

Greater Columbia ACH

ACH Participant Survey: 2017 Results



Center for Community Health and Evaluation
www.cche.org

Purpose is to support learning

As part of the ACH evaluation, CCHE conducts an annual survey of regional stakeholders engaged in each of the ACHs.

- CCHE worked with your ACH's staff to send the survey to ACH participants that are engaged in activities - on the Board or in committees/work groups.
- The survey is not a report card. It is one source of data about member perceptions that informs the evaluation.

The survey is intended to support ACH strategic learning and to spark conversations about continuous improvement.

- It provides a snapshot of ACH participants' opinions and perspectives about how their ACH is developing and functioning.
- It highlights areas of strength and growth to support conversations about how the ACH can continue to improve.
- While it includes responses from many ACH participants, it's important to remember that not everyone answered this survey.

Continuous Learning from ACH member feedback

Discussion questions to keep in mind as you review the data:

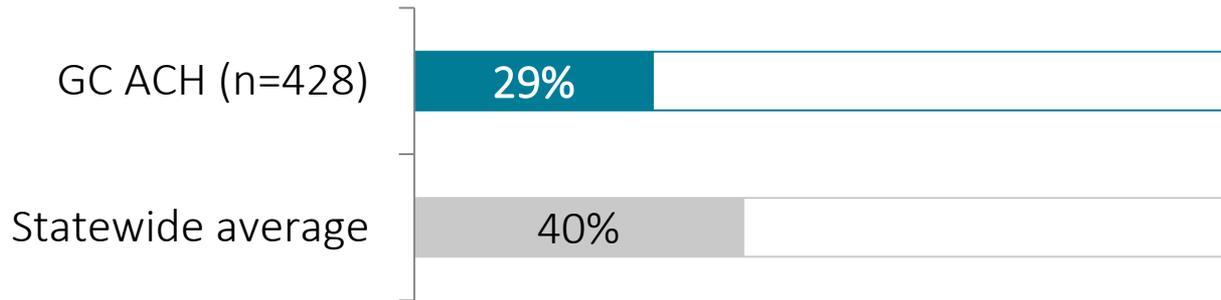
1. What surprises you about this data?
2. What does this data suggest is working? Is not working?
3. How can our ACH build on our strengths and/or address concerns or challenges raised by our members?
4. What topics might we want to discuss further as an ACH to support our growth?

Understanding who responded to Greater Columbia ACH's participant survey

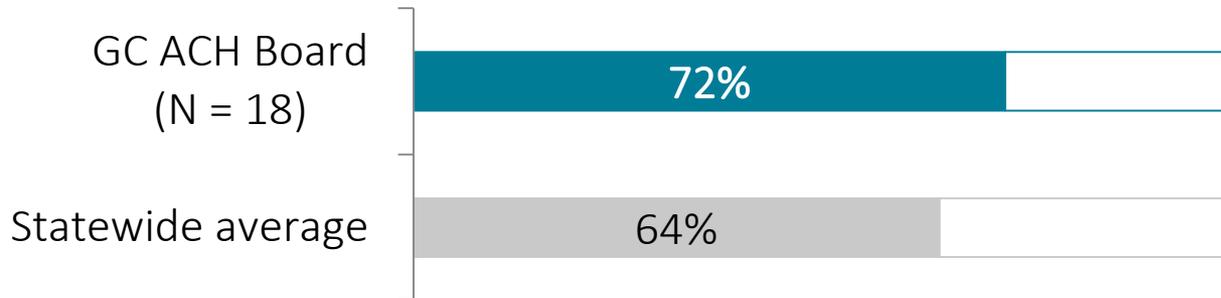




126 people from your ACH responded to the survey, for an overall response rate that was lower than the state average.



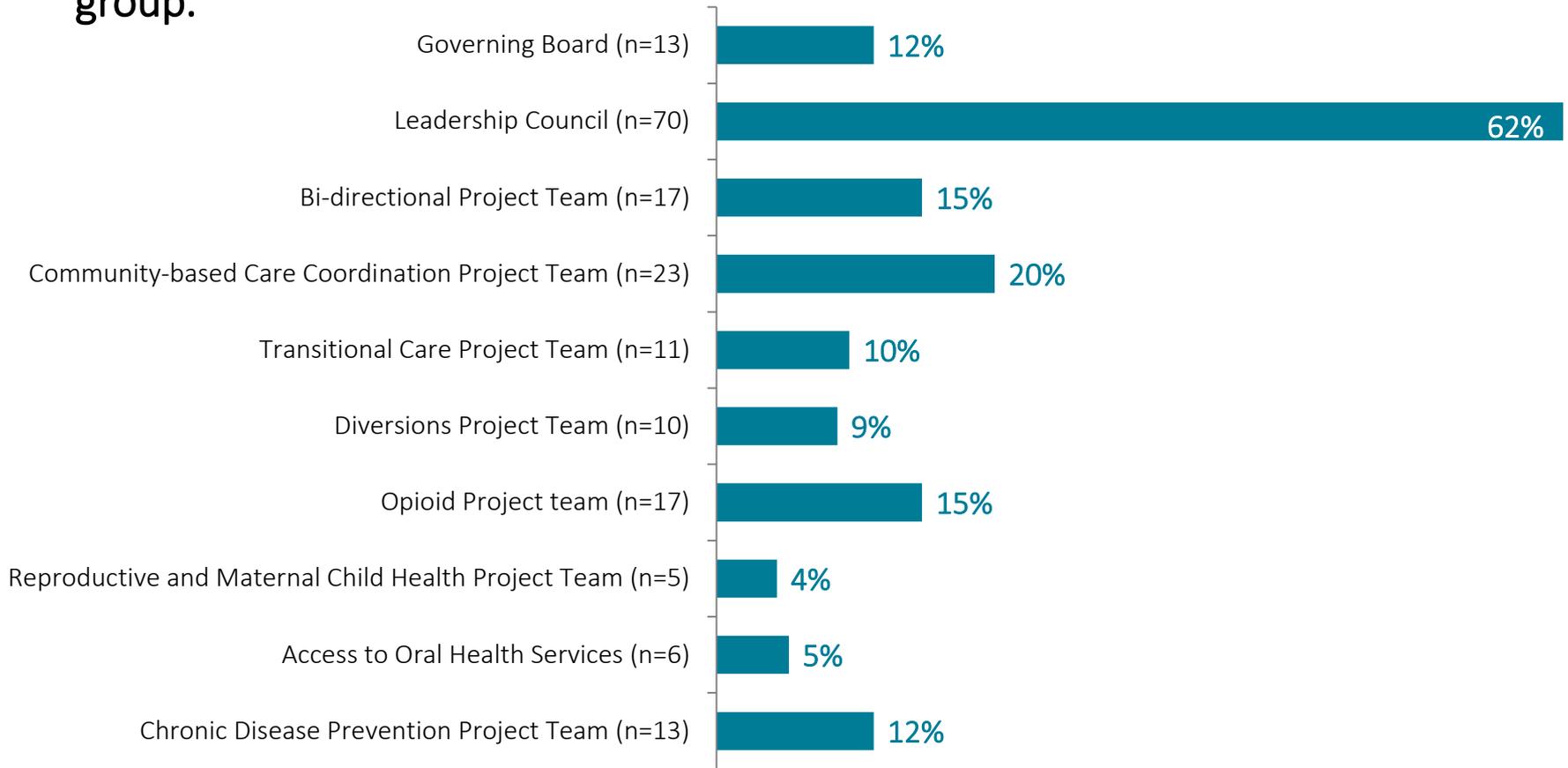
The response rate for just the Board members was higher than the statewide average, and much higher than the overall response rate for GC ACH.





Survey respondents represented 10 groups, with most respondents participating in Leadership Council.

36% of respondents said they were involved in more than one membership group.



Notes: The percentages may add up to greater than 100% because respondents could choose more than one group. The listed groups were chosen by the ACH as the participants from whom they wanted to elicit responses.



Most respondents identified their sector as CBO, hospital/health system, or behavioral health.

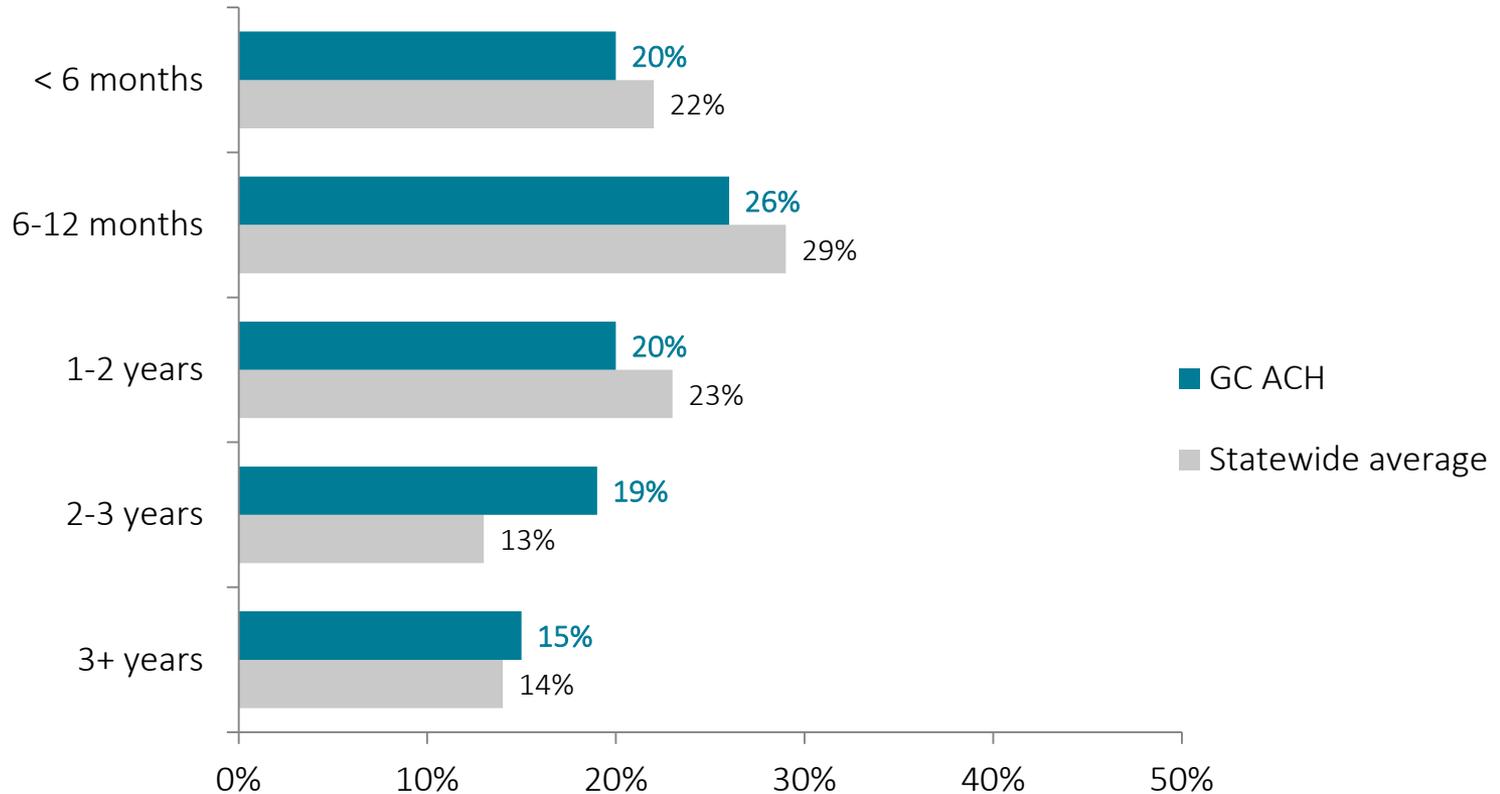
The **top 5 most common sectors** (in order of frequency) were:

1. Community-based organizations (i.e. transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, legal assistance, etc.)
- Tied { 2. Hospital/health system
2. Behavioral health provider or organization
3. Local public health department
4. Primary care (including community health centers)
5. Education (e.g., early learning, K-12, community colleges, universities)

Respondents self-selected which sector(s) they represent. **75%** of respondents chose only one sector.

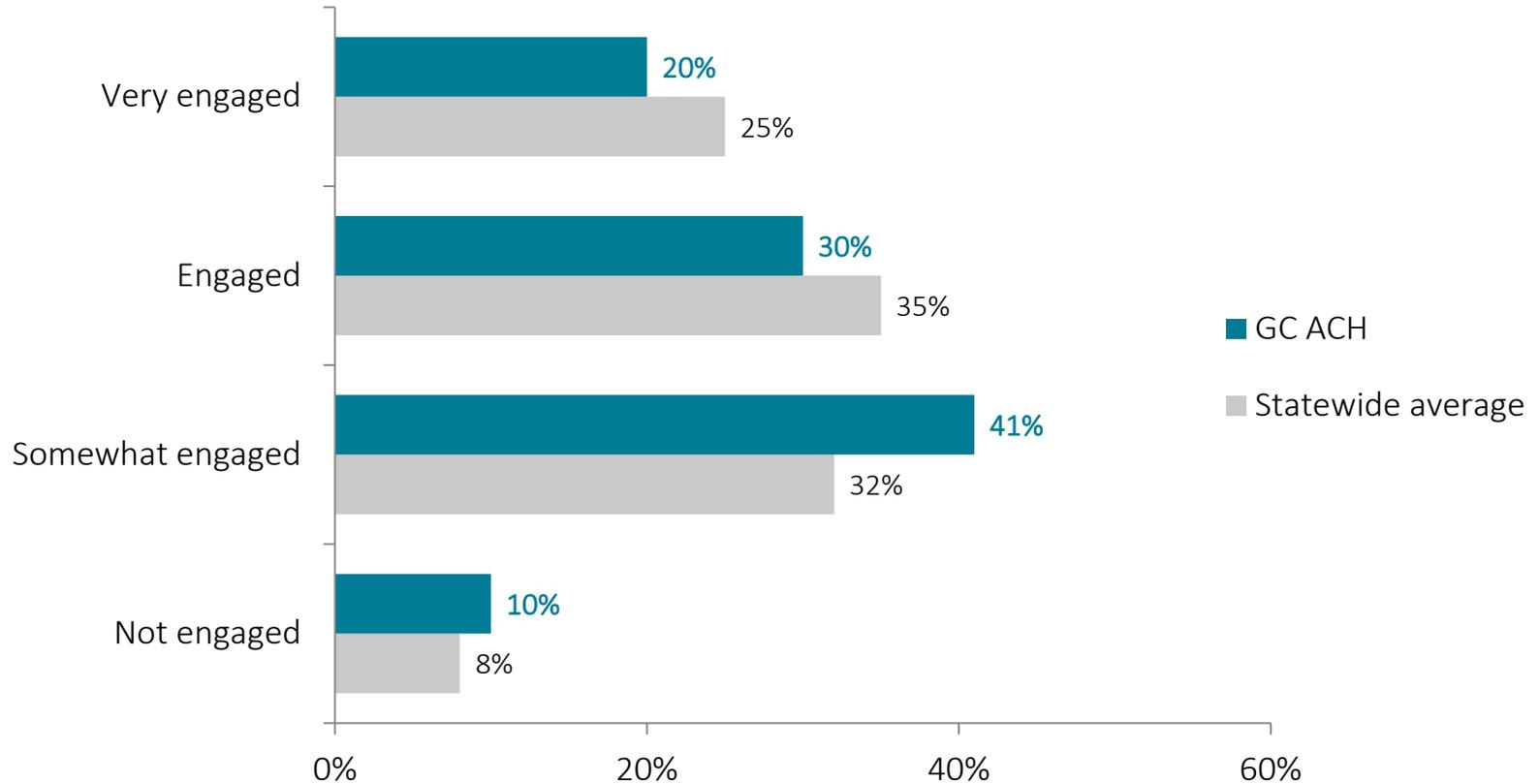


46% of survey respondents reported participating in the ACH for less than 1 year.





50% of survey respondents reported they were engaged or very engaged in the ACH work.



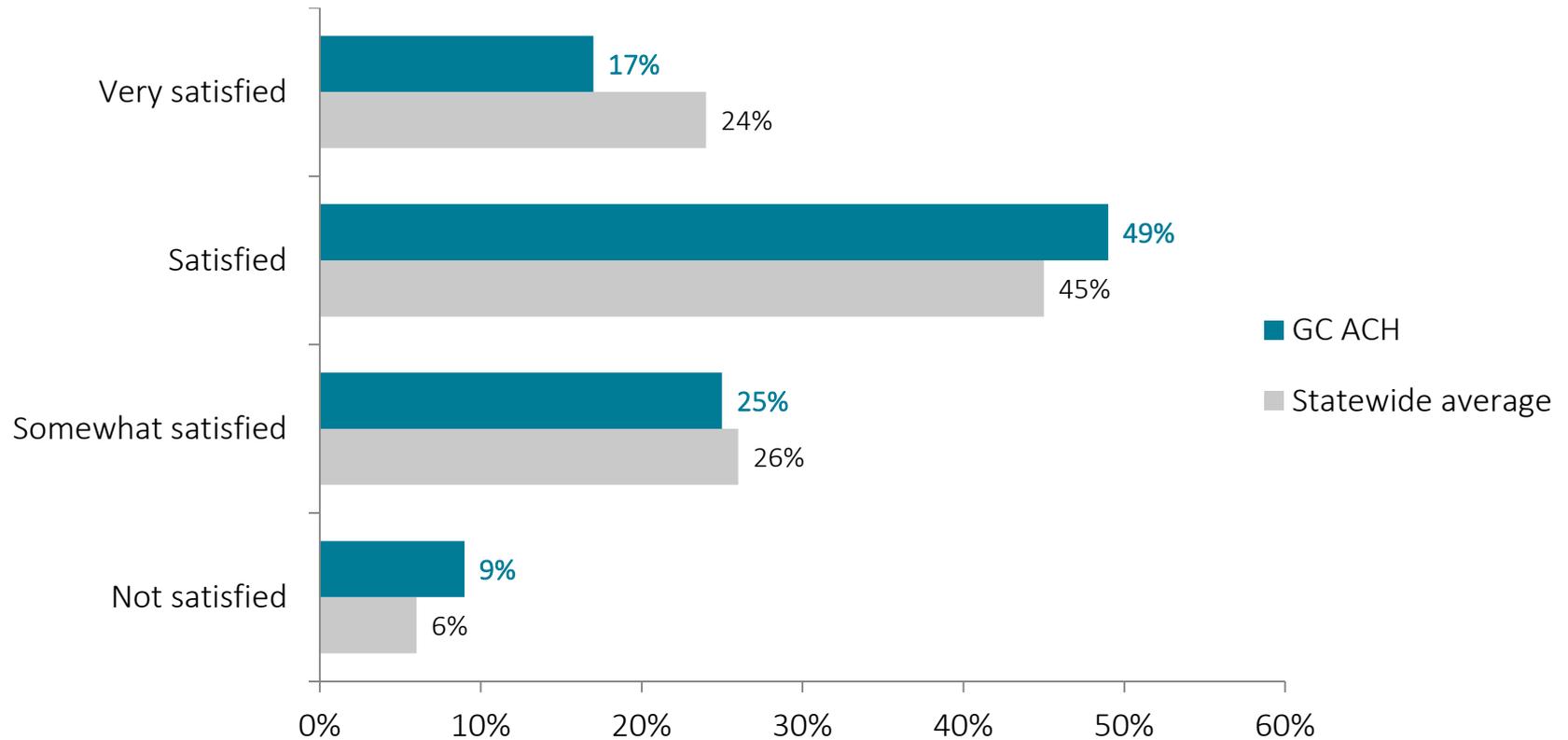
ACH Functioning & Impact:

How can Greater Columbia ACH build on strengths and understand opportunities for improvement?





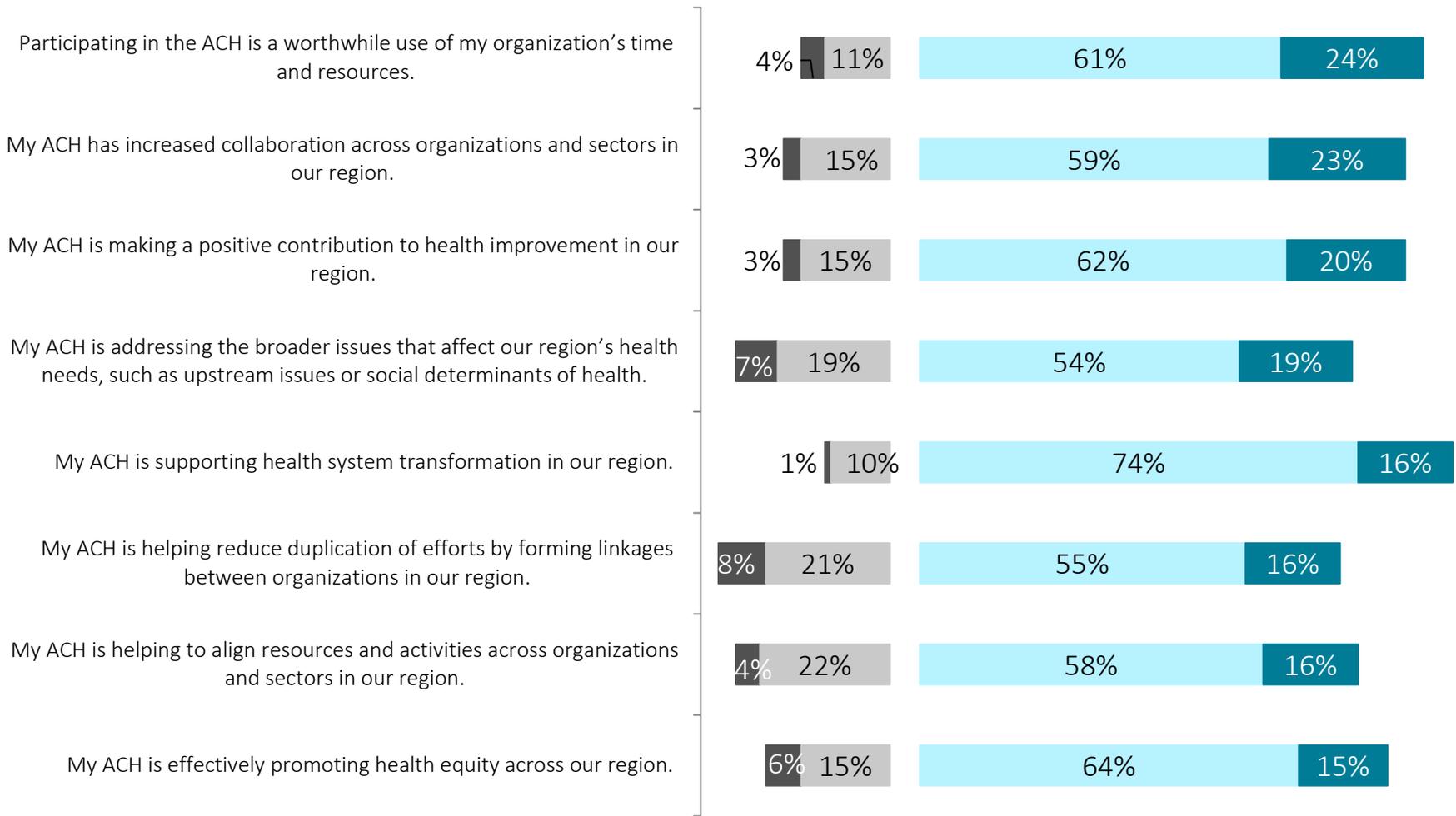
Two-thirds of survey respondents reported being very satisfied or satisfied with ACH progress this year.





Survey respondents thought highly of the ACH's regional impact, and perceived that there's work to be done in reducing duplication of efforts.

■ % Strongly disagree ■ % Disagree ■ % Agree ■ % Strongly agree





Respondents rated 23 components in 6 domains of ACH coalition functioning

Rating scale: Outstanding=4 Good=3 Adequate=2 Needs improvement=1
Don't know = missing value

Member participation

- Active engagement from key stakeholders from multiple sectors
- Clearly defined roles and responsibilities for ACH members
- Trust among members
- Members operating in the shared interest of the ACH versus their own personal/organization interest

ACH governance

- Involves all members in the decision-making process
- Has an effective governance structure to make decisions and plan activities
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
- Has a board that effectively governs the ACH

Community engagement

- Has support from key community leaders for the ACH's mission and activities.
- Communicates effectively with the broader community about the ACH mission and activities.
- Engages the broader community with opportunities for public comment or participation.
- Engages ethnically and racially diverse communities in ACH activities.

Mission & goals

- A shared vision and mission
- Agreed on health priorities based on identified regional health needs
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.

ACH organizational functioning

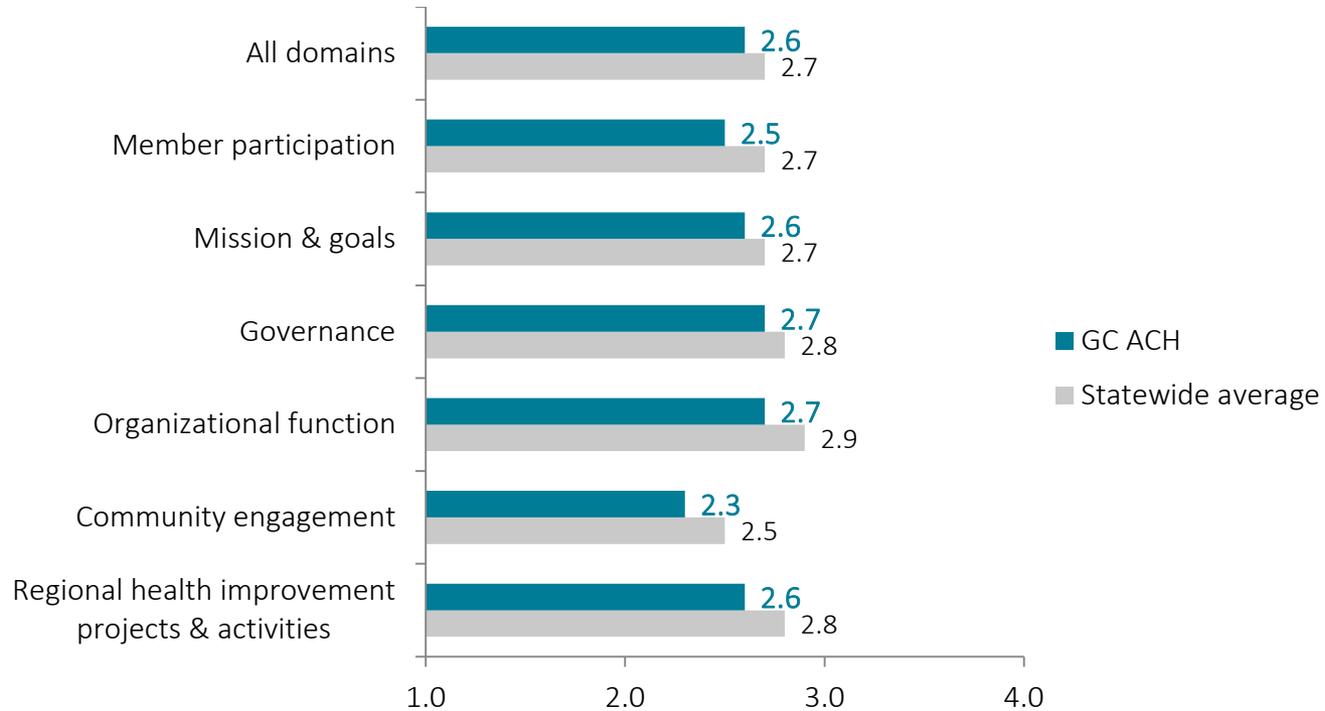
- Effectively provides support for collaboration among ACH member organizations.
- Provides the organization and administrative support needed to maintain ACH operations and activities.
- Has leaders who bring the skills and resources that the ACH most needs.
- Has leadership and staff that work to further the agenda of the collective ACH.

Regional health improvement projects & activities

- Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.
- Selected the Medicaid Transformation projects that will address your region's health needs.
- Focuses on regional projects or activities that will achieve the vision and goals of the ACH.
- Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.



Looking across domains: Survey respondents rated the governance and organizational function domains highly. The community engagement domain is an opportunity for improvement.



Rating scale: 1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding; Don't know = Missing value



Looking at associations between domain ratings and respondent characteristics: Similarities and differences.

- **Length of participation:** The mission & goals and community engagement domains were rated more highly by respondents who have participated in the ACH for <1 year than those who have participated for 1+ years.
- **Satisfaction:** All survey domains were rated higher by respondents who were more satisfied overall with the ACH than those who were less satisfied overall.
- **Engagement level:** Those who self-identified as more engaged did not rate domains differently than those who were less engaged.
- **ACH membership group:** We analyzed whether the Board, Leadership Council, and other GC ACH members rated ACH functioning domains similarly. This breakdown was chosen by ACH staff.
 - The different groups rated all 6 of the domains similarly.



Drilling down to individual survey components:

The top three strengths and opportunities for improvement

Strengths

- Has leadership and staff that work to further the agenda of the collective ACH.
(30% rated as outstanding)
- Has leaders who bring the skills and resources that the ACH most needs.
(26% rated as outstanding)
- A shared vision and mission.
(25% rated as outstanding)

Opportunities

- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.
(40% rated as needs improvement)
- Communicates effectively with the broader community about the ACH mission and activities.
(34% rated as needs improvement)
- Engages the broader community with opportunities for public comment or participation.
(30% rated as needs improvement)



When only looking at indicators that were in both years' surveys - Board members responding in 2017 rated most domains the same or higher than Board members in 2016.



Rating scale for **ACH function** domains:
1 = Needs improvement; 2 = Adequate; 3 = Good; 4 = Outstanding
Don't know = missing value

Rating scale for **regional impact** domain:
1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree;
Don't know = missing value

Note: Responses of Board members were compared 2016 to 2017, by domain, but only included survey questions that remained the same year-to-year. The regional health improvement project domain is not included - it was new in 2017.



Feedback on successes

ACH participants were asked to write about this year's successes and highlighted a range of positive developments. Examples of key themes and quotes include:

- **Successfully meeting the Transformation requirements**, including selecting projects
“Working actively on quality improvement initiatives and ACH staff putting in lots of effort to meet transformation project submission deadlines.”
“Completing the host of certification and planning requirements from the HCA. Managing the shifting sands of demonstration.”
- **Engaging stakeholders from a range sectors to work collaboratively together**
“They managed to bring many programs together from various back grounds and get them to come together and figure out how we can align our programs to work together to achieve the goals of the ACH.”
- **Organizational development that supports ACH functioning** (staffing/leadership & governance/decision making)
“Moving from a loose structure and vague operational objectives to focused objectives and a stronger organizational structure. They are communicating well, and communities are forming diverse groups to come up solutions to transformation.”

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.



Suggestions for improvement

ACH participants were asked to write about their suggestions for improvement. Examples of key themes and quotes include:

- **Continue to develop communication and transparency**, including how decisions are made and communication about how to engage

“Providing further clarity and communication around decision making structures. It is sometimes unclear where a decision originated from and/or where and what committee ultimately made the decision.”

“Briefer and clearer reports about what's going on and how to get involved. It's not clear who should be involved or how to get involved if you want to, and, whether or not it's worth your while. The scope seems so broad that it is hard to figure out where one fits in, especially for a smaller organization.”

- **Continue to reach out and engage key sectors and use their input**, including considering changes to enable more active engagement

“They need to have better sector representation & an actual on-boarding process for new members.”

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Hopes for next year's accomplishments

ACH participants were asked to write about what they hoped their ACH would accomplish in their region in the next year. Examples of key themes and quotes include:

- **Implementing the Medicaid Transformation projects – moving to action**

“My hope is we can move beyond talking and move into building the programs we have identified that will best serve our community.”

“Making progress on all four project areas, finding ways to include social determinants of health factors in all areas, developing new cooperative partnerships among organizations involved in health improvement.”

“It will be interesting to see if the 4 projects selected can incorporate Oral Health and Maternal Child Health.”

“Solid plans for implementation that also align our efforts across the projects.”

- **Continuing to develop collaboration, community engagement and transparency**

“More partnerships amongst stakeholders.”

“Make it clearer to everyone who wants to know what they are trying to accomplish and what it means to the average folk and other providers in the marketplace, regardless of size.”

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Highlighting challenges in the upcoming year

ACH participants were asked to write about the challenges they thought the ACH may address in the upcoming year. Examples of key themes and quotes include:

- **Implementation challenges, including the amount/distribution of funding, need for transparency, project complexity, need to grow capacity for implementation at the ACH, and maintaining collaboration.**

“We cover such a large region and the funding will simply not go as far as we believe it will. This will be challenging.”

“The logistics of bringing these projects to fruition. its going to take a lot of time and the staff seems more prepared to coordinate and strategize, not necessarily the hands-on consultation/technical assistance that may be needed to actually making this happen in these clinical settings.”

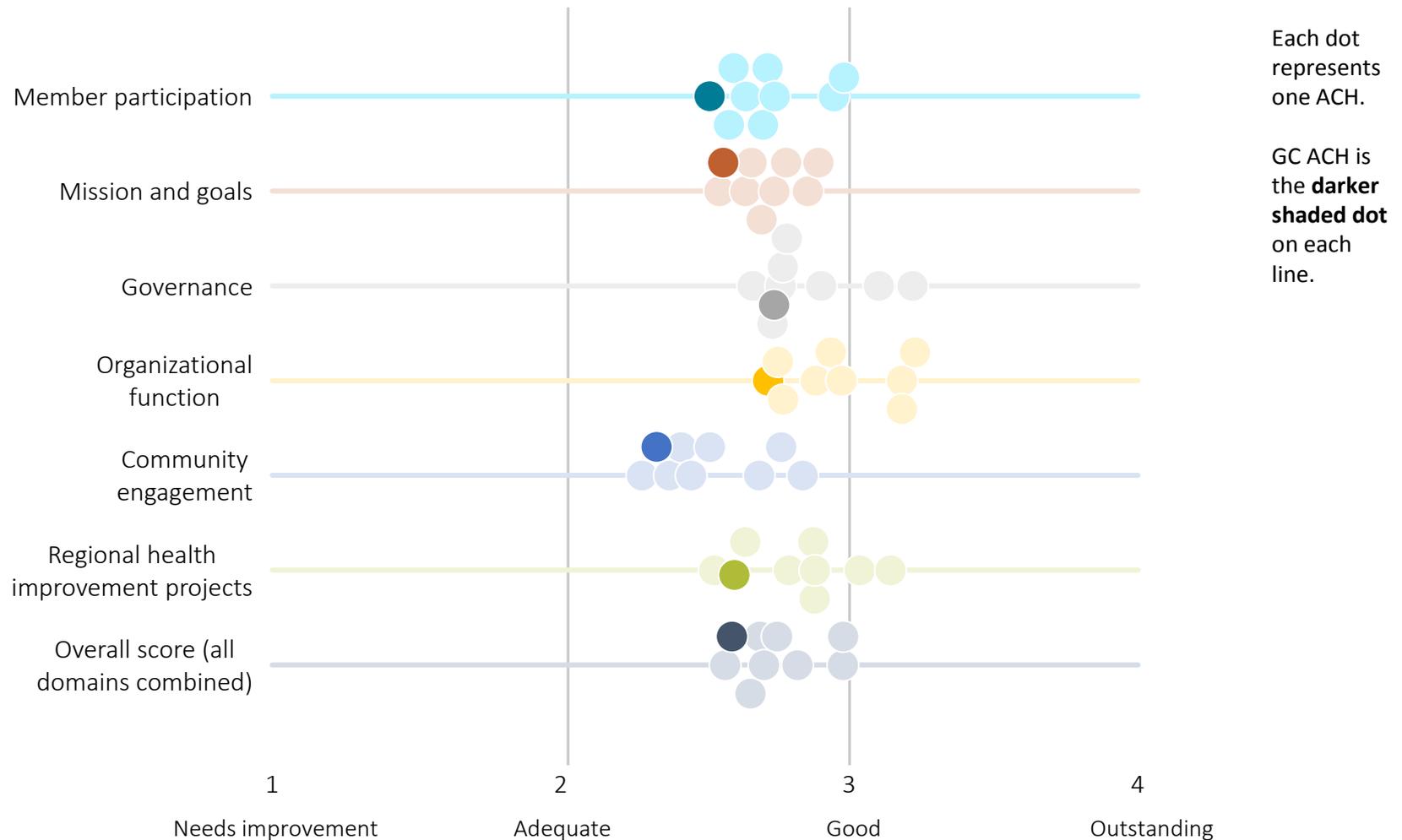
“Conflicts across partners. The ACHs have not truly been tested since not a lot of money has actually been distributed across participants.”

“Engaging enough organizations throughout the region to really make a difference in the geographical (especially rural) areas that have been under-served. Keeping organizations and individuals committed to the project.”

The full set of responses is included in Appendix B and provides a range of feedback for continuous improvement efforts.



ACHs across the state have similar trends across functional domains, though there is some variation.



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