

2017
Barriers to Accessing Health Care
IPC 3 Week 8 Small Group
Facilitator's Guide

Three of the IPC lectures this week dealt with “Barriers to Accessing Care” and “Health Disparities.” The purpose of today’s small group is in part to help participants understand some of the challenges low income families face, and how these challenges can impact access to health care and the ability to comply with medical recommendations.

It is hoped that through this process it will become clearer how our actions as health care providers (such as prescribing a costly medication instead of a less expensive one) can have huge implications in terms of whether a patient is actually able to follow our recommended course of treatment. It also highlights how health care policy decisions (such as those governing Medicaid criteria or impacting components of the ACA) can impact individual patients.

SMALL GROUP OVERVIEW (more detailed directions below)

PART ONE: ~60 minutes (two 30 minute scenarios) “What are your priorities?”

- Break into two groups
- Have students read Scenario #1
- Students work together to complete the list of priorities/reasons/trade-offs
- Discussion of Scenario #1 with the whole group together. Both groups will present their choices and thought process.

- Repeat with Scenario #2

PART TWO ~60 minutes “Bus Map” Exercise

- As a single group go through Scenario #3 (which is a different format and will take longer). It involves the challenges faced by an uninsured woman trying to obtain follow up for an emergency room visit. Have the students read through the scenario, stop to discuss or to carry out an activity as indicated.

Both parts of today’s small group exercise involve student discussion. At times the students are asked to speculate on things to which they may not know the answer (such as whether an individual would be covered by Medicaid) this is okay, as the purpose is in part to think through the reasoning behind why someone should or should not be covered. As facilitator, you will be given additional information as “ **DISCUSSION POINTS**” that you can use to help guide the group to the correct answer, or through a thought process, **after** they have worked out as much as they can on their own.

The scenarios also involve quite a bit of reading. Consider having the students take turns reading out loud as it seems to facilitate the group process and keep them engaged.

PART ONE: What are your priorities? SCENARIO #1 and SCENARIO #2
Facilitator Instructions:

In this exercise students will address “setting priorities” when a family’s resources are limited. (See Student instructions-next 4 pages)

- As a full group, read Scenario #1 out loud.
- Divide into two groups.
- For each group of four, one student should be the scribe.
- Have them work together as a group to decide what their priorities would be if they were in this setting.
- The scribe should complete the list of priorities and document the group’s reasoning, and the tradeoffs they would have to make. Guide them through this process if necessary. They should discuss the pros and cons and factors to consider in selecting any of the options listed. They need to come to consensus.

Then the two groups will come together to discuss their choices and thought process.

 **DISCUSSION POINTS for SCENARIOS #1 and #2 (provided to facilitators only to help guide discussion):**

If the discussion with the group as a whole needs some direction, consider the following:

- **What were the biggest tradeoffs that they had to make? Where did they feel that they most had to compromise?**
 - **How would the family’s situation change if they had more financial flexibility?**
 - **If the students were personally in this scenario what resources might they have available to them that were not available to the family in the scenario? (Family or friends who could lend them money if needed? Good credit that would allow them to borrow money at a reasonable rate when necessary? Family or friends who might be able to help with child care? Someone who could lend them use of a car?) We often take such resources for granted.**
 - **Things students might not be aware of: having utilities shut off is often associated with a reconnection fee (\$75 for electric, \$25 to \$50 security deposit for phone). In addition to the added cost, this also affects a family’s credit.**
 - **If the groups differed in the priorities selected you might point out that reasonable individuals often have different priorities.**
 - **If they chose not to get their child in for immunizations or to keep their doctor’s appointment how might the clinic, their doctor, or others view their decision?**
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PART ONE
Instructions for Students
What Are Your Priorities?
Scenario#1

It is 1:00 p.m. on Monday. You and your husband have a one-year-old baby, Chris.

Your husband was working as a convenience store manager, but was recently laid off because of a store closing. Your family receives \$250 per week in unemployment. You are in school, and you have one year left before graduating with a teaching degree. You will have to begin your student teaching in one month, and you already have a placement.

You and your husband are both looking for work. You could work retail at night, but you can't find childcare in the evenings. Currently, however, your husband can watch Chris much of the time. Your husband is trying to find a job that pays as well as the convenience store (\$25,000 per year) but is not having much luck.

You share a car. Your husband has it most days for job hunting. You use public transportation to get back and forth to school. Your daytime daycare provider is working with you because your husband was just laid off. You owe the daycare center \$220 for the last two weeks.

You have not paid the utilities or credit card bills this month and they are 2 weeks overdue.

You have several matters to take care of today (Monday) and tomorrow.

You will not be able to take care of personal business or appointments at all this week from Wednesday through Friday, because you have two exams coming up and a paper due in school. Your husband has a job interview out of town so he will not be available to care for Chris.

1. The phone company turned off your service because you didn't pay the bill. They will turn it back on if you pay your balance in full plus a \$50 security deposit.
2. Tomorrow (Tuesday) at 9:00 a.m., Chris has a clinic appointment. It has been scheduled for 2 months, and he will be getting an immunization. The doctor's office called to remind you that it is important to be there. Clinic visits typically take 3 or 4 hours.
3. You were just offered a job, 4 evenings per week and one weekend day. You will be making collection calls from your home for \$7.70 per hour plus bonuses. You must come in Wednesday at 4:00 for training if you want the position.
4. You are supposed to observe two teachers "in the field." You have appointments for Wednesday and Friday mornings. This counts for 25% of your pre-student-teaching grade.

Your challenge:

Realistically, you can only accomplish 3 of the tasks below (and that is if you are lucky). You do not have enough money to pay both the utility bills and the baby sitter. What tasks do you choose, in what order and why? Please use the attached worksheet to list your answers.

Your tasks:

- Go pay the utility bill and phone bills.
- Go to Chris's clinic/immunization visit.
- Go to work to earn extra money.
- Observe two teachers in the field on Wednesday or Friday.
- Pay the daycare provider a portion of what you owe.

Your choices:

Number (in priority order)	Your Choice	Reason	Trade-Off You Made
#1			
#2			
#3			

PART ONE
Instructions for Students
What Are Your Priorities?
Scenario# 2

It is Tuesday morning, you are at work and you have many things to do this week.

You are a single parent with a twelve year old, Keith.

You pursued training as a transcriptionist for health care providers. You finally found a full time job at \$7.85 per hour, which is higher than the new minimum wage of \$7.70. You clear \$540 every two weeks. Through work you will be eligible for health care coverage and sick pay after six months but you just started working last month. A long time ago you had Medicaid, but have not been covered since around 2005 because of the State budget cuts. With implementation of the Affordable Care Act, you went in to apply for coverage, but were told that since Missouri has not expanded Medicaid and because you are under 100% of the poverty level, you are not eligible to receive any free or subsidized health insurance. Subsidized insurance is available to individuals who are between 100% and 400% of poverty level. Because you earn \$540/year below the poverty line, you are not eligible for subsidized insurance through the exchanges. You are looking forward to having insurance through work in another 5 months.

You missed half a day of work last week because Keith was receiving an award at school and parents were invited.

You have a car, but it is not working. To repair it would cost \$475 up front to the mechanic. You must travel more than 40 minutes to get to work, and your neighbor will take you if you provide \$20 for gas.

You are having recurring pain in your abdomen, which you treat with pain relievers. Lately the pain has intensified, and you find it difficult to concentrate or function comfortably.

Your next paycheck is at the end of next week.

You have several matters to take care of:

1. It is beginning to get cold out, and on Saturday, you received a disconnect notice from the electric company. You called them this morning, and they will accept \$360 to keep your electricity on. (You owe \$600 but they will give you an extension on the remaining amount.) You must pay the electric company by tomorrow, or your service will be turned off on Thursday.
2. The abdominal pain was so intense last week that you made a doctor's appointment for tomorrow (Wednesday) at 9:00 a.m. Because you have no health insurance, they want \$60 in advance before they'll treat you.
3. Your supervisor has asked you to go to another site tomorrow to fill in for a transcriptionist who is out sick. You will need to find someone else to give you a ride there, because your neighbor can't do it. After paying someone for transportation, this would provide you an additional \$50 this pay period..
4. Keith is having a school field trip this Friday. Last month, you agreed to go on the trip as a chaperone. At that time, your supervisor said you could have the day off, without pay. You haven't reminded her about the day off, and Keith is very excited about the trip.

Your challenge:

Realistically, you can only accomplish 3 of the tasks below (and that is if you are lucky). You do not have enough money to both repair the car and pay the electric bill. What tasks do you choose, in what order and why? Please use the attached worksheet to list your answers.

Your tasks:

- Go pay the electric bill.
- Go to the doctor.
- Fill in at the other work site.
- Go on Keith's field trip.
- Repair the car.

Your choices:

Number (in priority order)	Your Choice	Reason	Trade-Off You Made
#1			
#2			
#3			

PART TWO: GROUP EXERCISE AND DISCUSSION

Scenario #3

Facilitator Instructions: Have students work through this scenario as a single group. To help them stay engaged, consider having them take turns reading each section out loud. The scenario is based on events that happen regularly and that providers are often unaware of.

Tell students not to turn ahead. The student handout has a page break after each discussion section. Discussion should take place before they go on to the next page.

The full text of the scenario is listed below. Areas titled “**DISCUSSION**” and “**ACTIVITY**” are listed in the student’s handout and signal that the group should stop and address the question or activity listed. “**DISCUSSION POINTS**” are in the facilitator’s guide only and are to help direct discussion when needed.

You are a single parent of two daughters, four-year-old Kayla, and seven-year-old Kaitlin. You have asthma, which requires ongoing regular use of inhalers, and have frequent exacerbations.

For the last three years and half years you have been working up to 35 hours a week at Wal-Mart. Two years ago you got a fifteen cent per hour raise when Missouri minimum wage increased from \$7.50 to \$7.65 /hr and on Jan 1st of this year, there was another increase in Missouri minimum wage and you are now earning \$7.70 an hour. This has allowed you to take home an additional \$20 or so per month and on months when you can work a full 35 hour week, you now earn \$1,151 per month before taxes, (this is still \$546/month under the poverty guidelines for a family of three). Recently they have been cutting back everyone’s hours at work and last month you only brought home \$945. You have no work-related health insurance or benefits because you are not considered full time (you have averaged less than 30 hours/week over the last year.) Your girls are covered by Medicaid.

DISCUSSION:

On the basis of this individuals income, her status as a single parent, and her chronic health problems, is she currently eligible for Medicaid in the State of Missouri? (Decide and discuss as a group).

Why?

She is not eligible because her diagnosis of asthma does not qualify her for disability status, and though parents of minor children potentially are eligible for Medicaid in Missouri, she exceeds the current income guidelines for obtaining Medicaid as a working parent.

DISCUSSION: This individual's income is approximately 56% of the federal poverty guidelines for a family of three. Currently in Missouri, working parents from a family of three are eligible to receive Medicaid if their family income is: (Discuss and make your best guess as a group)

- A. less than \$323/month
 - B. less than \$480/month
 - C. less than \$740/month
 - D. less than \$852/month
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The answer is \$323 per month. Missouri working parents are eligible to receive Medicaid only if they earn less than about 19% of poverty guidelines or ~\$323 per month for a family of three, or \$257/mo for a family of two. (\$3,879 and \$3,085 per year respectively)

DISCUSSION POINTS – (this information is provided to facilitator only):

- **Current Medicaid guidelines in Missouri provide Medicaid coverage for parents of minor children only when family income is under about 19% of the poverty guidelines, one of the lowest cutoffs in the country. In 2016 the poverty guideline for a family of three is \$20,420 per year (\$1,701 per month).**
- **Currently adults who are not parents are generally not eligible for Medicaid unless pregnant or disabled with limited income.**
- **State guidelines regarding Medicaid eligibility can have a huge impact on who is covered. Medicaid guidelines vary by state and in Jan 2016 for the 19 states that have not expanded Medicaid the median Medicaid income eligibility nationwide for parents was 44% of the federal poverty guidelines. The range was 18 % in Texas to 143% in Alaska (compared to Missouri at 19% (Kaiser Commission on Medicaid and the Uninsured, April 2015 fact sheet)). In states that chose to expand Medicaid as part of implementation of the Affordable Care Act (ACA), individuals who earn up to 138% of poverty level are currently eligible to receive Medicaid. In all states individuals who earn between 100% and 400% of poverty level are eligible for subsidized health insurance (amount of subsidy based on a sliding scale depending on income) through “health insurance exchanges.” Undocumented individuals as well as individuals who are here legally but have not been in the States for 5 years, are not eligible for Medicaid in any state. Missouri is among ~19 states that have chosen not to expand Medicaid at this time. This individual is not eligible for Missouri Medicaid and will not be able to get subsidized coverage through the exchanges because she is under 100% of poverty level--subsidized coverage through the exchanges are only available to individuals between 100% and 400% of poverty level). Individuals under 100% of poverty level from states that are not expanding Medicaid essentially have no new options for health insurance coverage. As the Affordable Care Act is modified or replaced under the current administration, we can anticipate that eligibility for coverage will change considerably.**

Your girls are covered by Medicaid, but you have not had health insurance for the last 10 years. Without insurance, you have not been able to regularly afford your asthma medications. You often “stretch them out,” saving them for when you have severe symptoms. You have not been seeing your doctor regularly because of cost. Twice during the last three months you have had to go to the emergency room because of problems with your asthma.

Over the last week you have developed a cough and on Saturday evening you became so short of breath that you went back to the emergency room. You are worried about the cost of the visit, and already owe the hospital over \$1,500 from previous emergency room visits. You are working with the financial assistance program at the hospital and are hoping they will be able to reduce your bill.

DISCUSSION:

55% of ER visits are not emergencies or urgent and would be treatable in a primary care setting. What are some of the reasons that individuals might go to an emergency center for a non-urgent health issue?

DISCUSSION POINTS (this information provided to facilitator only):

- 1. Under federal law, ERs in hospitals that take Medicare (most do) are required to screen and stabilize patients regardless of ability to pay. (For uninsured patients it is often the only guaranteed way to enter the Health Care system.)**
- 2. ERs are convenient. They are always open “after hours.” Getting care in the evening might eliminate the need to miss work during the day.**
- 3. Primary Care clinics are at times overbooked and unable to see patients quickly when they are sick.**
- 4. After the 2005 Missouri Medicaid cuts, a study of patients who lost coverage found that 38% of them planned to receive care in the ER when needed. It is likely that if changes in the Affordable Care Act result in an increase in the number of uninsured Missourians that ER utilization for non-emergent issues will increase.**
- 5. Both uninsured and publicly insured patients disproportionately utilize the ER relative to privately insured patients, most likely because of the issues listed above.**
- 6. Patients who do not have a “medical home” are more likely to use the ER for non-emergencies.**
- 7. Clinics that are specifically set up to address the health care needs of uninsured often require a balance of paying patients and uninsured. Most Federally Qualified Health Centers (FQHCs), which are set up to provide care for underserved, can only sustain ongoing services when 40% or less of their patients are uninsured. At the local FQHC (Family Health Center) currently patients can be seen very quickly, but at times there has been up to a 10 month waiting time for a new uninsured patient to get an appointment. They have a special arrangement with the local hospitals to prioritize ER follow up visits.**

For additional discussion regarding limitations of emergency room care:

The care that can be received in emergency rooms is often limited. A patient with cholelithiasis and recurrent gall bladder pain may be seen repeatedly in the emergency room for abdominal pain, but be unable to schedule follow up surgery without paying in advance for a “non-urgent” procedure. They may only be able to obtain surgery when becoming acutely ill- when mortality rate may be as high as 10%. ERs generally do not provide preventive services, and often cannot provide full diagnostic services. Patients seen in ER may be referred to a specialty clinic for further evaluation but be unable to schedule follow up without paying in advance.

The emergency room provider did a chest x-ray and a breathing treatment. You were told that you had pneumonia, and were given prescriptions for an antibiotic, a new inhaler, and some oral steroids to take over the next week. You took your prescriptions to the local all-night pharmacy. Costs of your medications at the local 24 hour pharmacy were as follows:

Albuterol inhaler (refill)	\$69
Flovent Inhaler 110mcg (an inhaled steroid)	\$255
Oral Prednisone (10mg, #60 tabs)	\$11
Levofloxacin (750 mg #5)	\$130
Total cost ~\$465	

You are only able to afford the oral prednisone. By Monday you are quite sick.

Consider: You were given a prescription for a Levofloxacin which cost \$130. Other antibiotics that potentially could have been prescribed to you for treatment of community acquired pneumonia:

- **Combination therapy with high dose amoxicillin and a macrolide such as azithromycin. Cost at the 24 hour pharmacy: ~\$40 for both, at other pharmacies through \$4 med lists and pharmacy discounts they could be obtained for ~\$16 for both.**

Alternatively if the provider had given you a coupon available through the GoodRx.com website (an interactive website that provides free coupons and information on the least expensive place to purchase medications locally), you could have saved \$94 dollars on the Levofloxacin prescription at the 24 hour pharmacy or could have obtained it the following day for \$4 total at a local supermarket pharmacy.

The emergency room told you about the local Federally Qualified Health Center (FQHC), where you might be able to receive care on a sliding scale, and where you might be able to get medications at a reduced cost. You call the Health Center first thing Monday morning. Because you are being referred from the emergency room, they are able to schedule you for an appointment (otherwise it could be much longer before you would be able to be seen as a new uninsured patient). The clinic had a cancellation and there is an opening at 10:20 this morning for an “ER follow- up” visit. They explained that they would not be able to deal with chronic health problems because of the limited time slot available but that they could see you for follow up of your emergency room visit and help with

management of your probable pneumonia. They may be able to help you get your medication. You need to bring in documentation of your income and you will be required to pay at least \$20 at the time you are seen.

DISCUSSION:

What are some of the challenges you might face in making it to the Health Center this morning?

⊗ **DISCUSSION POINTS (provided to facilitator only):**

- 1. Transportation. How do you get to the clinic?**
 - 2. Taking time off work, related loss of income, poor reflection on you as a worker**
 - 3. Child care: Do you take 4 year old Kayla with you? Will you be home in time to meet Kaitlin's bus from school at 4:15?**
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You normally work from 8:00 to 3:00 and get a ride to work from a coworker. You share gas costs. Kayla, your four-year-old, usually spends the day with your neighbor, whom you pay for child care. You meet Kaitlin after school at the school bus stop at 4:15.

You have a friend who could give you a ride to the clinic but she works in the mornings and the only clinic appt available was at 10:20. You call in to take the day off work. This is the second day you have had to take off work during this pay period because of your illness. You will lose \$123 in pay because of this missed work time.

You will need to take public transportation to get to the clinic. You live in the trailer court on Vandiver across from the Resource Center. The Federally Qualified Health Center (FQHC) is on the corner of West and Worley in the same building as the Columbia/Boone County Department of Public Health and Human Services.

ACTIVITY:

Break into groups of two to three and use the Columbia Transit Maps to figure out what buses you need to catch to get you to the Community Health Center by 10:20. You do not have internet access at home and do not have a smart phone so you are unable to use the CoMoConnect phone app.

⊗ **BUS ROUTE (given to facilitators only)**

There are several routes that you can take. One possibility: Catch Brown Route #3 at the Resource Center at 9:40 going east. Arrive at the Whitegate and Sylvan connection point at 9:45. Catch the Gold Route

#2B (which goes counterclockwise, heading west) at 10:00 and arrive at the clinic (marked as the Health and Human Services Department) at 10:15.

DISCUSSION:

The bus route is somewhat difficult to figure out. What things might make it even more challenging?

DISCUSSION POINTS (this info given to facilitators only):

1. *Marginal literacy skills*
2. *Poor mastery of English*
3. *Cognitive Limitations, or Learning Disabilities*
4. *Bad weather/snow routes/Saturday schedule*
5. *Problems with visual acuity or color blindness*
6. *Mental health issues like panic attacks, anxiety or hearing voices can make it challenging for some individuals to actually RIDE the bus. (The counselor at the Federally Qualified Health Center has indicated that this is an issue that impacts the ability of her patients to make it to their appointments)*

So that you can save on the expense of child care, you decide to take 4 year old Kayla with you. You make it to the Whitegate and Sylvan connection point okay and wait 15 minutes for the Gold Route 2B bus. There is a mechanical problem with the bus however and you end up having to catch the following bus which does not leave the Whitegate and Sylvan stop until 10:30. You arrive at the clinic at 10:45 and it is 10:50 by the time you get to the desk to check in.

The front desk tells you that because you are late, you will need to reschedule.

So how are you feeling right about now?

DISCUSSION:

It is cold outside. You are sick. Your four-year-old daughter has been in transit for over 2 hours and is getting fussy. How would this scenario have been different if:

- a) You had health insurance that would have helped pay for your medications? (Discuss)
- b) You had been able to regularly see your doctor? (Discuss)
- c) The Emergency Room doctor had prescribed less expensive medications or given you coupons or samples? (Discuss)
- d) You had a reliable car? (Discuss)
- e) Your finances weren't so tight and you could afford to pay for daycare for your daughter, and not worry about missing work? (Discuss)

The provider agrees to see you but indicates that you might have a long wait since they will have to "work you in" since you were late. You are asked for a

\$20 payment for the visit, and told you need to bring in your last three pay stubs or last year's income tax form so that you can receive services on a sliding scale.

At 12:30, you are seen by one of the providers. You receive another breathing treatment, and based on the emergency room x-ray report and your clinical exam, they decide to treat you for pneumonia. You are told that you will be able to receive some of your medicines through a discounted medication program available to patients who receive care at Federally Qualified Health Centers. Through this program you can get Levofloxacin for \$8 instead of \$130; a steroid inhaler for \$8 instead of \$245; and an albuterol inhaler for \$8 instead of \$69. With the discount program all of your remaining medications will cost \$24 instead of \$444.

To get the discounted rate, you need to have them filled at Kilgore's Pharmacy on Providence just south of Wilkes. It is now a little after 1:35. You need to pick up your medications, and get home before Kaitlin gets off the bus at 4:15. The social worker at the clinic helps you figure out the bus route that you need to take to get to the pharmacy and then back home.

The next bus you can catch is at 2:00. You are worried that you might miss it so wait for 25 minutes with Kaylan at the bus stop which is partially covered but very cold. You catch the 2:00 bus in front of the clinic and head east, getting off at Providence. You and Kayla walk 3 blocks north to Kilgore's pharmacy and fill your prescriptions. Kayla has not eaten but there is no place to buy food nearby and it is cold, so you spend a dollar to buy her a candy bar. The pharmacy fills your prescription quickly and you are able to walk back to the Gold route bus on Worley and just manage to catch the east bound bus at 2:35. You take the bus to the Whitegate Sylvan connection where you were this morning, arriving there at 2:45. Though it is only a 5 minute drive from there to your home, the Brown bus route travels in only one direction. After waiting in the cold for 20 minutes, you and Kayla catch the 3:05 bus on Brown route #3, and it circles north of town in a big loop eventually bringing you back to the Resource Center across from your trailer court. You arrive home at 3:40.

In spite of being ill, you have been able to get to the clinic and back and to purchase your medication, and have gotten home in time to meet seven-year-old Kaitlin at the bus stop. You have been gone 6 hours and have spent over 3 hours waiting for buses, transfers, and to be seen in clinic. Your 4-year-old daughter has been with you the whole time

DISCUSSION:

What are the financial implications of your asthma exacerbation?

List as many of the costs as possible for both you personally, and in a larger sense.

⊗ COST SUMMARY:

(Given to facilitators only, small group should tally this info on their own)

Personal Financial Cost

<i>Missing two days of work</i>	<i>\$123</i>
<i>Cost of medications</i>	
<i>Prednisone</i>	<i>\$21</i>
<i>Albuterol (reduced price)</i>	<i>\$8</i>

<i>Levofloxacin(reduced price)</i>	<i>\$8</i>
<i>Steroid inhaler(reduced price)</i>	<i>\$8</i>
<i>Co-pay at Community Health Center</i>	<i>\$20</i>
<i>Bus fare</i>	
<i>Adult one way fare x 2</i>	<i>\$3</i>
<i>Children free</i>	<i>--</i>
<i>Candy Bar</i>	<i>\$1</i>
TOTAL:	\$183

(Plus whatever you end up paying on the Emergency Room bill)

Cost to Hospital

*Emergency room visit
Chest x-ray*

(Though you are trying to pay off your hospital bill, in all likelihood, you may have difficulty doing so, and it is likely that at least a portion of the ER changes will be uncompensated care for the hospital)

Cost to Employer

Absences from work can often be costly to an employer if they need to pay someone overtime to work the hours missed.

Other Costs

*Cost of subsidized care received through Family Health Center.
Federal subsidy of medication cost to the pharmacy for discounted medications
Potential deterioration of relationship between patient and employer because of missed work.*

ANY ADDITIONAL DISCUSSION?

CREDITS:

The "What are your Priorities?" scenario is modified from a curriculum called "When Creditors are Predators", which was jointly developed by Brenda Procter, MU Extension Specialist in Personal Financial Planning, and Robin Acree, Executive Director of GRO-Grass Roots Organizing.