

**COMMUNITY SITE VISIT  
EASTERN JACKSON COUNTY, MISSOURI**

**SITE VISIT REPORT**

**Prepared by:**

**Felix, Burdine and Associates, Inc.  
5100 Tilghman Street, Suite 215  
Allentown, PA 18104  
Phone: 610-366-1310**

**SOCIAL RECONNAISSANCE COMMUNITY SITE VISIT  
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## **Introduction and Report Purpose**

The Local Investment Commission (LINC) in collaboration with its local partners -- the Eastern Jackson County Community Health Improvement Project (CHIP), Jackson County United Way and the Truman Heartland Community Foundation – hosted a series of community meetings on November 12 and 13, 1998, for a team of visitors from both the federal government and the State of Missouri. One purpose of these meetings was for the “visiting” team to listen to leaders, health and human service providers, and residents of eastern Jackson County to learn about local health issues, the community’s history of working together, and the resources (programs, people, organizations) available in the community. A second purpose of these meetings was to provide a forum for the community to advise the federal government, the state, and themselves about how to more effectively meet the needs of underserved persons.

The purpose of this report is to summarize the information shared during community discussions, and to provide a document from which the partners involved in the process can begin to build specific next steps to address the issues that emerged from the discussions.

This report begins with a summary of the team’s observations from the site visit. Summary findings from the community discussion groups are then presented. Several ideas emerged from the community discussions, and the team offers suggestions for next steps around those strategies in the “Addressing the Issues” section. The Appendix to this report includes a description of the methods used to organize the community discussion groups, detailed findings from all community meetings, and a copy of the sign in sheets as filled out by the discussion group participants. Also included is a list of site visitors and their affiliations.

As a last introductory note, the audience for this report is LINC leadership and staff, and community members who attended a community meeting. An “Executive Summary” of this document could be developed for broader dissemination in the community, with information geared for a specific target group (e.g., media, local legislators).

**Site Visit Purpose**

The Local Investment Commission sponsored a series of community discussions in November 1998 as part of a site visit from the Health Resources and Services Administration's (HRSA) Region 7 Field Office in Kansas City, Missouri. This office has responsibility for oversight of programs -- in Missouri, Iowa, Nebraska and Kansas -- whose purposes are to increase access to primary and preventive health care and decrease health disparities in communities. The Missouri Primary Health Care Association were also participants in the site visit. This organizations has worked with community-based health care providers to monitor the needs of underserved persons in the community and leverage resources that can meet those needs.

The site visit to eastern Jackson County by the HRSA Field Office continues and bolsters their tradition of using community-based approaches to best understand how to meet their responsibilities and mission. Specifically the purpose of this site visit was to better understand, from the eastern Jackson County population, what they perceive to be important health needs, and to assess if the system currently in place is providing the services needed to meet gaps in primary care services in eastern Jackson County. The site visit team was also seeking to identify existing activities in eastern Jackson County that can help increase access to health care for the underserved.

There is an additional motivation for these state and federal organizations to interact with communities. The Bureau of Primary Health Care (BPHC) within HRSA has recently announced a national vision for its programs: a safety-net of providers should be in place in each community, such that the entire population ("100%") has access to primary care, and the underserved have no disparities ("0%") in their health status. Underserved communities are a logical place to begin testing this vision, and one outcome applying the information gathered during the site visit to eastern Jackson County could be a demonstration project that incorporates the Bureau's vision of "100% Access and 0% Disparities."

As the local partner in this process, the Local Investment Commission wanted to take advantage of the community meeting process to educate a larger audience about current health issues, and the activities and resources in place to address them. Additionally, LINC was interested in using the community discussions as a source of additional information and as an opportunity to engage additional partners to address issues specific to eastern Jackson County.

## Observations of the Site Visit Team

- Approximately **150 people** from several municipalities in eastern Jackson County participated in community discussions over the course of a two-day site visit. Their comments provided the team with a cross-section of valuable input from community members, leaders and health and human service providers.
- Eastern Jackson County is composed of **seventeen municipalities and towns** that have their own leadership, structures and regulations. Working across these jurisdictions to address issues requires multiple partners, coordination, and respect for the issues and characteristics of each municipality.
- To some extent, each municipality has aspects of being a “bedroom” community of Kansas City, as well as a “self-contained” unit. For example, each municipality has a proportion of people who work in Kansas City, and a proportion who work locally. This mix of people has made **“connectedness” within municipalities and across eastern Jackson County** a challenge.
- **Persons in eastern Jackson County who are enrolled in the Medicaid program, or who are uninsured do not have adequate access to dental health services.** There are many reasons for this: dentists in the eastern part of the county do not accept Medicaid, or, for the few providers in eastern Jackson County that do accept Medicaid patients, their practices may be closed to new Medicaid patients. The State Child Health Insurance Program provides coverage for dental services, however, expanded eligibility and payment of dental services for children may not result in increased access if dentists do not accept payment from this new insurance program. Dental coverage is often not a component of the insurance plan that hourly-wage workers obtain from their employers, and the costs of preventive care are too high for payment out-of-pocket. Dental services for poor or uninsured persons are available at several facilities in Kansas City, however, arranging transportation to and from these facilities is problematic. Truman Medical Center East is a local resource for dental health services for Medicaid insured persons.
- **For the entire population, mental health services are challenging to access.** Eastern Jackson County may not have enough, or the right mix of mental health professionals to meet the needs of the community.
- Community members and service providers stressed **the critical insurance issues for low-income and working poor families:** it is challenging for many people to purchase insurance (either from a plan or through a payroll deduction) *and* afford deductibles or co-payments for services. This is a particular consideration for families who are now involved in welfare-to-work approaches: community members cited that the insurance coverage offered by many companies leaves families in a more stressful financial situation

then when they were Medicaid insured, and it made them question the value of employment compared to staying on welfare.

- **Many people in eastern Jackson County do not have reliable, accessible or an affordable means of transportation.** Health and human service providers and community residents alike shared that lack of transportation is the reason many people cannot “get to” (or get home from) services they need (either in eastern Jackson County or in Kansas City). Transportation for health services specifically was often cited as inconvenient, too expensive, or not capable of meeting the special needs of disabled persons. The broad geographic area that constitutes “eastern Jackson County” makes addressing this issue a challenge.
- Eastern Jackson County is a good case study for a challenge that faces many underserved persons: **expanded insurance eligibility and coverage may not result in increased access to services.** There are many reasons for this, including lack of providers, lack of acceptance of public insurance programs by existing providers, continued transportation problems of individuals and families despite having insurance coverage for services. As LINC moves forward in addressing health and access issues in eastern Jackson County, this dynamic could be considered in the design of approaches that attempt to increase access to services.
- There appears to be a **preference for people to use services within their own neighborhood.** Transportation was one reason for this preference: service providers shared that a trip into Kansas City was unrealistic for some families, even feared by others. The personal treatment of persons who are poor or uninsured was a second preference for obtaining services locally. Institutions, including hospitals, are perceived by many to be threatening or disrespectful; local, familiar providers, such as the school-based clinics, do not have this reputation, and serve as “community” centers of service.
- There is a **lack of awareness on the part of both consumers and providers about exactly what services exist, and to what extent, in eastern Jackson County.** One example of this is the families in eastern Jackson County with children eligible for the State Child Health Insurance Program who are unaware of the eligibility requirements, or how to enroll. There is a general feeling in the community that more “education” -- through stepped-up efforts to communicate what is available to people in both traditional (radio, newspaper, fliers) and non-traditional ways (going door to door to announce programs) -- would help both consumers and providers to access services more appropriately.
- **LINC can research and explore “best practices” around financing of its Caring Communities-funded, school-based health clinics.** The clinics located at Cler-Mont Elementary, Procter Elementary, Van Horn High School (for which Truman Medical Center East is the source of providers), and Randall Elementary (for which the Medical

Center of Independence is the source of providers) currently provide free services. To ensure that services are available through these clinics in the future, a combination of creative financing approaches might be considered that could create an “annuity” stream of resources for the clinics. This approach would allow them to continue to meet the needs of the community, preserve accessibility and quality of services, and deal with future financial constraints.

- **Addressing health issues specific to eastern Jackson County will require a strong coalition of leaders who focus on the eastern portion of the county.** Existing collaborative efforts and resources in eastern Jackson County could be built on, and directed in a common effort, as a means to provide this focus.
- The community meeting process allowed the site visit team to get a good “**geographical sense**” of eastern Jackson County, an appreciation for the existing resources as well as the needs of the community.

### **Summary Findings from Community Discussions**

Summary findings are synthesized from the community discussion groups conducted during the site visit. Each community meeting used a similar agenda: introductions, definition of community (from the participant’s perspective), current community issues and challenges faced by the community, history of collaborative problem solving in the community, and a description of the resources that exist. Each meeting closed with a request for advice: this advice was solicited for both the community, and for the site visitors. Summary findings are reported here in the order of the discussion group agenda.

#### Definition/Description of Community

Eastern Jackson County was described as the part of Jackson County within the County boundaries, but outside the Kansas City border. In eastern Jackson County, there are seventeen “communities” or municipalities, each with their own local infrastructure. Community leaders from across these municipalities described that they have begun to think regionally, which is required to leverage resources in a county that also contains a large city.

Community meetings were held in several different communities within eastern Jackson County as part of the site visit. Despite the distances and differences between each, there were descriptions of the “community” (eastern Jackson County) that were similar:

- The population is largely White/Caucasian, although there are some pockets of Hispanic and African American families.
- Each community has elements of being a bedroom community for Kansas City, as well as its own “unit.”
- The municipalities were described as diverse economically and in the age distribution of the people: all incomes and ages tend to be represented. In general, the communities are poorer, and have fewer services, the farther east you move from the city.

- Eastern Jackson County as whole is growing: there is more traffic, more building and people moving into the area from the city.
- Schools are centers of activity and service provision in each of the communities; they provide an important social connection for many families.

Service providers and community members perceive that the income disparity between the rich and poor in eastern Jackson County is growing, and that there is a large population of working poor persons, and an increasing proportion of children who are in poor families.

### Issues

There were several key issues that emerged from the community discussion groups:

- Inadequate or inaccessible transportation is a barrier to receiving services for a large segment of the eastern Jackson County community.
- Persons in eastern Jackson County who are enrolled in the Medicaid program, or who are uninsured do not have adequate access to dental health services. There are many reasons for this: dentists in the eastern part of the county do not accept Medicaid, or, for the few providers in eastern Jackson County that do accept Medicaid patients, their practices may be closed to new Medicaid patients. Dental coverage is often not a component of the insurance plan that hourly-wage workers obtain from their employers, and the costs of preventive care are too high for payment out-of-pocket. Dental services for poor or uninsured persons are available at several facilities in Kansas City, however, arranging transportation to and from these facilities is problematic. Truman Medical Center East is a local resource for dental health services for Medicaid insured persons, however, a 6-9 month wait is typical. In Lee Summit, one dentist offers one day a year of free care. Ft. Osage School District arranged for dental screenings last academic year, but the case management required to connect children with dental care was too intensive.
- The entire population of eastern Jackson County has challenges in obtaining mental health services, not just poor or uninsured persons. Service providers and community members questioned the “mix” of mental health professionals available, and if they were suitable or adequate to meet the needs of the population.
- Many families cannot afford *both* the cost of an insurance plan (which may come from their paycheck), and the cost of deductibles or co-payments that accompany those plans when they receive services.
- There is a lack of awareness on the part of both consumers and providers about exactly what services exist, to what extent, in eastern Jackson County. One example of this is the families in eastern Jackson County with children eligible for the State Child Health Insurance Program who are unaware of the eligibility requirements, or how to enroll. There is a general feeling in the community that more “education” -- through stepped-up

efforts to communicate what is available to people in both traditional (radio, newspaper, fliers) and non-traditional ways (going door to door to announce programs) -- would help both consumers and providers to access services more appropriately.

### Challenges

Community members described the following challenges for eastern Jackson County:

- Funding restrictions and regulations have prevented service providers from addressing issues, such as transportation.
- The Community Health Improvement Project (CHIP) has pulled together data from multiple assessments that have been conducted in eastern Jackson County. One challenge shared by this group is that the collection of data and indicators specific to eastern Jackson County is not systematic, therefore, it is challenging to convey to resource holders the extent and type of issues faced by the communities in the eastern part of the county. A second challenge is that there is not a system for using data already collected in eastern Jackson County to measure the progress of health improvement or collaborative efforts.
- Many people who live in the communities of eastern Jackson County will not or cannot travel into Kansas City - or even out of their neighborhood -- for services. Lack of transportation, fear, and poor treatment by service providers and institutions were cited by discussion group participants as reasons for this.
- Access to dental services and primary health care for people with disabilities was cited as a community challenge. Often, vehicles or vans available through special programs are not equipped to transport wheelchairs, and equipment in physician and dental offices are often not suitable for treating persons with disabilities.
- The implementation of Medicaid managed care has made access to basic services a challenge for some Medicaid enrolled families: requirements for the program now include obtaining approval from a primary care provider, which often necessitates a call back from a doctor. Persons without phones in their homes have found this aspect of the program to be a challenge. Additionally, some families cited that Medicaid “loses” you between the approval process and when a bill is issued; sometimes bills are sent in error or for services that are covered by the program.
- An inability to receive support and funding for programs to care for the needs of elderly persons was cited as a challenge by some service providers. Lack of awareness around the needs of elderly persons was given as a factor contributing to this challenge.

### History of Collaboration

LINC is a national model for collaborative problem solving at the community level. The success and growth of this organization has influenced the thinking of many in eastern Jackson County about collaboration. For example, there is an appreciation that collaboration takes time and energy, and that the process in which people work together to solve problems is as important as the results.

The eastern Jackson County Betterment Council, the Eastern Jackson County Community Health Improvement Project (CHIP), the Truman Heartland Community Foundation, LINC, and ministerial alliances were listed as specific collaborations in the eastern part of the county. Some service providers indicated that eastern Jackson County organizations are recognizing that collaboration is the key to retaining resources among organizations in the eastern part of the county. The “Detailed Findings” section contains a complete list of the collaborative efforts listed by community discussion participants.

### Resources

During the discussions, community members were asked to list what they perceived as “resources” in the community. In some discussions, probe questions were asked to find out about resources available to address specific issues.

There is a wealth of resources in eastern Jackson County: programs, services, and institutions. Common resources listed by communities included schools, churches/ministerial alliances, the LINC Caring Communities-funded clinics, hospitals and health care providers and local community programs that provide services to families in need, health departments (city), and local foundations (the United Way, Truman Heartland Foundation). The complete list from the discussions is included in the “Detailed Findings” section in the Appendix to this report.

### Advice

Advice was solicited from community members in two areas: advice that community members would have for their community, and advice for federal and state resource holders in working with communities.

Advice from participants for addressing issues and challenges included the following:

- Balance the funding of short-term ideas with commitment to solving long-term issues.
- Improve awareness in the community about what is available: have meetings, provide information, use churches, create local “chambers of commerce” for social issues, communicate in non-traditional ways and formats to get the word across. Create a central resource such as a 1-800 number where people can call for information. This would benefit consumers and providers who refer people for services.
- Consumer input has to be first, not an afterthought, in a meaningful process.
- Resources have to be devoted to focusing on prevention of health problems in the community.
- Use data and develop business plans to determine how issues will be addressed.

Advice for state and federal site visitors included the following:

- Outside entities should honor and participate in structures that exist in communities.
- Eliminate or stop categorical funding, e.g., allow us to do programs for all children.
- Instead of sending out RFPs with predetermined limits, come to us and ask how we should spend the money first. Work with people in the community first before you give money.

## **Addressing the Issues: Ideas from the Community and the Site Visit Team**

*A strategy to improve access to dental/oral health services* in eastern Jackson County is clearly needed based on the information gathered during the site visit. The first step in a process to address this issue would be to communicate to those who participated in the site visit the range of issues that surfaced in the community discussions. This communication can be in written form, such as an Executive Summary mailed to all persons who participated in the visit (or incorporated into a LINC newsletter). A town meeting can also be organized, with the following agenda:

- A description of what the site visit *was*: when it happened; the partners involved, why they came and what their roles were; how local people were involved; why LINC was chosen as the convener
- Site visit findings (summary points from the body of this report)
- Community discussion around the ideas suggested in follow-up to the site visit
- Discussion or agreement on some next steps to address issues.

To address the dental health issue, LINC could propose the addition of a Dental/Oral Health Task Group or announce the group as an extension of their Health Care Task Group. LINC has successfully organized other citizen-driven initiatives in a Task Group format; organizing tactics and approaches in dealing with welfare-to-work issues can be used to organize a Dental/Oral Health Task Group, and develop a working plan. For example, citizens as well as health care professionals (particularly those who participated in the community discussions) can be recruited as members, and representatives from Truman Medical Center East, the Elks Mobile Dental clinic, and private dentists who currently have Medicaid patients in their practice would be valuable Task Group members, as would be Medicaid enrollees.

A similar process is occurring at the regional level in the states served by the Region 7 and Region 5 HRSA Field Offices: these Regions are organizing to implement the HRSA Oral Health Initiative in 1999. Larry Walker, DDS, Dental Consultant for the HRSA Region 7 Field Office (and a member of the team who visited eastern Jackson County), and Gail Brown, Medicaid Regional Dental Coordinator for the Health Care Financing Administration (HCFA), are assembling state-based teams into an Advisory Panel with the following representatives: State Dental Directors, the State Primary Care Office, dental school representatives, State Dental Associations or Societies, the State Medicaid Office, and clinicians. Advisory Panel representatives from each state will work as a team to develop strategies that can improve oral health. These ideas and strategies will then be brought before the entire panel for discussion and consideration. This Advisory Panel is scheduled to meet for the first time on December 15, 1998.

There would be benefits to the State of Missouri in selecting a local partner such as eastern Jackson County for the HRSA Oral Health Initiative. These benefits include:

- 1) A readily-identifiable group of people who can form a functioning local task group (e.g., within LINC's existing structure, composed of representatives who participated in the community meetings). Such a group has the infrastructure and legitimacy to serve as local partners for the Oral Health Initiative.
- 2) The community discussion group and involvement process identified the need for dental health care across several communities in eastern Jackson County, as well as the resources in place to meet those needs. This information helps to "make the case" for addressing dental health issues at the local level.

Follow-up and potential involvement in the HRSA Oral Health Initiative can be coordinated through the Region 7 HRSA Field Office.

During the community discussions, participants suggested that LINC-sponsored, school-based clinics already providing services to the communities of eastern Jackson County, could be considered as places where dental care and other primary care services can be expanded.

There are *financing issues* that must be considered if a dental health approach were to work through the existing LINC service sites. The HRSA Regional Field Office has the expertise and knowledge critical for the development of community-based primary care services and Field Office team members can offer technical assistance and support to the LINC Health Care Committee (and other committees developed to address health issues in eastern Jackson County), as program options begin to be developed. There are community health centers that serve Jackson County that can also be a source of support and knowledge; for example, the Sam Rogers Community Health Center serves those families closest to the Van Horn School and in the Ft. Osage school district; Swope Parkway serves those families in the Independence school district. These community health centers can give guidance for how federal and other resources can be brokered to meet community dental health needs and should be involved in the follow-up strategies.

A challenge mentioned by service providers and community members alike was *lack of information about what services are available, for whom, and when*. Once strategies or ideas develop from the Dental/Oral Task Group, advice from the community could be incorporated in communicating what new or additional dental/oral health services might be available; specifically, by "getting the word out" in non-traditional ways, such as by word of mouth or door-to-door, in addition to using the radio, television, and churches as vehicles for communication.

The *transportation challenges* in eastern Jackson County seem overwhelming. The development of a strategy to address dental health is an issue-specific opportunity to study and meet the needs individuals and families have for transportation, even if just for accessing dental services. There are two types of approaches for addressing this challenge based on advice from the community: 1) find means to bring dental services out to where people are, or 2) put a transportation system in place that can bring people to where they need services.

Transportation resources that currently exist include: the public bus system and the school districts (who must transport students), Medicaid-authorized providers of transportation, Truman Medical Center East (provides transportation for pediatrics clinic), OATS (Older Adults Transportation System), and taxicab companies (Rainbow Cab Company was mentioned as one example). Representatives from these organizations can be convened (by LINC, if desired) to discuss the parameters of the transportation challenges people face, and to discuss approaches that have worked in eastern Jackson County in the past, as well as what is working for current programs.

This discussion with transportation providers can also be organized around the approach needed for a successful dental/oral health services pilot. The challenges and limitations of the current transportation system can be uncovered in this approach, as well as opportunities for existing service providers to collaborate and provide transportation. One challenge (although specifically mentioned in reference to mental health services funded by Medicaid) is important to consider: reimbursement for services (such as from Medicaid) is so low that providers do not have an incentive to contribute to discussions for how to improve access. This may be a challenge or a barrier to their involvement in planning.

The first steps responding to the issues mentioned in this report are to 1) *organize the data available* to define the scope of the issue for eastern Jackson County, 2) *identify current resources* (e.g., programs, health and human service providers, grants) that are in place to address the issue, and 3) identify the opportunities to gather resources in support of an idea. Web-based resources that provide that provide extensive “links” to government, philanthropic, and other Internet resources that provide data as well as resource opportunities include: [www.aha.org](http://www.aha.org) (The American Hospital Association site, and the State of Missouri Website ([www.state.mo.us](http://www.state.mo.us))).

Other opportunities and ideas include:

- HUD grants will be available for independent housing authorities who collaborate with a local health entity to improve services or facilities (grant application due in February 1999, announcement will be posted in the Federal Register). These funds can be used to support the development of primary care services within HUD-supported community developments. Locations, such as Hocker Heights, with community meeting and activity space would be ideal places for additional resources to be located for the community.
- Parents and guardians with children eligible for the State Child Health Insurance Program need to receive accurate information about their eligibility and the enrollment process for the program from all service providers, as well as accurate information about the range of services covered (medical, dental). LINC's talent and capability in pulling people together, as demonstrated in the site visit, indicates that the organization can facilitate a broad-based information dissemination process. Continuing to work with providers and community organizations to facilitate enrollment of children into the program is an opportunity to address the insurance challenges faced by families in eastern Jackson

County. Organizations participating in the community discussions, who come into contact with families eligible for this insurance program, can be reconvened for an issue-specific discussion on how to create and maintain access to this state insurance program.

- Specifically for LINC, the Hocker Heights community requested that some of the meetings on Medicaid reform and system change be held in their community room, so they can participate in the discussions.

**Closing**

We would like to thank all of the people who participated in this process, especially the Local Investment Commission, and all community members who took the time to participate in the community discussions. It is your contributions that are most important -- thank you for the opportunity to listen.

**APPENDIX**

## Methods

Beginning in June 1998, FBA worked with Tim Decker, at the Local Investment Commission to establish the site visit objectives and community meetings. Materials to assist in this community organization process were forwarded to Tim; these included the template for a letter that could be sent to community members announcing the purpose of the site visit with an invitation to participate, and a scheduling template. FBA conducted follow-up conference calls with Tim to: 1) review the purpose for the visit and hone LINC's objectives for the visit, 2) provide specific instructions around establishing the site visit meetings, and 3) receive updates around the scheduling process for the community meetings and to review schedule logistics.

While the community site visit is being organized, health information that may already exist in the community is collected. FBA requested documentation from LINC that would describe the geographic area and population served, and aspects of the local health delivery system, and conducted additional research to locate data from state organizations and the Internet. These materials were reviewed prior to and during the site visit for information on the social determinants of health in the community, and were used to organize the Briefing Packet for the community site visit.

Representatives from the Region 7 Field Office in Kansas City, Missouri, the Missouri Primary Care Association, along with representatives from FBA, went to eastern Jackson County to conduct the site visit on November 12 and 13, 1998. [An evening briefing and meeting with Field Office representatives was held on November 11, 1998.] This team interviewed 146 individuals over the course of the site visit, in meetings held at various facilities in the community, including Truman Medical Center East, Van Horn High School, Jackson County United Way offices, Village Heights Church, Hocker Heights neighborhood, Oak Grove City Hall, John Knox Village, and Healthsource (Grandview). A copy of the sign in sheets from each meeting are included in the Appendix.

Each community meeting used the following agenda:

- Introduction and purpose for the discussion
- Definition of community
- Issues
- Challenges
- Resources
- Advice

Information was captured on flip charts at the time of the discussion, and also recorded on a laptop computer. These two note sources were checked against each other prior to inclusion in this report.

## Detailed Findings

### Define community

- How define this or the community--over the past 4-5 years, individual community to regionalization. Now look at eastern Jackson County rather than individual places
- Strong school districts
- Urban and rural
- Diverse--up and down the spectrum (large older population, as you come from KC and go east, socio-economics and other things change).
- EJC has both extremes relative to income and ages
- Large area of growth (lot of people moving into area, new housing starts)
- Independence increasing most quickly in the last five years (poor area)
- From community college perspective (seeing 1 in 3 students who meet federal guidelines for programs) compared to other parts of our system, inner city is only place comparable Very much like an inner city school in terms of who we serve--scary at times
- Strong volunteer element (cultural arts and other things)
- Change in mentality in terms of what is possible (recruit colleges, can raise \$2M, can have major expansion, dreams and expectations have increased)
- Schools: varies from school to school all grouped (predom white, further east more white, northeastern part of county very blue collar, varies from school to school)
- 30% of poverty in Independence

### *Independence*

- Relationships--business, residents
- live near a metro city, but really used to orient towards farming community, more like a small town
- Really try to take care of one another
- High population of working poor, struggling to pay the bills
- Truman East is closest facility
- Rich and proud history of the "square"
- School (Van Horn) is centrally located between downtown Independence and Kansas City proper--but lack clinical care with hospitals at both ends.

### *United Way Meeting (Agencies and Leaders)*

- EJC is a lot of communities
- Community can be a lot of things: neighborhood, church, town, work--where I personally function
- Growing but not planned growth, sporadic
- Mixture of different places and people that all make up what we know as home (income definitely, race/ minimally, different types of neighborhoods), very mixed by age as well.
- Ages are segregated by neighborhood and geography...elderly can't sustain home in suburbs by themselves

- EJC is very spread out, as you move east, tends to be more agricultural
- In some ways closed, and in some ways very open and work together; related to growth, there is an in crowd and an out crowd, newcomers flounder (tough to integrate in)
- Small towns struggling with increasing urban issues (e.g., “how are we going to do this and keep small town atmosphere”)-there is a contingent who would like for things to remain the same.
- Define ourselves by what we are not:
- We know each other very well .
- Raytown is losing people, also landlocked (totally surrounded)
- Strong religious family ties in the area

#### *Independence Church/Ft. Osage (school district)*

- We are the eastern most community of Eastern Jackson county: Lafayette county line to 291 to river; there are 132 sq miles in the school district.
- Community centers around the school, both rural and suburban.
- School is the hub of activity; 1 high school
- Also included in a portion of Independence School District; share families and resources across school districts.

#### *Hocker Heights*

- Improving -- have community policing, people more responsive to programs and services offered, much safer than it used to be
- Nice and quiet
- Physically attractive/ pretty area
- People are very friendly
- Lot of problems here (not somewhere everyone wants to stay)
- Place to start over, people are getting more involved since I've been here, neighborhood watch, some places are very closely knit, office people here are very good take care of most of our problems, becoming closer knit
- Some lack of respect towards neighborhoods
- Lots of variety, all different kinds of people coming from different places, learn from other people, lot of people growing.
- Mostly single units 220 children all ages, 135 units (at least)--lot of single parents

#### *Oak Grove*

- Lot of fun (out in the country-rural)
- Calm and peaceful
- Friendly
- Helpful and supportive (Odessa, Oak Grove pretty much the same), caring, giving
- Being able to communicate with greater Kansas City--not a toll call anymore, so it's a little bit cheaper
- Place along I-70 where all the trucks get off

- Mix of young and old

#### *Lee Summit*

- Group of people living together in close proximity with similar interests
- Very caring people
- Lee Summit is predominantly upscale (upwardly mobile and wealthy), fast growing (lake development), bedroom community of Kansas City predominantly
- Education is very important
- Desire to blend the old and the new
- Citizens are very active -- involved in community activities, not just the same volunteers over and over
- Very diverse: age (old and young families), geographically (not just the city of Lee Summit but also the surrounding area that is also driven by the school district (think of that boundary)
- Almost all white

#### *Grandview*

- Medicaid (a 1991 Ernst and Young study indicated 60-70% Medicaid in Eastern Jackson County which was a catalyst to open Healthsource)
- Even racial mix (black, white, Hispanic)
- Lower middle class
- Young families with some elderly
- Most people live in Truman Village (200 units)
- City of Grandview: 26,000 people, economically diverse, primarily middle and upper class, racially mixed (which is unusual for Jackson County)
- 15-20% of community works in Grandview
- Numerous neighborhood support groups (churches, neighborhood watch)
- Community oriented

#### Issues

- We are beginning to look at health regionally vs. individual places
- Bucking the perception that there is no poverty here: you would be amazed at how many poor children there are ,we have as many problems as the inner city poverty more evident over past 5 years
- Poverty becoming evident in EJC because of leadership and (we understand that we have gone from under 2% to higher 8% over past 5 years). 70% of poverty is in Independence, have not communicated this shift as well to rest of metro area (this is a challenge).--Oak Grove, Grain Valley
- Lack of health care for those who are removed from metro center, won't ask for help, don't know where to go (can only ask schools)

- Is there a lack of health services or primary care? Think there are lots of services available, but I don't think that people know how to avail themselves of the services, and communicating with this group is impossible.
- Challenges: getting people there, understanding what is available
- Are the right people at the table to be a part of planning process (e.g., health care providers that will be required to provide these services)?
- School based clinics--hospitals involved in school based stuff, physicians involved in health strategy, action ----need to get things as close to people as possible in as short a time as possible.
- Size of transportation problem--spread out (same population size as KC in EJC)
- Most people do not know what services are available
- Truman Medical Center East and Health Department publicly funded and provide services to those in need, have had a number of hospitals as part of this group. Another big component we have some big free standing managed care organizations that need to be brought to the table (free or sliding scale services)

#### *Independence/Van Horn*

- Transportation
- High number of people who do not have insurance
- Buses do not run to Truman east. (Doesn't go near 40 highway, or to where people live)
- Don't have insurance, can't pay for services, people afraid they are going to get caught if they have an old outstanding bill (afraid if they will get caught, or be forced to come up with money before they get treated)
- People not treated with respect --won't go to welfare, or Medicaid for kids because they feel bad (huge barrier to services)
- Communication is a problem (people don't know what or how to ask for help). Don't get the answers they are looking for if they don't use the right words, or use the questions we would.
- Families don't have confidence and tenacity to tear through the bureaucracy. In my opinion, the systems have just institutionalized difficulty to access to catch things like welfare fraud (families feel like traps are being set for them and they lack the energy to tear through it.)
- A lot of people I've dealt with feel like they're being caught for fraud before they are even through the application process.
- Standard Oil Refinery in neighborhood--might have a relationship to cancers that have emerged
- Meth production is a health problem--sold locally
- Elementary -- head lice, scabies, flea/roach bites, many of homes are older or have been divided into multifamily units (challenging housing conditions)
- Low dental care, and really serious things are happening to people because of it, like constant low level bacterial infection. We are 45 minutes away at Truman East (have 14 dental chairs); and we take 15 kids a week from school for care.

- Independence Regional (used to be part of Columbia HCA); Truman also the public hospital.
- Independence---we are two communities in one, and there is isolation within community. Live in isolation because there is no transport to get them to the other end.
- Knowing about the resources is a full time job and what is available; service providers don't know either....I have networking sessions just to figure these things out.
- Elderly without food to have medications (or if they do get scripts, don't take the way they should).

#### *United Way Meeting*

- Disparity in incomes seems to be growing
- Sometimes people look at things like "its not my problem" (city to city issues, vs. How we are related to each other)--others who will come and rise to the occasion
- Health care in far EJC is a problem (far part of the county, particularly because of transportation)
- Don't know about services --mass media program (City of Independence health department), high emergency room use by the underserved, low utilization at VanHorn clinic
- Population turns quickly, lots of rental property (just when you think you have an area covered, people move and you have to continue your efforts)
- Services for kids from 3-6 p.m.
- Services exist in KC, but many people won't cross the river and go into the city
- Highest rates of child abuse in Jackson County in Independence (CAPA)
- We have jobs but they are sprinkled around the area, tough to live in certain areas and get to jobs
- Competitive economic development
- Mix of collaborative and competitive service provision -- lot of agencies that don't want to work together (have determined that if we don't band together in EJC we are going to lose out), difficult to collaborate in this situation anyway
- Lot of uninsured persons (service low wage jobs and lose Medicaid and benefits)
- Division of Family Services -- recently increased standards for Medicaid, also increased coverage for parents (beginning in Feb, with increased income standards 300%)
- Operating costs that are not funded -- how do we meet the needs of existing programs and expand if you don't have operating costs; have a real short term perspective on grants, need longer than 1 year to address challenges (need a collaboration between funders and grantees to explore challenges)
- Health challenges--chemical dependency, increased tobacco use in younger kids and alcohol use as well, tolerance by parents, asthma in schools, dental health takes a back seat to other types of care. Variables involved in dental: far EJC lack of providers, transport, lack of insurance, people can't meet deductible to pay for dental care. (Same holds true for any medical provider in EJC doctors don't take Medicaid for primary care) Increased challenges for developmentally disabled

- Mental health services for low income children and child sexually abused (6-8 months), psychiatry is a challenge, ADHD in the schools very little for kids with these problems.
- Suicide (ages 15, 35 two spikes in age groups)
- Child care

#### *Ft. Osage*

- Issues that we face are because we are not really rural; overlooked sometimes
- Public transportation stops at shopping center--can't use for services or for jobs. Not extended more because of finances. Independence has tried to get transportation from 291 in, we have also tried to do bussing but it is not convenient
- Local health center -- place where entire community goes for care, lot of families that fit into the category of working poor and more than they used to, there is no health care but at the clinic at the end of the day.
- Clinics are here and local (use for convenience, and lots of other reasons) much better quality of care and it is essential for this community
- Randall School Health Center 23-25% is uninsured, haven't yet seen impact of Medicaid reform-- 35% are on Medicaid -- anchors for drawing other people in to the system
- Prohibitive costs and time off work
- No dental care (sent to Truman Medical Center East 6-9 month wait), he is the only dentist out here, must be a way to get the folks who provide services out here from the city. Why can't dental students come out here vs. us having to go into the city?
- Accept Medicaid out here -- get onto physician's list (have to wait)
- Do clinics work together? Yes, share appointments--or send each other over
- Trying not to lose the intent that health care is a right while wrestling with the finances. Guarantee will be available in future year, state funds combine with a federal drawdown. Caring communities removes the barriers and creates a flexible funding stream. When tried billing, really felt drop off. If could find a way to bill, fees could be devoted to doing other services.
- Second hand smoke and asthma
- Mental health needs...seeing more cases lately--stress in families with mother and father worker, children acting out b/c parents have no time
- Come in with step and pneumonia---non cleanliness, lethargy
- Steven Hill working with Independence (Hawthorne apartments--725 units) big prevention grant for meth; people from the housing project really have a connection to the schools. Ft. Osage tends to be consumers vs. producers of meth
- Have a good city health department (Independence, which is a resource), have benefit from program for 7th graders: STEP testing and body fat checks, multiple risks referred to partners
- Caring Communities/ LINC, and Tim are resources
- Not as cognizant of what elderly need, feel like we don't do a very good job right now, don't really use the community health center as much as they could (do have foster grandparent program)

*Oak Grove*

- Drugs and alcohol are a big problem (marijuana, meth labs, alcoholism)--people have moved drug dealers over here where police don't come down so hard on drug dealers
- "Anything you want you can get at the truck stops"
- If we are small integrated community, why are these problems?
- Lack of recreation (Blue Springs is closest place for recreation for folks in Odessa), not everybody likes to go to the neighborhood bar (not a lot to do with very young children), do have a lot if you are athletically minded

*Lee Summit*

- No transportation, problem all throughout east Jackson County--people can't get out here to work, and we get people transported for health services, if you can find this resources almost too costly for people to afford (Truman East is a good car drive away)
- Accessibility for people with disabilities is not good
- Infrastructure keeping up with population growth (schools, taxes, road construction, traffic congestion, zoning issues between residential and commercial land)
- Health issues: insurance is far too expensive, many people without insurance, lowest incomes and highest have insurance but its people in the middle who don't have insurance (working poor population); get left out on many things because they make a little too much (don't know the percentage, but it may be as high as a third)
- Income disparity between people
- No affordable housing for the working poor
- No dental care: are there dentists? Truman Medical Center East does have a program, have one caring dentist in the community, one day a year (better than nothing)
- Big shortfall for those who have insurance and the uninsured for mental health care; emergency fund at church goes for mental health care that church members cannot pay for. Big need because it interferes with everything in your life.
- Adult day care is necessary and in home care (Missouri Options program allows someone to come in and help with daily activities)
- Something to do after school for junior high students (don't have interest or time to stay after school)
- Domestic abuse issues
- 22% Medicaid, 33% working poor-----half of community is having difficulty accessing services
- Lots of disconnected people in bedroom community

*Grandview*

- Limited transportation is a barrier to preventive care, necessitates ER care
- Fragmented communication lines
- Under/uninsured population

- At Healthsource: non-Jackson county residents full pay; Jackson County residents pay on a sliding fee
- Increasing Hispanic population causing a language barrier
- Access to pharmacy care
- Population does not seem to be healthy: asthma, single parent families, preventive medicine not done (just emergency), episodic care is common

### Challenges

- Patchwork of health services--challenge is to define what these services are and who we are providing them for.
- Multiple political districts---things done differently in every political jurisdiction
- Always assume that our population is the same today as it is tomorrow, not the case (60-70% turnover between Sept to Sept in schools) don't want to build just another system, need action
- Don't have our own TV station or our own newsletter. Don't have good media to communicate what is available-- It is tough to get the word out.
- People who are patients in system who are afraid to come here because they will lose their rights within the system
- Lack of physicians--as you go further out things get sparse. Access is clinics that are here and emergency rooms.
- MC+ permission required to go anywhere--managed care problem here (can't also just take your child to the ER)...if don't have phone can't get back to you.
- MA does do transport--have to call 5 days ahead, not really good for emergencies
- Transportation is an issue for all communities in EJC (for poor, elderly)
- Hard to get grants for older adults
- Availability of dental care---as you move further east, cost becomes a problem.
- Access challenges with dentists (Medicaid)
- Reimbursement issues effect every single person regardless of age or who they are-- challenge of low reimbursement and providing quality services (physicians no longer make the decisions about how /when they can give free care, others own the practice)
- Reimbursement drives incentive for transportation (for example, low reimbursement for psychiatric care under Medicaid is not much of an incentive for providers to work together to figure out transportation system)
- Consolidation of services corporately outside the community is making us feel like we have a loss of control locally
- No services except during the hours of 9-5
- Regulations--Medicare and transportation advertisement; regulatory issues prevent agency from sharing transportation
- Service availability--mental health not there, we can't hire somebody for this, need to have a certain type of background
- Ft. Osage--don't have a lot of industry here.

- Had screenings last year on young kids but dropped the ball because case management to hook kids up with dental care was too intensive.
- “You never sink but your feet are always wet.”

### *Hocker Heights*

- Sometimes people organize things but don't follow-through
- Units are mostly for the disabled
- Transportation (waiting for buses with little kids), call bus 3 days in advance (Truman East) but if not over 65 or child under 5 no ride, Medicaid call them then they send it up to transportation
- Truman East--don't have something for people to just walk in (10 miles), in the hospital, is a pediatric clinic (MCI back behind) does have transportation, locked in to going certain places
- Medicaid locks you in (you have to get referrals), they assign you to go to certain places
- Truman Urgent Care sends you a bill for the doctor even if you are Medicaid,
- Division of Family Services gives you the run around
- Medicaid -- treated different, denied medical care because services I needed were not at Truman Medical.
- Everybody deserves medical treatment and to be treated with respect.
- Go to Swope, they got me in after hours, tried to fit in for urgent medical care (2 months, here take the paying customers before Medicaid)
- Medicaid “loses” you between the approval process and when you get your bills, especially for care through ER
- Frustrations with Medicaid system--put the burden of proof on us, show things beyond a reasonable doubt. I have to go through a mess just to get a referral, they call me back, makes it hard---too many rules on people who are sick or disabled.
- Reminder system with Family Health Partners is good
- No dental care for persons who are on Medicaid
- With private insurance you are worse off financially than if you had Medicaid
- Insurance changes at work, gets worse and worse...costs too much, week's pay for insurance coverage. Kids have Medicaid, wife not covered.
- Most dentists don't take Medicaid
- Lack of awareness of CHIP program
- Welfare-- when your five years are up, what if you are disabled? (will lose benefits and worried about kids)
- Vision/dental care for handicapped kids (can't sit in a dental chair)--call Sam Rogers or Swope must be handicapped accessible; portable equipment

### *Oak Grove*

- Tried to get health insurance \$78 per week, and a \$1500 deductible for emergency visits, the best the company could offer; don't qualify but can't afford anything else; \$325 per month.

- MC+ program, enrolling children---nothing that is available for adults
- Lost two doctors out here in the past few years, health source has been good, companies change insurances and then change the doctors you can go to, lack of providers and they just may not take folks, limit on Medicaid patients which makes it difficult
- Adequate transportation to medical care is a major problem for low income (OATS -- Older Adults Transportation and Rainbow Cab Company out of KC)
- For Medicaid have to call 24 hours ahead at minimum, to ensure order with cab, usually call a week ahead to ensure order, sometimes just wouldn't come because they said they didn't get the order causing us to be a no-show
- Medication costs are a problem -- groceries or prescriptions but not both
- Not many doctors that live in town, just go to the emergency room (Blue Springs is the closest, St. Mary's) there is an EMS unit 911 is available for city of Oak Grove (no cost to city residents), beginning Jan 1999, sales tax removed--if don't live in city could cost \$550.
- Need better information levels
- Drug and alcohol information does not go to the Christian schools (drug) we go over things in the classroom but we've never had anyone come and talk to us (do have info on drugs, sex, parenting at our school)
- Apathy is a problem for participation in programs (e.g., just recently did Hep B for 6th grade, sent home letters, showed films, only got 40 or 140 parents/families apply)

#### *Grandview*

- Closing of the Air Force Base will effect everyone
- Unclear about impact of substance abuse; meth has not been high impact (according to police) and community outreach programs seem to have been effective
- Have evolved into a tolerant community (e.g., teachers undergo diversity training)
- Transportation = access for vision, dental and mental health care. These are needs for all in the community.
- STDs very high in teens, as is pregnancy rate (pregnant teens are seeking OB care consistently, its getting to teens after pregnancy occurs)

#### Resources/Collaborations

- Almost all mayors have come together to work on these issues; strong effort by all leaders to come together and bring emphasis on income, and EJC specific issues
- Leadership in the community is a resource
- Cooperative spirit among leaders and spirit of volunteerism
- LINC is a great example of how people who care help people in need
- Have increased collaboration so that we know as service providers what is available and this has helped
- Raytown Schools (Score One for Health) get resources for health screening
- NFL traveling dental clinic--found students with more dental problems in outlying areas than in urban core, but people as they move away from the city, lack transportation

- Partnership for Children--immunizations (do 30,000 kids a year and have free immunizations at hospital)
- 9 Caring Community sites
- United Way
- Jackson County Health Dept
- Independence City Health Department
- Raytown has a health inspection unit
- Hospitals: Truman East, Independence Regional Medical Center, St. Mary's, Lee Summit, Park Lane, St. Luke's
- KC HC Council, Hospital Association
- EJC Community Health Improvement Project
- Public Works Department in EJC
- LINC
- Health Source
- Humana, Kaiser, Health Net, Blue Cross
- Neighborhood newsletters, all hospitals have newsletter,
- Churches
- Ministerial alliance--Blue Springs, Independence (each one does its own)
- Schools became an administrative Medicaid case managers

*Van Horn School/Independence*

- Graceland School of Nursing has many community health services (work with center in Bryant)
- Health Department works hard to meet needs (county) also have a city (HD in Independence) do work together some times--WIC, immunizations
- City -- helping families treat lice, scabies, track and follow hepatitis
- Mt. Washington food pantry as well as Boys and Girls Club satellite
- Battered women's program--transitional living
- After school programs (latch-key) at Caring Communities
- Mental health: have 2 social workers that work with schools
- Heart of America family services--counseling, referral (do have sliding fee down to about \$25 per hour)
- CAPA--Child Abuse Prevention Association
- Community Service Link (the one stop shop--know the resource if you don't ). On Independence Square --work together, make same referrals out of here, United Way funds them as does the community, Truman Heartland also funds
- Comprehensive Mental Health--but sometimes there is a long wait or very serious mental health issue
- Caring Communities free clinics
- Dental --Truman Med Center East 45 minutes (1 month to 6 weeks) , 6 dentists that accept MA, but closed practices, KC Free Health Clinic has free dental care at 24th and

Denver, take 15 kids a week (one school), some teaching model programs available but not teaching models

- KC Dental Clinic (sliding scale and free but have to go to University 25th & Dillon) do have emergency, can get in right away
- Sam Rogers--Swope Parkway historically don't go to KC, won't leave Independence--fear of accidents, fearful of getting lost. Wouldn't go to dental school either.
- Free community events for families (Children Celebration Day)
- Graceland School of Nursing
- City and County
- Churches (spiritual, food pantry)
- Boys and Girls Clubs
- Women's shelter (domestic violence)
- After school latchkey program
- Kappa--Adult/child care

#### *United Way meeting*

- Cross EJC-----CHIP, Mid America Regional Council are organizations in place, but don't have dollars or dedicated resources to get organized. EJC Betterment Council.
- Churches are resources.
- ROWEL (organization of low income persons)--reform organization for welfare.
- District newsletter doesn't seem to work (another major challenge) also a resource from a previous meeting.
- Hospital has given Medicaid dollars to Independence clinic so they will not have to hassle with Medicaid; have just provided the estimated dollar amount to the clinic.
- Funding source is Caring Communities, 1 provider M-F (nurse practitioner), sliding fee, trying to figure out ways to bill Medicaid and commercial insurance without making it hard for the patients.

#### *Hocker resources*

- Computer lab
- Elks Mobile Dental (call Truman East)--set up in a trailer

#### *Oak Grove*

- Pool
- Meals on Wheels
- Business district
- Athletics are a resource
- Number of churches that are in the area--ministerial alliance is in the community, churches are strong supporters of community leagues, individuals that support community services with time and money
- Fundraisers out of schools
- Schools have basketball, choir, drama, student council

- Private schools no transportation, but public and private schools tend to work together
- Clothes Closet in Odessa
- Closest ER is in emergency room is in Lexington or Lees Summit (25 miles)
- Shriners Hospital handles children with special needs in the area
- HealthSource is the local health provider
- 2 health care clinics (Columbia) and HealthSource of Oak Grove; pediatricians come out on Friday, one late clinic per week (Wed), pediatrics practitioner comes Tuesday evening. Continuity of care is not there
- Diabetic equip and medical supplies are very difficult to secure
- Dental care--Kansas City, or to Lees Summit or Sedalia; office visit \$35.50, usually easy to access a dentist? Usually non-existent
- Eye care and resources for hard of hearing people
- Children's Mercy only place for specialty pediatric care for eyes, etc
- Coverage--alternative medicine all around here, but to be able to get a physical
- Pediatric clinics for advice (3 times a week)
- Parenting classes

#### *Resources in Lee Summit*

- United Way
- Churches (most of our programs are more for indigent care--do support the shelter; provide overnight shelter for transients)
- Ministerial Alliance -- funnel most of our resources through social services, coordinate our assistance with them
- Lee Summit Social Services (raise money and go through SS) have over 1600 families we work with
- Civic groups (could raise money and get involved)
- Dental clinic is separate from the hospital, self-pay, no discount for dental service, we do have a van that does go out periodically, is a dental clinic at UMKC (no outreach)
- Awesome school district, why people move here, junior high health fair (vision screenings, blood pressure checks)
- For dental we have trouble for referral especially if it is a long term problem, because something can't be fixed in one visit--not even really sure that people in the community know that dental is a serious problem
- Trust Department in Banks
- Businesses
- Local dentists (try to get more of them to contribute, probably no dentists take Medicaid - no one in town)
- People are a resource
- Communication problem because we are a bedroom community and getting communication around on what the resources are is challenging. Attitude of bedroom community "we don't know if there are problems out there."

### *Grandview Resources*

- Churches are active
- Ministerial alliance is a resource
- Schools
- Abuse shelter house
- WIC
- Truman East (especially for mental health care)
- Together Grandview
- Harmony (a diversity group that is a regionally recognized program)
- Strong community base
- Coalition of city officials (Jackson County commission)
- Chamber of Commerce and Economic Development Divisions
- Bank Midwest
- Jackson County Water Works

### Advice

- People need to find ways to network -- Coalition of Positive Family Relations; whole thing is to learn (metro service area in KC). Critical component of this kind of dialogue is to listen.-- how do people get involved in this.
- Define what we are providing and what level of service is adequate for population.
- Has to be a shift in funding (measure of the moment and state mandated services).
- **OUR COMMITMENT IS LONG TERM AND VISIONARY, FUNDING IN SHORT TERM AND KNEE JERK** and in response to priorities that might also be short term. Balance focus of money towards specific initiatives but also funding that needs to be in place that is long term
- Broader representation from regional government (county)--has always been missing
- Plug into schools as an info source around what is changing, no one has a better account of this than they do.
- Flip the transportation system where services are brought out to people
- Physicians and managed care should be involved as well (MCOs)
- If we are going to do something -- need to do something regionally
- Need to get information to people in non-traditional ways--put things in grocery stores
- Need on going structures where people can make decisions--when we don't have becomes real hit and miss
- EJC addresses issues--I wonder how many other people are traveling in from other counties that exacerbate the issues we are talking about.
- Let's pay attention to issues of the elderly
- Literally need people to walk through system for you
- Identify at-risk kids sooner to prevent drop outs
- Ask hospitals and community health centers if they would be interested in if they were interested in establishing a satellite

- Is no neutral broker---Medicaid managed care has eliminated the neutral broker. Needs to be somebody neutral to break logjams.

#### *Independence/Van Horn*

- Create a resource map (things change frequently and we have to be aware of this)
- Get all of the providers of that service to a table, can't map out something you don't know about
- Need shared ownership--kind of like this meeting (providers, government, community leaders, residents, the person that last tried to access service but couldn't )
- Information has to be available everywhere (offices across the hall from each other don't talk to each other)
- A meaningful process with follow-up has to be in place
- Consumer input first, not an afterthought--vouchers for participation (daycare, transportation)

#### *Ft. Osage School District*

- 1-800 number is needed that gets you to a place that has all numbers of services that you need in this area if you need it;
- TV is the only medium that everyone uses, have it in French, Spanish, could also tell about Clermont
- Personal outreach: church and grocery stores (in addition to personal visits to house)
- Have to really help people work through things that they are not used to. May have to physically bring people there.
- Just have to go and outreach and figure out how to get people (social work 101).
- Sometimes we don't let each other know what we have: VNA, Fire Departments, Barbers and Beauticians, pharmacies.
- Respect, relationships, and local control allows local people to get help

#### *Hocker Heights*

- Treat me like a human being, if you can't you shouldn't be in business
- Send fliers to Hocker – especially if you know this is a low income area
- Have health department come here---get out of clinics and have people come here
- We should focus on prevention, used to have a nurse here was not used (was tried)
- Need someone who can prescribe, need a volunteer physician who can prescribe
- Request different people to come in here and have meetings like this so we can get information
- More than one neighborhood can come in here to use services; create more of a demand for it, bring things here
- Cut the red tape (demand that doctors be responsible for the bills that we get when doctors don't do their job)
- More available mental health services (only allowed so many visits per year) couldn't find a single case manager in EJC to help me answer my questions--case managers need to be

educated to know what services are available, and monies targeted to specific case managers.

- Anger control/conflict resolution classes--sometimes can find someone to teach/no extra funding for events, etc.
- Phone for residents who can access services---do have the Internet and use the Truman Heartland. Doctors should know about some of that information.
- If you have a referral responsibility, understand what you are doing when you hand somebody off, be sensitive to what people are asking you for.
- Things are available that you just don't know about--specialty research on Web that can be coordinated at the housing authority level.
- LINC have meetings at Hocker with Health Care Committee, specifically to discuss Medicaid reform

#### *Lee Summit*

- We should create a system for communication: churches
- People asked to give money and time to causes without the data that says the issue is a problem; have good data collection---data helps with funding and other resources. If use data right you can get resources on the outside.
- Schools could be a communication channel.
- Forward information from the site visit to Strategic Group in Lee Summit and they can use this information as they would like.
- Challenges of bedroom communities: core of poverty, new people in that are not aware of/don't want to see the issues
- We need a chamber of commerce for social issues ("chamber of social issues"), could in fact be the entity that convenes people (absent a public health department)
- School district working with hospitals to get a response for substance abuse (such as a 24/7 hotline) do have data that says that it is a problem.

#### *Oak Grove advice*

- Need a pediatric clinic or a specialty clinic
- Parenting classes are needed
- Lack of meeting spaces, or need meeting spaces funded
- Need a rec center or a movie theater
- Dental, vision and hearing services for low income persons are needed
- Better access to information (private schools need information, as do public schools)
- outreach for CHIP enrollment is desperately needed
- Need places to meet (civic center is a resource, not accessible to community members, \$75 to rent for any civic activities), unless you are in a church
- Funding resources -- for any type of activities (for recreation), plenty of people that can help but who don't have money
- Need more organized activities besides a bowling alley--skating rink, movie theater, mall (Outlet mall in Odessa)

- Interest in having someone come out to share report.

#### *Grandview*

- Provide transportation to get people to the clinic
- Information dissemination (public access TV, local newspaper, through school nurses, ministerial alliance); the community has tremendous potential if the information can get Medication – making it accessible and affordable, especially for persons age 25-50 (high priority group), and addressing nicotine addiction
- Need more structure in our relationship with Truman East (not sure when OB residents are coming, they just show up)
- Prevention needs to be a focus (asthma in children, diabetes program, hypertension, seeing multiple diagnoses in new patients who are ignoring their care)
- Need school based clinics out

#### *How would you improve access to care for Medicaid, uninsured, under-insured?*

- Involve the stakeholders (providers, rep of communities to be served, people who will fund providers)--different depending on community/municipality
- Intelligent understanding of what resources are already in place, assess the capability of the organization to convene and if feasible use what is in place
- Make care convenient and geographically “relevant”
- Have to go to each municipality and different geographic areas to listen to people and then find common threads
- Get a stronger more cross-sectional voice (don’t just get a few spokesperson)
- Work with the hard facts and develop business plans
- Information must be shared: scope of issue, resources right now. We have to stop making decisions by anecdote.
- Root causes vs. symptoms
- Focus on prevention----or while building primary care we also need to focus on prevention
- So many meetings, let’s just do something--transportation, access, more grass roots

#### *What do you do to involve people who aren’t traditionally involved?*

- Have to have a meaningful process (what to do today, where this information is going and what follow up will come).
- Think out from why asking people to come and build out from there.
- Hard to have a plan before talking with the consumer-- if you are going to ask a “rejected” consumer to come to the meeting, don’t surround with professionals.
- Don’t expect results over night
- Get info to churches, in newspaper, and so that it can be understood.
- Well thought out marketing strategy....many people depend on word of mouth
- Emergency room good time to exchange information, get to people who visit families.

- Contributions can be made if incentives are provided for participation--daycare, dinner, few different times, transportation, not everybody works the same shift.

Advice for external resource holders

- Give the money and get out of the way
- Cannot do funding one year at a time if you can't plan beyond next month
- Outside entities should honor and participate in structures that exist
- Willing to allocate resources for implementation, reluctant to allocate money for facilities, yet we are using the facility for all the services that other programs are paying for other things
- Make sure that the people who convene meetings are working together well at their level
- Eliminate or stop categorical funding, e.g., allow us to do programs for all children
- We could have partnerships with corporations rather than the usual funding streams (manpower and funding, people and other kinds of technical assistance)
- Instead of sending out RFPs with predetermined limits, come to us and say we have this amount of money, come to us and ask how we should spend the money
- Work with people in community first before you give money
- Give communities control of local monies

## Site Visitors and Affiliations

### *Region 7 Field Office Staff*

Clark Conover

Program Management Officer, national Health Service Corps

Aleta Cress

Program Office, Primary Care

Matthew Henk

Senior Social Worker Consultant and Program Officer, Primary Care

Hollis Hensley

Chief, Primary Care

Judy Jensen

Regional recruitment Director, National Health Service Corps

Lawrence Walker, D.D.S.

Regional Dental Consultant and Project Officer, Primary Care

### *State Partners*

Kathi Joseph

Interim Director, Missouri Primary Care Association

### *FBA Participants*

Michael R.J. Felix

Chief Executive Officer

Amy Llewellyn Abel

Vice President, Community Partnerships and Research