

# Health

## What are our aspirations for an inclusive and equitable Maine?

### Increase Access

- Increased access to behavioral health
- Health insurance for all
- Become telemedicine pioneers
- Access to dental care throughout lifespan
- Access to substance abuse treatment
- More access to preventative care and results from preventative care that has been implemented

### Increase Awareness

- Reduced stigma toward mental health issues
- Reduced stigma toward abortion
- Build awareness of social determinants of health

### Increase Equity

- No disparities between populations in terms of life expectancies
- No one not getting care because of money
- Hospital boards reflect communities

## Why isn't it like that today?

### Lack and Poor Allocation of Resources

- Weakened public health infrastructure
- Lack of bandwidth
- Lack of funding
- Lack of CNA's, RN'S and primary care providers
- Lack of resources
- Healthcare workers not evenly distributed
- How healthcare services are utilized (too much spent on end of life with little benefit)
- Medical education hasn't changed and isn't improving
- Not enough resources are being allocated toward prevention and supporting healthy behaviors
- Labor shortage

### Poor Access

- Size and geography of state
- Transportation
- Very rural state
- System is too complicated and hard to navigate
- Access doesn't always equal health
- Access to healthcare has become all about ideology
- Many underinsured, uninsured or don't qualify for MaineCare

### Government Failings

- Healthcare system politics
- Government politics/Gov. LePage
- Medicaid not expanded
- Insufficient political will
- Need to get 2/3 of legislature to do anything positive
- Special interest prevents innovation in cost reduction, access and quality
- Weak public health system
- Toxic political climate
- Capitalism
- Limits in Medicaid for oral health based on age
- Medicaid expansion didn't occur in Maine
- Heavy regulation

### Systemic Failures

- Systemic racism, sexism and patriarchy
- Embedded privilege and power
- Voice of most vulnerable not included in guiding health and healthcare
- Stigma toward certain health problems
- Rugged individualism myth
- We respond to, and economically benefit from, care delivery rather than wellness
- Everyone too busy to collaborate
- Payment system
- Profit driven system

### Other

- Perception that hospitals are private organizations and have "closed" boards
- We don't prioritize early childhood and family supports
- Medical school costs too much
- Not a priority
- No true understanding of social determinants and health disparities
- Provider/money focused care as opposed to patient focused
- The separation of oral health and the rest of healthcare
- Lack of understanding and recognition that healthcare is a right
- Out migration
- Public consensus on priorities
- Storytelling/spin about demographics
- Lack of personal empowerment
- Turf issues
- Need more focus on trauma and informed care
- Lack of courage

## What can we begin to do about it?

### Add Voices

- Collective conversations
- Engage next generations
- Facilitate inclusion of voices of disenfranchised and marginalized
- Recognize issues related to social determinants
- Op-eds by doctors
- Ask people what is important to them, especially those who aren't used to being asked
- More nurses involved in decision making
- Voter access for the disenfranchised
- Vote

### Amplify Voices/Change Communications

- Promote advocacy/political activism
- Directly engage media
- Writers must ask the right questions
- Local people must engage legislators
- Publicize and personalize
- Change messaging (from crisis to proactive)
- Ban pharmaceutical advertising

### Work Together

- Collaborate around food insecurity
- Collaborate around exercise and fitness
- Work collaboratively

### Other

- Grow community healthcare model employed by community based organizations
- Vote and lobby to expand Medicaid
- Patient centered medicine
- Invest in a robust healthcare system
- Affirm universal right to healthcare
- Infiltrate hospital boards
- "Nothing for me without me" in all our work
- Disaggregate the data (culturally competent)
- Improve access to healthy food
- Social needs of patients part of system
- Reduction of tick born disease
- State leader in health in all policies
- Be attentive to trauma informed care
- Document and respond to needs
- Implement affordable telemedicine pilots