

Health Committee Recommendations Condensed

- 1. Increase Funding for existing primary and specialty medical services through 1) seeking alternative funding sources, 2) increasing State funding for mental health, 3) pooling of funds for beds at recovery houses, 4) supporting Neighborhood Health Clinic's Federally Qualified Health Center grant, and 5) combining SPLOST with a percentage of hospital emergency room budgets. (Mercy Clinic, Nurses' Clinic Neighborhood Health Clinic, Palm Housing Recovery Center, and Others)**
 - a. Seek alternative funding- grants- with the help of MPA students, nonprofit resource center, Grant Station, etc.
 - b. Increase State funding for mental health services
 - c. Have pool of funds to sponsor beds at recovery houses (12 beds @ \$25/night x 365 days/year)
 - d. Combine SPLOST with percentage of hospital emergency room budgets for primary health care and prevention
 - e. Support Neighborhood Health Center's Federally Qualified Health Center grant

- 2. Address gaps in primary and specialty health medical services by 1) establishing a one-stop clinic to provide primary care, dental care, mental health, pharmacy and physical/occupational therapy services open at generous hours and on public transit, 2) creating a community outreach and education program for the homeless, and 3) creating a mobile Hispanic Health Clinic.**
 - a. Establish a one-stop clinic providing primary care, dental care, mental health, pharmacy and physical/occupation therapy services, open generous hours and convenient to public transit
 - b. Create a community outreach and education program for the homeless
 - c. Create a Mobile Hispanic Health Clinic

- 3. Establish an Internet referral/resource center including information gathered by L.E.A.D. Athens survey.**
 - a. include information gathered by Lead Athens survey

- 4. Reduce incidence of Teen Pregnancy (still being drafted)**
 - a. Health Committee members Sojourner Hardeman, Heidi Nibbelink, Dr. Bruce Middendorf, Lisa Sharling, Dr. Claude Burnett, Marcia Massengale, and Jolene O'Guin have agree to work on this

COMMITTEE RECOMMENDATION WORKSHEET

Name*: Ronald E. Wynn
Phone*: _____ E-Mail*: _nor6@2203@yahoo.com
Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Community outreach and education. Reach the homeless and very poor.

- **Identify any research, or other kinds of information that was used to craft this recommendation.** (add additional sheets as necessary or continue on back of sheet)

Homeless population at feeding points, working homeless and poor

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Tent city, under many bridges, Oconee St. Church daily and the community winter shelter

- **What kind of action or resources would be necessary to implement the recommendation?**

Outreach and hands on relations

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

The hopeful that want to work

- Forces that oppose (please list):**

The hopeless

****As information is received and/or clarified, these potential recommendations may change or be discarded.**

COMMITTEE RECOMMENDATION WORKSHEET

Name*: Becky McCaskey
Phone*: 706-475-5628 E-Mail*: bmccaskey@armc.org
Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Seek alternative funding to support local clinics: Mercy Clinic, Nurses' Clinic, Neighborhood Health Clinic, Palm House Recovery Center, Others

- **Identify any research, or other kinds of information that was used to craft this recommendation.** (add additional sheets as necessary or continue on back of sheet)

Web-based research to seek appropriate grant opportunities, GA Free Clinic Network, Grant Station, MPA grad students at UGA

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Create a nonprofit resource center, Community Foundation for Athens area

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Resources- North Georgia Community Foundation (Hall), UGA MPA program, Therapeutic MSW, GA Center for continuing ed.

- **What kind of action or resources would be necessary to implement the recommendation?**

Partner with UGA grant-writing workshops or classes, seek advice from Hall County North GA Community Foundation

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

*Community based support
Churches*

- Forces that oppose (please list):**

Lack of volunteers to complete grants

***As information is received and/or clarified, these potential recommendations may change or be discarded.*

COMMITTEE RECOMMENDATION WORKSHEET

Name*: _____ Lila Ralston _____
Phone*: _____ E-Mail*: _____ lila@markandlila.com _____
Committee*: _____

**** I volunteer to contact the Athens Tech PTA faculty re: mobile clinics and to contact REM re: assistance for PPA Health recommendations.**

I. List the Learning(s) that this recommendation is addressing:

Funding- how can limited resources make most impact? (specifically, \$ now being spent on ER services for Non-emergency)

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Establish a one-stop clinic providing primary care, dental care, mental health, pharmacy and physical/occupational therapy services, open generous hours and convenient to public transportation

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)

1. Find available space on bus lines that could be converted to this use: Navy school, vacant retail space, new construction? 2. Identify needs for paid and volunteer staff for such a facility 3. identify funding sources- SPLOST, grants, hospitals

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Staff position-fund by county? Fund via Americorps of GA loan forgiveness? Facility-fund by SPLOST? Operating expenses- contributions from hospital, county?

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Speak to Dr. Amber Polvene, DVM re mobile spay/neuter clinic- feasible to make a mobile unit part of this package? Dr. Ellen O'Keefe, DPT to Diana Carmen PT @ Athens Tech also have mobile clinic experience

- **What kind of action or resources would be necessary to implement the recommendation?**

Secure funding for operating expenses as well as actual facility. Ask REM, Widespread Panic

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

Forces that oppose (please list):

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COMMITTEE RECOMMENDATION WORKSHEET

Name*: _____
Phone*: _____ E-Mail*: _____
Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Establish an internet based referral/resource center

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Dr. Elsell's Leadership Athens Group to research

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Local health clinics, including mental health, physicians, hospitals, pharmacies (Medicaid, peachcare)

- **What kind of action or resources would be necessary to implement the recommendation?**

seek grant for person (webmaster) to set up and maintain the site

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

Forces that oppose (please list):

Organizations that don't want to or have time to assist with maintenance

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COMMITTEE RECOMMENDATION WORKSHEET

Name*: _____
Phone*: _____ E-Mail*: _____
Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Increase state funding for Mental Health services

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

- **What kind of action or resources would be necessary to implement the recommendation?**

- **Indicate what forces and influences are likely to occur that will support or oppose implementation.**
Forces that support (please list):

Forces that oppose (please list):

***As information is received and/or clarified, these potential recommendations may change or be discarded.*

COMMITTEE RECOMMENDATION WORKSHEET

Name*: Sarah Himmelheber
Phone*: _____ E-Mail*: sarahh@advantagebhs.org
Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

Funding of things that are already in place

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Have a pool of \$ in the foundations to solicit grant application for no cost beds at recovery houses (12 beds @\$25/night X 365 days/year)

- **Identify any research, or other kinds of information that was used to craft this recommendation.** (add additional sheets as necessary or continue on back of sheet)

Availability of Recovery Houses, encourage of no cost residential sales tax

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Solicit number of beds, info about programs/rules/etc. establish referral process

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Coordinates of local recovery programs

- **What kind of action or resources would be necessary to implement the recommendation?**

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

Forces that oppose (please list):

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COMMITTEE RECOMMENDATION WORKSHEET

Name*: _____

Phone*: _____ E-Mail*: _____

Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

Theme of access/services

Where can limited resources make the most impact

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

Mobile Hispanic Health Clinic

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Route planning-contact service agencies (Catholic Social Services)

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

Collaborate w/two hospitals re: services needed

- **What kind of action or resources would be necessary to implement the recommendation?**

Start a foundation and have a grant process where local agencies apply (ie. William Rhodes Foundation)

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

People without documents who are waiting longer for care, using ER

Forces that oppose (please list):

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COMMITTEE RECOMMENDATION WORKSHEET (yellow is from 9/25; green is from 10/23)

Name*: _____
Phone*: _____ E-Mail*: _____
Committee*: _____

THIS IS A CONTINUATION/ADDITION TO RECOMMENDATION FROM LAST MONTH

I. List the Learning(s) that this recommendation is addressing:

Health Providers and County & State agencies have yet to develop joint strategies to address the health needs of those in poverty

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

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

Get \$100 million from SPLOST and support and develop prn primary care center

- **Identify any research, or other kinds of information that was used to craft this recommendation.** (add additional sheets as necessary or continue on back of sheet)

BOE SPLOST (07-12) projected to earn \$100 million, uncompensated care cost hospitals almost \$50 million

\$600/hr for ER care (check w/Shelby Toven about this amount); \$50/hr for nurses' clinic

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

Determine how much money needed, fraction of new SPLOST?

Hours that Nurses' Clinic and Mercy Clinic are open- what are they rates of ER visits during these times- are they decreasing? And by how much?

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

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

UGA Re: tix/ athletic director (wife is pediatric nurse) (Carlene Norris?) Board meets quarterly (Frank Crumbley), Hank Huckabee (VP Finance Admin @UGA, retired)

- **What kind of action or resources would be necessary to implement the recommendation?**

Develop organization (public/private) to oversee program, showcase benefits (drop in ER visits) – unwanted pregnancy, untreated hypertension

Ask UGA for \$1 per tix/per game and use \$ for healthcare ctr.; tax tourists; special percent from hotels, etc.; Who do you talk to to influence passage of SPLOST

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

Hospitals, public health, community

Forces that oppose (please list):

Anti-tax voters?, need education campaign, non-users of service, anti-immigration

UGA- administrative costs incurred for tix sales, increase

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Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

That the Mental and Physical Health subcommittee work closely to facilitate the implementation and recommendation of Lead Athens Green Team (Physician survey) to develop a database, barriers; include a question on survey about willingness to volunteer

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)

*Research laws regarding GA physicians liability if they volunteer services; PBS special 10/22/06:
Examining Health in America model
<http://www.pbs.org/healthcarecrisis/>
<http://www.pbs.org/remakingamericanmedicine/>*

- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**

- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**

- **What kind of action or resources would be necessary to implement the recommendation?**

- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

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Committee*: _____

I. List the Learning(s) that this recommendation is addressing:

- **WRITE THE COMMITTEE RECOMMENDATION** (limit focus to one subject or action item, more than one recommendation may be needed to address a particular learning):**

*Athens Neighborhood Health Center (ANHC); Ask that the Health Committee recommend the sharing of statistical and other data with ANHC's consultants retained to compile, write, and submit a competitive application for Federal Qualified Community Health Centers (FQHC) of ANHC.
(Health group voted to support this concept).*

- **Identify any research, or other kinds of information that was used to craft this recommendation.**
(add additional sheets as necessary or continue on back of sheet)
- **Identify additional research or information that could help clarify this committee recommendation. List potential sources if possible.**
- **Indicate people or groups that we need to talk to help clarify this committee recommendation. List any recommended locations.**
- **What kind of action or resources would be necessary to implement the recommendation?**
- **Indicate what forces and influences are likely to occur that will support or oppose implementation. Forces that support (please list):**

Forces that oppose (please list):

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