

Michigan State Health Assessment 2019

Stakeholder Meeting – Forces of Change Assessment Meeting Notes

12/2/2019

9:00 a.m. – 12:00 p.m.

Lansing Community College, West Campus

Each table facilitated their discussion and decision making in selecting the top 3 Forces of Change under each category.

Economics:

- Front line workers lack of stability, low wages, recruitment and retention issues; especially community health workers. Funding gaps.
- Transportation is lacking
- Housing
- MI working requirements
- Jobs: impact; minimum wage, contractual, no benefits
- Access to education and skills
- Lower birth rates affect schools and their funding
- Criminalization of poverty: lunch debt, medical fees
- Communication: language; health/financial literacy barriers

Ethical: Decision Making

- Distributive justice
- Trustworthiness
- Lack of trust in government; need transparency and honesty
- Language in referring to people
- Unintended consequences
- Communicate how decisions are made
- Expanding partnerships
- MI Healthy Plan
- EEE, Flint water, etc; no ethical framework was used

Social and Cultural:

- Systematic Racism affects data collection
- Ignoring cultural constructs
- Technical advancements have increased social isolation
- Deepening rural divide

- Systemic effort to misinform the public
- Isolation of populations
- Me too movement
- Structural and institutional racism
- Unconscious bias
- Leaders unwilling to see biases
- Payment models
- Decentralizations of xxxxx
- Cultural beliefs affect health

Technical & Scientific:

- Advancements have improved access to care i.e. telehealth
- Capacity by more data integration
- Apps, Fitbit, home technology, at home testing
- Increased mobility self driving cars
- Technology is leaving populations behind
- Political factors affect technology
- R & D drive costs up with advancements

Environment:

- Climate changes
- Good built environment
- Limited green and safe spaces
- Renewed interest in air/water quality
- Educational opportunities
- Assess environment proactively vs reactively
- Lack of funding
- Regulations private water supplies
- Data driven
- Lack of political will or influence
- Organizational change blend in home services
- Complexity of health care environment
 - MI workforce requirements
 - Navigating private vs Medicare/Medicaid insurances
 - Accessing specialists, providers, behavioral health
- Aging infrastructure
- Roads, bridges, transportation
- Environmental toxins
- Access to high speed internet
- Housing
- Lack of green space; bike walking paths; community engagement
- Food deserts

Political/Legal

- Access healthy safe places; fireman
- Discussions with policymakers; engage communities in conversation
- Affordability
- Incentivize prevention
- Education prevention, personal finances, realign resources, understand health insurance

- Spend down
 - o Healthy MI