

Washington's ACHs: Promoting Equity and Investing in Social Needs

Accountable Communities of Health (ACHs) are community-based partnerships that bring together health care payers and providers, public health, social services, community-based organizations, the justice system, schools, tribal partners, community members, and local government leaders to address community health. ACHs seek to improve care, lower costs and strengthen communities.

There are nine ACHs in Washington representing distinct regions of the state. Collectively, the ACHs contract with hundreds of clinical and community organizations to increase integration of care, support the management of chronic disease, address the opioid crisis, and transform the care Medicaid beneficiaries receive.



ACHs Promote Equity

While each ACH is separately governed, they share a common approach to improve the health of their communities: they tackle challenging problems through cross-sector collaborations and investments in innovation. Equity is an intentional and significant component of this work. ACHs prioritize equity through a variety of efforts, such as elevating community voices on the impact of systemic racism, funding efforts to address the social determinants of health, and partnering with tribes. ACHs work with their communities,

clinical partners, board and staff to make equity central in the transformation of Washington's Medicaid system.

ACHs Invest in Equity Strategies

ACHs are investing in strategies to prioritize equity in their regions. ACHs fund organizations led by and serving people of color to advance health system transformation. ACHs also collect and analyze quantitative and qualitative data to better understand the needs of all communities. And ACHs work with their communities to address the disparate impact of COVID-19 on populations affected by the virus.

ACHs Address Social Determinants of Health

To promote equity, ACHs and their partners have sought to address social determinants of health (SDoH) -- the conditions in which people are born, grow, live, work and age that shape our health. ACHs believe that the success of transforming Washington's health system rests on its ability to better coordinate care, break down silos across systems and address complex social needs.

To focus on the upstream factors that impact health, ACHs have created "Community Resiliency Funds" that support initiatives to break down barriers between clinical and social service or community-based providers. ACHs also have partnered with local organizations to address regional needs around transportation, housing and nutrition. A number of ACHs have developed community-based care coordination programs and referral systems to connect people to the care and social support services they need.

ACHs Support Tribal Relations

ACHs have strong relationships with tribes in their regions. Tribes are represented in ACH governance structures and help guide the work of ACHs. Many of the ACHs have made investments that support innovation in tribal clinics and to help tribes respond to the COVID-19 pandemic. ACHs also work with the tribes to inform clinical and social service providers outside tribal clinics about the needs of tribal members.

Examples of ACHs Promoting Equity and Investing in Social Needs

Better Health Together

BHT and its contracted partners and county-based collaboratives are working together to expand a common definition of equity, to identify projects centered on equity, and to link the health care system with community providers focused on social determinants of health. BHT recently awarded \$1 million of its Community Resiliency fund to organizations led by and serving impacted communities, with priority to those groups run by black and indigenous community members.

Cascade Pacific Action Alliance

CPAA made a significant investment in *Community CarePort*, which includes a technology platform, training, coaching, and incentives for a regional system of community-based care coordination. Ten agencies, using over 40 care coordinators, provide free, ongoing care coordination services to an active caseload of 1,000 high-risk clients across the region. Outcomes include more than 4,000 connections to social services, including permanent housing for 300 people. CPAA also launched a special COVID-19 response to assist with isolation and quarantine and invested almost \$1 million to combat the virus's impact on the region.

Elevate Health

Elevate Health has used its investment arm, OnePierce Community Resiliency Fund, to support equity and address social needs. Elevate Health is working with the African-American faith community to develop strategies that will address COVID-19's disparate impact on residents of Tacoma's Hilltop neighborhood, historically a low-income area experiencing rapid gentrification. They also are working with churches and housing developers to understand and address the causes of health inequity, including the lack of affordable and supportive housing and workforce opportunities.

Greater Columbia ACH

Greater Columbia ACH has made substantial investments in its community to address the social determinants of health. The ACH has funded \$600,000 in housing initiatives; almost \$90,000 to support transportation in the community; and \$100,000 to promote good nutrition. These grants have been provided to community-based organizations with strong ties to the groups they serve.

HealthierHere

In partnership with the Center for Multicultural Health, HealthierHere gathered the voices of over 2,700 Medicaid members and other low income households through its Community Grants Program. HH worked with partners to develop a culturally appropriate survey, translated it into 13 different languages and funded partners to learn about community members' experiences with the health care system – what works, what doesn't and what could make it better – through surveys, focus groups and interviews. HH captured insights from voices within more than 30 ethnic communities and integrated that information into its Medicaid Transformation work.

North Central ACH

NCACH led an effort to target outreach and messaging to Spanish-speaking and farmworker communities about COVID-19. They also have partnered with the Colville Tribe and invested in the tribe's roadmap to improve the health and well-being of tribal members and their descendants. Recently, North Central held convenings to discuss how to best address the social determinants of health in its region.

North Sound ACH

North Sound ACH has partnered with and supported eight tribes to promote equity and elevate community voice. In 2020, North Sound invested \$600,000 (\$75,000 to each of eight tribes) to assist with their COVID-19 response. The ACH also provided \$300,000 to support indigenous video and podcast productions to educate the region about indigenous approaches to care and how native and non-native systems connect. This fall, an ACH-sponsored indigenous youth-led convening will inform and inspire young leaders to get involved in their communities and provide them with the resources to do so.

Olympic Community of Health

Olympic Community of Health recently analyzed how adverse social conditions across the region are impacting health, how social needs are exacerbated by the pandemic, and looked at opportunities for region-wide, collaborative interventions. OCH facilitated an environmental assessment, literature review of initiatives and approaches, and took stock of available data, providing a wide perspective of social risk factors and their impact on community health. The findings from these activities, which will inform Olympic's future work, were shared with the region through virtual convenings, bringing together local health leaders and community members.

Southwest Washington ACH

SWACH developed and implemented a care coordination system, *HealthConnect*, to address social determinants of health for vulnerable populations. The program uses Community Health Workers and peers (people with lived experience) to provide culturally competent care coordination. Trusting relationships enable these workers to serve as a liaison between health and social services and facilitate access to services and improve the quality and cultural competence of service delivery.