

North Central ACH Member Survey: 2015 results

Introduction	2
ACH function ratings	4
Member roles	5
Participation	6
Engagement	7
Satisfaction	8
Appendix	9



Center for Community Health and Evaluation
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Introduction

- Response rate = 37%
 - 111 out of 305 members of the ACH responded to all or part of the survey
 - This is lower than the statewide average of 47%
- Respondents rated the ACH on 23 items in five domains of ACH functioning
 - Highest rated item: Has leaders who promote and support effective collaboration.
 - Lowest rated item: Communicates effectively with the broader community about the ACH mission and activities
- Rating scale: Outstanding=4 Good=3 Adequate=2 Needs improvement=1
Don't know = missing value
- Over one-third (38%) of respondents had zero “don't know” responses; however, another third (33%) of respondents had six or more “don't know” responses
 - Most “don't knows”: Executing a sustainability strategy.
 - Fewest “don't knows”: Has support from key community leaders for the ACH's mission and activities.



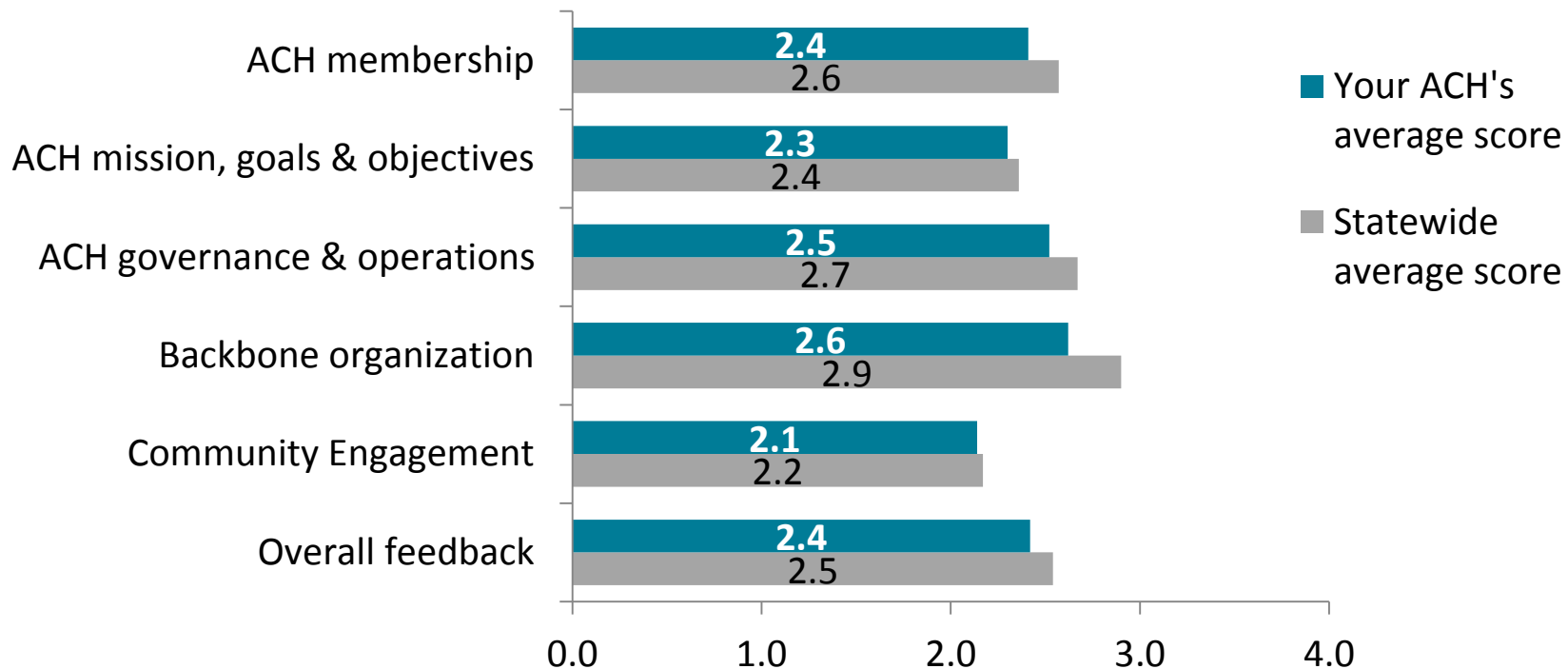
Introduction

- Respondents indicated whether they agree / disagree with seven additional statements about the ACH's contribution to health improvement in the region.
 - Highest rated: 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.
- Respondents also commented on their hopes, concerns, and suggestions for improvement. Key quotes included:
 - Hopes: *"We are still in the forming phase. I hope we solidify the structure and vision quickly so that we can move onto determining health needs and develop and implement specific strategies across the region."*
 - Concerns: *"That we will try to implement an ambitious plan without any resources to do it..."*
 - Suggestions: *"There are many ideas and good sharing but no clear direction. What is the action plan? What are we DOING? We are talking about ideas but I have not seen a clear path defined."*



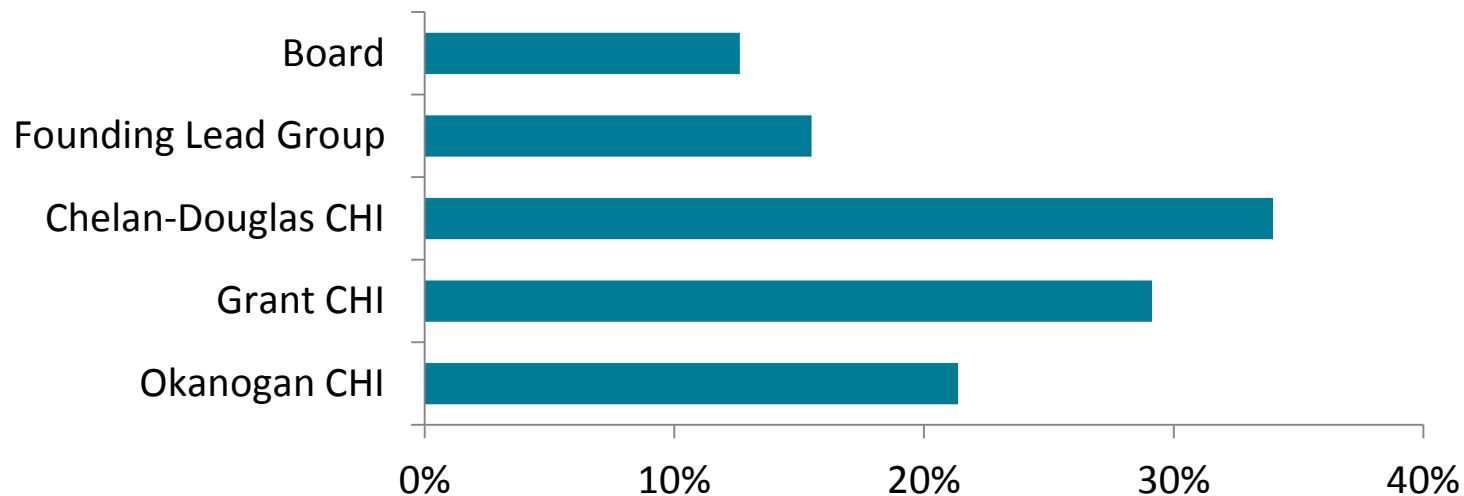
ACH coalition function ratings

- Respondents rated 23 items in five domains of ACH coalition functioning
- Highest rated domain: Backbone organization
Lowest rated domain: Community engagement
- Highest rating: 2.6
Lowest rating: 2.1





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

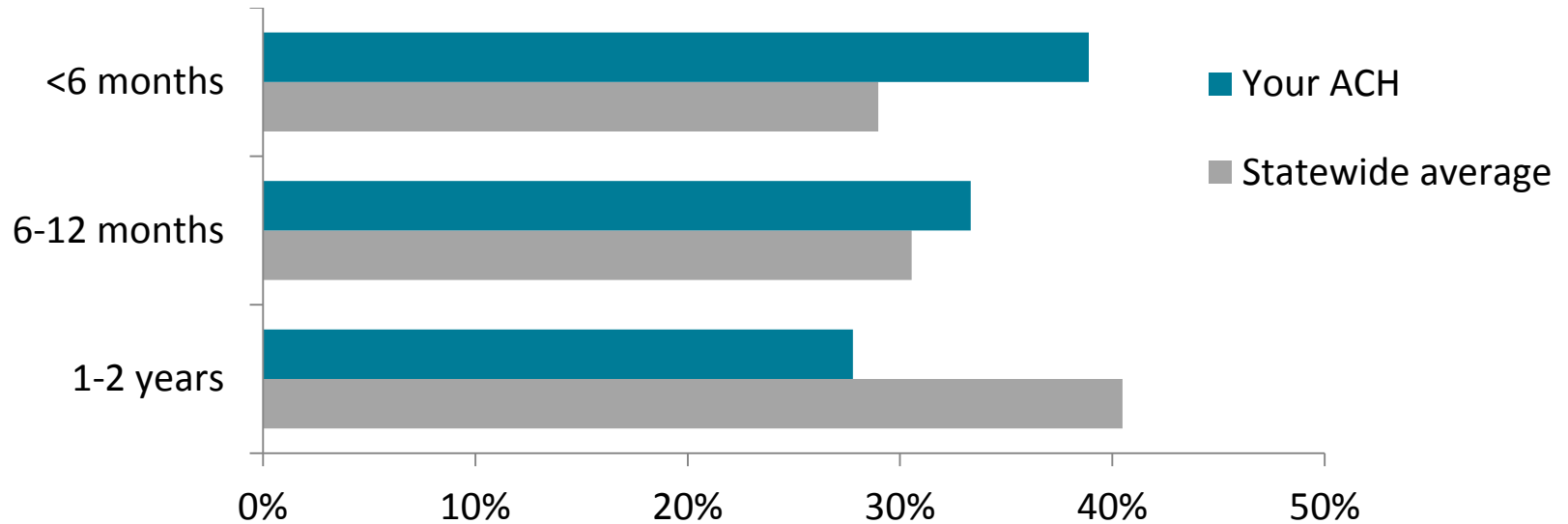


Role	Responses*	
Board	13	13%
Founding Lead Group	17	16%
Chelan-Douglas CHI	35	34%
Grant CHI	30	29%
Okanogan CHI	22	21%

*May be > 100% due to multiple roles.



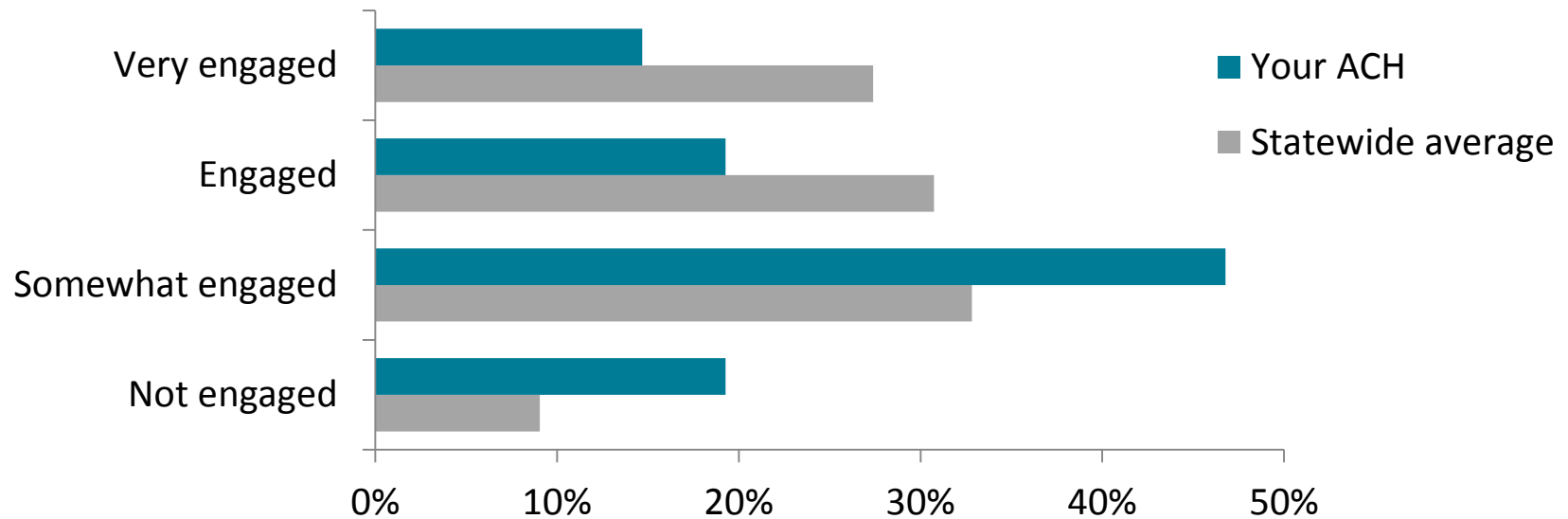
Participation: How long have you participated in ACH activities? (including Community of Health grants, if applicable)



Participation	Responses		Statewide
<6 months	42	39%	29%
6-12 months	36	33%	31%
1-2 years	30	28%	40%



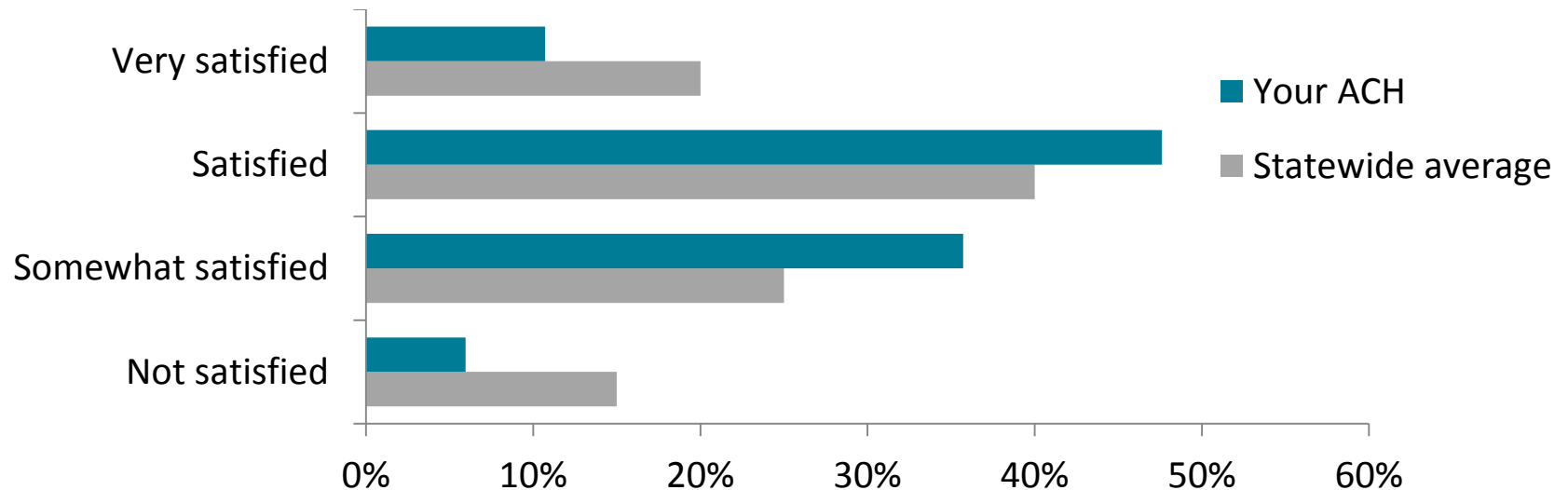
Engagement: How would you rate your engagement in the ACH in the last year?



Engagement	Responses		Statewide
Very engaged	16	15%	27%
Engaged	21	19%	31%
Somewhat engaged	51	47%	33%
Not engaged	21	19%	9%



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



Satisfaction rating	Responses		Statewide
Very satisfied	9	11%	17%
Satisfied	40	48%	49%
Somewhat satisfied	30	36%	29%
Not satisfied	5	6%	5%

Appendix

Membership ratings	10
Mission, goals & objectives ratings	11
Governance & operations ratings.....	12
Backbone organization ratings.....	13
Community engagement ratings.....	14
Additional questions ratings.....	15
Open-ended comments.....	16



Membership

Please rate the extent to which your ACH currently has...

	Outstanding	Good	Adequate	Needs improvement	Don't Know	Total
Active engagement from key stakeholders from multiple sectors.	5.88% 6	42.16% 43	18.63% 19	15.69% 16	17.65% 18	102
Clearly defined roles and responsibilities for ACH members.	8.82% 9	21.57% 22	25.49% 26	22.55% 23	21.57% 22	102
Trust among members.	10.68% 11	26.21% 27	20.39% 21	13.59% 14	29.13% 30	103
Members operating in the shared interest of the ACH versus their own personal/organization interest.	9.71% 10	26.21% 27	21.36% 22	15.53% 16	27.18% 28	103



Mission, Goals & Objectives

Please rate the extent to which your ACH currently has...

	Outstanding	Good	Adequate	Needs improvement	Don't Know	Total
A shared vision and mission.	9.00% 9	30.00% 30	24.00% 24	17.00% 17	20.00% 20	100
Agreed on health priorities based on identified regional health needs.	6.00% 6	31.00% 31	21.00% 21	22.00% 22	20.00% 20	100
A realistic action plan for at least one collective ACH project.	10.10% 10	22.22% 22	19.19% 19	20.20% 20	28.28% 28	99
Made progress on at least one collective ACH project.	6.19% 6	23.71% 23	18.56% 18	16.49% 16	35.05% 34	97
ACH members that are investing adequate resources into the collective ACH project(s).	5.10% 5	20.41% 20	19.39% 19	19.39% 19	35.71% 35	98



Governance & Operations

Please rate the extent to which your ACH currently...

	Outstanding	Good	Adequate	Needs improvement	Don't Know	Total
Involves all members in the decision-making process.	9.47% 9	30.53% 29	23.16% 22	13.68% 13	23.16% 22	95
Has an effective governance structure to make decisions and plan activities.	10.53% 10	31.58% 30	23.16% 22	13.68% 13	21.05% 20	95
Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.).	15.79% 15	34.74% 33	20.00% 19	10.53% 10	18.95% 18	95
Has leaders who bring the skills and resources that our ACH most needs.	13.68% 13	37.89% 36	18.95% 18	11.58% 11	17.89% 17	95
Has leaders who promote and support effective collaboration.	16.84% 16	36.84% 35	21.05% 20	7.37% 7	17.89% 17	95
Has ACH members that are investing adequate resources into ACH operational capacity.	6.32% 6	25.26% 24	15.79% 15	21.05% 20	31.58% 30	95
Is executing a sustainability strategy.	8.42% 8	16.84% 16	16.84% 16	20.00% 19	37.89% 36	95



Backbone Organization

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

	Outstanding	Good	Adequate	Needs improvement	Don't Know	Total
Effectively provides support for collaboration among ACH member organizations.	11.70% 11	30.85% 29	23.40% 22	9.57% 9	24.47% 23	94
Provides the organization and administrative support needed to maintain ACH operations and activities.	12.77% 12	26.60% 25	24.47% 23	9.57% 9	26.60% 25	94
Separates its own organizational agenda from the agenda of the collective ACH.	13.83% 13	29.79% 28	15.96% 15	8.51% 8	31.91% 30	94



Community Engagement

Please rate the extent to which your ACH currently...

	Outstanding	Good	Adequate	Needs improvement	Don't Know	Total
Has support from key community leaders for the ACH's mission and activities.	6.45% 6	34.41% 32	23.66% 22	19.35% 18	16.13% 15	93
Communicates effectively with the broader community about the ACH mission and activities.	6.45% 6	22.58% 21	18.28% 17	34.41% 32	18.28% 17	93
Engages the broader community with opportunities for public comment or participation.	7.53% 7	20.43% 19	20.43% 19	33.33% 31	18.28% 17	93
Engages ethnically and racially diverse communities in ACH activities.	8.60% 8	21.51% 20	21.51% 20	24.73% 23	23.66% 22	93



Additional Questions

Please indicate how much you agree/disagree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Total
My ACH has increased collaboration across organizations and sectors in our region.	9.78% 9	58.70% 54	9.78% 9	3.26% 3	18.48% 17	92
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	4.40% 4	49.45% 45	17.58% 16	4.40% 4	24.18% 22	91
My ACH is helping to align resources and activities across organizations and sectors in our region.	4.30% 4	62.37% 58	11.83% 11	2.15% 2	19.35% 18	93
My ACH is making a positive contribution to health improvement in our region.	8.60% 8	46.24% 43	12.90% 12	1.08% 1	31.18% 29	93
My ACH is addressing the broader issues that affect our region's health needs.	5.43% 5	51.09% 47	17.39% 16	1.09% 1	25.00% 23	92
My ACH is effectively promoting health equity.	6.52% 6	48.91% 45	15.22% 14	3.26% 3	26.09% 24	92
Participating in the ACH is a worthwhile use of my organization's time and resources.	12.09% 11	54.95% 50	7.69% 7	1.10% 1	24.18% 22	91



What do you hope the ACH will accomplish in your region in the next year? (1 of 5)

- I hope that we will be designated as the NCACH and be able to step up outreach while we also clarify the mission of our ACH, and build capacity to launch shared strategies for improving population health across the region.
- gained visibility, with more stakeholders accessing and contributing to existing resources
- Strategic planning
- We are still in the forming phases. I hope that we solidify the structure and vision quickly so that we can move onto to determining health needs and develop and implement specific strategies across the region.
- getting county leadership on board so there is a clearer understanding of ACH's goals/action plan
- Finish the 2 pilot programs and report on best practices, solidify BOD, and advance leadership council.
- Defining its purpose and having that truly align with the work we think the state is expecting to occur (synergy with behavioral and medical healthcare so that costs are lowered, quality is enhanced and payments can be made for combined services) in a way which does not unnecessarily erode current providers of these services.
- Include a broader range of organizations, not just the medical community.
- more broadly disseminate information about this very important change in our structure.



What do you hope the ACH will accomplish in your region in the next year? (2 of 5)

- Set clear goals and create the right team to execute them
- Need to develop an action plan and quite worrying about who is on the board and who isn't.
- Successful program outcomes and the implementation of another program or programs that meet the health needs of the community.
- Support integrated health and the survival of rural health care systems.
- Establish backbone organization and staff so that the work will be the driver of meeting agendas.
- My main goal would be increase collaboration and to see something tangible or measurable produced.
- Be able to publish successes.
- Have a firm backbone organization with a 501C3 status
- Collective improvement to bring better and more efficient resources to our local communities
- meet the goals it and state have established
- Identification of health resources gaps and prioritization of initiatives to address
- Need a clear focus and direction.



What do you hope the ACH will accomplish in your region in the next year? (3 of 5)

- Develop and implement a long range plan for improving the health of the NC community and begin executing. I am somewhat optimistic but we have only just formed and therefore don't have much of a track record.
- Improve communication between health care providers, especially hospitals.
- Combining the structures of mental and physical health care services. Probably needs more than a year. They are not exclusive of each other and it will be a real step forward to acknowledge one influences the other.
- Get past sector and institutional interests and commit to the greater collective impact mentality and actions.
- Develop a strong Governing Board and Leadership Council. Complete regional CHIP. Compile current community asset inventory. Introduce Collective Impact methodology to ACH work efforts.
- Develop clearer direction. Broaden engagement through meaningful initiatives.
- Better definition of mission
- Larger vision, shared goals across all CHIs and ACH member organizations, share the work of the ACH and healthcare transformation with all medical providers and community partners at the patient/client level.
- A Regional health needs/health improvement plan that aligns with consumer perception.



What do you hope the ACH will accomplish in your region in the next year? (4 of 5)

- I hope the ACH can achieve cooperation among relevant community agencies, identify strategic community projects, and bring together resources to provide sustainable support to achieve those desired outcomes.
- Balance costs per value of medical services (if medical services are not successful... Cost for service would reflect that).
- Getting organized and establishing a mechanism for collaboration.
- Increase communication with the general public
- More collaboration with a majority of the programs offered in silos in the area.
- Integrated Mental, Behavioral, and Physical Health in every community
- Complete bylaws, organize backbone organization and have a couple of strong health improvement projects well underway.
- Reduce the incidence and cost of Diabetes.
- Get local leadership, identify and act on needs, find local leaders with time and energy to act on behalf of regional needs
- A regional plan and accomplishments for equity in access and delivery of healthcare, including rural areas and at-risk populations.



What do you hope the ACH will accomplish in your region in the next year? (5 of 5)

- The voice of the CHI's needs to be more clearly defined and some governance organized for these. Meeting objectives need to be very clearly understood out of respect for participants' time. I would like to see more stakeholders taking ahold of some clear objectives.
- Make impacts on population health in our region, e.g. diabetes.
- Make sure smaller agencies have a seat at the table with as much impact as the larger entities
- Finalize the reporting structure and regional council
- Awareness to the community
- Identify specific topics and action steps to take to the Governing board to include an asset inventory and task list.
- Trickle-down from Wenatchee to our community (pop health work currently underway in Wenatchee through ACH)
- establish the backbone organization and by-laws necessary to operate as a stand alone group.
- Define a scope of work, and get started on it



Are there any challenges you are worried the ACH will encounter in the next year? (1 of 5)

- Ambiguity is de-motivating at a certain point; I hope the role and boundaries of the ACH work will be clarified sooner than later so we can keep the positive energy we have been able to build so far.
- Agreement of elected leadership.
- clear vision and sustained resources are always important
- Having worked in the region for a while, the size of area, geographically is a challenge.
- I think getting stakeholders to engage will continue to be a challenge. Not for lack of trying on the part of ACH, but because of multiple competing priorities that organizations face. It is a struggle for healthcare organization to face declining reimbursement, needing to do more with less, all the while trying to facilitate a major transformation in care delivery.
- Local politics!!
- Funding and back bone organization
- Yes, the ACH doesn't know what their purpose is. Nothing will be possible until that is understood. This problem is exacerbated by the state's lack of direction and further, I think, by not all ACH board members understanding what is happening in the medical and behavioral health sectors of the state. There is a total lack of clarity around purpose. This is not the fault of the ACH, necessarily, because it's hard for a disparate group to come together when the state is vague about vision and mission.



Are there any challenges you are worried the ACH will encounter in the next year? (2 of 5)

- I think one challenge will be to have the right representation of each sector.
- Loss of interest because nothing is happening.
- Lack of clear Federal and State Policies and adequate funding in various rural sectors.
- Sustainability of organization funding.
- Lose momentum, stall out, lose sight of its mission.
- Okanogan County continues to be a challenge because of lack of knowledge and interest by county politicians.
- As with any collaborative effort, maintaining momentum and participation
- collective work
- ACH has become "confused" about its true role/end goal in the face of many "asks" inputs (ACH designation, potential waiver role; potential marijuana tax role??)
- Lack of momentum.
- The medical community knows next to nothing about what is happening. Behavior health and dependence are moving forward, but Physical health need to integrated
- Yes. Too much unknown to not expect challenges. Lack of clarity of purpose.



Are there any challenges you are worried the ACH will encounter in the next year? (3 of 5)

- That we will try to implement an ambitious plan without any resources to do it. We have something like \$100k of funding to get us through this year and will have to come up with a plan going forward. Since we are a brand new entity, we don't have the backbone organization or track record of many other ACHs with pre-existing structures and funding sources.
- Getting the message of health care reform to my region so a variety of stakeholders will understand, feel it matters to them.
- Trust and collaboration is given lip service, but fear is what has people engaged.
- Developing regional grassroots networks across a large geographic region. Maintaining level of enthusiasm and commitment at regional and leadership levels. Preventing burn out and/or drop out of agencies or individuals when resources get stretched too far.
- Not enough funding for an adequate staff. Need staff for initiatives. Need initiatives for broader engagement.
- Not enough time or resources to make improvements
- Agreement between 3 uniquely different CHIs.
- Capacity to accomplish the work while creating a new 501c3 organization. There is limited staff available to dedicate the time necessary, all are adding ACH work to their already full workloads.



Are there any challenges you are worried the ACH will encounter in the next year? (4 of 5)

- Not enough time to accomplish all the goals.
- Being able to understand the role of the ACH in the broader community.
- Difficulty in registration and understanding of the process may be a barrier to engagement
- Buy-in from these different programs
- Yes. Funding at the grassroots level.
- Challenge of limited resources and time from key participants.
- Time, sharing information amongst all concerned parties
- Participation
- Keeping key committee members' engaged in the work we do.
- Board decisions need to truly reflect the ACH membership and there has been no communication from Board members to ACH members.
- funding is always an issue.
- Financing the needed administrative support, data aggregation. Hope we don't get too much what's in it for me
- Push back on what some have considered the top priorities of the ACH.
- Who will take on the fiscal agent role



Are there any challenges you are worried the ACH will encounter in the next year? (5 of 5)

- We have great people working on this through Barry, the committee and Deb. Challenges include the nebulous nature of what we are doing, uncertainties of the section 1115 waiver, and the amount of resource we have to dedicate to projects.
- Politics between Counties and the preservation of the status quo (rural hospitals/communities are reluctant to collaborate if they feel it will lead to lost jobs, prestige, and the closure of a hospital).
- Leadership, collaboration, sustainability
- There aren't the right stakeholders at our meetings with representation for the groups that struggle the most with health problems in our communities.
- The HCA's redefinition of the role of the ACH is troublesome.



Do you have suggestions about how to improve your ACH?

(1 of 4)

- We need to decide on the backbone organization and to designate staff who will guide the board and the parallel managing groups, i.e., Coalition for Health Improvement groups and the Regional Council
- I think they need to have a meeting with local elected officials and staff to bring them up to speed.
- Perhaps e-mail stakeholders when new documents, materials, events emerge, as a reminder for others to check with them.
- I think things will continue to improve as structure, vision, and purpose are more solidly in place.
- To include and ENGAGE members outside of the medical field.
- Finish 501C3 formation and structure back bone organization
- Greater direction from the state on the purpose of the ACH. I think it is necessary for ACH leadership / board to become more educated on the state Innovation plan.
- It's a daunting task to bring all of these different stakeholders together to march together toward improvement. I feel the backbone organizations like CDHD and Community Choice have done a tremendous job of getting it off the ground.
- We have done a great job of developing a structure. We now are looking towards identifying and implementing activities to impact the health of our population.
- They need to bring non medical sectors to the table.



You have suggestions about how to improve your ACH? (2 of 4)

- Continue to be as open, flexible and thoughtful about the needs of the community as they currently are.
- Continued education for governmental and health care leaders.
- Make it more inclusive to all community sectors
- things are going well, just need to continue momentum and re-set the global group's understanding of the ACH vision
- There are many ideas and good sharing but no clear direction. What is the action plan? What are we DOING? We are talking about ideas but I have not seen a clear path defined.
- We need to develop greater engagement at the local levels and select a few projects that demonstrate the proof of concept underlying the assumption of value of the ACH.
- Better community outreach.
- Lots of meetings and emails and it is hard to determine where I am supposed to be and where I am getting information.
- The CHI's need to be governed locally with direct observation of these meetings by the voting members of the ACH. The county voices are not currently being heard in our CHI meetings.
- Quickly move forward with the backbone decision as well as the bylaws.



Do you have suggestions about how to improve your ACH? (3 of 4)

- Need effective facilitation by outsider to start a conversation on collective impact and build trust while improving understanding of real steps that people can understand to minimize fear of the unknown.
- Develop a strong non-partisan backbone organization in 2016 with dedicated resources.
- Funding for staff who can do initiatives which can produce broader engagement.
- Share information and set a vision for healthcare transformation.
- Staff assigned full time to the process.
- Guidance from the HCA as to the long term goals for the ACH's. We are guessing as to our ultimate responsibilities and it is hampering our ability to know how to set up our structure, understand what the backbone organization should do and organize.
- More communication between groups and letting the leaders of the community to be cognizant of all the good that is going on in the area
- Involve all members of the ACH, including Tribes
- Implement a Mission Statement for the group .
- Communication. Ability to offer input.



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

- North Central ACH has a lot of potential and needs to balance its continued work on structure with identifying priorities that can mobilize participation of the partners engaged. While a strength of the North Central ACH is their recognition of the diversity of their region and building out county CHIs, there seems to be a unintentional dynamic occurring with the CHIs acting as their own ACHs. Would recommend the ACH figure out ways to bring forward report outs from each CHI.
- reduce the size of the governing board. in an attempt to get buy-in from different sectors/communities, the Governing Board has become too large.



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

- A statewide leadership group that meets electronically to share lessons learned would be a cost and time effective way to network in the early days of the ACH initiative. It is so easy to get stuck in a vacuum and not recognize how another area is approaching or has resolved an issue.
- Too many different messages from different organizations. Need more definition of where we are going as a state!
- Involve the entire state in stakeholder meetings, listening hubs, and have more eastside meetings with HCA and Healthier Washington staff
- More clarity from the state about what each ACH needs to accomplish. There should be a best practice in there somewhere. Having each area stumble around without direction / vision is a waste of resources and does not set any region up to be successful.
- Sharing information of what's working and what is not working among the different ACH regions as we all have a common interest in our local communities. Remember what is already in place. There are lots of organizations who can help these process. Let's not narrow the players down to where only a few are calling the shots.
- Better community outreach.
- Answer the questions which have been raised by the HCA's vision of the ACH's role with the Medicaid waiver. Causing a lot of confusion and wheel spinning.



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

- The leaders need better education about the goals and implementation about the Initiative, better education and coordination for the PHDs, and better education for many sectors about the 1115 Waiver. There is a need to continue to involve and educate elected and other governmental and health care leaders.
- Need more information and education from the state perspective.
- Make it more inclusive to all community sectors
- greater focus and clarity on true role/goal of ACH.
- Communication and planning.
- More support from the HCA for the ACHs and more opportunities for collaboration and collective action by all ACHs. There is broad belief this is necessary and some will do it. The success of Healthier Washington seems to depend on active, viable, and engaged ACHs and there are several mature models in the state. Others are lagging far behind and potentially imperil the effort if they can't catch up. We can't just throw money at ACH formation but more attention to resourcing them needs to be given.
- It is about better care, higher quality and lower cost. Acknowledge the investment of time, energy, and money to do this right. We have one chance. Try not to make it all about cost saving. That will come if the care is better and the quality is better, but it may take time....



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

- We need outside experts with no skin in this game to help problem solve the more sensitive issues such as payment reform, meaningful engagement of non-traditional sectors in health among other things like inter-regional distrust.
- Continue to develop WA State ACH standard processes and tools for regional use. Continue state-wide leadership meetings to share successes and collective problem-solving. Continue to promote education on ACH development and management by WA ACH regions and other states.
- Stop wasting so much SIM grant money on the Transformation Hub and AIM efforts and spend more on ACHs.
- Get providers involved, share information with those that will see change at the patient/provider and client/service levels across the organizations that will be impacted most by integration in 2020.
- Utilizing smaller regions would develop more responsive and community driven assistance. Expecting participants to drive 2 + hours to be able to be at the table limits effective collaboration that cannot be achieved in conference calls.
- I know this is to be self directed but a better framework for the work to be done would be appreciated. I believe the local team is doing well.



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

- The structure is pretty loose. It would help all of us define our direction better if the state would choose one initiative to tackle at a time. They haven't given enough clear direction and an idea how the structure should ideally look. Giving us this much capacity for creativity to figure out our own solutions has bogged us down, rather than helped us.



ACH Evaluation Team

Erin Hertel, Lauren Baba,
Lisa Schafer & Allen Cheadle

www.cche.org



Please direct questions to: baba.l@ghc.org