

## 1. Identify the geographic population served:

The current geographic population for this application is five contiguous counties in north central Washington: Okanogan, Douglas, Chelan, Grant and Kittitas. While our planning process intends to serve this area, we are cognizant of state designated regional service areas and surrounding Accountable Communities of Health and will be responsive of their continued developments.

**Figure 1 Map North Central Geographic Service Area.**



## 2. Current Community—Where You Are.

In the geographically large rural counties that make up much the North Central territory, the mere designation of a region does not make that region a functional unit. A group of counties is initially just a collection of multiple smaller communities. They cannot become a functional group focused on health care issues without meaningful participation beginning at the local community level. That is the stage of development in the counties of North Central Washington (and in many parts of the state), and that is the focus of the proposed project.

Okanogan County Public Health submitted a letter of intent to the State of Washington Health Care Authority Accountable Community of Health (ACH), Grant Opportunity Announcement (GOA) for Community of Health Planning GOA #14-015 on behalf of Okanogan County. After further consideration, consensus was reached among the stakeholders described below to expand the geographic reach to the five county region. Today, this application represents a commitment of the following stakeholders to engage in a dialog around Accountable Communities of Health.

Aging & Adult Care of Central Washington (AACCW) provides assistance to aging adults, caregivers and persons with disabilities through educational efforts by providing them with information regarding resources and the opportunity to access services. AACCW strives to carry out, under the leadership and direction of Aging & Disability Services Administration (ADSA), a range of functions related to advocacy, planning, coordination, monitoring, and evaluation, designed to lead to the development or enhancement of community-based services. The objective is to support the aging process through the development and promotion of the aging network services for older adults.

Association of Washington Public District Hospitals (AWPHD): On behalf of sixteen public hospital districts located in the geographic region, the AWPHD agreed to be a participant in the proposed project. The aim of the AWPHD is to promote: (1) increased accessibility to and affordability of health care services; and (2) improved health status of communities throughout Washington State. AWPHD can bring resources to the table. They are a leader in education and advocacy with an infrastructure and successful track record of support member with training programs, publications, and comprehensive legal information. AWPHD provides services to the following:

	Number of Public Hospital Districts	Number of Hospitals	Number of Federally Designated Rural Health Clinics
Chelan	2	2	4
Douglas	3	0	2
Grant*	7	4	10
Kittitas	1	1	5
Okanogan	3	3	6
<b>Total</b>	<b>16</b>	<b>10</b>	<b>27</b>

\* A combined Public Hospital District (Douglas, Grant, Lincoln, Okanogan PHD #6) is included in the total

Chelan/Douglas, Grant, Kittitas, and Okanogan County Public Health Departments All local health jurisdictions in the five county region have agreed to be participants in the proposed project. They are organized to promote health, prevent conditions of disease and/or disability, and to protect the health of the communities and residents of their respective counties. As such each is engaged in the development of Community Health Assessments, Community Health Improvement Plans, Agency Strategic Plans, and Community Health Needs Assessment. These documents will be key sources of information for the ACH planning process proposed in this application.

Coalition for Children and Families of North Central Washington (NCW) is a volunteer alliance comprised of 36 social service agencies and 53 partner representatives in Chelan and Douglas Counties. Governed by a Board of Directors and four Standing Committees, its purpose is to improve communication, share resources, and align strategies among coalition member agencies. It serves as a vehicle for advocacy and to secure funds in order to build a healthy community of strong families in the North Central Washington region.

Community Choice Healthcare Collaborative (CC) is a 501(c) 3 nonprofit regional health improvement collaborative comprised of healthcare providers in Okanogan, Chelan, Douglas, Grant, and Adams counties. CC agreed to provide resources and administrative staffing to the proposed project. They have strong partnerships with regional behavioral health/social services providers and government institutions. CC provides regional leadership in health exchange enrollment through their contract as an In-Person-Assister providing Statewide Health Benefit Advisors in the five counties. Other CC key activities include the management and technical support for information technology implementation; community health needs assessments, practitioner recruitment, chronic disease self-management, and HIPAA training, language access, and cultural competency.

Confluence Health is an affiliation Wenatchee Valley Medical Center and Central Washington Hospital. With over 350 physicians and mid-level practitioners, Confluence Health offers a full range of inpatient and outpatient health care services and cutting edge technology, and a rural health care delivery system serving North Central Washington. The Central Washington Hospital & Clinics location is accredited by The Joint Commission.

Undeniably, these stakeholders and their numerous partner organizations across North Central Washington are implementing successful health initiatives that meet the needs of their constituents. Their program may target care coordination, diabetes, adverse childhood experiences (ACEs), health information technology or increasing access to services. Yet, together in unison they are poised to become part of a solution for a sustainable and integrated health care system in their region.

*Collectively, the stakeholders are committed to explore opportunities to (1) mature their capacities within an accountable, integrated system of health care that is sustainable, (2) further the goals of the Triple Aim and (3) align with State Health Care Innovation Plan.*

### **3. Proposed Community—Where You Want to Be.**

The causes of health inequities are multiple and complex. Before a program can reduce health disparities at a local level; a community must have the internal capacity and engaged citizenry. Then a local program's success is furthered if the community aligns and partners with regional, state and federal initiatives. Resources to solve such problems are valuable, finite, and must be

strategically deployed. Partnerships allow the pooling of resources, mobilization of talents, and use of diverse approaches.

The goal of the proposed project titled, North Central Health Partnership is to strengthen existing relationships and catalyze a new collaboration between stakeholders throughout the Chelan, Douglas, Okanogan, Grant and Kittitas to advance population health strategies at the community level. The fundamental activity of the project is *coordinated local level conversations* among stakeholders that will lay the foundation for a meaningful multi-county effort. By the end of the project, the five-county region will be well-positioned to collaborate on further development of local health care system and respond to the State Health Care Innovation Plan activities.

#### **A. ORGANIZATIONAL LEADERSHIP**

All health care is delivered locally; hence the healthcare system should be designed locally. It is at the local, community level where innovation is possible, where new healthcare delivery solutions can be tested, improved and successful. By piloting healthcare programs in specific population, a particular community or region can determine what works best. Doing that while driving results, however, requires a systems approach and effective collaboration among multiple stakeholders—including providers (clinical and behavioral), public health, social services, purchasers, and health plans and state policy-makers. Depending on the context, these collaborations may also include EMS, aging and long term care, schools, public safety, local employers, pharmacies, dentists, and community social service organizations and the like.

Local level implementation with a system level approach is the core strategy of North Central Health Partnership project and will be operationalized with creation of five voluntary local *County Coalitions*, one in each county. Their purpose is to create a safe, trusted dialogue that builds understanding and relationships to move the focus from health care to the county's health vision and goals. The five *County Coalitions* will establish the local infrastructure to develop, align, and act on achieving health improvement goals, and identify opportunity for cross-sector resource sharing, development, and investment. *County Coalitions*, controlled by local leadership, will promote engagement, transparency and accountability, to bring stakeholder's voices to the table.

Each *County Coalition* will use existing data sources (e.g. health service area and county level health assessments/indicators) to establish health priorities and strategic directions across agencies and develop a local action plan. They will leverage technical assistance from a facilitator/strategic consultant and Washington State Hospital Association to support their strategic planning and priority development. The five local action plans will be aggregated to identify common themes, gaps, opportunities, and area for alignment. This information will be the basis for the development of a North Central Community Health Plan, a required deliverable of GOA #14-015. The North Central Community Health Plan is a critical part of the

sustainability process. It will encourage input and buy-in from stakeholders and key external decision-makers. It will define critical regional policy strategies (long and short-term) and create an organizational plan for achieving these strategies.

## B. REGIONAL SERVICE AREAS

Albeit that no regional grouping will meet all concerns and needs, North Central Health Partnership is committed to an ongoing assessment of the impact of regionalization, particularly on rural communities. It is of the State's view that the regionalization of health care services is a vital component of access to health services, yet, it is critical that it be implemented in a way that maximizes value-added while minimizing additional burden on agencies and providers.

## C. POPULATION SCOPE

The five county region of the North Central Health Partnership is home to 288,274 individuals, 24.8 percent of whom are Medicaid beneficiaries. As noted in the table below, counties differ by populations thus health improvement strategies must follow in suit. The *County Coalitions* planning process will prioritize on low-income, underserved, disparate populations. Target populations may include people navigating care transitions, Medicaid/Medicare dual eligibles, elderly living in rural areas, and complex patients with chronic conditions.

Table 1. Project Counties by Poverty Rates and Medicaid Enrollment<sup>1,2</sup> (2013)

County	Total Population	Percent Total Population in Poverty	Percent Children 0-17yr in Poverty	Total Medicaid Beneficiaries	Percent Population Enrolled in Medicaid
Chelan	73,967	12.8	23	17,616	23.8
Douglas	39,471	16.5	25.5	8,545	21.6
Grant	91,878	20.1	28.3	27,478	29.9
Kittitas	41,765	21.8	18	6,300	15.1
Okanogan	41,193	20.6	26.9	11,693	28.4
<b>Total</b>	<b>288,274</b>	<b>18.4</b>	<b>23.3</b>	<b>71,632</b>	<b>24.8</b>

## D. RURAL POPULATIONS

All the counties included in the geographical region have rural communities and are federally designated Health Provider Shortage Areas. There is often a disconnect between those who are creating health care policy and regulations, and those who are providing care and working in rural communities. This planning process will attempt to bridge that gap and provide a realistic look at rural communities, and to recommend strategies to achieve a long term vision for the future.

As such, rural communities and rural health advocates must actively participate in policy discussions to educate decision makers on how to stabilize health care systems to safeguard the health of rural communities. Local leaders have a critical role in voicing community needs at the local, regional, state, and national levels.

Rural health care providers face a number of challenges including increasing chronic illness, an aging population, high poverty rates, low education levels, substantial numbers of uninsured persons and high dependence on public insurance. While rural areas are often attractive places to live, they can be physically isolated by mountains, water, and inaccessible roadways in severe weather. Some challenges they face in addition to population health status and environmental isolation include a shortage of care providers and access to capital to expand services and update existing equipment and buildings. Despite these challenges, rural communities are highly motivated to form relationships with each other and urban communities to maintain the highest level of access to care for their communities, use new information technology, try new models of care, and continue to achieve a high level of quality.

Table 2. Health Disparities of Rural Counties in Project Region (2012)<sup>3456</sup>

In percent	WA	Chelan	Douglas	Grant	Kittitas	Okanogan	Spokane (urban)
65 or older	13.2	16	14.9	12.1	13.9	18.5	13
Median Age	37	40.4	36.9	31.6	33.4	42.4	36
Have Bachelor degree	31.6	24.1	17.4	14.6	31.7	17.6	29
Unemployment rate	6.1	8.2	7.9	9.6	8.1	9.7	7.9
Diabetes	9	8	13	8	8	8	9
Heart disease	5	6	8	7	5	7	6
Obesity (BMI= >30)	28	27	29	38	27	29	28
High cholesterol	40	44	37	43	38	47	39

## E. CONSUMER ENGAGEMENT

The stakeholders of the North Central Health Partnership are committed to the value of consumer engagement and its significance is equity and social justice, partnerships, innovation and risk taking, shared learning and accountability. Empowered consumers hold the key to improve the health of communities and lower the cost of care as they make healthier choices and help their families and communities do the same. Organizations such as public hospital districts, county health departments, aging and long term care, federally qualified health centers, and regional collaboratives each offer models for local consumer engagement. Through the collaborative work of *County Coalitions*, the project will garner meaningful input from consumers to support the planning of the health system changes. *County Coalitions* bring together community leaders and consumers to plan for the improved health of their community. Collaboration is the *project's core strategy* to achieve population-level strategies that foster the conditions within which individuals *can* engage in healthy choices.

## F. ANTICIPATED PLANNING OUTCOMES

Each *County Coalition* will develop a local action plan that will then be aggregated to create a North Central Community Health Plan. By documenting North Central’s Community Health Plan, this process will generate and track specific commitments to action from a broad range of community sectors to achieve the identified community aims.

Improving the health and well-being of a community is no simple task for a *County Coalition*. It takes long-term policy strategies for sustaining change in systems and environments. And it takes the necessary community and organizational infrastructure for carrying out those strategies. In short, the *County Coalition* needs a comprehensive local action plan for sustaining its public health efforts, one that can help it manage internal and external challenges.

As mentioned earlier in this application, the fundamental activity of the project is *coordinated local level conversations* among stakeholders that will lay the foundation for a meaningful multi-county effort. The proposed planning process will support the five *County Coalitions* to:

1. Develop a hopeful, yet realistic, vision of a healthier community.
2. Identify common issues, and organize local resources accordingly.
3. Anticipate and better prepare for changes in an organization or community.
4. Define what sustainability means at the local and regional level.
5. Proactively develop milestones to gauge the effectiveness of a coalition, organization, or community initiative.
6. Clarify policy strategies and activities in a formal local action plan.
7. Aggregate the local action plans into a regional North Central Community Health Plan.

With funds from GOA #14-015, the project will convene six monthly planning meetings for each *County Coalition*. Resources from AWPHD and Community Choice and outside consultants will be hired to facilitate the meetings by providing expert guidance on planning for selected strategies and also serve as an impartial sounding board for stakeholders. A preliminary timeline for completing a sustainability plan is the following:

Table 3. Project Milestones.

Month	Proposed Milestone
July	Define what sustainability means to <i>County Coalition</i> collectively
July	Develop a sustainability planning timeline and a structure for running meetings
August	Clarify goals and context related to sustaining policy efforts.
September	Review and prioritize policy strategies
October	Select policy strategies
November	Create an action plan for sustaining each policy strategy
December	Synthesize all components into a formal sustainability plan
December	Aggregate plans into the North Central Community Health Plan



## G. COMMUNITY AND STATE PRIORITIES, EFFORTS AND INNOVATIONS

The *County Coalitions* will crosswalk local priorities with existing community and state plans to not only align strategies but identify areas of divergence and understand why. AWPHD will be the vehicle to keep a pulse on the growing list of recommendations and planning documents drafted by State level agencies in response to the State Health Care Innovation Plan and related legislation. AWPHD will communicate and provide technical assistance to *County Coalitions* and local stakeholder about how these documents impact local priorities. These include but are not limited to:

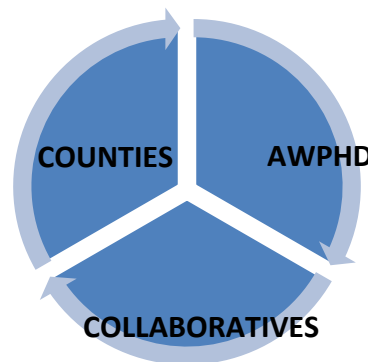
- Agenda for Change Action Plan for Washington’s Public health Network
- Rural Health Care Strategic Plan for Washington State
- Governor Inslee’s Results Washington - Healthy & safe communities
- Rural Health Workgroup New Big Blue Recommendations
- The Washington State Plan for Health Communities
- Senate Bill 5732 Improving behavioral health services provided to adults
- House Bill 1519 Concerning the adult behavioral health system in Washington State
- Senate Bill 6312 Concerning state purchasing of mental health and chemical dependency treatment services

## H. COMMUNITY DATA CAPACITY

The collection of valid and reliable data is a fundamental building block for the State Health Care Innovation Plan. During the planning process, *County Coalitions* will use local health data to identify the variation and gaps in health status and care experienced by specific populations, such as those at risk for chronic disease. Local Action Plans will include steps to capitalize on opportunities and address challenge in their efforts to collect and examine health indicators in a cohesive or standardized way.

## I. COMMUNITY BACKBONE:

At this juncture, there is not one community backbone; instead it triangulation of stakeholders – (1) those serving the counties such as Public Health and Aging and Long Term Care, (2) those service the hospitals, Association of Washington Public Hospital Districts and Confluence Health and (3) existing collaboratives such as Community Choice and Coalition for Children and Families.



One potential outcome of the North Central Health Partnership may be the development of a new regional organization, community backbone, to sustain continued momentum for region,



**PROJECT PLAN AND TIMELINE**

Upon award notification Okanogan County Public Health, as the lead applicant, will garner the support from Association for Washington Public Hospital Districts and Community Choice Collaborative to operationalize the planning grant activities. Both agencies have the commitment and expertise to provide technical assistance and staffing resources to facilitate the *County Coalitions* in their planning process.

	Key Action Step	Responsible	Timetable	Outcomes
<b>Milestone: Develop Sound Infrastructure for Grant Activity</b>				
	Align internal staff (Administrative and fiscal department) to carryout grantee responsibilities.	Lead Agency	Month 1	Effective project management and accountability
	Convene County Coalitions in each project county. Establish monthly meeting schedule.	Lead Agency CC, AWPHD	Month 1	Increased active and engagement of community
	Review statement of work including milestones and deliverables with Coalition and Stakeholders	Lead Agency CC, AWPHD	Month 1	Effective project management and accountability
	Hire local facilitator(s) and finalize Scope(s) of Work and budget with contractors	Lead Agency	Month 1	Provision of TA for coalitions
<b>Milestone: Create a County Coalition Action Plan for Project County</b>				
	Organize coalition structure and communication strategies	County Coalitions, facilitator(s)	Month 2-6	Effective communications and increase engagement
	Develop a common county data profile. Create health priorities and realistic improvement program goals for a defined population. Develop strategic work plan with an annual review process to assess effectiveness of the coalition.	County Coalitions, facilitator(s)	Month 2-6	Establish, advance, and maintain effective strategies that improve health and build healthy communities
	Provide technical assistance to support effective and strategic operation and action plan development	Facilitator, AWPHD	Ongoing	Increased county coalition capacity
<b>Milestone: Create a North Central Regional Community Health Plan</b>				
	Aggregate plans into the North Central Community Health Plan	County Coalitions, Facilitator/Consultants	Month 6	Development of regional action plan with programmatic goals, strategic work plan

**BUDGET NARRATIVE**

Funds in the amount of \$50,000 are requested for grant period 6/30/2014 to 12/31/2014.

Budget Category	Funds requested
Personnel Costs – Project Lead	\$20,000
Consultants (e.g. Strategic planning Economic/ACA health policy, Grant writing) 200 hours at \$125 hr	\$25,000
Travel – 2 trips to Olympia \$840 each - \$1680 Local travel – 500 miles per month/.56 mile for 6 mo - \$1680	\$3,360
Event Expenses – Meeting room rental, supplies, print materials for meeting, \$328 per meeting for 5 meetings	\$1,640
<b>Total</b>	<b>\$50,000</b>

**2. LEVERAGE OTHER FUNDING RESOURCES.**

The Community Choice Collaborative will contribute \$10,000 in local funding to the project. This will increase the resources available to support entities that may need support for travel costs in order to promote engagement and participation. Other in-kind contributions will be realized through organizations that will provide meeting space and support local facilitation.

Similarly, the project will leverage the internal resources and staffing of Association for Washington Public Hospital Districts

**3. ANTICIPATED COSTS FOR REPORTING REQUIREMENTS**

All costs for data collection, performance monitoring, and project expenditures will be borne though stakeholders identified in this application.

<sup>1</sup> <http://quickfacts.census.gov/qfd/states/53/53075.html>

<sup>2</sup> <http://www.hca.wa.gov/medicaid/reports/documents/peopleenrolledinmedicalprogramsbycounty.pdf>

<sup>3</sup> <http://quickfacts.census.gov/qfd/index.html>

<sup>4</sup> <http://data.bls.gov/map/MapToolServlet>

<sup>5</sup> <http://www.countyhealthrankings.org/>

<sup>6</sup> <http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/ChronicDiseaseProfiles.aspx>