

October 19, 2023

Leadership Council

***Topic: Community trends, Care
Connect Hub update, new faces
of GHN***

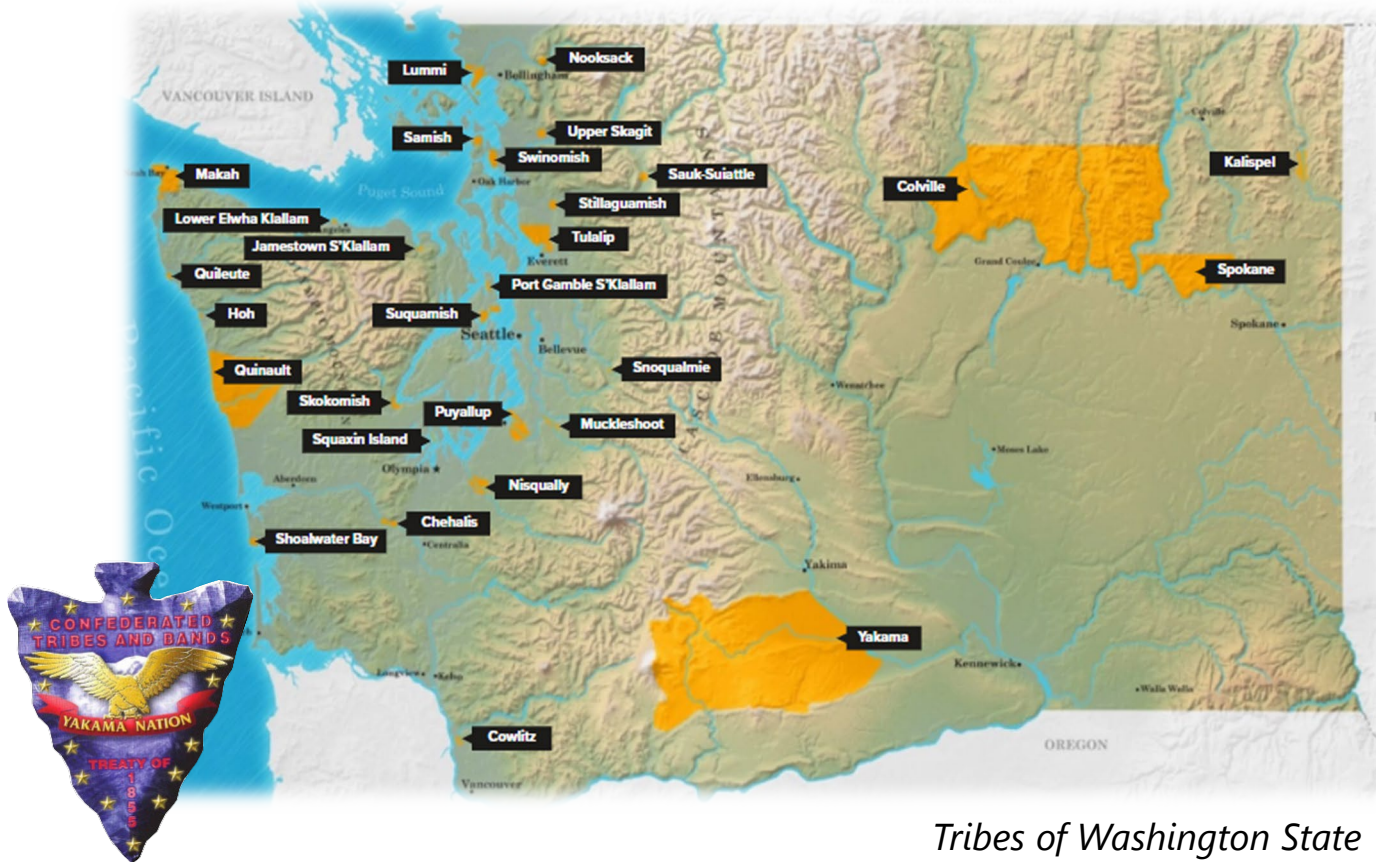


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Agenda

9:00 am	Welcome <ul style="list-style-type: none">• Housekeeping• Land Acknowledgement	Dr. Patrick Jones
9:05am	Community Trends	Dr. Patrick Jones
9:35am	Care Connect Hub update	Becky Betts
10:05am	New faces of GHN	Dr. Patrick jones
10:35am	Q & A	Dr. Patrick Jones

Land Acknowledgement

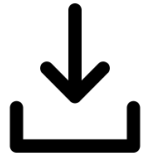


Tribes of Washington State

We should take a moment to acknowledge that the land on which we live, work, and play contain the archeological resources and tangible evidence of indigenous peoples.

It is the historic homelands of the Yakama, Wanapum, Nez Perce, Colville, and Umatilla people who remain committed stewards of this land, cherishing it and protecting it as instructed by elders through generations. We are honored and grateful to be here today on their traditional lands. We give thanks to the legacy of the original people, their lives and their descendants.

Housekeeping



Find this presentation on our website under the “Resources” section at www.greaterhealthnow.org



Please take our evaluation survey to let us know how we did today (takes less than 1 min)

Community Trends

Dr. Patrick Jones



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Key Performance Indicators in the GHN, by Sub-populations

Through Q3 2022

Institute of Public Policy and Economic Analysis

10.2023

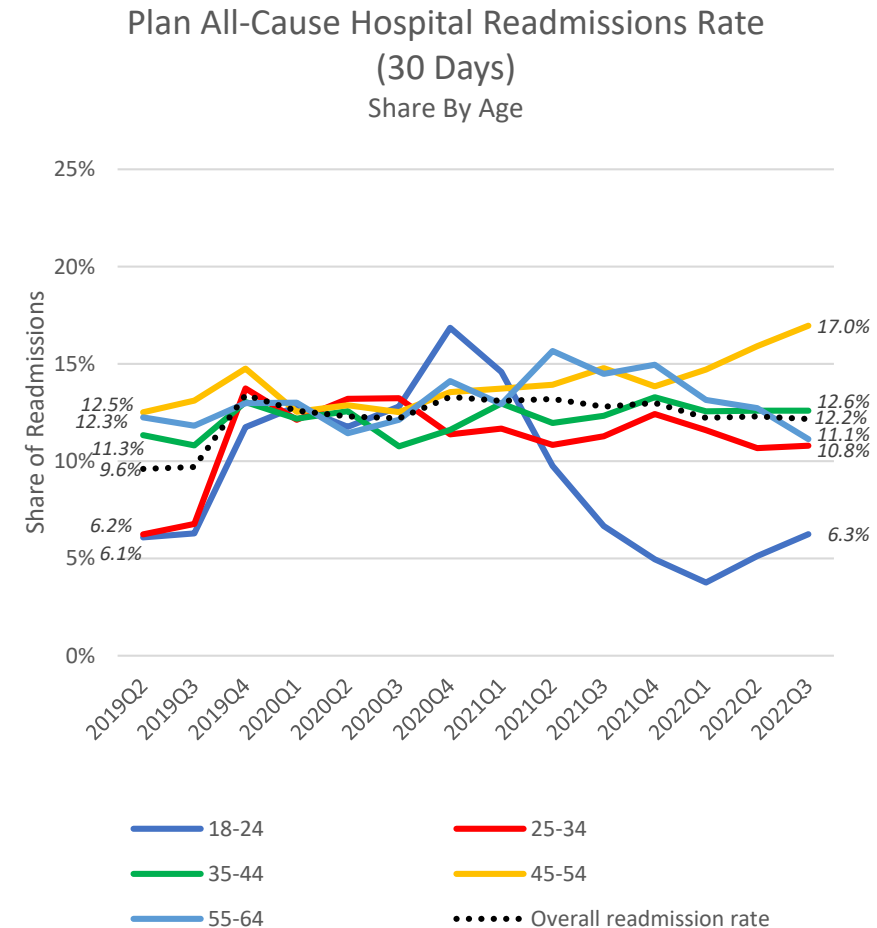
Overview

- Examination of 6 **measures** – covering all of the GHN
 - Plan all-Cause Hospital Readmissions Rate (30 days)
 - Comprehensive Diabetes Care: Hemoglobin A1c Testing
 - 6+ OP Visits to an Emergency Department in the past 12 months
 - Follow-up (30 days) After ED Visit for Mental Illness
 - Follow-up (30 days) After ED Visit for AOD
 - Mental Health Treatment Penetration
- Each seen through the lens of 8 **characteristics**
 - Share by age
 - Share by ethnicity
 - Share by race
 - Share by any mental health need
 - Share by anxiety/depression diagnosis
 - Share by diabetes type 2 diagnosis
 - Share by low-medium cardiovascular risk
 - Share by psychotic illness
 - Share by hyperlipidemic
- Data through Q3 2022
- “Overall population” refers to Medicaid population in the GHN

Plan all-Cause Hospital Readmissions Rate (30 days)

Share by age group for all GHN

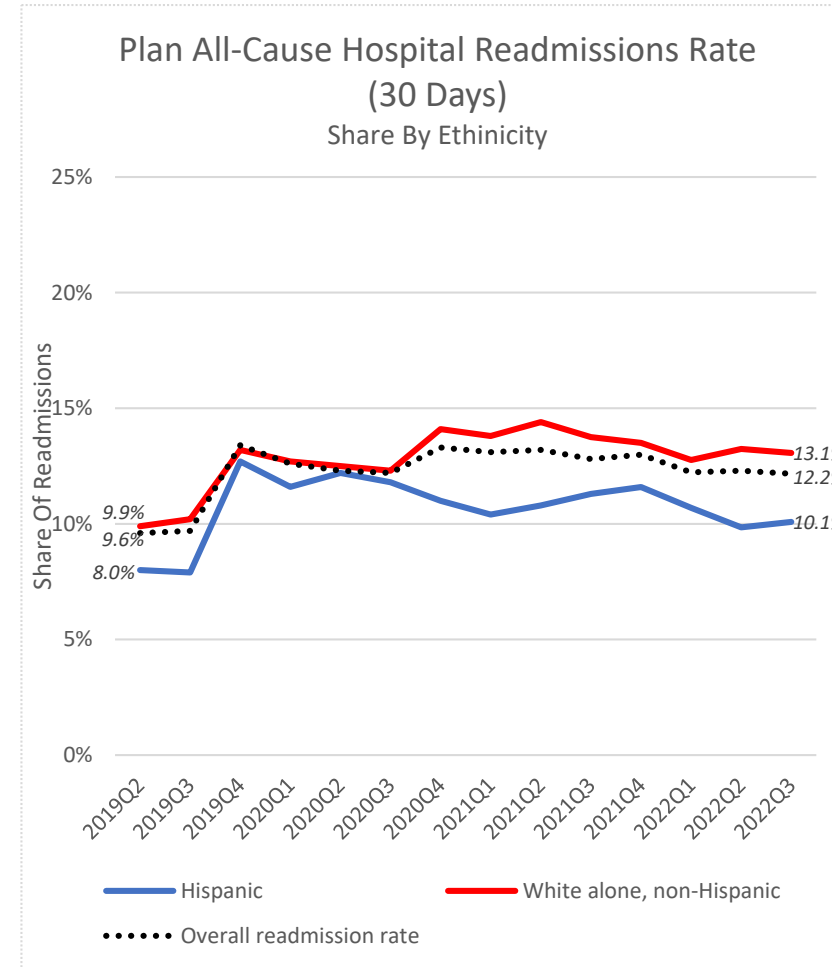
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:**
 - Lowest rates among the youngest 2 groups
 - Highest rates among 35-44-year-olds
- **Over time:**
 - Overall re-admit rate increased slightly.
 - The rate for 55-64-year-olds decreased slightly; all other group rates increased over time.



Plan all-Cause Hospital Readmissions Rate (30 days)

Share by ethnicity for all GHN

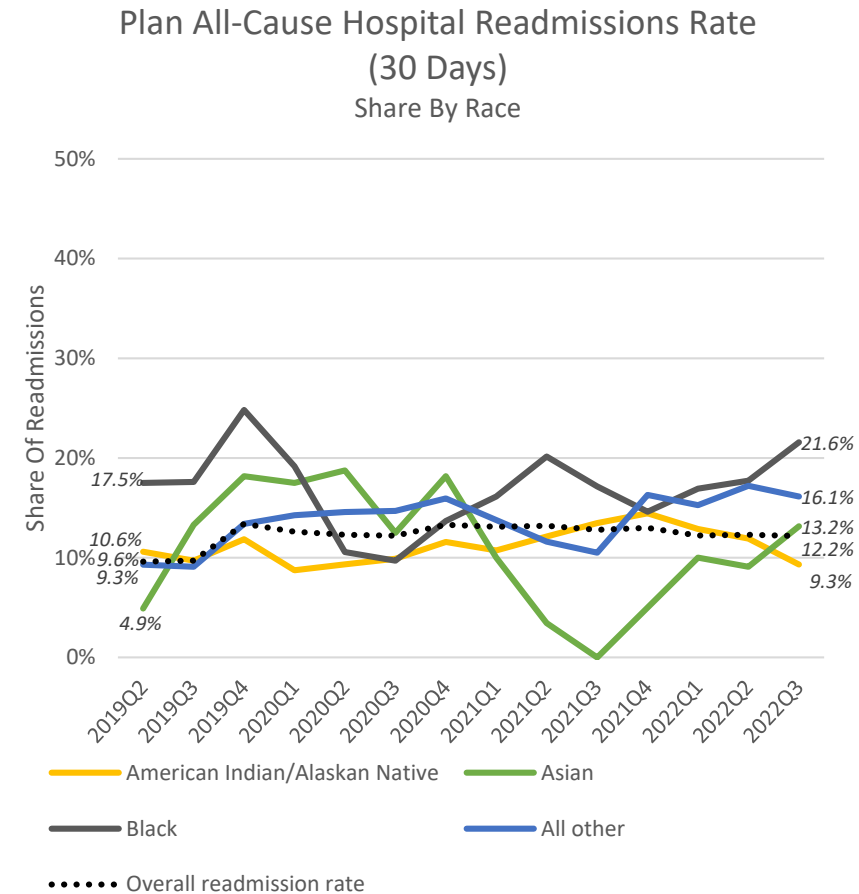
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Re-admit rate for Latinos/Hispanics considerably < than non-Hispanic White
- **Over time:**
 - Overall re-admit rate increased
 - White alone, non-Hispanic group re-admit rate *increased* from 9.9% to 13.1%.
 - Hispanic group re-admit rate *increased* from 8% to 10.1%.



Plan all-Cause Hospital Readmissions Rate (30 days)

Share by race for all GHN

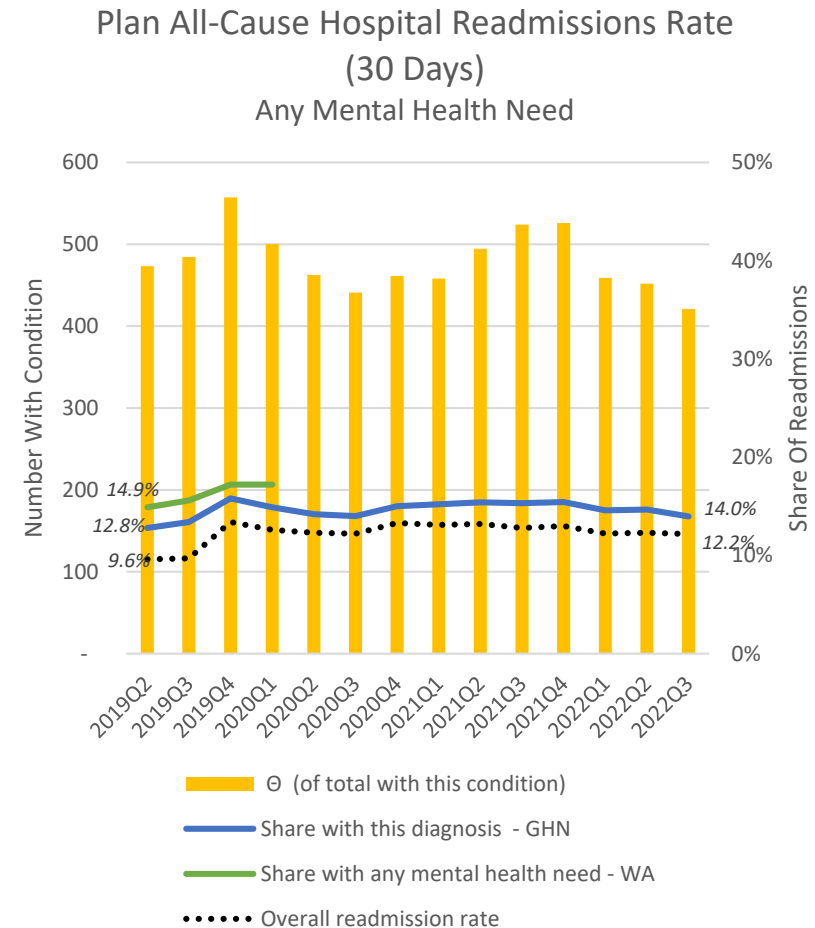
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:**
 - AIAN show lowest rates
 - Blacks the highest rates
- **Over time:**
 - Overall re-admit rate increased slightly
 - Blacks generally show higher re-admit rates than other races, while Asian-Americans generally show lower re-admit rates than other races.
 - AIAN rate decreased slightly over the last 14 quarters. All other group rates increased slightly.



Plan all-Cause Hospital Readmissions Rate (30 days)

Any mental health need for all GHN

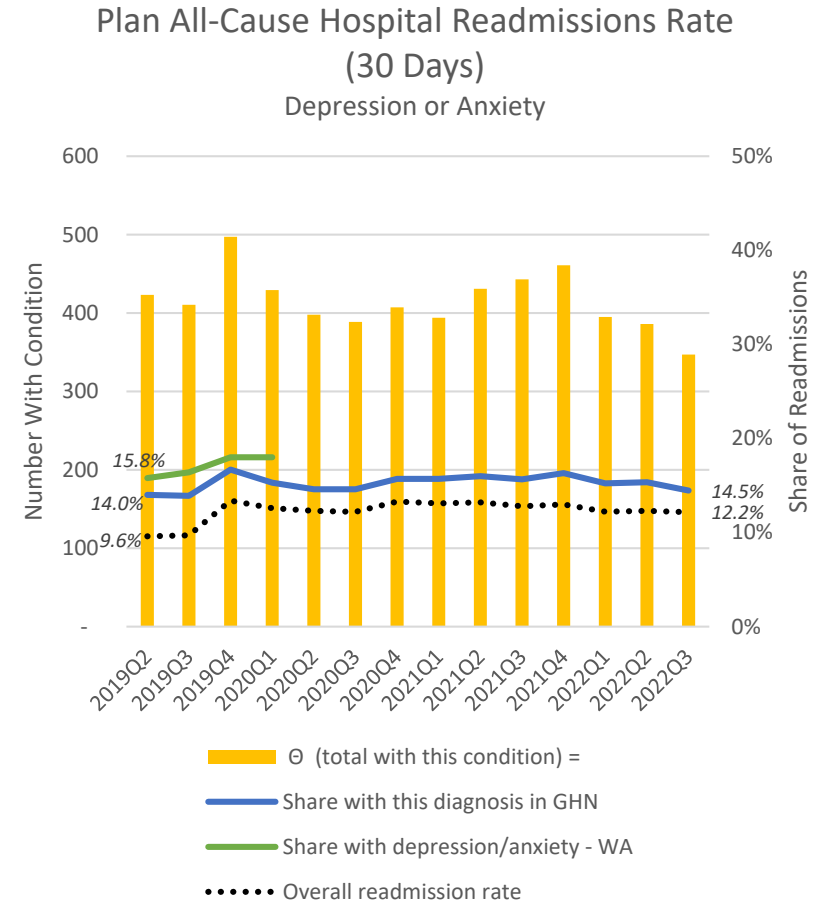
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with any mental health need diagnosis during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** slightly higher re-admit rate for those with this diagnosis than for overall Greater Columbia population
- **Over time:**
 - Overall re-admit rate increased slightly
 - Rate with any mental health need increased very slightly over the period
 - For all quarters, re-admit rate with any mental health need > overall rate



Plan all-Cause Hospital Readmissions Rate (30 days)

Depression or anxiety for all GHN

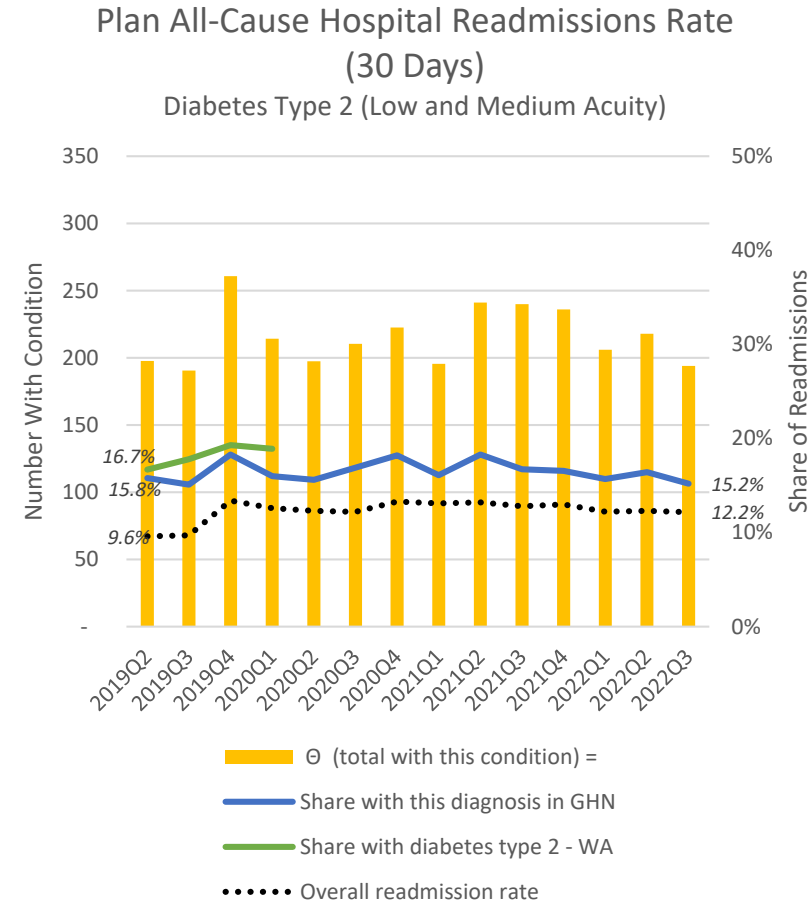
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with a diagnosis of depression or anxiety during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Re-admit rate for those with these diagnoses show slightly higher rate than overall rate
- **Over time:**
 - Overall re-admit rate increased slightly
 - The re-admit rate for those with these diagnoses increased slightly over time
 - For all quarters, re-admit rate with these diagnoses > overall rate



Plan all-Cause Hospital Readmissions Rate (30 days)

Diabetes type 2 (low & medium acuity) for all GHN

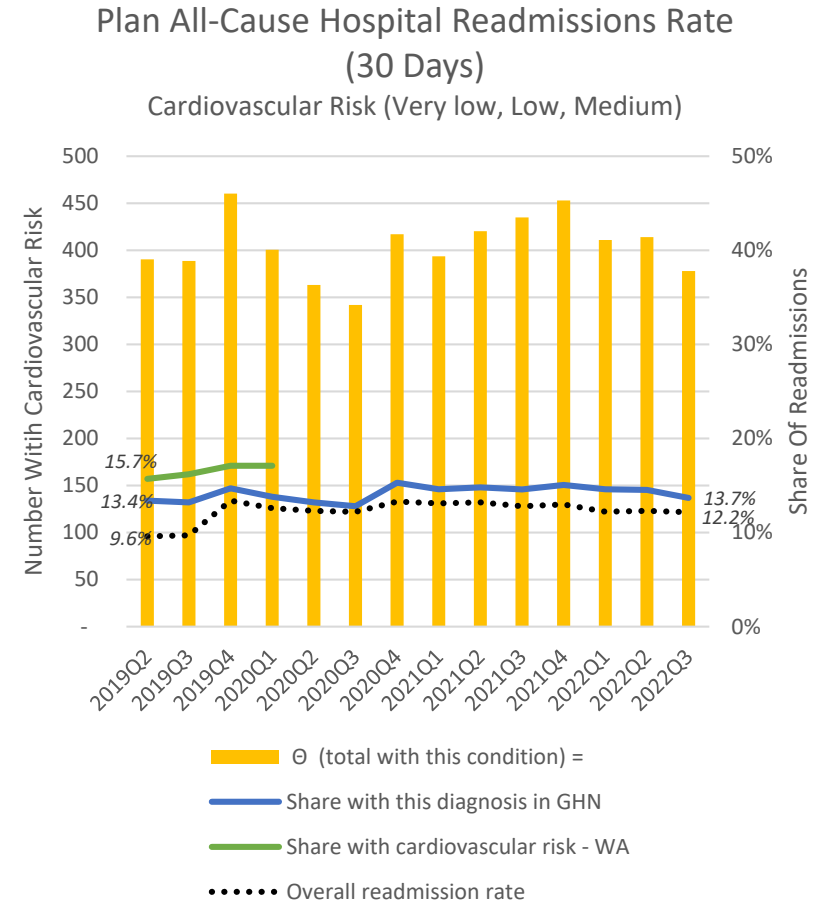
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with a diagnosis of diabetes type 2 during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Rate of those with this diagnosis > the overall rate
- **Over time:**
 - Overall re-admit rate increased slightly
 - Re-admit rate for those with this diagnosis has decreased slightly over time
 - For all quarters, re-admit rate for those with this diagnosis > overall readmission rate



Plan all-Cause Hospital Readmissions Rate (30 days)

Cardiovascular risk (very low, low, medium) for all GHN

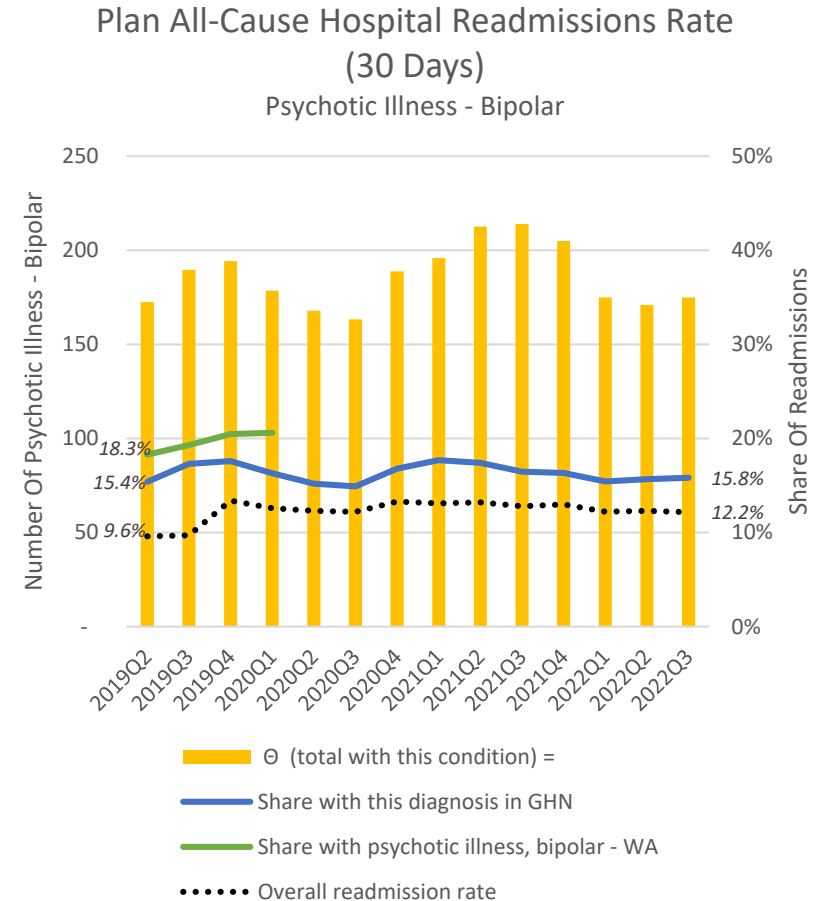
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with a diagnosis of low-medium cardiovascular risk during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Re-admit rate with this diagnosis a little > overall rate
- **Over time:**
 - Overall re-admit rate increased slightly
 - Re-admit rate with this diagnosis has had little to no change over the quarters
 - Generally, re-admit rate with this diagnosis slightly > overall rate



Plan all-Cause Hospital Readmissions Rate (30 days)

Psychotic illness – bipolar for all GHN

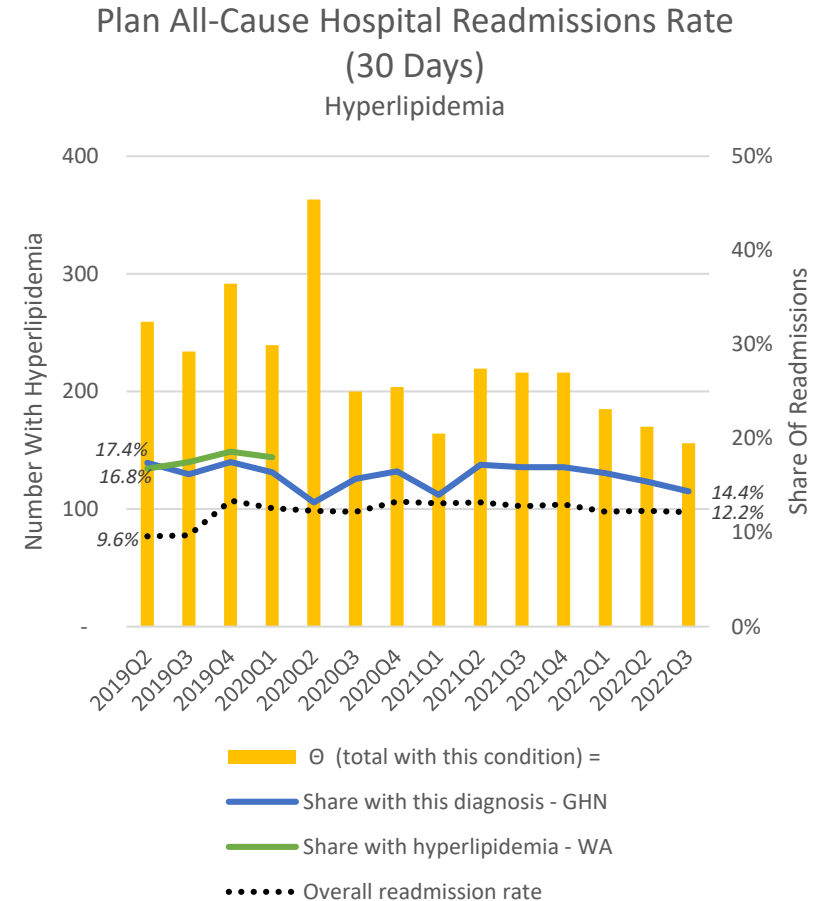
- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with a diagnosis of psychotic illness-bipolar during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Re-admit rate with this diagnosis > overall rate
- **Over time:**
 - Overall re-admit rate increased slightly
 - Re-admit rate with this diagnosis has had little to no change over the quarters
 - Re-admit rate with this diagnosis always > overall rate



Plan all-Cause Hospital Readmissions Rate (30 days)

Hyperlipidemia for all GHN

- **Definition:** Acute inpatient stays of Medicaid beneficiaries (18-64 years) with a diagnosis of hyperlipidemia during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.
- **Currently:** Re-admit rate of those with this condition is > overall rate
- **Over time:**
 - Overall re-admit rate increased slightly
 - Rate of those with this condition has declined slightly
 - Rate of those with this condition always > overall rate



Summary:

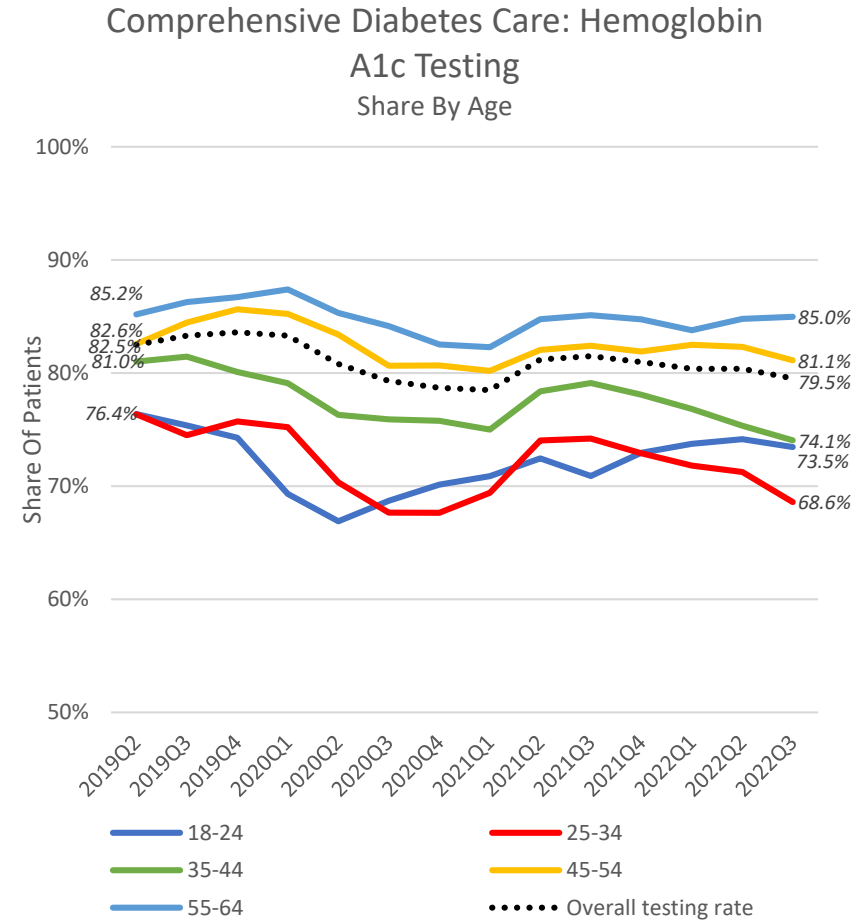
Sub-populations at highest risk of hospital readmissions (> GHN average rate)

- Adults: 45-54
- White alone ethnicity
- Blacks and All Other races
- Those with any mental health need
- Those with anxiety/depression
- Those with diabetes type 2
- Those with cardiovascular risk
- Those with psychotic illness
- Those with hyperlipidemia

Comprehensive Diabetes Care: Hemoglobin A1c Testing

Share by age group for all GHN

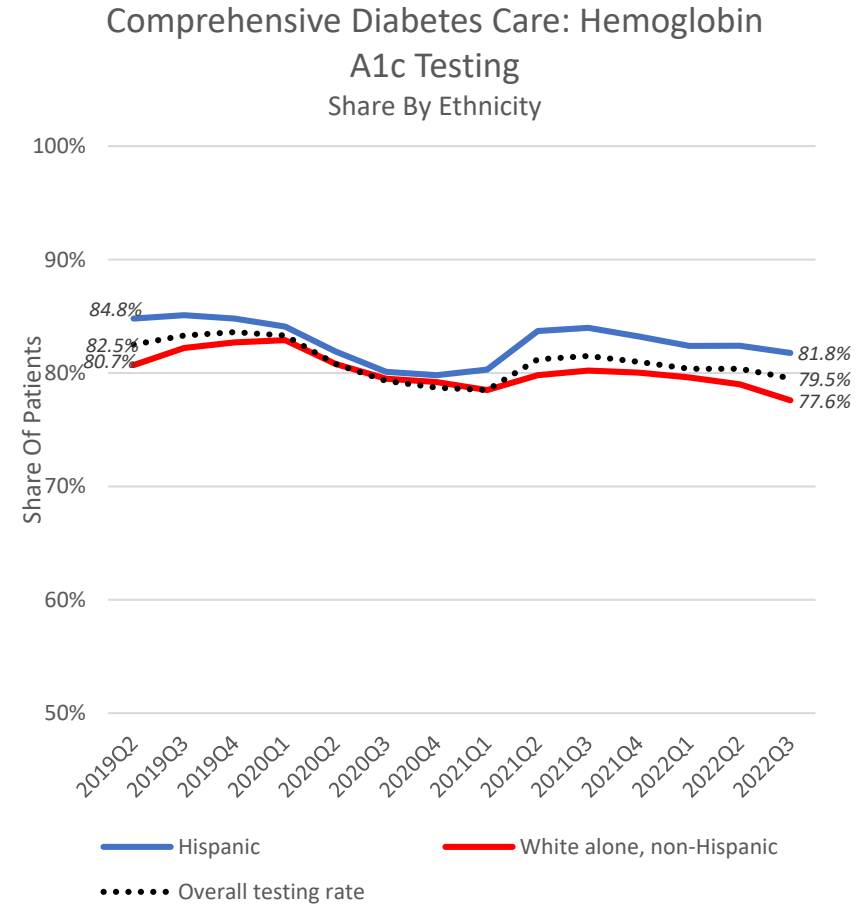
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) who received a Hemoglobin A1c test during the measurement year.
- **Currently:**
 - Lowest share among the youngest 2 age groups
 - Highest share among the oldest 2 age groups
- **Over time:**
 - Overall, a slight decline in share tested
 - A slight decline among all age groups
 - 2 oldest age groups show consistently highest shares
 - The share of 25-34 year-olds tested has declined most over time.



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Share by ethnicity for all GHN

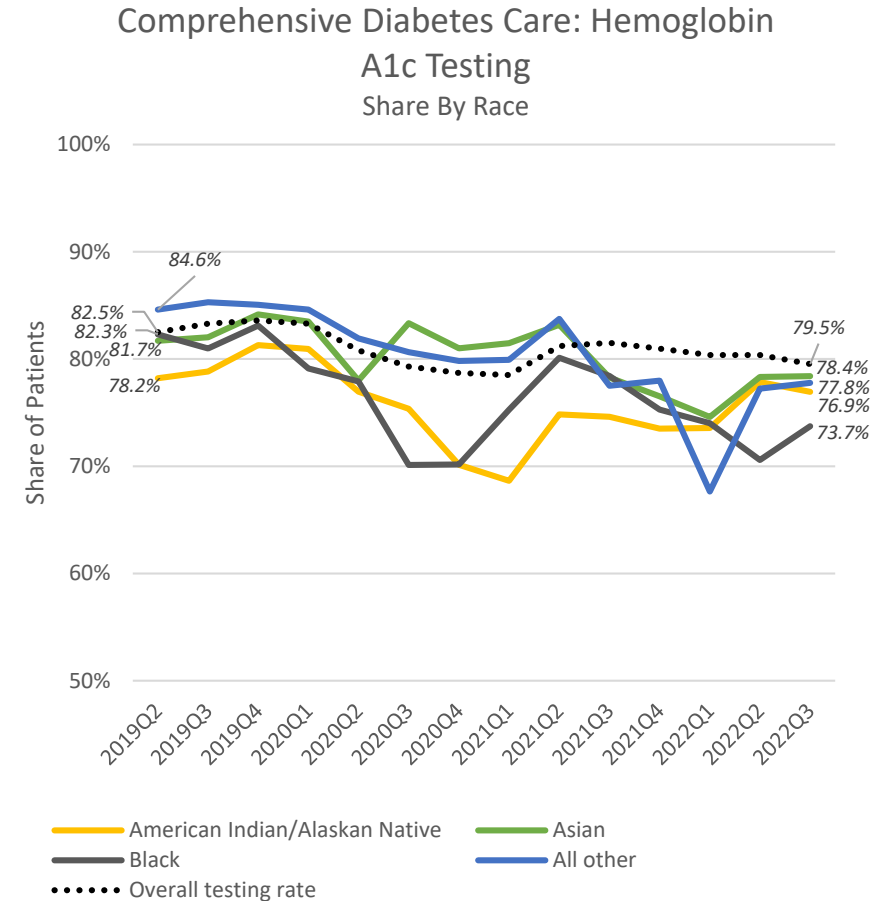
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) who received a Hemoglobin A1c test during the measurement year.
- **Currently:** Higher share among Latinos/Hispanics than among non-Hispanic whites
- **Over time:**
 - Overall, a slight decline in share tested
 - A slight decline of shares for both population groups
 - Hispanic/Latino share consistently higher than that of the overall population



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Share by race for all GHN

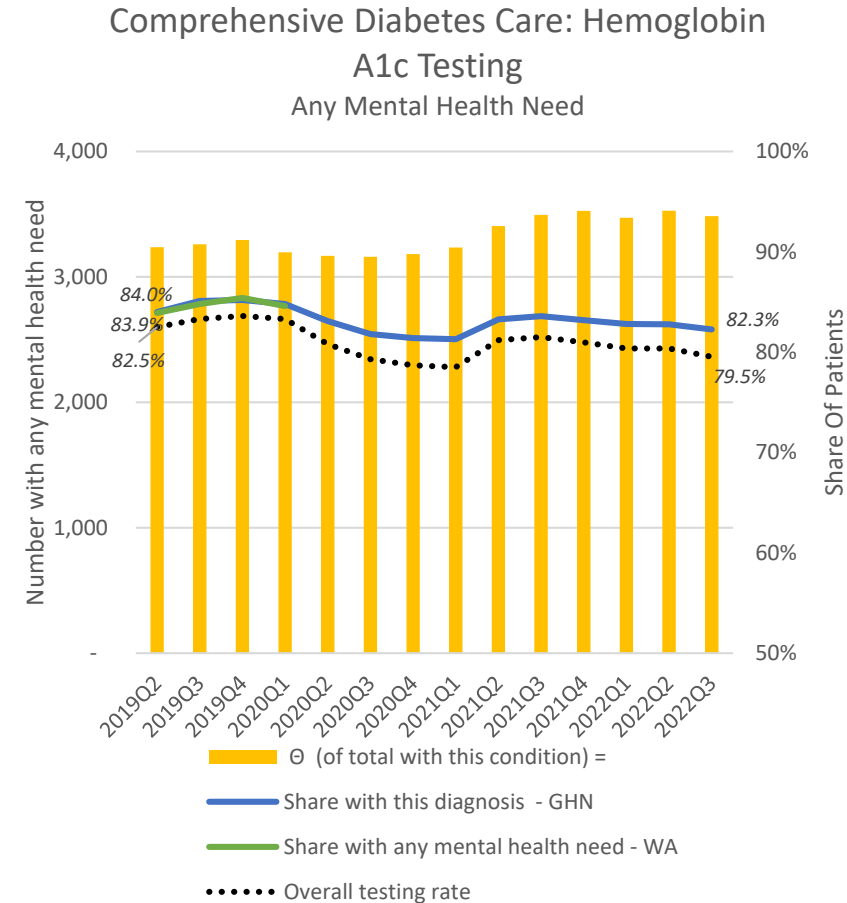
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) who received a Hemoglobin A1c test during the measurement year.
- **Currently:**
 - Lowest rate is Black
 - Highest rates are Asian-American
- **Over time:**
 - Overall, a decline in share tested
 - “All other” consistently > overall share until 2021 Q3
 - “Black” and “AIAN” consistently < overall share for all quarters
 - All testing rates < overall rate starting 2021 Q3



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Any mental health need for all GHN

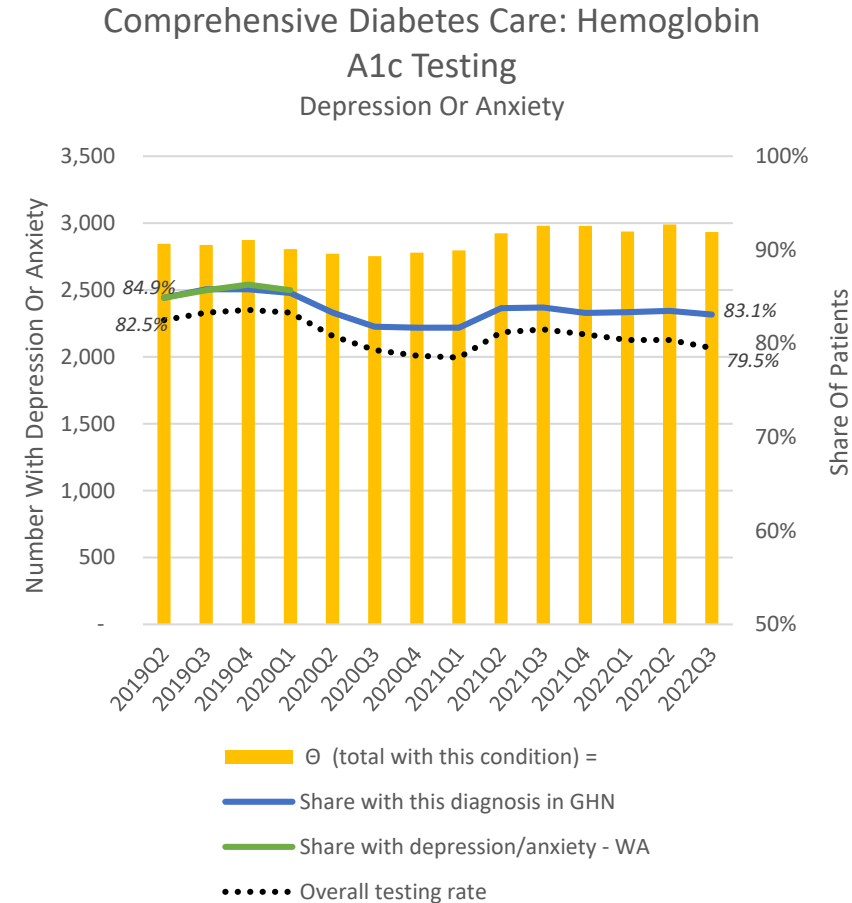
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) and with any mental health need who received a Hemoglobin A1c test during the measurement year.
- **Currently:** share with this diagnosis & tested is higher than the overall share tested for HA1c
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis & tested has declined slightly.
 - The share of those with this diagnosis have been > overall share tested



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Depression or anxiety for all GHN

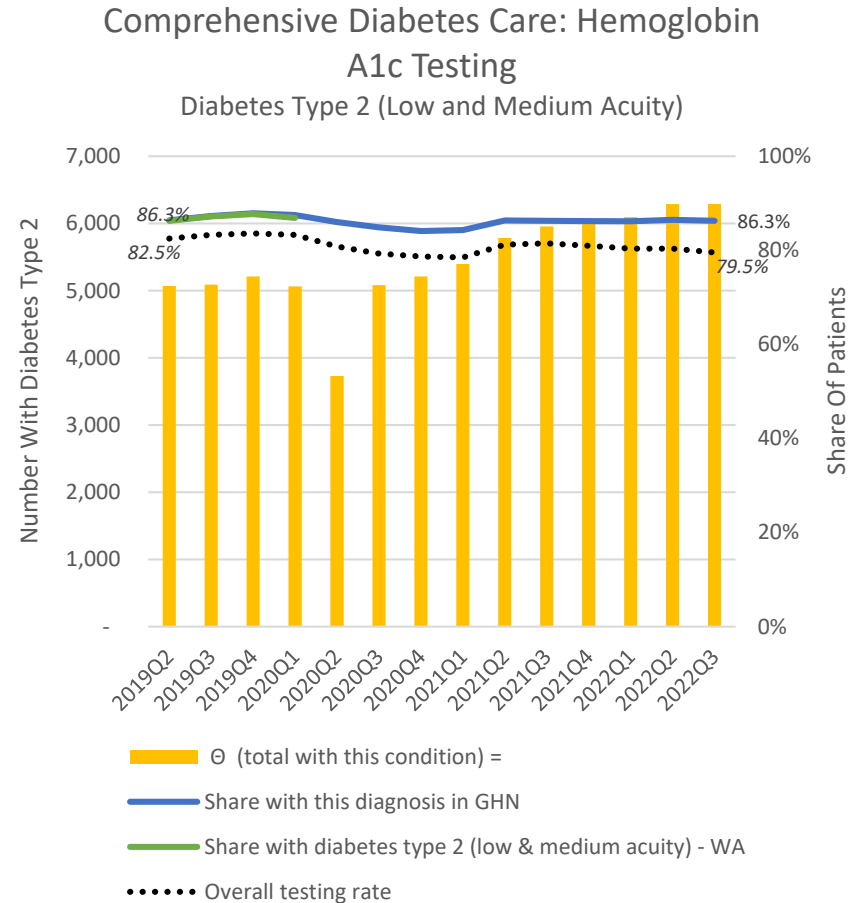
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) and with a diagnosis of depression or anxiety who received a Hemoglobin A1c test during the measurement year.
- **Currently:** the share of those with this diagnosis & tested > the overall share of those tested for HA1c
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis who tested has declined slightly
 - Share of those with the diagnosis who have been tested consistently > the overall share of those tested



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Diabetes type 2 (low & medium acuity) for all GHN

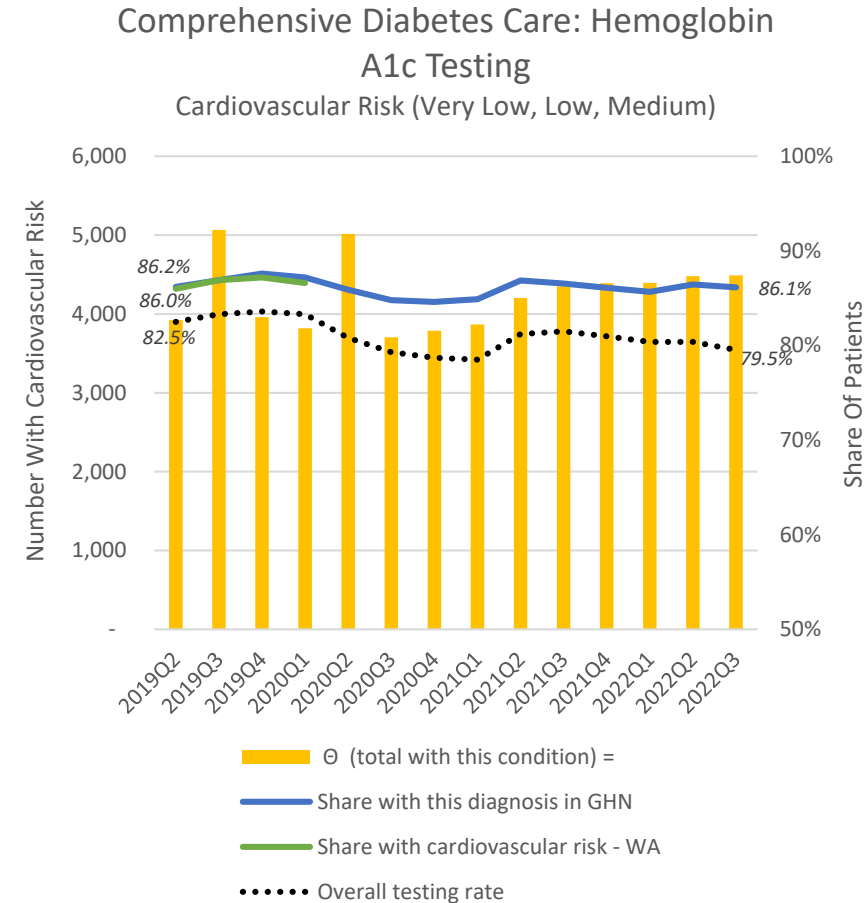
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) who received a Hemoglobin A1c test during the measurement year.
- **Currently:** share of those with type 2 diabetes & tested > than the overall share of the population tested
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis who tested has little to no change over the quarters
 - Share of those with the diagnosis who have been tested consistently > the overall share of those tested



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Cardiovascular risk (very low, low, medium) for all GHN

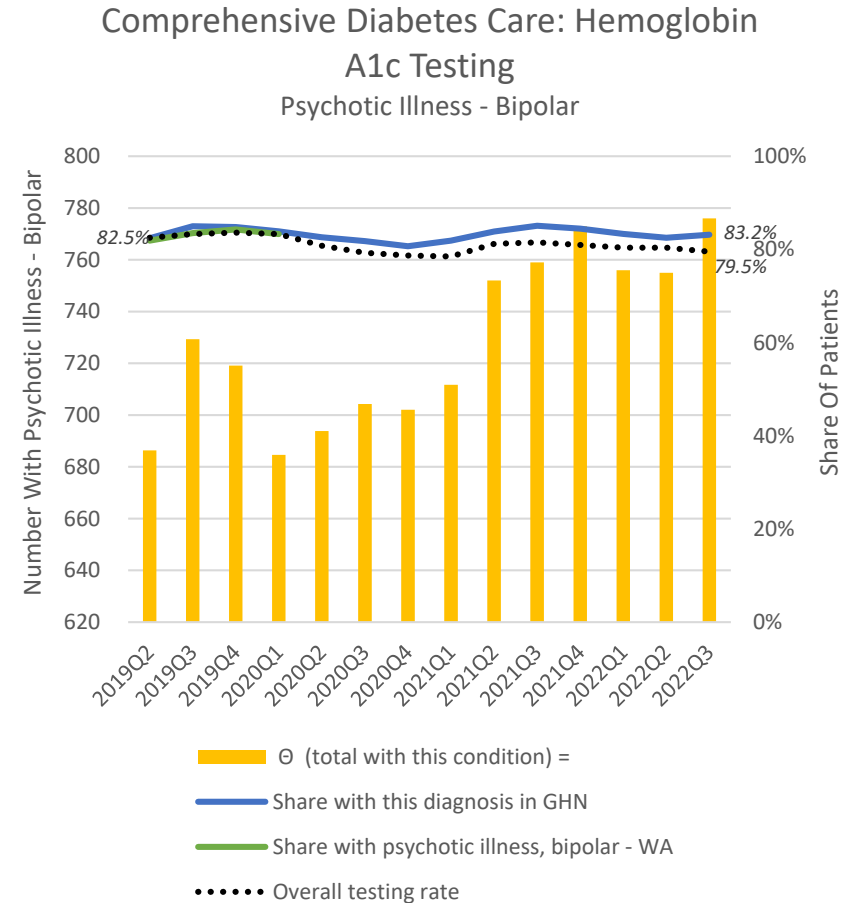
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) & with very low-medium cardiovascular risk who received a Hemoglobin A1c test during the measurement year.
- **Currently:** Share of the population with this diagnosis & tested is > overall share tested
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis and tested has little to no change over the quarters
 - Share of those with the diagnosis who have been tested consistently > the overall share of those tested



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Psychotic illness – bipolar for all GHN

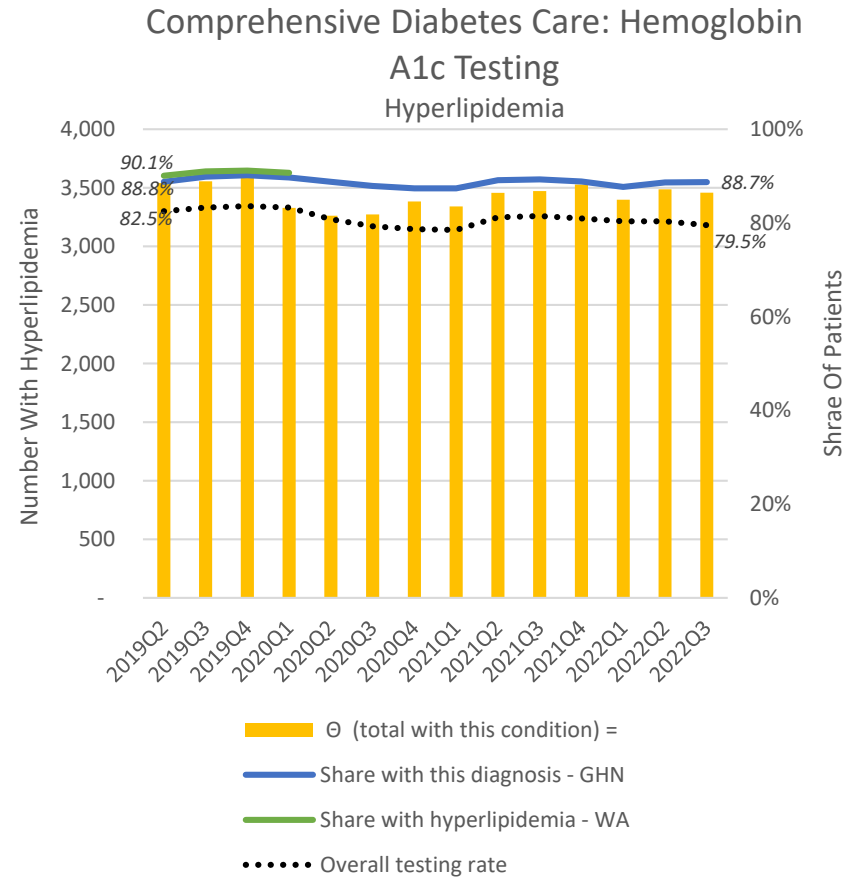
- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) & with a diagnosis of psychotic illness-bipolar who received a Hemoglobin A1c test during the measurement year.
- **Currently:** Share of those with psychotic illness & tested is slightly > overall share tested
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis who tested has increased slightly
 - Little difference between share of those with the diagnosis who have been tested and overall share of those tested



Comprehensive Diabetes Care: Hemoglobin A1c Testing

Hyperlipidemia for all GHN

- **Definition:** Medicaid beneficiaries, 18–64 years, with diabetes (type 1 and type 2) & with a diagnosis of hyperlipidemia who received a Hemoglobin A1c test during the measurement year.
- **Currently:** The rate of those with hyperlipidemia & tested is much > than overall share
- **Over time:**
 - Overall, a slight decline in share tested
 - The share of those with this diagnosis who tested has declined slightly
 - Share of those with the diagnosis who have been tested consistently > the overall share of those tested



Summary:

Sub-populations at highest risk for low rates of HA1c testing (< GHN average)

- Young adults & adults (18-44)
- White alone (ethnicity)
- Blacks

Key Performance Indicators in the GHN, by Geography

Through Q2 2022

Institute of Public Policy and Economic Analysis

06.2023

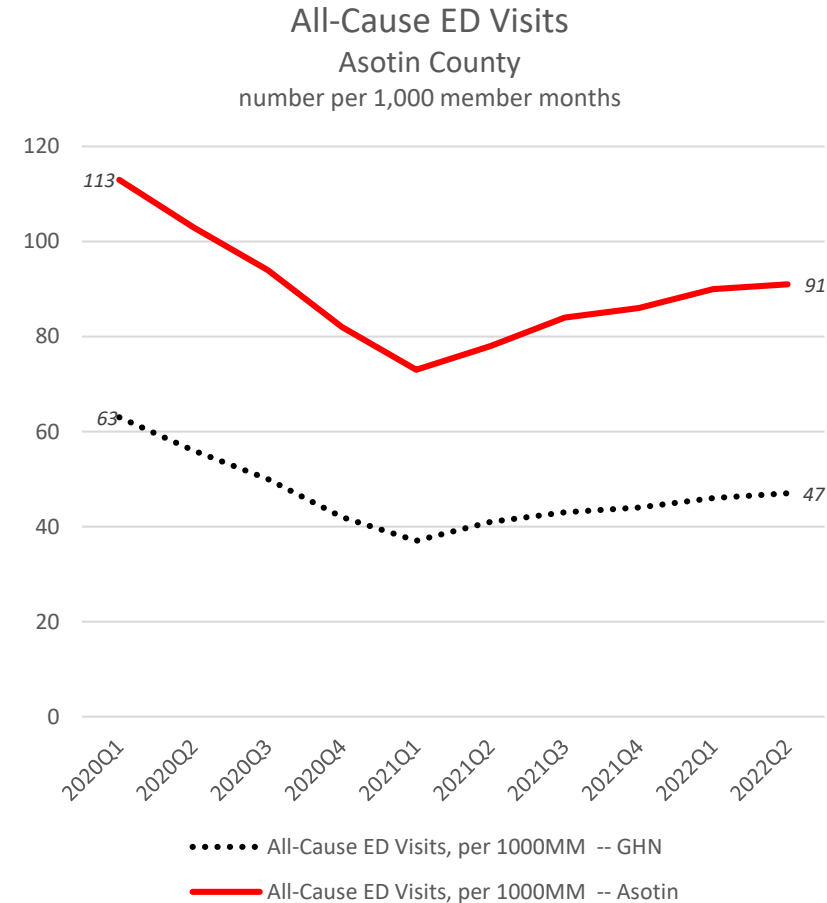
Overview

- 7 measures covering the GHN by county
 - Plan all-Cause Hospital Readmissions Rate (30 days)
 - Comprehensive Diabetes Care: Hemoglobin A1c Testing
 - All-cause ED Visits
 - Follow-up (7 days) After ED Visit for Mental Illness
 - Follow-up (7 days) After ED Visit for AOD
 - Mental Health Treatment Penetration
 - Well-child Visits in the First 30 Months of Life
- Comparisons: GHN vs. WA; each county vs. GHN average
- Data: Generally, through 2022 Q2

All-cause ED Visits

Asotin County

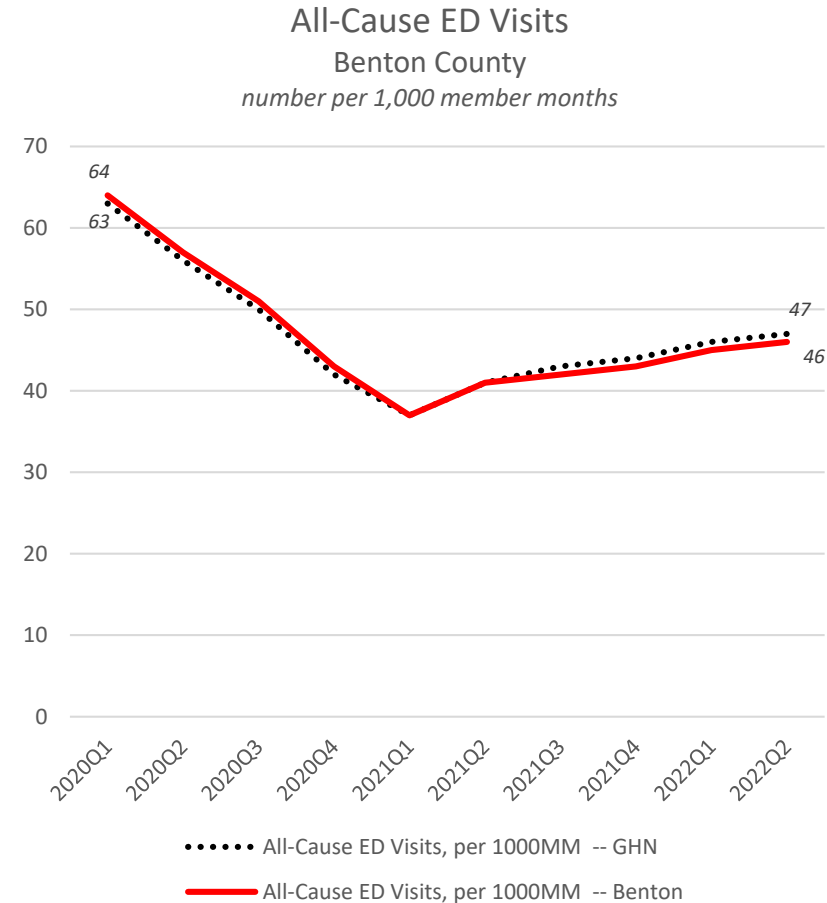
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Asotin rate is > than GHN average
- **Over time:**
 - Significant decrease in Asotin rate over the past 10 quarters.
 - Asotin has been significantly higher than GHN over the past 10 quarters, 2 time higher than GHN
 - Significant decrease in GHN rate over the past 10 quarters.



All-cause ED Visits

Benton County

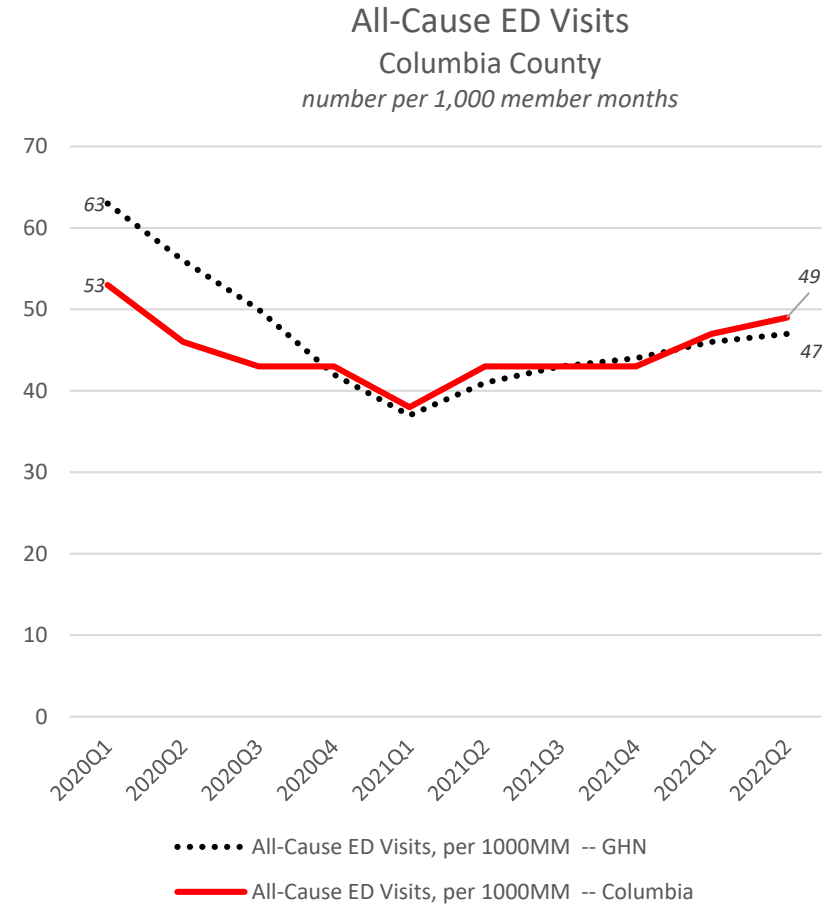
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Benton rate slightly < GHN average
- **Over time:**
 - Significant decrease in Benton rate and GHN average over the past 10 quarters.
 - Little difference between Benton and GHN average over the past 10 quarters.



All-cause ED Visits

Columbia County

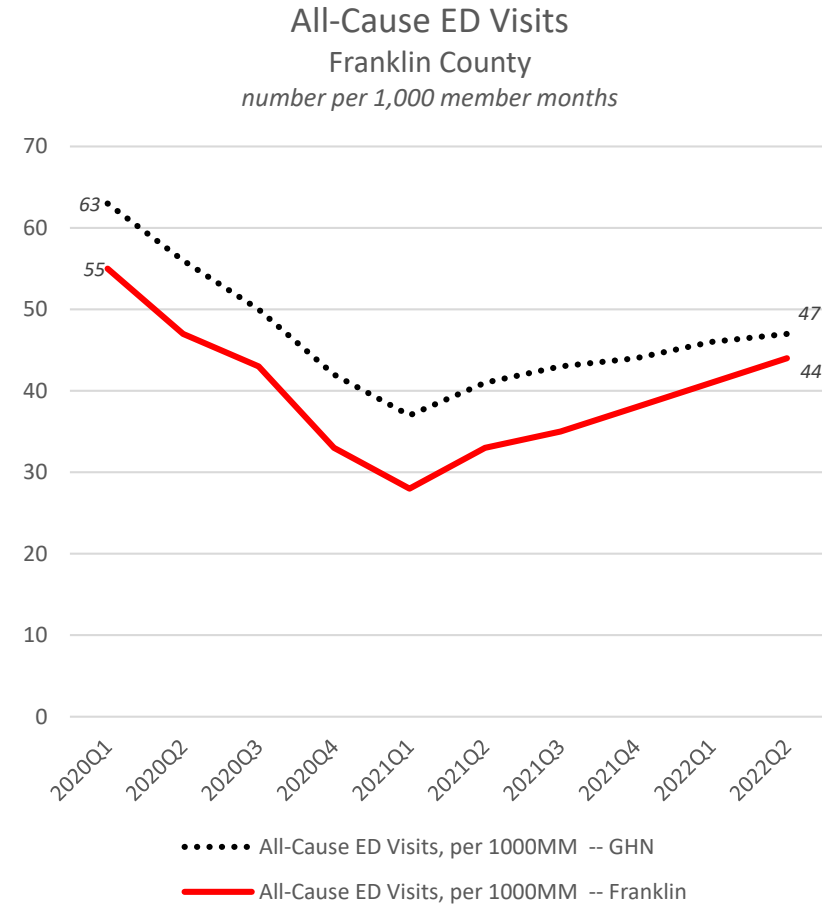
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Columbia rate is slightly > than GHN average
- **Over time:**
 - Columbia average fluctuated over the past 10 quarters and ended at 49 per 1,000 member months.
 - Significant decrease in GHN average over the past 10 quarters.



All-cause ED Visits

Franklin County

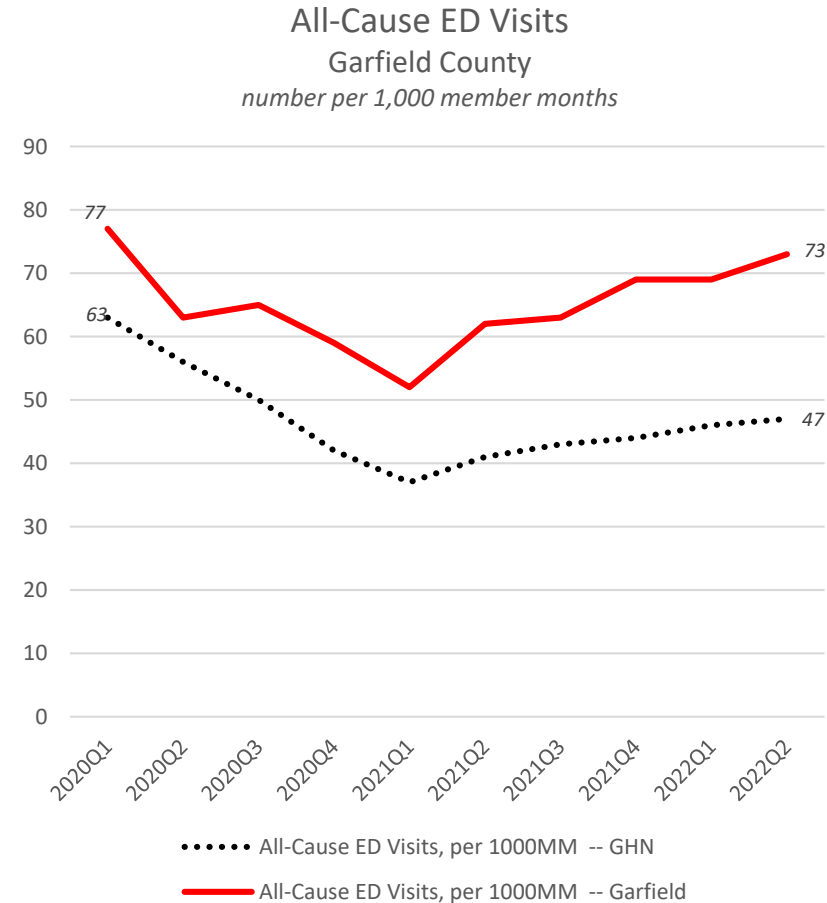
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Franklin rate is < than GHN average
- **Over time:**
 - Significant decrease in Franklin average over the past 10 quarters.
 - Franklin has been significantly below GHN over the past 10 quarters.
 - Significant decrease in GHN average over the past 10 quarters.



All-cause ED Visits

Garfield County

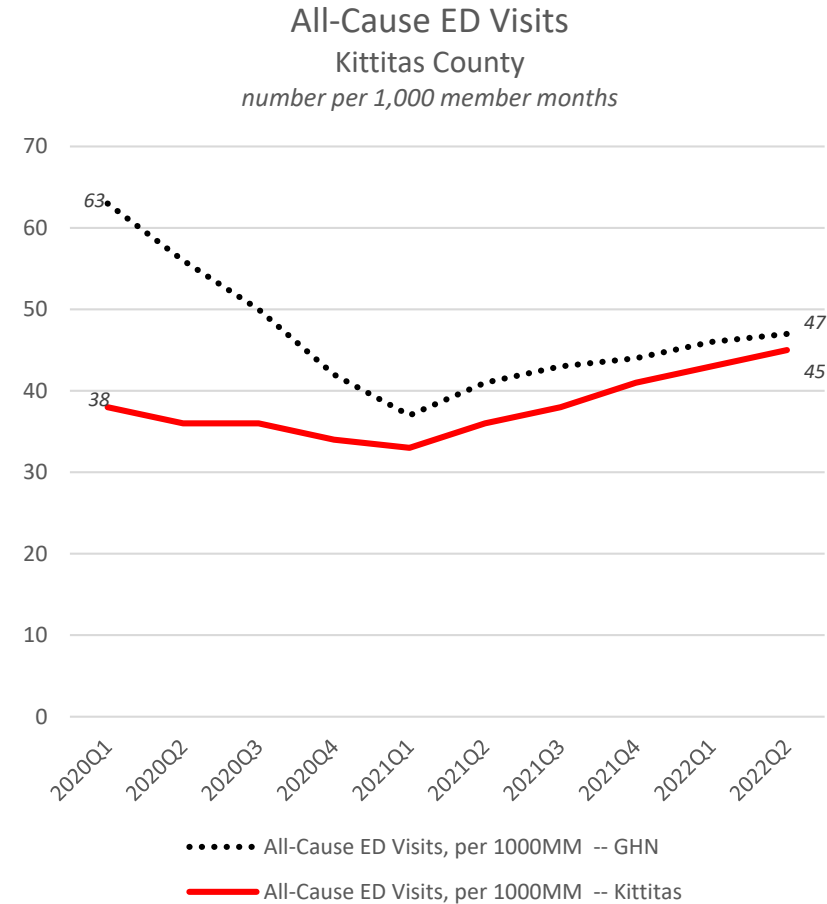
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Garfield rate is > than GHN average
- **Over time:**
 - Garfield rate fluctuated over the past 10 quarters and ended at 73 per 1,000 member months.
 - Garfield rate has been significantly above GHN average over the past 10 quarters.
 - Significant decrease in GHN average over the past 10 quarters.



All-cause ED Visits

Kittitas County

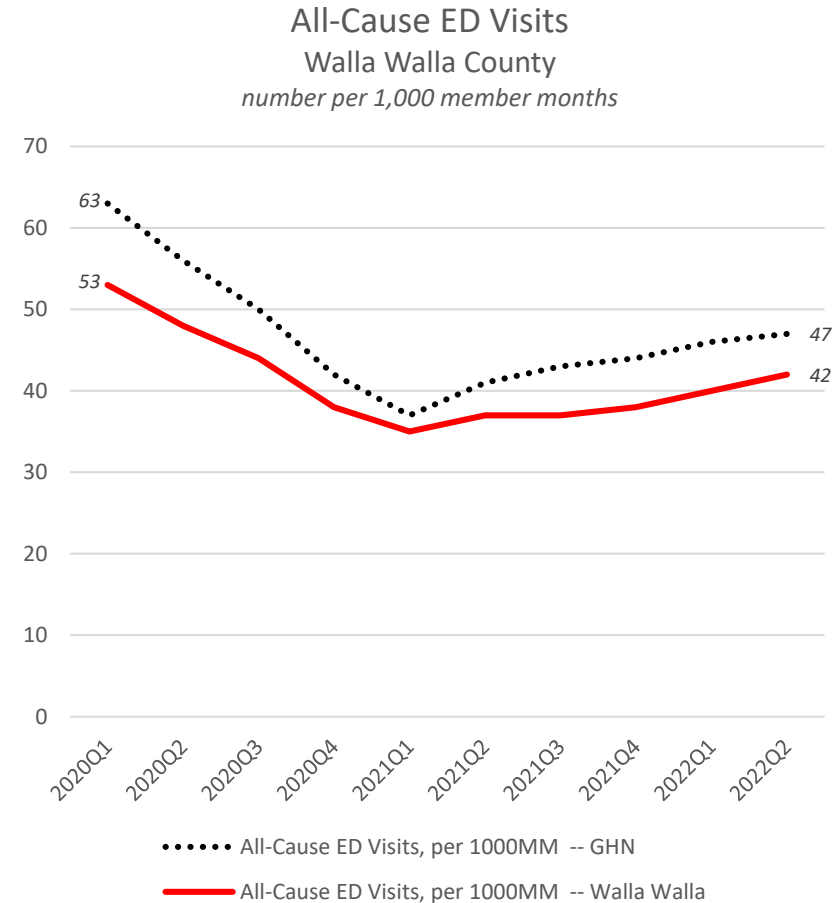
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Kittitas rate is < than GHN average
- **Over time:**
 - Slight increase in Kittitas rate over the past 10 quarters.
 - Kittitas has been significantly below GHN over the past 10 quarters.
 - Significant decrease in GHN over the past 10 quarters.



All-cause ED Visits

Walla Walla County

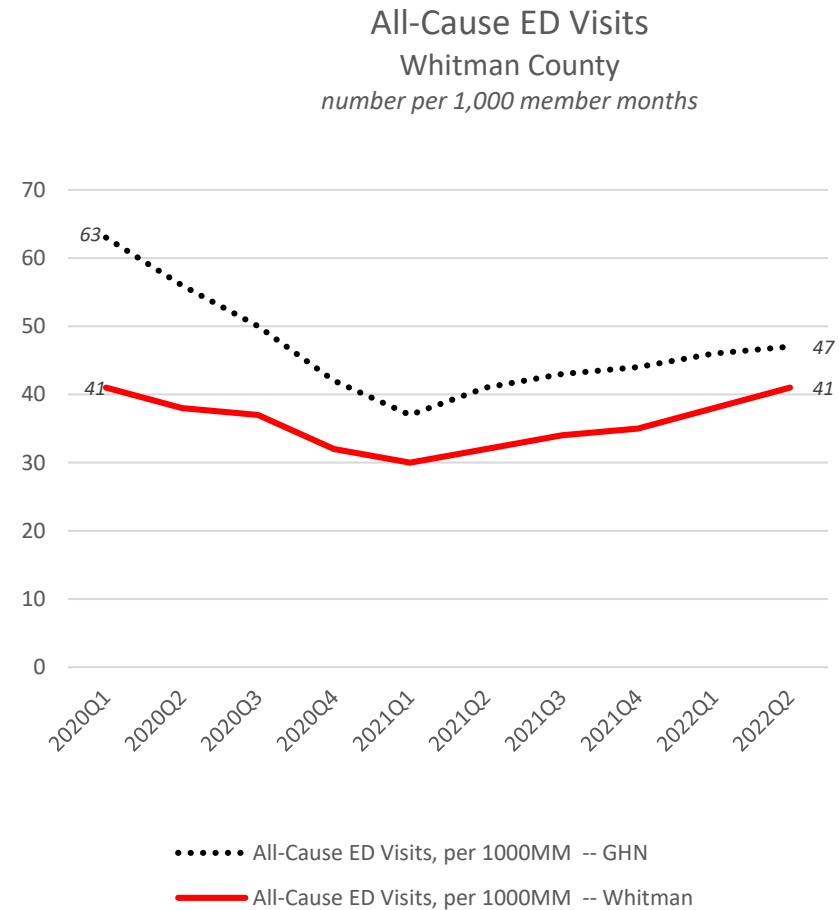
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Walla Walla rate is < than GHN average
- **Over time:**
 - Significant decrease in Walla Walla rate over the past 10 quarters.
 - Walla Walla has been consistently below GHN over the past 10 quarters.
 - Significant decrease in GHN average over the past 10 quarters.



All-cause ED Visits

Whitman County

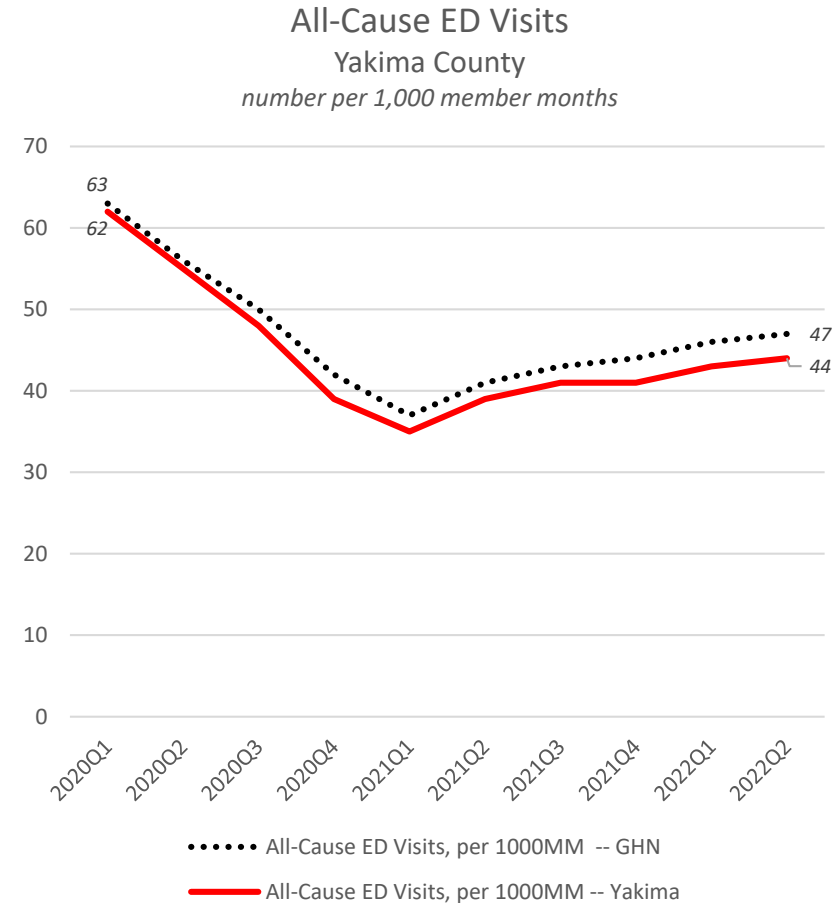
- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Whitman rate is < than GHN average
- **Over time:**
 - Steady decrease in Whitman rate from 2020 Q1 to 2021 Q1.
 - Over time, Whitman rate had no change from Q1 2020 to Q2 2022.
 - Whitman has been significantly below GHN over the past 10 quarters.
 - Significant decrease in GHN average over the past 10 quarters.



All-cause ED Visits

Yakima County

- **Definition:** The rate of Medicaid beneficiaries with visits to an emergency department, including visits related to mental health and substance use disorder. Metric is expressed as a rate per 1,000 denominator member months in the measurement year.
- **Currently:**
 - Yakima rate is < than GHN average
- **Over time:**
 - Significant decrease in Yakima rate over the past 10 quarters.
 - Yakima has been slightly below GHN over the past 10 quarters.
 - Significant decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

GHN

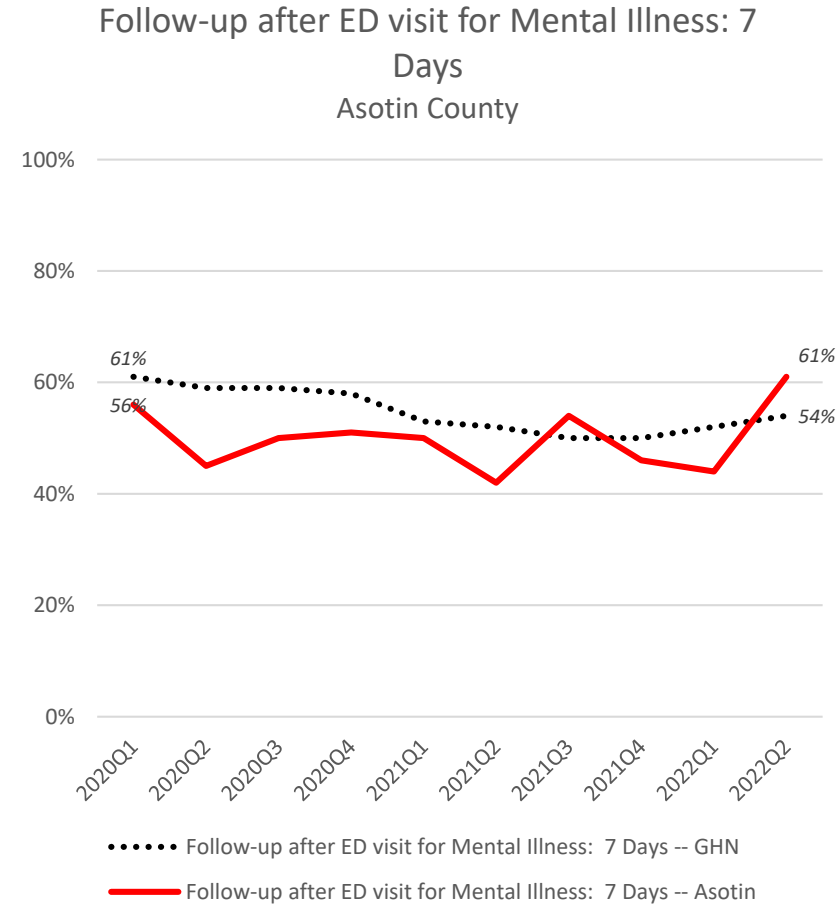
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - GHN average matches the WA average
- **Over time:**
 - Slight decrease in the GHN average over the past 10 quarters.
 - GHN average was slightly above WA average until 2021Q1 when it became below.
 - Little change in WA average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

Asotin County

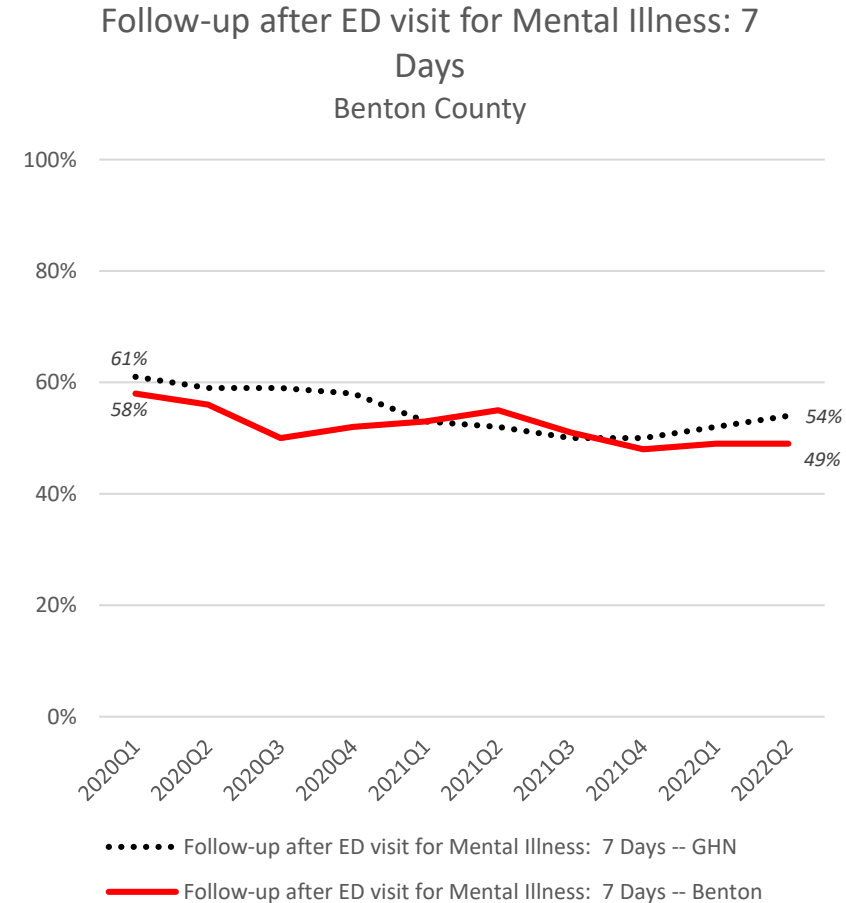
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Asotin rate is > than GHN average
- **Over time:**
 - Asotin rate has fluctuated over the past 10 quarters and ended at 61%.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

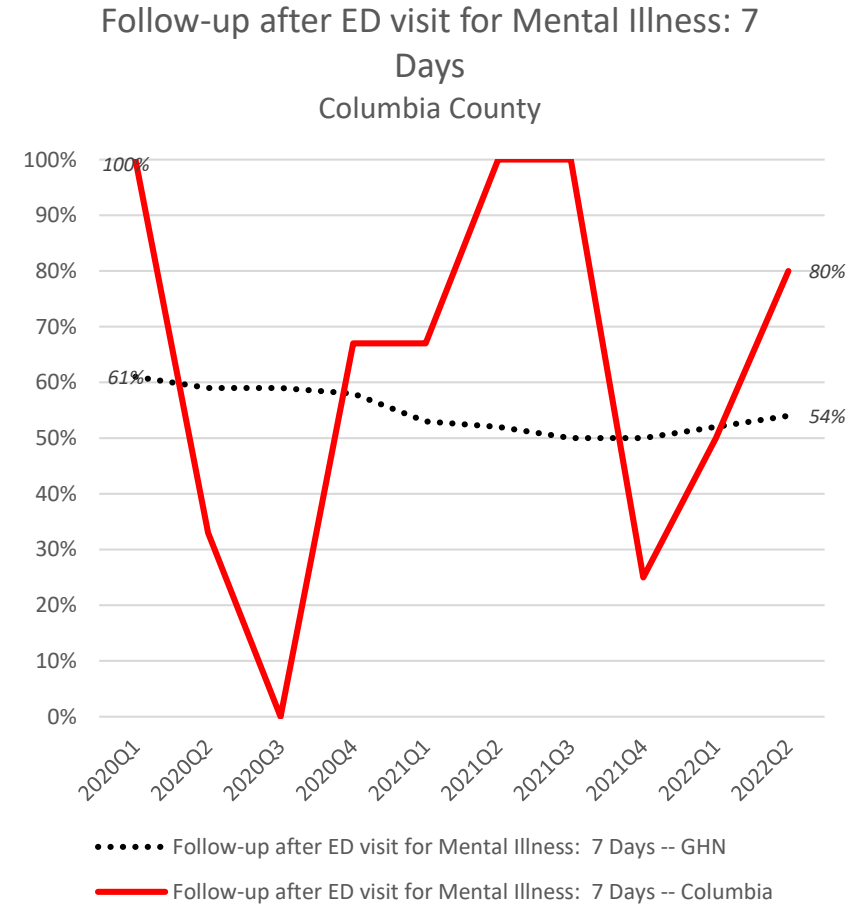
Benton County

- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Benton rate is < the GHN average
- **Over time:**
 - Decrease in Benton rate over the past 10 quarters.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness Columbia County

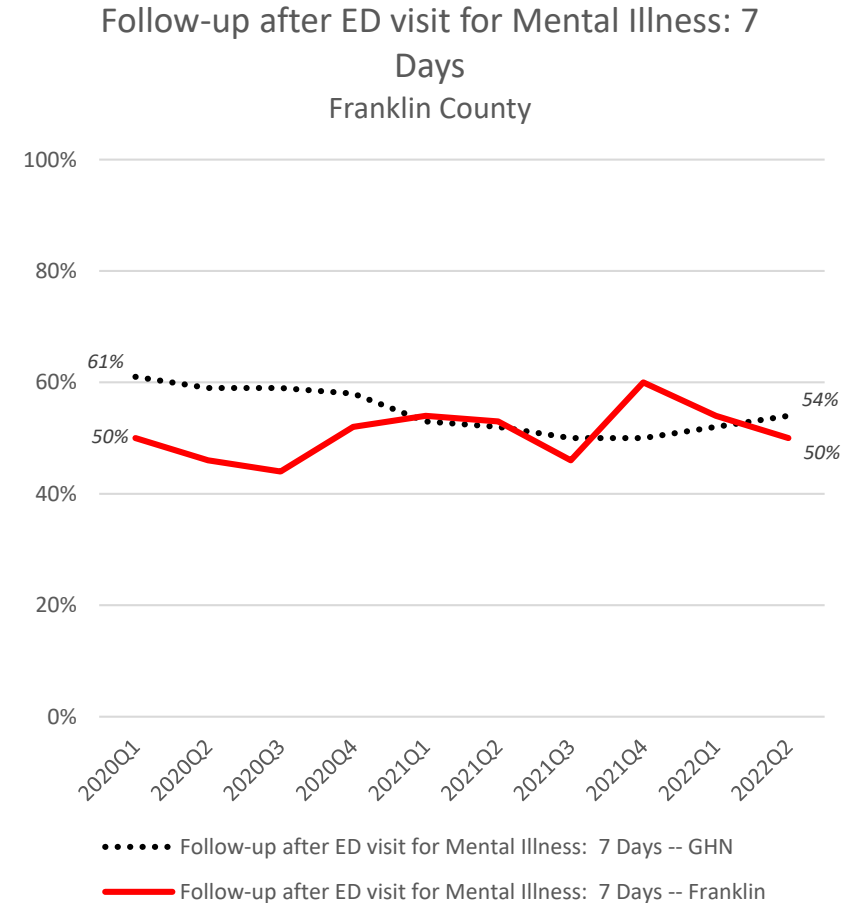
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Columbia rate is > than GHN average
- **Over time:**
 - Columbia has a small population; therefore, it is hard to distinguish a pattern.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

Franklin County

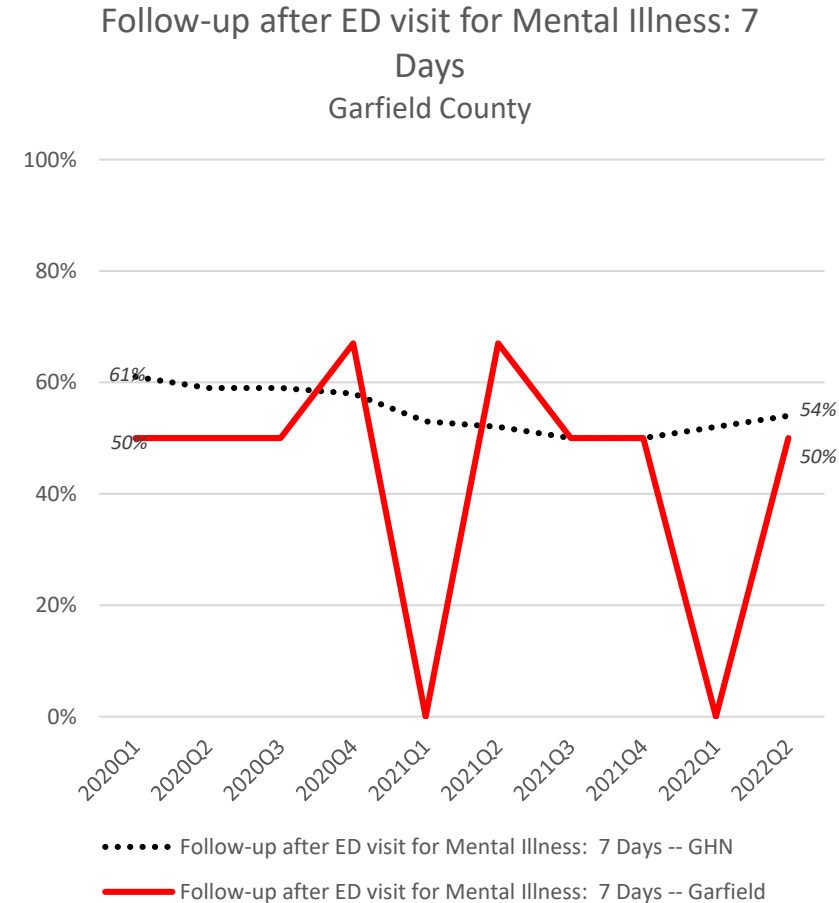
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Franklin rate is slightly < than GHN average.
- **Over time:**
 - Franklin rate has fluctuated over the past 10 quarters and ended at 50%.
 - Franklin rate started and ended at 50%.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

Garfield County

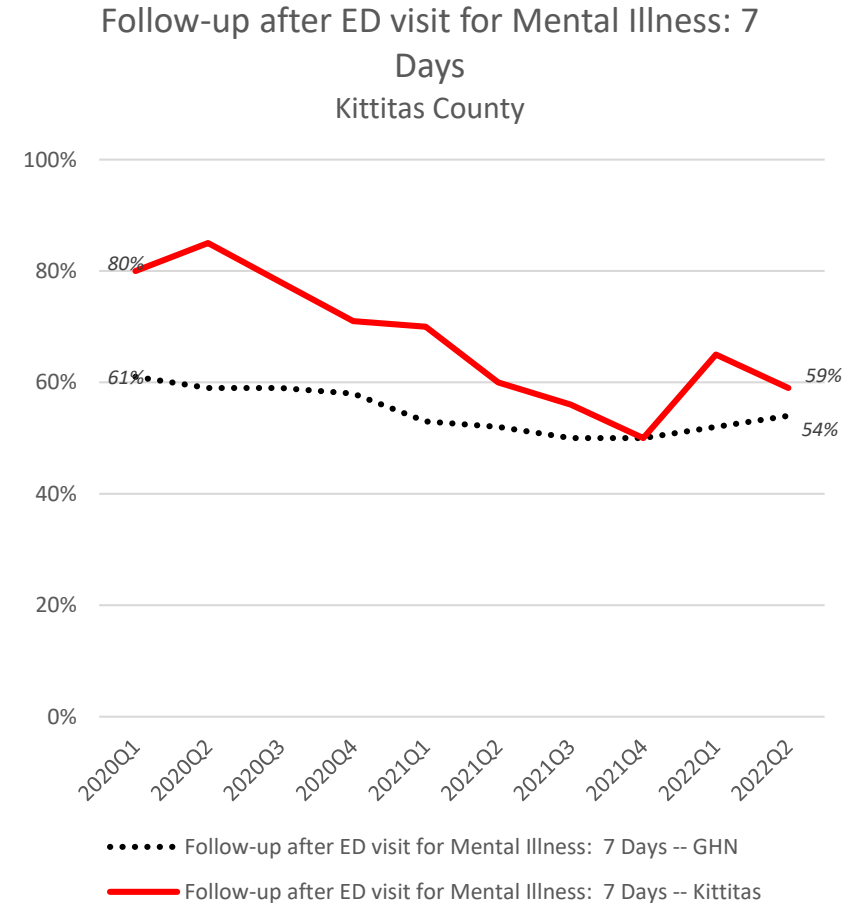
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Garfield rate is < than GHN average
- **Over time:**
 - Garfield has a small population, therefore its hard to distinguish a pattern.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

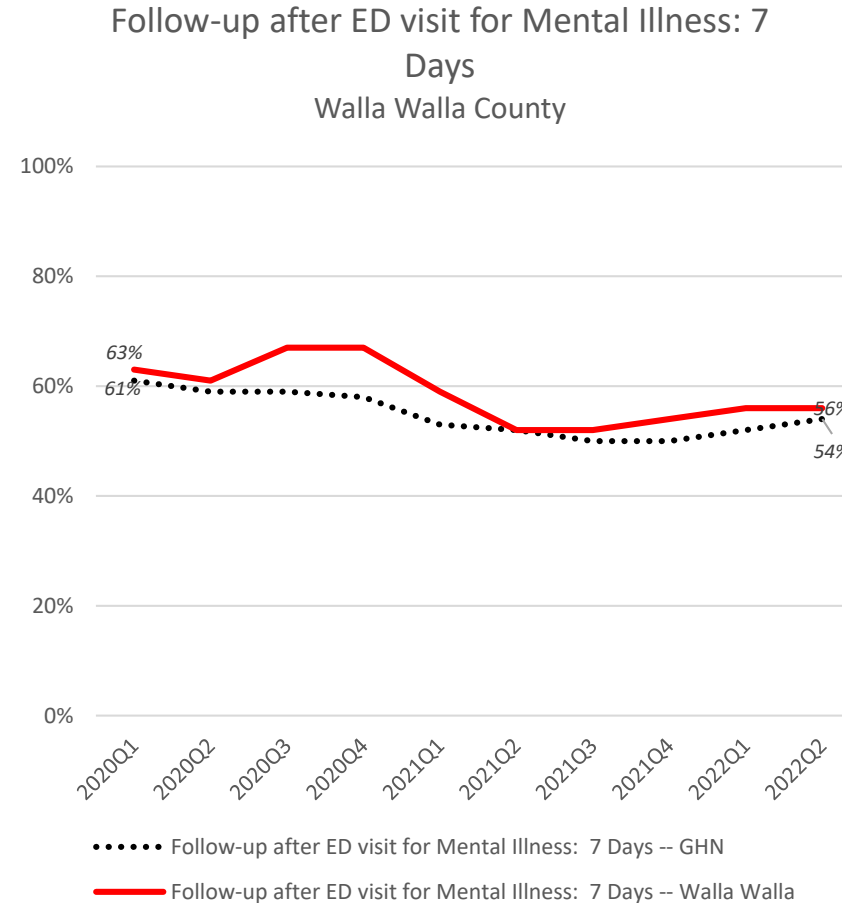
Kittitas County

- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Kittitas rate is > than GHN average
- **Over time:**
 - Kittitas has been significantly above GHN over the past 10 quarters.
 - Significant decrease in Kittitas rate over the past 10 quarters.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness Walla Walla County

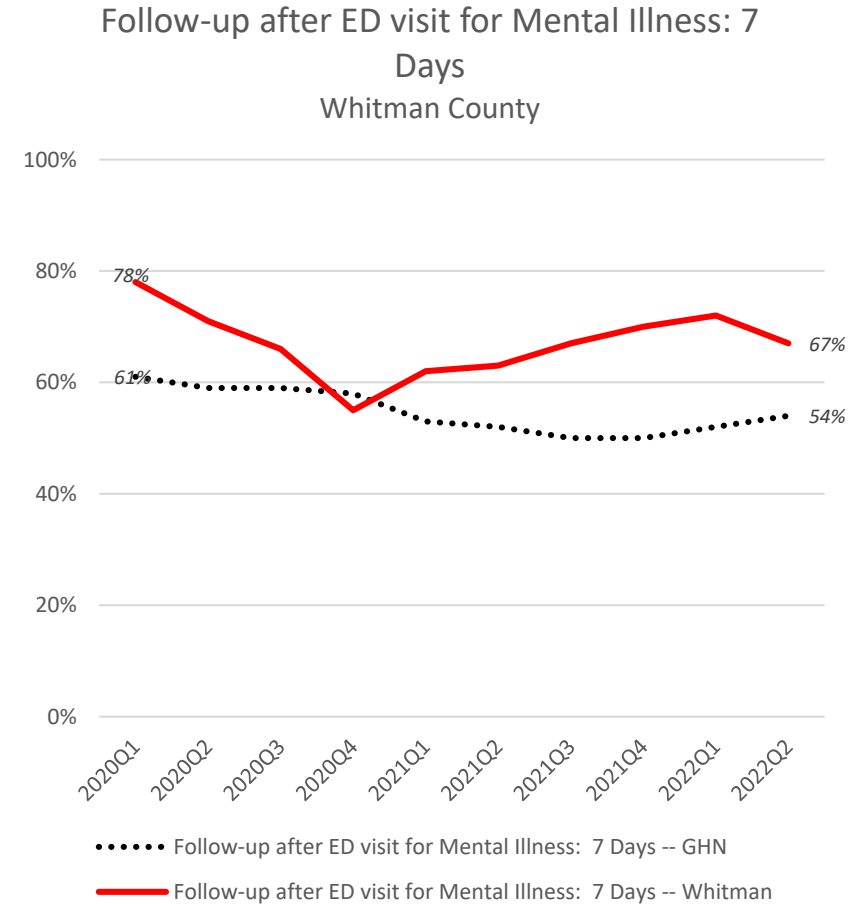
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Walla Walla rate > than GHN average
- **Over time:**
 - Walla Walla rate has been slightly above GHN average for the past 10 quarters.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

Whitman County

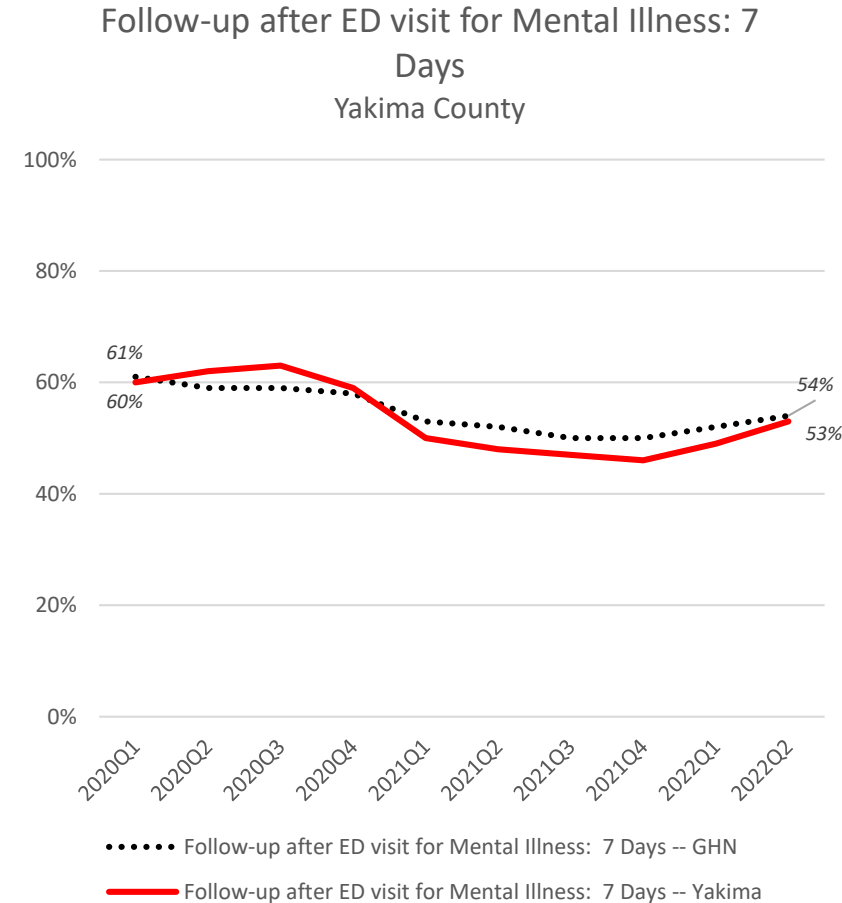
- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Whitman rate is > than GHN average
- **Over time:**
 - Whitman rate fluctuated over the past 10 quarters and ended above GHN average.
 - Decrease in GHN average over the past 10 quarters.



Follow-up (7 days) After ED Visit for Mental Illness

Yakima County

- **Definition:** The percentage of ED visits eligible Medicaid beneficiaries 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had follow-up visit for mental illness within 7 days.
- **Currently:**
 - Yakima rate is < than GHN average
- **Over time:**
 - Yakima rate fluctuated over the past 10 quarters and ended slightly below GHN average at 53%.
 - Decrease in GHN average over the past 10 quarters.



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Institute for Public Policy & Economic Analysis
Ewu.edu/policyinstitute

Care Connect Hub update

Becky Betts



**Greater
Health
Now**

New faces to GHN

Dr. Patrick Jones



**Greater
Health
Now**

Amber Henderson

Amber Henderson is the Chief People and Culture Officer with more than 20 years of experience in Healthcare Human Resources and Organization Development. She recently joined us from Virginia Mason Seattle and has previously held leadership roles at Yakima Valley Memorial Hospital and Memorial Physicians. Amber began her career at Yakima Valley Farm Workers Clinic and is currently a Ph.D. candidate at Gonzaga University, studying Leadership Studies. In her free time, she enjoys exploring the Pacific Northwest, watching professional and minor-league baseball, and spending time with her family.

Mattie Tomeo-Palmanteer - *Region Three Community Hub Liaison* ***(Kittitas & Yakima County)***

Mattie Tomeo-Palmanteer identifies with both the Yakama Nation & Confederated Tribes of Colville Reservation. Mattie graduated in 2012 with a Bachelor of Social Work Degree and is a current student studying for a Master of Public Administration with a Health Administration focus. She brings to the table critical problem-solving skills, culturally responsive strength-based practices, health promotion and disease prevention experience; Her former employment includes provided suicide prevention trainings at Heritage University, diversity recruitment and admissions support at OHSU (School of Nursing), and while working as the Asthma Management Project Coordinator at the Northwest Portland Area Indian Health Board, her team partnered with the Yakama Indian Health Clinics pharmacist, to Reduce childhood asthma morbidity in NW tribal communities, to reduce emergency room visits, and hospitalizations for improved asthma management.

Luis M Santoyo Jr. – *Finance and Contracts Coordinator*

Luis M Santoyo Jr. Graduated from tabor College where he placed Division II football. He currently serves as the Finance and Contracts Coordinator for Greater Health Now. Luis previously worked in accounts payable at Goose Ridge Winery. In his free time, he enjoys weight lifting and cooking.

Joscelyn Martinez

Joscelyn Martinez is the current Administrative and HR Coordinator for Greater health Now. She has earned a bachelors degree in business administration. In her free time she likes to hike, draw, paint, spend time with her two toddlers and her husband, and she loves to learn new things.

Amy Smith

Amy Smith is the new Communication Specialist at Greater Health Now.

Amy has over 20 years experience in graphic design and marketing. In her free time, she likes to read, sculpt, paddleboard and also spend time with her family and her two spoiled dogs.

Kaylee Wade

Kaylee Wade-Walsh is the Program Manager at Greater Health Now. She has a behavioral health background which goes hand in hand with her strong passion for helping others. She has worked as a behavioral health navigator, a community health worker, and a care coordinator in the past. She comes to Greater Health Now from Providence with Becky in January of this year as a care coordinator and recently transitioned into the role of Program Manager. Kaylee moved to the Tri-Cities area about 3 years ago to attend college and just recently graduated with a Bachelor of Social Work degree. She lives in Benton City with her husband and two dogs. Kaylee's hobbies include mountain drives, family time, cooking or really anything in the kitchen, and painting. She is grateful to be a part of the Greater Health Now team and is excited to see what the future has in store.

Nicole Matthews

Nicole Matthews is the Manager of Innovation for GHN. Her past work history includes mostly serving nonprofits to support community advancement, including improving population health, housing, youth programs, child care, family support etc. Before joining GHN, Nicole worked for the Kittitas County Health Network as a Community Projects Director, supporting cross-sector collaboration on various projects. Nicole has also spend 5 years working in rapid re-housing programs to support the housing insecure populations. Previous to that she was heavily involved in youth programs including licensed child care and behavioral health supports. Being new to the Tri-Cities, Nicole loves to spend the majority of her time with her family, playing and discovering the world around us. Currently Nicole is in school to obtain a Master of Science in Non-Profit Administration through LSU.

Thank you for attending!



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Please take our evaluation survey to let us know how we did today (takes less than 1 min) – **Staff to share link in the chat box**



See you at the next Leadership Council on June 22nd on Emergency Medical Services Innovative program report out. Find more info on our website.