

**Physical Health  
Minutes from Chart Paper  
November 20, 2007**

**Access to a Medical Home**

**Issues:**

1. Dental care/oral hygiene
2. Financing/affordability/payment of fees
3. Uninsured/underinsured
4. Accessibility to car (need one stop care)
5. Transportation
6. Clear definition of Medical Home
7. Disjointed/fragmented service delivery
8. Physicians not providing epsdt comprehensively
9. Funding (Medicaid) does not cover cost of epsdt services.
10. Basic preventative care is not professionally rewarded
11. Basic preventative care is not utilized by clients
12. Cultural barriers (note REACH – part of Healthy 2010)
13. Cultural differences regarding treatment – prejudice and discrimination

**Issues Specific to Maternal/Child Health**

1. 18-45 (65) year olds are the most likely to be uninsured
2. 8 federally qualified health clinics in Detroit (FQHC)
3. One FQHC in out-Wayne County
4. Postpartum/infant/toddler medical appointments need to be more flexible
5. Money
6. Need one stop for medical, dental, and mental health
7. Lack of standardized developmental screening
8. Physicians often not connected to larger system of care and assistance
9. What is professional development for staff in pediatrician's offices?'
10. Does physical space of pediatrician's offices allow for resources/opportunities/information?
11. Over/under nutrition

**Goals:**

1. Improve public understanding of importance of prevention and health care (health promotion.) Strengthen public knowledge of rights/responsibilities in regard to health care – public campaign to redefine what health care is.
2. Assure access to comprehensive, culturally competent, quality health care.
3. Systems of care function in a comprehensive, coordinated way.
4. Assure that children in early care settings have access to developmentally appropriate screenings and services.
5. Establish appropriate community norms of healthy behavior (wellness.)

**Strategies:**

1. Media campaign – print, T.V., radio, web, scrolling signs, billboards... - to inform public about healthy behaviors/decisions and to challenge unhealthy media messages and advertising. Create basic messages that many systems can champion. State what is not acceptable.
  4. Work with early care providers to promote healthy practices.
  4. Develop policies and procedures based on best practices.
- 2,3,4. Child care health consultants.
- 2,3,4. Understand practices, patterns, programs
- 2,3,4. Look to merging/augmenting funding streams. Educate funders, policy makers, legislators – before \$ is taken away.

**Objectives:**

1. Identify, assess most important messages for health promotion.
1. Identify and work with partners to help create and disseminate messages.
1. Educate families/communities, mobilize community partners to join us = focused campaign.
1. Challenge unhealthy media messages.
4. Identify, assess and promote early care setting with best health care practices.
4. Assess feasibility of funding child care health consultant.
4. Convene conversation with developmental screening entities to discuss tools, forms, strategies – cross system – to move to universal baseline that we can all use.

**Partners:**

Managed health care – primary and behavioral health

Child care providers

School systems

Faith based

Community based

Funders

Media

Business

Legislators

**Next Meeting – Monday, December 17, 8:45 – 11:00**

**Tasks:**

Review and edit today's work which will be formatted into draft piece for strategic plan

Discuss pregnancy, planning for pregnancy