



Advancing Equity: Adapting to Local Context and Confronting Power Dynamics

June 2, 2022, 11:00 am - 1:00 pm PT



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE



Welcome

Sue Grinnell, MPH

she/her/hers

Director and Principal Investigator,
Population Health Innovation Lab,
Public Health Institute





Land Acknowledgment

The Population Health Innovation Lab 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.



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

Focus on Supporting Success and Impact of Health Focused Multisector Collaboratives

Participatory
leadership
training & support

Facilitating
systems change
with multisector
collaboratives

Learning lab &
convening design

Social science
research

Network data
collection,
analysis, &
visualization

Participatory &
realist evaluation

Translating data
to practice

Systems change
frameworks
(Theory U)



Agenda & Objectives

- Welcome
- Research presentation
- ACH panel
- Discussion

After participating in this web discussion, attendees will be able to:

- Identify at least one new strategy for advancing equity that can be implemented in their community.
- Describe how local context and power dynamics influence an ACH's ability to advance equity.
- Communicate the importance of keeping local context and power dynamics in mind when doing multisector work.



PHIL Presenters



**Stephanie Bultema, MAAL,
PhD Candidate**
she/her/hers

Director of Research
and Network Science,
Population Health Innovation Lab,
Public Health Institute



Peter Forberg, MA
he/him/his

Research Associate I,
Population Health Innovation Lab,
Public Health Institute



Christina Olson, MPH
she/her/hers

Program Manager,
Population Health Innovation Lab,
Public Health Institute



Accountable Community of/for Health (ACH) Speakers



**Dr. Susan
McLaughlin**
Executive Director
and Chief
Executive Officer,
HealthierHere



Sarah Bollig Dorn
Assistant Director
of Health
Integration, Better
Health Together



**Katherine "Kitty"
Bailey**
Chief Executive
Officer, San Diego
Wellness
Collaborative



Liz Baxter
Chief Executive
Officer, North
Sound ACH



Marvin Avilez
Founder and Chief
Executive Officer,
VisualOps



Thank You to Our Partners!

This research would not be possible without the amazing support of countless organizations and individuals. Thank you for your partnership on this learning journey!

- 22 ACHs across [Washington & California](#)
- [Robert Wood Johnson Foundation](#)
- [Georgia Health Policy Center](#)
- [Washington State Health Care Authority](#)
- [California Accountable Communities for Health Initiative \(CACHI\)](#)
- [Center for Community Health and Education \(CCHE\)](#)
- [North Coast Opportunities \(NCO\)](#)
- [National Association of County and City Health Officials \(NACCHO\)](#)
- [National Alliance for Health](#)
- [Funders Forum on Accountable Health](#)
- [University of Colorado Denver School of Public Affairs](#)
- [University of Arizona School of Government and Public Policy](#)



Aligning Systems for Health with ACHs

Research exploring how collaboration & alignment among public health, health care, & social service sectors – in partnership with community residents & tribal nations – leads to outcomes in 22 ACHs in Washington & California.





ACH Essential Elements

Accountable Communities of/for Health (ACHs) create shared responsibility and accountability for the health of the community

Figure 1: Essential Elements of ACHs





Research Questions

RQ1. How can elements of an ACH's local context and collaboration dynamics be combined, enhanced, or mitigated to increase the likelihood of achieving effective outcomes?

RQ2. When do certain configurations work, for whom, why, & under what conditions?



Cross-Sector
Alignment



Long-Term
Sustainability



Improved Equity



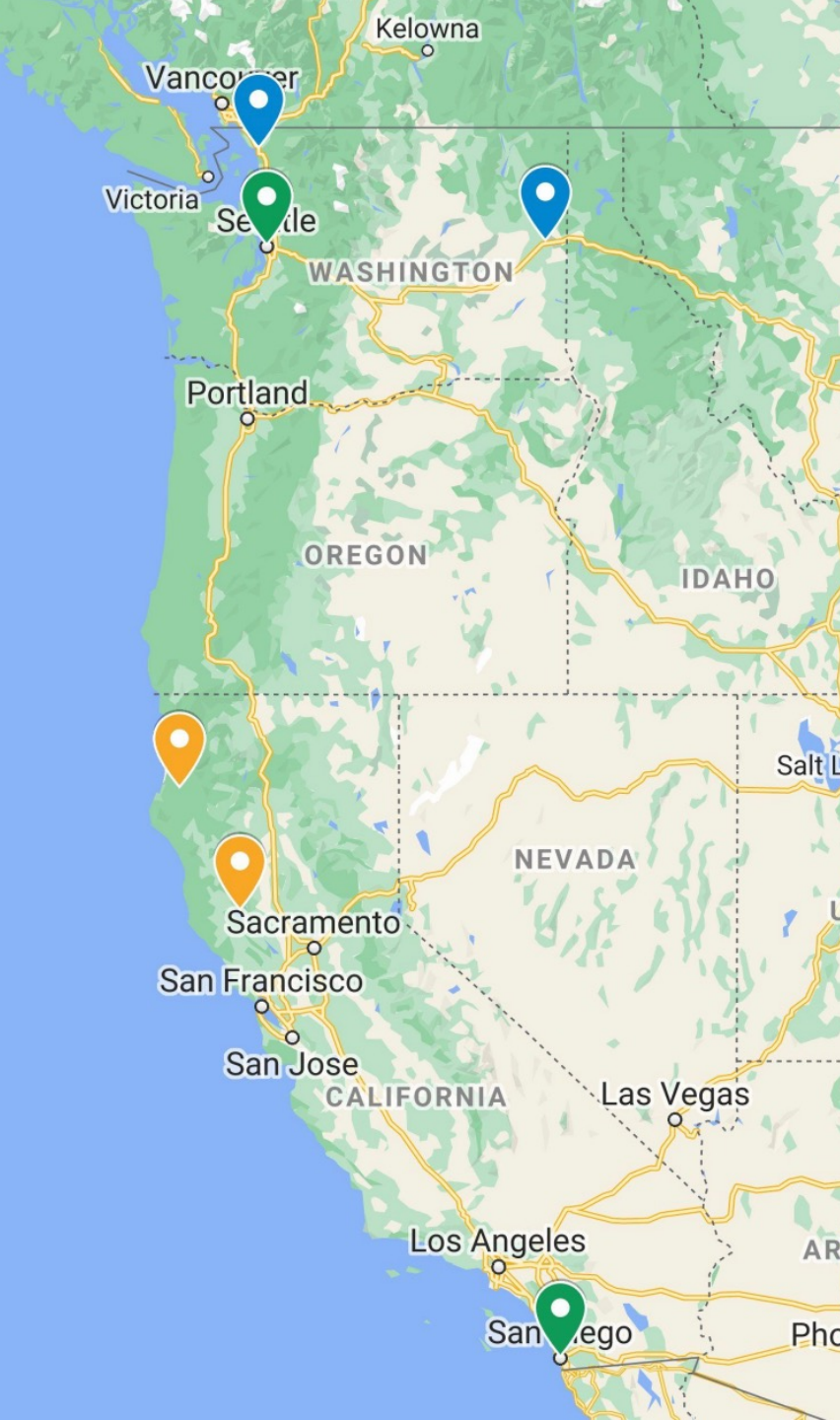
Deep Dive Study

Deep Dive Participants

ACH	State	Scope
Hope Rising Lake County	CA	Rural county
Humboldt Community Health Trust	CA	Rural county
San Diego ACH	CA	Urban county
HealthierHere	WA	Urban county
North Sound ACH	WA	5 counties
Better Health Together	WA	6 counties

Deep Dive Research Question

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



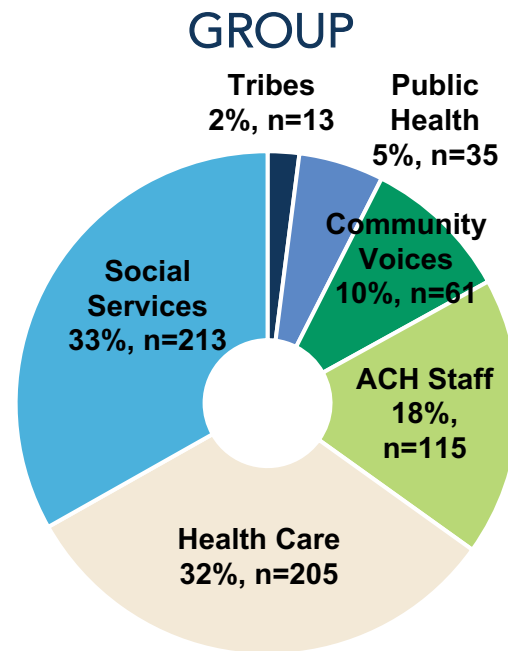
Full Study Representation

642 Unique Individuals:
WA: n=383, CA, n=259

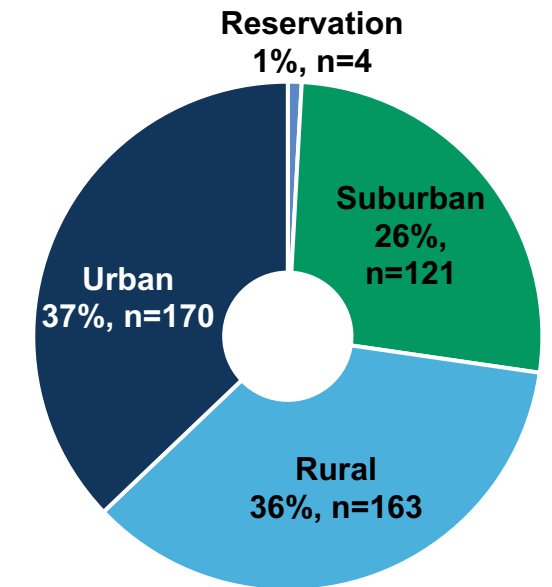
Interviews & Focus Groups:
85 individuals representing 15
ACHs in WA & CA

Survey Responses:
596 individuals representing 20
ACHs in WA & CA

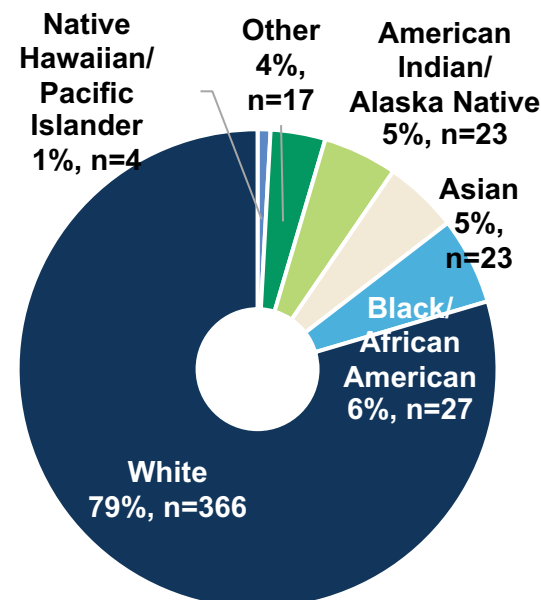
Documents:
1,796 documents representing 22
ACHs in WA & CA



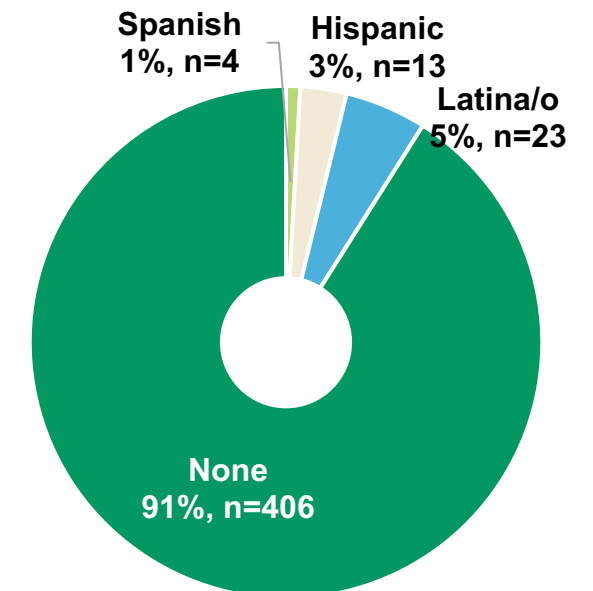
RESIDENTIAL SETTING



RACE



ETHNICITY



Deep Dive

With Six ACHs Across California and Washington





Local Context

Factors that influence the implementation of an ACH within a given community.

- Geography
- Demographics
- Socioeconomics

93%

of cross-state respondents agreed that systemic racism is a problem in their local community (n=383).



Local Context Influencing Equity

- 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.





“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



Power Dynamics

How different people and groups interact based on the levels and types of power each bring to the collaborative space.

- Influence
- Money
- Decisions
- Rules

48%

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 (n=78).



Power Dynamics Influencing Equity

- 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).



“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.”

- Martha Shanahan, Director, Community Health Investment,
St. Joseph Hospital | Redwood Memorial Hospital



Equity

The absence of avoidable or remediable differences among groups of people.

- Health
- Social
- Racial

90%

of cross-state community respondents agreed that their ACH effectively promotes equity across their community (n=391).



ACHs Influencing Equity

- Making equity central to their work by explicitly pursuing equity-focused goals.
- Incorporating equitable processes into their daily way of working.
- Providing equity education that reflects their commitment to equity.



“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



Conclusions & Recommendations



Conclusions

- **Local context shapes how aligning works.**
 - What works in one context may not work in another.
 - The ACH model can be used to align in different contexts.
- **Power dynamics influence how people, organizations, sectors, and groups interact.**
 - ACHs are uniquely positioned to balance power dynamics by facilitating power sharing.
 - Caution! ACHs can also reinforce or exacerbate existing power imbalances in communities.
- **ACHs are making progress toward equity.**
 - Keeping the focus on equity.
 - Normalizing equity concepts, shifting mindsets and practices, and providing equity education.



Recommendations

Local Context

Gain an intimate understanding of the local context & learn how aligning works within it.

- Tribal sovereignty
- Intentional community inclusion
- Community needs assessments
- Network mapping

Power Dynamics

Be mindful of power dynamics, since they can help or hinder ACH goals.

- Representation in visioning
- Representation in governance
- Distribution of investments

Advancing Equity

Keep the focus on equity throughout all ACH activities.

- Vision and mission statements
- Accountability
- Processes
- Projects
- Data



Check out the Report!

- Ideas for action
- Discussion questions
- Resources

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



ACH Panel



**Dr. Susan
McLaughlin**
Executive Director
and Chief
Executive Officer,
HealthierHere



Sarah Bollig Dorn
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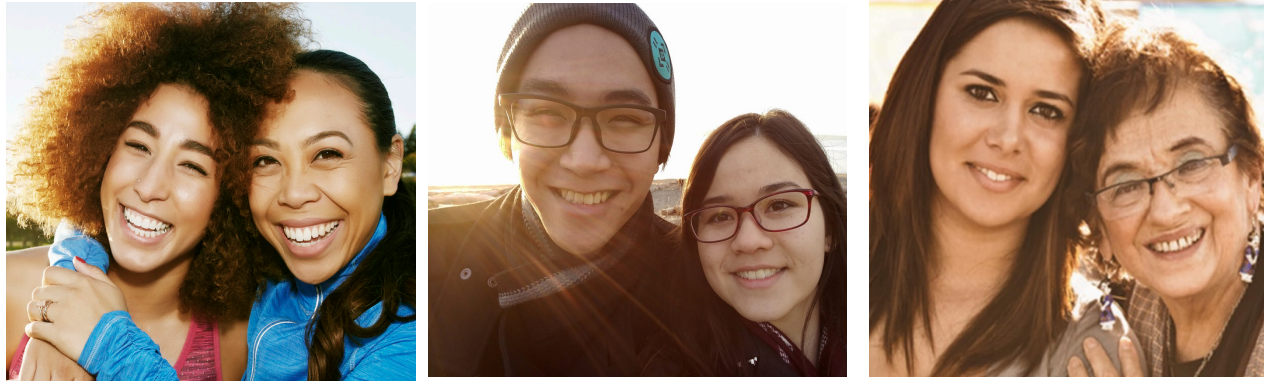
**Katherine "Kitty"
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Chief Executive
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Marvin Avilez
Founder and Chief
Executive Officer,
VisualOps



HealthierHere King County, Washington

June 2, 2022
Dr. Susan McLaughlin

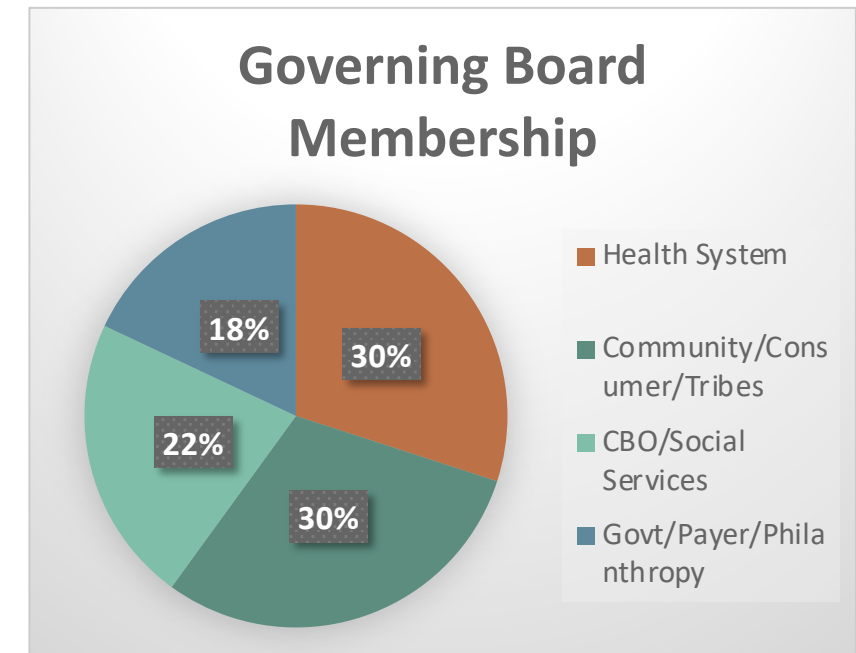
King County, Washington

- *Pop 2.25 million people*
- *30% of state population*
- *23% of state Medicaid population (~450,000)*
- *More populous than 16 US States*
- *2,300 sq miles (2x size of Rhode Island)*
- *Dense urban and also very rural parts*
- *Home to 3 Federally Recognized Tribe*



Operationalizing shared power and decision making

- Core component of what ACH's do and how they work
 - *No single sector or organization can dominate or have greater say/weight*
- How we set the tables
 - *Health system; community/consumer/Tribes; CBO/Social Services; Gov't/Payer/Philanthropy*
 - *Provide support for small organizations and community members to participate*
 - *The largest, richest organization has the same vote as the smallest organization*



Consumer Voice Listening Project

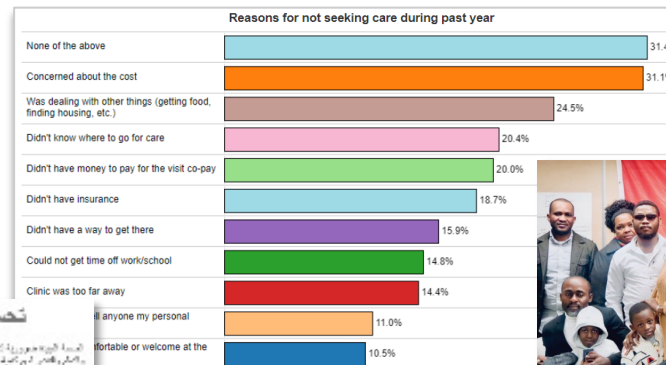
Community-Centered Data Collection, Analysis & Ownership

34
grassroots community organizations

2860
consumer voices

40
different communities

15
languages



Theme	Survey topics	Comparisons
Access to care among adults	<ol style="list-style-type: none"> Reasons for not seeking care Reasons for not taking medication Modes of transportation used 	<ol style="list-style-type: none"> All adults Adults with mental health needs Adults with diabetes
Use of traditional and tribal medicine services	<ol style="list-style-type: none"> Feels listened to by provider Recommends provider 	<ol style="list-style-type: none"> American Indian/Alaska Native adults American Indian/Alaska Native adults with youth dependents*
Ways to improve experience of health care	<ol style="list-style-type: none"> Things that would make health care better or easier 	<ol style="list-style-type: none"> All adults All adults with youth dependents*



Getting to Collective Decision Making

- Formalize and elevate voices
 - *Community and Consumer Voice (Committee of the Board)*
 - *Indigenous Nations Committee (Committee of the Board)*
- Creating space at convenings for all voices
- Transparency
- Co-design/Co-create and bring a collective recommendation
 - *Example: Investment Strategy Prioritization Process*

AS4H Deep Dive

June 1, 2022

Sarah Bollig Dorn (she/her)

Assistant Director of Health Integration

sarah@betterhealthtogether.org



Better Health Together

2013

Established, independent 501(c)(3) with a Board of community leaders

12,082

Square miles

~175,000

Medicaid population

110+

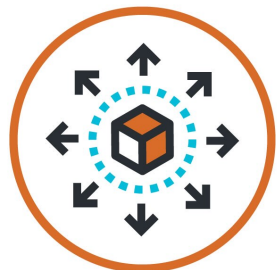
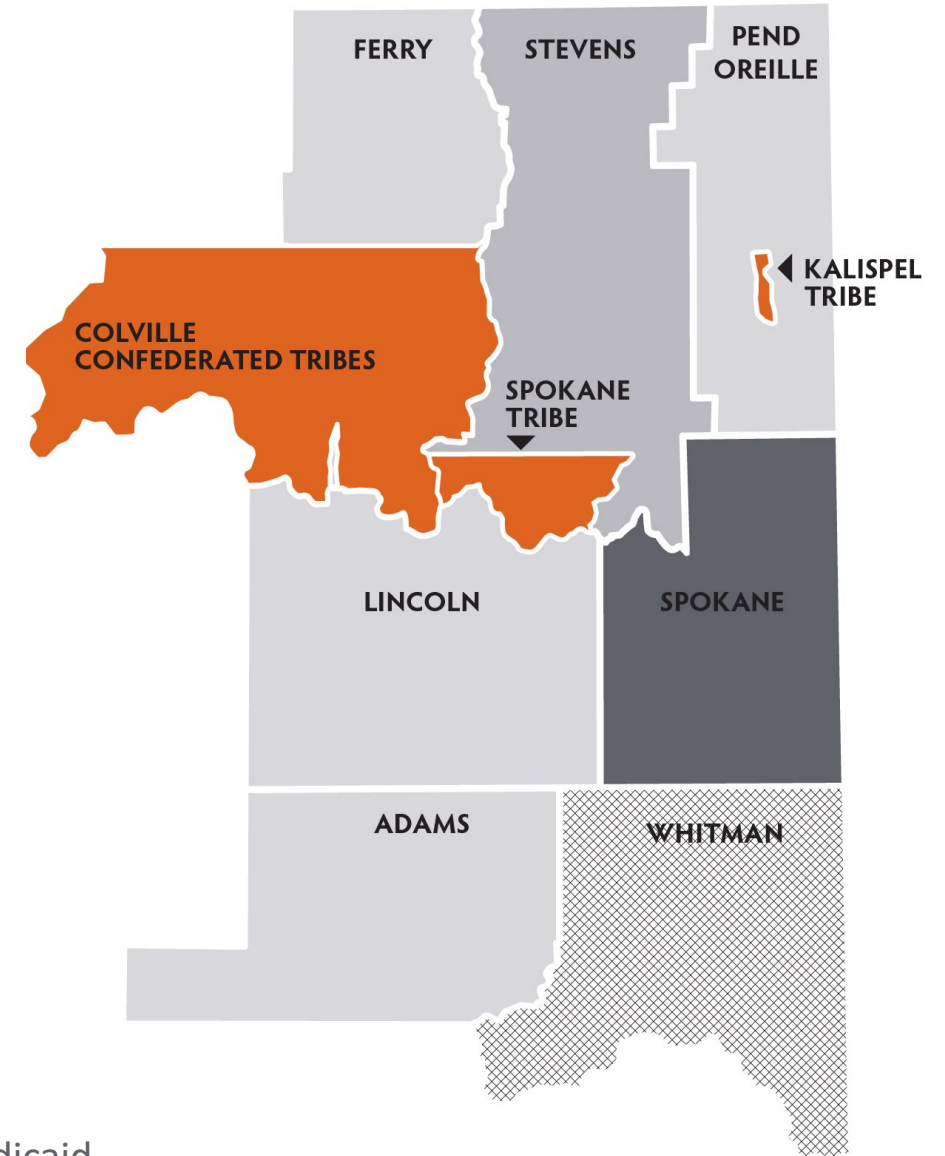
Community partners

\$3M

2021 budget

93%

of eastern WA residents have health care coverage



Accountable Community of Health (ACH):

Leading Eastern Washington region's efforts transform the Medicaid delivery system by 1) Improving access to integrated, whole-person care, 2) Building strong linkages exist between the health care system and community resources, and 3) Promoting health equity for all, by all.

Why do we say anti-racism?

POSITION STATEMENT

Racism is a public health crisis.

01

Racism is not just when a person treats someone else differently because of their race.

02

Racism is a developed false idea used to justify a culture whose behavior has set up white people to dominate positions of power while perpetuating avoidable and unjust health outcomes for people of color for over 400 years.

03

BHT is committed to building an anti-racist community and opposing oppression in all forms — not only to stand against systemic oppression but to invest in radical change and steward the process that will lead us to a better future.

04

We commit to critical analysis of how white supremacy culture influences our decision-making and act on opportunities to disrupt cycles of discrimination and oppression.

Programs & Initiatives

Here is some of the work BHT is currently engaged in:

SPOKANE COLLABORATIVE

Gathers over 50 health and community organizations to build partnerships and address equity through collaboration so that we build a more connected health system in Spokane

RURAL COUNTY COLLABORATIVES

Gathers health and community organizations in each of our five counties to collaborate on community projects that address inequities

INCREASE HEALTH COVERAGE THROUGH THE NAVIGATOR NETWORK

As the Lead Organization, train and support 100+ Navigators to enroll Washingtonians in health coverage

INCREASE HEATH COVERAGE FOR KIDS THROUGH HEALTHY KIDS TOGETHER

Enrolls and aids parents and children (AI/AN, Latinx, BIPOC, COFA Islander, homeless and rural communities) in free and low cost health insurance, as well as providing resources as needed

MAINTAIN ROLE AS NEUTRAL CONVENER FOR COMMUNITY PARTNERS & PROJECTS

Deploy BHT staff as trusted facilitators of collaborative community-based work so that we can continue to fill gaps that shift power to community when the opportunity arises

MEDICAID TRANSFORMATION PROJECTS WITH CONTRACTED PARTNERING PROVIDERS

Funds clinical providers to improve equity and evidence based practices, including better connection between all the sectors that support community health

SUSTAINABLE FUNDING AND PARTNERSHIP BETWEEN SDOH & HEALTH CARE

Supports projects that reduce silos between organizations and model sustainable funding strategies so projects can become practice

INVESTMENT IN CARE COORDINATION FOR PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

Support innovative projects that prevent people from conditions that lead to recidivism, such as social and health resources

INVESTMENTS IN RACIAL JUSTICE RELATED PROJECTS

Support organizations led by and serving communities impacted by systems of oppression to address and prevent the impacts of racism, and disrupt traditional funding models that enable oppression

INVEST IN IMPACTED LEAD ORGANIZATIONS TO LEAD TRUSTED MESSENGER WORK

Invests in organizations lead by and serving as trusted messengers for impacted populations to build capacity to address public health crises like COVID 19

SMILE SPOKANE ORAL HEALTH COLLABORATIVE

Gathers health and community organizations to address inequities related to oral health, such as community water fluoridation, and work to better connect oral health with the overall health system

COMMUNITY-BASED BEHAVIORAL HEALTH SOLUTIONS & WORKFORCE DEVELOPMENT

Supports creative ideas for providing behavioral health at the community level, such as workforce development and policy advocacy

CONVENE HEALING SPACES FOR COMMUNITY MEMBERS OF COLOR

Creates a safe space for BIPOC communities to connect, inspire, feel, heal and just seen and heard — free from white gaze

INVESTMENTS IN TRIBAL & NATIVE HEALTH

Build partnerships and increase flexible funding for Tribal and Urban Native health programs to recognize Tribal Sovereignty

EQUITY ASSESSMENTS & TRAININGS FOR PARTNERS

Offer Equity 101 training and organizational assessment to support organizations in deepening an actionable commitment to anti-racism and equity



(509) 321 7500

[BetterHealthTogether.org](https://www.BetterHealthTogether.org)

Equity-Centered Work

Activities supported by the Medicaid Waiver to promote equity and anti-racism across our community

Dismantling oppressive behaviors in white dominant systems

- 82 organizations completed **Equity Assessment** 2019, offering again in 2022
- 800+ people completed **Equity 101 training** created and lead by BHT
- \$250,000 allocated to offer up to 50 trainings in 2022 with Equity TA Bank Partners
- Equity requirements in contracts to model how to center this work

Shifting power to those who have been denied voice and choice

- \$1.5 million dollar of Community Resiliency Fund allocated exclusively to organizations lead by people of color to prevent and address impacts of racism
- \$450,000 directly to Trusted Messenger partners for Vaccine Campaign
- Supporting Participatory Budgeting across BHT programming

Always ask how we can center joy

- Relationship based approach in all work
- Support BHT internal equity journey
- Healing Spaces for people of color



San Diego

Wellness Collaborative

Aligning Systems for Health

Advancing Equity: Adapting to Local Context &
Confronting Power Dynamics

Kitty Bailey, MSW
CEO

San Diego Wellness Collaborative

The **San Diego Wellness Collaborative** (SDWC) is a nonprofit organization that improves health equity and population health in San Diego through multi-stakeholder collaborative initiatives. Our partners include healthcare organizations, public health, health plans, employers, patients, community-based organizations, and community members.

The SDWC is mission driven, independent, neutral, financially stable, and accountable to the communities we serve. Our work includes:



Engaging and linking community and healthcare partners,



Spreading evidence-based best practices among healthcare teams, and



Transforming healthcare systems.

Our Initiatives



Be There San Diego is a coalition of patients, healthcare providers, communities, healthcare systems and others working together to prevent heart attacks and strokes.

We take shared action to improve control of hypertension, lipid levels, and blood sugar through patient and medical community activation.



The **San Diego Accountable Community for Health** (SDACH) is a multi-sector initiative working to create community health, wellness, and equity.

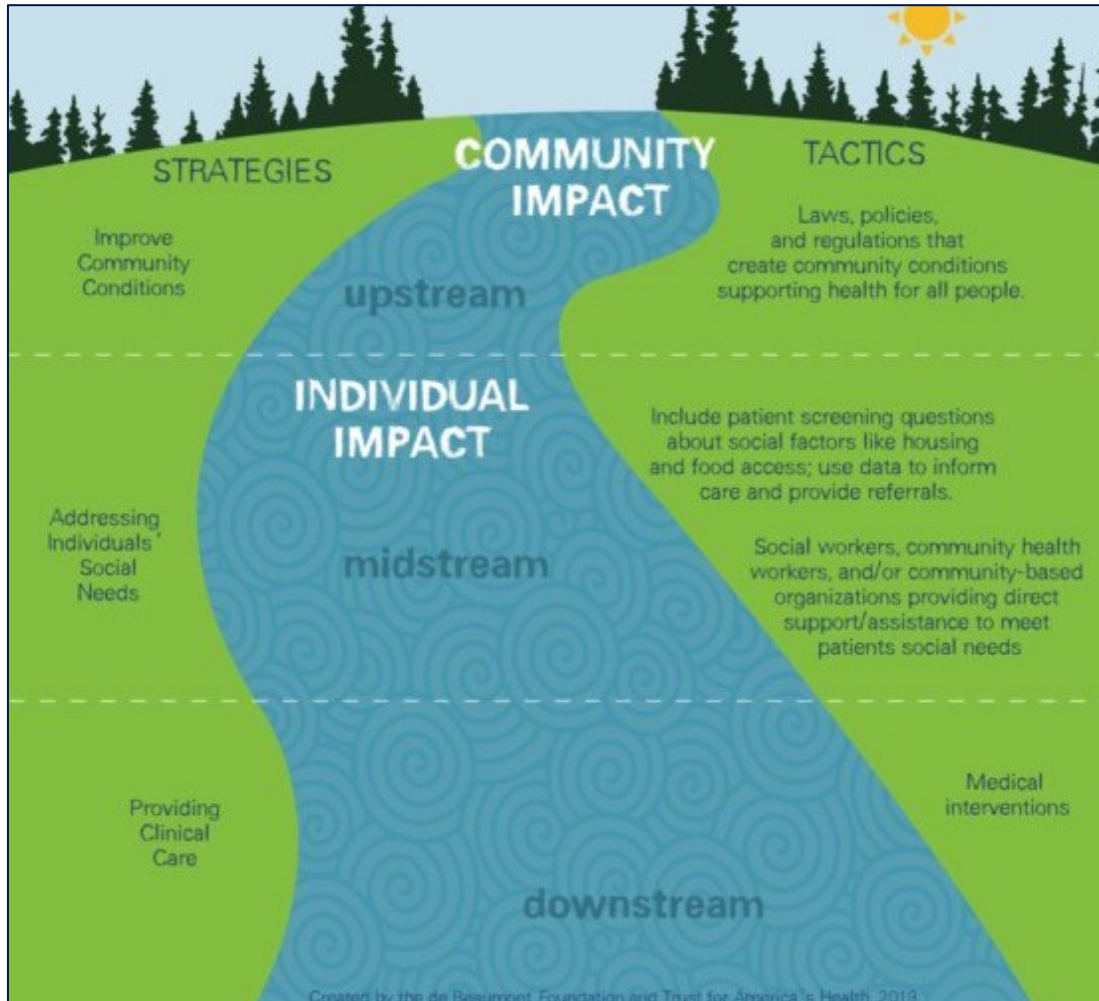
We take shared action to redefine our local health system beyond the traditional healthcare organizations and create a new vision for health and wellness.



Neighborhood Networks is a social enterprise links Medi-Cal health plans with community-based organizations (CBOs) and services.

We deploy community based workforces to improve health outcomes, lower costs, enhance community wellbeing, create jobs, and build lasting relationships between the partners.

Our Comprehensive Approach



Population health approaches can be viewed along a continuum, from “upstream” prevention to “downstream” treatment. The San Diego Wellness Collaborative coordinates initiatives across this continuum to build health equity.



 **SAN DIEGO ACCOUNTABLE
COMMUNITY FOR HEALTH**



 **NEIGHBORHOOD
NETWORKS**



 **Be There
San Diego** | Preventing Heart
Attacks & Strokes

 **San Diego
Wellness Collaborative**

COVID-19 Vaccinations

The Challenge

- Some individuals, including Blacks, Latinos, and refugee populations, experience greater prevalence and impacts of COVID-19.
- Despite this disparity, these populations are often vaccinated at disproportionately low rates.

The Context

- The County of San Diego Health & Human Services Agency provided funding to numerous community-based organizations (CBOs) to provide COVID-19 outreach and education.
- Seven different health plans deliver Medi-Cal managed care services in San Diego County.

The Opportunity

- In late 2021, the California Department of Health Care Services offered one-time, limited funding to Medi-Cal health plans for outreach to affected populations.

COVID-19 Vaccination Project

The Approach

- The San Diego Accountable Community for Health leveraged its role to enhance clinical-community linkages by convening Medi-Cal health plans with CBOs to create a coordinated approach..... Local context
- The need to quickly pass DHCS funding from health plans to CBOs was met by Neighborhood Networks, which contracted with 2 health plans and directed funding to 7 CBOs to conduct COVID-19 vaccination outreach.... Power dynamics
- All administrative functions and reporting were managed by Neighborhood Networks... Power Dynamics

COVID-19 Vaccination Project

The Outcome

In a 3-month period, 7 CBOs:

- Employed community health workers to conduct COVID-19 vaccination outreach.
- Conducted in-person COVID-19 vaccination outreach to 26,586 individuals at community events, health fairs, churches/mosques, schools, and door-to-door canvassing.
- Created 283,614 social media impressions related to the importance of COVID-19 vaccinations.
- Assisted in vaccinating 1,172 individuals.

Other positive outcomes include:

- Through biweekly meetings convened by SDACH, trust was built among CBOs.
- Monthly meetings of community health workers provided a safe space for them to share experiences and concerns.
- Impact was that we advanced equity

COVID-19 Vaccination Project

The Outlook

- Due to this success, CBO partners are participating in a multi-year project funded by the California Health Care Foundation designed to grow and sustain the workforce of community health workers.
- Medicaid health plan partners are participating in a multi-sector collaborative to support this effort.

Contact Information

Kitty Bailey

kitty@sdwellnesscollaborative.org



Embedding Equity into ACH Work

AS4H Deep Dive Web Discussion: Advancing Equity
June 2, 2022

Liz Baxter



Land Acknowledgement

We begin by acknowledging, with humility, that the land where we are today is the territory of the People of the Salish Sea.

Their presence is imbued in the waterways, shorelines, valleys and mountains of the traditional homelands of the Coast Salish People.

Since Time Immemorial...

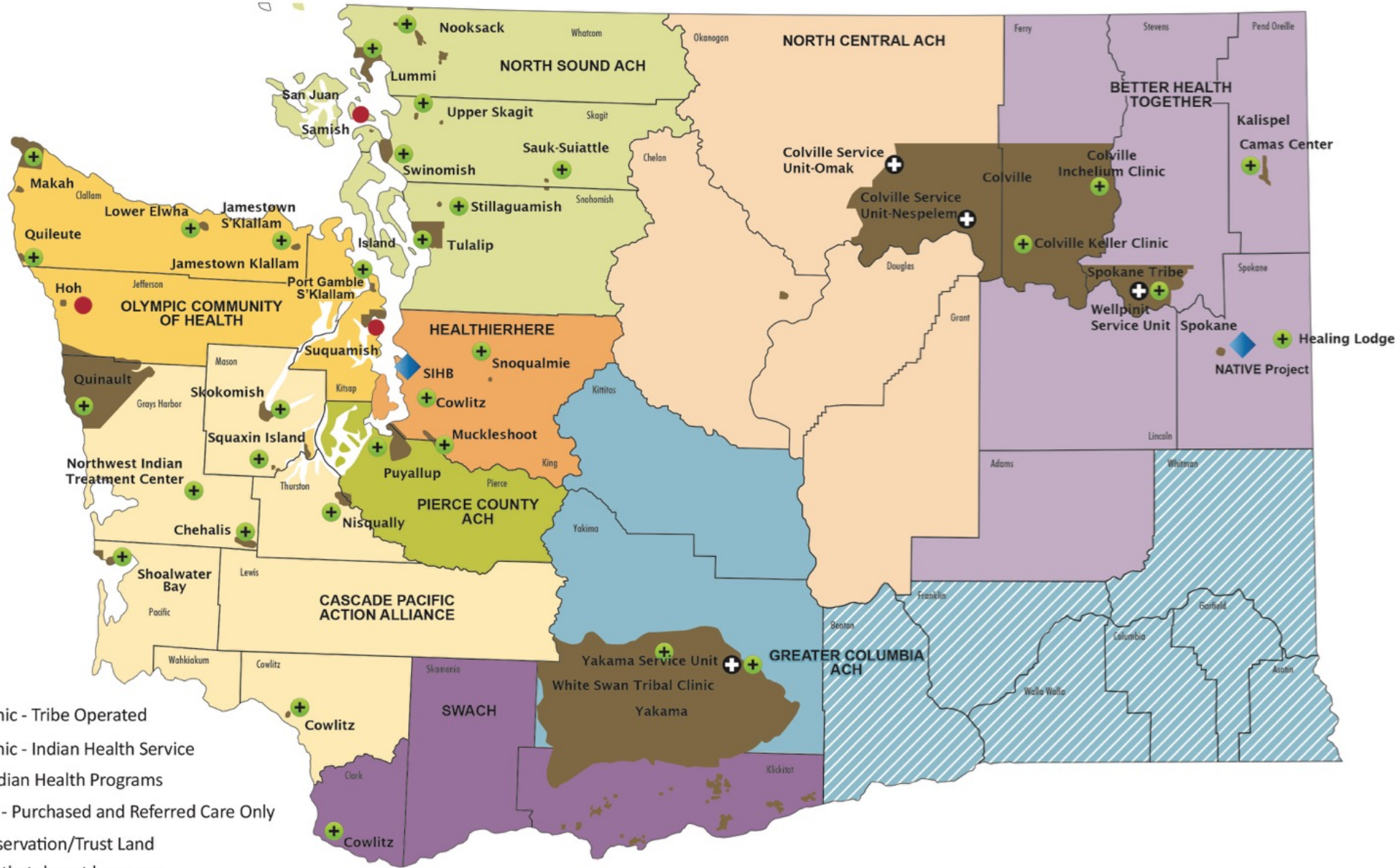
Visit <https://native-land.ca/> to learn more about the Indigenous land where you live, work, and play.

Evolution of Purpose

North Sound ACH exists to advance a just and inclusive culture and the necessary conditions required for all community members to thrive.



Washington State Tribes and Tribal Health Clinics



- + Tribal Clinic - Tribe Operated
- + Tribal Clinic - Indian Health Service
- ◆ Urban Indian Health Programs
- No Clinic - Purchased and Referred Care Only
- Tribal Reservation/Trust Land
- Counties that do not have any Tribal Purchased/Referred Care Service Delivery Area

Collaborative Action Network

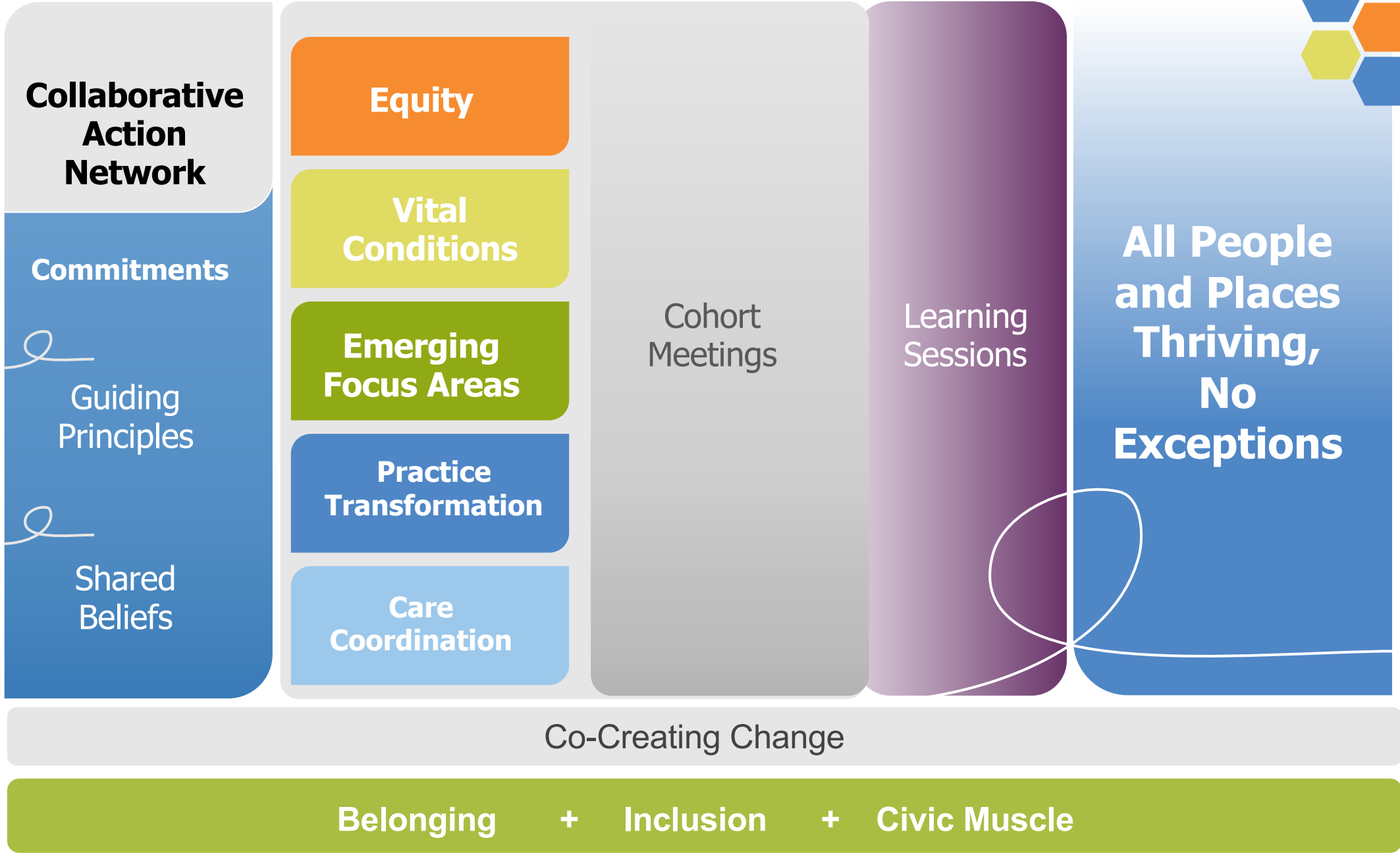
Shared Beliefs

- All community members deserve to experience mental, social, physical, financial, and spiritual well-being.
- Inherited legacies of systemic racism have perpetuated trauma and exclusion, particularly among Indigenous populations and communities of color.
- Together we can create new legacies -- and the conditions -- that ensure a sense of belonging for all people who call this region home.
- We are accountable, to each other and to the well-being of future generations.

Collaborative Action Network

Guiding Principles

- We honor tribal sovereignty and learn from their experience in holistic, intergenerational approaches to well-being, healing, and stewardship.
- The work is place-based and centered around community and lived experience.
- We use targeted universalism as a framework, and reject zero sum approaches to advancing equitable well-being and addressing systemic racism.
- Belonging is both a vital condition and a practice. We endeavor to assure everyone can see themselves in the ongoing process of co-creating equitable well-being.



Examples

- Recruitment, Hiring, Salary Offers
- Contracts
- Fund Distribution

We acknowledge, with humility, that the land where we are today, is the territory of the People of the Salish Sea. Their presence is imbued in the waterways, shorelines, valleys and mountains of the traditional homelands of the Coast Salish People, since time immemorial.

North Sound Accountable Community of Health

The North Sound ACH exists to create a just and inclusive culture and the necessary conditions for all community members to thrive.

Catalyst for Change



Invest and Share Resources



Elevate Emerging Issues



Informed Action



Build Capacity



Honor Tribal Sovereignty



Led by Community



Advance Well-Being



Be Connected



Foster Belonging





Thank You!

Additional questions?

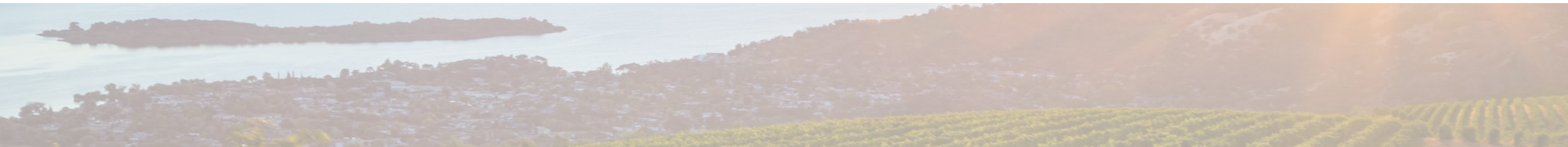
Email: **Liz@NorthSoundACH.org**



HOPE RISING

LAKE COUNTY CA

Marvin Avilez





Adapting for greater efficiency and impact



Hope Rising is a 501c(3) collaborative made up of the following organizations:

Lake County Office of Education
Lake County Department of Social Services
Partnership HealthPlan
Sutter Health, Lakeside
Adventist Health Clear Lake
Lake County Health Services
Redwood Community Services
County of Lake, Board of Supervisors
County of Lake, Behavioral Health Services
North Coast Opportunities
Lake Family Resource Center
MCHC Health Centers
Ph.D, Woodland Community College



In the past Hope Rising has been the project manager for the following efforts:

Hope Center
Hope Kitchen
SafeRx
Smart Start Bright Future
YOR
ACT



Project Management had a HIGH cost:

Accounting

Reporting

Labor Laws

Payroll

Lack of Subject Matter Expertise

Board Member Liability

Why did our Board have all of the power?

Are we the right people to make Tactical Decisions?



We lost focus!

We went from trying to make impact to just
admin/operations



Now we are moving to facilitation:
Enable other CBO/NGO (Distribute Power)
Allow the SME's to own (Enable Experts)
Broaden our Board vs reduce it (more representation)
Reduce our overhead (cost and labor)
Focus on CHNA & CHIP

Easier sell to board and other organizations

Moving from Ownership to Facilitation



Thank you!

Marvin@hoperisinglc.org



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