**Chelan-Douglas Health Care Reform Meeting**

**10-31-14**

**Final Discussion Report-out Summary**

**ACH**

* Substantial work happens at the community level
* Multi-sector (Health Determinants driven) health coalitions should be established at the county level with health districts as conveners. Multi-sector representation should align with proposed ACH diagram on meeting handout. Consider missing sectors such as Community Preparedness and Environment.
* Conversations are informed by where the largest costs exist
* Each county coalition should elect representatives to be on the NCHP/Lead group
* The background organization should provide staff support.
* Payers contribute data to improve CHNA at regional level
* NCHP/Lead group tasked with coming up with compelling framework to interest a multi-payer alliance/provider group
* NCHP should be able to demonstrate the ability to gather, interpret data with positive participation of multiple sectors.
* It is understood that entity won’t take the risk until non-traditional partners show buy-in
* There is recognition that a multi-sector (multiple participants/large group) approach can challenge decision making at the leadership level.

**Health Initiatives**

* Many positive initiatives are happening in the area. There is difficulty in picking key focus areas.
* Challenges as to how to measure impact.
* 2 areas seem to have overlap in all health determinants:
1. Poverty
	* Recent momentum for taking on “Opportunity Community Model”
	* Increasing community engagement around this socioeconomic health root indicator
2. ACES
	* Informs many health outcomes and ability to age well
* This work offers opportunity for reconnecting, from leadership all the way to the neighborhood level.
* Opportunity to use stories as a key to communication.