PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON

SPECIAL MEETING August 7, 2013 Verdant Health Commission Board Room

Commissioners

Present

Bob Knowles, President Fred Langer, Commissioner Deana Knutsen, Commissioner J. Bruce Williams, MD, Commissioner

Karianna Wilson, Commissioner

Staff

Carl Zapora George Kosovich Jennifer Piplic Karen Goto

Guests

Ursula Roosen-Runge

Members of the Community

Call to Order

The Special Meeting of the Board of Commissioners was called to order by President Knowles at 5:30 p.m.

Presentation

Mr. Kosovich and Ms. Roosen-Runge presented the results of the 2013 Community Health & Wellness Assessment and options for future direction by the

Board based on the results.

Special Meeting

Commissioners held a discussion on Verdant's potential roles and investment opportunities

(E:44:13). No action was taken.

Adjourn

The meeting was adjourned at 7:40 p.m.

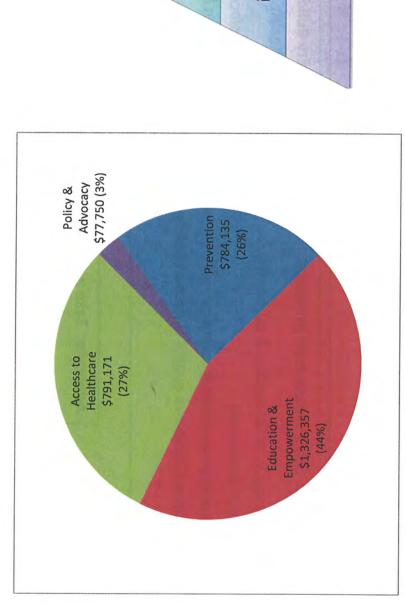
Attest By:

Secretary

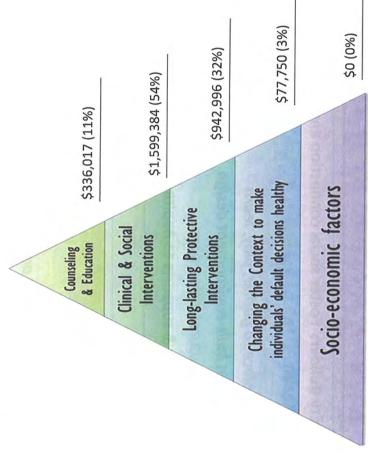
President

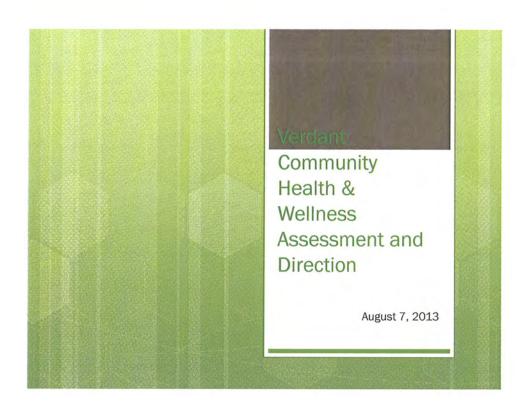
Verdant Annual Program Spending by Category

Verdant Priorities



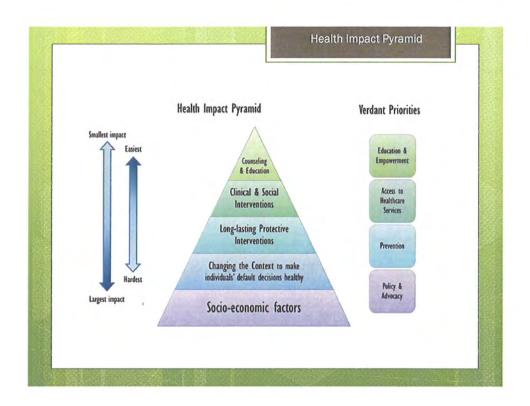
Health Impact Pyramid

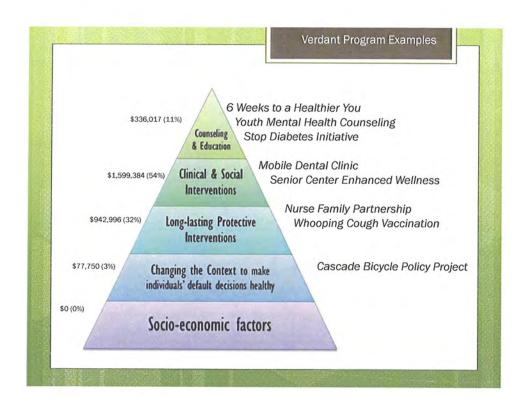


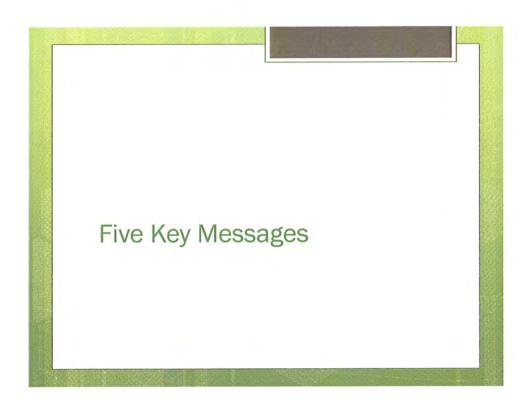


What this study session is about

- Review where we are now and what we have learned from the assessment
- ◆ Exploring the roles and opportunities for the future
- Setting directions for strategic investments







Key Message 1

Place and Demography Matters

- The District is not homogenous.
- Significant differences exist by neighborhood and by ethnic group.
- These differences create challenges but also mean that Verdant can choose to strategically focus its efforts on the neediest.

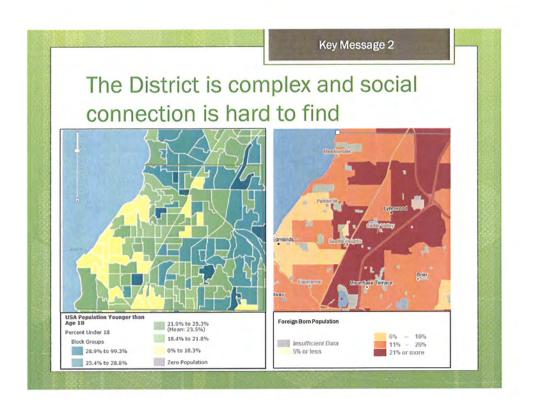
Key Message 1

Five miles apart

	In Edmonds	North-99
% of residents living below poverty	6.2%	18.5%
Median Age - Years	57.6	30.4
Owner Occupied Homes	94%	24%
% of Households that are single parent	3.3%	9.9%
% of Households that moved into current unit within last 5 years (2005 or later)	38.6%	81.4%

"Inequities in health arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. ...the conditions in which people live and die are, in turn, shaped by political, social, and economic forces."

Social Determinants of Health Initiative



Key Message 2 (continued)

Social connection = Wellbeing

Providers:

- Community center bring diverse communities together & offer healthy activities
- · Families mentoring families
- Increased connection will build compassion and understanding
- Collaboration across agencies a connected team leads to client success
- Gather providers together for sharing of information and breaking down of silos

Residents:

- Affordable indoor activities for children and youth
- Day program for seniors with dementia or other disabilities
- Place for "innocent fun"
- Time with grandchildren and family



Teen at Cocoon House

Key Message 4

Cost of care and a lack of insurance are the greatest obstacles for adults seeking care

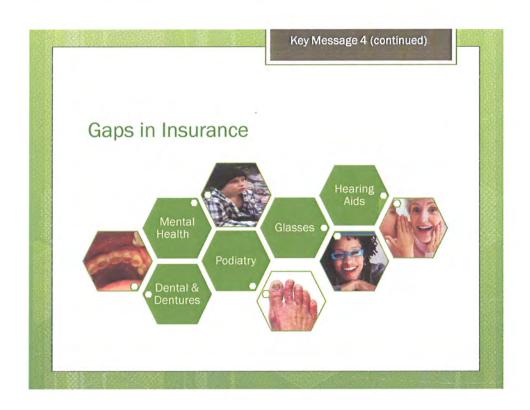
Insurance

- Overall 17% of residents under 65 do not have health insurance – ranging from 4% to 20% depending on neighborhood.
- ◆ 31-34% have no dental insurance

Cash

- Even middle class seniors find copays prohibitive when they or their spouse frequent care
- There is no sliding scale the very poor can afford.

"At times we don't go to the doctor because we actually don't have the \$25." Spanish-speaking parent



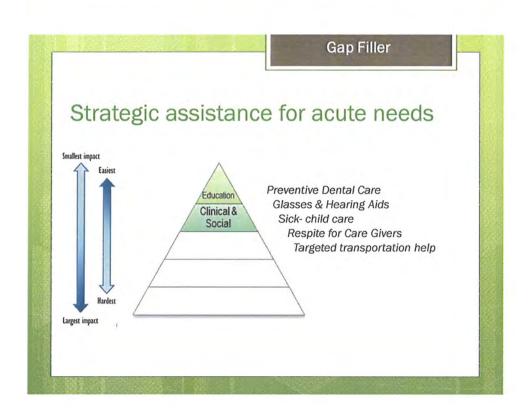
Key Message 5

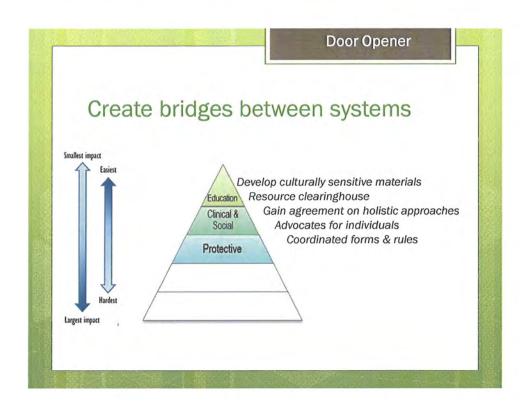
Care-givers need support

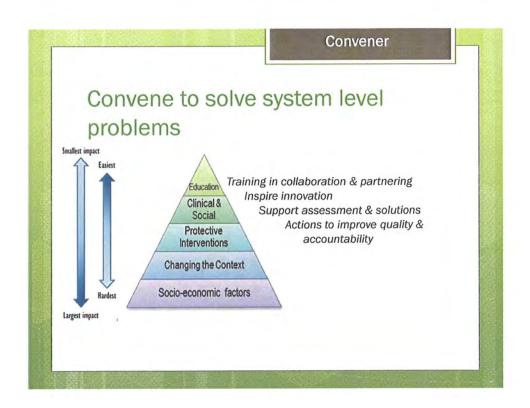
- Attending to caregivers could make systems and families stronger
 - Providers would like to set aside red tape & foster relationship with their clients
 - Family caregivers of elderly need respite, connection & time for their own health
 - Single parents need emergency child care and help navigating services

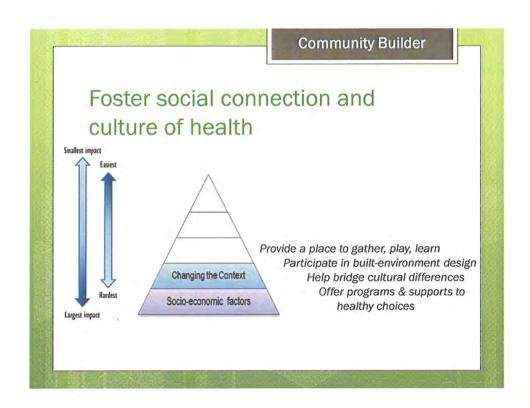


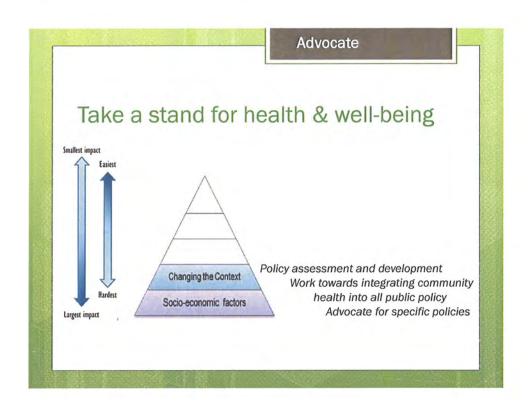












How do these roles resonate with you?

What might they mean for Verdant?