



Health & Healthcare Segment of the E&I Policy Series  
Thursday, March 25th, 2010  
Dotch Community Center  
Mobile, AL

Panelists: Pam Shaw and Dr. Persharon Dixon

The group worked in three areas: disaster related healthcare and our nation's disaster response and recovery laws; the recent health care reform bill; and strategies to employ to advance our advocacy.

Hurricane Katrina overwhelmed our disaster medical response systems, exposing numerous weaknesses and emphasizing the need to improve our country's ability to respond. Low-income populations suffered the brunt of the impact of the storm and were the least likely to evacuate prior to landfall; therefore, they were exposed to greater public health risks and an increased chance of long-term displacement. Federal, state and local governments, businesses and corporations, the faith community, and other volunteers all pitched in to speed relief to Hurricane Katrina's victims, but needs remain.

**Disaster Related Healthcare:** *These will be incorporated into recommendations to the Obama Administration put forward by E&I.*

- Need for Disaster Medical Coordinator to coordinate across departments, must include access to mental health services and chronic or on-going medical needs
- Shelters for people with special needs must be part of emergency response plans
- Prescriptions and medications must be available across state lines; private sector partners should work to ensure accessibility of essential medical prescriptions
- Additional health care emergency should not be necessary during disasters of scale, and licensure requirements for physicians accordingly waived as under a health care emergency
- Professional privileges for health care professionals (mental, substance abuse, medical) should exist during catastrophic disasters under a reciprocation policy

- Case management resources should be wrap-around and consistent, connected to housing, mental and medical health, and all social or community services; process for individuals is multi-tiered and should be streamlined, to include adequate (including duration) for one-stop wrap-around services and case management, to avoid each agency's multiple rules and regulations, requirements and approval
- Emergency transit to medical facilities must be included in emergency response plans
- Providers and physicians must be engaged in process
- Formulas for equitable division of federal resources across and within states must be in place
- Ensuring consistency of access to payment mechanisms, including Medicare, Medicaid or private insurance
- Disability coordinator in each FEMA regional office
- Establish an office of disability coordination within FEMA

#### **Healthcare Reform Bill:**

- Infrastructure problem still needs to be addressed
- Preventative outreach and actively enroll people
- Same benefits in exchange
- Research on states' budgets
- Waivers on matching funds

#### **Advocacy:** The group discussed some advocacy strategies to advance our work

- People get on advisory boards/committees
- Use churches for sharing info
- Bringing numbers
- Unlikely narratives tailored for and framed for specific audiences
- Sharing/Reporting back to communities
- Twitter, Facebook, PSA's
- Non-Profit funded to do community meetings and outreach
- Verification/Analysis of info: make it plain and where its spent, grassroots
- Education on who is accountable for funds
- Sharing information where people gather like food distribution, follow-up
- Unity with faith based community on health care, let congregations know
- Community meetings, helpful application process, email blasts
- Public education of transformation and transformative skills
- Equitable Implementation of funds through states
- Pay attention to process
- In-district visits and contact with Congressional staff
- Gov. agencies-rulemaking-show up
- Group think and tell your story