This research was conducted by the Division of Research and Network Science at the Population Health Innovation Lab, a program of the Public Health Institute. Funding for this project has been made available through Aligning Systems for Health, led by the Georgia Health Policy Center with support from the Robert Wood Johnson Foundation.

Advancing Equity: Adapting to Local Context and Confronting Power Dynamics

Lessons Learned from Accountable Communities of/for Health

May 2022

A Report By

POPULATION HEALTH INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

PREFACE

On behalf of the Population Health Innovation Lab (PHIL), a program of the Public Health Institute (PHI), we are excited to present you with the Aligning Systems for Health Deep Dive research findings. These findings draw on two years of dedication and research with 22 Accountable Communities of/for Health (ACHs) across California and Washington who provide essential coordination and support to their communities every day and without whom this research would not be possible.

The immense effort required to create, nurture, and support an ACH is complex and invaluable. The PHIL team believes this work is vital for improving the health, well-being, and equity of communities.

The mission of PHIL is to design, catalyze, and accelerate innovative approaches that advance health, well-being, and equity. PHIL contributes directly to the success of ACHs and similar health-focused multisector collaboratives across the country in two primary ways: by providing direct support such as capacity building; and by conducting original research to increase understanding of what works in multisector collaboration.

This research is essential to produce generalizable knowledge that can guide effective collaboration in practice. For this report, the driving research question is:

"How do local context and power dynamics influence an ACH's ability to make progress toward improved equity?"

PHIL approaches the research process with humility and gratitude. We recognize no amount of data will enable us to fully understand each ACH's unique context. However, we hope that by looking broadly at people and systems who are aligning in real-time, we can gain insight into what is working across settings and share the results as a resource for moving towards more equitable processes, outcomes, partnerships, and communities.

Sue Grinnell
Director,
Population Health Innovation Lab

Stephanie Bultema
Director of Research and Network Science,
Population Health Innovation Lab

"To build community requires vigilant awareness of the work we must continually do to undermine all the socialization that leads us to behave in ways that perpetuate domination"

– bell hooks, "Teaching Community: A Pedagogy of Hope," 2003

LAND ACKNOWLEDGMENT

The Population Health Innovation Lab (PHIL) team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.

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REPORT SUMMARY

The Population Health Innovation Lab (PHIL), Division of Research and Network Science studies how health-focused multisector collaboratives (MSCs) produce systems-level health innovation and improvement. This report details findings from one type of MSC - the Accountable Communities of/for Health (ACHs) model – specifically ACHs in California and Washington. The study is part of the Georgia Health Policy Center's national research initiative Aligning Systems for Health: Health Care + Public Health + Social Services, supported by the Robert Wood Johnson Foundation, which focuses on learning about effective ways to align health care, public health, and social services to better address the goals and needs of people and communities.

This report summarizes a deeper dive into the research findings for six ACHs operating in rural, urban, and diverse regional contexts during the study period (2021). While conducting initial interviews and surveys with 22 ACHs from August 2020 – January 2021, we observed that local context and power dynamics affect everything that ACHs do, especially in their efforts to improve equity. We invited a diverse group of six ACHs across the two states to participate in follow-up surveys, interviews, meeting observations, and document review to explore the relationship between local context, power dynamics, and equity. The research findings in this report were guided by the question:

"How do local context and power dynamics influence an ACH's ability to make progress toward improved equity?"

Local context encompasses all factors that influence the implementation of an ACH within a given community. Local factors such as geography, demographics, and socioeconomics are necessarily different for every community, and each factor is important for ACHs to consider as they seek to understand and improve communities' health innovation. For this deep dive report, we found that the local factors that most strongly influence an ACH's progress toward equity are:

- The ability to adapt to shifting public health emergencies (i.e., COVID-19, wildfires).
- The recognition of tribal sovereignty and inclusion of Native American communities.
- The ability to acknowledge and respond to systemic racism.
- The ability to convene across the ACH's full geographic scale.

Power dynamics capture the power imbalances that exist between actors within a given community. Power comes from diverse sources, and thus power imbalances may exist due to differences in financial resources, workforce capacity, or representation of historically oppressed groups. Because ACHs aim to convene diverse groups, it is essential that they understand how the relationships between these groups influence an ACH's capacity for effective collaboration. For this deep dive report, a community's power dynamics are especially influenced by:

- The ACH's commitment to diverse representation of community groups.
- Group capacity (e.g., staff, funding, etc.) to contribute to ACH work.
- Varying priorities of different sectors (i.e., health care, public health, social services).

Equity includes all efforts to remove structural barriers to an equal quality of life, and in the context of ACHs, is focused on health, social, and racial equity—ensuring that all people, of all races and income levels, can lead healthy lives. Our findings demonstrate that it is most influential for an ACH to:

- Make equity central to its work by explicitly pursuing equity-focused goals.
- Incorporate equitable processes into its daily way of working.
- Provide equity education that reflects its commitment to equity.

The rest of this report pulls from survey statistics, focus groups, and interviews to demonstrate the value of each of these elements for improving the work of ACHs. We examine the barriers to implementation and opportunities for success, and we provide resources for how communities can tackle these challenges. The report closes with an overview of conclusions and recommendations for ACH practice. Ultimately, we hope that this report will provide guidance to all health-focused MSCs. By reflecting on what works in ACHs, we believe that communities can further their mission to advance community health, well-being, and equity for all.

> **I wish all of the people that would read this report that they have a good day and that their family remains strong and healthy. And they remember to drink water, get sleep, spend time with their family, not get caught so much up in the work that they forget what they're really here for, which is to love their family.**
>
> - Kyle Schierbeck, Hunkpapa Lakota Chair of Unkitawa

INTRODUCTION

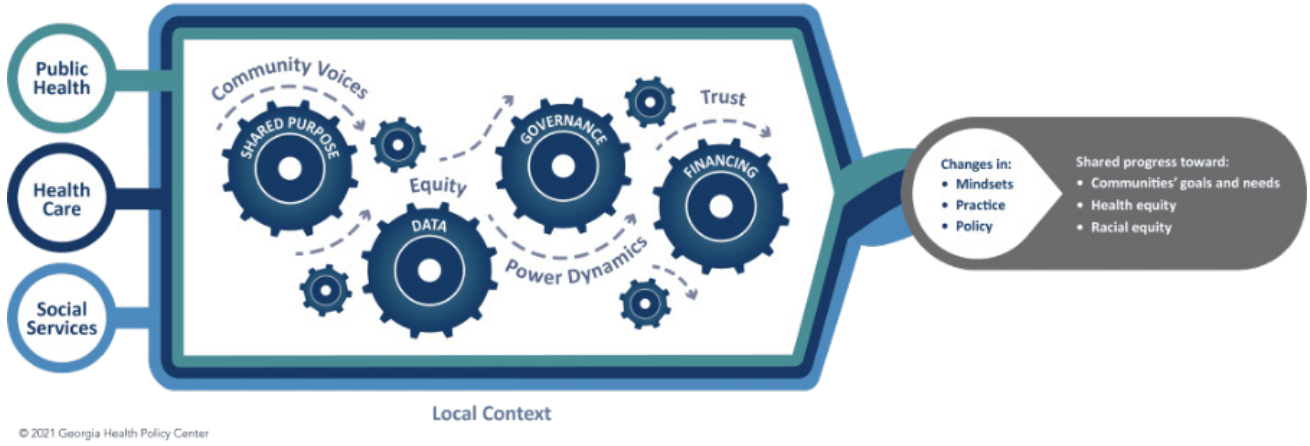
This report provides an overview of deep dive research conducted from March 2021 to September 2021 by the Population Health Innovation Lab (PHIL) at the Public Health Institute for the Aligning Systems for Health: Health Care + Public Health + Social Services national initiative led by the Georgia Health Policy Center and supported by the Robert Wood Johnson Foundation. Full research results will be available summer 2022.

Aligning Systems for Health Research

PHIL's research explores how alignment among health care, public health, and social service sectors—in partnership with community residents and tribal nations—leads to progress toward outcomes in 22 Accountable Communities of/for Health (ACHs) in Washington (n=9) and California (n=13). PHIL's goal is to identify what strategies are most effective to improve health equity, achieve long-term sustainability, and align sectors. Our work is guided by and contributes to further development of the Framework for Aligning Sectors (see Figure 1).

Learn more about PHIL's Aligning Systems for Health research project here and the methods here.

Figure 1. A Framework for Aligning Sectors©
Source: Georgia Health Policy Center, 2021,[1] where arrows represent the adaptive factors (i.e., community voices, equity, trust, power dynamics) and gears represent the core components (i.e., shared purpose, data, governance, financing) that together generate outcomes of aligning.



Accountable Communities of/for Health (ACHs): A Model for Aligning

ACHs throughout the country align across multiple sectors, groups, and boundaries to accomplish shared goals.[2,3] ACH staff are critical players in aligning these sectors since the convening efforts needed for alignment would not be possible without them.[4] While every ACH is different, common elements exist across them.[5] Central to these elements is equity, which is a focus area for most ACHs. Figure 2 below shows the essential elements of ACHs, as defined by the Funders Forum on Accountable Health. Notably, equity spans the model and applies to each essential element.

Figure 2: Essential Elements of ACHs
Source: Funders Forum on Accountable Health, 2020[6]

Deep Dive into Aligning: Local Context, Power Dynamics, and Equity

The deep dive portion of PHIL's Aligning Systems for Health research sought to explore some of the most challenging questions about aligning among ACHs that arose in the first year of the study. Through preliminary interviews with 30 representatives from 15 ACHs, and survey responses representing 20 ACHs, we learned that local context and power dynamics influence everything that happens in an ACH, especially relating to equity. However, the way(s) that these elements interact was not clear.

Therefore, PHIL conducted a deep dive study with six of the 22 ACHs to learn in-depth about each of these concepts and how they interact. From March through September 2021, PHIL conducted three additional surveys, four focus groups, 35 key informant interviews, and 11 meeting observations to help answer the question:

"How do local context and power dynamics influence an ACH's ability to make progress toward improved equity?"

Deep Dive Study Overview

The goal of the deep dive study was to gain a better understanding of how local context and power dynamics unfold in aligning efforts, how they influence an ACH's ability to make progress toward outcomes, and how equity can be advanced in aligning.

We invited a diverse sample of ACHs to learn in-depth how aligning works in different communities. In total, six ACHs participated. They represent ACHs from both Washington and California and span rural, urban, and regional contexts. Table 1 provides an overview of the ACH's context and Figure 3 shows the geographic distribution of the ACHs included in this study.

Figure 3. Map of Deep Dive ACHs
Source: Population Health Innovation Lab, 2021

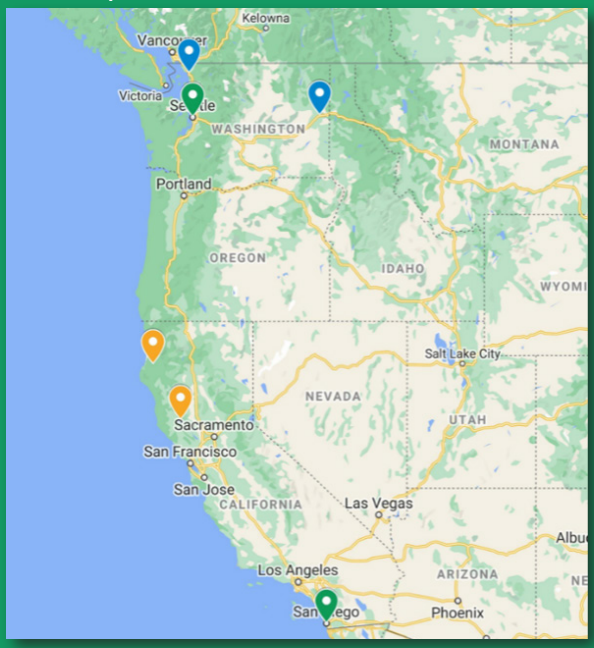


Table 1. Deep Dive Communities

ACH	State	Scope	Geographic Scale
Hope Rising Lake County	CA	Rural county	1,256 square miles
Humboldt Community Health Trust	CA	Rural county	3,568 square miles
San Diego ACH	CA	Urban county	4,207 square miles
HealthierHere	WA	Urban county	2,116 square miles
North Sound ACH	WA	5-county region	6,308 square miles
Better Health Together	WA	6-county region	12,080 square miles

Research Methods

The deep dive study is one portion of PHIL's broader Aligning Systems for Health research project, which uses a causal comparative design, mixed methods, participatory approaches, and a realist evaluation lens to improve understanding of what works for who, when, where, and why.[7–10] From the full study sample of 22 ACHs, a smaller, diverse sample of ACHs were invited to participate in a deep dive. These cases were selected using purposive sampling with the objective of selecting heterogeneous cases that allowed us to better understand the mechanisms of cross-sector alignment while also increasing generalizability of findings.[11] These cases provide the depth of information needed to investigate questions about 'why' and 'how' context and mechanisms lead to outcomes.

This report draws on information collected from all data sources, using descriptive analysis to summarize survey results and constant comparison analysis to identify key themes surfaced from interviews, focus groups, and meeting observations.[12] Report findings summarize what was learned for the deep dive portion of PHIL's Aligning Systems for Health research.

Deep Dive Aligning Concepts & Definitions

Local Context – Power Dynamics – Equity

The aligning concepts explored in this study are some of the most challenging and least understood aspects of aligning across sectors. Definitions for each of the major deep dive aligning concepts are outlined in Table 2. They are drawn from the national Aligning Systems for Health initiative and the World Health Organization. A full glossary of terms is provided in Appendix A.

The aligning concepts explored in this study are some of the most challenging and least understood aspects of aligning across sectors.

While formal definitions are important, it is equally important to understand what these concepts look like on the ground in ACHs. Each concept is described below, from the perspective of ACH staff and participants.

Local Context

Local context considers factors relevant to a community. This could be characteristics of the residents, the community's history, economic conditions, or other defining factors that affect how sectors operate and relate to one another. The following aspects of local context were especially influential in deep dive ACHs during the study period:

- Public health emergencies (i.e., COVID-19, wildfires).
- Native American history and tribal sovereignty.
- Systemic racism.
- Geographic scale.

Power Dynamics

Power comes from many sources, such as influence, money, and/or the ability to make rules. Power dynamics consider how different people and groups (e.g., organizations, sectors, tribes) interact based on the levels and types of power each bring to the collaborative space. The following elements of power dynamics were especially influential in deep dive ACHs during the study period:

- Representation.
- Decision making power.
- Organizational capacity.
- Sector influence.

Equity

Equity considers distribution of power and outcomes across various groups and may be considered through various lenses (e.g., racial, health, social, etc.). Equity concepts can be applied to both processes and end results. The following elements of equity were especially influential in deep dive ACHs during the study period (2021):

- Equity focus.
- Equitable processes.
- Equity education.

Table 2. Definitions of Deep Dive Key Aligning Concepts[13,14]

Aligning Concept	Definition
Local Context	Local factors like geography, political will, socioeconomics, and community need all influence aligning across sectors. Additionally, individual, organizational, and system-level factors can enable or hinder progress to aligning across sectors. These may include external pressures that spur a sense of urgency for sectors to align (e.g., state or federal initiatives, policies, public health crises, etc.); or, internal factors within organizations (e.g., capacity, leadership, workforce, information infrastructure, incentives, financial management, and accountability); and, finally softer elements impacting the ability to work together (e.g., interpersonal dynamics, past collaborative history or relationships, stakeholders' mindset, and backbone support).
Power Dynamics	Aligning across sectors is challenging because of the inherent differences in dominance among sectors and between sectors and individuals. These differences in power can result from imbalances in resources, perceived value, historical practices, influence, or experience.
Equity	The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Equity encompasses both health and racial equity and includes both processes and outcomes. Addressing equity is a critical goal of aligning across sectors and, ultimately, critical for improving community well-being.
Health Equity	Health equity ensures everyone can be as healthy as possible. This is accomplished through elimination of disparities in health outcomes and determinants of health, as well as removal of structural barriers to achieving both (i.e., racial equity).
Racial Equity	Racial equity involves the elimination of systemic, institutional, and individual barriers that deny equal opportunity to groups based on race or ethnicity (e.g., Black, Indigenous, Hispanic, or other historically marginalized groups). It is understood that this differential treatment results in racial inequities that are deeply tied to the inability to achieve health equity.

OVERVIEW OF DEEP DIVE FINDINGS

PHIL's Aligning Systems for Health deep dive study shows how six ACHs across California and Washington are levelling differences in power dynamics and improving equity in communities. Approaches to power sharing and advancing equity may look different based on local context. However, several strategies appear to be effective across all contexts (see Recommendations on page 31). Overall themes emerging from the deep dive study are described below. Key elements related to local context, power dynamics, and equity are summarized along with a brief description, supporting data points, related challenges, and promising opportunities.

- **Local context** encompasses all factors that influence the implementation of an ACH within a given community. Local factors such as geography, demographics, and socioeconomics are necessarily different for every community, and each factor is important for ACHs to consider as they seek to understand and improve communities' health innovation.[15,16] We found local factors that most strongly influence an ACH's progress toward equity are the:
  - Ability to adapt to shifting public health emergencies (i.e., COVID-19, wildfires).
  - Recognition of tribal sovereignty and inclusion of Native American communities.
  - Ability to acknowledge and respond to systemic racism.
  - Ability to convene across the ACHs full geographic scale.

- **Power dynamics** capture the power imbalances that exist between actors within a given community. Power comes from diverse sources, and thus power imbalances may exist due to differences in financial resources, workforce capacity, or representation of historically oppressed groups.[17,18] Because ACHs aim to convene diverse groups, it is essential that they understand how the relationships between these groups influence an ACH's capacity for effective collaboration. We found that a community's power dynamics are especially influenced by the:
  - ACH commitment to diverse representation of community groups.
  - Group capacity (e.g., staff, funding, etc.) to contribute to ACH work.
  - Priorities of different sectors (i.e., health care, public health, social services).

- **Equity** includes all efforts to remove structural barriers to equal quality of life, and in the context of ACHs, is focused on health, social, and racial equity—ensuring that all people, of all races and income levels, are able to lead healthy lives.[19,20] Our findings show it is most influential for an ACH to:
  - Make equity central to its work by explicitly pursuing equity-focused goals.
  - Incorporate equitable processes into its daily operations.
  - Provide equity education to ACH staff and community partners.

Local Context

The following aspects of local context were especially influential in deep dive ACHs during the study period (2021): Public Health Emergencies (COVID-19, wildfires); Recognition of tribal sovereignty and inclusion of Native American communities; Systemic Racism; and Geographic Scale.

Local context matters. It influences everything that happens in an ACH.[21] For example, smaller ACH communities reported an easier time building trust among people and organizations than in larger communities but face capacity challenges because the same handful of people sit at multiple tables and wear multiple hats. On the other hand, larger and more diverse ACH communities reported abundant capacity (e.g., people and services) and systems (e.g., collaborative networks) allowing them access to greater quantities and types of resources but find they face complex coordination challenges. Income levels, racial and ethnic diversity, geographic characteristics, history of collaboration and conflict, political dynamics, public service and resource conditions, and many more elements weave the tapestry of each ACH's unique local context.

> **A lot of these folks will just chalk it up to [the county] as poor white conservative rural county. And that's just objectively not true. You know, of the 65,000 people who live here, 20,000 of them are non-white, and I think are just left out of a lot of these conversations.**
>
> - ACH Participant, Backbone Staff, California

Ideas for Action

The PHIL team developed several ideas for action that we shared with each deep dive community based on study findings. These suggestions are aggregated and shared here. We invite your community to consider the following ideas for action related to local context:

- Maintain documentation of ACH background, history, context, and processes to ensure this knowledge is carried over through staff or partner changes.
- Provide multiple avenues for people to engage in meetings (e.g., virtual communication and collaboration tools and/or platforms and hosting in-person meetings at different times and locations), especially when working across large geographic areas.
- Offer opportunities for people and organizations to engage across geographic boundaries.
- Ensure the people at decision-making tables are representative of the diverse community voices served by the ACH. Diversity in decision-making can be formalized through ACH governance structure and by-laws.
- Leverage ACH partnerships to target more resources to areas with traditionally limited budgets and resources, like rural or remote areas.
- When working in large and diverse communities, implement an approach like network mapping to gain a deep understanding of the community-wide system.

Discussion Questions

We invite you to consider the following discussion questions related to local context:

- What would it take to ensure rural, tribal, and/or non-English speaking communities can fully engage in an ACH's collaborative activities?
- Some ACHs span urban-rural divides, which research participants shared can feel like "two different worlds." What would it take for boundary spanning ACHs to create a shared sense of community and purpose?

Public Health Emergencies (COVID-19, wildfires)

Public health emergencies, specifically the COVID-19 pandemic (hereafter COVID-19) and destructive wildfires in both California and Washington states, shaped the local context of deep dive ACHs. COVID-19 appeared to be equally impactful in regional, rural, and urban settings while wildfires appeared to disproportionately affect rural and regional ACHs.

This study was carried out during the first year following the onset of a global pandemic that deeply and profoundly affected every community represented in this research.[22] Many communities simultaneously grappled with recurring wildfires that decimated homes and threatened people's well-being. Such public health emergencies are, sadly, inevitable and contribute to shaping health outcomes in communities. Fortunately ACH communities, whether knowingly or not, had been building the necessary infrastructure for effective response and resilience. Throughout the deep dive study, we saw ACHs play a critical role in emergency response through their contributions as resource hubs, community conveners, and information disseminators. When disasters hit, ACHs were prepared to leverage their extensive network of partners, resources, information, and services that had been intentionally developed over the years. This systems-level infrastructure proved an invaluable resource for each of the communities that participated in the deep dive study.

> *"With COVID, [the ACH] ended up doing a lot of really incredible racial equity work, provided platforms for collaborative members to engage in that work, created safe spaces for community members to come together and share their experiences with COVID and race tensions. They thrived with this, and it wasn't previously happening through other outlets."*
>
> **- ACH Participant, Public Health Sector, Washington**

DATA POINT

To what extent has the ACH strengthened your community's ability to respond to COVID-19 and its consequences?

77%

of survey respondents (n=295) said their ACH strengthened their community's ability to respond to COVID-19 and its consequences to a moderate or great extent.

CHALLENGES

ACHs had to shift focus to meet pressing community needs resulting from public health emergencies.

Many partners - especially public health and health care representatives - were unable to maintain high levels of engagement with ACH activities due to the COVID-19 pandemic.

OPPORTUNITIES

ACHs built upon existing networks and shifted focus to support emergency response and community resilience efforts.

ACHs acted as trusted messengers, delivering key information and resources across sectors and boundaries.

Resources

- NACCHO's Public Health Preparedness Tools
- PESTLE Chart for strategic planning of future scenarios
- Action SWOT to evaluate strengths, opportunities, weaknesses, and threats and plan next steps

Native American Land and Communities

The United States (U.S.) was built on Native American land, meaning many ACHs span both U.S. and native territories.[23] Most deep dive ACHs demonstrated intentional efforts to engage, consult, collaborate with, and learn from tribal nations and Native American communities.

Deep dive ACHs had different motivations for engaging with tribal nations and other Native American communities. Some were motivated by physical proximity, since many ACHs serve geographic areas that span tribal nations. Others were motivated by advancing health equity, since Native American and Alaska Native people experience proportionately higher health disparities. In Washington state, ACHs were motivated by state requirements to consult with local tribes. Regardless of state or ACH, successful collaboration meant approaching the relationship with cultural humility and engaging tribes as sovereign nations first. This means recognizing that tribes are autonomous, self-governing nations with their own health systems, laws, and governing structures, independent of local, state, and federal U.S. governments. Once a trusting relationship was established, ACHs might then be invited to learn about Native American culture, traditional medicine, and history.

> *"North Sound ACH took it upon themselves, they went to every tribe and got one member from each tribe to be on the board… So they all have a seat at the table. And they didn't have to do that, they probably could have just got one tribal member to represent all of them. But they recognized each tribe as a sovereign nation. I thought that was really cool."*
>
> **-Darrell Hillaire, Executive Director, Children of the Setting Sun**

DATA POINT

The ACH has active engagement from tribal nations

69%

(n=134) of cross-state respondents agreed.

CHALLENGES

Many U.S. residents, organizations, and systems do not recognize tribal sovereignty and often lack understanding of Native American history and culture.

U.S. federal and state governments have a long history of oppressing, forcing assimilation, breaking treaties, dispossessing land, and otherwise exploiting and abusing tribal nations and Native American communities. This context can pose challenges for building trust between ACHs and Native American communities.

OPPORTUNITIES

Forming alliances with Native American communities is one way to advance health equity, but ACHs must be mindful that tribes are autonomous, sovereign nations and public health authorities in their own right. ACHs should approach tribes with the same deference they would extend when seeking a partnership with the federal government.

ACHs can learn from and support native customs, culture, and traditional medicine. They can help educate their participants about Native American history and culture.

Partnering with tribes and other Native American communities takes time and dedicated effort. There are many ways to approach tribal partnerships, such as working with tribal health clinics, tribal epidemiology centers, and Recognized American Indian Organizations.

Resources

- Tribal Governance Overview
- Watch "How the US Stole Thousands of Native American Children"
- Honor Native Land: A Guide and Call to Acknowledgment, Including Virtual Resource Pack
- Native Land Digital Map
- United Nations Declaration on the Rights of Indigenous Peoples

Systemic Racism

The murder of George Floyd in 2020 in Minneapolis, Minnesota sparked nation-wide public unrest and amplified the call to end police brutality and other forms of systemic racism. Many ACHs, especially those in urban and regional settings, helped their communities process and respond to the grief, anger, and uncertainty associated with these events.

Racism in all forms has been linked to worse health outcomes and a growing body of evidence points to racism as a determinant of health.[24] Deep dive study participants frequently spoke of racism as a barrier to advancing health equity. However, we saw that ACH participants often came to the collaborative table with different levels of understanding and/or commitment to advancing racial justice. Several ACHs explicitly addressed the relationship between racism and health outcomes in their community by facilitating education for their partners. But each deep dive community – no matter how advanced their approach to addressing systemic racism – acknowledged the need to continually learn, grow, and improve their contributions to advancing racial equity and justice.

Racism in all forms has been linked to worse health outcomes and a growing body of evidence points to racism as a determinant of health.

> *"We have major health inequities that are actually the result of racism, so any kind of platform that's adopted, has to start with that fundamental premise. It can't be an add-on or a nice to have, it literally has to be what the whole initiative is built on."*
>
> **- Adrienne Markworth, Leah's Pantry**

DATA POINT

Systemic racism is a problem in my local community

93%

(n=383) of cross-state respondents agreed.

CHALLENGES

Racism is a difficult and politically charged topic that is often not well understood, especially by people who identify as white and live in homogenous communities.

Understanding is just a starting point; people, organizations, and ACHs must seek to understand and be willing to actively engage in social justice movements.

OPPORTUNITIES

ACHs are in a unique position to create shared understanding and language so that people in their communities are empowered to have productive conversations about racism.

Many ACHs are driving conversations about the impact of racism with a wide range of stakeholders in their communities.

Resources

- Racial Equity Glossary
- 21-Day Racial Equity & Social Justice Challenge
- Levels of Racism: A Theoretic Framework and a Gardeners Tale
- ASTHO Policy Statement on Eliminating Structural Racism

Geographic Scale

The geographic scale at which an ACH operates shapes how work can be done effectively.

Geographic scale can make a big difference in how ACHs approach improving equity.[25,26] Some ACHs serve densely populated urban hubs, some serve geographically sprawling yet sparsely populated rural counties, and others still serve numerous counties ranging from rural to urban settings. Rural ACH communities face greater challenges in access to services, transportation, and reliable high-speed internet access. Yet they report a feeling of having more personal connections; for example, health care providers may provide more individualized and supportive care to their patients. Urban ACH communities offer a wider range of access, services, and resources, but they can be challenging to navigate. We heard that people in these communities experience a lack of the individualized support and guidance needed to make use of the multitude of resources available. When an ACH spans many geographic boundaries (e.g., neighborhoods, cities, counties, tribes), it can be challenging to offer equal opportunity to participate in ACH activities to all areas of the community. This is especially noticeable for people who have to drive longer distances from a rural area to attend meetings regularly held at an ACH's urban center or for people who do not have access to high-speed internet and therefore cannot easily join remotely. It might also be more challenging for boundary spanning ACHs to build a shared understanding of problems and settle on joint solutions.

> *"And so [with] the geography, the other underserved component are those more remote communities, who often feel left out. And the county or the hospital's justification is, 'Oh, we'll get the program going in the county seat, and then if it works, we'll send it out to outlying communities,' and it never really happens, because it's hard to deliver services in places that are far away."*
>
> **- Christina Huff, Board Member, Redwoods Rural Health Center & Community Representative, Southern Humboldt County**

DATA POINT

Across Washington and California states, ACHs serve geographic areas ranging from four to 15,000 square miles. Some ACHs serve a single neighborhood, while others work across large regions that include multiple counties and tribal nations.

Total populations served range from 26,000 to over three million people.

CHALLENGES

Regional ACHs must convene across geographic boundaries, which often requires traveling and bridging cultural differences.

Rural ACHs often work with limited resources (e.g., partners, people, funding).

Urban ACHs work within large and complex systems, making it even more challenging to attribute changes to the ACH.

OPPORTUNITIES

Regional ACHs can facilitate sharing of knowledge and resources across geographic boundaries.

Rural ACHs may have opportunities to build trust and coordinate partners relatively quickly.

Urban ACHs may have opportunities to leverage an abundance of partnership opportunities and diversity of resources.

Resources

- Targeted Universalism
- Thriving Together: A Springboard for Equitable Recovery & Resilience in Communities Across America

Power Dynamics

The following elements of power dynamics appeared to be especially influential in deep dive ACHs during the study period (2021): Representation, Capacity, and Sector Influence.

Power dynamics are inevitable among different sectors, organizations, communities, and individuals.[27,28] These power dynamics can influence ACH priorities and how work is done in a community.[17,18] As large, complex networks of organizations, ACHs must confront the power imbalances that arise when certain groups have more resources and influence than others.[29,30] Many deep dive participants remarked that the health care sector has historically held maximal power and continues to exert strong influence in their ACH. However, we also saw ACHs shift power to community members, small organizations, rural communities, and tribal nations in a way that would not have happened without an ACH's intentional focus to level the playing field and ensure all people, organizations, communities, and tribes had a fair opportunity to participate in ACH activities. Power shifts happened through shared decision-making, consultation, and funding approaches.

> **"How do we authentically engage community to help solve problems and address challenges? Communities might not define challenges in the same way or might even have a different way of thinking about the challenges than we would. We need to understand from a community's perspective. It's about the agency of individuals."**
>
> - Gena Morgan, Staff, HealthierHere

Ideas for Action

The PHIL team developed several ideas for action that we shared with each deep dive community based on study findings. These suggestions are aggregated and shared here. We invite your community to consider the following ideas for action related to power dynamics:

- Strive for diverse representation, especially in decision-making groups (e.g., staff, committees, boards, etc.). Diversity could be reflected in race, ethnicity, lived experience, sector representation, etc.
- When including community members in formal decision-making groups, provide training to help traditional leadership and community members understand one another's perspectives and how to effectively interact.
- Ensure engagement with tribal nations starts by recognizing tribal sovereignty.
- Identify ways for power to be shared with community-based organizations, whether through decision-making ability, consultation, or some other channel.
- Share decision-making power with communities through both formal (e.g., community advisory groups) and informal (e.g., community input, tribal consultation) means.
- Use voting practices that ensure transparency in decision making, such as public voting.

- Regularly document decisions and how they were made to help ensure equity and transparency in decision making. This could be done by regularly taking and sharing official meeting minutes.
- Recognize the power held by community voices and equitably compensate them for the expertise they bring to the ACH table.
- Create more and intentional collaboration opportunities for community members and representatives from smaller organizations to engage with ACH leadership.
- Build transparency into funding structures by providing guidance on how funding is prioritized and allocated.

Discussion Questions

We invite you to consider the following discussion question related to power dynamics:

- What would it take for your ACH to balance power dynamics among participating groups?
- Who might be missing from your collaborative?

Representation

Representation appeared as a critical element of community voices, equity, and power dynamics. People spoke of the importance of having diverse representation across factors like occupation, race, ethnicity, and lived experience.

Throughout the deep dive study, we heard how important it is to have diverse representation in decision-making, especially when working to advance equity. This is important in any community, but even more so in places where ACHs span various communities or geographic boundaries, each with differing levels of access, priorities, and resources. We saw several deep dive ACHs strive to be inclusive by inviting members of different communities to participate in planning activities and to provide feedback on ACH processes and decisions. One deep dive ACH exemplified its commitment to equity and inclusivity by inviting representatives from each of the tribal nations in the region to contribute to ACH governance by joining their board of directors, rather than grouping them as one homogenous entity (i.e., all tribal nations).

> *"How are you balancing the market movers with authentic community voice, especially when that authentic community voice can be talked over because of how complex healthcare is, how complex policy is, how complex financing is—it really takes some time to delve into how things work."*
>
> **- Alison Poulsen, Executive Director, Better Health Together**

DATA POINT

How far along is the ACH in engaging residents who represent the community to inform its work?

50%

(n=125) of cross-state respondents said they are far along.

CHALLENGES

It can be difficult to authentically engage diverse representatives in ACH work (i.e., avoiding tokenism).

Some groups, such as community residents, may need additional support (e.g., travel reimbursement, training, etc.) to participate in ACH activities.

OPPORTUNITIES

Authentic and diverse representation can increase community support for ACH work, bring new ideas to decision making tables, and ensure ACH efforts are meeting community needs.

ACHs can form meaningful alliances with those they serve, both in how they provide supports (e.g., payment for participation, holding meetings outside of working hours, supplemental education, etc.) and how they, in-turn, better learn about the needs and opportunities from those they are serving.

Virtual communication and collaboration tools and/or platforms can democratize participation.

Resources

- The Big Welcome to start your meeting
- Leading Locally: Measuring Community Power for Health Equity
- The Network Toolkit for Network Weavers
- Video: Collaborating at the Speed of Trust
- Participatory Planning and Budgeting Web Discussion
- Health Equity Guide: Share Power with Communities
- KPMG's Unlocking the Power of Partnership

Capacity

People, organizations, and groups all have varying levels of capacity (e.g., staff, funding, etc.) to contribute to ACH work.

Capacity shapes one's ability to engage in ACH activities, which in turn influences their power within the ACH.[31,32] The deep dive study showed that power and capacity often go hand in hand. For example, organizations with more money can incentivize more people to do more things – like participate in ACH activities. People who actively participate are the ones who have influence over what happens in an ACH. This means that small organizations with limited capacity to participate might miss out on the benefits of incentive dollars and collaboration and may have a challenging time influencing ACH decisions. This is not only true for small organizations, but for community representatives. Many ACHs strive to include community voices in their work. For community representatives, this is a capacity challenge because they are asked to participate in addition to their normal (non-ACH) work duties. Several deep dive ACHs addressed capacity issues by providing additional supports (e.g., compensation for participation, child care services, transportation vouchers, meals, hosting meetings in the evening or on weekend) to organizations or individuals with limited capacity to participate.

> *"What you're essentially trying to do as an ACH is to create a level playing field, allow smaller, more grassroots organizations and/or community members to have a bigger voice and to sit at tables that they would not have otherwise been sitting at. And this is a challenging thing to do when you as the ACH yourself are not well resourced, and don't have a lot of capital."*
>
> **- Kitty Bailey, CEO, San Diego Wellness Collaborative**

DATA POINT

To what extent has your engagement/work with the ACH increased your sense of power to change or influence your local community (e.g., neighborhood or social group)?

48%

(n=78) of cross-state community residents and ACH staff said engagement/work with their ACH increased their sense of power to change or influence their local community to a moderate or great amount.

CHALLENGES

ACHs can further consolidate and reinforce power disparities if only the powerful actors are greatly engaged in the work.

OPPORTUNITIES

ACHs can more equitably distribute power by intentionally sharing decision making ability and resources with less powerful actors.

Limited ACH capacity can create an opportunity to creatively operate in new ways, or perhaps with new partners, thus broadening the ACH network.

Resources

- The Magic of Multisolving
- Start-up Guide: Co-Creating Operating Principles
- ReThink Health's Companion on Community Member Engagement

Sector Influence

Different sectors (i.e., health care, public health, social services) come to ACHs with varying levels of power in the form of capacity, influence, and decision-making ability.

Differences in types and levels of power influence which sector(s) have the strongest input about where and how ACHs focus their efforts.[18,30] Across the six deep dive study ACHs, the health care sector was perceived as having the most power. Public health was also seen as having sizable power as a government entity. Community based organizations, community voices, and tribal nations were generally perceived as having the least power. The deep dive study showed that ACHs can act as multisector conveners facilitating challenging conversations among diverse actors. Furthermore, we saw that ACHs can facilitate power sharing across sectors through collaborative governance.[33,34]

> *"I think there really needs to be shared decision making with the big institutions—hospital, county, the universities—and people who have been marginalized and oppressed. I think we need to do a better job of listening to their voice and giving power to people who have been powerless. So I think listening and including, and it starts with listening, I think we need to hear the stories and understand. And I think we probably have to slow down in order to do that. If you're kind of pushing hard ahead always, you'll miss it, or you'll do it the wrong way."*
>
> **- Martha Shanahan, Director, Community Health Investment, St. Joseph Hospital | Redwood Memorial Hospital**

DATA POINT

The ACH has active engagement from organizations representing multiple sectors.

94%

94% (n=229) of cross-state respondents agreed.

CHALLENGES

Power disparities among sectors have been built and reinforced over generations through policies, belief systems, and funding structures.

OPPORTUNITIES

ACHs bring multiple sectors to the same decision-making table. Through this convening role, ACHs can facilitate more equitable distribution of power across sectors.

With diverse sector representation and empowered participants, the ACH can benefit from innovation, new ideas, and increased support for ACH activities.

Resources

- Collaborating to Create a Common Agenda
- Start-up Guide: The Four Levels of Listening & Talking
- Unlocking the Power of Partnership

Equity

The following elements of equity appeared to be especially influential in deep dive ACHs during the study period (2021): Equity Focus, Equitable Processes, and Equity Education.

ACHs are devoting resources and building equity into how organizations collaborate across public and private domains in communities.[20] This increased attention is a first step toward improving equity outcomes at the population level.[15,35] It will be critical to sustain these efforts long-term so that equitable processes have time to translate to equitable population health outcomes.[36]

> **"And that's what bothers me; that goes back to equity. I don't think this is totally complicated. There are simple things we can try. But somehow, we're all into the weeds, and we can't see the picture. And that's what I'm hoping the ACH can do. Get us out of the weeds and start looking at the forest rather than just the trees."**
>
> - ACH Participant, Healthcare Sector, California

Ideas for Action

The PHIL team developed several ideas for action that we shared with each deep dive community based on study findings. These suggestions are aggregated and shared here. We invite your community to consider the following ideas for action related to equity:

- Provide equity training for ACH staff and partners. Ensure the training is relevant to your community's unique context and needs.
- Provide trainings on racism, justice, diversity, and inclusion that allow people to see racism in all its forms (e.g., structural, pervasive everyday contexts, etc.).
- Designate one or more members to be the 'equity champion(s)' who can bring equity focus, knowledge, and resources to ACH decision-making tables.
- Create regular opportunities to reflect on collaborative discussions and practices, especially related to potentially sensitive topics like racism and equity.
- Identify low or no-cost ways to continue shifting mindsets and practices toward equity progress, such as building diversity, equity, and inclusion training into partner agreements.
- Explore opportunities to leverage the power of health plans to advance equity.
- Look for additional ways to support cultural competence in service delivery and accessibility across geographic areas.
- Promote treatment options that are delivered directly to underserved communities (e.g., Native American spaces), instead of supporting the status quo where people must leave their community to seek treatment.
- Ensure ACH interventions are informed by individuals with relevant lived experience.
- Consider ways to address racial discrimination and bias in medicine, perhaps through partnerships with local health care institutions.
- Facilitate clinical, community, and tribal linkages to better address the needs of underserved communities.

- Explore avenues to increase access to critical services across diverse service providers (e.g., medication assisted treatment available from multiple providers, health navigator services available to support patients).
- Look for ways to support cultural competence in service delivery and accessibility across geographic areas.
- Consider publicly committing to equity by including it in statements about the ACH vision, mission, and goals.
- When considering tribal representation, remember the diversity of tribes in your area. One tribe cannot represent all tribes.
- Consider using human-centered design principles and participatory leadership practices such as The Art of Hosting to guide project planning and implementation.
- When the time comes to report on your ACH's contribution to improved equity, consider both direct and indirect (i.e., ripple) effects.

Discussion Questions

We invite you to consider the following discussion questions related to equity:

- What would it take for your ACH to help organizational partners gain an understanding of equity that could be applied in their own organizations?
- What would it take for your ACH – including partners, contracted organizations, backbone staff, and other participants – to move beyond talking about inequities to measurably reducing inequities?
- What would it take for your ACH to track the extent to which changes in mindsets and practices have resulted in equity outcomes at the population level?

Equity Focus

Improving equity will take time, dedicated focus, and resource investments.

Inequities have existed for generations and been reinforced through multiple systems.[37,38] Sustained collective action across sectors will be needed to shift the conditions that create inequities.[39] The deep dive study showed that many ACHs keep equity as a central focus across all their work. These ACHs demonstrated a focus on equity by using various strategies such as:

- Incorporating equity into formal vision, goal, and/or value statements.
- Ensuring decisions are informed by the perspectives of diverse groups.
- Translating educational materials into multiple languages.
- Creating resource databases that include resources for diverse communities (e.g., tribal services).
- Using human-centered design in planning.
- Using targeted universalism in planning.
- Modeling equity by distributing resources to communities known to be facing disparities.
- Educating staff, board members, and community members on the importance of equity.
- Intentionally creating space for members of underserved groups to be heard by people with more power.
- Embedding an equity lens into small grants by prioritizing geographic diversity and underserved communities.
- Providing equity training(s).
- Contributing to equity-focused advocacy efforts (e.g., water fluoridation, rental assistance).
- Identifying and tracking equity measures.
- Using an equity assessment with organizational partners.
- Securing commitments to equity from partners.
- Collaborating with clinical and community partners on concrete health equity interventions (e.g., COVID-19 vaccine distribution to underserved communities, housing assistance services, dental sealants, etc.).
- Collaborating with local government to create or promote equity initiatives.
- Providing funding opportunities specifically for organizations led by historically marginalized people.
- Establishing an equity team to amplify the voices of people and groups as well as develop intentional strategies for advancing equity in their communities.

> *"BHT has helped organizations to become more aware of equity. But to get to the level of how each organization's own staff and people interact is something the organization itself must take on."*
>
> **- Dave Iverson, Healthy Ferry County Coalition**

DATA POINT

Improving health equity is an important outcome of the ACH.

96%

(n=389) of cross-state respondents agreed.

CHALLENGES

Funding structures and competing priorities can make it challenging for ACHs to focus on equity.

OPPORTUNITIES

Equity levers can be identified in almost any project or intervention, meaning an equity focus can be built into existing ACH work.

Funders are increasingly building equity components into grants to better support equity work on the ground.

Resources

- Racial Equity Glossary
- Racial Equity Impact Assessment Toolkit
- APHA's Advancing Racial Equity Webinar Series & Discussion Guide
- Building Health Systems: Network Science as Guide, Equity at the Center

Equitable Processes

Processes lead to outcomes, meaning that building equity into ACH processes will produce more equitable outcomes.[35,40]

ACHs coordinate, influence, and contribute to the work of countless individuals, organizations, tribes, and others making them well positioned to build equitable processes into their aligning efforts.[41,42] Throughout the deep dive study, we saw ACHs implementing processes to increase representation, balance power dynamics, and ensure collaborative decision making. They did this by reserving time for public comment at board meetings; offering educational materials in multiple languages; hiring racially, ethnically, and linguistically diverse staff; offering multiple options for how people could participate in meetings (e.g., phone, web, in-person); rotating in-person meeting locations; holding meetings outside of working hours; using participatory budgeting practices; providing community representatives compensation for participation; and ensuring that community representatives had opportunities to engage in governance through community-led committees or designated seats of governing boards. These types of procedural arrangements are the building blocks for equitable systems-level outcomes.

> *"It is a small step, but actually mitigating the barriers to access to treatment, for example, or making treatment or even prevention and early intervention strategies culturally competent and having those available and accessible geographically and to the Spanish speaking community, there's been small steps in that direction. That's what I mean by nominal. Nominal progress, and lifting up those voices, making that more accessible. Just having people know the term [equity] is a big step."*
>
> **- ACH Participant, Public Health Sector, California**

DATA POINT

The ACH applies principles of equity, diversity, and inclusion throughout its work.

91%

(n=405) of cross-state respondents agreed.

CHALLENGES

Implementing equitable processes requires power sharing, which takes time to orchestrate and may be met with pushback especially from more powerful actors.

It can be difficult to know how to approach improving equity since it is a complex and entrenched dynamic.

ACH efforts to improve equity will likely take extended periods of time to yield effective and sustainable results.

OPPORTUNITIES

Creating equitable processes in ACH operations can facilitate power sharing among the people and groups working to improve community health and well-being.

Formalized processes can help ensure equitable distribution of resources and services among marginalized and underserved communities.

Various resources focused on improving equity are available to guide ACH and community-based efforts. Check out the resources list at the end of this report to get started.

Resources

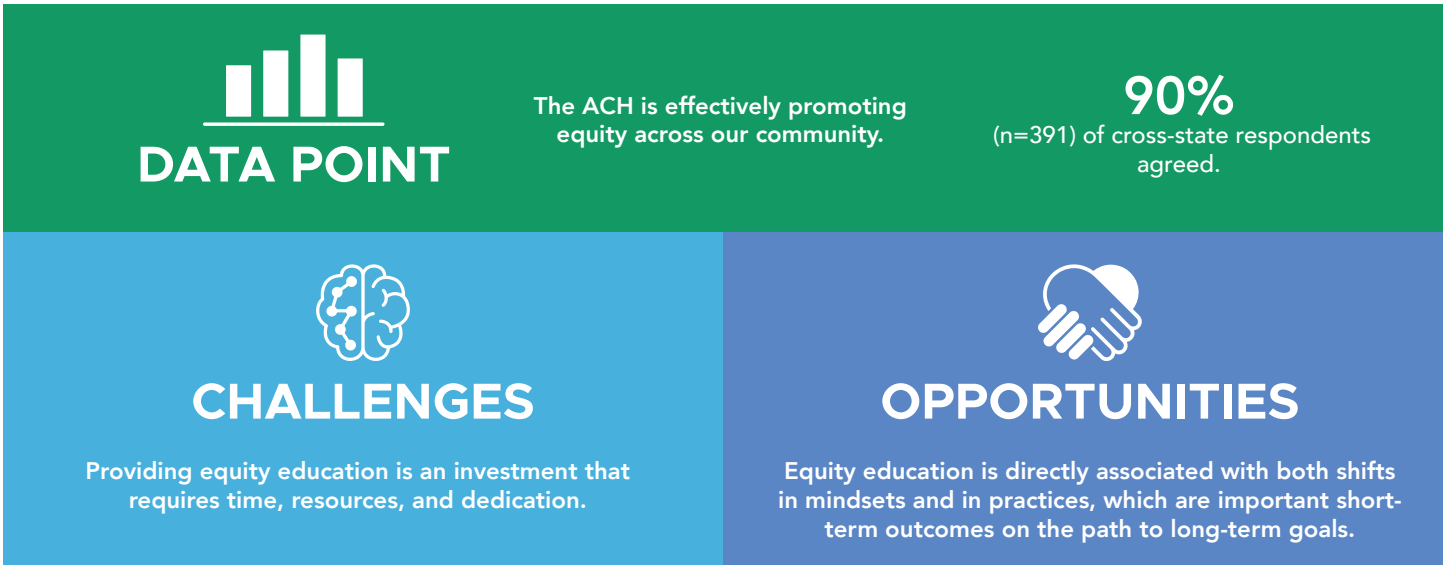
- Tool for Organizational Self-Assessment Related to Racial Equity
- Health Equity Capacity Building
- Constructing Empowering Strategies
- Equity Diversity Inclusion Action Toolkit for Organizations

Equity Education

Equity education creates ripple effects across sectors.

Equity can be more readily advanced if people have a clear understanding of the definition and can visualize or see what it looks like in action.[39] When PHIL spoke with ACH participants during the deep dive study, we observed that people who had received education specifically on equity appeared to be more comfortable speaking about it and had a better understanding of how ACH efforts could improve equity in their community. When ACHs offer equity education, it can influence partner organizations to develop and implement health equity policies, fair hiring practices, and community advisory councils; to focus on equity, diversity, and inclusion in their own work; and to ensure decision-making bodies are representative of the communities served by the organization. Deep dive ACHs provided equity education by hosting equity book clubs, conducting equity assessments with partner organizations, and integrating equity measures into their work.

> *"One of the things I love most about North Sound ACH is their incredible focus and dedication to equity, and all the resources that they've brought in. Honestly, if they hadn't kept doing that, I could see how it could have easily fallen by the wayside for a lot of organizations, including ours…it's really nice to have this positive force of their actions—providing all these resources, all these learnings—and as a result it has become more pervasive throughout our organization and community."*
>
> **- Barbara Schultheiss, Executive Director, Lopez Island Family Resource Center**



Resources

- Racial Equity Tools Glossary
- How to See Race
- What is Health Equity?

CONCLUSIONS

- Local context shapes how aligning works. What works in one context may not work in another. Gaining a deep understanding of the local context and adjusting the approach to match will increase the chances of successful aligning.
- Power dynamics influence how people, organizations, sectors, and groups interact. ACHs are uniquely positioned to balance power dynamics by facilitating power sharing. However, caution and careful attention is needed since ACHs can also reinforce or exacerbate existing power imbalances in communities.
- ACHs are making progress toward equity by normalizing equity concepts, shifting mindsets and practices, and providing equity education. Many ACHs are focused on equity in a way that likely would not be present in their communities without them. ACHs are laying a strong foundation for future equitable practices in communities. **The most pressing challenges are figuring out how to move from equity ideas to measurable progress and how to fund equity efforts.**

> **"Cross-sector alignment is more than collaborative planning or a single joint project. It requires fundamentally new ways of thinking and working together across sectors to build healthier and more equitable communities."**
>
> - Georgia Health Policy Center (2020)

RECOMMENDATIONS

These recommendations are generalized and may be more applicable for some ACHs than others.

Local Context

- **Gain an intimate understanding of the local context** and take time to learn how aligning works within it. This could mean surveying residents or hard-to-reach communities, using network mapping to gain an understanding of the local system, partnering with health care and public health organizations on community health needs assessments, and/or including community representatives in a collaborative process through informal (e.g., listening sessions) or formal roles (e.g., governing or advisory committee members). Ensure actions are informed by knowledge of the local context. Train new partners and staff on the ACH's local context, including any history of conflict and collaboration between different groups in the community.
- **Partner with local tribes or other Native American groups** to provide ACH participants – including organizations and individuals representing communities and sectors – with education on Native American history, customs, and approaches to community health and well-being. This could mean working with tribal representatives for training or consultation on topics such as tribal sovereignty, land acknowledgement, tribal history, traditional medicine, and prevention approaches.

> The PHIL team recommends starting by connecting with the tribal epidemiology center serving your region (California or Northwest)!

- **Leverage the power of the ACH network** to help communities respond to and recover from public health emergencies. This could mean pragmatically (e.g., coordinating cross-sector efforts to plan for and respond to emergencies) or socially (e.g., building community connectedness) so that resources and support can more easily and efficiently reach those in need.
- **Provide neutral spaces** that encourage communities to develop shared understanding and approaches to address complex topics like equity and racism. This could mean hosting community conversations (e.g., to process complex events like racially motivated violence) or helping partner organizations understand where they can improve (e.g., by providing equity training or facilitating equity assessments).

Power Dynamics

- **Be mindful of power dynamics**, since they can help or hinder ACH goals. At the ACH level, this could mean assessing the makeup of the ACH's governing board and committees; at the community level, it could mean assessing where ACH investments are being made; and, at the regional or state level, who is contributing to planning and decision making?
- **Explore and implement strategies for shifting power** from traditionally powerful actors (e.g., health care, government, business) to actors with less power (e.g., community residents, community-based organizations, tribal nations, and other indigenous

groups). Formal arrangements and diverse representation are effective strategies to building power sharing and equitable processes into aligning. This could mean creating community advisory boards, designating governing seats for historically marginalized actors, and/or ensuring meetings and meeting materials are easily accessible to all participants.

- **Explore and implement strategies for ensuring equity and transparency in decision making.** Examples include using voting cards that are publicly displayed by all people contributing a decision; using participatory budgeting principles; establishing a group of community residents who work closely with ACH leadership to inform decision-making; designating board seats for representatives of less powerful groups; and/or, informing participants about how funds are prioritized and allocated.

Equity

- **Keep the focus on equity** throughout all ACH activities. This could mean developing and tracking equity measures, naming equity in the ACH mission and vision statements, building an explicit equity component into every project or intervention, and/or incorporating an equity requirement into partner agreements (e.g., participation in trainings or integration of equity measures in workplans).
- **Create equitable processes.** This could mean intentionally bringing marginalized groups (e.g., tribes, immigrant communities, communities of color) into decision making, adding equity check-ins or joint reflections as a standing meeting agenda item, ensuring meeting times and locations are conducive to participation for all partners, offering a remote meeting option, and/or providing foundational education to people who may not be familiar with a topic (e.g., Medicaid billing fundamentals, managed care organizations, medical terminology, etc.).
- **Look for opportunities to educate partners and community members on equity concepts.** This could mean the ACH is directly providing education, partnering with organizations or community groups to provide education, or sharing existing resources with ACH partners. Some ACHs have integrated equity education into their operations through equity-focused reading groups, developing equity frameworks, or integrating new approaches like use of the targeted universalism framework, human-centered design, or Art of Hosting into their work.

Existing Resources

- **Use existing resources to learn new strategies** for managing local context, balancing power dynamics, and advancing equity.

A few of PHIL's favorite resources include:

- Powering Change Curriculum: Building Healthy, Equitable Communities Together
- Toolbox for Measuring Cross-Sector Alignment
- ACH Resource Inventory
- Time to Transform: Adaptive Approaches for Population Health
- California Accountable Communities for Health (CACHI) Resource Library

ADDITIONAL INFORMATION & RESOURCES

- Learn more about PHIL's Aligning Systems for Health research methods
- Watch presentations on PHIL's Aligning Systems for Health emerging research findings:
  - Keeping the focus on equity with ACHs
  - ACHs are key players in improving community health during the COVID-19 pandemic
  - Aligning Systems for Health Research and Practice Convening
  - General research update
- Read the Funders Forum on Accountable Health and CACHI's "Advancing Value and Equity in the Health System: The Case for Accountable Communities for Health" brief
- Read PHIL's Aligning Systems for Health emerging findings brief
- Access topic-specific Aligning Systems for Health emerging findings handouts:
  - Network Building and Strengthening
  - Equity
  - Sustainability
- Check out PHIL's self-guided curriculum for multisector collaboratives, *Powering Change: Building Healthy, Equitable Communities Together.*
- Check out PHIL's Toolbox for Measuring Cross-Sector Alignment
- Find recorded sessions and additional resources on Networks for Purpose (NFP)
- Request additional reporting at AS4H.PHI@gmail.com

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6. San Diego ACH, San Diego County, California

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APPENDIX A: GLOSSARY OF TERMS

Accountable Community of/for Health
A structured and enduring platform for bringing together the health care delivery system, public health, social services and community-based programs, other related sectors and institutions, and residents in order to collectively improve the health of the community.[43]

Collaborative Governance
"The processes and structures of […] decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres in order to carry out a public purpose that could not otherwise be accomplished."[34]

Community Member
Community refers "to a group of people living in the same locality, religion, race, profession or with other common characteristics."[44] It is a fluid term contingent on the goals and context of the groups of people. A community member is someone who engages with the ACH as a representative of a specific community (versus an organizational or sectoral representative).

Cultural Humility
Cultural humility remains an important guiding mindset and practice in PHIL's work with communities, especially as we strive to learn from diverse and underrepresented communities. Cultural humility "is a process of reflection to gain a deeper understanding of cultural differences in order to improve the way vulnerable groups are treated and researched. Cultural humility does not focus on competence or confidence and recognizes that the more you are exposed to cultures different from your own, you often realize how much you don't know about others."[45]

Diversity & Diverse Representation
Diversity "encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies."[46] Representation is simply "a person or group that speaks or acts for or in support of another person or group."[47]

Thus, in the context of ACHs, *diverse representation* means the inclusion of voices from all types of groups and people in processes such as decision-making, data collection, and distribution of funds. Diverse representation ensures that all people are included in the ACH's activities, with additional efforts made to represent those who have been historically excluded from such activities.

Equity
"'The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.' Equity encompasses both health and racial equity and includes both processes and outcomes. Addressing equity is a critical goal of aligning across sectors and, ultimately, critical for improving community well-being."[13] (*see also: health equity; racial equity*)

Health Equity
Health equity "ensures everyone can be as healthy as possible. This is accomplished through elimination of disparities in health outcomes and determinants of health, as well as removal of structural barriers to achieving both (i.e., racial equity)."[13]

Local Context
"Local factors like geography, political will, socioeconomics, and community need all influence aligning across sectors. Additionally, individual, organizational, and system-level factors can enable

or hinder progress to aligning across sectors. These may include external pressures that spur a sense of urgency for sectors to align (e.g., state or federal initiatives, policies, public health crises, etc.); or, internal factors within organizations (e.g., capacity, leadership, workforce, information infrastructure, incentives, financial management, and accountability); and, finally softer elements impacting the ability to work together (e.g., interpersonal dynamics, past collaborative history or relationships, stakeholders' mindset, and backbone support)."[13]

Participant
Participants are individuals, organizations, tribes, or groups who engage with the ACH through formal (e.g., contracted partner, committee member, etc.) or informal (e.g., make public comments at board meetings, respond to surveys) means. (*see also: partners*)

Partners
Partners are formal participants of ACHs. They have made a formal commitment to ACH work, whether through agreements, charters, contracts, or membership on governing bodies of the ACH (e.g., board of directors, planning committees, advisory committees, etc.). (*see also: participants*)

Power Dynamics
"Aligning across sectors is challenging because of the inherent differences in dominance among sectors and between sectors and individuals. These differences in power can result from imbalances in resources, perceived value, historical practices, influence, or experience."[13]

Racial Equity
Racial equity "involves the elimination of systemic, institutional, and individual barriers that deny equal opportunity to groups based on race or ethnicity (e.g., Black, Indigenous, Hispanic, or other historically marginalized groups). It is understood that this differential treatment results in racial inequities that are deeply tied to the inability to achieve health equity."[13]

Native American Community
Native American community is used throughout this report to describe Native American / Alaska Native (NA/AN) groups as broadly as possible, to include tribes, tribal nations, urban Indian populations, representatives of Recognized American Indian Organizations, and 'invisible populations' – NA/AN people who are not enrolled members of Native American tribes.[48] (*see also: tribes & tribal nations*)

Tribal Sovereignty
"The essence of tribal sovereignty is the ability to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory. Tribal governments maintain the power to determine their own governance structures and enforce laws through police departments and tribal courts. They exercise these inherent rights through the development of their distinct forms of government, determining citizenship; establishing civil and criminal laws for their nations; taxing, licensing, regulating, and maintaining and exercising the power to prosecute wrongdoers and exclude them from tribal lands."[49]

Tribes & Tribal Nations
According to the National Congress of American Indians, "Currently, 573 sovereign tribal nations (variously called tribes, nations, bands, pueblos, communities, and Native villages) have a formal nation-to-nation relationship with the US government. These tribal governments are legally defined as 'federally recognized tribes.'"[50] Beyond legal definitions, PHIL made efforts to ensure that tribes and tribal nations were represented as they saw fit. This is important because, "American Indian people describe their own cultures and the places they come from in many ways. The word tribe and nation are used interchangeably but hold very different meanings for many Native people […] Every community has a distinct perspective on how they describe themselves. Not all individuals from one community many agree on terminology. There is no single American Indian culture or language."[51]

APPENDIX B: METHODS

The deep dive study is one portion of PHIL's broader Aligning Systems for Health research project, which uses a causal comparative design, mixed methods, participatory approaches, and a realist evaluation lens to improve understanding of what works for who, when, where, and why.[7–10]

Study Population

The full population of study includes 22 Accountable Communities of/for Health (ACHs) in Washington (n=9 ACHs, 383 participants) and California (n=13 ACHs, 259 participants). Figures A1 and A2 show the geographic location and coverage of the 22 ACHs comprising the study population.

Figure A1. ACHs in Washington State

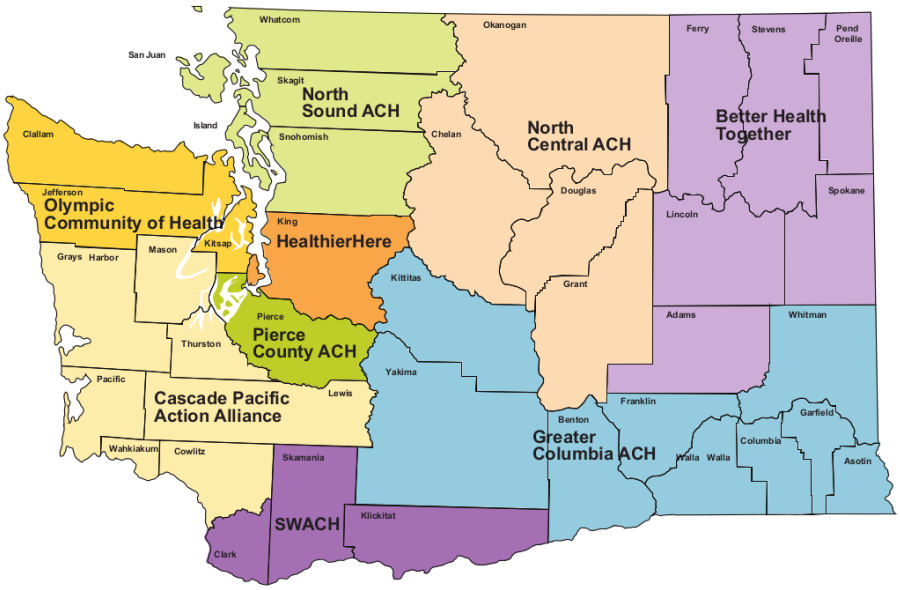

Figure A2. ACHs in California State

Deep Dive Sampling

From the full study sample of 22 ACHs, a smaller, diverse sample of six ACHs were invited to participate in a deep dive. Diverse cases were selected to "[illuminate] the full range of variation on X, Y, or X/Y."[11(p297)] When selecting ACH communities for the diverse sample, key variables of consideration included initiating leadership, geographic scale, funding levels, population density, average annual income of the population served, and percentage of the region's population that was uninsured. The selection of a heterogeneous sub-sample of ACH communities for in-depth inquiry was intended to optimize external validity of the study.[52(p196)]

Interview and Focus Group Sample

Participating deep dive ACHs were asked to refer a minimum of six individuals to participate in key informant interviews and focus groups, including one representative of each of the following groups: ACH backbone organization, tribal nations or other Native American/Alaska Native (NA/AN) communities, community residents, social services sector, public health sector, and health care sector. Table 1 provides an overview of group representation for the survey sample.

Table 1. Interview & Focus Group Sample

Group Representation	N	%
Tribal Nations / NA/AN Communities	3	5%
Community Voices	3	5%
Behavioral Health	5	9%
Public Health	7	12%
ACH Staff	12	21%
Health Care	13	23%
Social Services	14	25%
Total	**57**	**100%**

Survey Sample

Survey findings draw on 596 responses from individuals representing 20 ACHs. Individuals participated as community representatives (n=60), Tribal Nations / NA/AN Communities (n=11), or group representatives, including the ACH (n=526). Table 2 provides an overview of key demographic characteristics of the survey sample.

Table 2. Demographics of Survey Sample (N=526)

Variable	N	%
Group Representation		
Tribal Nations / NA/AN Communities	11	2%
Community Voices	61	10%
Behavioral Health	14	2%
Public Health	31	5%
ACH Staff	93	16%
Health Care	181	30%
Social Services	205	34%
Grand Total	**596**	**100%**
Residential Setting		
Reservation	4	1%
Suburban	121	26%
Rural	163	36%
Urban	170	37%
Race		
Native Hawaiian/ Pacific Islander	4	1%
Other	17	4%
American Indian/ Alaska Native	23	5%
Asian	23	5%
Black/ African American	27	6%
White	366	80%
Ethnicity		
Spanish	4	1%
Hispanic	13	3%
Latina/Latino	23	5%
None	406	91%

Data Collection

Primary data (surveys, interviews, focus groups, meeting observations) were collected from October 2020 through April 2021. Evidence was also collected from secondary sources including websites and publicly available datasets (e.g., American Community Survey).

Data Analysis

Survey data were analyzed using descriptive analysis in Excel. Qualitative data were analyzed using constant comparison analysis in Dedoose.

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The Population Health Innovation Lab (PHIL) designs, catalyzes, and accelerates innovative approaches that advance health, well-being, and equity.

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