

Health Care Committee Notes
9-25-06

Themes:

- 1) Access/Affordability
- 2) Prevention/Education/Services

Learnings:

- 1) Funding, coordination & staffing needs of things that are in place
- 2) Funding- where can limited resources make the most impact
- 3) Method for providing affordable/accessible local or state level insurance for adults

Recommendations:

1) More funding for prevention programs

- a. Research- cost of treatment more than cost of prevention
- b. People to talk to- Schools, Legislation (priority in schools- Health)
- c. Action- funding for Health Education, Cooperation with Board of Education, recreation leads (low costs)
- d. Forces
 - i. Support- Board of Education (to what degree?), Public Health
 - ii. Oppose- Funding not available

2) Referral and resource center and also Internet based resource center

- a. Research- the Gainesville Group, Community Connection
- b. People to talk to- Community Connection, Private Physicians/Practitioners/Counseling Services
- c. Action- Lead Agency, Marketing, Staff: training
- d. Forces
 - i. Support- Community agencies, people/consumers
 - ii. Oppose- Lack of Money

3) SPLOST combined with percentage of hospital emergency room budgets to support the development/expansion of primary care centers (open 24 hours). Also fund education efforts promoting preventative medicine

- a. Learning- Health Providers and County & State agencies have yet to develop joint strategies to address the health needs of those in poverty
- b. Research- BOE SPLOST (07-12) projected to earn \$100 million, uncompensated care cost hospitals almost \$50 million
- c. Additional Research- determine how much money needed, fraction of new SPLOST?
- d. People to talk to- Hospital CEOs, health care providers, ACC commission, healthy community coalition, locations- Athens Nurses clinic, Mercy health center, Athens Neighborhood Health Center, Clarke County Health Center, Advantage Behavioral Health System
- e. Action-**Develop organization (public/private) to oversee program, showcase benefits (drop in ER visits) – unwanted pregnancy, untreated hypertension**

- f. Forces
 - i. Support- hospitals, public health, community
 - ii. Oppose- anti-tax voters?, need education campaign, non-users of service, anti-immigration
- 4) **Website of service providers that can be easily changed to keep info current.**
Each local organization would be responsible for keeping their information up to date.
- 5) **One-stop medical-dental facility on public transportation line, i.e. Navy School Campus or other building (like the one next to ARMC?) for pharmacy, rehab, mental health.**
 - a. Research- existing facility that could be visited
 - b. Additional Research- Compare “one-stop” facility to the investment of time, resources, transportation costs to visit independent medical-dental facilities for care. What is being paid for indigent care currently compares to cost for “one-stop shop” care facility.
 - c. People to talk to – Even Mills with HED
 - d. Action- Either the use of the existing facility or enough funding to provide an equivalent space (tax revenue from the navy school?)
 - e. Forces
 - i. Support- Could become part of a medical center complex. Then infrastructure already exists, its on a bus line, centrally located, cost effective by having everything in one location, easier to recruit physicians and other professional staff and it **could be used as a training facility**
 - ii. Oppose- “If services provided, it encourages more “needy: people to move to our community to get care,” Competition for the site.