Greater Columbia
ACH Member Survey: 2016 results

Center for Community Health and Evaluation

www.cche.org

Summary of key findings

Key Findings Overview

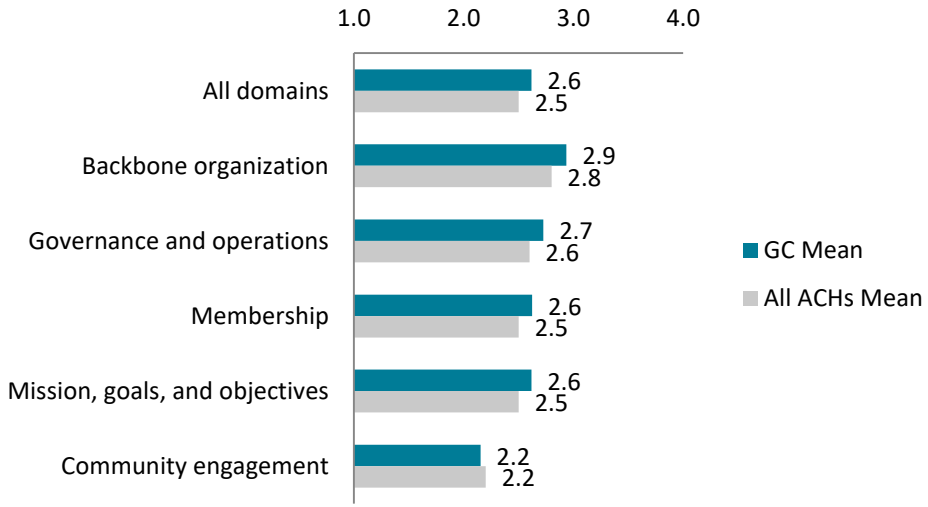
Survey respondents rated ACH on 23 items in five domains

ACH strengths and opportunities:

- Highest rated domain: backbone
- Lowest rated domain: community engagement

Greater Columbia 2016 domain ratings were higher than or similar to statewide average scores

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



Survey methods and response

Respondents rated 23 items in five domains of ACH coalition functioning (see Appendix for items within domains)

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

Response rate = 60%*

- 57 out of 95 members of the ACH responded to all or part of the survey
- Higher than the statewide average of 51%
- Higher response rate than last year of 39%

*A survey response between 50% and 60% on an online coalition survey is reasonable for understanding the opinions of active coalition members.

Key Findings (continued)

Respondents rated agreement with nine additional statements about the ACH's contribution to health improvement in the region:

- Highest rated: My ACH is making a positive contribution to health improvement in our region and Participating in the ACH is a worthwhile use of my organization's time and resources.
- Lowest rated: My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.

Key Quotes

Respondents commented on their hopes, concerns, and suggestions for improvement. The full set of responses is included for review at the end of this slide deck and provides a range of feedback for continuous improvement efforts.

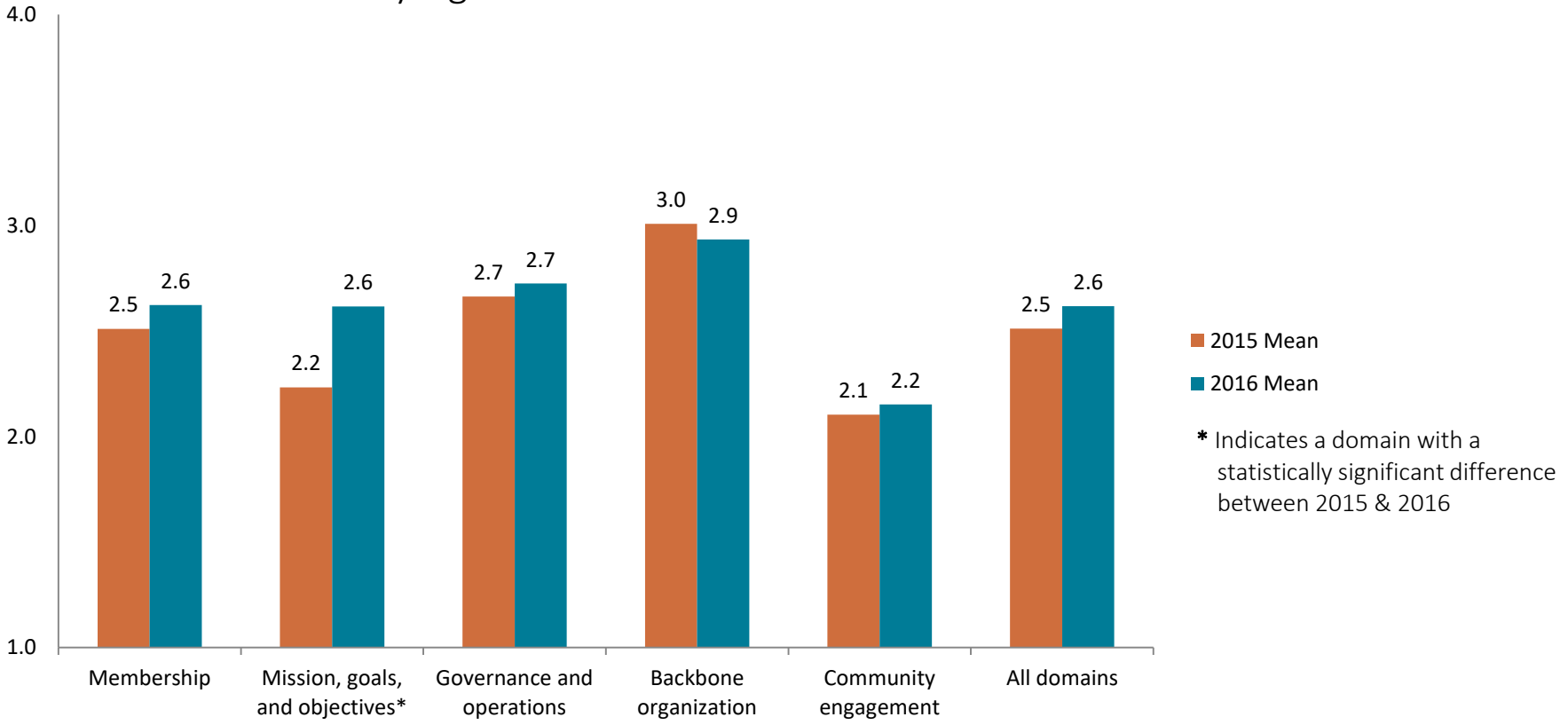
Examples of key quotes included:

- Hopes: *Successful implementation of the SIM project. Selection of realistic projects from each priority workgroup that can be scaled and duplicated across the region—particularly rural areas.*
- Concerns: *Those who don't have a clear role with implementation or tracking progress may choose to be less involved.*
- Suggestions: *Better linkages between the monthly leadership council meeting and monthly board meeting.*

Year-by-year Comparison, Satisfaction & Respondent Characteristics

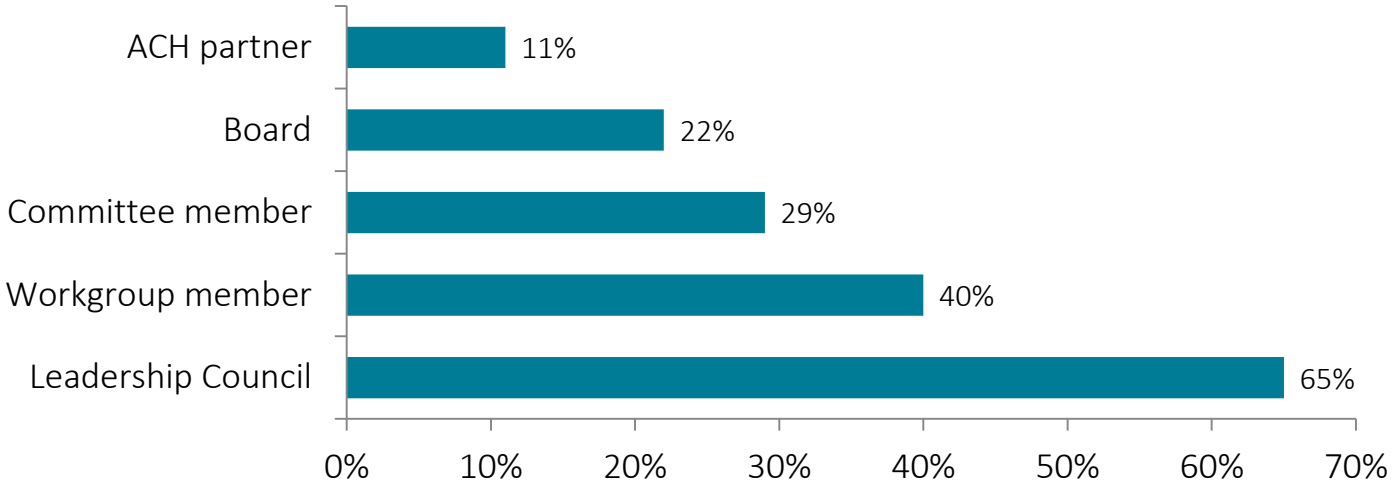
ACH coalition function ratings by year

- Statistically significant improvement in the mission domain
- Other domains increased or stayed relatively the same, though these changes were not statistically significant



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

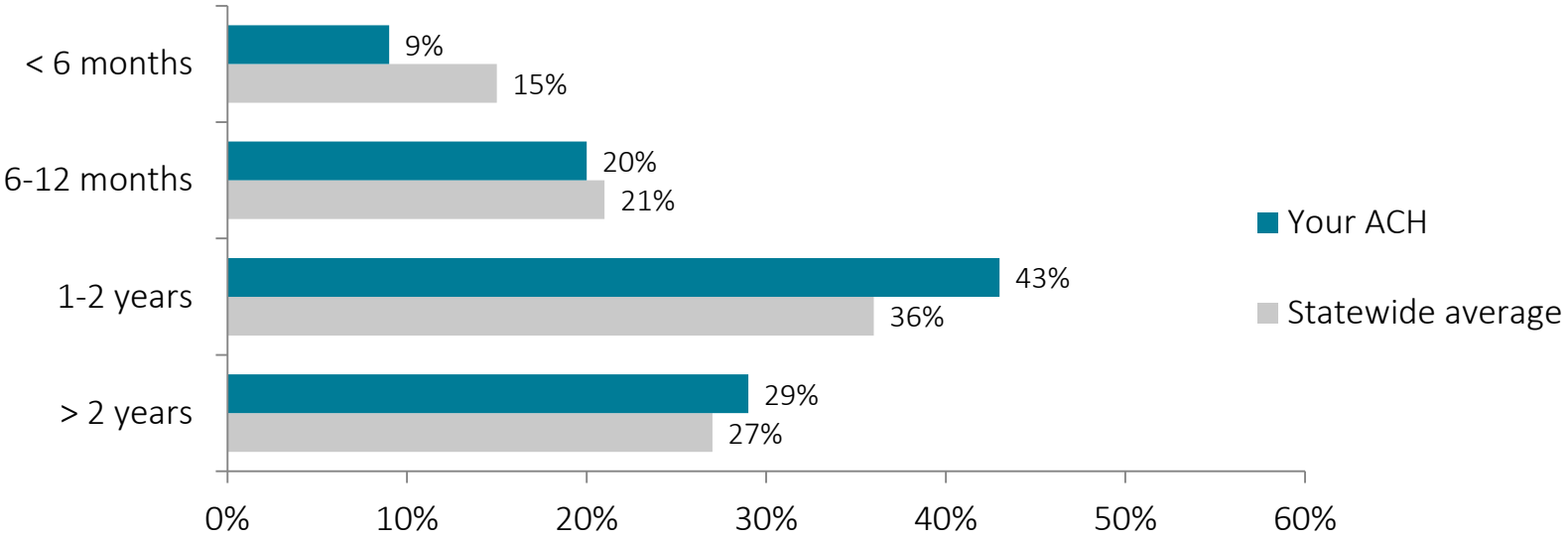
Role: What is your role in the ACH? (mark all that apply)



Role	Responses*	
Board	12	22%
Leadership Council	36	65%
Workgroup member	22	40%
Committee member	16	29%
ACH partner	6	11%

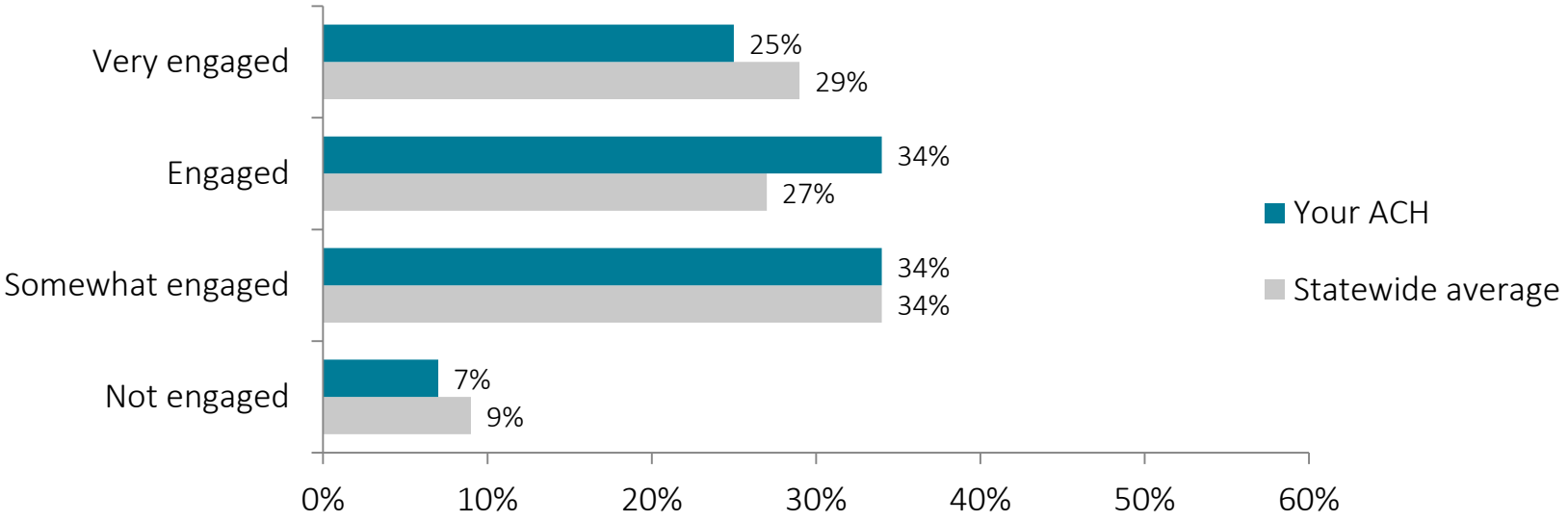
*May be > 100% due to multiple roles.

Participation: How long have you participated in ACH activities? (including Community of Health grants, if applicable)



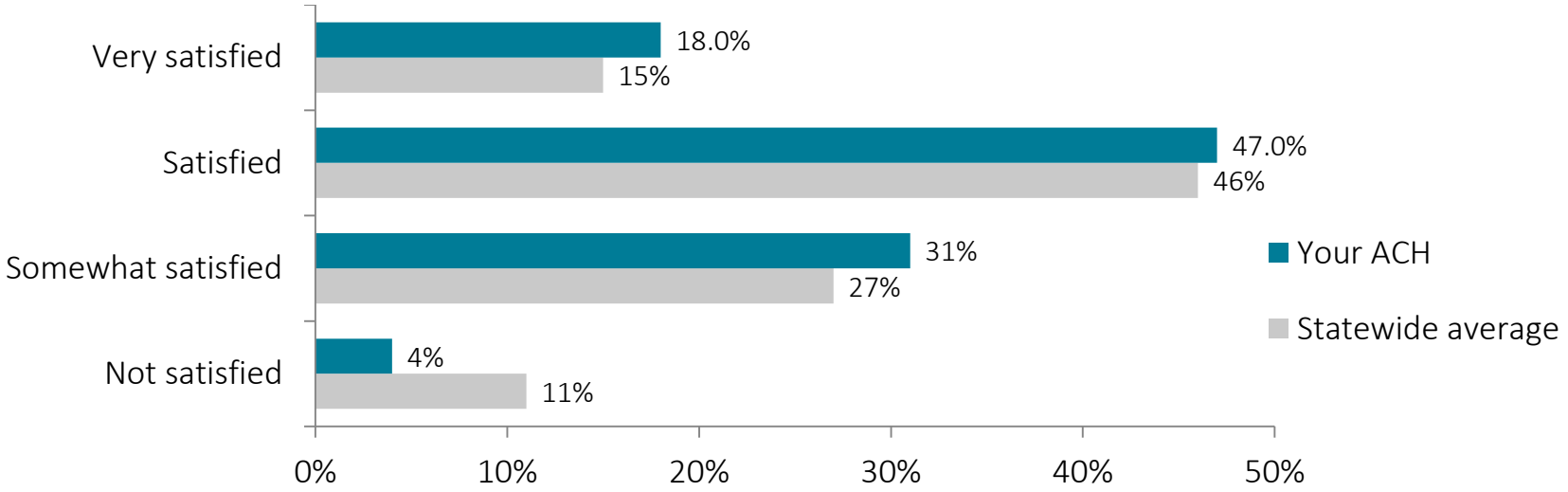
Participation	Responses		Statewide
<6 months	5	9%	15%
6-12 months	11	20%	21%
1-2 years	24	43%	36%
<2 years	16	29%	27%

Engagement: How would you rate your engagement in the ACH in the last year?



Engagement	Responses	Statewide
Very engaged	25%	29%
Engaged	34%	27%
Somewhat engaged	34%	34%
Not engaged	7%	9%

Satisfaction: Please indicate your overall satisfaction with how your ACH is currently operating.



Satisfaction rating	Responses		Statewide
Very satisfied	9	18%	15%
Satisfied	24	47%	46%
Somewhat satisfied	16	31%	27%
Not satisfied	2	4%	11%

Appendix

Interpretation notes for appendix

The following slides show the individual survey item ratings grouped together by the domains.

Within some domains, the ratings of individual items varied. To identify these items, text is shown in green or red, depending on whether that item's ratings are notably* above or below the ratings of other items in that specific domain. This does not mean a survey item was rated "good" or "bad", just that its ratings show variation from the rest of the domain.

For other domains, ratings for all the items were similar, so they do not have color-coded text.

*To check for variability between survey items, the proportion of good/outstanding ratings for each item was compared against the average good/outstanding rating for the whole domain.

- Green = Indicators 10% above the average good/outstanding rating for the domain
- Red = Indicators 10% below the average good/outstanding rating for the domain

Membership

Please rate the extent to which your ACH currently has…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Active engagement from key stakeholders from multiple sectors	53	13%	13%	55%	19%	4%
Clearly defined roles and responsibilities for ACH members	53	23%	25%	42%	11%	4%
Trust among members	51	8%	28%	51%	14%	7%
Members operating in the shared interest of the ACH versus their own personal/organization interest	49	18%	16%	53%	12%	11%

Mission, Goals & Objectives

Please rate the extent to which your ACH currently has…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
A shared vision and mission	52	14%	6%	56%	25%	4%
Agreed on health priorities based on identified regional health needs	53	15%	21%	45%	19%	2%
A realistic action plan for at least one collective ACH project	52	14%	29%	37%	21%	4%
Made progress on at least one collective ACH project	47	15%	23%	45%	17%	13%
ACH members that are investing adequate resources into the collective ACH project(s)	44	32%	27%	30%	11%	19%

Governance & Operations

Please rate the extent to which your ACH currently…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Involves all members in the decision-making process	52	12%	17%	50%	21%	0%
Has an effective governance structure to make decisions and plan activities	51	14%	16%	41%	29%	2%
Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)	52	14%	19%	44%	23%	0%
Has leaders who bring the skills and resources that our ACH most needs	51	10%	20%	33%	37%	2%
Has leaders who promote and support effective collaboration	51	10%	16%	39%	35%	2%
Has ACH members that are investing adequate resources into ACH operational capacity	45	22%	33%	31%	13%	14%
Is executing a sustainability strategy	48	29%	31%	29%	10%	8%

Backbone Organization

Please rate the extent to which your ACH's "backbone organization" currently…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Effectively provides support for collaboration among ACH member organizations	51	16%	14%	43%	28%	2%
Provides the organization and administrative support needed to maintain ACH operations and activities	51	10%	20%	35%	35%	2%
Separates its own organizational agenda from the agenda of the collective ACH	49	6%	16%	49%	29%	6%

Community Engagement

Please rate the extent to which your ACH currently…

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
Has support from key community leaders for the ACH's mission and activities	48	21%	27%	40%	13%	8%
Communicates effectively with the broader community about the ACH mission and activities	47	43%	21%	26%	11%	10%
Engages the broader community with opportunities for public comment or participation	47	51%	15%	23%	11%	10%
Engages ethnically and racially diverse communities in ACH activities	46	26%	28%	33%	13%	12%

Additional Questions

Please indicate how much you agree/disagree with each statement. (1 of 2)

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
My ACH has increased collaboration across organizations and sectors in our region.	47	4%	6%	72%	17%	8%
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	40	5%	30%	60%	5%	22%
My ACH is helping to align resources and activities across organizations and sectors in our region.	43	2%	16%	72%	9%	16%
My ACH is making a positive contribution to health improvement in our region.	40	3%	8%	70%	20%	22%
My ACH is addressing the broader issues that affect our region's health needs.	44	0%	18%	55%	27%	14%

Additional Questions

Please indicate how much you agree/disagree with each statement. (2 of 2)

	N	Needs improvement	Adequate	Good	Outstanding	Don't know
My ACH is effectively promoting health equity across the region.	44	2%	18%	64%	16%	12%
Participating in the ACH is a worthwhile use of my organization's time and resources.	48	4%	6%	63%	27%	6%
My ACH used a transparent and collaborative process to select a health improvement project.	48	4%	13%	54%	29%	6%
My ACH has adopted an organizational structure (e.g. unincorporated coalition, nonprofit/501(c)3, LLC) that allows us to reach our regional goals.	43	5%	7%	56%	33%	16%

What do you hope the ACH will accomplish in your region in the next year? (1 of 4)

Key themes related to project progress and the regional health improvement plan

- Would like to work together to increase access for our populations to primary care - an overall community recruitment campaign.
- Communicate regional health improvement plan to public and obtain some engagement from community stakeholders
- Choosing strategies for each priority, deciding and moving on a process for separating from the backbone into it's own organization, choosing collective metrics that we're all moving towards.
- Successfully implementing a regional improvement project.
- Implement interventions that address population health
- More succinct, clear communication.
- Adoption of a final Regional Health Improvement plan, and action steps toward each goal.
- Facilitate some community improvements that will contribute to improved population health
- Become an effective model for managing resources/goals across multiple counties/sectors.

What do you hope the ACH will accomplish in your region in the next year? (2 of 4)

- I would like to see collaborative multi-sector projects happen across happen. I would like to see actual work being done in the community and not just in a meeting room.
- Figure out the supportive services
- Broader reach into the rural counties
- Gather and publicize resources for diabetes maintenance.
- Our ACH is not sure of it's mission. Why are they there? There is no consensus on that question.
- Reduction of hospital re-admits which would have been preventable if addressed earlier.
- Progress on the transformation project and continue to update the health needs assessment.
- All counties involved in ACH
- Successful implementation of the SIM project. Selection of realistic projects from each priority workgroup that can be scaled and duplicated across the region - particularly rural areas.
- Have success in our chosen projects. Align projects with content approved in waiver.
- More evidenced based projects to address social determinants of health in our region
- Launch a successful project

What do you hope the ACH will accomplish in your region in the next year? (3 of 4)

- Clarity of a common mission that is demonstrated by progress and results
- Improve cross-sector collaboration, develop community engagement, and develop and implement place-based (i.e., local community) initiatives.
- Focus
- A region-wide, population-focused health improvement project.
- Finalize our Regional Health Improvement Plan in a collaborative effort
- We need to limit the size of the leadership group and have commitment with out new people coming in and out which makes it difficult to progress.
- I think we are getting too far ahead with trying to explore grants, provide funding for projects without building the infrastructure to support the ACH. The policies and procedures are loose or don't yet exist, and we don't understand adequately one another's service delivery systems. We need to first build a strong infrastructure to manage DSRIP funds, monitor quality of contracts, and have an open transparent process etc.. There needs to be liability insurance, development of internal infrastructure that thinks a bit more big picture.
- Submit Health Improvement Plan and get federal funding for at least one initiative.
- Reduce the number of the public returning to the ER on a frequent basis

What do you hope the ACH will accomplish in your region in the next year?(4 of 4)

- Focus on the integration of community resources with health care.
- Remember to address social determinants and infrastructure/resource equity
- Implementing specific strategies in each part of our region
- Move beyond the SIM project to include projects for other counties.
- Truly collaborative thinking that extends beyond the technical inputs of individuals representing organizations

Are there any challenges you are worried the ACH will encounter in the next year? (1 of 4)

Key themes related to stakeholder buy-in and funding

- There are competing interests in the ACH. Concern we are moving away from population based projects and more toward individual clinical services, which should not be our goal.
- I have some concern that the focus slips to money management and trying to be a purchaser of services rather than a monitor of regional health
- Getting diverse sectors to agree on a common project for the different priority areas, focusing on the details of standing up a new organization, facilitating difficult conversations around how money will be spent.
- The SIM project is new and I hope it gets up and going. Am concerned about the project success.
- Difficult for the ACH to work across such a large region.
- To move from planning to action
- Those who don't have a clear role with implementation, or tracking progress may choose to be less involved. Too many projects may spread resources too thin, with the risk of having low/no impact on short term objectives.
- Understanding our role in the Medicaid Waiver.

Are there any challenges you are worried the ACH will encounter in the next year? (2 of 4)

- Reduced participation as ACH members continue to get pulled in many directions
- Not having a strong enough direction from leadership to fully develop the ACH beyond the individually funded projects.
- Finding enough funding to support community-based projects.
- Buy in on social determinants
- How will the waiver dollars flow for such a large region
- Government funding possibly being cut; too much red tape.
- The waiver was just approved. HCA is looing for a coordinated patient care structure. Big local hospitals just sitting on the sidelines and could be more engaged. Can't do this without them.
- Turnover of members complicates communication
- Lack of clarity of role of ACH with the waiver
- Projects that will reach all counties
- Involvement of direct providers in the smaller, more distant communities of the region.
- Designing research to demonstrate positive impacts in the short term when deep changes in social systems move at a slow pace and results generally emerge over long periods of time.

Are there any challenges you are worried the ACH will encounter in the next year? (3 of 4)

- Funding
- I can see interest in participation becoming an issue if members cannot "plug in" and affect change in a meaningful way. Finding where individuals can fit in to the larger group and help is a challenge.
- ACHs do not have the infrastructure to play a risk-based role in the DSRIP.
- Fiscal and organizational
- Not enough funding, not enough critical sectors involved (business, housing, social services), not enough involvement by the high-level decision-makers that is required in a collective impact initiative.
- Effectively implementing the health improvement plan goals
- Not enough structure that is followed. Really need to develop strong infrastructure with policies, etc. Once money is received there will be tracking and audits. Not confident we are set up for any current funding coming in let alone searching for additional funding.
- Not sufficient funding to make a demonstrated difference
- Weaving equity, sustainability, and ensuring all counties receive the benefit of ACH especially those with higher disparities.
- Members thinking from their own organizations needs and perspective.

Are there any challenges you are worried the ACH will encounter in the next year? (4 of 4)

- I am concerned that without properly building the infrastructure and moving a long too fast we will end up duplicating service delivery systems. Things go too quickly and time lines are so quick that we don't do an adequate job of vetting things, which I think leads to wrong solutions. This is often driven by unrealistic time frames established at the State and very elaborate theoretical processes that are occurring locally. We need substantive processes that are clear (written, distributed and available), are pragmatic, realistic, transparent and connect dots.
- The MCO's seem to be financially focused. I am concerned that the MCO's are ensuring their financial stake is maintained.
- Yes, I am worried that the CMS waiver will derail the original activities that were supposed to be accomplished via the State Health Improvement Grant. These are not the same and yet the State has delayed providing support waiting for a waiver. I am worried that we are picking activities just to satisfy the SHIP requirements not because they will have any real impact in our communities.
- We represent a very broad geographic region with many stakeholders at the table, the challenge is with identifying how each sector can support healthier Washington.
- Becoming caught up in short term Medicaid savings

Do you have suggestions about how to improve your ACH? (1 of 5)

- **Key themes related to governance structure and process, and public communication and engagement**
- Please provide CLEAR directions about the parameters of what our ACH can do. Every question is answered with another question. What is within our scope as an ACH ? Can we change EMTALA laws if we want to reduce ER utilization ? Can we disincentive patients from going to the ER ? Will our MCO contracts be selected by the ACH's in each region ?
- Have the leadership council and Board work on different things. It is not entirely clear what the roles of the two structures are. Who is responsible for setting strategy? Usually this falls to a Board but it's been happening more at the LC level. Clarity on this strategy process would be helpful. Additionally, focusing immediately on details for separating from the backbone is necessary.
- We need leadership to move priorities and strategies into action. I feel a sense of urgency to energize partners. A lot of time has gone by and we are still talking and planning!

Do you have suggestions about how to improve your ACH? (2 of 5)

- Need to engage a neutral facilitator from our community/region. Need to train sub-committee facilitators on how to facilitate without allowing own bias to influence/dictate decisions made.
- Better legal support from our Technical Advisory group. Getting the Data Dashboard fully integrated with WHA common measure set.
- Stronger direction from the governing body; the "lead by consensus" approach is creating inefficiencies and a loss of focus.
- Include more outreach to the general public. Maybe PSA's to the broader community?
- Increased focus on behavioral health and substance abuse
- continued support for each stakeholder at the table
- Have all the hospitals represented at meetings on a consistent basis. Call HCA and ask them what are the expected deliverables our region is to accomplish.
- Better linkage between the monthly leadership council meeting and monthly board meeting

Do you have suggestions about how to improve your ACH? (3 of 5)

- Shared file storage so we don't rely on saving documents from emails. A better, more efficient use of outlook or other calendaring system so appointments/meetings are clear (perhaps a calendar published on a website as well so others who aren't engaged can find a meeting that will work for them). Scheduling meetings for workgroups well in advance (at least quarterly in advance) so that people with very full schedules can actually make time to be involved.
- More diversity and community engagement
- Look critically at the membership and their respective skill sets and knowledge bases. Then assign the work of the group accordingly to achieve results.
- ACHs should build the capacity of local communities to develop and implement place-based initiatives that address social and economic factors, health behaviors, and the physical environment. Clinical care only contributes 20% to population health outcomes.
- Use time during leadership meetings more effectively to allow for any work scheduled during the meetings to happen when stated they would happen (if priority groups are scheduled to meet during leadership meetings to ensure this happens unless it is not possible at all).

Do you have suggestions about how to improve your ACH? (4 of 5)

- Transparency in decision making. Yes there are minutes, etc but not everything is conveyed in writing and sometimes it does feel like either there are so many groups that non of us really can determine what occurred so we just nod or there are decisions being made at a level outside this group.
- There is too much decision making going on in very small groups without a deep understanding of the service delivery system. Things go too fast, thereby the Board approves things without complete information. We need to build a transparent and well vetted process that has structure. Very relevant information is often lost in the distribution of too much information. Too theoretical versus practical and pragmatic. So building structure is needed. This includes developing an internal plan which includes risk assessment, policies and procedures that are written to help guide processes.
- Carol might be well-served to take her report on the road during the month. Get on the agenda's of the major organizations and provide a directors report. Also, the Board meeting is a duplicate of the Leadership Council. As a member of both, I am struggling to find the time to listen to both presentations as it is a big time commitment.
- The ACH needs to be smaller and more manageable. It is far too large to bring the right people to the table and effectively create change. Additionally, there is no trust. Even among community partners that continuously work together...now you are adding more organizations together for less trust.

Do you have suggestions about how to improve your ACH? (5 of 5)

- Most members are from health system and they need to use less jargon/acronyms in the meetings.
- Communication - Identify key strategies that each partner, representative, and stakeholder can identify their role in a successful model.
- Continue with collective impact model - involve communities through information and methods to provide input.
- Continue strengthening the communication plan to promote inclusion, invitation for involvement and implement more than one project per year.
- Continue the conversations and push for non-partisan input that is singly focused on the outcomes for our community

Do you have suggestions about how to improve the statewide ACH initiative? (1 of 4)

Key themes related to increased clarity from HCA

- Don't know enough about the statewide ACH initiative.
- Be consistent in communication
- Pushing the conversation about the impact of having or contracting a backbone on decision making and ACH function is necessary at this point in time.
- We need more guidance and direction, perhaps even hear from the pilot sites on progress they've had in their efforts.
- Need to more clearly define expectations between ACHs and other key entities
- While there is value in allowing the regions to develop their own "best practice", there seems to be an overall lack of focus which has created some confusion. More clearly articulating the overall goals (while still recognizing the value of individual innovation) might help. Would also continue to develop the standardized data sets and training to ensure that the data is being used appropriately, particularly since there are many organizations/members involved who are not familiar with interpreting data and drawing the appropriate conclusions.
- Offer competitive funding to ACH's to perform community-based projects.
- Greater guidance on the supportive services

Do you have suggestions about how to improve the statewide ACH initiative? (2 of 4)

- I do not know enough about the statewide initiative to give an informed opinion on the matter.
- The state should partner with ACHs to implement regional initiatives that address clinical care and social and economic factors, e.g., integrated physical and behavioral health care, supportive housing and supported employment. The ACHs should partner with local communities to develop and implement place-based initiatives that address social and economic factors, health behaviors, and the physical environment, e.g., school-based health clinics, farmers markets, Complete Streets.
- Provide financial incentives, beyond Medicaid savings, for participation, and choose one or two specific measures to be improved. Medicaid savings is only really motivating for state government and managed care organizations. The amount of data we are looking at is overwhelming, and I believe we could better align and focus if we knew we wanted to move the needle on a single measure, such as high school graduation, or rates of obesity.
- Initiatives are tricky. I always encourage more structure up front so that people can get to the heart of the issue vs trying to create everything including a product. That is a lot to expect from any organization fighting for dollars but it is really hard in rural America where resources are short (staff resources).

Do you have suggestions about how to improve the statewide ACH initiative? (3 of 4)

- HCA needs to provide more leadership in guiding the processes, evaluating the ACH(s) for stability, standardized contract procurement that aligns with Medicaid regulation regarding procurement, monitoring of contracts, ensuring that local ACH(s) have proper liability insurance, practice ethical, open and transparent decision making, have adequate staffing to perform the roles and coincides with the activities they are taking on. I also think that HCA is unfamiliar with other service delivery structures. They seem to know a lot about MCO(s), traditional health care systems, but no State Department's programs or associations. HCA sports the mantra of "transformation." of health care without a real road map. Not all transformation is positive or good for health. Things are chaotic, and HCA hasn't developed enough structure to ensure that public funding goes to good use, doesn't duplicate systems already in place (and they can't know what is duplication if they don't understand other service delivery structures and what is available). Why not build on what exists but is inadequately funded? They need to ensure that ACH backbone entities aren't taking on things they are not equipped to manage and thereby place the local communities and the network at risk, not to mention the State when something goes south.

Do you have suggestions about how to improve the statewide ACH initiative? (4 of 4)

- I think the statewide initiative should be ended. There is no clear guidance or structure for these groups. They are not new or innovative. It's the same few organizations doing the same work. Additionally I don't believe they are working to improve social determinants of health when the focus and key measures are all clinical. You will essentially be taking credit for the work of healthcare organizations and we will not have effectively measured changes because our measurement tool is not set up that way.
- Sharing best practices to the local boards and committees.
- Need to address social determinants of health to make real lasting changes. Need to have less concern about making sure current providers are getting funding to funding programs that address needs. Need integration at the state level for substance dependence, mental health and physical health – if they become integrated, we do not need different state systems for each. Need to support and integrate programs/systems that deliver care such as schools and early childhood programs.
- Funding is key, we cannot possibly implement a full spectrum collaborative projects with minimal funding.

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