



Community Health Action Plan 2012

Designed to address Community Health Assessment priorities

County: Durham **Partnership, if applicable:** Partnership for a Healthy Durham **Period Covered:** 2012– 2015

LOCAL PRIORITY ISSUE

- Priority issue: Poverty
- Was this issue identified as a priority in your county's most recent CHA? Yes No

LOCAL COMMUNITY OBJECTIVE Please check one: New Ongoing (was addressed in previous Action Plan)

- By (year): June 2015
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population)
Decrease the individuals living in poverty from 16.6% to 15.47%.
- Original Baseline: 16.6% (2008-10)
- Date and source of original baseline data:
 - a. U.S. Census Bureau. Table DP03: Selected Economic Characteristics, 2008-2010 American Community Survey 3-Year estimates. Durham County, North Carolina.
http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP03&prodType=table.
 - b. North Carolina Department of Public Instruction. 4-Year cohort graduation rate report, Durham County and North Carolina graduation results. North Carolina Department of Public Instruction website.
<http://accrpt.ncpublicschools.org/app/2009/cgr/>.
- Updated information (For continuing objective only):
- Date and source of updated information:

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective:
- Total number of persons in the local disparity population(s): 44,419 people are living in poverty (16.6% of the 2010 Census of Durham County population)
- Number you plan to reach with the interventions in this action plan: 3,023 people (or 1.13% of the population)

HEALTHY NC 2020 FOCUS AREA ADDRESSED

- | | | |
|--|--|--|
| <input type="checkbox"/> Tobacco Use | <input checked="" type="checkbox"/> Social Determinants of Health
(Poverty, Education, Housing) | <input type="checkbox"/> Infectious Diseases/
Food-Borne Illness |
| <input type="checkbox"/> Physical Activity and Nutrition | <input type="checkbox"/> Maternal and Infant Health | <input type="checkbox"/> Chronic Disease (Diabetes,
Colorectal Cancer,
Cardiovascular Disease) |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Injury | <input type="checkbox"/> Cross-cutting (Life Expectancy,
Uninsured, Adult Obesity) |
| <input type="checkbox"/> STDs/Unintended Pregnancy | <input type="checkbox"/> Mental Health | |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health | |

- Check **one** Healthy NC 2020 focus area: (Which objective below most closely aligns with your local community objective?)
 - **List HEALTHY NC 2020 Objective:** (Detailed information can be found at <http://publichealth.nc.gov/hnc2020/> website)

Decrease the percentage of individuals living in poverty.

Decrease the percentage of people spending more than 30% of their income on rental housing.

RESEARCH RE. WHAT HAS WORKED ELSEWHERE*

List the 3-5 evidence-based interventions (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. *Training and information are available from DPH. Contact your regional consultant about how to access them.

Intervention	Describe the evidence of effectiveness (type of evaluation, outcomes)	Source
Earned Income Tax Credit (EITC)	“According to ITEP’s Who Pays report, nationwide the poorest twenty percent of Americans paid 10.9 percent of their incomes in state and local taxes in 2007. By contrast, middle-income taxpayers put 9.4 percent of their incomes toward those taxes, and the wealthiest one percent taxpayers paid just 5.2 percent of their incomes in state and local taxes. The high state and local tax burden on the poorest Americans is primarily due to the heavy use of regressive sales and property taxes. A refundable EITC is the most effective targeted tax relief strategy currently used by states to reduce the unfairness of these taxes.”	Strategy mentioned in NC Prevention Plan; Institute on Taxation and Economic Policy (ITEP) http://www.itepnet.org/pdf/pb15eitc.pdf
Benefit Bank	The Benefit Bank is an online service designed to secure funds and services for individuals and families working to overcome poverty and to build long-term financial stability. Community and faith-based organizations, social service agencies, food pantries, job training programs, and homeless shelters are among the groups using The Benefit Bank to help people file Federal and State Income Taxes, and apply for publicly sponsored programs like CHIP, Food Stamps, LIHEAP, and more - at one convenient location and at no cost. Dollar Value of benefits and tax refunds received since 2006: \$795,300,000; Sites Established: 2,427 Counselors: 7,832	http://www.thebenefitbank.org/
Permanent supportive housing	This resource provides the research and literature that built the foundation of permanent supportive housing as an evidence-based practice.	SAMHSA http://homeless.samhsa.gov/ResourceFiles/m15rmflg.pdf
Sub-acute care for the homeless	Develop medical respite care (acute care in temporary housing with case management) for homeless persons being discharged from hospitals with health issues temporarily requiring more supportive, stable housing than provided by shelters. This could assist these individuals in stabilizing their social situation while improving access to healthcare through access to primary care. In addition, it would decrease hospital costs through a reduction in readmissions.	Buchanan D, Doblin B, Sai T, Garcia P. The effects of respite care for homeless patients: a cohort study. Am J Public Health. 2006; 96(7):1278-81. Epub 2006 May 30. AND JAMA. 2009 May 6;301(17):1771-8. Sadowski LS, Kee RA, VanderWeele TJ, Buchanan D. Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. JAMA. 2009 May 6;301(17):1771-8.
Durham Economic Resource Center (DERC)	Modeled after a component of the award winning Welfare Reform Liaison Program (WRLP) in Greensboro, NC. The WRLP is noted for producing results. During the first year at work, 7% of graduates reported earning \$15,000 or more, increasing to 17% for the second year, and 30% by the fourth year. By the fourth year, 22% of those reporting earned over \$20,000	Successes, Welfare Reform Liaison Program, 2007

(Insert rows as needed)

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date
Opening Doors	City of Durham, Department of Community Development	Formerly 10-Year Plan to End Homelessness; 1 staff person, second staff person to begin in June; Homeless Services Advisory Committee (HSAC) is the primary decision-making body, advises City and County leaders on homelessness and approves annual continuum of care grant applications.
End Poverty Durham	End Poverty Durham with many churches and nonprofit agencies	Community coalition with a focus on engaging the faith community on poverty reduction; have been meeting monthly for at least eight years
Council to End Homelessness in Durham (CEHD)	Community coalition	Meets monthly; active group of homeless service providers
Emergency shelters	Durham Crisis Response Center, Durham Rescue Mission, Urban Ministries of Durham, Inter-faith Hospitality Network, Love and Respect	Offer emergency shelter to displaced and homeless individuals and families. Durham has 253 emergency beds for single adults and 75 beds for households with children.
Transitional housing	TROSA, Genesis Home, CAARE, Inc., Durham Rescue Mission, Housing for New Hope, Durham Crisis Response Center, Volunteers of America	There are 280 transitional housing beds for single adults and 101 beds for households with children.
Permanent supportive housing	Housing for New Hope, Genesis Home, Casa, Durham Housing Authority, Durham Rescue Mission, The Durham Center	There are 106 permanent supportive housing beds for single adults and 56 beds for households with children.
Street outreach	Open Table Ministry, Housing for New Hope	street outreach and engagement teams (includes nurse) with unsheltered homeless people
Coordinated Housing Intake Program	The Department of Social Services and the Coalition to End Homelessness	Provides triage and referrals for housing assistance to homeless families. Developed a Coordinated Intake Program to better serve these individuals. Housing Intake Coordinator is the contact.
Project Homeless Connect	City of Durham, Department of Community Development	Annual event that connects homeless individuals and those at risk of homelessness to services
Workforce development, job creation	Durham Workforce Development Board (consortium agreement between the City and County of Durham)	Plan, facilitate, and coordinate a workforce development system that is responsive to the needs of employers and job seekers through the development of a skilled, productive, and competitive workforce in Durham. Meets six times per year.
Section 8 Vouchers, priority for homeless people	Durham Housing Authority	Just opened the waiting list for Section 8 vouchers. Priority areas were: homeless veterans, homeless households with children, chronically homeless people
Sub-acute care for the homeless	Working group, Partnership for a Healthy Durham	Will become more engaged in the Partnership for a Healthy Durham Access to Care group
East Durham Children's Initiative (EDCI)	EDCI	In second year of implementation; all staff have been hired, lots of work happening at YE Smith; community potlucks have begun
Workforce (affordable) housing	Housing for New Hope	Opening 10 new units on Cole Mill Road
Mental health and substance abuse referrals	Alliance Behavioral Health	Formerly The Durham Center
Circles of support	Genesis Home, End Poverty Durham	A group of ten individuals from a church band together to support a formerly homeless individual; five circles have been formed
Workforce training and development	Durham Economic Resource Center (DERC)	Working with its 12 th cohort, 200 have graduated, 70% placement rate

Three Durham CAN priorities: affordable housing, job training and placement for homeless adults	Durham CAN (Congregations, Associations and Neighborhoods)	Selected Housing and Homelessness as one of their focus topics for the next two years. An action team of 35 people came to the first official meeting on August 20 th . They identified three priorities surrounding affordable housing, job training and placement for homeless adults, and finding money to replace the very successful "Rapid Rehousing" program (stimulus money running out in 1Q2012) which helped homeless households regain housing. At the CAN assembly on October 27, Mayor Bell and all those running for City Council committed to supporting these goals and meeting with the team within two months to work on them.
Benefit Bank	The Benefit Bank of North Carolina	There are currently 24 community sites in Durham County that offer the Benefit Bank. There are plans to expand this.

(Insert rows as needed)

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help
Housing providers	Housing for New Hope, Urban Ministries, Inter-Faith Hospitality Network, Genesis Home, Casa, Durham Housing Authority, Durham Rescue Mission, The Durham Center, TROSA, CAARE, Inc., Durham Crisis Response Center, Volunteers of America, Inter-faith Hospitality Network, Love and Respect	These agencies provide current and new housing which includes emergency shelter, transitional and permanent supportive housing.
Homeless Liaisons	Jackie Love (DPS), Durham Social Services, Durham Crisis Response Center	Liaisons to housing referrals
Faith community	End Poverty Durham, DCIA, DIA, Inter-Faith Hospitality Network	Connection to volunteers, stakeholders, faith leaders
Veterans	VA, CAARE, Inc.	Connection to veterans
Advocacy	Reinvestment Partners, Durham CAN	Advocate for change in the lending practices of financial institutions to promote wealth building of underserved communities and to end predatory lending practices that strip wealth.

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
INTERVENTIONS SPECIFICALLY TARGETING HEALTH DISPARITIES		
Intervention: Faith Summit on Child Poverty Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed Setting: Start Date – End Date (mm/yy): 01/2013 Level of Intervention - change in: <input checked="" type="checkbox"/> Individuals <input type="checkbox"/> Policy &/or Environment	Lead Agency: End Poverty Durham Role: Convene partners and organize summit; follow-up on action steps generated from summit Partners: Partnership for a Healthy Durham, Durham's Partnership for Children, other agencies will assist with action steps identified Marketing: emails, posters, press releases, websites, churches	Quantify what you will do Hold one Faith Summit on Child Poverty in January 2013 Generate action steps that result from the summit Expected outcomes: Unknown until Action Plan is generated

<p>Intervention: Sub-Acute Care for the Homeless</p> <p>Intervention: ___ new ___ X ___ ongoing ___ completed</p> <p>Setting: Throughout Durham County</p> <p>Start Date – End Date (mm/yy): 01/12 – 6/2015</p>	<p>Lead Agency: Sub-Acute Care for the Homeless (SACH) Coalition. The Partnership for a Healthy Durham's Access to Care committee will partner with this existing coalition to implement action plan.</p> <p>Partner agencies and roles: Coalition Members: Lincoln Community Health Center, Health for the Homeless Clinic, Project Access of Durham County, Housing for New Hope, Urban Ministries of Durham, Duke Medicine, Faith Community, VA Medical Center, The Durham Center <i>Additional Partners:</i> Homeless Services Advisory Committee</p> <p>Marketing: Communicate with key audiences through various mediums, including but not limited to: faith communities, nonprofit and civic organizations, homeowners associations, professional associations, city and local government boards, committees, and commissions; news releases, government access channel, public service announcements, list serves, e-mail newsletters, Partnership for a Healthy Durham, (and stakeholder) web sites, and news media.</p> <p>Evidence: <u>Buchanan D, Doblin B, Sai T, Garcia P.</u> The effects of respite care for homeless patients: a cohort study. <i>Am J Public Health</i>. 2006; 96(7):1278-81. Epub 2006 May 30. AND <u>JAMA</u>. 2009 May 6;301(17):1771-8. <u>Sadowski LS, Kee RA, VanderWeele TJ, Buchanan D.</u> Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: a randomized trial. <i>JAMA</i>. 2009 May 6;301(17):1771-8.</p>	<p>Quantify what you will do</p> <ol style="list-style-type: none"> a. Monthly Sub–Acute Care for the Homeless meetings with key stakeholders and additional participation from Duke Medicine and Access to Care committee. b. Convene quarterly meetings with colleagues in Orange and Wake County interested in developing a triangle wide respite system c. Conduct needs assessment with local hospitals (Duke, DRH and possibly UNC-Chapel Hill and the VA Medical Center) to: <ol style="list-style-type: none"> I. Obtain baseline data regarding number of homeless patients using services, diagnoses, length of stay, readmissions, and emergency room use II. Identify scope of care (rest, medication management, or dressing changes) and range of services (benefit acquisition, transportation, or housing placement) d. Hold one community forum facilitated by the National Healthcare for the Homeless Council e. Design program with input from key community partners f. Identify potential facilities with input from key community partners g. Create budget h. Identify potential funding sources <p>Expected outcomes</p> <p>Reduction in avoidable bed days and reduction in readmissions or emergency room use by homeless individuals due to the implementation of a sub-acute care for the homeless program.</p> <p>Increased service coordination and improved collaboration within existing programs to make organizational, policy, and process changes and to respond effectively to consumer needs – particularly in relationship to provision of key services linking clients to benefits (social security disability, Medicaid), mental health and substance abuse treatment, and housing.</p> <p>Identification of opportunities to coordinate strategies and sustain partnerships through targeted funding opportunities</p>
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<p>Intervention: Hospital diversion homeless resource plan</p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting:</p> <p>Start Date – End Date (mm/yy): 03/2012 – 2/2014</p> <p>Level of Intervention - change in: <input checked="" type="checkbox"/> Individuals <input checked="" type="checkbox"/> Policy &/or Environment</p>	<p>Lead Agency: Housing for New Hope will provide new housing, new rental assistance programs.</p> <p>Partners and roles: Blue Cross Blue Shield NC is funding project for one year. Partnership for a Healthy Durham will serve on advisory group. Lincoln Community Health Center will serve on advisory team and ensure temporary housing occurs. UNC Hospital and Duke Hospital are providing data and developing protocols. NC Coalition to End Homelessness will determine best practice models in the county and help replicate the program. NC AHEC (Tom Bacon) will help navigate hospital system and put together cost benefit analysis program and outcomes. Eno Consulting Services is helping research future funders.</p> <p>Marketing: not applicable. Program will be written up and likely disseminated as a model.</p>	<p>Quantify what you will do</p> <p>Create a Hospital Diversion Homeless Resource Model pilot in Durham and Chapel Hill by forming an advisory group to:</p> <p>Develop a protocol endorsed by decision makers at Duke and UNC hospitals to identify homeless individuals</p> <p>Identify a plan for housing 24 homeless individuals post discharge</p> <p>Create database system to track health outcomes and conduct cost benefit analysis</p> <p>Expected outcomes:</p> <p>24 homeless are discharged into the community with housing or a clearly defined path from March 1, 2013 – February 28, 2014</p> <p>System and protocol change at UNC Hospital and Duke Hospital that will identify homeless individuals and connect them with housing</p>
INDIVIDUAL CHANGE INTERVENTIONS		
<p>Intervention: Benefit Banks and Earned Income Tax Credit</p> <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: community sites</p> <p>Start Date – End Date (mm/yy): 01/2013 – 05-2015</p>	<p>Lead Agency: NC Taxpayer Assistance Center will coordinate all volunteer sites. Reinvestment Partners is involved in Durham sites. Benefit Bank of NC recruits and trains new sites.</p> <p>Partners and roles: Funding from Triangle United Way, IRS VITA Program, IRS LITC Program, Durham County Department of Social Services, City of Durham, Durham City Workforce Development Office</p> <p>Other support from Community Reinvestment Association of North Carolina, Duke University North Carolina Central University School of Law, North Carolina Legal Aid – Durham, Durham Technical College</p> <p>Marketing: emails, posters, press releases, websites</p>	<p>Quantify what you will do</p> <p>Determine how many individuals are eligible and how many are not claiming EITC</p> <p>Determine whether additional VITA sites need to be added in Durham. Expand as necessary.</p> <p>Recruit at least five new Benefit Bank sites in Durham County</p> <p>Expected outcomes and evidence:</p> <p>More low-income people will get their taxes prepared at no cost, will receive the EITC and claim benefits.</p> <p>Poverty reduction strategy mentioned in NC Prevention Plan (NC IOM).</p>
<p>Intervention: Duke Durham Health Summit</p> <p>Intervention: <input type="checkbox"/> new <input checked="" type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Washington Duke Inn</p> <p>Start Date – End Date (mm/yy): 04/23/2012</p>	<p>Lead agency: Duke Medicine will organize Summit and ensure next steps occur following the summit.</p> <p>Partner agencies: Summit planning committee, Durham County Health Department, Partnership for a Healthy Durham will review evaluations from summit and determine next steps.</p> <p>Marketing: Emails, website, flyers</p>	<p>Quantify what you will do</p> <p>Organize one Duke Durham Health Summit with at least with at least 350 attendees to discuss the social determinants of health</p> <p>Expected outcomes:</p> <p>Generate next steps as a result of small group discusses. Duke Medicine and Partnership for a Healthy Durham will determine how to move forward</p>

POLICY OR ENVIRONMENTAL CHANGE INTERVENTIONS		
<p>Intervention: Summer Youth positions</p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Durham County government and businesses</p> <p>Start Date – End Date (mm/yy): June 2012 – May 2013</p>	<p>The lead agency is Durham County Government and it will work with the Human Resources Department to facilitate departments' ability to bring in youth / student workers and interns year-round and coordinate other partners.</p> <p>List other agencies and what they plan to do: Durham Chamber of Commerce and City of Durham will expand private sector opportunities for youth / student workers and interns.</p>	<p>Quantify what you will do</p> <p>Double the number of non-permanent intern positions created for youth under 25 years of age</p> <p>Expected outcomes:</p> <p>Youth will be more marketable and able to secure higher education and/or future permanent employment</p>
<p>Intervention: Durham County Economic Development Plan</p> <p>Intervention: <input checked="" type="checkbox"/> new <input type="checkbox"/> ongoing <input type="checkbox"/> completed</p> <p>Setting: Durham County government and businesses</p> <p>Start Date – End Date (mm/yy): June 2012 – May 2014</p>	<p>The lead agency is Durham County Government and it will work with other local and regional entities involved in worker education, worker training, and economic development to revise the County's economic development plan and align it more strategically with the related work and policies of these partner agencies.</p> <p>List other agencies and what they plan to do: Durham Chamber of Commerce and City of Durham, Downtown Durham Inc., Research Triangle Park, Durham Technical Community College, NCCU, Duke, and Durham Public Schools</p>	<p>Quantify what you will do</p> <p>Revise Durham County's economic development plan</p> <p>Expected outcomes:</p> <p>The goal of these revisions is to maximize the effect of Durham County's economic development policy and actions on Durham County employment across the income range.</p>

(Insert rows as needed)