

PUBLIC LIFE *Advocate*

July 2005 – Volume 2, Issue 4
Owensboro, Kentucky

How do we **grow** from here?

Owensboro-Daviess County leaders regroup, redefine, and recharge toward a more effective economic development mechanism

Framing the Issue:

Care for the Uninsured: Examining local options to meet the growing need

The Changing Face of Owensboro:

Immigration Trends Challenge Us



About our Editorial Board



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Rodney is president of the Public Life Foundation of Owensboro. He joined the foundation in 2000 following twelve years with RiverPark (performing arts) Center. His volunteer and civic experience includes work in education, health care, youth, social services, tourism, and community development. He is a graduate of Western Kentucky University.



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Dave is Associate Professor of Journalism and Director of Media Studies, Poynter Center for the Study of Ethics and American Institutions, Indiana University. He holds a B.A. degree from Central College and an M.T.S. and Ph.D. from Harvard University. From 1978-87, he was Editorial Page Editor for the *Messenger-Inquirer*. He has published articles in *Journal of Religious Ethics*, *Journal of Mass Media Ethics*, *Newspaper Journal*, and *Journalism Quarterly*.



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John established the Public Life Foundation of Owensboro in 1996 following the sale of the Owensboro *Messenger-Inquirer* to the Belo Corporation (Dallas, TX). A graduate of Princeton University and the University of Michigan College of Law, he was a practicing attorney for 19 years prior to returning to the family newspaper in 1973. He has been involved in numerous civic initiatives, including a lead role in the establishment of the Owensboro Community College. In 1996, the Kentucky Press Association honored him with its "most valuable member" award. He was named to the Kentucky Journalism Hall of Fame in 2002.



Ed Staats

Ed served The Associated Press for 41 years, as a reporter, editor and administrator in 10 AP offices, including the AP's headquarters in New York. He retired in mid-2002 ending a career that bridged the print, broadcast, cable, and online news businesses. At his retirement, he was in charge of AP's Kentucky operations, a position he had held since the mid-1980's. He is a member of the Kentucky Journalism Hall of Fame.

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Toward the greater good



by Rodney Berry

Viewed from an airplane, it is even more deplorable. The plush green of the Appalachian Mountains ends abruptly, exposing a gray, moon-like surface. Now there are only twisting haul roads and rubble, a vast lifeless plateau. It goes on for miles.

There are no longer valleys between the mountains. Everything that isn't coal from what was atop the oldest and most diverse broadleaf forest in North America has been blasted apart and shoved over the side, clogging and polluting streams, dispersing wildlife, dismissing an ecosystem.

But this is not in our backyard. Eastern Kentuckians share our love of Big Blue basketball, but their culture is out of our bounds. Those who stand up for their wildlife and 70 species of trees include some activists from their region, but many who oppose mountaintop mining are labeled intruders

and elitists – environmental wimps who care more about a few fish that choke from a coal slurry than how mountain folk have to scratch out a living.

Is mountaintop mining our business here in western Kentucky? Should we care? Should we pry? Likewise, is it any business of mountain people when another power plant is announced for our area?

If I'm not an outdoorsman, why should it matter if only half of our state's streams are fishable and swimmable, or that in just four years, Kentucky's polluted waterways increased 12 percent? Why should rural residents care about large scale chicken and hog production as long as they don't live downwind from it? Why should any of us concern ourselves with the clear-cut deforestation going on in the Amazon jungle?

So often, the "not in my backyard" dimension of our personality lies dormant until something perceived as undesirable

(a halfway house, for example) is proposed for our neighborhood. But there is also an "I'll do whatever I damn well please in my backyard" attitude that justifies most anything (including mountaintop mining) for the sake of a livelihood or return on investment.

Recently a good friend who supports oil exploration in the Arctic Wildlife Preserve asked me how many times I've traveled to Alaska to see the elk – as if the region only has value as a tourist attraction. Since sight-seers are rare, he reasoned, increased energy production is worth the paltry environmental tradeoffs. No one will know the difference.

Perhaps he has a point, but when do we step back and look at the big picture? Whether in Perry County or the arctic north, when should plants, animals, and living streams be valued intrinsically? When should sacrifice affect

the long-term take precedent over short-term convenience or profit? At what point should we relinquish personal and corporate interest for the greater good?

Perhaps we need a better process, a better means to communicate, to better understand one another's perspectives. Perhaps we need to sit down across the table and talk calmly and respectfully rather than hustle up petitions or mobilize a crowd to intimidate or shout down the opposition at a public hearing. Perhaps we need all the stakeholders and the public at the table, involved early, identifying and examining options. That way, decisions are more than negotiated settlements between powerful interest groups.

Perhaps we need to remember that we can't take our bank accounts with us when we die, and that the mountains and the valleys and the oceans really belong to the ages. Perhaps we need to be reminded that we're all in this together.

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Contributors



Carrie Blackham

In this issue, Carrie examines immigration in Owensboro. "I was particularly intrigued by the people who came to this country to be part of something great. They have an affinity for this country that seems stronger than lifelong residents."

Carrie is a lawyer and director of Audubon Area Community Services Child Care Assistance Program.



Tom Gaston

Tom delves into the restructuring under consideration at our local Chamber of Commerce and its Economic Development Corporation and compares business growth programs in comparable Kentucky communities. His story underscores our fundamental challenges and suggests what it will take for us to keep up with at least some of our competitor cities.

Tom is a regular contributor and a retired college professor who moved to Owensboro to be closer to family.



Chad Gesser

Chad's compilation of data on the growing number of people without health insurance complements our issue brief/dialogue guide on the same subject.

A sociology instructor and director of institutional research at Owensboro Community and Technical College, Chad founded the local Conversations Café chapter and owensboro.blogspot.com.

His interest in statistics carries over into baseball. He is already indoctrinating Jackie, his five year-old daughter, into the intricacies of our national pastime.



Making a DIFFERENCE

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

— Margaret Mead

Neighborhood groups assess organizations, leadership

The Owensboro Neighborhood Alliances recently launched a SWOT Analysis to help the organizations evaluate strengths, weaknesses, opportunities, and threats. Led by a trained facilitator in a day-long assessment exercise, followed by a half-day review of the results of the analysis, the SWOT process will arm neighborhood leaders with information and tools they need to be more effective grass roots advocates and organizers. Small group dialogue will enable citizens to deliberate over options, strategies, and priorities to improve their neighborhoods and organizations.

The SWOT program is a partnership between the Owensboro Neighborhood Alliance and the Public Life Foundation of Owensboro.

City, County schools announce initiatives



Leaders of Owensboro and Daviess County public schools recently announced ambitious initiatives to enhance facilities and resources for learning.

On June 16, the Daviess County Board of Education authorized \$450,000 to purchase IBM laptop computers for its entire 900-member freshman class.

Owensboro Public Schools (OPS) Superintendent Larry Vick announced long-range goals of pre-school for all four year-old children and model child care and preschool programs for OPS staff.

The Owensboro Board of Education agreed to borrow \$13.2 million (the system's bonding capacity) to build a new gymnasium, fine arts and classroom space at Owensboro High School and to install artificial turf on the Rash Stadium football field. OPS drew from its General Fund to purchase property, construct a soccer field, and improve other athletic facilities at Shifley Park.

Programs promote physical activity



Get Moving Kentucky, a four-week Daviess County Cooperative Extension Office summer program to promote physical activity, is underway in conjunction with Saturday Express, an Owensboro-Daviess County parks department program that organizes physical activities and games over five Saturdays at various city and county parks. The family-oriented activities are designed for the entire family and offer opportunities to win prizes and discounts.

These programs were devised in response to increasing concerns over obesity (particularly childhood obesity) and sedentary lifestyles.

Higher education institutions make changes, set goals

Western Kentucky University opened its new extended campus at the Owensboro Community and Technical College on June 8, 2005. Until recently, Western's offices and classrooms moved from various shared facilities of the Owensboro Public Schools as space has been available and needs have grown since establishing a presence in Owensboro in 1968. Western will now offer third- and fourth-year courses, masters and Rank 1 courses on the OCTC campus. Nearly 700 students are enrolled at WKU in Owensboro.

Brescia University trustees recently adopted a strategic plan that sets enrollment goals and stresses campus enhancements, liberal arts curriculum, unique programs in ministry formation, masters-level social work and management, on-line courses, internships, weekend college, and one of the state's premiere women's resource centers. Brescia's 850 full- and part-time students come from 21 states and 27 countries.

Kentucky Wesleyan College will soon release its strategic plan.

This fall, the Citizens Committee on Education will release a community higher education study that integrates elements from these institutional plans with extensive input from the public through interviews, surveys, and community forums.

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How do we grow from here?

By Tom Gaston

Owensboro lags behind other similar-sized Kentucky cities on some economic development measures, an *Advocate* examination has revealed.

Community leaders seem to recognize this and to turn things around they are changing Owensboro's approach to economic development. The first change came in March with the removal of Eric Davis as president of Greater Owensboro Chamber of Commerce and Economic Development Corporation, the organizations which are largely responsible for the community's approach.

The change was expensive, costing about \$77,429 in taxpayer money to buy out Davis' contract.

Community leaders justify it by saying that Owensboro must fundamentally re-think the way it recruits new employers as well as the kinds of employers it pursues.

"I think that over the years we've had a sole focus on . . . 'big box' industry, looking for that big hit . . . the Scott Papers, the Toyotetsus," said Todd Inman, chairman-elect of the Chamber of Commerce board. "They're valuable members of our community, but those hits only come around once every five years or so."

"Competition (with other communities) is just too great . . . Just as easily as you can get a 300-job plant, you can lose that plant. . . . Those who live by the sword die by the sword. You can't hinge your sole economic development effort on that."

At the same time, Owensboro is at a chronic disadvantage in attracting large manufacturers because it is not located near a major interstate and is too far from such major cities as Nashville, Cincinnati, and Lexington to get much "spin-off" business from their big companies. Thus it can't rely on the traditional economic development strategies that are still working reasonably well for communities such as Bowling Green and Hopkinsville.

Inman and others say that Owensboro must become more aggressive in seeking out and supporting entrepreneurs, technology and niche companies, and small businesses. Often such companies start out with only a few employees, but over time create more and better-paying jobs than the manufacturing and service sectors, they say.

Owensboro-Daviess County leaders regroup, redefine, and recharge toward a more effective economic development mechanism



How do we grow from here?

But changing a community's entire approach to job development is a complex task, especially when community attitudes must change along with staff members and organizational structures.

Here's a look at how Owensboro has fared in economic development in recent years and its tentative plans for adding more good-paying jobs to the local economy.

Job comparisons with other cities

The *Advocate* compared the results of Owensboro's economic development efforts over the last three years with seven other mid-sized cities across Kentucky. It found that:

- **Owensboro ranks seventh of the eight in total number of manufacturing and service-sector jobs gained since January 1, 2002**, based on figures from the Kentucky Cabinet for Economic Development. Bowling Green, Elizabethtown, Hopkinsville, Paducah, Pikeville and Richmond all landed more new jobs. Only Ashland trailed Owensboro.

- **None of Owensboro's 551 new jobs came from companies re-locating to Owensboro**, according to the cabinet's website; all came from expansions by 23 companies who were already here. At least one new employer had relocated in each of the other seven cities, including Ashland. In general, about two-thirds of new jobs in the eight communities came from expansions of existing employers while about a third came from new employers. In addition, about three-fourths of the new jobs came from manufacturers, about one fourth from the service sector.

- **Owensboro's financial commitment to economic development, about \$344,000 last year, was mid-range compared to other cities.** However the cities which had higher job gains also had larger economic development staffs. Also, the Daviess County community contributed a higher percentage of public money to economic development than most other communities, where the private sector contributed more.

Summary of recent relocations and expansions, 2002-present

Relocations and expansions since Jan. 1, 2002	Owensboro/Daviess County		Ashland/Boyd/Greenup County		Bowling Green/Warren County		Elizabethtown/Hardin County		Hopkinsville/Christian County		Paducah/McCracken County		Pikeville/Pike County		Richmond/Madison County	
Activity	Companies	Jobs	Companies	Jobs	Companies	Jobs	Companies	Jobs	Companies	Jobs	Companies	Jobs	Companies	Jobs	Companies	Jobs
Manufacturers locating	0	0	2	267	3	413	2	291*	3	157*	4	317*	0	0	4	179
Manufacturers expanding	16	279	4	0	28	1,895	18	478*	17	478	16	380	3	4	18	360
Support/service companies locating	0	0	0	0	3	330	0	0	0	0	0	0	1	585	0	0
Support/service companies expanding	7	272	2	10	1	30	3	275	4	123*	7	62*	1	0	2	72
Totals	23	551	8	277	35	2,668	23	1,044	23	918	27	974	5	589	24	611

*When figures were presented as ranges, the number reported is the mid-point in that range.

Survey of economic development efforts in mid-sized Kentucky communities

Community	Population	Spending on ED	Percent of public money	Number of paid ED staff members	Rating of public/private coordination of ED efforts*	Rating of new economy emphasis
Owensboro/Daviess Co.	92,587	\$344,352	57	2	5	8
Ashland/Boyd and Greenup Co.	86,506**	\$500,000	15	2	8	6
Bowling Green/Warren Co.	97,168	\$369,000	40	3	7	6
Elizabethtown/Hardin Co.	96,066	\$200,000	0	2	5	5
Hopkinsville/Christian Co.	70,649	\$400,000	66	3.5	5 (varies)	3
Paducah/McCracken Co.	64,700	\$1,000,000	50	4	10	5
Pikeville/Pike Co.	67,495**	\$ 45,000	44	1.5	8	6
Richmond/Madison Co	76,208	\$80,000	100	1	9	3

*Officials were asked to give ratings on a 1 to 10 scale, lowest to highest.

**Denotes 2003 census estimate. Others are 2004 estimates.

How do we grow from here?

Bowling Green was by far the most successful of the group. It gained 2,668 jobs, a third of the jobs gained by all eight cities combined. The jobs were also spread among all categories – from new companies as well as expansions of existing employers; and from both the manufacturing and service sectors.

Bowling Green benefits from its location on I-65 and its proximity to Fort Knox, Mammoth Cave National Park, Louisville and Nashville. So does the effectiveness of its chamber of commerce, which Communications Director Brandon Jones says is one of only three in the state to achieve four-star accreditation from the national organization. Beyond that, the presence of Western Kentucky University gives the city many ancillary amenities that, some experts say, are especially important to workers in knowledge-based businesses and their families.



Bowling Green's success at attracting new business is assisted by the city's location near major transportation routes, its close proximity to larger cities, and the presence of Western Kentucky University.

How much is Owensboro spending compared to other communities?

The numbers show a wide variation in spending on economic development among the eight cities – but the numbers alone may be misleading. In general, it appears that Owensboro's \$344,000 investment is par for the course. Bowling Green is spending about the same amount, \$369,000; Elizabethtown, which has added the next highest number of jobs, is spending \$200,000, all of it from the private sector.

Cities which are spending at high and low extremes tend to have reasons for doing so that are specific to their communities.

Paducah, for instance, is spending more than \$1 million this year, but that is likely driven by the imminent closing of the Paducah Gaseous Diffusion Plant that has long been a mainstay of the McCracken County economy.

Ashland's \$500,000 figure may be similarly inflated because it reflects the joint effort of two counties, both still scrambling to fill the hole left by their loss seven years ago of Marathon Ashland Petroleum, a Fortune 500 company that employed 2,500 people.

Also, \$95,000 of the \$400,000 figure shown for Hopkinsville goes directly to the Chamber of Commerce for rent and administrative support. (The Hopkinsville Chamber of Commerce shares its building with the Economic Development Council and the Convention and Visitors Bureau.)

At the other extreme, the \$45,000 reported by Pikeville omits enterprises funded by the coal severance tax, a major factor in the community's total effort. That's because local authorities in Pikeville can propose projects for support with those funds, but their proposals must be approved and monies advanced by Frankfort.

Where is the money coming from?

The *Advocate* found that the balance of public versus private spending on economic development in the eight communities depends on several

What state and local leaders are saying about economic development

"Economic development today is equivalent to education -- not just elementary and post-secondary education but adult and vocational education. Economic development has changed over the past 15 to 20 years. It's no longer the idea of chasing smokestacks and having a 500-job plant drop in."

"The key to economic development in mid-sized cities like Owensboro is keeping what you have and growing more businesses locally. Try to grow entrepreneurs and tie business retention and expansion to education. With modern technologies there are so many opportunities . . . People must know about them."

Mike Mangeot, executive director and chief executive officer, Kentucky Association for Economic Development

"Communities are constantly changing, and economic development strategies must adapt to that change. A good economic development organization is a strategic planning organization, helping the community focus on its future and planning how to get there."

Dave Adkisson, president, Kentucky Chamber of Commerce and former mayor of Owensboro

"In the past few years, I think we have been plagued by a couple of things, the first being the lack of a clear, comprehensive vision as to which direction we were going, and secondly a reliance too much on the notion that economic development meant for the most part recruiting new industry into the Air Park or whatever type of industrial park we might have."

"With the change in the leadership of the Economic Development Corporation, we have the opportunity . . . to craft a new vision of where this community needs to be going, what needs to be included in that vision with regards to economic development and how we proceed to try to achieve that economic goal—in other words establishing a new strategy."

Reid Haire, Daviess County judge-executive

"The concept we are undertaking is to create the Greater Owensboro Center for Commerce with a goal of bringing together in a collaborative way various organizations that drive the economy of our community and region. The center would be a lead agency working closely with others that have a very important role and responsibility in the development of our economy. Such organizations include The Greater Owensboro Chamber of Commerce, Owensboro Riverport Authority, Owensboro-Daviess County Industrial Foundation, Owensboro-Daviess County Tourist Commission, Skills, Inc., Downtown Owensboro, Inc., Owensboro-Daviess County Airport and others. Several of these organizations could be housed together to better serve our varied client base. We will work to engage advisory groups from our education, health care and agriculture communities. Most certainly, there must be full support from local government officials and legislative representatives."

"Our economy is very diverse and broad based and we must understand why we need to do things differently and that what we do counts. We must have a bold vision for our community's future and make decisions for the long term. We need to have an engaged and unified community to improve economic prosperity for all our citizens."

Dean Stanley, interim president, Greater Owensboro Economic Development Corporation, recently retired president of Kenergy

What's Behind the Proposed Changes?

A white paper developed by Mayor Tom Watson and his campaign consultants prior to the recent mayoral election is now providing overall guidance for the move to reorganize public and private agencies responsible for economic development in Owensboro and Daviess County.

Major contributors to the paper, along with Watson, were Hugh Haydon, former president of the Owensboro Chamber of Commerce and former state Commissioner of Economic Development; Ed Riney, former Messenger-Inquirer publisher; and Fred Reeves, former president of the Owensboro Chamber of Commerce and currently a consultant for Modern Red Schoolhouse, a private firm devoted to comprehensive school reform. All are longtime Owensboro residents and acknowledged authorities on economic development.

The paper, later revised and issued with both Watson and Daviess County Judge-Executive Reid Haire listed as authors, recognized the need to continue recruiting manufacturers when possible. But it urged recognition that today's economy "is based more on service, technology and intellect." "Human capital has replaced location and low cost as the greatest indicator of (recruiting) success," the paper says.

The old practice of placing economic development in the hands of a high-salaried economic gunslinger who relied on superior contacts and business savvy to land big industries no longer works, the paper said. Locally, that approach produced an organization that was top-heavy, understaffed and sometimes unwieldy, critics say.

The paper noted with approval Owensboro's longstanding practice of having the same individual serve as chief executive officer of both the Chamber of Commerce and the Economic Development Corporation, a practice that some continue to question.

It proposed broadening that arrangement by having the Chamber partner in similar fashion with several other agencies whose missions also affect economic development. These include Downtown Owensboro, Skills, Inc., and the Tourism Commission. Since then, a proposal has been made that an umbrella "greater Owensboro center of commerce" be created to link the various organizations, which could be housed in the same building. The center would also have its own board.

OTHER KEY POINTS

1. The paper recommended appointment of a temporary "reorganizational CEO," who, ideally, would not be a candidate for any permanent position in the organization. Dean Stanley, a longtime community activist and former president of Kenergy, has since been appointed to this position. Stanley is expected to serve up to six months while he meets with the boards of the various agencies, identifies potential problems and creates an umbrella organization that will coordinate their efforts and better utilize their talent. At a meeting on June 22, Stanley agreed to work with Economic Development Corporation president David Fort to come up with a proposal for how the a new center of commerce should be organized. Gary Smith, president of the chamber board, reported that it will also suggest a plan. Those and other proposals are to be considered at the next meeting of the major players in the next month or two. Stanley may also participate in the selection and training of the permanent CEO.

2. The permanent CEO may be paid less, the white paper implied, to allow for additional staff. However, the person will need a wide range of skills, including the ability to educate, persuade and "otherwise lead."

3. The paper stressed that the new CEO must understand that "success" no longer hinges solely on the number of new manufacturers he attracts. Increasing the number of start-up businesses, exploiting technology for commercial purposes, matching "venture capital investors" with businesses in need of funds and identifying new or emerging sectors where Owensboro has competitive advantages -- these are all valid measures of how well the community is doing in its longer term effort to adapt to the new economy, according to the paper.

4. Some of the money previously used for salary and expenses of the CEO should be used to attract and retain talented staff people who could move into the top job when it is vacant.

5. The reorganization may provide for new positions to advance key initiatives. Among the new positions mentioned are one lobbyist and one person to focus on supporting and attracting entrepreneurs.

factors, including how well economic development is proceeding without taxpayer money and the philosophy of community leaders about the recruiting industry.

Owensboro spends a higher percentage of public funds on its economic development efforts than most other cities, and reported that cooperation between public and private sectors rates about a 5 on a scale of 1 to 10. Most cities' economic development officials reported high levels of coordination between governmental and private sectors in their communities and said they valued that coordination highly.

Over the last three years, none of Owensboro's 551 new jobs came from companies relocating to Owensboro...all came from expansions of 23 (local) companies.

The *Advocate* asked them to rate coordination on a scale of 1 to 10, 1 meaning no coordination at all and 10 meaning a lock-stop unitary effort.

Mayor Tom Watson's rating of 5 for Owensboro is similar to the evaluations given by officials in Hopkinsville and Elizabethtown. Watson said he is intent on raising that number "to an 8, at least."

Elizabethtown receives no public funds, but benefits from the city's location on I-65. In both Elizabethtown and Hopkinsville, officials said it's important for their private economic-development organizations to be able to negotiate with prospective employers out of the public eye. Kim Schippers, associate director of the Economic Development Council in Hopkinsville, values the council's flexibility.

"If we are in negotiations and we're getting down to the wire and we need to make a commitment, our private sector industrial foundation will make that commitment, and we don't ask government at that moment.

"We have to get them involved . . . [when we] have things that have to go through government. There's times when we're down to a 1 [on the 10-point scale] and times when we're up to an 8. We're never a 10."

In Ashland, only about 15 percent of the economic development budget comes from the public. That gives the recruiters more flexibility to make decisions without waiting on government agencies', said Purgeson of the Ashland Alliance, but he also regretted not having more public funds to work with. A raise to about 25 percent public money, he opined, could facilitate their work without subjecting them to open records laws and other legal encumbrances.

All the other communities rated their public/private sector coordination at 7 or higher. Several

How do we grow from here?

What is Skills, Incorporated?

Among the several agencies being considered for inclusion in the proposed center for commerce is one that is unique to Owensboro: Skills, Inc. It matches available jobs to qualified people. Owensboro commissioner Candace Brake, a longtime board member of Skills, explained how it works.

"An employer can call and say, 'I need six people with X skills who will work 15 miles out of town, and Skills will send them a list of names.' They can do this, Brake explained, because of a testing program administered at Owensboro Community and Technical College.

The "Work Keys" test that is given to each applicant measures skills in three areas: math, reading and locating information (reading graphics, schedules, etc.). Skills, Inc. maintains a data base containing applicants' scores and such personal information as their maximum acceptable commute distance, shifts they can work, wage expected, and certifications for special skills.

Brake sees the proposed center for commerce as a way to make Skills, Inc. even more of an asset. "Technology changes daily, and that data base needs to change daily." She wants an ongoing dialogue between Skills and economic development practitioners and sees a special role for Skills in workforce development.

"I envision a place where I can go online and key in my skills, and it will tell me what job openings are available in the community that fit me personally. I want it to say what I can get now. Then I want it to say, 'but if you get this and this and this, then this is what you can get.'"

Others see Skills, Inc. playing a vital role for expanding businesses or new businesses coming to town. As soon as their workforce needs are known, Skills, Inc. can direct job-seekers to OCTC and local colleges for the training they will need to qualify for the new jobs.

The city and county each pay \$35,000 to fund Skills, Inc., Brake said. That money pays half of the fifty dollar fee for the test. Applicants pay the other \$25.

stressed that this was due to personal and professional relationships of the individuals involved, rather than their specific organizational structure.

Comparisons with other cities' strategies

The numbers from the Economic Development Cabinet generally reflect how communities are doing in traditional economic development efforts – they don't include the "new economy" jobs that Owensboro also wants to attract to improve its economy.

So are these other communities also focusing on new-economy employers, as Owensboro is considering?

The *Advocate* asked economic development officials in each community to rate, on a scale of 1 to 10, how much they are pursuing traditional companies (starting at 1) versus "new economy" companies.

The ratings fell close to the middle of the scale. Richmond, Hopkinsville and, to a lesser extent, Elizabethtown still seem largely committed to the traditional model. Others, such as Ashland, Pikeville and Paducah, are moving slowly toward new-economy pursuits or less traditional ways of developing the economy.

Bowling Green, for instance, is aggressive at pursuing "new economy" companies in spite of its success at luring more traditional employers. The community is creating an umbrella group to connect several organizations in the community that are working with technology. One of them is the Central Region Innovation and Commercialization Center, one of several such centers across Kentucky. Bowling Green's center recently opened a Small Business Incubator/Accelerator program within Western Kentucky University's Center for Research and Development.

Ashland is also trying to expand its reach. Jim Purgeson, president of the Ashland Alliance, explained that his 6 rating was his community's actual focus, not his preference. "I would like to see it an 8 or 9," he said. Among other things, Ashland has established a downtown arts center – it rents studio space to 20 artists and expects that number to grow substantially -- that it hopes will eventually attract tourists. Ashland officials note that downtown revivals have helped spark economic development in cities such as Baltimore, Md., and Greenville, S.C. ■



Owensboro must become more aggressive in seeking out and supporting entrepreneurs, technology and niche companies, and small businesses.

– Todd Inman Chairman-Elect Greater Owensboro Chamber of Commerce



Care for the Uninsured: Examining local options to meet the growing need

by Rodney Berry

With research assistance by Public Life Foundation staff Beverly Mills and Kathy Strobel.

While public officials, insurance and drug companies, doctors and hospitals wrestle with state and national strategies to provide health care for the growing number of uninsured Americans, we examine steps that can be taken at the local level to get more people the care they need.

Framing the Issue: Care for the Uninsured

A NATIONAL CRISIS

Many people believe that how our nation responds to the growing number of uninsured Americans will be a defining issue of this century. There are now 45 million uninsured Americans, 5.2 million more than five years ago. Directly and indirectly, the public absorbs \$43 billion in uncompensated care annually.

Because of skyrocketing health care costs, many employers reduce or eliminate health care benefits. Adjusted for inflation, an average 1968 General Motors worker would earn \$29,000 today – as well as generous health insurance and retirement benefits. Today, the average Wal-Mart worker makes \$17,000 and health insurance plans cover less than half its workers.

Employee health care costs affect the bottom line and threaten global competitiveness. General Motors absorbed \$5.2 billion in employee health care costs in 2004. The company posted a \$1.1 billion loss in the first quarter of 2005 and announced that 25,000 jobs will be eliminated by 2008. Employee health care costs were a key factor, adding \$1,500 to the cost of each vehicle manufactured by the company.

Many companies have been forced to make changes in employee retirement plans. Only 13 percent still provide health insurance to retirees.

At the same time, as much as \$130 billion per year in lost productivity is due to uninsurance in America.

WHO'S INSURED? WHO'S NOT?

In Daviess County, employer health insurance plans cover nearly 50,000 people, 54 percent of our population. Approximately 3,700 people, or 4 percent, have individual health insurance policies. Medicaid and Medicare insure nearly 26,000 people, or 28 percent.

That leaves nearly 13,000, or 14 percent, uninsured Daviess Countians. For those between the ages of 19-64, the percentage of uninsured jumps to 18 percent.

Nearly 25,000 Daviess Countians go without health insurance at some point during the year. Twelve percent of local youth (18 and under) are uninsured.

The rate of uninsured is higher in surrounding counties served by Owensboro health care providers, reaching 17 percent in the seven-county Green River district.

For those living below the poverty level (earnings below \$9,600 per year), 78 percent between the ages of 19-64 have no health insurance. Twenty-two percent of poor youth (18 and under) are uninsured.

For the uninsured non-elderly: 65 percent work full-time; 14 percent work part-time; and 21 percent are not working (which includes the disabled, chronically ill, and family caregivers).

Some reports speculate that the likelihood of being uninsured in the coming year among African Americans (under 65) is as high as 39 percent, compared to 28 percent of whites. (Local data on Latinos is not as available or conclusive.)

WHY ARE SO MANY UNINSURED?

Many people who are not covered under employer plans simply cannot afford health insurance. Since 2000, premiums for family coverage increased 59 percent – six times faster than inflation.

Healthy people earning the minimum wage (\$5.15 per hour) for 35 hours per week would have to spend 30-50 percent of their entire income on health insurance, depending on their age.

Most part-time workers are not eligible for employer benefits, including health insurance.

Contrary to public perception, many poor people do not qualify for Medicaid. In Kentucky, there is no public health insurance available to childless adults, and working parents who earn more than 71 percent of the federal poverty level don't qualify for Medicaid.

For every 100 people who become unemployed, 85 lose their health insurance. (Kentucky's unemployment rate was 5.6 percent in April 2005.) Through the COBRA plan, health insurance is available from former employers, but the enrollee must pay 100 percent of the premium; consequently, only one in 14 use it.

Insurance companies often reject people with health problems, regardless of their ability to pay.

Some healthy young people who are not covered by employer plans, even when they can afford health insurance, choose not to purchase it. They feel they can take their chances.

THE CONSEQUENCES

When people lack health insurance, they are less likely to have a "medical home" – a key factor in health education, prevention, and early detection.

They are more likely to wait until a condition is dangerous before seeking treatment. They are less likely to fill prescriptions or take medications at the dosage prescribed.

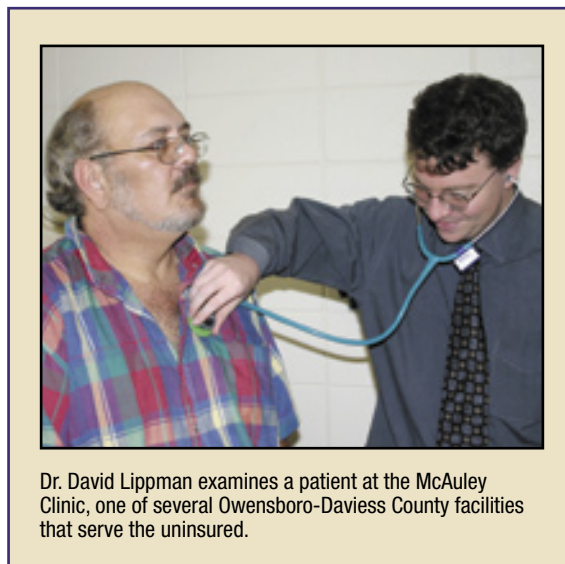
Seventy percent of those without health insurance are in poor health.

Some people who are uninsured pay for their health care directly; most do not. Nationally, 26 percent of health care is paid as an out-of-pocket expense, and 35 percent is uncompensated. That means that because of co-pays and deductibles, health care costs are often not recovered even when people are insured.

The Owensboro Medical Health System (OMHS) Emergency Department is one of the busiest in Kentucky and absorbs most of the uncompensated care in our region. This drives up costs and insurance premiums. In 2003, local retired teachers paid up to \$1,800 more annually to purchase health insurance for a spouse than did retired teachers in Paducah.

In 2005 in Kentucky, care for the uninsured will add \$1,086 to the annual cost of family health insurance and \$385 to individual coverage. This is projected to increase 68 percent by 2010.

Medical problems contribute to about half of all bankruptcies, and this is not just a trend among the uninsured. Many people with health insurance are forced to file bankruptcy when they lose their job and income, or when out-of-pocket health care expenses (co-pays, deductibles, and uncovered services) are too high for them to absorb. In just one week in June 2005, 34 bankruptcies were filed in the nine-county Daviess County district.



Dr. David Lippman examines a patient at the McAuley Clinic, one of several Owensboro-Daviess County facilities that serve the uninsured.

Local facilities and programs that attempt to meet the need



OMHS Emergency Department

The OMHS Emergency Department is the prominent provider of health care for the uninsured in our area. OMHS is required by law to accept all patients – emergency and non-emergency. The facility is open 24 hours per day, seven days per week.

The OMHS Emergency Department served 63,500 patients in fiscal year 2005 (ending May 31); 34,000 were unduplicated patients. More than one in five patients, or 22 percent, were uninsured: 7,480 uninsured patients through 13,970 emergency room visits.

Eighty percent of the Emergency Department patients are Daviess County residents; 20 percent come from the 10 other counties in the hospital's service area.

Only 10 percent of the Emergency Department uses relate to critical care, or true emergencies. Intermediate/moderate care comprises 45 percent of the volume and non-emergency care the remaining 45 percent.

The Emergency Department employs 75 full-time staff. This does not include 10 emergency

physician specialists and four physician assistants hired on contract who do their own billing of Emergency Department patients.

OMHS spends approximately \$5 million annually to operate the Emergency Department. This does not include the physician/physician assistant contract or the many ancillary services that are available to the Emergency Department: x-ray, lab, pharmacy, testing equipment, etc.

In 2002, the American College of Emergency Physicians reported a national average of \$400 per patient visit in an emergency room. Assuming a 15 percent subsequent annual increase, the current cost would be \$580.

In fiscal year 2005, OMHS absorbed \$28.6 million in uncompensated care (\$13.6 million in bad debt, \$15 million in charity care) and \$5.5 million in uncompensated care in the Emergency Department.

To assist those who cannot afford their medications, OMHS staff helps patients qualify for public and private prescription assistance programs.



Free Clinic

The Free Clinic provides free treatment and medications for the "working poor" who are uninsured. The clinic is open three and one-half hours per week (3:30 p.m. to 7:00 p.m. on Mondays) in new facilities provided at no cost in the Daviess County Health Center which opened October 2004.

The Free Clinic serves approximately 500 individual patients through 1,900 office visits per year. Patients come from Daviess and seven surrounding counties.

The Free Clinic has service contracts with three staff: executive director; director of nursing; medical/office assistant. The clinic benefits from

85 volunteers; approximately 14 are needed each week for two-three hour shifts: physicians, nurse practitioners, nurses, pharmacists, pharmacy technicians, and screeners.

The 2005 budget is \$96,850, or \$194 per patient served, \$51 per office visit. This does not include a \$200,000 federal grant that was used to fill 6,000 prescriptions.

Free Clinic revenue comes from city and county government, businesses, churches, and other contributions and grants.



McAuley Clinic

The McAuley Clinic provides free services for the uninsured, whether or not they are working. The clinic is open from 9:00 a.m. to 5:00 p.m., Monday through Friday in facilities located in the Daniel Pitino Shelter near downtown Owensboro.

The clinic serves 2,500 individual patients through 8,000 office visits: 90 percent are Daviess County residents; 10 percent come from the region.

The McAuley Clinic employs four full-time staff: physician, two nurses, and a case manager. Nearly 30 administrative staff and one nurse prac-

itioner volunteer at the clinic. Ten physicians are available to fill in when needed, and most area specialists accept referrals from the clinic.

The annual budget is \$232,000, or \$93 per patient served, \$29 per office visit. The clinic is funded by OMHS and Catholic Healthcare Partners.

In 2004, the McAuley Clinic distributed \$1.2 million in medications directly through samples donated by physicians and the Kroger pharmacy.

Framing the Issue: Care for the Uninsured



REACH Clinic

The REACH Clinic provides health services for patients covered under Medicaid, Medicare, and discounted services for those who are uninsured. The fee schedule ranges from \$15 to \$55 per office visit.

The clinic is open from 8:00 a.m. to 12:00 p.m. on Mondays and 8:00 a.m. to 4:00 p.m. Tuesday through Thursday at the Daviess County Health Center.

The clinic is a complement to the Daviess County Community Access Project (DC-CAP) that coordinates health care for the uninsured through donated services of physicians, pharmacies, and other support services. DC-CAP staff also manages the REACH Clinic.

Since opening in October 2004, the REACH Clinic has served 480 individual patients through 738 office visits. Approximately 50 percent (or 240 individual patients) of those served at the REACH Clinic have no health insurance; others are covered by Medicare or Medicaid.

In its first six months, the REACH Clinic served Daviess County residents exclusively. The clinic now serves patients from surrounding counties.

Five full-time staff members are employed at the clinic: clinic di-

rector, nurse practitioner, nurse, and two support personnel. A part-time physician, who also serves as medical director for the seven-county Green River district, also works at the clinic.

Clinic expenses total \$182 per patient served, \$119 per office visit. (This does not include salaries for the nurse, physician, and nurse practitioner that are absorbed in the district health department budget.) The clinic is financed by the Daviess County Health Department and a federal government grant. Space is provided at no cost by the health department.

REACH provides free prescription drugs through prescription assistance programs and free samples donated by pharmaceutical companies, local clinics and physicians.

ASSESSING NEED TO CAPACITY

Many uninsured citizens of this region seldom see a doctor; others must seek care routinely. Assuming a typical uninsured person needs to see a physician at least once per year, the need-to-capacity of our service area is as follows:

NEED	
Uninsured in Daviess County	
Year round	13,000
Uninsured at some point in the year	12,000
Uninsured in region served by local health care providers	35,275*
Total	60,275

CAPACITY

	Current Annual Uninsured Patient Visits	Current Annual Uninsured Unduplicated Patients Served
OMHS Emergency Department	13,970	7,480
Free Clinic	1,900	500
McAuley Clinic	8,000	2,500
REACH Clinic	856**	556**
Private Providers:		
DC-CAP referrals	n/a	81
Health Kentucky referrals	n/a	n/a
Private physician practices	n/a	6,912***
Total Currently Served		18,029
Underserved		42,246

*17 percent (estimate of the uninsured) of 207,500 (population of the OMHS service area outside Daviess County)

**Annual estimate is based on doubling the number of the clinic's first six-month volume of uninsured patients

***192 Daviess County physicians x 1,200 patients (average practice size) x 3% (estimate of uninsured served)

Note: Health care providers in the OMHS service area also absorb a portion of the health care for the uninsured of the region.



Most local physicians provide care for the uninsured at free or reduced charges. Some acknowledge this publicly; most prefer to provide such services discreetly and anonymously.

Pharmacies, labs, and other allied health facilities also provide products and services at free and reduced charges.

Some health care providers register and coordinate uncompensated care through programs such as Daviess County Community Access Project (DC-CAP) or Health Kentucky; others work independently. In

a brief period of time, DC-CAP has attracted 64 participating physicians – 10 primary care physicians and 54 specialists (representing 13 specialties). Through DC-CAP, 81 uninsured patients have been assigned to a doctor – 66 to primary care doctors; 15 to specialists.

Local health care professionals estimate an average local physician patient case load of 1,200 and that uninsured patients represent an average of three percent of their practices. With 192 physicians in Daviess County, 6,912 uninsured patients are served through private physician practices annually – 36 uninsured patients per physician per year, or three per month.

Through the Health Kentucky program, several local physicians and the Kroger pharmacy donate care and medications to patients with incomes under the federal poverty level, but data was not available.

Framing the Issue: Care for the Uninsured

LOCAL OPTIONS FOR SERVING THE UNINSURED

1. Continue as we are

Rely on the OMHS Emergency Department as the primary safety net for the uninsured. Invest in space, staff and equipment to meet the growing needs of the uninsured.

THOSE WHO SUPPORT MAY SAY...

- The OMHS Emergency Department already serves nearly 14,000 uninsured patients per year and absorbs \$5.5 million annually in uncompensated care. It is fully and professionally staffed and best equipped to meet this need.
- Most uninsured people will continue to turn to the hospital for care. They know they will not be turned away. Emergency physicians, specialists, ancillary services and equipment are readily available when needed.
- We do not have enough primary care physicians to meet the needs of the uninsured. Clinics are important to supplement the hospital using volunteers, retired physicians, and grants, but their capacity is limited.

THOSE WHO OPPOSE MAY SAY...

- The OMHS Emergency Department is designed for emergencies, not primary care. The uninsured need and deserve a medical home, a relationship with a doctor who knows their history. Health education, prevention, and early detection are more likely to occur through primary care providers.
- Uninsured patients need assistance beyond emergency room treatment: prescription drug assistance, tests, referrals to specialists, and follow-up appointments to a primary care doctor.
- Emergency room care is the most expensive form of care. By relying on the Emergency Department for non-emergency care of the uninsured, the public pays for that care in higher hospital charges and insurance premiums.

2. Increase the capacity of clinics

Enable clinics (McAuley Clinic, Free Clinic, and REACH Clinic) to absorb more non-emergency care for the uninsured that the OMHS Emergency Department manages currently. Develop sustainable funding and expand staffing, hours, and marketing of the clinics. Explore the merits of merging one or more clinics.

THOSE WHO SUPPORT MAY SAY...

- The cost per patient at local clinics is substantially less than the OMHS Emergency Department. We should make investments to increase the capacity of clinics.
- If a significant number of non-emergency uninsured patients can be diverted from the OMHS Emergency Department, cost savings could be reflected in lower hospital charges and insurance premiums.
- Clinics are better positioned to provide primary care than the hospital emergency room.
- Without expanded clinic staff and hours, the uninsured will continue to use the Emergency Department as their primary source of care.

THOSE WHO OPPOSE MAY SAY...

- There is no dependable source of funding for expanded clinic staff and hours. Grants that have been used to purchase medications are not dependable.
- Clinics are not operating at full capacity currently. There is no guarantee that the uninsured will use clinics over the OMHS Emergency Department even if they are expanded.
- If clinics absorb more charity care that otherwise would be directed to the OMHS Emergency Department, there is no guarantee that OMHS would pass along cost savings.

3. Assign more uninsured patients to primary care physicians

Using the DC-CAP mechanism, equitably distribute more uninsured patients among primary care physicians. Increase and sustain funding to increase the capacity of DC-CAP to recruit physicians, manage and promote the program.

THOSE WHO SUPPORT MAY SAY...

- This is the best way to get uninsured patients into a medical home for health education, prevention, and early detection.
- The problem is manageable if all physicians and ancillary health care facilities and personnel participate in caring for the uninsured.
- We have an effective mechanism in place with the DC-CAP program. Ten primary care physicians and 54 specialists are enrolled already.

THOSE WHO OPPOSE MAY SAY...

- Most physicians already accept uninsured patients and reimbursements from Medicare and Medicaid are increasingly low. Physicians are also obligated to donate service while on staff call at OMHS. There is a limit to what they can do.
- We do not have enough primary care physicians to absorb the large number of uninsured patients. In May 2004, Daviess County's 62 primary care physicians were eight fewer than McCracken County (Paducah), 31 fewer than Warren County (Bowling Green), and 12 fewer than Boyd County (Ashland).
- Some physicians will not accept uninsured patients. Consequently, those that do will have to accept an unfair financial burden of caring for non-paying patients.
- Despite a diligent effort, only 10 primary care physicians have agreed to accept uninsured patients through the DC-CAP program. Unless many more physicians sign on, this option cannot come close to meeting the need.

Other Options (may require state or federal legislation)

Make it easier for people to purchase health insurance

- Develop payroll deduction plans for health insurance
- Develop tax credits for health insurance
- Provide the needy with a fixed sum to purchase health care instead of guaranteed benefits
- Use tobacco tax funds to expand Medicaid coverage for more people
- Promote tax-preferred health savings accounts
- Develop more individually selected and owned insurance products

Encourage and assist employers to provide health insurance for all their workers

- Develop incentives (e.g., tax credits) for employers to provide health insurance benefits for all their workers
- Develop local purchasing pools for health insurance
- Expand government coverage of catastrophic care to reduce premiums for the vast majority
- Mandate that all employers provide health insurance for all workers
- Attract more insurance options into the market

Develop a single-payer system (Medicare for all)

- Medicare works well for the elderly population; why not extend it to all?
- Eliminate the enormous administrative cost third-party payers devote to avoid payments
- Instead of a return on investment to stockholders, net revenues can be pumped back into the program

Reduce the need for health care

- Promote healthy lifestyles more aggressively and effectively
- Develop stronger financial incentives to stop smoking, eat properly, and live active lifestyles

Reduce medical liability insurance costs

- We could serve more uninsured if we could retain and attract more doctors to Kentucky and our community.

Require everyone to pay more for their own health care

- If more people shared in the cost of health care and understood the real cost, they would make better lifestyle choices and health care decisions.

Average Daily Uninsured Patients Served

(includes those who return for continued treatment)

OMHS Emergency Department (24 hours, 7 days/week)	38
Free Clinic (3-1/2 hours, 1 day/week)	36
McAuley Clinic (7 hours, 5 days/week)	31
REACH Clinic (4 hours 1 day/week, 8 hours 4 days/week)	4
192 Private Physician Practices (8 hours, 5 days/week)	<u>27</u>
TOTAL	136

TO MEET THE EXISTING NEED, LOCAL FACILITIES WOULD NEED TO SERVE AN ADDITIONAL 116 PATIENTS PER DAY, 365 DAYS PER YEAR – AN 85 PERCENT INCREASE.

“Covering the uninsured will save millions of dollars, preventive care programs will save millions, and mandating coverage will decrease premiums.”

John Cohen, M.D.
Newsday, May 12, 2005

“...Wal-Mart, Stop and Shop, and Dunkin Donuts were among the top businesses...whose workers rely on public health coverage.”

Stephen Singer, Associated Press
May 8, 2005

Seventy percent of those without health insurance are in poor health.

In 2005 in Kentucky, care for the uninsured will add \$1,086 to the annual cost of family health insurance and \$385 to individual coverage. This is projected to increase by 68 percent by 2010.

Sixty-seven percent of Americans support guaranteed healthcare for all citizens; 27 percent disapprove.

Civil Society Institute survey

Framing the Issue: Care for the Uninsured

Caring for the Uninsured – Cost Comparisons

Provider	Cost per Patient Visit
OMHS Emergency Department	\$580*
McAuley Clinic	\$29
Free Clinic	\$51
REACH Clinic	\$119**
Primary Care Physicians	n/a

*2002 national average adjusted for inflation.

**Salaries for the nurse, physician, and nurse practitioner are absorbed in the district health department budget.

To Serve 10,000 Additional Uninsured in Our Community and Region...

It Would Take Per Year...

Through the OMHS Emergency Department	\$5.8 million
Through the McAuley Clinic	\$290,000*
Through the Free Clinic	\$510,000*
Through the REACH Clinic	\$1.19 million
Through the DC-CAP Program and Private Physician Practices	Every Daviess Co. physician treating one extra uninsured patient per week**

*Plus additional volunteers and donated medications

**192 physicians x 52 patients



Owensboro Medical Health System

Policies and Procedures in Working with Uninsured Patients

1. OMHS case managers and financial advisors assist patients in qualifying for Medicaid and other public and private assistance programs. (Some patients qualify for assistance but decline to participate.)
2. Through its participation in the DC-CAP program, OMHS assists patients in finding a physician and donates surgeries, facilities and services to qualifying patients.
3. If the patient's annual household income is at or below the federal poverty level (\$9,570 for singles, \$19,350 for a family of four), the bill is absorbed as charity care.
4. Patients qualify for discounted rates on a sliding scale if their annual household income is not greater than 213 percent of the federal poverty level (\$20,384 for singles, \$41,216 for a family of four).
5. OMHS makes payment arrangements toward outstanding balances without interest charges.
6. OMHS employs collections staff. If a good faith effort to pay on the balance is not made within two-four months, the hospital may turn the case over to a collection agency.
7. In some cases, OMHS may file suit or take legal action to garnish property or wages to satisfy a debt.

Note: Information obtained through telephone interviews with OMHS staff.



What uninsured people do when faced with medical bills

- Pay through their own means (26 percent do this nationally)
- Negotiate a reduced amount and/or set up a payment plan with health care providers (hospital, physicians, clinics, labs, pharmacies, etc.)
- Seek help (Churches/HELP Office, St. Vincent DePaul, Audubon Area Community Services, corporate drug assistance programs, etc.)
- Sell assets to pay bills
- Advise the health care provider that they are unable to pay and hope that the expense is absorbed as charity care
- File bankruptcy

Note: Uninsured patients generally do not benefit from discounted charges negotiated between insurance companies, hospitals, and other health care providers.

What can citizens do who are concerned about the growing number of uninsured?

- Volunteer at a clinic
- Contribute to a clinic for general operations or prescription drugs
- Engage in dialogue about options to address this issue
- Advocate for local, state, and/or federal government action to address this issue
- Practice and promote healthy lifestyles to reduce the need for health care
- Encourage physicians to do their share of treating the uninsured; salute those who do
- Advocate OMHS to shift more non-emergency patients and funds from the emergency room to clinics and primary care
- Support and salute employers who provide employees with health insurance
- Support steps to reduce medical liability insurance and other ways to attract more physicians to our community
- Encourage medical schools to admit more students to medical schools, particularly for careers in primary care

Framing the Issue: Care for the Uninsured

LEARN MORE

American Medical Association

515 North State Street
Chicago, IL 60610
(800)621-8335
www.ama-assn.org

Kaiser Foundation

2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400

Kentucky Rural Health Association

750 Morton Boulevard
Hazard, Kentucky 41701
(606) 439-3557 or (800) 851-7512
www.kyrha.org

NACCHO (National Association of County and City Health Officials)

1100 17th Street, NW, Second Floor
Washington, DC 20036
(202) 783-5550
www.naccho.org

SHARE YOUR VIEWS

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Mountjoy, JAT, Executive Director, Daviess County Community Access Project

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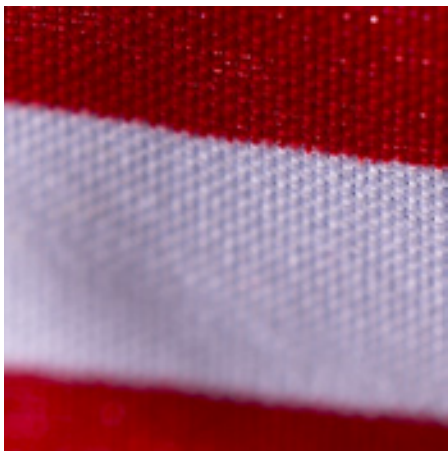
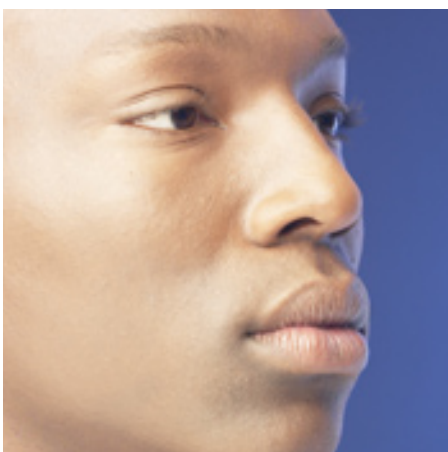
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Wilkey, Russ, Attorney at Law, Owensboro

White III, Marshall, Director of Public and Governmental Relations, Kentucky Medical Association

Zuckerman, Stephen; Haley, Jennifer; Fragale, Matthew; Could subsidizing COBRA health insurance coverage help most low-income unemployed? Health Policy Online No. 2, Urban Institute, October 17, 2001



THE CHANGING FACE OF OWENSBORO: IMMIGRATION TRENDS CHALLENGE US

Language instruction, socialization, humanitarian assistance, and cultural exchanges are among the steps needed to embrace diversity in our community

by Carrie Blackham

Only about 1,000 people in Daviess County are foreign born, according to the 2000 U.S. Census, which provides the latest figures available. That's about one percent of the total population and the majority of those immigrants moved here from Europe, Asia, Latin America and Africa. Still, that number – 915 to be exact -- has almost tripled since 1990, when the census identified only 352 foreign-born people who settled here.

But these official figures fail to include an estimated 1,500 to 2,000 undocumented immigrants, primarily from Latin America, who reside in Daviess County, according to local service agencies. Nor do they reflect the growth in Owensboro's immigrant population since 2000. The U.S. Census Bureau estimates the Hispanic population in the United States will increase by 34 percent between 2000 and 2010, making it likely that Daviess County likewise will continue to see an increase.

Because of this projected growth, community leaders are exploring how to better support Daviess County's immigrant families and build on the benefits that can accrue from a more diverse population. Here's a look these efforts.

WHO IS IMMIGRATING TO OWENSBORO?

U.S. immigration law allows for approximately 1 million people to enter the country each year. Spouses, minor children and parents of U.S. citizens can enter in unlimited numbers, though they are typically subject to a five-year wait, and make up the majority of new documented immigrants.

For those who do not have immediate family members who are U.S. citizens, the process is more onerous. This group is typically subject to a cap of 26,000 people per country. That means about a 10-year wait to legally enter the U.S. Thus some immigrants come to the country without permission.

Documented immigrants tend to be well-educated and come to this country with resources. These professionals easily integrate into the community as business owners, doctors and educators.

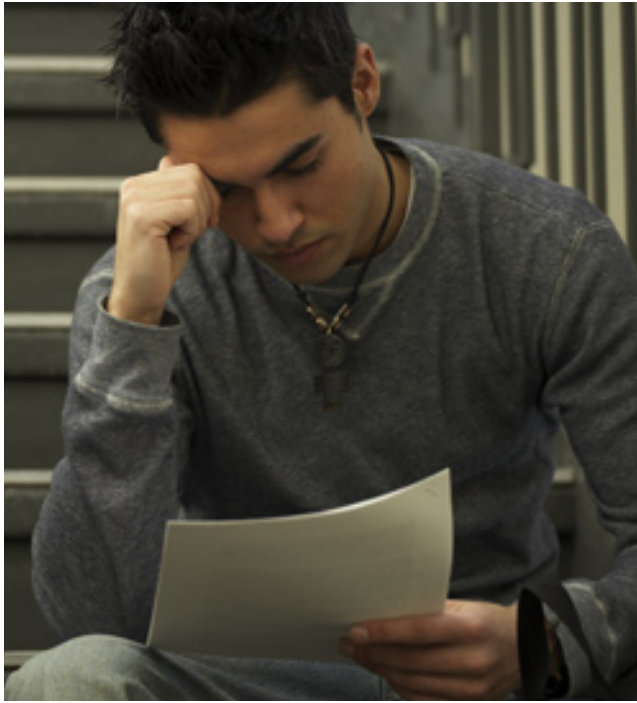
Undocumented immigrants are more likely to come to the U.S. under dangerous circumstances to escape economic conditions and abusive family situations. Ultimately they may become part of a hybrid group – undocumented immigrants who have given birth to children in the U.S. By virtue of being born here, the children are U.S. citizens.

Who's moving to Owensboro?

The following three women immigrated to the United States to be with their families and to find better lives. They said they chose Daviess County because they were told that it was a nice, attractive, laid-back community with job opportunities.

- Anna* entered the U.S. on a work visa. She has a degree from a trade school and worked as an accountant in Mexico. She moved here in 2005 to be with her husband, who is a permanent legal resident. Anna is trying to assimilate into the culture in Owensboro and hopes to find accounting work in the near future.
- Bonita* entered this country without any documentation. She was a nurse in Mexico but currently works at a fast food restaurant (as does her husband). She came to Daviess County six years ago with her husband because they had relatives in the area, who are also undocumented, and were told that there were many job opportunities. Bonita said she and her husband did not go through the legal process to enter this country because they were told that they must have a house, car and \$2,000 in a bank account before the process would be started.
- Carmela* entered this country on a family visa. She has a university degree and worked as a translator in a small South American country. She came here in 2004 to be with her family members, who are U.S. citizens. Unfortunately her marriage has not worked out and her visa has run out, so she will likely return to South America very soon. She has a child who was born in the U.S.

**Not her real name.*



JORGE'S STORY

Jorge's story is typical of the undocumented immigrant who settles in Owensboro. He came to the U.S. from Chiapas, Mexico in 2003 at age 17 with his brother and an uncle. They crossed the border because a factory, recently built in their village, improved the standard of living for a few residents but left the rest of the population to cope with rising costs.

One of Jorge's biggest difficulties has been learning the language. He has no interest in continuing his education because he received less than three years of formal education in Chiapas. He believes he could never keep up with his peers locally.

Instead, when Jorge entered the U.S., he purchased papers that say he is 22 years old. He works as a laborer for a landscaping company at wages lower than many people would accept to meet his financial obligations, which include sending money to his family in Chiapas. Given the nature of his job, the weather often keeps Jorge from working. But because of his legal status, he cannot take advantage of the government programs that are available to legal residents who are out of work. This is despite the fact that he pays federal, state and local income taxes; pays into the Social Security and Medicare systems; and pays sales tax every time he makes a purchase.

AID FROM LOCAL AGENCY

This is one of many personal stories related by Sister Lorraine Lauter, executive director of MISAS (Migrant/Immigrant Shelter and Support), a local agency that provides services for Owensboro's growing Hispanic population. Lauter said many immigrants are unaware of the challenges they will face once they arrive.

Currently MISAS meets many of the basic needs of the new Hispanic residents of Owensboro. It provides instruction in English and refers clients to appropriate agencies for interpreting, medical and other services. But according to Lauter, the biggest challenge faced by the new Hispanic population, whether documented or undocumented, is not so easily addressed -- the lack of acceptance by the community. She said that, as a whole, this population has the values and work ethic that should be a welcome addition to any locale. Family is of the utmost importance. Immigrant couples have a much lower rate of divorce than Americans and feel an obliga-

tion to support the family members who remain in their prior home countries by regularly sending a portion of their incomes to them. Additionally, because the majority of new immigrants are willing to work for very low wages, at jobs that most would not consider, they keep costs down for everyone.

COMMUNITY DIALOGUE GENERATES IDEAS

To address the issues faced by the current and future populations of immigrants, Community Conversations, in partnership with the Owensboro Human Relations Commission, organized a series of study circles last fall. Local residents from different socioeconomic and ethnic backgrounds gathered to discuss immigration and develop ideas about how this community can address the issue.

Over the course of 10 weeks, the study circles developed many ideas. For example, they emphasized increased opportunities for residents to learn how to speak English and Spanish. They encouraged residents to volunteer and actively socialize with new immigrants. The study circles also suggested that some of Daviess County's pre-existing programs, such as Owensboro Sister Cities, could be further developed to create an appreciation for cultural diversity.

Thus far, there has been no follow-up the conversations. But Bill Dixon, executive director of the Owensboro Human Relations Commission, said he hopes that he and Darren Peach, the new director of Community Conversations, can work together to establish action committees in the near future.

...the biggest challenge faced by the new Hispanic population, whether documented or undocumented, is not so easily addressed – the lack of acceptance by the community.

INTERNATIONAL CENTER

Bill West, a professor at the Owensboro Community and Technical College and executive director of Sister Cities, Inc., also wants this community to appreciate cultural diversity – perhaps through an international center.

He has enlisted the support of Daviess County Judge-Executive Reid Haire, who said an international center may help promote tourism, economic development and the needs of our increasingly diverse population.

West is also seeking the support of other local officials, universities, colleges and agencies. He envisions a center that would address the needs of all new immigrants, not by duplicating services already offered by local agencies, but by working with the agencies to provide additional services.

Most important, West believes an international center could educate the community about the cultures of the people who are making their homes in Owensboro because, in his words, "Many of us do not know where the rest of the world is."

The ways in which community institutions address a changing population is a continuing saga. The Advocate will explore these issues in future editions. Stories will cover, among other topics, how the public schools must educate students for whom English is a second language. ■



Citizens Speak: LEADERS RESPOND

Citizens share views on Social Security reform

During a June 7 public forum, local citizens unanimously expressed support for action to strengthen Social Security for future generations.

Following a power point summary of the history, challenges, and options facing Social Security, the 55 participants divided into nine discussion groups. Following 90-minute discussions, they completed questionnaires that included the following recommendations:

Increase the wage level subject to Social Security payroll taxes	65%
Bring more workers into the system	58%
Raise Social Security payroll taxes	40%
Restructure Social Security with private accounts	40%
Extend the qualifying age	38%
Diversify investments of Social Security Trust Funds	38%
Make retirement savings mandatory	35%
Reduce Social Security benefits on a sliding scale	
– no reductions for the poor	20%
Convert Social Security into a voluntary system	13%
Reduce Social Security benefits for all	5%

More than a dozen other recommendations were offered by forum participants.

Prior to the forum: 63 percent of the respondents indicated they were somewhat informed about Social Security; 23 percent said they were well-informed; 18 percent acknowledged that they were not very informed. As a result of the forum, 88 percent said they were better informed and 13 percent said they were about as informed as before. Sixty-eight percent said the forum helped them come to judgment about Social Security issues and choices.

Ninety-eight percent said the forum presented balanced points of view and recommended that others participate in a similar forum.

Respondents were predominately male (65 percent) and white (98 percent). Fifty-eight percent were between the ages of 45-64, 23 percent were from 30-44, 18 percent were 65 or older, and 3 percent were between the ages of 18-29. Family incomes were diverse and 75 percent had a college or postgraduate degree. Fifty-five percent were registered Democrats, 33 percent were Republicans, and 10 percent were independent.

The event was sponsored by the Public Life Foundation of Owensboro, Community Conversations, Owensboro Human Relations Commission, Leadership Owensboro Alumni Association, and Chamber Young Professionals.

McConnell Response

In a June 10, 2005 response, U.S. Senator Mitch McConnell said: "I will not support any reform proposal that would reduce Social Security benefits for current retirees or those nearing retirement age."

Senator McConnell said he has not endorsed any specific reform

proposal. He was not reluctant, however, to express support for private accounts: "...any reform proposal should allow younger workers to invest a portion of their payroll taxes in safe, prudent investments that earn higher rates of return than the current system."

Senator McConnell's letter did not address the fiscal impact of any proposal or his preference as to how the federal government could or should absorb the cost of reforms.

Bunning Response

In his June 22 response, Senator Jim Bunning said, "Since being in the Senate, I have supported efforts to place Social Security in a 'lock box' to ensure its protection for our seniors...Every year we delay (action), the more expensive and difficult the choices will be to make."

Bunning supports the President's call for private accounts, but expressed concern over increasing the amount of money that is taxable under Social Security: "...that option could likely have a significant impact on small business owners and their ability to hire and retain employees."

Bunning serves on the Senate Finance Committee which has jurisdiction over Social Security issues.

The *Public Life Advocate* has not received a response from U.S. Representative Ron Lewis.

Baseball stadium ranks highest on projects survey

The May edition of the *Public Life Advocate* included an analysis of several proposed major community projects: a new downtown arena; Main Street renovations; baseball stadium; marina; convention center expansion-parking garage; and rec-plex-ice rink.

Readers were invited to complete a Project Assessment Sheet that gauged their impression of citizen support, community appeal, impact, and funding capacity for each of the projects using 25 criteria. A score of one (disagree strongly) to five (agree strongly) could be entered for each project – for a maximum score of 125 for each project.

As of June 23, we received 115 credible responses. (One person responded 77 times, but only one response was counted.)

Project	Total Score (Average Score)
Baseball Stadium	7,679 points (66.8 average)
Arena	7,320 points (63.6 average)
Main Street Renovations	7,288 points (63.4 average)
Rec-Plex-Ice Rink	7,166 points (62.3 average)
Marina	6,915 points (60.1 average)
Convention Center-Parking Garage	6,731 points (58.5 average)

Note: Public Life Foundation President Rodney Berry serves on the Bring Back Baseball Committee that has been promoting a new minor league baseball stadium for several years.



JULY/AUGUST Public AGENDA

Meetings, hearings, and forums open to the public. Please contact us if your organization would like its events listed by calling 685-2652 or sending an email to info@plfo.org. (Meetings are subject to change.)

Important Upcoming Public Meetings

JULY

7 Greater Owensboro Chamber of Commerce Rooster Booster Breakfast
7:30 a.m.
Guest speaker: Dr. Paul Coomes, University of Louisville economist
Executive Inn

14 Citizens Health Care Advocates
5:30 p.m.
Panel discussion concerning Medicaid with Sen. David Boswell, Rep. Joe Bowen, and Rep. Tommy Thompson
Green River District Health Department
Bedford Walker Community Room

15 Conversation Café
5:00 p.m.
Museum of Science and History
Main Lobby

21 PRIDE of Owensboro-Daviess County
5:00 p.m.
"Fresh Faces, First Impressions of Owensboro" panel discussion
Owensboro Board of Realtors, 2850 Farrell Crescent

26 Rotary Readifest
1:00 – 5:30 p.m.
Executive Inn Convention Center

29 Conversation Café
5:00 p.m.
Museum of Science and History
Main Lobby

AUGUST

11 Citizens Health Care Advocates
5:30 p.m.
Program: "Building Stronger Families"
Guest speakers: Linda Wahl, Executive Director
Shelly Austin, licensed social worker
Green River District Health Department
Bedford Walker Community Room

12 Owensboro Neighborhood Alliance picnic
5:00 p.m.
English Park

Conversation Café
5:00 p.m.
Museum of Science and History
Main Lobby

15 Coalition for the Poor
12:00 p.m.
First Christian Church

26 Conversation Café
5:00 p.m.
Museum of Science and History
Main Lobby

Regularly Scheduled Public Meetings

Meeting Dates and Times Subject to Change

Citizens Health Care Advocate
Second Thursday each month
5:30 p.m.
GRDHD, Bedford-Walker Community Room

Daviess County Board of Education
Third Thursday each month
6:00 p.m.
1622 Southeastern Parkway

Daviess County Fiscal Court
First and Third Thursday each month
4:00 p.m.
Daviess County Courthouse

Greater Owensboro Chamber of Commerce "Rooster Booster" Breakfast
First Thursday each month
7:30 a.m.
Executive Inn

Green River Health Council
Second Tuesday every other month (Feb, Apr, June, Aug, Oct, Dec)
10:00 a.m.
GRADD

Neighborhood Alliance Meetings

Apollo Area Alliance
Fourth Tuesday each month
5:30 p.m.
Apollo Heights Baptist Church.

Audubon Bon Harbor Area Alliance
Second Monday each month
6:30 p.m.
Audubon Church of the Nazarene

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The TRACKER

DATA OF INTEREST



Compiled by
Chad M. Gesser

STATISTICS ABOUT THE UNINSURED:

■ The number of people ever uninsured over the course of a year is much greater than 45 million — by as much as 40%. The number of people uninsured for the entire year is smaller than 45 million — by about 25%.

■ Adults make up about 70% of the nonelderly population, but nearly 80% of the uninsured.

■ While most of the population that is uninsured is white, proportionally whites are less likely to be uninsured: 33% of Hispanics, 21% of African American, and 20% of Asian Americans are uninsured compared to 13% of whites.

■ 79% of the uninsured are American citizens.

■ Insured nonelderly adults are at least 50% more likely to have had preventive care such as pap smears, mammograms, and prostate exams compared to uninsured adults.

■ According to a 2003 study conducted by the Commonwealth Fund, 46% of underinsured individuals were contacted by a collection agency regarding their medical bills, compared with 44% of uninsured individuals.

■ The uninsured pay over 40% of the costs of their care out-of-pocket.

■ The uninsured rate among the nonelderly poor is twice as high as the national average (36% vs. 18%).

■ Over 33% of uninsured adults say they did not fill a drug prescription in the past year and over a third went without a recommended medical test or treatment due to cost.

■ The uninsured are more likely to be hospitalized for avoidable health problems due to no regular outpatient care.

■ The uninsured are less likely than those with insurance to receive services for major health conditions, including traumatic injuries, heart attacks, pregnancy, and cancer.

■ The Institute of Medicine estimates that at least 18,000 Americans die prematurely each year because they are uninsured and lack health care coverage.

■ Over 75% of the uninsured at a specific point in time will have been uninsured for more than 12 months.

■ 59% of uninsured adults have gone without coverage for a period of at least two years.

continued on pg. 23

Public AGENDA, cont.

Dogwood Azalea Neighborhood Alliance

Third Thursday each month
5:30 p.m.
Daviess County Public Library

Dugan Best Neighborhood Alliance

Fourth Tuesday each month
6:00 p.m.
Dugan Best Recreation Center

Hillcrest Area Alliance

Second Tuesday each month
6:30 p.m.
Daviess County High School Media Center

Midtown East Neighborhood Alliance

First Thursday each month
5 p.m.
Buena Vista Baptist Church

Northwest Neighborhood Alliance

Fourth Tuesday each month
5:30 p.m.
English Park Center

Old Owensboro Neighborhood Alliance

Second Tuesday each month
5:30 p.m.
Brescia University Campus Center

Seven Hills Neighborhood Alliance

First Thursday each month
7:00 p.m.
Trinity United Methodist Church

Shifley-York Neighborhood Alliance

Second Tuesday each month
5:30 p.m.
Lewis Lane Baptist Church

Southeast Alliance

Second Thursday each month
6:30 p.m.
Newton Parrish Elementary School

Wesleyan-Shawnee Neighborhood Alliance

Fourth Tuesday each month
6 p.m.
Kentucky Wesleyan College, Administration Building, Room 103

Owensboro Board of Education

Fourth Thursday each month
4:30 p.m.
Boardroom

Owensboro City Commission

First and Third Tuesday each month
5:00 p.m.
City Hall

Owensboro-Daviess County Regional Airport

Third Monday of each month
4:30 p.m.
Airport terminal building conference room

Owensboro Historic Preservation Board & Downtown Design Review Commission

Fourth Wednesday each month
5:00 p.m.
City Hall

Owensboro Housing Authority

Fourth Thursday each month
11:30 a.m.
2161 E. 19th St.

Owensboro Metropolitan Board of Adjustment

First Thursday each month
6:00 p.m.
City Hall

Owensboro Metropolitan Planning Commission

Second Thursday each month
6:00 p.m.
City Hall

Owensboro Riverport Authority

Fourth Friday each month
12:00 p.m.
1771 River Road

Owensboro Utility Commission

Third Thursday each month
4:00 p.m.
2070 Tamarack Rd., Third floor board room

Preservation Alliance of Owensboro-Daviess County, Inc.

First Friday every other month (Feb, Apr, June, Aug, Oct, Dec)
12:00 p.m.
Campbell Club

RWRA

Third Monday of each month (except January, Fourth Monday)
3:30 p.m.
RWRA, 1722 Pleasant Valley Road

Tobacco Control Coalition

Fourth Wednesday each month
11:30 a.m.
GRDHD

Tourism & Convention Bureau

Third Thursday each month
7:45 a.m.
215 E. Second St.

ABOUT THE PUBLICATION

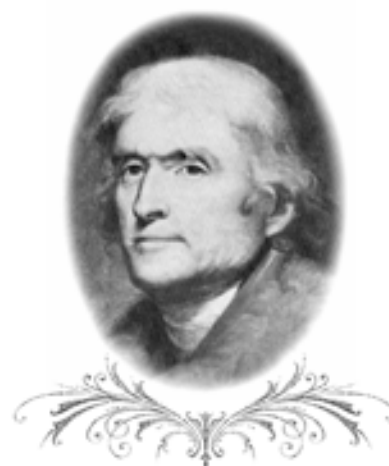
The *Public Life Advocate*, published monthly, is committed to be a trusted resource of information and analysis of public concerns and community issues. The *Advocate* is a community-driven publication, grounded in a commitment to be "of the people, by the people, and for the people."

ABOUT THE FOUNDATION

The Public Life Foundation of Owensboro, Inc. is a private, nonpartisan, nonprofit 501(c) operating foundation (not a grant-making entity) founded in 1996 by John and Marjorie Hager. Mr. Hager is the former owner, editor, and publisher of the Owensboro *Messenger-Inquirer*.

The foundation fosters broad, meaningful citizen participation in community decisions and public policy. We believe that open, accessible, and trustful institutions are essential to an enlightened and engaged citizenry and the democratic process.

Foundation activities are driven by the importance that people attach to issues. We are committed to the people's agenda. To assist citizens in solving problems and seizing opportunities, we facilitate a process of information > deliberation > action.



*"I knew of no safe
depository of the ultimate
powers of society but the
people themselves; and if
we think them not
enlightened enough to
exercise their control with
a wholesome discretion,
the remedy is not to take
it from them, but to inform
their discretion by education."*

Thomas Jefferson



Citizen Action UPDATE

The Public Life Foundation promotes broad and meaningful citizen participation in community decision making and public policy. Grass roots action is a reflection of an informed, engaged, empowered citizenry. We welcome updates from all citizen initiatives, whether an established organization or an ad hoc group. Contact us at 685-2652 or info@plfo.org.

Bring Back Baseball Committee

Bruce Brubaker, Chair

bbrubaker@champion-ford.com

- encouraging inclusion of stadium in city-county feasibility study of downtown arena and other community projects
- planning an Evansville Otters game outing and meeting with team and Frontier League officials

The Citizens Committee on Education

Marianne Smith Edge, Co-Chair

msedge@smithedge.com

Forrest Roberts, Co-Chair

robbrook@adelphia.net

- planning the release of a community strategic higher education study
- making presentations, broadening the base of support for "The Learning Community," a program to instill a higher value of education and lifelong learning into the fabric of community life
- tracking data and trends connected with city-county school district disparities
- examining potential local applications from Prichard Committee report on high achieving high schools

Citizens Health Care Advocates

Dale Taylor, Chair

dalet@www.com

Meetings: 2nd Thursday of each month, 5:30 p.m., Green River District Health Department

- conducted roundtable discussion as part of "Covering the Uninsured Week"
- featured panel of physician's assistants and
- promoting Saturday Express and Get Moving Kentucky programs to encourage active lifestyles
- adopted "Five Fields of Focus" for 2005:
 - access to health care
 - healthy lifestyles
 - governmental affairs
 - health care costs
 - organizational development
- CHCA now has 115 members and 550 attendees and participants at meetings
- meetings are broadcast on OCTV

Coalition for the Poor

Contact: Nancy Keeton, Keith Sanders, and Sharon Sharp (Steering Committee); c/o Public Life Foundation, 401 Frederica Street, Owensboro, KY 42301 (685-2652)

Next Meeting: August 15, noon, First Christian Church

- building a network of citizens who are concerned about the plight of the poor
- sharing information and concerns regarding the impact that government social program cuts have on the poor
- interested in leadership development programs that empower the poor

Goodfellows Club

Bruce Kunze, President

bkunze1@aol.com

- attracted 95 participants and raised \$2,500 in annual benefit tennis tournament
- convened youth service providers to discuss community needs
- concluded successful 2004 "Roll Call" campaign, raising \$97,000
- contributed funds for winter coats, shoes and clothing for more than 1,000 children in the 2004-05 school year

Owensboro Area World Affairs Council

Stephanie Curran

curranp@bellsouth.net

Board meetings: 4th Thursday, 11:30 a.m., Kentucky Wesleyan College

- planning speakers, panels, and other activities for the 2005-06 series to begin in the fall

PRIDE

Susie Tyler, President

grand.view@adelphia.net

Next meeting: July 21, 5:00 p.m., Owensboro Board of Realtors

- developing master plan from citizen input on new community entrances from the Natcher Bridge and West Parrish Avenue from the airport
- planted wildflower bed on East Fourth Street
- meet regularly with architects, transportation, and utility officials on proposed projects

Unity Coalition

David Kelly, President

davak@bellsouth.net

- heard a presentation by Jana Beth Francis on "Mix it Up, a program to enhance race-ethnic relations in our schools"
- heard a presentation by Sister Lorraine Lauter on immigration issues
- planning future programs: speakers, panels and film discussions

The TRACKER

CONTINUED

- In 2004, health care spending among the uninsured totaled \$125 billion. An estimated \$41 billion goes uncompensated.
 - Uncompensated care costs in direct service programs, such as community health centers, are funded almost completely by public dollars
 - Among the nonelderly in 2004, the costs of medical care received by those uninsured for the full year were just over half that of those with insurance.
 - In 2003, over 80% of the uninsured came from working families—70% from families with one or more full-time workers and 12% from families with part-time workers.
 - 38% of uninsured workers are in agriculture, over 80% are employed in blue-collar jobs, and 6% are employed in public administration.
 - 51% of Americans insured through employer-sponsored health plans are covered by their own employer and 49% are covered as a worker's dependent.
 - Employer-sponsored health insurance is voluntary; businesses are not legally required to offer a health benefit, and employees can choose not to participate.
 - 81% of uninsured workers are employed by firms who do not sponsor health benefits or are not eligible for their employer's plan.
 - Private policies directly purchased in the non-group market (i.e., outside of employer sponsored benefits) cover only 5% of nonelderly Americans.
 - While virtually all midsize and large businesses (i.e., more than 200 workers) offer health benefits, 37% of smaller businesses (3 – 199 workers) did not offer health benefits to their employees in 2004.
 - Covering 13% of the nonelderly, Medicaid is larger than any single private health insurer. It provides health coverage based on both income and categories of eligibility, primarily covering three main groups of nonelderly low-income people: children, their parents, and individuals with disabilities.
 - Because women are more likely to qualify for Medicaid as the head of single-parent families and are also eligible when they are pregnant, low-income men are more likely to be uninsured than women through the child-raising years.
 - Those states with adults between jobs and uninsured that have short periods without coverage are the states that tend to have lower uninsured rates in general.
- This Index and other items of interest can be found at The Owensboro Blog: <http://owensboro.blogspot.com>
- Chad Gesser is Director of Institutional Research at Owensboro Community and Technical College. He holds a master's degree in sociology from Western Kentucky University.*