

**Meeting Objectives:**

- Come to mutual agreement on strategies and measures of success to advance the accelerator committee’s mission statement; and
- Develop an execution plan to implement the agreed upon strategies.

Agenda Items		Time
<b>Welcome from co-champions, Kathleen Paul and David Wertheimer</b>	Kathleen & David	Noon
<b>Introductions   Attachment 1</b>	Committee Dialogue	12:05 pm
<b>Debrief February In-Person Meeting   Attachment 2</b> <ul style="list-style-type: none"> <li>• <i>Are we still in agreement on the identified mission statement and objectives?</i></li> </ul>	Committee Dialogue	12:10 pm
<b>Review of Action Plan and Identify Next Steps for Execution   Attachment 3</b> <ul style="list-style-type: none"> <li>• <i>Strategy review</i></li> <li>• <i>Identification of SMART target(s)</i></li> <li>• <i>Sub-Targets: Who will do what by when</i></li> </ul>	Committee Dialogue	12:20 pm
<b>Summary/Closing Comments</b> <ul style="list-style-type: none"> <li>• <i>Review of identified action items</i></li> <li>• <i>Mechanisms for communication between meetings</i></li> <li>• <i>Next meeting 9 a.m. April 5</i></li> </ul>	Kathleen & David	12:55 pm
<b>Adjourn</b>		1:00 pm

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 Nellie	Project Access Northwest
Andrew Over	Regence BlueShield
Sherry Reynolds	Alliance4Health
Bill Rumpf	Mercy Housing Northwest
Martin Valadez (invited)	Greater Columbia ACH
Caroline Whalen	King County
Greg Williamson	Washington State Department of Early Learning

# Healthier Washington Collective Responsibility Accelerator Committee

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**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.



**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.



**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 Incentives<sup>SM</sup>. 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.

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.

The objectives of the in-person meeting were to identify a shared definition of collective responsibility, develop the committee's mission statement, and identify objectives and action items to advance the committee's mission. Committee members emphasized the importance of highlighting the common indicators of success across a broad range of constituencies in communicating the value proposition of improved community health. For example, social determinants of educational success and determinants of health are similar. The work of this committee is to articulate and prioritize activities around the concept that all have a role to play across the system in service to mutual action and goals.

The committee discussed its potential role as "cartilage," the elastic, flexible connective tissue found between the vertebrae. The foundational elements to improving determinants of health are known, but this committee's role could serve as the "connective tissue" to help those working in the field across the state's ACHs (and their partners) move from theory to practice as well as make the vision of collective responsibility more palatable. Collective action is not necessarily comfortable or easy, and the committee, serving as "cartilage," can strengthen the value proposition and access to available information and tools for use in the field to ensure collective responsibility is engrained in the culture of improved community health.

### Outcomes and Discussion Themes

The committee spent a majority of the working meeting drafting a problem statement—which evolved into a value/mission statement—and objectives, as follows:

*Draft value/mission statement:* Accelerate collective responsibility for improving community health.

*Draft committee objectives and action steps:*

- **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.** 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.

Throughout the day, the following discussion themes emerged:

- **Collective impact as a foundation of collective responsibility.** In defining collective responsibility and the scope of this committee, members grounded themselves in the pillars of collective impact. There was agreement that the actions and scope of the committee cannot include a collective impact project. The committee's composition and mission are neither local enough, nor inclusive enough, for this approach. Nevertheless, members recognize the core principles of collective impact should, ideally, be implemented in Accountable Communities of Health. This committee will advance and enable collective impact on the ground by employing collective action and responsibility to inform, support and stimulate implementation of the concept and related activities.

- **Focus on Accountable Communities of Health.** While the State is partnering with Accountable Communities of Health to employ the principles of collective impact to ensure healthy people, smarter spending and better care, there are potential supports that may require the engagement of the private sector and state-level organizations. This might include promoting to ACHs common indicators of success, facilitating shared cross-ACH learnings, and providing ACHs with the tools to engage state-level organizations and associations.
- **Audience.** There was some discussion that a focus primarily on ACHs is too narrow, and the committee should consider including purchasers and those represented by HILN broadly, as well as historically under-represented communities that experience significant inequities. The committee also discussed opportunities to leverage the work of the other accelerator committees and the role for committee members in leveraging their own existing networks. In all efforts, it will remain essential to the communities we touch to continue to keep a primary focus on people and families.

### **Next Steps**

Regular one-hour virtual meetings will occur monthly moving forward, with the next conference call at noon on March 1. The committee expressed interest in focusing the March 1 meeting on discussion of a specific, focused work plan and a conversation about how the committee will measure and track its success.

### **Present:**

#### Co-Champions

Kathleen Paul, Virginia Mason

David Wertheimer, Bill & Melinda Gates Foundation

#### Members in Attendance

Jennifer Allen, Planned Parenthood Votes Northwest and Hawaii

Doug Bowes, United

Alison Carl White, Better Health Together

Ed Dwyer-O'Connor, Harborview Medical Center

Dan Ferguson, Washington State Allied Health Center of Excellence

Ben Lindekugel, Association of Washington Public Hospital Districts

Michael McKee, International Community Health Services

Sallie Nellie, Project Access Northwest

Andrew Over, Regence

Sherry Reynolds, Alliance4Health

Bill Rumpf, Mercy Housing Northwest

Martin Valadez, Greater Columbia ACH

Caroline Whalen, King County

#### Invited

Abigail Blue, Washington Association of Community & Migrant Health Centers

Connie Kline, Pierce County Aging & Disability Resources

Peter Morgan, Family Health Centers

Teresa Mosqueda, AFL-CIO

#### Staff

Laura Zaichkin, Washington State Health Care Authority

Healthier Washington Collective Responsibility Accelerator Committee



<b>ACTION ITEM:</b> Collective Responsibility Action Pathway	<b>OWNER &amp; Team Members:</b> Kathleen Paul & David Wertheimer, Co-Champions	<b>REVISED:</b> February 25, 2016
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**SITUATION:**

**VALUE/MISSION STATEMENT:** Accelerate collective responsibility for improving community health.

**OBJECTIVES AND ACTION STEPS:**

- 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. 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 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.

- 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	<p>Gather and share information</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>	TBD - for discussion 3/1  Alison Carl White (suggested)	<p>Read the ACH 2015 formative evaluation by 3/1/16</p> <p>Leverage the March 8-9 ACH convening to identify needs, goals, barriers from ACH backbone leads</p> <p>Lead discussion at an ACH Development Council call by mid-April to test understanding of findings</p> <p>Share literature regarding emerging and best practices related to key determinants of success across constituencies by 3/17/16 (via box.com)</p> <p>Test approach with HILN at 4/15/16 meeting.</p>
		2	<p>Identify common indicators</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>	TBD - for discussion 3/1	<p>Compile and theme common indicators of success across constituencies by 4/5/16</p> <p>Assess by 4/5/16 if common indicators apply to other audiences, e.g., HILN, purchasers, other accelerator committees</p> <p>Identify an approach by 5/3/16 for consistent bi-directional dialogue with key audiences to test and refine common indicators (e.g., ACH Development Council call)</p>
		3	<p>Communicate</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul>	TBD - for discussion 3/1	<p>Develop a strategy by 6/7/16 to build upon existing ACH technical assistance to build ACH "learning collaborative"</p> <p>Develop change management approach for collective responsibility by 5/3/16</p> <p>Develop messages by 6/7/16 for communication with ACHs and participants and state-level organizations and systems (taking from macro to micro; reduce jargon)</p> <p>Develop communication collateral based on messaging by 6/30/16</p> <p>Committee members deploy messaging with at least one person in their networks by 7/29/16</p>
<b>No.</b>	<b>TARGET - for 3/1 discussion</b>				
	The one specific accomplishment that is a good indicator of success - SMART				
	E.g., theory to practice E.g., messages go from 50K feet to 5K feet E.g., ACH value and impact understood by stakeholders, policy makers				