

Accountable Communities of Health Evaluation

ACH Participant Survey 2018

Center for Community Health and Evaluation

January 2019



Survey Highlights

CCHE conducts an annual survey of regional stakeholders engaged in the ACHs. The survey data provide a snapshot of ACH participants' opinions and perspectives about how the ACHs are developing and functioning, including their areas of strength and opportunities for growth. Survey data is intended to support ACH strategic learning and continuous improvement. Key findings from the 2018 survey include:

- Respondents reported high levels of **satisfaction**. Almost three-quarters are satisfied (45%) or very satisfied (27%) with how their ACH is operating.
- Overall, there was not large variation in ratings across the six domains assessing collaborative functioning and effectiveness. Ratings indicate that ACHs are generally performing well, but there are opportunities for improvement.
 - **Areas of strength** across ACHs included: **organizational function**, such as having effective leadership and staff that further the agenda of the collective; and **governance**, for example, clearly communicating information across ACH members.
 - **Opportunities for growth** included providing mechanisms for **public comment/participation**, and **effective communication** with the broader community.
 - Responses also indicated there is **not clear agreement on how to continue regional collaboration after Medicaid Transformation ends**.
- The majority of survey respondents agreed that **ACHs are making a positive impact** on health system transformation, cross-sector collaboration, and regional health.
- Survey respondents frequently mentioned progress in **implementing Transformation projects** and the **collaboration of multi-sector partners across the region** as major successes. **Communication, transparency, and stakeholder/community engagement** were often raised as areas for improvement, and **maintaining stakeholder engagement and participation** as the Transformation work continues was identified as a significant anticipated challenge. Many respondents pointed to **increased collaboration and connections in their regions** as the biggest difference ACHs have made in their regions so far.

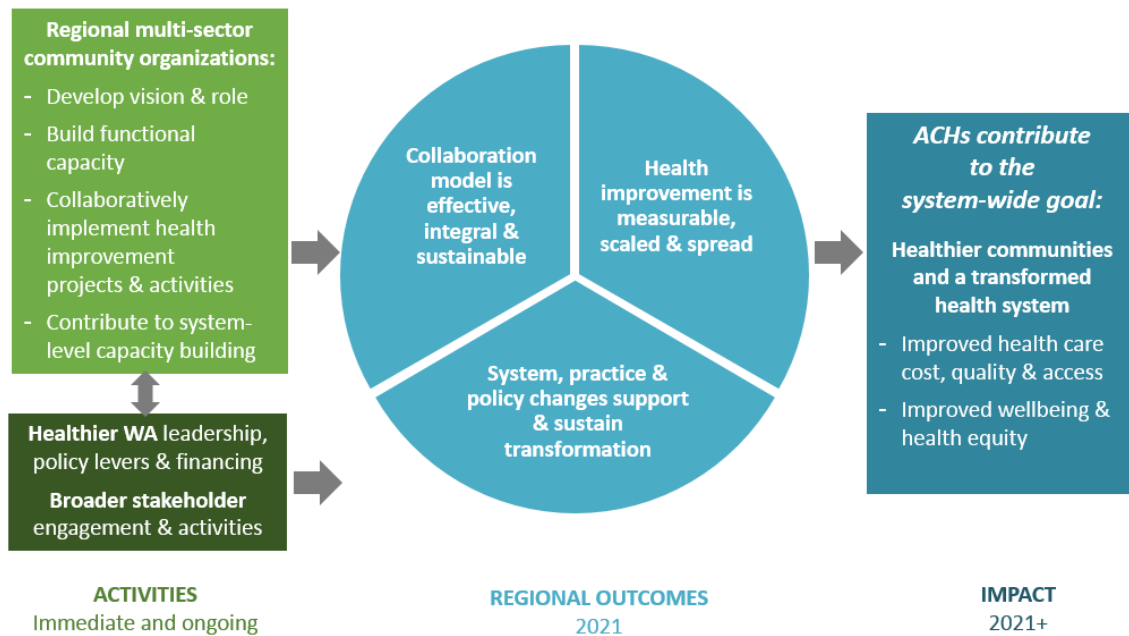
Background

An Accountable Community of Health (ACH) is a regional organization consisting of representatives from a variety of sectors, working together to improve population health and transform the health system in their region. ACHs were established with funding from a State Innovation Model (SIM) federal grant and now receive funding from multiple sources, including SIM and the state's Medicaid Transformation initiative. Nine ACHs have formally organized across Washington as part of the state's Healthier Washington initiative to strengthen collaboration across a range of organizations and community

members, develop and implement regional health improvement and system transformation efforts, and provide feedback to state agencies about their regions' health needs and priorities.

As part of the evaluation of the ACH initiative, the Center for Community Health and Evaluation (CCHE) worked with the Health Care Authority (HCA) and the ACHs to envision ACHs will achieve their impact (see Conceptual Model below).

Accountable Communities of Health Conceptual Model



During their first two years (2015-16), ACHs focused on establishing operational and governance infrastructure to support cross-sector collaboration. The ACHs started by engaging stakeholders from many sectors and community perspectives across their regions, many of whom had never worked together before. They also began to develop regional health needs inventories to understand local health priorities. In 2016, ACHs began considering transitions to nonprofit status and selected their first health improvement project to address one of their region's population health priorities.

ACHs continued to evolve in 2017, driven in part by the emerging Medicaid Transformation opportunities that designated specific coordination and leadership roles, and funding opportunities for ACHs to support the state's health system transformation efforts. By the end of the year, all nine ACHs had formally transitioned to independent organizations including instituting changes to meet Medicaid Transformation requirements. This required them to refine governance structures with formal boards and more clearly defined committees, roles, and decision-making processes. Many ACHs also hired executive leadership and staff in a variety of new roles to support the developing portfolio of health improvement work. Throughout the year, ACHs engaged stakeholders and the broader community around Medicaid Transformation projects. All nine successfully achieved state certification to participate in the Medicaid Transformation and collaboratively developed complex project plans that were submitted for approval and funding in November 2017.

In 2018, ACHs continued to collaboratively build out and begin implementing their regional plans for Transformation, including engaging clinical and community-based organizations as partners in the transformation process, developing criteria for funding partner organizations, and beginning to distribute funding within their regions. As they entered this phase of the work, most ACHs refined their structures again by sunsetting some committees and launching others so that they could best support collaboration.

ACHs wrestled with how to meaningfully engage community members in this process, with many ACHs developing community voices councils and/or supporting sub-regional groups that could engage the community at an even more local level. The need to expand ACH staff capacity continued as the work increased and became more specific. Many ACHs decided to set aside a portion of Transformation funds in resiliency, wellness or equity funds that could focus on a broader population (beyond Medicaid consumers), and/or social determinants of health such as housing, food or transportation. Some ACHs began looking to the future and strategizing about the long-term sustainability of the Transformation work, and potential future roles of the ACHs as organizations.

Since 2015, CCHE has conducted an annual survey of regional stakeholders engaged in the ACHs to understand their perceptions of ACH progress over time. The survey data provide a snapshot of individual ACH participants' opinions and perspectives about how the ACHs are developing and functioning, including their areas of strength and opportunities for growth. Survey data are also used to validate findings from other evaluation data sources, including interviews, meeting observations, site visits, and document review. Individual ACH survey results are shared with each ACH and HCA to inform ACH continuous improvement efforts and ongoing development of the initiative.

Methods

ACH participants were asked to complete an online survey. The survey asked participants to rate their ACH on 23 key components of collaborative organizational functioning on a scale of: 4 = *Outstanding*, 3 = *Good*, 2 = *Adequate*, 1 = *Needs improvement*, and N/A = *Don't know*. These components are organized into the following six domains:

- Member participation
- Mission & goals
- Governance
- Organizational function
- Community engagement
- Regional health improvement projects & activities

The survey also asked participants their level of agreement with eight statements about the impact of their ACH, as well as four open-ended questions about successes, suggestions for improvement, anticipated challenges, and what is different in their region because of the ACH.

This year, there was a 41% statewide response rate for the ACH survey (689/1,671); a similar response rate and slightly smaller sample than 2017.

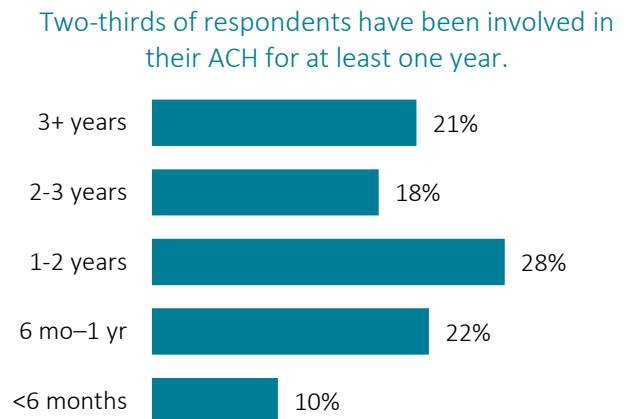
See Appendix A for more on survey methods, Appendix B for survey questions, and Appendix C for complete data tables.

Characteristics of ACH participants

Length of participation

Two-thirds (67%) of respondents have been involved in their ACHs for at least one year, and 21% reported being involved for three years or more. Compared to last year, more respondents have been involved more than a year.

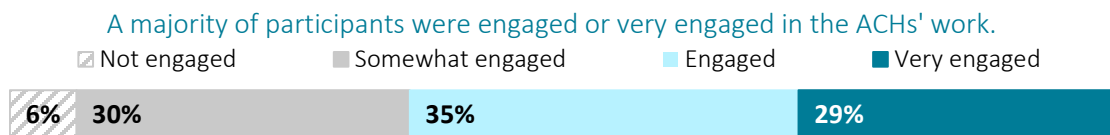
Respondents who are newer to ACHs (reporting participation for two years or less) rated all domains similarly to respondents who have been involved since before the MTP (reporting participation for more than two years).



Level of engagement

Survey respondents' self-reported level of engagement in their ACHs was split relatively evenly between three of the response options (*very engaged*, *engaged*, *somewhat engaged*), with 30-35% in each. The remaining 6% of respondents said they were not engaged.

Respondents who indicated they were more engaged also rated ACHs performance more positively; there was a statistically significant higher rating of ACH overall functioning from *engaged* or *very engaged* respondents, compared with those who were less engaged (*somewhat* or *not engaged*).



Governing board

Approximately one-fifth (19%) of survey respondents were members of an ACH's governing board, a similar proportion as last year's survey. Across all ACHs, board members rated ACH functioning more highly than non-board members. This trend was statistically significant for all domains except for mission & goals and regional impact.

Sector participation

Respondents were asked to identify which sector(s) they represent in their ACH. They could select all that applied to them from a list of 14 sectors, primarily based on the Medicaid Transformation sector requirements, and/or write in a response.

The sectors most frequently selected by respondents across all ACHs were similar to the sectors more frequently selected for each individual ACH. The top five were, in order of frequency:

- Behavioral health provider or organization
- Primary care (including community health centers)

- Community-based organization (which included transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, and legal assistance)
- Hospital/health system
- Local government

This was similar to the sector representation in the 2017 survey, with a lower proportion of respondents this year coming from MCOs and local public health departments, and a higher proportion coming from local government.

Three-quarters of respondents (76%) selected at least one of these five sectors.

Overview of ACH strengths and opportunities for improvement

Participant satisfaction

Overall, respondents were satisfied with the performance of their ACH, with most indicating they were *satisfied* (45%) or *very satisfied* (27%) with the way their ACH was operating. There was a statistically significant higher rating of ACH overall functioning from those who were satisfied or very satisfied compared to those who reported being somewhat or not satisfied. This held true for each domain.

ACH functioning in 2018

The survey asked participants to rate their ACH on six domains related to ACH functioning and activities. Overall, there was not much variation in average ratings across the domains, indicating that respondents feel ACHs are generally performing well with some opportunities for growth. There was also no significant change in average ratings at the aggregate level from 2017 to 2018, which is notable considering the shift in activities between years.

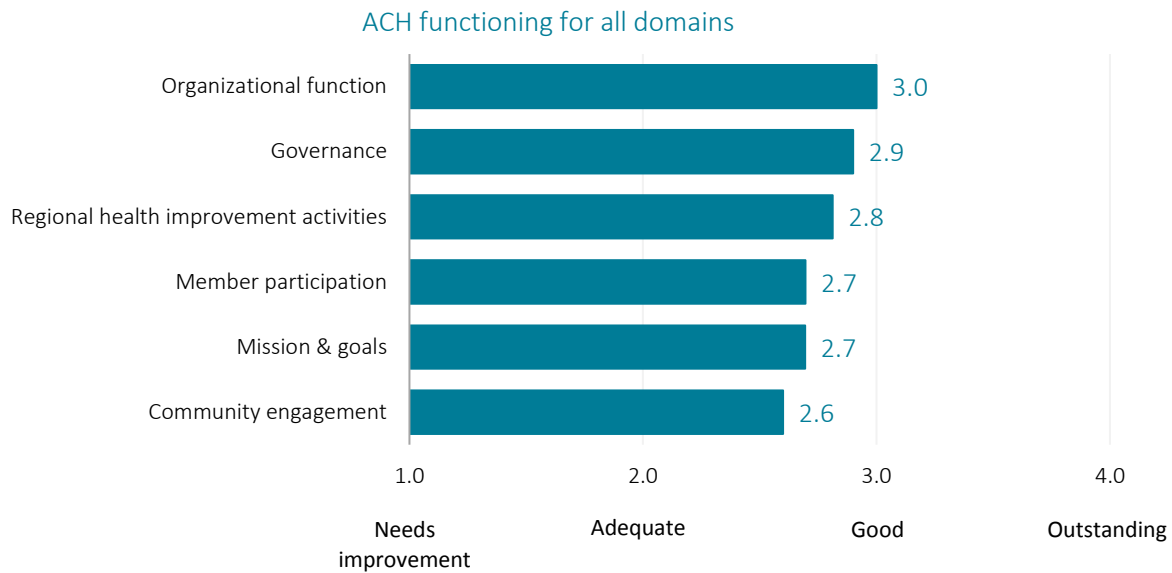
Respondents rated ACHs highest in **organizational function**, with a domain average of 3.0 (corresponding to *good* on the survey scale), **governance** and **regional health improvement projects and activities**, which had domain averages of 2.9 and 2.8 respectively. (4=*Outstanding*, 3=*Good*, 2=*Adequate*, 1=*Needs improvement*).

Across all domains, the highest rated individual survey components were part of the organizational function and governance domains. The components that the highest proportion of respondents rated outstanding were:

- Has leadership and staff that work to further the agenda of the collective ACH
- Has leaders who bring the skills and resources that the ACH most needs
- Board communicates information clearly among members

Community engagement was the lowest rated domain. It had a statewide average of 2.6, which is consistent with last year. In the survey, components in this domain include how the ACH engages with and provides opportunity for participation and input from the broader community. Two of the three lowest-rated individual components across all domains were related to community engagement, and received a needs improvement rating from approximately 22% of survey respondents:

- Communicates effectively with the broader community about ACH mission and activities
- Engages the broader community with opportunities for public comment or participation



ACH ratings by domain

Each of the six domains include a set of 3-4 components that collectively provide insight into how a respondent perceived an ACH's function in that area (descriptions provided in boxes below). The following section walks through each domain, starting with the domains most highly rated by respondents in 2018. While there are some differences in how components within each domain were rated, there generally were not significant outliers within the domains. The highest and lowest rated components in each domain are called out to illustrate potential strengths or opportunities for improvement from an ongoing learning perspective. The average ratings for all survey questions are included in Appendix C.

Organizational function: ACH leadership and staff have the skills to move work forward

Organizational function was the highest rated domain, with a statewide average rating of 3.0 across its four components. More than 60% of respondents rated all four of the domain components as *good* or *outstanding*. The component with the most *outstanding* ratings related to the ACH having **leadership and staff that work to further the agenda of the collective ACH**. An area for improvement in this domain is how the ACHs **provide support for collaboration among member organizations**. Across the state, 20% of respondents rated this area as *adequate* and 12% as *needs improvement*.

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.

This result suggests respondents think highly of the leadership and staff at their ACHs, but facilitating effective collaboration across all partners and participants can be challenging. This aligns with comments from the open-ended questions that indicate many respondents across the state see their ACH's staff and leadership as a strength, while maintaining collaboration among ACH members emerged as a consistent concern.

Governance: Effective board governance and structure for planning

The statewide average rating for the governance domain was 2.9 across the four components in this domain. Most respondents rated these components *good* or *outstanding*, and the highest rated statement was about **effective governance by the board**.

An opportunity for improvement relates to **involvement of all members in decision-making processes**; 23% of respondents rated this area as

adequate and 13% as *needs improvement*. In responses to the open-ended questions, clarity and timeliness of communication, as well engagement and participation of community stakeholders beyond health care, were frequently raised as challenges or suggestions for ACH improvement.

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

Regional health improvement projects and activities: Good processes for selecting projects that will achieve ACH vision and goals

This domain relates to the design, selection, and coordination of regional projects, including the Medicaid Transformation projects, and had a statewide average rating of 2.8 across four components.

Most respondents rated all components as *good* or *outstanding*, and the highest rated component related to whether the ACH is **focusing on projects or activities that will help achieve its shared vision and goals**.

The other three components in this domain were rated slightly lower (8-10% rated *needs improvement*, and 22% as *adequate*), suggesting there may be some dissatisfaction with how projects were selected and implementation planning.

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.

Member participation: Key stakeholders engaged, working towards a collective interest

The statewide average rating for this domain was 2.7 across the four components, with respondents rating their ACHs particularly well in **active engagement from multisector stakeholders**.

The two components that the most respondents rated as *needs improvement* related to having **clearly defined roles and responsibilities among ACH members**, and **members operating in the shared interest of the ACH** (15% and 16% rated these areas as *needs improvement* respectively).

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/organizational interest

Mission & goals: Strong shared mission; less agreement on how to continue collaboration post-Transformation

This domain had a statewide average of 2.7 across three components. ACH respondents generally agreed that there is a **strong collective vision and mission**, and **shared agreement on regional health priorities**.

However, fewer respondents felt their ACH has agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation – 26% rated this area as *adequate*, and 27% as *needs improvement*.

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.

Community engagement: Opportunities to better engage and communicate with diverse communities

This domain was rated the lowest, with a statewide average rating of 2.6 across four components.

While most respondents felt that their ACH has **support from key community leaders** (69% rated *good* or *outstanding*), other indicators of how ACHs engage communities, such as **effective communication to the broader community** and **providing opportunities for community participation**, were rated lower. Almost one quarter of respondents rated those two areas as *needs improvement*.

Community engagement

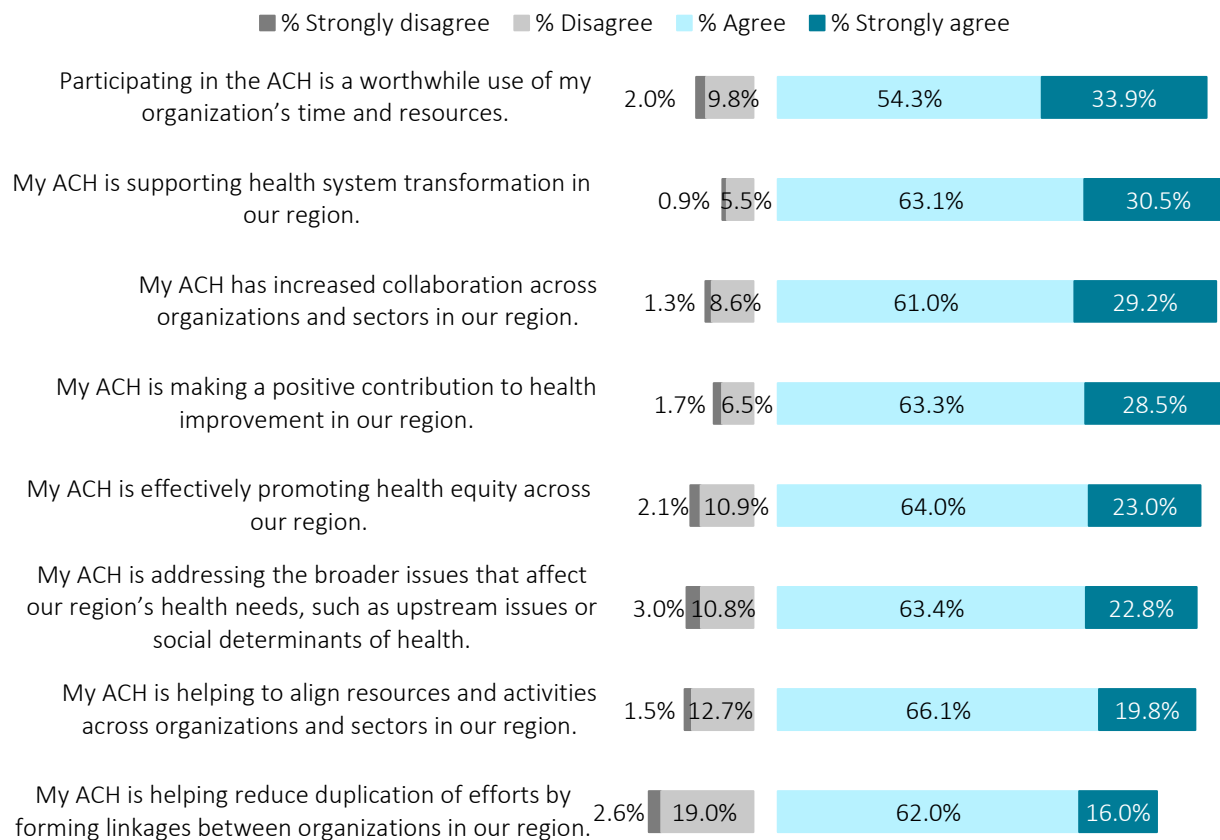
- Has support from key community leaders for the ACH's mission and activities.
- Communicates effectively with the broader community about the ACH mission and activities.
- Engages the broader community with opportunities for public comment or participation.
- Engages ethnically and racially diverse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

This domain has consistently been the lowest rated domain in previous years of this survey, and open-ended comments also highlight continued opportunity for improvement in ACHs’ engagement with the broader community, specifically community-based organizations, Medicaid patients, and particular racial/ethnic populations in regions. When interpreting this finding, it’s important to consider that how ACHs have defined and developed community engagement has changed over the course of SIM and the Medicaid Transformation work, and the survey only assesses certain components of this work.

Respondents agreed ACHs are contributing to regional health improvement

The survey also asked respondents to rate their agreement with statements related to the impact of their ACH’s approach and activities on their region. Overall, respondents were in strong agreement that ACHs are making a positive impact on health system transformation, cross-sector collaboration, and regional health improvement. More than 75% of respondents across the state *agreed* or *strongly agreed* with all components related to regional impact (see figure below). This was also reflected in the open-ended question asking respondents what, if anything, is different in their region because of the ACH. Many respondents across the state described new or more robust cross-sector collaboration around a shared vision, and increased awareness and communication across clinical and other service providers in their regions.

Strength of agreement with statements on the ACHs' regional impact



There was slightly less agreement with statements that ACHs are reducing duplication of efforts and aligning resources and activities across organizations in the state.

ACH successes, challenges & opportunities

Respondents were asked four open-ended questions about their ACH: successes in 2018, suggestions for improving their ACH, future anticipated challenges, and what is different in their region because of the ACH. This format allowed participants to provide more detailed information on next steps and areas for growth to support ACH development and Medicaid Transformation work.

The following summary includes overarching themes from respondents across the state for each question. While there was some variation and nuance in these responses by region, the overall themes were consistent across ACHs.

Successes in 2018

Across all nine ACHs, survey respondents highlighted progress in Medicaid Transformation Project implementation as a significant success this year. This included meeting initiative deadlines and milestones, creating change plans or other agreements for operationalizing the Transformation work in their regions, and other steps in the process of moving from project planning to implementation.

“Agreement on a consistent method for providing care coordination in the community....Bringing leaders of community-based orgs together with healthcare businesses.”

“Developing a cohesive plan for improvement and clear, evidenced-based, and reasonable, guidelines for participants.”

The convening and engagement of multi-sector partners and diverse perspectives was also frequently mentioned as a success. Survey respondents highlighted the significance of bringing sectors and organizations to the table, and how the increased collaboration and partnerships have contributed to progress in the Medicaid Transformation and coordination of efforts in the region.

“Providing a collaborative environment across all sectors.”

“I appreciate [the ACH’s] engagement process both with providers and community-based organizations...[the ACH’s committee structure] has been excellent and a very valuable way to provide input on [Medicaid Transformation] projects.”

While not as consistently strong across all ACHs, two other themes that emerged in open-ended responses about successes this year centered around continued ACH organizational development and improved capacity, and progress in specific project or focus areas. Comments about organizational development included ACH leadership and staff strengths, and the development of effective governance structures (e.g., workgroups or local collaboratives). Respondents often highlighted Pathways, opioid response, and progress in behavioral health integration efforts when commenting on project-specific successes.

Opportunities for improvement

Although they were sometimes cited as successes, the need for clearer communication, transparency, and broader engagement and participation also emerged as themes when respondents were asked for suggestions for how to improve their ACH. This is consistent with suggestions for improvement in 2017. Respondents across the state frequently commented on the need for clearer communication and more transparent processes and decisions, particularly in funds flow and other implementation decisions. Sometimes these comments focused on communication to partners and the broader community about the ACH's vision, purpose and progress, while some comments spoke to a lack of clarity in internal communication between and across governance groups and ACH staff.

“Better communication with members of the communities intended to be served through this process.”

“Need more communication regarding the vision. Need more accurate information about the flow and amount of funding.”

While many survey respondents called the involvement of multi-sector partners a success for their ACH, more inclusive engagement and outreach to key partners or sectors was also cited as an area for continued improvement. Engagement of Medicaid consumers or other community members was commonly mentioned, as well as grassroots or community-based partners and organizations, and non-clinical partners. At some ACHs, comments suggested that participation and engagement has changed as the Medicaid Transformation scope narrowed to a more clinical focus.

“Continue to try to involve other sectors besides physical health, make meetings inclusive to other sectors, not just focusing on physical health. As a member of another sector, there has been very few times that I felt I had a role or voice with the group.”

Anticipated challenges

When asked about challenges ACHs may encounter in the upcoming year, respondents frequently raised concerns about maintaining partner collaboration and participation as the Transformation work continues, echoing suggestions for improvement described above. For some ACHs, these comments focused on the potential challenge of maintaining engagement of key partners, clinical and non-clinical, as ACHs make funding decisions.

“Navigating “what's next”; engaging all the sectors that have dropped out of sight... We need to re-engage some members that have stopped attending [meetings] and get new voices, including community voice, added to the mix.”

“Now that we'll be picking “winners and losers” in terms of who gets funding, keeping players at the table that may not be seeing benefit to their organization.”

Responses also elevated various challenges that come with moving from planning to action in an effort as large and complex as the Medicaid Transformation. Many respondents also commented on funding as a challenge, both the overall amount and distribution across partnering organizations, as well as sustaining momentum after Medicaid Transformation funding period ends.

“Fast-paced timeline of project implementation will challenge ACH to use data wisely and consider equity and social justice when making key decisions.”

“Sustainability. Once the [Medicaid Transformation funding] dries up the partners will scatter without something to bring them to the table that impacts their bottom line.”

Impact of the ACHs

Across all regions, respondents pointed to increased cross-sector and cross-region collaboration as the most significant difference the ACH has made in their region so far. Comments referred to new or stronger collaboration among partners, and alignment around a shared vision for transforming the health system and reducing disparities, as well as increased communication, awareness, and coordination among service providers in the regions.

“Resource mapping, collective vision, and emerging partnerships due to convening and leadership of ACH.”

“Better communication and collaboration between health providers, sectors, and community-based organizations. Better awareness of each other’s role and contributions.”

Conclusion

The ACH participant survey provides insight into how participants feel about the functioning and impact of their ACH at a point in time, and allows for a statewide look at commonalities and differences. Survey findings indicate there are key areas where ACHs are strong as a cohort, particularly in organizational capacity and governance, and some opportunities for improvement, notably in the areas of outreach, engagement, and communication. The majority of survey respondents reported that ACHs are positively impacting population health and contributing to health system transformation in their regions.

Respondents identified the major accomplishments and successes from the past year, and gave concrete suggestions for improvement as ACHs prepare to implement the Medicaid Transformation projects. These findings will be used along with other evaluation insights to inform ACH continuous improvement efforts and support ongoing ACH initiative development.

Appendix A: Methods and response rates

Survey design

Survey questions were drawn from validated tools and existing surveys that assess collaborative functioning. The evaluation team revised the questions to fit the context of ACHs, their role within Healthier Washington, and the evaluation's conceptual model—a framework for how the ACHs will grow into functioning and sustainable entities.

The first annual survey was created and administered in 2015. In 2017, adjustments were made to some domains and indicators, based on the evolving work of the ACHs. The survey instrument is included in Appendix B.

The survey included questions in the following sections:

- **Respondent characteristics.** Role in ACH, sector represented, length of participation, level of engagement, and satisfaction rating. ACH membership role categories were tailored to each ACH's governance structure.
- **ACH functioning.** 23 components categorized into six domains, including: ACH member participation; mission & goals; governance; organizational function; community engagement; regional health improvement projects & activities. Components were rated on a scale of 4 = *Outstanding*, 3 = *Good*, 2 = *Adequate*, 1 = *Needs improvement*, and N/A = *Don't know*.
- **Overall feedback.** Eight questions on regional impact of the ACH, rated on a scale of 4 = *Strongly agree*, 3 = *Agree*, 2 = *Disagree*, and 1 = *Strongly disagree*. The survey concluded with four open-ended questions about successes, suggestions for improvement, hopes for future accomplishments, and anticipated challenges.

Data collection

The survey was administered using SurveyMonkey and invitations to the survey were distributed to ACH participants via email. ACHs were encouraged to identify decision-makers (i.e. governing board) and key council, committee, or workgroup members. Distribution lists were provided by each ACH's staff—they determined who was included on the list.

Responses were collected from October 15 – October 29, 2018, with regular reminder emails sent from SurveyMonkey and ACH staff.

Response rates

A total of 1,671 ACH participants were included in this year's sample. Survey sample by ACH ranged from 26-513 participants. A total of 689 responses were received for a 41% response rate, with individual ACH response rates ranging from 26%-77%. ACHs with the largest sample sizes also had the lowest response rates.

The list of governing board members provided by ACH staff was cross-checked with the list of respondents who indicated governing board membership in the survey. The list from the ACH was

considered the gold standard; at the time of survey administration, those lists were the most current rosters of the governing boards. Most ACHs had a few respondents who reported being on the board, though they weren't on the list of board members provided by the ACHs; these responses were not included in board-specific analyses.

Analysis

Average scores were computed for each of the six domains of ACH collaborative functioning, both overall and by ACH. These domain scores provide an overall picture of areas of strength and weakness for the ACHs. For each component within a domain, the percentages of respondents in each category (*needs improvement*, *adequate*, *good*, and *outstanding*) were calculated along with the component average. If a respondent chose *don't know*, they were not included in the component's average. For an individual respondent to be included in the domain average, they needed to have answered a threshold number of questions for each domain (see below); *don't know* responses were considered a non-answer.

Domain	# of questions in the domain	# of questions within domain that they need to have answered to have a domain average calculated
Membership	4	3
Mission & goals	3	2
Governance	4	3
Organizational function	4	3
Community engagement	4	3
Regional health improvement project	4	3
Regional impact	8	5

The overall score of ACH functioning was a combination of all the domains except for regional impact. Regional impact had a different scale than the other domains (an agreement scale).

Due to differences in the survey sample between eight of the ACHs and the one ACH that only sent it to their governing board, we tested whether the inclusion of that ACH in the statewide average statistically impacted the conclusions; it did not. For this reason, they were included in the statewide analysis.

T-test analyses were used to understand trends in ratings by participant characteristics (level of engagement, length of participation, level of satisfaction). Each of those participant characteristics were dichotomized for the analysis. Similarly, t-tests were used to understand differences between how board members rated domains compared to a group of each ACHs' choosing, to the rest of the ACHs' membership, and the group of the ACHs' choosing compared to the rest of the membership. If someone selected that they were on the board as well as other membership groups, they were considered board members.

Comments from the open-ended questions were coded and analyzed to identify themes, including statewide themes for each survey question and regional themes for each ACH.

Appendix B: Survey instrument

What is your role in the ACH? (select all that apply)

(Response options tailored to match each ACH's governance structure)

Please select the sector(s) that best describes the sector you represent in your role/participation in your ACH?

- Behavioral health provider or organization
- Commercial health plan
- Community-based organizations (e.g., transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, legal assistance, etc.)
- Consumer representative/consumer advocacy organizations
- Dental/oral health
- Education (e.g., early learning, K-12, community colleges, universities, etc.)
- First responders (e.g., Fire, EMS)
- Hospital/health system
- Law enforcement and criminal justice
- Local government (including municipal services and elected officials)
- Local public health departments
- Medicaid Managed Care Organization
- Primary care (including community health centers)
- Tribes/Tribal or Urban Indian health representative
- COMMENT BOX: Any comments about your sector? (optional)

How long have you participated in ACH activities (including Community of Health planning grants in 2014, if applicable)?

- Less than 6 months
- 6 months – 1 year
- 1-2 years
- 2-3 years
- More than 3 years

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

- Very engaged
- Engaged
- Somewhat engaged
- Not engaged

** indicates domain component included in 2016 survey; otherwise, was a new question in 2017 and remained in the 2018 survey*

ACH functioning domain scale: Outstanding, Good, Adequate, Needs improvement, Don't know

ACH Member Participation

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

- 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 Mission & Goals

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

- 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 Governance

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

- 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

ACH Organizational Function

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

- 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

ACH Community Engagement

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

- 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*

ACH Regional Health Improvement Projects & Activities

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

- 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.

** indicates domain component included in 2016 survey; otherwise, was a new question in 2017 and remained in the 2018 survey*

ACH Regional Impact domain scale: Strongly agree, Agree, Disagree, Strongly disagree, Don't know

ACH Regional Impact

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

- My ACH has increased collaboration across organizations and sectors in our region*
- My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region*
- My ACH is helping to align resources and activities across organizations and sectors in our region*
- My ACH is making a positive contribution to health improvement in our region*
- My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants of health*
- My ACH is effectively promoting health equity across our region*
- My ACH is supporting health system transformation in our region
- Participating in the ACH is a worthwhile use of my organization's time and resources*

Please indicate your overall level of satisfaction with how your ACH is currently operating:

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not satisfied

What were your ACH's greatest successes this year?

Do you have suggestions about how to improve your ACH?

Are there any challenges you think the ACH will encounter in the next year?

What, if anything, is different in your region because of your ACH?

Appendix C: Domain component responses for all ACHs combined

Notes: averages exclude *don't know* responses. In the report, percentages of each of the response options (*needs improvement, adequate, good, and outstanding*) were calculated excluding the *don't know* responses. NI = Needs improvement. A = Adequate. G = Good. O = Outstanding. DK = Don't know. SD = Strongly disagree. D = Disagree. Ag = Agree. SA = Strongly agree.

Member participation	Please rate the extent to which your ACH currently has...	N					2017 mean	2018 mean				
		answering questions	% NI	% A	% G	% O						
	Active engagement from key stakeholders from multiple sectors	666	9.3%	15.3%	44.1%	25.1%	6.2%	2.9	2.9			
	Clearly defined roles and responsibilities for ACH members	666	14.0%	23.1%	39.9%	15.0%	8.0%	2.6	2.6			
	Trust among members	664	10.7%	21.4%	40.7%	17.0%	10.2%	2.7	2.7			
	Members operating in the shared interest of the ACH versus their own personal/organization interest	666	14.3%	20.7%	39.5%	16.7%	8.9%	2.6	2.6			
Mission and goals	Please rate the extent to which your ACH currently has...	N					2017 mean	2018 mean				
		answering questions	% NI	% A	% G	% O						
		A shared vision and mission	660	8.3%	16.4%	45.0%			24.2%	6.1%	2.9	2.9
		Agreed on health priorities based on identified regional health needs	660	8.2%	17.9%	44.2%			23.6%	6.1%	2.8	2.9
	Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.	659	22.9%	22.0%	30.5%	9.3%	15.3%	2.3	2.3			
Governance	Please rate the extent to which your ACH currently ...	N					2017 mean	2018 mean				
		answering questions	% NI	% A	% G	% O						
		Involves all members in the decision-making process	659	11.5%	20.6%	40.7%			18.2%	9.0%	2.7	2.7
		Has an effective governance structure to make decisions and plan activities	657	7.0%	19.9%	38.4%			23.9%	10.8%	2.9	2.9
		Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)	659	8.8%	18.2%	40.1%			28.2%	4.7%	2.8	2.9
	Has a Board that effectively governs the ACH	656	5.3%	17.1%	38.4%	22.1%	17.1%	3	2.9			

Organizational function	N							2017 mean	2018 mean
	Please rate the extent to which your ACH currently...	answering questions	% NI	% A	% G	% O	% DK		
Organizational function	Effectively provides support for collaboration among ACH member organizations.	648	10.8%	18.2%	41.8%	21.1%	8.0%	2.6	2.8
	Provides the organization and administrative support needed to maintain ACH operations and activities.	648	4.6%	15.9%	42.4%	24.4%	12.7%	2.9	3
	Has leaders who bring the skills and resources that the ACH most needs.	648	7.1%	14.7%	37.0%	32.4%	8.8%	3	3
	Has leadership and staff that work to further the agenda of the collective ACH.	648	5.4%	16.2%	36.3%	34.9%	7.3%	3.1	3.1
Community engagement	N							2017 mean	2018 mean
	Please rate the extent to which your ACH currently...	answering questions	% NI	% A	% G	% O	% DK		
Community engagement	Has support from key community leaders for the ACH's mission and activities.	642	10.0%	17.6%	43.1%	16.8%	12.5%	2.8	2.8
	Communicates effectively with the broader community about the ACH mission and activities.	642	20.7%	21.3%	33.2%	13.4%	11.4%	2.3	2.4
	Engages the broader community with opportunities for public comment or participation.	642	18.5%	20.1%	34.1%	14.2%	13.1%	2.3	2.5
	Engages ethnically and racially diverse communities in ACH activities.	642	14.6%	19.8%	34.0%	16.0%	15.6%	2.5	2.6
Regional health improvement projects and activities	N							2017 mean	2018 mean
	Please rate the extent to which your ACH currently...	answering questions	% NI	% A	% G	% O	% DK		
Regional health improvement projects and activities	Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.	639	8.1%	19.4%	41.8%	19.6%	11.1%	2.8	2.8
	Selected the Medicaid Transformation projects that will address your region's health needs.	638	6.9%	19.6%	42.6%	20.2%	10.7%	2.9	2.9
	Focuses on regional projects or activities that will achieve the vision and goals of the ACH.	639	6.7%	17.5%	45.7%	21.6%	8.5%	2.9	2.9
	Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.	639	8.5%	19.2%	38.5%	20.5%	13.3%	2.7	2.8

Regional impact	Please indicate how much you agree or disagree with each statement.	N answering questions	% SD	% D	% Ag	% SA	% DK	2017 mean	2018 mean
	My ACH has increased collaboration across organizations and sectors in our region.	624	1.1%	7.7%	54.6%	26.1%	10.4%	3.1	3.2
	My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	621	2.1%	15.8%	50.7%	12.9%	18.5%	2.9	2.9
	My ACH is helping to align resources and activities across organizations and sectors in our region.	620	1.3%	11.1%	58.1%	17.4%	12.1%	3	3
	My ACH is making a positive contribution to health improvement in our region.	624	1.4%	5.4%	53.4%	24.0%	15.7%	3.1	3.2
	My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants of health.	624	2.7%	9.6%	56.7%	20.4%	10.6%	3	3.1
	My ACH is effectively promoting health equity across our region.	624	1.8%	9.3%	54.3%	19.6%	15.1%	3	3.1
	My ACH is supporting health system transformation in our region.	624	0.8%	5.0%	57.1%	27.6%	9.6%	3.2	3.2
	Participating in the ACH is a worthwhile use of my organization's time and resources.	622	1.8%	8.7%	47.9%	29.9%	11.7%	3.2	3.2