



Equitable access to basic needs and supports

Idea 40	Access to high-quality childcare and early childhood education
Proposal 40g	Establish infrastructure that supports community support & well-being, including sites for care and education provision in/near socioeconomically disadvantaged communities.
Description	Establish infrastructure and support to formalize local healthcare/education sites serviced by student clinicians and healthcare professionals in socioeconomically disadvantaged communities, allowing for a more diverse educational experience for future clinicians, while meeting and serving the immediate needs of a community. These centers can be the locations of high school certification/education, with college and graduate students (i.e., nursing, medical school, public health, business clinics, etc) and paraprofessional colleagues serving as key staff. These can take the form of a more advanced FQHC.
How will the proposed action advance equitable health and well-being?	<p>These sites can build community trust in healthcare services, while giving training clinicians important experience in the care of diverse populations to whom they would otherwise have minimal exposure. This could decrease healthcare disparities and discrimination in care.</p> <p>Significant public health information could be gathered and studied to better serve these communities.</p> <p>Service to the community should be curative and preventative. These programs should be offered day and night to allow greater access by the community.</p> <p>These sites can also become adult learning sites during off-peak hours that further along equitable access.</p>
Is there work we can build on?	Higher education organizations tend to have healthcare institutions that service just their population. Through a modified version that focuses on community care at/near the high school, universities can offer real world experience to their training clinicians and establish sites for other organizations to begin to treat and study the care of marginalized communities.
Who would have to act? Who would be key partners?	School Board City Councils



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A few high-level action steps	<ol style="list-style-type: none">1. Identify the community to offer this pilot care relationship2. FQHC designation and must be located on/near a local high school and healthcare programs run directly from inside this site.3. Ensure accreditation (can be shared accreditation with a community college/technical school).4. Establish venues for those training in care professions. These could be through an established FQHC or through a health system to better introduce and sustain the education/care model.
Other comments or guidance	<p>This collaboration between care site and education facilitates learning across the educational continuum. It exposes high school students to population health and the opportunity to advance their education, while giving clinical and professional practitioners access to information to inform diverse population health and treatment.</p> <p>Ultimate collaboration between public and private care/education modeling and futurism that services early economic development and health prevention and treatment, increasing access to care within communities, provides opportunities to document clinical presentation and ethnically-specific care, and provides opportunities for clinical site independence (for educational institutions).</p>