

**GREATER FLINT HEALTH COALITION
TERMS OF REFERENCE
ACCESS COMMITTEE
(2013)**

MISSION OF THE COALITION:

- Improve the health status of the residents of Genesee County
- To improve the quality and cost effectiveness of the health care system in our community

VISION OF THE COALITION:

A healthy Genesee County community practicing healthy lifestyles with access to the best and most cost effective health and medical care.

CORE VALUES:

Consensus, Collaboration, Fairness, Integrity, Continuous Improvement, Innovation, Public Participation

GOAL:

Promote policies and practices that positively affect universal access to health care

STRATEGIES:

- Advocate universal access to health care as an overriding goal of the Coalition
- Support a culture of practice and use of community services that reduces barriers to care for county residents
- Actively seek to acquire and exchange knowledge through the acquisition of information in order to ensure our roles as advocates of universal access to health care.

OUTCOME OPTIONS:

- Advocate five key principles for health care coverage: (1) universal; (2) continuous; (3) affordable to individuals and families; (4) affordable and sustainable for society; (5) high quality – effective, efficient, safe, timely, patient centered, and equitable.
- Support the coordination of safety net providers to reduce current barriers to care for low income persons, the uninsured, and the underinsured while continuing to advocate and drive toward systemic change resultant in universal access to health care.
- This will be achieved in part by communication from the HealthNet Collaborative to the Access Committee. The Access Committee will consider recommendations from the HealthNet Collaborative, relative to reducing barriers to care, to submit to the Coalition Board of Directors.

MEASURABLE HEALTH OUTCOMES:

- Increase the percentage of residents in Genesee County with health care coverage of a basic and essential nature.
- Increase the percentage of children in Genesee County covered by insurance receiving covered preventive services.
- Decrease the percentage of insured children who report having unmet medical needs in the last 12 months.
- Decrease inappropriate use of emergency department for ambulatory sensitive indicators.
- Decrease the percentage of adults with unmet mental health needs.
- Decrease the percentage of adults with unmet dental health needs.

COMMITTEE MEMBERSHIP:

The committee will be no larger than seventeen individuals. All individuals will either be appointed by their organization's chief executive officer/director or the president of the Coalition. **The individuals should be senior enough to be able to influence and represent their organizations' policies on the subject matter.**

Commitments: The committee will meet every other month for one and a half hours at the coalition's offices with a time to be determined by members. Additional commitments of time will occur through specific working groups.

The membership will be categorized by the coalition "sectors":

Purchasers (2)	UAW/GM Community Health Initiatives Genesee Regional Chamber of Commerce
Providers (5)	Genesys Health System Genesee County Medical Society Genesee County Osteopathic Society Hurley Medical Center McLaren Flint
Consumers (1)	Hispanic/Latino Community
Government (2)	Department of Human Services Genesee County Health Department
Insurers (3)	Blue Care Network / Blue Cross Blue Shield HealthPlus of Michigan Genesee Health Plan

Safety Net Providers (4)

Free Medical Clinic
Hamilton Community Health Network
Genesee Community Health Center
Mott Children's Health Center
University of Michigan-Flint Urban Health &
Wellness Center

Chair:

Clarence Pierce, CEO, Hamilton Community
Health Network

Ex-Officio members:

President, Greater Flint Health Coalition
Chair, Greater Flint Health Coalition

REPORTING:

The committee will report to the Board of Directors.

STAFFING:

The staffing of the committee will be handled by Coalition staff.

On October 18, 1999 the board approved the REACH Task Force Terms of Reference. In doing so, the board recommended the vision and outcome option of REACH (Racial and Ethnic Approaches to Community Health) become part of the operational terms of reference of every committee/task force of the Coalition.

THE REACH TASK FORCE

Vision:

To keep before the Coalition the issue of ethnic & racial disparities in health care.

Outcome Options:

- To assist a broad base of community leaders in health care in understanding the multifaceted challenges of race relations and its impact on individual community member's health.
- To keep front and center the issue of ethnic and racial disparities in the work of the Coalition.

Approved by the Executive Committee on March 9, 2007

Approved by the Board of Directors on October 15, 2007.

Revised and approved by the Access Committee on May 23, 2013.

Approved by the Cost & Resource Planning Committee on _____.