HEALTH, from page 10

we have some research, like we talked about, to back up the idea that if you take care of some of these other, simpler problems, that the complicated medical issues will just not arise or will go away. What do you think is going to make the difference and do you think this five-year goal that we have is realistic?

D.L.: Basically, the way Gov. Kitzhaber and the legislature put it on the table was this: We will give you a fixed amount of money to manage a population. We're going to make it easier for you to manage that population because we're going to take out some of the inefficienciesof having separate budgets for different services. Mental health dollars are separate. Physical health dollars are separate. Dental dollars are separate. We're going to put them all together. We're going to encourage you to figure out new, innovative ways to use those dollars more effectively to make every health dollar count. Basically, health care is being put on a budget and you've got to learn to live within your budget. We're currently at a little over 17 percent of all dollars in our nation's economy going to health care. That's double what other countries have, and no one wants to see that become 25 percent. You can't. It just would derail the economy. It's not just a question of are we going to be able to decrease costs, it's really, are we going to be able to work within the budget that society is willing to give us for health?

C.M.: *One of the other recommendations of the report is just getting providers better training in how to work with homeless populations, which makes a lot of sense when you look at some of the data that's pulled out in the report – the fact that more than half of homeless people living in Multnomah County have disabling conditions of some kind. More than 40 percent of women who live on the streets have experienced domestic violence. People of color and LGBTQ people are overrepresented. And so you're dealing with complex socioeconomic and medical issues to begin with in homeless populations. So how do we get providers better training on a macro or a micro level?*

"We're currently at a little over 17 percent of all dollars in our nation's economy going to health care. That's double what other countries have, and no one wants to see that become 25 percent. You can't. It just would derail the economy. "

D.L.: We have put a new workforce in primary care practices that serve a lot of people with multiple challenges and who have a high level of need. It's led by CareOregon and part of a federally funded grant program. It is called the Health Resilience Program and it places this new workforce into the teams within the clinics. This workforce goes out into the community and tries to understand what the life of the people who are coming into the clinic with all these issues is really like and what's important to them and what they have and what they don't have. The health rsesilience specialists then bring that perspective back to the clinic providers whose response is usually something like "This person comes in regularly to see me, but I had no idea what their life has been like or what their life is now." More and more, we are learning about the challenging experiences some people on Medicaid have had throughout their life. Their family situation early on was very difficult. Lots of families struggling in poverty. Substance abuse among the parents. Families that had to move because they couldn't find jobs. Lots of stress, violence, abuse. So these individuals just started out without the support that most of us expect from our families, but quite the opposite.

So when they go to school, they're not prepared and they don't do well. They drop out, they don't finish high school. They don't build supportive relationships; a lot of them become increasingly isolated. They get involved in substance abuse, they get involved in criminality. It's just a path that takes them further and further away from being successful by the norms of society. When you're constantly under stress, when you're constantly pushed out of things, the way you react to the world, the way you navigate the world, becomes very different. You're in an environment where you can't trust anybody. It doesn't pay to learn to trust people. You have to learn not to trust people. You have to be constantly on your guard. If everything is short term, and just day-to-day survival is the issue, then you have to figure out in the short-term, how to get through the next 24 hours.

But being very distrustful of everybody, getting angry easily doesn't work in a health care setting., Health care organizations are only beginning to understand how they actually bring out the worst in some people. So some people immediately become "bad patients." And people say, "What's wrong with you?" versus "What has happened to you and how do we deal with you in a way that doesn't make you feel worse, that is respectful to you and is actually helpful to you?"