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### ***Crossing the Great Divide: Geographic and Social Barriers to Care***

While health care reform policies and proposals chip away at barriers to care such as economic means or shortages of primary care doctors, we must not forget the geographic, social and cultural barriers that stand in the way of access to care for many Americans.

For example, the recent rise of retail medical clinics was welcomed as a way to help provide access to more convenient and lower cost care. Yet according to a study published in the Archives of Internal Medicine, of the 930 retail clinics mapped by researchers, only 123 were located in areas defined by the federal government as medically underserved. Clinics were typically found in neighborhoods with lower percentages of black and Hispanic residents, lower rates of poverty, higher rates of home ownership and higher median incomes. So for many, where they live is an obstacle to access to care.

Defining access is not only a matter of physical proximity. The real question is: Access to what? Will the nearest clinic speak my language? Will it understand my family history, my values and beliefs, and the traditional diet of my culture? Will it be sensitive to the health choices available to me because of where I come from and where I live? Access to care not only has an economic and physical dimension, but a social and cultural dimension.

Consider what happened at [Southcentral Foundation](#), a community health system serving Alaska Native and American Indian people living in Anchorage and 60 rural villages. In 1982, Southcentral was turned over from the government to the very communities it serves, as part of the Alaska Native Claims Settlement Act by Congress.

Now owned by the Alaska Native and American Indian communities, there has been a total system-wide transformation, dramatically increasing quality of care for heart disease, diabetes, and cancer, which is the number one killer of Alaska Native people.

Southcentral has reached deeper into the sources of health and illness within these communities – with programs for domestic violence, child abuse, alcohol and drug abuse, and suicide. They run their school Head Start program. Additionally, community health education covers the basics, plus traditional healing, tribal relations, and economic wellness.

Southcentral's vision is one of a native community that enjoys physical, mental, emotional and spiritual wellness. This is a community that has come together to change from within, where everyone has a voice and a role, and where building community is a natural extension of living in the community. And as a result, community members have a sense of control, shared purpose and contribution.

A “Communities of Health” approach is beginning to take root around the country as a growing number of other cities and towns start examining health and health care where their citizens live and work. This work holds promise that from coast to coast, the barriers

to access to care will start tumbling down and community-built bridges to health and health care will stand in their place.