

**Partnership for a Healthy Durham Communications Committee**  
**February 18, 2016**  
**AGENDA**

**Present:** Brandon Alexander, Gina Upchurch, Melissa Black, Kiah Gaskin, Debra Duncan, Kelly Warnock, Marissa Mortiboy, Jeff Quinn, Khali Gallman, Tara Ilsley-Murillo

<b>Time</b>	<b>Topic</b>	<b>Major discussion points</b>	<b>Recommendations and action steps</b>
11:00-11:05	<b>Status of work done and current status</b>	<p>The committee has been researching the best ways to communicate community resources for the last several months. There is a potential funding opportunity with the Duke Division of Community Health's application for a Center for Medicare and Medicaid Services (CMS) grant. The grant may include support for a position to update a community database. The committee would need to have information to the Duke Division of Community Health by the end of the month.</p> <p>The CMS grant also has a component for a COACH type database to allow agencies to communicate with one another and to increase clinical referrals to agencies around food access, housing, domestic violence, etc. The purpose of the grant is to build infrastructure to build better referrals through the community and clinics. There may be another CMS continuation grant. IDC-9 should be pushed. Training may be needed with providers around IDC-9</p>	
11:05-11:15	<b>Survey results to date</b> <i>Jeff Quinn</i>	<p>Of 300 community members who took the survey, more than half of community members surveyed use the internet sometimes or always to access resources. Only 11 used Network of Care. Healthcare, mental health, senior services were the top response for type of information wanted on a website. The majority of those surveyed primarily go to the internet, friends and survey providers for information. The demographics of the survey taker reflects the Durham population. Majority of those who took the community survey have lived in Durham for more than 10 years. Three big</p>	<p>Jeff will send the West Palm Beach and COACH MOU to the committee.</p>

		<p>takeaways are access to the internet, good community feedback and people are really using 211 or Network of Care.</p> <p>The agency survey showed that few providers use Network of Care or 211. Many use their own referral sources or word of mouth. The resources generated from the website need to be printable.</p>	
11:15-11:30	<b>United Way 211 Overview</b>	The committee discussed the pros and cons of United Way 211. (See Feedback on Community Resources document.)	
11:30-11:45	<b>Network of Care/Trilogy Overview</b> <i>Debra Duncan, Melissa Black</i>	<p>The committee discussed the pros and cons of Network of Care. (See Feedback on Community Resources document.)</p> <p>It would be helpful to filter services for local services to come up first, if not available in Durham than expand to a farther radius.</p>	
11:45-12:05	<b>Decide plan of action and vote</b>	<p>The committee voted on three options on how to proceed.</p> <ul style="list-style-type: none"> <li>• <b>Option 1-</b> Put all resources (non-monetary) behind Network of Care with option to share data with 211 staff as requested.</li> <li>• <b>Option 2-</b> Put all resources (non-monetary) behind 211 and share with Network of Care (if possible)</li> <li>• <b>Option 3-</b> Work to update Network of Care and work in partnership with United Way to update 211. (Determine which works best within certain populations/situations and market accordingly.)</li> </ul> <p>Six voted for option one, one for option two and two for option three.</p>	Marissa will contact those who couldn't attend the meeting and get their vote.
12:05-12:25	<b>Next Steps</b>	<p>The next steps are to:</p> <ul style="list-style-type: none"> <li>• Contact those not present and get their vote. (Marissa)</li> <li>• Clarify with 211 and Network of Care whether information can be exchanged. (Melissa)</li> <li>• Bring recommendation to steering committee. (Marissa)</li> </ul>	

		<ul style="list-style-type: none"><li>• Write community resources portion for Duke Division of Community Health/CMS grant. (Marissa with help from Kelly and Tara)</li><li>• Send update to Communications committee. (Marissa)</li><li>• Check to see if Bull City Fit has funding for an intern to work on Network of Care this summer. (Kiah)</li><li>• Improve branding of Network of Care. (All)</li></ul>	
<b>Next meeting date:</b> March 1, 9 am			

**Feedback on Community Resource Website**  
**Compiled from Partnership Communications Meeting Minutes & Committee Member Feedback**

**Features Would Like to See on a Resource Website**

Design

- Simple home page with icons instead of a lot of text
- Choice of multiple languages or larger fonts
- Easy to navigate to find information
- Searchable tab for physical activity/food/nutrition, etc.
- Consumer side/provider side
- Smartphone compatible
- Integrate with Durham One Call
- Marketability/branding- appeal to all ages

Information

- Eligibility criteria- wait list times, insurance accepted, etc.
- Include private providers who accept Medicaid or “sliding scale” (ex. Healthy Lifestyles)
- Resources for free or “sliding scale” options for physical activity, and for food/nutrition, by neighborhood or zip code, searchable by resources for children and resources for adults
- Additional assistance and/or emergency and crisis lines
- Have more localized search results, Durham resources listed first
- Easy to navigate for clients and has more info for professionals
- Useful to both clients and providers

Functionality

- Map with ways to get to service and which are closest
- Filters and key words
- Multiple languages
- Supplementary print version of resource guide for download
- Resources can be printed and given to clients

Support

- Person needs to be behind website- full time, looking in paper and constantly calling agencies, interns to help
- Evaluation

### **Pros of Network of Care**

- Capabilities to do a community calendar, anyone can add an event
- Geomap feature
- Mobile app
- Operated by local staff
- Click of a button; translates entire website into different languages, changes font size
- Able to create confidential/secure “Personal Health Record”
- “Learning Center” icons are visual and at the top of the home page (note these are not where you go for information on services which is confusing and some mention it as a con)
- Agency information can be updated at any time
- Durham focused and already “ours” potential to be a great resource for the community, already created

### **Cons of Network of Care**

- Home page needs to have a more prominent listing/icons of searchable database topics – learning center can be confused as the searchable portion of the website
- Limited upgrade options
- Not updated enough, no one dedicated to updating as full time job
- Out of date information (needs formal update from agencies at least annually)
- Focused on mental health services, not community health
- Calendar not utilized
- No accountability factor for participating organizations
- Needs a scrubbing of all the irrelevant agencies/information □ need to develop clear inclusion/exclusion criteria of who gets to be included in the database
- Homepage has too many sidebars
- Two tabs for NC- “public health” and “mental health/behavioral health
- Keywords have been a struggle; needs a keyword search function that includes within x mile of zip code at the beginning of the search, not refining the search
- We don’t know how much of NOC’s issues are with administration on our end versus with the program itself. Some cities seem to have a better database (charlotte), but they are complicated.
- Lack of awareness in the community
- No built-in evaluation
- No 24 hr. phone service
- State agencies not putting information into Network of Care
- Connotation by name and feel that only for low income
- No way to print lists
- Doesn’t have modern feel, appeal to young
- Community survey data (49 people/300 heard about, 26 used, 14 found useful, 16 found easy to use)

- it's not simple or intuitive
- difficult to navigate
- format needs work
- needs more/better filters for searches
- contact information
- locations
- more services listed
- needs info about insurance and transportation
- Agency survey data – 46% heard of it, 14% used it (27), of those 63% found useful, 59% found it easy to use.
  - Incomplete, out of date, information that is not organized well (smaller nonprofits need to be listed)
  - Information like eligibility/insurance criteria is needed
  - Include screening forms
  - key words don't work
  - agencies need to choose keywords that fit their programming
  - more icons and less text, only local information,
  - put service directory as main page or search by key word on main page
  - only computer based (no phone line)
  - staff person to update is needed. Need permanent funding (not grant funded)
  - Printable data/information is needed
  - There is a long list of information that people would like to see on the website

### **Pros of NC United Way 211**

- Has a better “look”
- Data-sharing partners
- Data can be tailored such as initiatives or events for practitioners such as social workers, won't be seen from the public page
- Can add their library or targeted resource pages
- Phone line
- Every organization can update its own information at any time.
- Robust evaluation system – sampling with certain # of call-back/follow-up calls each month (200-600); they ask about real and perceived barriers to follow-up
- State health and human services agencies are housing information on 211
- Phone number is universally known
- 211 is more catchy

### **Cons of NC United Way 211**

- Operated at state level, have little control
- Not local – searches bring up statewide information
- Not updated. Much of the information is really old.

- Formal update from agencies is requested annually through email, also an October data push Email system to contact agencies to update information does not work if contact leaves agency/emails change
- The new platform will be able to convert to Spanish (using google translation). Currently not multilingual
- We don't have the ability to design it at all
- We're not sure if the shared data will go two ways – will we get feedback and will they help us update our resource lists?
- We have no control over key words
- The site is at a very high literacy level
- Does not print well from consumer side
- Spanish language hotline took a long time to use
- Lack of awareness in the community – 36 out of 300 heard about in community survey
- System for needy- not all inclusive