Partnership for a Healthy Durham
Access to Care Committee
October 14, 2021
Minutes

Access to Care: This committee's activities include advocating for changes that will affect health care coverage for residents across all ages and developing community and agency-based strategies to make measurable improvements in access to care for the uninsured and underinsured residents of Durham.

Facilitated by: Kearston Ingraham & Kimberly Alexander

Present: Kim Shaw, Bria Miller, Jennifer Brighton (Project Access of Wake), Kimberly Alexander, Kearston Ingraham, Sonia Barnett, Angel Romero, Jasmine Myers, Keyanna Terry, Pam Diggs, Rose Perry, Jenna Barbee (UNC), Kim Shaw (Triangle Non-Profit and Leadership), Ashley Bass-Mitchell, Debbie Royster, Lynae Baker, Patience Mukelabai

Topic	Major Discussion	Recommendations and Action Steps
Welcome, Introductions, & Check-in *Kearston Ingraham*	Meeting attendees introduced themselves.	Kearston suggested making a concerted effort to improve health literacy and collaborate with Wake county more often.
Improved Medicare for All *Dr. Howard Eisenson, Lincoln Community Health Center*	The mission of Healthcare for All NC is to educate and activate health care providers and the general public on behalf of a comprehensive, high quality, universal, single payer healthcare system that is equitably provided to all Americans and is paid for exclusively by a federal program accountable to the people. Goals for US healthcare • Universal coverage • Health equity- better quality health for everyone regardless of race-ethnicity/geography/income etc. • Improved population health- investing in community • Affordability • Adaptability • Efficiency There are substantial disparities in high blood pressure, diabetes, and strokes.	

	The US is the only developed country where citizens go bankrupt because they got sick or had an accident (number one reason for bankruptcy). More people with health insurance were underinsured in 2019 than in 2010, with the highest increases from employer-based plans. American hospitals on average spend 25% of total revenues on administration-physician practices employ on average 2 administrative staff for every 3 clinical personnel. Americans in rural and low-income communities where hospitals are closing and providers are leaving may have a hard time getting care. Clinicians experience "moral injury" knowing what a patient needs, but unable to meet that need because of barriers in system (needed services not available, patients unable to afford a needed service even if they have insurance). Medicare for All is not "socialized medicine"- private hospitals and doctors would remain private and consumers could choose where and from whom they wish to receive care. Numerous studies show that gaining health insurance reduces risk of death. "Association of Medical Expansion with Cardiovascular Mortality" 2019 Nearly all estimates conclude that Medicare for All would cost similar to current health spending, plus or minus 15%. HR 1976: The Medicare for All Act of 2021 would cover all US residents from birth to death. Medical ethics must be considered when considering the care/coverage patients receive. howard.eisenson@duke.edu	

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Announcements *All*	Flu vaccine flyers are now available. 2022-2024 Community Health Improvement Plans Kick-off meeting is Wednesday, October 27th 5:30-7:00pm. Registration is required and all are welcome. The Extension is having a Welcome Baby event this Saturday 10am-12pm and are giving away Halloween costumes and car seat checks. Will start annual new and gently used coat drive on November 4th. October 20-21 NC Community Health Worker summit by Department of Health and Human Services https://mahec.net/event/66120 If clients have a Department of Social Services social worker and have a need, they are eligible for Share Your Christmas and Thanksgiving Drive programs.	
Meeting Adjourn		

***Next Meeting: TBA**