

VERDANT HEALTH COMMISSION
PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
BOARD OF COMMISSIONERS
Regular Meeting
A G E N D A
February 24, 2016
8:00 a.m. to 9:30 a.m.

	<u>ACTION</u>	<u>TIME</u>	<u>PAGE</u>
A. Call to Order	---	8:00	---
B. Approval of the Minutes			
a) January 27, 2016 Board Meeting	Action	8:01	1-5
b) February 22, 2016 Special Board Meeting	Action	8:02	6
C. Executive Committee Report	Information	8:03	---
D. Finance Committee Report			
a) 2013-2014 state audit exit conference	Information	8:05	---
b) Review financial statements and cash activity	Information	8:20	7-11
c) Authorization for payment of vouchers and payroll	Action	8:25	12
d) Resolution 2016-01: Surplus Personal Property	Action	8:27	13-16
E. Program Committee Report & Recommendations			
a) Verdant Community Wellness Center activities update	Information	8:30	17-18
b) Program presentation on Washington CAN	Information	8:35	---
F. Marketing Report	Information	8:50	19
G. Superintendent's Report	Information	8:55	---
H. Public Comments (please limit to three minutes per speaker)	---	9:00	---
I. Commissioner Comments	---	9:05	---
J. Executive Session			
a) Consider the legal risks of a proposed action of the district	---	9:10	---
b) Review and consider proposed property acquisition			
K. Open Session	---	9:25	---
L. Adjournment	---	9:30	---

PUBLIC HOSPITAL DISTRICT NO. 2 OF SNOHOMISH COUNTY, WASHINGTON
VERDANT HEALTH COMMISSION

BOARD OF COMMISSIONERS

Regular Meeting
Verdant Community Wellness Center
February 24, 2016

Commissioners Present	Fred Langer, President Deana Knutsen, Secretary J. Bruce Williams, M.D., Commissioner Bob Knowles, Commissioner Karianna Wilson, Commissioner (8:10 a.m. arrival)
Others Present	Carl Zapora, Superintendent George Kosovich, Assistant Superintendent & Program Director Lisa King, Finance Director Jennifer Piplic, Marketing Director Sue Waldin, Community Wellness Program Manager Karen Goto, Executive Assistant Members of the community
Guests	Brad Berg, Foster Pepper Scott Hylton, State Auditor's Office Kristina Baylor, State Auditor's Office Amanda Robinson, State Auditor's Office Mary Le Nguyen, Washington CAN! Margaret Diddams, PhD, Washington CAN!
Call to Order	The Regular Meeting of the Board of Commissioners of Public Hospital District No. 2, Snohomish County, was called to order at 8:00 a.m. by President Langer.
Approval of Minutes	<i>Motion was made, seconded and passed unanimously to approve the minutes of the regular meeting on January 27, 2016.</i> <i>Motion was made, seconded and passed unanimously to approve the minutes of the special meeting on February 22, 2016.</i>
Executive Committee	President Langer reported that the Executive Committee met on February 19, 2016 to review and approve the February 24, 2016 board meeting agenda, review the State Auditor's report, and discuss the process of the Superintendent replacement. No action was taken.

Board Finance
Committee

The State Auditor's Office (SAO) completed its exit conference and reported on the outcome of the accountability audit for 2013 and 2014, and the CPA financial statement audit review (E:10:16). The draft audit will be published on the SAO website within the next week. Commissioners Williams, Langer, Knutsen & District's attorney Brad Berg commented on the disagreement with the SAO on the finding about the Building Healthy Communities Fund programs but will work with the SAO to evaluate program investments to ensure public resources are expended on facilities and services that are within its authority allowed by state law.

The committee met on February 18, 2016. Ms. King reviewed the financial statements and cash activity for January 2016 (E:11:16). Ms. King called out several warrants including Warrant #11498 for \$33,171.41 to Snohomish County Auditor's Office for the cost of the 2015 election of commissioners, and Warrant #11523 for \$9,242.18 to the State Auditor's Office for the 2013/14 state audit.

Authorization for
Payment of
Vouchers &
Payroll

Warrant Numbers 11488 through 11537 for January 2016 for payment in the amount of \$165,340.47 were presented for approval (E:12:16). *Motion was made, seconded and passed unanimously to approve.*

Resolution
2016:01
Surplus Personal
Property

Motion was made, seconded and passed unanimously to approve Resolution 2016:01 determining certain personal property to be surplus and no longer required for public hospital district purposes.

Program
Oversight
Committee
Update

Ms. Waldin presented an update on activities in the Verdant Community Wellness Center for February and March 2016 (E:13:16).

Presentation by
Washington
CAN!

Ms. Mary Le Nguyen & Margaret Diddams, PhD provided an update to the board on their efforts to improve health insurance enrollment in south Snohomish County with funds provided by Verdant (E:14:16). Approximately 3,000 residents were reached through door-to-door conversations.

Mr. Kosovich stated that the City of Lynnwood Bike2Health will present at the March 2016 board meeting.

Marketing
Report

Ms. Piplic presented the Marketing report (E:15:16) which includes a report on the Verdant Healthier Community Conference on February 29, 2016, which is sold out.

Superintendent's
Report

Superintendent Zapora reported on two items:

1. The Verdant Healthier Community Conference is sold out and he thanks the staff for their work.
2. The board approved the hiring of a Spanish-speaking outreach specialist and per Mr. Kosovich, an offer has been made and the person is in the process of transitioning from their current employer to Verdant.

Public
Comments

None

Commissioner
Comments

None

Executive
Session

President Langer recessed the regular meeting at 8:48 a.m. into Executive Session to consider the legal risks of a proposed action of the district, and to review and consider proposed property acquisition.

President Langer stated that the board would reconvene in 25 minutes and no action would be taken in Executive Session.

Commissioner Wilson departed the executive session at 9:14 a.m.

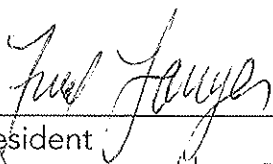
Open Session


The board reconvened into Open Session at 9:17 a.m.

Adjourn

There being no further business to discuss, the meeting was adjourned at 9:19 a.m.

ATTEST BY:



President


Secretary



Washington State Auditor's Office

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Exit Conference: Verdant Health Commission

About our Office

The Washington State Auditor's Office's vision is government that works for citizens. Our goal is for government that works better, costs less and earns greater public trust.

The purpose of this meeting is to share our audit results and draft reporting. We value and appreciate your participation.

Audit Scope

We performed the following audits for your District:

- **Accountability audit for 2013 and 2014** See draft report.
- **CPA Financial Statement Audit Review**

Audit Highlights

- Staff was helpful throughout the audit. We would especially like to thank Lisa King, Director of Finance, for her timely responses to our audit requests and all the support during the audit process.
- The District followed up on each of our prior audit recommendations during the current audit.

Recommendations not included in the Audit Reports

Exit Items

We have provided exit recommendations for management's consideration. Exit items address control deficiencies or non-compliance with laws or regulation that have an insignificant or immaterial effect on the entity, or errors with an immaterial effect on the financial statements. Exit items are not referenced in the audit report.

Concluding Comments

Report Publication

Audit reports are published on our website and distributed via e-mail in an electronic .pdf file. We also offer a subscription service that allows you to be notified by email when audit reports are released or posted to our website. You can sign up for this convenient service at: <https://portal.sao.wa.gov/saoportal/Login.aspx>

Audit Cost

At the entrance conference, we estimated the cost of the audit to be \$20,000 plus travel expenses of \$1,600.

Actual audit costs were amended to \$22,700, and travel expenses are expected to be less than \$1,000.

Customer Service Survey

When your report is released you will receive a customer service survey from us. We value your opinions on our audit services and hope you provide feedback.

Your Next Scheduled Audit

Your next audit is scheduled to be conducted in fall 2016 and will cover the following general areas:

- Accountability for Public Resources for 2015
- CPA Financial Statement Audit Review

The estimated cost for the next audit based on current rates is \$13,000 plus travel expenses of approximately \$1,000. This preliminary estimate is provided as a budgeting tool and not a guarantee of final cost.

If expenditures of federal awards are \$750,000 or more in any fiscal year, notify our Office so we can schedule your audit to meet federal single audit requirements. Federal awards can include grants, loans, and non-cash assistance such as equipment and supplies.



Washington State Auditor's Office

Government that works for citizens

Accountability Audit Report

**Public Hospital District No 2 of
Snohomish County
(Verdant Health Commission)**

For the period January 1, 2013 through December 31, 2014

Published

Report No. 1016243





Washington State Auditor's Office

Issue Date – (Issued by OS)

Board of Commissioners
Verdant Health Commission
Lynnwood, Washington

Report on Accountability

Thank you for the opportunity to work with you to promote accountability, integrity and openness in government. The State Auditor's Office takes seriously our role of providing state and local governments with assurance and accountability as the independent auditor of public accounts. In this way, we strive to help government work better, cost less, deliver higher value and earn greater public trust.

Independent audits provide essential accountability and transparency for District operations. This information is valuable to management, the governing body and public stakeholders when assessing the government's stewardship of public resources.

The attached comprises our report on the District's compliance and safeguarding of public resources. Our independent audit report describes the overall results and conclusions for areas we examined. We appreciate the opportunity to work with your staff and we value your cooperation during the audit.

Sincerely,

TROY KELLEY
STATE AUDITOR
OLYMPIA, WA

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AUDIT SUMMARY

Results in brief

In most areas we audited, District operations complied with applicable requirements and provided adequate safeguarding of public resources. The District also complied with state laws and regulations and its own policies and procedures in the areas we examined.

However, we identified areas in which the District could make improvements.

We recommended the District work with its legal counsel or other resources available to individually evaluate all current and future program investments to ensure public resources are expended only on facilities or services that are within its authority allowed by state law (RCW 70.44).

These recommendations were included in our report as a finding.

About the audit

This report contains the results of our independent accountability audit of the Verdant Health Commission from January 1, 2013 through December 31, 2014.

Management is responsible for ensuring compliance and adequate safeguarding of public resources from fraud, loss or abuse. This includes the design, implementation and maintenance of internal controls relevant to these objectives.

Our audit involved performing procedures to obtain evidence about the District's uses of public resources, compliance with state laws and regulations and its own policies and procedures, and internal controls over such matters.

In keeping with general auditing practices, we do not examine every transaction, activity or area. Instead, the areas examined were those representing the highest risk of fraud, loss, abuse, or noncompliance. The following areas were examined during this audit period:

- Self-insurance
- Community programs
- Procurement and bid laws
- Financial condition
- Payroll
- Financial statement audit workpaper review

SCHEDULE OF AUDIT FINDINGS AND RESPONSES

2014-001 **The District does not have authority to invest in recreational programs and facilities.**

Background

The Verdant Health Commission (the District) began partnering with other local governments to support community programs with grants in 2011. The District supports programs lead by other entities if grant requestors are able to reasonably project that there will be a positive effect on the general health of those who participate in the programs.

From 2011 through 2014 the District had the following program activity (approximated):

Year	2011	2012	2013	2014
Number of Programs	10	30	55	65
Program expenditures	\$300,000	\$1,900,000	\$3,100,000	\$4,700,000

In 2014, the District committed more than \$4 million to fund portions of four projects as part of its new Building Healthier Communities initiative.

In 2014, the main projects were as follows:

- Woodway Recreation Project - \$2.5 million for the construction of recreational fields and facilities in participation with Edmonds School District No. 15
- Bike2Health - \$1.9 million for the construction of bicycle lanes and bicycle trails as well as signage for the trails in participation with the City of Lynnwood
- City of Brier Walking Path - \$90,345 for the construction of a walking path around a park in participation with the City of Brier
- Fitness Room Upgrades - \$39,513 for the purchase of exercise equipment for a fitness room in participation with the City of Edmonds

Description of Condition

The District is a public hospital district formed under Revised Code of Washington (RCW) 70.44. These statutes grant hospital districts the authority “to own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons.” The District is funded through lease revenues with Swedish Hospital and by Operating and Maintenance levies.

For the programs and projects identified above, our audit found the District exceeded its authority by contributing funds for purchasing items for recreational use and constructing recreational infrastructure that do not provide hospital or health care services.

In December of 2015, the District engaged with a firm to investigate property targeted for purchase to build an indoor recreational facility. We found the District’s intent to build this facility will also fall outside the authority granted to hospital districts.

Cause of Condition

District officials and staff believed such programs contributed to the general health and wellness of the community and that such interpretation fell within the definition of health care services, provided by state law (RCW 70.44.007).

Effect of Condition

Without the authority to support such programs, the District spent and pledged public funds in a manner inconsistent with state law. Due to the District’s broad interpretation of health care facilities (RCW 70.44.007(1) and health care services (RCW 70.44.007(2), the programs do not match the intent nor the character of the state law; therefore, these programs exceed the authority granted to hospital districts.

Recommendation

We recommend the District work with its legal counsel or other resources available to individually evaluate all current and future program investments to ensure public resources are expended only on facilities or services that are within its authority allowed by state law (RCW 70.44).

District's Response

Although the Verdant Health Commission (the District) respects and appreciates the opinion of the Washington State Auditor's Office, the District believes that it acted within the authority of a public hospital district and in the best interest of its residents.

The public hospital district statute (chapter 70.44 RCW), grants a public hospital district the authority to determine the health care needs of its residents and the authority to determine what services it should provide to address those needs. The public hospital district statute further grants a district authority to provide a broad range of health care services, which expressly include health maintenance services and other services appropriate to the health needs of district residents. Public hospital districts have express statutory authority to provide health care services not only directly by owning and operating facilities, but also indirectly through contracts with other organizations.

The District has determined, based on its community health needs assessment in 2013 and health assessments conducted by Snohomish County and other parties, that youth and adult obesity is a significant health need in our community. This determination is consistent with state and federal health planning and statistical data. Survey data from the Washington Department of Health suggests that nearly 80% of Washington State adults do not meet recommendations for physical activity and 26.5% are considered obese. The obesity rate in Washington State increased nearly 8% between 2000 and 2011. One strategy for combatting this obesity epidemic and improving the overall health of district residents is to increase access to exercise and recreational opportunities.

Objective C of the United States Department of Health and Human Services' strategic plan recognizes that programs supporting exercise and physical activity are fundamental to achieving a health care system that provides better health and lower costs. While the Objective sets forth a number of strategies designed to emphasize disease prevention, it specifically notes the importance of "provid[ing] states and communities the resources they need to promote healthy living." Evidencing how fundamental supporting physical activity is to disease prevention, the Department's goal to "increase the proportion of adults (ages 18 and older) that engage in leisure-time physical activity" is one of only two performance goals set under the Objective.

The 2014 Washington State Health Care Innovation Plan (the Innovation Plan) also recognizes the importance of promoting physical activity to better population health. One of the plan's guiding principles is to encourage individual

responsibility for maintaining and improving health, and the plan recognizes that leading a healthy lifestyle greatly reduces a person's chance of developing disease. In support of this principle, the plan emphasizes the need to help individuals and families make healthy lifestyle choices "by supporting communities in developing healthy social and physical environments."

In conducting its health needs assessment, the District applied the Health Impact Pyramid that illustrates interventions for health improvement. This framework was published in the American Journal of Public Health "Framework for Public Health Action: The Health Impact Pyramid," April 2010. This framework has been widely adopted by public health practitioners and is supported by research. The health impact pyramid shows that the largest improvements in population health are accomplished at the base of the pyramid, and include socioeconomic factors and the context in which people live. The Building Healthy Community programs are aimed squarely in the "Changing the Context to Make Individuals' Default Decisions Healthy" tier of the pyramid. The long-lasting and powerful impact of changing the community context is exactly why the District has opted to support programs that improve the communities in which our residents live.

The District will continue to work with its legal counsel and other available resources to evaluate current and future program investments to ensure public resources are expended on facilities and services that are within the authority allowed by state law.

Auditor's Remarks

We appreciate the District's commitment to providing programs designed to improve public health and its openness in sharing information related to the development of these programs as they pertain to the statutory authority granted to hospital districts. While we recognize the value that these programs bring to the community, our review was limited to whether the District is given the authority under state law to offer such services.

We will follow-up on the District's efforts to ensure public resources are expended on facilities and services that are within the authority allowed by state law during our next regularly scheduled audit.

Applicable Laws and Regulations

RCW 70.44.003 Purpose.

The purpose of chapter 70.44 RCW is to authorize the establishment of public hospital districts to own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons.

RCW 70.44.007 Definitions.

As used in this chapter, the following words have the meanings indicated:

- (1) "Other health care facilities" means nursing home, extended care, long-term care, outpatient and rehabilitative facilities, ambulances, and such other facilities as are appropriate to the health needs of the population served.
- (2) "Other health care services" means nursing home, extended care, long-term care, outpatient, rehabilitative, health maintenance, and ambulance services and such other services as are appropriate to the health needs of the population served.
- (3) "Public hospital district" or "district" means public health care service district.

RELATED REPORTS

Financial

A financial statement audit was performed by a firm of certified public accountants. That firm's report is available from the District.

INFORMATION ABOUT THE DISTRICT

Public Hospital District No. 2 of Snohomish County, doing business as Verdant Health Commission, serves citizens in south Snohomish County. On September 1, 2010, the District entered into a lease and operating agreement with Swedish Health Services. Swedish now operates the acute-care hospital with 217 licensed beds, two primary care clinics and a retail pharmacy.

The District formed the Verdant Health Commission to work with the community to provide complimentary health services and funding for priority healthcare needs within the District's service area. In January 2015, Verdant opened a Community Health & Wellness Center to serve residents of the District. All programming is free or low-cost to residents and supports healthy lifestyle choices.

An elected, five-member Board of Commissioners governs the District. Commissioners serve staggered, six-year terms. The Board appoints a Superintendent to oversee the District's daily operations and its five employees. For fiscal year 2013 and 2014, the District operated on an annual budget of approximately of \$8.6 million and \$9.8 million, respectively.

Contact information related to this report

Address:	Verdant Health Commission 4710 196th Street S.W. Lynnwood, WA 98036
Contact:	Lisa King, Director of Finance
Telephone:	(425) 582-8543
Website:	www.verdanthealth.org

Information current as of report publish date.

Audit history

You can find current and past audit reports for the Verdant Health Commission at <http://portal.sao.wa.gov/ReportSearch>.

ABOUT THE STATE AUDITOR'S OFFICE

The State Auditor's Office is established in the state's Constitution and is part of the executive branch of state government. The State Auditor is elected by the citizens of Washington and serves four-year terms.

We work with our audit clients and citizens to achieve our vision of government that works for citizens, by helping governments work better, cost less, deliver higher value, and earn greater public trust.

In fulfilling our mission to hold state and local governments accountable for the use of public resources, we also hold ourselves accountable by continually improving our audit quality and operational efficiency and developing highly engaged and committed employees.

As an elected agency, the State Auditor's Office has the independence necessary to objectively perform audits and investigations. Our audits are designed to comply with professional standards as well as to satisfy the requirements of federal, state, and local laws.

Our audits look at financial information and compliance with state, federal and local laws on the part of all local governments, including schools, and all state agencies, including institutions of higher education. In addition, we conduct performance audits of state agencies and local governments as well as fraud, state whistleblower and citizen hotline investigations.

The results of our work are widely distributed through a variety of reports, which are available on our website and through our free, electronic subscription service.

We take our role as partners in accountability seriously, and provide training and technical assistance to governments, and have an extensive quality assurance program.

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February 19, 2016

Washington State Auditor's Office
3501 Colby Ave, Suite 100B
Everett, WA 98201

To the Washington State Auditor's Office:

We are providing this letter in connection with your audit of Verdant Health Commission for the period from January 1, 2013 through December 31, 2014. Representations are in relation to matters existing during or subsequent to the audit period up to the date of this letter.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve a weakness, omission or misstatement of information that, in the light of surrounding circumstances, make it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the weakness, omission or misstatement.

We confirm, to the best of our knowledge and belief, having made appropriate inquiries to be able to provide our representations, the following representations made to you during your audit. If we subsequently discover information that would change our representations related to this period, we will notify you in a timely manner.

General Representations:

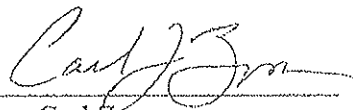
- I. We have provided you with unrestricted access to people you wished to speak with and made available requested and relevant information of which we are aware, including:
 - a. Financial records and related data.
 - b. Minutes of the meetings of the governing body or summaries of actions of recent meetings for which minutes have not yet been prepared.
 - c. Other internal or external audits, examinations, investigations or studies that might concern the objectives of the audit and the corrective action taken to address significant findings and recommendations.
 - d. Communications from regulatory agencies, government representatives or others concerning possible material noncompliance, deficiencies in internal control or other matters that might concern the objectives of the audit.
 - e. Related party relationships and transactions.
 - f. Results of our internal assessment of business risks and risks related to financial reporting, compliance and fraud.

2. We acknowledge our responsibility for compliance with requirements related to confidentiality of certain information, such as HIPAA requirements, and have notified you whenever records or data containing information subject to any confidentiality requirements were made available.
3. We acknowledge our responsibility for compliance with applicable laws, regulations, contracts and grant agreements.
4. We have identified and disclosed all laws, regulations, contracts and grant agreements that could have a direct and material effect on the determination of financial statement amounts, including legal and contractual provisions for reporting specific activities in separate funds.
5. Except as discussed with you, we have complied with all material aspects of laws, regulations, contracts and grant agreements.
6. We acknowledge our responsibility for establishing and maintaining effective internal controls over compliance with applicable laws and regulations and safeguarding of public resources, including controls to prevent and detect fraud.
7. We have established adequate procedures and controls to safeguard public resources and ensure compliance with applicable laws and regulations.
8. We have no knowledge of any fraud, allegations of fraud or suspected fraud involving management, employees or others.
9. All material transactions have been properly recorded in the financial records.

Additional Representation for Hospital District

10. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to diagnosis-related group (DRG) assignments.
11. Recorded valuation allowances are necessary, appropriate, and properly supported.
12. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available.
13. All required Medicare, Medicaid, and similar reports have been properly filed.
14. Management is responsible for the accuracy and propriety of all cost reports filed.
15. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.

16. The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
17. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
18. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
19. Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.
20. There are no violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and the False Claims Act, in any jurisdiction, whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements.
21. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-9-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies (for example, the Food and Drug Administration), if required; and properly rendered.
22. There have been no communications (oral or written) from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction (including those related to the Medicare and Medicaid antifraud and abuse statutes), deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.



Carl Zápota
Superintendent



Lisa King
Director of Finance



Washington State Auditor's Office

The Audit Connection

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Local Governments Annual Financial Reporting Update

On January 27, 2016, our Office published a follow-up to a report we issued last year on local government financial reporting. This year's results show that our outreach efforts have contributed to a greater number of local governments filing their reports as required by law for fiscal year 2014.

Our outreach, provided at no cost to local governments, included training sessions and how-to-file workshops, support from the Auditor's Office Helpdesk, and improvements in our online filing process. Staff from our Local Government Performance Center offered additional support and workshops.

Of the 394 local governments that did not file, more than half did eventually file, but after the deadline; another 50 started filing but did not complete their report. About 100 governments did not send any data, and 70 of them did not file a report for 2013 either.

The report also addressed the consequences of not filing an annual report, and our plans to help more entities file, including more workshops for governments large and small. The **Special Report: Local Governments: Increased Transparency and Accountability** is available on our website and also contains a Tableau presentation of the reported data.

Talking with Jan Jutte Deputy State Auditor

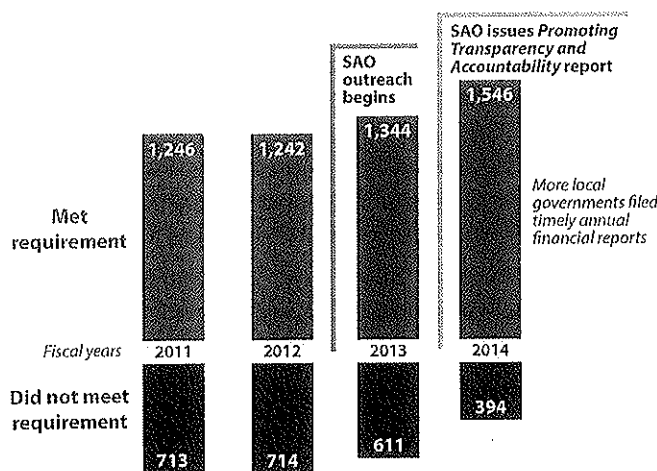
To say that 2015 was quite a year would be an understatement. But I want all of you to know how proud I am of the way all the staff at the State Auditor's Office have pulled together. We are one team, 400 strong, working hard to ensure that maintaining the vision, mission, goals and values of the State Auditor's Office is always the highest priority.



I also want to thank all of you for your support of me and the dedicated staff in our Office, who work with you to serve your communities and the state of Washington.

We now begin another year – my last with the State Auditor's Office, after more than 30 years. More important, though, and foremost in my mind right now, are the years to come after I retire. As I have said before, the State Auditor's Office isn't about one person. It is about the constitutional role the office fulfills and the people who contribute to that role, this year, next year and the years to come. That's why we have worked to develop a sound, comprehensive and aggressive operational plan to offer a path ahead for those who will have the honor of leading this organization in the future.

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Rate Increase Reminder

As of January 1, 2016, we adjusted our local government hourly billing rate from \$88.50 to \$93.00. This rate change was in response to the cost-of-living increase for state employees and the feedback you provided in our State Auditor's Office Perception Survey. The cost-of-living increase accounts for just over \$2.00 of the \$4.50 adjustment. The rest will fund additional staff training and enhanced audit support, helping us recruit, train and retain the people who will conduct your audits.

What To Do When You Suspect Fraud

State law (RCW 43.09.185) requires all state agencies and local governments to immediately notify the State Auditor's Office in the event of a known or suspected loss of public resources or other illegal activity. This includes situations in which disciplinary action against an employee is being considered due to known or suspected losses of public funds, fraud, illegal acts, or noncompliance with policies or procedures related to preventing losses of public funds, misappropriation or other illegal acts.

We encourage governments and agencies to develop policies and procedures that help them comply with this law. Be sure to set out clearly who is responsible for keeping managers and employees informed about the reporting requirements, and how you will make sure you tell us about losses promptly.

You are **not** required to tell us about these kinds of problems:

- Normal and reasonable "over and short" situations from cash receipting operations. Record these transactions in the accounting system as miscellaneous income and expense respectively, and monitor this activity by cashier for any unusual trends.
- Reasonable inventory shortages identified during a physical count. Record inventory adjustments in the accounting system.
- Breaking and entering, or vandalism of property.

If you suspect or detect a loss of public funds or assets, or other illegal activity, report the loss to our Office using our online reporting form. For additional information on what to do if you suspect a loss, please visit our website at www.sao.wa.gov/investigations/Pages/FraudProgram.aspx

Talking with Jan Jutte – Continued from page 1

A key to the success of this operational plan is our culture of continuous improvement – working to find, develop and implement new and better ways, large and small, in how we do our work. It's been my observation that the best keep finding ways to do it better. And I consider our State Auditor's Office team the best.

Part of that culture is outreach to you, and to the citizens we serve with you, through transparency, communication, improved customer service and recognition of success. One way we will continue to recognize success is the State Auditor's Stewardship Award. The award is presented to state and local governments in recognition of outstanding accomplishment in the stewardship of public resources as we pursue our shared goal of government that works better, costs less and earns greater public trust.

That culture of continuous improvement is founded on six values we embrace and employ in everything we do – values I expect to come through in every interaction between our teams and yours. Those values are:

- Objectivity
- Accountability
- Independence
- Integrity
- Respect
- Transparency

I believe those intrinsic values add up to the unique value our Office offers the governments and citizens of Washington: that of an independent auditor providing expertise, transparency and accountability in government.

Unfortunately, that unique value and our ability to offer important new services to local governments are in jeopardy as the Governor and Legislature consider supplemental budget changes. For example, our Office has planned to conduct IT security audits for at least three state government agencies and 10 local governments in 2015-17 (six are already in progress). Few things are more critical – and at risk in our digital world – than government IT security. Through contracts with subject-matter experts and our Local Government Performance Center, the State Auditor's Office is building an IT security audit capability that can be a boon to local governments around the state. But a proposed additional \$10 million cut in voter-approved performance audit funding would eliminate our ability to do nearly all of the planned IT security audits. We are working with legislators to ensure they understand the risks of our not being able to continue with this important work.

This new year will bring new challenges, and new opportunities. I look forward to working with you to face those challenges and explore those opportunities.



Jan M. Jutte

Deputy State Auditor

BARS Roundtables Attract Attendees Across the State

Changes in the Budgeting, Accounting and Reporting System (BARS) manual, and the reporting requirements around it, often prompt questions and raise concerns at local governments. As part of last year's increased outreach efforts, we offered 12 roundtable meetings across the state. The three-hour sessions attracted just over 400 people.

The topics they discussed included BARS update information, demonstrations of online filing upgrades and the Financial Intelligence Tool (FIT), and resources available from our Local Government Performance Center. Most important, the forums were designed to allow attendees to ask questions and provide feedback on any accounting or auditing issues. This led to discussions ranging from the timing of annual reports and audits and the need for a printable chart of accounts

2015 Roundtables

October – Yakima, Olympia, Wenatchee

November – Renton, Lynnwood, Burlington

December – Friday Harbor, Sequim, Seattle, Spokane, Vancouver

(which is now available), to minimum annual report requirements and the implementation of GASB 68.

The roundtable meetings were a great opportunity for building relationships and offered a learning environment for everyone attending. Many attendees asked us to offer such sessions again in the future, and so we plan to offer another series of BARS Roundtables in the fall of 2016. You can sign up to

receive announcements about upcoming meetings on our website at <https://portal.sao.wa.gov/saoportal/Login.aspx>. If we did not offer a roundtable meeting in your area in 2015, please email Christy Raske at Christy.Raske@sao.wa.gov, and we will try to accommodate your request: we want to give everyone the opportunity to attend. We value your input.

BARS Manuals Update

The GAAP and Cash Basis BARS manuals have been updated and are available on the SAO website at www.sao.wa.gov/local/Pages/BarsManual.aspx

BARS manuals for port districts, transit districts and PUDs have been merged with the *Cities, Counties, and Special Purpose Districts GAAP* manual, and are no longer available as separate manuals. The merging of the manuals did not change existing accounting and reporting policies for these governments.

The **Overview of Significant Changes** found in the appendices of each manual contains detailed descriptions of the changes and links to the appropriate sections of the manual. The **Overview** is segregated by the applicability of the changes to the reporting year: all changes affecting the 2015 annual report are in the section designated as 2015.

Both GAAP and Cash Basis manuals contain information necessary to report required pension liabilities. Please refer to the **Accounting** section for general information and to the **Reporting** section for note and RSI (GAAP only) disclosures.

The Chart of Accounts Excel spreadsheet has been replaced with an interactive webpage. Use it to select a specific Chart of Accounts for your organization. If you have any questions, please contact Alexandra Johnson at Alexandra.Johnson@sao.wa.gov.

To reach the interactive webpage, go to:

portal.sao.wa.gov/LGCS/Reports/BARSExport.aspx
the BARS Account Export page.

The Chart is available in Excel and PDF formats. The Excel spreadsheet is sufficiently generic to allow governments, after downloading, to organize it to their specific needs. The PDF file replicates the format previously used in the paper version of the manuals.

GASB Update

The Governmental Accounting Standards Board (GASB) establishes generally accepted accounting principles (GAAP) for U.S. state and local governments. All statements, exposure drafts and other documents for public comment are available on the GASB website, www.gasb.org, free of charge.

Here is a summary of current and upcoming accounting and financial reporting standards.

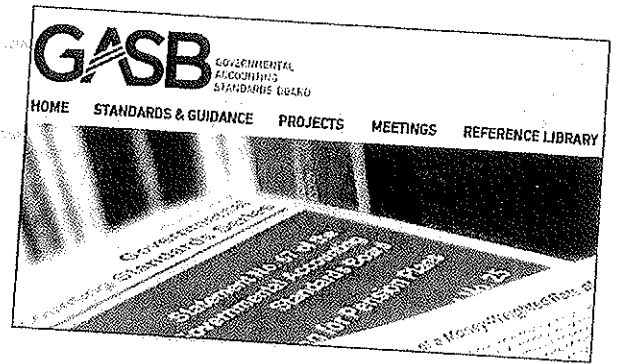
Current GASB Pronouncements

There are several new standards effective in 2016:

- *Statement No. 72 – Fair Value Measurement and Application* Describes how fair value should be defined and measured, what assets and liabilities should be measured at fair value, and what information about fair value should be disclosed in the notes to the financial statements.
- *Statement No. 73 – Accounting and Financial Reporting for Pensions and Related Assets That Are Not within the Scope of GASB Statement 68* The requirement that any assets accumulated for a pension plan that does not meet the criteria of GASB 68 be reported as assets of the employer is effective for 2016. The remaining requirements of this statement are effective for 2017.
- *Statement No. 76 – The Hierarchy of GAAP for Local Governments* This statement reduces the GAAP hierarchy to two categories of authoritative GAAP – (A) GASB statements and (B) GASB technical bulletins, implementation guides and AICPA literature.
- *Statement No. 77 – Tax Abatement Disclosures* This statement defines tax abatements and establishes requirements for note disclosures.
- *Statement No. 78 – Pensions Provided through Certain Multiple-Employer Defined Benefit Pension Plans* This statement excludes non-governmental pension plans (for example, a union-sponsored plan) from the requirements of GASB 68. It establishes requirements for recognition and measurement of pension expense, liabilities, note disclosures and RSI.

Upcoming GASB Pronouncements

- *GASB Statement No. 74 – Financial Reporting for Other Post-Employment Benefits (OPEB) Plans* These reporting requirements are comparable to GASB 67 for pension plans. It is effective for 2017.
- *GASB Statement No. 75 – Accounting and Financial Reporting for OPEB* This is the guidance for reporting OPEB by employers. It is comparable to GASB 68 for pension plans. It is effective for 2018.



New GASB Statement

The GASB issued Statement No. 79 – Certain External Investment Pools and Pool Participants, in December 2015. This statement establishes the criteria for an external investment pool to qualify for making the election to measure all of its investments at amortized cost for financial reporting purposes. It will come into effect in 2017.

Current GASB Exposure Drafts

The GASB recently issued several proposed new standards for public comment. These exposure drafts are not new standards yet, but they will be in the future. GASB encourages any individual or organization to provide written comments about them and instructions are included with each document. The documents can be downloaded free of charge from the GASB website. This is a good opportunity to become involved in the standard setting process.

- **Pension Issues – an amendment of GASB Statements No. 67, No. 68 and No. 73** Addresses certain practice issues that arose with respect to the new pension standards. Specifically, required supplementary information (RSI) would present “covered payroll,” which is the portion of compensation paid to active employees on which contributions to a pension plan are based. Also, contributions made by the employer on behalf of plan members would be treated as employee contributions. Comments are due by February 12, 2016.
- **Certain Asset Retirement Obligations** Under this proposed statement, a government that has a legal obligation for future capital asset retirement activities would be required to recognize a liability and a corresponding deferred outflow of resources. Comments are due by March 31, 2016.
- **Fiduciary Activities** This proposed guidance would clarify what constitutes a fiduciary activity for financial reporting purposes and the fund types to be reported. Comments are due by March 31, 2016.

If you have questions about GASB standards, please contact Debra.Burleson@sao.wa.gov or the SAO HelpDesk.

Audit Focus for Schools in Fiscal Year 2015

GASB 68 Pension Reporting

The State Auditor's Office and the Office of Superintendent of Public Instruction (OSPI) have been working together to develop guidance for GASB 68. Modified accrual and cash basis school districts will need to report their contributions to pension plans as well as their proportionate share of the net pension liability and other figures in the notes to the financial statements. The final F-196 with the net pension liability data should be the basis for the notes to the financial statements, and will be what the State Auditor's Office uses for school district audits of FY 15.

GASB 10 Self Insurance

Many districts participate in self-insurance activities, which require an audit at least once every two years. (RCW 43.09.260) Activities that fall under this requirement include: ESD non-risk sharing unemployment compensation pools, workers compensation, and dental plans for employees. Auditors will have conversations with districts to identify self-insurance programs they might have and to audit them this year.

GASB 54 Minimum Fund Balance

Many governments have formal arrangements to maintain amounts for budget or revenue stabilization, working capital needs, contingencies or emergencies, and other similarly titled purposes. A fund balance policy represents a plan for accumulating resources rather than a limitation on how exiting resources can be spent.

Districts must be able to demonstrate how the requirements of GASB 54 for "stabilization arrangements" were met. The School District Accounting Manual was updated for the 2014-2015 school year and directs school districts to evaluate whether their fund balance policies met the GASB 54 criteria.

Apportionment Work

Legislatively mandated ALE work will continue, with 41 onsite audits and 48 desk audits of ALE programs planned to be performed this year.

Career and Technical Education (CTE) enrollment will be an audit focus for the 2014-2015 school year. CTE programs have additional requirements that must be in place to receive CTE enhanced funding. CTE courses must have a current approval from OSPI. The class instructor must have CTE certification and be endorsed in the CTE discipline taught. Districts must maintain this support and it should be available for audit.

continued next column

Moody's to Require a Minimum of Biennial Audits to Retain Credit Rating

Moody's Investors Service has announced a minimum reporting requirement that could cost seven Washington governments their credit ratings. Losing the rating could put governments' ability to borrow money at risk.

The credit-rating service called for governments to submit third-party financial audits every other year, as well as verifiable off-year financial information, according to a statement issued January 6, 2016. Moody's said it will no longer maintain or issue new credit ratings for debt issuers, such as governments, that do not meet the requirement.

Moody's said a two-year audit cycle combined with off-year financial information provides the minimum independent verification necessary to perform its credit analysis.

The credit-rating service will phase in the new rule over the next year. Moody's requires fiscal 2015 audits to be submitted by the current fiscal year's end, and has said it plans to withdraw ratings of governments that do not meet fiscal 2015 audit deadlines.

How this change affects the work of the Auditor's Office

The Washington State Auditor's Office has been working with various governmental associations to educate local governments of the importance of timely and accurate financial reporting and audits, as well as their potential impact on bond ratings.

Local governments that currently have bond obligations should research their audit requirements for meeting bond covenants. If a more frequent financial statement audit is required, they should contact their local audit team to schedule an audit to meet the requirement. You can find your local audit team online at www.sao.wa.gov/about/Pages/ContactUs.aspx

Moody's INVESTORS SERVICE	
SECTOR COMMENT 1/16/2016	Local Government Minimum of Biennial Audits Required to Maintain Credit Rating
In order to maintain a credit rating, we expect an issuer to provide timely financial	

Auditor Resources Available to School Districts

Your local auditor is available to you year-round and may provide information on technical questions as well as where to find guidance on specific areas. Please feel free to contact your local auditor with any school-related questions as they occur throughout the year.

State Auditor's Office Stewardship Awards: Seven presented statewide in 2015



The State Auditor's Stewardship Awards are presented in recognition of outstanding accomplishment in the stewardship of public resources as we pursue the shared goal of government that works better, costs less and earns greater public trust. Seven were presented to cities, counties and colleges across the state, to the cities of Kirkland, Redmond, Sammamish (pictured in the Fall 2015 *Audit Connection*) and Spokane, King County, Centralia College and Western Washington University.



Centralia College



City of Spokane

Western Washington University



City of Redmond



City of Kirkland



King County

Staff changes at our Office

Effective October 2015

Wendy Choy is our new South King County Audit Manager. In her 13 years with the State Auditor's Office, Wendy has developed strong leadership skills; in the last eight years, in her role as an Assistant Audit Manager, she demonstrated her ability to mentor and develop staff. Her exceptional communication skills will be instrumental in strengthening our client relationships.

Effective November 2015

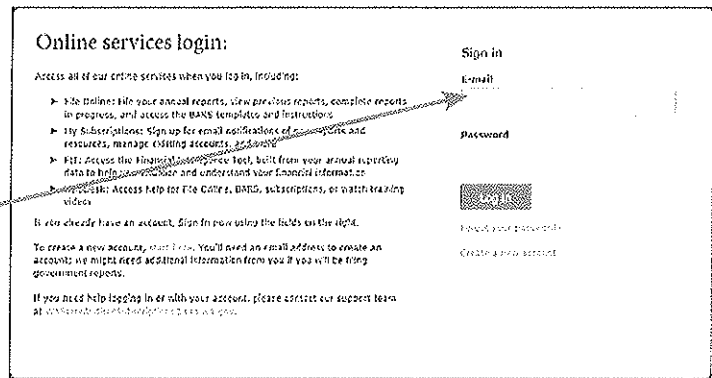
Joe Simmons has accepted the position of Acting Audit Manager on Team Central King County. Joe joined our Office in 1987 on Team Port Orchard. He was promoted to an Assistant Audit Manager in 1998 and transferred to Team Tacoma in 2006. He has been the lead auditor and/or supervisor on City of Tacoma and Pierce County audits, and provided support as our County and City Specialist.

Rick Sweeney Honored

Deputy State Auditor Jan Jutte presented Rick Sweeney, Executive Director of the Washington State Board of Accountancy, with a State Auditor's Office coin for his years of public service and his contributions to public accounting in our state. Rick was the Director of Quality Assurance for our Office for many years, and is only the third external recipient of the coin.



Easier Access to Online Services



We heard you loud and clear. Local governments want to get to Online Services quickly.

We have revised our website's home page, adding a direct link to Online Services that will allow you to quickly file your annual report online, update your Subscription Account, access to the Financial Intelligence Tool, and submit a Helpdesk question. We also added a link to the Local Government Services page from the home page: it will get you to BARS – and other services we provide – in one click. We hope these changes will better meet your needs.

2016 Trainings and Workshops

For questions about attending any upcoming trainings and workshops, please contact:

Kayley.Anderson@sao.wa.gov

How to File Annual Reports			
City	Date	Time	Venue
Vancouver	2/25	1–5pm	Vancouver Community Library, 901 C. Street
Burlington	3/1	1–4:30pm	Burlington Public Library, 820 Washington Avenue
Olympia	3/2	9am – Noon	State Auditor's Office, Sunset Training Room, 3200 Capitol Blvd.
Bellingham	3/3	1–5pm	Fireplace Room, 625 Halleck Street
East Wenatchee	3/8	1–5pm	Douglas Fire Station #2, 377 Eastmont Avenue, East Wenatchee
Okanogan	3/10	1–5pm	Administrative Building, 123 5th Avenue N, Room 200
Colfax	3/15	1–5pm	North 310 Main Street
Richland	3/16	12:30 – 4pm	Richland Public Library, 955 Northgate Drive
Colville	3/22	1–5pm	Stevens C'ty Sheriff's Ambulance Training Room, 425 N Hwy
Spokane	3/23	1–5pm	Enduris Training Facility, 1610 S. Technology Blvd.
Everett	3/24	8:30–12:30	Community Transit Admin Building, 7100 Hardeson Road
Yakima	3/31	1–5pm	Yakima Health District, 1210 Ahtanum Ridge Drive
Olympia	4/6, 5/4	9am – Noon	State Auditor's Office - Sunset Training Room, 3200 Capitol Blvd.
Filing Workshop for Port Districts			
Moses Lake	3/30	8:30am - Noon	6997 Patton Blvd. N.E.

2016 Small Government Workshop Schedule			
City	Date	Time	Venue
Chehalis	2/23	Noon – 4pm	Lewis County Historic Courthouse, 351 NW North Street
Longview	2/24	1–5pm	Public Works Training Room, 1600 13th Avenue, South Kelso
Vancouver	2/25	9:30 – 12:30	Vancouver Community Library, 901 C. Street
Snohomish	2/29	1–5pm	Snohomish Library, 311 Maple Ave.
Burlington	3/1	8:30 – 12:30	Burlington Public Library, 820 Washington Avenue
Olympia	3/2	9am – Noon	State Auditor's Office - Sunset Training Room, 3200 Capitol Blvd.
Bellingham	3/3	8:30 – 12:30	Fireplace Room, 625 Halleck Street
East Wenatchee	3/8	8:30 – 12:30	Douglas Fire Station #2, 377 Eastmont Avenue, East Wenatchee
Okanogan	3/10	8:30 – 12:30	Administrative Building, 123 5th Avenue N, Room 200
Colfax	3/15	8:30 – 12:30	North 310 Main Street
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Yakima	3/31	8:30 – 12:30	Yakima Health District, 1210 Ahtanum Ridge Drive
Olympia	4/6, 5/4	9am – Noon	State Auditor's Office - Sunset Training Room, 3200 Capitol Blvd.

Balance Sheet
As of January 31, 2016

	A	B	C	D
	Dec 31, 2015	Jan 31, 2016	\$ Change	Comments:
1 ASSETS				
2 Current Assets				
3 Cash Balance	2,054,982	1,103,273	(951,709)	
4 Other Current Assets	35,307,530	35,644,038	336,509	Includes Investments
5 Total Current Assets	37,362,511	36,747,311	(615,200)	
6 Total Long-term & Fixed Assets	46,893,130	46,676,207	(216,924)	Depreciation
7 TOTAL ASSETS	84,255,642	83,423,518	(832,124)	
8 LIABILITIES & EQUITY				
9 Liabilities				
10 Current Liabilities	2,061,693	1,309,626	(752,067)	
11 Long-term Liabilities	3,989,978	3,984,809	(5,169)	2012 LTGO Bonds
12 Total Liabilities	6,051,671	5,294,436	(757,236)	
13 Total Equity	78,203,970	78,129,082	(74,888)	Annual Net Income
14 TOTAL LIABILITIES & EQUITY	84,255,642	83,423,518	(832,124)	

Profit & Loss
Jan 2016

	A	B	C	D	E	F
	Jan Actual	Jan Budget	Fav/(Unfav)	YTD Actual	YTD Budget	Fav/(Unfav)
1 INCOME						
2 Ordinary Income	844,289	828,347	15,942	844,289	828,347	15,942
3 EXPENSES						
4 Operating Expenses	158,410	190,411	32,001	158,410	190,411	32,001
5 Depreciation Expense	208,051	209,613	1,562	208,051	209,613	1,562
6 Program Expenses	1,039,552	1,151,500	111,948	1,039,552	1,151,500	111,948
7 Total Expenses	1,406,013	1,551,524	145,511	1,406,013	1,551,524	145,511
8 OTHER INCOME/(EXPENSE)						
9 Total Other Income/(Expense)	486,836	226,468	260,368	486,836	226,468	260,368
10 NET INCOME	(74,889)	(496,710)	421,821	(74,889)	(496,710)	421,821

Monthly Highlights
Jan 2016

Verdant received dividends payments of \$44,582 and an unrealized gain of \$255,084 on our investment portfolio in January and closed with an ending market value of \$34,769,844.

Annual program commitments total \$6,077,090 and \$3,412,905 for 2016 and 2017, respectively. \$1,622,910 remains available to spend in 2016, of which \$50,000 is earmarked as Superintendent Discretionary.

Additional income of \$115,131 and expenses of \$84,735 from the Kruger Clinic were incurred, netting to an additional operating income of \$30,396 in January.

Public Hospital District #2

Warrant Number	Transaction Date	Payee	Amount	Purpose
Warrant Activity:				
11488	01/01/2016	Consolidated Landscape Maintenance, Inc.	436.91	Jan 2016 Landscaping
11489	01/01/2016	VOID	0.00	VOID
11490	01/01/2016	Parsi Properties LLC	2,000.00	January 2016 - Parking lot lease
11493	01/06/2016	Comcast	271.66	Internet/Telephone
11494	01/06/2016	Foster Pepper PLLC	24,635.20	Legal
11495	01/06/2016	Guardian Security Systems	658.18	Annual Inspection of Fire Alarm, Sprinklers, Fire Extinguishers
11496	01/06/2016	Principal Financial Group	982.60	EE Life Insurance
11497	01/06/2016	Puget Sound Energy	65.65	Natural Gas
11498	01/06/2016	Snohomish County Auditors Office	33,171.41	Nov 3, 2015 Election of Commissioners
11499	01/06/2016	Snohomish County PUD	1,814.39	Electricity 11/20 - 12/22/15
11500	01/06/2016	ThyssenKrupp Elevator Company	778.12	1Q15 Elevator Maintenance
11501	01/06/2016	Waste Management	218.48	Garbage/Recycle
11502	01/06/2016	Beth Rodriguez, LLC	730.74	December 2015 Marketing Consulting for Conference
11503	01/06/2016	My Neighborhood News Network	1,072.00	Advertising of programs and VHCC 1/16-3/16
11504	01/06/2016	Pacific Art Press Inc	656.05	Printing of Flyers for 2016 VHCC
11505	01/06/2016	WA Department of Revenue	21,041.37	Q4 2015 Leasehold Excise tax return
11506	01/06/2016	Sea-Mar CHC	1,320.00	WC 127 - Cooking Matters Curriculum and class
11507	01/06/2016	Sound Dietitians	779.87	Lifestyle Change Check-in session 12/1, 12/15, Class 12/2, Supplies
11508	01/13/2016	Ash Consulting	364.00	Dec 2015 Accounting Consulting
11509	01/13/2016	City Lites Neon, Inc.	314.82	Service electrical sign - replace photo cell and straighten wiring
11510	01/13/2016	Dataworks	70.00	IT Support
11511	01/13/2016	Davidson-Marci Sweeping, Inc.	519.04	Parking Lot Deicer
11512	01/13/2016	Platt Electric	64.68	Lightbulbs
11513	01/13/2016	Armstrong Services	2,368.80	Carpet cleaning, Janitorial, window washing
11514	01/13/2016	VOID	0.00	VOID
11515	01/13/2016	Comcast	520.18	Internet/Telephone
11516	01/13/2016	Foster Pepper PLLC	17,556.50	Legal
11517	01/13/2016	Healthcare Realty	5,568.27	Property Management
11518	01/13/2016	VOID	0.00	VOID
11519	01/15/2016	Snohomish County.	5,050.00	Award 236 - Medical Reserve Corps Training Program
11520	01/20/2016	AmeriFlex Business Solutions	17.25	January 2016 FSA Administration
11521	01/20/2016	Lowie Graham Jones PLLC	150.00	Trademark Monitoring for Dec 2015
11522	01/20/2016	Lynnwood Convention Center	5,892.50	Convention Center Use for VHCC 2/29/16
11523	01/20/2016	State Auditor's	9,242.18	2013/14 State Audit
11524	01/20/2016	Total Health	400.00	WC 117 - Instructor reimbursement Nov/Dec 2015
11525	01/27/2016	City of Lynnwood	1,039.13	Dec 2015 After Hours Support
11526	01/27/2016	City of Lynnwood - Utilities	469.68	Water/Sewer/Storm
11527	01/27/2016	Foster Pepper PLLC	9,871.00	Legal
11528	01/27/2016	Staples	87.34	Supplies
11529	01/27/2016	Department of Labor and Industries	1,016.07	4Q15 Self Insurance Fund
11530	01/27/2016	Premiera Blue Cross	3,898.62	Feb 2016 Employee Medical & Dental Insurance
11531	01/27/2016	Principal Financial Group	982.60	EE Life Insurance
11532	01/27/2016	Wells Fargo	400.24	Misc.
11533	01/27/2016	Wells Fargo	2,739.48	Misc.

Warrant Number	Transaction Date	Payee	Amount	Purpose
11534	01/27/2016	Washington Alliance for Better Schools	2,980.00	WC 119 - Spanish Language Cooking Matters 2/1-3/7
11535	01/27/2016	Consolidated Landscape Maintenance, Inc.	436.91	Feb 2016 Landscaping
11536	01/27/2016	Davidson-Marci Sweeping, Inc.	778.55	Parking Lot Deicer
11537	01/27/2016	Parsi Properties LLC	2,000.00	February 2016 - Parking lot lease
		Total Warrants	165,340.47	

Wire/ACH Activity:

1/8/2016	Payroll	16,295.40	ACH payroll transfer
1/8/2016	Department of Treasury	7,318.26	Payroll taxes for 1/2/16 pay period ending
1/8/2016	Valic	2,747.23	Payroll 401(a)/457 Deposit
1/8/2016	Paychex	84.31	Fee for payroll processing
1/22/2016	Payroll	17,087.09	ACH payroll transfer
1/22/2016	Department of Treasury	7,402.22	Payroll taxes for 1/16/16 pay period ending
1/22/2016	Valic	2,728.76	Payroll 401(a)/457 Deposit
1/22/2016	Paychex	257.01	Fee for payroll processing
1/10/2016	Wells Fargo	241.56	Dec 2015 Client Analysis Bank Fee / Merchant Account
1/15/2016	Alpha Supported Living Services	5,416.67	Program Payment
1/15/2016	Alzheimer's Association Western & Central	7,209.16	Program Payment
1/15/2016	American Red Cross	2,500.00	Program Payment
1/15/2016	Boys & Girls Club of Snohomish County	12,833.33	Program Payment
1/15/2016	CampFire	4,166.67	Program Payment
1/15/2016	Cascade Bicycle Club Education Foundation	2,666.67	Program Payment
1/15/2016	Center for Human Services	13,750.00	Program Payment
1/15/2016	ChildStrive	23,333.33	Program Payment
1/15/2016	City of Lynnwood	6,144.08	Program Payment
1/15/2016	Community Health Center of Snohomish Co	27,083.33	Program Payment
1/15/2016	Domestic Violence Services Snohomish Co	1,855.50	Program Payment
1/15/2016	Edmonds Community College	4,974.50	Program Payment
1/15/2016	Edmonds Community College Foundation	4,396.33	Program Payment
1/15/2016	Edmonds School District No. 15	693,533.25	Program Payment
1/15/2016	Edmonds Senior Center	9,166.67	Program Payment
1/15/2016	Kinderling	7,500.00	Program Payment
1/15/2016	Korean Women's Association	5,000.00	Program Payment
1/15/2016	Lutheran Community Services NW	7,837.58	Program Payment
1/15/2016	Mary Porter, RDN	750.00	Program Payment
1/15/2016	Medical Teams International	5,500.00	Program Payment
1/15/2016	PEPS	2,987.50	Program Payment
1/15/2016	Prescription Drug Assistance Foundation	4,166.67	Program Payment
1/15/2016	Project Access Northwest	7,500.00	Program Payment
1/15/2016	Puget Sound Christian Clinic	13,966.66	Program Payment
1/15/2016	Puget Sound Kidney Centers Foundation	4,166.67	Program Payment
1/15/2016	Seattle Visiting Nurse Association	19,671.00	Program Payment
1/15/2016	Senior Services of Snohomish County	57,936.67	Program Payment
1/15/2016	Snohomish County Fire District 1	28,666.67	Program Payment

Warrant Number	Transaction Date	Payee	Amount	Purpose
Wire/ACH Activity:				
	1/15/2016	Snohomish County Music Project	2,416.67	Program Payment
	1/15/2016	Therapeutic Health Services	16,666.67	Program Payment
	1/15/2016	Volunteers of America Western WA	6,362.92	Program Payment
	1/15/2016	Wonderland Development Center	11,250.00	Program Payment
	1/15/2016	YWCA of Seattle, King and Snohomish Co	2,083.33	Program Payment
	1/15/2016	YMCA of Snohomish County	50,000.00	Program Payment
	1/6/2016	AmeriFlex Business Solutions	304.85	FSA Payments
	1/7/2016	AmeriFlex Business Solutions	226.45	FSA Payments
	1/27/2016	AmeriFlex Business Solutions	30.00	FSA Payments
	1/22/2016	WA Department of Revenue	766.72	B&O tax
	1/21/2016	Department of Labor and Industries	426.65	4Q15 L&I - State Fund
	1/12/2016	Harland Clarke Check	137.13	Check supplies
		Total Wires/ACH Transactions	<u>1,129,512.14</u>	
Kruger Clinic Activity:				
446-467	Jan 2016	Various Claimants/Vendors	<u>31,542.52</u>	Administered by Healthcare Realty
Workers Compensation Claims Activity:				
305280-288	Jan 2016	Various Claimants/Vendors	<u>6,225.64</u>	Administered by Eberle Vivian
		Total Disbursements	<u><u>\$ 1,332,620.77</u></u>	

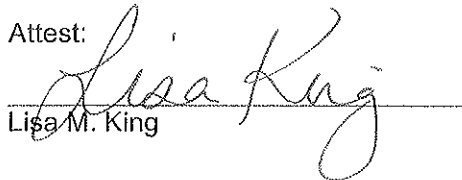
Transaction Date	Payer	Amount	Purpose
Deposits:			
1/1/2016	Value Village	25,490.56	Monthly lease
1/1/2016	Brian Tagaki, MD	75.00	Kruger Clinic monthly lease
1/8/2016	Puget Sound Gastro	27,647.12	Kruger Clinic monthly lease
1/1/2016	Raymond Liu, D.D.S.	3,487.73	Kruger Clinic monthly lease
1/24/2016	Swedish/Edmonds	40,517.00	Correction to Jan & Feb 2016 lease payment
1/10/2016	Snohomish County	10,523.81	Levy
1/8/2016	Eventbrite Class Registration	90.00	Registration for cooking class
1/31/2016	VHCC Registration	3,528.00	Registration for conference
1/12/2016	Virginia Mason Medical Center-Lynnwood	200.00	Deposit for VCWC Use
1/6/2016	MJ Takisaki, Inc.	67,820.35	Refund for overpayment of sales tax
1/1/2016	Ankrom Moisan	4,000.00	Reimbursement for Legal Fees
1/6/2016	City of Lynnwood	58,355.00	Refund unused program grant
1/8/2016	Enduris Insurance Recovery	59,403.24	Insurance recovery for Kruger Clinic flood
1/19/2016	Safety National Casualty Corporation	63,010.47	Insurance recovery for workers compensation claim
1/1/2016	Daphne Deborah Dahms	100.00	Donation
1/1/2016	Everett Clinic	2,500.00	Sponsorship for VHCC
1/12/2016	Edmonds Community College	1,000.00	Sponsorship for VHCC
1/14/2016	Walgreens	1,000.00	Sponsorship for VHCC
1/22/2016	Premiera Blue Cross	5,000.00	Sponsorship for VHCC
1/22/2016	Harbor Square Athletic Club	2,500.00	Sponsorship for VHCC
1/29/2016	Healthcare Realty Services, Inc.	4,663.72	Monthly ground lease
Total Deposits		\$ 380,912.00	

VERDANT HEALTH COMMISSION
PUBLIC HOSPITAL DISTRICT #2
SNOHOMISH COUNTY, WASHINGTON

WARRANT APPROVAL

We, the undersigned Board of Commissioners of Public Hospital District #2 of Snohomish County, Washington, do hereby certify that the merchandise or services hereinafter specified have been received and that Warrant Numbers 11488 through 11537 have been issued for payment in the amount of \$165,340.47. These warrants are hereby approved.

Attest:


Lisa M. King


Commissioner


Commissioner


Commissioner


Commissioner


Commissioner

Warrants Processed:	1-1-16 – 1-31-16		\$165,340.47
Work Comp Claims Pd:	1-1-16 – 1-31-16		6,225.64
Kruger Clinic Processed:	1-1-16 – 1-31-16		31,542.52
Payroll:	12-20-15 – 1-2-16	16,295.40	
	1-3-16 – 1-16-16	<u>17,087.09</u>	
			33,382.49
Electronic Payments:	Payroll Taxes	14,720.48	
	Paychex	341.32	
	Valic Retirement	5,475.99	
	AmeriFlex FSA	561.30	
	Bank Fees	241.56	
	Harland Clarke Check	137.13	
	WA State Dept Revenue	766.72	
	Dept of L&I	426.65	
	Program Expenditures	<u>1,073,458.50</u>	
			<u>1,096,129.65</u>
	Grand Total		<u>\$1,332,620.77</u>

PUBLIC HOSPITAL DISTRICT NO. 2
SNOHOMISH COUNTY, WASHINGTON

RESOLUTION NO. 2016-01

A RESOLUTION of the Commission of Public Hospital District No. 2, Snohomish County, Washington, determining certain personal property to be surplus and no longer required for public hospital district purposes of the District and authorizing the Superintendent or his designee to sell all or any part of such property on a negotiated basis upon the most favorable terms and conditions obtainable or to otherwise dispose of such property, and ratifying prior actions.

WHEREAS, certain personal property of the District is no longer required for District purposes and the Commission wishes to dispose of such property in a lawful manner as promptly as reasonably possible; NOW, THEREFORE,

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO 2, SNOHOMISH COUNTY, WASHINGTON, as follows:

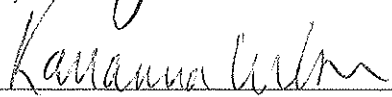
Section 1. It is hereby found, determined and declared that all of the personal property identified on Exhibit A hereto is no longer required for public hospital district purposes and such property therefore is surplus. It is further found and declared to be in the best interest of the District that such property (the "Surplus Property") be disposed of promptly as hereinafter provided.

Section 2. The Superintendent or his designee is hereby authorized and directed to sell on a negotiated basis upon the most favorable terms and conditions obtainable all or any part of the Surplus Property as soon as reasonably possible. Any Surplus Property not thus sold shall be disposed of and removed from the premises of Swedish Edmonds Hospital at the direction of the Superintendent or his designee at the least possible cost to the District.

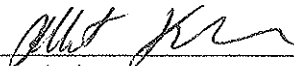
ADOPTED AND APPROVED by the Board of Commissioners of Public Hospital District No. 2, Snohomish County, Washington, at an open public meeting thereof, this 24th day of February, 2016, the following commissioners being present and voting in favor of the resolution.



President and Commissioner



Commissioner



Commissioner



Commissioner



Secretary and Commissioner

CERTIFICATE

I, Deana Knutsen, Secretary to the Board of Commissioners of Public Hospital District No. 2, Snohomish County, Washington, certify that the attached copy of Resolution No. 2016-01 is a true and correct copy of the original resolution adopted on February 24, 2016, as that resolution appears on the Minute Book of the District.

DATED this 24th day of February, 2016.



Deana Knutsen
Secretary to the Board of Commissioners

February 2016 Surplus

CLASS	NUM	DEPT	DESCRIP	QTY	ACQDT	LIFE (Months)	COST	NBV 1/31/2016	Disposal Date
05	6706203	8611	HOLLIE FULLBACK CHAIR (BLA	1	2/1/2007	180	436.33	-	2/29/2016
05	6706204	8611	HOLLIE FULLBACK CHAIR (BLA	1	2/1/2007	180	436.33	-	2/29/2016
05	7802910	7600	FILE CABINET 4 DOOR STORAG	1	1/1/2007	138	227.00	46.06	2/29/2016
05	7802936	7600	FILE CABINET 4 DRAWER	1	1/1/2007	138	275.00	55.82	2/29/2016
05	7801801	8320	ICE MACHINE (MANITOWOC)	1	5/1/2007	120	3,344.11	390.15	2/29/2016
05	9109101	7230	GYNNIE OB STRETCHER	1	9/1/2009	84	5,843.77	417.43	2/29/2016
05	9109102	7230	GYNNIE OB STRETCHER	1	9/1/2009	84	5,843.80	417.43	2/29/2016
05	9109103	7230	GYNNIE OB STRETCHER	1	9/1/2009	84	5,843.80	417.43	2/29/2016
05	9109104	7230	GYNNIE OB STRETCHER	1	9/1/2009	84	5,843.80	417.43	2/29/2016
05	7800701	7230	GYNNIE OB-GYN STRETCHER	1	4/1/2007	180	5,601.46	2,271.71	2/29/2016
05	7800704	7230	GYNNIE OB-GYN STRETCHER	1	4/1/2007	180	5,601.48	2,271.71	2/29/2016
05	9104501	7050	BAXTER IV PUMPS	49	4/1/2009	60	79,313.66	-	2/29/2016
05	4502603	7250	DINAMAP PROCARE 420 MONITO	1	6/1/2004	84	2,927.37	-	2/29/2016
06	2031702	7115	TV ARMOIRE W/ 3-DRAWER	1	11/1/2003	180	775.13	137.75	2/29/2016
06	2031703	7115	TV ARMOIRE W/ 3-DRAWER	1	11/1/2003	180	775.13	137.75	2/29/2016
05	7806004	5000	REFRIGERATOR (ED WAITING)	1	1/1/2008	120	223.49	38.58	2/29/2016
05	7809906	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7809907	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7809908	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7809909	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7809910	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7809911	6012	HIGH BACK CHAIR 21"	1	2/1/2008	120	510.36	97.81	2/29/2016
05	7805301	8510	PARTITION PANELS (FINANCE)	1	11/1/2007	180	15,104.44	6,713.10	2/29/2016
05	9115801	8540	CUBICLES	1	1/1/2010	120	8,561.99	3,282.09	2/29/2016
05	9109701	8530	CUBICLES (EAST WALL)	1	11/1/2009	120	10,184.79	3,734.42	2/29/2016
05	3170002	7152	VERSA CHAIR ARM	1	10/1/2003	180	184.23	32.77	2/29/2016
05	3170003	7152	VERSA CHAIR ARM	1	10/1/2003	180	184.23	32.77	2/29/2016
05	3170004	7152	VERSA CHAIR ARM	1	10/1/2003	180	184.23	32.77	2/29/2016
05	3170005	7152	VERSA CHAIR ARM	1	10/1/2003	180	184.23	32.77	2/29/2016
							160,961.96	21,466.79	

Verdant Community Wellness Center Summary
February 2016

Completed Programs

A. General Community and Provider Events		Attendance
1. PEPS – Second Time Around (1/14 – 3/24)*		6-8
2. Women's Leadership Focus Group (1/28)		12
3. Edmonds School District Health Services Staff Meeting (1/28)		25
4. SAEYC Childcare Provider Training (1/30)		65
5. SHIBA Monthly Update Meetings (2/2)		30
6. Basic Food Educational Forum (2/3)		45
7. Korean Women's Association: Stomach Cancer Prevention (2/4)*		50
8. Mothers of Children with Disabilities Monthly Support Network (2/6)		5
9. Virginia Mason Provider Retreat (2/6)		12
10. Evergreen Home Health (2/10, 2/17)		36
11. Homeless Policy Task Force Meeting (2/11)		25
12. Lynnwood Library Staff Meeting & Community Wellness Center Tour 2/18		12
13. Ongoing – Community Support for Prescription Assistance (weekly)		varies
14. Ongoing – WAHA Health Insurance Enrollment & Support		varies
B. Nutrition and Healthy Behaviors		Attendance
1. Surviving & Thriving with Chronic Kidney Disease (1/13 - 2/17)*		16
2. Intuitive Eating – Breaking the Diet Cycle (1/25)*		12
3. Teens in the Kitchen (1/30)*		9
4. Spanish Language Cooking Matters for Families (2/1 – 3/14)*		28
5. Sensational Citrus Adult Cooking Class (2/2)*		11
6. Optimal Nutrition During Menopause (2/10)*		14
7. Heart Health in Your Kitchen (2/16)		15
8. Lifestyle Change Check-Ins (drop – in 1 st and 3 rd Tuesdays)*		4-8
9. Getting to Goal Program (Weight Management Consultations)*		10-12 clients
C. Behavioral Health & Substance Use		Attendance
1. Powerful Tools for Caregivers (1/20 – 2/24)		15
2. Brain Health and Wellness Classes (2/1, 2/2, 2/9, 2/15, 2/16) *		varies
3. YWCA Men's Support Group (2/2 – 3/22)*		3-5
4. YWCA Women's Art Therapy Group (2/2 – 3/22)*		8
5. Veterans Assistance and Drop-In Support (2/3)		varies
6. Snohomish County Caregiver & Kinship Support Groups (2/4, 2/16, 2/18)		varies
7. Youth Mental Health First Aid (2/9)		29
8. THS Parent Coaching Group (2/9)		8
9. Mental Health Resources for Promotoras in Spanish (2/13)*		24
10. National Alliance on Mental Illness "Connections" Group (2/11, 2/25)		8-10
11. NAMI Presents: Communicating with Teens about Difficult Topics (2/18)*		20
12. Spanish Positive Discipline Parenting Class & Childcare (2/19 - 4/1)*		28
13. Adult Children of Alcoholics Weekly Support Group (ongoing)		4-10
D. Other Programs		Attendance
1. Play and Learn Group, Wonderland Development Center (weekly)*		15-30

Verdant Community Wellness Center Summary February 2016

Upcoming Programs

E. General Community and Provider Events

1. PEPS – Second Time Around (January 14 – March 24)*
2. Little Wonders Support Group for Parents of Special Needs Infants (February 23 – May 24)*
3. DSHS – WA Healthplanfinder Meeting (February 23)
4. MTI Specialty Dental Clinic (February 27)*
5. SHIBA Monthly Update Meetings (March 1)
6. SAEYC Childcare Provider Training (March 2)
7. Senior Services Social Worker Training (March 2)
8. Korean Women's Association: Everyday Nutrition (March 3)*
9. Mothers of Children with Disabilities Monthly Support Network (March 5)
10. Evergreen Home Health (March 9, 16)
11. Edmonds School District Elementary Leadership Meeting (March 10)
12. LCSNW Latino Health Fair (March 12)
13. Immunity Community Parent Orientation (March 18)
14. Medical Reserve Corp CPR Training (March 19)
15. Russian Language Childhood Vaccines Workshop (March 21)*
16. Early Achievers Childcare Provider Training (March 26)

F. Nutrition and Healthy Behaviors

1. Spanish Language Cooking Matters for Families (February 1 – March 14)*
2. Nutrition in the Fast Lane (March 23)*
3. Exploring Vegetarian Options (March 29)*
4. Ongoing – Lifestyle Change Check-Ins (drop-in support 2x/month)*
5. Ongoing – Getting to Goal: Individual Weight Management Consulting with a Dietitian*

G. Behavioral Health & Substance Use Focus

1. YWCA Men's Support Group (February 2 – March 22)*
2. YWCA Women's Art Therapy Group (February 2 – March 22)*
3. Spanish Language Positive Discipline Parenting Class (February 19-April 1)*
4. For the Kid's Sake – for Parents Going Through Divorce (February 24)
5. Psychological First Aid (February 27)
6. NEAR Overview (March 1)
7. Veterans Assistance and Drop-In Support (March 2)
8. Brain Health Study Group (Bi-Monthly starting March 4)
9. NEAR DSM-5 (March 8)
10. Brain Health and Wellness Classes (March 8, 15, 22) *
11. Snohomish County Caregiver and Kinship Support Groups (March 3, 15, 17)
12. National Alliance on Mental Illness "Connections" Support Group (March 10, 24)
13. NAMI Presents: Fear of Mental Health Medications and Loss of Authenticity (March 17)*
14. NEAR Case Management (March 22)
15. For the Kid's Sake – for Parents Going Through Divorce (March 24)
16. Evergreen Hospice Volunteer Training (March 26)
17. SBIRT Overview (March 29)

*** = Grant/Program Funded Partner**

Closing the Health Care Gap in South Snohomish County

**A Project Impact
Assessment Report**



In partnership with
Latino Leadership
Initiative/Latino
Education and Training
Institute (LLI/LETI)
Verdant Health
Commission

SEPTEMBER 2015

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10	Trusted Sources of Information
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16	Education & Leadership
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ACKNOWLEDGEMENTS

This report was written by Margaret Diddams, PhD, and Teresa Clark, with contributions from Elana Dix, photography by Rosalind Brazel, and design by Tara Bostock. It was possible because of the generosity of many residents who shared their time and personal stories.

Introduction

A healthcare conundrum: Why are so many residents eligible for coverage still uninsured?

The southern half of Snohomish County in Washington State is what health justice advocates call an uninsurance ‘hot spot’. In 2013, more than one in seven residents of the county had no health insurance¹, higher than the rate of uninsurance in the state of Washington² and the U.S. overall³.

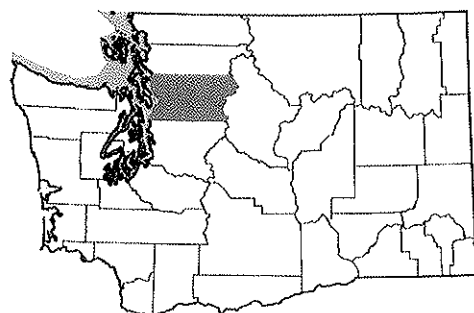
Yet, in the same year, an estimated 20,000 to 29,000 uninsured residents of South Snohomish County were eligible for subsidized coverage under the Patient Protection and Affordable Care Act (ACA)⁴. This project was designed to reach uninsured but eligible residents, identify the barriers they face, and help them enroll in coverage.

From 2013 to 2015, Washington Community Action Network (Washington CAN!), the Latino Leadership Initiative / Latino Education and Training Institute (LLI / LETI), and the Verdant Health Commission collaborated to survey, educate, and mobilize residents impacted by inaccessible health care.

The project identified, educated, and organized uninsured residents

This project was designed to accomplish **three main objectives**:

- 1 To identify the barriers preventing eligible residents from enrolling in health insurance;
- 2 To educate residents about health insurance options and eligibility;
- 3 To encourage residents to enroll in ACA coverage through personal conversations, public circulation of success stories, and leadership development empowering community members to become enrollment ambassadors in their networks.



Map of Snohomish County from the U.S. Department of Agriculture⁵

Snohomish County is a densely populated, geographically expansive, and racially diverse region, with more than 390,000 residents. The county's manufacturing and high tech industries have attracted a highly educated and wealthy professional class. These in-migrations drove up the median income and educational attainment rates, obscuring economic struggle in the rest of the county⁶.

More than 10% of all residents and 13.4% of all children lived below the poverty line in 2013⁷. People of color make up about one-quarter (27.2%) of the county, including 9.9% Asian, 9.5% Latino, 3% African American, 1.5% American Indian, and 0.5% Native Hawaiian or Pacific Islander⁷. One in ten residents speak a language other than English at home. Spanish is the most common non-English language spoken⁸.

This report analyzes the results of two years of survey data, documents the impact of the project on South Snohomish County residents, and offers recommendations for future work.

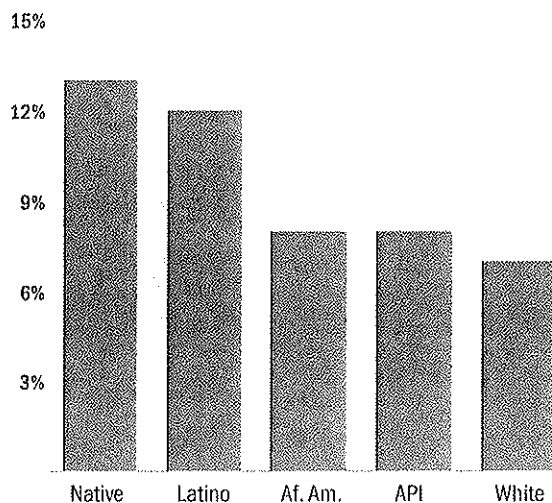
Uninsurance & the ACA

Uninsurance is associated with financial instability and poor health

Between 2008 and 2012, rates of uninsurance steadily increased in the state of Washington¹⁰. Low-income families and people of color, who are known to have significantly lower rates of health insurance, were most impacted by this change.

Without insurance, people often forgo preventive treatments and exams, and wait until medical problems become an emergency before seeing a doctor. When uninsured patients do seek medical attention, they receive a lower quality of care, are offered fewer preventive services by their primary care providers, and often pay more than insurance companies would have paid for the same procedure^{11,12,13}.

It is, therefore, unsurprising that people without insurance get sick more frequently and die earlier^{14,15}. Black people in the U.S. can expect to live five fewer years than white Americans¹⁶; the high rate of uninsurance among African Americans is a major factor contributing to disparities in health and morbidity. Although having health insurance does not guarantee access to quality, affordable health care, universal coverage is an important step towards more equitable health outcomes.



The ACA was designed to reduce disparities in access to health care

The ACA was designed to address gaps in access to health care in the U.S. Implemented in 2013, the ACA funds the expansion of free Medicaid for low-income families, as well as state-based health insurance Marketplaces where people can purchase free and reduced-cost health insurance plans.

ACA coverage excludes undocumented immigrants and recently arrived permanent residents, and remains unaffordable for a large portion of low-to-middle income earners. Nonetheless, the policy has meant life-saving expansion of access to health care for many low-income Americans and people of color¹⁷.

Full implementation of the ACA requires strategic efforts to encourage, educate, and enable people to enroll in coverage.

Full implementation of the ACA requires strategic efforts to encourage, educate, and enable people to enroll in coverage¹⁸. Especially as federal funds allocated to market the ACA dry up, the long-term expansion of access to health care will depend on outreach and education at the grassroots.

Projected Reductions in Uninsurance in the First Two Years of the ACA

Figure 1. People of color are most benefited by the ACA. Data from the Urban Institute¹⁹. (API stands for Asian/Pacific Islander)

Methodology

Outreach teams knocked on doors and organized neighborhoods

People who are busy working multiple jobs, who do not speak English, have no internet, or have had bad experiences with government agencies are unlikely to enroll in the ACA just because they see an ad on TV. Making enrollment a priority for low-income families takes a more personal approach.

Door-to-door outreach has been used successfully to enroll people in Medicaid, SCHIP, and the ACA in neighborhoods across the county²⁰. Outreach workers can address the specific concerns of the individual at the door, challenging myths, reducing stigmas, and alleviating fears²¹. Through ongoing conversations and deeper organizing, community outreach can shift attitudes and motivate the most hard-to-reach populations²².

Outreach workers distributed bilingual fact sheets identifying local enrollment services and shared information about health care plans and preventive care. A live hotline, with interpretation in ten languages, gave residents a place to call for assistance with ACA enrollment. Finally, organizers made follow-up calls and home visits, encouraging residents to speak with their family, friends, and neighbors and take action to increase enrollment in their community.

Local, bilingual youth organizers from the Latino Education & Training Institute (LETI) joined professional canvassing staff from Washington CAN! to conduct outreach in English and Spanish. Organizers concentrated their outreach efforts in neighborhoods where many low-income residents, people of color, and immigrant families live, including Lynnwood, Mountlake Terrace, Brier, Edmonds, Woodway, Bothell, and Mill Creek.

Survey results are based on a robust data set

Outreach workers conducted a survey with residents about access to health care. Survey results are based on:

- **1,501 respondents** interviewed at their doors in 'year 2'
- **210 respondents** first contacted at the door 'year 1', then interviewed by phone canvassers in 'year 2'

Project staff contacted residents multiple times, following up with phone calls, social media pitches, and home visits

Outreach teams:

- Left bilingual enrollment information with **10,200 households**;
- Had **3,006 in-depth conversations** with residents in low-income areas;
- **Followed up 3,659 times** by phone to offer assistance and encourage people to enroll.

Organizers also collected **127 ACA enrollment success stories** and shared these stories in email blasts and social media posts. Messages reached English and Spanish-speaking residents in the county over 30,000 times.

Making enrollment a priority for low-income families takes a more personal approach.

Project Timeline

YEAR 1

September 2013

Test canvasses
Door-knocking begins in Lynnwood, Mountlake Terrace, Brier, Edmonds, Woodway, Bothell, and Mill Creek to test messages and materials.

October 1, 2013

Health Care Enrollment Outreach and Education program launch
The project kicks off in Lynnwood, covered by My Edmonds News²³. Community leaders share personal stories about living without insurance. Staff deliver trainings on ACA eligibility guidelines, enrollment deadlines, and outreach messages.

October 2013 - February 2014

Community outreach and education
Trained outreach workers knock on doors throughout South Snohomish County, conduct follow-up home visits and phone calls, and present at local churches.

ACA enrollment hotline opens, providing technical assistance and referral to in-person enrollment support at local Independent Practice Associations (IPAs).

February - April 2014



Health Care Enrollment Outreach and Education Program Launch. Photo taken by Representative Luis Moscoso.

Continued hotline services

Since the ACA enrollment deadline was extended from February 15 to April 17, 2014, the hotline remains open throughout this time.

YEAR 2

December 2014

Year 2 program launch.
Outreach staff, community partners, and grassroots members meet at the start of Year 2.

Test canvasses begin in Lynnwood neighborhoods to identify areas where many low-income families and people of color live.

December 2014 - May 2015

Community outreach and leadership development
Trained outreach workers knock on doors through South Snohomish County, conduct follow-up home visits and phone calls, and present at local churches.

Washington CAN! hosts a short series of ACA enrollment trainings to help community leaders in Lynnwood gain skills and confidence enrolling family, friends, and neighbors.

The hotline remains open, though far fewer calls are received as knowledge in the community and the functionality of Washington's Healthplanfinder improve.

December 2014 - August 2015

Follow-up surveys
Organizers make follow-up calls to survey people canvassed in Year 1.

Survey Respondents

Outreach workers reached the county's most vulnerable and underinsured populations

The project was successful at contacting populations that are disproportionately impacted by gaps in health insurance and hard-to-reach through other methods of communication.

People of color were surveyed at about twice their representation in the county overall (50% vs. 27.2%)^{24,25}. Age and gender demographics among survey respondents closely match demographic estimates in the county. Women and men were equally represented, while elderly residents over age 65, who are more likely to be covered by Medicare and less likely to be affected by uninsurance, made up only 11% of respondents.

The survey was also successful at reaching a more-than-representative sample of people living without insurance in the county. Approximately 12% of respondents were uninsured in 2015; this is 3-4 percentage-points higher than the estimated rate of uninsurance in Snohomish County²⁶.

The rate of uninsurance among noncontacted family members was much higher than among respondents themselves (20% vs. 12%)²⁷. This may be because people who answered the door were the most able-bodied and English-speaking members of the family, characteristics that increase the likelihood of having insurance.

The survey was successful at reaching a more than representative sample of people living without insurance in the county.

STORIES FROM THE FIELD

Why Health Insurance Coverage Matters

Several respondents shared stories of financial and health problems they experienced because of lack of health insurance.

Dawn's daughter had no insurance when she was hospitalized for three days and diagnosed with diabetes. Dawn is now in financial crisis, unable to pay the required \$400 per month for her daughter's diabetes medication, and afraid of the medical bill that will result from the hospital visit. Without insurance, many people, like Dawn, accumulate medical debt, which causes financial strain and often leads to bankruptcy.

Deborah lost a friend to cancer who died, at least in part, because she could not afford health care. Weighing the perceived urgency of her condition against the high cost of a doctor's visit, Deborah's friend waited months before making an appointment. When she was finally seen by a doctor, her cancer had spread too far throughout her body to be treated. Deborah's story is a sobering reminder of the potentially life-or-death consequences of gaps in health insurance coverage.

Unequal Access to Coverage

There are significant racial and economic disparities in access to insurance in the county

The survey of South Snohomish County residents found that the distribution of uninsurance by gender, race, and age in the County are similar to the demographics of uninsurance in Washington State and the United States overall.

Age People 18-26 and 27-39 years old were the most uninsured age groups in this survey, as in Washington State²⁸ and the U.S.²⁹ Excepting children, who are covered under Washington's Apple Health program, young people are more likely to be uninsured. When wages barely cover the basics, people who have not yet encountered a major health crisis in their life will tend to prioritize short-term needs, such as housing, transportation, and food, over long-term preventive investments, like health insurance.

Race No factor more strongly predicts whether county residents will have insurance than their race. **People of color in South Snohomish County are almost four times as likely as whites to be uninsured** (16.7% vs. 4.5%). Throughout the

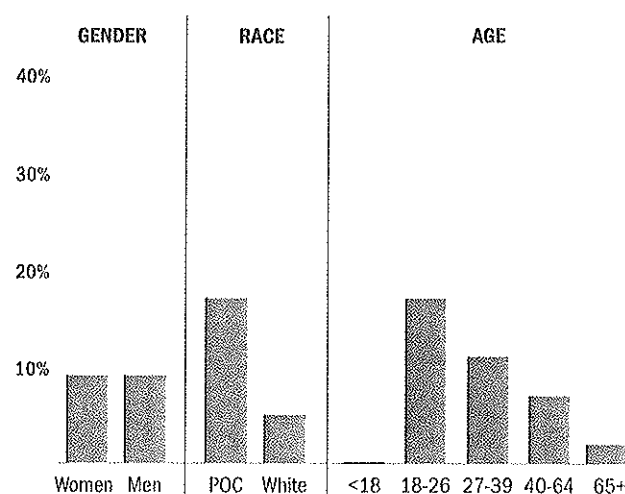
U.S., Latinos have the highest uninsurance rate (32%) of any racial group, followed by American Indians / Alaskan Natives (27%), African Americans (21%), and Asian / Pacific Islanders (18%)³⁰. All groups of color are more likely than whites (13%) to be uninsured.

Gender There was no statistically significant relationship between gender and insurance coverage. As in the U.S. overall³¹, men were slightly more likely than women to be uninsured (9.4% vs. 8.9%).

Income Since the distribution of uninsurance by race, gender, and age in this survey closely matched the demographics in the U.S. overall, it is likely that Snohomish County residents experience similar rates of uninsurance by income as in the rest of the country. **Nationwide, the likelihood of being insured rises with income.** A year before the passage of the ACA, only 78.4% of households with incomes below \$25,000 were insured, compared to 90.3% of households with incomes below \$75,000³². Almost everyone living without insurance, 9 in 10 uninsured Americans, earn less than 400% of the federal poverty line³³. Uninsurance and wealth inequality are interconnected problems.

Uninsurance Rates by Gender, Race and Age

Figure 4: Proportion of survey respondents without health insurance by gender, race, and age.



Access to Information about Coverage

More than one-third of residents in the county feel unprepared to decide whether to enroll in the ACA

Most residents we interviewed in South Snohomish County had heard about the Affordable Care Act or ‘Obamacare’, and many had strong gut feelings about the program, but only a small number of people felt clear about what ACA coverage is, who qualifies, and how to enroll.

In this survey, outreach workers asked, ‘Do you have enough information to make an informed decision about whether or not to enroll in health coverage through the Affordable Care Act?’ Many respondents who answered ‘yes’ added that they are simply satisfied with their employer’s insurance and, therefore, had no need to consider the ACA as an option.

Residents who answered ‘no’ were either uninsured or unsatisfied with their current insurance and uncertain about whether ACA coverage would be right for them. A total of 32% of respondents fell into this category. Further outreach and education about ACA options and eligibility could be beneficial for at least

one-third of South Snohomish County residents.

Men, people of color and young people were most likely to feel insufficiently informed about the ACA. One man, around 20 years of age, opined that health insurance is simply too complex for young adults to understand, saying, “You don’t know much about this stuff when you’re young”. This demonstrates the importance of changing attitudes among young adults about insurance options and the ease of enrollment.

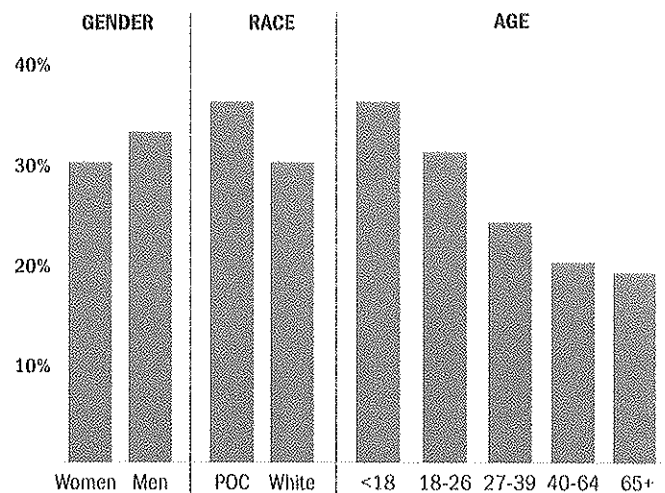
The large number of people of color who said they feel uninformed similarly suggests that information is either not reaching communities of color or not conveyed in a way that instills trust. More targeted outreach in communities of color, especially by outreach workers of color and trusted community organizations, may be the best approach to increase feelings of empowered decision-making about ACA enrollment.



You don’t know much about this stuff when you’re young.

Insufficient Information about the ACA

Figure 5: Proportion of survey respondents who said they did not ‘have enough information to make an informed decision about whether to enroll in the Affordable Care Act’, disaggregated by gender, race, and age



Trusted Sources of Information

Most residents have seen television ads about the ACA

In this survey, respondents were asked to reflect on the source that they have most trusted in the past. As the question was worded, survey responses were skewed towards the sources that are most widely available.

Almost all Snohomish County households have television or radio, and Washington State has spent \$19 million to circulate TV and radio ads promoting ACA enrollment³⁴. This at least partially explains why the largest proportion (35%) of respondents identified TV and radio as their most trusted source of information.

Although few organizations have canvassed in the county, more than two-thirds of respondents said they would be persuaded by canvassers

On the other hand, few organizations are knocking on doors in the county to talk about health insurance. While only 16% of respondents said one-on-one conversations have been a trusted source of information in the past, during follow-up interviews, 67% of

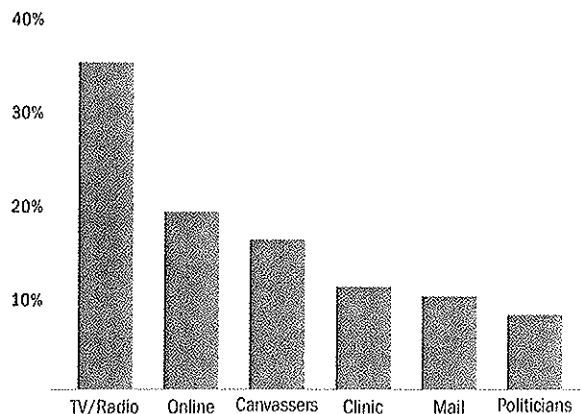
respondents said they believe that one-on-one conversations would be an impactful method of conveying information about the ACA.

Respondents often listed multiple sources of information they trust, which underscores the importance of a diversified consumer strategy. For example, Tiffany, a middle-aged woman who applied for and received ACA coverage, felt that newspaper ads were most helpful for knowing how and when to apply, but she was initially motivated by speeches from President Obama and Governor Inslee.

People of color and young people tend to trust canvassers, mailers, and information distributed at clinics

Responses to this question were most useful for understanding how target uninsured populations compared to residents of the county overall. The survey found that the two most uninsured groups, people of color and people age 18-26, were less likely than white people and older people to rely on information from television / radio and online research. These highly uninsured groups were more likely than white people and older people to trust canvassers, information sent by mail, information distributed at hospitals or clinics, and elected officials.

These results validate the methodology guiding this project. Television and online ads may be effective for reaching the general population, but more personal forms of communication are necessary to reach demographics with the highest rates of uninsurance.



Most Trusted Sources of Information

Figure 6: Proportion of respondents who identified each source as their most trusted source of information about the ACA.

Barriers to Obtaining Insurance

The vast majority of residents have experienced difficulty accessing health insurance

During call-backs by phone, 81% of respondents said they had personally experienced barriers to getting coverage. Even for people who manage to obtain health insurance, enrollment is not an easy or burden-free process.

People of color were far more likely than white people to view citizenship status (33% vs. 12.6%) and language accessibility (30.6% vs. 6.3%) as the biggest barriers to health insurance enrollment.

Canvassers asked: "What are the biggest barriers to health insurance coverage that you see?"

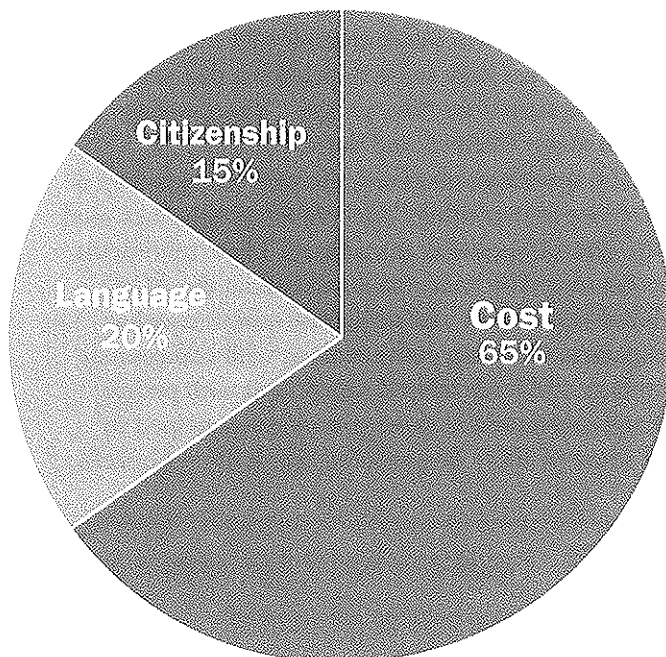


Figure 7: Cost was the most frequently identified barrier to health insurance.

STORIES FROM THE FIELD

Residents Face Many Barriers at Once

For many years, Erick worked in the machinery industry and received health insurance through his job. However, after he injured his back, he was wrongfully terminated and lost his insurance. Erick filed a complaint with the Department of Labor.

While waiting in financial limbo, he purchased over-the-counter medication, but couldn't afford back surgery doctors said he needed. He applied for insurance with Blue Cross Blue Shield and Group Health, but he was rejected, presumably because of his pre-existing back problems. Before he met project canvassers, Erick had resigned himself to taking pain killers for the rest of his life because he assumed private insurers were his only option.

Like most respondents, Erick faced multiple barriers to health insurance: unemployment, financial instability, private insurance discrimination, and lack of information about the ACA. With multiple barriers to enrollment, it is unsurprising that respondents reported feeling anxious, overwhelmed, or hopeless about obtaining affordable health care.

Negative experiences with healthcare discourage people from seeking insurance

A few respondents described dissatisfaction with health care. One woman said insurance does not cover enough. Another lamented that insurance does not include alternative medicine. People reported difficulty finding doctors willing to accept ACA plans, especially if anything more specialized than an English-speaking general practitioner was needed.

Unemployment and pre-existing health conditions make it difficult to access insurance

The link between employment and insurance was a source of concern for several respondents whose jobs did not provide benefits or who were currently unemployed. Four people believed they had been denied private insurance because of pre-existing conditions or old age.

I just go without insurance and pay the fine in tax season, because the fine is more affordable than the cost of enrollment.



Cost was a frequently cited barrier

Cost was a common theme in respondents' comments. Many people said they could not afford the premiums or the deductibles associated with health insurance, including under ACA coverage. One woman described her cost-benefit analysis: "I just go without insurance and pay the fine in tax season, because the fine is more affordable than the cost of enrollment."

People struggled with the online Healthplanfinder

Several respondents were deterred by the internet-based enrollment process. People frequently mentioned 'website glitches' and 'blackout dates' at the door. It is unclear how much of a role the media played in raising concern about this problem. Several respondents said they had no way to access to internet. Near-by, free public internet is an important service for enrollment efforts in low-income neighborhoods.

There is a lot of misinformation circulating about the ACA

During ACA enrollment, applicants are asked to indicate if they already have health insurance. This was a source of concern for several people who incorrectly believed that admitting to being uninsured would lead to a fine or disqualification. Similarly, many people held the mistaken belief that only the most destitute residents would qualify for ACA coverage.

Residents have strong feelings about health insurance and the ACA, which impacts their likelihood of enrolling

Respondents often used emotion-laden language when talking about barriers to insurance coverage. People said they feel "afraid", "overwhelmed", and "doubtful". More than 90 respondents used the word "confusing" to describe the ACA. People "don't know where to go to apply", "don't know how to sign up", and perceive enrollment to be a "difficult process", "complicated", with too much "red tape". One woman stated that she "would have liked to have someone or a group help [her] get enrolled".

Gut feelings about the ACA were a particularly intractable barrier in the community. This showed up in comments from some respondents that state-based insurance is for "lazy people", disapproving remarks about Obama, and slammed doors. As several respondents observed, this may be a product of "resistance to new things"; people are simply "not used to the idea of accessible insurance". These sentiments are also stirred by "negative media about the ACA", political controversy and deliberate misinformation campaigns. Ongoing conversations with community members and leadership development with people already networked in these communities helped to shift some of these deep-rooted opinions and beliefs.



I would have liked to have someone or a group help me get enrolled.

Changes in Snohomish County

IN 2015, UNINSURANCE RATES IN
WASHINGTON STATE DECLINED FROM

14% to 8.65%

For the first time since 2008, uninsurance rates in Washington State declined: from 14% in 2013 to 8.65% in 2015³⁵. Uninsurance 'hot spots', like South Snohomish County, saw significant reductions in uninsurance rates between 2013 and 2015.

8,000

NEWLY INSURED SOUTH
SNOHOMISH COUNTY RESIDENTS

In 2013, there were at least 20,000 people eligible for ACA coverage living without health insurance in South Snohomish County. In 2015, an estimated 12,000 residents of South Snohomish County remain uninsured but eligible³⁶. Therefore, between 2013 and 2015, the Affordable Care Act helped 8,000 previously uninsured South Snohomish County residents enroll in health insurance plans.

40%

REDUCTION IN NUMBER
OF UNINSURED IN SOUTH
SNOHOMISH COUNTY

While there is still much work to be done to enroll the remaining 12,000 uninsured but eligible residents of the county, a 40% reduction in uninsured eligible residents is a significant achievement for increased healthcare access.

28% - 30%

OF CANVASSED FAMILIES GAINED
COVERAGE BECAUSE OF THE ACA

Survey results show similarly positive trends in ACA coverage. In 2015, 18% of insured residents contacted at the door and 25% of insured residents contacted by phone had enrolled in coverage through the Affordable Care Act. A slightly larger proportion of residents reported that their family members enrolled in insurance through the ACA: 31.3% in-person and 28.2% by phone.

Just two years after implementation of the ACA, **almost one-third** of insured residents in low-income communities and communities of color in South Snohomish County are insured because of the ACA.

Stories of ACA Enrollment Success

The stories below, along with more than 100 others, were shared on the Washington CAN! Twitter and Facebook pages and circulated with the hashtag #ACA Enrollment Success Story, as a way to encourage residents through South Snohomish County to take action and get enrolled.



Washington CAN! | WashingtonCAN! | Aug 4

#ACA Enrollment Success Story: Preschool administrator working part-time found coverage on @waplanfinder for herself & children

1

2

MATTHEW, a 53-year old white man, said he feels great having ACA coverage because he is able to get regular check-ups and deal with all of his “50-year old guy problems”. This has helped him recover from a period of disability and return to work.

ANA, a Latina woman in her early thirties, enrolled herself and her children in Apple Health and “loves it” because she does not have to worry as much when they get sick.

MARK was familiar with the benefits of state health insurance before the passage of the ACA because his son, who is blind, autistic, and has cerebral palsy, depended on Disability Insurance for the many surgeries required throughout his childhood. Mark also saw his ex-wife die of pneumonia because she was uninsured and did not get treatment. When the ACA passed, Mark enrolled himself and his daughters immediately. He feels relief knowing his family will be covered if anything happens.

EDWIN, a young man in his 20’s, was able to go to the doctor after he broke his toe.

KAREN’S adult son had multiple surgeries for a total hip replacement, covered by the ACA. Karen describes insurance as a “god-send”.

HARLOW, a white man in his 40’s, lost his home business and the ability to afford private health insurance after he had a heart attack. He enrolled in state-based Medicaid and was able to obtain a pacemaker, which doctors believe may have saved his life.

Impact of this Outreach

Outreach increased the likelihood of ACA enrollment almost ten-fold

Project staff pursued all leads to uninsured residents and followed up with all interested residents to help them complete the enrollment process. In some cases, these were people who had never had insurance before in their life and thought of insurance as an unobtainable fantasy. Others had heard about the ACA but had not felt confident about how to apply, or had not made it a priority.

Survey results increased rates of ACA enrollment in 2015 as a result of canvassing in 2014. People contacted at the door for the first time in 2015 can be considered a control sample, while people canvassed in 2014 and recontacted by phone in 2015, shows the impact of canvassing on enrollment. Only 2% of people contacted in year 2 enrolled in ACA coverage in 2014-2015, compared to 20% of people canvassed in year 1 and recontacted in year 2. The proportion of respondents who enrolled in the ACA in 2014-2015 was ten times greater among residents who had spoken with an outreach worker, compared to residents who had not been canvassed.

Conversations at the Door Changed Residents' Opinions about the ACA

When conversations at the door did not lead directly enrollment, they created an opportunity to challenge myths about the ACA. A shift in attitudes between year 1 and year 2 is one indicator of the project's impact. Organizers encountered less negativity about 'Obamacare' and 'socialized medicine' in 2015, compared to the previous year. Unfortunately, many lower-middle income residents also expressed growing frustration when they learned that they qualified but still could not afford coverage.

STORIES FROM THE FIELD

Enrollment Education at the Door

Ida, a single woman in her 50's, works as a school bus driver and was offered health insurance through her school district, but the policy was expensive and did not cover the health care she needed. The ACA was a slightly more affordable option. Outreach workers helped Ida enroll at the door. She also helped her roommate apply. Her roommate, who has type 2 diabetes, had filed for bankruptcy in the past due to medical debt, and wanted to avoid another financial crisis. He feels more secure now, knowing he has a safety net through the ACA.

Samira, an immigrant woman with limited English speaking skills, did not disclose many details about her situation in her first conversation with a canvasser. However, during a follow-up phone call, she asked for help. She was 13 weeks pregnant with her second child and did not have access to prenatal care. She thought her private health insurance had expired, so an outreach worker called the insurance company to confirm.

Samira had heard that her husband's income disqualified her from obtaining health insurance through the ACA, and so had not considered it as an option. An outreach worker visited Samira at home to help her apply for the ACA online. Once Samira and the outreach worker completed the initial application, the outreach worker directed Samira to a nearby Planned Parenthood IPA to discuss plan options. Samira now has health insurance and is seeing a doctor to ensure that her pregnancy is as safe and healthy as possible. It is clear that repeated conversations with a trusted advocate made it possible for her to navigate the complex journey from uninsurance to a covered doctor's visit.

Education & Leadership

The hotline served as a source of additional enrollment support for canvassed residents

During the first year, the enrollment hotline received a high volume of calls. The hotline was staffed during the day and evening, so that residents could get through to a live person rather than an answering machine. Most people who called the hotline had been initially contacted at the door. Canvassing inspired residents' trust in Washington CAN! as a source of expertise about the ACA and increased residents' interest in gaining information about ACA enrollment.

After being disconnected from the state's Healthplanfinder hotline, many callers were grateful to connect with a real person. Hotline operators were able to validate the frustrating experience, assure them that the Health Care Authority was working to fix the problem, and encourage them to keep trying before the deadline, offering referral to in-person assistance when applicable. This helped people feel more supported and kept people from giving up despite obstacles.

Key leaders took action to inspire and organize their social networks

Fifteen people were trained on myth-busting and answering common questions about ACA enrollment in an effort to counter misinformation and spread awareness in hard-to-reach segments of the community. They spoke at community meetings, churches, and community centers, and used their social networks to disseminate information and offer enrollment support.

STORIES FROM THE FIELD

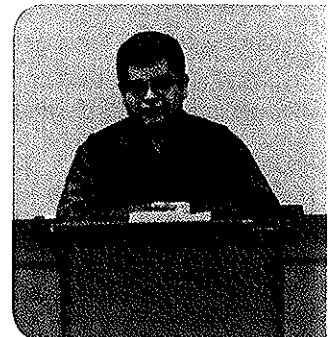
Mobilizing Family and Friends

Contact with particularly hard-to-reach individuals was driven by the initiative of residents who expressed enthusiasm about increasing access to health care in their community. During follow-up phone calls, 42 community members committed to encouraging their uninsured family and friends to enroll in ACA coverage.

Sheryl's grandmother had job-based insurance, but could not afford the deductibles, so had chosen not to see a doctor despite her age. When canvassers told Sheryl her grandmother would be eligible for Medicare, Sheryl committed to helping her grandmother understand the option of obtaining a more affordable plan.

Laura, a middle-aged school teacher, has three students who are homeless. She worries about whether their families are covered with health insurance. Outreach workers showed Laura how to access the Washington Healthplanfinder, which Laura plans to use to help her students' families, should they be interested in enrollment assistance.

Local community leader, Joselito Lopez, speaks at a community forum. Photo from My Edmonds News⁵⁷.



Conclusions

The Affordable Care Act is bringing security to many low-income Washingtonians. For the first time since 2008, rates of uninsurance have dropped in the state. In South Snohomish County between 2013 and 2015, more than 8,000 previously uninsured residents gained coverage through the ACA. These residents now have a greater chance at financial stability, health, and well-being. Organizers heard many success stories from people who were able to obtain much needed preventive care, medications, and treatment as a result of increased coverage.

Nonetheless, in 2015, one-third of respondents still said they do not have enough information about the ACA to decide whether to enroll. South Snohomish County remains a relative ‘hot spot’ compared to the rest of Washington; around 12,000 residents are still uninsured and eligible for ACA coverage. There is much work yet to be done. The following recommendations draw from the results of this project and are offered as a guide for future work to expand health insurance coverage and access to affordable healthcare.

RECOMMENDATION 1

Target outreach to young adults and people of color

Young adults and people of color are the most uninsured populations in South Snohomish County. These communities are grossly underserved; people of color are four times as likely as whites to be uninsured. To effectively reduce uninsurance rates in the county overall, outreach and education efforts must specifically target these groups.

This project’s door-knocking approach and reliance on young outreach workers of color was a successful strategy for reaching a large number of young residents and residents of color. Face-to-face conversations reduced the barriers, caused by cultural difference, language, stigma, and distrust of government agencies, that have limited other marketing strategies.

Respondents also expressed different concerns depending on their race. Respondents of color were more likely than white people to identify citizenship status and language accessibility as

barriers to enrollment. The messages and outreach methods that best serve communities of color may be different from the strategies that have been successful in white communities.

RECOMMENDATION 2

Conduct outreach door-to-door

Canvassing had a profound and measurable impact on the rate of ACA enrollment. Two-thirds of respondents stated that canvassing was an impactful way for them to gain information about the ACA. This belief was reflected in enrollment statistics. Residents canvassed by an outreach worker were ten times as likely to enroll in ACA coverage in the year following outreach as people who had not been canvassed.

As respondents’ personal stories attest, the issue of health insurance enrollment is deeply entangled with other issues impacting people’s lives. Any one specific barrier, such as language accessibility, website glitches, or difficulty affording insurance premiums, may not be enough to deter people from enrolling. However, these concerns become seemingly impassable roadblocks when combined with the other realities of injustice and struggle that low-income communities experience.

Through one-on-one conversations, organizers can help residents work through complex barriers to enrollment and identify the forms of support that are most useful for the individual at the door.

RECOMMENDATION 3

Develop leadership in the community

Access to health care is an emotional and political issue, and enrollment efforts have to contend with years of negative media and political attacks on the ACA. During this survey, people said they feel “afraid”, “overwhelmed”, and “doubtful”. Some residents even expressed distrust or anger about the ACA.

When people have such strong feelings about an issue, distributing information is unlikely to solve the problem. Attitudes and beliefs change slowly, through relationships build over time. Organizers in this project

spoke with residents multiple times - at the door, on the phone, and in follow-up home visits - because this was the level of ongoing interaction needed to help people overcome the logistical and emotional barriers to enrollment.

Noncontacted family members had much higher rates of uninsurance than individuals interviewed at the door. Increasing insurance rates among this population will require encouraging canvassed individuals to talk with their family members about enrollment.

Transferring skills and knowledge to existing grass-roots leaders was also an important strategy for shifting attitudes in the community. When people make decisions about their finances and health, they are most likely to trust the family and friends they already know.

RECOMMENDATION 4

Reduce the cost of health care and expand ACA eligibility

Although the Affordable Care Act is expanding access to insurance for many Americans, too many people still do not have real affordable options for coverage. Cost was by far the most common barrier to obtaining insurance. Working-class families living just above the poverty line find that they qualify for ACA coverage, but cannot afford the premiums and deductibles. Non-citizen immigrants who have been in the U.S. for less than five years live without a safety net for health care crises.

To achieve universal access to health care, policy-makers and healthcare providers will need to reduce premiums for more low-to-moderate income families, lower the cost of healthcare services, and reduce the requirements for eligibility.

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24. The only case in which a non-white racial group was underrepresented in the survey was among Latinos re-contacted by phone. This may be a consequence of the smaller number of bilingual Spanish speakers making phone calls. However, the difference between the number of Latinos in year 1 callbacks and the number of Latinos in the County overall is very small (7.1% vs. 9.5%).
25. U.S. Census Bureau, 2015.
26. The U.S. Census Bureau estimates that 14.5% of Snohomish County residents were uninsured in 2013. Simulations project that the ACA will reduce uninsurance rates by 10 percentage points on average by 2016¹⁹. Therefore, the uninsurance rate in Snohomish County likely fell significantly below 12% by 2015.
27. In the second year of outreach, 20% of respondents reported that all other members of their immediate family were uninsured.
28. Kreidler, 2011.
29. Smith and Medalia, 2014.
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37. Price, 2013.

Appendix A:

Survey Protocol

We are working to ensure everyone in our communities has access to quality, affordable health care. This short survey helps us assess how health care reforms are impacting individuals and families in Washington.

1. Do you have health insurance? **Y N**
 - If yes, did you get health insurance through Obamacare / the Affordable Care Act? **Y N**
 - If yes, did you sign up in the first year (2013-2014) or second year (2014-2015) of enrollment?
 - Does anyone in your family have health insurance? **Y N**
 - Did anyone in your family get health insurance through Obamacare / the Affordable Care Act? **Y N**
2. Do you have enough information to make an informed decision about whether or not enroll in health coverage through the Affordable Care Act? **Y N**
3. What has been your most trusted source of information about Obamacare / the Affordable Care Act:
 - Something I received in the mail
 - A face-to-face conversation with someone in my community
 - TV / Radio advertisements
 - Statements from politicians and elected officials
 - Information I got at the hospital or clinic
4. What are the biggest barriers to health insurance coverage that you see?
 - Some people are not eligible because of citizenship status
 - The cost of health insurance is still too expensive
 - There is not enough information in my language
5. Have you had a good experience with health insurance because of the Affordable Care Act? What is your story?
6. Can we follow up with you about your story? **Y N**

Race/ ethnicity:

Hispanic/Latino African/African American White/Caucasian Native American Asian/Pacific Islander

Age: <18 18-26 27-39 40-64 65+

Gender: Male Female Other

Name: _____

Address: _____

Phone Number: _____

Appendix B: Data Tables

Table 1: Respondents surveyed in South Snohomish County, compared to Census data²⁵ estimates of demographics in the County overall.

	Survey in Year 2	Callbacks from Survey in Year 1	Snohomish County Census
Race			
White	51%	42%	72.8%
People of color	49%	58%	27.2%
Hispanic/ Latino	10.8%	7.1%	9.5%
Asian/ Pacific Islander	15.9%	10.7%	10.4%
African/ African American	6.5%	3.6%	3.0%
Native American	1.8%	3.6%	1.5%
Other / multi-racial	2.2%	3.6%	4.3%
Gender			
Male	49%	50%	50.1%
Female and Trans	51%	50%	49.9%
Age			
65+	11%	14%	11.7%

Table 2 The proportion of respondents, by race, gender, and age, who identified cost, citizenship status, or language as the biggest barrier to enrollment in the Affordable Care Act.

	Cost	Citizenship	Language
Race			
People of color	64%	33%	30.6%
White	70.2%	12.6%	6.3%
Gender			
Male	68%	8.1%	13%
Female	67.5%	22%	16.8%
Age			
Under 18	17.3%	36.3%	17.3%
18-26	67.4%	32.5%	24%
27-39	69.8%	19.6%	16.9%
40-64	69.4%	17.5%	10.3%
65+	64.3%	14.3%	14.3%

February 2016 Marketing Report

Verdant Healthier Community Conference

- The conference is sold out!
- Registrants represent:
 - Local employers (Premera, Swedish, Edmonds Community College, Edmonds School District, City of Lynnwood, Community Transit)
 - Verdant partners (Alzheimer's Association, Camp Fire, Cascade Bicycle Club, Edmonds Senior Center, Evergreen Recovery Centers, Korean Women's Association, Molina, Project Access NW, Puget Sound Kidney Centers, Senior Services, Fire District 1, Snohomish County Health Leadership Coalition, Snohomish Health District, UW Bothell, Volunteers of America, YMCA)
 - Residents and scholarship recipients
- Monday, Feb. 29, 2016 (Leap Day) from 8:30-4:30 at the Lynnwood Convention Center
- Sponsors are: Premera (Gold level), Everett Clinic and Harbor Square Athletic Club (Silver level), Ash Consulting, Aukema & Associates, Edmonds Community College, the Herald (in-kind), Molina Healthcare, Puget Sound Kidney Centers and Walgreens (Bronze level)