CAHA 2019 Health Equity Forum - Visioning Session

How Would Health and Healthcare Look Different in the Tri-County if Everyone Were Valued Equally?

Vision for a connected and caring community:

- People would receive the care they need as soon as they need and there would be more available resources for all. The community would be more interwoven and engaged in the medical care and wellbeing of all individuals, and down the line, the overall population would be happier, healthier, more connected, less isolated and productive. Every child would be able to reach his or her potential in such a world.

Vision for physical health, behavioral health and social services that value every individual, and are accessible to every individual:

- All would feel welcomed into health care settings. Practitioners would have time in their schedule to connect and would embrace whole person health and team-based care.

- Providers won’t make assumptions about people’s backgrounds (health status, lifestyle, etc.) based on race. Society will look at and work to address risk factors and environmental conditions beyond the individual level.

- Preventative healthcare would be promoted and practiced. Preventative diseases would decline, emergency rooms could focus on true emergencies. A shift could occur where mental health would be a high priority resulting in less crime and family disfunction, while increasing productivity in our workforce.

- Nurses, physicians and administrators would reflect the diverse population that they serve. Caregivers would be respected and appreciated regardless of race or gender.

Vision for improved outcomes from valuing everyone equally:

- No homelessness, people are in healing facilities instead of prisons, and youth are thriving not striving to break free.

- Access to safe and affordable housing, health care, childcare and culturally sensitive health care systems absent of biases.

- Infant mortality and morbidity rates among families of color would be significantly reduced, as would those of low-income families in general.
• Stigmas would go away (behavioral health & substance use disorder) so people would be more open to get help for these conditions. People would not be penalized by the justice system for addiction.

• The racial gaps in health outcomes would narrow and eventually become obsolete. Would start to see less despair; people treating everyone with kindness, understanding and respect.

• Time to access care would be available to individuals & families without repercussions at work.

• No child or person would be hungry. We would all know our neighbors and support them and reach out to others when a need happens.

• People & families won’t have to decide to pay their rent, buy food or go without medication.

• We would see less of one racial group marginalized and represented in homelessness, crime and suffering with mental health.

• Lonely, isolated individuals living alone would learn to improve their mental health by finding motivation and resources to offer resilience factors to children and youth...saving millions of dollars in treatment because an ounce of prevention is worth a ton of cure/treatment. This is freeing!

• Whole person care resources would be easily accessible within and throughout the region in diverse methods, including mobile health vans, family visits, nutrition services, social capacity building networks, mental health advocates eliminating barriers throughout the regions.