

Meeting Objectives:

- Review action and progress on commitments made to date; and
- Come to mutual agreement regarding next steps for the Culture of Health matrix/best practices inventory.

Agenda Items		Time
Welcome from co-champions, Kathleen Paul & David Wertheimer	Kathleen & David	9:00 am
Introductions <i>Attachment 1 - Bios</i>	Committee Dialogue	9:05 am
Review decisions and commitments to date <i>Attachment 2 - Action Plan</i> <ul style="list-style-type: none"> • <i>Strategies 2-3</i> 	Laura Zaichkin	9:10 am
Strategy 1: Culture of Health Mapping <i>Attachment 3 - Culture of Health Framework matrix</i> <ul style="list-style-type: none"> • <i>King County & health care/ rural health examples</i> • <i>Best/promising practices inventory—next steps</i> 	Ben Lindekugel & Committee Dialogue	9:20 am
Summary/Closing Comments <ul style="list-style-type: none"> • <i>Review of identified action items</i> • <i>Next meeting 9 a.m. July 5</i> 	Kathleen & David	9:50 am
Adjourn		10:00 am

Kathleen Paul, co-champion	Virginia Mason
David Wertheimer, co-champion	Bill & Melinda Gates Foundation
Jennifer Allen	Planned Parenthood Votes Northwest and Hawaii
Abigail Blue	Washington Association of Community & Migrant Health Centers
Doug Bowes	United Healthcare
Alison Carl White	Better Health Together
Ed Dwyer-O'Connor	Harborview Medical Center
Dan Ferguson	Washington State Allied Health Center of Excellence
Connie Kline	Pierce Co. Community Connections - Aging & Disability Resources
Ben Lindekugel	Association of Washington Public Hospital Districts
Michael McKee	International Community Health Services
Peter Morgan	Family Health Centers
Teresa Mosqueda	Washington State Labor Council, AFL-CIO
Sallie Neillie	Project Access Northwest
Andrew Over	Regence BlueShield
Sherry Reynolds	Alliance4Health
Bill Rumpf	Mercy Housing Northwest
Martin Valadez	Greater Columbia ACH
Caroline Whalen	King County
Greg Williamson	Washington State Department of Early Learning

Healthier Washington Collective Responsibility Accelerator Committee



Kathleen Paul, Accelerator Committee Co-Champion
Vice President, Communications and Public Policy
Virginia Mason

Kathleen G. Paul is the vice president of Communications and Public Policy at Virginia Mason Health System. She leads the organization's work in public policy, public relations, media relations, internal communications, community benefit, medical photography and Web strategies.

In addition to her experience in health care, she has worked in publishing, hospitality, higher education and K-12 education.

She received a Bachelor of Arts in Communications from the University of Washington and a Master of Arts in Strategic Communication from Antioch University Seattle. She is certified to lead Virginia Mason Production System continuous improvement workshops and has received advanced training as a Kaizen Fellow in Japan and Italy.

Kathleen currently serves on the boards of Bailey-Boushay House and The Horizon House.



David Wertheimer, Accelerator Committee Co-Champion
Deputy Director for Strategy, Planning and Management
Bill & Melinda Gates Foundation

David Wertheimer, M.S.W., M.Div., is the Deputy Director for Strategy, Planning and Management for the Pacific Northwest Initiative at the Bill & Melinda Gates Foundation. In this capacity, he works on issues of family stability, housing and homelessness, as well as overseeing measurement, learning and evaluation activities for the PNW team. He serves on the Board of Directors for Partners for Our Children, Funders Together to End Homelessness, and the Haverford College Alumni Executive Committee.



Doug Bowes

Washington Health Plan CEO
United Health Care Community Plan

Doug Bowes joined UnitedHealthcare in July of 2012. He has over 20 years of experience in the healthcare industry. Prior to joining United, Doug worked for Magellan Health in a variety of roles including General Manager of their Imaging operation (National Imaging Associates) and Vice President of Operations for their Behavioral Division. Prior to Magellan he was Regional Vice President for Managed Health Network, the behavioral arm of Health Net, and had oversight of all east coast business. He was educated at Northeastern and New York Universities and spent his early career as a Psychotherapist working in a variety of inpatient and outpatient settings.



Alison Carl White

Executive Director
Better Health Together

Alison Carl White joined Better Health Together in June 2014, to lead the team of 16 tenacious problem solvers committed to radically improving our region’s health. Alison brings a wealth of executive level nonprofit leadership, corporate social responsibility and community engagement experience as key tools for creating sustainable community impact. Over the past 20 years, Alison has served as the Executive Director of five other Northwest nonprofit organizations— WithinReach, NPower NW, Seattle Works, VolunteerWorks and the Federal Way Chamber of Commerce.

When Alison isn't building community, she is part of a great family that includes Erik, two amazing kids, Barrett (age 9) and Claire (age 8) plus Dodge and Penny June (their Australian Shepherd pups) and six chickens . A recent transplant to Spokane, loves her country road running, the beauty of the Palouse and the lack of Seattle traffic.



Dan Ferguson

Director

Washington State Allied Health Center of Excellence

Dan Ferguson has over thirty years of experience in higher education, non-profit management, health care and human services. He has a real interest in organizational culture and change management. In Dan's current role as the Director of the Washington State Allied Health Center of Excellence, he is working to assist the community college system in understanding and adapting to the health care workforce changes due to the affordable care act.



Connie Kline

Social Service Supervisor

Pierce Co. Community Connections – Aging & Disability Resources (ADR)

ADR is the designated Area Agency on Aging for Pierce County and a division of Pierce County government's Community Connections Dept. I have worked for ADR over 27 years serving in both direct service and administrative positions, and have spent the majority of my career working in the areas of community based planning, coordination and collaboration, as well as program development, implementation and evaluation in support of building a comprehensive system of long term services and supports for older adults and individuals with disabilities.



Ben Lindekugel

Executive Director

Association of Washington Public Hospital Districts (AWPHD)

Executive Director of the Association of Washington Public Hospital Districts (AWPHD), where he has been for six years. He worked for 15 years at EvergreenHealth in Kirkland, developing and leading community-based services, managing various clinical departments and heading up community relations and board governance. Between Evergreen and AWPHD, Ben consulted with rural hospitals and other community organizations around management, governance and organizational development issues.



Michael McKee

Director of Health Services and Community Partnerships

International Community Health Services

Michael McKee is currently the Director of Health Services and Community Partnerships at International Community Health Services where he has worked since 2005. He has a Masters of Education in Community Health Education from Kent State University in Ohio and has more than 25 years' experience practicing community and public health education, administration and research in nonprofit, academic and government agencies, serving many diverse communities. Areas of interest and experience include: community health workers; outreach and enrollment; school based health services; culturally and linguistically tailored health education; enabling services; communicable disease investigation; population health and chronic disease self-management. He has collaborated on several community based participatory research (CBPR) projects through AAPCHO, University of Washington and Public Health Seattle & King County to address health disparities in Asian American and Native



Hawaiian and other Pacific Islander populations. He has presented his work at local, state, and national conferences, as well as online.

Teresa Mosqueda

Political and Strategic Campaign Director
WA State Labor Council, AFL-CIO

Teresa Mosqueda was named WSLC Political and Strategic Campaign Director in May 2015. In this position she advances the council’s work developing shared agendas, strategic organizing campaigns (raising wages, naturalization, revenue reform, etc.), and recruiting, training and electing political champions for working people. As Chair of the Healthy Washington Coalition, the state’s largest health care advocacy group, Teresa was appointed by the Governor to serve on the Health Insurance Exchange Board, where she served four years advocating for low-income people and the under-served. Teresa continues to serve as Chair of the Healthy WA Coalition, and advocate on behalf of working families on health care issues.



Sallie Neillie

Executive Director

Project Access Northwest

Sallie Neillie founded Project Access Northwest in early 2006 with the help and support of committed group of individuals who were determined to find a way to improve access to needed specialty services for the low-income uninsured and underinsured. Since its inception, Project Access has served over 30,000 patients from all over King, Snohomish and Kitsap Counties. The specialty care services they received are valued at approximately \$90 million dollars.

Prior to founding Project Access NW, Sallie worked for Group Health Cooperative for 16 years. While there, her experience included a number of positions in both the health care delivery system and in the insurance division. She also spent four years as the Director of Health Access for the Washington Health Foundation.

In addition to being the Executive Director of Project Access NW, Sallie sits on the board of Washington Health Access Alliance, an association focused on supporting free clinics, mobile clinics and other efforts to address local health care access needs.



Andrew Over
Market Vice President
Regence BlueShield

As the Market Vice President, Andrew Over is responsible for strategy development and execution to drive growth in Regence's Washington market. In this position, Andrew has a strong focus on growing Regence's visibility in market through strategic partnerships and community involvement.

Before joining Regence, Andrew spent more than a decade working in national politics in Oregon, Washington, D.C. and Washington. His roles included working for U.S. Senator Gordon Smith as his Deputy State Director for Oregon and as Deputy Campaign Manager for a U.S. Senate campaign in Washington.

Andrew currently serves on the board of directors for the American Heart Association – Puget Sound Chapter, The First Tee of Greater Seattle and Junior Achievement – Washington.



Sherry Reynolds
Founder and Director
Alliance 4 Health

Sherry is a health Informatics expert and startup midwife currently serving as the Executive Director of the Alliance4Health - a nationally recognized patient centered design advocacy firm.

Prior to her work at the Alliance she was the National Project Director at HHS - Office of the National Coordinator responsible for 63 field offices working with 143,000 physicians to adopt Patient centered Health IT and developed a new national patient centered policy and service line.

She also currently serves as the co-chair of the consumer task force of the Choosing Wisely campaign; is a founding member of the consumer advocacy group of the Washington State Alliance for Health and past president of HIMSS Washington where she founded their award winning advocacy program.

Earlier in her career she worked at Microsoft and then became a special needs housing developer where she created the first housing for people living with AIDS in Seattle and remodeled a Catholic seminary into the largest Naturopathic Medical school in the US. In her spare time she is often a volunteer mentor and judge for healthcare startups and she loves to coordinate volunteers on political campaigns and grass-roots community development projects.

Bill Rumpf
President
Mercy Housing Northwest

Bill Rumpf oversees real estate development, resident services and resource development for Mercy Housing Northwest. MHNW owns 2,000 affordable family and senior apartments in Washington—in 16 counties, primarily in Western WA from Bellingham to Olympia. MHNW has been hosting a Washington Housing-Health Partnership Collaboration group for past 18 months.



Caroline Whalen
Chief Administrative Officer
King County

Caroline Whalen is King County's Chief Administrative Officer overseeing the internal operations including benefit design and implementation. The county's health reform initiative has been a focus of her work since 2002. She is past chair of the Washington Health Alliance.

She was a principal member of the staff team that developed award winning benefit design Healthy IncentivesSM. King County received the 2013 Innovations in American Government Award for this program from the John F. Kennedy School of



Government at Harvard University.

Ms. Whalen has worked for the King County since 1994 as an analyst and manager for the executive and legislative branches.

Healthier Washington Collective Responsibility Accelerator Committee



ACTION ITEM: Collective Responsibility Action Pathway		OWNER & Team Members: Kathleen Paul & David Wertheimer, Co-Champions		REVISED: May 3, 2016	
<p>SITUATION: VALUE/MISSION STATEMENT: Accelerate collective responsibility for improving community health. OBJECTIVES AND ACTION STEPS:</p> <ul style="list-style-type: none"> • Gather and share information. Understand and theme the full spectrum of community needs related to improving health outcomes as defined by each community, and share emerging and best practices related to key determinants of success. • Identify common indicators. Propose indicators of success related to collective efforts to realize shared activities and outcomes, and promote dialogue with and across communities and sectors to address concerns and refine common indicators. • Communicate, advocate and activate. Develop strategies to educate and communicate with targeted audiences, with a goal of changing the public dialogue by applying lessons learned to communicate with local and state-level systems and policy makers. <p>The Healthier Washington Collective Responsibility Accelerator Committee promotes the concept of shared accountability and collective impact in achieving improved community health. Through mutually identified priorities and action, the committee will help shape messaging that resonates, identify key partners across multiple sectors in the promotion and sustainability of Healthier Washington, and serve as champions of the concept of collective responsibility.</p> <ul style="list-style-type: none"> - Highlight common indicators of success across a broad range of constituencies in communicating the value proposition of improved community health - Articulate and prioritize activities around the concept that all have a role to play across the system in service to mutual action and goals - Serve as "connective tissue" to help those working in the field and across the Accountable Communities of Health move from theory to practice, as well as make the vision of collective responsibility more palatable 					
No.	OBJECTIVE	No.	STRATEGIES	Owner	SUB-TARGETS
1.0	Accelerate collective responsibility among a diverse set of stakeholders committed to improving community health, both at the state level within the HILN, State agencies and relevant partners, as well as at the local level within ACH systems.	1	Gather and share information - Understand and enhance the articulation of the full spectrum of community needs related to improving health outcomes as defined by each community. Where needed, encourage and enhance local understanding of the full spectrum of community health outcomes where definitions fall short of inclusive, holistic frameworks. - Share emerging and best practices related to key determinants of success and stimulate discussions among stakeholders across diverse systems with the potential for increasing partnership, ownership and action on a broadly defined spectrum of community health needs.	Caroline Whalen, Ben Lindekegel: Map RWJF Culture of Health Framework to strategies in King County and rural hospitals. June meeting will include a discussion of the matrix and next steps, including identification of targets.	Compile learnings, opportunities, indicators of success, and best practices in collective responsibility from the following sources to identify key audiences, common themes and potential strategies: - Literature, e.g., RWJF Culture of Health - Committee members draw from their own work related to key determinants of success across sectors and audiences - Accountable Communities of Health - Other sectors such as early learning and housing that may not yet be engaged in Healthier Washington initiatives - Other Accelerator Committees, e.g., opportunities to gather and disseminate information
		2	Identify common indicators - Propose indicators of success related to collective efforts to realize shared activities and outcomes that can be tailored to specific community conditions, needs and opportunities. - Promote dialogue with and across communities and sectors to address concerns and refine common indicators, encouraging participation and involvement of a broad range of community health stakeholders.	Strategies are sequential, and strategies 2-3 build upon one another.	Based on literature and landscape review, develop a product that identifies target audience(s), compiles common indicators of success for collective action and responsibility, identifies existing resources, develops messaging, and provides a road map of next steps for committee and community.
		3	Communicate, advocate and activate - Develop effective, geographically and culturally tailored strategies to educate and communicate with a broad range of targeted audiences whose involvement in ACH and state-level planning are essential to success over time. - Enhance and grow the public dialogue by offering key strategies and tactics to expand dialogue, increase communication and community engagement in planning and execution of collective efforts within and among local and state-level systems and policy makers. - Gather and theme information and target these communications for multiple levels, e.g., "up" to policy makers and "down" to communities.	Sherry, Dan: begin to support rapid cycle testing of messaging, audience. Think about how we might deploy information. Bill: Speaking to housing and health Allison: Interested in contributing to this strategy.	Develop a strategy to build upon existing ACH technical assistance to build ACH "learning collaborative" regarding engagement and collective responsibility. Leverage accelerator committee member networks to communicate the common benefit of advancing community health. Develop and implement strategy to communicate the best practices and outcomes of collective action and responsibility in advancing community health improvement to state-level organizations, systems and policy makers.
No.	TARGET				
	The one specific accomplishment that is a good indicator of success - SMART - Committee discussed at April meeting that we will start with process measures. - Culture of Health Framework mapping may contribute to identification of specific, targeted measures. Discuss at June meeting.				

CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREAS	DRIVERS	MEASURES
1 MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Value on health interdependence Value on well-being Public discussion on health promotion and well-being
	SENSE OF COMMUNITY	Sense of community Social support
	CIVIC ENGAGEMENT	Voter participation Volunteer engagement
2 FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	NUMBER AND QUALITY OF PARTNERSHIPS	Local health department collaboration Opportunities to improve health for youth at schools Business support for workplace health promotion and Culture of Health
	INVESTMENT IN CROSS-SECTOR COLLABORATION	U.S. corporate giving Federal allocations for health investments related to nutrition and indoor and outdoor physical activity
	POLICIES THAT SUPPORT COLLABORATION	Community relations and policing Youth exposure to advertising for healthy and unhealthy food and beverage products Climate adaptation and mitigation Health in all policies (support for working families)
3 CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT/PHYSICAL CONDITIONS	Housing affordability Access to healthy foods Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Residential segregation Early childhood education Public libraries
	POLICY AND GOVERNANCE	Complete Streets policies Air quality
4 STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS	Access to public health Access to stable health insurance Access to mental health services Routine dental care
	CONSUMER EXPERIENCE AND QUALITY	Consumer experience Population covered by an Accountable Care Organization
	BALANCE AND INTEGRATION	Electronic medical record linkages Hospital partnerships Practice laws for nurse practitioners Social spending relative to health expenditure
OUTCOME	OUTCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING	Well-being rating Caregiving burden
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse child experiences Disability associated with chronic conditions
	REDUCED HEALTH CARE COSTS	Family health care cost Potentially preventable hospitalization rates Annual end-of-life care expenditures

DRAFT

Potential framework for HILN “Collective Responsibility” committee members to map out actions their sector/organization is taking to improve health and health care in Washington. This work would help members better understand how we each conceptualize the roles we play to improve health, and from there inform an education/advocacy strategy (as well as indicators of success)

Framework is from Robert Wood Johnson Foundation <http://www.cultureofhealth.org/>



Making health a shared value: Making Health a Shared Value emphasizes the importance of individuals, families, and communities in prioritizing and shaping a Culture of Health. Everyone should feel engaged with their community’s decisions and believe that they have a voice in the process.

Fostering cross-sector collaboration: Are individuals, institutions, and communities doing all they can to prevent illness and promote health? For well-being to flourish, we need to work together. This Action Area focuses on collaborations that include sectors typically seen as outside health and health care. Cooperation across sectors like education, business, transportation, and community development can play an essential role in building a Culture of Health.

Creating healthier, more equitable communities. The places where we live, learn, work, and play all contribute to our ability to become and stay healthy. How effective are our environments in fostering the healthy development of our children or in adapting for older adults so they can age in place? Do our neighborhoods offer access to nutritious and affordable food, recreational facilities, lifelong learning environments, and active transportation methods such as bike trails and sidewalks?

Strengthening integration of health services and systems. Imagine high-quality, efficient, and affordable health care to everyone living in the United States – where, when, and how they need it. This action area aims to strengthen a system of coordinated, quality care that integrates and better balances medical treatment, public health, and social services. It calls for a care delivery system that rewards value over volume and increased consumer engagement, shared decision-making, and transparency of data showing cost and quality of care.

Actions to Improve Health and Health Care: Mapping examples from across our sectors and organizations

YOUR SECTOR / ORGANIZATION	1. Making Health a Shared Value	2. Fostering Cross-Sector Collaboration to Improve Well-Being	3. Creating Healthier, More Equitable Communities	4. Strengthening Integration of Health Services and Systems
<p><i>Local government (county); local public health</i> King County</p> <p>In each area, we highlight actions we take both as the county government for the region's 2 million residents, and those that we take as a major regional employer and health care purchaser.</p> <p>Our external and internal actions are interconnected and mutually reinforcing: actions we take that affect the whole county also support our employees and their families; and actions we take as an employer have the ability to leverage larger health care system change that can deliver improved value for the larger community.</p> <p><i>HILN Committee Rep: Caroline Whalen</i></p>	<p>Equity and Social Justice (ESJ) commitment and plans</p> <p>Coverage is Here King County</p> <p>Champion of Health and Human Services Transformation initiatives</p> <p>-----</p> <p><i>As an employer:</i></p> <p>Comprehensive employee health and well-being strategy</p> <p>Best Run Government - engaging employees and fostering workplace culture of innovation</p>	<p>Best Starts for Kids levy</p> <p>Local Food Initiative</p> <p>Confronting climate change</p> <p>All Home – homelessness partnerships (housing/health)</p> <p>Gun violence prevention</p> <p>Accountable Community of Health convener</p> <p>King County Hospitals for a Healthier Community convener</p> <p>Transit-oriented development</p> <p>Collaboration across Orca Lift (reduced bus fare) enrollment and health coverage enrollment</p> <p>-----</p> <p><i>As an employer:</i></p> <p>Collaboration across county departments (Parks, Public Health, Transportation, etc.) to support employee health and well-being</p> <p>Financial well-being program being piloted, to address employee stress associated with financial issues.</p>	<p>Building healthier places through:</p> <ul style="list-style-type: none"> - Communities of Opportunity - Healthy Housing - Partnerships to Improve Community Health - Smoke-free environments - Comprehensive plans / healthy community planning - Community Resilience & Equity Program (Preparedness coordination) <p>-----</p> <p><i>As an employer:</i></p> <p>Fostering healthy physical environment:</p> <ul style="list-style-type: none"> - On-site activity centers and classes - Wellness and lactation rooms - On-site CSA deliveries <p>Policies that support flexibility and work-life balance</p>	<p>Behavioral health organization (BHO); physical and behavioral health integration design</p> <p>Heroin and Opiate Task Force convening</p> <p>Familiar Faces</p> <p>Mental Illness-Drug Dependency Action Plan</p> <p>Programs for community health workers (e.g., asthma)</p> <p>Support for clinical practices (family planning, communicable disease prevention, etc.)</p> <p>-----</p> <p><i>As an employer/health care purchaser</i></p> <p>Change agent moving toward value-based purchasing</p> <p>Benefit designs to incentivize prevention</p> <p>Empowering employees to become more actively engaged as shoppers and consumers of health care</p>

YOUR SECTOR / ORGANIZATION	1. Making Health a Shared Value	2. Fostering Cross-Sector Collaboration to Improve Well-Being	3. Creating Healthier, More Equitable Communities	4. Strengthening Integration of Health Services and Systems
<p><i>Health care; rural health</i> WSHA/AWPHD</p>	<p>Cosponsored with public health, WSMA, UW Population Health summit</p>		<p>Worked with state to develop new payment model for vulnerable rural hospitals</p> <p>Created collaboration among 14 rural hospitals, public health, FQHC, etc. to form north central ACH</p> <p>Secured \$100 million for mental health funding and \$32 million for new mental health facilities</p>	<p>Brought hospitals together to achieve 94% reduction in early elective deliveries before 39 weeks, allowing 3200 babies to mature</p> <p>Created Partnership for Patients, a hospital/physician relationship to increase safety and quality—resulted in 23,000 fewer harms per year.</p> <p>Created tools for hospitals to reduce readmissions and achieved a 27% reduction in readmissions</p> <p>Shared best practices among hospitals to achieve a 35% reduction in hospital mortality due to sepsis shock</p> <p>Worked with ER physicians, state Medicaid and hospitals to create “ER is for Emergencies” resulting in 9.9% reduction in ER visits, 10.7% reduction in “frequent visitors”, 14.7% reduction in visits with scheduled drug prescription</p>

The Healthier Washington Collective Responsibility Accelerator Committee will promote the concept of shared accountability and collective impact in achieving improved community health. Through mutually identified priorities and action, the committee will help shape messaging that resonates, identify key partners across multiple sectors in the promotion and sustainability of Healthier Washington, and serve as champions of the concept of collective responsibility.

In order to accelerate collective responsibility for improving community health, the Accelerator Committee will accomplish the following objectives:

- Gather and share information. Understand and theme the full spectrum of community needs related to improving health outcomes as defined by each community, and share emerging and best practices related to key determinants of success.
- Identify common indicators. Propose indicators of success related to collective efforts to realize shared activities and outcomes, and promote dialogue with and across communities and sectors to address concerns and refine common indicators.
- Communicate, advocate and activate. Develop strategies to educate and communicate with targeted audiences, with a goal of changing the public dialogue by applying lessons learned to communicate with local and state-level systems and policy makers.

The primary objective of the May committee conference call was to identify roles to accomplish the agreed-upon sub-targets outlined in the committee's evolving action plan. The committee agreed the sub-targets build upon one another, and discussion focused largely on targeted activities for compilation of learnings and best practices in order to drive audience identification, messaging and communication.

Caroline Whalen, Janna Wilson and Ben Lindekugel offered to map the RWJF Culture of Health Action Framework across King County activities broadly, with additional mapping to rural activities. Upon completion of a draft, other committee members will be invited to contribute their additions and refinements. This will help to strategically target next steps and action around the other sub-targets. It was also noted that the mapping exercise will help the committee identify substantive measures of committee success.

The committee agreed the other sub-targets are linked, and will be guided by the mapping exercise. However, Sherry Reynolds and Dan Ferguson volunteered to identify potential approaches for rapid-cycle testing of future messaging and strategies for TBD target audiences. They also will do some early thinking about how to better target the committee strategies.

The committee's focus on communicating, activating and advocating is of interest to several on the committee. Alyson Carl White and Bill Rumpf offered to contribute to communication with their networks and communities, with Bill volunteering to engage in early discussions with the Washington Housing-Health Partnership.

Next Steps

In addition to the action outlined above, Laura Zaichkin and committee co-champion, Kathleen Paul, will outreach this month to those who were not present at this meeting to discuss potential action and ensure all are briefed on committee work and decisions. The next meeting is 9-10 a.m. June 7 and will focus on review of and dialogue around the Culture of Health mapping deliverable.

Present:

Co-Champions

Kathleen Paul, Virginia Mason

Members in Attendance

Alison Carl White, Better Health Together

Dan Ferguson, Washington State Allied Health Center of Excellence

Connie Kline, Pierce County Aging & Disability Resources

Ben Lindekugel, Association of Washington Public Hospital Districts

Michael McKee, International Community Health Services

Sallie Neillie, Project Access Northwest

Sherry Reynolds, Alliance4Health

Caroline Whalen & Janna Wilson, King County

Adrienne Dorf, Washington State Department of Early Learning

Not Present

David Wertheimer, Bill & Melinda Gates Foundation

Jennifer Allen, Planned Parenthood Votes Northwest and Hawaii

Abigail Blue, Washington Association of Community & Migrant Health Centers

Doug Bowes, United

Ed Dwyer-O'Connor, Harborview Medical Center

Peter Morgan, Family Health Centers

Teresa Mosqueda, AFL-CIO

Andrew Over, Regence

Bill Rumpf, Mercy Housing Northwest

Martin Valadez, Greater Columbia ACH

Staff

Laura Zaichkin, Washington State Health Care Authority