

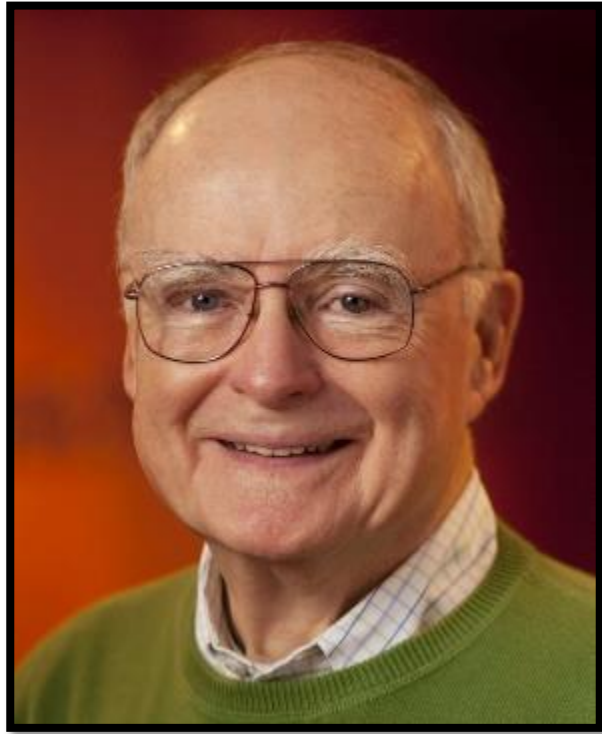
THE
WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

**Informing Eldercare Workforce Issues:
Lessons Learned – Collaborative Examples of Systems Change**

University of Washington Elder Friendly Futures Conference
Plenary Panel: September 14, 2017

Kevin Harris, Senior Facilitator/Health Policy
The Ruckelshaus Center – Seattle, WA



WASHINGTON STATE
UNIVERSITY
EXTENSION

W
EVANS SCHOOL
OF PUBLIC POLICY & GOVERNANCE
UNIVERSITY of WASHINGTON

Mission: To help parties involved in complex public policy challenges in the State of Washington and the Pacific Northwest tap university expertise to develop collaborative, durable, and effective solutions.

Vision: The Center envisions a future in which government leaders, policy makers, and citizens routinely employ tools of collaborative decision making to design, conduct, and implement successful public policy processes.

WASHINGTON STATE UNIVERSITY

THE
WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

collaboration. consensus. impact

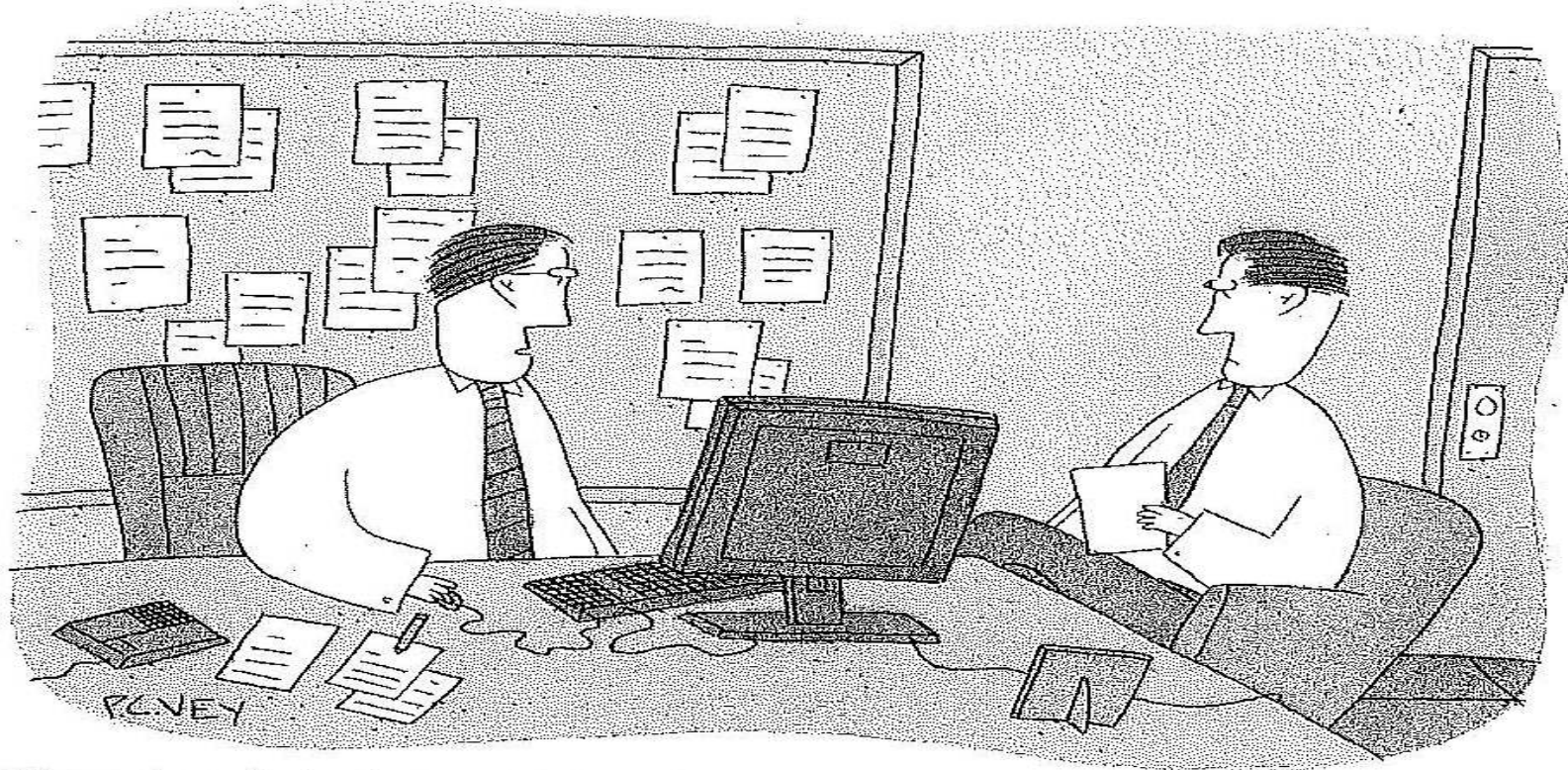


COLLABORATIVE GOVERNANCE

Transform the way you work with others

Collaborative governance describes a variety of processes in which all sectors – public, private, and civic – are brought together to achieve solutions to wicked public issues that go beyond what any sector could achieve on its own.

“Sometimes I think the collaborative process would work better without you”



“Sometimes I think the collaborative process would work better without you.”

What We Do

- Neutral Forums
- Situation Assessments
- Facilitation – Mediation – Conflict Resolution
- Process Design
- Team With and Advance Conveners
- Applied Research and Analytics
- Information Portals
- Training





WASHINGTON STATE
UNIVERSITY
EXTENSION



WASHINGTON ELDERCARE WORKFORCE ASSESSMENT

BY THE NUMBERS

- 16 in-depth interviews with key informants involved in the Washington eldercare workforce.
- More than 50 eldercare workforce-related websites reviewed for applicable information and data.
- More than 20 meetings with, and presentations to, the University Network for Collaborative Governance, William D. Ruckelshaus Center Advisory Board, and national-level grant makers.
- Five Project Updates/Summaries/eNews articles published and disseminated in print and electronic format including the Ruckelshaus Center's 2,500+ mailing list and website, which received more than 38,000 page views during the project period.
- Two peer-reviewed extension fact sheets spotlight key findings.

2016

ISSUE

Like the rest of the nation, Washington is aging. By 2030, we will move from one in seven residents age 65+ to one in five. Additionally, the rate of growth will quicken, from a 3-percentage-point rise over the last 15 years, to a 7-point rise over the next 15. That means nearly 700,000 more elders than today, more than the entire population of Seattle. This "age wave" began in 2011, when Baby Boomers first reached age 65. As this population continues to age beyond 65 years, the health care services it wants and needs will change. Just as children's health care needs transform as they grow, adults' needs change as they move into their older years.

At the national and state level, health and social service providers are concerned they will not be able to accommodate the surge in demand by older adults and the changes in their health care needs. This evolution in demand for what often is referred to as *eldercare* services arrives in Washington concurrently with a swell in demand for all kinds of health services brought on by the Affordable Care Act. The confluence of these two new sources of health care demands presents Washington with an opportunity to apply thoughtful, collaborative planning to identify, understand, and address health care workforce issues, especially for the *eldercare* workforce. Washington's research universities can play a unique and valuable role in that process.

RESPONSE

In Autumn 2012, the William D. Ruckelshaus Center received a grant from the WSU Extension Internal Grant Program to conduct a baseline assessment of the eldercare workforce in Washington. The center partnered with the UW Health Policy Center; 2 graduate students, at WSU (School of Economic Sciences) and UW (Department of Communication), contributed to the research. The study was designed to:

- Discover, assess, and aggregate generally available information and data about the types of providers comprising the eldercare workforce in Washington; demand for the workforce and gaps in supply; and current policy approaches to address gaps.
- Assess stakeholder interest in developing and participating in a statewide collaborative process to address eldercare workforce gaps.
- Participate in and advise the Elder Health Care Work Group within the University Network for Collaborative Governance (UNCG), which is exploring ways to build state and national consensus on eldercare workforce issues.

Change in Systems Over Time



Demographic/Psychographic
Change

Workforce
Lags

Federal
Uncertainty
& Resource
Gaps

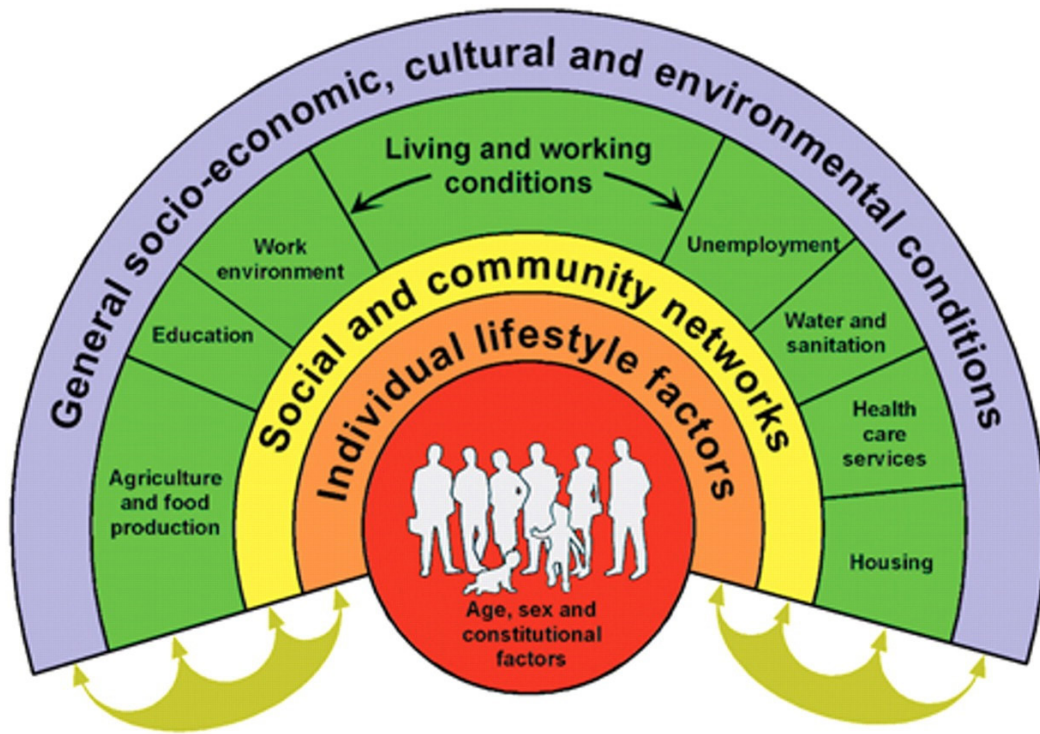




Systems Change- What Happens Next?

Figure 2

Social Determinants of Health



Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education			
Support	Walkability				Quality of care

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



WHY TAKE THE TROUBLE TO COLLABORATE?

- ✓ Decreasing federal \$\$
- ✓ Downward pressure on states, agencies & communities
- ✓ Can't do it alone – requires multi-sector, multi-organizational collaboration
- ✓ Demographics/psychographics are 'loaded dice'

- How do we build capacity and consensus so eldercare workforce thrives and serves growing population needs?
- What does it take to really collaborate?
- How can we evolve beyond the silos of competition for \$\$ and political attention?
- How can we return to civil debate and achieve collaborative impact?

How Change Happens: Community Innovation Example

The 5 Conditions of Collective Impact

- 1** **Common Agenda**
 - **Common understanding** of the problem
 - **Shared vision** for change
- 2** **Shared Measurement**
 - **Collecting data** and **measuring results**
 - Focus on **performance management**
 - **Shared accountability**
- 3** **Mutually Reinforcing Activities**
 - **Differentiated approaches**
 - **Coordination** through joint plan of action
- 4** **Continuous Communication**
 - **Consistent** and **open communication**
 - Focus on **building trust**
- 5** **Backbone Support**
 - Separate organization(s) with **staff**
 - Resources and skills to **convene** and **coordinate** participating organizations

- County convener: listening sessions - 140+ multi-sector signatories
- ID four 2017 Events: childhood nutrition, adult activity, mental health and built infrastructure
- Volunteer Accelerator Teams build an Event
- Event convenes interested stakeholders, builds momentum, ID success factors, promising practices & barriers
- Expand Accelerator Teams to prioritize, tackle barriers and publish promising practices to align and scale
- Develop a population dose model to benchmark and measure outcomes; publish results; create 'virtuous cycles' of collaboration

How Change Happens: Rural Workforce Capacity



- Two hospitals; three rural health clinics (FQHCs)
- Large Hispanic population in ag economy
- ACA Shift from uninsured to Medicaid
- **Can no longer provide enough primary care to population**
- Competitive provider recruiting techniques no longer work
- Huge stressors on Emergency Departments and providers

- ✓ Informal assessment interviews with five medical organization's leadership (plus regional med school)
- ✓ Facilitated initial leadership process meeting to agree to rules and vet overarching issues
- ✓ CEO/COO facilitations to brainstorm collaborative short-term interventions and long-term strategies
- ✓ 'Quick wins' build capacity and trust – to address larger community economic development 'systems perspective'

Conditions Favorable To Initiate a Collaborative Process

No Constitutional Rights or Basic Societal Values at Stake	Primary Parties are Identifiable and Willing to Participate	Potential Areas for Agreement; Multiple Issues for Trade-Offs	
Each Party Has Legitimate Spokesperson	Potential Deal-Breakers are at the Table	No Party has Assurance of a Much Better Deal Elsewhere	Parties Anticipate Future Dealings with Each Other
Adequate Resources and Funding to Support the Effort; Realistic Timeline for Completion		Relative Balance of Power Among the Parties	External Pressures to Reach Agreement

Stages of a Collaborative Process

Step 1

Assessment

Purpose:

Determine perceptions of vision, strategy and issues, and willingness to collaborate.

Key Areas:

- Interviews with a range of involved parties to identify issues, interests, and desired outcomes
- Identify who needs to be involved and how represented
- Assess commitment and resources

Step 2

Process Design & Initiation

Purpose:

Determine how best to organize the group to achieve its purpose and outcomes.

Key Areas:

- Design process and strategy
- Create meeting design and timeline
- Determine purpose/outcomes
- Collaboration training
- Establish groundrules and norms

Step 3

Facilitation: Education

Purpose:

Develop common base of understanding among the group.

Key Areas:

- Review history and context
- Joint fact-finding
- Develop common information base
- Explore issues and interests
- Develop common understanding of problem and issues

Step 4

Facilitation: Agreement

Purpose:

Agreements everyone can live with and feel committed to implement.

Key Areas:

- Develop decision making criteria
- Generate options
- Reconcile conflicting interests and develop agreements
- Link and package agreements
- Integrate implementation into agreements

Step 5

Implementation

Purpose:

Connect agreements to external decision making and build capacity for

Key Areas:

- Link agreements to external decision making
- Define responsibilities and timelines
- Develop system for monitoring implementation
- On-going adaptive management

Assess

Design

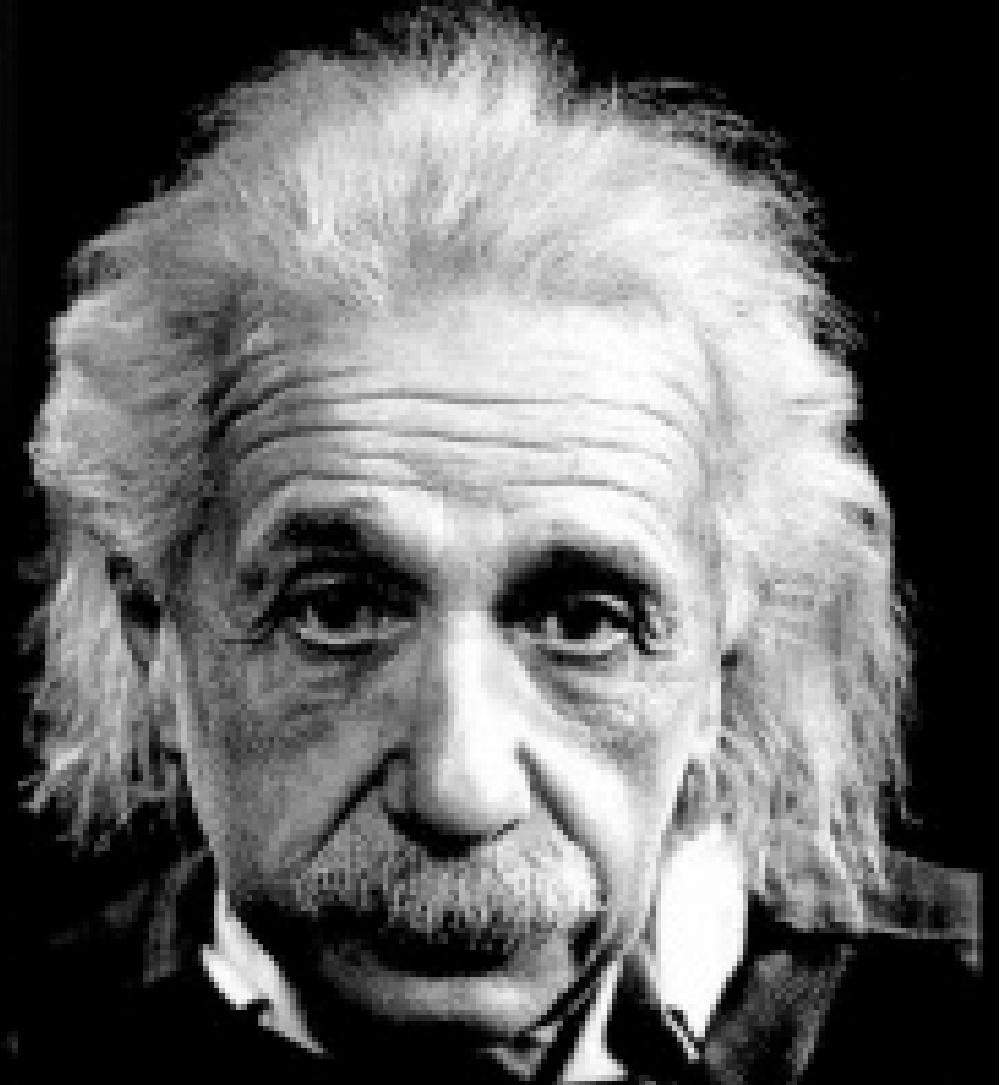
Convene

Develop

Implement

“Everything should be made
as simple as possible,
but not simpler.”

Albert Einstein





Kevin Harris
Senior Facilitator – Health Policy
kevin.harris2@wsu.edu

Contact Info

Eldercare Workforce links at:
<http://ruckelshauscenter.wsu.edu/health-policy/>

WASHINGTON STATE UNIVERSITY

THE
WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

collaboration. consensus. impact