

# Partnership Survey Results

## What do you believe are the biggest factors currently impacting poor health and increasing health care costs?

Poor birth outcomes	0
Lack of access to safe green spaces and sidewalks	1
Lack of access to safe communities	1
Preventable acute conditions (e.g., heart attacks, pneumonia, falls among the	1
Lack of access to affordable health foods	4
Lack of access to primary care	5
Lack of prevention and screening	5
Substance abuse	7
Tobacco use	7
Lack of consumer education on how to make healthy choices	7
Lack of access to compassionate, resilient based services and social networks	10
Lack of access to stable housing	12
Lack of education	13
Lack of employment and/or meaningful quality of life	13
Obesity	13
Chronic disease such as diabetes and heart disease	14
Poor mental health	15

## What do you believe are the biggest opportunities to improve health of the population in Washington State?

Improve or address Regulatory issues	0
Identify and address environmental hazards and triggers in homes	0
Improve access to safe opportunities for physical activity	2
Improve access to healthy, safe, and affordable foods	4
Reduce use of tobacco through policy, environments, and systems change	6
Address Healthy Starts for children	6
Improve access to primary care	6
Change the way we reimburse for care; enabling more flexibility for goods and services	6
Policy, Environments, and Systems Changes	8
Improve outpatient management of chronic diseases such as diabetes, heart disease, and asthma	8
Increase supportive housing and employment	9
Improve management of depression and other behavioral health, including substance abuse	
Address Adverse Childhood Experiences through provision of compassionate, trauma informed care	10
Assure clinical interventions have corresponding community based interventions	10
Improve clinical-community linkages such as the use of community health workers	12
Change payment to primary care to allow full implementation of patient centered medical/health home	
Integrate physical health and behavioral health in a bi-directional manner	17

## Please list any barriers to health improvement that inhibit the success of Health improvement priorities

Number one barrier is a Fee for Service payment structure that dis-incentivize many patients. Number two is the current market dynamics that incentivizes silo market behavior and dis-incentivizes collective impact efforts increase cross-sector collaboration and collective ownership of the problem

- Funding integrated data systems that make it easier to evaluate and monitor community health.
- Stigma and lack of knowledge surrounding behavioral health issues continue to be major barriers in terms of both access to (physical) health care and quality of care received. BH care has been significantly underfunded in both integrated benefit plans (Medicaid, Medicare and commercial) and carved-out public system plans (Medicaid). While state and federal laws have changed the policy and regulatory framework, we have a long way to go toward full parity of access, appropriate benefit options and public and private financing levels built into healthcare premiums.
- Buy-in and collaboration of stakeholders at various levels of the sociological-ecological model. While it might be more effective and possibly easier to achieve participation from community partners and service providers, change at policy and regulatory levels is usually slower and more difficult to secure. Different incentives of health insurance companies and providers compared to community partners.
- Barriers to information exchange among providers and social workers due to privacy restrictions and Medicare record exchange limitations.
- Lack of funding for foundational LHJ services to support their roles in this work; barriers related to measurement; ‘wrong pocket’ problems-lack of mechanisms to engage those who benefit from upstream prevention SDOH work in paying for it. State Innovation plan is focused mostly on looking for solutions that lie in shifts in the clinical delivery system-they are important, but tend to get more attention and resources for testing than do interventions outside clinic walls that involve the SDOH.
- Understanding existing systems and working through silos.
- Schools have been given a specific missions of academic improvement with a loss of focus on whole child development
- Lack of sufficient resources to adequately address the priorities. We have been chipping away at these for year, working with partners at the community level but until sufficient resources are place to address the priorities we cannot achieve the change we are seeking.
- Categorical funding and payment restrictions prohibit us from making best possible investments. Silos between mental health and chemical dependency treatment and a huge imbalance of resources restrict access to care in behavioral health. Prevention is not funded in most programs. The emphasis in health plans is on reimbursement for services—but the need is for coordinated systems of care at the community level, including rural areas. Paying for ‘a benefit’ or ‘service’ does not work to sustain needed systems.
- Lack of political will to make necessary changes (including payment reform); lack of health care delivery system ‘will’ to make compromises necessary to move from volume-based (reimbursement). Fragmented care system to value-based, integrated care system that includes public health and SDOH.

- Payment structure for healthcare is a huge barrier for communities to ‘take charge of their own health’.
- Fragmented funding for physical health, mental health and substance use disorder. Lack of coordination between health and human services (housing, etc).
- Inadequate funding for public health generally & for community-based interventions specifically. Silos between public health & health care service delivery systems.
- My strongest interest is using community health workers to strengthen linkages between clinical and community entities, as well as to engage in consumer education and healthy behavior choice. I think CHWs can be cost effective, but need some payment mechanism that allocates costs among providers and /or managed care orgs, since consumers have choice to select multiple options on the clinical and coverage side.
- Collaboration, knowledge/understanding, funding
- Funding, reinvestment methods of savings in one sector to another sector, no roadmap/blueprint.
- Willingness of policy makers to adopt approaches that prevent, verses treat disease. Also established systems that have been created to support symptom related treatment.
- Income inequality. Unemployment, lack of social supports in the community.
- **Barrier:** Fragmented approach to health, from payment and incentives, to multiple sectors and organizations working on different aspects of health. **Solution:** collaboration with common goals and measures are essential (and this project is an exciting first step).
- Stakeholder pushback which leads to slow changes in policy, fear of change and not enough engagement with the folks we are trying to engage. What do they want and need? How do they want it delivered? By whom?

### Do you know of any successful or promising initiatives or plans with goals that address the priorities above?

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- Health Homes is attempting to bridge coordinated care, improve health outcomes and reduce costs.
- Since it’s unlikely to eliminate silo behavior in the market place. The next best point of impact for the short and long-term is a locally run, relationship-driven care coordination approach that promotes and empowers patients to gain more ownership of their health with effective ‘coaching’ by well, trained coordinators that serves as ‘connectors’ to services. Essentially, an expansion of the Health Homes program beyond the current high risk populations.
- I am excited about the Snohomish Health Leadership Coalition. It has brought together business, education, non-profits, public health, and health care to create initiatives to improve community health. I agree with Gary that public private collaborations are key to the success of community health.
- Bi-direction integrated person-centered health homes (e.g. SAMHSA grant programs); PIER (Portland Identification and Referral Program, Maine), EAST (Early Assessment & Support Team, Oregon); numerous best practices for suicide prevention and treatment interventions.
- See new report ‘Leveraging Multi-Sector Investments to Improve Health...’ See RWJ Commission to Build a Healthier America new recommendations <http://healthyamericans.org/health-issues/latest-developments/health-resources-in-action-leveraging-multi-sector-investments-new-opportunities-to-improve-the-health-and-vitality-of-communities>
- Minnesota secured a State Plan Amendment to directly reimburse Community Health Workers under their Medicaid program.
- Nurse Family Partnership, Incorporating Health into land use planning, SHCIP efforts, local CHIP efforts that focus on social determinants of health, CPG efforts.
- Yes. Many communities have successful initiatives; they need recognition, support and flexibility from the state agencies. They are too numerous to list. One example here is; developing community gardens within the public housing authority complex. In coordination with food pantries, adding nutrition education and involving youth in a leadership development/social engagement strategy.
- Numerous from across country will share via separate correspondence.
- Can’t think of any at the moment.
- Several which are already mentioned in the State Health Care Innovation Plan.
- Snohomish County’s Health Leadership Coalition is modeling public-private collective impact approaches to physical activity of youth and end-of-life decision making within the medical system.
- Oregon seems to have a good structure for training, having standards and funding Community Health Workers.

- Yes, several through the office of healthy Communities and other public private partnerships.
- Some pilots, but nothing operating at scale. Need Accountable Collaboratives of Health to make multi-sector change.
- Increasing minimum wage and political action to provide employment and work for people.
- Community Based care transitions programs, especially targeting the ‘super-utilizers’ (those 5% that account for 50%). Many of these folks need support that go beyond the health care system—behavioral health (mental and chemical dependency), housing, social services, education, job training, etc.
- Tackling the hardest in our communities forces a robust and comprehensive system that can then later be scaled up to support the entire population. Great examples in other states: [www.rwjf.org/en/research-publications/find-rwjf-research/2014/01/caring-for-health-care-s-costliest-patients.html?cid=XEM\\_A7879](http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/01/caring-for-health-care-s-costliest-patients.html?cid=XEM_A7879).
- Another promising initiative is the organized use of Community Health Workers, where they can be the patient advocate and educator as well as the bridge between clinical, public, and social services.

### What do you believe is important to keep in mind moving forward?

- The health care system in Washington State, with exception to primary care access, is robust, and to improve health we must first address the barriers noted above.
- We get what we pay for. We must do better at avoiding perverse incentives in the re-design of our healthcare system.
- Thank you for getting our input. It’s a complex problem with a lot of interdependencies. I found it challenging to rank opportunities because of this. For example, healthy starts for children are greatly increased if families have increased supportive housing and employment, which might be possible with policy, environments, and systems changes. But we can’t let the complexities paralyze us. This is really important stuff and I appreciate your leadership as well as the opportunity to participate.
- I appreciate the opportunity to weigh in, but am not sure I am understanding the approach and intent of this survey, so my comments may not all be on target.
- Emphasis on community-based interventions with support of larger entities involved in public health and health care with access to funding and influence on behavior through financial incentives.
- Good to have some early wins to prove the value of the structures.
- *Appendix C* of the SHCIP includes ‘How Payment to Providers Will Support This Type of Care,’ the Prevention Framework should include discussion of ‘how Payment to Communities/LHJs/ACHs/CBOs, etc. Will Support This Type of Interventions.’ Need to push for some tools, resources for incentivizing regions/local entities for working on these strategies, otherwise it risks being a toolkit that sits on the shelf.
- School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge. Carnegie Task Force on Education of Young Adolescents (1989)

- Remember that our goal is to address how the Health Care system and public health can work together and coordinate to make improvements on the priorities.
- Stay open to promising ideas and be willing to act on them. Do not try to control, standardize or regulate prevention activities so that they grind to a halt. Instead, seek to create an environment in which successful and productive strategies are easily adopted, observed over time and wherein successes and lessons learned are quickly shared.
- Remaining concrete \*and\* visionary while being politically astute to the challenges of translating any specific recommendations into practice.
- Focus, focus, focus. What can be done tomorrow? What can be done in the near future? And, what is the long range?
- A focus on medical care overlooks the extraordinary contributions that the environment and individual behavior make to health. In considering how to reduce health care costs, it is critical to focus on those strategies outside the medical community that can truly prevent disease or support clinical interventions managing disease.
- Building public-private relationships, coming up with a plan to address some issues, getting success and building on the work and relationships.
- The interdependencies of county funded criminal justice and mental health services with state purchasing reforms.
- Small realistic changes that will help move our system of care and prevention in the direction of healthy communities.
- We need to build on the partnership between public health, government, case delivery systems, and private enterprise.
- It's better to have victory on a few measures/priorities than trying to 'boil the ocean.' The more specific the better, having clear steps and detailed roles and responsibilities so every organization knows exactly their role and timeline will be key.
- An example of an excellent framework of recommendations:  
[www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002/subassets/rwjf409002\\_1](http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf409002/subassets/rwjf409002_1).  
 However, despite the great issues addressed in this document, it's not actionable. Yet something like this could be used as a starting point to quickly get to common goals and specific action steps.
- Partnerships and teamwork are essential for success. Also, persistence. Never give up.
- I think we tend to try and do everything and therefore, limit our impact. We will have a greater impact if we prioritize what we want to impact, address those things one or two at a time, and be realistic about the timeline. We also need to do our best to have the right people at the table.

## Other Comments?

Not sure this should be polled as a matter of 'belief' –at least introduce the evidence (leading causes of death and disability). There is also of course the matter of the need for innovation and emerging strategies and we need to factor that in. 1 and 2 Behavioral choices individuals make between age 10-20 years in response to childhood trauma; Policy and environmental factors of the built environment:

- No incentives for people to be healthy.
- Society supports/encourages unhealthy behaviors/choices.
- Many 'isms' still exist such as racism, sexism, etc... that fragment our society

A market based system of delivery that encourages competition, and not necessarily quality, siloed funding streams and a hesitancy to adopt what most Americans want a system that looks like Medicare for all.

We need to make the healthy choices the easy choices (an hopefully the low cost choices)

## Other:

- Local, place-based strategies that work across sectors to address multiple factors above.
- Drive system changes that support communities facilitation and ownership of their constituent's health. This includes definition of health for the community and ways to measure the community's efforts towards health and the health of the population the community serves.
- Effective public transportation system (to reduce stress and pollution and to increase job opportunities)