

NEIGHBORHOOD NETWORKS

Moderator: Michele Higgs
September 11, 2007
3:00 p.m. EDT

Operator: Welcome to the Neighborhood Networks' monthly conference call. This call is being recorded.

Now at this time, I would like to turn the conference over to Michele Higgs. Please go ahead.

Michele Higgs: All right. Thank you, Duane. Hello everyone and welcome to the Neighborhood Networks September conference call. We have rolled through a whole year here. I'm Michele Higgs and I'm joined today by David Percey and David coordinated the contents for this call. We are technical assistance coordinators and we represent the team that works with you to address the needs of the various Neighborhood Networks centers around the country.

I thank all of you for joining us today. Our topic for the day is "Healthcare Networks." How can you make valuable healthcare services available for your residents? Where can you start to develop healthcare networks that can partner with your center? What are the limitations of developing healthcare networks for your residents? How do you attract residents to your program? We hope to answer all those questions for you today. You know the Neighborhood Networks Center is a valuable resource for the residents of your property. Since its inception in 1995, the Neighborhood Networks Center has grown from a computer technology center to the locus for all kinds of meaningful activities for residents, including access to healthcare resources, whether that's learning about nutrition or receiving hearing or blood pressure checks. By looking

around to see what resources are available in the community, the Neighborhood Networks Center can provide services that help residents to keep an eye on their health. The speakers we have for you today to help you learn how to bring healthcare resources right to your resident's door.

Today we have representatives from our centers as well as healthcare partners to speak about successes they've experienced in coming together to provide healthcare networks to serve resident's needs. We will welcome Heather Bischoff from the Knowledge Center at the Terrace in Green Park Apartments in Indiana, Brian Hinajosa from Gilead Healthcare in Texas, Lisa Logan with Hawthorne Place Residents Service Center in Missouri, Linda Williams with Grace Hill Neighborhood Health Center in Missouri and Margaret Tweten with North Dakota State University Extension Service. You'll get further introductions later.

Before we get started with the call, we have six new centers that we want to welcome to the Neighborhood today and they're New Life Homes Two and Three in New Mexico, Somerset Apartments Neighborhood Networks Center in Michigan, Burke Lake Gardens Neighborhood Networks Center in Virginia, Tenino Terrace Neighborhood Networks Center in Oregon, LeConte Terrace Learning Center in Tennessee and Seven Oaks of Florence in Nebraska. Welcome to all of you. Welcome to the Neighborhood.

I need to remind you about the Strategic Tracking and Reporting Tool, also known as the START business plan. START will help you assess the needs of your residents and determine what resources in the community and help you meet those needs. START will also help centers track the partnership that address the residents' interests and strengthen a center's profile in the community. If you have questions about the START business plan, residents surveys or general questions about Neighborhood Networks, please call the toll free Neighborhood Networks information line at 888-312-2743. You can also visit the Neighborhood Networks Web site at www.neighborhoodnetworks.org.

Let me also tell you about online networking through the Neighborhood Networks message board. There you can share information among yourselves, post news, ask questions. Be aware that this is not a “real time” resource. You can post your information and then revisit the board in a day or so to see what kinds of responses you have received. You just go to the Web site, which is www.neighborhoodnetworks.org and click on the Neighborhood Networks online networking link to the right, under the green banner labeled “Helpful Tools”. When you get there, follow the instructions and guidelines or select “Enter Online Discussion”, go visit. Check it out. Also I want to remind listeners that a transcript of this call will be made available on the Neighborhood Network Web site in about two weeks.

Now, we have a lot to present today so I’m going to step aside and let things roll. David, would you like to introduce our first speaker?

David Percey: Thanks Michele. Brian Hinajosa is our first speaker. He has worked as a marketing director for Gilead Home Health and vice president of business development for Eschelon Marketing Systems. Today he’ll talk about his work supporting Neighborhood Network Centers and residents in Texas. He’s been working with (Middle) Park Village, Santa Maria (Springdale) Gardens. Brian, over to you.

Brian Hinajosa: Hi. How is everybody doing? Like he said, my name is Brian Hinajosa and I am a marketing director and also business development person for Eschelon Marketing. I apologize right now because I’m on a cell phone, so if I break up a little bit, I do apologize.

What I want to start off with--we are an organization that puts together outreach events for neighborhood centers and facilities. We locate sites and work closely with site managers to find out what kinds of services that the property actually needs. Then when we find the needs, we focus on them; like blood sugar testing, blood pressure testing and we can also bring out vision screening and stuff like that.

We can also provide classes, too but we try to get together with each center like diabetes awareness. So we try to get organizations to get involved because it gets the community involved a lot more than if we just try and go in there and just put anything out there. So we really try to find out the needs and wants of the community. We try to send out fliers when we actually identify the need—we send out the fliers two weeks ahead of time to notify the community what's going on or upcoming events. Actually some sites do have monthly calendars. I don't know if anybody listening right now actually does the monthly calendars but that helps a lot just to let people know what's going on. So we do rely a lot on the property managers, activity directors and people like that to help us go along.

Pretty much, if you don't have people like us to kind of come out to your organization, and actually approach you, my suggestion is to get with any local networking group like the American Diabetes Foundation, American Heart Association, or any organizations like that to get these events going because sometimes they are a little hard to get going. I would find out if you can get with a networking group, it makes it a lot easier to make a more successful event for your community.

That's pretty much about it what I have. I don't know if there's going to be questions or anything else.

Michele Higgs: Well what we'd like to do at this point, if you can stay with us through the hour ...

Brian Hinajosa: Sure.

Michele Higgs: ... We're going to go ahead through the remainder of the presentations. I'll ask everybody to take good notes and hold on to their questions and we'll go to the next speaker. I did have one and that ...

Brian Hinajosa: OK.

Michele Higgs: Was that you talking about finding out the needs of the community? How exactly did you go about doing that?

Brian Hinajosa: Well generally the property managers know what's going on as far as if there's a lot of people with diabetes, high blood pressure, anything else like that but then we can also do what we would call health survey and we'll send health surveys out about a month before an event and when they come back we'll look them all over and see exactly what kind of stuff they're looking for, like I was talking about. Most of the time we do blood pressure, blood sugar checks, right off the bat, because those are the easiest to do. I also work with other organizations, non-profit organization groups that do free vision screenings, free tests, teeth checks, cleanings and stuff like that. So I mean it's whatever that community needs.

Michele Higgs: Thank you much. I think we're going to go over to one of our centers now. David?

David Percy: Yes, next let's turn to Heather Bischoff. Heather is senior service coordinator for Green Park Terrace Apartments and the Knowledge Center at the Terrace, a Neighborhood Networks center in Indiana. Today she will discuss health partnerships and getting residents involved in marketing. Heather?

Heather Bischoff: Hi. Thank you everybody. I'm so glad that I could join you today. What I'm going to talk about is just some of the successes that I have had with healthcare agencies. We've been really fortunate to have a lot of partnerships and network with a lot of different people.

The first thing I do is I determine what the residents' needs are and the way I do that is I survey my residents once every six months on average but at least once a year. The surveys that I do

vary. Sometimes it'll be just a survey that I hand out to my residents, other times it'll be just talking to the focus groups. We're very fortunate to have a focus group in our building and it's been very useful to me because they can then tell me what it is that they're looking for.

Michele Higgs: Heather, can I stop you for one moment? You're breaking up a little bit. Are you by any chance on a cell phone?

Heather Bischoff: I'm not.

Michele Higgs: OK. But are you hearing what I'm hearing?

Heather Bischoff: I'm not hearing – no. I'm not.

Michele Higgs: You're not hearing anything. OK, well, just if you would then speak a little bit louder that might help, but I'm hearing a little crackling in there.

Heather Bischoff: OK. I will speak a little bit louder.

Michele Higgs: OK. Thanks.

Heather Bischoff: Once I determine what my residents needs are, then I will go ahead and kind of make a plan as to how I can meet the needs of my residents. The first thing that I think is really important is for you, as a center director or the service coordinator, to be really excited about the programs that you're about to bring in and the new things that are coming. If you're not excited about the programs, why should the residents be excited about them? Your attitude is very contagious. I think it's also important to be a good listener. As you are developing the programs, it's important to hear what the residents are saying because your ideas of developing a program

may be different from what the residents are actually looking for and, therefore, it's really good to have a good open communication with residents so that everybody's on the same page.

When I go out and initiate a partnership, sometimes healthcare agencies will actually come to my door, which makes my job much easier because than I can lay out what needs I have for our community. But when I go out into the community, I go with a plan. I'm very specific about what I'm looking for and I follow up. I think it's really, really, really, really important to follow up. Any relationship that anybody has with anyone, you have to follow up. If anybody is married or dating, you know, in order to make that to work you have to follow up and this is the same exact thing.

Michele Higgs: Good point, Heather.

Heather Bischoff: Follow up is just so important because this is all about relationships. Healthcare agencies are looking to support your communities because they're also looking for referrals and they need to be able to build a relationship and rapport with you as well as your residents. We have all kinds of things in our community. We have blood pressure clinics, blood glucose clinics, bone density testing. We have cholesterol screening. We do a fund raiser, a health fair fundraiser once a year where we actually have vendors come out to our communities for a donation to our company's foundation, which has been a real successful event and it's a great way to bring the community healthcare networks into your community.

The only barriers that I really can see is that everybody is so busy that finding the time to network and get out in the community. But I think if you can set aside one day a week or one day every two weeks just to go out and – even if you just stay within a five or 10 mile radius of your community, I think that you will be really, really excited to see how many healthcare agencies would like to support your community.

In closing, I would just like to say to set realistic goals, don't be too hard on yourself and, once you start getting connected in the healthcare networks, you will be really surprised to see how small your community is, whether it's a big community or a small community because healthcare agencies all tend to be very connected with each other. So thank you all for your time.

Michele Higgs: Thank you.

David Percey: Thank you very much. That was very good. I'd like to turn now to a partner that has worked with and supported Neighborhood Networks Centers in St. Louis, Missouri. Linda Williams is Mobile Outreach Health Corps Coordinator for Grace Hill Neighborhood Health Centers. She will discuss partnering with centers and developing healthcare programs. Linda?

Linda Williams: Good afternoon everyone. Can you hear me OK?

Michele Higgs: Yes. You're actually clear. Thank you.

Linda Williams: I, first, would like to say that our agency is a not-for-profit organization federally qualified health centers and our focus is to serve the uninsured, under insured and low income families in the Metropolitan area of St. Louis.

Within the last eight years, we obtained three mobile health outreach units that are significantly dedicated to certain areas of the city, the north city, south city and the central city of St. Louis. In doing so, my staff has gone out and actually gone to various vendors asking that our vans can be parked in front of their locations to assess their clients and the clients' needs.

While doing this, we came upon Riverbend Apartments. After speaking with the management of Riverbend and they identified some of the clients that we will be targeting, we realized that this will be a great opportunity for us to get into Riverbend and be able to assist any neighbors or any

residents in that building. We are at Riverbend once a week and while we're there, we are doing blood pressure screenings.

We're also setting up health center appointments for any of the residents that are there. We are making those appointments for them. We are contacting that client back, to let them know when that appointment is, a reminder to let them know when their appointment is and try to remove any barriers to keep that person from getting to the appointment.

One of the other things that we are doing there, we have a chronic disease management program here and we would like to identify anybody that might have a chronic disease, whether it'd be hypertension, diabetes, whatever the case may be and try to get them enrolled into our chronic disease management program. We will have an opportunity for that person to come in and get a thorough check, to be able to find out what other needs, if it's social or medical, if there's something else we can assist them with.

We'll also have a program called MORE, which is Member Organized Resource Exchange program. It is a bartering system program. That program is set up to empower neighbors. A lot of times people live in the same area and don't even know who their neighbors are so we try to get people involved in this particular program, finding out what they can contribute in their neighborhood and to be able to let other residents know what is available in their own community. When doing this, people are on what we call MORE time dollars. Those MORE time dollars can be used at our health centers in the event that a member or a resident does not have any cash money to pay for an appointment for that day, they can utilize their MORE time dollars and actually be seen by a physician and just agree to come back to our health center and give us a service, maybe it's an hour of service of just straightening books in the waiting room or just greeting patients at the door just to get everybody involved with each other. They also can participate in other health center initiatives that we have.

The van is there once a week and we've run into just really one barrier with doing our service at this particular location and that's people not showing up for their appointments when we do make them. So we are going back and trying to re-encourage people to let them know the importance of their healthcare and not using the emergency room as their primary physicians and utilize the federally qualified health centers that are located here in St. Louis. Of course, we're trying to get people for Grace Hill but if a person does not choose to come to Grace Hill, we try to partner them with one of the other health centers within the community.

Michele Higgs: Terrific. Terrific. I have one quick question in that you mentioned (blank) disease and the next word in there was hypertension and I didn't quite get the name of that program, I think it was a program, diseases that were paired with hypertension and diabetes but it had a name. Did I get that wrong?

Linda Williams: Chronic disease management.

Michele Higgs: Chronic disease, I'm sorry. OK. I wasn't hearing that. Chronic disease management, I want to be sure everybody gets everything because you've given us some very, very good information. I particularly like this MORE program, with a tradeoff for volunteer work. David?

David Percey: First let me check, is Margaret Tweten, has she joined us yet?

Margaret Tweten: I'm on board, Dave.

David Percey: Thanks. Our next speaker is Margaret Tweten. She's district director for the North Dakota State University Extension Service responsible for the supervision of extension agents in Eastern North Dakota. She works at the Grand Forks Learning Center and today will touch on USDA nutrition programs benefiting residents with low income. Margaret?

Margaret Tweten: Thank you very much for the opportunity to share some of the educational programs that we offer in conjunction with the LaGrave Center here in Grand Forks, North Dakota.

Most of you or some of you may be familiar with the Cooperative Extension Service but it does exist in every state and our mission, as a part of USDA, is to provide education to the public and so this is a natural fit for our organization to work very closely with the Neighborhood Networks.

We have built a very strong partnership, I believe, over the years. Our mission is very similar to theirs in that we want to provide education; we want the best for our clientele. We've been able to work very successfully in the fact that we've served on each others advisory boards and, as a result of that, developed what the needs for the clientele are and I think that helps us tremendously as we provide educational classes.

We do provide classes on nutrition. There are two major programs that some of you may be familiar with. These two programs through USDA, one is through the food stamp program, which is called FNP Family Nutrition Program or FNEP Family Nutrition Education Program in some states. It is designed for limited resource audiences, targeted for adults and children and it's a great way, especially targeted for families who are using food stamps and so it hits the ages for everybody all the way up through senior citizens. That particular program works really well with classes that we're able to offer at the Neighborhood Networks.

The second program that we bring in that is also USDA is the expanded food and nutrition program or called FNEP. FNEP is a little more targeted as far as our clientele. The audience is targeted for parents of young children. In some cases it may be the grandparent who is the guardian and/or taking care of the young children but it's targeted toward the guardian of the young child. This particular program is duration of at least six lessons, in some states they go up to 12 lessons, really taking a look at food changes.

So they do. In fact, what's called a dietary recall. They'll ask for clientele for 24 hours what they had to eat and then at the end of the program, it generates a computer program. At the end of the program, they do a similar thing just to see if there were significant changes in the pattern of eating as a result of participating through that particular program. I do have to say that we have run several economic benefits with this particular program. North Dakota, Minnesota, South Dakota, Missouri, Kansas and Nebraska worked on a project to find out the dollar ratio and for every dollar that we spent on nutrition education with the FNEP program, in these particular states, we were able to show that we saved eight dollars in healthcare cost later on. Some of the other states in the eastern part are able to show around \$10 savings by having clientele participate in these nutrition classes. So we've been very fortunate that we've been able to take that information to Congress and they've been very supportive of those particular programs targeted for limited resource families.

So I would encourage you, if you have not worked with your cooperative extension agencies and/or do not have this particular program, to take a look at it because we do provide it free of charge for the clientele.

Some of the other programs that we provide are the Dining with Diabetes, which I've heard mentioned earlier. And in this particular case, we're actually cooking and showing clients short cuts that they can use to cook the foods that they enjoy without increasing the amount of fat that they might have.. We have nurses and diabetes educators also providing instruction as a part of the Dining with Diabetes program. Again, that is a six week program and we're able to show some significant reduction in their numbers for diabetics for those who are participating in that particular program.

We also do a series of working with youth. It's not just adults. We know that youth are very instrumental when it comes to purchasing power, especially when it comes to food, so during the summer months when the children are out of the school system, we offer a program called Camp

Cook where we're teaching them some basic skill sets so that when they come home from school, after having to be home alone, that they could make some basic snack foods for themselves before they have the evening meal. Of course, for the last series we always like to invite the parents to attend also when we hand out the graduation certificates but for the parents to see what the children can accomplish and can do safely within their kitchen parameters.

We do provide other classes. We've done some master Internet volunteer classes and that wasn't targeted just for the Neighborhood Networks but it was also targeted for community or individuals who live near the Neighborhood Networks. We did that very specifically with our Neighborhood Networks at the LaGrave center in that we wanted people who lived in the housing nearby to feel that they also were a part of that network. Even though they may not be limited resource families, when they were done with the volunteerism, as far as the computer, we require 40 hours that they have to give back and we found that a number of our participants stayed at the Neighborhood Networks center and offered computer services as people came in and wanted just to use the computer. So they were available for 40 hours, free of charge for the Neighborhood Networks to use. That also helped to create a nice bond with support from the community surrounding the Neighborhood and it got them into the environment and so the partnership developed for other things down the road.

We also provide some financial management planning, especially designed for women, parenting classes, some of your are familiar with those, children of divorce and ((inaudible)), but those are just some of the classes that we provide.

Some of the problems and barriers that we've run into is the meeting time and that's hard when parents, especially if they are single parents, are trying to look for employment, and have children. When is a good opportunity for them? We try to offer, when we can, if we're doing any classes in the evening, activities for children or we provide childcare so that it's one less thing that

they have to worry about. We do door-to-door advertising with posters or handouts. We include newsletters. They have nice newsletters and we include our information along with that.

Anything else?

Michele Higgs: Is there? I don't think so. Now that sounds like quite a lot. There's a lot of good activity and a lot of good information that you had today.

Margaret Tweten: Well they're great partners to work with.

Michele Higgs: This is good. What do we have? One more person to talk with today?

David Percey: Yes. I just had a quick question for Margaret. You did mention that or recommended that listeners locate and work with their local USDA cooperative extension program. Is there an easy way for listeners to locate their regional or local USDA cooperative extension program? Is there a central Web site or should they just use Google?

Margaret Tweten: There are some central Web sites but they could certainly use Google. In some cases it's located as cooperative extension service. If you go under the government section in the phone book, it should be listed there also. So for instance, you would look for Missouri Cooperative Extension, the Ohio State extension service, by going by the land grant university that's in your particular state would be the major one.

David Percey: OK. Thank you. Finally we'll turn to our last speaker, Lisa Logan, to discuss her healthcare programs at her center. She's a resident services coordinator at Hawthorne Place Resident Service Center in Independence, Missouri. At this point, I'll hand it over to Michele.

Michele Higgs: Well I just had a couple of questions for you, Lisa. Are you with us?

Lisa Logan: Sure, I am.

Michele Higgs: OK. Great. Great. We had talked a couple of days ago about your center and I found very interesting a number of the things that you mentioned that you do. One was – I think it was a health fair or safety fair that went on right around the beginning of school.

Lisa Logan: In May, we do a safety awareness rally, which is actually right before school ends.

Michele Higgs: OK.

Lisa Logan: We also do a back to school health and safety fair a week or two before school starts.

Michele Higgs: I see.

Lisa Logan: What we do at both of those is we invite all of our community partners and any of the community vendors with healthcare and agencies that do direct service and they all come to the fair and we have games and toys and banks and all kinds of resources for our community and they all get together and have a really good time.

Michele Higgs: That's what it's all about. Would you tell us some more about what goes on at Hawthorne, the other kinds of partnerships you put together?

Lisa Logan: We're a 745 unit low income housing facility and we roughly have about 2,000 residents on the property so we have a lot of diverse needs. We have been very lucky in our partners where some have approached us and we have approached some others. We do surveys twice a year, at each major event, and sometimes if we're doing program changes, we'll do one in between. It's a very diverse survey. It asks the residents about programs they're interested in, if they would like to participate in those programs, if they would like to volunteer to start a program and all

different kinds of questions, healthcare needs, covers about everything that we can cover and we seem to get about a 33 percent response from everybody.

Michele Higgs: That's excellent.

Lisa Logan: It's a struggle. It is. It's a struggle. But we've been pretty lucky about that. Our partners have been very, very good to us. We have a wonderful partnership with the Child Abuse Programs Association, which we know as CAPA and they do counseling and play therapy and crisis intervention, things of that nature with adults and children. Two of the biggest setbacks on our property are transportation and childcare. They have been gracious enough to bring their services here on the property. So every Tuesday evening, we're open from 3:00 to 9:00 p.m. and we have three counselors here and they have 50 minute appointments and they see (half) our residents, which is a wonderful advantage.

David Percey: What was the name of that group again?

Lisa Logan: It's the Child Abuse Prevention Association, yes, we call them CAPA.

Michele Higgs: Now you were mentioning that transportation is a problem.

Lisa Logan: It's a huge issue.

Michele Higgs: Is there any other—among the partnerships that you have—have there been any that have bus service or van service?

Lisa Logan: Armazure Medicaid System has transportation for people with doctor's appointments. It's on the back of their Medicaid card, they can call and arrange transportation but they need to call at least two days in advance. Today I found out about a program that I am trying to look into about

bus service, which is actually paid for by the grocery stores and a bus would come out and pick up the residents and take them to the store and they actually stay there and wait for them and they bring them home. They do that on Tuesdays and Thursdays and it's actually paid for, one day is paid for by HiV, the next day is paid for by Price Shopper.

Michele Higgs: Fantastic.

Lisa Logan: So I'm looking into that to see if we can incorporate that into our list of our programs. It would be wonderful.

Michele Higgs: Now do you have any other kinds of nutrition workshops going on for your folks?

Lisa Logan: We have a Project Strength class, which is done by our local neighborhood food bank, which is down here at Harvesters and they send an instructor out and she teaches a nutrition class. They talk about nutrition, how to stretch your food dollar, how to cook what you actually have in your pantry. They actually cook a meal. They help people cook. They cook the meal. Everybody eats and everybody cleans up and when they're done, they get a 15 to 20 pound bag of groceries to take home with them. It's an eight week program. They can come once a week and it doesn't have to be a consistent thing. You can come once and then come two weeks later. You don't have to come every week. But that program has been very popular.

Michele Higgs: Now I'm going to ask you another question. The Harvesters, is that a local or is that a state organization?

Lisa Logan: It's a local food bank and, from what I understand, it is affiliated with America's Second Harvest, which is a really big food bank.

Michele Higgs: That's why I was asking. I thought perhaps there might be another organization with those—who are not in Missouri— might be able to tap into.

Lisa Logan: Yes America's Second Harvest, which I understand is huge and they're affiliated with those. Harvesters also has what they call "food drops" around the neighborhood. If they have an extreme amount of produce or product that they need to move to prevent spoilage, there are churches in different locations in the area that they will go out and drop food and then people go in and they would distribute it. Some of them are weekly. Some of them are every two weeks. They're in (Lee Summit.. They're in Independence. They're in Blue Springs. They're all around the community.

Michele Higgs: What other good programs are going on for you there at Hawthorne?

Lisa Logan: We have a 10 laptop wireless computer lab. We are in the middle of doing our fall programming. We are talking about offering classes to teach people to job search on the Internet, basic computer things for people who are kind of intimidated by a computer and not sure where to go with it. We do beginning Word and Excel and Power Point. We are doing a lot of workforce development. We work with the TANF program and that is through the Full Employment Council and they come over twice a month and help people who are on TANF or who have been sanctioned on their TANF, which is Temporary Aid for Needy Families, they need to go through our job readiness program and Full Employment Council offers jobs, they have education and they seem to be doing a really good job of finding people work and getting them educated to increase their job skills.

Michele Higgs: Well this is great. I mean, not only are we talking about the healthcare resources available at centers but it all goes back around to what Neighborhood Networks is all about anyway and that's the computer training, getting people ready for self-sustainability..

Lisa Logan: We have been very lucky with our partners. The First Guard Family Health Partners, Blue Advantage Plus, and what used to be Coventry, now it's Healthcare USA, are very good about coming out and doing presentations and they attend all our events.

Linda Williams: With Hawthorne, I hear there's a lot going on I know with Hawthorne centers and some of the agencies she's just mentioned are very instrumental in trying to promote good health, whether it be to a health center or to an organization such as Hawthorne, so applaud them for doing that.

Michele Higgs: Great. Thank you Linda. I think if there are no more comments at this point, David?

David Percey: No.

Michele Higgs: Duane, I think we'd like to open up the line and see if we have any questions for anyone now?

Operator: All right. Very good. It is by pressing star one. Just make sure your phone's off mute. Again, star one. The queue is open.

You have a quiet group right now. There, we have our first question from Patricia Moss.

Michele Higgs: OK. Hi Patricia.

Patricia Moss: Hello. How are you?

Michele Higgs: Very well.

Patricia Moss: I have one question.

Michele Higgs: OK.

Patricia Moss: Back to the lady previously, she was talking about the Master Internet where the 40 hours free of charge ...

Michele Higgs: That was Margaret, I believe.

Patricia Moss: Ma'am?

Margaret Tweten: Yes.

Patricia Moss: OK. Can you explain that, the Master Internet who has 40 hours free of charge? I didn't get the whole ...

Margaret Tweten: The Master Internet Program is teaching some of the basic skills of using the computer also but mostly with learning how to manipulate and to navigate the Internet process. Part of our requirement, when you're doing a master gardener or master Internet volunteer class is that you're required to give 40 hours back to the community. So when they're completed with a class, which was 40 hours of instructions that we provided for them, free, that our expectation is that they provide 40 hours of volunteer teaching somebody else the concepts that we just taught them. We believe that when you have to teach something, you learn it better than if you just take the class. So that's what I'm referring to is the 40 hours that we require that they gave back and a number of them chose to give it back to the Neighborhood Network where we actually taught the class at the LaGrave Learning Center.

Patricia Moss: OK. I understand that.

Michele Higgs: You got that one?

Patricia Moss: Yes.

Michele Higgs: All right. Thank you, Margaret. Duane, is there anyone else on the line?

Operator: We now have two in the queue, a Savana Shepherd.

Savana Shepherd: Yes ...

Michele Higgs: Hi there.

Savana Shepherd: Hi. How are you?

Michele Higgs: Real good.

Savana Shepherd: Good. My question is about—it's an overall question about those that have given the healthcare services already— if there is anyone who is focusing on youth with diabetes in particular?

Linda Williams: We just recently embarked upon a program that we were starting to work with children with diabetes. It's a brand new program and, at this stage, it's still in infancy and I have not gotten all the information about how it's suppose to work here at our agency but we have started to work with adolescents with diabetes.

Savana Shepherd: What's the name of your agency?

Linda Williams: Grace Hill Health Centers in St. Louis.

Savana Shepherd: Faith Hill?

Michele Higgs: Grace Hill.

Savana Shepherd: Grace Hill. OK. Thank you.

Michele Higgs: Thanks for calling. Duane, who's next?

Operator: It is Marisa Connaughton.

Brian Franke: Yes, hi. This is actually Brian Franke. I had a question for any of the speakers about health surveys and particularly about how to ask questions and try to get the right response from residents in terms of questions about – that may be private or invade on their privacy regarding their health. How do you get around that issue?

Linda Williams: It's not easy. This is Linda again. We currently do a knowledge survey just to first find out what knowledge our participant has or resident has; just some basic questions, asking simple things about if you haven't eaten, your sugar is up, what do you usually do, just basic things and from that, we have found that if we do something on a level of that and finding out their knowledge base, that they open up a little bit more because we're actually giving them a chance to tell us what is wrong. It doesn't always work. We do try to be as sensitive as possible. We ensure them of confidentiality. However, it is a big barrier, getting people to be honest about their health.

Heather Bischoff: This is Heather. We also do something very similar and we just ask questions like, how likely would you be to attend such and such workshop or such and such program and we get a pretty good response asking questions that way.

Michele Higgs: So it's basically how you put the question to the residents that would determine what kind of response you get. You can't do straight up "do you have" kinds of things; you have to phrase it in such a way that they would be responsive?

Linda Williams: Right. Exactly.

Lisa Logan: This is Lisa at Independence and what we do usually on the survey is ask them if there's any specific health areas that they would be interested in obtaining information on such as diabetes, heart disease, stuff of that nature and that way they tell us what they want to know more about.

Brian Hinajosa: This is Brian. We kind of do the same thing when we do our surveys too, just trying to see what kind of interests them because, if not, then they're not going to come out and participate.

David Percey: OK. Thank you.

Michele Higgs: Thank you. Thank you much. Now that's an interesting question, very good question. Duane, do we have anyone else on the line?

Operator: Again, it's star one and we'll return to Patricia Moss.

Patricia Moss: OK. I have another question. I don't remember who spoke on the topic but it's about the bus service paid by the grocery stores.

Lisa Logan: I just found out about that today, Patricia. This is Lisa.

Michele Higgs: That would be Lisa, yes.

Patricia Moss: OK. Price Shoppers was one and who was the other?

Lisa Logan: Hi V was the other.

Patricia Moss: (Hi V)?

Lisa Logan: Yes.

Patricia Moss: OK.

Lisa Logan: Actually I talked to one of my residents who called me and said that they had heard about this and gave me a name and number and I called the lady and she was telling more about the program and what I'm going to do is I'm going to contact (Hi V) and (Price Shopper) and talk to the gentlemen and see if it's possible to add our property to the route.

Patricia Moss: OK. Now would it be too much to ask if I could get that information?

Lisa Logan: No. That would be wonderful.

Michele Higgs: Where are you calling from Patricia?

Patricia Moss: Monroe, Louisiana.

Michele Higgs: OK. OK. We can get the information for you.

Patricia Moss: OK.

Lisa Logan: Definitely.

Michele Higgs: Great. Great.

David Percey: I had a quick question for the speakers. I was curious to know if there is any information or educational Web sites that you refer to or you refer residents to use to learn about healthcare issues. Are there any sort of large organizations that run Web sites that you use at your center or you refer to centers or you refer to residents to use for information on healthcare issues?

Linda Williams: I couldn't hear who that question was for?

Lisa Logan: It's for any of the speakers.

Michele Higgs: It was anyone.

Brian Hinojosa Well, I refer a lot of people back to the American Heart Association Web site if they're having high blood pressure problems or anything like that because there's a lot of helpful hints on that Web site and also American Diabetes Foundation, too. They have a lot of recipes and just different information on their sites to help out from what to eat to what not to eat if they have diabetes.

Linda Williams: We work with a holistic program here, we actually use some of the materials from the American Heart Association and the Diabetes Association and we incorporated that into something very user friendly, going out even into the community and teaching about how to cook healthy and things of that sort. So we use those resources but what we try to do is encourage a person to come within the agency (Grace Hill) so that they can get the whole gamut of everything they need instead of just one thing, because we found that sometimes a person might have one issue going on with them and they could have another family member that has another issue going on with them. So we try to give them a whole gamut by getting them into our centers and

being able to go through all the programs that we have here that would help not just themselves but other family members or other neighbors as well.

Michele Higgs: Good. Thank you much. Duane, is there anyone else on the line?

Operator: We do now have two in the queue. Again, just make sure your phone's off mute. If you'd like to signal, it is by pressing star one. We'll now go to Marcelo Barron.

Marcelo Barron: Question for the speakers on the resident survey needs, specifically I'm asking about the elderly, what kind of programs do the elderly seem to mainly request? What kind of health programs?

Heather Bischoff: This is Heather. I actually have a senior site and our residents really, really benefit from having monthly clinics, health clinics, such as the blood pressure clinic, blood glucose and those sorts of things and they actually can keep a running kind of roster so that when they go to their doctor, their doctor can get a really good picture of their health throughout the month.

Marcelo Barron: What did you say at the end there? Are you saying they collect information from a variety of screenings?

Heather Bischoff: Yes. Yes. They keep a little log and the healthcare providers actually will write in the date and their oxygen level, their heartbeat, their blood pressure, their blood glucose, all those sorts of things and we offer them a different time in the month so that when they go to the doctor, the doctor gets a really good picture of their health throughout the whole entire month.

Michele Higgs: That sounds like an excellent tool so you don't have to worry about folks forgetting information or anything like that. It's already compiled for the physician's use.

Heather Bischoff: Right. Yes.

Michele Higgs: Great. Marcelo, is that OK for you?

Marcelo Barron: That's good. Thank you.

Michele Higgs: OK. Thanks for calling.

Lisa Logan: We have a multi-family housing site and we have a program called Women, Infants and Children, which is run by the state. It's also known as WIC. They're here once a week and they give nutrition and education to pregnant women of low income, to women who have given birth and are not nursing, women who have given birth and are nursing, and children under five of low income families. What they do is they come in once a month and their children get weighed and measured, see where they are on the percentiles and they receive vouchers for milk and eggs and cheese and butter, peanut butter, cereal, juice, baby food if they're on baby food, formula if they're still on formula and it's very helpful. We get about 260 participants every month.

Michele Higgs: Of your residents, you have 260 participants?

Lisa Logan: Yes.

Michele Higgs: Wow. OK.

Lisa Logan: She is always – they're here on Mondays from eight to four and she is always packed.

Linda Williams: I will have to get off the call at this time.

Michele Higgs: OK Linda. Thank you so much for calling in. Sorry you won't be able to finish up. We'll be done in just a few but thank you.

Linda Williams: OK. You – everyone have a good day.

Lisa Logan: You too. Thank you.

Michele Higgs: Talk with you again. Thanks. Well that sort of gives me a queue. Do we have anyone else on the line, Duane, with a question?

Operator: Well we've grown to three in the queue now.

Michele Higgs: Wow. OK. Well maybe we can finish up with these calls.

Operator: All right. Savana Shepherd, you're next.

Michele Higgs: Savana?

Savana Shepherd: OK. I've heard a lot about high blood pressure, diabetes, heart. Has anybody had any experience or have dealt with the mental health issues of residents?

Lisa Logan: Right now we have a lot of people who are moving on to the property who may have some mental health issues and have not been diagnosed or they have been diagnosed and they don't take their meds, when they should. We have a mental health organization that works closely with us called Comprehensive Mental Health and they have a hot line number. The Independence Police Department has also been very instrumental in helping us with those needs and we also have Research Psychiatric Facility, so they have been very, very, very helpful.

David Percey: You have developed partnerships with these agencies that help address the issue?

Lisa Logan: We do have partnerships with these agencies. Research, unfortunately, is quite a ways away from where we are. Comprehensive is closer and they do have a hot line and emergency number. Independence Police Department has also been very instrumental in helping us with this issue in order to get these people seen and get meds and sometimes they take them to a facility and keep them for three or four days and get their meds right.

Savana Shepherd: OK. Thank you.

Michele Higgs: You have it covered. You have the issue covered. Savana, was that enough for your questions?

Savana Shepherd: Yes, that was fine.

Michele Higgs: OK. Duane, I think we can take one more.

Operator: All right. Cynthia Brown.

Michele Higgs: Hi Cynthia.

Cynthia Brown: Hi. Thanks Duane. My question is and I think Linda's already gone but I think Heather had one and there was someone else. I wanted to know if we could get a copy of the health survey to use as an example because it sounds like it's a wonderful tool.

Michele Higgs: I will check with our speakers, if they will help me – let me have it, I'll be sure to get it out to you.

Cynthia Brown: Thank you.

FHeather Bischoff Yes, I would be happy to ...

Michele Higgs: OK.

Lisa Logan: Definitely.

Michele Higgs: We'll touch base with you once the call is done.

Cynthia Brown: Great. Thank you.

Michele Higgs: Can I get your name one more time, please? That was Cynthia Brown?

Cynthia Brown: Yes.

Michele Higgs: OK.

Michele Higgs: And from what state?

Cynthia Brown: South Carolina.

Michele Higgs: OK. All right. Thank you much. We'll see to it that you get that.

Cynthia Brown: Great.

Michele Higgs: Thanks Heather. Is there anyone else on the line? I've got just a few more minutes
before we close up.

Operator: We do actually. Now to Shati Gerald with – am I pronouncing that correctly?

Shati Gerald: No. It's Shati Gerald.

Operator: OK.

Shati Gerald: Hi. I'm just calling in regard to the children's cooking program that I think Margaret mentioned and I was just wondering did anyone ever think about doing something for like an after school program for the children and also who does she partner up with to do that program for the kids?

Margaret Tweten: That's a very good question. First off, I never addressed the fact that we do provide after school programs with the Neighborhood Networks also. The Camp Cook one, we really do something different during the summer months and it's during the day and they're actually doing more meal preparation with it. It is a series of six classes or five classes -- excuse me, we start Monday and we finish on Friday and so it's one weeks worth but we provide a lot of educational games and activities that go along with it as we instruct about not just the cooking but also the nutrition education aspect of it.

Shati Gerald: OK.

Margaret Tweten: I would be more than happy to share that with others if they are interested. Again, your corporate extension service is a great resource for helping you do those particular classes for you.

Shati Gerald: OK. Thank you.

Michele Higgs: OK. Thank you much. I've got just two more minutes. Do I have any other callers?

Operator: It's Beth Visnich and that's the last in the queue.

Michele Higgs: OK. Thank you much. We'll squeeze that in real quick. Hi Beth.

Beth Visnich: Hi. This is Beth Visnich. I'm from Pennsylvania. I was just wondering if that health survey is going to be available to everyone that's listening today.

Michele Higgs: Sure. If you wish to have it, I will put your name as someone who wants to get the health survey.

Beth Visnich: Absolutely. Thank you.

Michele Higgs: I'll get it to you. Let me just get the correct spelling of your name please.

Beth Visnich: It's V-I-S-N-I-C-H.

Michele Higgs: S-I-C-H, OK, got it.

Beth Visnich: All right. Thank you.

Michele Higgs: Thank you much. OK. I'm going to say thank you to everyone. I'm going to say thanks to Heather, Margaret, Brian, Lisa, and Linda. Thank you so much for joining us today. Clearly, we got a lot of good information and we got a lot of good questions that's always an indicator of a lot of good information. Thank you so much. Thank you so much for calling in, all of you.

This is our last call for the 2007 fiscal year and we look forward to having you join us for the next round of conference calls. We appreciate your time, your attention and your contribution to this process. Just watch your mailbox for notices of the upcoming call, which will take place in October.

I want to remind you of resources that are available to you through the Neighborhood Networks Initiative, aside from the Neighborhood Networks information line, which is 888-312-2743; you'll find numerous resources and information on the Neighborhood Networks' Web site at www.neighborhoodnetworks.org. If you had a question that did not get addressed on the call, please post it to the online message board. Technical assistance staff will see to it that your question gets attention.

Again if you have any questions about Neighborhood Networks, please ring the Neighborhood Networks' information line at 888-312-2743, post a message on the online message board or visit the Web site, www.neighborhoodnetworks.org.

Once again, I extend my thanks to Heather, Margaret, Linda, Lisa, Brian and David. Thanks to all of you for calling in today. Take good care. We'll talk to you next time.

END