

Engagement During COVID-19 and Beyond

Cross-sector and community engagement has always been challenging and the COVID-19 pandemic has only raised new hurdles in ongoing efforts for communities to stay connected. Accountable Communities of/for Health (ACHs) in Washington and California are experiencing this struggle day in and day out, and now it's exacerbated by wildfires across the west. But ACHs are persevering, clearing one hurdle at a time, and uncovering opportunities for engagement along the way.

What are ACHs?

ACHs are community-driven initiatives that focus on creating the conditions for whole-person health in communities by bringing cross-sector organizations, tribal nations, and community members together to work toward this common vision. Many ACHs explicitly focus on improving equity and addressing the social determinants of health (e.g. safe and affordable housing; access to healthy food; access to reliable transportation; quality education opportunities). Every ACH is different and states take varying approaches to the ACH model, but all center around bringing people and organizations together to collaboratively improve health and well-being for their community.

Research on Innovation in ACHs

The Population Health Innovation Lab (PHIL) at the Public Health Institute has been working with ACHs since their inception, and is now pioneering original research on cross-sector alignment and collaboration in ACHs through the Robert Wood Johnson Foundation Aligning Systems for Health (AS4H) Initiative, which is led by the Georgia Health Policy Center. This 2-year project seeks to learn which innovations are (and are not) working in ACHs. Findings are being shared back with ACHs as they emerge and final results will be available by April 30th, 2022. Through this research, we're learning about the challenges and opportunities ACHs are encountering related to the COVID-19 pandemic.

Common Challenges to Engagement During the COVID-19 Pandemic

The COVID-19 pandemic has presented a new set of challenges for ACHs when engaging with communities. People living in rural areas without broadband internet access are often unable to engage in Zoom meetings like their urban neighbors. Health care and public health organizations are stretched so thin they are unable to plan beyond the challenges of today. Residents are self-isolating in an effort to protect themselves and their communities, but they are doing so at the expense of their mental health and overall quality of life. ACHs are encountering these issues and more as they seek to engage and support communities during the COVID-19 pandemic. Yet ACHs - and the amazing people breathing life into these collaboratives - are not letting these hurdles bring them down.

Community Engagement Successes and Opportunities

Early findings from PHIL's AS4H research show that ACHs are bringing forth their most creative, resilient, and innovative ideas to keep communities connected during the COVID-19 pandemic. For isolating residents, ACHs are going out of their way to help community members stay

connected to one another. One ACH in central Washington distributed thousands of ‘helping postcards’ and door hangers that residents have been using to offer and request help from their neighbors. Several ACHs have paused their normal operations to redirect their internal capacity toward local public health and health care efforts. ACHs are advocating and providing support for increased use of Telehealth technologies, including helping change billing policies so providers can be appropriately compensated for their services.

Across the board, ACHs are innovating and adapting the ways in which they engage by using remote collaboration tools to keep their partners connected. They are holding meetings remotely, which is increasing engagement among many rural partners and practitioners (e.g. nurses). ACHs in California use Networks for Purpose (NFP), a free idea-sharing and collaboration tool, as a collaboration hub to share resources and keep discussions going outside of Zoom meetings. One after one, ACHs are clearing the hurdles thrown up by the pandemic and other broad societal and environmental challenges. They are staying accountable to their communities by bringing people together across boundaries to empower their health and well-being, regardless of the immense challenges 2020 continues to present.

Engaging During the COVID-19 Pandemic as a Researcher

My enthusiasm for ACHs began in 2014 when the idea of ACHs was first being floated around Washington state, where I worked as an epidemiologist in a local health jurisdiction. As the idea grew to actuality, I remained engaged and hopeful for this new, collaborative approach to community health. This is why I started a doctoral program, specifically focused on answering some of the unknowns about how to do this type of collaborative work across boundaries.

Now, I'm a PhD candidate in the University of Colorado Denver's School of Public Affairs and a research scientist with PHIL. The PHIL research team (Sue Grinnell, Tarah Ranke, and Christina Olson) and I seek to bring the same innovation and adaptability to our engagement with communities as we're seeing exemplified by ACHs: all interviews are virtual; research project details, tools, resources, opportunities, and ideas are available on the AS4H NFP space; we're hosting monthly Open Space discussions where we (ACHs and PHIL team) share innovations, tools, resources, and emerging findings. We understand that during a global pandemic, people *need* to engage. It's just a matter of figuring out how to meet them where they're at.

Thank you, National Civic League, for helping lift up the good work of ACHs. Thanks to the National Civic League-Pforzheimer Fellowship for supporting my dissertation research, and by extension PHIL's AS4H research, which uses my dissertation prospectus as its foundation.