# Let’s Talk About Health!

May 12, 2015

Maple Hill Farm, Hallowell, ME

## Table Discussion Summaries and Themes

Discussion tables were organized around topics where there was funder interest and /or grantmaking taking place. Attendees were asked to sign up for two topics to discuss in detail. Based on interest, one topic only had one round of discussion (*health & public policy*). One topic had three tables of discussion (*culture of health*). The notes here have been combined across table topics.

The table discussion questions were:

* *What trends are we seeing?*
* *What solutions are we exploring?*
* *What learnings are we having?*

The themes are based on the table notes, and do not include every comment. A few representative quotes are included in italics.

Interested in learning more about what was said? Email vrylena@mainephilanthropy.org, I’m happy to share the full typed notes.

## Overall Themes:

These topics came up at across many tables:

* **Transportation** is a huge and almost universal challenge.
* People need help **knowing** what services are available and **navigating** systems that can be confusing and dysfunctional.
* **Needs** are increasing and **services** are decreasing.
* **Cultural awareness** is important and a big need.
* Addressing **language barriers** is important.
* Working with and in **schools** to reach kids is promising in many areas.
* **Meet people where they are**.
* **Collaborating** across organizations and **integrating** services.
* **Incorporating community needs** and **affected people** in solutions.
* Reaching **rural** populations is challenging.

## Table Topics

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### Table Topic: Mental Health

**Trends:**

* Lack of access and elimination of services
	+ *“People are losing access—lack of coverage, decrease in MaineCare.”*
* Transportation is a major issue.
* There is an increase in need and severity.
* There is a real need for culturally and linguistically appropriate services.
* There are promising technology solutions:
	+ *“Telehealth services—increasing demand from nursing homes, increasing interest in such services.”*
	+ *“Technology—showing/sharing info is promising but still on the horizon.”*

**Solutions:**

* Increasing collaboration across organizations and across sectors is promising.
	+ *“Integration of behavioral health into primary care—reduce barriers. But needs someone on site; requires changes in practice on both parts.”*
* Interest in going to people where they are, especially schools:
	+ *“School-based mental health programs—even down to elementary grades.”*
	+ *“Reduce barriers—go to people (e.g. schools, probate offices)”*
* Help for families and patients in navigating services:
	+ *“Community health workers—moving from generalist to specialist to help patients”*
* Programs to raise awareness of services that people may not know about
* The power of peers
* Increasing use and acceptance of broader approaches
	+ *“mindfulness, yoga, acupuncture”*
	+ *“complementary therapies”*
	+ *“animal-assisted therapy”*

**Lessons:**

* *“Substance abuse is increasing in every social group.”*
* *“Criminal justice—very different way of thinking and different accountability that changes the nature of the therapeutic environment.”*
* *“Good to have peers involved; but we need to ensure this is effectively done (expectations in contracts.)*
* *“Foundations can help convene people—keep doing it.”*

### Table Topic: Healthcare Access

* **There are lots of access-related challenges:**
* Lack of access to information/awareness
* Transportation
* Changing addresses
* The system is confusing & dysfunctional
* Language
* Work schedules
* Providers not accepting Medicaid
* Lack of culture of prevention
* Funding needs to be large/long-term and need sustainable solutions

**Solutions:**

* Meet people where they are:
	+ *“Rural areas: lack of access; telemedicine does work; also meet people where they are, e.g. combine reproductive health with primary care.”*
* Tele-medicine is promising
	+ *“Telehealth works—cardiac and diabetes.”*
* Face-to-face help with computer applications and telehealth interfaces
* There’s a need for professional development and education:
	+ *“Education of primary care providers and schools.”*
	+ *“Professional development for teachers, doctors, especially cultural competency.”*
* Public/Private Solutions
	+ *“Maine’s unique culture: shared needs assessment is exciting (state and health systems). Can we build off that? Reach out to CAPS, UW’s?”*
	+ *“Creative approaches in other rural areas?”*

### Table Topic: Healthy Aging

**Trends:**

* Liveable communities:
	+ *“Healthy-living - elders moving into downtown areas where more services are available nearby.”*
* Aging in place
	+ *“Educating that services are available at home.”*
	+ *“How does aging in place affect supply and demand? Resources are over-saturated.”*
	+ *“Need a solution for the middle sector between assisted and totally independent.”*
* Issues around family support
	+ *“Family support is not as prevalent.”*
	+ *“Caregiver stress”*
* Particular challenges for elders:
	+ Transportation
	+ Isolation
	+ Lack of information
	+ Lack of access
	+ Housing availability
	+ Dementia
	+ People in independent living facilities more impaired
	+ Care for low-income elders

**Solutions:**

* Volunteering
	+ “*More inducements to volunteer (tax credits, etc)”*
	+ *“Tap into immigrant retired population.”*
* Keeping youth in Maine
* Alternative housing options
	+ *“Bring homesteading to Maine (land trust partners)”*
	+ *“Communal living and home sharing”*
* Provide resources/respite for care-givers
* *“Revitalize downtown living with accessible resources”*
* Better ways to reach elders
	+ *“Phone system for homebound”*
	+ *“Technology-based solutions”*
	+ *“Use MPBN to get word and information out about healthcare”*
* Evidence-based programming

**Learnings:**

* All-inclusive care for elderly important
* *“Communication and education is key”*
	+ *“Seniors are craving information”*
	+ *“Senior health fair”*

### Table Topic: Oral Health

**Trends:**

* Decreased access, and bad news on state funding side.
* But there’s promising buzz.
	+ “*No ‘buzz’ six years ago, but real movement in the last two years. But things haven’t changed—actually* worsened*—on the state funding side.”*
* More integrated models—exciting examples and challenges
	+ *“Trend to integrate dental care into primary care (e.g. Knox/Waldo)”*
	+ *“Why don’t more [Federally Qualified Health Centers] do dental care? They lose money.”*
	+ *“Only 50% of primary care building it in because it’s outside work flow.”*
* Focus on prevention and reaching young children
	+ *“Shift (of healthcare workers) to prevention, understanding early education, pre-natal.”*
* Dental practices
	+ *“Solutions vary per dental practice—takes a huge amount of time and energy”*
	+ *“Dentists have a small business owner approach to dental care”*
	+ *“Culture change within dental practices”*
* Challenges around costs for dentists
	+ *“Dentists* not *taking Mainecare patients, especially kids”*
* Mid-level programs—very contentious
* Hygenists
	+ “*Started with a PT hygienist—harder to get dentists to volunteer”*
* Language barriers

**Solutions**

* Integration
	+ *“People get to primary care who can’t get to dental care.”*
	+ *“Community health workers starting to look at oral health*
	+ *“Public schools and Head Start programs—strong programs”*
	+ *“Home visitors—‘Maine Families.’ Have incorporated oral health—has statewide standard*
* Need to reach children and parents
	+ *“Prevention not going to happen in dental office”*
* *“Access issue, for example, in Hawaii, funding for all new families.”*
* *“Policy issue: oral health should be a standard of care”*

### Table Topic: Culture of Health

**Trends:**

* Health/community relationships
	+ *“Working to figure out how to measure: if communities are healthier, then the economy will grow.”*
	+ *“People value their health but need to understand how it impacts community”*
	+ *“Collecting community voice 🡪 new thinking and strategies”*
* What are the needs? (And particularly, the importance of listening to communities and people in need)
	+ *“Identifying community perception of what they need in their individual community/culture”*
	+ “*Poverty—key informant interviews—identify barriers”*
* Health & Businesses
	+ *“Fragmented vision—pushing ideas forward but business pushing back because of budgets”*
	+ *“If employed by large company, company health culture is part of workplace. Lots of progress here.”*
* Rural communities
	+ *“Rural communities are ‘left out’”*
* Food
	+ *“EBT cards at farmer’s markets”*
	+ *“High rates of free/reduced lunch students at school”*
	+ *“Connection between nutrition and health. Good Shepherd, immigrant community.”*

**Solutions**

* Working within communities
	+ “*Keep community members involved in efforts and advertising events/opportunities”*
	+ *“Utilize community health workers.”*
	+ *“Developing community centers. Multi-faceted approach to capture opportunity to serve i.e. food, medical care, etc.”*
* Tailoring solutions for specific communities
	+ *“Solutions need to be organic—not one size fits all”*
	+ *“Populations* say *what they need”*
* Collaboration with other organizations
	+ *“Collaboration around data and evaluation”*
	+ *“Integrated core is a major trend. Mental Health.”*
* Addressing isolation/social connection
	+ *“Breaking down isolation. Bring local community/neighborhoods together”*
* Rural areas
	+ *“Utilize technology to meet people in rural areas or people with transportation issues.”*
	+ *“MeHAF activities are making progress in rural areas.”*
	+ *“Meet priority populations where they are.”*
* Food
	+ *“Building infrastructure to preserve food to distribute all year.”*
	+ *“Need to teach basics such as cooking”*
	+ *“Backpack programs to get health food home.”*

### Table Topic: Health Policy

**Trends:**

* *“Payment reform- lots of talk, little action”*
	+ *“Reimbursement issues and associated incentives”*
* *“Need to address inequities (not make them worse)”*
* *“Need to coordinate funding and address issues in an evidence-based way”*
* *“HIPPA/health information/technology”*
* *“Need to invest in prevention”*
* *“Disinvestment in programs & infrastructures”*
* *“Transportation issues”*
* *“Rural nature of state”*

**Solutions/Learning**

* *“Change the conversation—who we reach, how, with what messages”*
* *“Awareness of how nonprofits reinvest”*

### Table Topic: Ensuring Equity

**Trends and Solutions:**

* Building awareness of bias, addressing prejudice
	+ *“Prejudices against food insecure—‘beggars can’t be choosers’ as food offered”*
* Need for multicultural specialists
	+ *“Solution—multicultural specialists—training teachers to understand language situation.”*
* Building capacity, developing community advocates, investing in people.
	+ *“Build capacity to do leadership across network.”*
	+ *“Developing community advocates and effectively communicate what is needed, what works, what are challenges.”*
* Incorporating the people affected directly
	+ *“Meaningful incorporation of affected people in advisory, implementation, evaluation, and advocacy roles.”*
* Working with communities, collaborations within communities
	+ *“Housing, WIC, Head Start—work together. How? Difficult to change processes, moving between programs, buy-in.”*

### Table Topic: Rural Health

**Trends:**

* Barriers:
	+ Poverty (and stigma re: poverty)
	+ Transportation
	+ Difficulty engaging volunteers: *“Volunteers can be hard to get engaged/they tend to be overwhelmed.”*
	+ CHS offices taken out of communities
* Lack of access to:
	+ Nutritious food
	+ Medicine
	+ Exercise venues
	+ Information
* Lack of work opportunities
	+ *“Young people willing to invest in rural areas, but poverty and opportunities deter that.”*
	+ 🡪 Separation of families/destruction of family structure
	+ *“Many working 2- 3 jobs. Low paying jobs. Children left home without a family structure”*
	+ *“People having to leave their communities to work. Can’t sell homes, so separated from families.”*
* Cultures of independence and reciprocity

**Solutions**

* Related to isolation:
	+ Go to people’s homes
	+ Phone tree: *“Match isolated people with a caller that they trust”*
	+ Mobile health units
	+ Recruit elders to engage other elders
	+ Electronic info (although internet access still a barrier)
* Transportation:
	+ Bus vouchers
	+ Cap company coupons
* Get services directly to kids, bypass uninvolved parents
* Partnerships
* Food distribution:
	+ *“Allow food pantry clients to choose own food to accommodate dietary limitations”*
	+ *“Food distribution during ‘regular’ events”*
* *“Provide services while maintaining client dignity”*