

Date	December 6, 2017	Time	11:00 to 1:30
Facilitator	Jac Davies	Next Meeting	January 10, 11:00 – 1:00
Location	Garfield County Christian Youth Center, Pomeroy, WA		
Attendees	<ol style="list-style-type: none"> 1. Larry Thompson, Arcora Foundation 2. Larry Jecha, Columbia County Public Health District 3. Leta Travis, Garfield County Health District 4. Danika Gwinn, Quality Behavioral Health 5. Cicily Zornes, Quality Behavioral Health 6. Diane Sanders, LCECP 7. Leslie Sattler, LCECP 8. Sherry Greenup, ALTC-Clarkston 9. Rachel Anderson, ADRC-Pomeroy, GCTA 10. Mary Cleveland, SE ALTC-Columbia 11. David Jones, Tri-State Memorial Hospital 12. Lindsey Ruivivor, CHAS Health 13. Bob Hutchens, Columbia County Hospital District 14. Shane McGuire, Columbia County Hospital District 15. Chris Hierres, Garfield County Hospital District 16. Susie Bowles, Garfield County Hospital District 17. Brady Woodbury, Asotin Co Health District 18. Shannon Jones, Asotin Co Health District 19. Carol Moser, GCACH 20. Wes Luckey, GCACH 21. Martha Lanman, Columbia County Public Health District 22. Troy Henderson, Whitman County Public Health District 23. Sarah Billing Dorn, United Healthcare 		
Key Points Discussed			
Topic	Highlights		
Local Health Improvement Network strategies	<p>Carol Moser gave a brief overview of GCACH’s current plans for Local Health Improvement Networks (LHINs). GCACH would like to foster their development and had originally allocated \$30,000 each per year for five years for five LHINs across the region. Because Whitman has a sizeable Medicaid population, Carol will be asking for approval to fund a sixth LHIN so that Whitman could be separate from the other SE Washington counties. To become a LHIN, a community group must create a charter, define a formalized structure, identify a sponsoring organization that could receive funds on behalf of the group, and form a consumer council or other mechanism that would actively seek input from Medicaid recipients at least four times a year. There was some concern about the difficulty in getting participation by Medicaid recipients, and the group discussed possible outreach strategies.</p> <p>Jac Davies asked the group for their input on including Whitman as part of a four county LHIN or having a separate three county LHIN with Whitman on its own. In general the group felt that, while Whitman has many strengths because of its existing county health coalition and there would be some value to sharing resources across the four counties, the three county region would be fine as a separate LHIN. They would like to assure there are opportunities to regularly communicate with Whitman and potentially to coordinate activities where appropriate.</p>		

	<p>Several members of the group asked for a better definition of a LHIN include a schematic showing governance, roles and relationships with existing organizations. Jac agreed to bring examples from similar organizations for discussion at the next meeting.</p>
<p>Identifying health priorities in each county</p>	<p>Jac asked the group to report on they had done since the last meeting to convene county-level working groups and identify local health priorities. Several group members spoke up on behalf of each county:</p> <p>Whitman – County health coalition has been meeting for three years and has identified several priorities including affordable dental care, transportation, and behavioral health services.</p> <p>Asotin – Several groups in Asotin are starting to meet regularly on community health planning. Priorities identified so far include access to dental care, access to behavioral health services, coordination of care and health services, reducing inappropriate use of the emergency department especially for care related to oral health, lack of affordable housing, and lack of services to address substance use and detoxification. The group noted that it will be difficult to reduce ED utilization.</p> <p>Garfield – The organizations serving Garfield county are just beginning to meet, and will be relying on collaboration with Columbia county to move forward. They noted many barriers to engagement in their community.</p> <p>Columbia – Groups working together in Columbia county have identified multiple priorities including education programs for diabetes and chronic disease, programs to support individuals with depression and prevent suicide especially among teenagers, and services to address opioid addiction. They have noted that it can be hard for residents and service providers to find out about resources that might be available to help, including services such as the 211 system.</p> <p>Jac commented that while there were differences between the counties there are also many commonalities that might be areas to focus on with a multi-county LHIN. For example, one opportunity could be the development of a common resource directory could be shared by service providers across the region.</p>
<p>Presentation of regional data</p>	<p>Wes Luckey from GCACH presented data on the socio-economic and physical health of those residing in Asotin, Garfield and Columbia counties. The data show that the region is predominantly rural, and the population is older than the state as a whole. The region has a high degree of social association (with individuals belonging to groups such as faith-based or service organizations) and low violent crime. Across the region incomes are low with significant numbers of children living in poverty.</p> <p>There are indications of a very high rate of homelessness in Asotin county, although members of the group commented that the problems is complicated by Clarkston’s proximity to Lewiston, ID. Some individuals live in Idaho but report homelessness in Clarkston to receive services. Regardless of the border issues, Asotin county struggles with a lack of affordable housing. There are multiple contributors to this problem including the lack of engagement of housing specialists for planning and community resistance to low-income housing. In part because of these shortages, low income individuals from Clarkston often seek housing in Pomeroy.</p>

	<p>In other areas, the data show that residents of the three county region have higher rates of obesity, diabetes and physical inactivity than across the state as a whole with few exercise opportunities. There are higher rates of smoking and alcohol related driving deaths in Asotin and Columbia than the state as a whole. There is a high prevalence of adults with poor mental health and low available of health services for physical, behavioral and oral health.</p> <p>Wes emphasized that emergency department visits are very high for the region, with rates among the highest in the state. David Jones noted that the opening of a new urgent care center at Tri-State Hospital in Clarkston might have some impact on this.</p>
Breakout sessions	<p>After seeing the county level data, the meeting moved into breakout groups by county so that each group could revisit their priorities and discuss what steps they want to take at the county level. Each then reported to the larger group about their discussions.</p> <p>Columbia – The Columbia county group listed good work that is already underway and noted gaps that need to be addressed. The Columbia County Health System is already offering care coordination but there are not enough care coordinators for the number of individuals that need this support. Shane McGuire noted a need to increase the number of well-child visits and also to extend depression screening to Medicaid beneficiaries. There are opportunities to improve access to dental services such as getting dentists to visit senior centers and nursing homes, and to provide more access to fluoride varnishes in different care settings. The Columbia County Public Health District is offering a Chronic Disease Self-Management (CDSM) class in collaboration with the Garfield County Public Health District, and has discussed bringing needed services such as podiatrists to those classes to support seniors. The two health departments are also considering scheduling free community health activities. Other opportunities include an ECAP program on obesity for mothers of young children and having Community Health Workers follow-up with individuals who have been through the CDSM class. There are also community efforts to begin integrating behavioral health into primary care.</p> <p>Garfield – Garfield is learning from Columbia and plans to sit down with the GCACH resources to begin specific planning before the January SE WA meeting. The Garfield group expressed a strong interest in the Pathways Community Hub as a mechanism for improving care coordination services in the region.</p> <p>Asotin – Organizations in Asotin are focusing on barriers to dental care access and also on transportation of patients to Spokane for advanced care. CHAS is increasing the number of dental services it offers in the Clarkston area and is also looking at using telehealth to integrate behavioral health into primary care.</p>
Next steps	<p>Jac encouraged the groups to continue county level planning between meetings of the three county group. She suggested that the monthly three-county meeting can be used to share information and coordinate activities between the three counties, and also to work on common issues such as transportation, coordination of care coordination services, and development of a resource directory.</p>
Next meeting	<p>The next meeting is January 10 from 11 to 1. Lunch will be provided.</p>