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Presented by Henry Ford Hospital
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Amercia's health care delivery system is ill-suited to meet the needs of urban populations. State and federal government, employers, insurers, public health officials, and health care providers all are demanding change. The mandate for the 1990s is clear: new models of financing and delivering health care must be adopted.

As we enter the last decade of this century, we face the challenge to design a comprehensive health care delivery system that will meet the needs of all Americans. Health care must not be considered a privilege but a right of every citizen. For decades our country has been struggling to make this a reality, but short-term solutions and band-aid approaches have proved ineffective. The facts clearly point to a need for reform in our health care system: more than 31 million Americans have no health insurance and an even greater number have inadequate insurance. Progress in reducing infant mortality is slowing, and the gap between the health status of minority Americans versus white Americans may be widening. From the perspective of urban hospitals, the issue of survival is paramount. Emergency rooms are overcrowded and facing gridlock. Medicaid cutbacks and rising levels of uncompensated care threaten the existence of hospitals across our nation. Many have been forced to close and others continue to be threatened.

The need for health care reform is great. Health care providers and public health experts must begin to speak out on this issue, for it affects the very survival of our nation's people and health care delivery system.

In an effort to address the crisis facing the urban health care delivery system, Henry Ford Hospital organized its first urban health care symposium, "Urban Health Care: Solutions for the 1990s." Selected proceedings from this November 1989 conference, featured in this issue of the Journal (pp. 101-182), focus on three main themes: delivery of care, special needs of vulnerable populations, and financing of care.

New delivery models must be developed and tried. They must address the root causes of health problems, while simultaneously dealing with issues of access, quality delivery, and financing care. Initiatives involving managed care models, community-based programs, and health education and preventive health efforts must emerge in order to assure access and efficient delivery of quality care for all patients.

Any solution to the health care issues facing urban populations must address the needs of special population groups. These needs include timely access to care for disadvantaged members of minority groups, maternal and child health, and the special problems associated with the acquired immunodeficiency syndrome (AIDS). Those of us in health care are all too aware of the impact that AIDS, violence, and drug abuse have had on our ability to serve urban populations.

Developing strategies for financing care must include an analysis of current methods that do or do not work. It seems unlikely that existing financial schemes can solve the problems of the uninsured and underinsured. Instead, entirely new approaches may be adopted at state and federal levels. A variety of approaches for dealing with the financial crisis have been suggested, including variations of some state government initiatives and federal options such as national health insurance.

In our search for solutions to the urban health crisis, an alarm has been sounded. As Dr. Reed Tuckson, our keynote speaker, stated, "health is where all social issues converge." If we are to have an impact on health status, we must address the root causes that contribute to the deterioration of our people and our health system. With health status being a major determinant in the vibrance and vitality of a city, we must engage our communities in solutions that address self-induced illness and limited self-esteem.

To be successful in the 1990s, health must become a priority on the national agenda. It is incumbent upon everyone in the health care field to communicate that message. The need to improve financing and coordination of care is pressing hard upon our urban hospitals. Both urban and suburban hospitals must work together to learn how to better serve the needs of inner-city communities.

We must be aggressive and speak out to change the system. We must be catalysts to build coalitions in our communities to help solve the problems. Community coalitions can change the urban health scene. These coalitions must include hospitals, physicians, public health agencies, community agencies, neighborhood representatives, church leaders, elected officials, and many others. It should not be an exclusive club. We cannot plan or play in isolation. It will take time and great will, but we must be persistent.

David W. Benfer
Senior Vice President for Hospital Affairs
Henry Ford Health System

Vinod K. Sahney, PhD
Vice President, Planning and Marketing
Henry Ford Health System

Guest Coeditors