Community Health Improvement Plan -2022-2024

SECTION I.

COUNTY/DISTRICT HEALTH DEPARTMENT: Durham County Department of Public Health

CHA/CHNA YEAR: 2020

PRIORITY: Access to Healthcare and Health Insurance

HNC 2030 ALIGNMENT INDICATOR(S): Uninsured Rate, Health Indicator 16, Primary Care Workforce, Health Indicator 17

SCORECARD URL (optional):

Instructions:

COUNTY/DISTRICT HEALTH DEPARTMENT: Specify the name of your local health department.

CHA/CHNA YEAR: 2019 If this CHIP updates an earlier CHA/CHNA, change the date to the appropriate year.

PRIORITY: State the name of the priority identified in the CHA/CHNA and cite the page number(s) where the priority identified and discussed.

HNC 2030 ALIGNMENT INDICATOR(s): Using the HNC 2030 report, provide the indicator(s) that aligns with this community priority.

SCORECARD: If you opt to use the web-based tool Clear Impact Scorecard to share your plan

   a. Complete Section I and Section III of the CHIP - 2020. Save file as a pdf.
   b. Submit the CHIP-2020 pdf and the Scorecard pdf to the Director, Community Health Assessment by September 7, 2010

Using principles of Results-based Accountability[2], describe how your agency and partners plan to move from talk to action to improve the quality of life in your community. Apply the Step-by-Step[3] process with your group of partners and describe that work in this document (or Scorecard).

Due Date**:** CHIPs are due by September 7, 2020**.** Requests for assistance/variance/extension should be made to the Director, Community Health Assessment at **CHA.SOTCH@dhhs.nc.gov** before the due date.

SECTION II	
Step 1: What quality of life conditions do you want for the children, adults, and families in your community?	Historically marginalized, uninsured and underinsured people in Durham County have access to quality healthcare coverage and have an established primary care home.
Step 2: What does it look like when you achieve this result?	Everyone has access to affordable, reliable transportation to healthcare. Healthcare that is available during non-traditional hours (evenings and weekends). People trust the healthcare system. Culturally and linguistically appropriate services. Healthcare professionals that are reflective of the community. Increased number of insured individuals.
Step 3: How can you measure these quality of life conditions?	Decreased use of emergency medical care Behavioral risk assessments

		# of emergency department admissions % connected to treatment needed % with reduced emergency department visits over time			

Step 4: How are you doing on the most important measures of this (these) condition(s) in our community?	[this block expands]
Step 5: Who are the partners that have a role to play in doing better?	See Step 7
Step 6: What works to do better, including no cost and low-cost ideas?	See Step 7

Step 7: What do you propose to do? In the section that follows, list and describe each strategy/intervention/action you plan to take.

#	Strategy/Intervention/Action Name & Brief Description [this block expands]	Responsible Partners [this block expands]	Performance Measures: How much will you do? [this block expands]	Performance Measures How well will you do it? [this block expands]	Performance Measures Is anybody better off? [this block expands]	Level(s) of Intervention: • Individual • Organization • Agency • Institution • Policy
1	Understand and increase uninsured and underinsured residents' awareness about affordable healthcare, resources, and insurance options available and how to access them. Publish a resource sheet with resources in Durham. There was a trifold published in the past. (People's Designs)	Community organizations Health fair organizers Legal Aid of NC's Health insurance navigators Black Chamber of Commerce Barbershops Beauty Shops	#of clicks and engagements on the website of the flyer #of partners we engaged with to disseminate the information	Decrease in percentage of residents not accessing healthcare or health insurance.	Uninsured and underinsured residents utilize affordable healthcare options and resources.	Individual

	Make this information available in multiple formats (print, web-based PDF, distribution through community partners). Also make available in different languages. Make sure the document is up to date and available in more than print. Laminate and make available in public places like bus stops and food pantries. Consider using QR codes for websites. Consider holding workshops or present the information at health fairs on how to enroll for insurance. Make documents accessible for those with disabilities (example: visually impaired) Increase awareness of Affordable Care Act and NC Medicaid Include disability information, flu vaccine guide, etc. Market enrollment period, engage with Legal Aid	Case managers at Duke Regional Mayor's Committee for Persons with Disability Partnership Communications Committee				
2	Improve health literacy in Durham County	Community Health Workers	Number of people Access to Care	Increase in people who understand their	Increased percentage of	Individual

#		Partner	Output	Outcome	Long-term	Level
	Support community events. Engage families and loved ones in training.

Focus on colors and pictures on signage. | Healthcare providers

Lincoln Health-outpatient clinic | committee reaches with health literacy efforts. | health and health resources. | Durham residents who advocate for their health and access appropriate health services. | |
| 3 | Improve digital health literacy in Durham County

Engage family and loved ones in training | Triangle Nonprofit Volunteer Center | Number of digital literacy tools used to improve digital literacy. | Percentage of residents who better understand how to access healthcare digitally. | Durham residents are able to access and navigate healthcare on digital platforms. | Individual

Systems |
| 4 | Efforts to Increase percentage of uninsured and underinsured residents who have a primary care provider | Access to Care CHW workgroups CHW roundtable, Durham County Public Health, CHW Workgroup | Number of people connected to primary care providers. | Decrease percentage of residents who do not have a primary care provider. | Durham residents receive the healthcare they need. | Individual

Systems |
| 5 | Identify individual providers to engage in Community Health Worker (CHW) Strategic Plan | Access to Care CHW workgroup | Increase committee membership by three. | Partners regularly engage with CHW workgroup and contribute to strategic plan. | CHW workforce is improved by expanded network. | Organization |
| 6 | Identify community investment strategies to support place-based strategies for CHWs (focus: cross silos, strengthen networking opportunities) | Access to Care CHW workgroup | Number of community investment place-based strategies identified. | Increased percentage of network collaboration. | CHWs are supported by networks in community. | Institution

Policy |
| 7 | Advocate for CHW workforce by increasing health professional trainee | Durham Technical Community College, North Carolina | Number of professional trainee | Increased percentage of CHWs aware of social drivers of health. | Workforce of CHWs are equipped with knowledge of social | Individual

Organization

Institution |

	awareness of Social Drivers of Health and the potential of CHW workforce to address the needs.	Central University, Duke (IPEE, SON, SOM, OT, PA), Access to Care CHW Workgroup, CHW roundtable, student groups	awareness of social drivers of health.		drivers of health which informs their work.	Policy
8	Increase the number of patient care teams, that include CHWs who receive racial equity training.	Access to Care committee, CHASM	# of patient care teams with a CHW who receive racial equity training.	Increased percentage of patient care teams trained in racial equity.	Durham's patient care teams engage using a racial equity lens.	System
9	Identify challenges to providing patient navigators, including bilingual staff, in Durham for uninsured and underinsured residents.	Access to Care, healthcare providers (More to add)	Number of patient navigator roles added in Durham	Increase percentage of patient navigator roles in Durham healthcare settings.	Durham residents are able to access patient navigators in healthcare setting, improving navigation of healthcare system.	System
10	Collaborate with faith-based organization to strategize access to care initiatives for congregations	Access to Care, Interdenominational Ministerial Alliance, local faith communities	Number of relationships build to strategize access to care initiatives for congregations	Increased percentage of faith organizations equipped to connect congregations to care.	Residents are able connect to healthcare information from faith community.	Individual System
11	Normalize/destigmatize HIV prevention and treatment efforts in healthcare settings.	Access to Care HIV/STI workgroup, Durham County Public Health, Duke Health	Number of healthcare providers reached.	Percentage of healthcare providers who provide HIV prevention and treatment in non-biased ways.	Residents access HIV prevention and treatment.	Institution Organization