

Grameen Health Trust Executive Summary: HealthyLives Health Promotion and Primary Care

“HealthyLives” will work to combine cost effective primary care, health and nutrition promotion, disease prevention and other services affecting people below the poverty level. This program will launch in the New York City area where Grameen America has a base of 6,000 members that meet for one hour every week as a condition of their membership to get financial services. This would be built on, but not be limited to, the very successful Grameen America peer group financial services program. While it will serve the Grameen America members who are below the poverty level, HealthyLives will be open to all income levels for greater scale, quality and efficiency.

Learning from Grameen Health and Others. Grameen Health has 52 clinics in Bangladesh providing sustainable and high quality health care for all income levels, we want to develop similar services in New York. Grameen Health in Bangladesh suffers from an over association with the Grameen bank, and is therefore seen as primarily as a service for lower income people, and especially Grameen Bank borrowers. To avoid the same association here, the name and management of this new entity will be separate from Grameen America and Grameen Health but will benefit from their participation and support.

While the focus will be on high quality health promotion and care for the poorest of the poor, to maintain quality and reach sustainability we will serve all income levels. Everyone receives the same quality of care, but in some cases with different amenities and subsidies for the lowest income people. No one will be turned away, but everyone will pay something to maintain quality, sustainability and the dignity of all involved. Those with no cash or insurance will promise to pay in the future and to participate in weekly group meetings. This basic business model of serving all with the same high quality care but charging more for the higher income patients who may receive extra amenities works for Grameen Healthcare in Bangladesh, Aravind eye hospitals in Bangladesh and India, and Dr Devi Shetty’s Narayana Hrudayalaya Heart and other hospitals and Dental Clinics.

Building upon Grameen America. Grameen America is successful because it combines deep experience with the Grameen Method of Action which can be seen at is outlined here:

1. Start with the problem rather than the solution: a credit system must be based on a survey of the social background rather than on a pre-established banking technique.
2. Adopt a progressive attitude: development is a long-term process, which depends on the aspirations and commitment of the economic operators.
3. Make sure that the credit system serves the poor, and not vice-versa: credit officers visit the villages, enabling them to get to know the borrowers.
4. Establish priorities for action vis-a-vis to the target population: serve the most poverty-stricken people needing investment resources, who have no access to credit.
5. At the beginning, restrict credit to income-generating production operations, freely selected by the borrower. Make it possible for the borrower to be able to repay.

6. Lean on solidarity groups: small informal groups consisting of co-opted members coming from the same background and trusting each other.
7. Associate savings with credit without it being necessarily a prerequisite.
8. Combine close monitoring of borrowers with procedures, which are simple and standardized as possible.
9. Do everything possible to ensure the system's financial balance.
10. Invest in human resources: training leaders will provide them with development ethics based on rigor, creativity, understanding and respect for the rural environment.

Grameen America borrowers are required to form a group of five; that group goes through five one hour training sessions together and commits to meeting one hour each and every week throughout the year. The participation and performance of each member of the group is completely transparent to all the members of the group. The loans are to individuals, and they are not cross-guaranteed, but the members of the group can increase their loans at a faster rate if everyone is current with their loans. This creates a positive incentive for everyone to stay current with their loans, and to provide support if anyone falls behind. When a Grameen America borrower falls behind, Grameen America does not go into a collection process. Grameen America goes into a support mode to provide reasonable support for the borrower, including lengthening the term of the original loan to reduce the weekly payments, and even making an additional new loan if the group of five approves.

The essential elements of this peer group model works well in a number of health related programs, from Weight Watchers and Alcoholics Anonymous to group medical appointments and consultations. The peer group model is very cost effective, has the proven potential to change very difficult addiction behavior like over eating, inactivity and alcoholism, and is relatively well liked by its participants because it is effective.

It took three full years to raise the funds required for the initial launch of Grameen America. It was only after the program was funded by a few individuals that Grameen America could actually start and prove success in the US that significant funding then came in.

While we have extensive experience with Grameen Health and Grameen Caledonian Nurse Training, and helped fund and launch two Arivind Eye hospitals in Bangladesh, bringing this approach to a developed country will require overcoming a variety of challenges.

Launching the Program. Health care in the US is complicated and highly regulated on a number of levels, and there are a variety of funding models. We have registered the domain www.healthylives.org. We want to offer health promotion and primary health care with incentives for improving behavior that will maintain health and reduce the chances for disease.

Grameen America currently has 6,000 members in the New York area, with a concentration of 2,500 in the Jackson Heights, Queens. We will start by connecting this community to existing health promotion and care programs to learn what is needed, and what does and does not work in the New York area. The Grameen America members have expressed interest in cancer screening, exercise, access to primary care physicians and other health related programs. We need to first connect this interest with existing programs, and then

develop programs for unmet needs. Additional programs could include: nutrition programs, smoking cessation, diabetes education; and the use of new technologies; e.g. mobile to connect to individuals to support networks, services providers, and more. Some initial steps would include:

1. We want to work simultaneously with existing health promotion and health care programs to get to a critical mass of Grameen American member with existing services until we can start to develop our own HealthyLives programs where needed.
2. Partnering with the Whole Planet Foundation of Whole Foods Market -- already a significant supporter of Grameen throughout the world. They have expressed an interest in promoting better diets/nutrition, cooking and exercise programs.
3. We want to support a full time executive director of the HealthyLives program to first support the health care needs of the Grameen America members in the Jackson Heights area of Queens, New York. That full time professional will probably be someone with nursing training and strong management experience committed to improving the health of low income populations.
4. There are already a number of programs with impressive leaders who we have contacted and would like to include in some way, such as Sarah Horowitz, founder and director of the Freelancers Union, who has extensive experience in the challenges of self employed people to find insurance and actual health promotion and cost effective health care, even if they have the money and insurance to pay for it.
5. We can learn from other programs, such as those documented in Atul Gawande's "The Hot Spotters" *New Yorker* (01/24/2011). The article highlights Jeffrey Brenner, Director of the Camden Health Coalition and Dr. Rushinka Fernandopulle, who have both designed novel programs that help people with chronic diseases improve their health by working more closely with "health coaches." Under an established Robert Wood Johnson Foundation grant, Fernandopulle is attempting to promote his approach as a new model of primary care. He is also creating research collaborations to measure model impacts costs, outcomes, and patient and physician satisfaction.

Requested Support. We will approach building HealthyLives the same way we approach Grameen Health in Bangladesh, with small steps or building blocks each intended to become self-sustaining. Hiring and supporting a full time executive director will be the first step. We are looking for support to hire an executive director and support staff for HealthyLives.

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