



In response to the high interest of the community at the August 2, 2012, Community Conversation, Clarkston Development Foundation scheduled a list of dates to discuss next steps and evaluate potential projects or activities in each of the identified focus areas. On November 13, 2012, CDF hosted the second in a series of Next Steps Sessions. The Session focused on the Healthy Community.

The evening included a sharing of ideas generated at previous meetings. This report¹ reflects the comments and opinions of the attendees as documented at the Next Steps Session: Healthy Community.

Process

Over 50 people attended and divided into small groups based on their interests. Four groups met. While in small groups, participants discussed their visions and what projects they really wanted to focus on. Participants were asked to consider these primary questions:

1. What vision of healthcare do we have with respect to the topic chosen?
2. What needs to be done generally to achieve that vision?
3. What actions can this group take to achieve that vision?
4. Given the actions identified, what are the specific projects this group can commit to undertaking?
5. What are the next steps to move these identified projects forward?

Participants met in small groups on the topics below. The numbers of corresponding groups were as follows:

- Filling in the Gaps in Health Services (2 groups)
- Addressing Apartment Health (1 group)
- Accessing Existing Health Resources (1 group)

Themes

Over the course of the evening's conversation core themes arose. Participants were clearly interested in solutions that were affordable and high quality, and that empowered patients and residents to manage their own care. As in previous meetings, participants expressed the need for coordination among stakeholders and capitalizing on existing resources. The themes referenced here are not exhaustive, but are reflective of the types of discussions that occurred throughout the evening.

¹ Report prepared by Clarkston Development Foundation. An appendix is also available for download so that the reader can see every idea written on the easels by each group.

Next Steps: Projects/Actions

Out of these conversations, groups identified the following projects for further consideration and planning:

- Connect with re-settlement agencies to retrieve existing lists of healthcare programs
- Compile a comprehensive list of existing healthcare programs along with their cost and other vital information
- Host a train the trainers session to provide health lifestyles training to community residents
- Create a resource guide on how to access healthcare services
- Participate in Martin Luther King, Jr, day of service

CDF Observations

Throughout the evening's proceedings, groups and individuals identified projects of interest. Some working groups had individuals with varying interests and those individuals decided to work on projects independently. CDF will continue to encourage these efforts as well as those of the groups that met that evening.

Accessing Existing Healthcare Services

What does “accessing existing healthcare services” look like to this group?

- Understand more about paying for services and barriers/solutions
- Transportation to health services
- Language as a barrier to accessing services
- Employment offering health insurance
- Medicaid/ Medicare
 - Limited eligibility in Clarkston—further up at the policy level
 - Because Obamacare is being implemented, advocacy is not as important right now
 - Referral and transportation service to Grady
 - Education about how healthcare legislation affects refugees and immigrants

What needs to be done to achieve that vision?

- Explore the following:
 - What are other communities doing for transit to accessible healthcare?
 - Why did the Grady bus stop?
 - What are other ways that people can get to Grady?

What actions can this group take to achieve that vision?

- Create sheet of Medicare/Medicaid information for those who are eligible
- Can we bring care here? (ie: fairs)
 - Fairs are not sufficient- need more care
 - Fairs could be helpful for check ups like blood pressure and iron
 - Perhaps a mobile health bus (that could go beyond) – regular times (chronic)
- Educate how to be proactive with one’s healthcare to avoid the 2am emergency call
- Could there be a MARTA bus to specifically take the patients?
 - Not having Medicaid could be a barrier to this
 - Liability
- Looking at the beltline?
- Grady Bus
- What about local providers?
- Pay into a van service and have a map of services?
 - Medical malpractice
 - Liability issues- looking into legal circumstances
 - Training for drivers

Given the actions we’ve identified, what are the projects this group can focus on?

- Pay into a van service and have a map of services

What are the next steps to move these identified projects forward?

- Local Providers
 - Connect with them
 - How can we support them?
 - Is there an existing list of resources?
 - Grady Satellite in Kirkwood- too far
 - CTT- mental health- Refugee Harmony (but now out)
 - CSB (community service board) – mental health
- Create resource list
 - Develop a relationship with CSB
 - Whiteford (community school model)
 - Use list to make connection with the crucial players, who do we need to have @ the table, then disseminate
- Bring together all the settlement agency lists
 - Find out who is in town
 - Settlement organizations may have lists, but does not describe payment- RISA
 - Bobby Farmer (IRC)- Bring forward the IRC list
 - People need to take Bobby's list and delve deeper with a list of questions and ID "holes"
 - Who has relationships with those on the list?
 - Disseminate through different cultural/religious groups
- Find out information about providers on lists (create questionnaire)
 - Willingness to give back? (ie donate day of service)
 - Translation/ what languages?
 - Operating hours, location, transit access
 - Insurance- Medicaid/medicare (and what will happen if uninsured?)
 - Payment/cost/sliding scale fees
 - Capacity to see patients in a day
 - Emergency coverage
- Meet again to bring together all the settlement agency lists
- Who are the settlement agencies?
- Wendy willing to go to next steps
 - Could CDF convene a broader group around the issue specifically? With more leaders/ agencies invited?
 - List out by end of the week (IRC)
 - Convene a group and include a questionnaire to find out their own resources that they use
- Small organizing committee

- Key to bring other settlement agencies together
 - Very clear expectations for meeting
 - Purpose: We would like for them to share with community reps their info about health providers they use for their communities and how we might partner with them to create a list of resources in Clarkston
- Where is the community input in developing this resource list?
 - They know the resources they use
 - Health promoters jobs not continuing because of lack of resources
 - Also non-clinical resources churches, temples, etc.

Filling in the Gaps in Health Services

(Note: two groups met to discuss this topic. They are summarized separately)

What does it mean to “fill in the gaps in health services”?

Filling in the gaps would involve having a clinic with the following attributes:

- Translation/interpretation
- Affordable even for people with no insurance or medicaid
- Quality, holistic care
- Access to specialists like neurology or orthopedic
- Quick care/urgent care/same day service
- Ability to make appointments in own language
- Transportation/easy access
- Capable doctors who explain the results clearly
- Doctors/ Staff who were responsive and responsible

What needs to be done to achieve that vision?

- Community has to work together
- Create list of clinics and hospitals with low cost
- Community can solve transportation issue
- Help with medicaid/Grady card
- Volunteer opportunities to be involved in the clinic
- Work on transportation
 - Have driving class in central location
 - Include test in English

What are the next steps to move these identified projects forward?

- Share results of meeting of Board of Directors @ Dr. Saeed & Represented by Sumaya
- Host a meeting of Afghani men on Sunday, November 18th

Filling in the Gaps in Health Services

(Note: two groups met to discuss this topic. They are summarized separately)

What does it mean to “fill in the gaps in health services”?

- Health Education
 - Preventative health education
- Good communication between patient and physician (good bedside manner)
 - Services and providers are connected and well-coordinated
 - translation, cultural awareness, understanding physicians
 - community outreach (remove stigma)
- Educated and empowered residents

What needs to be done to achieve that vision?

- Patient advocacy
 - includes patient empowerment
 - clearing-house—two way communication between medical community and residents
 - resource identification
- Local medical facility
- Funding
- Inclusive
- Transportation
- Broad network of support services (accessibility)
- Collaboration of direct services

What actions can this group take to achieve that vision?

- Train trainers
 - each-one-reach one
 - local leaders trained (multiplication & cascade effect)
- Community health coalition
 - Communicates about resources, events
 - Create resource guide (translated)
 - Resources/references
 - “How to” access guide
- Coordinated health screenings in Clarkston

Addressing Apartment Health

What does “addressing apartment health” look like to this group?

- New apartment complex would potentially look like Avalon
- Groups need to start jointly work with the city
- Mayor has recently established Housing Authority
- Good way to represent support is to attend meetings
- Need for apartment complexes to get interpreter; feedback for issues in apartment complexes
- Problems extend beyond city limits; the county also influences the achievement of results

What needs to be done to achieve that vision?

- Identify projects for smaller or larger grants
- Innovative uses for existing grant-funded resources
- Pairing of ideas with planning
- Reducing/eliminating waste
- Research alternative approaches to waste management
- Making use of media resources for various audiences
- Disrupt prostitution activities by creating a Human Chain
- Removal of trash in the general area of the apartments
- Educate Apartment Complex Owners about proper waste management
- Get lights in back part of school
 - Repaired fence as last project in September
 - Multifaceted approach (big idea)

What actions can this group take to achieve that vision?

- Residents can:
 - Attend Apartment area meetings
 - Maintain awareness of responsibilities
 - Educate themselves
 - Take advantage of services offered
 - Participate in cleaning campaigns
 - Band together and clean neighborhood that you have adopted paired with education to involve children
 - Connect via existing networks
 - Get outdoors
- Hold monthly community meetings
- An apartment in every complex for community resources—tutoring, etc.

Given the actions we've identified, what are the projects this group can focus on?

Because We Care is a non-profit that makes sure residents in apartments have the resources they need. On November 30th a group of people will gather on the corner of North Indian Creek & Jolly, behind the school- to make a statement against prostitution. Meant to be non-confrontational and to assist families.

What are the next steps to move these identified projects forward?

- Green/sustainable initiatives
- Health reform that addresses large regional issues
- Event attendance
- Notify Sagal Radio about "Human Chain"
- Mayor will notify media
- Martin Luther King Clean-up Day
- Interview Ruth Staples
- Meeting for Learning? w/ Ruth
- Dec. 6th, 6:00, Send contact info