

People Living Without Health Insurance in Durham County, North Carolina

An Action-Oriented Community Assessment

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Table of Contents

Acknowledgments.....	i
Listing of Tables and Figures.....	iii
Acronyms and Abbreviations.....	iii
EXECUTIVE SUMMARY	1
INTRODUCTION	3
BACKGROUND	6
Durham County	6
Lincoln Community Health Center	7
OUR PROCESS: Methodology	13
Primary Data: Collection & Analysis	13
Secondary Data: Collection & Analysis	16
Community Forum	17
OUR FINDINGS	20
Strengths	20
Domains and Themes	20
<i>Access to Healthcare</i>	21
<i>Crime and Safety</i>	25
<i>Education</i>	28
<i>Race Relations</i>	31
Other Findings	34
Public Health Implications	37
CONCLUSIONS	38
Limitations	38
Recommendations for Moving Forward.....	39
REFERENCES	41
APPENDICES	44
Team Field Activities.....	45
Lincoln Mission and Vision Statement and List of Core Values.....	47
Community Member Interview Guide (English and Spanish Versions).....	49
Service Provider Interview Guide.....	56
Participant Consent Fact Sheet (English and Spanish Versions).....	60
Participant Demographic Form (English and Spanish Versions).....	65
Focus Group Interview Guide (English and Spanish Versions).....	68
Coding Tree.....	71
Themes Document.....	74
List of Secondary Data Sources.....	77
Forum Fliers (English and Spanish Versions).....	80
Durham Skywriter Editorial	83
Forum Programs (English and Spanish Versions).....	85
Forum Presentation.....	94
Small Group Ground Rules.....	98
Small Group Discussion Techniques.....	100
Small Group Discussion Triggers and Questions.....	102
Forum Evaluation Form (English and Spanish Versions).....	107

Listing of Tables and Figures

Table 1	Leading Causes of Death in Durham County and North Carolina (2000)
Table 2	Race/Ethnicity of Lincoln Patients, Compared to Durham County, by Percentage (2006)
Table 3	Insurance Status of Lincoln Patients (2006)
Figure 1	Age Distribution of Lincoln Patients (2006)

Acronyms and Abbreviations

AOCA	Action Oriented Community Assessment
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
LATCH	Local Access to Coordinated Healthcare
Lincoln	Lincoln Community Health Center
WIC	Women's, Infants, and Children's program

Executive Summary

This document details the methods and findings from an Action-Oriented Community Assessment (AOCA) of people living without health insurance in Durham County, North Carolina. A group of four graduate students from the University of North Carolina School of Public Health conducted this assessment from September 2006 to April 2007 under the direction of preceptors Sarah Covington, the Coordinator of the Partnership for a Healthy Durham, and Tekola Fisseha, Director of Health Education at the Durham County Health Department (DCHD). The overarching goals of this AOCA were to: 1) inform the DCHD's countywide health assessment with findings on the strengths and needs among people living without health insurance, in general, and those served by Lincoln Community Health Center (LCHC), in particular; and 2) engage the Lincoln community and service providers in discussing AOCA findings to determine concrete action steps for initiating change.

We began the process by conducting participant observations of local neighborhoods and community events to define and gain entry into our community of interest. Next, we collected and reviewed secondary data sources for background information and also to inform our interview guides. We spoke with 47 community members and service providers to the uninsured, including 27 individual interviews and two focus groups. Our data analysis revealed nine themes on needs. Of these, the forum planning committee prioritized four as the most important and changeable for discussion at the community forum. The forum was attended by approximately 50 participants and was held at the Lyon Park Community Center in Durham on Thursday, April 19th, from 6:00 – 8:00 p.m. The purpose was to engage community members and service providers in discussing our findings and generating their own action steps. A description of these themes, as well as key action steps that were generated during the forum, are as follows:

Access to Healthcare

Many people in Durham are uninsured or underinsured. Because Lincoln is the only healthcare option for many, the extent of healthcare is limited by what Lincoln is able to provide.

Action Steps:

1. Begin research and planning within health department for creation of a bumper sticker that has a main telephone number for all Durham services
2. Plan and host a health fair at a participant's church
3. Increase participation in the Access to Healthcare Committee of the Partnership for a Healthy Durham

Crime and Safety

Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

Action Steps:

1. Put pressure on church congregations to take a role in making neighborhoods safer
2. Parents will make efforts to stress the importance of obeying the law to their children
3. Make a connection with the kids in your neighborhood and community

Education

Community members agree that limited education hinders their ability to obtain adequate employment, health insurance, and a living wage.

Action Steps:

1. Increase awareness of educational opportunities available in Durham
2. Develop programs for parents promoting the importance of education for their children
3. Increase the variety of educational opportunities in Durham, such as more certificate programs

Race Relations

Durham is rich with diversity. The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism, which negatively affects daily interactions within the community.

Action Steps:

1. Advocate for cultural competency at workplaces
2. Speak to youth groups about race relations in Durham
3. Step out of one's comfort zone

Other domains and themes found, but were not discussed at the community forum were:

Transportation: Access to, safety of, and other limitations of available transportation affect people's ability to access healthcare settings, employment opportunities, and other local resources.

Employment: Limited options for employment in the community combined with limited work experience and educational attainment increase the difficulty to obtain adequate employment.

Housing: The ability to obtain quality and affordable housing is limited and is a fundamental issue in the community which affects all aspects of life (i.e. employment, transportation, healthcare, etc).

Health & Healthy Living: Despite a variety of community resources that promote healthy living, there are also numerous barriers (i.e. limited time and money for proper diet and exercise). Healthy living is often not prioritized by individuals because of these and other more immediate concerns.

INTRODUCTION

This document is the final report of an Action Oriented Community Assessment (AOCA) conducted by a team of four graduate students from the University of North Carolina School of Public Health from September 2006 to April 2007. An AOCA is conducted in collaboration with a community with the intention of assessing that community's strengths and needs; we focused on people living without health insurance in Durham County, North Carolina. Our overarching goals were to: 1) inform the Durham County Health Department's upcoming countywide health assessment; and 2) engage the Lincoln community and service providers in discussing AOCA findings to determine concrete action steps for initiating change. Its intended audiences are members of the uninsured and underinsured community in Durham, especially those served by Lincoln Community Health Center (Lincoln), and the service providers who work with that community. This document presents our team's processes throughout the project, the identified needs and strengths of the community, and the action steps developed by the community to address some of those needs.

What is a Community?

There are many ways to define a community. Some are defined by a zip code and others by a shared interest or history. Communities can also be defined by age, race/ethnicity, hobbies, strengths, needs, and so on. Many experts have put forth definitions, such as Quinn who defines a community as something that is geographically or identity based and in which members share common characteristics (30). Public health pioneer Guy Steuart posited that people naturally group themselves by similarities into *units of identity*, which connect with others to form communities (34). We therefore operated under the assumption that communities define themselves.

We asked Lincoln patients if they consider themselves to be a community, and we heard a range of answers. Some said no; they simply go to Lincoln for healthcare. Others were supportive

of the notion of Lincoln as a community, citing shared needs as a driving force in the interaction of different people. Still others took great pride in Lincoln and the loyalty of communities served by it. Some were simply unsure if Lincoln clients constituted a community, and if they did, whether they themselves were a part of it.

Last year, Lincoln clients represented two-thirds (25,700) of the 38,185 people in Durham who lack health insurance (1). This includes patients who received services at Lincoln's main location and its many satellite clinics. Given this large number of people receiving health services from the same organization yet facing other shared quality of life issues, these Lincoln clients were the focus of our AOCA. By learning about this diverse community – one that varies in self-identification as a community but whose members still share the common thread of receiving care at Lincoln with no insurance coverage – we hope our findings will amplify their views of their own needs and engage them in collaborating with local service providers in taking concrete actions to improve quality of life for the greater population living without health insurance in Durham.

The Roles of our Team, Preceptors, and Lincoln

Our AOCA team consisted of four graduate students with diverse backgrounds, each enrolled as a Master's student at the UNC-Chapel Hill School of Public Health. Through coursework, we acquired skills in gathering, analyzing, and reporting qualitative and quantitative information with communities. We also gained skills to enable us to bring people together, facilitate community dialogue, and promote change.

The Durham County Health Department (DCHD) requested our team to assist with its upcoming county health assessment. We worked under the guidance of two preceptors, or advisors at the DCHD: Sarah Covington, the Coordinator of the Partnership for a Healthy Durham, and Tekola Fisseha, Director of Health Education at the DCHD. In addition to providing us with advice and feedback, they also connected us with people and resources in the county that aided our AOCA.

The DCHD has a long-standing partnership with Lincoln through formal sub-contracts to refer clients in need of primary care. Lincoln graciously opened its doors to our team to establish rapport with staff and clients through volunteer work, participant observation, and interviews.

Our Objectives and Aims

The AOCA team entered the Lincoln community with limited knowledge of the health center and the people it serves. In fact, our initial visit to the community was the first time most of us had ever been to Lincoln. The only knowledge we had of Lincoln was of its reputation as a community health center where lower income, uninsured, and underinsured residents of Durham could go for quality medical care. Throughout the process, the team became more familiar with the community in a number of ways, including attending community events. We also gained a better understanding of Lincoln itself through regular volunteer work, as well as attending a Lincoln board meeting (see Appendix A for full listing of team activities).

Since entering the community, we have gained a better understanding of Lincoln's role and its importance to the people it serves and their motivations and concerns. Our findings indicated that although being uninsured was a barrier for the patients of Lincoln, it was not the only issue that affected their quality of life. The goals of this AOCA, therefore, were to learn about the community members' prioritized needs and engage them in discussing our findings with local service providers so that steps for action could be formulated and change could begin with the community.

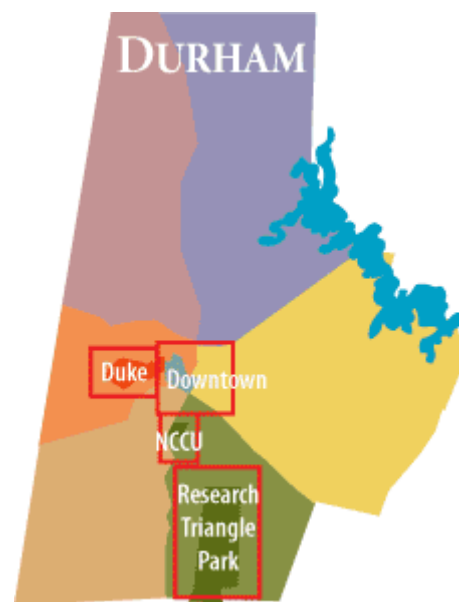
The document consists of four main sections: 1) the historical and social background of the community to establish context; 2) a description of methods, including data collection, data analysis, and the community forum; 3) a detailed reporting of results, including identified themes and action steps; and 4) a presentation of conclusions and recommendations for moving forward. References and appendices, referred to in this document, are found at the end.

BACKGROUND

Durham County

Lincoln's service area includes all of Durham County, the sixth largest county in North Carolina, and includes the growing and diverse municipality of Durham. In 2005, Caucasians comprised 48.4% of the Durham population; African Americans 38%; Hispanic 11%; Asian Americans 4%; Native Americans 0.4%; and other groups 1.4%. More than 64 identified nationalities are represented in the county, with 10.9% of the population being foreign born compared to the state average of 5.3% (37).

The African-American community of Durham is well-established, with some of its members having founded many prominent and successful African-American owned businesses in the country during the 20th century. Some of the most well-known are North Carolina Mutual Insurance Company and Mechanics & Farmer's Bank, which are located on a Durham street that was once known as "Black Wall Street." Founders of these companies were also integral to the creation of Lincoln.



In 2003, the annual mean income for all households in Durham County was \$43,095 (37). Between 2000 and 2004, the number of jobs within manufacturing, education, healthcare, and public administration increased and are still on the rise. Despite this, 14% of the population was below poverty and the average rate of unemployment in 2006 was 3.8% (37).

Four of the leading causes of death in Durham County over the last five years were due to chronic disease. Between 2000 and 2004, the three leading causes of death among people of all ages in Durham County were cancer (all sites), diseases of the heart, and cerebrovascular disease. Public health initiatives across the state have worked to prevent the spread of communicable

diseases, however, these diseases persist in contributing to the six leading causes of morbidity in Durham County: AIDS, Gonorrhea, Syphilis, Hepatitis A & B, and Tuberculosis (14, 23). Table 1 provides a county-to-state comparison of the ten leading causes of death in 2000:

Table 1: Leading Causes of Death in Durham County and North Carolina (2000)

Causes of Death	Durham County rate	NC rate
Heart Disease	188.0	243.0
Cancer	173.3	198.4
Cerebrovascular	60.1	70.4
Chronic Lower Respiratory Disease	33.0	45.7
Alzheimer’s Disease	27.2	21.3
All other unintentional injury	24.9	22.7
Pneumonia and influenza	16.5	23.9
Diabetes	15.6	25.7
Kidney	14.3	16.2
HIV	13.8	5.7

Source: Durham County Health Data Book. Durham, NC, 2006.

To address these key health and social issues, the health department has established the following priorities: chronic disease, causes of morbidity and mortality (mentioned above), child wellness, teen pregnancy, infant mortality, disease prevention, maternal and child health, substance abuse, violence, and mental health. Tracking the progress of improvements in each of these priority areas is done through the health department’s countywide health assessment.

More detailed information about Durham County is presented within subsequent sections that detail our findings and issues pertinent to our community.

Lincoln Community Health Center

The History of Lincoln

Lincoln has been serving the Durham community for over 33 years. Founded in 1901 as Lincoln Hospital by Dr. Aaron M. Moore, Dr.



Stanford L. Warren, and John Merrick, this important community landmark became Durham’s first healthcare facility for African Americans. Lincoln’s existence proved vital during a time when African Americans were not allowed to use services anywhere else.

When segregation ended in the 1960s, Lincoln Hospital continued serving the community until 1976 when it combined with Watts Hospital to form Durham Regional Hospital. Lincoln Community Health Center opened in 1971 on the ground floor of the hospital, extending its services to all Durham County residents in need of low-cost care.



Lincoln evokes positive associations for many Durham residents. It is a trusted source for quality healthcare where roughly one out of 10 Durham residents sought care in 2006. Today, Lincoln is the largest primary care provider to the uninsured, low-income population in Durham County. Lincoln’s mission and vision statements and list of core values are found in Appendix B.

Lincoln offers numerous healthcare services, including specific clinics for adult medicine, pediatrics, dental care, and behavioral health. It also provides prenatal care and family planning in cooperation with the Durham County Health Department. Other available services include radiology, laboratory, limited specialty clinics, a diabetes health education clinic, patient transportation, and a high-volume pharmacy. Also, Lincoln is the sole agency in Durham County that offers the highly-utilized Women, Infants, and Children program (WIC).

Lincoln is a Federally Qualified Health Center (FQHC), a community health center that receives federal support



to target underserved populations; it is the only FQHC in the county and one of just 23 statewide. Fees for services are charged on a sliding scale based on family size, household income, and insurance coverage. Federal grants and insurance reimbursements are the clinic’s primary funding

sources. Another source is Durham Regional Hospital, part of the Duke University Health System, which contributed \$4.7 million to Lincoln in monetary and in-kind donations in the 2005 fiscal year.

Lincoln Patient Community

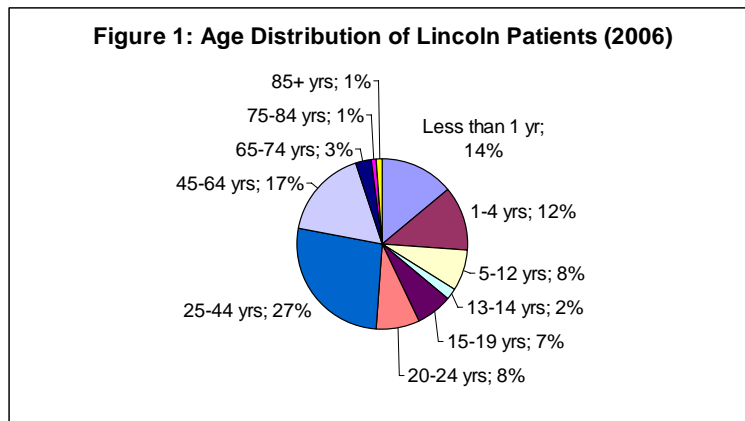
Lincoln has a rich history within Durham’s African-American community, though the center prides itself in serving all people in need of care. Over half (55%) of the patients served by Lincoln are African American, and the growing Hispanic population accounts for another third of patients (32%). Table 2 outlines the percentage of patients served by Lincoln of each race/ethnicity, as compared to that of the overall Durham County population. The table illustrates the disproportionate amount of minorities in the county utilizing Lincoln’s services.

TABLE 2: Race/Ethnicity of Lincoln Patients, Compared to Durham County, by Percentage (2005)

Race/Ethnicity	Lincoln	Durham County
African American	55%	38%
Latino/Hispanic	32%	11%
White	8%	48.4%
Asian/Pacific Islander	3%	4.0%
American Indian/Native American	0%	0.4%
Unknown/Other	2%	1.4%

Source: Lincoln Community Health Center; U.S. Census Bureau

Lincoln serves patients of all ages, although more than 25% of its patients are younger than four years old. In fact, 14% of patients are less than one year old. Figure 1 illustrates the age distribution of Lincoln patients in 2006.



Source: Lincoln Community Health Center

The average adult Lincoln patient experiences multiple co-morbidities, including hypertension, heart disease, depression, and diabetes. Among younger patients, asthma is a common problem. The health status of Lincoln patients is not vastly different from the county as a whole, though their economic standing, insurance status, and some language barriers have exacerbated these conditions. Additionally, Lincoln’s CEO, Dr. Evelyn Schmidt, reports that two main areas of need in the community – substance abuse treatment and behavioral health – are not being met sufficiently within the confines of their health center.

Lincoln accepts all third party health insurance carriers including Medicaid and Medicare. In 2006, the health center saw 33,120 patients, of which 78% were uninsured and 83% live in households that were at or below 100% of the Federal Poverty Level (FPL). Also in 2006, 13% of patients’ households were between 101 and 200% FPL, and only 3% were above 200% FPL. Table 3 outlines insurance status of patients seen at Lincoln during 2006.

TABLE 3: Insurance Status of Lincoln Patients (2006)

Insurance Status	Percentage
Uninsured	78%
Medicaid	12%
Medicare	6%
Private Insurance	3%
Health Choice	1%

Source: Lincoln Community Health Center

Lincoln’s Role in the Community

Lincoln plays an integral role in the greater Durham community. Major healthcare providers, such as Duke University Hospital and Durham Regional Hospital, look upon Lincoln as a dependable agency for referral of patients seen in their emergency rooms that need follow-up but have no medical insurance or primary care physician. Lincoln is also engaged in a number of partnerships throughout the county. For instance, the center maintains an important relationship with El Centro Hispano, a nonprofit organization focusing on Durham’s Hispanic population, which allows them to connect with the county’s rapidly growing Hispanic community. Another of

Lincoln's connections to the community is its participation in multiple committees for the Partnership for a Healthy Durham, a coalition of agencies, organizations, and communities with the goal that the people of Durham will enjoy good physical, mental, and social health and well-being.

Recently, the center's budget has increasingly become spread thin, a situation that the Lincoln administration says is complicated by a growing number of uninsured patients. The possibility of Lincoln closing, as a February 2007 editorial in the *Durham Herald-Sun* noted, "sent anxiety arrows throughout the community." The pangs were perhaps most acutely felt among patients and social service agencies, whose clients depend on the center for inexpensive healthcare. Lincoln's administration has refuted claims that the center will be leaving the community it has served for decades, and residents and service providers alike seem incredibly relieved. Lincoln's steadfast role in the greater Durham community is summarized by the article's author in his closing plea: "We can't ever let ourselves take Lincoln Community Health Center for granted."

Lincoln Satellite Clinics

Lincoln operates two neighborhood clinics in cooperation with Duke's Department of Community and Family Medicine's Division of Community Health. These clinics were built to provide additional access to healthcare within the Durham community. The Walltown Clinic is located less than three miles from Lincoln, and the Lyon Park Clinic mainly serves southwest central Durham. In addition, Lincoln also operates the Hillside High School Wellness Clinic, the Health Care for the Homeless Program at Urban Ministries of Durham, the Early Intervention Clinic (HIV) at the health department, and a planned clinic at the Old Horton School. It is common for patients of the main Lincoln clinic to also seek services at one or all of the satellite clinics.

Lincoln Leadership

No history of Lincoln would be complete without mention of the center’s CEO, Dr. Evelyn Schmidt. In 1971, Dr. Schmidt became the executive director of Lincoln in the newly-integrated Durham, and has held this leadership role for the last 35 years. Dr. Schmidt has earned the informal



title of “walking history” through her commitment to helping the disadvantaged people in Durham obtain quality healthcare. According to her, “People need to realize that a community is only as healthy and productive as its individual members.”

A 17-member Board of Directors also leads Lincoln. A majority – 51% – of the board members are required to be Lincoln patients. Other members include representation from organizations and agencies with which Lincoln has relationships, such as the health department, the Department of Social Services, Duke University Health System, North Carolina Central University, and Durham County Commissioners. The Board meets monthly.

OUR PROCESS: Methodology

In order to conduct an assessment of the strengths and needs of the uninsured community, our team of four graduate students from the School of Public Health at the University of North Carolina at Chapel used multiple methods. Secondary data sources were collected through document and internet searches as well as through our preceptors at the Durham County Health Department. Primary data were collected through interviews with both community members and service providers as well as through focus groups comprised of community members. The student team conducted participant observation during their time spent in the community and recorded field notes to supplement both primary and secondary data.

Primary Data

Field Notes from Participant Observation

The team began by conducting a windshield tour of Durham County, guided by a preceptor and community member who drove the team through the county and provided an abundance of information about the its history, geography, social issues, demographic breakdown, and other relevant topics. Since Lincoln serves individuals from all across the county, the windshield tour gave the team the ability to see the trends and differences between the diverse neighborhoods that are located in Durham County and that potentially feed into the patient population of Lincoln. Team members also attended community events in Durham County, as well as events at Lincoln itself. Biweekly volunteer work done in the diabetes education program at Lincoln also allowed for increased familiarity with the Lincoln community and increased entrée into the community. A list of team activities is found in Appendix A. Also, team members prepared typed field notes to document their observations while out in the community. These were stored on a password-protected group webpage so that all team members had access to them and could compare thoughts.

Key Informant Interviews

One-on-one interviews were conducted with key informants, well-connected individuals who are knowledgeable about the community. Key informants included service providers, those that provide services to the community, and also community members, those served by Lincoln. The student team developed interview guides for both service providers and community members. Final versions were drafted after testing each with a community member or service provider followed by feedback from interviewees, AOCA course instructors, and the team's preceptors (Appendices C and D). To supplement all interviews, a consent fact sheet (Appendix E) was developed that explained the process and aims of AOCA as well the risks and potential benefits to the interviewees. Confidentiality of information was also addressed by assuring them that they would not be identified by name or organization at the community forum or in the final AOCA document and that the AOCA team members were the only ones with access to their recorded interviews. The team added a simple demographic form (Appendix F) to the interview protocol to allow for collection of basic demographic data. The community member interview guide, focus group guide, consent fact sheet, and demographic form were all translated into Spanish to facilitate primary data collection within the Hispanic community.

Service providers were recruited primarily through connections made by the team preceptors. A third of interviewed service providers worked at Lincoln. The remaining service providers, while not Lincoln employees, provide important services to the community. A range of county service agencies were represented in our interview pool, including the Department of Social Services, a pharmacy assistance program, the police department, cultural organizations, and others.

Community members were recruited through referrals, initially by preceptors and then primarily through interviewees. Community member referral was a slow process, as following-up with interviewees and collecting referral contact names proved challenging. This may be

attributable to participant exhaustion caused by the high number of ongoing research projects being conducted in the area by multiple institutions. A total of 17 service providers and 10 community members were interviewed one-on-one.

Interviews were conducted in teams of two, with one student serving as the interviewer and the second taking notes. During the interview, the interviewees were first presented with a copy of the consent fact sheet and explained the purpose of the project and assured of the confidentiality of their answers. They were then asked to fill out the demographic sheet before the interview began. The note taker documented key phrases and quotations while also audio recording the interview for analysis later. The interviews generally lasted an hour.

Focus Groups

Questions from the community member interview guide were adapted to focus group format. A copy of the focus group interview guide is found in Appendix G. We conducted two community member focus groups. The first group consisted of Hispanic women and was arranged through El Centro Hispano. The second consisted primarily of African Americans and was arranged through a neighborhood nurse who serves a Lincoln-going population of adults living in public housing. A total of 20 community members participated in the two focus groups.

Data Analysis

Following the interview, the note taker typed up his/her interview notes. Then a transcriber would listen to the audio tape and add any missed information or pertinent quotations to the notes. Three team members were designated as transcribers. Domains (or broad topic areas), were identified as important if they were mentioned multiple times in interviews. After several interviews were conducted and domains became apparent, the team developed a coding tree to facilitate groupings of relevant themes (or trends) and quotations within the domains (Appendix H).

The two designated coders reviewed finalized transcripts and coded them accordingly. All coded interviews were analyzed, and frequencies of each theme were calculated (Appendix I).

Secondary Data

Data Collection

The purpose of collecting secondary data was to broaden our understanding of the issues facing the Lincoln patient community and the uninsured population of Durham as a whole. We collected secondary data from November 2006 to April 2007, consulting various, including: the Lincoln website and other internet websites; *The Durham Herald-Sun* and other relevant news media; the Partnership for a Healthy Durham and other Durham County agencies; the North Carolina State Center for Health Statistics, the U.S. Census Bureau; past AOCA documents; and data provided to us by our preceptor at the Durham County Health Department, most notably the county health data book (a compilation of county level secondary health data). Other secondary data were collected from service providers upon our solicitation for any useful and relevant documents they may have had. A list of our secondary data sources is found in Appendix J.

Data Analysis

Secondary data helped inform our process by illuminating salient issues and trends within the community. Both general county data and data specific to Lincoln and the uninsured community were selected for their supplementary contributions to identified domains and themes. It should be noted, however, that since Lincoln patients are not often categorized as a community, very little of the secondary data was specific to that group. More commonly the data we gathered reported on populations by different groupings (i.e. low income or socioeconomic status, lack of health insurance, and racial/ethnic group), which we found to be correlated with but not the same as Lincoln service utilization. As much as possible, diverse sources of data were used to try and construct the most comprehensive picture of the Lincoln community possible, given the

aforementioned constraints. From the sources initially located, those that dealt with the themes emerging from our primary data collection were singled out for further analysis.

The Community Forum

Forum Planning

Forum planning began in January 2007 and continued until the forum occurred on April 19, 2007. At the end of each interview, we asked interviewees if they wanted to participate in our forum planning committee. The committee was formed with the intention to provide the team with community input into the forum planning process. The committee reviewed our findings and helped determine which themes were most pertinent for their community to address at the forum. They also provided advice on forum details, such as feedback on our promotional fliers, possible food donors, and ideas for entertainment. We recruited a total of three community members and three service providers (two of which were from Lincoln) to serve on the committee, and three meetings were held. Although our team made dedicated efforts to recruit additional community members to serve on the committee, there was a general lack of time or interest.

Overview of the Forum

The community forum was held on Thursday, April 19, 2007, from 6 to 8pm at Lyon Park Community Center. This multi-purpose building, which is also the location of a Lincoln satellite clinic, is used for numerous community functions, including daycare, church service, dance lessons, after-school programs, and others. Durham Parks and Recreation donated use of the space.

We promoted the forum in a number of ways. First, we created fliers in English and Spanish (Appendix K) that were posted at many locations including: the main Lincoln facility, Walltown and Lyon Park clinics, the health department, el Centro Hispano, North Carolina Central University, Durham Technical Community College, and others. Our forum was listed on the *Durham Herald-Sun*'s and Durham Chamber of Commerce's online calendar of events. We also called each

interviewee to remind them about the forum. In addition, we promoted the event through various email listservs, including those for the Partnership for a Healthy Durham, the Food Bank, and Triangle United Way's Health Team. Lastly, the team wrote an editorial about our project that was published in the March 2007 edition of the *Durham Skywriter*, a local newspaper with a traditionally African American readership (Appendix L).

As guests arrived at the forum they were asked to sign-in and choose a discussion group, and they received a copy of the event program (Appendix M). A local high school pianist played music as guests visited the food table and found their seats. The program began with a welcome and presentation about to the AOCA process (Appendix N). Themes were then introduced, followed by the purpose of small group discussions. Guests then participated in one of the four featured 45-minute small group discussions. After the discussions, everyone reconvened in the main auditorium for dessert and coffee, and the action steps generated in the small groups were presented to all guests by a community member volunteer. A closing speech was given by a member of the forum planning committee. Following a brief raffle, we made a final thank-you to attendees and asked them to fill out a forum evaluation. The forum lasted approximately two hours.

Approximately 50 people attended the forum. There was a greater number of service providers than community members present, including those from local service provision organizations such as Local Access to Coordinated Healthcare (LATCH), Durham County Health Department, Duke Health System, and Lincoln. A city councilman and the CEO of Lincoln also attended the forum. Also, though the team planned extensively to accommodate potential Spanish-speaking attendees, no one needed the acquired interpretation services during the forum.

A great majority of the food, decorations, and door prizes at the forum were obtained through discounts and donations from local businesses solicited by team members. Additional food and professional interpretation services were subsidized by the Durham County Health Department.

Small Group Discussions

As guests arrived at the forum, they were asked to sign up for one of the four small group discussions. The team planned for a minimum of five and a maximum of 20 people per discussion group. Each group fell within these pre-determined parameters: 18 participants in Access to Healthcare, seven participants in Crime and Safety, five participants in Education, and ten participants in Race Relations. Two small group discussions were held in classrooms, and the other two were held on either side of a dividing wall in the main auditorium. One team member led each small group discussion, and a volunteer from the students' school served as the note taker.

The small group discussions began with introductions and ground rules to direct discussion (Appendix O). Three different discussion facilitation techniques were utilized at our forum. The particular technique was chosen based on its functionality and usefulness for the specific topic to be discussed. A detailed explanation of the discussion techniques is found in Appendix P. A copy of the trigger and discussion questions for each small group is found in Appendix Q.

Forum Evaluation

We created a brief evaluation form to gather participants' opinions about the forum (Appendix R). All those filling out evaluations believed the student team did "very well" or "somewhat well" in reporting the purpose of the AOCA project, and nearly everyone agreed the issues presented were important to the uninsured community. Most believed the small group discussions were "productive" or "somewhat productive", while fewer believed the generated actions steps would create a change. In fact, one participant in the race relations group thought it was "doubtful" that the action steps would create community change. We present more detailed conclusions from the forum evaluation in the Conclusion section of this document.

OUR FINDINGS

Strengths

A presentation of our findings should begin with the many strengths of the community that emerged from our observations and interviews. A brief description of these strong points follows:

- **Community Pride:** There is a sense of pride among the community members who rely on Lincoln for quality healthcare year after year.
- **A Sense of Community:** While some community members did not identify with the greater uninsured community, there was a significant group that did feel connected based on their experiences as the uninsured.
- **Community Engagement:** One community member explained this strength succinctly: “Durham is a very engaged community... Folks in Durham aren’t shy about making their needs known.”
- **Lincoln as a One-Stop Source:** One service provider said: “It’s almost like a one-stop place... If I go there, I can get my X-rays done, I can get my labs done, I can go to WIC, I can get pharmacy. I can get dental services. I can have my child seen and then myself seen and [if] I’m pregnant, get seen as well...”
- **Longstanding History:** A large proportion of Lincoln patients have gone to Lincoln and been residents of Durham for many years. This fact, combined with Lincoln’s deep roots in the community, lends itself to a long history in which community members take pride.

While these are notable strengths in the community, the themes reported in the following pages were generally raised as community needs.

Domains and Themes

Relevant domains and nine themes emerged from our data collection and analysis process. Based on input from our forum planning committee, we chose four main themes from the following domains – access to healthcare, crime and safety, education, and race relations. The five themes that emerged as important but were not discussed at the forum are outlined in the subsequent pages.

For each main theme, we provide relevant secondary data and service provider and community member perspectives, followed by a comparative analysis of those viewpoints incorporating our own participant observations. Next, we present the outcomes from discussion of these themes at the community forum. Last, other relevant themes not presented at the forum are briefly explained, as well as the public health implications of all themes discussed.

Access to Healthcare

Many people in Durham are uninsured or underinsured. Because Lincoln is the only healthcare option for many, the extent of healthcare is limited by what Lincoln is able to provide.

Secondary Data

Durham has as high proportion of healthcare providers relative to population size, and is home to three major hospitals. The Duke University Health System contains two: Duke University Medical Center and Durham Regional Hospital. The Veteran Affairs Hospital constitutes the third. Although there are numerous opportunities for healthcare in the county, the opportunities are not shared by all. In fact, over one-quarter (27.4%) of Durham residents reported they do not have a consistent healthcare provider, which is higher than the state average of 19%.

Outside of Lincoln, only the health department, Duke Outpatient Clinic, and Planned Parenthood offer services on a sliding scale; charity care is available to some low-income patients at Duke and Durham Regional Hospitals. These services are limited, however, and contrast greatly to the wider variety of sliding scale or low-cost services provided at Lincoln. According to recent research, 12.5% of Durham residents faced a time in the last year when they wanted to see a doctor but could not afford it, and 14.4% said they or a family member have had problems paying medical bills. It is these people with the greatest barriers to healthcare that seek care at Lincoln. Indeed, Lincoln bears the burden of serving the uninsured and others with low accessibility to healthcare; the clinic served nearly 25,700 of the 38,185 uninsured people in Durham last year.

Service Provider Perspective

“We serve a group of people who may not get the quality care they are so deserving of if Lincoln wasn’t there.”

Nearly 100% of service providers said access to healthcare – as it is affected by lack of money, lack of insurance, and other factors – was a weakness for Durham’s uninsured community. While access to healthcare is an issue that involves the entire medical system, most service

providers' perspectives included Lincoln as an asset and partial solution to many of Durham's access to healthcare problems. In our interviews we found that Lincoln is the main "safety net", which means they are one of the only options for healthcare for Durham's uninsured or underinsured. People that cannot afford healthcare or do not have adequate health insurance are often forced to seek care at emergency rooms. Many service providers said Lincoln is the only thing keeping Durham's emergency rooms from being flooded with uninsured patients.

While Lincoln is able to provide primary care to a vast majority of the uninsured, they are unable to provide many specialized services. Service providers noted these shortcomings to include mental health services, surgical procedures, or care for complications from certain chronic conditions such as diabetes, a health problem that affects much of this population. While Lincoln is limited in providing specialty care, they are also restricted in providing referrals to specialty care, because many of their patients are unable to pay for those additional services.

Community Member Perspective

"It's good to know you can go where you can be seen."

Community members overwhelmingly agreed that Lincoln is an asset to the community. On more than one occasion, we heard a simple statement of gratitude for the clinic: "Thank God for Lincoln." Fewer community members said access to healthcare was a problem than did service providers. However, of those that did speak about healthcare, they told us that healthcare costs are a major strain on their household budgets. Despite a seemingly accessible community in terms of healthcare, our interviewees told us about their unsteady or inconsistent access to and utilization of healthcare services.

Analysis

It is clear from all of our interviews that Lincoln plays an integral role in facilitating access to healthcare in Durham. We learned that Lincoln carries a great deal of responsibility – both

financially and socially – in serving the uninsured community. They are challenged to maintain hours that are convenient for clients considered to be the “working poor,” employ a bilingual staff to serve Durham’s growing Hispanic community, and stay afloat financially among a non-paying or low-paying clientele. We witnessed these challenges during our time in the community, as Lincoln was often crowded and busy and reaching service providers there proved quite difficult.

As a chief contributor to healthcare in Durham, Lincoln was the focus of discussion on the growing uninsured community; however, we believe the discussion of improving access to healthcare should not end with Lincoln. In fact, we found it interesting that few people offered solutions to healthcare access barriers that did not involve Lincoln. We believe this is a function of the centrality of Lincoln to the uninsured community, though our observations indicate that Durham does have the healthcare infrastructure to explore other solutions. Several service providers noted that Duke University Health System and other healthcare organizations stand to play a greater part in covering and caring for Durham’s uninsured.

Community Forum Outcomes

Multiple factors affecting accessibility of healthcare were discussed during the small group. Force Field Analysis was used to facilitate discussion, and the group offered the following as helping and barrier factors to the current situation of healthcare accessibility in Durham:

HELPING	BARRIERS
<ul style="list-style-type: none"> • Communication between service providers/organizations* • Network of information about services is available* • Bilingual healthcare (including mental healthcare)* • Community outreach: bringing healthcare to community through outreach* • Advocacy and funding for programs • Quality customer service by healthcare providers • Support for clinics like Lincoln • Infusion of middle-class patients and/or paying patients at Lincoln (need to increase this) • Community health fairs 	<ul style="list-style-type: none"> • Personal financial barriers* • Cost of healthcare* • Lack of knowledge of services* • Language & literacy barriers • Work schedule • Lack of understanding of the health system • Transportation • Limited access to health insurance • Not enough providers that take Medicaid or Medicare or uninsured patients • Health is not a priority in some people’s lives • Childcare needs
<p>* Voted by group to be priority factors, based on the criteria of being most important and/or most changeable</p>	

In general, community members and service providers agreed on the barriers to accessing healthcare. The group was more divided on the helping factors for accessing healthcare. Service providers believed that effective communications between service providers and organizations was a chief facilitator, whereas community members believed community outreach was. After discussing these factors the group formulated action steps, including:

1. Contact the head nurse at Lincoln about putting on a women's health fair again
2. Plan and host a health fair at a participant's church
3. Begin research and planning within health department for creation of a bumper sticker that has a main telephone number for all Durham services
4. Encourage continued voter registration and education project at Lincoln, so that community members can vote on important healthcare topics that affect access
5. Increase participation in the Access to Healthcare Committee of the Partnership for a Healthy Durham
6. Encourage healthcare providers to learn Spanish.
 - a. Talk to colleagues within your organizations about bilingual care
 - b. If you are a service or healthcare provider, consider learning Spanish
7. Consider what non-written health education options your organization can create

Crime and Safety

Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

Secondary Data

In 2005, the Durham County crime index rate was 6,607.8 per 100,000 persons, which includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts. Although this rate has been dropping for several years in a row, it still well exceeds the state crime index rate of 4,617.9. Organizations are currently implementing several initiatives to decrease the levels of violence in Durham. Several organizations working toward this end include: Durham Agency Against Crime, North East Retail Crime Partnership, and the Chief of Police's "Men of Vision" initiative.

Service Provider Perspective

"The gangs of Durham are alive and well – and growing. If you look at the graffiti, they are there, and if you're listening to the news, you're hearing about 14-year olds in a car last week killed ... so your kids are seeing that on a daily basis or a weekly basis. If they don't, they know somebody that was shot."

Overall, many service providers recognized crime and safety as issues for the community based on their own experiences and reports from the community members whom they serve. Service providers noted the effects crime had on the community, including fear of using public transportation, exacerbation of racial tensions, increased substance abuse, and mental health repercussions from witnessing violence. "I think [violence] is moving across Durham. I don't think there's anywhere in Durham that you can escape it," one said.

The perspectives of law enforcement officials were of particular importance to our findings. The police officers with whom we spoke were mostly stationed in District 4, the area surrounding Lincoln. Of those interviewed, one officer thought Durham's crime problems both fuel and are fueled by sex, money, and drugs, while another acknowledged the key role of poverty in crime and safety.

Community Member Perspective

“Individuals who are uninsured, underinsured, or living in neighborhoods with lots of crime... there is more crime there because of the things they have to deal with.”

Over one half of community members interviewed agreed that crime and safety were major problems in their community. Our interviewees told us of the many ways in which crime and fear for their safety affect their everyday lives. Gang violence, racially motivated crime, transportation safety, and feeling concerned for the safety of their children were main points of concern. A few felt that owning a gun was necessary for peace of mind. Some were scared to take the bus. Others thought it too unsafe to walk to the grocery store or even leave their houses. Still others felt they could not escape it, even inside their own homes and neighborhoods. “We back to crime ... everything goes back to crime...” one community member said.

Analysis

While most recognize crime and safety as issues in the community, we noted that community members spoke much more strongly about it than service providers, perhaps due to many Durham-based service providers not actually living in Durham. The community members we interviewed spoke of crime and safety on a very personal level, whereas many service providers spoke more in terms of their clients and those that they serve. Consistent with the interviewees who complained of idle youths who contribute to crime in Durham, we noticed many younger pedestrians loitering in the neighborhoods we visited, which was

We gained additional perspective from an individual who is both a service provider and community member. This individual conveyed the incongruence by noting that the realities of daily life and the safety issues it entails are born most heavily by those that are in Durham outside of the 9 a.m. to 5 p.m. window. The paralyzing power of crime on daily activities of community members was well-noted through its impact on transportation, child rearing, mental well-being, even simply

buying groceries. As the issue of crime and safety resonates more with those actually living in the community, it seems that the process of addressing these issue will originate from within.

Community Forum Outcomes

Suggestions of connecting with one's immediate community seemed to be the consensus feeling of how to create change around crime and safety issues. The participants agreed that by getting to know one's neighbors and the neighborhood children, one can begin the process of gaining trust and a feeling safety in one's community. Community members also emphasized that church leaders, teachers, and parents are role models who can positively affect the behaviors of young people. Though role modeling and community trust are time-intensive processes, the group did agree that the best action steps were the ones that they would be able to do immediately. The immediate action steps are mostly individual level actions:

1. Make a connection with the kids in your neighborhood and community
2. Put pressure on church congregations to take a role in making neighborhoods safer
3. Honor people's values. Lift up the good things.
4. Parents will make efforts to stress the importance of obeying the law to their children

Education

Community members agree that limited education hinders their ability to obtain adequate employment, health insurance, and a living wage.

Secondary Data

Compared to North Carolina, Durham has always been particularly strong in academics. Eighty three percent of Durham County residents have graduated from high school, while 40.1% have earned a bachelor's degree or higher. Durham is home to several established colleges and universities, including Duke University, North Carolina Central University, and Durham Technical Community College. Durham contains the seventh largest public school district in the state with 4,500 employees and over 30,000 students – a diverse group with 54% African-American and 16% Hispanic representation.

Between 1994 and 1997, the number of high school dropouts had increased by 56%. However, in the 2005-2006 school year, the Durham Public Schools District was the only district out of the 10 largest NC school districts to report a decrease in drop out rates.

Service Provider Perspective

“You have the three generations of people that are not educated and so they don't see education as being important. You have three generations of people that do the same thing for three generations, so it's just like following a bad seed.”

Service providers agree that there seems to be a general lack of awareness and understanding of resources available in the community. Coupled with a lack of formal education, community members are at a significant disadvantage especially in terms of literacy and ability to understand the healthcare system and obtaining health insurance. These issues are particularly problematic within the Spanish-speaking community who face significant language barriers in navigating educational and service systems. In addition, high school and college dropouts are also another problem, particularly within the African-American community, according to several service

providers. Overall, a lack of education was cited to decrease one's abilities to obtain adequate employment, earn a living wage, and secure better living conditions.

Community Member Perspective

"The biggest barrier to employment is education. And all the tests, in most places, even for fast foods, you have to take it on a computer, so literacy is the biggest barrier to job employment and next to that is the criminal background."

In comparison to health, employment, and other issues, education does not rank high in priority for most community members in Durham. Community members conveyed that it is hard to value an education when they spend the majority of their time working multiple jobs just to make enough money. Yet this presents a problem because without an education, job opportunities are limited and wages run low. There appears to be a need to educate community members about various community resources. Low literacy levels and the inability to navigate the healthcare and school systems corroborate this idea of a lack of education within the community as a predominant issue.

Analysis

Education was not specifically asked about during interviews, however, it came up directly and indirectly, and quite frequently. After all, there are numerous educational institutions in Durham and in the surrounding towns and counties. In fact, Lincoln's main waiting room features a mural with painted representations of the surrounding universities and community colleges.

Despite this, we sensed a divide between these academic institutions and the uninsured community. For example, though North Carolina Central University is within walking distance to Lincoln, we observed little relationship between the historically African-American university and the clinic. We believe this disconnect is evidence of the social divide between the uninsured community and the academic community – especially the institutions of higher learning. Even though educational resources exist in the community, especially at such an advanced level, seeking out and utilizing them are not necessarily a first priority for all.

Furthermore, though drop out rates may seem to be improving within Durham, community members and service providers agree that the link between education and employment is inextricable, and thus, it stands to be further strengthened for this community. Based on our findings and experiences, we believe it is in this basic manner of improving economic stability – as opposed to the more traditional academic manner – education is a priority for the community.

Community Forum Outcomes

The group was presented the theme statement and a quote to trigger conversation. It was agreed that the causes of a lack of education within the community consisted of a number of different factors including: 1) family disunity; 2) lack of family support; 3) lack of prioritization for education; and 4) a general lack of awareness of different educational opportunities within Durham. The group agreed that the primary effect of a lack of education within the community includes difficulties in seeking employment, which can in turn, affect ability to obtain health insurance and an adequate living wage. The group expressed frustration that without an education or a degree, skills that job applicants may have often are unrecognized.

Other specific issues were raised as well. First, there are tutoring resources available at the Durham Public Library, however there seems to be a lack of awareness of these resources. Particularly for the Spanish-speaking community, there appears to be a need for an increase in awareness of educational services such as tutoring and other less traditional methods of education (i.e. distance-education, certificate programs, etc). Action steps that were generated from the discussion included the following:

1. Increase awareness of educational opportunities available in Durham
2. Engage in active outreach to promote opportunities (i.e. create appealing activities, find role models the community can relate to, and speak the language of the community)
3. Increase the variety of educational opportunities in Durham (i.e. more certificate programs)
4. Form a community advocacy group for education with places and individuals that the community can go to in order to inquire about educational opportunities
5. Develop programs for parents promoting the importance of education for their children

Race Relations

Durham is rich with diversity. The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism, which negatively affects daily interactions within the community.

Secondary Data

Secondary data indicates a rapidly changing racial and ethnic landscape in Durham County. As mentioned earlier, the minority breakdown of the county in 2000 was 39.5% African American, 7.6%, Hispanic, and 3.3% Asian, with the remainder being primarily Caucasian. By 2005, the African-American population had decreased to 38% while Hispanics and Asians increased to 11%, and 4%, respectively. However, the median ages for the groups are for 25 for Hispanics, 28 for Asians, 30 for African Americans, and 36 for Caucasians, supporting the idea of more recent immigration of Hispanics and Asians into the area versus more deep-rooted, aging populations of African Americans and Caucasians. Correspondingly, the racial profile of Durham Public Schools has been changing, with an almost 6% increase in Hispanic enrollment from 9.9% in 2003 to 15.7% in 2006. Durham Public Schools and Lincoln are two institutions that are well-established in the community where Hispanic utilization has been growing quickly in the past few years.

Service Provider Perspective

“There’s a lot of suspicion amongst different groups and there’s racism that goes all kinds of ways among those groups.”

The most common theme that arose within race relations was tension between the deep-rooted African-American community and the newly emerging Hispanic community. One service provider noted “some of the jobs that African Americans were doing in the past, they’re not doing anymore. And now I’m seeing Hispanic families coming in and working those jobs.” Many also observed the effects that negative interactions have on individuals’ behavior within different racial and ethnic groups and felt these negative perceptions decreased use of medical and other services. They thought some African Americans would avoid going to Lincoln and other places where many

Hispanics may be because it would be a “reminder how I’m at the lowest rung of society that I can’t even do better than the people that are just coming over here undocumented.” Conversely, they thought some Hispanics would not seek services to avoid “deal[ing] with the hassle of someone looking at you like you don’t deserve to be there.” The overall feeling is that little communication exists between groups, leading to misunderstandings and propagation of stereotypes.

Community Member Perspective

“I hear a lot of criticizing of Mexicans. Mexicans probably criticize us [African Americans].”

Many community members felt that members of these minority groups often have fewer resources available to them than others and can find themselves competing for those scarce resources. Many African Americans felt as if the neighborhoods, jobs, and other resources historically serving them were being used more and more by Hispanics. One community member said: “Why don’t they have their own doctors?” On the other hand, many Hispanics feel unwelcome by African-Americans and believe that they are targeted for crime and other negative feelings simply because they are Hispanic. “My husband and others and I have come to the conclusion that many black people think that we come here to take the opportunities for jobs that they have,” an interviewee said.

Analysis

Most long-time Durham residents said the racial and ethnic composition of the county had changed, specifically noting the growth of the Hispanic presence in the county and their use of resources more traditionally utilized by African Americans. During the windshield tour of Durham, team members observed the change in landscape and inhabitant demographics of Durham from one street to the next. Areas that we were told were traditionally African-American had Spanish-language storefronts and taquerias (taco stands) sprinkled within them. We also passed an African-American church our guide said was rented out in the evening to a local Hispanic congregation.

Both community members and service providers were divided. Many suggested that the groups in Durham “get along fine,” citing increased intermarriage and interaction at schools, churches, and other locations. At Lincoln, despite the diverse patient population seen in the waiting rooms, observed interaction between racial groups was minimal; since most Hispanic patients were speaking Spanish, language barriers appear to be a primary cause of the lack of interaction, although differing comfort levels could also contribute. Many interviewees felt that tensions did exist and told of specific incidences of negative interactions and sentiments that occurred in the community.

Community Forum Outcomes

The participants in the small group discussion were a mix of community members and service providers. The group discussion produced a variety of believed causes of racial tension and misunderstandings, including the racially charged history of the South, the passing of certain values and beliefs from one generation to the next, and people not leaving their own comfort zones to interact with those in other groups. Perceived results of these included a general lack of interaction, ignorance about groups other than one’s own, and the formation of and propagation of stereotypes.

The group felt that people’s tendency to fear the different or unknown, the subsequent racial isolation, and acceptance of the status quo furthered problems; these forces are exacerbated by the influence of the media and other organizations which may intentionally or unintentionally practice or promote racial segregation (i.e. churches). Generally, the group felt that education and increasing awareness were mechanisms for change – teaching and learning about each others’ cultures and reaching out to those who are different from oneself would help alleviate tensions.

Most of the action steps generated were individual level changes, such as:

1. Strive to fight one’s own racially motivated tendencies
2. Step out of one’s comfort zone
3. Call out people making racist remarks
4. Advocate for cultural competency at workplaces
5. Speaking to youth groups about race relations in Durham

Other Findings

Transportation

Transportation is a concern for many people in the community. Access to, safety of, and other limitations of available transportation affect people's ability to access healthcare settings, employment opportunities, and other local resources (i.e. grocery stores, gyms, etc).

"I know I can take a dollar, get the bus right there [points] and come back right there. I know what time it comes and what time it comes back."

Lincoln has provided transportation for its patients since its inception, based on medical and financial need. The center operates four vans, one of which is wheelchair accessible. Community members almost unanimously reported that transportation was a huge issue in their communities, while service providers did not emphasize it nearly as much. Both groups praised Durham's public transportation as a valuable resource for community members without other options. Limited incomes prevent many in the community from buying cars, leaving public transportation and walking as the only alternatives. The issue of safety arose with both these methods of transportation, with many community members citing worries of being shot in crossfire while walking or being robbed on the buses, in the main bus terminal, or at a poorly-lit bus stop. In addition, many felt that buses ran too infrequently and that bus stops were inconveniently located, limiting their options for employment and ability to reach other locations. As one community member put it, "Most people don't have transportation to the grocery store."

Employment

Limited options for employment in the community combined with limited work experience and educational attainment increase the difficulty to obtain adequate employment (i.e. living wage and sufficient work-time hours). Furthermore, those who are employed often find that their jobs interfere with their ability to access healthcare during daytime hours.

"Every day it's harder to find work [because] there is much more competition."

Most community members agreed that being able to earn enough money to survive was difficult due to multiple factors. Many felt that full-time jobs were scarce while others felt that there were plenty available but that those available did not pay enough to live off of. Other notable barriers included lack of work experience and a lack of education or training. One service provider articulated this point: “The biggest barrier to employment is education. On the average most of my ladies quit in 7th or 9th grade. So if you’re not educated, even fast food want you to have a high school diploma or at least working on it. And all the tests, in most places, even for fast foods, you have to take it on a computer so literacy is the biggest barrier to job employment...” Some thought that difficulties faced by some Hispanics in getting identification documents (IDs) limited their employment opportunities. Most service providers agreed that employment was an issue for the community, noting that 50% of jobs in Durham are taken by people who live outside of Durham and that these tend to be higher paying jobs; many of the uninsured and underinsured work in the service industry which often does not pay as well as other jobs. Many also brought up the conflict between employment hours and ability to seek medical care.

Housing

The ability to obtain quality and affordable housing is limited and is a fundamental issue in the community which affects all aspects of life (i.e. employment, transportation, healthcare, etc).

“To me housing is a big issue...because if you don t have any place to go or stay, if you don’t have food and nowhere to stay, you are not thinking about what I’m talking about with healthcare.”

Overall, community members were divided on the issue of housing. Hispanic community members almost unanimously reported that finding housing was difficult, citing cost of housing, quality of housing, and issues obtaining housing related to having IDs as barriers. However, none of the non-Hispanic interviewees believed it was difficult to obtain housing, praising the Durham Housing Authority for its efforts in aiding community members in finding housing. Those who did

think housing was an issue were often concerned about the safety of available housing. The service providers who thought housing was an issue, however, were primarily concerned with the quality of available housing available as well as its affordability.

Health and Healthy Living

Despite a variety of community resources that promote healthy living, there are also numerous barriers (i.e. limited time and money for proper diet and exercise). Healthy living is often not prioritized by individuals because of these and other more immediate concerns.

“I don’t know if there are any good healthy aspects of their lives, healthcare is a low priority... they don’t have access to economic stability. They don’t have firm access to food, clothing, shelter.”

As previously noted, four of the leading causes of death in Durham County over the last five years were due to chronic disease. Increasingly sedentary lifestyles combined with poor diets are aggravating the situation. However, health did not emerge as a priority for most interviewees because they tended to have other, more immediate and pressing concerns that more directly affect their daily lives (safety, transportation, etc). “I don’t know if there are any good healthy aspects of their lives, and healthcare is a low priority... they don’t have access to economic stability. They don’t have firm access to food, clothing, shelter...” said one service provider.

Those that did address health felt that poverty played a pivotal role in their health. Many felt they needed to work several jobs in order to make enough money to survive, severely limiting time to obtain and cook healthy food and dedicate to physical activity. Additionally, low financial resources keep many from being able to buy healthier (but more expensive) foods and to afford the costs of accessing places to exercise. Feelings of limited safety outdoors also affected the ability to exercise for both children and adults. One service provider said, “But then when I ask parents about [exercise], they talk about the safety of their communities... so I don’t see children and families doing a whole lot outdoors.”

Public Health Implications

The relationship between health and our findings may not seem obvious at first glance, but most of the topics discussed during our interviews and forum play a major role in an individual's overall health and wellbeing. The major themes presented earlier, in addition to others such as transportation, employment, poverty, and housing, all affect the way community members are able to live and thrive.

These issues are all connected. For instance, the Partnership for a Healthy Durham reported that the risk factors for being uninsured in Durham include: 1) being aged 18-44; 2) having less than a high school education; 3) earning less than \$50,000 per year; and 4) minority status. Thus, housing situation can affect health just as health can affect employment. In fact, most of our interviewees told us that health is not always the first priority in their lives. Many other factors, such as employment, were equally as important to community members' quality of life.

In this way the AOCA process was not singularly focused on disease, illness, and injury. Instead, the process aimed to achieve a more holistic perspective – one that recognizes the many conditions that are necessary for good health and well-being. Both the process of and findings from an AOCA can aid service providers and the communities they serve in addressing those conditions that have an impact on overall quality of life..

CONCLUSIONS

Throughout this AOCA process, we have learned that people living without health insurance in Durham recognize themselves as such but not as members of any kind of “community of uninsured.” Rather, they considered themselves to be members of racial/ethnic, religious, and residential communities. The number and variety of these sub-communities contributed to the diversity of the county but not necessarily to a cohesive sense of community.

Although participants did not share a common sense of community, they did experience many of the same conditions affecting their quality of life. Despite the implicit unifying characteristic of this “community” as lacking health insurance, we found that acquiring health insurance was rarely reported as the top priority for its members. Instead, the issues they emphasized were those that affect people on a daily basis, such as crime, transportation, and employment. These issues affect the lives of every resident of Durham in some way, and therefore, alleviating them can improve the quality of life not just for those without health insurance but for all residents in Durham. This document is intended to report the community voice and serve as a resource for those in Durham who aim to create change.

Limitations

The team encountered several notable barriers during the AOCA process. First, the project time frame allowed for a ten-week window for identifying, contacting, and scheduling potential interviewees and carrying out the interviews. Barriers specific to recruitment were exacerbated by these time constraints. For instance, multiple attempts were made to contact and recruit the very busy Lincoln-based service providers for interviews, but this proved very difficult by telephone and in-person due to their limited availability. Despite their limited numbers, we consider the opinions of the Lincoln providers interviewed to be of particular importance to our project.

Also, the referral system we relied upon for names of potential interviewees had limitations that affected the interview process. Given the minimal interaction between racial and ethnic groups, those within each group tended to refer us to others in the same group. This method also yielded a shortage of male interviewees as those we interviewed tended to be female, who would then refer us to other women. This made our entrée into the community even more difficult because it necessitated us having to navigate many sub-communities and perhaps furthered the perception of us as outsiders.

Our community forum also posed some challenges. First, despite extensive advertising targeted towards community members, the majority of attendees were service providers. This was pointed out in a few comments in forum evaluations about the lack of community members – specifically Lincoln patients – that were in attendance. Secondly, the root causes of many of the issues we discussed are firmly entrenched in the community. This was echoed by one forum evaluation that indicated doubt that any change would result from the process. Both a lack of community member participation and the deep-rooted nature of the issues combine to limit the feasibility and sustainability of the action steps created during the forum. Despite this, we acknowledge the support we have received from the Durham County Health Department during the process and their commitment to incorporate our findings into their countywide health assessment, on which many future action steps and endeavors will potentially be based.

Recommendations For Moving Forward

Durham includes and is surrounded by many notable research institutions which often conduct research within its boundaries. Yet residents of Durham feel that few results have resulted from the seemingly endless stream of studies and assessments going on in their communities. As a result, many have lost faith and interest in participating and investing in efforts they may see as

ultimately fruitless. One recommendation for future work in Durham is to use the knowledge gathered by this project and others and build upon it to begin implementation of solutions.

The team has taken several steps to support continuation of our AOCA project. These include creating and disseminating email lists of forum attendees interested in pursuing action steps, presenting our findings to the Partnership for a Healthy Durham's Access to Healthcare Committee, and broadcasting our findings on a local radio program.

“There is a lot of potential here in Durham just waiting to be organized and directed for good work and improved quality of life,” one forum attendee noted. There are multiple organizations in Durham who aim to bring together community members and service providers in attempts to pool resources and bring together those with motivation, commitment, and power to work for change. Some examples are Durham CAN (Congregations, Associations, and Neighborhoods), the Partnership for a Healthy Durham, and the People's Clearinghouse of Durham. Given that many such organizations had representatives in attendance at our community forum, the potential to disseminate our findings and action steps is present. For the Durham County Health Department, the AOCA findings and the community forum's action steps have brought together diverse viewpoints, amplified previously unheard voices, generated ideas for positive change, and initiated progress toward that change within the community.

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Listing of Appendices

Appendix A	Team Field Activities
Appendix B	Lincoln Mission and Vision Statement and List of Core Values
Appendix C	Community Member Interview Guide (English and Spanish Versions)
Appendix D	Service Provider Interview Guide
Appendix E	Participant Consent Fact Sheet (English and Spanish Versions)
Appendix F	Participant Demographic Form (English and Spanish Versions)
Appendix G	Focus Group Interview Guide (English and Spanish Versions)
Appendix H	Coding Tree
Appendix I	Themes Document
Appendix J	List of Secondary Data Sources
Appendix K	Forum Fliers (English and Spanish Versions)
Appendix L	Durham Skywriter Editorial
Appendix M	Forum Programs (English and Spanish Versions)
Appendix N	Forum Presentation
Appendix O	Small Group Ground Rules
Appendix P	Small Group Discussion Techniques
Appendix Q	Small Group Discussion Triggers and Questions
Appendix R	Forum Evaluation Form (English and Spanish Versions)

**Appendix A:
Team Field Activities**

Team Activities

Event/Activity	Date
Multiple visits to locally-owned businesses (meals, participant observation, etc.)	September 2006 – April 2007
Substance Abuse Recovery Celebration	September 24, 2006
Windshield Tour	October 9, 2006
World AIDS Day	December 1, 2006
Lincoln Community Health Center – Observation	December 2, 2006
Durham County Christmas Parade	December 2, 2006
Diabetes Education Clinic at Lincoln – Support Group Volunteer	January – March 2007 (bi-weekly)
Tour of El Centro Hispano (informal)	February 2, 2007
“Eating For Life” Diabetes Education Event (Lincoln)	February 8, 2007
Tour of Hillside High School Wellness Clinic	February 23, 2007
Tour of Lyon Park Community Center and Lyon Park neighborhood	March 2, 2007
Durham C.A.N. meeting	March 3, 2007
Access to Healthcare Meeting of the Partnership for a Healthy Durham	March 8, 2007
Tour of Durham Police Department District Four Substation	March 19, 2007
Substance Abuse Committee Meeting of the Partnership for a Healthy Durham	March 22, 2007
Tour of Oxford Manner (informal)	March 22, 2007
HIV Committee Meeting of the Partnership for a Healthy Durham	March 28, 2007
Lincoln Board Meeting	March 28, 2007
HIV Coalition Meeting at Durham County Health Department	March 28, 2007
Quarterly Meeting of the Partnership for a Health Durham	April 18, 2007
Access to Healthcare Meeting of the Partnership for a Healthy Durham (follow-up, presentation of action steps)	May 10, 2007

Appendix B:
Lincoln Mission and Vision Statement and List of Core Values

Lincoln Mission Statement

The mission of Lincoln Community Health Center is to provide comprehensive primary and preventive health care in a courteous, professional and personalized manner.

As a leader in the provision of community health care, Lincoln Community Health Center is committed to collaborating with other institutions dedicated to the continuous improvement in services being provided to decrease health disparities, while assuring access to all.

Lincoln Vision Statement

Lincoln Community Health Center strives to be a provider of primary and preventive health care that is of high quality, culturally competent, efficient and customer-centered in a state-of-the-art facility in collaboration with other community partners.

Lincoln Core Values

Courtesy * Respect * Quality * Accessibility * Teamwork* Continuous Improvement

**Appendix C:
Community Member Interview Guide (English and Spanish Versions)**

Community Member Interview Guide

Opening

- Thank you for taking the time to meet with us. I know you are taking time out of your busy schedule for this interview.
- My name is _____, and this is _____. _____ will be taking notes during our discussion today. Both of us are part of a student team from the UNC School of Public Health. We are working with the Durham County Health Department and Lincoln Community Health Center to identify the strengths and needs of the LCHC patient community - the uninsured community. The information we gather will be summarized and shared with the community through a community-wide forum in the spring. We hope that you'll be able to attend.
- The purpose of our discussion today is to hear your thoughts and experiences as a member of the community served by Lincoln Community Health Center. Of course, there are no right or wrong answers. If there are any questions you do not wish to answer, please let us know. You may stop the interview at any time.
- This discussion should last about an hour.

Consent Fact Sheet

- Now we're going to read over a fact sheet that explains the project and confidentiality.

Confidentiality

- Your answers and comments will remain confidential. We will be reporting summaries of the comments made by community members. However, we will not specify names or other identifying information from the individuals we interview.
- We will be taking notes during the discussion. We would also like to tape record this interview. We can stop recording at any time. Following the completion of our project, the audio contents of the tape will be erased. All tapes will be erased by May 31.
- Do you agree to participate in this project?
- Do you give us permission to tape record this interview?

Ground Rules

- Your input is important and we want to make sure that you are comfortable during our discussion.
- If at any time while we are talking you feel uncomfortable, don't want to answer a particular question, or would like to end the interview, please let us know.
- Any questions before we get started?

Personal Information

1. How long have you lived in Durham County?
2. How long have you been going to Lincoln for services?
3. Can you tell me a bit about the community activities you are involved in? Probe: What about the activities of other members of the Lincoln community?
4. Please describe the role of religion and churches in the Lincoln community.
5. What are the most important things in your life?

Overview of Lincoln Community Health Center

6. How would you describe LCHC?
7. Which services at LCHC are the most utilized by members of the community?
8. What other places do members of the community go to for health services?
 - o Probe: Where, why, which services?
9. How has the community that goes to LCHC changed since you have been going there?
 - o Probe: What do you think about these changes?
 - o Probe: How do you think it will change in the future?

LCHC Patient Population

10. How would you describe the people that go to LCHC?
 - o Probe: What are some different groups that go there?
11. What do LCHC patients have in common?
12. What are the types of jobs that patients have?
13. How do patients normally get to LCHC? How do you get to LCHC? (walk, bus, drive, etc??)
14. Let's discuss your thoughts on the strengths and weaknesses that apply to the following issues:
(Remind interviewee that the following questions are specific to the uninsured population).
 - o Healthy living
 - o Race Relations
 - o Jobs / financial
 - o Social – housing, emotional support, social services
 - o Transportation
 - o Safety/crime
15. What are some other important issues facing this community?
 - o Related strengths/weaknesses in the community
16. Tell me about some things that could strengthen or improve the LCHC patient community. In other words, what could be done to address the needs of the community?
17. What other types of services do you think would help this community with their health? (In and outside of Lincoln – doesn't have to be healthcare related).
18. Do you think the people served by LCHC consider themselves a community? Probe: Why do you feel this way?
19. Of all the issues about the patients served by LCHC that we talked about today, what do you feel is the most important to address?

Miscellaneous

20. Would you be interested in being on the planning committee for the community forum?
21. Do you have any advice or planning tips for putting together the community forum?
22. Is there anything else you would like to share with us?

Referrals

23. Who would you recommend we speak to gain further understanding about the people that go to LCHC? Probe: Are there certain people that are trusted within the community that you think would be good to speak with?
24. Can you help us initiate this process by asking that person if we may contact them?
25. Please note that any person to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in this study.

Thank you again for your participation!

Community Member Interview Guide - SPANISH

Opening

- Gracias por tomar tiempo para reunirse con nosotros.
- Me llamo _____, y el/ella se llama _____. _____ va a tomar apuntes mientras conversamos. Ambos somos miembros de un equipo de estudiantes de la Facultad de la Salud Comunitaria de la Universidad de la Carolina del Norte en Chapel Hill. Estamos trabajando con el Departamento de Salud del Condado de Durham y otras agencias en Durham para identificar los aspectos fuertes y las necesidades de la comunidad de gente que utiliza Lincoln Community Health Center. Vamos a resumir y compartir toda la información que colectamos con la comunidad a través de un foro comunitario en abril. Esperamos que puedas asistir.
- El propósito de nuestra conversación es para que Ud nos comparta sus pensamientos y sus experiencias de haber vivido en el Condado de Durham y haber utilizado (o no utilizado) los servicios de Lincoln Community Health Center. Nos gustaría saber sus pensamientos y sus opiniones. Por supuesto, no hay respuestas correctas ni equivocadas. Si Ud no quiere responder a una pregunta específica, por favor que nos diga. Puede dejar de participar en cualquier momento.
- Esta conversación durará una hora, mas o menos..

Consent Fact Sheet

- Ahora vamos a repasar información sobre el proyecto que explica su consentimiento y la confidencialidad de sus respuestas.

Confidentiality

- Sus respuestas y sus comentarios quedarán confidenciales. Vamos a preparar un resumen de los comentarios de todos, pero no vamos a especificar ni nombres ni otros datos identificantes de los que entrevistamos.
- Vamos a tomar apuntes durante la conversación. También nos gustaría grabar esta conversación. Podemos dejar de grabarla en cualquier momento si lo quieren. Al terminar el proyecto, borraremos el contenido de todas las cintas. ¿Se siente cómodo si grabamos nuestra entrevista?

Ground Rules

- Nos importa mucho su participación y queremos asegurar que Ud se sienta cómodo durante la conversación.
- Si en cualquier minuto se siente incómodo, no quiere responder a una pregunta, o quiere terminar la conversación, por favor que nos diga.
- ¿Tiene algunas preguntas antes de que empecemos?

Personal Information

1. ¿Por cuánto tiempo ha vivido en Durham?
2. ¿Desde hace cuánto tiempo ha ido a Lincoln para su cuidado médico?
3. Por favor, cuénteme de las actividades de la comunidad en que Ud. participa.
4. Proba: ¿Cuáles son algunas otras actividades en que participan otros miembros de la comunidad de Lincoln?
5. Por favor, describa el papel de la religión y de las iglesias en la comunidad de Lincoln

6. Probe: Si Ud. asiste a una iglesia, ¿Cuál es?
7. ¿Cuáles son las cosas mas importantes para Ud. en su vida?

Overview of Lincoln Community Health Center

8. ¿Cómo describirías a Lincoln?
9. ¿Cuáles son los servicios de Lincoln que se utiliza mas?
10. ¿Cuáles son algunos otros lugares donde la comunidad de Lincoln va para su cuidado médico?
 - a. Probe: ¿Dónde? ¿Por qué? ¿Para cuáles servicios?
11. En el tiempo en que ha ido a Lincoln, ¿Cómo ha cambiado la comunidad que va a Lincoln?
 - a. Probe: ¿Qué se opina de esos cambios?
 - b. Probe: ¿Cómo piensa que va a cambiar en el futuro?

LCHC Patient Population

12. ¿Cómo describiría la gente que va a Lincoln?
 1. PROBE: ¿Cuáles son los grupos diferentes que van a Lincoln?
13. ¿Cuáles cosas tienen en común?
14. ¿Qué tipo de trabajos tienen los pacientes de Lincoln?
15. ¿Cuál modo de transporte utilize la gente normalmente para llegar a Lincoln? ¿y Ud?
16. (caminar, tomar el autobus, manejar, etc)
17. Ahora queremos saber sus pensamientos de los siguientes temas – y de los aspectos de la comunidad que muestran fortaleza y los que son retos para estos temas?
 - a. De vivir sano
 - b. Las Relaciones Interraciales
 - c. El Empleo / Lo Financiamiento
 - d. Lo Social – de las viviendas, de apoyo emocional, los servicios sociales
 - e. La Transportación
 - f. La Seguridad / el Crimen
18. ¿Cuáles son otros temas importantes en la comunidad?
19. Cuénteme de algunas cosas que podrían fortalecer la comunidad de pacientes de Lincoln?
En otras palabras, que se puede hacer para ayudar con las necesidades de la comunidad?
20. ¿Cuáles otros tipos de servicios ayudarían a los pacientes de Lincoln con su salud?
 - a. (Dentro de y fuera de Lincoln – no tiene que ser relacionado con el cuidado médico).
21. ¿Cree Ud. que se consideran una comunidad los pacientes de Lincoln?
 1. PROBE: ¿Por qué piensa así?
22. De todo lo que hemos hablado de los pacientes de Lincoln, ¿cuáles son los temas más importantes?

Miscellaneous

23. ¿Estaría interesado en ser miembro del comité de planear para nuestro foro comunitario?
24. ¿Tiene algunas sugerencias para nosotros para planear nuestro foro comunitario?
25. ¿Hay algo más que quiere compartir con nosotros?

Referrals

26. ¿Con quién nos recomendaría hablar para mejor entender la comunidad de Lincoln?
27. PROBE: Hay ciertas personas que son confiados en la comunidad y con quien Ud piensa que debemos hablar?
28. ¿Nos puede ayudar en iniciar el contacto con esa persona y preguntarles si le podemos contactar?
29. Que se nota que a cualquiera persona a quien nos refiere, le tenemos que decir quien nos refirió y que no tiene ninguna obligación en participar en nuestro proyecto.

¡Otra vez gracias por su participacion!

**Appendix D:
Service Provider Interview Guide**

Service Provider Interview Guide

Opening

- Thank you for taking the time to meet with us. I know you are taking time out of your busy schedule for this interview.
- My name is _____, and this is _____. _____ will be taking notes during our discussion today. Both of us are part of a student team from the UNC School of Public Health. We are working with the Durham County Health Department and Lincoln Community Health Center to identify the strengths and needs of the LCHC patient community - the uninsured community. The information we gather will be summarized and shared with the community through a community-wide forum in the spring. We hope that you'll be able to attend.
- The purpose of our discussion today is to hear your thoughts and experiences from having worked with the community served by Lincoln Community Health Center. Of course, there are no right or wrong answers. If there are any questions you do not wish to answer, please let us know. You may stop the interview at any time.
- This discussion should last about an hour.

Consent Fact Sheet

- Now we're going to read over a fact sheet that explains the project and confidentiality.

Confidentiality

- Your answers and comments will remain confidential. We will be reporting summaries of the comments made by community members. However, we will not specify names or other identifying information from the individuals we interview.
- We will be taking notes during the discussion. We would also like to tape record this interview. We can stop recording at any time. Following the completion of our project, the audio contents of the tape will be erased. All tapes will be erased by May 31.
- Do you agree to participate in this project?
- Do you give us permission to tape record this interview?

Ground Rules

- Your input is important and we want to make sure that you are comfortable during our discussion.
- If at any time while we are talking you feel uncomfortable, don't want to answer a particular question, or would like to end the interview, please let us know.
- Any questions before we get started?

Personal Information

1. How long have you worked in Durham County?
2. Do you live in Durham County? Probe: If so, How long have you lived in the county?

Organizational Services

3. What services does your organization provide?

4. How is your organization connected to Lincoln?
5. Who are the people that your organization serves? Probe: Are there any restrictions to who can use your services? Probe: How many of the people you serve go to Lincoln?
6. Are there any needs in the uninsured community that you are unable to address?
7. Are there any special projects or initiatives going on right now that you think we should know about?
8. Is there anything else that you think we should know about your organization?

Lincoln Service Providers ONLY:

9. Which of your services are used most often? Probe: Which people use them?
10. What barriers do people encounter in utilizing your services?
11. What special considerations does your organization take in providing culturally competent services? Probe: If you have non-English speaking clientele, what provisions do you provide for translation?
12. What services, if any, are underutilized? Why do you think these services are underutilized?
13. How do people find out about your services?

LCHC Community

14. *In this next set of questions, when we ask about the community, the community we will be referring to are the patients that go to Lincoln.*
15. What can you tell me about the history of LCHC? Probe: Does your organization play a role in LCHC's history? Can you tell me anything about the history about the people that LCHC serves?
16. What are strengths of the uninsured community?
17. What are some things that might strengthen the uninsured community?
18. Let's discuss your thoughts on the strengths and weaknesses that apply to the following issues:
19. *(Remind interviewee that the following questions are specific to the uninsured population).*
 - a. Healthy living
 - b. Race Relations
 - c. Jobs / financial
 - d. Social – housing, emotional support, social services
 - e. Transportation
 - f. Safety/crime
20. What are some other important issues facing this community?
 - a. Related strengths/weaknesses in the community

Miscellaneous

21. Does your organization have any documents that would be helpful to us such as annual reports, funding applications, brochures, or fact sheets? We would use these to help us compose our report at the end of our project.
22. Would you be interested in being on the planning committee for the community forum?

23. Do you have any advice or planning tips for putting together the community forum?

Referrals

- 24. Who would you recommend we speak to gain further understanding about the LCHC community? Probe: Are there certain people that are trusted within the community that you think would be good to speak with?
- 25. We need that person's permission to contact them. Can you help us initiate this process by asking if we may contact them?
- 26. Please note that any person to whom you refer us will be made aware of who referred them, and that they are under no obligation to participate in this study.

Closing

27. Is there anything else that we haven't discussed that you would like to share?

Thank you again for your participation!

**Appendix E:
Participant Consent Fact Sheet (English and Spanish Versions)**



Participation Fact Sheet

Title: Action-Oriented Community Diagnosis (AOCD)
Sponsor: School of Public Health, University of North Carolina at Chapel Hill
Research Team: Samantha Earnhardt, Jessica Hughes, Victoria Pham, Michael Scott

What is AOCD? What is the purpose of the project?

AOCD means Action-Oriented Community Diagnosis. Our AOCD is a project designed to help us understand the experiences of individuals who live in your community and get healthcare at Lincoln Community Health Center. The purpose of our AOCD project is to better understand the experiences of members of the Lincoln Community Health Center community, including you. We are working in coordination with the Durham County Health Department on this project.

What will you have to do?

You will be asked a series of questions. There are no wrong answers, just different opinions. We are looking for different points of view, so just say whatever is on your mind. If you do not feel comfortable answering a question or do not have an opinion, just let us know. We are interested in your perspective as a service provider or community member in Durham County and at Lincoln Community Health Center, so please keep that perspective in mind during the discussion.

We estimate that it will take 45 minutes to 1 hour of your time to complete the interview. Your participation in the interview will be one-time only.

During this discussion we are going to record what is said on paper. If you have no objections, we will also tape record the discussion to make sure we do not miss anything. Only our 4 group members will listen to the tape. You can ask for the recorder to be turned off at any time during the discussion.

Are there any benefits?

Although there are no direct benefits to you in participating, you will be assisting us in our project by providing us with important community opinions and facts. We hope that the information we learn will be used to improve services for you and members of your community.

What are the risks?

There are no known risks of participating in this project. You may feel uncomfortable talking about specific topics, such as problems or needs in your community. You can skip any questions that make you feel uncomfortable.

What are the costs?

The only cost to you is the time spent participating in this interview.

YOUR RIGHTS AND CONFIDENTIALITY

Any information given (such as ethnicity, age, sex, and number of years residing in the community) will be used only for summarizing our findings and not linked to any statements you make. If you choose not to participate you will not be denied access to services you currently use, nor will you be denied access to any services in the future. The audiotapes will be stored in a secure file cabinet at the UNC School of Public Health. The tapes will be erased in May 2007 after data has been summarized.

We will only use your name and address, if you provide it to us, to invite you to attend the community forum. Identifying information will not be linked in any way with the information collected in interviews or focus groups. In our records, we will assign a random number to each participant to ensure identifying information cannot be linked to that person. You may refuse to provide contact information.

The data from our research, with all identifying information removed, will be shared with the Durham County Public Health Department.

Who is leading this project? How can I get in touch with them?

This is a student project conducted under the supervision of our faculty advisor, Dr. Eugenia Eng. If you have any questions about this project, please contact us at (919) 966-3919, Ext 3 or toll-free at 866-610-8272. You may also contact Dr. Eng, collect if you wish, by phone at 919-966-3909.

Thank you!



Hechos de Participación

Título: Asesoramiento Comunitario Orientado hacia la Acción (ACOA)
Sponsor: Facultad de Salud Comunitaria, Universidad de Carolina del Norte en Chapel Hill
Equipo Investigatorio: Samantha Earnhardt, Jessica Hughes, Victoria Pham, Michael Scott

¿Qué es el AOCD? ¿Cuál es el propósito de este proyecto?

AOCD significa el Asesoramiento Comunitario Orientado hacia la Acción. Diseñamos nuestro proyecto de AOCA para conocer las experiencias de los individuos que viven en su comunidad y que reciben el cuidado médico en Lincoln Community Health Center (LCHC). El propósito del proyecto es para mejor entender las experiencias de la comunidad que utilice Lincoln Asesoramiento Comunitario Orientado hacia la Acción (AOCA).

¿Qué va a tener que hacer Uds.?

Le vamos a presentar una serie de preguntas. No hay respuestas equivocadas, solamente opiniones distintas. Estamos buscando diferentes puntos de vista, así que no debe sentirse incómodo en decirnos lo que piensa. Si Uds. no se siente cómodo expresando sus opiniones, respondiendo a alguna de las preguntas, o si no tiene una opinión, favor de informarnos. Estamos interesados en su perspectiva como un proveedor de servicios o como un miembro comunitario del condado de Durham y de LCHC. Por favor de considerar esta perspectiva durante nuestra conversación.

Estimamos que nuestra entrevista durará entre 45 minutos y una hora. Su participación será solamente por una ocasión.

Durante nuestra entrevista tomaremos apuntes y también grabaremos nuestra conversación. Los 4 miembros de nuestro equipo serán los únicos en escuchar las cintas. Durante cualquier momento de la entrevista puede pedirnos dejar de grabarla.

¿Hay algunos beneficios?

Aunque no haya beneficios inmediatos, sus opiniones ayudaran al proyecto para cambios en el futuro cercano. Esperamos que la información que aprendamos sea utilizada para mejorar los servicios para Uds. y para todos los otros miembros de la comunidad.

¿Cuáles son los riesgos?

No hay ningún riesgo en participar en este proyecto. Si hay alguna pregunta que no desee contestar puede omitirla.

¿Cuáles son los gastos?

El único gasto para Uds. es el tiempo que nos va a dar para la entrevista.

SUS DERECHOS Y LA CONFIDENCIALIDAD

Toda la información que nos de (por ejemplo, la etnicidad, la edad, el sexo, y el número de años que ha vivido en la comunidad) será usada solamente para confirmar nuestras observaciones y no para enlazar cualquiera declaración que Ud. haga. Si decide no participar, no le afectará el acceso a los servicios que utilice actualmente o en el futuro. Las grabaciones se ubicarán en un gabinete seguro en la Facultad de la Salud Comunitaria de UNC. Las cintas se borrarán en mayo de 2007 después de obtener los datos importantes.

Si Uds. nos da su nombre y su dirección, solo los usaremos para invitarle al foro comunitario que organizaremos al concluso de este proyecto. A la información que nos dé durante la entrevista o durante los grupos de enfoque se le asignará un número al azar para asegurar que cualquier dato que pueda identificar al participante no se pueda conectar a ese participante.

¿Quién está en carga de este proyecto? ¿Cómo puedo contactarlos?

Este es un proyecto realizado bajo la supervisión de nuestra asesora profesora, la Dra. Eugenia Eng. Si tiene cualquier pregunta sobre este proyecto, favor de llamarnos al: (919) 966-3919, extensión 3, ó sin cargos: (866) 610-8272. También se pueden telefonar a la Dra. Eng al: (919) 966-3909.

¡Gracias!

**Appendix F:
Participant Demographic Form (English and Spanish Versions)**



Participation Demographic Information

Name (optional)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age	_____ years old
Race/Ethnicity	Check all that apply <input type="checkbox"/> African-American/Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander
Occupation/Job	
How long have you worked at your current place of employment?	_____ years
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living w/ Partner <input type="checkbox"/> Widow
Do you have children?	<input type="checkbox"/> Yes If yes, how many? _____ <input type="checkbox"/> No
How long have you lived in Durham?	_____ years
What is your highest level of education?	<input type="checkbox"/> less than high school <input type="checkbox"/> college <input type="checkbox"/> high school <input type="checkbox"/> advanced degree <input type="checkbox"/> some college
Do you attend church?	<input type="checkbox"/> Yes If yes, which church do you go to? _____ <input type="checkbox"/> No
If you are interested in helping plan our community forum, please provide your contact information below. We greatly appreciate your help and insights!	
Phone number	
Email address (if applicable):	
Mailing Address	

Información Demográfico del Participante

Edad	Tengo _____ años
Sexo	<input type="checkbox"/> Masculino/Hombre <input type="checkbox"/> Feminino/Mujer
Raza/Etnicidad	Se puede seleccionar más que una opción <input type="checkbox"/> Africano-Americano/Negro <input type="checkbox"/> Blanco <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático/Isleño Pacífico <input type="checkbox"/> Indio Americano/Nativo de Alaska
Estado Civil	<input type="checkbox"/> Casado/a <input type="checkbox"/> Nunca casado/a <input type="checkbox"/> Divorciado/a <input type="checkbox"/> Separado/a <input type="checkbox"/> Juntado/vivo con mi pareja <input type="checkbox"/> Viudo/a
¿Por cuánto tiempo ha vivido un Durham?	_____ años
¿Trabaja Ud.?	<input type="checkbox"/> estoy empleado, tiempo completo <input type="checkbox"/> estoy empleado, tiempo parcial <input type="checkbox"/> estoy desempleado / no trabajo <input type="checkbox"/> estoy jubilado <input type="checkbox"/> soy estudiante
Ocupación/Trabajo	
¿Por cuánto tiempo ha trabajado Ud. en su lugar de empleo actual?	_____ años
¿Cuál es el nivel máximo de educación que Ud. ha obtenido?	<input type="checkbox"/> menos que la escuela secundaria <input type="checkbox"/> completó la escuela secundaria <input type="checkbox"/> algunos semestres de universidad <input type="checkbox"/> carrera universitaria <input type="checkbox"/> posgrado o especialización (maestría, doctorado, etc.)
¿Tiene Ud. Hijos?	<input type="checkbox"/> Sí → ¿De cuáles edades son? <input type="checkbox"/> No
¿Tiene Ud. otros parientes que viven en Durham?	<input type="checkbox"/> Sí → ¿Cuántos? <input type="checkbox"/> No
¿Dedica Ud. su tiempo a unas actividades en la comunidad?	<input type="checkbox"/> Sí → ¿Cuáles? <input type="checkbox"/> No
¿Asiste Ud. a una iglesia?	<input type="checkbox"/> Sí → ¿Cuál? <input type="checkbox"/> No
Si Ud. tiene interés en ayudarnos planear nuestro foro comunitario, por favor que nos de su información de contacto. De veras apreciamos su ayuda y sus perspicacias!	
Nombre (opcional)	
Correo electrónico (if applicable):	
Dirección	
Número de teléfono	

**Appendix G:
Focus Group Interview Guide (English and Spanish Versions)**

Focus Group Interview Guide

Opening

- Thank you for taking the time to meet with us. I know you are taking time out of your busy schedules for this focus group.
- My name is _____, and this is _____. _____ will be taking notes during our discussion today. Both of us are part of a student team from the UNC School of Public Health. We are working with the Durham County Health Department and Lincoln Community Health Center to identify the strengths and needs of the LCHC patient community. The information we gather will be summarized and shared with the community through a community-wide forum in the spring. We hope that you'll be able to attend.
- The purpose of our discussion today is to hear your thoughts and experiences as a member of the community served by Lincoln Community Health Center. Of course, there are no right or wrong answers. If there are any questions you do not wish to answer, please let us know. You may stop the interview at any time.
- This discussion should last about an hour.

Consent Fact Sheet

- Now we're going to read over a fact sheet that explains the project and confidentiality.

Confidentiality

- Your answers and comments will remain confidential. We will be reporting summaries of the comments made by community members. However, we will not specify names or other identifying information from the individuals we interview.
- We will be taking notes during the discussion. We would also like to tape record this interview. We can stop recording at any time. Following the completion of our project, the audio contents of the tape will be erased. All tapes will be erased by May 31.
- Do you agree to participate in this project?
- Do you give us permission to tape record this interview?

Ground Rules

- Your input is important and we want to make sure that you are comfortable during our discussion.
- If at any time while we are talking you feel uncomfortable, don't want to answer a particular question, or would like to individually leave this discussion, please let us know.
- Any questions before we get started?

ICEBREAKER: What are some good things about living in Durham?

1. How would you describe the people that go to LCHC? Do they have much in common?
2. Let's discuss your thoughts on the strengths and weaknesses that apply to the following issues:
 - a. Healthy living
 - b. Jobs / financial
 - c. Social – housing, emotional support, social services
 - d. Transportation
 - e. Safety/crime
3. What things can be done to address the some of the challenges that were mentioned earlier?

Focus Group Guide - SPANISH

Opening

- Gracias por tomar tiempo para reunirse con nosotros.
- Me llamo _____, y el/ella se llama _____. _____ va tomar apuntes mientras conversamos. Ambos somos miembros de un equipo de estudiantes de la Facultad de la Salud Comunitaria de la Universidad de la Carolina del Norte en Chapel Hill. Estamos trabajando con el Departamento de Salud del Condado de Durham y otras agencias en Durham para identificar los aspectos fuertes y las necesidades de la comunidad de gente que utiliza Lincoln Community Health Center. Vamos a resumir y compartir toda la información que colectamos con la comunidad a través de un foro comunitario en abril. Esperamos que puedas asistir.
- El propósito de nuestra conversación es para que Uds nos compartan sus pensamientos y sus experiencias de haber vivido en el Condado de Durham y haber utilizado (o no utilizado) los servicios de Lincoln Community Health Center. Nos gustaría saber sus pensamientos y sus opiniones. Por supuesto, no hay respuestas correctas ni equivocadas. Si Uds no quiere responder a una pregunta específica, por favor que nos digan. Pueden dejar de participaren el grupo en cualquier momento.
- Esta conversación durará una hora, mas o menos..

Consent Fact Sheet

- Ahora vamos a repasar informacion sobre el proyecto que explica su consentimiento y la confidencialidad de sus respuestas.

Confidentiality

- Sus respuestas y sus comentarios quedarán confidenciales. Vamos a preparar un resumen de los comentarios de todos, pero no vamos a especificar ni nombres ni otros datos identificantes de los que entrevistamos.
- Vamos a tomar apuntes durante la conversación. También nos gustaría grabar esta conversación. Podemos dejar de grabarla en cualquier momento si lo quieren. Al terminar el proyecto, borraremos el contenido de todas las cintas. ¿Se sienten cómodo si grabamos nuestra entrevista?

Ground Rules

- Nos importa mucho su participación y queremos asegurar que Uds se sientan cómodos durante la conversación.
- Si en cualquier minuto se sienten incómodo, no quieren responder a una pregunta, o quieren terminar la conversación, por favor que nos digan.
- ¿Tienen algunas preguntas antes de que empecemos?

ICEBREAKER: ¿Quién ha vivido en Durham por más tiempo?

1. ¿Cómo describirían la gente que va a Lincoln Community Health Center?

PROBE: ¿Esas personas tienen mucho en común?

2. ¿ Ahora queremos saber sus pensamientos de los siguientes temas – y de los aspectos de la comunidad que muestran fortaleza y los que son retos para estos temas?

- a. De vivir sano
- b. Las Relaciones Interraciales
- c. El empleo / Lo financiero
- d. Lo Social – de las viviendas, de apoyo emocional, los servicios sociales
- e. La Transportación
- f. La Seguridad / el Crimen

3. ¿Cuáles son unas cosas que podrían fortalecer la comunidad de pacientes de Lincoln?

**Appendix H:
Coding Tree**

Coding Tree

Domains	Codes	Sub-Codes	
Race Relations	Perceptions about Latinos		
	Perceptions about African Americans		
	Perceptions about Caucasians		
	Patient interaction among groups	Positive interaction	
		Neutral Interaction	
Negative interaction (tension)			
Patient interaction with service providers	Same-race SP		
		Different-race SP	
Access to care	specialty care		
	lack of insurance		
	lack of money		
Transportation	bus system	limitations	
		safety	
	Cars	lack of car	
		lack of ID	
Safety	Crime	Crime motivated by race	
		Police responsiveness	
		as a problem	
		Not a problem	
	Transportation safety	bus stops	
		On bus	
		on foot	
Gangs			
Lincoln	as a community		
	as an only option for care		
	role in greater Durham community		
	relationship with Duke		
	If there Lincoln weren't here what would happen		
	race relations		
	Loyalty		
	History with Lincoln		
	Change		
	perceptions of patients	positive	
		negative	
	perceptions of service providers	positive	
		negative	
	Stereotypes		
	Needs		
Funding			
Utilized services at Lincoln	Pediatrics		
	ob-gyn		
	Baby Love		
	support/education groups		
	dental clinic		
	Pharmacy		
	adult medicine		
Employment	lack of options		
	lack of access		
	Interference with medical care		
	Education/ experience as a barrier		
	Not an issue		
	Poor wages		

Housing	lack of affordable housing	
	lack of quality housing	
	lack of ability to get housing	
	problematic housing rules	
	Not an issue	
Barriers	IDs	
	Poverty	
	lack of insurance	
	Language	
	lack of knowledge	
	Isolation	
	Lack of specialty care	
	Lack of primary care	
	Long waits	
	No support	
	Substance abuse	
	Lack of time	
	having children	
Health	adult patients	substance abuse
		mental health
		chronic disease
	child patients	asthma
	immunizations	
Healthy Living	Strengths	
	Weaknesses	
Suggestions for Improvement		
Uninsured Population	Strengths	
	Weaknesses	

**Appendix I:
Themes Document**

Interviewee Demographics:

	Female	Male	Total
Service Providers	14	3	17
Community Members	25	5	30
Total	39	8	47

Prioritized Themes

1. Access To Care

- ❖ Lack of money and health insurance combined with limited availability to specialty care hinder access to comprehensive healthcare for the community. Because Lincoln is the only healthcare option for many, the extent of their healthcare is limited by what Lincoln is able to provide (i.e. limited specialty care, long wait times, difficulty in getting an appointment).

	Is a Problem
Community Members	8
Service Providers	16
Total	24 (53%)

2. Education (Knowledge/Literacy)

- ❖ Limited education in the community as well as limited awareness and ability to utilize community resources affects individuals' ability to obtain adequate employment, health insurance, and a living wage.

	Is a Problem
Community Members	6
Service Providers	8
Total	14 (31%)

3. Safety/Crime

- ❖ Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

	Not a Problem	Is a Problem
Community Members	1	15*
Service Providers	1	5
Total	2	20 (44%)

4. Race Relations

- ❖ The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism which negatively affects daily interactions within the community.

	Negative Interaction	Neutral Interaction	Positive Interaction
Community Members	2	4	7
Service Providers	4	7	8
Total	6	11	15 (33%)

* Number may be higher or lower due to missing focus group data

Non-Prioritized Themes

5. Transportation

- ❖ Transportation is a concern for many people in the community. Access to, safety of, and other limitations of available transportation affect people’s ability to access healthcare settings, employment opportunities, and other local resources (i.e. grocery stores, gyms, etc).

	Good things to say	Is a Problem
Community Members	3	14*
Service Providers	3	6
Total	6	20 (44%)

6. Employment

- ❖ Limited options for employment in the community combined with limited work experience and educational attainment increase the difficulty of community members to obtain adequate employment (i.e. living wage and sufficient work-time hours). Those who are employed often find that it interferes with their ability to access healthcare during daytime hours.

	Good things to say	Is a Problem
Community Members	1	22
Service Providers	1	8
Total	2	30 (67%)

7. Housing

- ❖ The ability to obtain quality and affordable housing is limited and is a fundamental issue in the community which affects all aspects of life (i.e. employment, transportation, healthcare, etc).

	Good things to say	Is a Problem
Community Members	4	11*
Service Providers	1	5
Total	5	16 (36%)

8. Poverty

- ❖ Poverty is the driver of most problems in Durham. As constituents of the “Working Poor,” many individuals within the community have multiple jobs and often still do not make enough money to get by. As a result, the prioritization of health and education has fallen, while rates of substance abuse and crime have risen within the Durham community.

	Is a Problem
Community Members	8
Service Providers	9
Total	13 (28%)

* Number may be higher or lower due to missing focus group data

Appendix J:
List of Secondary Data Sources

List of Secondary Data Sources

<i>Source</i>	<i>Detail/Location</i>
NATIONAL	
Association of American Medical Colleges	http://www.aamc.org/start.htm
U.S. Census Bureau	www.census.gov
Human Resources and Services Administration* (HRSA) and relevant bureaus: Bureau of Primary Health Care HIV/AIDS Bureau Maternal and Child Health Bureau	www.hrsa.gov www.bphc.hrsa.gov hab.hrsa.gov www.mchb.hrsa.gov
Centers for Medicare and Medicaid Services*	www.cms.hhs.gov
Cover the Uninsured Week (April 22 – 26)	http://covertheuninsured.org/
National Association of City and County Health Officials	www.naccho.org
National Association of Community Health Centers, Inc.	http://www.nachc.com
National Association of Counties	www.naco.org
Substance Abuse and Mental Health Services Administration*	www.samhsa.gov
STATE	
Families USA*	www.familiesusa.org
Joint Commission for the Accreditation of Health Care Organizations*	www.jointcommission.org
Making the Grade National Program Office*	www.healthinschools.org
National Assembly on School-Based Health Care*	www.nasbhc.org
North Carolina Association of Community Health Centers*	www.nachc.com
North Carolina Community Health Center Association*	www.ncchca.org
North Carolina Hispanic Chamber of Commerce	www.nchcc.org
North Carolina Latino Health Resource Center	www.hhcc.arealahec.dst.nc.us
North Carolina Medical Journal	http://www.ncmedicaljournal.com/
North Carolina State Center for Health Statistics	http://www.schs.state.nc.us/SCHS/
State of North Carolina Government	www.ncgov.com
LOCAL	
Access to Care Committee	http://www.healthydurham.org/committees/accesstocare/
Business Leader Online	http://www.businessleader.com
Campus Echo (NCCU newspaper)	www.campusecho.com
Center Division of Community Health	http://communityhealth.mc.duke.edu
Department of Community and Family Medicine	http://learningtogether.duhs.duke.edu/
Duke University Development	http://www.development.duke.edu/development/
Duke University Medical Center & Health System Employee Newsletter Department of Community and Family Medicine	http://inside.duke.edu http://communityhealth.mc.duke.edu
Duke University News & Communications	http://www.dukenews.duke.edu
Duke-Durham Neighborhood Partnership	http://community.duke.edu/
DukeMed News	http://www.dukemednews.duke.edu
Durham City	www.ci.durham.nc.us
Durham County	www.durhamcountync.gov

Durham County Chamber of Commerce	www.durhamchamber.org
Durham County Health Department	www.co.durham.nc.us/phth
Durham Health Partners	http://www.durhamhealthpartners.org/
Durham Regional	www.durhamregional.org
HPPA compliant documents about LCHC patients	<i>Dependent on availability</i>
LCHC Annual Reports	<i>Dependent on availability</i>
Lincoln Community Health Center (LCHC)	www.lincolnchc.org
Local Radio Stations	Programming & websites
Local TV Stations	Programming & websites
Partnership for a Healthy Durham	http://www.healthydurham.org/
The Herald Sun (newspaper)	Print versions & www.heraldsun.com
The News & Observer (newspaper)	Print versions & www.newsobserver.com
The Volunteer Center of Durham	www.bullcityvolunteers.org
Triangle Community Foundation	http://www.trianglecf.org/

Published Articles	
Association of American Medical Colleges. (2007). <i>Protecting american's uninsured: Duke university medical center and health system, spotlight.</i> , 2007, from http://www.aamc.org/uninsured/spotlight.htm .	
Bruton, S. Federally qualified health centers: Providing healthcare to north carolina's communities in medical need. <i>North Carolina Medical Journal</i> , 66(2).	
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Madison, D. L. (2003) Durham's exemplary health Center - and its leader, Dr. Evelyn Schmidt. <i>North Carolina Medical Journal</i> . http://www.ncmedicaljournal.com/jul-aug-03/ar070303.pdf .	
Monroe, S. (1998). Duke and durham: A matter of trust. [Electronic version]. <i>Time Magazine</i> .	
[No authors listed] (1997) Delivering Mental Health Services to an ambulatory, low-income population: Lincoln Community Health Center, Durham, North Carolina. <i>Hospital & Community Psychiatry</i> . Nov;28(11):846-8.	
Relevant documents published on the Cecil G. Sheps Center for Health Services Research (www.schsr.unc.edu)	
Schmidt ED, Welch M, Douglas-Baltimore JE. (2005) Plenary session 3: Health policy 2004. Improving outcomes through research and practice. <i>Ethnicity & Disease</i> . 15(2 Suppl 2):S74-7.	
Secret, M. November 23, 2005. Dr. Evelyn Schmidt: Ensuring health care for all for 34 years. <i>The Independent Weekly</i> .	
<i>Triangle Business Journal</i> . (2004) Health heroes 2004: A social medicine pioneer caring for Durham's poor.	
Yarnall KS, Rimer BK, Hynes D, Watson G, Lyna PR, Woods-Powell CT, Terrenoire J, Barber LT. (1998) Computerized prompts for cancer screening in a community health center. <i>The Journal of the American Board of Family Practice</i> . Mar-Apr;11(2):96-104.	

* Recommended sources on the Lincoln Community Health Center website

Appendix K:
Forum Fliers (English and Spanish Versions)

April 23-29: Cover the Uninsured Week

A collaboration between the People's Clearinghouse of the
Partnership for a Healthy Durham,
the Durham County Health Department,
and UNC-CH School of Public Health
presents

A Community Forum

A discussion of Durham's uninsured and underinsured

WHEN: Thursday, April 19 2007
6:00 PM—7:30 PM

WHERE: Lyon Park Community Center
1313 Halley St.
Durham, NC 27707

Are you uninsured or underinsured?
Are you a patient at Lincoln Community Health Center?
Are you a service provider who provides services to the uninsured?
Do you care about the uninsured population in Durham?
Do you live in Durham?

We invite you to participate in a discussion about:

- Access to Health Care
- Education
- Crime and Safety
- Race Relations
- And much more...

Join us and share what it's like to be uninsured and living in Durham. Is there something that the community and you can do to help?

UNC-CHAPEL HILL SCHOOL OF PUBLIC HEALTH
Dept of Health Behavior and Health Education
Campus Box 7440
Phone: (919) 966-3919, Ext 3
Toll free: 1-866-610-8272, Ext 3



FREE food

FREE child care

PLUS entertainment,
music and prizes!

23-29 abril: La Semana de los No Asegurados

Una colaboración entre el "People's Clearinghouse of the Partnership for a Healthy Durham," el Departamento de Salud de Durham y la facultad de Salud Comunitaria de UNC-CH

Presenta:

Un Foro Comunitario

Una diálogo de la comunidad de Durham sin seguro médico o con seguro que no cubre todo

CUANDO: Jueves, 19 de abril, 2007

De 6:00 a 7:30 PM

DONDE: En el Centro Comunitario de Lyon Park

1313 Halley St.

Durham, NC 27707

¿Tiene Usted seguro médico?

¿Es Usted paciente de la Clínica Lincoln?

¿Es Usted un proveedor de servicios que trabaja con personas sin seguro médico?

¿Usted tiene interés en la población sin seguro médico?

¿Usted vive en Durham?

Le invitamos a participar en un diálogo sobre:

- La Seguridad
- El Cuidado Médico
- La Educación
- Las Diferencias Raciales
- Y mucho más...

Venga y comparta sus experiencias e ideas como residente de Durham y sin seguro médico. ¿Hay algo que puede hacer Usted para ayudar a su comunidad?

UNC-CHAPEL HILL SCHOOL OF PUBLIC HEALTH
Dept of Health Behavior and Health Education
Campus Box 7440

Número de Teléfono: (919) 966-3919, Ext 3
Sin Cargos: 1-866-610-8272, Ext 3

Contaremos con:

Comida **GRATIS**

Cuidado de niños

GRATIS

entretenimientos,
música, premios, y
mucho más!

Habrán intérpretes para que todos puedan participar en español o en inglés



**Appendix L:
Durham Skywriter Editorial**



Lincoln Community Health Center

This article was submitted by Jessica Hughes, a student at the UNC-Chapel Hill School of Public Health.

Lincoln Community Health Center is meeting an important need in serving a great number of uninsured or underinsured people in Durham. More than half (55%) of the patients served by Lincoln are African-American, and the growing Hispanic population accounts for another third of patients (32%) (25% of Lincoln patients are under age 4). The average adult Lincoln patient has multiple health problems, including hypertension, heart disease, depression, and diabetes. Asthma is a big problem among younger patients. In 2005, Lincoln served 31,294 patients, of which 77% were uninsured and 83% were at or below the federal poverty level. Today, Lincoln is the largest primary care provider to the uninsured, low-income population in Durham County. It is a community-controlled facility, and is a trusted place for quality healthcare where roughly one out of every 10 Durham residents sought care in 2006.

Recently, there has been concern among the community about the center's budget, which has increasingly become spread thin; a situation that the Lincoln administration says is complicated by a growing number of uninsured patients. The possibility of Lincoln closing, as a February 2007 editorial in the *Durham Herald-Sun* notes, sent waves of anxiety arrows throughout the community, especially among patients and social service agencies whose clients depend on the center for inexpensive health care. The administration

at Lincoln has refuted claims that the center will be leaving the community it has served for decades. We want to help people across Durham recognize and fight for the continued existence of Lincoln Community Health Center in the community.

We're taking on a community assessment project and would like to learn more about the people served by Lincoln: their health, safety, transportation, family, education, religion, housing, and other factors. Our project, which is being conducted in conjunction with the Durham County Health Department, aims to collaborate with people in the community to learn more about their strengths and needs. We'll conduct interviews with community members and service providers on these issues and will compile observations of our team members.

In order to present our research findings to the entire community, we are holding a forum where you will have the unique opportunity to share your thoughts on important issues about the Lincoln Community Health Center and the community. Our forum will be held at the Lyon Park Community Center (1313 Halley St) on Thursday, April 19, from 6 to 7pm. We will be providing free food, child care, and a variety of entertainment. It's free, and all are welcome to attend.

To learn more about our project, please call us at 966-3919 x3, or send us an email at LCHCproject@gmail.com.

**Appendix M:
Forum Programs (English and Spanish versions)**

A collaboration between the People's Clearinghouse of the
Partnership for a Healthy Durham,
the Durham County Health Department,
and UNC-CH School of Public Health
presents

A Community Forum

A discussion of Durham's uninsured and underinsured

Lyon Park Community Center

Thursday, April 19, 2007

FREE food

FREE child care

PLUS entertainment,
music and prizes!

Comments? Feedback?

LCHCproject@gmail.com

Check it out!

A copy of our final report will be available in July at:
www.hsl.unc.edu/phpapers/phpapers.cfm

UNC—CHAPEL HILL SCHOOL OF PUBLIC HEALTH


Dept of Health Behavior and Health Education
Campus Box 7440

Phone: (919) 966-3919, Ext 3

Toll free: 1-866-610-8272, Ext 3




UNC
SCHOOL OF PUBLIC HEALTH



Schedule of Events

5:45 - 6:15pm	Sign-in, Refreshments <i>Entrance Music by Dan Griffiths</i>
6:15pm	Welcome <i>Why Have a Community Forum ? What Did we Learn ?</i>
6:30pm	Entertainment <i>Hillside High School's Sting Touring Dance Company</i>
6:45pm	Small Group Discussions <i>Access to Healthcare Crime & Safety Race Relations Education</i>
7:30pm	Now What? <i>Reconvene in auditorium for discussion of next steps</i>
7:45 - 8:00pm	Closing



Thank You to our Sponsors:

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Carolina Ale House

Special Thanks To:

Everybody who participated in our interviews
Forum Planning Committee Members
Durham County Health Department
Lincoln Community Health Center
El Centro Hispano

Notes:

Who did you meet today?

Name: Phone:
Email:

Name: Phone:
Email:

Name: Phone:
Email:

Name: Phone:
Email:

What is AOCD?

AOCD means Action Oriented Community Diagnosis. AOCD is a research project designed to understand the cultural, social, economic, and health experiences of uninsured individuals who live in Durham County. The purpose is to better understand the experiences of members of your community.

Strengths of the Community

Pride:

"We have the working poor, even though they may not have insurance, they have jobs, they work. They have families. They have a need for the healthcare that we provide here (Lincoln)... There's a sense of pride in coming here for some of the patients. They see it as a need in the community and they support it."

A Sense of Community:

"I do think they have this group consciousness... they have a feeling of 'we.'"

Community Engagement:

"Durham is a very engaged community... Folks in Durham aren't shy about making their needs known."



Themes for Small Group Discussion

Access to Healthcare:


Many people in Durham are uninsured or underinsured. Because Lincoln is the only healthcare option for many, the extent of healthcare is limited by what Lincoln is able to provide.

"I've got two ladies that I've talked to today... [they] make too much for Medicaid but not enough to buy insurance... and that's what I call the 'working poor.' And that's where Lincoln comes in..."

Education:

Community members agree that limited education hinders their ability to obtain adequate employment, health insurance, and a living wage.

"You have the three generations of people that are not educated, and so they don't see education as being important. You have three generations of people that do the same thing for three generations, so its just like following a bad seed."



Themes for Small Group Discussion

Crime and Safety:

Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

"I don't want to send my child out to play when I know there's a group of drug users over there, or they might get shot... so I don't see children and families doing a whole lot outdoors."

Race Relations:

Durham is rich with diversity. The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism, which negatively affects daily interactions within the community.

"I think there are still race problems in Durham. It's not as overt as it was years ago, but I still think there are some things that race plays an important part in... I guess I hate to think about it, but I know it still exists... I think it's true for all groups."

Una colaboración entre el "People's Clearinghouse of the Partnership for a Healthy Durham," el Departamento de Salud de Durham y la facultad de Salud Comunitaria de UNC-CH Presenta:

Un Foro Comunitario

Una diálogo de la comunidad de Durham sin seguro médico o con seguro que no cubre todo

En el Centro Comunitario de Lyon Park
Jueves, 19 de abril, 2007

Contaremos con:
Comida **GRATIS**
Cuidado de niños **GRATIS**
entretenimientos,
música, premios, y mucho
más!

UNC—CHAPEL HILL SCHOOL OF PUBLIC HEALTH
Dept of Health Behavior and Health Education
Campus Box 7440
Número de Teléfono: (919) 966-3919, Ext 3
Sin Cargos: 1-866-610-8272, Ext 3



¿Tiene Usted Comentarios?
LCHCproject@gmail.com

¡Vengan a ver!

Una copia de nuestro reportaje final será disponible
en julio en:
www.hsl.unc.edu/phpapers/phpapers.cfm



Horario de Eventos

- 5:45 - 6:15pm **Registrarse, Refrigerios**
Música de piano por Dan Griffiths
- 6:15pm **la Bienvenida**
*¿Por qué tener un foro comunitario?
¿Qué aprendimos?*
- 6:30pm **Entretenimiento**
*El grupo de baile Sting de la
secundaria Hillside*
- 6:45pm **Diálogos en grupos pequeños**
*el Acceso al Cuidado Médico
el Crimen y la Seguridad
las Relaciones Interraciales
la Educación*
- 7:30pm **¿Y ahora qué?**
*Reunirse en el auditorio para un
diálogo sobre los pasos siguientes*
- 7:45 - 8:00pm **Conclusión**



Gracias a Nuestros Patrocinadores:

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Saladella Café
Torero's
Harris Teeter
Papa Johns
Ted's Montana Grill
Carolina Ale House

Agradecimientos Especiales A:

Todos que participaron en nuestras entrevistas
Los Miembros del Comité de Planificación
El Departamento de Salud de Durham
El Centro Comunitario de Salud de Lincoln
El Centro Hispano

Apuntes :

¿Quién conociste hoy?

Nombre:	Número de teléfono: Correo electrónico:
Nombre:	Número de teléfono: Correo electrónico:
Nombre:	Número de teléfono: Correo electrónico:
Nombre:	Número de teléfono: Correo electrónico:

¿Qué es el AOCD?

AOCD quiere decir la Diagnósis Comunitaria Orientada hacia la Acción. AOCD es un proyecto diseñado para entender las experiencias culturales, sociales, económicas y de salud de la gente no asegurada del condado de Durham. El propósito es mejor entender las experiencias de los miembros de su comunidad.

Las Fuerzas de los No Asegurados

El Orgullo:


“Tenemos los pobres que trabajan, aunque quizás no tengan el seguro médico, tienen trabajos, ellos trabajan. Tienen familias. Tienen una necesidad para el cuidado médico que proveemos aquí (Lincoln)... Para algunos pacientes, hay un sentido de orgullo en venir acá. Lo ven como una necesidad en la comunidad y la apoyan.”

Un Sentido de Comunidad:

“Yo, sí, pienso que tienen una conciencia grupal... tienen un sentido de ‘nosotros’...”

Un Compromiso de la Comunidad:

“Durham es una comunidad muy comprometida.. la gente en Durham no es tímida en expresar sus necesidades...”



Los temas para los diálogos en grupos pequeños

El Acceso al Cuidado Médico:


Mucha gente en Durham no tiene seguro médico o tiene el seguro que no cubre todo. Lincoln es la única opción para muchos para el cuidado médico y el límite de su cuidado médico muchas veces corresponde con lo que puede ofrecer Lincoln.

"Hablé con dos mujeres hoy... ganan demasiado para recibir Medicaid pero no ganan suficiente para comprar seguro médico.. digo que esos son 'los pobres que trabajan' ... y el papel de Lincoln es para ellos..."

La Educación:

Los miembros de la comunidad están de acuerdo que la educación limitada hace mas difícil obtener un empleo, un seguro médico, y un sueldo adecuados.

"Hay tres generaciones de gente que no son educados, entonces no ven a la education como algo importante. Hay tres generaciones de gente que hacen lo mismo para tres generaciones. Es como seguir una serie de mal ejemplos."



Los temas para los diálogos en grupos pequeños

El Crimen y La Seguridad:

Mucha gente está de acuerdo que el crimen y la seguridad son temas importantes en la comunidad. Aunque se han tomado algunos pasos para aliviar estos problemas, la mayoría de la gente cree que se puede hacer más.

"No quiero permitir a mi hijo salir a jugar cuando yo sé que hay un grupo allí usando drogas o que quizás les disparen' ... entonces no veo mucho a los niños y a las familias haciendo mucho fuera de la casa."

Las Relaciones Interraciales:

Durham es rica en diversidad. La diversidad creciente de la comunidad a veces resulta en unas malinterpretaciones y conflictos entre los grupos raciales. Estas tensiones intensifican el racismo existente y afecta negativamente a las interacciones cotidianas en la comunidad.

"Aun hay problemas raciales en Durham. No es tan abierto como era hace algunos años, pero pienso que en algunas cosas la raza juega un papel importante... No me gusta pensar en eso, pero sé que aun existe... creo que es la verdad para todo los grupos."

**Appendix N:
Forum Presentation**

A Community Forum

A Discussion of Durham's
Uninsured and Underinsured

Thank you, Durham!

For welcoming us into your
community...

What is AOCD?

- "Action-Oriented Community Diagnostics"
- Allows us to find out the strengths and weaknesses of a community
- Community participation is key!

The Community

- Traditional definition of community
 - Neighborhood
 - Language
 - Culture
- A more "non-traditional" view of community: the people served by Lincoln Community Health Center
- By learning more about the Lincoln community, we hope to better understand the entire uninsured and underinsured community in Durham

Methods

- We conducted 47 interviews
 - 17 were service providers
 - 30 were community members
- 2 focus groups
- Analyzed interviews to find themes and recurring topics

Identified Strengths

- Community Pride
- A Sense of Community
- Community Engagement
- Lincoln as a one-stop source
- Strong Networks

Recurring Topics

- Access to Healthcare
- Race Relations
- Transportation
- Safety and Crime
- Lincoln as primary option for care
- Employment
- Housing
- Health
- Education

Access to Healthcare

Strength: Lincoln is a one-stop source for many healthcare needs.

Many people in Durham are uninsured or underinsured. Because Lincoln is the only healthcare option for many, the extent of healthcare is limited by what Lincoln is able to provide.

Access to Healthcare

What your community said:

"I've got two ladies that I've talked to today... [they] make too much for Medicaid but not enough to buy insurance... and that's what I call the 'working poor.' And that's where Lincoln comes in..."

Race Relations

Strength: Interactions between groups have improved compared to interactions in the past.

Durham is rich with diversity. The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism which negatively affects daily interactions within the community.

Race Relations

What your community said:

"I think there are still race problems in Durham. It's not as overt as it was years ago, but I still think there are some things that race plays an important part in... I guess I have to think about it, but I know it still exists... I think it's true for all groups."

Crime and Safety

Strength: Community members are invested in the safety of their neighborhoods.

Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

Crime and Safety

What your community said:

"I don't want to send my child out to play when I know there's a group of drug users over there or they might get shot... so I don't see children and families doing a whole lot outdoors."

Education

Strengths: There are many educational opportunities in Durham.

Community members agree that limited education hinders their ability to obtain adequate employment, health insurance, and a living wage.

Education

What your community said:

"You have the three generations of people that are not educated and so they don't see education as being important, you have three generations of people that do the same thing for three generations, so its just like following a bad seed."

What does this have to do with Public Health?

Small Group Discussions

- How do these issues make you feel?
- How do these issues affect you and your community?
- What issues are most important and changeable?
- Creating action steps:

WHAT CAN WE DO?

Small Group Discussions

- Access to Healthcare: back of the auditorium
- Crime and Safety: classroom
- Education: classroom
- Race Relations: front of the auditorium

Don't forget! Your prizes follow the small group discussions!

**Appendix O:
Small Group Ground Rules**

Small Group Ground Rules

The small group discussions began with introductions and ground rules. The team used the following as ground rules:

1. Please talk one at a time, don't interrupt each other.
2. Please do not have side conversations.
3. Because we have a lot to cover, I may interrupt you to keep the discussion going.
4. Please respect the opinions of others.

**Appendix P:
Small Group Discussion Techniques**

Small Group Discussion Techniques

The four small group discussions that took place at the community forum were facilitated by the student team members using one of three facilitation techniques: Force Field Analysis, SHOWED, and ORID. Although each method differs in its approach, the ultimate goal of all the small group discussions was the generation of concrete action steps. The mechanism of each is described below:

Force Field Analysis

Force Field Analysis begins by having discussion group members consider the current situation for a specific issue and then identify the forces that either help or hinder a proposed change in the situation. After all forces have been listed, the group discusses the importance of each and decides which helping or hindering force should be prioritized and focused on further. Once this factor is chosen, a new current situation is generated specific to the prioritized factor. This current situation is then presented to the group and helping and hindering factors are once again solicited. This process is repeated until the factors are narrowed down enough so that participants can generate concrete action steps. Force Field Analysis is particularly useful when the participants have a good understanding of the topic so are familiar with forces that can potentially help or hinder change.

SHOWED

SHOWED is a technique that begins by having participants consider the issue through the use of an issue-specific trigger to generate ideas and conversation. Through a series of guided questions, the discussion moves from the issue as it is presented in the trigger to the issue as it is relevant in the community to creating action steps for change. SHOWED is particularly useful when the causes of the issue are difficult to articulate or have not been addressed. Each letter of SHOWED represents a step in the sequence of questions guiding the discussion.

ORID

The technique of ORID is similar to that of SHOWED, starting with a trigger to generate ideas and conversation within the group. The structure of ORID is less complex than SHOWED, focusing less on the trigger and fundamental causes of the issue and thus more quickly brings the group to discussing action steps. Like SHOWED, each letter of ORID represents a step in the sequence of questions guiding the discussion.

Appendix Q:
Small Group Discussion Triggers and Questions

Race Relations

Durham is rich with diversity. The increasing diversity of the community sometimes results in misunderstandings and conflict between different racial and ethnic groups. These tensions intensify pre-existing racism, which negatively affects daily interactions within the community.

Durham es rica en diversidad. La diversidad creciente de la comunidad a veces resulta en unas malinterpretaciones y conflictos entre los grupos raciales. Estas tensiones intensifican el racismo existente y afecta negativamente a las interacciones cotidianas en la comunidad.



- S**
1. If you were to describe this picture to someone, how would you describe it?
 2. What really struck you about this picture?
- H**
1. When you look at this picture, what do you see happening?
 2. How do you think these children feel?
- O**
1. Have you noticed this situation in your community?
 2. What other situations have you experienced that were similar to this?
 3. How does it make you feel?
- W**
1. Why does this occur?
 2. How does it impact our families and communities?
 3. Who is responsible for things staying this way?
- E**
1. In what ways have we contributed to the problem?
 2. Why do we let this persist?
- D**
1. Now that we realize we contribute to the problem, what can we do to work towards a solution?

Crime and Safety

Most people agree that crime and safety are important issues within the community. Although steps have been taken to address these issues, most people feel that something more can be done.

Mucha gente está de acuerdo que el crimen y la seguridad son temas importantes en la comunidad. Aunque se han tomado algunos pasos para aliviar estos problemas, la mayoría de la gente cree que se puede hacer más.



- O**
 1. What are some of the first things you see in this photo?
 2. What are some other things that are related to safety and crime that we don't see in this photo?
- R**
 1. Did you feel anything when you first saw this photo?
 2. When we talk about crime, how does it make you feel?
- I**
 1. When we talk about crime, how does it make you feel?
 2. What role does safety play in your everyday life?
 3. How could your life change if you felt safer or lived in a community that was free of violence?
- D**
 1. Let's create some realistic action steps. What change is needed in your community?
 2. can we do about some of things we see in this photo and some of the other things we also talked about today related to safety and crime?
 3. What actions can we realistically take today, this week, this month?

Education

Community members agree that limited education hinders their ability to obtain adequate employment, health insurance and a living wage.

Los miembros de la comunidad están de acuerdo que la educación limitada hace mas dificil obtener un empleo, un seguro médico, y un sueldo adecuados.

"I think that we need to stay in school. I see more and more children dropping out early, so the types of jobs that they're going to have to get are lower-paying jobs."

"Creo que tenemos que quedarnos en la escuela. Veo a más y más niños que dejan los estudios, entonces los tipos de trabajo que van a tener son los que pagan menos."

- O** 1. What are a couple words or phrases that stick out to you most?
- R** 1. What are causes of a lack of education within the community?
2. How does this affect the community?
- I** 1. How does this make you feel?
- D** 1. Well now that we have a clear understanding of some of the causes and effects of poor education within the community, what can we do to work towards a solution?

Probes: Who do we want to target?
 Who can we ask for help?

Access to Healthcare

Many people in Durham are uninsured or underinsured. Because Lincoln is the only healthcare option for many, the extent of healthcare is limited by what Lincoln is able to provide.

Mucha gente en Durham no tiene seguro médico o tiene el seguro que no cubre todo. Lincoln es la única opción para muchos para el cuidado médico y el límite de su cuidado médico muchas veces corresponde con lo que puede ofrecer Lincoln.

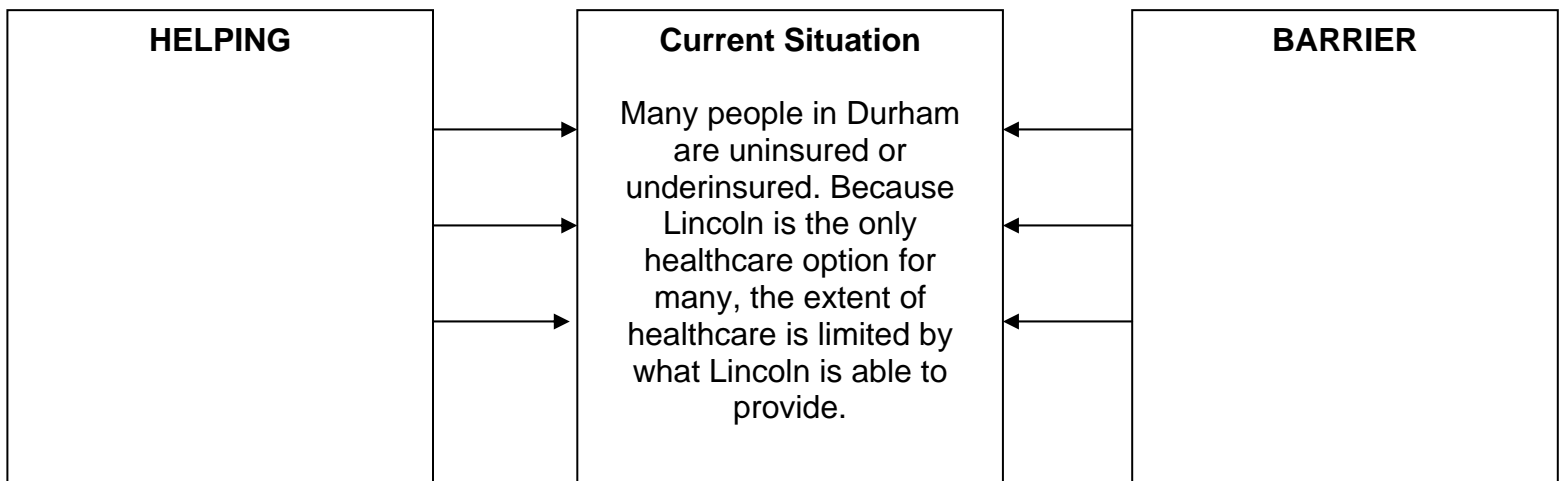


Force Field Analysis Format:

Goal: To increase access to healthcare

Questions:

- Can you think of factors that could HELP to improve the current situation? (list factors in HELPING box)
- Can you think of BARRIERS to improving the current situation? (list factors in BARRIERS box)



**Appendix R:
Forum Evaluation Form (English and Spanish Versions)**

Forum Evaluation

Please read the following questions about our forum and check the box below your answer:

1. How well did the team present the purpose of their AOCD (Action-Oriented Community Diagnosis) process?

Poorly Somewhat Poorly Average Somewhat Well Very well

2. How much do you agree that the themes presented and discussed today are important issues in your community (Access to Healthcare, Crime & Safety, Education, and Race Relations)?

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

3. What small group did you participate in today?

Race Relations Access to Healthcare Crime and Safety Education

4. How productive were the small group discussions?

Unproductive Somewhat Unproductive Neutral Somewhat Productive Productive

5. How confident are you that the action steps created in your small group will create a change?

Doubtful Somewhat Doubtful Neutral Somewhat Confident Confident

6. Please tell us a bit more about your community.

a. Do you consider yourself a member of Durham's uninsured and under-insured community?

Yes No Not sure

b. Do you consider yourself a member of the community served by Lincoln Community Health Center?

Yes No Not sure

c. To what other communities do you belong? _____

Other comments about today's forum:

Evaluación del Foro

Favor de leer las siguientes preguntas sobre nuestro foro y marque la caja debajo de su respuesta::

1. ¿Cómo presentó el grupo el propósito del proceso de AOCD (la Diagnóstico Comunitaria Orientada hacia la Acción)?

Muy Mal

Un poco mal

Neutral

Un poco bien

Muy bien

2. ¿Cuánto está de acuerdo que los temas presentado hoy son importantes es su comunidad (Las Relaciones Interraciales, El Acceso al Cuidado Médico, Crimen y la Seguridad, La Educación)

Discrepo mucho

Más o menos discrepo

Neutral

Más o menos de Acuerdo

De Acuerdo

3. ¿En cuál diálogo en grupo pequeño participó Usted hoy?

Las Relaciones Interraciales

El Acceso al Cuidado Médico

El Crimen y la Seguridad

La Educación

4. ¿Cuán de productivo fueron los diálogos en grupos pequeños?

Improductivo

Más o menos Improductivo

Neutral

Más o menos Productivo

Productivo

5. ¿Cuán de seguro está Usted que los pasos de acción creados en su grupo pequeño crearán unos cambios?

Inseguro

Más o menos inseguro

Neutral

Más o menos seguro

Seguro

6. Por favor cuéntenos un poco más de su comunidad.

a. ¿Se considera un miembro de la comunidad inasegurada de Durham?

Sí

No

No estoy seguro/a

b. ¿Se considera un miembro de la comunidad servido por el Centro Comunitario de Salud de Lincoln?

Sí

No

No estoy seguro/a

c. ¿A cuáles otras comunidades pertenece Usted? _____

Otros comentarios sobre el foro: