Health care and education go hand in hand as critical indicators of the quality of a community's life. Medical care, good nutrition and adequate exercise are aspects of health care, but so are gang free neighborhoods and well informed consumers. Access to health care must be expanded to include all residents of Illinois. The problems that are systemic in rural and underserved populations in Illinois will benefit from an agenda that promotes equitable access to health care services and health education. Educating communities about health makes for healthier communities overall. Educating the next generation of health care practitioners is also pivotal for economic and community development. Without a trained health care workforce, populations in rural and underserved areas are at risk in every health care arena--including mental and behavioral health, oral health, long term care, pharmaceutical support, and ancillary services such as physical and occupational therapy. Inadequate health care services can also keep new businesses and families from moving into a community, compounding the problem. Implementing a strong health care agenda will have positive benefits for both short and long term economic and community development. We hope all who read the recommendations outlined here will get involved in the effort to bring quality health care to all Illinoisans. Your action will make a difference.

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Additional brochures are available in limited quantities.
Recommendations

1. Establish a bipartisan, bicameral Task Force of the Illinois General Assembly to pursue a health care agenda for rural and underserved areas of Illinois.

2. Examine models for public-private partnerships that can expand health insurance coverage to the state’s uninsured and working poor.

3. Perform a comprehensive Rural Impact Study of state agency regulations to identify and modify those that have a disproportionately negative effect on both health care providers and consumers in rural and underserved areas.

4. Convene a summit on medical liability issues, bringing together the Governor, the General Assembly, practitioners, insurance companies, trial lawyers and citizens for a direct, honest and productive conversation that results in an action plan.

5. Create a funding mechanism to foster the development and expansion of health professions education programs specifically targeted at increasing the number of minority students and students from rural and disadvantaged backgrounds.

6. In partnership with the health care industry, develop new workplace based, interdisciplinary models for educating allied health professionals locally.

7. Provide funding for bilingual and bicultural education of health care professionals.

8. Encourage the Illinois Board of Higher Education to provide funding that supports interdisciplinary training of health care workers at all levels of the educational pipeline.

9. Explore transplanting successful programs nationwide that demonstrate best practices for recruiting and retaining health care professionals for rural and underserved areas.

10. Re-examine policies pertaining to Illinois Department of Public Health scholarships and loan forgiveness programs to not only assist students entering health care professions but also to provide a tool to retain qualified workers in rural and underserved areas of Illinois.

11. Maintain and upgrade the public health infrastructure in Illinois that provides both prevention and primary health services in rural and underserved areas.

12. Address the mental health needs of rural and underserved populations, including persons who are incarcerated, on parole or probation, or otherwise involved in the Illinois correctional system.

13. Support program and policy directions that help build infrastructure for oral health care services in rural and underserved areas of the state.

14. Design a transportation system, building upon some existing regional configuration like those of the EMS system, to improve access to health care services in rural and underserved areas.

15. Support the expansion of telecommunication technologies that enhance health professions education and health services delivery.

16. Explore the use of school based clinics to extend health care services for children in rural and underserved areas.

17. Create a constructive and coordinated methodology for paying for telemedicine services that is equitable for both receiving and sending facilities.

18. Analyze federal funding factors and formulas to determine disparate impact on rural and underserved areas of Illinois.

This summit was Paul Simon’s last major event as the founding director of the Public Policy Institute, as we lost him a little more than a month after these recommendations were developed. He worked until the day he died on issues vital to the region, the state, the nation and the world. Now we must carry the torch, and this report will help us the way.

Mike Lawrence, Interim Director, SIU Public Policy Institute

Ben Kenningham of the Illinois Radio Network interviews Paul Simon during a break in the activities at the health care summit in Springfield.