



**2017
COMMUNITY
DIALOGUE
PROJECT**





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MESSAGE FROM BRIDGET

For many decades, I ran a free health clinic, treating uninsured, low-income patients. They entrusted me with not only their physical health, but also their struggles and their accomplishments. These relationships and the stories my patients shared gave me a pulse on my community. It was something I deeply valued.

When I came to the Health Care Foundation of Greater Kansas City (HCF), I worried greatly about losing my direct connection to people in need.

My fears were allayed though, because a strong connection with the community is at the heart of HCF's values and is on display at all levels — from our associates and board, to the Community Action Committee. To properly fulfill our mission, it is critical we continue to nurture this connection and support the organizations that serve those in need.

Toward that end, in 2017, we embarked on a process of hearing from community leaders, organizations, and community members who work and serve those in need. These conversations were both formal and informal and were valuable to us here at HCF.

There were several goals we wanted to meet as part of this effort:

- We wanted to continue to learn from the wisdom of those with a pulse on our communities to help shape how we approach our funding and advocacy work.
- We wanted to report back on how our dollars — which are held for the benefit of the community — are spent.
- We wanted to share how the increase in our investment dollars will impact the community over the coming years.
- We wanted the community to know that HCF is committed to perpetuity and that wise stewardship is essential to achieve this goal.
- We wanted to continue to foster collaborations and partnerships.

I'm pleased that we achieved each of these goals through our community dialogue project. But for me, the best part of our listening sessions was hearing about the inspiring work happening in our region.

Despite the new and long-standing challenges we discussed, it filled my heart to watch the magic of connections across ideas, solutions, projects, and people that happened in small-group discussions.

This report highlights our key findings from our community listening. We hope that it is as useful to those working to address health in their own community as it is to HCF. Already, HCF has used this feedback to help inform our 2018–2019 policy agenda.

Thank you to everyone who talked with us. Thank you for sharing your observations, passions, and leadership. We remain committed to connecting, partnering, and moving toward better health for those most in need.



COMMUNITY DIALOGUE OVERVIEW



Resources, leadership, and advocacy are essential for fulfilling the mission of HCF. Achieving that mission takes listening.

HCF partnered with consultant Bob Hill to design and coordinate dialogue opportunities between key HCF stakeholders throughout our six-county service area and HCF's associates, board of directors, and Community Advisory Committee. Stakeholders included nonprofit organizations, health and social service providers, and business and civic leaders.

The project centered around three goals:

1. Understand how and what others are doing to strengthen health in the region
2. Share updates on HCF
3. Seek feedback on how HCF can partner with communities to improve health

HCF MISSION

**TO ELIMINATE BARRIERS AND PROMOTE
QUALITY HEALTH FOR UNINSURED AND
UNDERSERVED IN OUR SERVICE AREA**



Stakeholders provided feedback to HCF in three ways during the 10-month process:

- 1. Individual meetings** Consultant Bob Hill met with over 400 individuals representing more than 300 organizations.
- 2. Stakeholder meetings** Nine stakeholder meetings were held throughout the HCF service area. Community organizations hosted the meetings attended by community leaders (grantees and non-grantees), with an average attendance of 15 people.
- 3. Community forums** HCF held 10 community forums throughout the HCF service area. Locations were determined based on the number of uninsured in our service area, with a higher concentration in the urban core of Kansas City, Missouri. Meetings were held primarily in community center spaces. Over 550 people attended at least one community forum. HCF and local organizations widely promoted the forums and encouraged all community members to attend.



LOCATIONS & DATES

1. Wyandotte	Kansas City, KS	June 12, 2017
2. Kansas City North	Kansas City, MO	June 13, 2017
3. Cass	Harrisonville, MO	July 6, 2017
4. Jackson North	Kansas City, MO	July 13, 2017
5. Jackson Central	Kansas City, MO	July 18, 2017
6. Johnson	Olathe, KS	Aug. 8, 2017
7. Jackson South	Kansas City, MO	Aug. 24, 2017
8. Allen	Iola, KS	Sept. 7, 2017
9. Lafayette	Odessa, MO	Oct. 2, 2017
10. Jackson East	Independence, MO	Oct. 17, 2017

KEY FINDINGS

Conversations revealed important insights on health challenges and areas of opportunity. In all, we heard more than 1,000 ideas about how to best meet the health challenges of the community. While the ideas were voluminous, common themes emerged:

A base level of anxiety regarding the future of health care

The impacts of federal and local policy changes on vulnerable populations repeatedly surfaced. Uncertainties and troublesome decisions in the political realm compound this base level of anxiety felt across the region.

Many talked about the dynamic momentum around health in our region and the need for creative solutions and collaborations to address these challenges.

Use of schools for health care delivery

Schools were on the minds of many participants, as seven of the 10 community forums evoked the use of schools as locales to offer and provide physical and mental health preventive services and treatments.

Creative solutions to transportation challenges

Whether urban, suburban, or rural, all areas cited transportation as a common barrier to accessing services.

“Medical Uber” was referenced numerous times. There were also suggestions of mobile health vehicles for health care delivery. Telemedicine and the use of traveling doctors and dentists were also suggested.

Responding to opioid crisis and substance abuse

Abuse of opioids and other substances were passionately discussed as devastating to our communities. Some of the most fervent discussion about confronting the crisis occurred in rural counties.

Increased focus on trauma-informed care

Trauma continues to plague families and communities, while residual and indirect trauma also impacts caregivers. Many community forum participants recommended schools as places where trauma-informed care could and should take place as an investment in our students.

Increased focus on healthy housing

Where we live is at the core of our daily lives. Access to safe community environments and homes free from physical hazards were a common refrain. Moreover, discussions about the concentration of substandard housing in less advantaged neighborhoods reinforced awareness of compounded health disparities across racial, ethnic, and socioeconomic lines.

Need for shared information

The forums highlighted the never-ending need for frequent communications. At points throughout the meetings, participants revealed they were not aware of services or programs available in their communities.

While some spoke specifically about the need for shared data collection among regional providers, others talked about how to use data to better tell the story of health or to connect with one another. Health data was viewed as prized and necessary for increased collaboration. Advancement in technological capacities and shared resources that avoid duplication of records was roundly lifted up as an ideal.



MAIN THEMES

While common themes emerged throughout our listening, there were also distinct takeaways from each county that comprises our service area. Each had unique issues and ideas on how to collaborate and address concerns. A full list of “big ideas,” developed by participants at each forum, is listed in its entirety in the appendix.



Main Themes: Access, developing healthy communities, mental health advocacy, treating or containing opioid abuse.

- School-based services were cited as an effective strategy for health care delivery.
- The need for new systems of transportation — such as volunteer carpools — and more focused transportation assistance.
- Continued momentum on building healthy environments through efforts that included retirees as mentors; rehab houses to provide shelter while shelter residents learn useful, employable skills; and expanding day care to 24-hour access in old nursing homes.
- Attract and retain more medical professionals, particularly doctors, and educate the general population about primary care to reduce the burden on the local emergency room.
- Systemic changes, including first-responder training and the possibility of hosting a summit to address the opioid epidemic.



Main Themes: Mental health, creating healthier communities, collaboration.

- Tackle challenges regarding healthy food delivery and food insecurity, particularly offering healthy food in schools.
- Explore the use of schools for health care delivery.
- Reduce substance abuse and responding effectively to incidences of self-harm and suicides; may include the possibility of more mental health liaisons and crisis intervention teams.
- Determine how to function more as a county “and not just a bunch of cities.” Emphasize cooperation and reducing barriers to expansion of service, as well as collaborating with a new collective will.
- Strengthen the public health system.



Jackson County



Main Themes: School-based service, trauma-informed care, transportation, increased collaboration, health in all policies.

- Offer mental health and health services in schools.
- Trauma-informed care as a focus in neighborhoods and schools.
- Alleviate transportation struggles, particularly for people not immediately on a bus line or those seeking care during off-hours.
- Establish health hubs (i.e., one-stop physical and virtual sites), improve and preventive care for diabetes to advance a healthy community, and train retirees to be mentors.
- Improve collaboration among law enforcement officials, courts, and caregivers to better address drugs and gun violence.
- Enact policies that support safe, affordable housing and neighborhoods.

Johnson County



Main Themes: Technology, mental health, substance abuse, shared information.

- Participants proposed a telemedicine center as useful in addressing access challenges throughout the county.
- Share needs assessments, resource lists, and referrals among caregivers and service providers.
- Enact true reforms related to curtailing opioid abuse, while concurrently with reforming attitudes toward pain management.
- Access health care providers through a “one-stop hub” that could be accessed both in person and virtually.
- Small pilot program aimed at a truly integrated system.
- Advocate for better practitioner health, especially relating to mental health care and therapy for secondary trauma experienced by caregivers.
- Address food insecurity.



Main Themes: Access, technology, convening capacities.

- Identify solutions for improving access to transportation. Suggestions included discounted bus passes for Medicaid recipients and a regional transportation master plan.
- Offer mental health and health services in schools.
- Implement new technologies for ID purposes and medical-record sharing; develop teleclinics that link to a central location.
- Build additional advocacy between individuals (e.g., establishing peer-to-peer navigators) and communities (e.g., partner on policy work across city and state lines).





Main Themes: Transportation, challenges around access in rural settings, opioid abuse.

- Improve transportation by creating a “Medical Uber” system for isolated patients, a regional transportation master plan, and volunteer carpool opportunities.
- Access to care within schools, such as a traveling dentist.
- Improve access through mobile health clinics.
- Examine the impact of eviction on health and explore possible strategies to prevent evictions.
- Establish an inpatient opioid treatment facility.
- Offer additional training that is often difficult to access in rural settings, such as continuing education and grant-writing trainings.



Main Themes: Access, partnerships, advocacy.

- Strongly emphasize collaboration and coordination among agencies.
- Convene innovators and creative policy change advocates to enhance outcomes in treatment and prevention.
- Establish a Family Resource Center to advance efficiency and offer holistic care for individuals and families.
- Increase school-based services.
- Better serve the growing aging population.
- Address mental health and substance abuse issues plaguing individuals and families.



HCF: WHAT WE HEARD

The following feedback and recommendations, specific to HCF, were derived from stakeholder meetings and community forums.

Congruence between HCF's funding areas of emphases and needs in the community

Communities and stakeholders affirmed HCF's support of mental health, healthy communities, and safety net as its key areas of emphasis. While conversations at the community forums ranged from the concrete to the highly abstract, participants repeatedly emphasized the need for continued support in these three categories.

Sharing of community dialogue feedback

Participants asked how HCF would share and use the information being generated by this dialogue process and requested the results to be summarized and shared with the public. In addition to creating this report, HCF associates, board, and Community Advisory Committee heard regular updates with the key findings. Feedback gleaned during community forums was also a key component of determining our 2018-2019 policy agenda and helped inform our theory of change work.

Collaborations and Convenings

All who attended these gatherings in this process expressed appreciation for meaningful conversations around health issues for those in need. They encouraged HCF to host other convenings that invite community attention and action, especially within the larger civic audience.

During the stakeholder meetings, there was near-unanimous agreement that town hall meetings, forums, and civic conversations are more than simply welcomed; they are essential to shared learning, enhancement of capacity, strengthening networks of care, and enhancing partner institutions.

Increased advocacy

HCF is seen as an advocacy champion for those whose work is supported by HCF grants. HCF can advocate in ways that small agencies are challenged to do alone or even in concert with other agencies. Community partners encouraged HCF to continue using its voice to advocate for those in need and to increase its support of agencies in their own advocacy efforts.





CONCLUSION

It is impossible to sufficiently capture the level of care that dialogue participants expressed for their respective communities. While HCF thoroughly understands the projects and programs strengthening health in the communities we serve, we were grateful to connect with community members who are deeply engaged with their communities. They are not only thinking about the issues that face their local communities and the region, but are already working — both individually and collectively — to address those issues.

We encourage our community partners to review and discuss this report and continue exploring new partnerships to address barriers to health for those most in need. As a foundation, HCF plans to review this report with its board of directors and the Community Advisory Committee to inform our grantmaking and advocacy. We will also continue to convene and connect diverse segments of the community to explore creative ways to align our resources and make a greater impact.

Meaningful interaction with current, potential, and future partners is an essential ingredient in any plan to continue to ignite a culture of health in our region. These relationships are vital to breaking down barriers in our community.





ACKNOWLEDGMENTS

HCF would like to thank Bob Hill for developing and directing the community dialogue project. We also extend special thanks also to the following individuals and organizations:

Lisa Manthe Peverill for transcribing notes from each community forum

Duane Daugherty and JayR Roberts for catering assistance

The following organizations who hosted community forums:

- Bass North Community Center
- Berry Acres Farm
- Boys and Girls Club of Wyandotte County
- Gregg-Klice Community Center
- Harrisonville Community Center
- Hillcrest Community Center
- Olathe Community Center
- Metropolitan Community College at Maple Woods
- Southeast Community Center
- Truman Memorial Building

The following organizations who hosted stakeholder meetings:

- Community Health Council of Wyandotte County
- Gilda's Club
- Irene H. Ruiz Library
- Linwood Family YMCA
- Thrive Allen County
- Trails Regional Library
- Tri-County Mental Health
- Truman Library
- Village Presbyterian Church

All HCF associates, board members, and Community Advisory Committee members for their participation.

Last, but certainly not least, we are especially grateful to all who attended stakeholder meetings and community forums. Your input was invaluable.



APPENDIX

Feedback was collected through discussions and worksheets at each stakeholder meeting and community forum. Participants discussed the most significant needs in their communities and worked in groups to create big ideas to spark conversations about addressing those needs within their communities. While these ideas were previously summarized in the report, the following is a list of all ideas shared during each session. HCF lightly edited the raw data for spelling and formatting only.

Allen County

STAKEHOLDER THOUGHTS AND CONCERNS

- Repetition of people being seen in court system
- Increasingly older, poorer population
- Unemployment/lack of jobs
- Integration with community mental health center and neighborhood health home for more holistic care
- Mandatory drug treatment has increased while funding has decreased
- State's dire fiscal circumstance restricts care through drug court
- Only grocery store in Moran closing
- Transitional housing is needed
- Convenings like community dialogue project much appreciated

BIG IDEAS

- Locate services in or near schools
- Use of school buses as nascent transportation service
- Volunteer carpool for health needs
- Expand "Healthy Foundation" to entire county
- Activity bus for kids during summer
- Bus shelter for kids during inclement weather
- Educate community and create clinics to reduce emergency room use
- Provide transportation assistance to those who aren't seniors or on Medicaid but still in need
- Create a collaborative network among area service providers
- Hold an opioid summit
- Attract and retain diverse medical professionals
- Transitional housing for domestic violence victims
- Immunization program through schools
- Schools as a starting place for prevention and treatment
- Use the talent and expertise of retirees as mentors
- Provide 24-hour childcare at nursing homes for the children of evening and weekend employees
- Use mentors to teach soft skills
- Teach technical skills to rehab houses for transitional housing
- Growing Grocers
- Operate compost piles and gardens
- Create gardens and develop home economics classes as schools
- Better use of public spaces for exercise facilities and walking trails
- Explore relation between poverty and obesity
- Schools to share data/identify needs/space
- System combination of life skills/self-sufficiency training with services
- First-responder training
- Prevention for homelessness
- Provide utility assistance

Johnson County

STAKEHOLDER THOUGHTS AND CONCERNS

- Experiencing increase in poverty
- Increase percentage of underserved populations
- More focus on social determinants of health: economy, education, safe neighborhoods
- Increase in homeless students
- Need better use of YMCA for before- and after-care programs
- More community health workers needed
- Both patients and providers are disconnected from costs
- Regular conversations and convenings needed among stakeholders
- Fragmented care. Need increase partnerships, collaboration and joint efforts
- Concern around Blue Cross Blue Shield leaving health insurance market
- Immigrants and refugees fearful of accessing health care
- Battling stigma around issues related to mental health
- Mental health issues stressing families
- Matchmaking database for families seeking care
- Walking, playing outside
- Neutral organization for coordination of data
- Better integration of health information technology/health information exchange
- Health provider shortage

BIG IDEAS

- One-stop hub for services – both a physical space and virtual
- Pilot program for integrated system
- Telemedicine center resource list/referral network
- Portable standardize electronic medical records
- Share health needs assessments across agencies and region
- Garmin/LoJack/Fitbits for seniors and kids
- Address food insecurity
- National protocols regarding prescriptions
- True reform of opioids and pain management
- Licensing boards involved in practitioner health
- Recruit minority medical students
- Share information among providers
- Increase payments for community health workers
- Integrate community health workers into health care system

Wyandotte County

STAKEHOLDER THOUGHTS AND CONCERNS

- HCF should consider stronger stance on immigration
- Advocacy associates appreciated but would like to see an increase in advocacy and staffing
- Looking at mental health as a business community issue
- Pop-up services duplicating efforts; more collaboration needed
- Patient records and other data sharing needed
- Safety net in crisis mode exacerbated by threats to Affordable Care Act
- Focus on youth engagement that encourages empathy and teaches awareness about social determinants of health
- Teach public health citizenship
- Stop the wage drain out of the county
- Cultural education throughout schools
- Youth leadership programs such as Schlagel's *Be the Change* program
- Program officers appreciated as great advocates
- Communications much appreciated, especially newsletter
- More interpreters are needed
- Extend partnerships that spark connections
- Health pipelines at high school level



BIG IDEAS

- Direct action/active engagement with leaders
- Family resource center — one-stop shop for services
- Locate services in or at/near schools
- Innovation grants for activism and advocacy
- Coalitions that focus on dissimilar partners (e.g., obesity and hunger)
- Collaborate/coordinate efforts among groups
- Specific goals for organizations
- Seek CDC funding for clinic and programs
- Specific goals with incentive plans, scholarships
- Emphasis on policy change



*Note: In Cass County the stakeholder meeting and community forum took place during a single session.

Cass County

CONCERNS + BIG IDEAS*

- Work together as a county, not just bunch of cities
- Reduce barriers to expansion
- Political will, along with funding and locations
- Reimbursement programs for rent/services
- Address food insecurity
- Develop blue apron style solution at food banks and pantries
- STD testing unit at health department
- Immunization program through schools
- More community gardens with full education programs
- Nutrition education
- Pediatrician at schools
- Tilapia farming
- More grants and concentrated funding in one area such as children's mental health
- More programs like Brighter Futures that address substance abuse prevention
- Host forums on topics like suicide, self-harm, substance abuse
- More mental health liaison/crisis intervention team
- More access to be impactful
- Strengthen the public health system

Lafayette County

STAKEHOLDER THOUGHTS AND CONCERNS

- Unemployment/lack of jobs. Can't hire to fill jobs at rate that Kansas City pays
- Schools as site for telehealth
- Rural pilot program for cost-containment using community health workers
- Area triage center
- Influx of parolees (some from out-of-state) can overtax system
- Array of organizations need aggregated data
- Partnerships with government, sheriff's department, nonprofits are key for success
- More rural representation on HCF board
- Using community health workers in organization
- Direct billing for Medicaid mental health services provided at schools
- Address increase in child abuse and neglect rates
- Transportation and poverty rates exacerbate problems with kids
- Systems in place and services delivered but lack Medicaid reimbursement
- Billing systems need change and should include tiered cost structure
- Develop learning clinics to teach life skills, finances, etc.
- Fragmentation of services compounds problems of access
- Provide health care in schools, community centers
- Adult diversion program, similar to Jackson County
- Convening like community dialogue project much appreciated
- Request for HCF to host/ convene forum on state contracts, Medicaid policies, private insurers and cost containment using community health workers
- Transitional housing much needed
- Special needs housing much needed
- Dental prevention available in schools
- Need eye health providers

BIG IDEAS

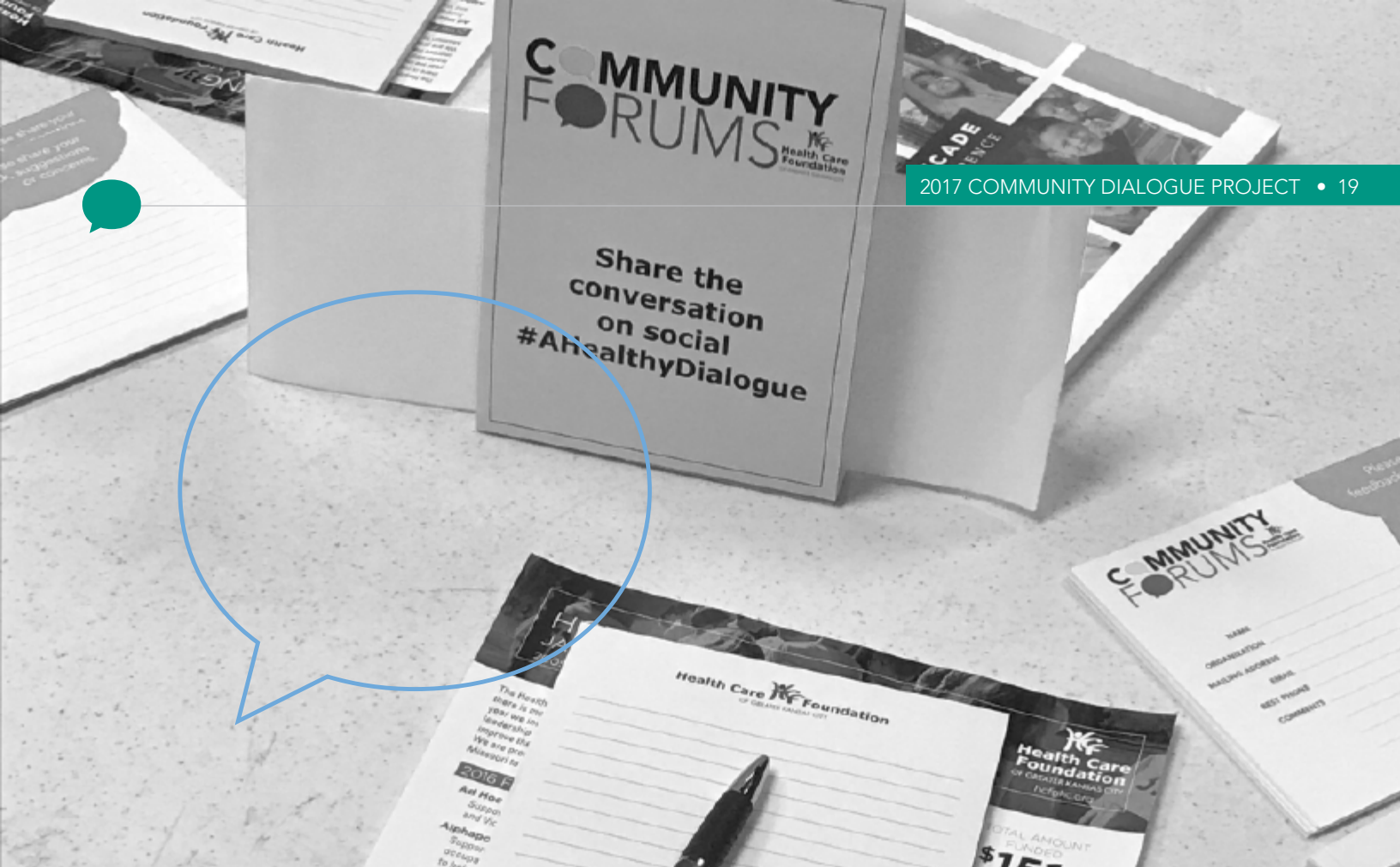
- Locate services in or at schools
- "Medical Uber" for isolated patients
- Regional transportation master plan
- School bus as nascent transportation service
- Volunteer carpool interagency transportation system
- Traveling dentist
- Neighborhood dental fairs
- Interagency referral system
- REGIS information system
- Medicaid reimbursement for services in schools
- Saturday office hours
- Mobile health clinics
- Eviction prevention strategies
- Rental support resources
- Money management/skills education
- Interagency communication/referral system
- Grant writing and similar trainings
- True reform of opioids and pain management method
- Inpatient opioid treatment facility
- Preventing homelessness
- Coordinate service providers, legal, housing, homeless shelters
- Affordable medications

Jackson County

Note: Four stakeholder meetings and four community forums were held in Jackson County. The following lists compile feedback from all Jackson County sessions.

STAKEHOLDER THOUGHTS AND CONCERNS

- Main issues facing urban core are domestic violence, diabetes, alcoholism
- Traffic safety (or lack thereof) effects mortality rate in Jackson County
- Tracking people difficult across state lines
- Trauma contributes to child development and delays
- Deep and pervasive mental health problems tied to what happens before age 5
- Identify mental health issues before age 14
- Teachers need mental health support
- Increase bed capacity in hospitals for children, mental health care
- Become more trauma-informed community
- Host a summit or collaborative meeting on trauma
- Use Scandinavian model with mental health check-up along with annual physical
- Ongoing, year-round training needed in trauma care
- Need additional behavioral health practitioners and facilities
- Violence as a health issue
- Isolation stimulated/exacerbated by violence in community
- Gun-related violence continues
- More focus needed on violence as public health
- Unsafe/unavailable/insecure housing impacts health
- Housing first model as preferred strategy for homelessness
- Serious health issues exacerbated by inadequate housing
- Housing insecurity/evictions lessens communications and increases school absenteeism
- Transfer safety net from public to private sector will not work
- People not showing up for appointments
- Invest in mobile unit to go to into communities
- Explore San Diego model of coordination referrals to next service at entry point
- Care providers need access to quality equipment
- Connecting patients to long-term care
- Balancing acute care and prevention
- Medicaid is siloed
- Access to oral health providers
- Use churches more for health prevention and screenings
- Encourage new emphasis on workplace health
- Holistic approach to physical, mental, and oral health
- Fragmentation of services compounds problems of access
- Train people in neighborhoods as health care workers
- Replicate Lee's Summit Alternative High School's suicide prevention program
- After-school sites being adversely affected by gangs and violence
- Healthy school lunches increase food awareness
- All schools need therapists
- Co-locate health navigators in schools
- Work with Missouri legislature to support therapists in schools
- Help schools distinguish between mental health and discipline issues
- Partnerships to place licensed therapists in elementary schools
- Provide health care in schools, community centers
- Differentiate between opioid crisis and end-of-life pain management
- Opioid crisis has created problems with hospice programs
- Respond more fully to opioid scourge and co-occurring substance abuse
- Opioid crisis and suicide trending way up
- Addressing correlation between chronic pain and opioid crisis
- Addressing substance abuse before underlying mental health issues
- Need a collective voice by nonprofits to government that status quo is unsustainable
- 1 Million Cups is a good example for nonprofit partnership



- Request for HCF to facilitate conversations regarding Medicaid policies
- Organizations need help in evaluating programs
- Organizations need help in staying tuned to trends in health
- Encourage partnerships with smaller, grassroots organizations
- Partnerships and more collaboration and joint efforts
- Focus more funding on prevention
- Use artists as engagement facilitators
- Planned communities with parks, sports fields are needed for all income levels
- Grow community gardens
- Continued use of Beans&Greens at farmers markets
- Neighborhood cohesiveness, safety, healthy communities go hand-in-hand
- Local exercise groups key to community health
- Smoking cessation programs key to community health
- Employee-owned worker co-ops make for healthier communities
- New transportation options needed, especially for poor
- Social determinants of health, death due to income inequality
- Need for additional research data; better use data being used by health departments
- Nonprofit census/listing
- Survey needed to know where uninsured go for care
- Use Healthy People 2020 research
- Universities evaluating programs
- Visual health impact on diabetes and cholesterol
- Increase funding for work with seniors (beyond Medicaid/Medicare)
- Gentrification adversely affects health of lower income people
- Need increased funding for aging population
- Need alcoholism services for older population (50 plus)
- Racial disparity in pregnancy outcomes
- New emphasis needed on prenatal readiness
- Effects of obesity and epidurals on pregnancy outcomes



BIG IDEAS

- Destigmatize mental health
- Mental Health First Aid and Trauma Training
- Yoga as trauma treatment
- Increase access to crisis services
- Crisis response training
- Collaboration by law enforcement, judicial system, violence, substance abuse, recidivism
- Education about gun violence prevention/gun safety
- Life skills classes in jails
- Re-frame violence as health issue
- Grassroots community policing
- Support services for ex-felons reentering community
- Reduce evictions
- Guaranteed housing
- Schools to share data/identify needs/space
- After-school programs for high school
- Health fairs in schools
- Locate services in or near schools
- Youth programs in recreation centers
- Oral health as priority — providers needed
- Hangout places for teens
- Interventions and education (2)
- Fill gaps with multi-specialty clinics
- Expand Medicaid
- Complete infrastructure projects
- Tax reform
- Universal or single-payer health care
- Universal higher education
- Disruptive entrepreneurs in industry
- Increase minority health providers
- Coordination between service providers, legal, and housing
- Home visitation programs
- Partnerships between business community and neighborhoods
- Churches as space resource and resource for volunteers
- Co-located services
- One-stop hub – physical space and virtual
- Pilot program for truly integrated system
- Live 24-hour hotline for resource directory
- Interagency referral system
- Universal application for services
- Resource list/referral network
- Collaborative network-area service providers
- More opportunities to come together and collaborate
- Collaborate and coordinate efforts among groups
- Restructure insurance industry
- Community based economic development
- Revamp United Way 211
- Beaumont Foundation as chief resource
- Health department doing STD testing unit
- Health hubs – One-stop synergistic collaboration (2)
- Preventive care for diabetes
- Walkable neighborhoods
- Hydro/aquaponic farming
- “Garden in every ‘hood”
- Localized health fairs
- Education in nutrition and food preparation
- Develop Blue Apron style at food banks/pantries
- Make “healthy living” trendy
- Address food insecurity
- Engagement events such as a healthy Kansas City picnic
- Mobile health clinics (2)
- “Medical Uber” for isolated patients (2)
- Provide transportation assistance for non-seniors and non-Medicaid
- Regional transportation master plan (2)
- Comprehensive health report for 3rd and 5th District
- Expand broadband internet
- Information infrastructure
- Telemedicine center (2)
- Share health needs assessment
- Navigators tracking referrals and medications
- Retirees as mentors (2)
- Grandparent support programs
- Integrated system for senior care
- Early childhood intervention programs
- Early childhood day care and aftercare and dietary and life skills program
- Holistic childhood health programs

Kansas City North

STAKEHOLDER THOUGHTS AND CONCERNS

- Impact of Blue Cross Blue Shield pulling out of individual market
- Intimate connection by caregivers with people in homes
- Serious health issues exacerbated by inadequate housing
- Investment and involvement of business community needed
- Systemic change and focus on prevention
- Social determinants to health are key to prevention
- Holistic approach: physical, mental and oral health
- Fall prevention program for seniors
- Sustainability made possible by merging programs
- Lack of adequate transportation
- Community-based services: meet people where they are
- Provide health care in schools, community centers
- Transportation
- School buses as public transportation system
- Increase number of providers for traditional psych therapies
- Respond more fully to opioid scourge and co-occurring substance abuse
- Partnerships to place licensed therapists in elementary schools
- Resiliency focus
- Integrated trauma-sensitive care for homeless children
- Conversations like community dialogue project much appreciated
- Utility bill assistance programs to help address housing
- Need additional funding for seniors

BIG IDEAS

- Census of nonprofits to ID redundancy and gaps
- Discounted passes for Medicaid recipients
- Extending public transportation to Northland
- Locate services in or at/near schools
- Regional transportation master plan
- Teleclinics that link to central location
- Use geo-locating apps
- Policymakers across city and county lines
- “Peer-to-peer” health care navigators
- Replicate Nevada’s “opportunity experiment”





  
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