

**TAB 1**

## **AGENDA**

### **Community Medical Center New Foundation Task Force Meeting**

May 16, 2014

**10:00am**

University of Montana - University Center Room 330

- |                                      |                              |
|--------------------------------------|------------------------------|
| 1. UM Mid-level Education Initiative | UM Administration            |
| 2. Clinical Research                 | Steve Carlson/Patrick Beatty |
| 3. Ronald McDonald House             | Sigri Thorn-Gildea           |
| 4. AG Submission Objectives          | Gary Chumrau                 |
| 5. Outline Review & Discussion       | Scott Hacker                 |
-

**COMMUNITY MEDICAL CENTER TASK FORCE**  
**MONDAY, JULY 14, 2014**

**I. SITE VISIT**

A Site Visit to Empire Health Foundation in Spokane was conducted on Monday July 7, 2014.

Participants included:

COMMUNITY MEDICAL CENTER ATTENDEES

Steve Carlson  
Scott Hacker  
Ramona Holt  
Stan Moser  
Sigri Thorn-Gildea

EMPIRE HEALTH FOUNDATION ATTENDEES

Antony Chiang, President  
Garman E. Lutz, Board member  
Mike Senki, Founding Board Chair

Empire Health Foundation (EHF) is an independent, non-profit grant-making (private non-operating) foundation that serves the seven counties of Eastern Washington.

Their mission is to invest in ideas and organizations that improve access, education, research and public policy to result in a measurably healthier region. Their vision is to transform their seven counties into the state's healthiest region.

- EHF was formed as a result of the 2008 sale of Empire Health Services
- \$165 million total assets and liabilities under stewardship of the Foundation
- \$111 million in wind-down liabilities from the conversion
- \$86 million set aside for philanthropy
  - impact: \$2/person for population served
- formulated mission broadly to allow flexibility in providing opportunity to healthcare-related root causes
- designed a strategic priorities portfolio allowing flexibility to change sub-categories:
  - *Improved Health Outcomes*
    - Reduce obesity, starting with school-aged children
    - Prevent Adverse Childhood Experiences (ACEs) and mitigate the long-term health effects of complex trauma
    - Improve health outcomes and quality of life for rural aging populations
    - Improve oral health outcomes and reduce tooth decay
    - Reduce health disparities in Indian Country
  - *Improved Health Care Access*
    - Affordable Care Act (ACA) Implementation
    - Health, Housing, Homeless (H3) Initiative
    - Care Coordination
  - *Increased Availability of Provider Education*
    - Stimulate health workforce development in Eastern Washington
    - Graduate Medical Residency Expansion
    - 4-Year Undergraduate Medical Education
  - *Strengthened Nonprofit Sector Capacity*
    - Increase collaboration and partnership among the nonprofit sector
    - Respond to immediate needs of the nonprofit sector in our region
    - Philanthropy Center

- 6 months to recruit/hire Executive
- Year One (2010):
  - Staff: 3.5 FTEs (Executive, Administrative Assistant, Grant Writer, Program Coordinator) (plus 3 financial/benefit plan consultants)
  - .84% (approximately \$588,000) operations spend rate (endowment interest income)
- Year Five (2014)
  - Staff: 11 Foundation; 15 in 4 subsidiary organizations
  - 1.84% operations spend rate (endowment interest income)
- Board Members: 2 original hospital members; 2 original foundation members; 7 new community members
  - historical members' experience is vital to the Board and Executive Team in demonstrating alignment to original mission; executing mission; and providing legacy in the community.
- Grants
  - strategy
    - 80% responsiveness (no outcomes monitoring);
    - 10% strategic (minimal outcome monitoring);
    - 10% capacity building (extensive outcome monitoring) (adjust % year-to-year based on strategic direction)
  - 6 months from foundation start-up to first grant
  - grants awarded: \$5,793,767 (January 1, 2010 to December 31, 2013) to over 200 grantee organizations and partners
  - utilize assets to leverage grants; state they have leveraged \$100 to \$1
  - during 2014, began to manage and re-grant funds
  - grant requests managed by staff through screening criteria, keeping number of requests to a minimum for Grants Committee
- Fundraising
  - third-party grants
  - strategic plan to add Planned Giving component during 2014/2015

## Empire Health Foundation to triple its giving

Providence's \$40 million donation, intermediary work to boost group's health initiatives

[Linn Parish](#)

December 5th, 2013



—Rendering courtesy of Madsen, Mitchell, Evenson & Conrad PLLC

The Empire Health Foundation is remodeling the Civic Building downtown to accommodate its offices, some nonprofits or health-related groups, and meeting-room space.

The Empire Health Foundation is projecting that its investment in health care initiatives next year will grow even faster than the size of its endowment.

Antony Chiang, president of the nonprofit health foundation, says the organization this year has contributed \$1.8 million toward health-related grant requests and a handful of its own initiatives.

Next year, he says, "We're going to triple that."

The big jump in funds is projected as Empire Health Foundation prepares to receive later this month a \$40 million infusion into its endowment from Providence Health Care. The foundation, Providence, and Inland Northwest Health Services announced the large contribution last month when they also disclosed plans for the foundation to leave INHS, making Providence the only owner in that health services organization.

While that donation will generate more investment income for the foundation to put toward health initiatives, Empire Health Foundation also is seeing more large, national foundations use the 5-year-old Spokane organization as an intermediary, giving it money to "regrant," Chiang says.

"We're building relationships with other funders who want to invest with us," he says.

The organization, which serves seven Eastern Washington counties and has a total of 17 employees, plans to start what it's calling a community engagement process next year to determine how best to spend the larger amount of funds. Chiang says the organization could add another initiative to those it handles currently, but it might look for ways to bolster the strategic programs it has now.

"We have some thoughts, but we don't want to predetermine this," he says.

Its current strategic programs involve efforts to curb childhood obesity and to address what mental health experts call adverse childhood experiences, which can range from loss of a parent to homelessness to witnessing a traumatic event. Other programs involve addressing mental health in general, health education, and rural aging.

Chiang says the foundation's pediatric-obesity reduction program is 2 1/2 years old and has gained some traction. Early on, the organization worked with the Cheney school district to convert its school menus to healthy, scratch cooking, working with staff on developing culinary skills and recipe scaling.

As part of that effort, the school district tracked the obesity rate in its student body. Chiang says it reported a reduction in the obesity rate within two years.

"We didn't expect to see a turnaround in just two years," he says. "We're getting some early wins."

While the strategic programs are designed to address a handful of issues in depth, the organization's grant funding program, which it refers to as its responsive program, is intended to address a greater breadth of subjects. This year, for example, the foundation earmarked \$200,000 for grants and set the grant maximum at \$15,000 each.

Empire Health Foundation formed five years ago when nonprofit hospital operator Empire Health Services sold its assets to for-profit Community Health Systems Inc., the big hospital operator based in Franklin, Tenn.

In addition to functioning as a health foundation, the organization serves as the workout entity that handles all of Empire Health Services' lingering financial obligations, ranging from malpractice lawsuits to an employee pension plan. Consequently, while the foundation will have \$86 million in its endowment once it receives the Providence donation, it will have a total of \$165 million under its management, Chiang says.

"By volume, most of the trailing matters have been resolved," he says. However, the foundation likely will be handling parts of that—specifically the pension plan—for decades to come.

The organization received an ownership interest in INHS similar in nature to what Empire Health Services had before selling its assets, but Chiang says that being part of a health services concern was never really part of the foundation's mission. He says talks of the separation have been ongoing for much of this year and evolved gradually, with no one particular party pushing for the foundation's departure.

Big move

As it looks to increase the amount of money it gives next year, Empire Health Foundation also is looking to increase dramatically the amount of space it occupies. Last August, the organization agreed to buy the Civic Building, at 1020 W. Riverside, from the Spokane Club for \$775,000.

The building currently is undergoing a substantial remodel that's expected to be completed in July. Yost, Mooney & Pugh Contractors LLC, of Spokane, is the general contractor on the project, and Madsen Mitchell

Evenson & Conrad PLLC, also of Spokane, designed the improvements.

Once completed, Chiang says, the building will be renamed the Philanthropy Center.

Chiang says the foundation is reconfiguring some of the space within the building, and once that work is completed, the structure will have four levels with a total of about 25,000 square feet of floor space. The foundation will occupy about a third of the space itself and will lease about a third to other nonprofits or health care organizations. The final third of the building will be meeting rooms on the basement level for training and conferences.

The foundation has been leasing about 2,100 square feet of space on the third floor of the Banner Bank building, at 111 N. Post. Its lease there is expiring this month, so it plans to move to temporary offices in the Chancery Building, at 1023 W. Riverside, until the remodel of its new space is completed

- See more at: <http://www.spokanejournal.com/local-news/empire-health-foundation-to-triple-its-giving/#sthash.OL1ANQ81.dpuf>



Published on *Empire Health Foundation* (<http://www.empirehealthfoundation.org>)

[Home](#) > Staff

## Staff

Empire Health Foundation staff is ready to help you and answer any questions you may have. Please go to the [Contact Us](#) <sup>[1]</sup> page to send an email for any of the following members of our team:

### **Antony Chiang, President**



Antony Chiang is the President of Empire Health Foundation (EHF). EHF is a health conversion private foundation, with approximately \$165 million in assets under management and stewardship, working to improve the health of communities in Eastern Washington. With approximately \$86 million reserved towards philanthropy, it is the largest private foundation in the region, giving Antony the unique opportunity to build a philanthropic organization from the ground up, design and implement a strategic vision for impact, and establish the Foundation as a catalyst and convener in the region.

Prior to working at EHF, Antony was an executive at a leading philanthropic service provider, designing and managing innovative models of corporate technology philanthropy and streamlining international grant making. In addition, he has served as the chief executive of several social enterprise start-ups and practiced corporate venture capital law. As a Principal Investigator specializing in bioinformatics, Antony was awarded several Phase 1 and Phase 2 SBIR grants from the National Institutes of Health. Antony earned his B.S. in Electrical Engineering /Computer Science from UC Berkeley and his J.D. from Stanford Law School.

The foundation was recognized with the 2013 Secretary's Award for Public Philanthropic Partnership: Presented by HUD Secretary Donovan and the Council of Foundations ("COF") in recognition of "an exemplary public-philanthropic partnership which has transformed the relationship among the sectors, led to measurable benefits for residents and community, and serves as a role model for other communities". Antony was honored with the 2012 Annual Public Health Leader Award by the Washington State Public Health Association. In addition, he is a member of the Private Foundation Task Force for the Council of Foundations, a mentor in the Council's Career Pathways program, served as a member of the Annual Conference Planning Committee for Philanthropy Northwest, and appointed to the WA Department of Health's Community Transformation Leadership Team. Antony is a frequent speaker and presenter, including the closing speaker at the EWU Health Care Administration conference, and sessions/webinars for Grantmakers in Health and Council of Foundations.

**Kristen West, Vice President, Grant Programs**

Kristen West is the foundation's Vice President for Grant Programs, and responsible for designing and stewarding the investment of foundation resources and staff time to create impact. Kristen brings extensive health related experience as the founder and Executive Director of the CHOICE Regional Health Network, a nonprofit organization that works collaboratively with regional partners to improve the health status of people who live in a five-county region in western Washington State. She is also a founding member of the national organization, Communities Joined in Action (CJA), an officer of the Washington State coalition, Communities Connect, and a former Board member of the Prescription Drug Assistance Foundation. Ms. West describes herself as a social justice advocate – working with many partners to challenge the "status quo" health care establishment to improve quality, expand access and reduce costs. She has the opportunity to expand that social justice lens from purely health care access to the foundation's larger health mission. Ms. West has over 15 years' experience working on state health care reform, legislative relations, and public health care purchasing. She holds a Master of Public Administration and Bachelor of Arts in Political Science and Business Administration from The Evergreen State College. Kristen is also the recipient of the 2004 Distinguished Leader in Thurston County for her efforts in universal access to healthcare in the region.

**Dave Luhn, Chief Financial Officer**

As CFO of Empire Health Foundation (EHF), Dave is responsible for budgeting for and internal/Board reporting of all aspects of EHF's financial operations. In addition, Dave monitors and evaluates the myriad trailing legacies that EHF assumed when it was created from the sale of predecessor nonprofit hospitals, including a multi-million-dollar defined benefit pension plan administered for the benefit of the hospital's employees. Prior to joining EHF, Dave was CFO for a Spokane, WA life insurance company. Having joined that company in 1985, Dave was involved throughout his career in various aspects of its financial operations, including tax, budgeting and financial accounting and reporting. In 2008, Dave was part of the team that successfully constructed the sale of the company to new private interests. Dave earned his Bachelor of Science Degree in Business Administration, Accounting from Oregon State University in 1982.

**Brian Myers, Senior Program Associate**

Brian oversees the Capacity Building Program, which aims to increase the capacity for community collaboration in efforts to pursue funding from outside the region. Currently, he is working on efforts to increase grant writing capacity and cross-sector collaboration at both local and state agencies in efforts of federal and national funding opportunities.

Additionally, EHF is the lead on the Health Philanthropy Partnership, a dedicated and growing group of foundations, businesses, state and local organizations interested in health care reform. The Responsive Program is intended to provide immediate, one-time grants to organizations serving our region through a wide variety of programs touching on access to healthcare, research, health education, wellness, or public policy. Brian earned his B.A. from San Francisco State University. He has experience in education and previously was with TechSoup, a nonprofit intermediary donation platform that increases capacity of other nonprofits. He is an avid ultra-marathon runner, which conveys his passion for healthy lifestyles.

**Sarah Lyman, Senior Associate, Strategy and Operations**

Sarah is Senior Associate for Strategy & Operations at Empire Health Foundation, and she manages several of the Foundation's key Strategic priorities. The Strategic Program aims to create long-term, measurable, sustainable change in the health of Eastern Washington, with current strategic priorities in Obesity Prevention, Adverse Childhood Experiences, and Oral Health, among others. Sarah earned her M.B.A. from Eastern Washington University, and a degree in Business Marketing from Western Washington University. Prior to joining Empire Health Foundation's team, Sarah worked as an Account Executive for a local marketing and advertising firm. She has experience with strategic planning and board governance for several nonprofit organizations, and has a strong passion for health and wellness, as well as serving basic human needs. Sarah is currently on the Board of Directors for the Washington State Public Health Association and Step UP and Go, and is the past Chair of the Development/Operations Committee for Partnering for Progress, a nonprofit that helps provide access to health care, education, sanitation and clean water to residents in developing countries. She also served on the Grants Committee for Inland Northwest Community Foundation, and has been active with other nonprofits including Hamomi Children's Centre, YMCA, the Red Cross, and the Garland Business District.

**Erica Hallock, Government Relations Manager**

Erica serves as Empire Health Foundation's Government Relations Manager. She brings more than 20 years of experience in early learning, health & human services, nonprofit and government organizations, including 6 years as the President/CEO of the United Ways of Washington for 6 years. She recently completed 8 years on the Washington State Nursing Commission where she served as Vice Chair for 2 years. Erica holds a Bachelor of Arts degree from the University of California at Riverside and a Master of Public Policy and Administration from California State University Sacramento. Currently, Erica sits on the Board of Directors for At the Core, a local nonprofit focused on eradicating food insecurity. She is mother to two teenagers and is passionate about eliminating the opportunity gap for all children.

**Angelique Rusk, Program Coordinator**

Angelique Rusk is a Junior Program Associate with the Foundation's Strategic Grants Program. Angelique earned a Masters of Public Health from Walden University and also has a degree in Communication Disorders from Eastern Washington University. She feels fortunate to be able to continue work that focuses on Adverse Childhood Experiences which she became passionate about through a practicum at the Spokane Regional Health District. Born and raised in Spokane she is excited to see and play a part in the Foundation's mission to create a healthier region.

**Sara Orrange, Program Associate**

Sara is a Program Associate for the Foundation's oral health program and is assisting the Health, Housing & Homeless Community Collaborative. Sara earned both her B.A. and law degree from Gonzaga University. Prior to coming to work for EHF, Sara had previously worked in the Washington State Attorney General's Medicaid Fraud Control Unit. She has also served on the Mayor's Sustainability Task Force, the City of Spokane's

Regional Affordable Housing Task Force, and Spokane County's Neighborhood Accountability Board. Sara has also volunteered on a number of local and state political campaigns. Sara is excited to be at the Foundation and explore her keen interest in health policy.

**Ron Asmussen, Accounting Manager**

Ron is responsible for the day to day administration of the Foundation's financial operations. This includes assisting Dave with all areas of finance and accounting for EHF and its subsidiaries. Prior to joining EHF, Ron was a Senior Statutory Accountant for 14 years at a local Spokane, WA insurance company. At this company Ron worked for Dave during 8 of those 14 years. Ron has worked in the financial & accounting profession since achieving a Bachelor of Arts degree in Accounting in 1973 from Central Washington University. He also passed the Uniform CPA exam for Washington State in 1994.

**Julie Thompson, Executive Assistant- Antony Chiang & Board of Directors**

Julie is the Executive Assistant to Antony Chiang and the Empire Health Foundation Board of Directors. She is responsible for all daily office operations at EHF including Human Resources, IT, facilities, event preparation and general scheduling. With over 14 years of providing executive administrative support, Julie brings a broad range of experience to the position. Please contact Julie with any questions you may have regarding the foundation, events, or scheduling needs. She can be reached at (509) 315-1323 x 512 or [admin@empirehealthfoundation.org](mailto:admin@empirehealthfoundation.org) [2]

**Colleen Nick, Executive Assistant- Kristen West & Program Team**

Colleen is the Executive Assistant to Kristen West and the Program Team. She is responsible for daily office operations including calendars/scheduling, IT, event/meeting preparation, and logistics. With over 20 years of providing executive administrative support in healthcare and higher education, Colleen brings an extensive range of experience to the position. Please contact Colleen if you have any questions regarding the foundation, upcoming events, or scheduling needs. She can be reached at (509) 315-1259 or [colleen@empirehealthfoundation.org](mailto:colleen@empirehealthfoundation.org) [2]

**Source URL:** <http://www.empirehealthfoundation.org/staff>

**Links:**

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# Board

## Board Leadership

Empire Health Foundation is governed by a volunteer Board of Trustees. The board is comprised of a diverse and dedicated group of community leaders who are committed to improving the well-being, health and quality of life of Northwest residents.

### Executive Committee

Chair: Sue Lani Madsen  
Vice Chair: Matthew Layton  
Secretary: Anne Cowles  
Treasurer: Mike Nowling

**Lisa Brown**, Ph.D. Chancellor, Washington State University Spokane, former Senate Majority Leader for Washington Legislature

**Anne C. Cowles**, Board member, Mobius Spokane; Washington Policy Center EWA Advisory Committee; former trustee, Saint George's School and Gonzaga University; retired banker

**Craig Dias**, Vice President & General Manager, Haskins Steel Co., Inc.; Board Member, Spokane Area Workforce Development Council

**Deborah J. Harper**, M.D., University of Washington School of Medicine Assistant Dean, WWAMI Clinical Coordinator, Eastern Washington; Pediatrician Group Health Permanente; medical director of Partners with Families and Children

**Todd Koyama**, CFP, Associate Wealth Advisor, Fulcrum Financial Group; Past Chair, Ronald McDonald House Charities of Spokane; Gonzaga Alumni Mentor Program

**Matthew Layton**, MD, Ph.D, Program Director, University of WA; Clinical Associate Professor, WA State University; Adjunct Associate Professor, WSU College of Pharmacy; Medical Director, WSU College of Nursing

**Garman E. Lutz**, CPA, Associated Industries CFO

**Sue Lani W. Madsen**, Architect, The Madsen Group; Rancher, Healing Hooves; EMT and EMS Captain, Lincoln County Fire District #4

**Teresa Martinez**, A.R.N.P., Family Nurse Practitioner, Wellpinit Indian Health Clinic, Spokane Tribe Diabetes Program Coordinator, Spokane Indian Reservation; School Nurse Consultant, Wellpinit School District

**Rodney McAuley**, Director of Church and Community Engagement; Spokane Youth for Christ

**Michael Nowling**, President, Family Home Care

**Mary C. Selecky**, Retired Secretary of Health, Providence Health and Services Eastern Washington Ministry Board, University of Washington School of Public Health Dean's Council, Centers for Disease Control advisory committee for state, tribal, local and territorial health departments, Public Health Accreditation Board accreditation committee.

**Samuel Selinger**, M.D., Retired Cardiothoracic Surgeon, Founder Project Access

**Gary Stokes**, General Manager, KSPS

Source URL: <http://www.empirehealthfoundation.org/board>

# THE SPOKESMAN-REVIEW

February 22, 2011

## Empire Health Foundation will distribute funds to combat obesity

John Stucke

The Spokesman-Review

Tags: Antony Chiang Community Health Systems Deaconess Medical Center Empire Health Foundation Valley Hospital & Medical Center

The region's largest charitable foundation plans to spend \$800,000 this year fighting obesity and addressing how Eastern Washington can best care for the mentally ill.

In addition, the Empire Health Foundation will devote another \$800,000 to small grants designed to help nonprofit groups weather the economic downturn.

The foundation's long-range initiatives are broad-based and still developing, said Antony Chiang, executive director of Empire Health Foundation. But the nonprofit's board has decided those two problems are worth tackling.

Until now the foundation had focused on developing administrative policies and making small grants totaling about \$1 million, none of which has exceeded \$25,000. Such grants are designed to help the many nonprofits that are struggling to solicit adequate private donations or secure government funds, resulting in scaled-back services.

"This is in recognition of the lingering recession and the widespread health benefit cuts," Chiang said.

The foundation announced its obesity prevention/healthy lifestyles initiative earlier this month to coincide with the city of Spokane's proclamation to join the "Let's Move" campaign, an effort launched by first lady Michelle Obama to reverse the childhood obesity epidemic.

It hasn't announced where it will begin investing the money. One possibility might be small-scale pilot projects in either Spokane neighborhoods or small towns. Chiang said the goal is to make targeted, large grants to effect long-range changes. The foundation hopes to leverage its donations with money from other sources, such as matching government grants or other charitable grants and services.

The obesity prevention and mental illness directives are envisioned as long-term investments – each potentially drawing millions from the foundation over four to seven years.

Several other larger, or strategic, grants will be announced in coming years as needs and ideas jell.

The foundation has hired a professional staff of eight people, including an attorney, program managers and a business analyst. Chiang determined the foundation could hire its own staff for the amount of money it was spending for outside expertise and services.

The foundation has about \$50 million. It was formed 2 1/2 years ago to capture proceeds from the sale of nonprofit Deaconess Medical Center and Valley Hospital and Medical Center to national for-profit hospital company Community Health Systems Inc.

The initial sum received by the foundation was about \$79 million. But along with the money, the foundation inherited a pension plan set up for retired employees of the two hospitals, along with other liabilities such as ongoing medical malpractice lawsuits and issues.

Community Health wanted no part of the pension plan and it insisted that its takeover of Deaconess and Valley start fresh without lingering legal issues.

**Get more news and information at [Spokesman.com](http://Spokesman.com)**

## **THE SPOKESMAN-REVIEW**

August 2, 2013

# **Empire Health Foundation buys Civic Building**

Empire Health plans to turn property into philanthropy center

John Stucke

The Spokesman-Review

Tags: Antony Chiang civic building Empire Health Foundation health care real estate Spokane Club

Spokane's largest health care foundation became a downtown property owner this week, paying \$775,000 for the historic Civic Building at 1020 W. Riverside.

The Empire Health Foundation will remodel the interior of the three-floor building with the intention of turning it into a philanthropy center, said Antony Chiang, foundation president.

Money for the purchase will come from the foundation's \$50 million endowment, which is primarily invested in stocks, bonds and government notes.

The interest earned on that endowment – so far about \$2 million each year – is awarded to organizations and invested in efforts designed to improve the health of people in Eastern Washington, including fighting obesity and working to provide the best care for the mentally ill.

Chiang said purchasing the building – built in 1931 and occupied for many years by the Spokane Chamber of Commerce – will not affect grantmaking.

He acknowledged, though, that there was some risk.

"Time will tell if this was a good investment," Chiang said. "We recognize that this is a stretch for us as an organization."

The price tag for the building, including remodeling and other costs, amounts to \$2 million.

He described it as a double-win: The foundation diversifies its endowment portfolio with commercial property while meeting a foundation mission of aiding other charitable groups with office and meeting space.

The 19,960-square-foot building was acquired from the Spokane Club, which for two years had marketed the property squeezed between its regal brick building and the Masonic Center.

Spokane Club CEO Charles Alpers said he was pleased with the transaction, which brought in less than the \$895,000 asking price.

The health foundation will move its eight staffers onto one floor. Chiang said he is searching for another grantmaker to share that floor.

Another floor will be remodeled into meeting space for other nonprofit groups.

A third floor will be designed as an incubator for health-related nonprofit groups, Chiang said. The first tenant will be a subsidiary of the foundation called Better Health Together.

The subsidiary was created to help enroll Eastern Washington residents into health insurance plans under the Affordable Care Act. Empire Health Foundation won a \$858,000 federal grant this summer for that purpose.

The foundation was created in 2008 by the sale of two nonprofit hospitals – Deaconess Medical Center and Valley Hospital – to Fortune 500 company Community Health Systems Inc.

Proceeds from the sale were directed into the new charitable foundation.

**Get more news and information at [Spokesman.com](http://Spokesman.com)**

## Robert Phillips

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**From:** Robert Phillips  
**Sent:** Monday, July 14, 2014 9:52 AM  
**To:** 'Scott Hacker'  
**Cc:** 'John VanStrydonck'; 'Lowder, Thomas MD'; 'Barry Kenfield'; 'Bill Johnston'  
**Subject:** RE: Task Force Meeting on Monday

Thanks. I'll be prepared. I may have a power point so I can show a few slides you might find interesting. I assume we use Power point? If not, i'll have some hard copies. We should also talk about when and whether to change the mission of CMCF, the current foundation, which will have to be changed in any case. We should come up with some mission type language, which can then go to the Foundation Board for its approval, then to the CMC Board for its approval. If we close this transaction in late september, which seems optimistic, that gives us only a couple of board meetings to change that mission. If we don't get it changed by the time of the closing, then CMCF will be in jeopardy of losing its tax exempt status, since its purpose now is to support CMC.

Perhaps a good initial Mission statement comes from the Institute for Healthcare Improvement, and its "Triple Aim" initiative.

"Our Mission is to improve the health of the population of Western Montana, enhance the experience and outcomes of the patient, and reduce the per capita cost of care for the benefit of communities."

This mission statement could be used by any foundation, whether existing or to be created, and it is used by the U of M College of Health Professions.

That should pretty much cover the range of possible activity. See [www.ihl.org](http://www.ihl.org).

Bob.

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**From:** Scott Hacker [mailto:shacker@montanacrestview.com]  
**Sent:** Sunday, July 13, 2014 9:17 PM  
**To:** Robert Phillips  
**Subject:** Task Force Meeting on Monday

Bob

If you would like to update the Task Force on your progress with the UM Foundation concept, we have set aside time to do so at the meeting tomorrow.

We would also appreciate your input on our concepts which we will review tomorrow.

Thanks

Scott Hacker



**UNIVERSITY OF MONTANA**

**A Strategic Leader in Healthcare Education & Research**

Royce Engstrom, PhD  
President, University of Montana

Reed Humphrey, PT, PhD  
Professor & Chair, School of Physical Therapy & Rehabilitation Science

Shane Giese, President and CEO  
University of Montana Foundation



**And a Community Partner**



**An Overview**

- Healthcare education at UM
- Research in healthcare and biomedical science at UM
- Investment, economic growth & community outreach
- Our next step: Mid-level care through a Physician's Assistant Program
- Meeting the need through strategic investment
- Conclusions and discussion

**The College of Health Professions & Biomedical Sciences**

**Skaggs School of Pharmacy**

- Department of Pharmacy Practice
  - Pharmacy Doctorate
  - Geriatric Education Center
- Department of Biomedical & Pharmaceutical Sciences
  - Graduate programs in neuroscience, toxicology, medicinal chemistry, biomedical and pharmaceutical sciences
  - Centers for Structural & Functional Neuroscience, Environmental Health Sciences



The College of Health Professions & Biomedical Sciences

School of Physical Therapy & Rehabilitation Science

- Doctorate of Physical Therapy
- The Nora Stael Evert Physical Therapy Clinic & New Directions Wellness Center
- The Neural Injury Center



College of Health Professions & Biomedical Sciences

- School of Public & Community Health Sciences- MPH
- School of Social Work- BSW, MSW
- Family Medical Residency Program of Western Montana
- The Western Montana Area Health Education Center



Missoula College Health Professions Programs

- Medical Assisting
- Pharmacy Technology
- Nursing
  - Practical Nursing
  - Registered Nursing
- Radiologic Technologist
- Respiratory Care
- Surgical Technology



Investing in UM: The Centers of Biomedical & Research Excellence (COBRE)

### COBRE Program Impact

**Point One – Investment in the research infrastructure grows people, expands the science of patient care and preventive health, and provides leverage for additional funding.**

**University of Montana  
COBRE Center for Environmental Health Sciences**



**FY 1-10: Hired 6 new faculty**

**FY 5-10: COBRE Funding: = \$10,769,313**  
**Leveraged non-COBRE Funding: = \$24,131,997**

**FY 1-5: 102 publications**  
**FY 6-10: 176 publications**

### COBRE Program Impact

**Invest. Grow.  
Benefit. Repeat.**

**University of Montana  
COBRE Center for Structural & Functional Neuroscience**



**FY 1-10: Hired 7 new faculty**

**FY 5-10: COBRE Funding: = \$10,760,000**  
**Leveraged non-COBRE Funding: = \$40,547,000**

**FY 1-5: 59 publications**  
**FY 6-10: 148 publications**

**Point Two: New labs create new employment opportunities, allowing UM be an economic partner in the community, serving as a hub for additional growth**



- **Strengthened Translational and Clinical Research Efforts with Regional Hospitals**
- **Additional recruitment beyond COBRE core hires**  
*CSFN has grown from 8 investigators to more than 40 statewide*
- **Development of New Space**  
*Presence of CSFN and CEHS drove the construction of a \$20M research addition. ~ 80 employees*

### Economic Development, Job and Business Creation in Our Community

**Invest. Grow.  
Benefit. Repeat.**



- **New State Support**  
*CSFN matching grant for economic development from the Montana Department of Commerce*
- **Greater Private Sector Collaborations**  
*SBIR Grants, shared use of 11 Core facilities*
- **Spin-off Companies**  
*5 New companies started out of CSFN and CEHS over past 5 years*

**Point Three: Investing in UM is in investing in the community's health & education**



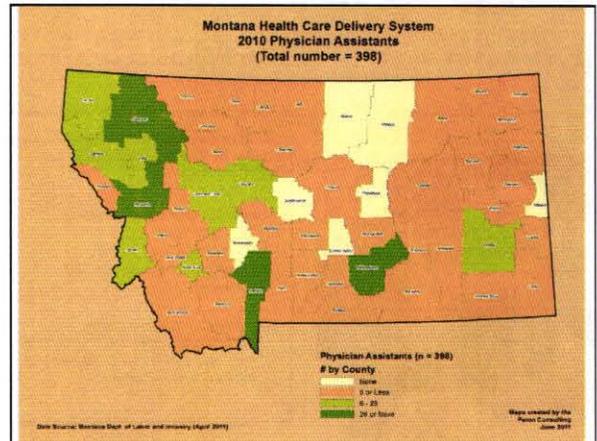
- K-12 Outreach
  - CSFN R25-funded NINDS STEM Big Sky Brain Project
  - SpectrUM & The Brain Zone – Front Street (EPSCoR)
  - CEHS SEPA NIEHS Project Clean Air, Healthy Homes
- Community service & research
  - Institutional partnerships
  - UMPT Pro bono clinic & the New Directions Wellness Center
  - UMPT LEAP
  - iPHARM
- Lectures & community presentations to increase scientific literacy; health awareness

### The Health Professions at the University of Montana: Looking to the Future

- Impact of the Affordable Health Care Act
- Addressing Health Care Workforce Needs



### Our Next Step: Physician's Assistant Program

## Demographics

- Presently 430 physician assistants in MT; Bureau of Labor Statistics projects that need to be 783 by 2018
- Demographics for physician assistants may underestimate the need, particularly by specialty or region (sources: Kaiser Foundation, Montana Healthcare Workforce Statewide Strategic Plan, 2011)
  - Location quotient is 1.43 for Missoula (1.49 MT) but 7 counties have no practicing physician assistants;
  - While Missoula county is one of four with the higher distribution of physician assistants, it does not reflect present or future community and regional need;
  - Employment by specialty: only 33% of practicing physician assistants are in primary care in MT versus 45% nationally.

## Benefits to Program Expansion

- Increasing the primary care mid-level providers for Missoula and the region, particularly for rural and underserved populations;
- Enhancement of existing campus programs in the health professions but particularly, the Western Montana Family Medical Residency Program;
- Increasing the undergraduate and graduate population, faculty and staff in the context of economic impact for the Missoula community;
- Attraction of external funding, both public and private, to support education, the research infrastructure, and experiential opportunities for students and community members on campus;
- The identification of Missoula and the University as the regional hub for the health professions.

## Example Program University of South Dakota

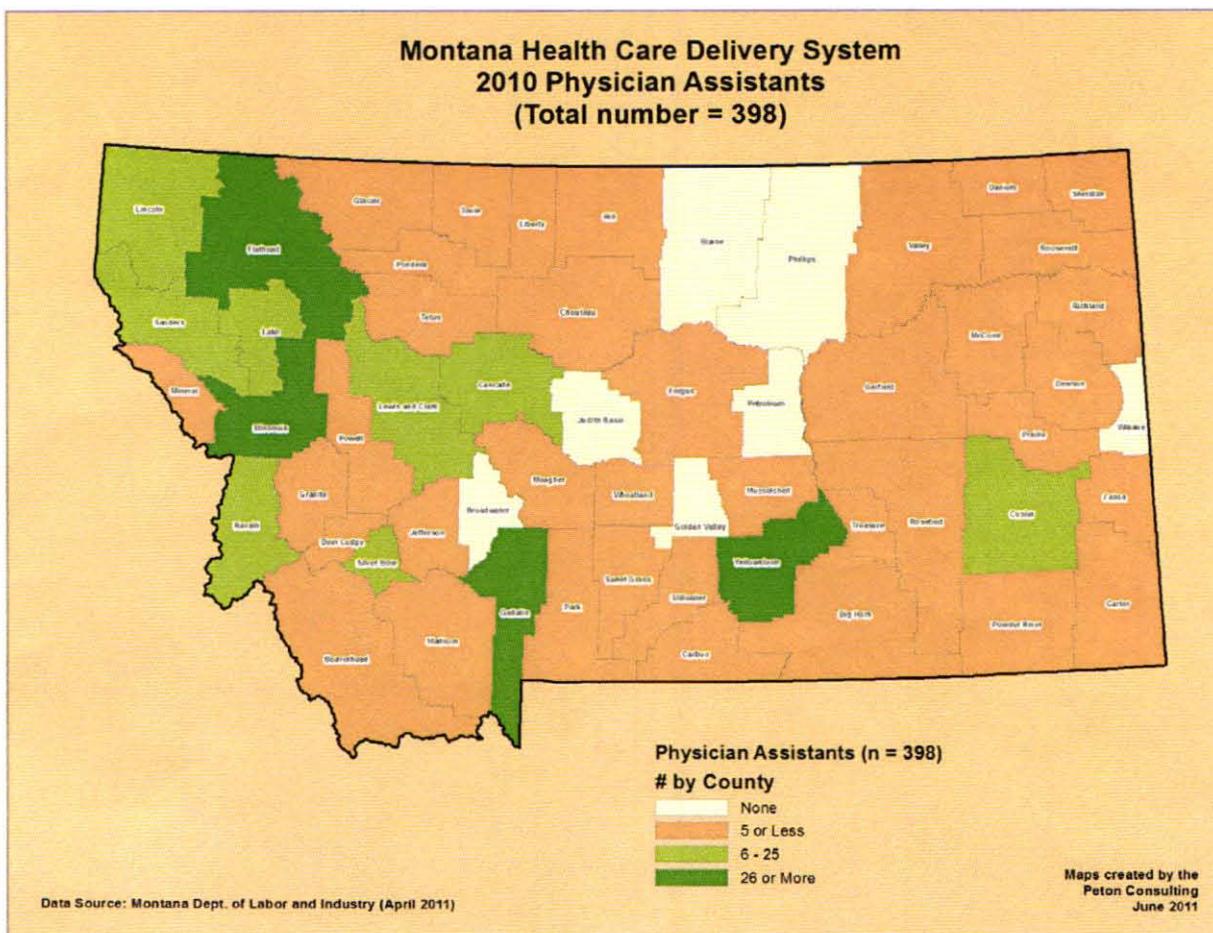
- *CNN Money and U.S. News* ranks Physician Assistant as the Eighth Best Healthcare Job and the Thirteenth Best Job in the United States
- Components to program:
  - Didactic Phase
  - Clinical Phase
- 20 students per year, 100% placement
- Average starting salary for most recent graduates is \$73,000 per year
- Staffing: 7 faculty, 2 clinical support, 2 administrative
- Accreditation Review Commission on Education for the Physician Assistant ([ARC-PA](#))

An opportunity to reinvest in the community through higher education that is transformational.

## PHYSICIAN ASSISTANT

### Strategies

PHYSICIAN ASSISTANT STRATEGIES	RESOURCES & ORGANIZATIONS	MEASURES & OUTCOMES
To increase confidence and skill levels of new PAs, and to expose potential recruits to the demands required in the rural/frontier position, support intern/residency programs and continuing education opportunities.	Rocky Mountain College, Medex (through U of Washington), Monida Healthcare Network, local CHCs, local healthcare facilities, AHECS	Number of students participating in rural residency programs, number of graduates accepting positions in rural facilities
Encourage supportive community involvement/partnerships in recruiting and retention efforts.	Local businesses, governments, healthcare facilities, MORH—CHSD	Track number of PAs recruited to rural and underserved location, track length of time in current position of the PA workforce
Maintain or increase financial incentive programs for practice in rural and underserved settings—NHSC, MT State Loan Repayment, private grants/scholarships.	DPHHS—PCO, SC AHEC	Number and dollar amount of financial incentives offered for rural practice
Develop systems for relief providers (locum tenens or respite pool) to allow for personal time for providers.	Health networks in MT, CHCs, local healthcare facilities	



## PHYSICIAN ASSISTANT

### Description

Physician Assistants deliver a broad range of medical and surgical services to diverse populations in rural and urban settings. They are health professionals who practice medicine as members of a team with their supervising physicians. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and prescribe medications. Physician assistants are certified by the National Commission on Certification of Physician Assistants and are also state-licensed. Nationally, about 45% of the PA workforce works in a primary care capacity. Employment of PAs is expected to grow by 39% from 2008 to 2018, with much faster growth than the average for all occupations (BLS projections). Growth projections reflect the expansion of healthcare coverage through healthcare reform and efforts made for cost containment.

### Overview

Physician Assistants play a crucial role in rural healthcare in Montana and are well-suited to improve access in rural locations. PAs often serve as the sole primary care provider for the community in locations that have difficulty recruiting physicians. Interestingly, Eastern Montana is one of the top paying nonmetropolitan areas in the country (\$98,450 annual mean wage per May 2010 Occupational Employment and Wages report, BLS).

### Workforce

The Montana Physician Assistant workforce has shown significant growth since 2000, increasing from 150 to the current 398, an average annual growth rate of 15.16% (per DOLI). The Bureau of Labor Statistics projects that 783 PAs will be needed in Montana by 2018. The American Academy of Physician Assistants reports that about 33% of the practicing PAs in Montana were employed in a primary care capacity (family/general medicine, general internal medicine and general pediatrics) in 2009.

The Kaiser Foundation reports 41 PAs per 100,000 population in MT while the national figure is 24/100,000. The Location Quotient for PAs is 1.26, also suggesting an oversupply. We also know that seven counties in MT have no practicing PAs at all, while four counties have 26 or more, suggesting maldistribution of the PA workforce.

### Education and Training

There are 156 accredited PA training programs nationally. The only PA training program available in Montana (and the northern Rockies) is Rocky Mountain College in Billings. The Masters level program strives to excel as a center of health care education and is dedicated to providing medical services to the underserved and rural populations of the intermountain region. Administration at Rocky reports that about 25% of the incoming class of 33 is from Montana. Likewise, about 25% of graduates will stay in the state to practice upon graduation. It's also estimated that about 40% of grads will work in primary care upon completion of their program.

The Medex PA training program originated in 1970 and is offered through the University of Washington School of Medicine. The program is offered at three campus locations in Washington state (Seattle, Spokane and Yakima) and one in Alaska. Recent information indicates approximately 7% of the incoming class are students from Montana and approximately 16% of graduates will practice in a WWAMI state other than Washington.

The Monida Healthcare Network has received a grant to develop a six-month practicum experience for PAs specifically oriented to emergency care. Upon successful completion of the practicum, the PAs will be able to practice without on-site physician supervision. The initial project is slated for three hospitals in Western Montana. If successful, the program could be shared throughout the state.



Community Clinical  
Research Center

Patrick G. Beatty, MD, PhD

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Clinical Research

- What is it?
- How is it done?

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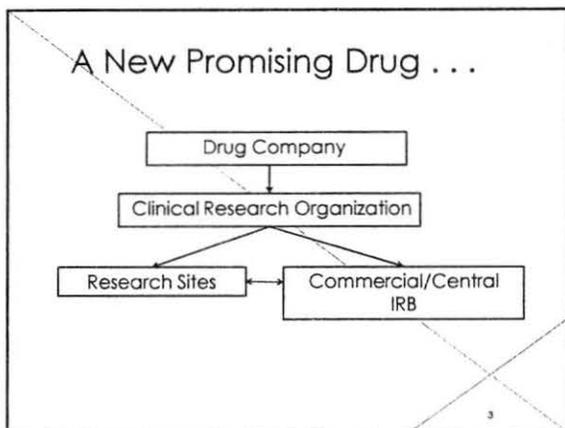
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**Background**

- Clinical Research Experience
  - > 10 years Fred Hutch Cancer Research Center
    - Unrelated Bone Marrow Transplant
  - > 10 years University of Utah
    - Bone Marrow Transplant
- Recruitment to Montana Cancer Specialists
  - > School of Pharmacy
    - Vern Grund
    - Dave Forbes

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**Montana Cancer Institute Foundation - Where have we come in the past 10 years**

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- Efficient, quality data collection and experience
  - > Relationships with pharmaceutical companies

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### Pharmaceutical Trials

Ranking	Company	Revenue, US Billions (2012)	# of clinical trials
1	Roche	45.77	13
2	Amgen	17.27	5
3	Gilead Sciences	9.703	2

- 29 companies
- 80 trials

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### Genentech PDL-1

- Very active immune drug against lung cancer and likely other cancers

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### Salivex Study

- Oral spray drug based on active ingredient of Marijuana

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Revenue from Pharmaceutical Trials

- ◉ Assist other local research projects
  - > **Pharmacogenetics of cancer drugs in Native Americans**
  - > Spinoffs of Pharmacogenetics projects for the University of Montana
  - > Komen Foundation Grants

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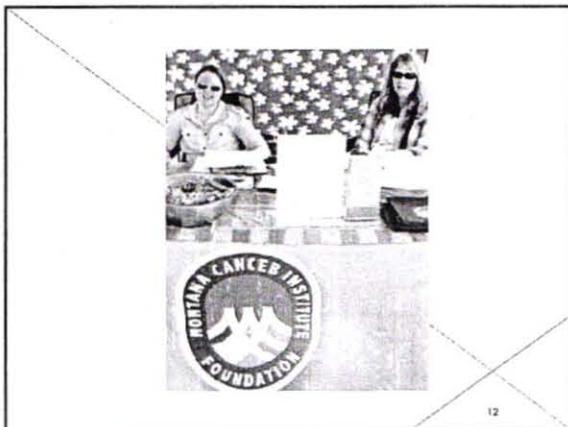
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Revenue from Pharmaceutical Trials

- Assist other local research projects
  - > Pharmacogenetics of cancer drugs in Native Americans
  - > **Spinoffs of Pharmacogenetics projects for the University of Montana**
  - > Komen Foundation Grants

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- Helped Erica Woodahl become part of a U of W Grant "Pharmacogenetics in Rural and Underserved Populations" \$1,028,347 over five years to the U of M (Direct Costs)
- Renewal application pending
- Several new jobs in School of Pharmacy as a result

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Revenue from Pharmaceutical Trials

- Assist other local research projects
  - > Pharmacogenetics of cancer drugs in Native Americans
  - > Spinoffs of Pharmacogenetics projects for the University of Montana
  - > **Komen Foundation Grants**

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- Komen Foundation
  - > 3 sequential grants, totaling \$68,000: Cancer disparities in Native American populations, identify barriers to breast health in Native American Population

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Education

- Students from School of Pharmacy
- Spectrum at U of M: Encourage careers in Biomedicine

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The Opportunities . . .

- Expand cancer research
- Expand into other subspecialties
- Expand education

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Expand Cancer Research

- Increase number of Cancer Pharmaceutical trials with more staff
- Expand participation in National Cancer Institute sponsored Cooperative Group Trials
- Consider expanding into research on Continuum of Care Delivery
- Very long range: New drug trials, based on U of M drug discovery

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Expand into other Subspecialties

- Rheumatology (Lupus)
- Endocrinology (Diabetes)
- Neurology (Multiple Sclerosis)
- Other

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### Expand Education

- Help School of Pharmacy recruit a new faculty member focused on clinical research, to be based part time on current Community Medical Center Campus
- Develop formal training for School of Pharmacy students in Clinical Pharmacology Research
- More outreach to local communities on cancer related issues, other diseases as Research Center develops

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### Funding

- How do we get there?

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### Start up costs

Expense	Cost
Computers	\$8,000.00
IT/Data	\$3,500.00
Furniture/Exam Equipment	\$65,000.00
Office Supplies	\$5,000.00
Patient Supplies	\$5,000.00
Lease for space/storage*	\$50,000.00
Contingency	\$30,000.00

**Total \$166,500.00**

\*Space cost will be dependant upon location and costs for capital construction/remodeling are not included.

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### Costs To Grow and Sustain

Position	# of Employees	Annual Salary	Total Salary
Manager/Director	1	\$78,000.00	\$78,000.00
Lead Research Coordinator	1	\$50,000.00	\$50,000.00
Clinical Research Coordinator	2	\$46,300.00	\$92,600.00
Nurse	2	\$60,000.00	\$120,000.00
Administrative Assistant	1	\$31,200.00	\$31,200.00
Accountant	1	\$45,000.00	\$45,000.00
Pharmacology Faculty Member	0.5	\$50,000.00	\$25,000.00
Medical Director	0.2	\$400,000.00	\$80,000.00
Benefits	.25		\$130,450.00
<b>Subtotal</b>			<b>\$652,250.00</b>

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Expense	Yearly	
Travel and Education	\$15,000.00	
Dues and Subscriptions	\$500.00	
Repair and Maintenance	\$15,000.00	
Medical Supplies	\$10,000.00	
Lease for space/storage	\$50,000.00	
Cleaning	\$24,000.00	
<b>Subtotal</b>		<b>\$114,500.00</b>
<b>Total</b>		<b>\$766,750.00</b>

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- ### Conclusions
- Expand treatment options for patients in the Missoula area, bring in cutting edge medicines
  - Expand programs at U of M by allowing access to clinical research patients/samples
  - Develop new, high paying jobs (Research techs, Research Coordinators, new faculty at U of M)
  - Expand education in general community about cancer and other diseases

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**COMMUNITY MEDICAL CENTER FOUNDATION  
PROPOSAL FOR HOUSING/PATIENT AFFORDABILITY SUPPORT  
MAY 16, 2014**

**I. BACKGROUND**

It is not uncommon for patients to drive up to 100 miles one way to receive cancer treatment. Undergoing cancer treatment is emotionally, physically and financially draining - - both for the patient and the caregiver.

The American Cancer Society, a partner at Community Cancer Care, previously provided a service where they would obtain housing for cancer patients (and one caregiver), who live 50 miles away or 90-minutes from the Center. This service recently became burdensome when the American Cancer Society centralized their lodging call center in Texas.

In an attempt to help eliminate patient and caregiver financial stresses, Foundation Staff have been meeting with lodging facilities (hotels/motels/senior residences/apartment complexes) in Missoula and asking them to consider partnering with the Foundation in providing housing to cancer patients and one care provider.

Response has been significant from area lodging, with seven (7) facilities currently partnering with the Foundation and providing services ranging from deeply discounted rates to as many free rooms as are needed (contingent upon facility availability). Lodging availability will be an issue during peak season months of July-October.

Housing is crucial:

- During 2013, 520 nights housing was provided to 56 patients in Missoula+
- Chemotherapy treatment duration is 3 days, requiring patients to stay in Missoula for 3 nights
  - from July-December 2014, it is anticipated there will be a total of 50 chemotherapy patients for a total of 150 nights
- When Radiation opens during July, it is anticipated approximately 25% of chemotherapy patients will move on to receive Radiation
  - radiation treatment duration is 4 days/week for a total of 6 weeks
  - it is estimated 312 nights lodging will be needed from July-December 2014.
  - volumes anticipated to 50% chemotherapy patients will move on to receive radiation during 2015, following opening of Radiation and the addition of another physician

+ Numbers provided by The American Cancer Society Call Center. 75% are attributed to Community Medical Center

**II. PROPOSAL**

This proposal seeks the following:

**A. HOUSING FUNDS**

Funds to add 10,000 square feet to the existing Ronald McDonald House structure.

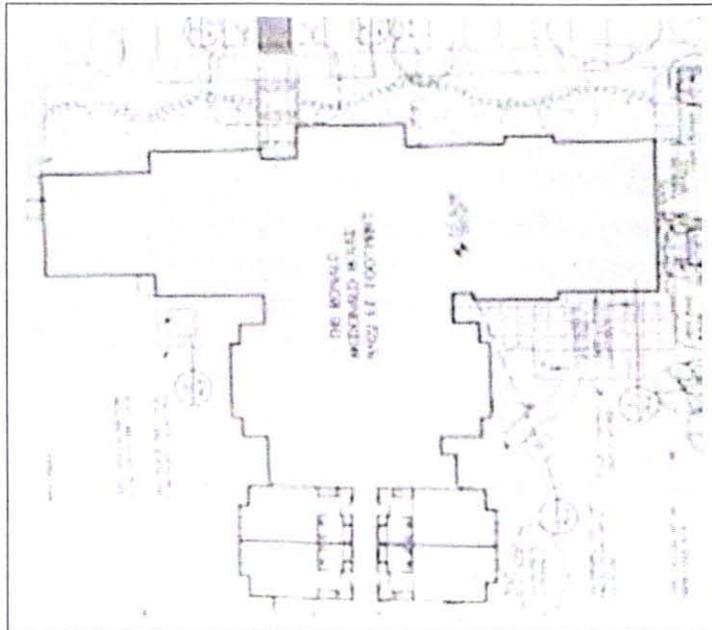
Funds would be gifted to the Ronald McDonald House and lodging would be provided to Community Medical Center through a lease agreement.

**B. PATIENT AFFORDABILITY FUNDS**

Funds to permanently endow Patient Affordability.

+ Dollar Limit to be Defined

### III. HOUSING PLAN



The additional rooms at the Ronald McDonald House would be defined space exclusively for use by patients and one care provider who access services at Community Cancer Care. The space would also provide benefit to Ronald McDonald House families in the case of overflow.

The 16 rooms will each contain a small refrigerator, microwave, living room furniture, television, two queen beds, and a private bathroom. Use of the facility's common kitchen, living room, laundry, and library would be available to the guests.

Patients would work with the Social Worker at Community Cancer Care, to complete an application, documenting they meet criteria and to provide required information. Guests could stay for the duration of their treatment, depending on need, length of treatment, and availability of rooms.

Once registered, guests could come and go as they please. A Ronald McDonald House staff member would be onsite 24-hours a day. The facility would be open 24-hours a day, seven days a week, and 365 days a year. Cleaning, security, and other applicable staffing would be provided by Ronald McDonald House.

### IV. PATIENT AFFORDABILITY PLAN

A permanent Patient Affordability endowment would provide patients with crucial assistance to support items that are not covered under the hospital's "Patient Affordability" policy and could provide crucial support in the following areas:

- Assistance with medical bills for patients who do not qualify for support through the hospital's affordability program
- Help to pay for fuel to travel to and from frequent treatments
- Pay for utility bills and other everyday expenses
- Lodging for patient and care provider

#### IV. BUDGET

A. HOUSING

The estimated budget for housing is \$2M.

B. PATIENT AFFORDABILITY

\$250,000 is requested to permanently endow Patient Affordability.

- 27 patients @ \$500/each annually; or
- 54 patients \$ \$250/each annually

# EMPIRE HEALTH FOUNDATION

Community Impact Report  
2014



BRINGING GOOD HEALTH TO LIFE

## Board of Directors

**Chair: Sue Lani W. Madsen**

Architect, The Madsen Group; Rancher, Healing Hooves;  
EMT and EMS Captain, Lincoln County Fire District #4

**Vice Chair: Matthew Layton, MD, PhD**

Program Director, University of Washington  
Clinical Associate Professor, Washington State University

**Secretary: Anne C. Cowles**

Retired banker

**Treasurer: Michael Nowling**

President, Family Home Care

**Lisa Brown, PhD**

Chancellor, Washington State University Spokane

**Deborah J. Harper, MD**

Pediatrician, Group Health Permanente  
Medical Director, Partners with Families and Children

**Todd Koyama, CFP**

Associate Wealth Advisor, Fulcrum Financial Group

**Garman E. Lutz, CPA**

Chief Financial Officer, Associated Industries

**Teressa Martinez, ARNP**

Family Nurse Practitioner, Wellpinit Indian Health  
Clinic, Spokane Tribe Diabetes Program Coordinator,  
Spokane Indian Reservation; School Nurse Consultant,  
Wellpinit School District

**Rodney McAuley**

Director of Church and Community Engagement,  
Spokane Youth for Christ

**Mary C. Selecky**

Retired Washington State Secretary of Health

**Samuel Selinger, MD**

Retired Cardiothoracic Surgeon  
Founder, Project Access

**Gary Stokes**

Executive Director, Friends of KSPS

## Executive Staff

**Antony Chiang**, President

**Kristen West-Fisher**, Vice President, Programs

**Dave Luhn**, Chief Financial Office

Sustainable Systems Change  
Innovative Measureable Impact  
Co-invest with New Funders  
Collaborative

## Our Mission

Empire Health Foundation invests in ideas and organizations that improve access, education, research and public policy to result in a measurably healthier region.

## Our Vision

Transform our seven counties into the state's healthiest region.

## Who We Serve





## About Empire Health Foundation

Empire Health Foundation (EHF) is an independent, grant-making, health conversion private foundation formed as a result of the 2008 sale of Empire Health Services. Of the approximately \$171 million in assets under management and stewardship, \$86 million is set-aside for the philanthropic purposes of improving the health of seven counties in Eastern Washington – Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens and Whitman.

# Bringing Good Health to Life

## Successful EHF - State Government Partnerships

### COMMUNITY TRANSFORMATION GRANT

**\$5.7**  
MILLION  
STATEWIDE

**\$1**  
MILLION  
LOCAL

CO-INVESTOR FOR  
ADVERSE CHILDHOOD  
EXPERIENCES PUBLIC  
PRIVATE INITIATIVE

**\$461**  
THOUSAND  
STATEWIDE

STATE  
HEALTH CARE  
INNOVATION PLAN

**\$1**  
MILLION

CO-INVESTOR IN  
BILL & MELINDA GATES  
FOUNDATION  
ESSENTIALS  
FOR CHILDHOOD

**\$200**  
THOUSAND

# Strategic Initiatives

Empire Health Foundation seeks to change policies and systems through investments in ideas and organizations so our region can be measurably healthier.

**EHF brings good health to life by focusing its resources to improve:**



HEALTH  
OUTCOMES



HEALTH  
ACCESS



PROVIDER  
EDUCATION



NON-PROFIT  
CAPACITY

**\$86**  
MILLION  
ENDOWMENT

**300%**  
INCREASE  
IN GRANTS BUDGET  
MANAGED FROM  
2013 TO 2014

**\$6.5**  
MILLION  
GRANT INVESTMENTS  
MANAGED IN 2014

**\$159**  
MILLION  
IN SUCCESSFUL  
WIND DOWN OF  
TRAILING ASSETS  
AND LIABILITIES



## HEALTH OUTCOMES

Total invested and leveraged:

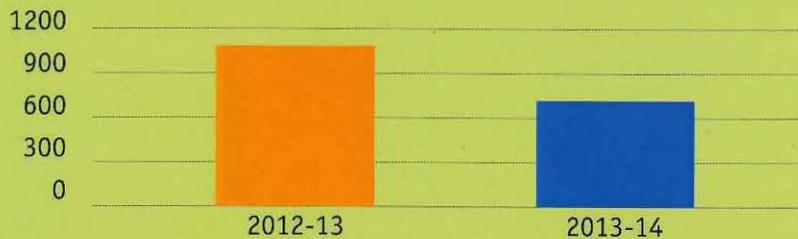
**\$5,876,000**

Strategic Priority	Anchor Strategies	Desired Results
<p>Prevent Adverse Childhood Experiences (ACEs) and mitigate the long-term health effects of complex trauma</p>	<p>Trauma cross-training and school culture change</p> <p>Child welfare reform</p>	<p>Cut in half out-of-school suspensions and recidivism rates at Rogers High School</p> <p>Improve child welfare contract efficiencies and child and family outcomes</p>
<p>Reduce obesity, starting with school-aged children</p>	<p>Sustainable scratch cooking in schools</p> <p>Wellness coordinators to implement school and community physical activity and nutrition policies</p>	<p>Obesity rate decline and level-off</p> <p>Financially sustainable scratch cooking programs</p> <p>Statewide replication plan</p>
<p>Improve health outcomes and quality of life for rural aging populations</p>	<p>Caregiver and technology supports</p> <p>Transportation options</p> <p>Care transitions</p>	<p>Increase number of seniors that can remain independent in their homes and communities</p> <p>30% reduction in hospital utilization in three years</p>
<p>Reduce health disparities in Indian Country</p>	<p>Suicide hot zone review and interventions</p> <p>Historical trauma/ACEs school-based initiative</p>	<p>Reduce suicide and suicide attempts within Spokane Tribe Community</p>

EHF's definition of health extends beyond the traditional wellness/prevention/illness considerations to include the influence of complex and integrated social determinants that are responsible for most health inequities.

**Bright Spot.** Out-of-school suspension is one of the single greatest predictors of **dropping out of high school**, and often a symptom of underlying **trauma** occurring outside school. EHF is funding trauma training, an intervention specialist and community-based supports at John R. Rogers High School in Spokane Public Schools to **reduce out-of-school suspensions** and create successful re-engagement strategies for disciplined students. As a result of these interventions, out-of-school suspensions dropped by 35% in the 2013-14 school year.

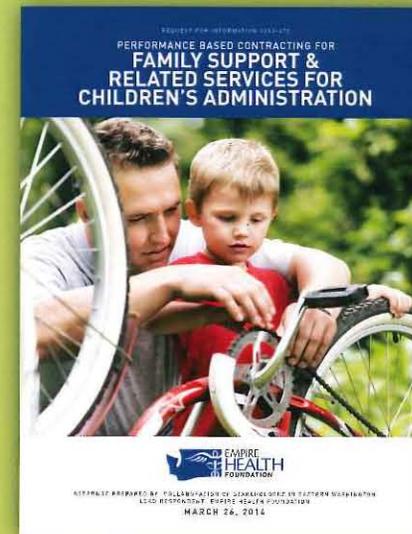
### Out-Of-School Suspensions



*“Constantly kicking kids out is not helping. We need to get deep to the core of what is causing that kid to be frustrated and act out.”*

Ivan Corley, Assistant Principal, Rogers High School

**Bright Spot.** EHF is partnering with the Department of Social and Health Services' Children's Administration to implement **child welfare reforms** that will **reduce foster care caseloads**.



**TARGET:**  
**50%**  
**REDUCTION**  
**IN FOSTER CARE**  
**IN FIVE YEARS**



**Bright Spot.** EHF's Eastern Washington Obesity Prevention initiative impacts **1.6 million school meals** a year by partnering with school districts to convert from unhealthy processed foods to healthy scratch cooked meals. Through a multi-pronged strategy, including "calorie-in" and "calorie-out" interventions, a targeted district saw **measurable declines in obesity** and a net positive financial gain after just two years of intervention.

**1.6**  
**MILLION**  
**MEALS IMPACTED**  
**PER YEAR**

## Results: Declining Obesity

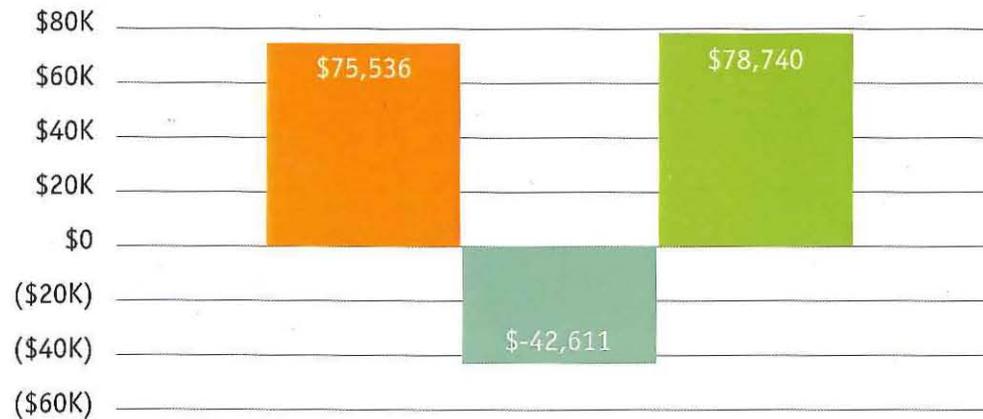


Elementary Data: 2012-2013 School Year

*Study conducted by Kenn B. Daratha, PhD Washington State University*

## Results: Financial Sustainability

Cheney School District Nutrition Services - Net Positive after two years





## HEALTH ACCESS

Total invested and leveraged:

**\$2,898,000**

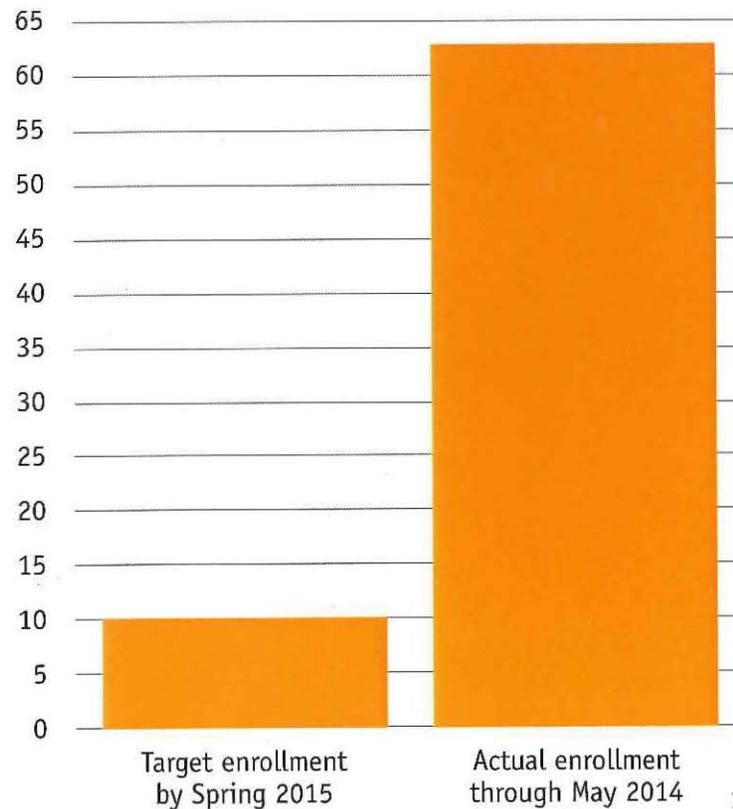
Strategic Priority	Anchor Strategies	Desired Results
<p>Improve access and integrate services to achieve better health for everyone at less cost</p>	<p>Participate in development of regional Accountable Communities of Health (ACH)</p> <p>Integrate medical, behavioral, oral, housing and social services</p>	<p>Launch 1-2 new cross-sector strategies through EHF subsidiary Better Health Together to improve access, reduce costs and achieve better health and wellness</p> <p>Document and reinvest medical care cost savings in housing and social services</p>
<p>Improve oral health outcomes and reduce tooth decay</p>	<p>Dental provider network for emergency/urgent dental needs in Emergency Departments</p> <p>Prevention education and awareness</p>	<p>Decrease visits to Emergency Department for oral health issues by 30%</p> <p>Build coalition for population-based prevention</p>
<p>Improve health outcomes for medically fragile homeless individuals</p>	<p>Fast track, coordinate and provide supports for medically fragile homeless population</p>	<p>Increase number of individuals in stable housing after 6 months</p> <p>Decrease in the use of hospital and shelters by this population</p>

EHF supports the implementation of changes that lead to an affordable and sustainable health care delivery system. One of the key tenets guiding our work is the triple aim: **better health, better care** and **reduced costs**.

**Bright Spot.** EHF formed a subsidiary **Better Health Together (BHT)** to optimize outcomes of health care reform. BHT served as our region's lead agency for the **In-Person Assistor Initiative** to enroll newly-eligible individuals in health care coverage. Most recently, BHT was selected to receive a **Community of Health planning grant** from the Health Care Authority. This grant will help position BHT for designation as an **Accountable Community of Health (ACH)**, a key tenet of our state's Health Care Innovation Plan.



### 14 County Enrollment in Health Care Coverage





## PROVIDER EDUCATION

Total invested and leveraged:

**\$2,925,000**

### Strategic Priority

Stimulate health care workforce development in Eastern Washington

### Anchor Strategies

Invest in Graduate Medical Education expansion opportunities

Integrate interdisciplinary training approach to Teaching Health Center

### Desired Results

Successful 2nd year WWAMI curriculum and first two-year student cohort

Expand medical care residencies by 18 over three years

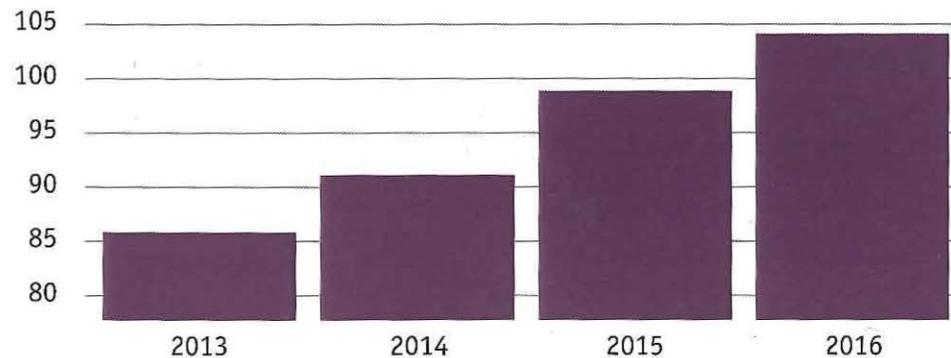
Open primary care clinic on Riverpoint Campus January 2016

Eastern Washington Residencies

**15%**  
**INCREASE**  
IN 2014

**40%**  
**INCREASE**  
IN 2016

### Local Primary Care Residencies





Dan Pelle/The Spokesman-Review

Eastern Washington continues to experience a **shortage in primary care physicians**, particularly in its rural communities. One of the most significant factors affecting where a provider will practice is **where he or she completed their residency**.

**Bright Spot.** EHF serves as an anchor investor in **bringing second year medical students to the region**. EHF also partnered with Washington State University Spokane and Providence Health System to create the Spokane Teaching Health Center and **bring \$2.7 million in federal funds to expand primary care residents by 15%**. In partnership with the Health Sciences and Services Authority of Spokane, **National Institute of Health faculty increased by 100%**.



## NON-PROFIT CAPACITY

Total invested and leveraged:

**\$2,175,000**

### Strategic Priority

Strengthen nonprofit sector and build capacity

Philanthropy Center

### Anchor Strategies

Grants to 25-40 nonprofit organizations with geographic diversity

Grant writer assistance fund

Nonprofit hub for convening  
Giving Initiative

### Desired Results

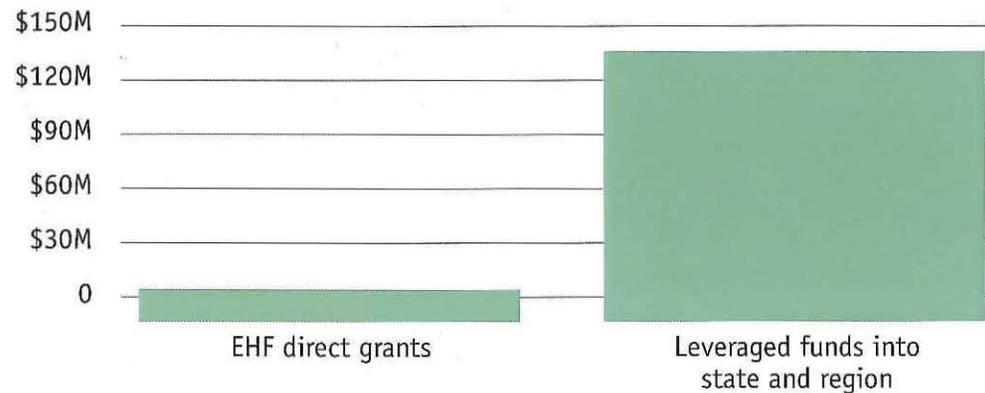
Increase responsive grant portfolio to \$400,000 a year over two years

Strengthen nonprofit sector

Increase collaborative meetings and grant applications

Increase volunteer hours and donated dollars

### Return on investment in 3 years



Funds brought  
to region

**\$1.2**  
MILLION  
2011

**\$2.2**  
MILLION  
2012

**\$3.4**  
MILLION  
2013



A **strengthened nonprofit sector** is needed to achieve EHF's vision of making Eastern Washington the healthiest region in the state. EHF works as a **convener and catalyst**, bringing together stakeholders, many of who have never previously worked together. EHF also seeks to **leverage outside funding** into our region. In the last three years, EHF has leveraged \$250,000 in capacity building dollars to bring

in \$142 million in outside funding to the region.

**Bright Spot.** In late 2014, EHF will open a **Philanthropy Center** in downtown Spokane that will hold offices for itself and other area nonprofits. The opening of this Center will result in **increased collaborative meetings, joint grant applications, volunteer hours** and **community-donated dollars.**

# 2014 Initiative Funding

More than \$4 million



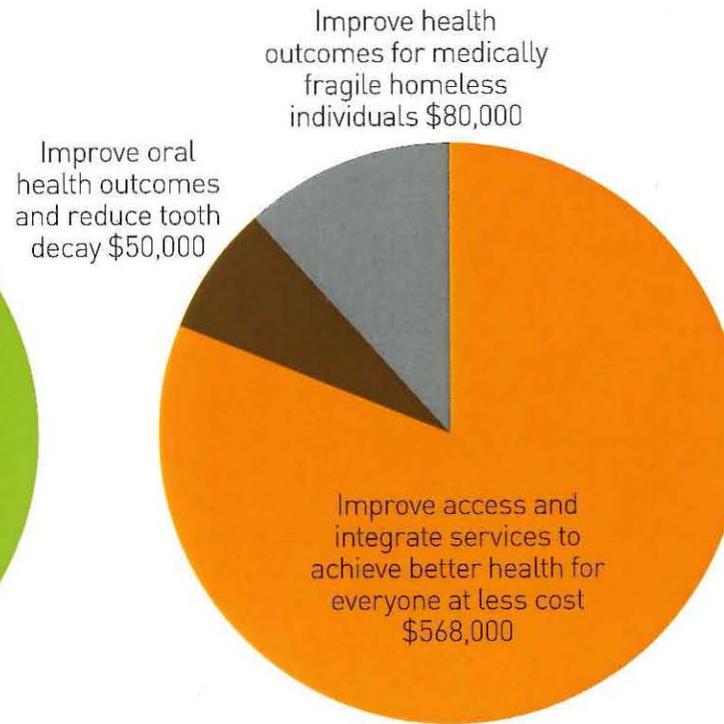
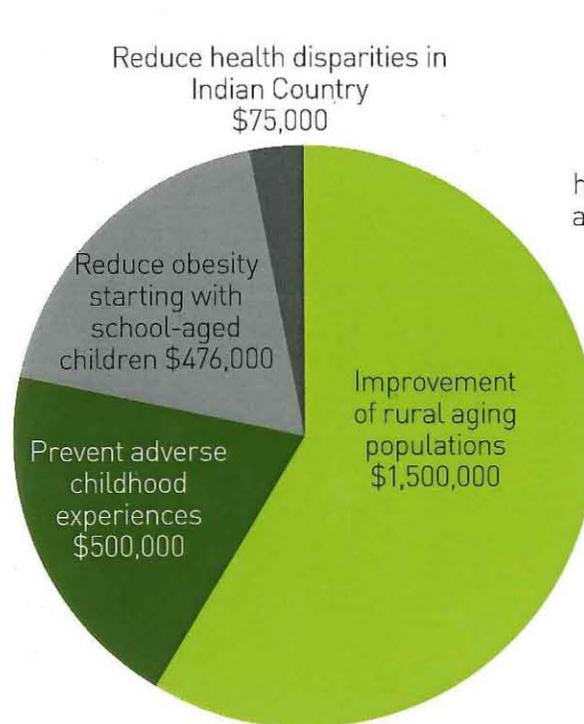
## HEALTH OUTCOMES

Planned investment:  
**\$2,551,000**



## HEALTH ACCESS

Planned investment:  
**\$698,000**

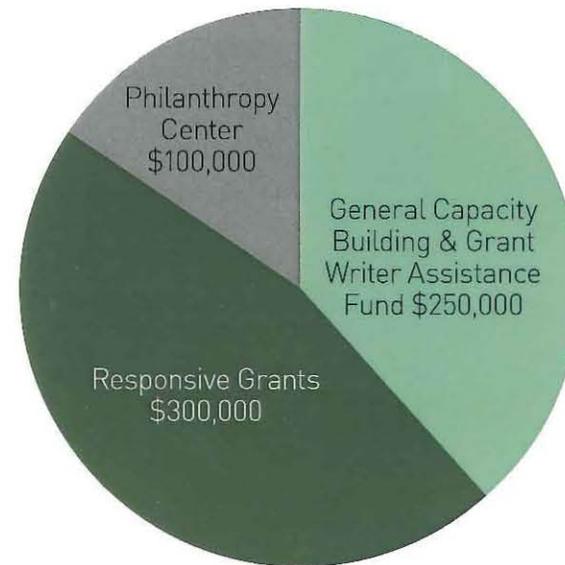
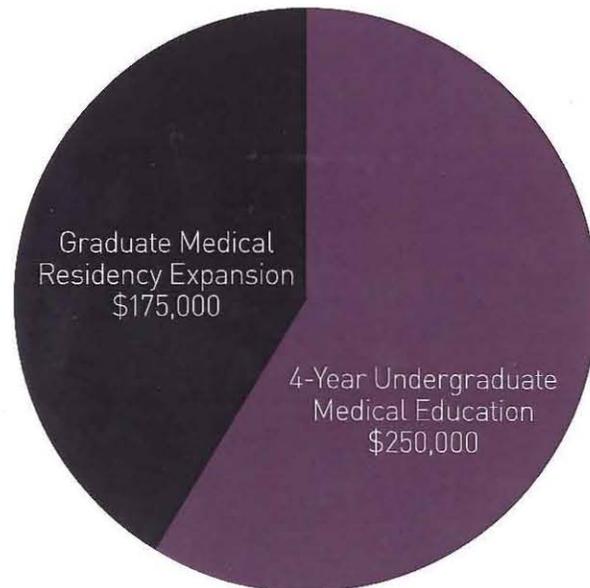




**PROVIDER EDUCATION**  
Planned investment:  
**\$425,000**



**NON-PROFIT CAPACITY**  
Planned investment:  
**\$650,000**





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