

Topic Area: Health Care – Access for All

The Delta Strategy Community Work Session:

February 12, 2007

Driving Forces that help us...

- Involving those that don't have access in the solution
- Multiple grassroots efforts in Grant Rapids (Get the Lead Out, Asian Health Outreach, Obesity, Smoking, Kent Health Plan)
- Different groups have a door for access but cannot reasonably walk through it because of lack of knowledge, trust, lengthy wait
- We acknowledge there is a problem
- Collaborative community that should be able to come up with an innovative solution
- We have neighborhood clinics and information about how we are working in communities
- GRAAHI

Restraining Forces that hinder us...

- Immigrant challenges – most do not qualify or are excluded from outpatient /physician programs
- Cultural differences – different causes, trust and behaviors
- Patients are incentivized to go to ER
- Hospitals are required to take a patient
- Doctors are not encouraged to take patients in outpatient
- Shortage of specialist – requires more education but there is not a pay increase
- Employers are less able to provide health care
- Personal responsibility – 50% of costs in healthcare are avoidable due to behavior choices
- High fat and junk food is the easiest for poor people to access
- Minority communities often have trust issue – impacts ability to have effective outreach and enrollment processes
- Current system is not responsive
- Adequate supply of primary care
- Where you live and how you live are critical to access
- Getting the word out about services
- Any solution must have different facets for different cultures

(Restraining Forces cont.)

- Current healthcare payment system is broken and it is no longer realistic to expect employers to pay
- Lack of trust in the system
- Lack of awareness of what is driving the healthcare cost – shift of uninsured people to those that have insurance
- Bigger systems issue that can't be solved by programs
- Unwillingness to try new innovative approaches
- There is not a natural “Primary Owner” of the problem

Next Steps and Solutions:

- We need all sectors involved in solutions
- We need a neutral party to “own” the problem and facilitate solutions along-side all the players
- Subsidize premiums and for certain populations, lower deductibles
- Education and better integrated “resource navigator” system
- Stop the cost shift to those with insurance – public dollars need to step in
- Focus on small neighborhoods, impact of integrative, collaborative care and education
- Money to sustain efforts not just pilot programs – long term vision and solutions
- Put money toward getting young people involved

Topic: Health Care- Providing Equal Treatment

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Driving Forces that help us...

- Promotion of diversity for all translators for some nationalities
- Education for patients and providers so that individual needs are being met
- GRAAHI
- YMCA
- POLAR Tri-fit test
- Medical School coming to GR
- Mosaic bridges
- Muskegon Community Health Program
- Cherry Street does have access

Restraining Forces that hinder us...

- Think too much in boxes
- Emergency rooms are full of people that if educated could receive treatment elsewhere
- These are not easy problems to fix
- It's all part of a bigger system
- Care is not always efficient, it is often redundant and wasteful
- Communication – ask what is needed as opposed to telling what is needed
- Human Resources of the provider
- Politics, culture and structure of the system
- We need to teach younger children
- Individualization vs. Group focus
- Need an understanding that we are all in this together
- A PR problem in the healthcare community
- Willingness to change
- Lack the champions/leaders to move this forward.
- Lack a group of people educated to make and encourage change
- We haven't asked people what they want

Next Steps and Solutions:

- Three local hospitals develop a model of access for primary care for working poor
- Reframe away from hierarchic model
- Work with MHP (Multiracial Association of Professionals) to build the welcoming environment
- Education – mutual learning between healthcare advisors and community leaders
- Pull advice and lend support to doctors
- Rename the streets and buildings after people of various ethnic heritages
- Establish leadership academy around health care
- Build a clearinghouse for information on groups working on issues

Topic: Health Care – Prevention

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Driving Forces that help us...

- Strong partnerships between health organizations
- GVSU CRI moving toward a comprehensive database of groups and organizations working on the issue
- GRAAHI
- Institute for Healing Racism
- Trainings done on cultural competency in health care
- Healthy Kent 2010 Infant Mortality group
- Urban Health West Michigan
- Health by choice at Aquinas College

Restraining Forces that hinder us...

- Communication: getting the right information to the right people, speaking the right language for that group
- Collaboration: making sure the different foundation, organizations are communities utilize each others information to have the most impact and enforcing the same message
- Accurate information: making sure the data is accurate and has taken in the community
- Education: know where the resources are to go for the information
- Sustainability
- Race, Poverty and access to care
- Racism is the biggest obstacle to overcome
- People that need to be involved in the discussion are not invited
- Segregation of people in the community
- Not inclusive or diverse
- People not demanding to be included
- Lack of timeline for politicians to achieve goals
- Not “building” to serve those that need it
- Hospitals main focus is on those that are sick, not on prevention of those diseases
- Projects being initiated and determined by grant funding

Next Steps and Solutions:

- Gather the right info to share with the right people
- Focus on current, complete and accurate data as evidence of need
- Education and Awareness in the public school systems
- Have endowment fund for all people to take off work when important and crucial conversations and conferences are available
- Reach one – Teach one