

Pointing the Way: A Series of Policy Papers to Transform the Health Safety Net

Part 1: Regional Safety Net Priority Issue Statements- Health Equity

Developed in 2008

Health & Medicine Policy Research Group, in collaboration with 8 other organizations, began the Regional Health Care Safety Net Initiative in 2006 to build on the successes of the previous Chicago/Cook County Summit and to address the new and intensified problems of today. This collaborative effort, which uses the World Health Organization's framework for strengthening a health system, was designed to create a regional blueprint to more efficiently and effectively provide quality health services for uninsured, Medicaid, and other vulnerable populations across the seven county region of northeastern Illinois.

The Regional Health Safety Net Council was established, bringing together nearly 70 key stakeholders to explore the key issue areas of governance, personal health services, health equity, workforce, finance, and data & demographics. The Council collected and examined local data, including key informant interviews in each county, and developed problem statements for each of the 6 issue areas throughout 2008. The following are issue statements were developed related to health equity:

- 1) There is limited “grassroots” involvement by the users of the safety net system and limited support for a regional safety net system
“Grassroots,” in this context, refers to persons who use, require, or are at risk for using safety net services. Some safety net service providers may have required or traditional involvement from grassroots constituents but there is no universal involvement in operations or governance.
- 2) There is an over-emphasis on a medical approach, which limits health promotion and disease prevention services
Interventions based on prevention, behavioral health, or other non-medical notions are typically absent or limited as components of existing safety net services.
- 3) Planning is neither integrated (ie: it occurs in silos and is disconnected from implementation and outcomes) nor occurs on a regional level
Intentional health safety net planning at the regional level is virtually non-existent.
- 4) There is no regional research agenda with only a weak connection between sponsored research and regional health problems. This leads to low accountability for evidence-based interventions.
Clinical and health services research studies are driven by the availability of sponsored funding. The needs of the region are not systematically reflected in a research agenda that influences the design of the studies that are conducted.
- 5) The healthcare needs of immigrant/undocumented residents not properly addressed.
The healthcare needs of immigrant/undocumented residents are not properly addressed, partly because safety net services for immigrant/undocumented residents lack sufficient population penetration.
- 6) Health outcomes quality management has limited patient/public satisfaction benchmarks.

Management systems for quality assurance for safety net services outside the institutional types (FQHCs, VA system, etc) are unknown.

- 7) Population-based capacity for comprehensive health services is not known.
Population-based capacity should be determined based upon population risk factors but currently population based risk has not been assessed. The capacity to respond to these population risk factors is therefore unknown.
 - 8) Outreach efforts have limited effectiveness: not culturally competent, do not penetrate target population, etc.
Outreach efforts include well child visits, disease investigations, immunizations, health education programs, and use of community health workers.
 - 9) Every resident of the region does not have access to comprehensive health services (medical, dental, mental, vision health, etc.)
The geographic distribution of resources throughout the region is uneven.
 - 10) There is limited awareness of services available to the vulnerable populations who could use the safety net.
Mechanisms to make residents aware of services are limited.
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