

The Physical and Mental Health Subcommittee was convened on Monday, August 28 following the presentation of the Partners for a Prosperous Athens Interim Report. Mr. Howard Stroud introduced Dr. Claude Burnette of the Northeast Georgia Health District who shared a presentation on teenage pregnancy. Following that, the group began its discussions by focusing on the interim report. The group worked to answer three questions: Have we made progress, are we on target; what needs further clarification; and what is missing.

Have we made progress, are we on target?

- Good job in focusing – understandable and doable points
- Don't lose the "mental health" part

What needs further clarification?

- Need to clarify the monies - from Clarke County to ARMC – indigent care money and return of that money
- Remember that we didn't get here overnight – be patient!

What's missing?

- #4 in the health section of the interim report – prevention of substance abuse and its link to poverty
- Mental health
- Healthcare for immigrants
- Language barriers
- #4 in the health section of the interim report – add in importance of physical activities and their link to physical and mental well being
- Free-time choices
- Cost barriers that fees for recreational services create

Following that discussion, the group created a list of recurring themes. Voting took place to determine the most important theme that has resonated throughout the work of the Physical and Mental Health Subcommittee. As well, the group spent time discussing "learnings" that must not

be considered in the overall work of the PPA. The number to the right of each theme and learning represents the number of votes received.

Recurring theme

- 1) Access/Affordability 19
- 2) Prevention/Education/Services 14
- 3) Communication/Coordination/Awareness 4
- 4) Resources 0

“Learnings”

- 1) Funding, coordination & staffing needs of things that are in place (Nurses clinics, etc.)
27
- 2) Funding – where can limited resources make the most impact 21
- 3) Method for providing affordable/access local or state level insurance for adults 12
- 4) Issues of young population (teen preg., substance abuse, etc.) 9
- 5) Decision makers of hospital/clinics need to be engaged 3
- 6) Pool of funds to provide assistance for uninsured/underinsured to pay for care 1
- 7) Competing demands for limited resources 1
- 8) Letter/recommendations from hospital CEOs 0
- 9) Inadequate resources to meet the needs 0
- 10) Equity 0

Finally, the Health Subcommittee worked in small groups to determine what other information is still needed. The following comments were submitted.

- Numbers served at CCHD 2004-2005?
- What primary care providers see the uninsured and Medicare patients?
- What are the barriers to primary care providers volunteering at free clinics?
- What are the barriers to patient’s participation in existing pharmaceutical company medication assistance programs?
- Other than Gainesville, what are other examples of successful models for health care in similar-sized communities?
- How do public mental health and physical health service providers currently coordinate services?
- What health care resources and departments at UGA could contribute to caring for patients?
- List of current resources

- Need access to committee listserv. We don't have anyone's e-mail. Could solve problems that way.
- Need forum, separate from listserv.
- Information on community-wide insurance feasibility
- Cost/benefit of various strategies
- What resources are currently available and what is working
- What providers serve what populations and locations- do a gap analysis for services including the faith community
- Same resource analysis for prevention (exercise, nutrition, etc.)
- Can we ask the currently available charitable health agencies what would be their biggest wishes? This would be a step towards supporting the current resources.
- Have we made progress?
- Way to get prescriptions filled- access networks, help people jump hoops,
- Ask the people in the trenches, what support do we need?
- How much are the movers/shakers willing to do?
- We all have come up with what others can do, how do we harness what each person can do?
- Get research about the uninsured- stats for ACC, wracking up the big bills- need to see the upfront vs. end costs
- is the living wage proposed realistic with health care issues in mind
- how can we pay the preventative so the jail figure is cycled so there is buy-in with decision makers
- What models are out there for the preventative spending?
- What are the barriers to getting people into existing resources? Rather than set up another practice, get the multi-lingual doctors into existing structures.
- How can we invest more in early life to make end of life better? If we can't help obese, can we use the money to help prevent the next generation?
- Use case studies to inform and frame research.
- How does and undocumented person go through trying to get access? At what point does the system fail for a poor family? For a single adult?
- What is impeding people's access? What do the people who actually use the services say? Maybe the answer isn't what we think.
- Insurance numbers who are uninsured; mass. Model; demographics, reasons for lack of insurance, costs for coverage, percentage of employers who provide insurance, reasons why, costs, firm culture, part-time v. full-time, student culture
- nature of people using ER v. access to private physicians
- Access to specialized services v. generalized care in clinics,
- What would it cost to have universal health insurance at the county level?
- According to research, what is the most effective outlet in which to spend pooled money?
- Can we find the target groups that would benefit most from a small source of funding?
- Are there any model programs that have showed an impact in referrals from primary care facilities to the emergency?
- Do the community's three largest employers provide benefits to ALL (including lowest paid employees) of its employees? Can we insist that benefits are provided to these employees?