

HPKIFC QUARTERLY all delegate meeting St. Ambrose Catholic Church (school auditorium)
10 February 2010 meal 6 PM; presentations 7:30 PM; business; 8 PM

Elliot Gertel, Allan Lindrup, John Modschiedler, Laura Hollinger, Kent Busse, Susanna Rudofsky, Nina Grey, Contessa Miller, Pat White, Laura Matthews, Leroy Sanders
(non-delegate: Rick Moore = UC graduate student of sociology--studied archives of this group)

8:14 PM Elliot called the business meeting to order.

Elliot announced the March 18 convocation / seminar to be held at Lutheran School of Theology Chicago. This year's topic is "Save the Planet"; the event honors Rabbi Arnold J. Wolfe. The Council is in contact with Prof. Esther Menn and is a joint sponsor of the event.

The next official business meeting of the Council will be at the end of May or in June.

Allan reported that the annual contribution appeal has been mailed--complete with handwritten notes. The mailing is targeted as to individual donors and member organizations. The fiscal year has been marked by monthly executive council meetings, quarterly Council meetings, monthly interfaith dialogues, Thanksgiving Service, homeless concerns task force, health-welness task force, particularly including the information on the new Council web site. The Council is proud of all the constituent organizations. The web site has raised \$10,000+ of contributions for local programs serving the poor/homeless--a generous return on a small expense. Allan distributed and explained the financial statement as it was distributed.

Laura reported on the Interfaith Dialogues. Past events have been moderately attended--above and below a dozen in attendance--and four future dialogues are scheduled through June 2010. The discussions are providing very welcome interchange of viewpoints.

Allan reported under Social Justice Matters that some member organizations have not yet responded to questionnaires about institution of a PADS shelter system. However, it appears that the Council will not undertake to establish a formal shelter, but will work toward hosting an auxiliary services center. The Hyde Park Transitional Housing Project is moving forward with a new President of the Board, Rev. Celeste Frasier of the Power of Oneness Spiritual Center, and is preparing the annual major fundraiser Taste of Hyde Park which usually raises about \$8,000 for this work.

Elliot read (and Kent elaborated upon) a description of participation in the Bud Billiken Parade, which in 2008 had a live audience estimated at 1.5 million and a TV audience estimated at 2.5 million. Because of the small attendance of delegates today, the proposal for the Council to march in the parade is not formally adopted at this time, but member organizations are invited to spread the word and gather impressions. Those present appeared to be fully in support of participating in the Parade.

Outreach is a major concern for the Council. Today's low attendance is surely weather related. In general, the Council is encouraging increased publicity of its functions, particularly Quarterly Meetings--this might be by public notices, but should especially include notices in weekly bulletins of member organizations. Some of the meetings have been well attended; all have been substantive and engaging. Hopefully distribution of tonight's meeting minutes will help to spread tonight's messages.

Laura offered closing prayer at 8:45 PM

HPKIFC QUARTERLY -- PROGRAM PRESENTATION note-taking
10 February 2010

Presenter 1 Dr. Joseph Harrington, Associate Commissioner, Chicago Department of Public Health

Presenter 2 Dr. Kirsten Peachey

Presenter 3 Judy Haasis, Director, Community Health

Presenter 4 Rev. Dr. David Stewart, Director, Sanders Free Med Clinic at Kenwood UCC

Presenter 5 Akim / Assim Mishrah

Presenter 6 Ann Ridge, Illinois Department of Healthcare and Family Services

6:52 Nina Grey called the meeting to order and introduced the panel. After brief presentations, those present formed break-out groups which formulated questions; the questions were addressed at 7:47 PM. Approximate substantive highlights are summarized here.

1 Health authority in Chicago--most direct immunization campaign, seasonal and N1H1--administering and distributing all over Chicago. Last year saw 75,000 immunizations. Approach is POPULATION BASED; 2.9 million is our denominator for deciding how big a problem is. Flu is small in fatalities, big in infection. Chronic ailments (last a long time, have no cure, have no vaccine): heart, cancer, stroke, Alzheimers, chronic diabetes. Approach, things we can do from environmental standpoint--create healthy neighborhood, safe, exercise, grocery stores so access to healthy food. Tobacco is still #1 cause of death; #2-3 poor nutrition & lack of exercise. Emphasis tobacco control; other programs nutrition / exercise.

2 FAITH IN HEALTH movement in Chicago. Mobilize faith communities around social elements of health determinants. Part of larger movement around health and faith.

3 Community Health foudner Dr. Seraphino Pirrella. Shocked at uninsured rate, he started Community Health Center, volunteer based and staffed; 370 volunteer physicians. Absolutely free primary and 23 subspecialty services to most vulnerable in community. Criteria: low income & no form of insurance--falling through safety net because not qualified for medicaid. Typical patients work hard, hold 1-2 jobs and have no access to health insurance or money to pay. West clinic, 33% increase last year over previous year. 300+ additional volunteers at desk, lab, pharmacy (language talents of primary value). On staff for 5 years; Joe Harrington on board of directors. Struggling to keep up with demand and NO public dollars; private donations & foundations; some institutions like faith-based or hospitals <- those who believe nobody should go without healthcare. Early days, walk-in acute care a few hours a week. Now as comprehensive a medical home as can be--6 days / week & 4 evenings.

4 Sanders Free Medical Clinic: Since 2001-2; history handout. 20 yrs physician, then MDiv CTS & ordained. Then came to Kenwood. Health project taken over by Advocate who later pulled out of that situation. So Sanders & others & I started this clinic. Open 1 day / week & partnered; Night Ministry HIV testing; etc. Chicago Family Health Center clinics; nurse-practitioner 1 day / wk, makes 2 days / wk. Grant from HPKIFC buys pharmaceuticals for patients. Now purchase regular baseline medicines from wholesalers. (Kirsten will talk on this, too.) Try to model on faith image of healthcare. God wants us to be healthy, not suffering because of lack of insurance. Model faith by our practice. Increasing hours. Used to be 3 PM is a late day; now 6 PM is an early day (to finish on Friday). Abbot provides laboratory services free. Space / time reached capacity on Friday. Looking for another doctor to expand to one more day.

5 Akim (?) Assim Mishrah Southside Healthcare Collaborative--invited to hospital in 2004 as strong community organizer before coming to hospital. I serve as director of Urban Health Initiative. Start to solve healthcare problem south side of Chicago by collaboration. Southside Healthcare Collaborative.

Principle under Michelle Obama: built from inside out, asset based clinical development model. Start with clinic, not look at community NEED. Start looking at ASSETS. We noticed number patients in community health centers was down, preventable hospitalization on the rise. Volume of ER on rise==lots of pepole using ER as primary care. Start with assets base planning, not needs evaluation. Have to be some strength here. Comm. Hlth ctrs that DO provide service (uninsured, gvt assistance, etc.) Payer blind--ANYONE who does not have a doctor. Assign to a health center; worked with us. => SHC now 25 centers. Primary not enough; specialists not enough. Health & vitality, not just needs measure.

6 Ann Ridge DHFS. Started with poverty level kids. Now all kids -- Illinois has equivalent of public option for

children. Every child assigned or chooses a doctor. On top of that, family care, adults who are caring for the children. Broad definition of family. We go to community and talk about all the healthcare. Public information about these HFS programs. (see sheet)

Enormous numbers of people getting laid off. Staff = rapid response team to people losing jobs / insurance (not on COBRA). SEE websites; enormous amount of opportunity for people who need healthcare.

Heartbreak for people who fall through the cracks. Lost job / insurance; paid for healthcare and DROPPED. All trying to feel this expanded need for healthcare. Patchwork effect. We would LOVE TO HAVE UNIVERSAL HEALTHCARE.

Nina Grey: CAMPAIGN for Better Healthcare, other ways to be advocates. There is a faith forum, also.

10 minutes to talk and develop questions -- have a speaker at each table.

How do we look at areas around us -- services and load. Can't pay for busfare--live within walking.

Access clinics; others. Need to change practice model?

Specialty care--Access and others don't have facilities other than wait in line for county system. Specialty care lacking. Community assets.

Family doctors take care of 90% of problems that come in, but G.P. Does not a clinic make.

Helps here: proximity to Provident. Keep inviting county.

Laura: how to keep medical records? We have actual dedicated clinic space. 2 exam rooms, medical records.

Contessa: Provident OK for emergency, not inpatient. Cutting back on inpatient. Still viable county presence on south side. Refer to Stroger, but need LOCAL intake. (delay on prescriptions at Provident)

Allan: Insurance company provide a program. Bcross/Bshield largest corporate supporter. CMO is also member of board. Ongoing from United Healthcare & Aetna. Grants, \$10,000 to \$100,000 / year. Insurance industry gives SOME of the money directly back to the community.

Contessa: Oprah about diabetes; obese church ladies. How can medical groups get together with churches on obesity problem? Nutrition & exercise not getting out to people. If ministers & churches would help.

Ann: Program in Illinois to send out packets to churches for potlucks--talk about cervical cancer, take care of own health from preventive standpoint. Thousands of tracts to help communities.

Kirsten: spirituality and health. Search your Heart --specific for faith communities. Faith based programs common. Consortium to lower obesity in Chicago children--program led by minister. CPub Hlth program to eliminate disparities, diabetes a focus. How is it different to work with these issues in faith community--not only language, but relationships, actual practice, accompany & support each other. Regardless of WHICH faith tradition. Learn from people already doing that--how it works. make neighborhoods safe & healthy.

Nina: undocumented immigrants? Also same-sex partners. Judy Hoffman: 1. Uninsured 2. Definition low income. NO other questions (status, etc.) Best current proposals still leave millions unprotected through loopholes & undocumented.

If you don't address financing, it doesn't fly. Competent care available. Need to find a way to solve what you can't do yourself. Patient advocates.

Put clients together with a provider: Illinois Health Connect. (not giving out list of providers) To access provider network, have to be in our system as client. (List from Board of Education not likely?) If doctors don't get paid on time, the system falters. (Grey: ADC, doctor kicked us out)

Dr. Stewart: True single-payer never got a hearing at all. If bill passes, what will they do from Medicaid viewpoint? Illinois cobbled together many excellent programs, but still not universal care. In Illinois not just income-based; need to prove chronic (which doesn't provide prevention). Most doctors do limit Medicaid patients. If universal pool, would not have this hurdle.

COMMENTARY: Each paragraph above could be expanded into a major discussion with serious ramifications. This rough overview might be a good starting point, as it has seeds in it for very important ACTION questions. Does the overall tone show that the general public needs to be sensitized to humanity? HPKIFC can help that!