

## Best Practices in Urban Health Care

### Objectives:

1. Identify 2 reasons to have low cost or free health clinics
2. Identify 1 pro and 1 con for working in a secular setting in urban health care
3. Identify 1 pro and 1 con for working in a faith-based setting in urban health care
4. Identify 1 way short-term teams and individuals can help

### Benefits of/reasons for having a free/ low cost facility for the poor

1. Immense need for health care
  - a. Numbers of uninsured
  - b. Personal stories in Paramount
2. Free/ low cost clinics can decrease the overall cost of health care, and decrease ER overcrowding
  - a. Community health centers lower overall health care costs and decrease avoidable hospitalizations.
  - b. Dolores mission referrals
3. It's living out the gospel:
  - a. Healing was a huge part of Jesus's ministry, and is part of God's heart for his people.
    - i. I will heal my people and will let them enjoy abundant peace and security. *Jeremiah 33:6*
    - ii. Jesus went throughout Galilee, teaching in their synagogues, preaching the good news of the kingdom, and **healing** every disease and sickness among the people. *Matthew 4:23*
    - iii. I am the LORD, who heals you. *Exodus 15:26*
    - iv. Then the King will say to those on his right, "Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I need clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me. *Matthew 25: 34-36*
  - b. It's a way to engage Christians and the church in one of the biggest felt needs in our country

### Pros/ cons of working in a SECULAR vs faith-based setting

1. Secular
  - a. More settings available – especially on the West Coast—many FQHC opportunities

- b. Chance to be a witness to patients and staff
- c. Many clinics are faith-friendly
  - i. South Central FHC—prayer at noon, St John’s – prayer in the morning
  - ii. Praying for patients in rooms, handing out sheets of prayers
- 2. Faith-based
  - a. Hard to coordinate with local churches, especially in a secular setting—hard to do wholistic care
  - b. Can more openly encourage staff and patients
  - c. Opportunities for wholistic ministry
    - i. Lawndale—fitness, counselors, job training
  - d. Opportunities for coordination with local churches
  - e. Easier to recruit volunteers

How short-term teams or individuals can help:

1. VOLUNTEER AND BE FLEXIBLE!!
  - a. Organizing patient information
  - b. Looking up local food pantries
  - c. Looking up and talking to local churches
  - d. Professionals—see patients, organize supplies, offer nursing help—SPECIALTY CARE!!!
  - e. Help with health fairs---Compton Day

Medical treatments to avoid--

1. Brand name, expensive medicines
2. Be aware of the challenges and struggles that come with poverty culture
  - a. Survival mentality—less emphasis on the future—affects dietary and exercise choices
  - b. Relationships and family are central—caring for others might come before caring for oneself

## Bibliography

1. “The Effect of Community Health Centers on Healthcare Spending and Utilization”. September 2009: Prepared for National Association of Community Health Centers, by Avalere Health.
2. “California’s Uninsured by County”. August 2010: UCLA Center for Health Policy Research.