

May Community Meeting Minutes

5-16-2017

6:10pm Call to Order

-Last meeting at APCD to discuss RARE project

- We are trying to get monitoring back up, but not heard anything from the state on funding

-Veronica Combs (Institute for healthy air, water and soil) presented Air Louisville

- "AIR Louisville"

- Asthma triggers, wanted to increase awareness of air quality (AQ). Employers to make part of benefits plan.

- Uses a sensor to track asthma attacks for the month. An app tracks pollen and weather information.

- Asthma is the #1 reason kids go to ER in Louisville

- 1,147 participants used in this study, asthma found to be a bigger problem for women than men

- Motivations used -> help myself, help my community

- 74% reduction in rescue inhaler use for asthma

- Risk assessment done by neighborhood (census tracts) to determine triggers.

- 23% of population lives in high risk areas, such as areas with high transportation routes (NOx)

- Recommendations:

- Build awareness- Utah (known for poor AQ) sends AQ data to schools so administrators know when to keep kids inside, to prevent asthma attacks

- Implement policies to reduce air pollution.

- Grow more, mow less.

- Get employers to plant more trees.

- Increase public transit

- June 28th, report will be released

- Air monitoring at St. Mary Margaret's, where three rows of trees were planted. Monitoring was done pre and post planting. Trying to get more funding to do a year round cycle of monitoring to account for vegetative variations, and weather patterns

Dr. Adams presented on Single Payer Healthcare

“Physicians Proposal for National Health Plan”

- Financial stress from medical bills is very real
- Most common cause of bankruptcy is from medical debt
 - **60% of those people had health insurance**
- Deductions are increasing
- Doctors are spending more time on electronic health records (EHR) instead of patients
 - Lots of time on bureaucracy
- U.S. spends more per capita than rest of world, but has worse outcomes
- U.S. billing has clerk for each bed, whereas in Canada there are 3-4 clerks for whole hospital
- Single Payer-
 - Publicly funded, privately provided (Medicare 2.0)
 - Universal coverage
 - Lower administrative costs
 - Improved quality -> one unified EHR/EMR type (each patients has their medical record on their own individual card that they keep and can be used by any medical facility)
 - No deductibles, premiums, or co-pay = more pocket change for patients
 - Non-profit/private delivery system
- Currently a bill in the U.S. House of Representative, HR 676 with 108 co-sponsors (Yarmuth one of them) for bill on single payer
 - Current health insurance employees may be concerned about losing job, but this bill requires that current insurance employees get preference for any re-training, to minimize job loss and to keep skilled and experienced workers.

In attendance:

Jana Zigrye
Veronica Combs
Kim Cordell-Fife
Isaac Shoulders
Time Osburn
Marvin T. Hayes
Garret Adams
Edgar Lopez

Ann Hagan Grigsby
Shaun Spencer
Nicole Coggins
Courtney Hundley
Arnita Gadson