

# COMMUNITY HEALTH ACTION PLAN

## IDENTIFYING INFORMATION

<p><b>County:</b> Durham</p> <p><b>LOCAL PRIORITY ISSUE</b>  <b>Local priority issue:</b>          Access to Healthcare</p> <p><b>Was this issue described in your county's most recent Community Health Assessment? (please answer "yes" or "no")</b> Yes</p> <p><b>List other sources of information about this priority issue:</b></p> <ul style="list-style-type: none"> <li>▪ 2001 &amp; 2004 BRFS for Durham County</li> <li>▪ Cecil G. Sheps Center for Health Services Research (UNC-CH)</li> <li>▪ Health Choice enrollment data</li> <li>▪ NC Institute of Medicine Report</li> <li>▪ Durham Regional, Duke and VA Hospitals' Emergency Department and Hospitalization Ambulatory Care Sensitive Data.</li> </ul>	<p><b>Partnership:</b> Partnership for a Healthy Durham</p> <p style="text-align: center;"><b>LOCAL COMMUNITY OBJECTIVE</b></p> <p><b>By:</b> 2010</p> <p><b>Objective 1: A. Health Insurance Coverage - The proportion of Durham residents less than 65 who are uninsured will decrease by 10%. (gender, race, age, education &amp; income)</b></p> <ul style="list-style-type: none"> <li>▪ Original Baseline: 19.7% (BRFSS - 2004) / 19.3% (Sheps Center - 2003); <b>Health Choice - Durham County had enrolled 65% of eligible children (2001 out of 3087 eligible) by 12/04.</b></li> <li>▪ Date and source of original baseline data: 2004 BRFS, 2003 Sheps; Health Choice enrollment data for 2004</li> </ul> <p><b>Objective 1: B. Health Insurance Coverage – The proportion of Durham residents who report no source of health care coverage will decrease by 10%. (“Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” - gender, race, age, education &amp; income)</b></p> <ul style="list-style-type: none"> <li>▪ Original Baseline: 16.8% answered no coverage</li> <li>▪ Date and source of original baseline data: 2004 BRFS</li> </ul> <p><b>Updated information (Continuing Objective only):</b> n/a  <b>Date and source of updated information:</b> n/a</p> <p><b>Objective 2:</b> The rate of ambulatory care sensitive hospital admissions of Durham residents to Durham Regional, Duke and VA hospitals will decrease by 10%.</p> <ul style="list-style-type: none"> <li>▪ Original Baseline: by age, race, address/neighborhood <b>or zip code</b> and payment source: 1. Self-pay, 2. Medicaid/CHIP, 3) Medicare, 4) Private insurance, 5) Others (Champus, WC, etc.)</li> <li>▪ Data and source of original baseline data: 2004 hospital data (pull final primary code)</li> </ul> <p><b>Objective 3:</b> The rate of ambulatory care sensitive emergency department use by Durham residents to Durham Regional, Duke and VA hospital will decrease by 10%.</p> <ul style="list-style-type: none"> <li>▪ Original Baseline: by age, race, address/neighborhood <b>or zip code</b> and payment source: 1. Self-pay, 2. Medicaid/CHIP, 3) Medicare, 4) Private insurance, 5) Others (Champus, WC, etc.)</li> <li>▪ Data and source of original baseline data: 2004 hospital data</li> </ul> <p><b>Objective 4: Medical Care Home:</b> The proportion of Durham County residents who report cost as a barrier to seeing a doctor or who report no one as their primary healthcare provider will decrease by 10%.</p> <ol style="list-style-type: none"> <li>1. “Was there a time during the last 12 months when you needed to see a doctor, but could not because of cost?” (by gender, race, age, education, and income)</li> <li>2. “Do you have one person you think of as your personal doctor or health care provider?” – responses include – Yes, only one; Yes, more than one; and No (by gender, race, age, education, and income); This gets somewhat at continuity of care</li> </ol> <ul style="list-style-type: none"> <li>▪ Original Baseline: Cost as barrier – 12.5%; No one HC provider – 27.4%</li> <li>▪ <b>Data and source of original baseline data: 2004 BRFS</b></li> </ul>	<p><b>Period Covered:</b> 2005 – 2010</p> <p style="text-align: center;"><b>POPULATION(S)</b></p> <p><b>Local population(s) experiencing disparities in relation to this local objective:</b></p> <ul style="list-style-type: none"> <li>▪ African Americans</li> <li>▪ Hispanic/Latinos</li> <li>▪ less than HS education</li> <li>▪ household income less than \$50K</li> </ul> <p><b>Describe the local population(s) that will benefit:</b></p> <ul style="list-style-type: none"> <li>▪ Latino and African-Americans under age 65</li> <li>▪ Durham residents with limited incomes</li> </ul> <p><b>Total number in population:</b>          Approx. 40,000</p> <p><b>Number you plan to reach:</b>          4,000</p>
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**NC 2010 FOCUS AREA AND HEALTH OBJECTIVE ADDRESSED**

**Focus Area:** Access to Health Care  
**Health Objective:** Increase by 10% the proportion of children ages 0 to 18 with health insurance. Increase by 10% the proportion of adults 19 to 65 with health insurance.

INTERVENTIONS/TIMEFRAME (insert extra rows as needed)	COMMUNITY PARTNERS Roles and Responsibilities	SETTING(S)	EVALUATION PLAN & PROGRESS TO DATE
<p>A. In order to secure the active involvement of the priority population(s), our Partnership will:</p> <ol style="list-style-type: none"> <li>1. Hold monthly meetings of the Healthcare Access Committee, invite speakers to address health access issues, and recruit community members and other potential partners, including business and healthcare agencies to participate through 2010.</li> <li>2. Examine barriers (real or perceived) to access to healthcare services in Durham: racial/ethnic discrimination, payment/financial (cost-sharing arrangement with self pay patients, Medicare and Medicaid patient acceptance rates, etc.), stigma, language, administrative burden, trust/confidentiality, cultural, hours of operation, etc. Then create additional strategies to overcome these barriers.</li> <li>3. Orient new committee members with a glossary of terms and organizational chart for Partnership for a Healthy Durham by August 2005.</li> </ol>	<p>*Healthcare Access Committee (HAC): Durham County Health Department, Lincoln Community Health Center, Duke University Medical Center Department of Community and Family Medicine, Durham Regional Hospital, Cooperative Extension, Duke University Health Inequalities Program, Partners Against Crime IV, NC Institute of Medicine, Durham Center Access, Durham Public Schools, Piedmont Consortium, Southern Anti-Racism Network, Durham Chapter of the NAACP, Health Committee of the Committee for the Affairs of Black People (DCABP), El Centro Hispano, Senior PHARMAsists, Triangle United Way, Planned Parenthood, <i>Parish</i> Nurses from First Calvary Baptist Church and <i>Union</i> Baptist Church, Duke University Health Systems' LATCH Program, Immaculate Conception Catholic Church, NC Committee to Defend Health Care</p>	<p>DCHD, Durham County Public Library, Union Baptist Church, Immaculate Conception Catholic Church</p>	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• Committee has formed and met three times</li> </ul> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>• Glossary of terms for discussion access to healthcare issues</li> <li>• Organizational chart for the integration of City/County "Results-based accountability" with Healthy Carolinians = Partnership for a Healthy Durham</li> </ul>
<p>B. In order to secure the active involvement of the priority population(s), our Partnership will:</p> <ol style="list-style-type: none"> <li>1. Identify ways to engage community groups and individuals, particularly those from low wealth communities, in the process of defining barriers to access and opportunities for improving access to healthcare in Durham (community-based participatory model). This may involve coordination with the Minority Health Clearinghouse Committee.</li> <li>2. Participate in countywide Results Based Accountability Summit in August 2005, and annually through 2010</li> <li>3. Host town hall meetings / focus groups to address health access issues and gather community input, at least annually through 2010.</li> </ol>	<p>Minority Health Clearinghouse Committee of the Partnership for a Healthy Durham will provide technical assistance.</p> <p>*Durham County and Durham City government will host Summit.</p> <p>Healthcare Access Committee will host town hall meetings.</p>	<p>Summit location TBD</p> <p>Durham County Public Library</p>	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• The Minority Health Clearinghouse Committee of the PHD is already formed</li> </ul>
<p>C. Advocate at the local, state, and national levels for increased funding for health programs (including but not limited to safety net clinics, Health Choice, Medicaid &amp; Medicare). Ongoing through 2010.</p> <ul style="list-style-type: none"> <li>▪ Keep abreast of statewide and national healthcare access issues via e-news from the NC Health Access Coalition and NC Committee to Defend Health Care and notify HAC members when issues that we are concerned about are in the "spotlight." Ask</li> </ul>	<p>Healthcare Access Committee, *NC Committee to Defend Health Care</p>	<p>NC Health Access Coalition and the NC Committee to Defend Health Care communicate primarily via email.</p>	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• Several members of HAC are already involved with NC Health Access Coalition and the NC Committee to Defend Health Care</li> </ul> <p><b>Outputs:</b></p>



<p>2. Work with Robert Wood Johnson Foundation and other national programs in the spring of each year to educate the community during “Cover the Uninsured Week” and publicize safety net options in Durham annually, through 2010.</p>	<p>publicize “Cover the Uninsured Week” which will likely coincide with a town hall meeting.</p>		
<p>G. Support Specialty Access Care efforts of Durham Health Partners</p> <ol style="list-style-type: none"> <li>1. Substantiate the need for and identify the costs of providing specialty care for uninsured patients of LCHC by the summer of 2006.</li> <li>2. Implement a demonstration project (with the kick-off in the fall of 2006) that offers specialty care to these patients through a fee for service arrangement with Prima Health and explores ways in which related clinic- and hospital-based ancillary services can be offered through in-kind commitments and/or fee for service arrangements. Through the demonstration project, cost savings as a result of increased access to ambulatory specialty care will be measured to help substantiate longer-term investment from both public and private funders.</li> </ol>	<p>*Durham Health Partners, Lincoln CHC, private practice specialists, Duke University Health Inequalities Program, Duke Clinical Research Institute</p>	<p>Lincoln CHC and private practices.</p>	<p><u>Progress:</u></p> <ul style="list-style-type: none"> <li>• 2 months into a 12-month process.</li> </ul> <p><u>Outputs:</u></p> <ul style="list-style-type: none"> <li>• Quantification of need for specialty care among Lincoln CHC patients and associated costs.</li> <li>• Identify “below market” reimbursement systems with in-kind ancillary care support.</li> </ul>
<p>H. Sustain or increase access to medications for residents of Durham.</p> <ol style="list-style-type: none"> <li>1. Work with the Durham Center to consider its options for continuing to provide pharmacy services to its patients under the previous mental health system.</li> <li>2. Lincoln CHC, Senior PHARM<i>Assist</i>, the Council for Senior Citizens and the Durham Center will try to enroll as many Durham residents as possible in the subsidy programs for the Medicare prescription drug benefit that begins January 2006.</li> <li>3. Investigate pharmacy payment plans and which programs/agencies can access 340B or other very discounted drug prices for residents who cannot pay for their medications.</li> <li>4. Identify methods for creating or broadening other medication access options including drug manufacturers’ programs for “bulk shipment” of medications, “patient assistance programs,” and discount card programs.</li> </ol>	<p>Lincoln CHC, *Senior PHARM<i>Assist</i>, Health Dept., *Durham Center (Mental Health), Duke Outpatient pharmacy department; VA Hospital, Council for Senior Citizens, Special pharmacy funds – TUV, Women in Action, Catholic Social Ministries, etc.</p>	<p>The *Durham Center will spearhead discussions about pharmacy services for patients with mental health issues.</p> <p>*Senior PHARM<i>Assist</i> will host Medicare prescription discussions.</p>	<p><u>Progress:</u></p> <ul style="list-style-type: none"> <li>• The ad hoc committee working to ensure continued access to medications for the former patients of the Durham Center has met twice.</li> <li>• Senior PHARM<i>Assist</i>, Lincoln CHC, and the Council for Senior Citizens have collaborated on enrollment in the state’s Senior Care Rx program and will take lessons learned and apply them moving forward as massive Medicare prescription drug plan enrollment begins in October 2005.</li> </ul> <p><u>Outputs:</u></p> <ul style="list-style-type: none"> <li>• Durham residents with serious mental illness will continue to have access to life-saving medications</li> <li>• Several thousand Medicare beneficiaries will enroll in the prescription drug benefit subsidy</li> <li>• A new “system” to help non-Medicare residents of Durham access needed medications will arise.</li> </ul>
<p>I. Evaluation</p>	<p>*HAC will review and discuss data annually to monitor progress and adjust strategies.</p>	<p>N/A</p>	<p><u>Plan for Measuring Outcomes:</u></p> <p>Review data from the following:</p> <ul style="list-style-type: none"> <li>• BRFSS for Durham County</li> <li>• Sheps Center for Health Statistics (UNC-CH)</li> <li>• Health Choice enrollment data</li> <li>• NC Institute of Medicine Report</li> <li>• Durham Regional, Duke and VA</li> </ul>

			<p>Hospitals' Emergency Department and Hospitalization Ambulatory Care Sensitive Data</p> <p><u>Outputs:</u></p> <ul style="list-style-type: none"><li>• Summary of findings and discussion, and any adjustments in action plan.</li></ul>
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