Partnership for a Healthy Durham Access to Care Committee May 9, 2024 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: Shelisa Howard-Martinez, Angel Romero Ruiz, & Krista Kicsak

Present: Angel Romero, Krista Kicsak, Bria Miller, Shelisa Howard-Martinez, Victoria Mosey, Blake Kruger, John Mitchell, Sonia Barnett, Jaeson Smith, Edeia Lynch, Romy Salgado (LATIN-19 CHW), Rubi Morales, Leykashree Nagendren (Railcare Health), Tinesha Smith, Mary Vinson, Mc Colch, Francisxo Guzman, N Santos, Kimberly Monroe, Howard Eisenson, Kimberly Bradsher

Topic	Major Discussion	Recommendations and Action Steps
Welcome - Introductions & Icebreaker	Introductions in the chat. Name, organization & email address if this is your first time along with the response for the icebreaker. Icebreaker – You're having a spring picnic, what are the top 3 food essentials in your basket?	Add Leyka Nagendren, Railcare Health, leykashree.nagendren@railcare health.com
Review April Minutes	The meeting minutes were approved.	
2024-2027 Community Health Improvement (CHIP) Discussion - Krista Kicsak	Krista explained what Community Health Improvement Plans are. We operate on the three year cycle because we collaborate with Duke Health. Krista shared the 2022-2024 CHIP and a Jamboard with the CHIPs and encouraged the committee to go through each strategy and see what worked, what did not work, and gaps. The group went through each CHIP together and completed the Jamboard slides.	Solidify results statement and indicators by the next meeting. Will work on getting data sources. Angel and Shelisa will work on researching additional data sources.
	FILL IN FROM JAMBOARD	

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CHIPs are long-term, systemic efforts to improve health and well-being of a community. We do these every 3 years.

Frameworks- RBA, Healthy NC 2030, Population Health model, Partnership Racial Equity Principles

Steps: create a results statement (overall goal), choose population indicators, see who should be at the table, select initiatives, decide how to measure the impact of the work

Next, the team worked to develop a results statement. A results statement is an overarching goal. It has 3 parts: population or subpopulation, geographic area, and condition of well-being.

We looked at the results statement from the last cycle and participants voted on whether to keep it the same, change some of it, or start from scratch. 8 said keep it the same. 6 said make a few edits. Because a significant portion of people voted to make a few edits, people went into breakout groups for five minutes to discuss what changes they wanted to make.

2 suggestions:

- A primary care home equipped to address health-related social and resource needs in a patient centered way
- May need to define historically marginalized- want the definition to be included somewhere. Consider not using that term anymore because of push back.
- Population to be included in the statement- people wo have not engaged with the healthcare and preventative care

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Population level indicators- what we can measure related to our goal. Options for data that are readily available are on the Jamboard. The group also reviewed the current indicators and voted on whether to keep them the same, make a few edits, or rewrite. 4 said keep it the same. 5 said make a few edits. 1 said rewrite. They chose to work on it as a group.	Announcements Meeting Adjourn	goal. Options for data that are readily available are on the Jamboard. The group also reviewed the current indicators and voted on whether to keep them the same, make a few edits, or rewrite. 4 said keep it the same. 5 said make a few edits. 1 said re-	
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^{*}Next Meeting: June 13, 2024: 8:30-9:30am