

# North Central Health Partnership ACHO Conceptual Design *DRAFT*

## Community

*Healthy thriving communities are possible when there is a culture of health that promotes healthy lifestyles, local leadership and ownership of the health at the individual and community level. Community Health initiatives happen via collaborative engagement of local healthcare providers, non-profits, faith-based entities, schools, local governments via local multi-sector partnerships informed and supported by local knowledge, culture and empowerment. **Funding mechanisms:** Structured and supported by measurable impact on target populations, directed by ACHO and staffed by RHIC Organization.*

Define community?  
Define “Healthy”?  
What “coordination” role needed for COH Coalitions?  
How to sustain this function?  
How to insure multi-sector participation in COH Coalition?

## Important Shared Knowledge:

**Four Sectors Influencing Health** - Health behaviors (30%), Clinical Care (20%), Social & Economic Factors (40%), Physical Environment (10%); **Highest Cost Sectors:** Seniors, other high risk populations? (find data); **Best Practices/Proven Models/Innovation:** Care Coordination, HIE, etc.;

What common needs for data gathering exists?  
Established data sources-local, county and region?  
How to filter and interpret data? Measurement tools?

Okanogan  
COH  
Coalition

Chelan-  
Douglas  
COH  
Coalition

Grant  
COH  
Coalition

**Scope:** Elect Reps to ACHO, Multi-sector engagement, local problem solving & facilitation of collaborative efforts. Feedback to ACHO. Staffing support by RHIC.

Scope of its role/leadership?  
How to sustain function?  
Relationship with regional ACH?

## North Central Health Partnership ACHO

**Scope:** Regional multi-sector governance, leadership, vision & direction towards regional goals. Interpret data. Organize and present a framework that inspires confidence in risk-bearing entities and/or multi-payer alliance with providers.

What’s the scope of its role?  
How large should this leadership body be?  
Geographic or sector representation?  
Desired relationship w payers?

## RHIC (Backbone Org. & Collaborators)

**Scope:**(Staffing role for ACHO & COH Coalitions) Data Access & Robust Data Analytics. Use Comm. Health Impact Assess’s on HICs. Inform payers distribution of PPP or shared savings \$\$\$s. Assist w integration with other resources (Soc. Det. Of Health \$s), Consumer-centric H-education, (Data tools: Payer data, PRISM, EDIE, HAP-ADL Scores, PHQ,, other)

Scope of its role/core function?  
What expertise/capacity needed?  
How to sustain this function?

# NCW Accountable Collaborative of Health Conceptual Design

