

ACH Meeting Minutes – 8/21/14

Attending: Amina Suchoski, Blake Rose, Blanche Barajas-Garcia, Carol Moser, Delphine Bailey, Dr. Amy Person, Dr. Larry Jecha, Ed Thornbrugh, Emily Buechler, Gail Price, Ginnie Folan, Harvey Crowder, Jon Smiley, Jorge Riveria, Judith Gidley, Kathy Story, Troy Wilson, Kevin Michelson, Martha Lanman, Monty Knittel, Rebecca Sutherland, Samantha Bowen, Steve Burdick, Tim Meliah, Tracy Manderville, Wes Luckey, Les Stahlnecker, Leta Travis, Lori Brown

Benton Franklin – Responses

Kadlec – Given CHNA priorities, focused on obesity issue. Recommendations given to an internal task force, which are being reevaluated each year to check progress. Looking in-house for employee needs, and making great progress in smoking and weight/fitness. Employees get points off on medical insurance, looking at in house and community at large, with the EMR they know and can track lean body mass, at least the population served by Kadlec.

Amy – not as much evidence based info available, overlap with mental health on things like obesity, demographics problems with obesity from ECEAP/Head Start to the elderly population,

Walla Walla – Responses

First CHNA used the MAPP (Mobilizing for Action Through Planning and Partnerships) also. Painful due to the lack of resources so it took a long time to conduct. Used a series of community meetings and did surveys for Forces of Change Assessment. Community voted on highest priorities at various public locations including Farmers Markets, City Library, Airport, Health Department. Laid up priorities against best practices:

Nutrition & Physical Activity	Diabetes, Hypertension
Teen Pregnancy & STDs	Looking at schools to intervene early
Access to Mental Health care	Outsourced Behavioral Health to large, capable provider

Cultural change over time for population based results, small victories ie. Bike lanes, Teen pregnancy rates decreasing, in a 5-10 year window of have we made a difference by expanding the healthcare "system" and help from United Way. Ability to change culture is biggest barrier to improving health and city design as there are lots of great best practices for the interventions.

Not looking at moving the needle, but looking for small victories. On second CHNA, still using MAPP but a very compressed planning approach.

Hospital/Clinics responses –

Walla Walla General - Mental health a huge need, tying into the contributors to heart disease by providing classes on healthy eating, employee health. Second year of engaging employees in healthy behaviors which has helped control expenses.

Providence – Great County Public Health leadership. They used MAPP process used as well and identified mental health as an issue. Also, looked at youth at risk – dangerous patterns linked back to kids who weren't graduating, dx reasons. Started the Lincoln School Health Center as a result of assessment.

The HD and hospitals share data to look at population health.

How connected is the community to the efforts of the CHIP/CHNA? The community is engaged, in general people don't know what to do until something goes wrong. Have a community council which is a great model for community change. Blue Mountain Action Council brought in as a facilitator to look at the behavioral health issues. Individual providers get engaged on specific needs, pediatric mental health, getting ready for adult medicine, gangs and ECEAP tattoo removal program, results are seen later.

The community is very willing to help and is very engaged.

Columbia County – responses

John impressed with relationship between hospital/hd. One event each month for a year. Great response, health and wellness at the forefront of community. Martha working with hospital and RHCs on medical homes. Population comes to clinic more than hospital, haven't been able to address mental but are working with board toward addressing MH.

Close relationship to work between Hospital/HD on CHNA/CHIP. Hospital providing funding for projects, small hospital lacks dollars as well but people are willing to take on new tasks.

Events are very well attended. Coalition for youth and family – breakfast provided 15-20, Columbia Cares 10-15, both coalitions have been around for 5 years, womens' health event had a large attendance at theater, set up at drug store for Diabetes Day, people came through got info and came back, surprised at interest. Put up billboard for all events featuring local people, relay for life – pink socks for football players/student athletes, to make kids aware of health.

Starbuck? – They are on committees, keep them informed so that they can be involved, gone out to school.

Garfield – responses

Americorp volunteer that was there for 1 yr, did a great job, helped get the assessment completed,

Population in school age kids is decreasing, reduction in teachers, collaboration is difficult. Have lots of town hall meetings but no plan emerges to carry forward. Lack of resources and have difficulty working with the hospital. Population and school age kids is dropping.

United/Molina/AmeriGroup – feedback

United (Amina) currently contracting at county level, will be moving to regional level, MCOs could try to help on the resource side for small communities by helping the health district to bring people together. Worked in Snohomish to bring stakeholders together, did outreach and follow-up and community coordination. Can take active role to partners by regularly involving themselves in the community. Want to contribute to community through regular involvement and being there.

Molina (Jorge) has done a lot of work with coalitions. Reorganizing focus because communities are different, want to be seen as more than a claims processor, want to be engaged, integrating into community coalitions. Have a case management team that is integrated with the providers. Actively measuring outcomes of interventions. Prevention is the key. When community doesn't understand the system, Molina tries to help them through events, education. Managed care is about wellness, partner with us to improve overall health of population, take holistic approach to healthcare, outreach to those communities that have a hard time understanding the system. Want to be seen as a community resource and understand the needs of each community. Believe in working with the providers continuously. Jorge has B-F-WW-Y Have actual measurements of things that are working in communities. Interested in being in the school, works closely with Pasco school system. Have 15 years of claims data that they could access to help us understand population health issues. Working hard to integrate MH with physical Health. Need to improve integration in schools.

AmeriGroup (Blanche) focused on reaching out to educating the community, and partnering. Similar philosophy to United and Molina. (new to job, but willing to be engaged)

Pain Points (Steve)

All 3 MCOs have created more barriers to placing patients in skilled nursing facilities, becoming increasing difficult and increasing costs to hospitals

(Molina working on changing prior authorization processes and policies)

Community Action Connections/Blue Mountain Action Council

Goal of Action Councils is to prepare people to exit poverty, advocacy, letting community know what it is like to live with less, advocated for hydropower as renewable resource. CAC has 4 homeless housing programs; 2 major issues for people in poverty, housing and medical. Premature death rate for poor people higher than people with more income; social determinants of health have twice as much effect on health as having health insurance. Poverty makes it harder for parents to be engaged with school system.

(1 hour 40 minutes)

Community Based Measures: Wes Luckey presented a comparative chart between all six counties for population, demographics, poverty rates, income, education, free and reduced lunch for the year 2012.

Greatest and Smallest Population Growth (2000 and 2012)

- Benton: 23%
- Franklin: 59%
- Columbia: 0%
- Garfield: -6%

Highest % of Age Demographics

- Franklin County: 0-4 years 11%
- Franklin County: 5-17 years 24%
- Columbia: Over 65 years: 23%
- Garfield: Over 65 years: 24%

Overall Race Demographics

- White population 91.1%
- Black population 1.7%
- Other races combined 3.7%
- Mixed race made up 3.4% of the population

Greatest and Smallest % of Veterans

- Columbia County: 14.2%
- Franklin County: 7.0%
- ACH Wide: 11.0% veterans (slightly less than the statewide average of 11.6%)

Poverty - Overall Rates

- ACH Wide: 51,905
- ACH Wide: 22,017 under 17 years

Highest and Lowest Poverty Rates

- Walla Walla County: 18.7%
- Benton County: 13.0%.

Poverty Rate Increase 2000-2012

- Walla Walla: 5%
- Benton County: 3.5%
- Columbia County: 2.5%
- Asotin County: Decreasing by 0.1%
- ACH Wide: 2.9%
- Nationwide: 4.6%

Households in Poverty

- ACH Wide: 16,304 households, or 13.5%
- Statewide: 11.7%

Lowest and Highest Rates: Seniors in Poverty

- Benton County: 5.8%
- Columbia County: 14.6%.
- ACH Wide: 3,248 seniors, or 8.1%
- Statewide: 7.9%

Unemployment Rate - May 2014

- Walla Walla: 5.9%
- Columbia County: 9.1%
- ACH Wide: 7.0%
- Statewide: 6.1%.

Employment: Five-Year Unemployment Rate Drop (May 2010 – May 2014)

- Asotin: -4.4% in Asotin County
- Benton County: -1.1%
- ACH Wide: 7.1 % to 5.5%
- Statewide: 9.7% to 5.4%

Education Attainment Rate – Highest and Lowest

- Benton County: Bachelor's degrees 17.8%; Graduate or Professional degrees 10.8%
- Franklin County: No high school diploma 30.3%

Estimated Adults over 16 with Low Literacy Rates 2003

- Garfield: 8%
- Franklin County: 34%
- Statewide: 10%

Residential and Business Vacancy Rates 2013

- Columbia: 6.3% - highest residential rate
- Franklin: 12.3% - highest business vacancy rate
- ACH Wide Residential: 3,050 or 2.2%
- ACH Wide Business: 1,235 or 10.5%

Median Household Income

- Asotin: \$42,305
- Benton: \$60,300 in Benton County

Per Capita Income

- ACH Wide: \$24,880
- Statewide: \$30,661

Nutrition: Free and Reduced Lunch Program

- Benton County: 45.4%
- Franklin County: 72.2%
- Nationwide: 45.8%
- ACH Wide: 54.7%
- Statewide: 44.3%

Households Receiving SNAP

- Garfield County: 4.3%
- Franklin County: 20.9%
- ACH Wide: 15.1%
- Statewide: 12.5%