

**Benton Franklin Community Health Alliance
Annual Report
2007**

320 N Johnson Street, Suite 600
Kennewick, WA 99336
509-737-8250
www.bfcha.org

January, 2008

A note from the Director

When Annual Report time comes around, I am forced to reflect back on the year just completed. I am again astounded by the work that can be accomplished by groups of citizens who care. The progress made by the Alliance is only possible as a result of the efforts of over 200 volunteers who give their time to the Alliance Committees whose work is highlighted here. I thank each and every one of the volunteers who help to address the health needs of the people of Benton and Franklin Counties.

Gratefully,

Brooke DuBois

[The Alliance] is “iconic in its promotion of healthy systems...In pursuit of its mission, the Alliance has put down roots in Access to Care, Domestic Violence, Oral Health, Mental Health, Food and Fitness, Healthcare Workforce Development and Tobacco Use. Each of these branches of the Alliance has its own accomplishments, on-going projects and goals that are meaningful in and of themselves. Collectively, however, they are nothing short of astonishing.”

Washington Health Foundation- when announcing the Alliance as the 2006 winner of the Heroes of Health Care Award

2007 Board of Directors

Larry Jecha	President
Bob Burden	Vice-President
Rand Wortman	Secretary-Treasurer
Glen Marshall	Director
John Serle	Director

Community Council

Kelly Abken, BF-Domestic Violence Services
Chuck Barnes, Kennewick General Hospital
Bob Burden, Group Health Cooperative
Susan Campbell, Grace Clinic
Bette Cooper, Tri-Cities Chaplaincy
Neva Corkrum, Franklin County Commissioner
Tom Cothran, Tri-Cities Cancer Center
Lorrie Dawson, WSU-Tri-Cities
Adolfo deLeon, Franklin County CSO
Curt Freed, Columbia Basin College
Robert Franco, M.D., Kiwanis
Becky Gauthier, United Way
Annie Goodwin, B-F Public Health District
Veronica Gutierrez, BF Health District
Carrie Huie-Pascua, BFDHS
Larry Jecha, M.D., B-F Public Health District
Nancy Lyons, Food and Fitness Co-Chair
John D Malone, MD, Battelle
Glen Marshall, Kennewick General Hospital
Maureen McGrath, Catholic Family Services
Mike McWhorter, Spencer Kinney
Barbara Mead, Lourdes Counseling Center
Cindy Miller, TCCC
Claude Oliver, Benton County Commissioner
Chewerl Radican, Mental Health Committee
Lane Savitch, Kadlec Medical Center
Anjan Sen, M.D, Pain Management
John Serle, Lourdes Health Network
Diane Shepherd, ESD 123
Betty Sherman, Oral Health Coalition
Les Stahlnecker, ESD 123
Marjery Swint, M.D., B-F Medical Society
Jensen Thayer, Breast and Cervical Program
Mike Tuohy, Retired
Amy Ward, Tobacco Free B-F Counties
David Weber, TC Regional Surgery Center
Susie Wells, Pasco School District
Rand Wortman, Kadlec Medical Center
Vickie Wright, Pasco School District
Fran Younce, Kennewick CSO

Benton Franklin Access to Care

Bob Burden, Board President

Brooke DuBois, Acting Executive Director

Benton Franklin Access to Care (BFAC) connects the low income uninsured residents of Benton and Franklin Counties to State subsidized insurance programs or to free or reduced cost health care through its local Provider Network. BFAC is leading a bi-county effort to “get all kids covered”, i.e. to develop strategies to reach and engage the parents of all children who are eligible to be enrolled in state supported health insurance programs. The Children’s Access Network or CAN is supported by a grant from Group Health Community Foundation. The members of the group include representatives from each of the Tri-Cities School Districts. Contacts with Boys and Girls Clubs and the YMCA have also been established.

After an uncertain start, BFAC was up and running full bore by May, 2007. At the end of 2007, BFAC serves about 1300 active clients and schedules about 115 appointments per month with new enrollments averaging 56 per month. BFAC connected its clients to over \$531,000 in pharmaceuticals as well as about \$50,000 in direct medical services during 2007. The largest portion of donated care may well come from local hospitals but that number is not captured in BFAC’s data base.

The value of BFAC to the uninsured of Benton and Franklin County goes far beyond the numbers. BFAC has restored many of its clients to health and to a productive life by connecting seriously ill uninsured residents to care that was inaccessible to them without BFAC’s help. Some of BFAC’s clients credit BFAC with saving their lives. The value of that benefit to both the client and to the community is incalculable.

Uninsured people with limited financial resources who face serious medical challenges have few options. BFAC and Grace Clinic attempt to fill the void along with Community Health Center La Clinica and Miramar Health Center. Care at La Clinica and Miramar is not free, but it is offered on a sliding fee scale that makes it affordable to many uninsured people. However, if services are needed that are not provided at the Clinics (such as some labs, most imaging or referrals to specialists), both La Clinica and Miramar rely upon BFAC to find the provider and make the connection for the uninsured patient. Grace has limited capacity to see new clients and equally limited capacity for follow up care, particularly if the client requires expensive lab work, imaging or referral to a specialist. Despite our attempts to work together, we all find that the needs of the uninsured are greater than our combined resources. As a community, we need to face the challenges of caring for the uninsured. One of BFAC’s goals for 2008 is to spearhead a community-wide effort to address the issue of health care for the uninsured, particularly when the health need can not be met by a single visit to a physician.

BFAC faces its own life threatening struggle as it ends 2007 and enters 2008. Since federal grant funding ended in February 2007, BFAC has been supported by community donations, a substantial grant from Group Health Community Foundation, another from the RGK Foundation and a third from the Health Care Authority of Washington State. Additional bridge support was received from Kadlec, KGH and Lourdes in early 2007, but continued support from the hospitals is not assured. Current projected income is not sufficient to fully fund BFAC beyond August, 2008. A cash flow crunch may affect the program as early as March, 2008. The biggest challenge for BFAC as it looks ahead is to develop sustainable funding sources to assure that its services will continue to be provided to the low income uninsured of Benton and Franklin Counties.

Domestic Violence Coalition

Kelly Abken, Chair

Partnerships developed by the Child Witness to DV Subcommittee continue to prosper today. The Safe Child Team is comprised of four program partners: Domestic Violence Services (DVS), Pasco Police Department, Catholic Family & Child Services, and the BF Health Department. This program allows advocates to go to the home (in Pasco only) where a domestic violence assault has taken place to meet with the non-offending parent and children and provide crisis intervention, information, resources and referrals.

The results of the first year of the program (2006) revealed victims primary focus is on their basic needs – food, shelter, safety and not on perceived higher needs – counseling, health care, etc. However, preliminary second year (2007) outcomes do show a promising increase in families who receive on-scene intervention obtaining these higher level services, but they do so on average 5 months following the initial domestic violence incident.

Funding for the Safe Child Team continues through 2008 and it is expected program partners will seek additional funding to continue this very promising program.

Program partners also sought and obtained a grant from the Benton Franklin Counties Community Public Health and Safety Networks in 2006/2007 to pay for counseling for the non-offending parent and child(ren) who lack insurance or other means to pay for such services. From December 2006 to May 2007 the following counseling / therapeutic services were provided:

- 36 families received direct services (34 women, 2 men)
- 23 children received direct services
- 59 children secondary services (parent trust and/or parenting support groups)
- 364 total counseling and support group hours provided

DVS is able to continue providing referrals and pay for counseling services through STOP Grant funding. In addition, a new grant from the Networks will pay for a licensed mental health counselor to go to the emergency shelter weekly and provide direct services on-site.

After a small hiatus, the DV Coalition began meeting regularly again in late 2007. The DV Coalition elected to focus efforts in two areas: Intervention and Community Awareness. Two sub-committees were identified to start work in these areas. The group also approved a mission statement: *to ensure an effective, proactive and coordinated community response which supports survivors and their children, holds abusers accountable, and reduces domestic violence in Benton & Franklin Counties.*

Propelled by the work started by the Alliance years ago to address domestic violence in our community, the DV Coalition continues to produce results through on-going partnerships, raised community awareness, innovative and promising practices.

Food and Fitness Coalition

Nancy Lyons, RN, MSN, Co-Chair

Annie Goodwin, RD, Co-Chair

At the beginning of the year, the Food and Fitness Coalition utilized the Environmental Nutrition and Activity Community (ENACT) strategy, a program management tool of the Prevention Institute, to track the past efforts and to guide the development of future strategies for the Coalition.

Co-Chair Nancy Lyons submitted a grant to the Washington Health Foundation to bring Dr Antonia Demas, the author of the *Food is Elementary* curriculum, to the Tri-Cities. A \$7,000 grant was obtained, one of 10 awarded in the state. In April, Dr. Demas presented a public forum attended by 80 people and 30 volunteers were trained to implement the curriculum at a two day workshop. The curriculum was taught daily for 4 weeks to 60 Pasco High School students during their summer health class. It was also taught over a 5 week period to 18 youth (ages 6-12) at the Fun with Food day camp held at the Richland Seventh Day Adventist Church. The Columbia Basin Racquet club taught the first semester lessons to over 100 youth in their day camp program. Individual lessons were taught by invitation to several other youth groups throughout the summer in Pasco and Kennewick.

A Yahoo Group, Tri-Cities Food Is Elementary Project, was started as a means to communicate with all of the volunteers and others interested in food as it relates to health. Pertinent websites, articles and other resources are linked to this group. In June, Nancy Lyons was invited by Dr. Demas to assist with the presentation of the curriculum to a summer institute for educators hosted by the Lopez Island school district. The 100 participants at that workshop were added to the Yahoo Group.

Beginning in Fall 2007, the curriculum is being taught weekly in 2 Pasco High School health classes, in a 4th grade class at Tri-City Junior Academy and at the Vista Youth Center. An overview of the program has also been presented to the Dental Hygiene Association with the aim of getting more health professionals aware of the curriculum and building support for another summer program. There are efforts to begin the program in Jan 2008 at Liberty Christian School and one elementary classroom in Kennewick. It has been difficult finding teachers willing and able to give up an hour a week to this program, especially with the emphasis on WASL scores.

Dr Caldwell Esselstyn, Jr., internationally known surgeon, researcher and clinician from the Cleveland Clinic and author of *Prevent and Reverse Heart Disease*, visited the Tri-Cities for a series of presentations on September 26 and 27, 2007. He presented the groundbreaking results of his 20-year nutritional study at the Cleveland Clinic- the longest study of its kind ever conducted - with irrefutable scientific evidence that the heart disease epidemic in this country could be ended by changing what we eat.

He gave his presentation 7 times at 5 different venues over his two days in the Tri-Cities. He spoke in all three communities. His message reached well over 600 people. All events were free and sponsored by Group Health Cooperative, the Health Alliance, the Richland Seventh Day Adventist Church and the Kennewick General Hospital Foundation.

Dr. Esselstyn also spoke to over 250 home health care workers at the Three Rivers Convention Center as part of an all day continuing education conference on caring for the elderly. He explained the effects of the standard, American diet, (high fat, high animal protein) and its devastating effects on the cardiovascular system. At the end, his wife gave a few tips on how to

prepare healthful meals and demonstrated how to easily incorporate more leafy green vegetables into our diets. His message is that heart disease need never happen. If it does, it can be reversed.

He presented the same talk to the public (85 people attended) at the Richland Seventh day Adventist Church, the first day of their 2 day health fair.

On Thursday morning, Dr. Esselstyn went to Pasco High School as an impromptu guest of Becky Willhoite, a teacher who has been utilizing the Food is Elementary curriculum. He presented to her 2 health classes and one anatomy class. There were about 35 juniors and seniors in each of the 3 classes and 4 additional teachers also listened. His wife also repeated the demonstrations. Teachers who had planning time were also invited to join the classroom and listen. We were also joined by Chris Martinson, a PSD administrator for the area of family and consumer education, too.

He presented to a room overflowing with about 85 people at KGH. The audience was a mix of nurses, physicians, other health professionals and the public. The delicious lunch was specially prepared using recipes from his book, Prevent and Reverse Heart Disease, published in Feb 2007 (<http://www.heartattackproof.com/>). The Kennewick Hospital Foundation sponsored the luncheon.

At dinner, he presented to over 60 health professionals (MDs, RNs, ARNPs, dieticians, dental hygienists, and diabetes educators and others) at a CME conference at the Hampton Inn sponsored by Group health Cooperative. Bob Burden introduced Dr. Esselstyn and the attendees were enthralled throughout the presentation. His talk generated many interesting questions and comments.

Goals for 2008 include an examination of the Health Outcome area of the recently developed Community Solutions Plan (CSP) to determine how the Food and Fitness Coalition can contribute toward its implementation. The CSP states “People will live healthy lives through emphasis on prevention as well as access to needed healthcare.” Outcome #1 is to increase the number of people who practice preventative health care and outcome #2 is to decrease the number of people treated for preventable diseases. Both of those areas are directly related to the behaviors targeted by the Food and Fitness Coalition. The Coalition is exploring the WECAN program (Ways to Enhance Children’s Activity and Nutrition) as one community based method to impact overall health. See <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/> for program details.

Oral Health Coalition

Peggy Flint, RDH, Co-Chair

Betty Sherman, RDH, Co-Chair

The Benton Franklin Oral Health Coalition sponsored the 17th Annual Children's Dental Day in February 2007. Scores of volunteer dentists, hygienists and dental assistants examined and treated 163 children who otherwise would not have had access to oral health care. The value of the donated care is estimated at \$68,530. The 18th Annual Children's dental Day is scheduled for February 2, 2008 and is expected to serve 120 children.

Access to Care is also an issue for adults. Grace Clinic now has two dental chairs and is open one day a week to see and treat adults with dental emergencies, primarily abscesses requiring extraction. Benton Franklin Access to Care (BFAC) is working with the Oral Health Coalition to develop a Dental Access to Care pilot program utilizing the medical access model currently in place at BFAC.

The Oral Health Coalition also sponsored the ABCD golf tournament which raised \$7,000 for the local ABCD program. Richland dentist Ron Snyder organized the event.

In October, the Coalition and the Benton Franklin Dental Society sponsored a continuing education class for all area dental professionals. The topic was Disaster Preparedness in the Dental Community and Dental Professionals as Emergency Responders.

Goals for the upcoming year include forming a focus group on water fluoridation to author a statement on Pasco Water Fluoridation 7 Years after to be presented to the community. It will consist of a broad group of professionals and community members. The purpose is to determine the effect community water fluoridation is having on the community of Pasco; especially the children. The Coalition continues to support the fluoridation of public water supplies as one of the best strategies for the prevention of oral health disease in both children and elderly. The Coalition will also continue to address adult and children's access issues as well as community education about the importance of good oral health to good general health.

Mental Health Committee

Chewerl Radican, Chair

2007 marked a year of change in the mental health landscape in Benton and Franklin Counties. The overarching goal of the Mental Health Committee is to work toward broad-based system change that will result in the decriminalization of mental illness and prompt, appropriate treatment in a community setting for people who experience mental illness. Therefore, the top priorities for the Mental Health Committee for 2007 were: the development and implementation of an integrated and consolidated crisis response system and center; mental health courts; housing for mental health consumers; crisis intervention/de-escalation training for law enforcement; and treatment for county jail inmates who have a mental illness. The Mental Health Committee has also long advocated for a proactive Department of Human Services (DHS) approach to system change. Three major reports have been issued since 2006 that highlight needed changes within the system.

In 2005, the Committee requested an independent review of DHS, particularly of mental health services. In February, 2006, the Ann Strode report was issued. It called for a number of changes, many of which have been implemented while others are in various stages of implementation. Also in 2006, Benton County formed a cross-systems task force that examined the points at which the mental health system and the criminal justice system intersect. (The process is also called jail mapping.) The purpose of the exercise was to identify opportunities to change the system so that a person with mental illness, whose principle crime was “being mentally ill in public”, could be diverted from the criminal justice system and into the mental health system. If the behavior or actions of the mentally ill person demanded that the person be incarcerated, the analysis showed opportunities for treatment in jail and thereafter diversion to an appropriate resolution within the criminal justice system. Franklin County performed a similar analysis in 2007.

The third major report, issued in 2007, is the Clegg Report. Clegg worked with providers and some community members to examine three systems: crisis response, case management and housing. The report makes recommendations for quick improvements and both short term and long term system changes in each area.

In February, 2007, Benton and Franklin Counties hired Carrie Huie-Pascua as the new DHS administrator. The administrator has made several changes in the Department including at the crisis response unit and within the case management system. The Department hired a Housing Specialist to develop housing options within Benton and Franklin Counties. The Department worked with the County Prosecutor and Sheriff to develop a .2% sales tax proposal that would fund mental health services in the criminal justice system as well as Mental Health Courts. Many members of the Mental Health Committee worked with law enforcement to educate the public about the sales tax. The Department also issued an RFP for mental health service providers and recommended three for contracts, excluding Sunderland Family Treatment Services, a controversial decision that rocked the local mental health world.

The Mental Health Committee’s emphasis items for 2008 will be:

- 1) Review and integrate the recommendations of the three reports impacting mental health services (Strode, Jail Mapping and Clegg).
- 2) Develop a prioritized plan based upon that review.
- 3) Examine early intervention and treatment possibilities, especially for children.
- 4) Promote/provide Community Education about mental health.
- 5) Re-examine the need for the 0.1% sales tax increase for mental health services.

Tobacco Free Benton and Franklin Counties

Amy Ward, Chair

Two years have passed since the passage of the Clean Indoor Air 901 initiative protecting more Washingtonians than ever from secondhand smoke. However, the battle continues.

- Tobacco Free has been working to educate landlords and management companies on the effectiveness of having smoke free housing. With 81% of the population being non-smokers the demand for smoke free housing is clear. Smoke free housing decreases the cost and time to clean and turn around vacant apartments, increases demand with market share, increases value of housing, decreases nuisance and neighbor complaints, and decreases potential fire hazards.
- We have seen an increase in businesses interested in helping their employees quit tobacco. Tobacco Free has been providing on-the-site cessation seminars during work hours to employees that want to quit. These quick one-time seminars are less threatening than classes and provide tips, nicotine replacement samples and resources to help quit. Additionally, Tobacco Free has partnered with the Cancer Center's Wellness Center to provide free Cessation 101 Seminars to anyone in the community. We hope that this partnership will continue to grow and be a resource to those that want to quit.
- Chew tobacco continues to be on the rise as both Marlboro and Camel now has their own version of smokeless tobacco products. Tobacco Free will continue to research and educate on the dangers of smokeless tobacco products.
- We continue to provide training to Health Care Professionals that want practical information on how to help and encourage their tobacco using patients. Training and resources are free.

Washington state has seen a drop in over all tobacco use and how is 5th in the nation for tobacco use. This translates in to 236,000 less tobacco users. Although youth rates overall dropped, we still saw an increase in 10th grade users. And so the battle continues. Each year, the tobacco industry spends more than \$13.4 billion nationwide, \$160 million in Washington alone, to hook smokers.

Workforce Development

Curt Freed, Chair

The Workforce Development Committee completed preparation work to conduct another community wide survey in 2008 to determine current workforce needs in healthcare. The survey has been drafted and a final list of employers to be surveyed is being prepared. Workforce development progress in 2007 includes the following:

New training programs for local students include:

- Nuclear Medicine
- Diagnostic Ultrasound
- Echocardiography
- Computed Tomography (CT),
- Magnetic Resonance Imaging (MRI)

Other training/educational opportunities offered:

- Training course was also provided on advanced vascular intervention.
- New bachelor degree through Bellevue Community College is offered to Benton-Franklin counties for medical imaging technology and management.

Other developments of note:

- Between Washington State University Tri-Cities and Columbia Basin College, 72 students graduated from RN preparation programs (20 BSN, 52 ADN) and 39 LPN graduates. Twelve students completed a BSN who had already completed an ADN program. Current projections for 2008 RN graduates total 91 (43 BSN, 48 ADN).
- Columbia Basin College received permanent high demand funding for a Surgical Technology program. The college is beginning the program accreditation process and will begin the first cohort in January/February 2008.

Work plans for 2008 include:

- Begin first and second cohort of Surgical Technology program at Columbia Basin College.
- Graduate approximately 90 students from Registered Nurse preparation programs.
- Complete survey of communitywide workforce needs.
- Add Mammography and DexaScan courses to medical imaging options.
- Increase the representation of culturally diverse students in healthcare programs.

Tri-Cities Patient Safety Coalition

Kathleen Nordquist, RN, Co-Chair

Becky Fuller, RN, Co-Chair

Garill Coles, PhD. Risk Engineer

The Tri-Cities Patient Safety Coalition (TCPSC) grew out of an earlier collaboration among three hospitals and Battelle Memorial Institute. In 2002, Kadlec Medical Center, Kennewick General Hospital and Lourdes Health Network entered into an agreement with Battelle Memorial Institute, Pacific Northwest Division to apply Failure Mode Effects and Criticality Analysis (FMECA) to reduce the occurrence of adverse events associated with the high risk processes that are inherent in a hospital setting. The team developed its own FMECA approach using the expertise provided by a Battelle engineer. During 2002- 2005, the team performed FMECAs on the following processes:

- Correct site surgery
- Patient fall prevention
- Medication ordering
- Correct diagnostic image labeling
- Correct blood type transfusion
- Antibiotic IV administration

Since then, this team has formed a regional patient safety organization, the Tri-Cities Patient Safety Coalition, to advance patient safety in the community. The Benton Franklin Community Health Alliance and Prosser Memorial joined the Coalition in 2006. The coalition meets at least once a month, but also meets as needed to accomplish special patient safety projects. Since its formation, the TCPSC has had a number of notable patient safety related accomplishments to its credit.

In calendar year 2005, this group standardized Critical Results Notification criteria used in the community and produced a common procedure to be used by Tri-Cities hospitals and Tri-Cities Laboratories. The team also collaborated on developing Medication Reconciliation procedures as well as producing a Mind Your Medicines brochure and Medication Card for distribution to the community in 2006 and 2007. This brochure promotes the wisdom of keeping a current and complete current medication list and provides a way for families and individuals to create “med list” records in a wallet size or larger format. Battelle analysts were valuable in bringing an engineering perspective to these endeavors.

In calendar year, 2006, the TCPSC standardized the naming convention for Emergency Codes and produced an inter-hospital FMECA that addresses patient transfer between hospitals for Diagnostic Image services. The TCPSC also produced a media event (with the aid of Battelle media specialists) advertising the Medication Card and the need for the community to keep good lists of the prescription drugs, over-the-counter medication and dietary supplements that they are taking. TCPSC also created a website that promotes the Med Card and defines the TCPSC charter.

In calendar year 2007, the TCPSC produced an assessment that determines the risk to hospitals related to patients who present in the Emergency Department and display behavior that is potentially harmful to themselves or others. Mental Health Services Crisis Response staff participated in the risk assessment along with the four hospitals. The risk assessment resulted in

a community workshop, which also included law enforcement, chaplains, and a lawyer, to further address this issue. In the later part of 2007, the TCPSC is finalizing standardization of pre-mixed emergency drug concentrations and wrist band color conventions across the four hospitals.

The first project for 2008 is to pursue development of an assessment tool that hospitals can use to assess the inherent risk in their hospital's patient population (Joint Commission Patient Safety Goal 15.)

Other Health Alliance Activities and Plans

- The Health Alliance has been housed with Access to Care since June 2007. In March 2008, the **Alliance will move** into space within the new the Benton Franklin Health District building at the Benton County campus. New contact information will be available closer to the time of the move.
- As an outgrowth of work completed in the Tri-City Patient Safety Coalition, the Health Alliance continues to work with a group of hospital and mental health providers to develop processes and procedures that will reduce the risk of serving the mental health patient in the ED. The group, the **Mental Health Patient in the Emergency Department**, is addressing three areas:
 - Non-violent crisis prevention de-escalation training for ED staff, hospital security staff as well as hospital chaplains.
 - Advocate for development of safe discharge options (appropriate housing/long term care placements) for people with dementia/Alzheimers and other organic mental illnesses.
 - Adopt standardized simple assessment tool for use in the ED.
- The Alliance continues to administer the **Hepatitis B and C grants** on behalf of the Infectious Disease Committee.
- Brooke DuBois spent a year as a scholar at the **Northwest Public Health Leadership Institute**. She graduated in May, 2007.
- The Alliance and many of its community partners also participated as a members of the **United Way's Community Solutions** process.
- The Alliance and Mid Columbia Housing Options have been invited to participate as part of a team lead by the Benton Franklin Department of Human Services in the **Supportive Housing Institute**, an effort funded by the Mental Health Division of DSHS.
- In an effort to get more people covered by health insurance, the Alliance is spearheading an effort to develop a **Basic Health Sponsorship program** in Benton and Franklin Counties. The working group includes three hospitals and a community health center. The group is still in the exploration stage with many details yet to be considered.
- Brooke has participated as a member of the **Executive Board of Communities Connect**, a state-wide organization that helps to develop and advocate for broad-based solutions to health care problems. Many solutions include utilization of existing community-based organizations such as Benton Franklin Community Health Alliance and Benton Franklin Access to Care.
- The Alliance has shared its Director with Benton Franklin Access to Care during part of 2007. In that dual role, Brooke has participated on a state-wide committee, **Cover All Kids (CAK)**, to develop and implement a state plan to get all children eligible for state supported health insurance programs enrolled in such programs.