

# GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

## Leadership Council Meeting Minutes

Thursday, March 19, 2020 | 9:00 AM to 11:30 AM

*Teleconference ONLY*

Board Member: *Italicized*  
Name\*: Called-in

ATTENDANCE			
GCACH Leadership Council Attendees	Angela Gonzalez	Brittany Free	Cheri Snowwhite
	Christina Rodriguez	Courtney Armstrong	<i>Dana Oatis</i>
	Deb Watson	Diane Campos	Elizabeth Rice
	Hayley Middleton	Hazel Kwak	Jeremy Wakeman
	Joel Chavez	Jorge Rivera	Jose Unknown
	Joyce Newsom	<i>Kendra Palomarez</i>	Kirk Williamson
	LeAnn Turnbull	Marcia Baden	Matthew Kuempel
	Minnie Smith	Myrna Ridenour	Nicki Kidder
	Norma Soto	Patrick Jones	Penny Bell
	Raquel Moore	Rep Matt Boehnke	Rob Devens
	Sara Clark	Sarah Lehr	Shauna Banner
	Theresa Adkison	Viktoriya Broyan	Virginia Janin
	Whitney Garrison		
	GCACH Staff	Becky Kolln*	Carol Moser
Diane Halo*		Jenna Shelton*	Laurel Avila
Lauren Noble		Martin Sanchez	Rachael Guess*
Ruben Peralta		Sam Werdel*	Wes Luckey
MEETING PRESENTATIONS & REPORTS			
Welcome & Introductions (Patrick Jones/ Carol Moser)	<p>Patrick Jones of Eastern Washington University (EWU) welcomed the group and opened the meeting with introductions. There were 39 individuals in attendance (either in-person or calling in).</p> <p>Find this meeting audio by visiting here: <a href="https://youtu.be/XJs_hTpu-bo">https://youtu.be/XJs_hTpu-bo</a>.</p>		

**Thank you for your engagement with GCACH!**

Carol Moser, Executive Director of GCACH, spoke to the approach GCACH is taking to address the Covid-19 pandemic. This includes a compiled a list of resources for healthcare providers to reference.

Lauren Noble, Marketing Manager of GCACH, reviewed the document which can be found here:

[https://gcach.org/apps/website\\_resources/record/44391d07601acb004cb5c40af8e3d3d5/covid19resourcesword.pdf](https://gcach.org/apps/website_resources/record/44391d07601acb004cb5c40af8e3d3d5/covid19resourcesword.pdf).

Please note that this document is continuously updated to ensure the most salient information is available to our providers. Resources are collected from Health Care Authority (HCA), Coordinated Care, CDC, Win 211, National Center for Complementary and Integrated Health, etc.

Diane Halo, Project Manager of GCACH, spoke to the Mental Health resources available, including Telehealth services through Zoom (for free) and different coding to utilize. More information will be provided as it is received.

Questions included:

- Joyce thanked the resources and shared what WIN211 is doing with regard to working with the Department of Health (DOH) to support the public with community resources.
- Representative Boehnke commented that if anyone has issues getting access to this information at the state level, please let him or his office know and they will jump on it right away.
- Diane clarified that HCA is partnering with Zoom to provide a free service during this time.

GCACH has asked for providers to fill out survey of resources that are needed. The survey can be found here: <https://www.surveymonkey.com/r/RHMB36T>.

Jorge from Molina Healthcare spoke to the Alien Emergency Medical Covid-19 Coverage Expansion.

Ruben requested for this information to be provided in Spanish. Molina does not produce the material, but suggested for someone at HCA to translate. **ACTION:** Ruben to follow-up with HCA.

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Social Economic Determinants of Health (Dr. Patrick Jones)

Carol spoke to Health Disparity and GCACH's vision. Health equity is a critical component of our work. GCACH can affect Health Equity via policy advocacy, PCMH, and community resilience. What do our indicators say about our ability to reach our highest potential? This is the focus of today's meeting.

Dr. Patrick Jones of Eastern Washington University, spoke to the Social Economic Determinants of Health. This included:

- Indicators that likely impact health outcomes. Key findings include:
  - GCACH families with children headed by single parent is higher compared to the state average. This indicates poverty level conditions and families who have a harder time accessing healthcare. Yakima and Asotin county were among the worst.
  - Growth rate in jobs for the last five years is better when compared to the state average.
  - GCACH unemployment rates in 2019 were higher than the state average (despite high job growth). All nine counties have unemployment rates above the state average.
  - GCACH median household incomes in 2018 was significantly lower than the state average. Note that households and not individuals. This can range from a house of one person to a house with three plus generations under one roof (often with one working person in the household). Not one county in the Greater Columbia region even comes close to the state median income. (Whitman is an outlier because of the students there).
  - GCACH all-age poverty rates in 2018 was higher than the state average. Important to note that the poverty threshold will change based on the size of the family and was set at \$25,000 in 2018. Whitman, Kittitas, and Yakima were among the worst. However, important to note that these counties are skewed by student populations. (Not to negate students living in poverty). Every single county has a higher poverty rate than the state. These are strong forces that will unfortunately determine health outcomes.
  - GCACH housing affordability index for first time buyers in Q4 of 2019 varied. Asotin, Columbia, and Garfield are among the highest and Whitman, Yakima, and Kittitas were among the lowest. Many of the counties are not in the position to successfully afford a home. This indicates housing constraints that need to be alleviated.

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	<ul style="list-style-type: none"> <li>○ GCACH renters paying 50% or more of income on shelter costs (known as severely burdened renters). The majority of Greater Columbia counties are above the state average, or are otherwise severely burdened renters. In contrast- Benton Franklin, Asotin, and Columbia were well below the state average.           <ul style="list-style-type: none"> <li>▪ Question around if the Chambers (of Commerce) are getting involved in these counties to build influx people to live there, reduce rent, different jobs, etc. for each county to start a sustainability plan? Patrick responded that it is a definite goal of the Tri-Cities Chamber of Commerce, however he can't speak to other counties.</li> </ul> </li> <li>○ GCACH share of adult population in 2018 whose highest degree is a high school diploma or less was above the state average, with the exception of Whitman county. Yakima, Benton-Franklin, and Asotin were among the highest with a low level of education. This is highly correlated with income which is correlated with health outcomes.</li> <li>○ GCACH violent crime rates in 2018 was well below the state average with the exception of Garfield county. This indicator is important because it causes stress from living in fear. Note that Washington state unfortunately has fairly high crime rates in general.</li> <li>○ Share of population with no health insurance in 2018. This has been a remarkable success at lowering across the state. Yakima has the highest rate (one of every six people) of adults without health insurance. Whitman is the best ranked. The majority of the counties are above the state average. Important consideration if people don't have health insurance, they have a harder time accessing healthcare.</li> <li>● Patrick concluded his presentation with an overview of the trends throughout his presentation.</li> </ul> <p>No questions or comments.</p>
<p>Health Disparity (Wes Luckey)</p>	<p>Wes Luckey of GCACH spoke to Health Disparity. This included a review of the 2020 RWJF county health rankings data.</p> <p>There are many factors that determine health—quality of homes, neighborhoods, education. This model demonstrates the outcomes, factors, and policies and programs that impact health.</p>

**Thank you for your engagement with GCACH!**

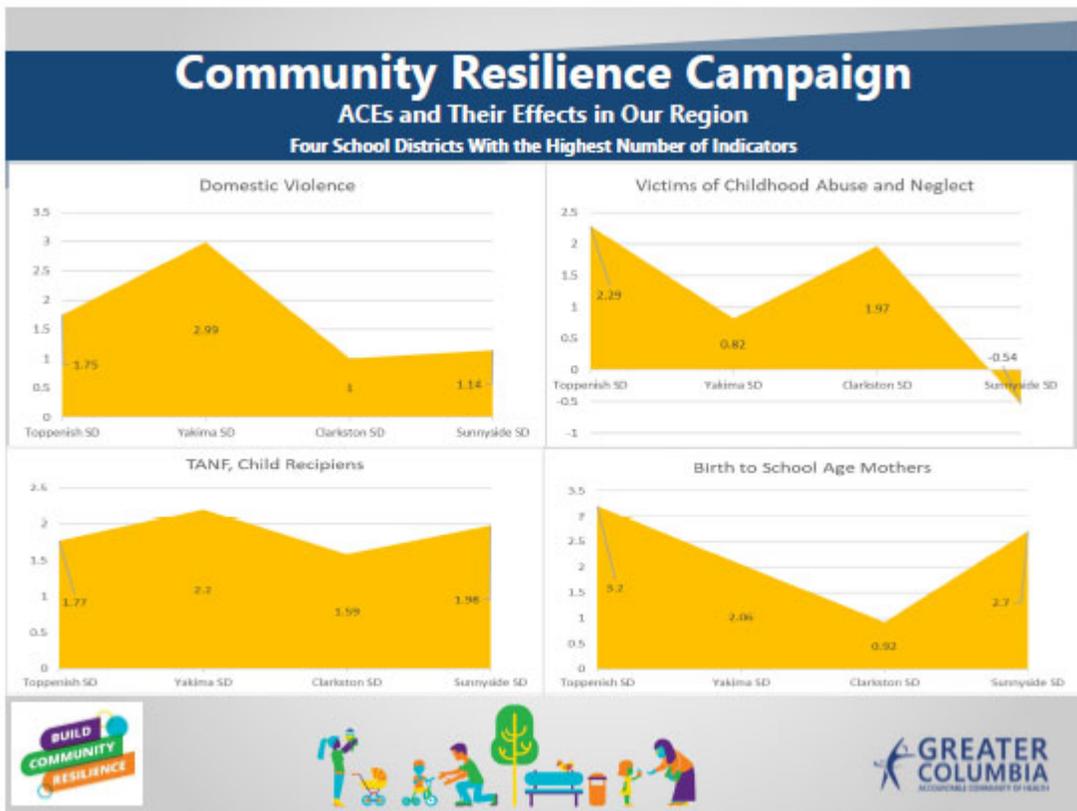
Key findings include:

- Both Franklin and Yakima counties were in the bottom quartile for Health Factors in 2020
- Columbia and Yakima counties were in the bottom quartile for Health Outcomes
- Median household income: the GCACH performs below the Washington state average with the exception of Franklin county. Caucasians enjoy a considerable advantage in this category.
- Children in poverty: GCACH has a higher childhood poverty rate. Hispanics have higher childhood poverty as well.
- Premature death rate: White premature death rate is higher than Hispanic ratio. People assume that if someone is socially or ethnically disadvantaged, that they would have poorer health outcomes. This illustrates the opposite. Also true with life expectancy.
- Sexual health: Sexually transmitted infection rate is high, with emphasis in Yakima. In some cases, it is substantially higher than the state average. Differentiation in teen births higher than state average (more so among Hispanics).
- Uninsured rate: This rate shows how many people are being served by a particular provider. The smaller the number, the larger number of providers. We are aware of and trying to address through the BH internship program. There are a lower number of Primary Care Providers (PCP), dentists, and mental health providers. As numbers transition from 2019 to 2020, the ratios for many counties improved. Not sure the reason, but needless to say we seem to be underserved in having sufficient numbers of providers to serve our population. Garfield and Kittitas stand out in terms of dental providers.
- Preventable hospital stays: Asotin is an outlier in terms of American and Alaskan Natives. Natives and Hispanics tend to have higher preventable hospital rates. Might relate to health equity.
- Mammography screening: Caucasians have better access to these measures than Hispanic and Indian populations.
- We had a-ha moment when looking at premature death rate (counter intuitive takeaway). Hispanics tend to have lower premature mortality and longer life expectancy. Why is this going on? We have to look at the clues. If we look at the injury death rate, whites have higher injury death rates than Hispanics across each county. Same with behaviors in terms of drug overdoses. Whites have higher

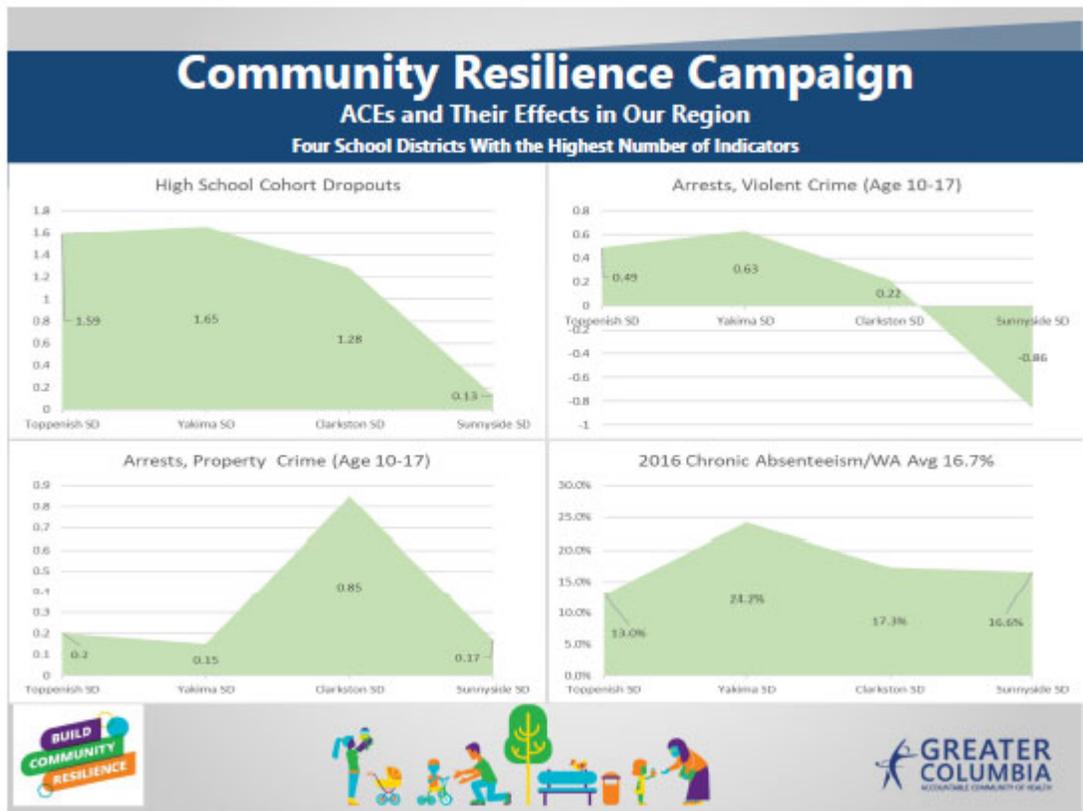
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	<p>overdose death rates than Hispanics. He spoke to the Hispanic paradox- tend to have outcomes that paradoxically are better or comparable to their non-hispanic white counterparts, even though they have lower educational level. Hispanic morality rate was lower than White and African Americans. Causes identified include lower suicide rate, lower accidental poisoning rate, lower lung cancer rate, lower infant mortality rate overall. A hypothesis has been called the “barrio advantage”, which is based on living among people of the same ethnic background. This speaks to GCACH’s Community Resilience Campaign (CRC) efforts. Social association is a key element to consider.</p> <ul style="list-style-type: none"> <li>• Yakima is unique in terms of its size as it represents 45% of Medicaid population within GCACH. Wes reviewed motor vehicle mortality rates, drug overdose mortality, teen births and child mortality rates in Yakima county. Each is category is significantly high. In addition, he reviewed homicide, suicide, firearm fatalities and injury death rates. It cannot be overstated as to how significant the differences are in the years of potential life lost and the life expectancy rates between American Indians and all other races and ethnicities living in Yakima.</li> </ul> <p>Comments include:</p> <ul style="list-style-type: none"> <li>• Appreciation for the Barrio advantage, and curiosity to how Covid-19 will impact these numbers.</li> </ul>
Social Determinants of Health (Ruben Peralta)	<p>Ruben spoke to Social Determinants of Health (SDOH) and the Community Resilience Campaign. He reviewed Adverse Childhood Experiences (ACEs) and their effect in our region:</p>

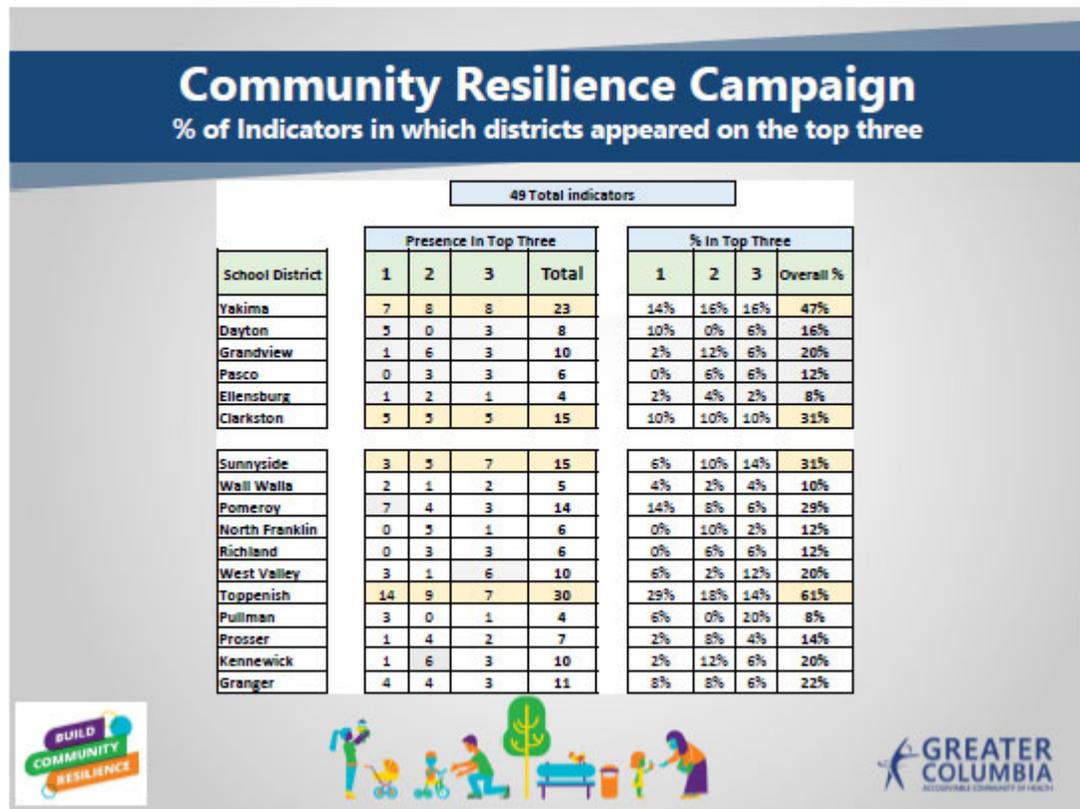
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Comments included:

- Ronni commended Ruben for the work being done. Cheri Snowwhite seconded.

Patrick asked the group to reflect on what social economic indicators mean for their work. Is it something organizations think about, write grants about, move the needle on?

- Ronni stated that these numbers should be used through legislation benefits (i.e. storytelling).
- Kirk stated that the level of the amount of information is almost at the point where it is frustrating in sheer volume. We've been starting to try to get our heads around it in our various committee structure. We're just now into developing the CHIP for the next few years. This is important data, but it hasn't provided motivation to move the needle.
- Patrick asked how this data might gel for the coalition? Kirk is not sure.
- Patrick spoke to how it was applied in Spokane. Emphasis on letting the gaps inform the direction or the focus.

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- Wes suggested on focusing on one thing with driving a community response (or collective impact model) which GCACH has deployed through the LHINs. Keep it simple and focus on the really small handful of measures.
- Carol spoke to the challenges across the nine-county region and moving the needle. The MTP is about moving the needle and some of these indicators take years and years to move. We knew that the only way providers would get paid was to move the needle. GCACH is currently considering what it can be doing with the Social Determinants of Health in the near future.

Patrick asked the group to speak if not by organization than by county:

- Laurel spoke that what stood out most was the what can we learn from the Hispanic community in order to move the dial on some of the health issues? There are some powerful lessons we can learn. Although we are seeing local economic ability to deal with these issues, they are doing things without funds that are really making an impact on health outcomes. How can we think more about and caring for one another?
- Comment on the Blue zones and life longevity and think that is what is going on with Hispanic families. Incorporating community love and grace toward one each other will increase life expectancy.

GCACH will be seeking resource lists and messages regarding meeting updates. We are fortunate that we are well set up for virtual meetings. If the Leadership Council thinks of other things GCACH can be doing, please let us know.

### ADJOURNMENT

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Meeting adjourned at 11:00am. Minutes taken by Chelsea Chapman.

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