

Community Conversation *on* Health



SUMMARY REPORT

— OCTOBER 11, 2014 —

A LETTER FROM OUR CEOs

Dear friends,

The Health Care Foundation of Greater Kansas City (HCF) and the United Way of Greater Kansas City were honored to gather nearly 300 participants from across the greater Kansas City area for the Community Conversation on Health. The day provided us with a diverse exchange of ideas and perspectives that will help us as we work toward improving health in our community.

This report outlines the feedback we heard is working to improve health and what we can do both now and in the future to continue working toward eliminating barriers and promoting quality health for everyone.

We've received so many wonderful comments about this conversation. HCF Board of Director, Zori Rogriguez, said:

“As an HCF Board member and a lifelong advocate for our community members who have been disenfranchised, I commend HCF, Consensus KC, and the United Way for the tremendous effort in bringing together service providers, volunteers, community activists, and those utilizing and needing services to ensure that the voice of the underserved is clearly heard in the work we are tasked to do. The energy and enthusiasm of all participants was contagious and enlightening.

This rare opportunity to engage directly with those who are uninsured or underserved in our community and who informed us of health barriers and successes as well as shared their experiences with health, shows the depth of commitment to finding real solutions that can improve the health of all in our community.”

Whether you attended this event or not, we hope you take some time to review the comments and suggestions highlighted over the next few pages. We also encourage you to visit the event website, kccconversation.org, to view all 37,000+ comments made from the day, in addition to photos from the event. You can also provide your input on the event, the results from the day and provide suggestions.

There is no doubt that our Kansas City metro area is a great place to live. For those that participated in the event, thank you for spending the day with us to help us make our community even better. For those that weren't able to attend, we hope you take the information in this report and use it in your own work to help improve community health.

All the best,
Bridget McCandless and Brent Stewart





Theme Team

“Good individual health depends on the health of all of those around us. We have to work together so that everyone has the opportunity to live fully. It takes a collection of voices and perspectives to get us there. This is an opportunity for us to learn about what we can do to make a healthy community for everyone.”

Bridget McCandless, M.D.
HCF President/CEO

On October 11, 2014, the Health Care Foundation of Greater Kansas City (HCF) and the United Way of Greater Kansas City partnered to sponsor the “Community Conversation on Health”.

Asked to attend were people in the community most challenged by the current economic and health care system – the uninsured and underserved. The focus of the symposium was generating responses to questions on what health means to them and what would help them live healthier lives.

Get the Conversation Rolling

Held in the Exhibit Hall of the Sheraton Crown Center in Kansas City, Missouri, 270 participants spent the day working in small groups with a trained facilitator responding to questions about health and community.

A volunteer at each table sent discussion notes via an iPad to an extended team of volunteers who used the notes to identify and categorize 10 common themes from the group discussions. Participants were asked to vote on themes from their answers using individual keypads. The results were compiled as a resource to be used in advocating for policy change in the coming future.

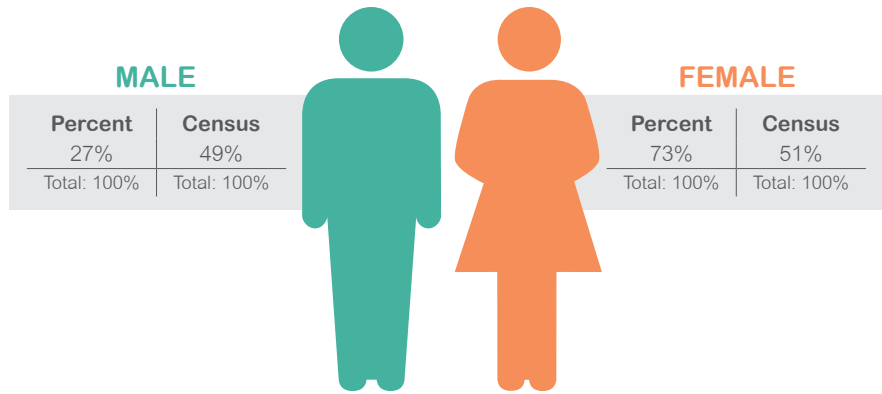
Groundwork for Change

Entering its second decade of grant-making, HCF will take the information learned from this symposium as a basis for advocating for policy issues that will help improve communities, give nonprofits resources to provide services as well as provide community leadership. The results from this event will also serve as a resource for other funders and community partners advocating the consumer’s voice on health.

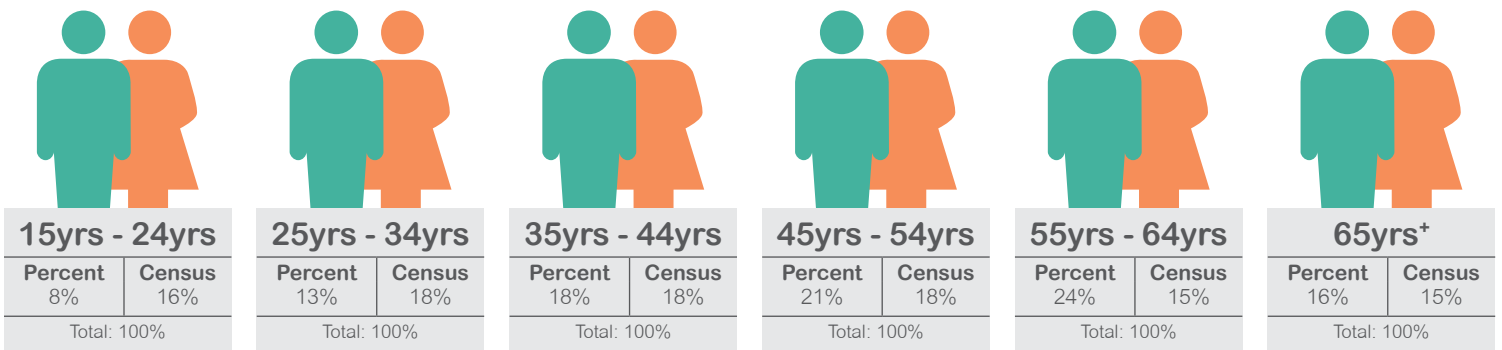
Included in this report are the details of the symposium including participant profiles, their opinions and priorities.



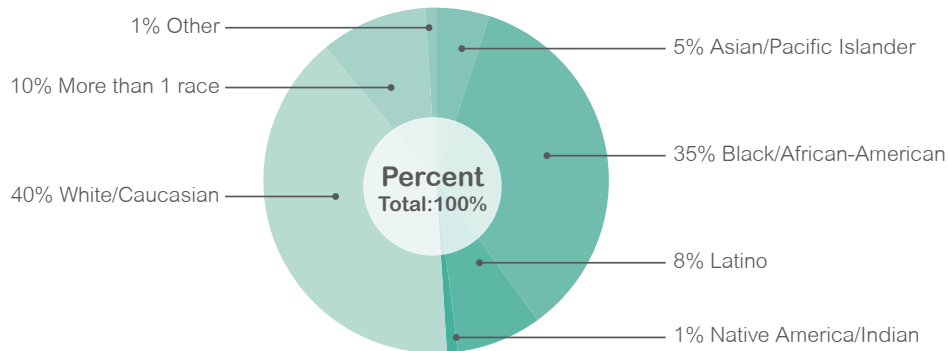
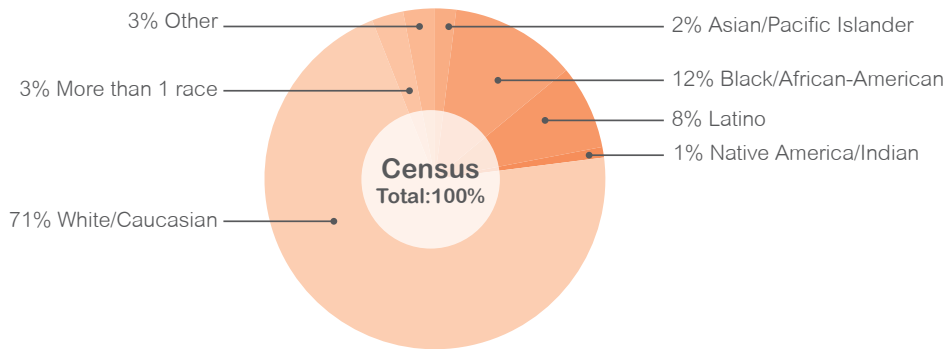
Participants who attended the Community Conversation on Health



AGE RANGE

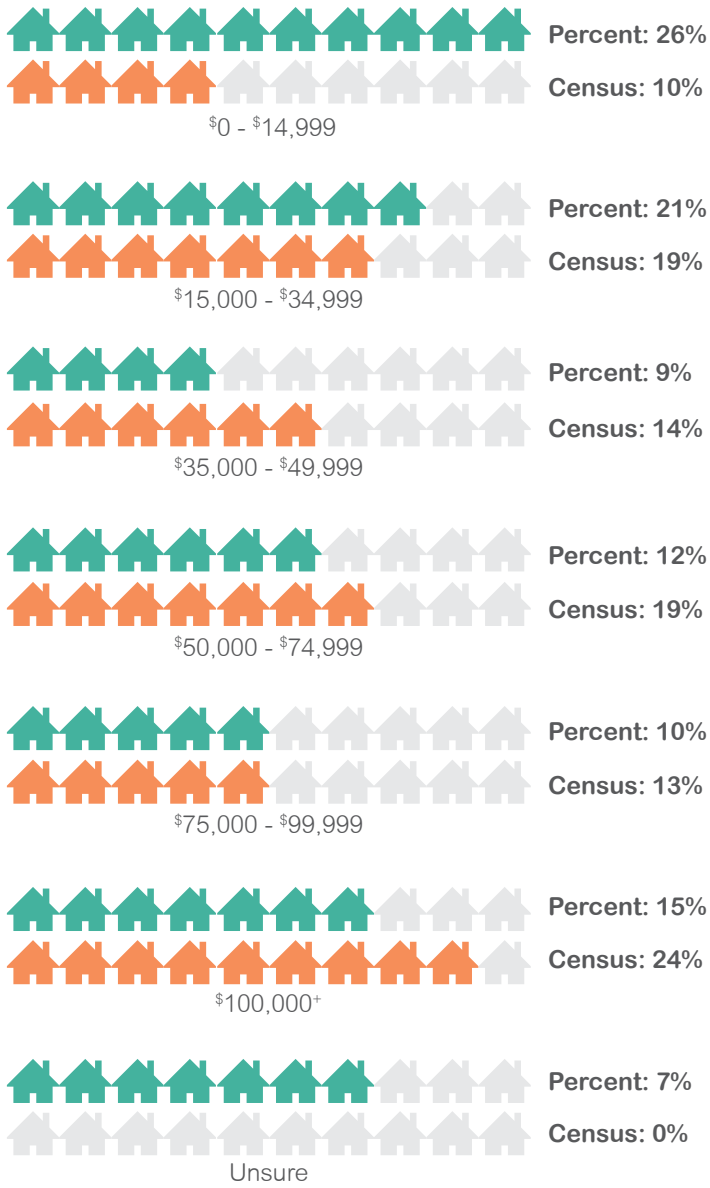


RACE/ETHNICITY



*Totals may add up to slightly more or less than 100 due to rounding.

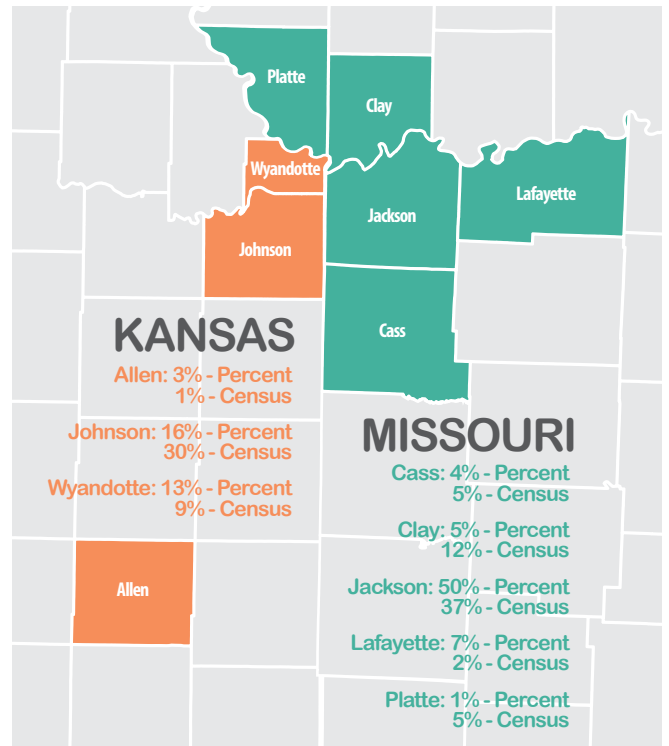
ANNUAL INCOME



Percent Total: 100% | Census Total: 99%

“My husband has always been a hard worker. A year ago we lost the family insurance. We have almost lost our house, cars, the ability to pay for college for our boys...it has been a nightmare.”

COUNTIES

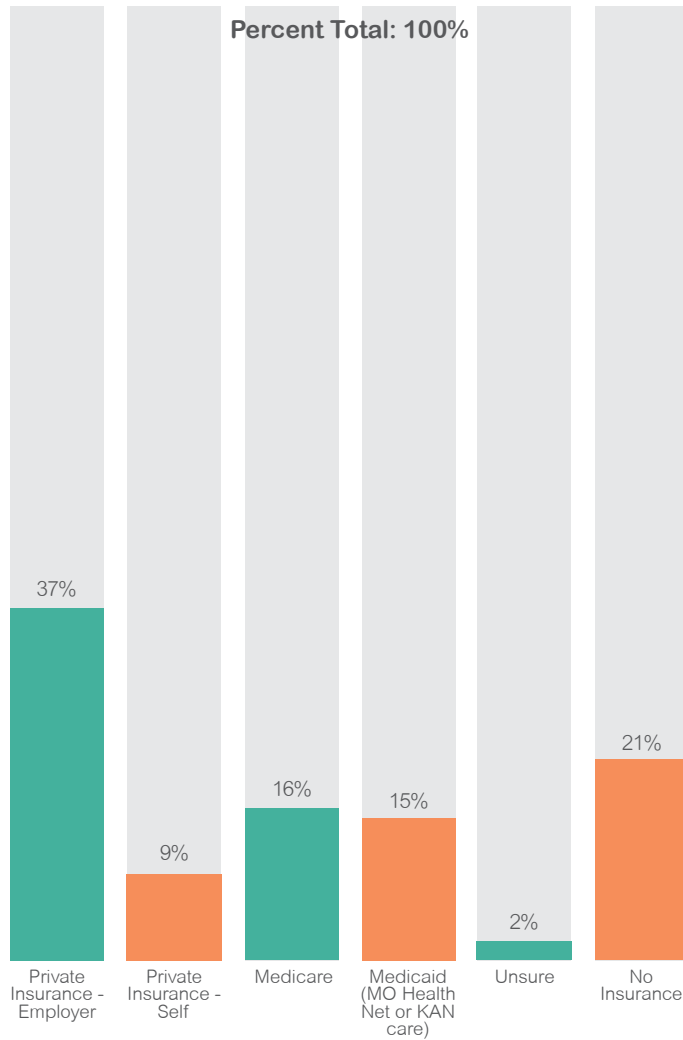


Percent Total: 99% | Census Total: 101%

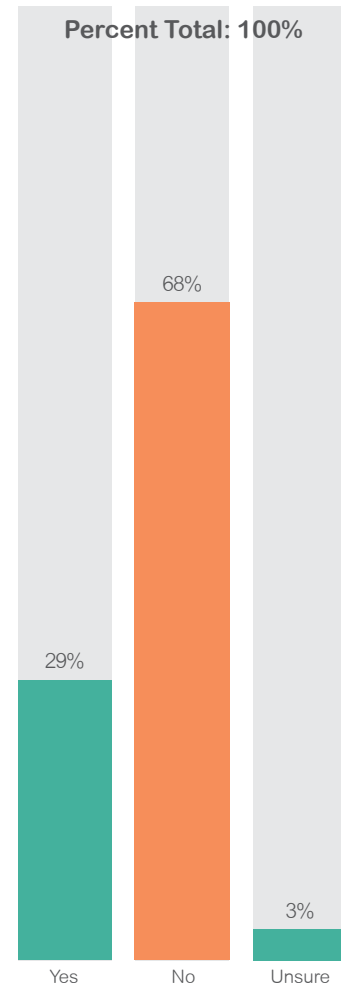


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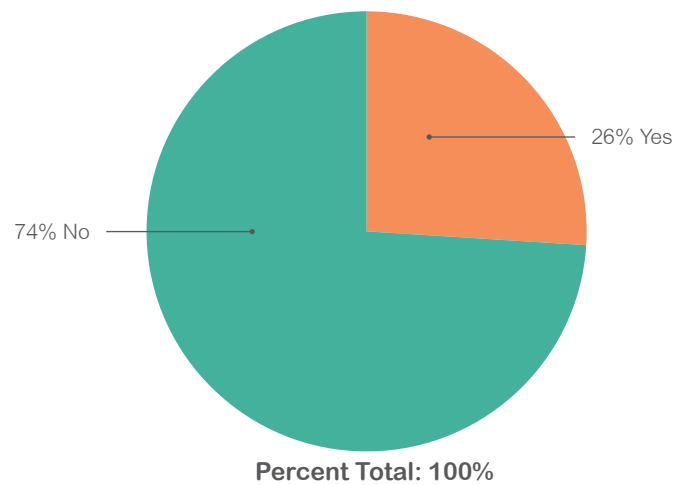
Type of Insurance



Uninsured in past 2 years?



Work for a public health department, hospital, clinic or practice that provides health or mental health services?



*Totals may add up to slightly more or less than 100 due to rounding.



What is a healthy individual and healthy community?

Years ago, if you didn't have a disease, people considered you healthy. Oftentimes, disease was followed closely by death. Thankfully, that has changed and advances in public health have brought changes in how we define personal health.

As the definition of health has grown, so has the role of the community. Doctors are still important, but now everyone has a responsibility to make towns and cities places that support health. Anyone can speak up for things like bike paths, sidewalks, and access to fresh fruits and vegetables. Getting people involved can help us find and use practical, creative ways to build physical and mental health where we live. More often, people in towns and cities are organizing for change.

During table introductions, participants shared their name, where they live, and the one thing that first comes to mind when describing a healthy individual and a healthy community.

A Healthy Individual...

- is balanced in mind, body and spirit.
- is peaceful, purposeful with a positive attitude.
- takes good care of themselves (eats well, exercises).
- is disease free and has an absence of illness.
- has basic needs met.
- has access to medical, mental, dental resources and insurance.
- is active, engaged and continues to learn and grow.

A Healthy Community...

- has free access to health services and medical homes.
- has amenities: walking trails, bike lanes, parks and rec centers.
- is one where community members cooperate and help each other out.
- has community conversations/meetings to talk about health.
- is a safe community (ex. neighborhood watches, good policing).
- has access to healthy foods (ex. urban groceries and gardens).
- has clean water, streets and environment; trash picked up.
- has an awareness of available resources and coordination of services.
- reduces in poverty/homelessness and has high employment and pays a living wage.

“A healthy community is a place that promotes joy, safety, interdependence, and connectedness. It is where people in the community are being well taken care of with jobs, healthcare and places to exercise.”

The Local Snapshot of Community Health

How can you find the 'pulse' of your community? How do you know if it is a healthy place to live? Indicators like how long residents live, how active they are, and whether they face problems like air pollution indicate the level of health of a place. Health indicators can be viewed from a national level down to individual neighborhoods.

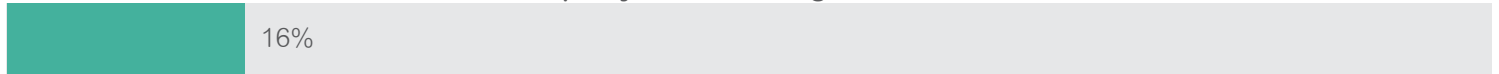
At the national level, a project called **Healthy People** provides science-based goals for improving the health of all Americans. This project has set benchmarks and checked progress over the last 30 years, with new goals set every 10 years. There are also rankings for almost every county in the country determined by more than 30 different health-related factors.

Participants discussed health outcomes and rankings from their community. They each cast a vote for the issues they felt should receive the most attention when developing community goals and strategies to improve health. The following is a summary of common themes that emerged.

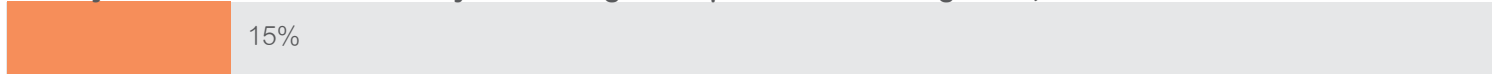


Stories Health Indicators Reveal

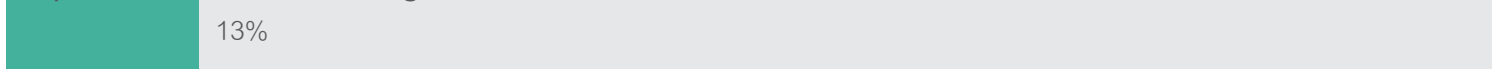
Elected officials need to take action on health policy and make things better for constituents.



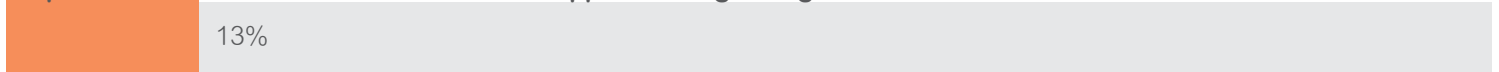
Where you live makes a difference in your health: great disparities exist among urban, suburban and rural communities.



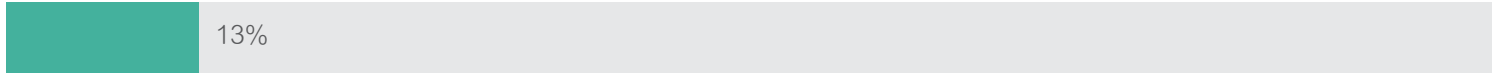
People are in survival mode on a grander scale than realized.



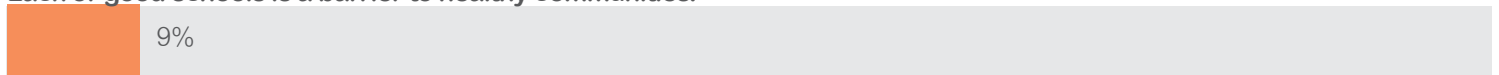
Disparities between the haves and have-nots appear to be growing.



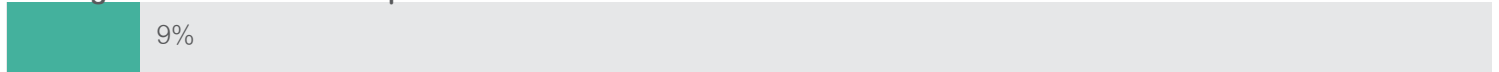
Healthier foods should be more available in communities.



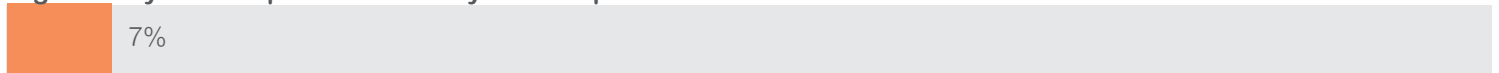
Lack of good schools is a barrier to healthy communities.



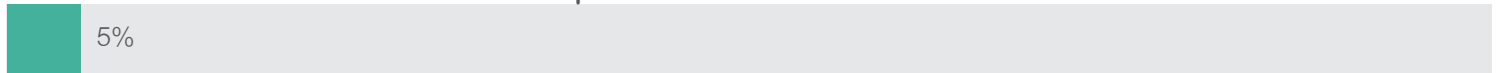
Funding should be directed to specific locations and health issues.



High obesity rates require a community-wide response.



There's a wealth of data/resources that can help us take action.



* 100%

Challenges and Barriers to Health

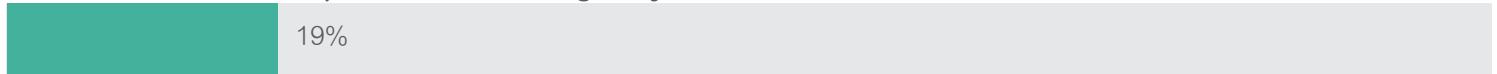
What makes it hard to be healthy? If you don't have a car and there isn't a grocery store nearby, it's hard to stock up on fresh fruits and vegetables. If there are no sidewalks or if you don't feel safe where you live, you won't take many walks. Additionally, there are barriers to getting healthcare services from a clinic, hospital, or doctor's office.

Participants discussed the health challenges they had faced and other barriers that get in the way of better health. They each cast a vote on the barriers that should be a priority to address in their community. The following is a summary of common themes that emerged.

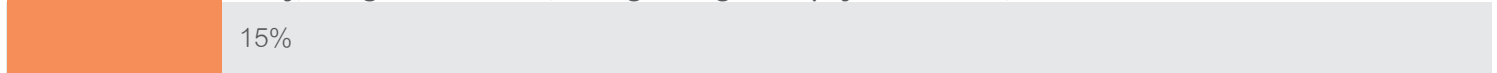
“Things are going pretty well for me right now. I know if anything changes it can quickly go from complicated to impossible. It would be nice to not need to be as lucky as I have been to be alright.”

Barriers to Health

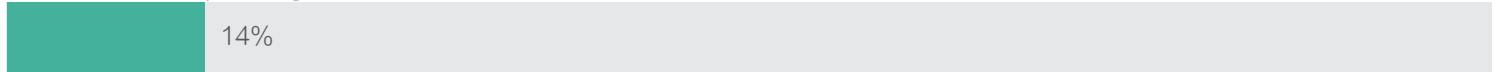
We've made health care a political issue causing many to suffer.



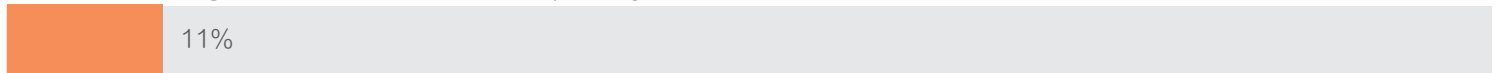
Health care affordability, being underinsured, having too high a co-pay/deductibles, cost of medications.



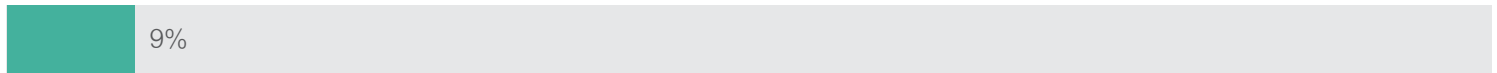
Resistance to expanding Medicaid.



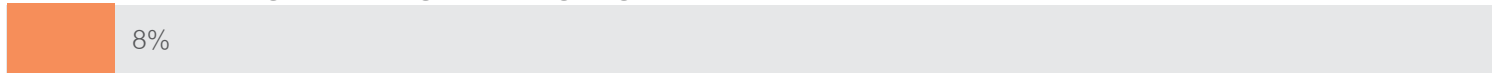
Lack of knowledge of available resources, especially the ACA.



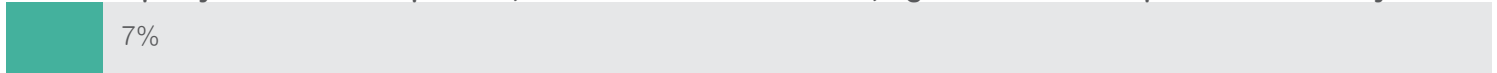
Lack of insurance.



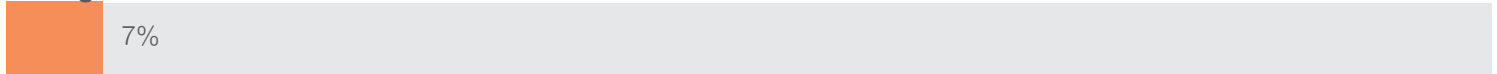
Trouble understanding medical lingo and navigating the health-care maze.



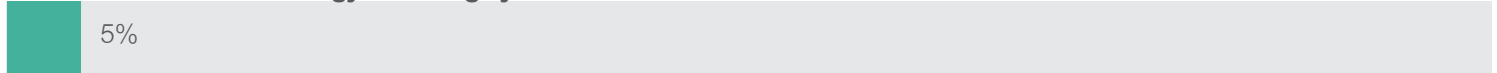
Access to quality care: hours of operation, doctors in rural communities, legal status and transportation availability.



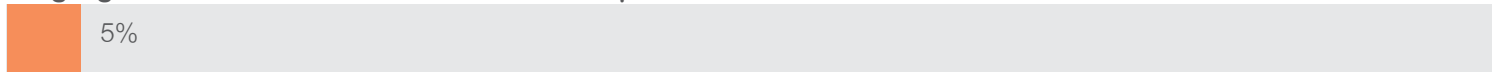
Feeling that doctors have too little time and don't listen to our needs.



Lack of access to technology to manage your own health care.



Language barriers make it difficult for doctors and patients to understand each other.



* 100%

Local Successes

There are many existing programs where neighbors and co-workers are improving their own health and that of their community. Participants identified successful local programs and suggested lessons we could learn from them.

Local Successes

- Community centers & neighborhood associations like Ivanhoe, Legacy Park, Lee's Summit, Johnson County & others that provide a variety of resources and events for all ages.
- Programs for youth like LINC, free/reduced-cost lunch, Boys and Girls Clubs and after-school & summer programs.
- Community clinics providing health, mental health and dental services for underserved people at Swope, Kansas City CARE Clinic, Samuel Rodgers, UMKC Dental School & Metro Care.
- Programs for pregnant women like WIC.
- Tobacco education programs like TAR WARS.
- Community kitchens & food pantries such as Harvesters and Cass County.
- Transportation services such as OATs, CAR at Lexington County, Jewish Community Center.
- Free interpretation services.
- Homeless shelters like Hope House and Community Connect.
- Partnerships with police, mental health providers and courts.

Lessons We Can Learn from Them

- Significant amount of care is needed, especially for the homeless.
- Communicating and working together we can accomplish much.
- Being pro-active is better than being reactive.
- Greater access is needed to free clinics.
- More medical providers are needed.
- Providers and community need to be humble, respectful & cooperative.
- Culturally relevant practice and cultural competency are important.
- Immigration issues should not be a barrier to access.
- Family-focused services work.
- Mental illness should be decriminalized.
- Best practices are captured and duplicated.
- Sustainable funding is critical.
- Faith communities should be engaged on health issues.
- Education, awareness and prevention are essential.
- Services are coordinated among providers.



Looking Ahead

After hearing about a dozen examples of improved health results achieved nationally over the last decade, participants discussed local improvements they would like to see. At their tables, they answered the questions, “If we are able to make significant progress on health, what would you want to be different 10 years from now? What result would you hope to achieve?”



Result They Would Most Like to Achieve

Affordable healthcare for ALL (including immigrants).

24%

Policy makers and community are working together to address health issues.

16%

Reduction in prevalence of chronic diseases – cancer, obesity, autism, HIV, dementia, lupus, heart disease.

11%

Communities are safer and violence is reduced.

11%

Reduction in tobacco, drugs and alcohol use.

8%

Stigma of mental illness is erased.

8%

Improvements in youth health (reduction in obesity, mental health, teen pregnancy).

7%

Increased access to quality in-home health care, more seniors staying in their homes.

6%

Increased access to healthy foods.

6%

Electronic medical records are accessible and portable.

2%

When asked how well the vision ideas represent what the group would like to achieve for health in 2025, this was the response:

4%

Not at all

4%

A little bit

12%

Moderate amount

34%

Well

47%

Very well

* 100%

Strategies for Achieving the Results

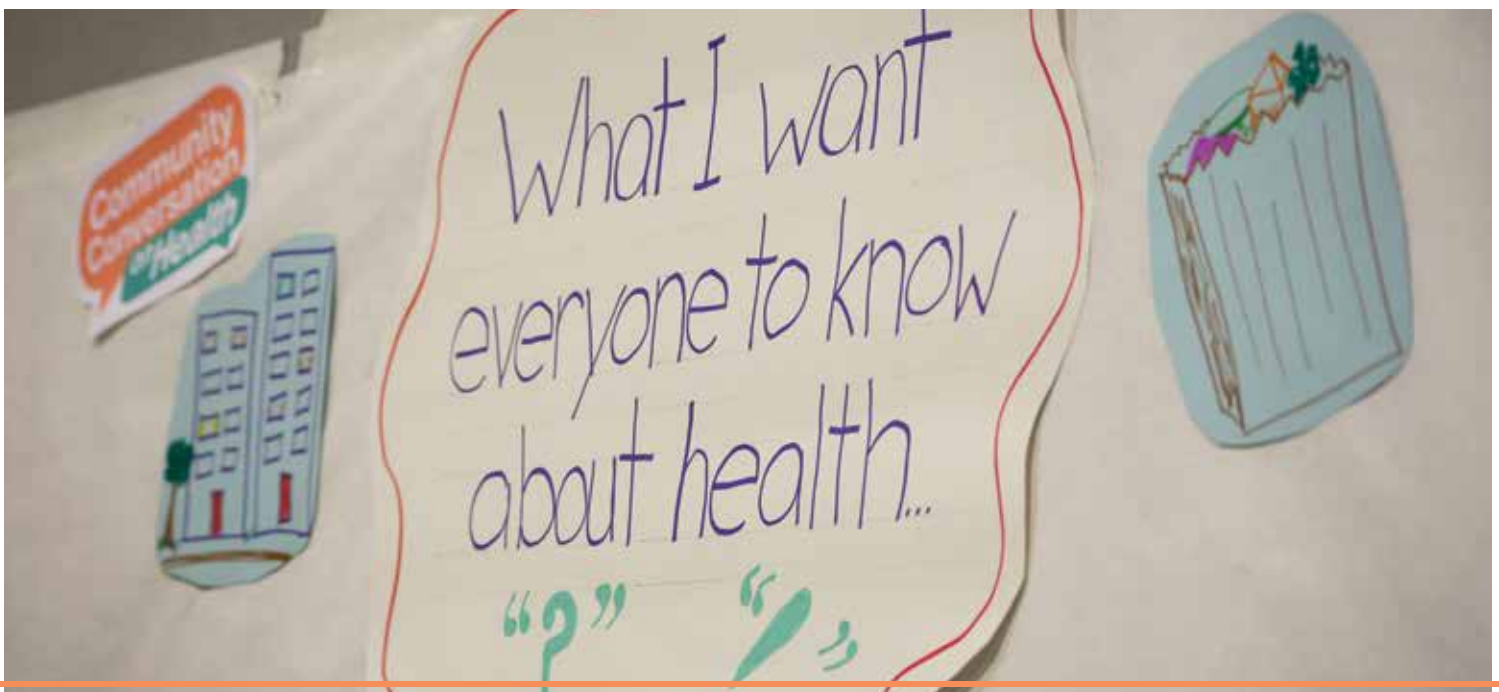
During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Affordable healthcare for all (including immigrants).	<ul style="list-style-type: none"> • Advocate expansion of Medicaid outside the metro KC area, including all state representatives in KS and MO. • Foster collaboration among healthcare interest groups & other stakeholders working toward affordable health care for all. • Push for health care policies that will regulate the health care system and standardize fees for equitable health care. Voting will be promoted to pass these policies.
Policy makers and community members are working together to address health issues.	<ul style="list-style-type: none"> • Hold politicians accountable and publicize votes. • Require participation at town hall meetings. • Institute campaign finance reform by eliminating special interest influence.
Reduction in prevalence of chronic diseases – cancer, obesity, autism, HIV, dementia, lupus, heart disease.	<ul style="list-style-type: none"> • Teach healthy food choices and portions to children. • Increase physical education activities in schools and centers. • Promote development of home and community gardens. • Use marketing, media to educate about chronic disease.
Communities are safer and violence is reduced	<ul style="list-style-type: none"> • Build positive relationships between communities and police. • Involve communities in neighborhood watch programs. • Create alternatives for youth activities. • Use public-private partnerships to improve safety.
Reduction in tobacco, drugs and alcohol use.	<ul style="list-style-type: none"> • Increase tobacco and alcohol taxes to fund prevention and treatment. • Institute prescription drug monitoring system in Missouri. • Include substance abuse and smoking cessation treatment in all insurance coverage.
Stigma of mental illness is erased.	<ul style="list-style-type: none"> • We need to find ways to change the language in such a way that mental health challenges can be easily recognized and treated with compassion. • More public stories of what a person with mental illness “looks” like. Educating parents about what mental illness looks like. • Treatment programs should incorporate job corps. and/or volunteer opportunities so that users can feel a sense of self-worth.
Improvements in youth health (reduction in obesity, mental health, teen pregnancy).	<ul style="list-style-type: none"> • Train parents on how to talk to their kids about sex, pregnancy and mental health. • Teach kids early in school how to eat healthy and exercise. • Educate youth on making the good food choices instead of restricting foods. Substituting not restricting. For example: one oatmeal cookie instead of two chocolate chip cookies. • Provide more safe things for kids to do outside of school.

Strategies for Achieving the Results, cont.

During the next discussion, tables were assigned one of the results and were asked to identify strategies for achieving them. The table below shows examples rather than themes.

THE RESULT	EXAMPLES OF STRATEGIES
Increased access to quality in-home health care, more seniors staying in their homes.	<ul style="list-style-type: none">• Make sure that in-home healthcare provider for seniors, are educated, honest, accountable and affordable.• Provide financial support so seniors can remain in home, such as tax breaks and modifications to Medicare.
Increased access to healthy foods.	<ul style="list-style-type: none">• Provide a tax structure that incentivizes for urban grocery stores and farms; re-appropriate National Farm Bill funds.• Offer a property tax break to individuals growing their own food.• Offer classes in communities on how to cook and prepare healthier meals.
Electronic medical records are accessible and portable.	<ul style="list-style-type: none">• All patient records will be kept by the “medical care home” (or primary care physician’s office) with proper security measures implemented. The patient then, has one account to view all medical records and one password electronically.• Develop a ‘micro-dot’ to be placed on individual’s ID cards including driver’s license. Something small enough that it is handy when people go to the doctor’s office and hospitals.



Headlines

Before leaving, each group submitted a headline that should run on all the local news channels that evening. Here is a sampling:

- ROYALS WIN!!!! And in other news... Community Conversation on Health produces great strategies for addressing pressing issues on health in our local community
- A united Kansas City conversation hits health care issues on the head.
- Honest talk on health care: HEALTH MATTERS!!
- Ordinary people improve the health care crisis in Kansas City!
- Grand Slam for health care! Let's all hit a home run for good health!
- Real people raise their voices for better health; watch out!
- Kansas City community members gather to knock out of the park.
- Community takes back Power over health care
- KC scores high confidence on community health awareness!
- Missouri and Kansas legislators beware: change for the better!



What Can You Do to Improve Health in Your Community

At the end of the day, participants were asked to share what they can do to improve health in their community. The following are a sampling of responses:

- I will make healthier choices in my life and encourage my family to do the same.
- I will strengthen my efforts in educating youth on health issues effecting them today and in the future. I will help them differentiate between what they can and cannot control.
- I will help them access the tools necessary to lead healthier lives.
- I will take responsibility for my own health. I will improve nutrition, increase physical activity and focus on happiness, joy, respect and celebrate life.
- I will be a leader. I will continue to work on my education.
- I will speak when I feel passionate and not be voiceless.
- I will contact senators and representative at the state and federal level to express my concerns about healthcare and encourage them to take a non partisan response to the issue.
- I will speak my opinion. I will vote. I will teach my kids a healthier way of life and be an advocate for my children.

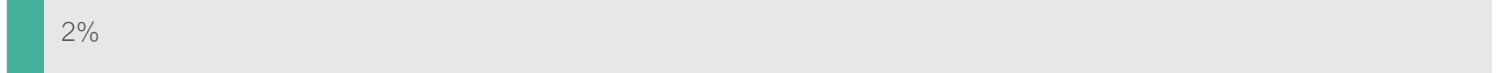
Evaluation

Participants were asked a series of questions to evaluate the Community Conversation on Health.

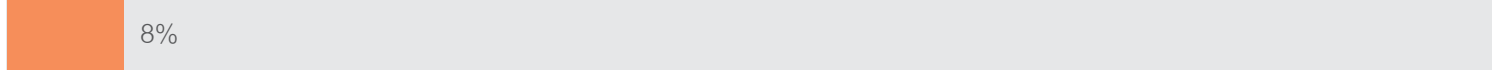


Did you learn anything new today?

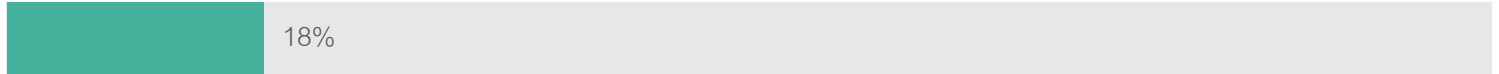
I didn't learn anything new.



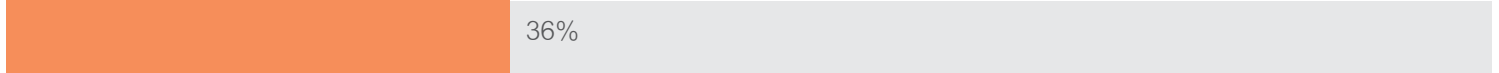
I did not learn that much.



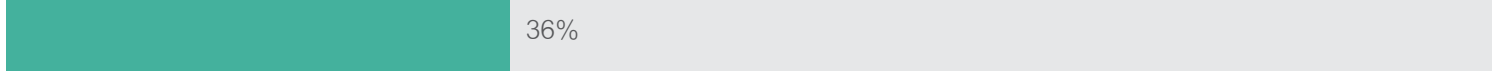
I learned a fair amount.



I learned quite a bit.

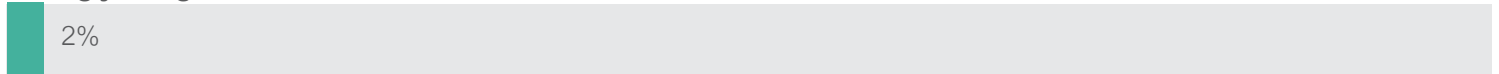


I'm brimming with new knowledge and understanding! (A great deal)

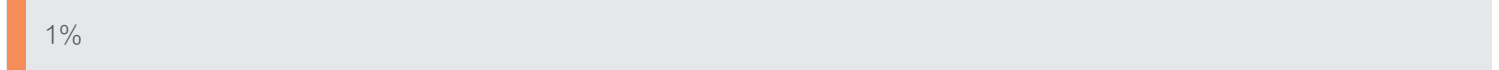


As a result of today's conversation, I am more likely to take action.

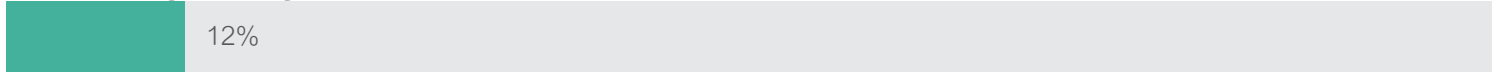
Strongly disagree



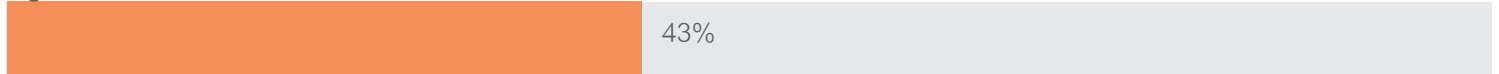
Disagree



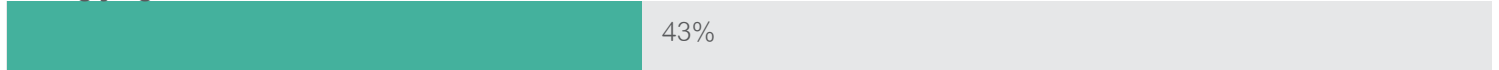
Neither disagree or agree



Agree



Strongly agree

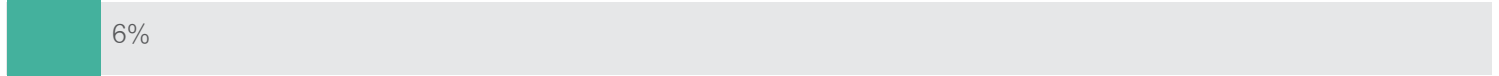


* 100%

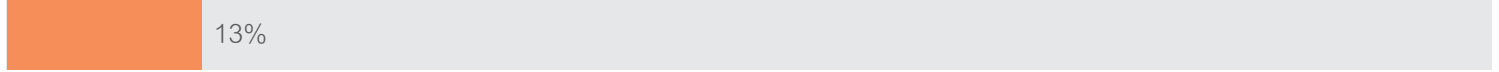
Evaluation, cont.

I am confident that there are real opportunities in my community to improve health.

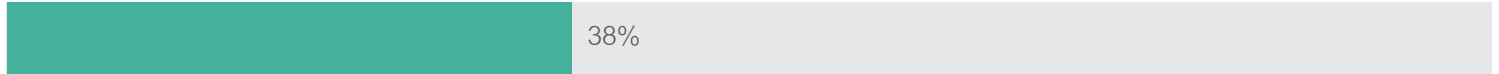
Very low confidence



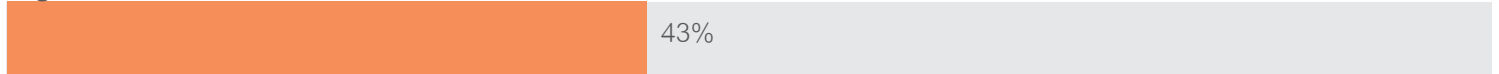
Low confidence



Medium confidence

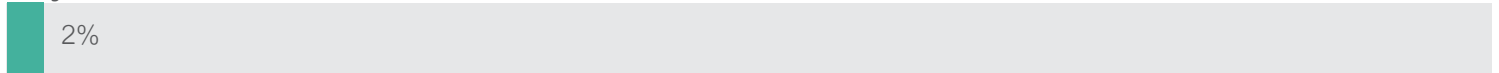


High confidence

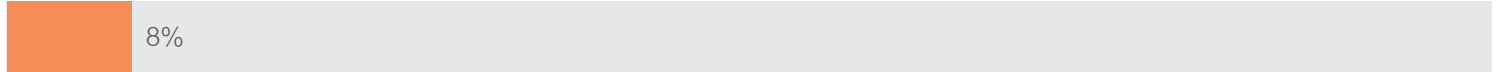


I am confident we can make progress on improving health in our communities.

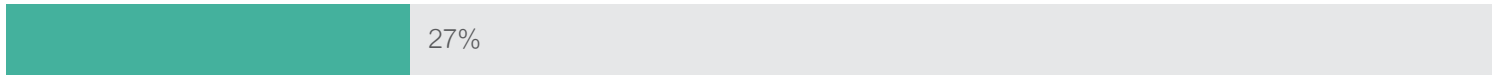
Very low confidence



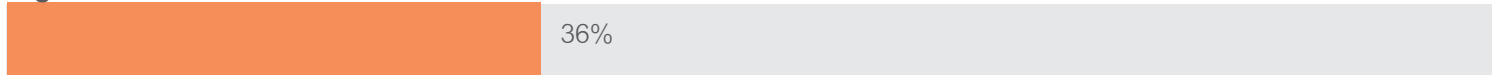
Low confidence



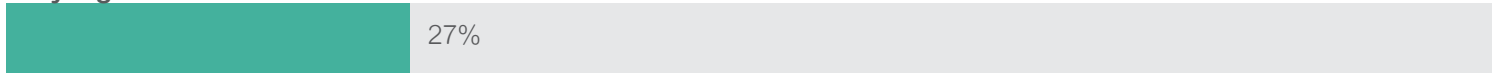
Medium confidence



High confidence



Very high confidence



* 100%

Presenter: Susie Haake



The Community Conversation on Health

For information about the project, see www.kcconversation.org.

The Sponsors

The Health Care Foundation of Greater Kansas City is dedicated to its mission to eliminate barriers and promote quality health for the uninsured and underserved in Kansas City, Missouri; Cass, Jackson and Lafayette counties in Missouri; and Allen, Johnson and Wyandotte counties in Kansas. Since HCF began grant making in 2005, it has dedicated more than \$190 million to nonprofit organizations in the areas of healthy eating, active living, tobacco prevention, physical, oral and mental health care.

For more information: www.hcfcgkc.org.

The United Way of Greater Kansas City has played a unique leading role in the philanthropic community for nearly 100 years. United Way's mission is to improve lives by mobilizing the caring power of Greater Kansas City. To achieve that goal, United Way brings together a diverse network of people, programs and resources from throughout the metro area. In 2013, United Way invested \$31.9 million to help meet our community's needs in the areas of poverty, literacy, career readiness and wellbeing.

For more information: www.unitedwaygkc.org.

Consensus: Project Director provides the information, process and safe, neutral space where people can find common ground on even high-conflict issues. Consensus works on civic projects and for clients in metro KC and around the U.S.

For more information: www.consensuskc.org.



Acknowledgments

The Health Care Foundation of Greater Kansas City and United Way of Greater Kansas City would like to thank the dedicated staff members and volunteers who helped make the Community Conversation on Health possible.

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“I got Medicare but do not have prescription coverage. I waited two years for this coverage and have mounting medical bills and meds I cannot afford.”



“I was working in food service as a production worker and had to deny my raise because it would have taken my children off Medicaid.”



“I am a mother to a disabled child. It is a constant struggle to get her basic medical needs covered. I am always praying for a better solution.”



“It takes a village. We need to communicate. Plan out ideas. Apply yourself. We don't work together. Nobody knows their neighbor. Care for each other.”



“Health care is a right not a privilege. We need comprehensive health care from cradle to grave, with less emphasis on the business side.”



“The violence in our communities are unacceptable. People are in survival mode on a grander scale than we ever realized.”



“There is such great disparity. How can one county have a number one ranking and the next be at the bottom?”



Community
Conversation
on Health



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