**Feedback Session #1**

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|  | **Key Elements (Examples)** |  |
|  | *Use the examples provided only as a way to stimulate the thinking process and trigger exploratory discussion of what is right in the context of this community/county.* |  |
|  | Vision: The people of Okanogan Co. embrace and sustain a culture of health |  |
|  | Goal: The people of Okanogan Co. will have improved health at every stage of life |  |
|  | Principles: Alignment, Balance, Collective Action, Health,  Health Equity, Participation, Quality |  |
|  | Meeting Attendee Notes:   * Individual ownership of health * Payer incentives for patients * Focus on known problems * Bottom’s up approach * Increase Health literacy * Personal accountability * Cost effective * Incentivize/disincentivize to patient, providers, communities for wellness care * Measure improved health * Access Cancer care alliance stats * Engaged community-personal accountability/cost effectiveness * Incentives/disincentives to/for healthcare * Incentive-preventative care should be free/low cost * Work on problems from bottoms up vs. top down. Start with customer/community members * Health plans incentives * Health plans-wellness incentives * Start with the little problems first to help start fixing the larger problem * Measurable collective action * Prevention, self-care, cost effective, community based, personal responsibility and accountability, proactive, wellness, community and self-engagement, incentive/disincentive for patient and provider responsibility |  |
|  | **Overarching Priority (Example)** |  |
|  | Prevention and management of chronic disease and behavioral health issues, while addressing root causes |  |
|  | Meeting Attendee Notes:   * Focus on high cost consumers * Addressing underlying issues * Diabetes education * Duplication of resources * Transparency of costs * Identify abusers * Identify subset of people who are most expensive and deal with them differently through payment reform, chronic disease management. Health education/literacy (through schools and business), focus on diabetes |  |
|  | **Initial Focus Areas (Examples)** |  |
|  | Cardiovascular disease and diabetes |  |
|  | Healthy eating, active living, tobacco free living and obesity prevention |  |
|  | Mental illness, substance abuse/use (opioids) |  |
|  | Trauma informed practices (e.g., Adverse Childhood Experiences or ACES) |  |
|  | Meeting Attendee Notes:   * Wellness care vs. responsive care * End of live care, oncology * Transportation creates issues with access to care * Re-thinking in-patient model in this county * Be as focused as possible * Identify costs * Improve trust * Payment reform * Wellness care vs. responsive care * Oncology/end of life care * Transportation concerns * Diabetes, healthy eating, active living, obesity prevention * Assist with issues * Co-occuring disorders * Delineate costs * Increase trust * Increase transparency * Change culture= decreased scare * Make health a priority * Transportation to providers * Reorganize/rethink inpatient model * End of life care and education * Focus on known problems and make progress (such as frequent flyers) |  |