Partnership for a Healthy Durham
Access to Care Committee

June 11th, 2026 - 9:00 a.m.-10:00 a.m. Virtual

Minutes

Facilitators: Edeia Lynch

Access to Care: This committee's activities include advocating 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: Bria Miller, Edeia Lynch, Morgan Culver, Angel Romero, David Regan, Elizabeth Brill, Bala Nair, Gina Upchurch, Shelisa Howard-Martinez, Howard Eisenson		
Time & Topic	**Major Discussion Points**	**Recommendations & Action Steps**
Icebreaker **9:00 - 9:05**		
May Meeting Recap **9:05 - 9:10**		
FindHelp Navigation *Angel Romero, Duke Health* **9:10 – 9:30**	Angel Romero shared a demonstration and information about FindHelp. Duke Health decided to switch to the Find Help platform starting this month, instead of using NCCARE360. They switched because it was difficult to track referrals and get outcomes within the platform. With FindHelp, Duke Health will be able to better track referrals and outcomes. Samaritan Health was even able to add themselves as a trusted partner during the demonstration! FindHelp is available in all 50 states, is free to use and available in over 100 languages. It's an electronic referral platform, with an online directory of free and reduced-cost referrals. Benefits of FindHelp include: • Many health systems are using it • Only health systems pay for the tool. It is a FREE tool for community organizations to use. • IT is an open network • Anyone and anywhere can use it • It is HIPAA and FERPA compliant and HITRUST certified • There are over 600,000 participating program locations • Updates on referral statuses can be received by email • Organizations that have claimed their listing will have a check mark next to it on the site • FindHelp collects information about the different resources and puts them on the website	

	• If you don't find your organization or an organization you partner with, you can suggest that it be added. • Everyone can see the data with what people in each county are looking for with the number of searches and heat maps • Organizations can also see a dashboard with activity related to them For anyone that wants more information or details, there are both pre-recorded and live trainings available. FindHelp staff also have office hours available to help. Duke is looking for more community partners to join their trusted network on FIndHelp. If you're interested in becoming a trusted partner, meaning you agree to receive referrals from Duke and will review those in a timely manner, please reach out to Angel Romero. This tool is still available for organizations that choose not to become part of Duke's trusted network.	
Community Health Improvement Plans (CHIPs) **9:30-9:40**	The group discussed the committee's CHIPs and focused on Community Health Worker (CHW) priorities in health adjacent (non-clinical) settings.	
Open Discussion **9:40-9:50**	**Health Literacy, Women's Health, Opioid Use** There is a large interest in discussing women's health, as well as opioid education and use amongst older adults. There is interest in talking about what's going on in Durham with opioids and older adults. Lincoln Community Health Center (LCHC) and Senior PharmAssist distribute Narcan and Senior PharmAssist has suboxone. Morgan Culver, who is the Harm Reduction Coordinator at Durham County Department of Public health (DCoDPH), joined the meeting to talk to the group about her work. Her team does the following: • Naloxone distribution • Safe Syringe Program (SSP) • Trainings for teams • Much more! Reach out to Morgan if you have any questions Helpful information to know: • It's much easier for people to get treatment if they have health insurance ○ There are still resources available for those who are uninsured • Insured folks can talk to their doctor about opioid replacement therapy • Resource on treatment providers available: https://dconc.gov/substanceuseresources • Some Suboxone providers can become someone's primary care provider (PCP). This is important as better care can come from someone who is familiar with the care Other discussion included:	The Partnership can include the resource on its website. If someone wants physical copies of this resource, they should reach out to Morgan Culver directly through email at mculver@dconc.gov To receive a training on harm reduction, overdose prevention and response, naloxone, or other topics, fill out this short form: https://forms.office.com/g/N3VMkPq1Fs

	• "I wonder how many people know this information" • There are some Community Health Workers (CHW) who measure if people have health insurance and if they have a medical provider • Many people aren't screened for opioid use. Most are only asked about alcohol use • Stigma is a major barrier to care Last week Shelisa led a conversation among geriatric providers, who admitted that they don't ask people about drug use or sexual activity. They are not only uncomfortable having this conversation but aren't trained to ask those questions.	
Medicaid Rx	Updates on the Medicaid Rx network meetings • The group wants to continue this topic as part of their discussions • There were questions as to this should continue as part of Access to Care meetings or if it should be part of another meeting • Comments from participants included: • Aging well starts at conception and this topic should be viewed across the lifespan (Shelisa Howard Martinez) • Could a component of this work be research? If so, Duke's Community Partnered Research Network (CPRN) should be included and asked to do research in this area (Dr. Eisenson) ○ The question could be: "What are you interested in the end product being, and what is the most effective way to get there?"	Bria will invite Jen Allen (Duke, CPRN) to the next Access to Care meeting.
Announcements and Adjourn **9:50 – 10:00**		