Community Counts Luncheon – July 31st, 2013

Below are some of the ideas shared with us for how we might help our Medical Center colleagues to address community inequities that result in poorer health for many:

* Care providers need to help those they care for to participate in getting the best out of what they have.
* More education of trainees and clinicians is needed in considering the context in which people live so they might provide the best, holistic care.
* Bringing healthcare providers into the community more versus expecting community members to find their way here, paying for parking, etc. This also increases exposure to and interaction with community members to build trust.
* Collaborate more with churches and community organizations to get information out and also to build trusting relationships.
* URMC can partner with the community to help facilitate change but change needs to occur in the community by the community as well.
* Rochester is a traumatized community. Do we deliver trauma-informed care? Could we ask “What happened to you?” versus “What is wrong with you?” to change the URMC dynamic?
* Stigmatizing those with psychiatric illnesses results in these people not being addressed as a capable person adding to the individual’s stress. This adds to the chronic elevated stress related to racism and adverse childhood experiences.
* A focus on protective factors in teaching trainees helps them to not be overwhelmed with the enormity of the overall scale of issues that contribute to poor health. It allows them/their patients to experience some control.
* The role of Human Resources at the URMC is key in hiring and in supporting potential hires returning to the workforce after a hiatus related to incarceration, unemployment, and other circumstances that contribute to marginalization and health inequities.
* As the primary employer in this city, the URMC can and has a responsibility to participate proactively in eliminating health disparities.
* There are more and more URMC/Community partnerships working on the health of the community. Two neighborhoods have requested to partner with the Center for Community Health on projects through The Greater Rochester Health Foundation, evidence that we are becoming more approachable and trusted.
* Sustainability of progress especially regarding issues of stigma, is a problem. For example those with a history of mental illness or incarceration face great scrutiny when applying for positions and many miss opportunities for growth as a result.
* Joining more with the community can take the form of opening up URMC space after hours for community forums, free of charge and with free parking ☺.
* Utilizing the Center for Community Health’s list serves to help promote events in the community.
* Encourage the URMC to take a greater role by bringing top leadership into more discussions and greater awareness of the inequity issues that exist and the interest of many stakeholders within and outside the URMC who are working together on this.
* Have “Health Disparity Rounds” (or “Diversity Rounds”?) in a similar fashion as “Safety Rounds” that are currently conducted, i.e., monthly tours that top URMC leadership takes of each area for employees to discuss safety concerns that need to be addressed.