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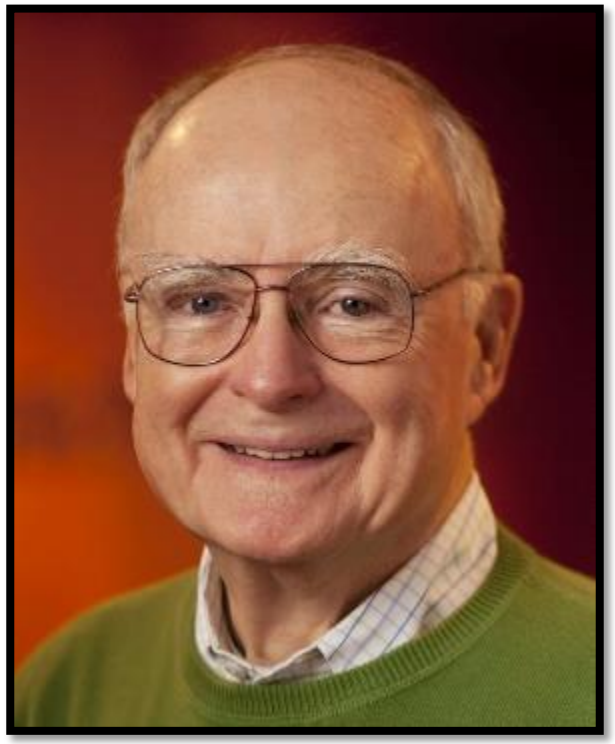
Informing Eldercare Workforce Issues:
Lessons Learned – Collaborative Examples of Systems Change

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

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



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EVANS SCHOOL
OF PUBLIC POLICY & GOVERNANCE
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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.

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collaboration. consensus. impact

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.”

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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

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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?

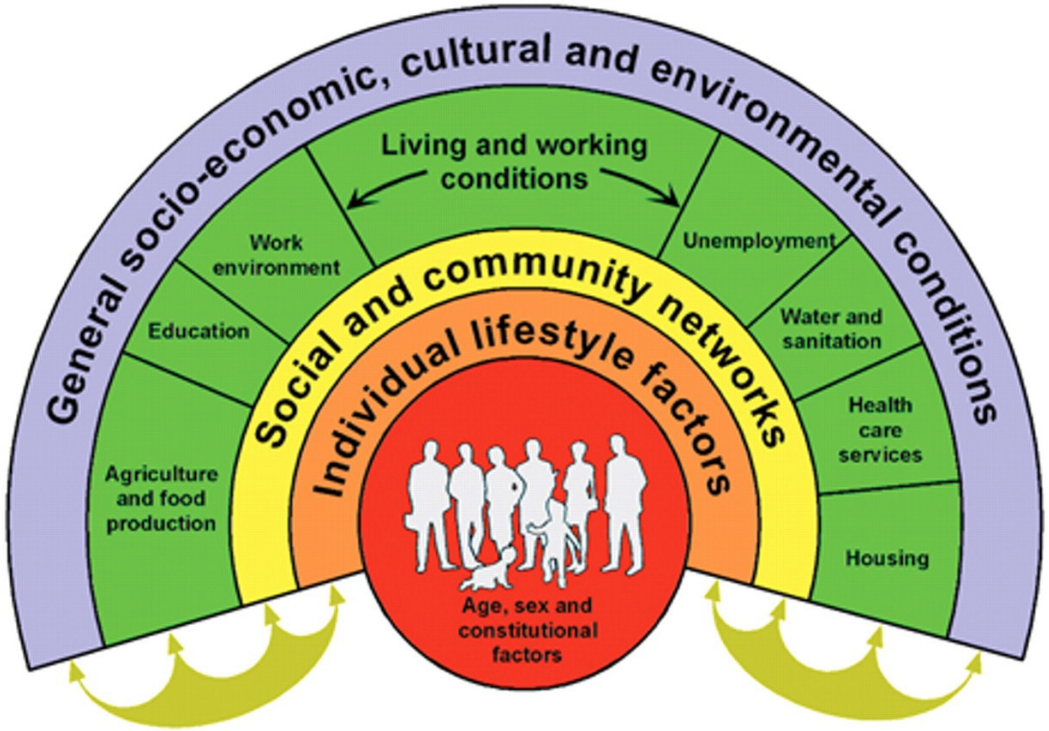

Figure 2

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	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

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

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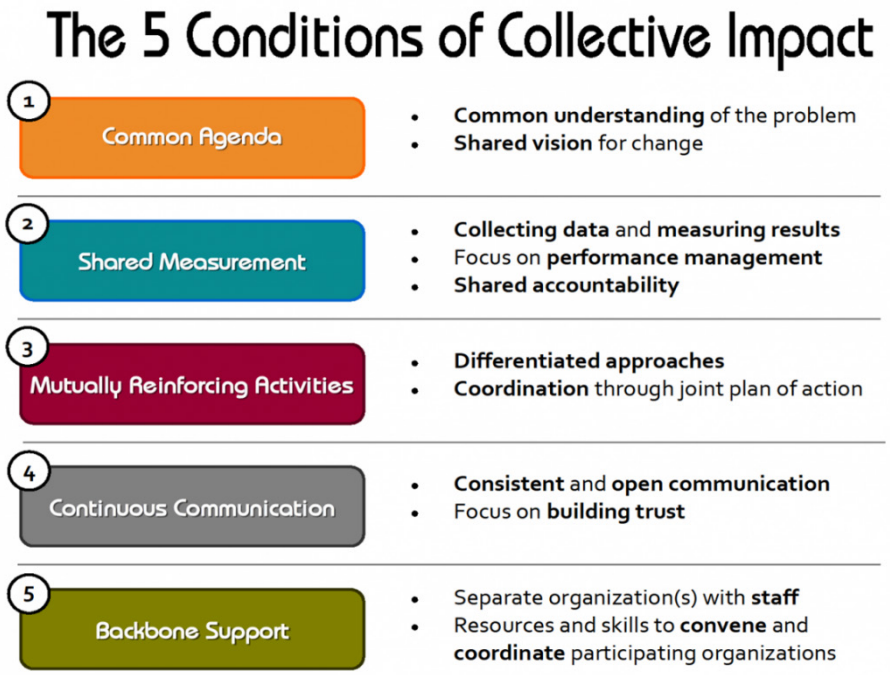
WHY TAKE THE TROUBLE TO COLLABORATE?

- ✓ 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



- 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

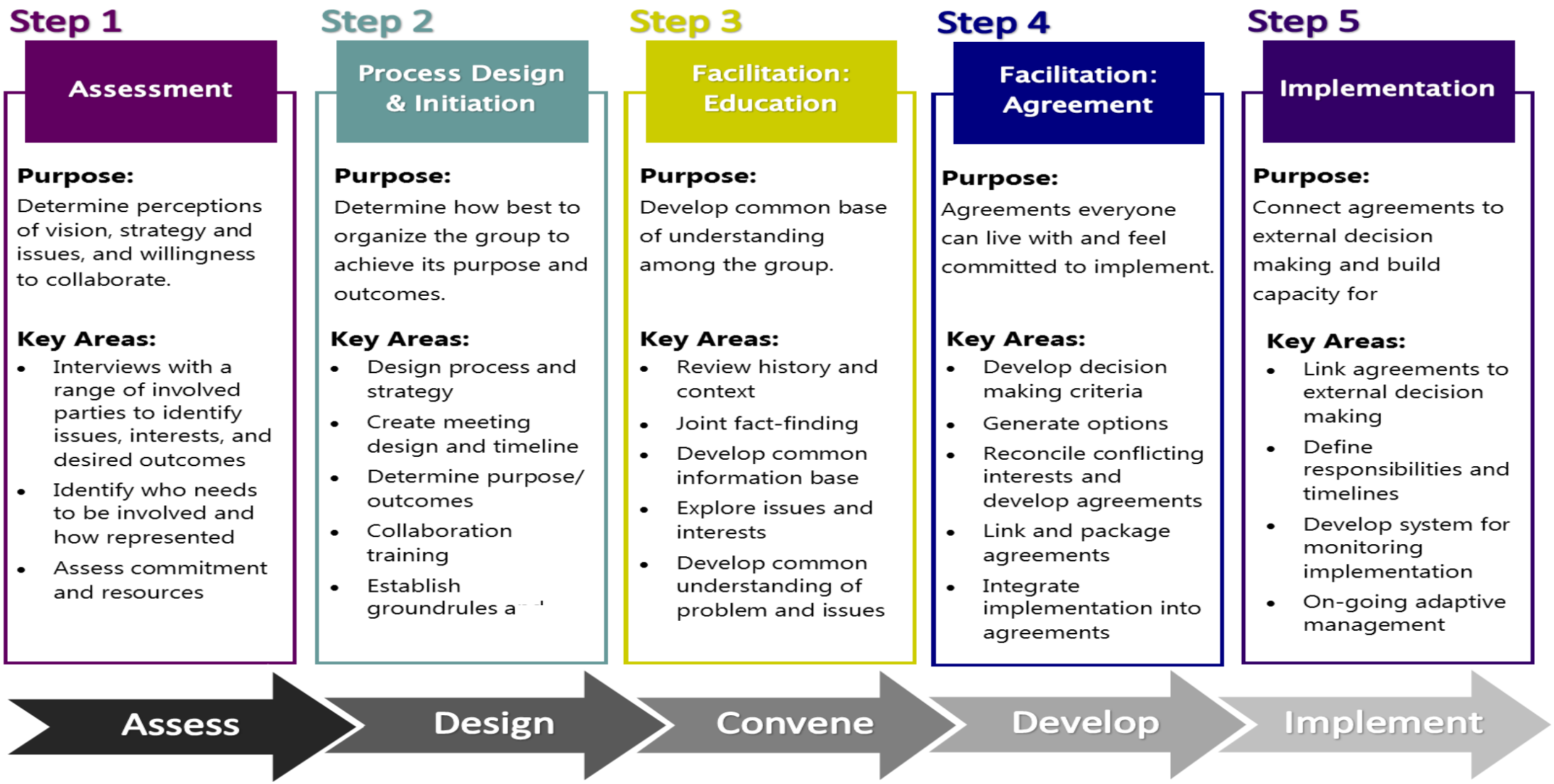
- Two hospitals; three rural health clinics (FQHCs)
- Large Hispanic population in ag economy
- ACA Shift from uninsured to Medicaid
- **Can no longer provide enough primary care to population**
- Competitive provider recruiting techniques no longer work
- Huge stressors on Emergency Departments and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

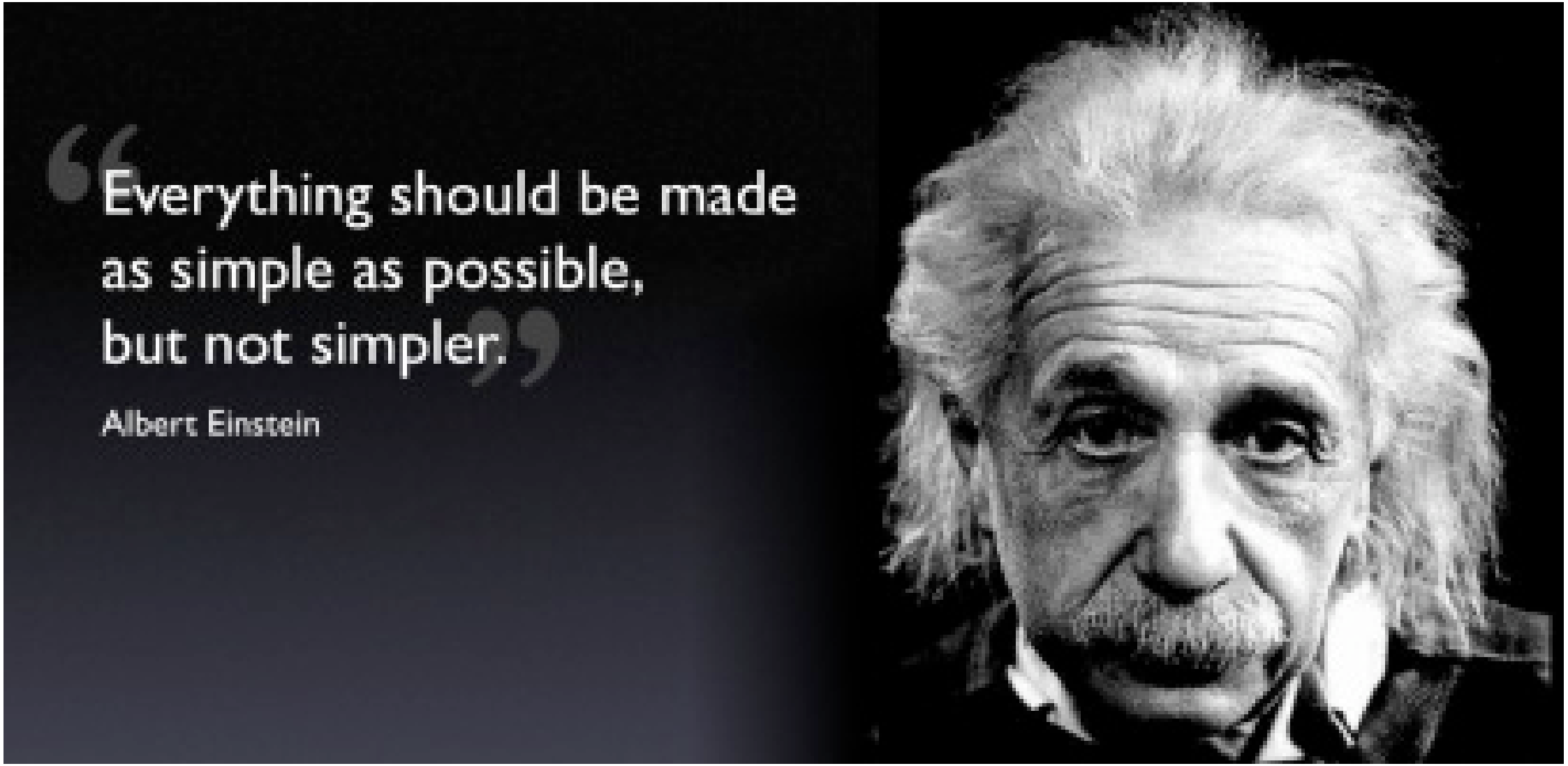
Conditions Favorable To Initiate a Collaborative Process

Adapted from *Conditions Favorable to Initiate a Collaborative Process*, Center for Collaborative Policy, California State University, Sacramento

Stages of a Collaborative Process



From *Five States of Collaborative Decision Making on Public Issues*, Center for Collaborative Policy, Sacramento State University and the National Policy Consensus Center, Portland State University


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

Contact Info

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

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