

CITY OF KANSAS CITY, MO., HEALTH COMMISSION



2012 HEALTH COMMISSION ANNUAL REPORT

ANNUAL REPORT TO THE MAYOR AND CITY COUNCIL



Public Health

HEALTH COMMISSION MEMBERS AND DESIGNATED COMMUNITY LIAISONS

2012 HEALTH COMMISSIONERS

Councilman Michael Brooks
Council Co-Chair

Landon Rowland
Community Co-Chair

Thomas Cranshaw
Vice-Chair

Pearl Fain

Councilman Ed Ford

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Michael McGill

Adriana Pecina

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Michael Seward

Linda Vogel-Smith

Rex Archer, M.D., M.P.H.
Director of Health, Ex-Officio Co-Chair

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Councilman Michael Brooks
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Michael Seward

Jackson County Legislator Crystal Williams

Landon Rowland, Emeritus Co-Chair

Rex Archer, M.D., M.P.H.
Director of Health, Ex-Officio Co-Chair

HEALTH COMMISSION LIAISONS:

Brenda Kumm - Liaison to the Parks and Recreation Board

Michael Seward - Liaison to the Parks and Recreation Board

Mary Williams-Neal - Liaison to the Neighborhood and Healthy Communities Committee

Linda Vogel-Smith - Liaison to the Neighborhood and Healthy Communities Committee

Jackson County Legislator Crystal Williams-Liaison to the Missouri Association of Local Boards of Health (MALBOH)

Clay Marcusen -Liaison to Metro Organization for Racial and Economic Equity (MORE 2)

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Samuel U. Rodgers Health Center
Swope Health Services
Truman Medical Center

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2012 HEALTH COMMISSION ANNUAL REPORT

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The City of Kansas City, Mo., Health Commission was established by City Ordinance No. 051261 on Oct. 27, 2005 for the purpose of providing “structure and oversight for the cyclical development, implementation and evaluation of a Community Health Plan...; to advise the Mayor and City Council on public health matters and policies; ... and to achieve a city-wide collaboration and partnership of organizations and individuals to work together to build a healthier community.” The ordinance calls for the Commission to submit an annual report to the Mayor and the City Council. The 2012 Annual Report is the 11th Commission Report.

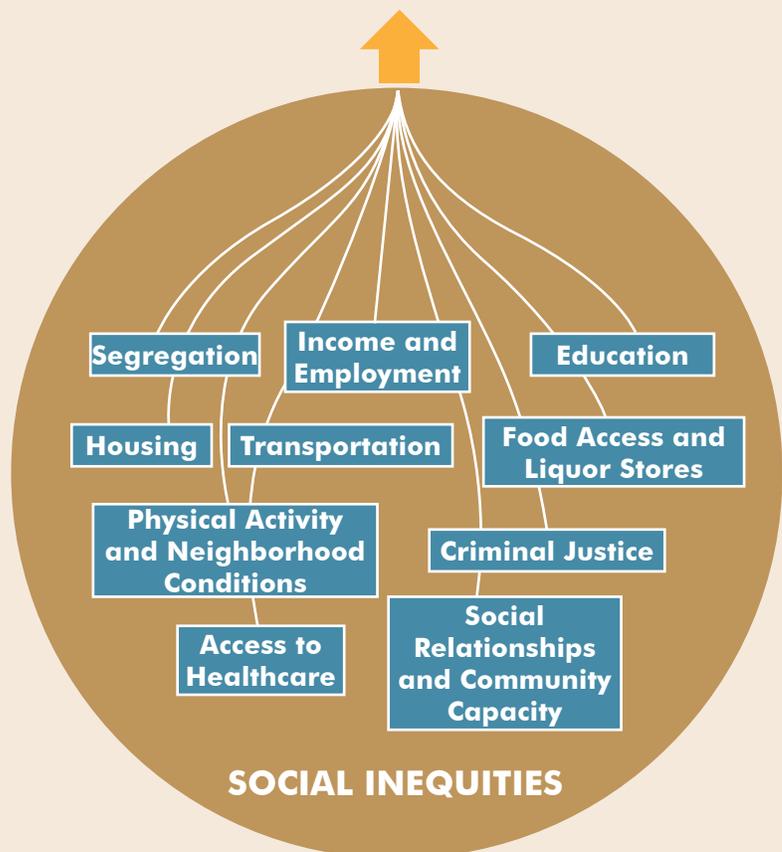
GUIDING PRINCIPLES

- Social determinants of health:** Social determinants of health are social factors that affect health and are factors in our economy, environment, workplaces and where we play, learn and live. Such factors can be addressed in more than one way; however, they must be addressed through effective public policy. One such example of a health impact addressed through public policy in Kansas City is the reduction of the public’s exposure to environmental tobacco smoke through a clean indoor air law.
- The health of Kansas City depends on its public health system:** The Health Commission understands that the health of Kansas City is dependent on its public health system. Kansas City’s public health system is multi-faceted. In addition to the Health Department, the Commission works with multiple departments and agencies of City government whose functions have an impact on health, such as the Fire Department, Parks and Recreation, KCATA and others. Health care providers including hospitals, clinics, individual and group health plans, doctors, nurses, health educators, therapists, sanitarians and inspectors are essential parts of the system. The public health system is funded by both non-profit and for-profit organizations, such as businesses; academic institutions, including our universities, academic medical schools, public schools and private schools; professional organizations; neighborhood associations; the faith community; and more. The media plays an essential role as well. A major challenge for the City and its residents is to achieve coordinated action and momentum to achieve the vision of a healthy Kansas City.

HEALTH INEQUITIES

Achieving Health Equity by Addressing the Social Determinants of Health

- It is time to stop thinking of health as something we get at the doctor’s office
- Health starts - long before illness - in our homes, neighborhoods, schools and jobs.
- All residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background
- Your neighborhood or job shouldn’t be hazardous to your health.
- The more we see the problem of health this wa, the more opportunities we have to improve it.





Executive Summary

During 2012, the Kansas City Health Commission continued its efforts to provide recommendations and collaborative plans for improving the health and wellness of Kansas City.

Major Commission activities in 2012 included, but were not limited to, the following:

- The Health Commission developed the 2011-2016 Community Health Improvement Plan (KC-CHIP) in 2011 and presented it to the City Council. The City Council adopted it as one of its priorities for the year 2012. The Commission initiated a process for reporting KC-CHIP achievements to the City Council in 2012.
- Safety net providers, which received funds from the Health Levy, provided services to 42,203 unduplicated patients with more than 164,489 patient encounters, utilizing \$36.6 million in funds from the Kansas City, Mo., Health Levy.
- Legislative priorities for both the National and State levels were recommended to the Mayor and City Council. The health areas of these recommendations focused on: smoking and health; expansion of Medicaid in Missouri; implementation of the Patient Protection and Health Care Affordability Act; violence as a public health issue; and funding for public health.
- Policy recommendations, in the form of four resolutions from the Health Commission, were adopted and sent to the City Council and other appropriate authorities. These resolutions focused on: creation and operation of a health insurance exchange in Missouri; support of a healthy weight collaborative in Kansas City, Mo., and "Fit-Tastic" to help address the epidemic of obesity; support for continuation of the Health Levy in Kansas City, Mo., to help ensure a healthy community; and support for the KC Urban Neighborhood Initiative.
- The 2012 National Conference on Tobacco or Health was held at the Kansas City Convention Center in August 2012.
- Analysis of data determined that the rate of deaths due to heart attacks in Kansas City was reduced from 78.4 to 28.0 per 100,000 populations between the years 2000 and 2009. The decline in death rate coincides with action taken to reduce smoking and exposures to tobacco smoke.
- The Health Planning Committee's health message workgroup identified health messages that residents should hear. The workgroup collaborated with the Commission's committees and workgroups to consolidate, define and develop the most important health messages to share with the public via a "Health Messaging Campaign."

Issues and Concerns:

The health sectors, both locally and nationally, faced many challenges and opportunities in 2012 and they are expected to continue into 2013. These include, but are not necessarily limited to the following:

- **There are many implications of The Patient Protection and Affordable Care Act, in the context of current Missouri politics, and implications for the Kansas City, Mo., Health Levy, safety net providers and other components of the Kansas City, Mo., health community.** Provisions of The Patient Protection and Affordable Care Act have begun to take effect – for example, insurance companies can no longer summarily drop a client because he/she becomes ill or has a pre-existing condition. However, portions that involve reimbursement are not due to begin until 2014. In the State of Missouri, the state government has not established a Health Insurance Exchange through which people could purchase health insurance in the open market place. The result may be that such an exchange in Missouri could be set up by the Department of Health and Human Services. While the U.S. Supreme Court partially upheld that the Affordable Care Act overall is constitutional, it also held that the Federal Government cannot require states to expand their Medicaid coverage as called for in the Affordable Care Act legislation.
- **Missouri income eligibility formula for Medicaid coverage is one of the lowest in the United States and legislators are on the fence over what to do.** Governor Jay Nixon stated that “the Missouri Chamber of Commerce supports the Medicaid expansion – not because they’re big supporters of this president and his agenda – but because it’s the ‘smart thing to do.’”

The State of Missouri is currently faced with the decision of whether to provide health care access for as many as 300,000 of its citizens by expanding Medicaid coverage for those up to 133 percent of the Federal Poverty Level from its current low of 18 percent. The federal government will pay for 100 percent of the additional costs for the first three years, and this money would create many more jobs in Missouri as well as keep many small community health care facilities in operation. The future of health care is uncertain. In the meantime, tens of thousands of Kansas City residents are faced with either buying affordable health insurance or being covered by Medicaid, if their incomes are below 18 percent of the Federal Poverty Level, which is \$3,504 per year in income.



- **The State of Missouri has one of the lowest per capita spending on public health in the country.** The low per capita spending rate for public health in Missouri means Kansas City has far less money from the state level for public health purposes than comparable communities.
- **The Kansas City, Mo., Health Department receives approximately 35 percent of its budget from the Health Levy.** Fee and grant services provided by the department are mostly self-funded and/or require cash or an in-kind match. The Levy pays for many of the mandated (mandated by ordinance or a state or federal statute) services and capability to deliver those services. Over reliance on the Health Levy for funding essential public health services places the public’s health at risk.

KC-Community Health Improvement Plan (KC-CHIP) 2011-2016

In 2011, the Health Commission worked with the community to identify a vision for a healthy Kansas City. The resulting vision reflects the question: “What kind of Kansas City do we want to live in?”

Implementation of the Kansas City Community Health Improvement Plan (KC-CHIP) continued in 2012. Health Commission committees, safety net providers, coalitions and community members continued to work on strategies, policies and interventions to revitalize and positively impact the health of Kansas City. The KC-CHIP focus areas are:

1. Improve access to clinical preventive services, illness care, and public health services and interventions;
2. Create a safe and healthy community;
3. Reduce health disparities and improve social determinants of health;
4. Ensure every child has a healthy start;
5. Encourage active living and healthy eating; and
6. Live tobacco free.

2012 marked a milestone in the evolution of the KC-CHIP. The Mayor and City Council chose to include the KC-CHIP as part of the City’s priorities. The Health Commission and its committees are grateful for the Mayor and City Council’s acknowledgement and the recognition of the community’s desire for a healthy and safe community. The Health Commission will continue to facilitate the implementation of the KC-CHIP in 2013.

The KC-CHIP and its implementation belong to the community. Although the Kansas City Health Commission, the Health Department and traditional health care providers (hospitals, health professionals, safety net clinics, etc.) have their role to play, the potential for broader community engagement – businesses of all kinds, the faith community, youth groups, community centers, community associations, media, the academic community —and other components of government have never been greater and have never been needed more.

Residents and public health system partners interested in improving health and/or addressing the strategic issues identified in the KC-CHIP are encouraged to attend the Health Commission’s committee meetings. Each committee meets monthly and is actively engaged in one or more of the KC-CHIP goals. The Health Commission has six standing committees that meet once a month. The six committees are:

Health Commission Committee’s

Monthly Standing Meeting Day & Time

Executive Committee	Meet when necessary as determined by the HC Co-Chairs
Budget & Contract Evaluation	Third Monday, 1-2:30 p.m.
Women’s, Infants’ & Children’s Health	Third Wednesday, 10:30 a.m.-noon
Minority Health and Health Equity	Third Thursday, 9:30-11 a.m.
Tobacco Use Reduction	Fourth Friday, 8:15-9:45 a.m.
Health Planning	Fourth Thursday, 10-11:30 a.m.

Health Commission Policy Recommendations

Many public health problems, such as infectious diseases and vehicle safety, require a national solution. Federal officials play a large role in public health by developing policies, setting standards and administering funds allocated by Congress.

State legislators pass laws that impact public health, provide funding for public health programs and ensure health departments are accountable. Examples include school immunization requirements, laws on reporting communicable disease infections, and laws restricting minors' access to tobacco.

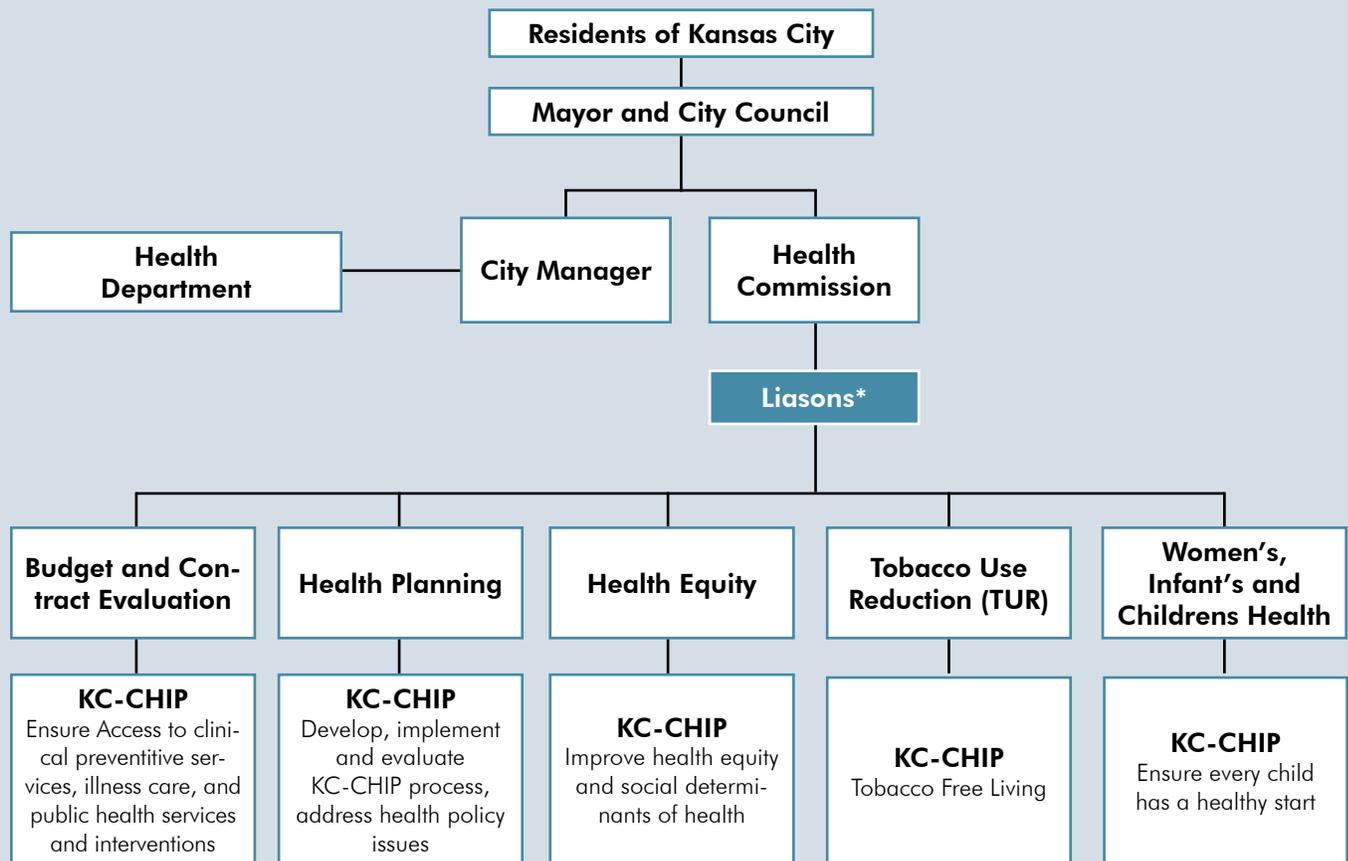
At the local level, elected officials play a critical role in public health because the laws, regulations and ordinances crafted and passed help to make Kansas City a healthier place to live, learn, work and play.

One of the Health Commission's roles, pursuant to City Ordinance No. 151261, is to advise the Mayor and City Council on public health matters and policies. In 2012, the Commission made recommendations for legislative priorities to the Mayor and City Council. The following public health legislative priorities were presented and discussed with the Mayor's Legislative Committee in October of 2012. The issues became part of the City's Legislative agenda for 2013. These issues connect with the priorities in the KC-CHIP 2012-2016.

Health Commission Committees 2013 KC-CHIP Goals

Executive Committee	
Budget & Contract Evaluation	Increase capacity for the delivery of clinical preventive services, illness care and public health services, as well as the capacity to serve uninsured and underinsured persons.
Minority Health & Health Equity	Increase awareness of the significance of social, economic and environmental factors that contribute to health disparities and the actions necessary to improve the health outcomes for minority, ethnic and underserved populations.
Health Planning	Align messaging and communications to inform/educate residents about healthy lifestyles and health services.
Tobacco Use Reduction	Expand use of evidence-based tobacco cessation services. Increase funding for tobacco prevention education in the KC metro area.
Women, Infants & Children's Health	Ensure that every woman and child has timely access and appropriate use of health care services that support the mental, physical and social well-being of the family.

Implementation of KC-CHIP



*Liaison Focus Areas:

Community Organizing, League of Women Voters, Medicaid Expansion, Mental Health, Neighborhoods & Healthy Communities, Parks & Recreation

To improve the health and well-being of residents in Kansas City, the Health Commission proposed the following resolutions, which were adopted and sent to the Mayor, City Council and other appropriate authorities:

- Support the renewal of the expiring Health Levy mill rate for a minimum of nine years.
- Support the Healthy Weight Collaborative and "FIT-TASTIC" as another tool in the fight against obesity and chronic disease.
- Support the KC Urban Neighborhood Initiative to rehabilitate the Troost Corridor in partnership with the Greater KC Chamber of Commerce and other participating organizations .
- Support Kansas City's Active Living Initiative encouraging healthy lifestyles by putting physical activity back into daily routines and encouraging healthy eating habits (HEAL-Healthy Eating and Active Living).

2013 HEALTH COMMISSION PROPOSED LEGISLATIVE ISSUES

State	Federal
<p><u>Expansion of Medicaid Coverage</u>, either independently from or as part of implementation of the Affordable Care Act, is a top priority. Currently, in Missouri, a household of three with a net yearly income in excess of \$3,504 is not eligible for Medicaid coverage because their income is deemed to be too high. As a consequence, many people who suffer from poor health are not able to obtain health services when needed, with a consequence that people who might be able to work to pull their families up from poverty cannot do so. In addition to the humanitarian dimensions, this is a drain on the economy of Missouri and detracts from interest in investment in Missouri.</p>	<p><u>Access to Personal Health Care Services and Public Health Interventions</u>, continue support for full funding and implementation of the Affordable Care Act, including: (1) opposition to its repeal; (2) support for the Prevention and Public Health Fund provided and the Community Transformation grants which support implementation of community wellness and prevention efforts and expansion of public health infrastructure to prevent, detect and respond to public health threats.</p>
<p><u>Funding for Public Health at the Local Level in Missouri</u>, including direct funding through State general revenue and need-appropriate distribution to cities (e.g., Kansas City) of Federal pass-through funds, such as the Federal Maternal and Child Health Block Grant and funds for disease prevention purposes. The ability of local health departments, who serve as the “prevention engine” for our country, to protect and improve health is being severely challenged by cuts in both State and Federal funding. In Missouri, funding was reduced by \$2 million in 2012. The possibility is strong that all Federal funding for the State level will receive an across-the-board cut of at least 8% in January 2013. The KCMO Health Department, which received no funds from KCMO General Revenue is highly dependent on funding from the State and Federal Governments in order to protect the health of the people of Kansas City with such functions as restaurant inspections and related training, environmental protection (e.g. lead), infectious disease control, violence prevention, health education, tracking of vital statistics and health data, childhood immunizations and much more.</p>	<p><u>Emergency Preparedness and Response</u>, support enabling legislation and additional funding for Public Health Emergency Preparedness that includes provisions for: (1) Annual influenza vaccines for staff of health care providers; (2) ongoing emergency response workforce and community training; (3) comprehensive communication systems; (4) additional public health staffing; and (5) the provision of liability protection for qualified volunteers who provide medical services during a public health emergency (e.g., Medical Reserve Corps).</p>
<p><u>Implementation of the Affordable Care Act</u>, which would establish a market place (called a “health exchange”) for purchase of health insurance, by those who are not insured. For Kansas City, this would mean that an estimated 100,000 people in KCMO could obtain coverage that is not now accessible to them. This would provide important resources to Kansas City health providers, particularly the Safety Net Providers (Truman Medical Center and Children’s Mercy Hospital and several community health centers) which receive some support from the KCMO Health Levy but, nevertheless, provide upwards of \$300 million in free services each year. Overall health status in KCMO would rise as a positive consequence of people’s having access to preventive and chronic disease management services in a medical home on an ongoing basis.</p>	<p><u>Violence as a Public Health Issue</u>, support enactment of federal legislation for a relief program for cities addressing high rates of crime and violence through public health based community prevention efforts. Relatedly, encourage allocation by the Federal Government of \$500,000 to expand evidence based behavior change models such as the Aim4Peace program to provide additional coverage in high crime areas of Kansas City.</p>
<p><u>Tobacco and Health</u> The Missouri legislature needs to support enabling legislation that will lead to reduced tobacco use (smoking and chewing) and exposure in Missouri and local communities. Tobacco use in Missouri costs an estimated \$545 per household in public expenditures to address the health consequences of smoking and chewing, and it claims 9,500 lives per year in Missouri from cancer and other smoking-related diseases. Tobacco use also accounts for at least 30 percent of all cancer deaths and 87 percent of lung cancer deaths. We must prevent erosion of the gains against smoking in KCMO by opposing any effort to pre-empt strong local ordinances with weaker State legislation.</p>	<p><u>Federal Block Grants for Prevention, MCH</u>, continue support for: (1) Title V Maternal and Child Health Block Grant to address and help prevent disparities in infant mortality and increase the funding for the Maternal, Infant, and Early Childhood Home Visiting Program (such as the Nurse Family Partnership Program which is being implemented in KCMO); and (2) Preventive Health and Health Services Block Grants to respond to specific public health needs and challenges locally and across the Nation. Both are awarded through the U.S. Department of Health and Human Services.</p> <p><u>Farm Bill</u>, support to amend the Farm Bill: The House of Representatives is currently developing a final Farm bill to be voted on this fall. The House Agriculture Committee passed a Farm Bill proposal that makes drastic cuts to the Supplemental Nutrition Assistance Program (SNAP, or food stamps) and the Fresh Fruit and Vegetable Program (FFVP) for low income schoolchildren. SNAP is cut by more than \$16 billion and FFVP is cut by \$50 million.</p>



Health Commission Committee Activities for 2012

The Health Commission has six committees. The Executive Committee facilitates the work of the Health Commission and the remaining five are issue-oriented committees that focus on high priority public health issues for Kansas City. Health Commissioners must serve on at least one committee. The **Budget & Contract Evaluation Committee**, comprised solely of Commission members, oversees the contracts with safety net providers that receive funds under the Kansas City, Mo., Health Levy. The other four committees are as follows: **Health Planning; Tobacco Use Reduction; Women, Infants and Children; and Minority Health & Health Equity.**



The Health Planning Committee has lead responsibility for promoting knowledge of and implementation of the Kansas City Community Health Improvement Plan (KC-CHIP). Since the KC-CHIP was developed through a collaborative community process, there are many stakeholders in the community who play essential roles in the implementation of activities and actions that will help Kansas City achieve the goals of the KC-CHIP. In 2012, the Health Planning Committee identified a formal process for establishing liaison relationships with the broad range of organizations that are engaged in activities and work that support the achievement of the goals identified in the KC-CHIP.

Health Commission Co-Chair: Linda Vogel-Smith

Community Co-Chair: Stan Edlavitch, Ph.D.

Members: Mariah Chrans, Tom Cranshaw, Cathy Davis, Cecil Gates, Alice Kitchen, Kathryn Knotts, Brenda Kumm, Lora Lacey-Haun, R.N., Ph.D., Michael Mayberry, Fred Newman, Ph.D., Charles Swinton, Danell Watson and Mary Williams-Neal

Highlights for 2012 included the following:

- **Promoted KC-CHIP:** Throughout 2012, the committee worked closely with staff to post a summary of KC-CHIP on the Health Department’s Web page: www.kcmo.org/health.
- **Established a system of “liaisons”:** In 2012, per the Health Planning Committee’s recommendations, the Commission changed the by-laws by adding a policy to designate liaisons to other organizational entities. The specific purpose of the liaisons is to ensure that there is communication and coordination of efforts among the Health Commission and City boards, commissions, community partners, coalitions, task forces and working groups whose work relates to and/or supports the implementation of the Community Health Improvement Plan.
- **Developed a reporting mechanism for KC-CHIP:** The Committee instituted a plan for reporting progress on KC-CHIP to the City Council’s Public Safety and Neighborhoods Committee. Reports on KC-CHIP were presented in May, and reports on work of the Tobacco and Health Committee (see separate report) were presented in September. The Committee sought ways to support City Council members in communicating with their constituencies on KC-CHIP and the opportunity it presents for social mobilization.
- **Identified key health messages every resident should hear:** When the KC-CHIP was developed in 2011, one of the primary recommendations repeatedly identified by participants was the identification and dissemination of the “Top Ten Health Messages” every resident should hear. The Health Planning Committee developed a plan and template for communicating the most important health messages. Due to resource limitations, the Commission has partnered with public, private and non-profit entities to build and support infrastructure to market and disseminate the health information and resources guides.
- **Identified public policy to promote better health:** To improve the Commission’s public policy efforts, the Health Planning Committee arranged training for Commission members on what constitutes public policy and how the Commission could best work to promote good public health at the local, state and national levels. The Health Planning Committee worked with the Commission to identify its 2012 State and Federal legislative priorities. These recommendations were presented to the City Council in September 2012. Emphasis of these recommendations focused on: smoking and health; expansion of Medicaid in Missouri; implementation of the Patient Protection and Health Care Affordability Act; and funding for public health.



TOBACCO REDUCTION

The Tobacco Reduction Committee is a key player in the City's efforts to reduce premature death and disabilities due to smoking, including smokers and those who are exposed to second-hand smoke. The committee is very active in blocking legal challenges and puts forth effort to pass strong ordinances to keep people away from tobacco smoke.

Health Commission Co-Chair: Michael Seward

Community Co-Chair: Donald Potts, M.D.

Members: Michael Belcher, Nicole Brown, Ken Davis, Dr. Howard Kilbride, Lorie Snyder, Vicky Ward, Cap. Jose' Belardo and Kelsy Bartolich

Highlights for 2012 included the following:

- **Supported, organized and participated in the National Conference on Tobacco or Health, held in Kansas City, Mo., in August 2012.** The conference brought more than 3,000 people from throughout the United States and internationally to Kansas City. By choosing Kansas City, the organizers and funders wanted to reflect and commend Kansas City on the substantial progress it has made to reduce the burdens of tobacco use.
- **Provided expert testimony:** Tobacco Reduction Committee members testified regarding potential threats to the City's Clean Indoor Air ordinance and provided technical assistance to other communities on smoke-free policy.
- **Provided technical assistance and support:** The Committee has written letters of support for partners in their efforts to obtain funding for smoke-free work. It explored potential for collaboration with other coalitions to keep Kansas City healthier.
- **Secured grant funding:** The Committee assisted in securing and implementing an Americans for Nonsmokers' Rights education grant to work on clean indoor air at casinos. The Committee also secured funding for an advocacy and education training to be held in 2013. Committee members also collaborated with the Northland Coalition and other organizations regarding sales of tobacco to minors.



WOMEN'S, INFANTS' AND CHILDREN'S HEALTH

The Women's, Infants' and Children's Health Committee Committee is committed to ensuring every woman and child has timely access to and appropriate use of health care services that support the mental, physical and social well-being of the family.

Health Commission Co-Chair: Rosemary Graves, Ph.D.

Community Co-Chair: Mariah Chrans

Members: Josie Adams, Mary Jean Brown, Kay Connelly, Jean Craig, Dana Leonard, Susan McLoughlin, Betty Novak, Sherry Payne, Jose Quiroz, Dr. Lisa Spector and Barbara Wiman

Highlights for 2012 include the following:

- **Addressed Infant Mortality:** **Addressed infant mortality:** The Women's, Infants' and Children's Health Committee serves as the Fetal Infant Mortality Review (FIMR) Community Action Team for Kansas City and Kansas City's Infant Mortality Review Project. FIMR is a continuous process of identification and analysis of factors that contribute to fetal and infant death. The FIMR Action Team uses a community-based approach by bringing together local health providers, consumers, advocates and leaders. FIMR identifies strengths and areas for improvement in the overall service system and community resources for women, children and families. It also provides direction for policy development. The Fetal Infant Mortality Review for the years 2004 to 2010 showed 125 deaths: 51 fetal deaths and 74 infant deaths. The report indicated 38 of the 74 babies born alive died of complications of prematurity, 11 babies died of chromosomal defects or congenital anomalies, 12 babies died due to perinatal factors and other reasons, three died of sudden unexplained deaths and 10 died of unsafe sleeping conditions. The committee continues to work to decrease the infant mortality rates in KC.
- **Free pregnancy testing:** To reduce and increase the number of women engaged in early prenatal care, the Mother & Child Health Coalition identified and disseminated a community resource, identifying local agencies in the Kansas City area providing free pregnancy testing.
- **Served as the Advisory Committee for the Nurse Family Partnership Program:** In 2012, the Women's, Infants' and Children's Health Committee served as the advisory body for the Nurse Family Partnership Program.
- **Advocated breastfeeding as the healthiest choice for moms, babies and families:** The Women's, Infants' and Children's Health Committee focused a great deal of their efforts in 2012 on identifying the best way to give every baby the best start in life. The Committee's research led them to a global initiative, initiated by the World Health Organization and UNICEF known as the Baby-friendly Hospital Initiative. This initiative's goal is to create a health care environment that supports breastfeeding as a norm. The process to become a designated Baby-Friendly Hospital requires a great deal of time, effort and resources. The Committee drafted a survey to identify hospitals pursuing Baby-friendly Hospital Initiative designation and is designing education and recognition events for area hospitals as they work through the BFHI criteria.



The Minority Health & Health Equity Committee is committed to improving minority health, health equity and social justice for the residents of Kansas City.

Health Commission Co-Chair: Brian Love/Lora Lacey-Haun, RN, Ph.D.

Community Co-Chair: Ruth Ramsey

Members: Florence Adegoke, Mona Ali, Robin Barber, Ron Ellison, Pearl Fain, Gabriela Flores, Viannella Halsall, Marion Halim, Cynthia Johnson, Lisa More, Adriana Pecina, Mona Perry, Jose Quiroz, Melissa Robinson, Steve Roling, Charles Swinton, Danell Watson, Mary Williams-Neal, Marva Wills, Mary Fangman, Dr. Catherine Satterwhite

Highlights for 2012 included the following:

- **Developed partnerships:** The Minority Health & Health Equity Committee forged partnerships with community agencies, organizations and members that highlight community efforts to improve minority health. The committee advocates for adoption of public policies that reduce disparities in health outcomes for minority, ethnic, disadvantaged and underserved populations.
- **Obtained EPSDT data for Kansas City:** The Committee worked with the Health Department and the Missouri Department of Health and Senior Services to obtain data on the number of children who are eligible and receiving Early and Periodic Screening, Diagnostic and Treatment (EPSDT) in the Kansas City area. EPSDT is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children by financing appropriate and necessary pediatric services. EPSDT is designed to address physical, mental and developmental health needs. The committee will analyze the data and work with community partners to identify barriers and develop strategies that guarantee maximum screening of EPSDT-eligible children in Kansas City.
- **Committed to monitoring social factors that affect health:** In 2012, the Committee began identifying a standardized dataset that could be used to develop a report on "health equity" in Kansas City. Prior reports have focused largely on differentials in disease incidence within the population. The proposed new report will have a focus on social determinants of health – those factors that affect health where people live, learn, work and play. The findings and recommendations in this report will help to guide policy and program decisions that can help to address inequities in health in the population.



The Budget & Contract Evaluation Committee concentrates its focus on (1) protecting the City’s integrity by ensuring fulfillment of its responsibility regarding the provision of health care services to uninsured and underinsured residents and (2) ensuring that the City’s public health needs are addressed in an efficient and cost effective manner.

Ensuring the provision of health care services includes: (1) providing access to clinical preventive services, illness care and public health services and interventions; (2) advocating for and developing policies to improve the health outcomes of uninsured residents; and (3) making recommendations to the Health Commission, which in turn advises and advocates to the Mayor, City Council and City Manager on actions and policies related to the work of the committee.

Health Commission Co-Chair: Councilman Ed Ford

Members: Dr. Rex Archer, Councilman Michael Brooks, Thomas Cranshaw, David Garrett, Alice Kitchen, Landon Rowland, Linda Vogel-Smith, Dr. Lora Lacey-Haun

Highlights for 2012 include the following:

- **The distribution of the City’s Health Levy Tax and the performance of the Safety Clinics’ use of the Safety Net funds** were reviewed on a continuing basis by the Commission and its Budget & Contract Evaluation Committee.
- **The Committee focused efforts on improving access to quality health care**, especially for the uninsured and underinsured residents of Kansas City. As noted above, the Committee focused on public funding and public education for the importance of fostering continued public awareness of disparities in health outcomes.
- **The Committee supported citywide obesity reduction efforts** by holding educational sessions and supporting a resolution during the start of the “Fit-Tastic” initiative.
- **Kansas City, Mo., Fire Department engagement:** A highlight this year, the Fire Department made two presentations on their health-related work to this Committee.

Health Levy Funds and Use:

Historical Overview of Health Levy

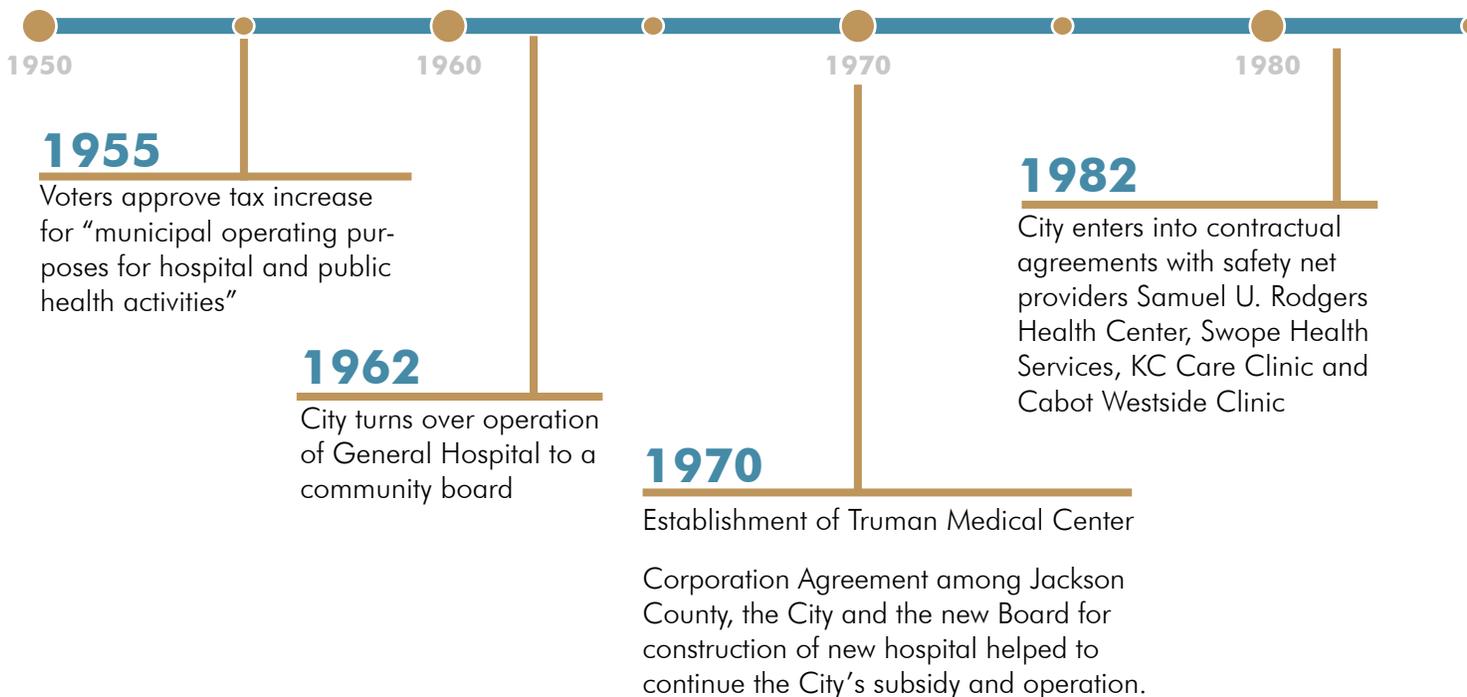
Kansas City: A Special City with a Special Commitment

At the local, state and national level, the issue of access to health services for personal health care and public health services has been recognized as essential in order to grow thriving communities and economies. Kansas City, Mo., stands unique among cities because it established a Health Levy on property more than 20 years ago (\$500,000 that is permanent in law). This Health Levy helps finance health care of the uninsured population of the City. In 2005, voters approved a nine-year additional \$.22 million Health Levy, which is up for renewal in 2014*.

(Editor's note* - The additional \$.22 million Health Levy was renewed on April 2 by the vote of the residents of Kansas City.)

City leaders' foresight and Kansas City residents' generosity have resulted in health service access that is unmatched in most other large municipalities.

Timeline of the Kansas City Health Levy



2012-Early 2013

In December, a resolution from the Health Commission was brought before the Mayor and City Council. The issue was passed and will be placed on the April 2, 2013 ballot.

1989

Voters doubled levy to \$0.50 for "capital improvements and operating expenses for hospital and public health purposes." Children's Mercy Hospital, Truman Medical Center, ambulance services and other public health programs were then supported by these funds.

Truman enters into an agreement with the City to provide the Health Department 25 percent of their disproportionate share funds (approx. \$5-6 million per year)

Emergency Medical Treatment and Active Labor Act federal legislation requires hospital emergency departments to see all patients regardless of ability to pay.

Ordinance No. 121072

Providing for submission to the qualified voters of the City for their approval at an election called for Tuesday, April 2, 2013, the question of renewing the ad valorem tax levy for a period of nine years for ambulance services, emergency medical services, hospital and public health purposes at the current level of twenty-two cents (\$.22) per one hundred dollars (\$100.00) assessed valuation on real and tangible personal property within the City; directing the City Clerk to notify the responsible election authorities of this election; and recognizing this ordinance to be an emergency measure.

1999

Through the efforts initiated by the Health Department and supported community partners, the Missouri General Assembly passes legislation to allow the Health Levy to be raised to \$1.00.

January 2005 Resolution 050035
January 2005 Ordinance 041259
March 2005 FY06 Budget Approved

1993

Northland Health Care Access, representing the Northland, receives support for uninsured care.

2005

- Voters approve an increase from \$0.50 to \$0.72 in the Health Levy for the next nine years, with renewal in 2014 "for ambulance services, emergency medical services, and hospital and public health purposes."
- \$0.035 of the levy to ambulance services
- \$0.035 to not-for-profit neighborhood health centers
- \$0.15 to Truman Medical Center

Ordinance 041259

"WHEREAS, it is the Council's intent that whenever revenues generated by the health tax levy are used to **provide health care or preventable health care** through medical care providers, those revenues will be made available only through contracts **providing clear performance measures and standards for demonstrated indigent healthcare costs for which other funding or compensation cannot be identified or for preventative healthcare costs.**"



Safety Net Providers Performance Report and Contribution to KC-CHIP

The Health Commission, particularly through its Budget & Contract Evaluation Committee, provides oversight of the support under the Health Levy to its safety net providers. These providers support the people of Kansas City and strive to adapt to the changing needs (culturally and socially) of the people they serve.

Approximately 45,000 residents in Kansas City, Mo., are uninsured, underinsured or are on Medicaid. A large number of these residents turn to the safety net providers for health care. A high percentage of these people are low-wage workers employed by companies that do not provide health insurance and/or are unable to afford the high cost of private health insurance. Others may become unemployed due to layoffs and other circumstances. Illness may often keep them from returning to work, leaving them and their families in precarious situations. Too often, these patients have extensive health issues because they have delayed seeking care. If Health Levy funding was unavailable, the patients being served would likely end up sicker and may eventually end up seeking primary care at local hospital emergency departments, which is not the most cost effective way to treat patients.

A number of trends in safety net provider performance are notable. Greater attention is being paid to social determinants of health, including medical legal issues; interpersonal relationships that impact health; patients' financial management; transportation; language and cultural barriers to health care access; and hours of service availability. Safety net providers are increasingly working to implement components of the Kansas City – Community Health Improvement Plan (KC-CHIP), particularly prevention efforts focused on reducing smoking, educating people about how to manage chronic diseases, improving nutrition, and emphasizing the need for regular exercise. The safety net providers are also taking a more holistic approach to their patients' health needs.

Safety Net Provider Individual Reports:

In FY2012, the City allocated approximately \$36.6 million to eight safety net providers as follows:



Swope Health Services (FQHC)

- Swope Health Services receives \$ 1,230,716 in Health Levy funds.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 30,943.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 8,678.

The Health Levy funds are used for primary and dental health care services for uninsured residents of Kansas City, Mo.

A Health Levy-eligible patient is someone who (1) is a member of a family unit whose income falls within 400 percent of the current federal income poverty guidelines and (2) is a person who currently resides within the corporate limits of the City of Kansas City, Mo., with intent to stay. Swope Health Services provides chronic disease and injury prevention in these areas: diabetes management; chronic disease self-management; diet nutrition and exercise; asthma prevention; weight assessment and counseling for children and adolescents; adult weight screening and follow-up; tobacco use assessment; and cessation intervention.

Here are a few examples of clients who have benefited from the Health Levy funds:

Example 1: Robin

By the time Robin visited Swope Health Services' South Clinic, her diabetes and hypertension were out of control due to a lack of regular medical monitoring. Unfortunately, Robin, who is in her 40s and unemployed, had put off seeking care because she was uninsured and had no way to pay for medical bills. Then she heard that Swope Health Services' South Clinic would treat anyone in need of care, including people without insurance. South staff diagnosed her advanced diabetes as a serious health risk. They developed a treatment regimen for Robin that included diabetes education – one-on-one counseling sessions that teach patients simple lifestyle changes that can dramatically reduce the medical complications associated with diabetes, such as stroke and heart disease. When routine testing indicated a serious kidney problem, staff immediately sent Robin to the hospital for life-saving treatment. Robin is now stabilized and, with the guidance of the South clinic staff, she is making the lifestyle changes necessary to improve her health.

Example 2: Darla

Darla had no health insurance. So when the young, unemployed woman became pregnant, she didn't seek early prenatal care - the key to delivering a healthy baby without serious developmental problems. Darla was in her second trimester by the time a friend convinced her to go to Swope Health Services. Swope staff immediately took action. They sent Darla to a nutritionist and enrolled her in prenatal education classes conducted at Swope. They also helped her to qualify for Medicaid, which offers pregnant women and young mothers many valuable benefits. Thanks to the quick medical intervention and related support provided by the Swope staff, Darla delivered a healthy baby girl.



Cabot Westside Clinic

- Cabot Westside Clinic’s receives \$ 507,642 in Health Levy funding.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 13,454.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 11,342.

More than 80 percent of Kansas City, Mo., residents who use Cabot Westside Clinic qualify for charity care, and most receive a 75 percent discount, which is absorbed with Health Levy funding. In cases in which patients cannot pay the remaining 25 percent, this remainder will also be absorbed by the Health Levy funding.

Kansas City, Mo., patients who use Cabot Westside Clinic all benefit in some way from Health Levy funding. For example, there is one family who frequents the clinic. Both parents have low paying jobs – working class poor – and do not have insurance. While their children qualify for Medicaid, the parents do not. Fortunately, they can come to Cabot for their chronic care and acute care needs.

Cabot patients have many chronic diseases. Its top diagnosis is diabetes, followed by hypertension, cardiac issues and stomach-related issues. Cabot is a full medical and dental facility.

Services Offered:

Adult Care	Mental Health Screenings
Women’s Health Care	Pediatrics
Preventive Care	WIC Program
Chronic Disease	Diabetic Classes - Bilingual
Family Medicine	Complete dental needs
Cardiology	Free HIV Testing (Collaboration with KC Free)

Cabot has received many “thank you’s” from patients, but the most heard comment to its doctors, nurses and checkout clerks is, “Thank God for Cabot. We wouldn’t know where else to go.”

Cabot also has many diabetic patients who are grateful to have a diabetic educator that they can call at any time. Martha Morningstar, CDE, works with Cabot patients daily to help keep their diabetes under control so they do not develop other related diseases such as cardiac disease, hypertension and neuropathy.

A photograph of a sign for the Kansas City Care Clinic. The sign is white with blue lettering and a red graphic of a telephone handset. The text on the sign reads "KANSAS CITY CARE CLINIC".

KANSAS CITY CARE CLINIC

KC Care Clinic (formally known as the Kansas City Free Clinic)

- KC Care Clinic receives \$ 508,600 in Health Levy funds.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 10,324.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 3,824.

The Health Levy funds the KC Care Clinic's general medicine program, which provides access to quality, culturally-appropriate safety net health care for uninsured/underserved adults. The KC Care Clinic accomplishes this by: (1) providing medical services for the underserved and uninsured, utilizing volunteer providers, students and support staff; (2) improving patient self-management of chronic conditions; (3) providing health care integrated with dental and behavioral health services; and (4) facilitating access to free/low-cost medications.

The KC Care Clinic provides a range of services to improve patient health, such as:

- Treatments for infections, rashes and more
- Laboratory services and screenings, including physicals and testing for tuberculosis and sexually transmitted diseases, including HIV
- Specialty care, including dermatology, cardiology, pulmonology, nutrition counseling, chiropractic services, reiki, optometry, acupuncture and occupational/physical therapy
- Women's health, as possible, including mammograms, contraceptives access, and pap and pelvic exams
- Medication assistance, referring patients to purchase \$4 prescriptions, providing lists and store maps. KC Care Clinic providers use this information to aid them in selecting an accessible, affordable medication that meets patient needs.
- Integrated medical care, with an in-house medical social worker who advocates for patients, connecting them to food, shelter and job placement.

A larger portion of KC Care Clinic services/resources go into treating/educating these patients to improve their health and learn self-management. These patients may utilize numerous resources, for example: a hyper-tensive, insulin-dependent diabetic might access: physical therapy; exercise consultation; nutritionist for meal planning; training to inject insulin and monitor blood sugar/blood pressure; medication education; blood work; support groups; and pap smears.

Example 3: Erin

Instead of focusing her efforts on securing a residency, recent medical school graduate Erin has been going from doctor to doctor trying to get well. Her health condition is noticeable and embarrassing – at times she doesn't want to leave the house. It started with her eyebrows. All the hairs fell out. Erin didn't like the look but what came next was even worse - the hair on the left side of her head started falling out! The family doctor said it was stress. Erin is stressed – she needs to secure a residency, she is nearly bald on the left side of her head, and she has no insurance. When Erin was a medical student, she completed a rotation at the KC Care Clinic with John Hall, M.D. She knew he was a good doctor and wanted his opinion. She first saw him in his private practice. He corrected the diagnosis she had received and started treating her for Alopecia Totalis, an autoimmune condition in which the body attacks itself, in this case its own hair follicles. Often blamed on stress, more often than not, having Alopecia Totalis causes stress, not vice versa! Since neither Erin nor her family could afford the cost of the steroid injections she needed to stimulate hair growth, Dr. Hall referred Erin to the KC Care Clinic for continuing treatment. When she did the rotation with Dr. Hall at the Clinic, Erin had no idea that she would be back within months as a patient. Although Erin's eyebrows have grown back and there is hair growth on the side of her head, she is still receiving care and will be for a period of time.



Samuel U. Rodgers Health Center

Samuel U. Rodgers Health Center receives \$ 1,230,716 in Health Levy funds.

- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 7,662.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 3,177.

Samuel U. Rodgers Health Center utilizes funding received from the Health Levy to help provide primary medical care, including adult medicine, women's health and pediatrics; behavioral health care; and dental care to Kansas City, Mo., residents living at or below 200 percent of the federal poverty level.

In 2012, the Samuel U. Rodgers Health Center developed a Chronic Disease Care Team comprised of four staff members with the goal of providing a more holistic approach to treating patients coping with chronic disease issues.

The team currently provides care for more than 300 patients, many of whom are chronic disease patients who suffer from high blood pressure, diabetes, heart disease and obesity issues. Clinic services include assistance with diet, exercise and monitoring of blood glucose blood pressure, cholesterol and other health indicators. The Center has one team member who specifically addresses behavioral health issues that can be linked to chronic disease health issues.

Example 4:

In September 2011, a patient came to Samuel U. Rodgers Health Center with allergy symptoms and high blood pressure. After processing his lab work, the patient was diagnosed with diabetes and hyperlipidemia, a condition that causes high lipid levels. The nurse practitioner began immediate consultation with the patient to carefully explain medication management, disease management, lifestyle changes such as diet and exercise, and the need to meet with Samuel U. Rodgers Health Center's chronic disease educator. The patient attended appointments every four to six weeks. The nurse practitioner reported the patient was not only compliant with treatment but was willing to work proactively to improve his health. The nurse practitioner provided counseling, encouragement and praise at each visit; the patient was motivated to follow the recommended treatment. At the time of diagnosis, the patient had an A1C of 11.5 and weighed 269 pounds. The patient was last seen in April 2012 and had an A1C of 5.3 and weighed 230 pounds. Thanks to the nurse practitioner's care, the patient has made a positive lifestyle change and both the diabetes and hyperlipidemia are stable and controlled.



Northland Health Care Access (NHCA)

- Northland Health Care Access allocated funds are \$272,502.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 4,653.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 2,297.

The Northland Health Care Access uses Health Levy funds to support many uninsured Kansas City residents who live north of the river. Forty-four percent of Northland Health Care Access's patients need critical health care services, making this clinic an integral Northland service. The Northland Health Care Access also has care coordinators who connect necessary health care services to their clients.

How clients who have benefited from the Health Levy funds:

Example 5: Greg

Greg was an uninsured primary care patient of the Platte County Health Department when he was diagnosed with testicular cancer. The social worker there referred him to Northland Health Care Access, through which he received testing, surgery, radiation and chemotherapy. He also received gift cards to purchase gas to get him to his appointments. Through Northland Health Care Access's partnership with the Platte County Health Department and Northland Health Care Access's own volunteer physician program, this patient received the necessary health care to address his urgent health care needs. He is now doing well and has been able to return to work. Greg and his family have expressed their gratitude numerous times for the help they received through these programs.

List of chronic disease and injury prevention efforts:

- Direct scheduling for uninsured patients from hospital emergency departments to clinics
- Adult dental services for uninsured and Medicaid patients
- Community Health Assessment
- Program for uninsured pregnant women. Income restrictions apply.
- Care coordination services
- Partnership with the Platte County Health Department, Samuel U. Rodgers Health Center, Northland CARE/MetroCARE and other agencies to provide services to uninsured patients
- Health Care Resource Line

Example 6:

A female patient from Honduras, diagnosed with diabetes and in need of interpretative services, was unable to access health care services for years. Thanks to the Clinic, she is now receiving quality care in her spoken language. The patient originally shared a "laundry list" of unmet issues due to lack of affordable care.

"Every time she comes in for an appointment, she is so thankful ... and at each appointment, we check off items on that original list," said the patient's nurse practitioner.

The patient also reported better health thanks to the Clinic's affordability and expanded hours.

"She can schedule her appointments in the evenings, after work, and that's resulted in much better control of her diabetes."



Truman Medical Center (TMC)

- Truman Medical Center allocated funds are \$ 26,403,075.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 103,911.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 21,477.

Truman Medical Center's services provided under the Health Levy funding include, but are not limited to, primary and specialty care clinics; emergency care; and prescription assistance for those who otherwise would not have access to these services. Also included are comprehensive inpatient and outpatient mental health services treating serious and persistent mental illness for adults, adolescents and families.

Truman Medical Center serves more than 60,000 patients each year with at least one chronic illness.

Some of their chronic disease and injury prevention efforts include:

- Passport to Wellness and/or Guided Chronic Care, which provides individualized care teams for patients with one or more chronic disease -- such as heart failure, hypertension, diabetes and asthma and chronic obstructive pulmonary disease -- to help them better self-manage their own health conditions.
- Truman Medical Center is an ongoing injury prevention partner with the Kansas City, Mo., Police and Fire departments.
- Truman Medical Center Community Outreach held more than 100 community-based events that provided nearly 7,000 people with direct access to free health screenings, disease prevention awareness materials and wellness, exercise and nutritional demonstrations.

How clients have benefited from the Health Levy funds:

Example 6: Mary

Mary is enrolled in Truman Medical Center's health home program. Before enrolling, Mary entered the emergency department at Truman Medical Center and other local hospitals frequently. Mary has high blood pressure, is obese and suffers from anxiety. Because her mother died from a heart attack, Mary visited the emergency department when she experienced chest pain – on one occasion she visited 11 times in a matter of 17 days! The Truman Medical Center patient care manager and behavioral health consultant met with Mary in the emergency department and began to interact with her frequently. Mary connected with them and began to ask them for advice on healthy eating. She has since reported an improvement in the way she feels since she began taking her medications consistently and improving her diet. She has now gone more than two months without an emergency room visit.

Example 7: Caryn

Caryn never had a reason to visit Truman Medical Center until her husband, a police officer, was in an accident and taken to its Level One Trauma Center. After getting to know the doctors, nurses and staff there, Caryn decided she wouldn't go anywhere else.

"They made me feel so welcomed and, so taken care of. I'm so glad I found TMC because after I became a widow, it was very hard for me to find private insurance," Caryn said. "I had a stroke and it was considered a 'preexisting condition.' TMC kept me alive after my stroke and helped me manage my diabetes. It didn't matter what type of insurance I had or how I would pay. They took me in."



Children's Mercy Hospital (CMH)

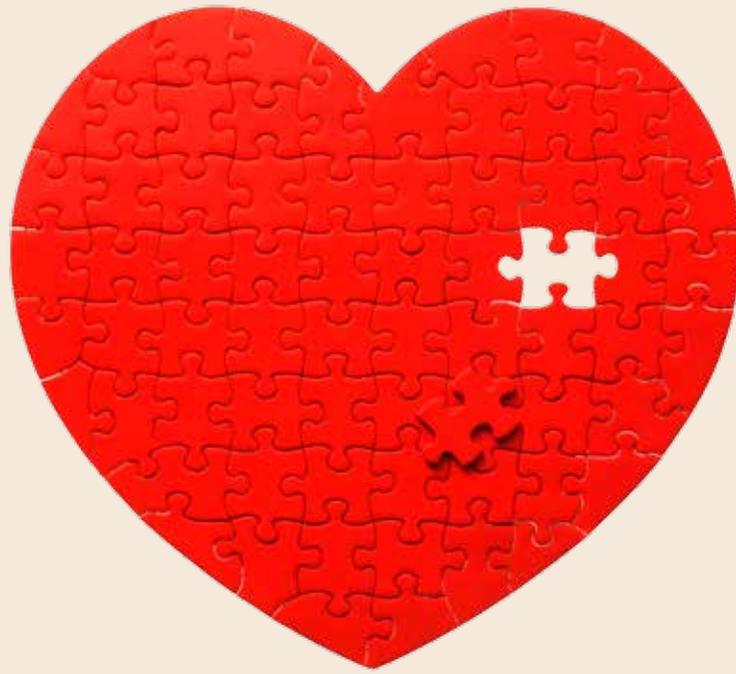
- Children's Mercy Hospital's allocated funds were \$1,199,507.
- The number of Kansas City, Mo., resident/patient encounters provided using Health Levy funds from May 1, 2011 to April 30, 2012 was 2,783.
- The number of unduplicated Kansas City, Mo., residents/patients served using Health Levy funds from May 1, 2011 to April 30, 2012 was 570.

Children's Mercy Hospitals and Clinics have been committed for 115 years to the highest level of pediatric health care for children. This involves providing an extensive range of programs and services for the promotion of the health and well-being of children from birth to adolescence. Their expertise on pediatric-trained and board-certified physicians in more than 40 specialty areas is remarkable. Children's Mercy Hospital has an innovative research program to develop new treatments and offer advanced medical technology. They offer a unique family-centered environment that allows these children to heal.



Safety-Net Agency	Cabot	Children's Mercy Hospital	KC Care Clinic	Northland	Sam Rodgers	Swope Health Services (SHS)	Truman Medical Centers
<ul style="list-style-type: none"> Work with a variety of partnerships to develop and disseminate health information and resources in Spanish and English. In 2012, expanded hours of operation and are evaluating the demand for after-hour services. Working with KC Care Clinic to expand the use of community health workers. Increasing the availability of nurses in Kansas City by providing opportunities for nursing students to rotate through the clinic. Cabot became the first Safety Net provider to become a Level III Medical Home that provides patient-centered care coordination supported by the ACA. Facility is on the bus line; bus vouchers are available. Assist clients in accessing health insurance. Strategies are in place to provide care to residents without a Social Security card. 	<ul style="list-style-type: none"> Operate a 335 bed pediatric hospital on Hospital Hill. Children's Mercy is a level I trauma center. The Pediatric Care Clinic serves more than 46,000 children each year. On average nearly 180 patients are seen each day. It is open six days a week and 14 hours on most days. Provides an Urgent Care Clinic in the Northland that is open every day from noon to 10 p.m. Provider of the region's largest adolescent medicine program/Teen Clinic. Teen Clinic operates community clinics at University Academy, Crittenton, Synergy House, Ozanam, Marillac, Gillis Home, Juvenile Justice and the Northland. To overcome barriers of time and distance CMH is using electronic telecommunication to enable real-time, two-way interaction between patients and physicians who are miles apart Home to one of the first neonatal transport teams in the country. 	<ul style="list-style-type: none"> Recently changed business model and name to the KC Care Clinic to begin billing both insurance and Medicaid. Will provide counseling for patients in need of health care access. Clinics are on bus routes; is a HRSA designated loan re-payment site. To reduce transportation barriers, clinic provides bus passes and gas cards to patients in need. Currently engaged and piloting the use of patient-centered care coordination model known as PCMH. Increasing the availability of nurses in Kansas City by serving as a clinical education site for multiple nursing schools including KU, National American, Avila and UMKC. 	<ul style="list-style-type: none"> Expanded access to primary care for uninsured KC residents living in the Northland Provided health services to 7,500 uninsured patients in 2011 Opened a primary care clinic in the Northland in 2010 Direct scheduling for uninsured patients from the hospital emergency department to the clinics Partnered with Samuel U Rodgers Clinic to offer adult dental services for uninsured and Medicaid patients in the Northland Established the Health Care Resource Line 	<ul style="list-style-type: none"> Implemented flat fee payment program for multiple services provided within one visit Developed chronic disease care team to assist patients coping with diabetes, high blood pressure, heart disease and obesity Working with KC Housing Authority to reach residents in need of health services. Addressing nursing shortage by providing opportunities for nursing students to get experience. Host weekly half-hour talk show called "Highlights on Health" on KPT-AM 	<ul style="list-style-type: none"> Clinics are situated in neighborhoods where there are medically underserved populations, consistent with Bureau of Primary Care requirements. Publish and distribute a patient services guide in both English and Spanish to all of our patients, which includes essential information about all medical and behavioral services we provide, as well as tips on infection control. All departments at SHS Central and satellite locations are equipped with technology to allow telephonic access to interpreter services. In addition, all patient information materials are written at a level – typically 6th grade or lower – that patients with minimal education and literacy levels can understand. 	<ul style="list-style-type: none"> We work across our organization to ensure that we provide consistent, coherent and culturally-relevant health messages to our patients and the overall community. Late evening clinic hours are held on Tuesdays All clinics are located on bus lines. The SHS Transportation Department provides free or reduced cost transportation to serve Medicare patients, physically handicapped patients and patients participating in some mental health/substance abuse programs. Partners with St. Luke's College of Health Sciences to provide their nursing students with hands-on experience in a clinical setting In 2011, Swope established the Health Care Home Program. A health care home is where individuals can come throughout their life to receive medical, behavioral and related social services in a coordinated manner that recognizes their needs as individuals, not just patients. 	<ul style="list-style-type: none"> Culturally relevant health, wellness and prevention messages Actively engaged in developing a regional infrastructure and curriculum for Community Health Workers Partnering with area nursing programs to increase availability of nurses in Kansas City Key partner in Centers for Medicaid and Medicare Service Health Innovation Challenge Award to rapidly advance an innovative care management strategy for high-cost, high-need individuals with difficult life situations and complex medical conditions who live in low income ZIP codes in KCMO Increasing the proportion of residents with access to health insurance through financial counseling Provides an array of mental health and substance abuse treatment to persons living in KC
<ul style="list-style-type: none"> Provide legal the opportunity to seek medical legal council. To reduce predatory lending in the community and to increase availability of small loans at reasonable interest rates, the clinic invited banks to come and discuss options with community members. To improve education and lifelong learning, including job training, we are working with Cristo Rey and Alta Vista to help identify students that would be interested in careers in healthcare. Working with KC Care Clinic to expand the use of the use of community health workers and home visiting programs to support parents and other caregivers in addressing psychological and environmental factors that impact the lives of children and older/other adults. 	<ul style="list-style-type: none"> Employ 22 full-time Spanish interpreters and provide translation services for more than 75 languages. In 2011, language services provided 99,361 interpreted encounters (all types). Established a Hispanic Family Advisory Board to meet the needs of Spanish-speaking patients and their families. Opening the Lisa Barh Chapel. The new chapel is designed to be a sacred place of healing and hope; a place for people of all faiths. 	<ul style="list-style-type: none"> Leader in the establishment of the National Association of Free and Charitable Clinics, which is actively involved at the national level. 	<ul style="list-style-type: none"> Provided conception and prevention education to more than 14,000 individuals last year. Integrates mental health services in general medicine and primary care clinics. Provided ongoing therapy and behavioral health care for more than 800 individuals last year 	<ul style="list-style-type: none"> Established program for uninsured pregnant women living between 185% and 300% of poverty 	<ul style="list-style-type: none"> WIC program services Dental services for WIC clients School-based dental services Hired an additional physician to increase capacity & serve more Children & Adolescents 	<ul style="list-style-type: none"> To ensure access to prenatal care Swope's OB/GYN Department has created an open access environment so that walk-in services are available Nurse educator provides family planning education, preconception planning and education Partners with Truman Medical Center, March of Dimes, WIC and the Maternal Child Health Coalition to ensure prenatal care for Swope patients. SHS provided mental health and/or substance abuse services to area residents who had nowhere else to turn. These included prevention services to help stabilize vulnerable children and families; outpatient therapy and support services for those experiencing short-term crises and intensive, long-term support programming for those with schizophrenia or other serious and persistent mental illnesses. Assists pregnant women and children in signing up for health insurance 	<ul style="list-style-type: none"> Provides comprehensive prenatal care and women's healthcare access for women at all stages of pregnancy or life Financial counselors increase the proportion of children and women of child bearing age with access to health insurance Increasing the use of preconception and prenatal care by providing OB/GYN services and primary care, all in one location Dedicated to increasing the breastfeeding rate for all new mothers through prenatal breastfeeding classes, inpatient and outpatient lactation consultation, and Baby Cafe weekly breastfeeding support meetings
<ul style="list-style-type: none"> We discuss the need for preventive health care, including contraception, with every woman, and risk behaviors. The clinic also provides STD and HIV testing at their first visit as well as every annual visit. To reduce infant mortality prenatal care, Cabot sees all Medicaid patients for their post-partum appointments; special emphasis is placed on ensuring they return to their medical home for continued care for themselves and their baby. Mental health screenings are conducted on every new patient as well as post-partum patients. We work with Mattie Rhodes to improve access to high-quality mental health services and facilitate integration of mental health services into clinical and community settings. On-site WIC Center provides support to women who choose to breastfeed their babies. Provide EPSDT screening to Medicaid children and report data to the State. 	<ul style="list-style-type: none"> Established a fetal health center in cooperation with the University of Missouri-Kansas City. The goal is to provide an integrated approach to baby's care before he or she is born and continue through delivery and the post-natal period. Children's Mercy Hospital participates in the Healthy Start program that provides services to anyone who is pregnant or who cares for a child under the age of two and resides in specified ZIP codes in the urban areas. Healthy Start can assist with transportation, parent education and referral to community resources. Provides the only Level 3-C (the highest) neonatal nursery in Kansas City, where the most complex cases for newborns can be handled. Offers 40 subspecialties to provide healthy starts for children in the city. 						
<ul style="list-style-type: none"> Use "presumptive eligibility" for new patients Working with American Heart Association's "Heart 360" program to improve heart health in minority populations Working with Mexican Consulate's Office and Mattie Rhodes providing preventive services 							
<ul style="list-style-type: none"> Every Child has a Healthy Start 							

<p>Safe & Healthy Community Environment</p>	<ul style="list-style-type: none"> To reduce premature death and disability, safety issues pertinent to everyone by life stage is discussed during scheduled EPSDT screenings on all Medicaid children. 	<ul style="list-style-type: none"> In 2012, established Council on Violence Prevention to reduce the impact of violence on families in our community. The council has provided a resource page for helpful tools and information and implemented "The Period of Purple Crying" program. 			<p>In 2012 a team of behavioral specialists began working with the Kansas City Public School District to provide behavioral health services to students and their families in five schools. Services include a full array of behavioral health care including, diagnostic and assessment, psychiatric care, counseling, crisis services and case management.</p>	<ul style="list-style-type: none"> Works with Aim4Peace to prevent and reduce violent incidents. Listed in the national directory of hospital-based violence intervention and prevention programs
<p>Healthy Eating and Active Living</p>		<ul style="list-style-type: none"> PHIT Kids (Promoting Health in Teens and Kids) is a multidisciplinary weight management clinic with group behaviorally-based education for obese youth and their parents who are motivated to make long-term, family-based lifestyle changes. Weighting-In is a childhood obesity collaborative that includes individuals and organizations such as health care institutions, schools and universities, public health agencies, YMCAs, the news media, health plans and a wide array of community service organizations, all committed to working together to end childhood obesity in Kansas City. Weighting In is headquartered at Children's Mercy Hospitals and Clinics, in partnership with the Mother & Child Health Coalition. Offers "Zoom to Health," which is a research treatment program for English and Spanish speaking families with young children who are overweight. Participant in the HRSAs Healthy Weight Initiative, a national quality improvement initiative aimed at obesity prevention and treatment in children and families. Offers its employees fitness classes and healthy choices in the cafeteria and snack shop. 		<ul style="list-style-type: none"> Providing free exercise classes onsite and at Mattie Rhodes Center Working with Truman Medical Center to become a stop on their "Mobile Harvest" 	<ul style="list-style-type: none"> Teamed up with the University of Missouri Extension, KC Community Gardens and UMKC Institute of Human Development to establish a community garden, cultivated and harvested by behavioral health patients. Healthy eating classes for diabetic patients are regularly offered to the community through the Healthcare Home Department. Host an annual public health and safety fair that features fresh produce from area farms. 	<ul style="list-style-type: none"> Improved the availability of affordable healthier food options throughout the community: <ul style="list-style-type: none"> Established a weekly Healthy Harvest produce Market on Hospital Hill Launched the TMC Healthy Harvest Mobile Market in the urban core. Runs nine stops on a weekly basis. Intending to build a full service grocery store at 27th and Troost Redesigning the main cafeteria Implemented policies and practices to promote active living. <ul style="list-style-type: none"> Len Dawson Fitness Trail at TMC Lakewood Employee wellness centers Employee lunchtime classes and walking groups Seeking out local employers interested in improving the health of their workforce with assistance of TMC health & wellness experts
<p>Smoking</p>	<ul style="list-style-type: none"> Cabot is non-smoking inside and outside of the facility. Practitioners address tobacco use reduction, provide educational materials and can prescribe medication to patients desiring to quit. 	<ul style="list-style-type: none"> CWH is a smoke-free hospital. No employees, families, patients or visitors are allowed to use tobacco products on the premises. Provides The Quit For Life Smoking Cessation program free of charge to all employees, spouses and dependents (18+). This includes all tobacco types. 		<p>Offers smokers education and counseling services</p>	<ul style="list-style-type: none"> Teamed with University of Kansas Medical Center to create the "Kick it at Swope" program, which recruited patients to develop a database of smoking habits among African Americans. Conducted several studies on the smoking habits of African American smokers. 	<ul style="list-style-type: none"> Smoke free campus since 2004 First hospital in the country and first employers in KC to implement policies that prohibit the hiring of tobacco users



Challenges, Opportunities and Trends

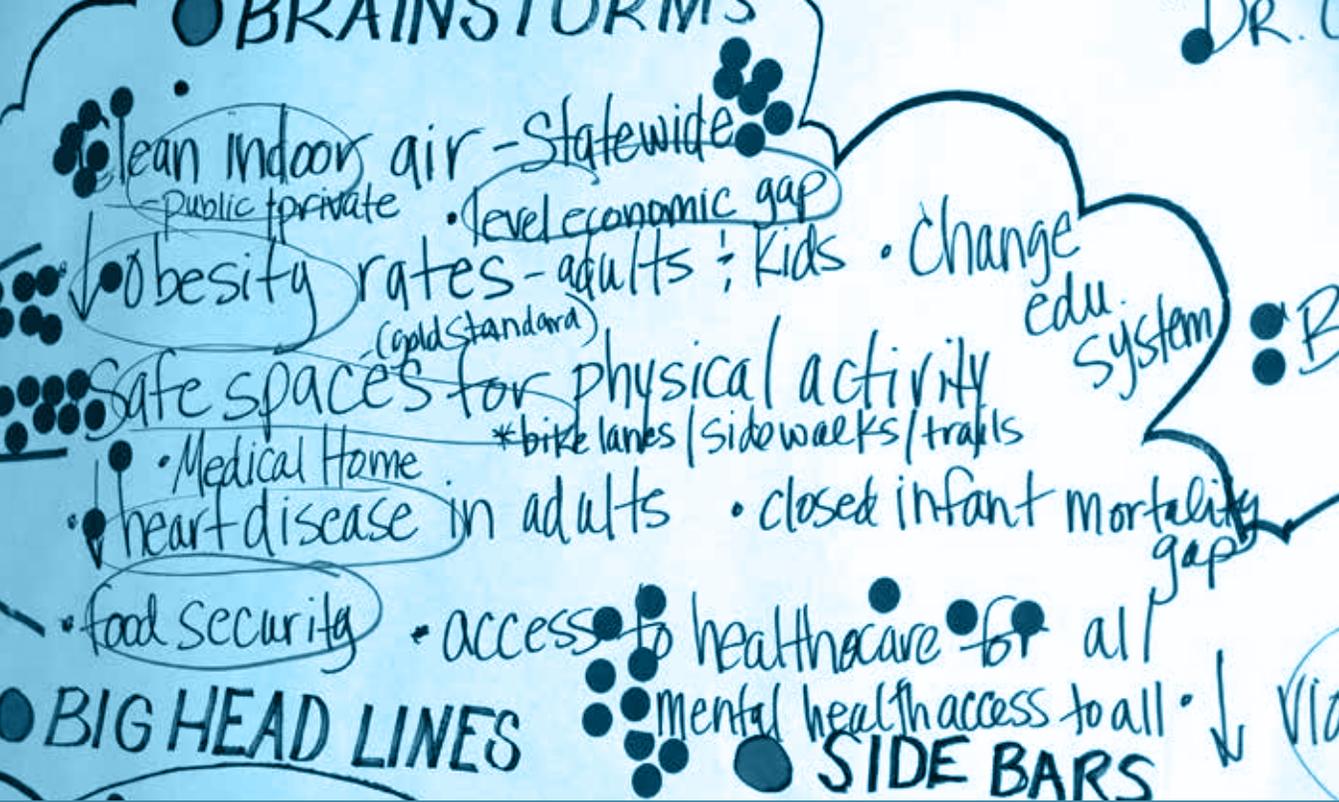
The health sectors, both locally and nationally, faced many challenges and opportunities in 2012, and they are expected to continue into 2013. These include, but are not necessarily limited to the following:

- **The number of people in Kansas City without health insurance or who are under-insured continues to increase.** Nationally, the number of uninsured is estimated at 46 million; in Kansas City, Mo., the number is in excess of 40,000. In FY 2008, safety net providers offered an average of 2.9 encounters for each patient served. In FY 2011, the average was 3.5 per patient, reflecting the increased complexity of their health status when they finally sought health care. In 2011, safety net providers conducted 149,998 patient visits for 42,841 unduplicated patients.
- **Economic forecasts point to two to four years of recovery before reaching 2008 levels of economic growth and stability.** The Commission needs to work with the City Council, other City leadership and the Revenue Commission to sort out the possible impact of the federal Affordability Care Act. The Commission wants to help right-size the Health Levy to meet the community's needs while minimizing the burden on taxpayers. They also want to help Kansas City residents, while not diminishing essential support for the uninsured in the City.
- **Ensuring accountability for the use of Health Levy funding should continue to be a priority for the Health Commission and the City.** Currently, there is accountability for the funds allocated to the safety net providers and the Health Department. This accountability should include the ambulance service that provides for the medically-indigent through the Kansas City, Mo., Fire Department. However, some believe that accountability is lacking and there are indications of a decline in both timeliness and quality of such services.

- IOM (Institute of Medicine) Report on Public Health Funding:**
 On April 10, 2012, the Institute of Medicine issued a report entitled “For the Public’s Health: Investing in a Healthier Future.” The report points out that Americans spent \$8,086 per person on medical care in 2009 versus \$251 in public health spending. The report recommends that the Secretary of Health and Human Services (HHS) in consultation with the National Prevention, Health Promotion, and Public Health Council develop a minimum package of public health services that every community should receive from its state and local health departments. The report calls for doubling federal spending on public health from \$11.6 billion to \$24 billion a year and creating a new transaction tax on medical care services to help pay for the increased spending on population health, which over time could lower health care costs by reducing obesity and tobacco use.
- The financial underpinnings for the Health Department are at risk.** The Health Department has continued to live within its means, with challenges to training, technical support and staffing. The department has stepped up to playing its part in assuring a balanced budget that delivers at least basic services to the residents of Kansas City. Thirty-five percent of Health Department funds come from the Health Levy, with another 15 percent derived from fees and permit activity. Forty-eight percent of funds have historically come from state and federal appropriations in the form of program grants. Over the past year and a half, more than \$2 million in grants have been lost, resulting in service reduction or elimination of programs involving air quality; lead abatement; communicable disease reporting and assistance; tuberculosis; immigration services; and core state functions such as hotel/motel inspections and truck accident investigations involving food transport. Unavoidable reductions in the workforce and retirements have continued the erosion of corporate memory in this unique aspect of the health community, reducing levels of staff and the nearly irreplaceable loss of knowledge, skills and abilities of long time employees wherein there is no other related industry from which to replenish similarly trained staff.
- The future of national health reform in the form of the Affordable Care Act is unclear.** The legislation passed in 2010 provides for many important benefits, both now and in the future, for individuals and for public health systems. The future of this legislation and its benefits are subject to a decision by the U.S. Supreme Court on the individual mandate issue and on political decision-making over the coming year. If this legislation and its individual mandate stand, many Kansas City residents who are without insurance will be able to obtain insurance through a state-level insurance exchange (a market place of insurance providers). If the legislation does not stand, the number of people whose health services are supported through the Health Levy will likely remain high.
- KC-CHIP 2011-2016, the new Community Health Improvement Plan, needs to be implemented.** While the Health Commission will provide leadership through its committees to engage numerous City partners in the implementation of programs and activities to achieve the goals of KC-CHIP, the City’s elected leaders have an unprecedented opportunity to lead in this effort within their districts and the City as a whole.

- **Federal and State funding for public health is declining.** Recently, at the State level, more than \$2 million was stripped from the State budget for support of local public health departments. Federal funding for public health programs that will impact State and local health departments will likely be reduced by as much as \$2 billion for Fiscal Year 2012.
- **The real causes of premature death and disability can be addressed through strong public health policy.** These causes include smoking, obesity, poor nutrition, lack of exercise and stress caused by numerous social determinants of health (e.g. mortgage foreclosures, payday loans, unsafe neighborhoods). The Mayor and the City Council have an important role to play in addressing these issues both through leadership and enactment of good public health policy.
- **We continue to live in a highly mobile society, with immigration to the Kansas City, Mo., area having a significant impact on the need for health and related services.**



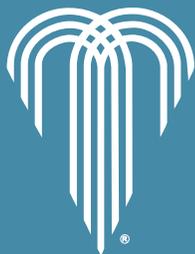


Conclusion

This year has been one of focus, education and advocacy. There has been advocacy on key health priorities and community initiatives that show movement toward positive outcomes. The Health Commission's central goal was to focus on the six strategic areas of the KC-CHIP and build partnerships to develop and implement its action plan. There has been some progress, but much work is still needed. The yearlong focus on prevention and health disparities has increased public awareness. Local and regional planning must continue to get the messages across. The entire community, including grassroots partners like faith communities and other organizations, will be much better prepared to address public health issues.

The coming year promises new challenges and opportunities for the Health Commission. It is essential that the Commission stay informed of legislative activity and maintain poise to respond to issues and concerns that have the potential to compromise the public's health. Quarterly, the Commission will review progress toward the achievement of KC-CHIP's Year Two goals and will strive to engage and sustain partnerships to accomplish the vision for KC-CHIP.

The Health Commission looks forward to continued work in collaboration with the City's Mayor and City Council, Parks and Recreation Board, National Association of Local Boards of Health, Missouri Association of Local Boards of Health, Metro Organization for Racial and Economic Equity, Communities Creating Opportunity, neighborhood and health communities, stakeholders and many other organizations. The Health Commission will continue to serve as a voice of the community as the City of Kansas City, Mo., and the State of Missouri move forward on critical health issues. The Health Commission thanks all residents and partners for the privilege of being able to serve its fellow Kansas Citians.



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