

**Partnership for a Healthy Durham
Access to Care Committee**

February 13, 2025 - 9:00 a.m.-10:00 a.m. @ Zoom/Virtual

Minutes

Facilitators: Edeia Lynch and Angel Romero Ruiz

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.

Present: Angel Romero, Bria Miller, Edeia Lynch, Mina Silberberg (Duke University), Elizabeth Brill (Samaritan Health), Eboni Quick (DCoDPH), Karin Szymanski, Mary Vinson (community member), Hanah Ayoub, Tomisin M (Duke student), Zeren Chen, Elyse Voloria, Kina Edwards (Elizabeth Brill), Charles Clark (Community Health Coalition), Brad Caison Candido (DCoDPH), Erin Thomas, Tra Tran (Refugee Community Partnership), Sicily Johnson (Kind Kitchen), Ashley Bass-Mitchell, Galiya Chenault (Duke student), Alice Cui (Duke student), Sarah Dancaussen (Duke student), Laura Kmitch (Duke student), Daniel Labach (Duke student), Qadria Naji (Duke student), Tobenna Ndulele (Duke student), Ryan Parker (Duke student), Lena Shadow (Duke student), Shar Shibeika (Duke student), Elly Voloria (Duke student), Jiameng Yuan (Duke student)			
Time	Project/Topic/Goal	Major Discussion Points	Recommendations & Action Steps
9:00-9:05	Welcome and introductions. Icebreaker: What's the best vacation you've ever taken?		
9:05 - 9:10	Review minutes The meeting minutes are approved.		Add Sicily Johnson at Sicily@kindkitchen.group Add Tra at tra@rcpteam.org Refugee Community Partnership
9:10-9:20	Duke Program Evaluation class, Access to Care Dr. Mina Silberberg's students are working on an evaluation project that will help the committee to fulfill the community health improvement plan. The students are developing evaluation metrics for objective 1 of the CHIP. They are also developing an evaluation to help us identify the root causes of the long wait times between when patients contact healthcare providers to make an appointment and when they are actually able to be seen by a provider.		

<p>9:20-9:25</p>	<p>One concern people have is potential cuts to Medicaid benefits with the new administration. This would mean that more individuals would need assistance accessing primary care and other types of medical care.</p> <p>Angel shared a resource that can be used to advocate for Medicaid. It is called “Medicaid is Vital to North Carolina”. It provided data, what makes Medicaid important, and what federal cuts would cause.</p> <p>Collaborate with the mental health committee to disseminate mental health resources.</p> <ul style="list-style-type: none"> • The mental health committee has also published information on how to access services. We want to collaborate with each other so we can help disseminate our brochures and other information. • The mental health committee is updating their brochure information and will add resources like the 988 line. They will also include a QR code and web link to the access to care brochure. • Angel will review the current version of the brochure to see if there are any resources he can recommend. 		
<p>9:25-9:35</p>	<p>CHIP - Connect uninsured individuals with a medical home and resources, especially those ineligible due to immigration barriers.</p> <ul style="list-style-type: none"> • Samaritan Health sees uninsured patients. The take up to 300% of the federal poverty line. They also offer primary care and specialties. They reach people by media outreach and word of mouth. The average wait time for new patients is 7 days. We are also launching a walk-in program for specific services 3 afternoons per week, which will be announced later this month. • Lincoln has dedicated walk-in days. • Community Health Coalition has a relationship with MedAssist and can help people to get medication sent to their homes. There is some hesitation with folks giving their names. They are exploring how they can make their area a safe space and have interpreters. • NC Navigation Consortium double checks to make sure the person is not eligible for any health insurance. They are able to text clients in different languages and can help facilitate calls to healthcare providers. If something may be a legal issue, they can help connect them to legal aid attorneys. • Refugee Community Partnership is doing research on language access in healthcare. Some are eligible for Medicaid and some are not. If people can't find a clinic, they go to the emergency department. They are usually provided interpretation there. When sent to other places they are sometimes frustrated by long waiting times and there is confusion about whether it is a wellness check and whether it's for a specific illness. They work with six languages and have access to other community interpreters. Withing each language community is the hive. They provide rapid translations of really important information like when there's a hurricane and people need to seek shelter. They also send information about free 		

	<p>wellness days and logistics. They like to share information audibly to decrease barriers with literacy.</p> <ul style="list-style-type: none"> • Question from a student: do the organizations have plans to use telehealth? <ul style="list-style-type: none"> ○ Samaritan already uses telehealth, and they don't have to download an app to use it. ○ RCP- for their population, telehealth can be really difficult. There are few devices available in families and there isn't much privacy, and internet and data are expensive. Also to use telehealth, you need to know English, even for the preliminary steps. ○ NCNC has seen the same thing as RCP. Most of their communication with clients is over the phone and they also will meet with people in person. <p>We will use this information and add it to the current plan this quarter.</p> <p>Kind Kitchen's work falls under Food as Medicine. They receive referrals through NCCARE360.</p>		
9:35-9:40	<p>NCCARE360</p> <p>We would like NCCARE360 work to become a part of this access to care committee. Here are the goals</p> <ul style="list-style-type: none"> • Engage partners to use the platform • Identify barriers to utilizing the taskforce • Assess how well the platform meets the needs of the organizations and clients. • Utilizing a racial equity framework • Highlighting needs to decision makers <p>One person thinks it's a wonderful idea to bring it to this committee. Wants to learn more about it and have a sit down to see the intricacies.</p> <p>One person is wondering how having the NCCARE360 platform as a part of Access to Care could improve by being a part of this committee. It would give it a home and make it easier to share the changes and updates throughout the Partnership.</p> <p>CHW Networking event update</p>		
9:40-9:45	Cooperation with Communications Committee		
9:45 -9:55	<p>Announcements</p> <p>https://www.ncjustice.org/publications/about-the-ncdhhs-medical-debt-relief-incentive-program/ Medicaid Debt Relief</p>		
9:50-10:00	Adjourn		

Next meeting: Thursday, March 13, 2024, at 9:00 am via Zoom.