



**Visioneering
Health Care Alliance Meeting
June 28, 2005
Meeting Notes**

Attendees: Hoyt Hillman, Deborah Donaldson, Jessie Kaye, Denny Bender, Fred McLean, Colleen Parker, Bill Farney, Jermaine Pennington, Jennifer Kelley, Mary Sutton, Mary Knecht, Sandy Pickert, Erin Pettera, Charlie Fox, Juanita Tate, Mary Galvin, Barrick Wilson, Diana Lippoldt, Claudia Blackburn, Vallerie Gleason, Sheena Lynch, Marty Heilmann, Debbie Hackler, Jim Sumfest, Laurie Labarca, Judy Stroot, Charlotte Foster, Jim Wilson, Dwight Allen

Leadership Team: Kathy Sexton, Sedgwick County; Jack Brown, KU Medical

Minutes from June 28, 2005 were accepted and approved.

Dr. Doren Fredrickson presented an update on the Health Care Alliance Benchmark (See attachment). Jack Brown, Doren Fredrickson, and others will be working to present a proposed benchmark to the health care alliance at the next health care alliance meeting that encompasses:

- Accessibility to health care
- Quality of health care
- Cost of health care

Action Area: Promoting disease prevention by encouraging healthy lifestyles, wellness, fitness, and education programs. Address tobacco, obesity, drug, alcohol and violence issues.

"If the Wichita MSA got it right, what would it look like in 2 years?"

- More involvement in the school with fitness for all students from grade school through High School.
- Healthier food choice vendors represented in public schools.
- All City governments within the MSA would ban smoking in restaurants.
- Education beginning with young people.
- Foundation in schools – education and sports.
- Better data collection system for Wichita MSA related to youth substance use (USD 259 Adopt CTC Survey district wide).
- Community wide "poundage loss" (weight loss) initiative.
- A smoke-free (clean indoor air) ordinance passed.
- Professional organizations, unions and service clubs would enroll in physical activity and disease prevention campaign.
- Decrease in number of middle school students initiating smoking.
- Kids! – Increase youth activity – Better nutrition for kids – More exercise – No smoking across street at schools.
- Grade school/middle/high schools would require physical education.
- Eliminate unhealthy foods and vending machines at schools.

- YMCA memberships need to be more cost efficient (turn no one away because inability to pay).
- School programs promoting youth physical activities, especially activities for lower age levels.
- Educate and engage employers on how to execute this action area.
- Greater availability of those things that provide for greater exercise – more sidewalks, paths for walkers and bike riders, more parks, more athletic fields.
- A district-wide physical education campaign.
- Decreased STD rates in MSA through abstinence education in all middle and high schools in MSA; parent education in dealing with sexuality issues offered through PTA, churches, employers etc.
- Community initiative to raise physical activity.
- Increase in number of schools implementing policies that raise physical activity and healthy eating. (requires baseline measurements)
- More people would rate their health as good or very good. (requires a baseline measurement)
- All Kansans will know their HIV status and be regularly screen for all other STD with yearly health exams.
- Workplaces within MSA would review wellness programs (comprehensive) for employees.
- No smoking in any public space.
- All public schools in MSA prohibit vending machines. (pop, candy)
- Appoint an MSA Health Czar to coordinate all grant public and private funding of promotion efforts.
- Strengthen educational programs in schools, expand work place health and wellness programs, and include coverage and payment for preventive programs.
- Ban smoking in all public areas.
- All insurance companies within the MSA and KS would cover colorectal screenings (preventative).
- All workplaces in Wichita and MSA would be smoke-free.
- Increase in education programs addressing healthy lifestyle.
- Underwriters who believe in healthy lifestyles promote topics in local media; e.g. smoking prevention, smoking cessation, walking as a healthy lifestyle change.
- Develop programs with youth so that peers embrace, encourage and participate in physical activity.
- Food pantries distribute provisions based on nutritional value.
- Decrease infant mortality and premature birthrates in MSA by teaching in middle and high schools the risk factors including drug and alcohol use, STD's, tobacco use, etc.
- Stabilization of Body Mass Index >30 (or = to obese) rate in 8th graders. (requires baseline measurements)
- Obesity issue. More education at the school age level from k-12 related to healthy eating about what that means and affordability.
- Community focus on the prevention of fetal alcohol.

Driving Forces (+)	Restraining Forces (-)
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<ul style="list-style-type: none"> • Strong health care community • Companies starting own Health and Wellness • Tobacco Free Wichita • Health and wellness coalition • YMCA Network is very strong • People have access to fitness centers • Very “communal” – churches and parish, nursing, lots of non-traditional access points naturally occurring • Generated more healthcare awareness, more knowledge, and understanding of healthy lifestyles • The police department is working to make community safe • Leadership commitment to making health priority. • Caught BTK • Neighborhood Associations • There is corporate desire to lower the costs, but they may not know how to get there. 	<ul style="list-style-type: none"> • Lack of neighborhood planning • Rising costs • Limited funding schools, therefore schools have to install unhealthy snacks in their vending machines • Lack of time to educate kids about health • Environmental barriers to exercise – safety, dogs, sidewalks • Perception lack of safety • ‘Super Size’ mentality • Two career families • Costs of YMCA, health club services • Lack of \$\$ - exercise clubs • Poor health habits • Gangs • Lack of city leadership • Lack of understanding why people continue poor health habits
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Possibilities:

- “Smoke Free Days” - hospital – businesses – universities/colleges – workplace.
- Healthy ‘fast food’ restaurants.
- Policy changes – increase physical activity in the school (30 minutes).
- More preventative screening covered by insurance.
- Public policy (incentives and disincentives).
- Encourage/promote collaboration among service providers.
- Youth obesity education/Wichita Public Schools.
- Return to juice and milk in public schools/healthier food choices.
- Prevention education for health care providers so they can provide information for patients.
- Dress codes in public schools to address gang prevention.
- Safe housing for recovering adults.
- Tobacco tax increase.
- Fluoridation.
- Supervised summer and after school programming and activities (to address gang prevention and unsupervised out-of-school time for youth).
- Information dissemination regarding prevalence of substance usage and unhealthy life practices.
- Better utilization of “Meth Watch” program.
- Have employers encourage healthier lifestyles.
- Food-less celebrations.
- More adolescent substance abuse treatment programs.
- Smoke free restaurants.

Volunteers

Jim Wilson
Sandy Pickert

Action Area: Having comprehensive coordinated healthcare (including mental, dental, medical) for all people.

“If the Wichita MSA got it right, what would it look like in 2 years?”

- Safety net clinics, SOC, SVC and translators in all low-income areas.
- Increased outpatient mental health services in each MSA county.
- Marriage counseling for low-income families to help keep marriage and families in place.
- Mental health resources that support the long term mental health problems.
- Having integrated services (medical, treatment, mental health, etc.) for persons in a residential substance abuse program.
- Document current comprehensive services for mental, dental, medical and show improvement in 2 years.
- Have coordinated healthcare available where people are e.g. schools, work, community centers. May start with schools as much of this does happen but not coordinated.
- Enhance awareness/communication/cooperation/collaboration among health professionals.
- Develop and implement core basic healthcare services available to all people making less than a set amount with the patient paying a % of costs.
- In two years...plans announced for establishment of school of dentistry in MSA.
- Each hospital and medical clinic contributes to a proactive marketing campaign to attract people to the proper level of medical intervention at the appropriate time.

Driving Forces (+)	Restraining Forces (-)
<ul style="list-style-type: none"> • Project Access for specific populations • Raise public awareness of need for coordination • Medical savings account • Have school of medicine and multiple schools of nursing • Have United Way 211 in place 	<ul style="list-style-type: none"> • Fragmented health system • Competitive relationship among providers • Inadequate insurance coverage • More people without insurance • Do not have a school of dental care • Inadequate funding and agreement • Inadequate number of healthcare providers in some areas

Possibilities.

- Coordination among local, state and federal government organizations toward common goals.
- Coordination of professional societies at the state level. – Governor’s council as e.g. Judicial, KDHE, SRS; e.g. State dental hygiene and dentists.
- Need to provide some incentives – ‘write off’ school loans to get more professionals– RN, etc. (all careers)
- Work in low income areas.
- Needs to be a connection of individual projects – electronic and medical records.
- Creating knowledge database to eliminate duplication of services.
- Build capacity.
- Medical clinic – after hours clinics especially having 24/7 accessibility.
- Define accessibility to get to root of program – dependent on needs – benchmark team.
- Focus on prevention instead of intervention.
- Coordinated clearinghouse for all of the coalitions in the MSA. Non-duplication of services. Coordination of efforts includes funders. Model after WCF funders meeting.

Volunteers

Colleen –United Way
 Dwight – Medical Society

Action Step: Ensuring the availability and adequate supply of qualified healthcare professionals.

“If the Wichita MSA got it right, what would it look like in 2 years?”

- Program development where shortages exists; ex. Physical Therapy, medical schools.
- Educational loan forgiveness program for MD’s who agree to practice within MSA.
- Promote HealthCare professions in schools.
- Raise the number of students enrolled in healthcare career fields by ___%.
- Promote healthcare professions to middle school/high school children.
- State provides specific additional funding to nursing programs to produce more nurses. (require graduates to work in KS as payback)
- Expand funding for healthcare technical and professional education in H.S. and colleges/universities. Current funding levels inadequate.
- Establish college scholarship programs and forgive student loans for medical majors.
- Calculate physicians/1000 people and monitor changes.
- Program in the middle schools related to health care careers.
- Exploration programs for HS Students.
- Establish service repayment options for loans, grants, etc.
- Educational incentives.
- Redefine “rural” for loan forgiveness purposes.
- Continue job fairs at high school level.
- Schools of nursing would have a 10% increase in capacity for RN training.
- Lobby legislature to increase funding to train providers.

Driving Forces	Restraining Forces
<ul style="list-style-type: none"> • There is a need in this community • There are tuition reimbursement packages • A need for more professionals • Renewed student interest • Growing market • Magnet health care high school curriculum • Corporate sponsorship • Partnerships with private sector 	<ul style="list-style-type: none"> • Not enough slots in schools • Expense of education • Lack of faculty • Lack of awareness of programs • Inadequate state funding for health care education. • Lower salaries

Possibilities

- Need reliable assessment of uninsured.
- Determine actual health care needs.
- Determine the kinds of careers are needed.
- Encourage mentorship’s – RN, etc. professional.
- Avoid burnout.
- Identify medical research.
- Expand capacity of existing training programs.
- Facilitate access and entry of diverse students.
- Mastery of cultural competency – aging, diversity.
- Keep pipeline of potential healthcare professionals open.
- Apprenticeship programs for entry levels positions (e.g., CNA).

Volunteers

Judy Stroot
 Jessie Kay

Action Step: Communicate and promote existing health services.

“If the Wichita MSA got it right, what would it look like in 2 years?”

- No wrong door. No matter where you go you would be directed toward the service you need.
- Development of tools that list the health services available.
- Promote the importance of a medical home (everyone has a doctor and know who he/she is).
- United Way 211 promotion which lists/promotes all the options.
- K-12 presentation in gym classes (get kids informed).
- DTA/DTO presentations.
- Multi-lingual health service information posted in all public places, funded by grants.
- SBC & Feist have a “red pages” for healthcare provider promotion/listing.
- Define “existing health services” vs. “existing medical services”.
- Implement and utilize the United Way 211.
- Publication of listing of existing services. Availability through print and electronic resources. Accessible and updated through out the years.
- Use media to educate public on existing health services and how to access.
- Yellow pages would give easy understandable access to health services and information.
- Inventory existing services.
- Easy access to a services handbook – in community centers – in library – in malls...
- Engage local media to publicize free.

Driving Forces	Restraining Forces
<ul style="list-style-type: none"> • United Way 211 • Media effort awareness • Have a Medical Society • School systems • Project Access • Emergency room social workers → connect to people • Collaborations among community groups • SCAMU (Sedgwick County Association for Medically Underserved) is working in the MSA 	<ul style="list-style-type: none"> • Defining health services • No good inventory • Time and money to develop PSA campaign • Complicated concept to understand (system) • No clearinghouse –“silo system” • No medical homes • No next steps identified/pursued • Time and money generally limited resources.

Possibilities

- Universal communication via case management – coordination of care – follow up.
- State/County tax credits to facilitate possibilities.
- For psychiatrists and clinics to see high risk patients.
- Case management need to be more accessible to patients.
- Identify the SCAMU database.
- “No wrong door” approach at a one-stop-shop facility and not at the emergency room.
- Buy into “regional” health concept – idea of MSA.
- Reduced cost clinics in other 3 counties.

- Communicate to the community partners (not just medical/healthcare community).
- Make sure services listed with United Way are up-to-date.
- Expand use of Medical Savings Accounts (MSAs).
- Promote access to care in other three counties.
- Build bridge to schools, government, and other community sectors.

Volunteers

Colleen – United Way

Rita – Harvey County

Laurie Labarca – Via Christi