

| First | Last | Organization |
|--------------|-------------|---|
| Suzie | Ahlstrand | Wichita Metropolitan Chamber of Commerce |
| Sonja | Armbruster | Sedgwick County Health Dept |
| Tyrone | Baker | Wichita YMCA |
| Claudia | Blackburn | Sedgwick County Health Dept |
| Betsy | Bloxham | Project Access |
| Jack | Brown | KUSM-Wichita |
| Susan | Bumsted | |
| Kiersten | Camp | Cessna |
| Jackie | Carter | 1st Metropolitan Community Church |
| Jena | Chacko | KDHE |
| Sandra | Chavez | Unicare Health Plan of KS |
| Brandi | Clarke | Sedgwick County |
| Lois | Clendening | Via Christi Behavioral Health |
| Mary | Corrigan | Central Plains Area Agency on Aging |
| Steven | Cotter | Sedgwick County, EMS |
| Debbie | Donaldson | Health & Human Services |
| James | Early | KU / Via Christi |
| Sharon | Fearey | |
| Monica | Flask | Project Access/Central Plains Regional Health Care Foundation |
| Rita | Flickinger | Harvey County Public Health |
| Tara | Froese | Wichita YMCA |
| Carolyn | Gaughan | Kansas Academy of Family Physicians |
| Halie | Guinn | Boeing |
| Troy | Livingston | City of Wichita Police Department |

March 26, 2010

[VISIONEERING HEALTH ALLIANCE, FORUM TWO PARTICIPANTS]

| | | |
|----------|----------------|--|
| Diane | Longfellow | Chamber |
| Mary Jo | Mason | Children's Mercy Family Health Partners |
| Mim | McKenzie | Wichita YMCA |
| Pam | Mealiff | Mid-America Diabetes |
| Garold | Minns | Sedgwick County |
| Anne | Nelson | Central Plains Regional Health Care Foundation |
| Jeremiah | Nelson | Mid America Diabetes Assoc |
| Tim | Norton | Sedgwick County |
| Joe | Pajor | City of Wichita, Environmental Services |
| Craig | Perbeck | State of Kansas, SRS |
| Sandy | Pickert | Pure & Simple Health Ed. |
| Laura | Quick | City of Wichita, Environmental Services |
| Sandi | Reichenberger | Sedgwick County Health Dept |
| Shelley | Rich | Wichita State University |
| Vicky | Roper | Kansas Children's Service League |
| Jon | Rosell | Medical Society of Sedgwick County |
| Daytha | Rueger | Communities In Schools of Wichita/Sedgwick Co., Inc. |
| Dave | Sanford | GraceMed Health Clinic |
| Jamee | Sholtz | KDHE |
| W Lee | Smith | WSU CHP |
| Betty | Smith-Campbell | WSU, Nursing |
| Charlene | Stevens | Sedgwick County |
| Patty | Stuever | USD 259 |
| Mollie | Thompson | RPC / Mirror Inc |

March 26, 2010

[VISIONEERING HEALTH ALLIANCE, FORUM TWO PARTICIPANTS]

| | | |
|----------|------------|--------------------------------|
| Diane | Tinker | American Lung Association |
| Jeff | Usher | Kansas Health Foundation |
| Lisa | Vermillion | Thin & Healthy Total Solution |
| Kim | Walker | Sedgwick County Health Dept |
| Bev | White | Center for Health and Wellness |
| Debbie | Williams | YMCA Wichita |
| Kathleen | Yeoman | Genesis Health Club |

Facilitation by Tami Bradley and Vera Bothner and event support from Quinn Addis, Kaleigh Becker and Kendra Nguyen.

MENTAL HEALTH

- Child abuse
- Abuse and neglect of dependent adults
- Domestic violence
- Community mental health
- Addiction disorders

- One group added **Suicide/Teen Suicide** to this list

Strengths:

▪ **What are we doing well?**

- Breakthrough (3)
- Comcare (5) 24-hour resources
- MH providers
- MHA
- Pure and Simple
- Stand Together Coalition- underage behavior issues
- Gatekeepers for elder hoarding
- Purple crying- coalition educating community regarding child abuse
- Health babies program
- Parenting classes
- Church outreach
- WA sexual assault center (2)
- Community Response Team (35 agencies) child abuse/POPC – shaken baby
- Child Advocacy Center – get a description
- Shores/Harbor House/DV Coalition/EMPAC, EAP
- Home visitation is a proven practice>HB early head start PAT
- WIN- Women’s Initiative Network
- SAIN/SALT- all hospitals
- 2-1-1 with United Way (2)
- Youthville (2)

- Ombudsman for seniors – meals on wheels partners
- A lot of help coming into the school environment
- HopeNet
- EAPs available to employed (2)
- DV: we’ve modernized laws
- Court mandated action but not lifestyle changes
- Funding is being provided for those unavailable to pay
- KCSL
- Good Shepherd
- Prevention efforts: child abuse
- Safety net is strong
- Suicide prevention task force
- Crisis Intervention Training (2)
- Collaboration between groups
- Police-crisis intervention
- County Scope program- diverts MH from jail
- County drug court
- City MH court
- Psych residency program
- Dr. Scheffler’s focus on children MH issues
- Prairie View
- Suicide coalition

- **What do our strengths tell us about our resources as a community?**

We have good stuff/ How does anyone know?

We are trying to change the next generation and the way they approach this topic

There are quite a few resources but they are segmented; not as publicized

Segmented, not coordinated

Critical incident training

MH real burden on law enforcement

We do have a lot of capacity –or opportunity for capacity

Collaborative (when not competing for funding)

Very caring community

Resources are in “silos” (includes funding)

We’re attempting to respond- most public resources- could have

More private resources should be at the table

MH party bill might help

We have psychiatric inpatient care in our community

Link 4 life

Opportunities:

- **What are we not doing well?**

Decrease in fragmentation

Increase in coordination of care

More awareness of 2-1-1 and other ways to access services

Connecting people to resources

Marketing of local resources

Child deaths from violence

We still don’t talk about it- we don’t want to get involved

Population lacks “coping skills” – can we provide instruction/modeling in the schools?

Need home visiting programs (high cost), proven successful

Not maximizing opportunities to use church and community-based resources for basic mental health (socialization, marriage for keeps, etc)

Early interventions

Not enough inpatient treatment facilities/increase in percentage of uninsured patients

Not enough early intervention

Much undiagnosed depression

Rx drug abuse

Lack of integration of healthcare and MH services

Need more MH providers

Inpatient drug treatment impossible to find- jail being used as drug Rx

PCPs could integrate MH in their medical model

Leadership engagement – to make sure that the full benefits of the program tend to relate

Talk the language but not followed

- **What are external threats/circumstances to overcoming the problem?**

State budget cuts (2) -> substance abuse, mental health issues
 Stigma attached to mental health issues/ DV victims
 Funding – programs don't have consistent funding
 Down economy- stress to families, vicious cycle
 Complexity- hard to address
 Education is needed
 Not being accepted
 Because of the \$\$, individuals are released from care before they are ready
 Funding capacity – lack of funding many diminish our capacity in the future
 Relying on public resources – need better balance
 Overcome stigma, Stigma related to MI and substance abuse
 Convince leaders that current system is an inappropriate use of \$\$
 Work with employers: MH's impact on workers
 Teach employers symptoms of depression- support employees
 Lots of money at the enterprise level but no investment in time
 Decrease fear of loss of job

▪ **How can we reframe this as an opportunity?**

A lot of the pieces are present -> need to connect the dots and identify the class-cutting issues
 Use any resource as a door to the other resources in an efficient, effective manner
 (example: connect the medical and social and connect with in the social, 211 on steroids)
 Have programs in place > marketing of 2-1-1
 Educate the entire community and not just youth
 Frame mental health as a disease
 Reframe the words on the social norm
 Need to "harness the unusual suspects", "catch" people before they need high-level services, use resources we don't typically think about, training for community people to refer appropriately
 Increase awareness
 Recognize myths and realities of MH
 Make a case- we're paying for inefficient system
 Realign \$\$
 Work with employers
 Benefit design
 Anonymous and hidden treatment supports – AA, NA
 Focus inward- lack of efforts to normalize feelings
 Reframing existing preventive services into "best practices" that will net better engagement
 Identify points that we know, create

FLUORIDATION/ORAL HEALTH

Strengths:

- **What are we doing well?**

Oral health coalition - offering education (schools, in community, workforce development) (3)
Fluoride varnish- Medicaid (2)
Dental hygiene school (3)
AEGD program- WSU (3)
SCHD children's dental clinic
KDHE Oral health program
Delta dental- support education
"Give Kids a Smile" - coalition work (2)
Dentists will take Medicaid kids
SCHIP
Safety Net- Grace Med, Health Dept
Strategizing to make a change regarding fluoridation
State offers extended care education program
We recognize the importance of oral health as a community
School fluoride supplements program
Pediatricians prescribe fluoride
Oral health leaders stepping up!

- **What do our strengths tell us about our resources as a community?**

Focus on some prevention and treatment
Need more primary prevention
We have some investment in oral health
Have some access points
Need a work-around to overcome objections
Dental care is less of a focus than other health areas
We are crisis-based
Via Christi has identified oral health as priority
Business coalition of healthcare could help push the initiative

Opportunities:

- **What are we not doing well?**

More focus on small children and parent's education
Lack off fluoridation in Wichita, Hutchinson, and Derby water
Prevention
Adult access to dental
Nutrition habits
Dentists are not getting involved in the coalition work
Pros and Cons of the subject are not being publicized

Our local dentists are not taking the Healthwave population
 Access for the uninsured (restorative care)
 Prior approval required by Medicaid – individuals won't/can't wait
 Only minimal dental coverage for employees
 No political will for fluoridation (2)
 Very vocal group opposing, not enough voices supporting
 Not enough of a priority
 Battle is too entrenched- facts are lost in arguments
 Offering a training- personal development to increase knowledge
 Town hall meeting

▪ **What are external threats/circumstances to overcoming the problem?**

- Lack of dental insurance -> lower paying jobs/layoffs, choosing not to take the insurance
- Fear
- Lack of provider
- Dental insurance doesn't cover
- Public perception
- Fluoride issue – political vs. health
- Libertarian Undercurrent
- Haven't built the political will
- Getting the medical community involved and supportive to the issue in the community and their practice
- Explain the pain associated and prevent it
- Cost of fluoridation (not direct/immediate cost/result benefit) perception or reality?
- UMHM was will to fund establishment
- CDC evidence
- Fluoridation- community attitudes
- Misinformation and "miseducation"
- Aging out of dental community- not enough dentists (2)
- Strong negative reaction to government intervention
- Targeted studies used to argue pt. against fluoride
- Public forums
- Decrease impact from national group
- Look for a champion- individual, group, strong political work or connections

▪ **How can we reframe this as an opportunity?**

- Opportunity for education, aim to focus on oral health as part of healthcare
- New energy and leadership to move fluoridation forward- potential for political leadership
- Need a coalition of champions/need oral surgeons
- Who can own this problem?
- Provide or reimburse for children's vitamins
- Need to home-grow our dentists
- Communicate to employer groups- reduce dental \$\$ overtime
- Maybe we disconnect city water and fluoride – put it in other children's food
- Better to educate parents and community rather than let small group control the terror of the discussion
- Do branding work – ½ page ad in paper that shows the issue- use pictures
- Dental cost in areas that do not have fluoride in water

OBESITY AND DIABETES

- Childhood obesity
- Sedentary lifestyles
- Lack of physical activity
- Poor nutrition
- Physical Activity in schools

Strengths:

▪ **What are we doing well?**

Increase in awareness of sugar content in beverages for kids (soda, Gatorade, etc)

Building awareness of need for physical activity

Health and wellness coalition (5) - focus on built environment

Increase fitness centers, parks, and recreational opportunities

Working Well- worksite wellness program @ SCHED

Changes in school vending (2)

School Wellness committees

Healthy Kids challenge

259- Hoffman- no fryers at school (4)

After school programs

Built environment - energy to move toward bike lanes

Campaigns- 5 a-day

Worksite Wellness- corporate wellness programs

30% of ICT is YMCA programs

Goddard schools- monitoring foods in the service

Changes in the built environment- lead by community leaders- practicing healthy concepts

More community leaders stepping up in this area

More funding going to physical activity and nutrition

Some local obesity interventions

Wellness committee says "kids are drinking more water"

Increase in worksite wellness

Community initiatives- more physical activity fundraisers

Fitness opportunities (genesis, YMCA, clubs) capacity, free options (attitude more than facilities)

Strong YMCA programs (2)

Traveling exhibits to educate

Medicaid program that supports providers to address childhood obesity

Several childhood obesity programs and various providers

Growing breastfeeding coalition

National "Let's Move" program

WII Fit

Vision card- farmer's market

Dr. Early

Encouraging the above- HD strong leader in wellness plans

Business coalition- involved with employers- connecting costs to good health

Schools trying to improve menus- could do much better

Bikes and walking paths

PE teachers do focus

KDHE programs

School programs- USD 259

Watch cuts to schools- budget cuts

150-200 hours group and individuals for 3 years to achieve a 30lb weight loss

- What do our strengths tell us about our resources as a community?

Value physical activity and nutrition- building momentum for change

Focus on built environment

Lots moving forward

Some movement in healthy options locally

Employers more concerned/investing in wellness

High level of interest/awareness now

Participation from the "top" (Carl Brewer/Bill Buchanan)

Leadership is essential

Educating current practitioners- MD, DO, ARNP, RN's

Opportunities:

- What are we not doing well?

Overwhelmed with choices

Movement along the behavior change continuum needs to be escalated

Involving school nurses in the education of our children; re: health

Not connecting to the mental health

Diabetes education programs

Hard to motivate people

Not focusing on nutrition as well as physical activity

Farmers markets not necessarily in the best locations- not promoting them well

Not just about weight- healthy lifestyle

Wichita- lowest quartile among US cities

Need to examine the link between asthma and obesity and utilize the resources

Not focused on schools/on activity- only 2 days/week outside play

Not a unified voice in planning healthy communities

Missing sidewalks

Increase in health insurance

Preventive vs. program

Use natural networks (school, medical care) to teach, challenge behavior (sexy, fun and cheap)

FOOD INC- film, the forces that are against us (sugar/fat/salt)

▪ **What are external threats/circumstances to overcoming the problem?**

Menu labeling on franchises >20

TV/computer

Wii Fit

Open farmers markets during the week for workers

Challenges for food service directors in schools

Appointed work group of planning commission to drive integration of all transportation and complete streets (built environment)

Need to be non-judgmental about individuals and focus on how the community can improve

\$\$ for sidewalks

More PE in schools

No system in place supporting behavior change

Primary care must tax obesity (prevention program)

Community initiative have been the most successful – Jamie Oliver

▪ **How can we reframe this as an opportunity?**

Improve health education in the schools by way of school nurses

Policy- complete streets

“Built communities” (private investment) schools designs, too-location, site plans

Everybody has to eat! Many funding opportunities as national interest increases

Lots of agreement on this issue

Help solve obesity problem, diabetes

Link health literacy to behavior change- integrate

Work with area businesses- healthy snacks

- Increasing numbers of uninsured
- Cost shifting to employees
- Delivering health care at time of crisis – increasing costs
 - One group felt that **under- insured** is really the emerging issue

Strengths:

▪ **What are we doing well?**

Political leadership, strong political will (2)

Project access (5)

Community health clinics-3 strong FQHC (5)

Business coalition on Healthcare

WHIE board- movement towards a health information exchange

Health care reform- federal

Safety net clinic, EC Tyree

Access points- Walgreens

More focus on healthcare providers

Great resources- Grace Med, Safety net clinics (in good areas)

Grace Med will cover services until clients are covered by Healthwave

Medical services bureau

Healthwave is being used by our community members- info is getting out to the community members

Formerly employed beginning to learn about and utilize community health centers

State expanded eligibility to Healthwave

Strong charity care (also a weakness)

Health access project underway addressing a variety of access issues

Strong physician/medical community

Community coverage plan

Strong medical school

County Com. Health navigator

Options for urgent care (Walgreens)

Access to resources

▪ **What do our strengths tell us about our resources as a community?**

We value our residents and want them to have access to high quality, cost effective medical care

There is awareness and we have infrastructure

Focus on wellness education (prevention vs. treatment)

Project access – WBCHC

H1N1 vaccine great example of community availability to deliver

Preparing for healthcare catastrophe

Local leaders involved and working together

Opportunities:

▪ **What are we not doing well?**

- Increase in uninsured because of layoffs
- Health literacy – even with insured people (including how to use the healthcare system, medications)
- Hospitals feed the burden of uninsured
- Medical system is a struggle
- People still don't think they qualify
- Some people don't want to be associated with Healthwave
- Not enough safety net clinics staying open late
- ERs overburdened
- Many are underinsured
- Too much emphasis on sick care
- Many still don't have access
- Have not yet integrated primary care/med-home model- providers/doctors closed for lunch, evenings
- Impact of Healthcare reform (2014-2018)

Entitlement of benefits- no "leg" in the game- how do we change this – 80/20- shift this to increase investment in health- it can be a good thing to increase investment?

▪ **What are external threats/circumstances to overcoming the problem?**

- Corporate driving of medical industry- too much devoted to administration
- Lack of incentives for prevention, wellness and health education
- Employer based benefits
- Employee co-pay on insurance premiums- young dropping coverage rather than pay for benefit perceived as unneeded
- Decrease in capacity for primary care
- Must watch capacity- use the correct provider (ARNPs, PAs, etc)

▪ **How can we reframe this as an opportunity?**

WBCHC- Focus on new models of care- how to coordinate and focus on wellness and outcomes (prevention and literacy)

HEALTH DISPARITIES

- Infant mortality rates
- Health literacy

- One group added **Different populations (race/ethnicity)** to this
- One group added **Cultural Literacy** to this

Strengths:

What are we doing well?

- Fetal IMR team (2)
- Infant mortality review board
- Healthy babies program (5) - very strong/excellent outcomes
- WIC (2) - grown and connected to other programs
- Center for health equality- focus on (5)
- Strong 1 degree care based medical care
- Employee wellness initiatives/SCHD- Worksite Wellness/YMCA programs
- Early childhood coalition
- Effort revived to get data shared about IMR
- Step up for SIDS
- SIDS network
- Collecting data
- SIDS is doing well in their work
- Education of the community in this area
- Great growth in car seats being used
- Portable life-styles are now available
- Getting more notices out on recalls in regards to toys, seats, etc
- More public awareness
- Increasing awareness- infant mortality
- Kansas health ethics- work in this area
- KHF grants- education and information

What do our strengths tell us about our resources as a community?

- Most of the resources for infant mortality are federal (HB + WIC)
- Employee/school resources are locally funded
- Healthy babies initiative- zip code analysis

Opportunities:

What are we not doing well?

- Decrease focus on social determinants of health
 - Lack of pre-natal clinics- need an increase in services in the community
 - Award school nurses- lack of recognition for their role
 - Employers are failing people in terms of educating employees how to use their resources to improve their health, need time to discuss how to use the healthcare system
 - Sharing information
 - Fear of change- let go of ego, to change we must join forces
 - Not educating community on our high level of infant mortality rates
 - Incorporating health into all curriculum
 - More physicians asked to give info to more patients
 - Infant mortality- highest in state (Sedgwick) (2)
 - Huge need to connect people with low literacy and communication challenges (e.g. non English speakers)
 - Transportation is a huge barrier
 - We lack good, affordable daycare
 - Have not connected public policy to health disparities and social determinants
 - Be watchful of budget cuts
 - Clarify role of KHPA in policy US management of SCHIP
-
- What are external threats/circumstances to overcoming the problem?
 - Economy
 - Younger pregnancy
 - Social determinants
 - Cost (human and financial) of newborns whose mother's do not practice appropriate pre-natal care
 - Shift foundations to help and access

 - How can we reframe this as an opportunity?
 - Reframe healthcare to focus on wellness and better use of the system
 - It is hard to talk about this
 - Need to support bilingual, bi-culturally socialized health care professionals
 - Set an expectation of elected officials to develop public policies that support reducing barriers and consider social determinants of health