

Rural Health Roundtable Garfield County, Washington



Washington Rural Health Association
June 18, 2013

Executive Summary

With fewer human and financial resources available in rural communities, town hall meetings can be a good approach to garner input from stakeholders about health and health care services. As a local venue to discuss what works and what doesn't, they can be used to identify delivery gaps, brainstorm collaborative solutions and express changing needs in the current health care and economic environment.

The Washington Rural Health Association Board of Directors decided to host town hall meetings in rural counties across the state. Called *Rural Health Roundtables*, their purpose was threefold: 1) to exchange information, 2) to serve as a catalyst for collaboration, and 3) to promote partnerships.



The Garfield County Rural Health Roundtable was held in the storefront senior center on a summer evening in mid-June. This report summarizes the findings.

Special thanks to:

Andrew Craigie and his staff at Garfield County Public Hospital for their support in organizing and providing refreshments for the Roundtable'

Pomeroy Senior Center for generously lending their facility for the evening, and

The Washington State Hospital Association for access to Garfield County data and their continued support to the WRHA.

Roundtable Organization and Participation

Garfield County's Rural Health Roundtable kicked off the County's annual health fair. The event was located in at the Senior Center in the heart of Pomeroy, Washington. A postcard invitation canvassed the community with one sent to every resident in the county. The hospital's Chief Executive Officer, Andrew Craigie, and Roundtable facilitator Sue Deitz conducted face to face visits a week prior to the event to encourage participation. Visits were made to the County Commissioners and with administrators at the School District, Senior Center, and the County Health Department.



Other dissemination strategies included event signage posted in high traffic areas: hospitals, clinics, grocery stores, library, fitness center, and the like. Press releases were run in two local papers. (See Appendix).

Approximately 30 people attended the event including hospital staff, providers, local farmers, local business owners, hospital board members, economic development staff, senior center volunteers, retired seniors, and concerned citizens.

Setting the Stage

To lay the groundwork for the discussion, Garfield County's demographics, health status and an overview of health reform were provided using a PowerPoint presentation. Sources of data included: the [Washington State Hospital Association, County Health Rankings](#), Washington State Department of Health [County Profiles](#), CDC's [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), [Washington State Office of Management and Budget](#), and [US Census Bureau](#) data.

Demographics and Health Status:

Garfield County is the *least* populated county in the state with a population of 2,266 in 2010. The county seat, Pomeroy, is the county's only city. Agriculture dominates the economy with farms occupying two-thirds of the county. Wheat is the main crop, though other grains such as barley and bluegrass are also grown. Its 713 square miles, which encompasses a portion of the Umatilla National Forest, makes Garfield County the seventh-smallest county in the state.



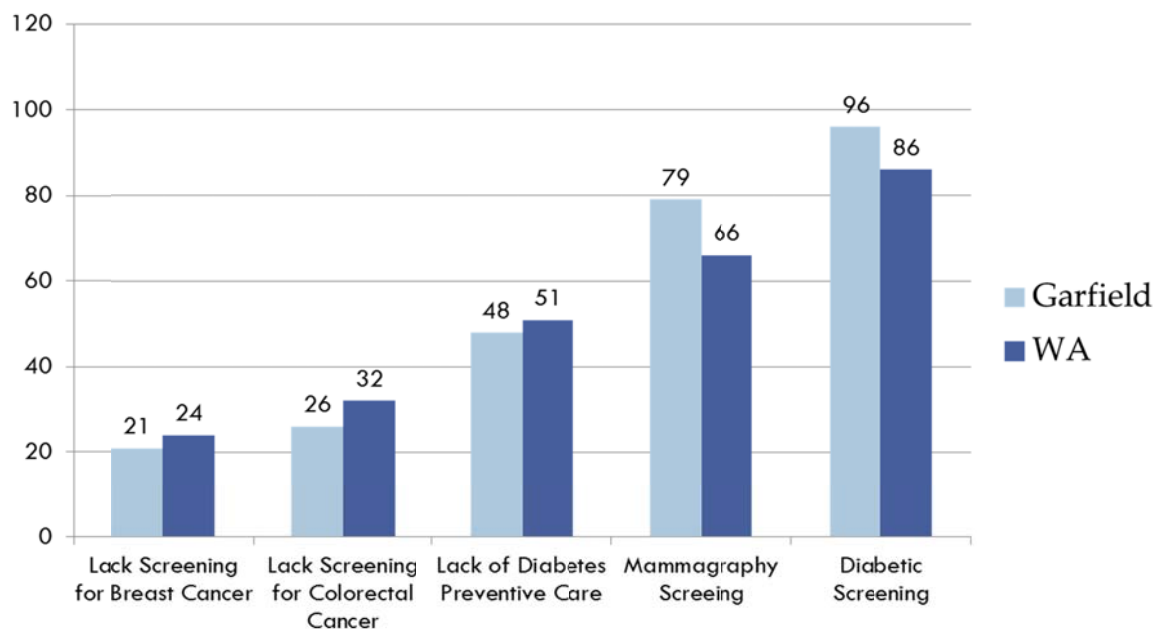
Garfield County

Garfield County is designated a Health Professionals Shortage Area (HPSA) by the Department of Health and Human Services for primary medical, dental, and mental health services. It is also identified as a designated Medically Underserved Area (MUA).

One in seven households had income less than the federal poverty level. Four out of five adults age 25 and older did not have a college degree. One in six adults had no medical insurance. More Garfield County adults smoked, used smokeless tobacco, and were exposed to second hand smoke in the home when compared to the state average. Over a third of adults were obese. Over a third of adults had high blood pressure. Almost half of adults had high cholesterol.

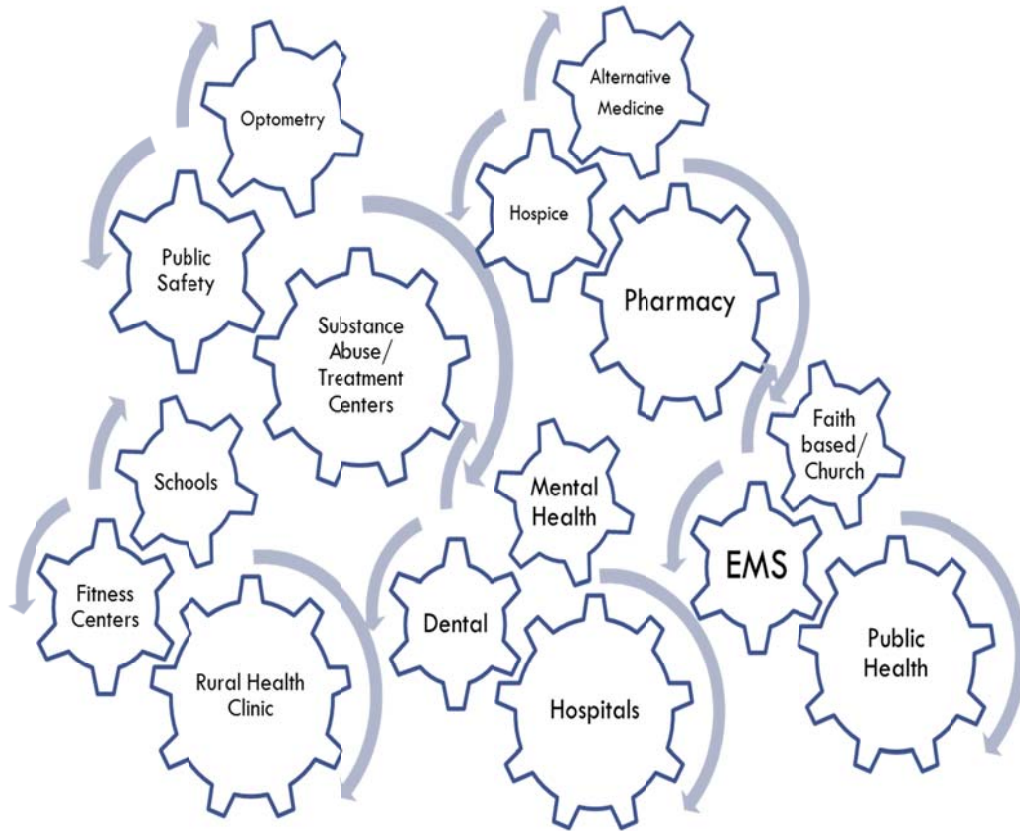
In Percent	Garfield	WA
Income below 100 FPL	14	12
Lacking College Degree	81	69
Lack Health Insurance	19	16
Physical Inactivity	27	19
Cigarette Smoking	20	15
Obesity	35	27
High Blood Pressure	37	26
High Cholesterol	45	38
Diabetes	12.4	7.2
10 th graders – Smoking	25	13
10 th graders – Smokeless Tobacco	30	6

Garfield County is challenged with social determinants such as low income and high unemployment, yet the quality of care provided to the community is on par or higher when compared to the rest of the state. The graph below illustrates early prevention and screening efforts.



The County's health system is much more than the hospital and clinic. Many agencies have opportunities to impact the high rates of chronic disease and risk behaviors.

Who delivers health to Garfield County?



Healthcare Reform: As state/federal budget cuts continue and reimbursement rates decrease, operating rural health facilities becomes more difficult. Innovative solutions are required to keep the doors open. This is not only a challenge in Garfield County - it is shared nationwide. The current U.S. healthcare delivery system is not sustainable. Policy makers suggest that historic approaches to delivering and financing health care will not be responsive in the current environment.

The Affordable Care Act (ACA) proposes systemic fundamental changes aimed at decreasing costs and improve outcomes. A framework driving ACA initiatives is the Institute of Health Improvement's *Triple Aim* - to achieve better care, better health at a lower cost framework.



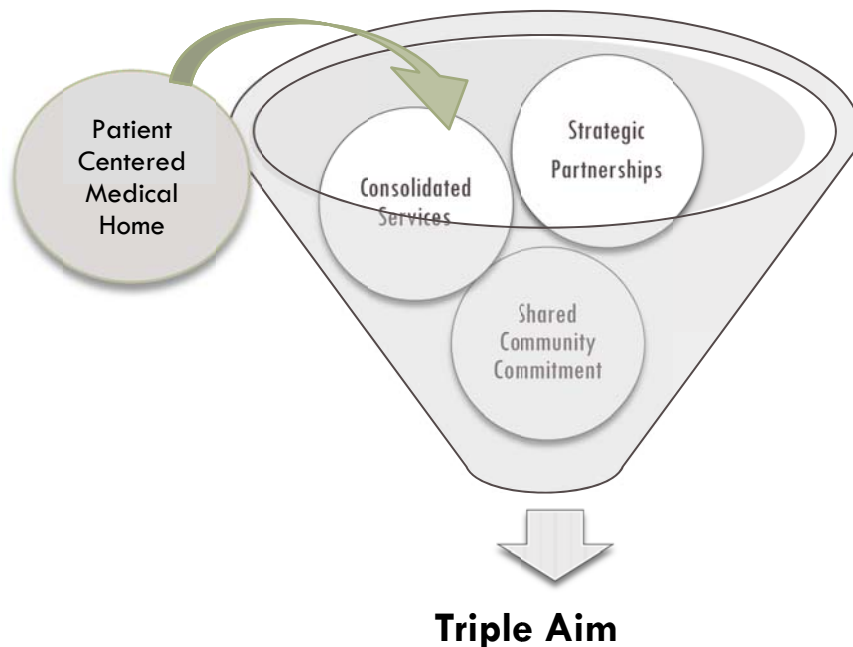
Garfield County's Response to Reform:

Patient Centered Medical Homes The hospital and clinic have allocated resources to support the *patient centered medical home*. This includes redesigning staff positions and purchasing IT equipment to enhance the capacity to aggregate and exchange data. This model emphasizes management of chronic conditions, coordinated care, integrated health information systems, team based care and transitions from episode-based medicine to population based health services. This model also promotes collaboration with regional stakeholders.

But is this enough?...

Innovative solutions that support the Triple Aim are being vetted throughout the United States. Federal, state and local funding sources have been and will continue to support this work. The group was asked: What would a cost effective, high quality healthcare model look like in Garfield County? How does that compare to what Garfield County looks like now? Who's responsible for the health of the community?

New Opportunities for Garfield County Healthcare Delivery Model:



Discussion, Findings, and Themes

After the presentation, the Roundtable participants joined in an hour long discussion targeting health and health services in Garfield County. The leading question framing the dialog was, “who is responsible for the health of the community?”

Need for Comprehensive Community Engagement and Active Collaboration: The following agencies were identified as responsible for the health of Garfield County.

Public Health District	Port District
County Health Department	Local Media/newspapers
Mental Health Providers	Food Bank
Transportation agencies	Clergy
Aging and Long Term Care	Community Center
City/County	Law Enforcement
Clarkston CSO	Blue Mountain Community Foundation
Dentist	Senior Round Table Meal Program
Pharmacy	School District
St. Joseph’s Hospital	Forest Service
Tri- State Hospital	Economic Development SEWEDA
Dayton Hospital	Chamber of Commerce
Fire/EMS	Health Foundation

Unfortunately not *all* stakeholders are willing to collaborate. While acknowledged as a chronic problem, it was agreed that engagement is imperative given the current environment. It was suggested that it may be helpful to find a common thread relevant to all agencies. What is the tie that binds? One participant recommended addressing the negative impact transient residents have on the community.

Another participant suggested a different approach. Referring to the “gear” power point slide used in the presentation (displayed on page 4 of this report), he stated, “you have to get the main drive gear at every agency activated” and that may take “ruffling some feathers”, “letting them know they are the weak link” or “building a fire in the basement”.

Need to Educate and Raise Awareness of Stakeholders: Disseminating health data and ACA information were suggested as strategies to raise awareness and promote change. For instance, the presentation reported that Garfield’s smoking rate among 10th graders is double that of the state’s. While some may challenge the statistic, the data could cue a discussion among the county health

department, hospital district, school district and store owners. Such engagement is the needed to encourage improvements.

Need to Have a Defined Course of Action of Stakeholders: Garfield County is politically conservative and in general not proponents to “Obama-care”. Many are happy with the status quo and do not see the need to be involved in health care reform. It was suggested that a plan of action with clear messaging may encourage participation. People don’t want to just meet to meet.

Health Care is Impacting Garfield County: ACA changes are already impacting Garfield County. Enrollment in the state’s health insurance exchange begins October 2013. Many details remain unknown and are causing confusion, for example how outreach will be conducted in rural communities, which health plans will be included in the exchange, and how training will be provided to local resources such as hospitals, clinics, and the senior center.

Participation in the exchange is voluntary. Cost savings is dependent on the size of the risk pool thus it is essential that healthy people, particularly young adults enroll in the program. However, some policy makers suggest that there is little incentive. Young adults may not perceive a need for health insurance nor do they want to incur the out of pocket expense.

Moreover, it was noted that health plans with high deductibles are impacting the local health system. Patients who cannot afford their medical expenses are forcing the county to absorb the costs. High rates of charity care are supported by the taxpayer’s dollars.

Lastly it was noted that the county’s high rates of chronic disease may impact how much physicians and hospital are paid for services. The current health care system reimburses per service delivered; this is often called a *volume based system*. The ACA is promoting evidence based practices that reimburse for quality outcomes in an effort to create a *value based system*. Therefore a patient who is not compliant with treatment plans or makes poor personal health choices could potentially decrease reimbursements for hospital, clinic and providers.

Next Steps

Following a lively discussion, a summary of next steps included:

1. Develop a position paper with a clear message and plan of action.
2. Get the “main drive gear” from each agency to the table.
3. Engage stakeholders by “holding their feet to the fire”.
4. Educate stakeholders of their role in the new healthcare delivery system.
5. Create and implement local solutions.

Closing remark

The meeting adjourned with the statement, “I heard a lot of passion here tonight; don’t let it die”.

APPENDIX

Roundtable Poster and Postcard Invitation

Change Ahead

**Navigating Change by
Connecting with Others.**

**You are invited to
Garfield County's
Rural Health
Roundtable**

**Garfield County's Rural Health Roundtable
June 18, 2013 6pm
Pomeroy Senior Center**

Light Refreshments Provided

The purpose of the Rural Health Roundtable is to discuss the health of Garfield County. Questions about health care reform are on minds of all Americans. Our discussion aims to help our community understand what health policy means for local families and neighbors. Building momentum around health care reform begins with you.

Sponsors: Washington Rural Health Association and Garfield County Hospital

Postcard Invitation



Press Release

June 3, 2013

Washington Rural Health Association Seeks Local Input on Health Priorities

FOR IMMEDIATE RELEASE:

POMEROY, WA – The health of Washington’s rural residents is an ongoing concern. To address these concerns, the Washington State Rural Health Association, established in 1981, organized to collaboratively strengthen and improve the health of rural communities. Their work helps to establish policies and activities to improve health and health care services for rural residents. Currently, they are seeking input from rural residents throughout the state of Washington and selected Garfield County to host a “Rural Health Roundtable” meeting. Other communities hosting these town hall meetings include Lincoln and Dayton.

“We are excited that Garfield County has agreed to participate in a “town hall” meeting to get input from people in rural areas about health concerns,” stated John Hanson of Washington Rural Health Association. The session, called the *Garfield County Rural Health Roundtable*, is scheduled on Tuesday, June 18th from 6 p.m. until 8 p.m. at the Pomeroy Senior Center. “Questions about health care reform are on the minds of our communities. The more public awareness about what health policy means for local families and neighbors the better”, said Andrew Craigie, CEO of Garfield County Hospital. Starting at 6p.m. light refreshments will be provided and all residents are invited to participate. The facilitator, Sue Deitz, Director of the eastern Washington Critical Access Hospital Network, will lead the discussion and comments from participants will be documented and provided to the Washington Rural Health Association. These sessions allow local people an opportunity to share what matters to them and what they think should be emphasized when it comes to health in rural areas.

Rural health has some unique characteristics related to the delivery of health care services. A smaller population base, limited resources, access to affordable insurance, economic pressure on the healthcare system and growing social need are among the key issues related to sustaining our local healthcare system. “Living in a rural area in Garfield County provides many great opportunities when it comes to families and having good relationships but we are often challenged to receive all health services within our own county and many travel to Spokane for care—we are very fortunate to have a local hospital and physicians that provide great services,” said Susie Bowles, Clinical Care Coordinator at Pomeroy Medical Clinic. For more information please contact Andrew Craigie, at 509-843-1591.