, and a Durham County COVID-19 hiring freeze.

#### Implication(s)

#### Outcomes

- o During FFY21, DINE provided direct nutrition education to 5,059 Durham residents.
  - 57% of participants surveyed demonstrated increased knowledge of healthy food choices and benefits of a healthy diet.
  - 66% of survey respondents showed improved behavior related to nutrition.
- o The DINE team facilitated 81 policy, systems and environmental changes reaching 24,863 Durham residents. These took place in Durham Public Schools, childcare centers, food pantries, and farmers' markets. Some of the changes include:
  - Assisting the Black Farmers' Market in becoming a SNAP retailer.
  - The installation of vegetable gardens at childcare centers.
  - Starting food pantries in childcare centers to help enrolled families.
  - The development of district-wide wellness goals at DPS.
- o A "Rethink Your Drink" social marketing campaign reached 6,157 Durham residents with the message "Say Yes to Water." Of those surveyed, 19% showed a positive behavior change or stated they will change their behavior because of the campaign.
- o The attached "DINE FFY21 Evaluation Report" provides a summary of the program's outputs and outcomes from this past year.

#### • Service delivery

During FFY21, DINE provided services at 13 elementary schools, 7 middle schools,
 12 childcare centers, 4 farmers' markets, and 6 food pantries. DINE also reaches
 Durham residents via Instagram, Facebook, YouTube, and an e-newsletter.

#### **Next Steps / Mitigation Strategies**

- DINE will modify its programming based on the FFY21 evaluations.
- DINE will add Healthy Vending and Durham Food Resource Map programs in FFY22.
- DINE will resume in-person nutrition education during FFY22.

Division / Program: Health Education & Community Transformation / Adverse Childhood Experiences and Resilience

(Accreditation Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

#### **Program description:**

• The Adverse Childhood Experiences (ACEs) and Resilience Coordinator (Coordinator) was hired in August 2020. In this position, Jess Bousquette supports the activities of the Durham Adverse Childhood Experiences and Resilience Taskforce (DART), contributes to the development of the Durham Early Childhood Action Plan, and works to increase trauma-informed care within the Durham County Department of Public Health (DCoDPH). A full program description is available in Appendix I.

#### **Statement of goals:**

- Implement key DCoDPH ACEs and Resilience priorities in partnership with the Durham ACEs and Resilience Taskforce
- Develop strategic goals for Durham County Department of Public Health related to adverse childhood experiences, trauma-informed care, and resilience
- Create a resource development approach for Durham County Public Health to contribute to ACEs and Resilience work

#### **Issues:**

#### • Opportunities

- The ACEs and Resilience Coordinator worked with DART members to identify coleaders for 3 of its 4 work groups, including diverse experiences and expertise, to help guide and propel the work of the Taskforce.
- The Durham Early Childhood Action Plan (ECAP) was launched in September (summary in Appendix II). The ECAP was created with leadership from almost 150 parents, caregivers, early childhood providers, community leaders, and institutional leaders. The Coordinator serves as a DCoDPH co-representative to the implementation steering committee and is working on dissemination within DCoDPH and with our clients. This includes coloring books that present the goals of the plan in child-friendly language that will be available in the COVID-19 Vaccine Clinic, Nutrition Clinic, Dental Clinic, Clinics 5 & 6, and the Women's Clinic.

#### Challenges

- O DART membership has been in flux with staff changes and turnover at partner agencies, including one work group co-lead.
- o COVID-19 continues to stretch the capacity of our partners and staff.

#### Implication(s):

#### Outcomes

 The Durham ACEs and Resilience Taskforce continues to meet on at least a bimonthly basis.

- The Coordinator created and convened a Trauma-informed Care Task Team within DCoDPH to support the Department's efforts to become more trauma-informed.
- In Summer 2021, the Coordinator supervised a graduate public health student to develop a plan to evaluate ACEs and resilience work within DCoDPH and DART. The research and recommendations from this work are informing state-wide conversations about measuring ACEs and resilience work.

#### • Service delivery

- The Coordinator hosted a screening of "Resilience: The Biology of Stress and the Science of Hope" for members of the Health Education and Community Transformation Division in October 2021.
- The Coordinator hosted a lunch and learn on "How does being trauma-informed enhance our work in Health Education?" for the Health Education and Community Transformation Division in November 2021.

#### Staffing

- o The ACEs and Resilience Coordinator is a full-time County position.
- The Health Education Office Assistant supports DART meetings for 2.5 hours a month.
- The Director of Health Education & Community Transformation supports strategic direction and community engagement for DART approximately 5 hours a month.

#### • Revenue

o The County's Adverse Childhood Experiences and Resilience efforts do not provide any revenue generating programs nor receive any grant funds currently.

#### **Next Steps / Mitigation Strategies:**

- The Coordinator will work with DART work group co-leads to complete one year work plans for the work groups and begin implementation in Fiscal Year 2023.
- The Coordinator will work with DCoDPH Leadership on roll out of the trauma-informed care initiative within the Department in Quarter 4 of FY22.
- The Coordinator is working with the DCoDPH Data Scientist to develop an internal dashboard to track key community level metrics related to positive childhood experiences, community adversity, and access to services. Additionally, new Measuring for Results measures will be identified and rolled out in 2022.

#### **Program Summary**

#### **Adverse Childhood Experiences and Resilience**

November 2021

#### **Problem**

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18 and increase the risk of negative, lasting effects on a person's health and well-being. Adversity in childhood can cause toxic stress which can disrupt organ, tissue, and brain development impacting physical health, mental health, social outcomes, and health risk behaviors. Over 15% of North Carolina's children have experienced two or more adverse childhood experiences. These experiences could include abuse, neglect, interpersonal violence in the home, parental substance use, parental mental illness, incarceration, and caregiver divorce. Additionally, children and their families can experience adverse community experiences, such as structural racism, community divestment, lack of affordable housing, and deteriorating physical environments (Annex 1). The Community Health Assessment, Youth Behavioral Risk Survey, Early Childhood Action Plan, and community resources show that children in Durham experience an equally distributed amount of stress and trauma because of systemic racism and other forms of oppression.

#### **Durham County Public Health Commitment**

Durham County Department of Public Health (DCoDPH) is committed to preventing and addressing adverse childhood experiences and their root causes. Our work is grounded in the principles of trauma-informed care and racial equity. We are committed to practicing trauma-informed community engagement that acknowledges harm done by policies and systems to our community, honors history and celebrates culture, commits to long-term sustainability of efforts, ensures consistency, makes community accomplishments visible, supports clear and meaningful engagement structures, and promotes safety.

Durham County has already made several key commitments to addressing and preventing adverse childhood experiences. In November 2018, the Board of County Commissioners passed Resolution 18-1134, "Resolution to Support the Actions to Become an Adverse Childhood Experiences (ACEs) Informed Community and the Development of an ACEs Community Resilience Plan." The resolution acknowledges toxic stress and adverse childhood experiences as a "growing public health crisis for the state with implications for the state's educational, juvenile justice, criminal justice, and public health system." In June 2020, the Board of County

Commissions reiterated their commitment to addressing and preventing ACEs in their Racial Equity Resolution. The County has committed to "to always promote and support policies that prioritize the health of all people, especially people of color by mitigating exposure to adverse childhood experiences."

#### **Approach**

Durham County Department of Public Health recognizes the history of community-rooted organizations in Durham who have been working to address ACEs and build resilience for decades. Our approach honors that work by not duplicating their interventions, addressing systemic drivers of ACEs, supporting a data hub to monitor county-wide indicators of ACEs, community adversity, and positive childhood experiences, providing coordination support and working to increase the resources for ACEs prevention and response work in Durham.

#### **Solutions**

Positive childhood experiences, which include safe, stable, and nurturing relationships and environments, can outweigh experiences of adversity. Durham County Department of Public Health will support the development of these critical relationships and environments using the following strategies:

- Promote social norms that protect against violence and adversity.
- Teach social emotional skills, healthy relationship skills, parenting skills, and family relationship approaches.
- Promote organizational and county-wide policies that create the context for healthy children and families.
- Ensure training and ongoing professional development opportunities for all Public Health staff on ACEs, trauma, and trauma-informed care.
- Address secondary stress and trauma among County staff.
- Support collaborative efforts across the county including the Durham ACEs and Resilience Taskforce (DART) and the Early Childhood Action Plan.

While not part of the ACEs and Resilience program, the Department of Public Health's work uses the following strategies:

- Strengthen Economic Supports for Families
- Ensure a Strong Start for Children

#### **Initial Outcomes**

By July 2023, the ACEs and Resilience Program intends to achieve the following in Durham:

- Increase the number of people who are trained in ACEs, resilience, stress management, and trauma.
- Increase the number of children who have access to socio-emotional skills resources and learning opportunities.

- Increase the number of caregivers who have access to socio-emotional skills resources and learning opportunities.
- Develop an agenda to promote trauma-informed practices and policies in Durham.
- Report on primary barriers to accessing existing resources for prevention, treatment, assessment, and treatment of adverse childhood experiences.
- Increase the number of public health, education, justice, and healthcare professionals who receive training in trauma-informed care in partnership with DART.
- A professional quality of life survey shows a decrease in compassion fatigue, burn out, and secondary traumatic stress among Durham County Public Health staff

Longer-term outcomes and impact indicators are available in the table on page 3.

#### Resources

The ACEs and Resilience Program has a current budget of \$40,000 in County funds for FY 21-22. This funding is largely for supporting the Durham ACEs and Resilience Taskforce, implementation of the ACEs Community Resilience Plan and implementation of related work in the Early Childhood Action Plan. The ACEs and Resilience Program has one full-time coordinator, Jess Bousquette. Two additional DCoDPH staff support the ACEs and Resilience Program with about 2-5 hours a month each.

#### Out of scope

While there are additional strategies that are evidence-based for preventing and mitigating ACEs, not all of them are within the capacity or expertise of DCoDPH. Many of these strategies are well supported within the wider Durham community or other DCo programs. Based on the expertise and capacity of DCoDPH, the following strategies are out of scope for this program:

- Mental healthcare
- ACEs screening of clients or staff when not supported appropriate referral pathways nor screeners that are trained in ACEs screeners
- Treatment to lessen harms of abuse and neglect exposure
- Connection for youth to caring adults and activities (after-school programs and mentoring programs)



## **GROWN**

IN

# **DURHAM**



Durham County's Early Childhood Action Plan

September 2021

























#### INTRODUCTION

There are nearly 35,000 children from birth through age 8 in Durham County. We believe each and every child deserves to grow up in a community where they can THRIVE.

In 2019, the North Carolina Department of Health and Human Services released North Carolina's Early Childhood Action Plan (ECAP). The plan sets forth a bold vision for North Carolina's children, focused on making steady progress towards achieving ambitious goals relating to children's health and development, safety and well-being, and learning.i

Building off this statewide work, **Durham is now the first county** in the state to create an ECAP specific to our community. We are thrilled to share this report, "Grown in Durham: Durham's Early Childhood Action Plan," which serves as a blueprint for strengthening our early childhood systems in Durham. It was a collective labor of love and created with leadership from almost 150 parents, caregivers, early childhood providers, community leaders, and institutional leaders and the input of more than 1,000 parents across Durham who all had a little one in mind.

This report documents our work together over the past year, and it is intended to serve as a living, breathing document. Change is constant and the plan should be flexible and emergent. Implementing the strategies in the plan will require sustained funding, attention, and deep relational work to build trust and challenge our own beliefs and assumptions about the way our systems work. We are looking forward to getting started.

#### Why do we need an Early Childhood **Action Plan (ECAP) in Durham?**

In Durham, not all children and families have the same opportunities to thrive. We believe all children deserve to grow up healthy, in safe and nurturing communities, where they can play, learn, and be ready to succeed in school and life.

To make this vision a reality, we need to work together to acknowledge, address, and dismantle the root causes\* of the persistent disparities in early childhood outcomes.\* The systemic racism\* and oppression\* faced by many families and communities in Durham-especially our communities that identify as Black, Indigenous, and People of Color (BIPOC)\*—have been the focus of our collaboration and planning. Racism\* and poverty, and their economic, social, environmental, and health consequences, hurt our little ones in a unique way. Struggling to secure stable, safe housing, healthy foods, adequate healthcare, living wages, and more puts stress on a family and that stress is felt deeply

<sup>\*</sup>Words marked with an asterisk can be found in the Durham ECAP Glossary.

#### INTRODUCTION

by young children. The first years of life are a time of rapid brain development that sets the foundation for the rest of a child's life, and experiencing toxic stress\* can have long-term impacts on a child's development.

The COVID-19 pandemic has further revealed the systemic challenges and inequities that hold families back. Increasing poverty and unemployment, difficulty accessing healthcare and childcare, challenges with virtual learning, and increasing isolation and stress have placed heavy burdens on families in our community. As we respond to COVID-19 together and address racial injustices in Durham, this planning process has provided an important opportunity to bring our community and resources together towards shared goals in support of all our young children.

#### Who created the Durham ECAP?

The Durham Children's Initiative (DCI), with support and funding from Durham County, has convened families, community members, and more than 50 family- and child-serving agencies to imagine a stronger, more aligned and equitable early childhood system.

Over 1,000 parents, guardians and other caregivers of Durham's young children shared their ideas and leadership and helped create the plan. The stories, experiences, and leadership of parents and community members supporting young children in Durham have shaped the recommendations and strategies in the plan. Parents who have had to choose between paying rent, paying for child care, or paying for medical bills. Early childhood educators who do not earn enough to financially support their own children. Doulas who witness pregnant mothers' and birthing people's health concerns not being taken seriously. Immigrant and refugee families who are navigating a system with inadequate language or cultural supports in place. Learning from those who are closest to the challenges, including parents, front-line workers

like early childhood educators, doulas, and social workers, and community leaders, was critical to the development of this plan

#### How will we use the plan?

Durham has used the ECAP planning process as a starting point to set goals, recommend strategies, and create action plans to ensure every young child in Durham can thrive. This will require working together as a comprehensive system across sectors in partnership with families and communities. This plan has provided an opportunity to imagine a better future together—a chance to look inward and address root causes behind the disparities we see. To create a better future requires imagination—we have not yet seen a just, equitable world for our children to grow up in. This is hard work that requires time, trust, creativity, and attention.

How we come together to support our babies, toddlers, and young children speaks to our values and priorities as a community. We hope this plan encourages our entire community to deepen investments in upstream solutions that create better conditions for young children and their families to thrive. Most importantly, we hope this plan will amplify the voices of those most affected by these systems' challenges and identify resources to bring their ideas and solutions to life. We have a unique opportunity to build off the momentum of federal funding for early childhood in the American Rescue <u>Plan</u>. Implementing the recommendations in this plan will require funding and support from across the community and beyond. It is worth it for our children and for Durham's future.

#### **NOTE:**

Throughout this plan, we will use the term parent\* to refer to any individual who is parenting a child—this can be a biological parent, grandparent, aunt, uncle, other family member, godparent, older sibling, guardian, foster parent, adoptive parent, or anyone who is the primary caretaker for the child.

#### The Durham ECAP Recommendations Seek to:

Value the voices and experiences of families in our community.

Ensure there is a set of universal, family- and childfocused supports that promote thriving for all.

Address root cause issues in an upstream way that prevent acute stress and trauma for families.

Ensure there is a set of culturally affirming,\* anti-racist,\* affordable supports that are responsive to/address family stress and trauma, as we work on the root cause issues.

Change harmful mental models\* that prevent early childhood systems from changing in necessary ways.

Break down silos and build intentional cross-sector collaboration so we can strengthen our early childhood system as a whole.

#### REFLECTIONS ON PROCESS OF ECAP

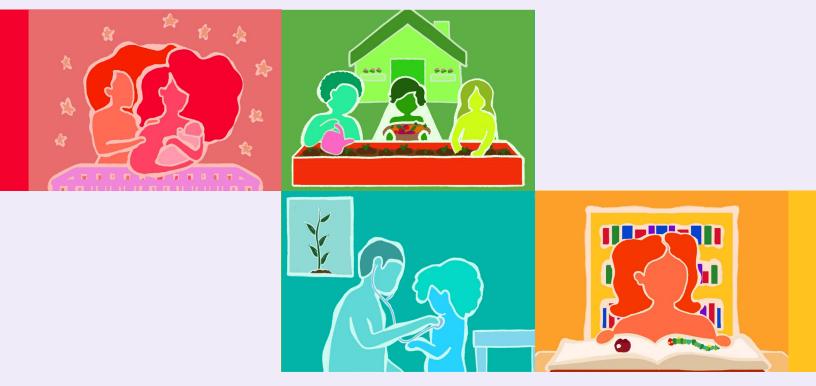
(Reflections by Joy Spencer, Edits by Joy Lampkin Foster)

We noted the following about the process of formulating Durham's Early Childhood Action Plan.

A major red flag at the beginning that indicated an inequitable process was that the same relatively powerful players (institutions and individuals) that are typically at the table to set priorities, formulate plans, set policies and determine funding allocations and/or receive funding in Durham were involved. For the past decade or longer, the same players have been leading and we have not seen resources trickle down to the community in ways that empower and transform communities most affected by pressing human rights issues.

Specifically, the major government institutions, academic and medical institutions, and larger, more well-funded nonprofits were co-chairing the four ECAP workgroups and serving on a Governing Body. These are the same systems that, as they work to care for and support families and children, can also cause harm and perpetuate inequities. Yet, we had people leading the Early Childhood Action Plan who are paid to maintain those systems.

To begin to address this we reached out to a few community-rooted\* leaders to ask them to join ECAP. Community-rooted folks who were present began to call out the lack of equity in the process and invited in other community-rooted leaders into ECAP to balance out lack of diversity in perspective and power. The presence of more community-rooted leaders in ECAP meetings awakened others participating in ECAP to the possibility that ECAP could be done a different way than other processes in Durham. Of critical importance is the fact that ECAP leadership actually listened to and implemented the advice of community-rooted leaders often.



Key factors that made receiving and implementing the advice of communityrooted leaders challenging include:

- Systems-heavy and institution-heavy leadership and the uncertainty of institutional and system leaders around what it might look like to do something different. For example, some of these leaders could not envision how to include and/ or center community-rooted models. Some were closed-minded as opposed to approaching the ideas of community-rooted leaders with curiosity, wonder, imagination and open-mindedness.
- Institutional/systems leaders overriding the wisdom of community-rooted leaders with reports, statistics, "evidence-based" information, and other data.
- Institutional/systems leaders not truly wanting to partner and power share with communityrooted leaders.
- Some ECAP participants thinking they were allies but not truly doing the real work involved in genuine allyship.
- Other limiting beliefs and mental models held by systems leaders and institutional leaders.



A key factor in helping to move forward through these challenges to a more equitable process and hopefully more equitable outcomes was the eventual hiring of a community-rooted leader to lend their capacity to bring intentions around equity to life. In other words, having a community-rooted leader in a top decision-making/advisory role.

ECAP fell short in its process as it pertains to equity. This is in large part because of how it began. It did not start with community-rooted leadership. When you think of including community-rooted folks as a hindsight instead of at the beginning of a process, you miss the mark.

We do, however, think that through the iterative process of continuously bringing in more community-rooted expertise, we were able to get closer to equity than otherwise would have been.

We know that in order to get equitable outcomes, we must have equitable processes. Equitable processes always begin with working alongside those who are most impacted from the beginning of any endeavor. We believe that everyone in our community has role to play in advocating for and ensuring equitable processes and that by doing so we will begin to truly empower our youngest citizens.

#### WITH GRATITUDE

It is with the deepest gratitude that we acknowledge all of the people who have come together to envision a better future for Durham's children. The Durham Early Childhood Action Plan was made possible with the energy and commitment of more than 1,500 people across the County. We also acknowledge the many, many people and parents who we were unable to connect with directly due to barriers in the planning process. Each and every person in Durham has something to contribute to making our community a better place for children and families.

We acknowledge that the land that Durham County occupies are the ancestral lands of the Shakori, Eno, and Tuscarora people and we acknowledge the violent history of settler colonialism.\* Today, North Carolina recognizes eight tribes: Coharie, Lumbee, Meherrin, Occaneechi Saponi, Haliwa Saponi, Waccamaw Siouan, Sappony, and the Eastern Band of Cherokee. We recognize those peoples for whom these were ancestral lands as well as the many Indigenous people who live and work in the region today.<sup>ii</sup> We acknowledge that in Durham we live, work, and raise our young children on stolen land.

#### **ECAP Participants Representented the Following Organizations**







































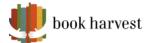






















Public Health



















































We acknowledge that Durham has been built and developed on wealth extracted from the "labor of enslaved Africans and their ascendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow. We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of that violence throughout the generations and the resulting impact that can still be felt and witnessed today."iii

We choose to name the historical oppression and continued inequities throughout this report, but by no means intend to diminish the incredible strength and joy cultivated within communities that have experienced intergenerational trauma and systemic racism.

We also acknowledge the time, energy, wisdom and dedication that all ECAP participants have brought to this challenging process during a challenging year. There has been incredible collaboration and participation from people across our early childhood system. We are deeply grateful. A special thanks is owed to the diverse group of parents, community members, providers and leaders and the varying organizations and communities they represent.

Below we recognize the ECAP governing body, workgroup co-chairs and participants, action planning teams, review teams and advisors to the process.

#### **ECAP Participants**

Alex Livas-Dlott Amber Wells Amelia Windemuth Ana Luna\* Angelina Schiavone Anthony Scott Arssante Malone Asael Salinas Ashley Bass Mitchell Ashlev Taylor Jacobs\* Atigré Farmer\* Aubrey Delaney Aurelia Mangum-Brown\* Avilamar Bastidas-Castillo\* DeDreana Freeman Barbara Grav Barker French Ben Rose Berkeley Yorkery Dr. Beth Gifford Betsv Broaddus Bonnie Delaune Brie Dorsey **Brittny Lassiter** Caitlin Georgas Carla Peake Carmen Alban Cass Wolfe Cate Elander

Cathy Collie-Robinson

Charryse Fredrick-Omari\* Heidi Carter

Chasity Newkirk Chelsea Swanson Cheri Coleman Chi Vo Christa Twyford Gibson Danielle Caldwell\* Danielle Haynes Danielle Johnson Darryl Barnes David Reese Deborah Bryson Dr. Deborah Pitman Dr. Debra Best Deric Boston Donna Rewalt **Drew Cummings** Dr. Elizabeth Erickson Elizabeth Granby Elizabeth Snyder-Fickler Ellen Reckhow **Emily Metzloff** Emmy Eide Ennis Baker Erika White Erin Matoko Evelvn Ramirez Faridah Bahume Gisele Crawford Dr. Collin McColskev-Leary Grace Smith

Holly McCoy\* Humberto Trejo\* Iris Reese J'Taime Lyons Jameka Wells James Keaten Janice Blackstone Jaqueline Rivera Jarice Singleton\* Jason Williams\* Jennifer Meade Jenny Elander Jess Bousquette Jess Schultz Dr. Jillian Hurst Josephe Featherstone Jovetta Whitfield Jovonia Lewis Joy Lampkin Foster\* Joy Spencer\* Juana Domínguez\* June Shillito Dr. Karen Carmody Karen Halpin Karen McLeod Karlene Fyffe Phillips Katharine Cannon Katherine Carpenter Katie Starr Kelly Cosby\* Kelly Eppley

Kelly Jasiura Dr. Kelley Massengale Dr. Kelly Sullivan Kendell Dorsey Kiiuanna Monk\* Kimberly Chavis Kristen Stefureac Kristin Meola LaDonna Brown LaRhonda Leslie\* LaShay Richards\* LaTida Adams\* Laura Mevers Leigh Bordley Leslev Babinski Lician Hernandez Linda Chappel Linden Thayer Lindsay Terrell Lindsev Bickers Bock Lori Henderson Lorisa Seibel Love Anderson\* Dr. Maria Small Mary Davis Mary Mathew Maya Jackson\* Megan Pender Melissa Ordonez\* Michael Page Michelle Sage\*

Monica Richardson Dr. Monique Link Monnie Griggs Moriah Swick Nadiah Porter\* Nancy Henley Nicole Bagley Nicole Lawrence Niva Kendrick\* Dr. Oveta McIntosh-Vick Patience Mukelabai Paula Wright Pilar Rocha-Goldberg Portia Pope Quanesha Archer Rachel Galanter Rachel Stine Rachel Taylor Randy Trice\* Rebecca Planchard Rhonda Stevens Rikyla Turrentine\* Rochelle Sanders\* Rowena Mudiappa Saidah Ali-George\* Sandra Rojas\* Sarah Allin Sarah Reives Sarah Smith Sara Platek Dr. Sarahn Wheeler

Shannel Hall<sup>3</sup> Sharvn Flood Shawn Kuka Shefte Sheila Arias\* Sky Rusciano Sonya Ulrich Stephanie Smith\* Sue Cotterman Susan Yaggy Tamara Vanie\* Tameka Brown\* Tammy Ferrell\* Tara Parrish\* Tasha Melvin Tavaris Adams Taylor Webber Fields\* Tiffany Solomon\* Tosh Adams\* Tracee Ferguson Tracy Howell\* Tricia Howard\* Dr. Wanda Boone Wendy Vayrousek Wilmarie Cintron-Tyson **Xavier Cason** Yesenia Carlon\* Yolanda Barrera\* Yucconda Porter\* Yuliana Lopez Zellua Sistrunk-Moore Zulavkha Clemons-Dunn

Shalicia Jackson

**Funders and Facilitators of the Planning Process: Durham County and the Durham Children's Initiative (DCI)**  For a full list of the participating individuals, organizations, focus groups and other contributors, see "Our Acknowledgements."

<sup>\*</sup> Parent and Community Leader; honored and recognized for their contribution and expertise with compensation

#### **DURHAM ECAP OVERVIEW**

## What is in Durham's Early Childhood Action Plan?

Click below to navigate through the report

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How we created this plan as a Durham early childhood community.

**VISION** 

What Durham wants to see for young children from birth to age eight, their families, and our early childhood systems.

**SYSTEM OVERVIEWS** 

Key strengths and challenges of our early childhood system in Durham to be able to implement the recommendations and meet the targets and sub-targets of the NC ECAP.

**RECOMMENDATIONS** 

Proposals for how we use the strengths of our early childhood system to address the challenges and create a community where all children thrive.

**STRATEGIES** 

Proposed steps (~3 per recommendation) to be taken by individuals, agencies, groups, organizations, or others in Durham to bring the recommendation to life.

As a first step of implementation, these strategies will be reviewed in depth with the proposed implementation partners to confirm feasibility, resource needs, and implementation plans.

**ACTION PLANS** 

Plans with specific, measurable, actionable steps to implement each strategy.

As a first step of implementation, these proposed action steps will be reviewed in depth with the proposed implementation partners to confirm feasibility, resource needs and implementation plans.

**INDICATORS** 

County-level indicators identified by the NC ECAP to measure population-level progress towards reaching our shared vision as we implement the recommendations.

#### **OUR PROCESS**

## **ESTABLISH**



- North Carolina created the Early Childhood Action Plan (ECAP).
- Durham County and Durham Children's Initiative partnered together to create the first County-level ECAP.

## **PREPARE**



- Hired planning team (DCI ECAP) Project Manager and Durham County Early Childhood Coordinator).
- Built relationships with early childhood and community leaders and prepared to launch the planning process.

## **DISCOVER**



100+ people came together into 4 ECAP Workgroups.



Listened to the wisdom of parents and communities about their experiences raising and supporting young children in Durham.



Examined local and comparative data for each of the NC ECAP targets and sub-targets.



Mapped all of the early childhood services and resources in Durham.

## **DESCRIBE**



Identified our 12 goal areas, targets, and sub-targets to focus on in the Durham ECAP.



Documented the strengths and challenges of our early childhood system to meet the ECAP goals, targets, and sub-targets and our progress towards those targets.

## **IDEATE**



Prioritized 200+ strategies identified by 1) 1,000+ Durham parents, guardians, and caregivers, 2) workgroup participants, and 3) existing local, state and national reports.



Reorganized 80+ highest priority strategies into 21 Durham ECAP recommendations

### **ITERATE**



21 small Action Planning Teams worked together to review ideas from parents, research and data to prioritize ~3 strategies to bring each recommendation to life.



Shared their proposed strategies with ECAP Reviewers, parents and community members, direct service providers, and other experts to revise their action plans.

## WRITE + REVIEW



Wrote the Durham Early Childhood Action Plan and reviewed with many stakeholders.

#### PREPARE TO IMPLEMENT



- · Launching an ongoing collective decision-making structure.
- Prioritizing strategies for implementation and raising funds.
- Setting up long-term staffing, communication and collaboration structures.

#### **OUR PROCESS**



#### Limitations

There were limitations to our work that we want to share to help inform any future participatory planning processes. For a full reflection of the limitations, please read the full Durham ECAP document, "Our Process."

Systems change work requires building trust and trust-building requires sustained time. This is only the beginning and we hope to learn from these limitations to build a stronger network of local, early childhood changemakers.

Our biggest limitation was our ability to fully center voices from marginalized\* communities in Durham. Parents' voices and the voices of those with lived experience navigating our early childhood systems must be central to any early childhood systems change efforts. Despite efforts to shift and respond to feedback along the way, we recognize that the design and nature of this planning process was not fully equitable. For instance, the parent survey respondents skewed wealthier, whiter, and highly educated. In response, trusted community leaders held focus groups and more targeted community conversations to prioritize needs, dreams, and ideas from BIPOC communities, particularly BIPOC families with low wealth. The planning process itself shifted as well to move from larger workgroups to smaller action planning teams to address barriers

**Over 150 ECAP participants**, including parents, early childhood providers, and system leaders

More than 1,000 parents, caregivers, and guardians who shared their ideas

**More than 50** early childhood educators and child care directors

**More than 250 hours** of cross-agency and community conversation on Zoom

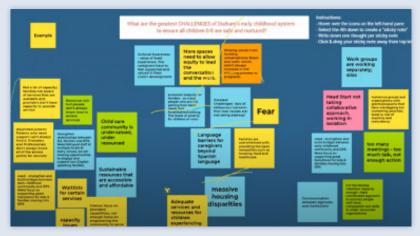
**13 conversations** with early childhoodfocused committees and taskforces

21 recommendations

**58 strategies** 



Basic Needs Workgroup Meeting on Zoom, October 2020



Google Jamboard from Safe and Nurtured Workgroup Meeting, September 2020

that included language, meeting times, pacing, and communication style of the meetings. Despite these efforts, we recognize that we did not do enough to intentionally create accessible opportunities hear from parents with disabilities, LGBTQIA+\* parents, Asian-American and Pacific Islander communities, children, youth, parents who have lived experience with child protective services, and justice-involved parents. As we move forward, the implementation team will need to build relationships with trusted community leaders and members of these groups.

The other major limitation relates to the breadth of the plan. We made an intentional choice to focus on root cause issues that drive disparities in early childhood outcomes, and this choice means that

our plan is more comprehensive and far reaching than expected. Because of this, in addition to our not adequately engaging marginalized parents, we also were not able to fully leverage other types of expertise in our community that relate to all of the systems that are included in our plan. Followups will be needed, and the plan may shift as we continue to learn from those with lived and content expertise in these areas.

Systems change work requires building trust and trust building requires sustained time. This is only the beginning and we hope to learn from these limitations to build a stronger network of local, early childhood changemakers.

#### **Parents and Caregiver Voices**

While the planning process had its fair share of limitations, we have also worked hard to be transparent and responsive to parent and caregiver voices. Below are just a few examples of the many perspectives, dreams, and ideas from Durham parents and caregivers that fuel the change we wish to see for our families and young children.

#### **BEST PART OF SUPPORTING DURHAM'S YOUNG CHILDREN:**

Going in and seeing the smiling faces; hearing the first words; seeing them taking their first steps; seeing their parents' faces when they're growing up.

**Durham Early Childhood Educator** 



**Durham K-3 teacher** 

## STRENGTH IN MY COMMUNITY THAT SUPPORTS FAMILIES WITH YOUNG CHILDREN?

Local organizations that provide supports and care (starting at prenatal) for families with young children

**Durham Parent** 



Other parents willing to help each other.

**Durham Parent** 

A lot of black and brown leadership and brilliance.

**Durham Parent** 

# BIGGEST CHALLENGE I HAVE FACED RAISING YOUNG CHILDREN IN DURHAM:





My own self care.

**Durham Parent** 

Going back to work because of the fact that daycare is so expensive and we cannot afford it.

**Durham Parent** 



We need more money, people providing childcare paid living wages, and a Universal Basic Income.

**Durham Parent** 

Free universal preschool (at the very least for those who need it) and paid family leave.

**Durham Parent** 



#### **VISION**

#### **Durham's Early Childhood Action Plan**

All Durham's children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities.

#### **Early Childhood Systems Strengthening**

The early childhood system as a whole is aligned, sustainable, accessible, and values the expertise and leadership of the communities caring for children.

#### **Basic Needs**

Children grow up in families, schools, and communities where basic needs are met.

#### Safe & Nurtured

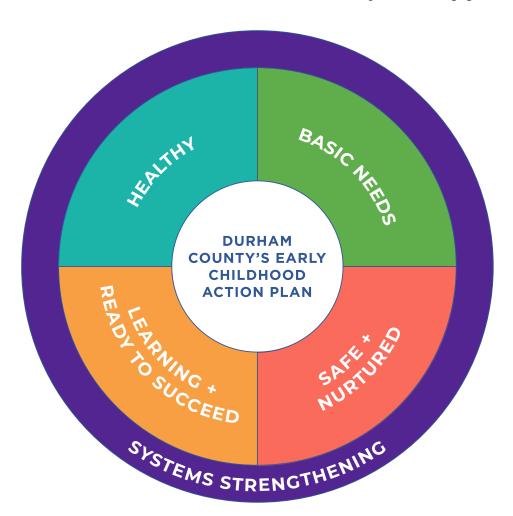
Children grow confident and resilient in safe, stable, and nurturing families, schools, and communities; parents are supported and knowledgeable about child development.

#### **Healthy**

Children from birth through age 8, mothers, and birthing people\* are healthy\* and thrive in environments that support their health and wellbeing.

#### **Learning & Ready**

Children are surrounded by the support they need to be curious, explore, and engage in their own learning.





#### **Our Early Childhood System**

Durham County's early childhood system "includes all the places and people that influence the experiences of children, prenatal to age eight, and their families."<sup>iv</sup>

These places may include a child's home and neighborhood, Family Child Care Homes (FCCH) and child care centers, elementary schools, public parks, doctor's offices, and more. The people may include family members, friends, early childhood educators, doctors, nurses, doulas, teachers, therapists, social workers and more. All of these people and places that influence young children and their families in Durham, also exist within a broader historical, social and political context.

## 34,799 Children

from birth through age 8 in Durham County.<sup>v</sup>

Through the ECAP planning process, we explored the strengths and challenges of the following key parts of our early childhood system in Durham:

#### **Family Support System:**

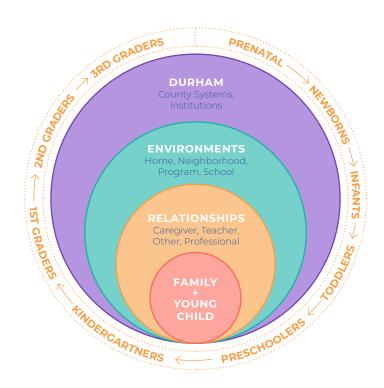
The system of people, institutions, and resources that support families' social-emotional health and access to basic needs in a society that does not allocate resources equitably. This system is supposed to help ensure that all families have their **basic needs** met and that all children are safe and nurtured.

#### **Maternal and Child Health System:**

The system of people, institutions and resources that support family and child health. This system is supposed to help ensure that all children in Durham are **healthy**.

#### **Early Learning System:**

The system of people, institutions, and resources that support a child's early learning and play at home, in the community, and in educational settings. This system is supposed to help ensure that all children are **learning and ready to succeed**.



Adapted from the Colorado Early Childhood Framework

Based on analysis of relevant data and listening carefully to the perspectives of parents and people across all parts of our early childhood system, the six following themes emerged.



## Themes from Across Durham's Early Childhood System

#### THEME 1:

Focusing on Root Causes Behind Disparities in Early Childhood Outcomes

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#### Primary takeaway:

In order to see significant improvement in persistent disparities in early childhood outcomes, we must tackle racism and poverty directly.



THEME 2:

Centering Parents and Communities with Lived Experience as Experts

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#### Primary takeaway:

Too often the parents and communities who are closest to the challenges with our early childhood system are not the ones centered in decision-making about what should happen to address those challenges.

Include and involve those with lived experience at the beginning and give them decision making power. SHARE THE POWER.

**ECAP Participant** 

#### **THEME 3:**

Supporting Families within Contexts of Culture and Community

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#### Primary takeaway:

Families want to receive support and care within the context of their cultures and communities in a way that promotes a sense of belonging. Not enough providers and decision makers that reflect the population served.

**ECAP Participant** 



Too much blame on parents, and not enough blame on system for creating these inequities.

**ECAP Participant** 





#### **THEME 4:**

Building Awareness About and Investment in Supports during Early Childhood

Primary takeaway:

We must build on existing momentum and expertise to help everyone understand the value of attention to—and investment in—the early years.

As a teacher, I see how all the toys have a purpose and I can see how they develop as a child, their language, their mind...
But as parents we all need more parent education to understand the value of the classroom and the value of playing.

Durham Parent + Early Childhood Educator

#### THEME 5:

Strengthening the Network of Services, Programs, and Resources Available to Families

Primary takeaway:

Durham is rich in resources for families, but in order for all families to have access to these resources, we need to make the service system easier to understand and address barriers to access and usability. Create a user-friendly system to help families not feel threatened or not understanding, help us to feel comfortable to navigate.

**Durham Parent** 

#### THEME 6:

Communication and Collaboration Within Durham's Early Childhood System

Primary takeaway:

Durham has a strong history of collaboration and there are opportunities to reduce duplication and improve communication and data sharing.



Desire to communicate across organizations with shared goals.

**ECAP Participant** 





# **Our Family Support System**

The system of people, institutions, and resources that support families' social-emotional health and access to basic needs in a society that does not allocate resources equitably. This system is supposed to help ensure that all families have their basic needs met and that all children are safe and nurtured.

> Everything is calm when needs are met and it becomes angry and agitated when they're not.

> > **Durham Parent**

## **Basic Needs**

Supports and system change efforts to ensure all families have:

**Economic** security and prosperity



"It's hard to live decent even with a good job."

- Durham Parent

46% of Durham County's young children aged 0-6 live below 200 percent of the federal poverty levelvi

**Enough healthy,** nutritious and culturally relevant food



"It's expensive to make sure we have healthy food in the house and I have a two-income household."

- Durham Parent

20.2% of children in Durham are projected to face food insecurity in 2021vii

Safe and secure housing



"Difficult to get housing. Even a 1 bedroom is unaffordable."

- Durham Parent

19.2% of households spend at least 30% of their income on housingviii

Access to basic family essential supplies



"Mothers donating milk, formula, and baby food on social media."

- Durham Parent

**15.2%** of the need for diapers is met in Durhamix



# Our Family Support System (Continued)

Something going through my mind constantly lately is having more social and emotional support for my kids. We have to recognize that we're going through things too as men, but then we need to recognize what we need to do for our children in that respect. My kids are really going through it right now.

It's hard, man.

**Durham Parent** 

# Safe and Nurtured

Support and system change efforts to ensure all children are safe and nurtured include:

Efforts to promote community safety and wellness



"I've been excited seeing him take his first steps and seeing him meet his milestones, but then you see what's going on outside and you need to be more prepared and hypervigilant."

- Durham Parent

**#1** top community issue identified by Durham County residents is violent crime<sup>x</sup>

Social-emotional and mental health support for parents and families



"There are moments when I feel like I'm going crazy not being around adults and keeping up with school, night shifts at work, and getting support for my youngest with a developmental delay. My own mental health is a big barrier."

- Durham Parent

**#2** top health problem identified by Durham County residents is mental health<sup>xi</sup>

Social-emotional and mental health support for children



"I think we are afraid cause of the stigma. The children will then be labeled as a child with emotional problems."

- Durham Parent

**37%** of parents surveyed for the Durham ECAP had concerns about their child's emotions and behaviors in the last 12 months<sup>xii</sup>



# **Our Maternal and Child Health System**

The system of people, institutions and resources that support family and child health. This system is supposed to help ensure that all children in Durham are **healthy**.

Maternal and child health are closely linked and significantly influence each other. Maternal health covers preconception through postpartum and interconception periods. Child health begins in utero and continues through birth and transitions to pediatric care once the child is born. Maternal and child health both influence and are influenced by access and outcomes across other parts of our early childhood system.

#### **Maternal Healthcare**



"Giving birth at the hospital was not a good experience."

- Durham Parent

Babies born to Black mothers in Durham County are 4.42 times more likely than babies born to white mothers to die before their first birthdayxiii

#### **Child Healthcare**



"Some kids don't have healthcare access whch can impact their future when they grow up."

- 9th grader at Durham Public Schools

**62.6%** of children aged 0-15 months and 68.8% of children ages 3-6 years who are enrolled in Medicaid and Health Choice received regular well-child visitsxiv

Aside from COVID, I would say [my biggest challenge has been] navigating the system of care and paying for care for my child with congenital heart defects.

**Durham Parent** 





# **Our Early Learning System**

The system of people, institutions, and resources that support a child's early learning and play at home, in the community, and in educational settings. This system is supposed to help ensure that all children are **learning and ready to succeed**.

90% of brain development happens before age 5, so learning and play at home, in the community, in early care and education settings, and in elementary school through age 8 sets the foundation for the rest of a child's life. Ensuring that early learning environments are developmentally appropriate and engage children in their own learning through play and exploration is critical. The earlier that concerns with how a child is developing are identified, the easier it is to address them to support that child's later development and learning.

Early Learning at Home and in Community



"Parents are the first educators of our children which is why we have a difficult but very important job."

- Durham Parent

**74.6%** of parents surveyed for the Durham ECAP with children 0-4 are likely to participate in free programs that support families with early childhood learning strategies<sup>xvi</sup>

Early Care and Education



"I make too much money to get any subsidy. I went into debt paying for daycare and pre-K."

- Durham Parent

More than 13% of family income is spent on early care and education in centers and family child care homes, regardless of a child's age<sup>xvii</sup>

Early Intervention



"Parents who already have it in their mind what to look for are able to get into the referral and care system to get diagnosed quicker."

- Durham Parent

**24%** of parents surveyed for the Durham ECAP with children 0-4 and **17%** with children K-3 had concerns that their child might have a developmental delay or disability<sup>xviii</sup>

Kindergarten Through Third Grade



"Being able to identify [with your students] not just because you're Black, but also where you come from."

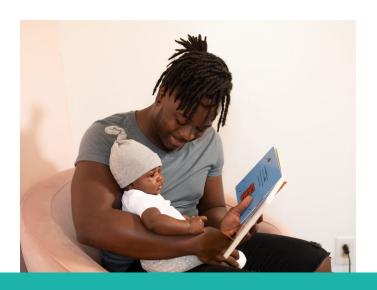
- Durham Parent

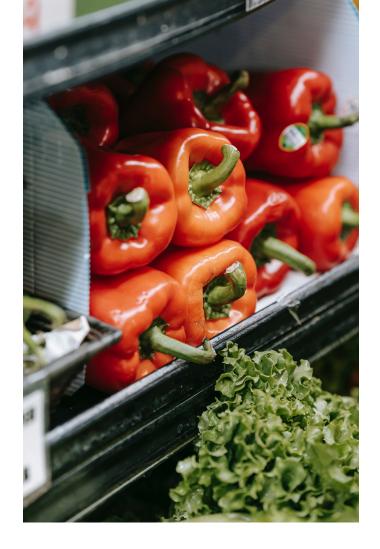
**36%** of Durham Public Schools students were reading above proficiency for 3rd-8th grade students on EOGs<sup>xix</sup>

# RECOMMENDATIONS

# Strengthening Durham's **Early Childhood System**

- 1. Address institutional racism as a root cause and share power with parents and communities.
- 2. Ensure early childhood professionals across sectors are respected, well-compensated, highly trained, and reflect the communities they serve.
- **3.** Increase resource awareness and create an easily navigable service system for families with young children.
- **4.** Facilitate data sharing between agencies and with communities to better understand areas of greatest need, track progress, and promote transparency, accountability, and systemsbuilding.
- 5. Ensure early childhood services are accessible and welcoming to families regardless of immigration status or English language proficiency.
- 6. Expand opportunities for accessible, inclusive, safe, and family-friendly enrichment activities and public spaces.
- 7. Advocate for workplaces that understand and support the needs of families with young children.





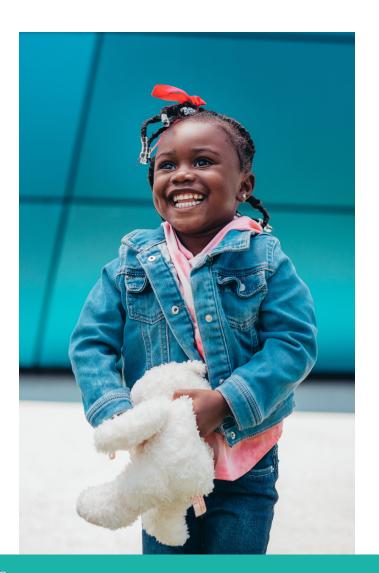
# **Ensuring Durham's Young Children and** their Families Have Their Basic Needs Met

- 8. Ensure families with young children have economic security and opportunities for wealthbuilding and long-term economic prosperity.
- 9. Promote access to safe, stable, affordable, and healthy housing for families with young children.
- 10. Ensure families with young children have access to enough affordable, culturally relevant, healthy food every day.
- 11. Ensure families have the essential family supplies needed to support pre- and post-partum health and to care for babies and young children.
- 12. Provide reliable and free or low-cost transportation to early childhood services.

# RECOMMENDATIONS

# **Ensuring Durham's Young Children Are Safe and Nurtured**

- **13.** Promote preventive and responsive approaches to foster social-emotional, mental health, and resilience\* of young children and their families.
- **14.** Reimagine Social Services and Child Protective Services to become more trauma-informed, anti-racist, and focused on prevention.
- **15.** Ensure birth through 3rd grade learning environments are trauma-informed, culturally affirming, gender affirming, and focused on social-emotional health.





# Ensuring Durham's Young Children Are Healthy

- **16.** Create and implement approaches to culturally affirming, anti-racist maternal and child healthcare.
- **17.** Ensure families have access to convenient, affordable, preventive, and responsive maternal and child healthcare.

# **Ensuring Durham's Young Children Are Learning and Ready to Succeed**

- 18. Invest in a sustainable child care system to provide high quality, culturally affirming, and developmentally appropriate\* early learning experiences that are affordable and accessible to all.
- **19.** Develop a coordinated transition between early childhood education and elementary school that emphasizes developmentally-appropriate practice, exploration, and play.
- **20.** Ensure children with developmental delays and/ or disabilities learn in environments where they can thrive and their families have the support they need to advocate and care for their children.
- **21.** Promote and support early literacy and play for young children starting at birth in partnership with families and caregivers.

Recommendation	Strategies		
01	1.1 Conduct a well-resourced community review process to vet and assess the drafted ECAP for anti-racism, power sharing, equity, and liberation.*		
Anti-Racism and Power Sharing	<b>1.2</b> Engage community-rooted* leaders to lead the implementation of the ECAP with institutions and larger organizations supporting them. Invest in capacity building to fund and support community-rooted leaders' work.		
	<b>1.3</b> Create opportunities that promote constant unlearning, re-learning, growth, and mindset shifts around authentic community engagement, power sharing, and institutional and structural racism for community and system leaders.		
O2 Cross-Sector	2.1 Raise compensation (including pay and benefits) to attract, recruit and retain highly-qualified teachers in all early learning environments. Seek public and private funding sources aimed at sustainability.		
Early Childhood Professionals	2.2 Invest in increasing access to the existing culturally responsive, effective and engaging professional development opportunities for the early childhood workforce in Durham (inclusive of Family Child Care Homes; Family, Friend, and Neighbor Care; specialist positions) that are funded by public and private sources. Ensure early childhood educators are paid for their time. Include paid training/mentoring models to promote quality classroom interactions with young children.		
	<b>2.3</b> Promote a diverse workforce of providers that serve children and families across sectors by strengthening career pathways, including education and training.		
03	3.1 Develop a Peer Navigation program for parents of young children accessing community resources and services.		
Awareness and Navigation	<b>3.2</b> Provide geographically diverse single-stop locations accessible and welcoming to families with young children.		
<b>O4</b> Data Sharing	4.1 Convene a set of community conversations and identify an ongoing community oversight structure to address opportunities and concerns related to early childhood data sharing and inform future data collection and data sharing efforts.		
	<b>4.2</b> Address barriers to data collection and sharing across agencies and age groups so that community stakeholders can continue to identify the areas of greatest need, to track progress in these areas that have been identified as a focus, and to generate funding for strategies that are creating promising results.		

Recommendation	Strategies		
	<b>4.3</b> Pilot data sharing initiatives that support data collection to report on ECAP indicators that are not currently available at the county level and share that data transparently to increase community accountability.		
05	<b>5.1</b> Center language justice* in all services, supports, and programs offered to young children and their families in Durham.		
Language Justice	5.2 Improve service coordination and partnerships among stakeholders to comprehensively address the health needs of people whose native language is a language other than English, people with different levels of schooling, and people who primarily rely on forms of communication that are not written.		
	<b>5.3</b> Expand early learning support in all settings to non-native English speaking families.		
06	<b>6.1</b> Enhance Durham's public spaces and local developments to become more family-friendly, safe and inclusive of all of Durham's residents and to encourage playful learning throughout the community.		
Family-Friendly Public Spaces and Enrichment Activities	<b>6.2</b> Invest in programs and activities that already exist to improve marketing/ promotion and reduce barriers to access (e.g. transportation).		
<b>07</b> Family Friendly	<b>7.1</b> Build a coalition of Durham businesses, families, early childhood experts and labor groups to promote, advocate for, and build awareness about family-friendly workplaces in Durham.		
Workplaces	7.2 Advocate for state and federal family-friendly workplace policies and implement financial incentives for existing/new policies.		
	<b>7.3</b> Empower families with the knowledge and tools needed to advocate for family-friendly workplaces.		
08	8.1 Provide direct cash payments to low- and middle-income parents.		
Economic Prosperity	<b>8.2</b> Support a broad spectrum of parents, guardians, and caregivers of young children to get and sustain careers that provide a living wage, opportunities for wealth-building, benefits, worker protections, family-friendly policies, and opportunities for career progression.		
	<b>8.3</b> Make more equitable entrepreneurial and small business investments to diversify the power to shape culture.		

Recommendation	Strategies		
<b>09</b> Housing Security	<b>9.1</b> Help families with young children prevent evictions and foreclosures including families who are in need of housing support but who are not typically eligible for public assistance.		
Housing Security	9.2 Preserve and expand safe, secure and affordable rental housing. Safe, stable housing leads to improved outcomes for children.		
	9.3 Prioritize families with young children for safe emergency shelter and ensure that young children and families are connected with trauma- informed, culturally, developmentally, and age-appropriate supports.		
10	<b>10.1</b> Make enrollment in supplemental food and nutrition benefits programs, especially during times of disaster and recovery, easier and more flexible for eligible families with small children.		
Food Security	10.2 Expand access to healthy, culturally relevant food to all families with young children who need it, focused on addressing racial injustices in our food system.		
	<b>10.3</b> Increase access to healthy and culturally relevant foods in early learning and pre-K through 3rd grade settings.		
11	11.1 Expand the capacity of programs that increase access to essential supplies such as car seats, diapers, beds, clothing, bottles, breast pumps, etc. so that more families who need them will have access to these basic needs items.		
Essential Family Supplies	11.2 Align services that increase access to family essential supplies with providers working with families (like health care providers, home visitors, child care providers, and others) to more quickly and more efficiently meet the needs of families.		
12	<b>12.1</b> Ensure the interests of parents and families with young children are represented in city, county, and regional transportation planning and decision-making.		
Transportation	<b>12.2</b> Gather rider data to advocate for bus stops and bus routes that are closer to child care providers, medical facilities, and other commonly visited early childhood service.		
	<b>12.3</b> Explore options for microtransit to fill in the gaps in public transportation for families with young children.		

Recommendation	Strategies		
13 Child and Family Social- Emotional Health, Mental Health, and Resilience	<ul> <li>13.1 Address the root causes of family stress that lead to community and domestic violence; promote utilization of and expand access to strategies that prevent community and domestic violence and promote coordinated community response.</li> <li>13.2 Strengthen the local ecosystem of culturally affirming, community-rooted supports for families' social-emotional and mental health that help families respond to stress in their lives and support their children's social-emotional health</li> </ul>		
14	<b>14.1</b> Expand the foundation of preventive services in Durham and identify strategies to connect families to services sooner.		
Social Services and Child Protective Services	14.2 Embed early childhood development principles into child welfare systems and practices through training and support for individuals who work with cases involving infants or toddlers.		
	14.3 Promote a trauma-informed, anti-racist environment for families and staff that 1) acknowledges, mitigates, and repairs harm that has been perpetuated by child welfare systems and 2) supports wellness and anti-racism work for child welfare staff integrated into the whole department.		
<b>15</b> Trauma-Informed, Affirming Learning	<b>15.1</b> Create systems which support young children's growth by focusing on the skills, processes and procedures that are needed for reducing stress (adaptive coping), increasing good decision-making, and healthy expression of emotion (effective self-regulation), with attention to trauma and resilience in the wake of trauma.		
Environments Focused on Social- Emotional Health	<b>15.2</b> Train more birth through 8 teachers and school staff to adopt practices, policies, and pedagogy that are anti-racist, gender-affirming, and culturally affirming.		
	<b>15.3</b> Increase the number of culturally responsive support staff in elementary schools and childcare settings.		
16	<b>16.1</b> Engage maternal and child healthcare facilities in quality improvement efforts to address racial and ethnic disparities in care and patient education.		
<b>16</b>			

Recommendation	Strategies		
	<b>16.3</b> Report data on maternal and infant outcomes by race and ethnicity in a timely manner. Support review of the causes behind every maternal and infant death		
<b>17</b>	17.1 Expand access to relational prenatal and postpartum supports, including birth and postpartum doulas, group prenatal care, and prenatal and postpartum support groups.		
Healthcare Access	<b>17.2</b> Providers/medical systems should build intentional relationships with community-based organizations, to offer community resources to better serve their patients needs.		
	17.3 Educate families about healthy pregnancies, births, and childhoods in culturally competent and equitable ways. Ensure that education is developed and provided in ways that meet the needs of the community.		
18	<b>18.1</b> Advocate for child care subsidy reforms that increase reimbursement rates and expand eligibility and affordability for families.		
Early Care and Education	<b>18.2</b> Develop and pilot a local community awareness campaign about the critical role and value of early childhood education, across settings.		
	<b>18.3</b> Expand supports for universal, affordable infant and toddler care.		
	<b>18.4</b> Secure additional investment in Durham PreK to ensure the program's sustainability and expand to 3 year olds.		
<b>19</b> Transition to	<b>19.1</b> Invest in the infrastructure to create a more integrated and aligned early childhood to K–12 system; working towards the existence of comprehensive pre-K to 12 public school system.		
Kindergarten	<b>19.2</b> Strengthen the partnership between community partners, providers, families, and schools in order to facilitate an easier transition from home/pre-K to Kindergarten.		
	19.3 Support schools in being "ready" to meet each child's emotional and academic needs at Kindergarten entry and through the early grades, regardless of their early childhood education experiences, by emphasizing developmentally-appropriate and play-based learning.		

# Recommendation

## **Strategies**

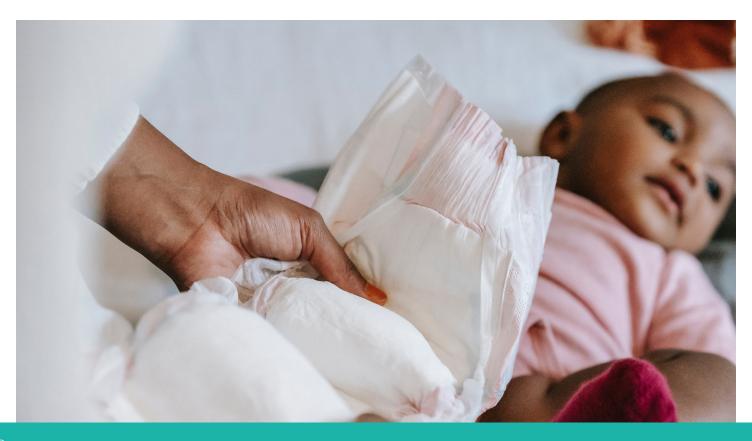
20

Inclusion for Children with Developmental Delays and/or Disabilities

**20.1** Promote true inclusivity and integration for children with developmental delays, disabilities, and other high support needs in early learning experiences starting with a comprehensive needs and assets assessment on the State of Inclusion in Durham.

**21**Early Literacy and Play

- **21.1** Engage, empower, and build capacity of parents, guardians, and caregivers to support children's early literacy development and play outside the classroom from birth.
- **21.2** Expand, amplify, and strengthen research-based, play-based early literacy initiatives in school, child care, and community settings to strengthen community impact.
- **21.3** Ensure that the single stop shop and peer navigators recommended in the Recommendation 3 ('resource awareness and service navigation') provide parents with foundational knowledge about early childhood development and early literacy and the importance of those resources that are available.



# **INDICATORS**

The table below lists the North Carolina Early Childhood Action Plan measures that have been prioritized for Durham. These are population level measures that track directional progress as we implement the above recommendations and strategies. These measures were prioritized as they are: accessible at the County level; reported consistently; track progress towards addressing root cause challenges; and focused on the

areas where Durham lags behind the state and comparable counties.

Implementing the recommendations will create positive change that can also be measured at the individual and organizational levels. The action plans also share ways to hear more from parents and collect data that does not currently exist at the population level.

# Increasing or Decreasing by 2026

# **BASIC NEEDS**

#### Decrease

- Percent of families with young children living in poverty
- Child food insecurity rate
- Percent of children with low access to healthy food
- Children experiencing homelessness in K-3
- Families with high housing cost burden
- Children with confirmed elevated blood lead levels
- Rates of emergency department visits for asthma care

#### Increase

- + Percent of eligible families receiving state and federal food and nutrition assistance benefits
- + Percent of families with diaper need met

# SAFE + NURTURED

#### Decrease

- Substantiated maltreatment rates
- Recurrence of maltreatment
- Foster care entry

#### *Increase*

+ Permanency for children in foster care



# Increasing or Decreasing by 2026

# **HEALTHY**

#### Decrease

- Infant mortality racial disparity ratio
- Infants born with low birth weight

#### Increase

- + Breastfeeding rates
- + Regular well-child visits
- + Testing for lead poisoning

# **LEARNING + READY TO SUCCEED**

#### Decrease

- Percent of median family income spent on child care
- Early childhood educator turnover

#### Increase

- + Durham PreK enrollment
- + Early childhood educator pay
- + Early childhood educator post-secondary attainment
- + Kindergarten readiness
- + Reach of Infant Toddler program and NC Preschool Exceptional Children program
- + Infant Toddler program outcomes
- + Third grade reading

# **OUR NEXT STEPS**

Through the end of 2021, the ECAP Planning team (ECAP Program Manager at DCI, the Early Childhood Coordinator at Durham County, and two community advisors) will support the following implementation preparation activities:

- Developing a representative ECAP steering committee (with a majority of membership being parents, front-line workers, and representatives of community-rooted organizations)
- Establishing a fund development committee to identify sources of implementation funding, including American Rescue Plan funds
- Learning more about collective impact models and identifying a model that is likely to work best in Durham
- With the steering committee: building relationships; setting principles for powersharing and fund allocation; identifying the best long-term staffing structure for plan implementation; and prioritizing strategies for investment and action
- For the strategies prioritized by the steering committee: confirming implementation partners for each strategy; launching more detailed implementation planning for each strategy with those partners; creating cost estimates for each strategy; where possible, beginning implementation for prioritized strategies

For questions about this report, please contact Bonnie Delaune at bonnie.delaune@dci-nc.org or Cate Elander at celander@dconc.gov.

**CLICK HERE FOR MORE INFORMATION ABOUT OUR NEXT STEPS** 

### REFERENCES

- i North Carolina Department of Health and Human Services (NCDHHS). "North Carolina Early Childhood Action Plan." (February 2019). Retrieved from: https://www.ncdhhs.gov/about/department-initiatives/early-childhood/early-childhood-action-plan.
- Duke University Student Affairs. "Land Acknowledgement." Retrieved from: https://studentaffairs.duke.edu/cma/about-us/land-acknowledgement.
- Diverse Issues in Higher Education. "On Labor Acknowledgements and Honoring the Sacrifice of Black Americans." (February 2021). Retrieved from: https://www.diverseeducation.com/demographics/african-american/article/15108677/on-labor-acknowledgements-and-honoring-the-sacrifice-of-black-americans.
- Early Childhood Connector. "How Do We Define Early Childhood Systems Building?" Retrieved from: https:// ecconnector.org/p/about-us.
- V Centers for Disease Control and Prevention. "Bridged-Race Population Estimates 1990-2019 Request." Retrieved from: https://wonder.cdc.gov/Bridged-Race-v2019.HTML.
- vi Build the Foundation. "Measures of Success Data." American Community Survey 5-year estimates (2013-2017). (February 2020). Retrieved from: https://buildthefoundation.org/wpcontent/uploads/2020/02/Pathways-Data-ESSA-Handout-Final.pdf.
- vii Feeding America. "State-By-State Resource: The Impact of Coronavirus on Food Insecurity." (March 2021). Retrieved from: https://feedingamericaaction.org/resources/stateby-state-resource-the-impact-of-coronavirus-on-foodinsecurity/.
- viii The Annie E. Casey Foundation. Kids Count Data Center. "Percent of Housing Units Where Householders Spend at Least 30% of Income on Housing in Durham." (August 2021). Retrieved from: https://datacenter. kidscount.org/data/tables/9866-percent-of-housing-units-where-householders-spend-at-least-30-of-income-on-housing?loc=35&loct=5#detailed/5/4941/false/1983,1692,1691,1607,1572,1485,1376,1201,1074,880/any/19181.
- ix The Diaper Bank of North Carolina. Data Request for the Durham Early Childhood Action Plan. (July 2021).

- Durham County Department of Public Health, Duke Health, and Partnership for a Healthy Durham. "Durham County Community Health Assessment." (2020). Retrieved from: https://www.dcopublichealth.org/home/ showpublisheddocument/35452/637642751171270000.
- Durham County Department of Public Health, Duke Health, and Partnership for a Healthy Durham. "Durham County Community Health Assessment." (2020). Retrieved from: https://www.dcopublichealth.org/home/ showpublisheddocument/35452/637642751171270000.
- Durham Children's Initiative, Durham County, and Duke Center for Child and Family Policy. "Durham Early Childhood Action Plan's Parent and Caregiver Survey." (December 2020).
- xiii North Carolina Department of Health and Human Services. State Center for Health Statistics. 2019 North Carolina Infant Mortality Report, Table 3b. "Infant Mortality Racial Disparities Between White Non-Hispanics & African-American Non-Hispanics: 2015-2019." (November 2020). Retrieved from: https://schs.dph.ncdhhs.gov/data/vital/ims/2019/table3b.html.
- xiv North Carolina Department of Health and Human Services (NCDHHS). "North Carolina Early Childhood Action Plan: Durham County Data Report." (February 2019). Retrieved from: https://www.ncdhhs.gov/media/11705/download.
- First Things First. "Brain Development." Retrieved from: https://www.firstthingsfirst.org/early-childhood-matters/ brain-development/.
- wi Durham Children's Initiative, Durham County, and Duke Center for Child and Family Policy. "Durham Early Childhood Action Plan's Parent and Caregiver Survey." (December 2020).
- xvii Child Care Services Association. Data Request for the Durham Early Childhood Action Plan. (July 2021).
- wiii Durham Children's Initiative, Durham County, and Duke Center for Child and Family Policy. "Durham Early Childhood Action Plan's Parent and Caregiver Survey." (December 2020).
- xix North Carolina Department of Public Instruction.

  North Carolina School Report Cards. "Durham Public Schools: 2019-20 District Profile." (2020). Retrieved from: https://ncreports.ondemand.sas.com/src/district?district=320LEA&year=2020&lng=en.





















# Find us online at <a href="http://bit.ly/ECAP21-eng">http://bit.ly/ECAP21-eng</a>









# Durham's Innovative Nutrition Education Program Evaluation Report

FFY21





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#### **DINE FFY21 Staff**

These individuals contributed in a variety of ways to achieve the outcomes and outputs listed within this report.

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# Covid-19 Impact

The Covid-19 pandemic impacted DINE tremendously. What public health, our partners, and our community experienced was unprecedented. Together, DINE staff, our partners, and the community had to pivot in multiple directions. The pandemic resulted in facilities and organizations permanently closing, loss of staff and volunteers, decreased enrollment of students in schools

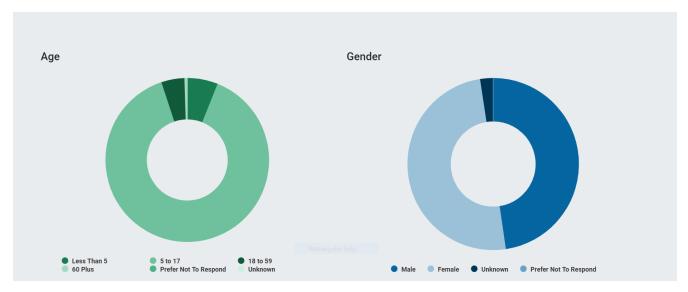
and childcare programs, disruption of supply chains and increased food insecurity. DINE had to implement additional Covid-19 safety protocols and pivot to virtual programming. Due to these circumstances, the DINE program reached fewer participants with nutrition education this year than in previous years. Additionally, evaluating the impact of the program was more challenging.

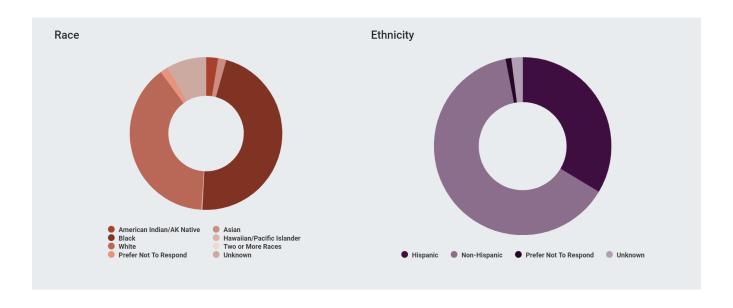


**DURHAM COUNTY** 

#### **SNAP-Ed**

DINE is primarily funded through a grant from the USDA SNAP-Ed Program. Per SNAP-Ed guidelines, DINE serves individuals eligible for SNAP (Supplemental Nutrition Assistance Program, formally known as food stamps) benefits and programs that serve at least 50% of individuals that are SNAP- eligible. Below is a snapshot of who we reached in FFY21.





# **DINE Numbers Reached**

**Direct Education:** 5,059 unduplicated participants

Policy, Systems, Environmental Changes (PSE): 81 total changes adopted

Rethink Your Drink Social Marketing: 6,157 individuals reached

# **Combined DINE Outcomes**

#### **Direct Education**

- 66% of survey respondents showed improved behavior related to nutrition after receiving DINE teaching as reported by pre- and/or post-surveys and parent surveys.
- 57% of the participants surveyed demonstrated increased knowledge of healthy food choices and the benefits of a healthy diet after receiving DINE teaching as reported in pre/post survey results for class series and postsurvey for individual workshops.

#### **PSE**

- 63% of individuals enrolled in DINE in Childcare were in childcare programs that implemented at least three PSE changes that improve dietary habits and/or increase physical activity as measured by pre/post-screening tool.
- 100% of students enrolled in DINE in Schools were in schools that made at least one nutrition and/or physical activity PSE change as documented by surveys and documented observations.
- 54% of participants at DINE food pantries frequented food pantries that implemented at least two nutrition PSE changes that allow for improvement in making healthy food choices, as reported by pre/post-screening tool, survey, and/or program log.
- 28% of Double Bucks customers surveyed reported improved nutrition behaviors as reported by surveys at the farmers markets.

#### **Social Marketing**

• 19% of individuals exposed to Rethink Your Drink messaging showed improvement in making healthy food choices.

# **Direct Education**

#### DINE in Childcare

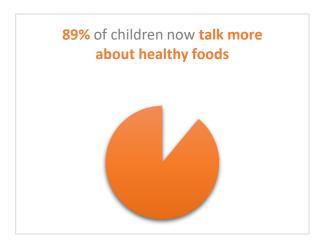
The DINE in Childcare nutritionist taught 58 lessons in 11 childcare programs, reaching 308 unduplicated contacts. DINE in Childcare utilized creative approaches to reach students since Covid-19 protocols inhibited most face-to-face educational opportunities. Most classes were taught virtually, making it harder for preschool-aged children to participate.



#### **Indicators of Child Behavior and Knowledge Change:**

Nutrition-related behavior and knowledge change were assessed by post-surveys sent to childcare program directors. Eight of the nine (89%) enrolled programs that completed a survey agreed or strongly agreed that DINE in Childcare had a positive impact on both nutrition-related knowledge improvements and behavior change.





# **DINE in Elementary Schools**



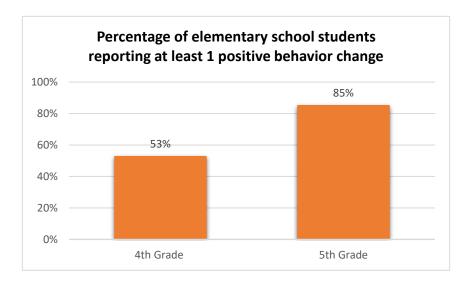
The DINE School Team reached 4,495 unduplicated school-aged children with direct education in FFY21. The DINE Elementary School team of six nutritionists taught over 450 lessons in 13 DPS elementary schools, reaching 2,600 unduplicated contacts during the 2020-2021 school year. The team found innovative approaches to reach students through community partners. Most classes were taught virtually. This year, 166 series were provided that included two or more nutrition lessons. In FY19, prior to Covid-19, DINE was able to provide 439 of these series.

In previous years, pre/post survey data was administered within the schools via a tablet/computer alongside a nutritionist. In FFY21,

pre/post-survey data from students was collected via an electronic link sent to students. Students are typically assessed for knowledge changes starting in 2<sup>nd</sup> grade and behavior changes starting in 4<sup>th</sup> grade. In FFY21, second grade students were not included in knowledge change assessments due to the surveys being self-administered electronically. In addition, post-survey data from parents and teachers were collected electronically.

### **Elementary School Student Change in Behavior: Student Survey Results**

Fourth and fifth grade students were asked about nutrition-related behaviors. Out of 63 matched survey respondents, 67% experienced at least one positive nutrition-related change.



Results for each behavior change question, specific to grade levels, are listed below. The results include the percentage of students who improved, stayed the same, or declined in nutrition-related behaviors after receiving a series of DINE classes.

### "Yesterday, did you drink any water, such as from a glass, a bottle, or a water fountain?"

	Improved	Stayed the Same	Declined
4 <sup>th</sup> Grade	19%	64%	17%
5 <sup>th</sup> Grade	26%	52%	22%

"Yesterday, did you drink any sweetened drinks likes regular (not diet) soda, fruit-flavored drinks, sports drinks, energy drinks or vitamin water? Do not count 100% fruit juice or diet drinks."

	Improved	Stayed the Same	Declined
4 <sup>th</sup> Grade	14%	53%	33%
5 <sup>th</sup> Grade	44%	41%	15%

Note: for this question only, an improvement is defined as consuming *fewer* sweetened drinks

# "Yesterday, did you eat any fruit?"

	Improved	Stayed the Same	Declined
4 <sup>th</sup> Grade	25%	39%	36%
5 <sup>th</sup> Grade	19%	59%	22%

# "Yesterday, did you eat any vegetables?"

	Improved	Stayed the Same	Declined
4 <sup>th</sup> Grade	20%	57%	23%
5 <sup>th</sup> Grade	30%	33%	37%

# Elementary School Student Change in Behavior: Parent Survey Results

Parents were asked about student behavior changes they noticed because of their child's participation in DINE. This year, 24 parents completed the survey. Results show that students are:

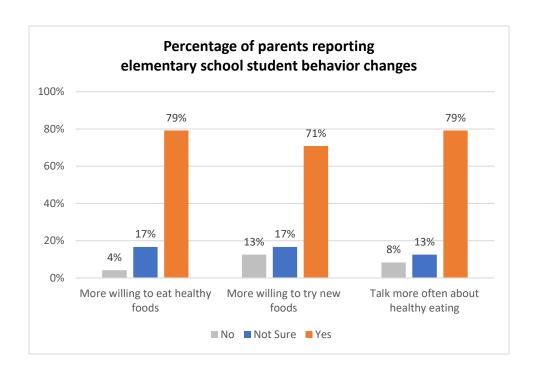
- more willing to eat healthy foods
- more willing to try new foods
- talk more about healthy eating because of DINE.

As a result of DINE, parents say their child:

"drinks more water."

"is now trying new foods."

"makes sure we have a fruit and veggie option for meals."



# **Elementary School Student Change in Behavior: Teacher Survey Results**

Teachers were asked about student knowledge and behavior changes they noticed because of DINE. Out of the 16 teachers that responded to the survey, 93% reported students have improved both their nutrition-related knowledge and behaviors.

DINE made a secondary impact on nutrition- and physical activityrelated behaviors in teachers. **Eighty-one percent** of teachers indicated
their behaviors improved because of DINE. One teacher indicated that she has
"modeled some of the activities from the program and integrated them into my P.E.

program!"

## **Elementary School Student Knowledge Change**

Pre/post-surveys were administered to students to assess for knowledge changes because of DINE. These surveys were administered to DPS students who received the DINE series curriculum starting in 3<sup>rd</sup> grade. Students showed an increase in knowledge by scoring higher on their post-screen than they did on their pre-screen. Included in these surveys are questions on the following topics.

As a result of DINE, teachers say their students:

"are excited about nutrition!"

"seem to be eating healthier on Zoom."

#### Third Grade:

- What it means to be healthy
- MyPlate
- Plant parts we eat
- Healthy breakfasts

#### Fourth Grade:

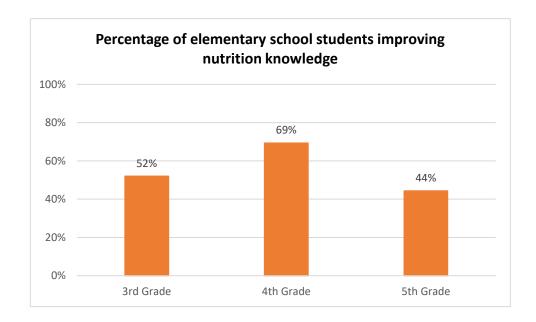
- What it means to be healthy
- Nutrients
- Processed foods versus whole foods
- Healthy drinks
- Building a balanced plate

#### Fifth Grade:

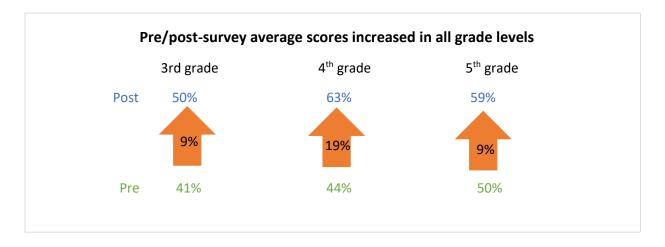
- Digestive system
- Mindful eating
- Balanced diets
- Building a balanced plate

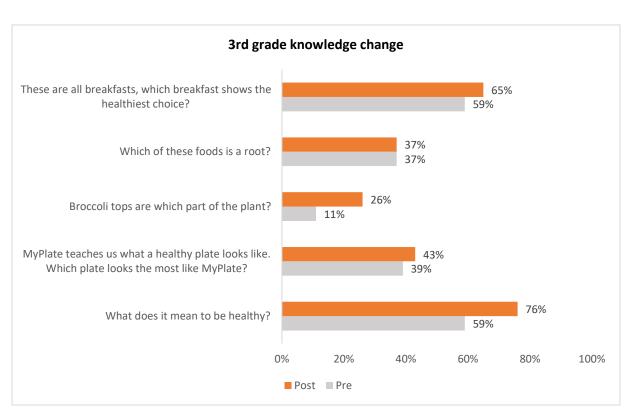


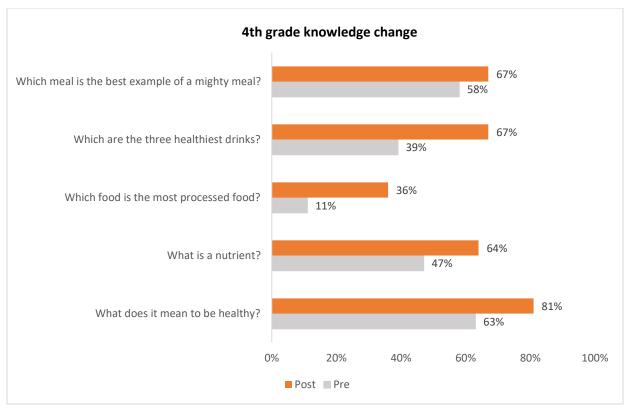
One hundred nine elementary school students took both pre/post surveys. Surveys showed knowledge gains across all grade levels. Overall, 56% of elementary school students showed an improvement in nutrition-related knowledge.

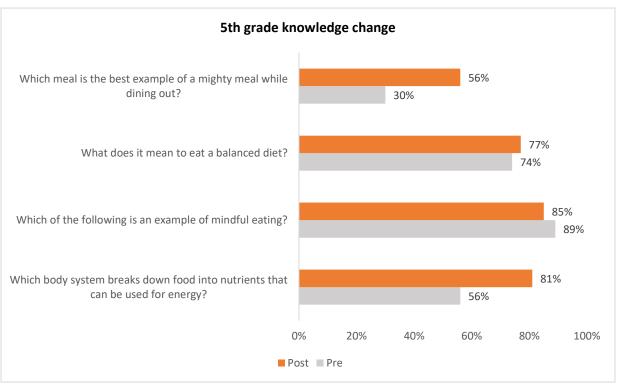


Results for knowledge change, including data specific to grade levels and questions, are listed below. The results include the average change in pre/post-survey score after receiving a series of DINE classes. On average, students improved their pre/post survey score for all but two questions. On the topic of *mindful eating*, more survey participants on average answered correctly at the pre-survey than the post-survey, and the topic of *plant parts we eat*, pre/post correct answers on average were the same.







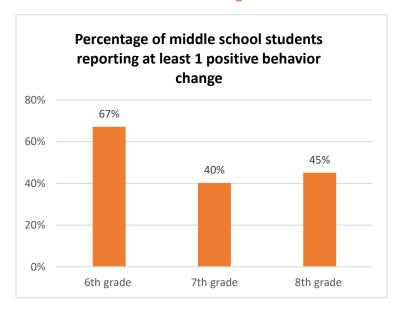


#### DINE in Middle Schools

The DINE Middle School Team of two nutritionists taught over 165 virtual lessons in 7 DPS middle schools, reaching 1,300 unduplicated contacts, during the 2020-2021 school year. Pre/post-survey data from students to assess for nutrition-related behavior and knowledge change was collected electronically.

#### **Adolescent Change in Behavior**

Middle school students answered behavior questions about eating fruits and vegetables and drinking sugar-sweetened beverages and water. Out of 436 matched surveys received from 6<sup>th</sup>-8<sup>th</sup> graders, 66% showed they made improvements in at least one nutrition-related behavior after receiving the DINE series.



Results for each behavior change question, specific to grade levels, are listed below. The results include the percentage of students who improved, stayed the same, or declined in nutrition-related behaviors after receiving a series of DINE classes.

"Yesterday, did you drink any water, such as from a glass, a bottle, or a water fountain?"

	Improved	Stayed the Same	Declined
6 <sup>th</sup> Grade	19%	68%	13%
7 <sup>th</sup> Grade	17%	57%	25%
8 <sup>th</sup> Grade	15%	64%	21%

"Yesterday, did you drink any sweetened drinks likes regular (not diet) soda, fruit-flavored drinks, sports drinks, energy drinks or vitamin water? Do not count 100% fruit juice or diet drinks."

	Improved	Stayed the Same	Declined
6 <sup>th</sup> Grade	20%	53%	27%
7 <sup>th</sup> Grade	25%	62%	12%
8 <sup>th</sup> Grade	27%	50%	22%

Note: for this question only, an improvement is defined as consuming *fewer* sweetened drinks

#### "Yesterday, did you eat any fruit?"

	Improved	Stayed the Same	Declined
6 <sup>th</sup> Grade	26%	49%	25%
7 <sup>th</sup> Grade	27%	50%	23%
8 <sup>th</sup> Grade	33%	48%	19%

#### "Yesterday, did you eat any vegetables?"

	Improved	Stayed the Same	Declined
6 <sup>th</sup> Grade	31%	51%	18%
7 <sup>th</sup> Grade	25%	49%	25%
8 <sup>th</sup> Grade	28%	44%	27%

### "Do you eat more than one type of fruit each day?"

	Improved	Stayed the Same	Declined
8 <sup>th</sup> Grade	23%	58%	20%

### "Do you eat more than one type of vegetable each day?"

	Improved	Stayed the Same	Declined
8 <sup>th</sup> Grade	22%	62%	16%

### **Adolescent Change in Knowledge**

The same pre/post-survey was administered to assess for knowledge changes because of DINE. Students showed an increase in knowledge by scoring higher on their post-screen than they did on their pre-screen. Included in these surveys are questions on the following topics.

#### Sixth Grade:

- Identifying food swamps
- Processed foods
- Eating habits that are healthy for our bodies and the environment
- Nutrient density
- Daily limits on added sugar

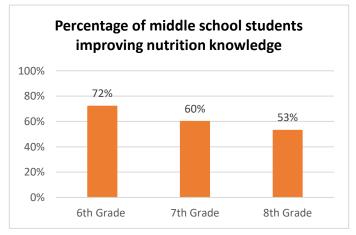
#### Seventh Grade:

- Trans fats
- High blood pressure
- Heart disease
- Calorie definition

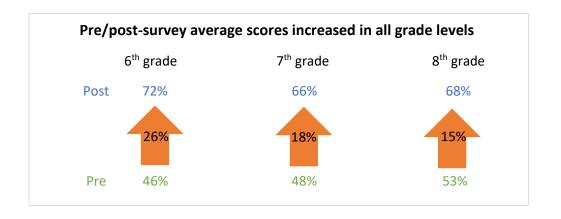
#### Eighth Grade:

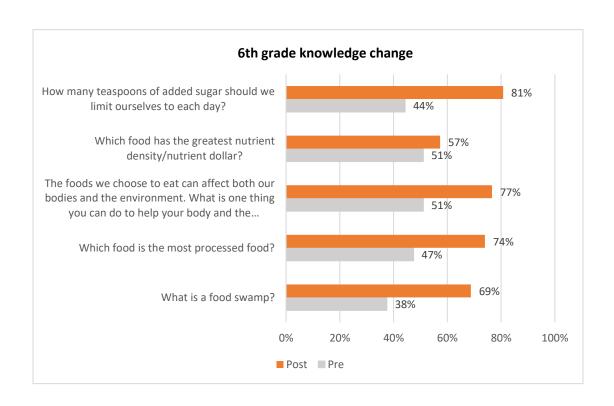
- Exercise principles
- Fad diets
- Calorie definition
- Body image
- Genetically modified organisms and food (GMOs)

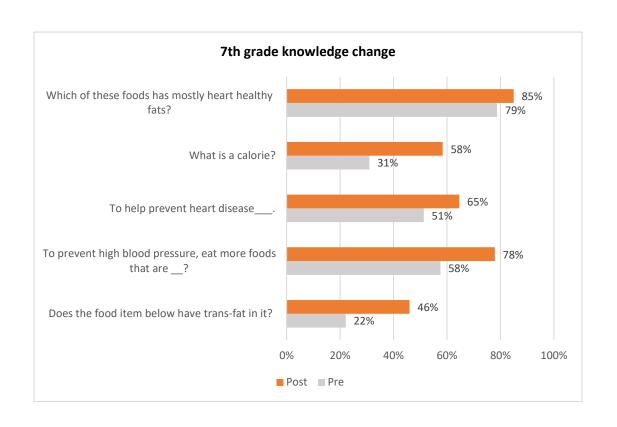
Of the 436 middle school students surveyed that could be matched, students in all grades showed an improvement in their post-screen surveys. Overall, 63% of middle school students surveyed showed an improvement in nutrition-related knowledge.

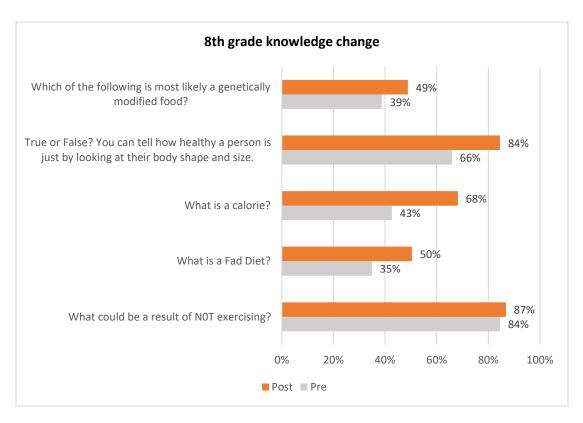


Results for knowledge change, including data specific to grade levels and questions, are listed below. The results show the average change in pre/post-survey score after receiving a series of DINE classes. On average, students improved their pre/post survey score for every topic and within every grade.









#### **DINE Well Durham**

This 4-part series included education on eating for health, and how to plan, shop, and prep healthy meals and snacks on any budget. DINE partnered with Durham Head Start to offer it to parents through the Head Start Parent Portal. Pre/post-survey data was collected as well as quiz scores at the end of each lesson. Unfortunately, evaluation data for this project was lost when the Head Start school year concluded and all survey data and quiz scores collected were lost. Another pilot project is scheduled for FFY22.



# Adult One-Time Workshops

The DINE program provides workshops for adults in various locations within the community. For FFY21, DINE reached a total of 256 unduplicated adult contacts through virtual classes. The number of participants in workshops and therefore, evaluation opportunities, was lower than previous years due to Covid-19 challenges.

"Will reintroduce more foods previously turned down."

-Parent participant

Nutritionists collected data from post-surveys after select workshops to determine if participants learned anything new or planned to make any changes. Twenty-five surveys were collected:

- 100% reported they learned something new.
- 96% reported they would plan to make a change because of the workshop.

# Policy, Systems, and Environmental (PSE) Changes Childcare



Overall, DINE assisted with the implementation of 42 PSE changes in 10 out of 12 participating childcare programs and at the DPS district-level, reaching 793 pre-school-aged individuals. Six childcare programs (50%) made at least three PSE changes, impacting 63% of enrolled individuals. Ten programs made at least one PSE change (83%).

These changes were captured with pre/post-assessments and documented observations.

A post-survey was administered to 12 childcare programs and nine responses were collected. Surveys showed that after DINE, 89% agreed or strongly agreed that their program started:

- Providing more education about nutrition
- Serving more fruits and vegetables.

	Top Nutrition Changes in Childcare
7 programs	Initiated or expanded mechanism for distributing seedlings and/or other materials to families or communities for home gardening
5	Initiated, improved, expanded, reinvigorated, or maintained edible gardens
programs	
4	Improved menus/recipes (variety, quality, etc.)
programs	

#### **Schools**

DINE assisted with the implementation of **19 PSE changes** in 8 DINE partner elementary schools (50% of DINE schools), two additional SNAP-Ed-eligible schools, two Learning Centers, one afterschool site and at the district level. With schools being virtual for most of the 2020-2021 school year, the DINE team focused on systems changes and district-level changes. These changes positively impacted students and families during virtual school. PSE changes reached **21,380 Kindergarten through twelfth grade students.** 

"Our center's outdoor

play policy and garden were changed because

of the education we

received from DINE."

-Childcare Program

#### **Top Nutrition Changes in Durham Public Schools**

Policy change allowing fruit-bearing plants (blueberry and fig) to be planted on campuses in the district

Improved use of federal food programs by creating school meal promotion signage and posting throughout Durham

# All Durham Public Schools

Improved menus by working with School Nutrition Services to add more plant-based protein snacks

Improved or expanded use of the Fresh Fruit and Vegetable Program (FFVP) through Facebook posts created for DPS (This change excludes Pre-K students)

Established nutrition-related goals within the new wellness policy

Established physical activity-related goals within the new wellness policy

#### **Grow at Home Garden Kits**



DINE helped create Grow at Home garden kits in partnership with several community partners. The purpose of these kits was to teach students and families how to grow food at home. Kits included everything families needed to grow microgreens or herbs: seeds, soil, indoor/outdoor growing instructions, and an explanation of how to make a container with recycled objects.

Garden kits were distributed to DINE schools, childcare programs, and community partners. Besides the school district-wide changes, this project reached the most students. Ten community partners who distributed the kits were surveyed.

- 78% said that their students/families are more confident growing food.
- 66% said their students/families are more knowledgeable about healthy foods.
- 89% said they feel more equipped to lead garden education with their students.

"This is a really good food program. The families really seem to enjoy it. I hope it continues!"

-Garden kit distributor comment

#### **Food Pantries**

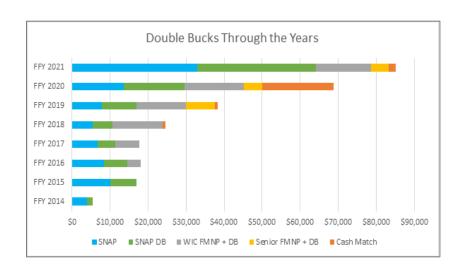
DINE facilitated **15 PSE changes** in 6 food pantries reaching **2,300** individuals and/or families. Of those individuals/families, **1,250** (54%) visited one of the four pantries that implemented two or more changes. Food pantries were overwhelmed in 2020 with the increase in food insecurity. Pantries also had to move outdoors, with most providing a drive-through service. DINE did not want to add additional burdens, so instead of using an evaluation tool, each PSE change that DINE directly facilitated was documented.



Top Nutrition Changes in Food Pantries		
2	Established a new food bank, food pantry, or emergency food distribution site	
pantries		
2	Increased or improved opportunities for nutrition education	
pantries		
2	Initiated or expanded mechanism for distributing seedlings and/or other materials to families or communities for home gardening	
pantries		

#### Farmers' Markets & Double Bucks

The Double Bucks program is growing in Durham. SNAP use at the farmers' markets almost doubled in FFY21. DINE was not able to market the program as it did in years past because of the program growth causing concern that funding would run out. Partners are looking for new funding sources to allow for this continued growth and so the program can once again be marketed throughout the community.



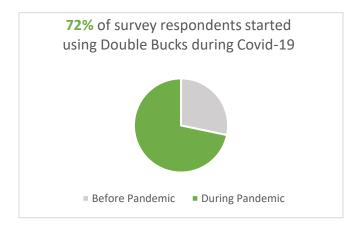
In FFY21, the farmers' markets in Durham made 5 PSE changes, and 390 unique individuals used Double Bucks. Double Bucks customers using Farmers' Market Nutrition Program vouchers or cash for WIC, Section 8 and SNAP participants made an additional 343 transactions.

"We are new on food stamps and used to always come to the farmers' market each week. We were worried we wouldn't be able to continue coming, but we can due to this program."

-Mother and Double Bucks Customer

	Top Nutrition Changes at Farmers' Markets		
1	Began, expanded, or promoted acceptance and use of SNAP/EBT/WIC		
market			
1 market	Implemented improvements in hours of operation for food distribution site, food bank, retail, cafeteria, etc. to improve convenience of/access to healthy food		
1 market	Implemented novel distribution systems to reach high-risk populations, such as home delivery for the elderly, backpack programs, etc.		

Of 29 Double Bucks customers surveyed, 28% stated they eat more fruits and vegetables since using the program. This is down from the previous year; however, customers can use Double Bucks on any SNAP-eligible food at the market and many purchase local whole grains, eggs, and meats as well as fruits and vegetables. Because of the increase in food insecurity due to Covid-19, Double Bucks could have helped maintain some families' healthy diets, as evidenced by an additional 59% who stated that they eat the same amount of fruits and vegetables since using the program and most indicating that they started using Double Bucks during Covid-19.



Farmers' market vendors were also surveyed. Out of 22 respondents, 91% reported Double Bucks helped bring them new customers.

"I love the opportunity to make our products more affordable and accessible to all!"

-Double Bucks Vendor

# **Social Marketing**

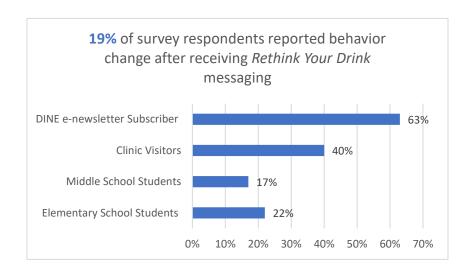
# Rethink Your Drink Campaign

A Durham-wide campaign focused on encouraging individuals to drink more water reached **6,157 individuals** through:

E-Newsletters	958 subscribers	
Facebook	1,307 unique viewers	
Classes & Events	1,628 individuals reached	
Posters in Clinics	2,264 unique individuals	

Additionally, the campaign reached individuals through Instagram (31 unique viewers) and YouTube (63 views).

Incorporating results from respondents in elementary (63) and middle school (436) surveys, DCoDPH clinic visits (10), and the DINE e-newsletter (8), 19% of individuals responding to questions about the social marketing campaign either showed a positive behavior change around drinking water or stated they will change their behavior because of the campaign.





#### Social Media

DINE uses the following three online platforms to promote healthy eating, physical activity and the *Rethink Your Drink* campaign. DINE posts in English and Spanish.

#### **Facebook**



In FFY21, the DINE Facebook page reached over **3,000** individuals with **685** "likes." The top post was part of the *Rethink Your Drink* campaign with a reach of over **1,300** individuals. The audience includes mostly women (97.3%), ages 35-44 (40%), followed by women ages 25-34 (24%) and women 45-54 (21%). Men make up 2.7% of the audience.



#### Instagram



DINE started an Instagram page mid-FFY21 and reached 525 individuals and 94 "followers." The top post was the slow-cooker white chicken chili meal idea.

#### YouTube



Initially, the YouTube platform was utilized to reach school-aged students but later in the year was adapted to include all age ranges. In FFY21, thirty videos were uploaded on the DINE channel with 240 impressions and 25 views. Additionally, a DINE playlist is housed on the DCoDPH channel and had an additional 883 views.

# Other In-Direct Connections

#### **DINE E-newsletter**

The DINE e-newsletter reached **958 individuals**, is sent monthly, and includes recipes, nutrition education, and *Rethink Your Drink* messaging. Each newsletter includes a link for optional feedback. Out of the eight e-newsletter recipients that responded to the survey:

"Look for new ways to try veggies and make ahead meal prep."

pollo

-DINE E-newsletter Recipient

- **100% found something useful** in the e-newsletter
- 38% had tried a recipe from the e-newsletter, and 56% were planning to try a recipe
- **63%** of people reported **making changes to how they cook or what they eat** because of the e-newsletter, and 38% were planning to make changes
- 63% reported making changes to what they drink; all of them stated they are drinking more water now

#### **EAT Newsletter**

A digital Educational Activities Together (EAT)

newsletter was sent out quarterly for a total of four
newsletters sent to over 13,600 individuals at more
than 60 sites. This newsletter included ways caregivers
and families could continue learning about nutrition,
physical activity and farm-to-school while staying at home.

Multiple local partners came together to create, organize, and distribute each edition. A survey was embedded within the newsletter but without respondents. The garden kits described above stemmed from this respondents.

without respondents. The garden kits described above stemmed from this newsletter.



# Summary

Despite the challenges created by the pandemic, DINE had a very successful grant year. During FFY21, DINE provided services at 13 elementary schools, 7 middle schools, 12 childcare centers, 4 farmers' markets, and 6 food pantries. DINE also reached Durham residents via Instagram, Facebook, YouTube, and an e-newsletter. DINE provided direct nutrition education to 5,059 Durham residents, with 57% of those surveyed increasing their knowledge of healthy food choices and the benefits of a healthy diet. The DINE team facilitated 81 PSE changes, reaching 24,863 Durham residents. Finally, a "Rethink Your Drink" social marketing campaign reached 6,157 Durham residents with the message "Say Yes to Water." The DINE Team looks forward to continuing this work in FFY22.