Partnership for a Healthy Durham
Access to Care Committee

August 13th, 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: Edeia Lynch, Gina Upchurch, Angel Romero, Howard Eisenson, Charita McCollers, Jenifer Allen, Elizabeth Brill, David Regan, Sabrina Aguilar-Simon		
Time & Topic	**Major Discussion Points**	**Recommendations & Action Steps**
Icebreaker **9:00 - 9:05**	Icebreaker: What are some of your favorite games to play?	
Last meeting recap **9:05 - 9:10**		
Community-Partnered Research Network and Opioid Use in Aging Adults *Jen Allen* **9:10 – 9:30**	Community-Partnered Research Network (CPRN), a part of Duke University, exists to shift how power with research happens in Durham. Instead of it being research *on* communities, CPRN shifts it to research *with* communities. It is a structured partnership model where community organizations and researchers jointly develop questions, conduct studies together, and turn findings into real population health improvements. The **mission** of CPRN is to support and catalyze community-partnered and community-driven research, as well as the translation of that research into action that promotes improvements in population health. The **vision** is to foster enduring trust through bidirectional learning between community partners and researchers, ensuring that each party's perspectives, priorities, and constraints are acknowledged and respected. They serve a convening function, to bring together partners focused on community health priorities, coordinate efforts, and promote the adoption of best practices in community-based research. **Values that guide CPRN** 1) Community health first: prioritize community health in research They want partnerships to begin where community priorities drive the work, which requires open listening from research partners, as well as community health when designing the study and making decisions throughout.	Any questions or feedback for Jen and/or her team can be emailed to cprn@duke.edu or by calling (980) 505-4129.

2) Community leadership: shift the balance of power to the community and respect community expertise

This includes community representation in which communities are meaningfully represented at every stage of the research process. They pay attention to who is at the table and who is not, and ensure alignment between research questions and local needs.

Dr. Ellie Erickson with CPRN always says “Nothing for us without us”

CPRN exists to address problems. Usual research is often called “helicopter research”, where researchers collect data, publish papers, then leave, which leads to three problems: no sustained relationships, no direct benefit back to the community, and research questions don’t always align with local needs.

Example of CPRN’s work: Durham Community Asthma Study (Duke CTSA Network)

- **Community organizations set the agenda**. Local faith communities and neighborhood associations identified childhood asthma as their top health concern, before a single research was involved.
- **Findings came back to the community, and fast.** Within the same year, results were shared with participating families and used to advocate for housing code enforcement in Durham
- **Community organizations gained capacity, not just data**. Partner organizations built skills in data interpretation and grant writing that outlasted the study itself.

Structure of CPRN

- **Executive Leadership Committee (ELC)**
  - Governance team
  - Representation from Durham Technical Community College, NC Central University, Duke University, African Methodist Episcopal Zion, Durham County Department of Public Health, El Centro Hispano, Discover Durham, Lincoln Community Health Center, THRIVE Family Health & Education Center, Disability Rights NC
- **Community Clinical Research Organization (CCRO)**
  - Implementation team
  - Guided by ELC

What makes CPRN distinct

- **Community-led governance**: Community members and academic researchers share leadership and decision-making equally. Power is distributed, not delegated
  - Each new project is reviewed for purpose, alignment with CPRN’s mission, and appropriateness for resources to support the project.
- **Equal partnership model**: community organizations are co-investigators-not recruitment pipelines. Their expertise shapes the work from start to finish.

- **Focus on local priorities**: Research questions emerge from the specific needs and priorities of the Durham community-not from grant cycles or external agendas.

Why CPRN's Work Matters

- **Your data should benefit your community.** Not in ten years, but in the same year you contributed to research. You deserve to see the results of your participation put to work-in your neighborhood, for your families, right away.
- **You have an active role in research that affects your community.** The CPRN ensures your voice shapes the questions, the process, and the outcomes-so you are never a passive subject, but always an active partner.
- *Shared power → more honest data → more effective research*
- This leads to more effective research. You don't just come up with an idea, get funding, and then have it fall flat because not everyone's ideas were incorporated on how to make it successful.

1) **You shape the research agenda**
   Your community identifies and prioritizes the research questions. The agenda reflects your needs-not academic curiosity
2) **Findings come back to you**
   Research results are translated into actionable strategies and shared with your community-so the work promotes your health
3) **Your organizations gains capacity**
   CPRN connects your organization with resources and research expertise that strengthen your ability to serve your community-building skills that last beyond any single study
4) **Projects chosen by your community**
   Projects are selected by a community-led board-the ELC-so the research getting done is what your community wants

Dr. Valletta (Duke) submitted a project called *Social Reward Processing and Suicide Prevention in Older Adults*. Suicide disproportionately affects older adults, loneliness or perceived social isolation, regardless of opportunities for social interaction is a risk factor that may be especially impactful later in life, and approximately 1/3 of adults aged 65 reports significant loneliness existing. Tis project hasn't been brought to ELC yet.

Question: what real changes have been made by the Clinical and Translational Science Institute (CTSI)?

This is a culture shift. It's challenging because there are already established relationships with academics and community partners that have been long-standing, along with new relationships needing to be made, which they are working to streamline. With the Institutional Review Board (IRB) application, they've incorporated a checkbox to check for community-partnered research so it is tracked internally. This will help streamline internally so Duke is more strategic with approaching community-

	based organizations and there aren't multiple different studies reaching out to the same partners. SPARKS, part of Duke's CTSI, pulls together experts from multiple fields that can be helpful for community organizations to spark new ideas and community-engaged efforts. ***Question: are we doing any tangible work about hearing the voices of our aging adults and their concerns in different settings? Are we setting up parameters for what research projects should look like?*** The intake form allows for informing them of the concerns and they are actively working to reframe it in a simpler way. Although we don't have ideas of how to solve for this issue yet, we can elevate it to ELC to prioritize how to address it, how to make connections, etc. This brought up a conversation about the barriers to older adults seeking and/or receiving proper care, such as being homebound, not answering the phone due to solicitors and scams, having no way to get to the mailbox, blindness, transportation, etc. Just calling three times about appointments and checking up on someone doesn't qualify as adequate. Duke Well program has multiple teams to help with transportation issues. Community health workers will try to find out what the transportation issue is, however, there aren't funds specifically for transportation. GoDurham has a free microtransit service in North and East Durham. Although, there are still barriers, such as needing help walking out to the vehicle, needing a specific type of vehicle, having oxygen and it taking too long on the transit system for their tank. There are also barriers to food delivery and access, especially with Meals on Wheels' waitlist being so long. It would be extremely beneficial to have providers and researchers go into the community and listen to the struggles of patients real-time. Another issue that arose during the conversation was around how there is already plenty of research into barriers and on health in general, what is actually needed is programs to support those issues and social services that are struggling. Despite Duke and others having teams working on social determinants of health, funding is still a critical barrier. Some people at Duke are having conversations with donors to see if they can provide some funds for a pot of money to partner with community-based organizations to use these funds and help patients/the community.	
Announcements and Adjourn **9:50 – 10:00**	• Duke Regional Cares Community Day on October 3rd, which will involve health screenings, resources, events for kids, and more • Duke University Hospital ED is hosting a similar health screening and resource event, 'Beyond the Bay' on October 24th at Morningstar Missionary Baptist (4610 Fayetteville Rd.) from 1-5pm. For more information, reach out to David Regan at David.regan@duke.edu	

	• The Connecting Communities and Medicaid (CCM) Workgroup, led by North Carolina Department of Health and Human Services (NC DHHS), might be of interest for some people in this group. They discuss new developments with Medicaid and changes. This group meets on the second Wednesday of the month at 8:30 and this is statewide. • NC Medicaid Ambassador Initiative, a volunteer program training ambassadors to help individuals apply for Medicaid through EPASS, the state system to apply for benefits, or healthcare.gov. • Medicaid Train the Trainer program • Medicaid Changes webinar series hosted by Legal Aid of North Carolina-next is September 2nd at 12pm	