



Health Town Hall: Body, Mind, Spirit Opening Plenary August 5, 2020

Continuum of Care Panel Presentation

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I'm really honored to share with you today, and I want to come to you not just from professional experience, but as someone who lives in a very rural community. Sierra county has only 11,000 people and considered a frontier rural community.

I want to come to you as someone who has navigated the long-term care system. My mother passed last May. I know what it's like to try to get help and support for an older adult who has great care needs. And I want to come to you as someone who has dealt with the healthcare system with a child with behavioral health disabilities and substance use disorder who was not successful in getting the help he needed, and he's not with us anymore because of that.

I want to reiterate that when we talk about the continuum of care, it may look pretty clear. When you look at diagrams there are clear demarcations between health promotion, prevention, intervention, treatment and recovery. But in real life it's not so clear.

Dolores Roybal mentioned that 55% of health status depends on social conditions. The fact is that social conditions run as barriers throughout the continuum of care. To look at some of the barriers to just one piece of that continuum, I want to walk us through access to care in treatment. So, the first thing you're going to need to look at is resources, to even know what's out there and what you need. Where do you enter the continuum? And how do you know what kind of doctor to go to, or do you need a doctor? Maybe what you need is a community-based organization that has a wonderful program.

How do you find out about that, especially if you have limited access to broadband? In our community, there's a newspaper that comes out once a week and there is no 211 system that serves our county. So access to information about the resources that are available is incredibly limited.

But if you overcome that hurdle, the next one is you're working a job that, like most of our jobs, pays the minimum wage or slightly above, if you're lucky. Many jobs in our community don't have benefits. So there is no paid time off. If you're a single mother who is trying to get time off to access care without paid time off, you may not be able to earn enough to pay your bills that month.

When I was executive director of a childcare center working with young mothers, some would talk to me about trying to get time off and maybe even losing their jobs if they took time off for the care they needed. And then childcare isn't a given if you don't qualify for childcare subsidies. It's fairly expensive



and you can't take your child with you to most healthcare providers. That is assuming, of course, that you have a way to get there, that you have the money for gas to get there.

So if all of those hurdles are overcome and then you finally get to your treatment provider, you may still face different sorts of barriers.

I experienced this many times with my own family and with others in our community. There's a big cultural stigma around conditions like substance use disorders that have a really strong negative impact on the treatment that you might receive. I've heard many stories about ER visits for someone who comes in with a substance use disorder and a medical condition, who did not receive the care because of this stigma. I experienced that very situation with my son. After an ER visit when he was released and untreated, I had to drive 75 miles to the next closest Emergency Room so that he could have the care and antibiotics that he needed to be able to take care of a respiratory condition.

If stigma isn't the problem, then you have communication barriers. Having a provider who can communicate in a language that is understandable to the patient has everything to do with access to treatment. I remember going with my mom and even something as simple as the pain scale was difficult for her. She didn't know how to communicate a number and associate that with a level of pain and that impacted her treatment.

Insurance restricts access by requiring certain treatment protocols. If you're someone experiencing an illness, especially a mental health or substance use disorder illness, there's a specific protocol that needs to be followed. If you disagree with the protocol or feel uncomfortable with it, then often your treatment is discontinued because you're considered non-compliant. And non-compliance is often just failure to understand the rationale behind the treatment, or having a difference of opinion, or a different value about the treatment. Often alternative care options are not an option for insurance plans that cover allopathic care.

So in entering the system and accessing care, the continuum is challenging on all fronts. I think we could go through each segment of the continuum of care and find multiple barriers.

What this tells me after thinking about it as a patient, as a mother, as a daughter, as a community member, is that there is no separation between the social conditions, the economic conditions and healthcare conditions. When we look at continuum of care, it has to go beyond health care. That brings us back into what we've heard all afternoon. Issues around equity and social justice have everything to do with healthcare.

In answer to the question of how a robust continuum of care improves the outcomes across the lifespan, I think it has everything to do with not just health outcomes but healthy community outcomes. When the continuum of care is accessible and functions well, then business owners have a workforce to draw from, local government spends less of their budget on things like incarceration. I think in our county, around 50% of our county budget is spent on incarceration, and we don't even have jail in our county. Health care costs less when there's a robust continuum of care. We can avoid using the ER for things that could have been taken care of, or never have occurred to begin with, if



prevention and health promotion are strong. Even our educational system functions better when there's a robust continuum of care. Children come from healthy homes with an ability to focus on learning

When there is a robust continuum of care this is what it looks like. Our healthcare system is talking with our economic development organizations. One example of that is in the Middle Rio Grande Economic Development Association. I chair the healthcare committee for that organization which completed a workforce study very similar to what we've heard about today, regarding the needs for our healthcare workforce, specifically for behavioral health. We also see the need for health planning as part of economic development, because a healthy community is healthy economically and not just physically or mentally or spiritually.

I would be remiss if I overlooked the potential of health councils in creating a healthy continuum of care. When health councils function well and are well staffed and well resourced, they're a part of every piece of the community continuum of care. The health care continuum is well integrated with other sectors in the community, like housing, small business and job development as well as community-based organization. Unfortunately, in the communities where we need health councils most, in rural communities like mine, they're often under resourced and not as effective as they could be, when the need for them is greater than ever.

To summarize, when I look at continuum of care, I think it reaches beyond healthcare, beyond behavioral health into community health. The community needs to be a part of making that continuum work, and that happens when we have equity and social justice in our community. Thank you.



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