**Accountable Community of Health Discussion**

**Grant County November 13, 2014**

**NOTES**

**Community Initiative Brainstorm**

When it comes to defining health, there are four determinants to consider in public health; socio-economic factors, health behaviors, physical environment, and healthcare. At the November 13, 2014 ***“Grant County Community Workshop Responding to Health Care Reform,”*** participants were asked to consider the four determinants and respond to the following questions. Who should be invited? What are the existing initiatives? What are proposed initiatives?” This brainstorming session is the initial step in developing a Grant County wide ACH communication plan, governance, and work plan.

***What will be the values held in a Grant County Accountable Communities of Health (ACH)?***

* Leadership is representative of the communities we serve.
* Collective impact governance that is shared, holistic, mindful, innovative and broad representation.
* Local level accountability, personal, family, faith-based, and community.
* Long term commitment.
* With the lens of equality and equity.
* Shared data, joint information – community dashboard and scorecard.

***Health Behaviors: Tobacco use, diet and exercise, alcohol use and unsafe sex***

Who should be invited?

* *Schools and related staff*: school boards, school districts, school counselors, early elementary teachers
* *Health care*: family medicine providers, mental health providers, nutritional services, clinics, community health, hospital, health district
* *Social services/groups*: Grant County Integrated Services (GRIS), New Hope, MSS/WIC RD’s, planned parenthood, churches, Family Planning Clinic
* *Other*: parents, youth clubs, faith based youth group leaders

Existing Initiatives?

* Quincy Communities that Care
* Moses Lake Prevention Coalition
* School curricula, tobacco-free campus policy
* GCHD healthy communities initiatives
* Human trafficking, drug trafficking, and gangs

Proposed Initiatives?

* *Drugs/alcohol*: Detox center/crisis center
* *Diet and Exercise*: city/county wide physical activity awareness campaigns, neighborhood based family exercise programming, farmer’s markets
  + *Adult health*: workplace wellness and stress reduction, no screen time event
  + *Youth health*: [School based intervention: school credit for wellness activities, improved school health programs (health featured curriculum), HS homeless youth – peer programming in schools,] YMCA development,
* *Tobacco*: local tobacco cessation classes
* *Other*: not letting people from Ephrata jail bus over to Moses Lake
* *Unsafe sex*: easier access to contraception
* *General (covering all aspects*): increase counseling services – hotlines & face-to-face, PHO extend community-based emphasis in collaborative

**Physical Environments: environmental quality, build environment**

Who should be invited?

* Public servants: policy makers, Public Hospital Districts, PUD, police, fire department, GCHD, Grant County Economic Development Council,
* Local government: (city/county), citizens, ports district
* Organizations: Boys & Girls Club, churches, trail groups, safe routes to school,
* Businesses: manufacturing, Ag organizations (companies), local planning departments, Monsanto affect on organic farming – control of seeds

Existing initiatives?

* *Groups/organizations*: 21st Century programs from across county, Boys & Girls Club, active living group – Ephrata, Moses Lake Trails Planning Team
* *School related:* school PTA/PTO: parent representatives

Proposed Initiatives?

* *Environmental quality*: county nuisance policy, community clean up day, United way “day of caring” (Detroit Lakes, MN)
* *Build environment*: side walk improvement + prioritization, complete streets in all communities, safe routes to school, pedestrian safety planning – city and county, shelter (like tent-city) with responsible expectations
* *Other*: increase the percentage of participation in after school activity, decrease Motor Vehicle Accident deaths

**Health care: access to care, quality of care**

Who should be invited?

* *Healthcare providers*: medical training providers (nursing schools), homecare, WSHA/WSMA, healthcare workforce reps (staff, associations, payors and patients from all communities – towns (Hispanics & Ukrainians)
* *Healthcare facilities*: Hospitals, clinics, SNF (skilled nursing facility), GRIS, community health, Primary Care Providers
* *Alternative medicine providers*: naturopathy, herbalists, chiropractors, nutritionists
* *Other*: families

Existing Initiatives?

* *Access to care*: nutrition-dietician – “shop with Doc”, healthcare – Leading Edge Advance Practice Topics (LEAPT), Emergency Department Information Exchange (EDIE)
  + *Programs*: new SNAP ED education program, well child visits,
  + *Healthcare facilities*: increase care management in hospitals and SNF, ER usage-integration models, service growth/access tour
* *Quality of care*: green prescriptions, triple aim strategy development
  + *Diseases*: diabetes outreach, living with chronic disease management,
  + *Prevention*: colorectal cancer screen, community based education/screenings
  + *Interventions*: smoking intervention,
  + *Other*: partnership for patients, annual wellness-medicare

Proposed Initiatives?

* *Access to care*: urgent care 24/7, telehealth, provide easier access to specialty providers
  + *Prevention*: middle school intervention – birthrates, STD’s
* *Quality of care*:
  + *Facility*: home care system that is effective
  + *Providers*: attract more high-quality health providers to rural healthcare, grow this program – Rural/Underserved Opportunities Program (RUOP), WWAMI Rural Integrated Training Experience (WRITE), TRUST (UW MD training in rural communities), primary care/community integration models
  + *Groups*: increase Hospital District/ GCHD collaboration around shared interests (CHNA), ACES initiative

**Socio-Economic factors: education, employment, income, family/social support, community safety**

Who should be invited?

* *Schools and staff*: teachers, coaches, BBCC,
* *Organizations*: 21st Century Programs, Boys and Girls Club, food bank, churches, EDC, community benevolent groups
* *Family/social support*: families, social workers, social services, WIC, DSHS, CPAs
* *Public/Public servants & city/county government*: GCHD, Grant County Commissioners, mayors, cities/towns, legislators, innovative people from community including Hispanic & Ukrainian community leaders, Board of Health
* *Income/money*: businesses, business people, banker, estate planning lawyers

Existing initiatives?

* *Employment/education*: CB tech programming, BBCC initiatives, Gear-up: WSU, EDC initiatives
* *Community/business*: business reps (chamber of commerce, mayors)

Proposed initiatives?

* *Education*: new High School in Moses Lake,
* *Income*: train low income for farm and harvest labor, increase awareness/tools for personal financial management
* *Community*: build our own healthcare workforce from our own communities

Priority should be given to create a communication plan that allows healthcare and public health to share new and/or developing initiatives that can be shared with partners to seek collaboration and promotion.