



**VERMONT  
ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH)**

**PEER LEARNING LAB  
REPORT**

March 2017





## ACKNOWLEDGMENTS

Thank you to the State of Vermont for the wisdom, planning, funding, and guidance of the Accountable Communities for Health (ACH) Peer Learning Lab. This experience brought together 10 ACHs from across Vermont, supporting the development, relationships, and knowledge that can only occur when we come together to learn, co-create, and innovate solutions for the future of a healthy Vermont.

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This report reflects the opinions of the Public Health Institute, the lead consultant on this project, not the State of Vermont or the Vermont Health Care Innovation Project. The perspectives shared in the report were shaped by the evaluations and reflections of Peer Learning Lab participants. This report was written by Sue Grinnell of the Public Health Institute's Population Health Innovation Lab and Dana Pearlman, Consultant and Facilitator, with inputs from Teresa Posakony, Consultant and Facilitator. Graphic Facilitation during the Learning Lab sessions was conducted by Angelique McAlpine. Content strategy, curation, and design of report was conducted by Ginger Daniel. The Evaluation Report was written by Kyli Gallington and Suzanne Ryan Ibarra of the Public Health Institute's Survey Research Group.





# VERMONT ACCOUNTABLE COMMUNITIES FOR HEALTH Peer Learning Lab Final Report

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## CURRICULUM

The Curriculum and a robust Appendix containing numerous tools and exercises are available at:  
<http://healthcareinnovation.vermont.gov/content/ach-peer-learning-lab-curriculum>  
<http://healthcareinnovation.vermont.gov/content/ach-peer-learning-lab-curriculum-appendix>

This report can be found electronically here:  
<http://healthcareinnovation.vermont.gov/content/ach-peer-learning-lab-final-report>



## VERMONT ACCOUNTABLE COMMUNITY OF HEALTH PEER LEARNING LAB

March 2017

**The state of Vermont has a long history of investing in the health of its population.** With a \$45 million federal State Innovation Model (SIM) grant, the Vermont Health Care Innovation Project (VHCIP) funded proposals to improve health care delivery, develop health information technology, and to test new models for paying providers. With guidance from the Population Health Work Group, state leadership chose to explore their investment through the Accountable Communities for Health (ACH) model and partnered with the Prevention Institute (Oakland, CA) and the Public Health Institute's Population Health Innovation Lab (PHIL) to advance this critical work.

The first phase of this work focused on further defining the ACH model and its core elements. Research by the Prevention Institute identified nine Core Elements that provide a foundation for ACH success: 1) Mission, 2) Multi-sectoral Partnership, 3) Integrator Organization, 4) Governance, 5) Data and Indicators, 6) Strategy and Implementation, 7) Community Member Engagement, 8) Communications, and 9) Sustainable Financing.

The second phase of Vermont's Accountable Communities for Health exploration was the Vermont ACH Peer Learning Lab. The Learning Lab supported teams from ten communities across the state to test model implementation while increasing community capacity and readiness across the nine Core Elements. The ACH Peer Learning Lab utilized in-person and distance learning methods to support peer learning, as well as community facilitation to support each community's development over a span of eight months.

The Lab operated as a community of practice for organizations and communities to create sustainable partnerships and solutions. Operating principles for this project were to create solutions in partnership with communities, build local capacity to sustain

efforts beyond the consultation period, and document processes for further replication and iteration. The Learning Lab employed a systems approach, providing tools to collaboratively see, understand, and thoughtfully address the complexities in communities that stand between providers and better health outcomes. A robust curriculum, resource appendix, and website were developed to support participants during the engagement period and into the future.

One of the Learning Lab objectives was to offer recommendations to the State on policies and guidance that could support further development of ACHs in Vermont. As a result of the Peer Learning Lab, the Public Health Institute has developed the following recommendations for the State of Vermont to further the development of ACHs. These recommendations incorporate input from Peer Learning Lab participants, consultant partners, and State partners.

*The graphic facilitation images throughout this report were created during the Peer Learning Lab convening, on January 13, 2017.*





**“This has resulted in a much more cohesive group which is ready to move ahead with joint initiatives to improve the health of our community using a multi-faceted approach.”**

- Peer Learning Lab Participant

	Recommendations for State Leadership:	Recommendations for the ACH Level:
Leverage and align statewide infrastructure to support ACHs	<ul style="list-style-type: none"> <li>• Provide state support for local ACH communities*</li> <li>• Evaluate ACH efforts in the context of Vermont health reform*</li> <li>• Collaborate to advance ACH goals</li> <li>• Review the nine Core Elements of an ACH annually</li> </ul>	<ul style="list-style-type: none"> <li>• Form a statewide ACH association or collaborative</li> <li>• Participate in opportunities to support state and regional planning activities for ACHs</li> </ul>
Support an environment of ongoing learning and capacity building	<ul style="list-style-type: none"> <li>• Support continued peer learning across ACH sites *</li> <li>• Pilot innovation in the context of health reform</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to invest in resilient ACH teams</li> <li>• Encourage and invest in training, technical assistance, and continued learning</li> <li>• Represent diverse stakeholder viewpoints</li> </ul>
Support the creation and testing of sustainability models to support ACHs	<ul style="list-style-type: none"> <li>• Explore innovative approaches to financing</li> </ul>	<ul style="list-style-type: none"> <li>• Seek new financial supporters</li> </ul>
Align efforts to support a culture of health	<ul style="list-style-type: none"> <li>• Align statewide initiatives, specifically, Accountable Care Organizations (ACO), Blueprint, and public health initiatives*</li> <li>• Develop a statewide communications strategy</li> <li>• Incorporate prevention strategies and partners</li> </ul>	<ul style="list-style-type: none"> <li>• Seek opportunities to connect ACH initiatives with other local and statewide initiatives</li> </ul>

*\*Those considered as priority recommendations for the State's consideration.*

More details on these recommendations can be found on pages 14-16.

Through extensive evaluation data and feedback from participants, the ACH Peer Learning Lab proved to be an innovative, collaborative, and effective systemic approach to address Vermont's complex health challenges. The Learning Lab developed a trained, inspired community of practice spanning the State that is eager to continue its shared learning, deepen its implementation, and expand its support for others in the field.



## INTRODUCTION AND OVERVIEW



The Accountable Communities for Health (ACH) Peer Learning Lab is a product of two phases of work that the Vermont Health Care Innovation Project leadership invested in to improve and innovate on its promises to improve health outcomes across the State. The first phase began with exploring the ACH concept in late 2015. This research inspired the development of a second phase of work resulting in this peer learning opportunity.

A conceptual framework for ACHs in Vermont was created based upon the [Prevention Institute's review](#) of Vermont's population health activities as well ACHs in other states. The ACH Peer Learning Lab sought to build on this framework and test model implementation while increasing community capacity and readiness across the nine Core Elements of the ACH model.

### The State of Vermont defines an Accountable Community for Health as:

#### DEFINITION:

An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients.

Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances, and environmental factors.

An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness.

### Nine Core Elements

The Prevention Institute identified nine Core Elements of ACH success for Vermont:

1. **Mission**
2. **Multi-sectoral Partnership**
3. **Integrator Organization**
4. **Governance**
5. **Data and Indicators**
6. **Strategy and Implementation**
7. **Community Member Engagement**
8. **Communications**
9. **Sustainable Financing**

*Full definitions of the nine Core Elements and recommendations for the future can be found in this report's Appendix.*

### Objectives of ACH Peer to Peer Learning

The objectives of the Peer Learning Lab were developed by the Public Health Institute, the State of Vermont, and project consultants in response to state priorities and community learning needs. Over the eight-month period of June 2016 - January 2017, the Peer Learning Lab aimed to:

- Increase participating ACH sites' understanding of the nine Core Elements of an ACH;
- Increase ACH sites' readiness to implement the nine Core Elements;
- Increase communities' understanding of community-based prevention and population health improvement strategies, and support communities in implementing these strategies;
- Increase participants' capacity to navigate complex challenges and co-create solutions with their peers into the future; and
- Offer recommendations to the State on policies and guidance that could support further development of ACHs in Vermont.

### Brief Overview of Engagement

Prior to the Peer Learning Lab Kick-Off, the State engaged in the recruitment and application process of ACH sites. Of the 14 Hospital Service Areas, 10 sites participated. The Peer Learning Lab organizing team spent time talking with key stakeholders to better understand existing efforts in preparing the curriculum and planning the in-person convenings, webinars, and many other offerings to support ACH Peer Learning Lab participants.

The Peer Learning Lab operated as a community of practice for organizations and communities to create sustainable partnerships and solutions. Operating principles for this project were to create solutions in partnership with communities, build local capacity to sustain efforts beyond the consultation period, and document processes for further replication and iteration.

The Public Health Institute's Population Health Innovation Lab's (PHIL) team worked in partnership with the State of Vermont and Vermont ACH sites to co-create the Peer Learning Lab through the following activities:

## **Design and Management**

### **Convened a Design Team**

PHIL worked with a small core working group comprised of local facilitators and state representatives over the course of eight months to co-design the Learning Lab. This group designed relevant learning experiences for participating communities, and built local design and facilitation capacity to support project sustainability after the term of the consultant contract.

### **Utilized a Systems Perspective**

A systems perspective encourages exploring the whole picture to develop an understanding of the interactions between many factors that affect health. PHIL developed and completed a baseline assessment of each of the participating ACH sites to gain an understanding of their capacity and readiness around each of the nine Core Elements. In addition, we included stakeholder's feedback, current and planned work, and other efforts to gain an in-depth knowledge and systems perspective to make sense of the patterns, system needs, and higher purpose to fulfill the vision.

### **Identified and Trained Local ACH Facilitators**

PHIL co-facilitated each ACH site with local volunteer facilitators to ensure that the external consultants had understanding of activities on the local level. The aim of this partnership was to support long-term capacity building.

## **Curriculum, Training and Resources**

A tailored [curriculum](#) and suite of [appendix](#) resources were developed in response to each individual ACH site assessment. They were rooted in a systems perspective and the nine Core Elements and delivered in partnership with the ACH local facilitators. More information is on page 20.

## **Design Challenge**

During the first convening, each site was given a Design Challenge, "How might you create an award winning ACH?" to guide their focus and support thinking and planning. Each site team worked to answer the Design Challenge throughout the engagement.

## **In-Person Convenings**

A series of three in-person convenings—in June 2016, September 2016, and January 2017—was designed to deliver the curriculum using the Art of Hosting Conversations that Matter and Theory U methodologies. The last convening was an opportunity for the ACH sites to assess their learnings, report their progress on the nine Core Elements, and synthesize recommendations to the State of Vermont for the future of the ACH model.

## **Knowledge Camp Webinars**

In between in-person convenings, the PHIL team hosted web-based learning sessions. The sessions addressed the nine Core Elements and learning needs identified at in-person convenings, and were co-lead by leaders identified based on their content expertise and local experience.

## **Learning Community and Platform**

The PHIL team created a website with ACH resources, a LinkedIn platform, and templates to support communities' progress. The team offered additional resources and structures for support as community needs arose.

## **Evaluation**

### **Process and Outcome Evaluation**

The Learning Lab was evaluated using regular check-ins and surveys to evaluate the processes of the project. Because the work is complex and all involved have different understandings, PHIL assured clarity of work at the beginning and throughout the year to assess progress and course corrections through three methods: 1) A baseline assessment provided a comparison against which to measure community progress on the outcomes of the nine Core Elements; 2) Each in-person engagement and on-line learning session were evaluated using online surveys; and 3) Information gleaned along the way informed curriculum design.

The final Evaluation Report can be found in the Appendix of this report on page 36.

## COMMUNITY OF PRACTICE EVOLVES

The Peer Learning Lab provided the structure to accelerate ACH concepts and catalyze working collaboratively. This was accomplished both by individual ACHs working on their own and by ACHs working across the community of practice supporting each other.

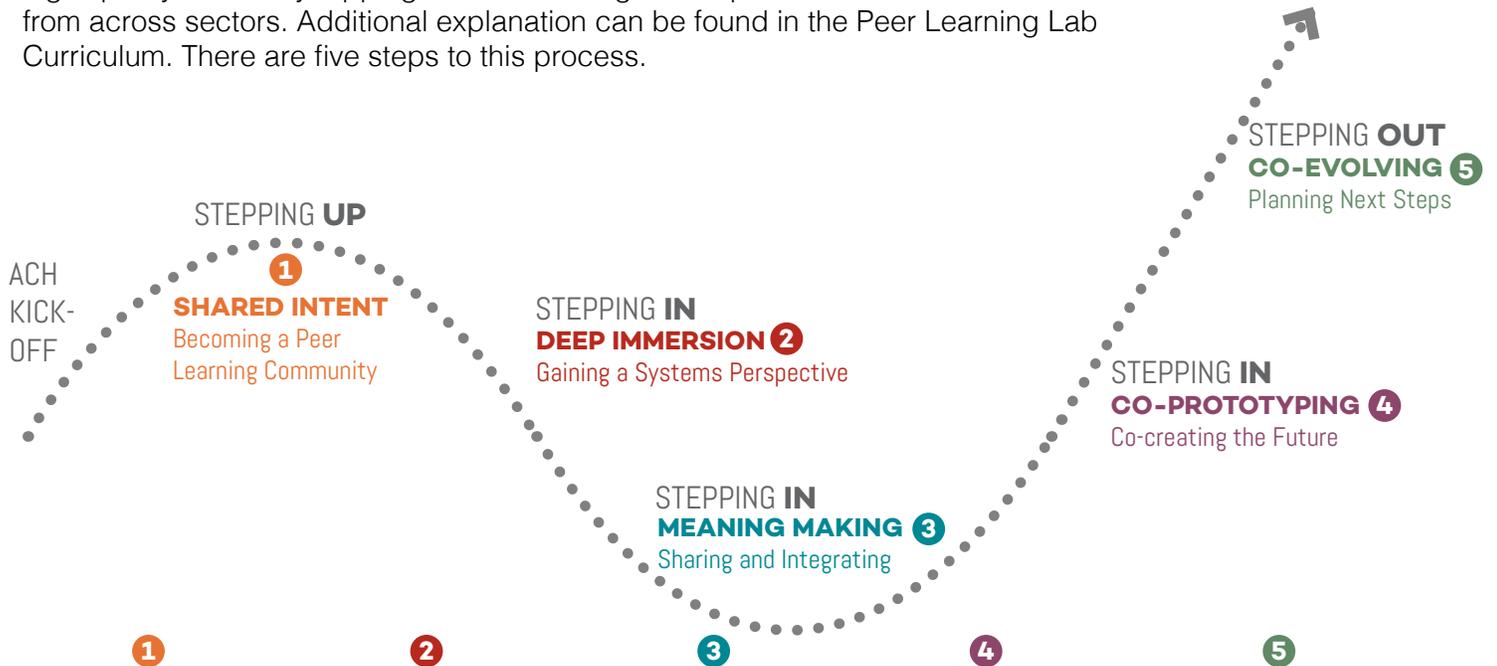
Throughout the Learning Lab, each local ACH site presented case studies sharing their structure, partners, successes, pressing challenges, and other inquiries. This enabled participants to identify overlaps, receive feedback, ask questions of one another, and amplify the learning across the ACHs. Additionally, methodologies and practices were intentionally designed to encourage cross-pollination of ideas, discussion, or interchange. This on-going exchange expanded views and perspectives to increase understanding of each unique ACH and its respective community needs.

The result of this on-going learning and exchange process created a supportive community of practice across all ACHs which promises to be active after the direct engagement through the Learning Lab ends. Recommendations to the State include allocating resources to ensure this collaboration continues.



# THE METHODOLOGY: ACH PEER LEARNING LAB APPROACH

The methodology that anchored the Peer Learning Lab is a version of the systems change-based approach known as Theory U, originally created by Otto C. Scharmer of the Massachusetts Institute of Technology (MIT). Theory U has proven capacity to deliver high-quality results by tapping into the thinking and experiences of diverse stakeholders from across sectors. Additional explanation can be found in the Peer Learning Lab Curriculum. There are five steps to this process.



**1 SHARED INTENT**  
This step requires spending time listening to partners and community members, focusing in on their perspectives of how they believe health is created and barriers they confront to accessing health. Shared intent is an agreed upon understanding of the actions the ACH intends to take together and is based on collective knowledge of what the issues are that contribute to the problems identified.

**2 DEEP IMMERSION**  
This step requires participants to deepen their learning and understanding of what is occurring in their environment. Participants suspend the knowledge they have about health in their communities in order to learn with fresh eyes and engage in multiple conversations and interviews, both casual and formal, to learn new perspectives.

**3 MEANING MAKING**  
This step requires participants to spend time making sense of what has been heard and observed in their communities.

**4 CO-PROTOTYPING**  
This phase moves the ideas into experimentations (prototyping) of services, products, and potential actions that will bring participants to their desired state. This phase is experimental, playful, and iterative with potential ideas and solutions. The goal is to crystallize ideas through an iterative process of coaching and support from peers and subject matter experts (including end users, practitioners, community members, and those directly affected by the challenge).

**5 CO-EVOLVING**  
This step requires the time to advance ideas that have been tested and improved in the prototyping phase to be translated into a detailed implementation plan, with a clear indication of the resources required to bring about desired change. Focusing in on the identification of the leverage points that could 'power' initiatives or responses should be identified and acted on.

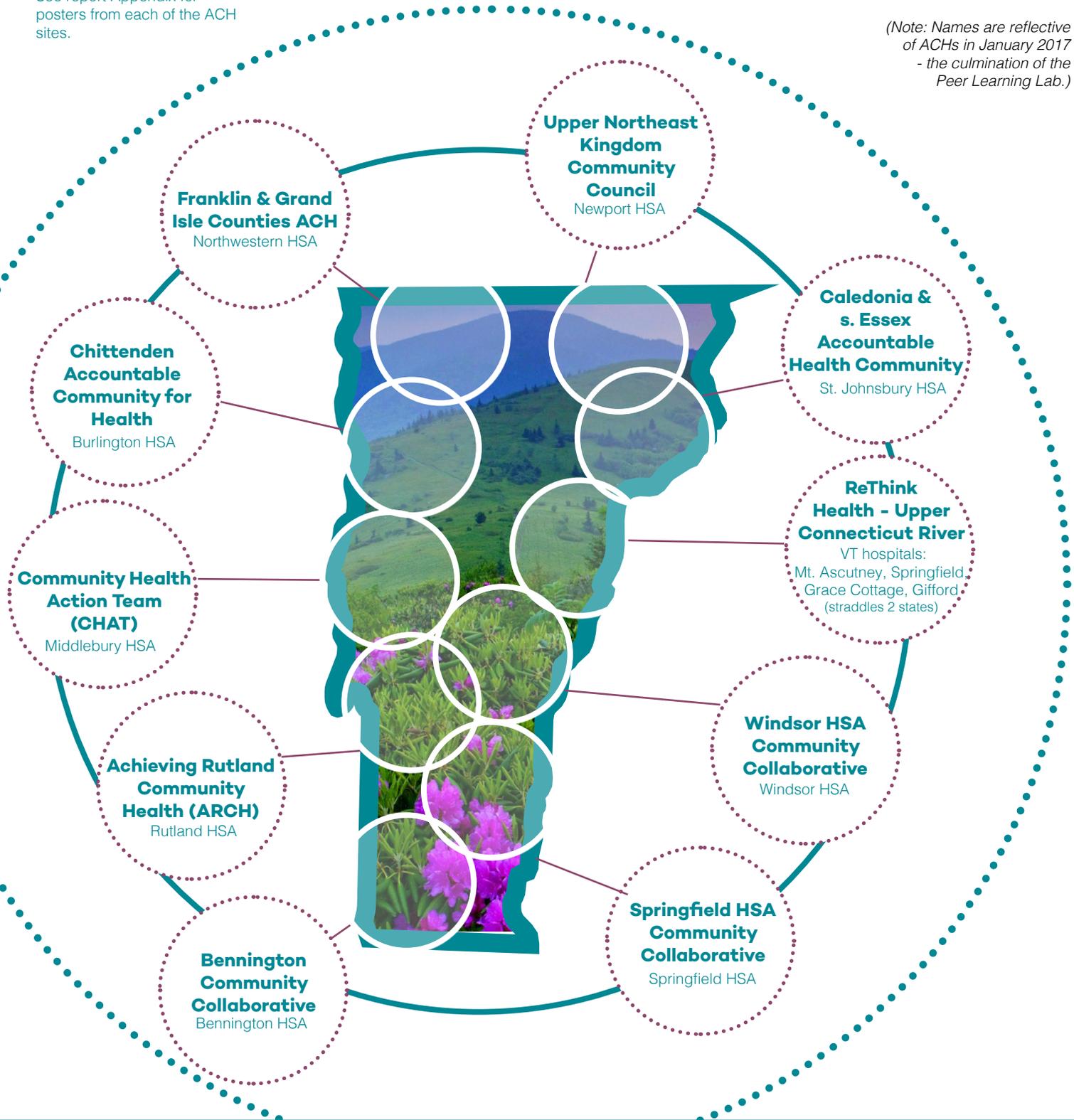
# VERMONT'S NEW ACCOUNTABLE COMMUNITIES FOR HEALTH



See report Appendix for posters from each of the ACH sites.

10 Accountable Communities for Health participated from across the state.

*(Note: Names are reflective of ACHs in January 2017 - the culmination of the Peer Learning Lab.)*



# LESSONS LEARNED



## We synthesized learning across the full ACH Peer Learning Lab Approach model.

The model is based on systems thinking. It is essential to look for upstream solutions—solutions that address the source of the problem—rather than downstream solutions which often work only on symptoms of the problem, only for it to reemerge as another challenge. On the following pages you will find lessons learned and participant feedback through the ACH level.

### LEADERSHIP AT SYSTEMIC LEVEL

Ways of leading, influencing, thinking, and being from a systems perspective

### STRONG CORE TEAMS

Working together to influence the system

### COMMUNITY ENGAGEMENT AT LOCAL LEVEL

Engage those within the system directly affected by the complex challenge

### COMMUNITIES OF PRACTICE: ACHs ACROSS VERMONT

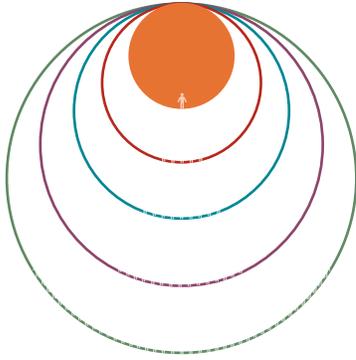
Through cross-pollination and co-learning, ACHs across the State become a system of influence

### STATE LEADERSHIP

Creating health across the entire State of Vermont



**This learning supported recommendations for the State Leadership and the ACHs on pages 14-16.**



**LEADERSHIP AT SYSTEMIC LEVEL**

Ways of leading, influencing, thinking, and being from a systems perspective

**Time for Reflection**

The Peer Learning Lab provided an opportunity to learn with colleagues and to try out different tools and practices. By slowing down and listening to many perspectives, participants gained fuller understandings of the system and of levers for change.

**Systems Perspective**

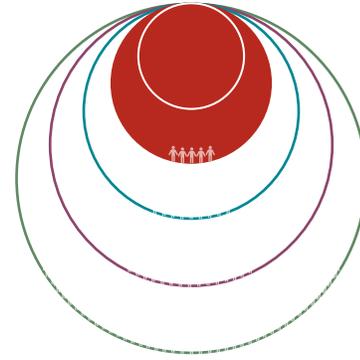
Participants gained tools to help them think about challenges from a systems perspective, moving away from an expert-driven approach and toward a collaborative approach.

**79%** of participants agreed or strongly agreed that the Learning Lab helped them develop skills for addressing complex challenges.



**“I used to like to come in fast and quick as the facilitator who saw the problems and tried to FIX it. I didn’t take time to build relationships. [Now] I’m taking a step back and focusing on relationships and not on the problem.”**

- Local ACH Facilitator



**STRONG CORE TEAMS**

Working together to influence the system

**Local Leaders**

Local facilitative leaders anchored the work for the core teams, guiding and supporting the ACH formation. The state and local facilitators participated in additional design days with the Learning Lab consultants, providing context.

**Investing Time**

Participants realized that they needed more time together to form cohesive groups. This investment of time helped to develop essential trust between and across team members - a critical foundation for success.

**Design Challenge**

The core teams participated in a Design Challenge, identifying where and how they wanted to impact health. Teams came to create supporting structures, levers, new partners, and a broader paradigm towards population health.

**Frameworks**

The use of analogies and metaphors from living systems provided frameworks on which teams could build.

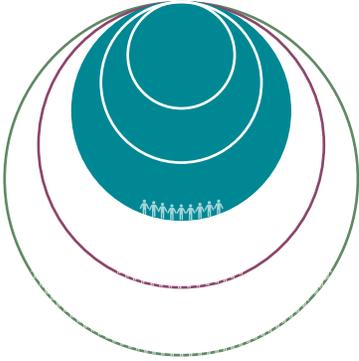
**94%** Compared to baseline, trust increased between members who were part of the same ACH sites.

Level of trust after Learning Lab (82% before)



**“This has resulted in a much more cohesive group which is ready to move ahead with joint initiatives to improve the health of our community using a multi-faceted approach.”**

-Learning Lab Participant



**COMMUNITY ENGAGEMENT AT LOCAL LEVEL**

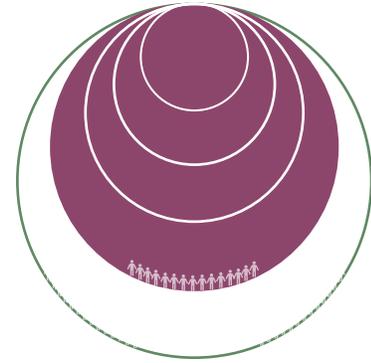
Engage those within the system directly affected by the complex challenge

**Engaging Community Members**

Participants recognized the importance of engaging individuals directly impacted by ACH efforts. By incorporating community perspectives, ACHs are poised to have strategies and outcomes better aligned with community needs.

**78%** of participants agreed or strongly agreed that the Learning Lab helped them develop strategies for community engagement.

“We have very little true community engagement.”  
- Peer Learning Lab Participant



**COMMUNITIES OF PRACTICE: ACHs ACROSS VERMONT**

Through cross-pollination and co-learning, ACHs across the State become a system of influence

**Structure Supports Progress**

The structure and process of the Peer Learning Lab helped participants move forward despite uncertainty.

**Collaboration Spurs Innovation**

Despite regional variation, collaboration across ACHs promoted learning and growth and allowed ACHs to contribute to each other’s successes. By learning from failures, challenges, and innovative pilots, communities were able to develop a culture of co-learning.

An ACH poster gallery walk displayed the culmination of their ACH work and additional opportunities for learning across the State. ACHs provided recommendations to the State for how the ACH model can have the most impact on the health of Vermonters. The group recognized their potential to become a system of influence regionally and at the State level.

**82%** Compared to baseline, trust increased between members of different ACH sites.  
Level of trust after Learning Lab (48% before)

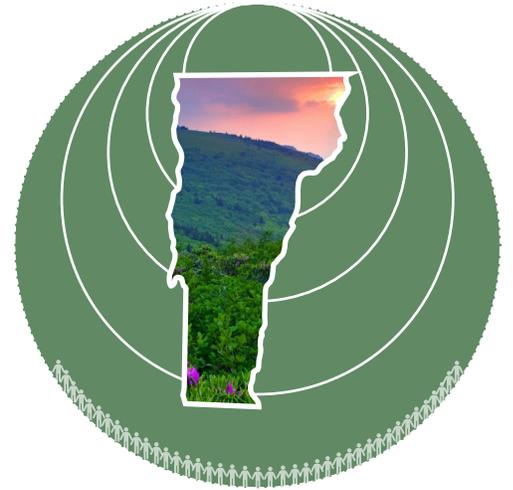
“It’s been fun to work with this group. We have gotten unstuck!”  
-Peer Learning Lab Participant

## RECOMMENDATIONS FOR STATE LEADERSHIP

### STATE LEADERSHIP: Recommendations at the State Level

Learning across all levels of the system illuminated key recommendations for State of Vermont leadership and at the ACH level. Since the last Peer Learning Lab convening in January 2017, the Public Health Institute's Population Health Innovation Lab (PHIL) has worked closely with the State and the ACH facilitators to develop the following set of recommendations.

Pages 14 and 15 detail recommendations for advancing ACHs aimed at State of Vermont leadership. Page 16 lists recommendations for ACHs to support continued growth. Recommendations considered most critical by the PHI team and/or by ACH communities are indicated as **PRIORITY** recommendations for the State's consideration.



### LEVERAGE AND ALIGN STATEWIDE INFRASTRUCTURE TO SUPPORT ACHS

#### **PRIORITY** Provide State Support for Local ACH Communities

- Officially designate the Vermont Department of Health (VDH), Blueprint for Health, and Accountable Care Organizations (ACO) as joint lead entities in supporting statewide ACH efforts.
- Support ACH operations and staff, either through additional staffing or by expanding the roles of existing staff that support regional innovation and improvement activities (Blueprint, ACO, or VDH). Continue to explore options for financing methodologies and payment models to support ACH operations.
- Support capacity building and skill development among local ACH leaders.

#### **PRIORITY** Evaluate ACH Efforts in the Context of Vermont Health Reform

- Develop a logic model to demonstrate how the ACH structure contributes to meaningful and measurable change in health outcomes.
- Identify specific quantitative and qualitative measures of ACH success, seeking opportunities to align measures with other statewide initiatives.
- Include analysis of the impact of ACHs in evaluations of Vermont's statewide payment and delivery system reform efforts.

#### **Collaborate to Advance ACH Goals**

- State and private sector partners (including, but not limited to, the Blueprint for Health, VDH, and ACO representatives) should meet regularly to align initiatives and resources to improve community health.
- Incentivize or require formal linkages between local Community Collaboratives and ACHs.

#### **Review the Nine Core Elements of an ACH Annually**

- The experience of the ACH Peer Learning Laboratory has confirmed the relevance of the nine Core Elements. (See suggested updates on page 18 of this report's Appendix.)
- State partners should work with ACH communities to evaluate the utility of the nine Core Elements annually to ensure that they remain relevant and useful. This should include updating the list of tools and guidance for addressing the Core Elements.

**SUPPORT AN ENVIRONMENT OF ONGOING LEARNING AND CAPACITY BUILDING**

**PRIORITY Support Continued Peer Learning Across ACH Sites:**

- Continue to support and provide resources for statewide learning collaboratives focused on health improvement, moving towards an aligned set of offerings for ACH sites.
  - Convene ACH sites regularly to support learning exchanges and to explore key challenges. Provide ongoing training, technical support, and coaching support for ACH participants.
  - Create and/or adapt a communications platform that includes a portal for online sharing, conversations, articles, and other resources. Highlight emerging practices and leading indicators for how health is coming into policies and practices.

**Pilot Innovation in the Context of Health Reform**

- Provide grant-based resources, technical support, and flexibility for identifying, prototyping, and piloting community-driven solutions to improve population health in the context of Vermont’s ACO-based health reforms. Highlight emerging practices and leading indicators for how health is coming into policies and practices.

**SUPPORT THE CREATION AND TESTING OF SUSTAINABILITY MODELS TO SUPPORT ACCOUNTABLE COMMUNITIES FOR HEALTH**

**Explore Innovative Financing Approaches**

- Continue to explore and support innovative funding models that improve community health and well-being. Some examples and suggestions:
  - Work with the ACO to identify methods to direct cost savings towards upstream investments.
  - Implement and incentivize evidence-based prevention strategies through the ACH sites and partners.
  - Expand the use of community-based population health measures in future health care payment models.
  - Test emerging practices like the use of nonprofit hospital community benefit dollars to support community-based population health and prevention, health or social impact bonds, or community development financing.
  - Encourage nonprofit hospitals to collaborate with ACH sites to complete Internal Revenue Service-required Community Health Needs Assessments (CHNA), and use CHNA data to support decision-making and action at the ACH level.

**ALIGN EFFORTS TO SUPPORT A CULTURE OF HEALTH**

**PRIORITY Align Statewide Initiatives**

- Continue to connect the health sector with work across State agencies and departments in the Health in All Policies Task Force to incorporate health considerations into decision making on policies, programs, and budgets.

**Develop a Statewide Communications Strategy**

- Create a communications strategy to inspire and inform efforts to create a culture of health across the State of Vermont.

**Incorporate Prevention Strategies and Partners**

- Explore how the State may support the scale and spread of community-based prevention models using community engagement currently occurring in some Community Collaboratives/ACHs.



**88%** of participants are confident that their ACH site can work together with the State of Vermont.  
 Compared to baseline of 75% established at the start of the Peer Learning Lab.

### ACH LEVEL RECOMMENDATIONS

Action must be taken at each ACH site to support robust stewardship and continued progress. These recommendations fall into the same categories as those for the State and some, but not all, can be implemented without additional resources from the State.

#### LEVERAGE AND ALIGN STATEWIDE INFRASTRUCTURE TO SUPPORT ACHs

##### Form a Statewide ACH Association or Collaborative

- Consider the formation of an ACH association or collaborative to provide a forum for the advancement of a common agenda across ACH sites.
  - Collaborate to develop shared resources to communicate the purpose, structure, and value proposition of the ACH model, and circulate widely.
  - Convene regularly for peer consultation to address community challenges and share best practices.

##### Participate in Opportunities to Support State and Regional Planning Activities to Support ACHs

- Bring local and regional perspectives to inform the development of efforts to improve health across Vermont, including the SIM Population Health Plan, SIM Sustainability Plan, 2017 State Health Improvement Plan, local Community Health Needs Assessments, and Accountable Care Organization (ACO) based reforms.

#### SUPPORT AN ENVIRONMENT OF ONGOING LEARNING AND CAPACITY BUILDING

##### Continue to Invest in Resilient ACH Teams

- Continue to build trust among and across ACH members, seeking opportunities for collaborations while building capacity for ongoing learning and inquiry. Teams should continue to utilize practices from the Peer Learning Lab Curriculum and Appendix, as well as other approaches that support the ability to address challenges in improving the health of their population. Regularly assess competencies as a method to track changes over time and measure the impact of efforts to improve collaboration.

##### Encourage and Invest in Training, Technical Assistance, and Continued Learning

- Advance individual knowledge and perspectives through webinars, book groups, and in-person convenings across or within the ACH sites.
- Collaborate with the ACO/Blueprint staff to integrate and mentor communities that did not participate in the Peer Learning Lab across or within the ACH sites.

##### Represent Diverse Stakeholder Viewpoints

- Ensure ACH membership includes:
  - Key influencers and decision makers,
  - Subject matter experts,
  - Community members,
  - Stakeholders with opposing views who will challenge and increase understanding of the diverse system, and
  - Implementers, those that will implement the work on the ground.

#### SUPPORT THE CREATION AND TESTING OF SUSTAINABILITY MODELS TO SUPPORT ACCOUNTABLE COMMUNITIES FOR HEALTH

##### Seek New Financial Supporters

- Collaborate with ACO, Blueprint, VDH, and community partners to develop documents and presentation materials focused on the purpose, structure, and value proposition of the ACH model to circulate to organizations like state-based and national foundations, hospitals, elected officials, and other key stakeholders. In collaboration, identify opportunities for funding and alignment.

#### ALIGN EFFORTS TO SUPPORT A CULTURE OF HEALTH

##### Seek Opportunities to Connect ACH Initiatives with Other Local and Statewide Initiatives

- Identify opportunities to incorporate ACH work into existing State and regional efforts aimed at improving community health and wellness that engage non-health sector partners, like local Health in All Policies initiatives.
- Keep a log of ACH initiatives and strategies with the goal of identifying overlap and opportunities for collaboration across ACHs.



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## NINE CORE ELEMENTS: ORIGINAL AND REVISIONS

*Revisions are reflected in teal.*

### Suggested Revisions Based on ACH Vermont Peer Learning Lab Experience:

*This report recommends an annual review of the nine Core Elements.*

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**1. Mission** – A shared vision is an agreed understanding of the problems being solved, and states what the ACH membership wants to achieve together. This acts as a critical foundation for guiding the ACH mission and goals. An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH's region; articulates the ACH's role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.

**2. Multi-Sectoral Partnership** – An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, community members, and other organizations that impact health in its region. Partners should include the breadth of organizations that are able to assist it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area. The cross-sector partnership should include champion-leaders - both individuals and organizations among the core entities of an ACH – who can ensure work continues to move forward.

**3. Integrator Organization** – To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have an integrator organization. The integrator helps to carry the shared vision, mission and goals towards the creation of an integrated system for health and wellbeing in their geographic area and is built on the trust amongst collaborative partners. Key activities of an ACH include: coordinate services, members and other activities; convene partners and community members; business and budget management; data collection, analysis, and evaluation; facilitating agreements; recruit new partners; shepherd the planning, implementation, and improvement efforts of collaborative work; and build responsibility for many of these elements among collaborative members.

**4. Governance** – An ACH is managed through a governance structure that articulates the process for decision-making and outlines the roles and responsibilities of the integrator organization, the steering committee (or other decision-making body), and other collaborative structures or partners. The governance structure should include a diverse representation of stakeholders, including decision-makers, experts, community members, and leaders from the variety of community organizations that impact health in the region.

**5. Data and Indicators** – An ACH utilizes many different data sources, including health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community assessment and planning, and to measure impact over time. It encourages data sharing and analysis by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data. Data should also include measurement of the effectiveness of the ACH operations and the value they bring to improved health in their region and across the state.

**6. Strategy and Implementation** – An ACH is guided by an overarching strategic framework and implementation plan that reflects a cross-sector approach to health improvement and the commitment by its partners to support implementation. The process for developing this framework includes a prevention analysis that identifies community conditions that shape illnesses and injuries across the community. A comprehensive strategic set of mutually reinforcing interventions should minimally address clinical services, community-based prevention, linkages between community and clinical services, and policy and systems change. The implementation plan should include specific commitments from health care, local government, business, and nonprofit partners to carry out elements of the plan.

**7. Community Member Engagement** – Authentic community engagement is a well-recognized best practice in the field of community health and requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. The ACH should demonstrate and facilitate meaningful community engagement, creating opportunities to harness residents' own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths. ACH sites should strongly consider the inclusion of community members in roles such as: ACH governance structures, resource allocation decisions, regional community health improvement plans, and leadership roles and training.

**8. Communications** – An ACH employs communications platforms and methods to engage community members and partners, build momentum, increase relevancy and participation among its partners, recruit new members, attract grant investment to support its work, and share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.

**9. Sustainable Financing** - An ACH requires resources to support both its integrator function and ACH implementation work across ACH partners. An ACH should strive to build a diverse funding portfolio, making use of existing and new funding sources that advance broad community goals. The ACH should have demonstrated capacity to manage the fiscal operations of their organization, including the collaborative development and implementation of a sustainability plan, and the articulation of the value their collective actions have contributed to their community. It is imperative that the ACH operate in a fiscally transparent manner to maintain trust and accountability to the community.

**For more information, go to:**

Accountable Communities for Health Report, Prevention Institute

[http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/Pop\\_Health/VT%20ACH%20Opportunities%20and%20Recommendations.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/Pop_Health/VT%20ACH%20Opportunities%20and%20Recommendations.pdf)

## THE APPROACH: A ROBUST CURRICULUM



To support peer learning, the curriculum drew from multiple methodologies, practices, tools, and frameworks to support adult learning through action learning. This approach included:

### Theory of U

[www.presencing.com/overview](http://www.presencing.com/overview)

Theory U proposes that the quality of the results that we create in any kind of social system is a function of the quality of awareness, attention, or consciousness that the participants in the system operate from. Since it emerged from MIT around 2006, Theory U has come to be understood in three primary ways: first, as a framework; second, as a method for leading profound change; and third, as a way of being - connecting to the more authentic higher aspects of ourselves.

### Living Systems

Living Systems are open, self-organizing living things that interact with their environment. These systems are maintained by flows of information, energy, and matter. Through our work, we look to patterns found in nature to support self-organization through concepts such as diversity, decentralized leadership, innovation happening at the edges of an eco-system, and utilizing collective resources and other concepts and metaphors to glean wisdom from nature to inform our operating principles.

### Cynefin Framework

<http://cognitive-edge.com/resources/case-studies/>

This framework draws on research into complex adaptive systems theory, cognitive science, anthropology, and narrative patterns, as well as evolutionary psychology, to describe problems, situations, and systems. It proposes new approaches to communication, decision-making, policy-making, and knowledge management in complex social environments.

### Design Challenge

During the first convening, each site was given a Design Challenge: "How Might You Create an Award Winning ACH?" to guide their focus and support thinking and planning. The communities they are serving are placed at the center of their work.

### Art of Hosting Conversations that Matter

<http://www.artofhosting.org/what-is-aoh/case-stories/>

Art of Hosting is a global community of practice that uses many methodologies, frameworks, practices, and tools that support co-learning and co-creation. The Art of Hosting is an approach to leadership that scales up from the personal to the systemic using personal practice, dialogue, facilitation, and the co-creation of innovation to address complex challenges and opportunities with emergent solutions.

### Systems Thinking

Systems thinking is the process of understanding how those things which may be regarded as systems influence one another within a complete entity, or larger system. Within a system, the interrelated and big picture thinking helps us create holistic solutions by including diverse perspectives and moving away from siloed approaches in order to address root causes.

### Human Centered Design (HCD)

HCD and Design Thinking focus on the end-users at the center of its approach. A key element of the approach is to observe and interview the end users, to increase understanding of their perspectives and needs. By engaging in both empathy and observation, co-creators become more equipped to design systems that support the end users, or in our case, the communities we are serving.

**The Curriculum and a robust  
Appendix containing numerous  
tools and exercises are available at:**

<http://healthcareinnovation.vermont.gov/content/ach-peer-learning-lab-curriculum>

<http://healthcareinnovation.vermont.gov/content/ach-peer-learning-lab-curriculum-appendix>

## ACH LEARNING LAB PARTICIPANTS

**This list contains the names of the Vermont ACH Peer Learning Lab participants and their respective ACH sites. The participants and site names may have changed and were current at the time the Learning Lab ended (January 2017).**

### **Bennington Community Collaborative - Bennington HSA**

Billie Allard  
Administrative Director, Ambulatory Services and  
Transitional Care  
Southwestern Vermont Medical Center (SVMC)

#### **ACH Local Facilitator**

Jennifer Fels  
Director, Bennington Blueprint  
United Health Alliance/Southwestern Vermont Medical  
Center (SVMC)

Sadie Fischesser,  
Field Director, Bennington and Brattleboro Districts  
Vermont Agency of Human Services (AHS)

Stephanie Lane  
Executive Director  
Shires Housing

Lorna Mattern  
Youth and Family Services Director  
United Counseling Services (UCS)

Rona McColl,  
Clinical Consultant  
OneCare VT

Cathy Vogel  
District Director, Bennington Office  
Vermont Department of Health

### **Chittenden Accountable Community for Health - Burlington HSA**

#### **ACH Local Facilitator**

Sara Barry, Director, Clinical and Quality Improvement,  
OneCare Vermont, University of Vermont Medical Center

Claudia Berger  
Regional. Physician Rep. Provider& Clinical Site Lead  
Regional Clinical Performance Committee, Chittenden  
County  
Adult Primary Care Burlington, UVM Medical Group

Heather Danis  
District Director, Burlington Office  
Vermont Department. of Health

Debra Gaylord  
Age Well

Maura Graff  
Planned Parenthood of Northern New England Director  
Project to Reduce Unintended Pregnancy

Tonya Howard  
Director of Quality Improvement  
Community Health Centers of Burlington

Stefani Hartsfield  
Operations Manager  
Support and Services at Home (SASH), Cathedral Square  
Corporation

Penrose Jackson  
Director, Community Health Improvement  
University of Vermont Medical Center

Angel Means  
Vice President of Quality and Education  
Vermont Nurses Association of Chittenden and Grand Isle  
Counties

Catherine Simonson  
Chief Client Services Officer  
Howard Center

### **Caledonia and s. Essex Accountable Health Community - St Johnsbury HSA**

Debra Bach  
District Director, St. Johnsbury Office  
Vermont Department of Health

Paul Bengtson  
CEO  
Northeastern Vermont Regional Hospital

Douglas Bouchard  
Executive Director  
Northeast Kingdom Human Services

Carol Boucher  
Clinical Director  
Northeast Kingdom Human Services

Treny Burgess  
Director, Caledonia Home Health and Hospice  
Northern Counties Health Care

Meg Burmeister  
Executive Director  
Northeast Kingdom Council on Aging

Patrick Flood  
Executive Director (retired)  
Northern Counties Health Care

Trisha Ingalls  
CEO  
Rural Edge

Joseph Patrissi  
Executive Director  
Northeast Kingdom Community Action

David Reynolds  
Community Member and Consultant

**ACH Local Facilitator**

Laural Ruggles  
VP of Marketing and Community Health Improvement  
Northeastern Vermont Regional Hospital

John Sayles  
CEO  
Vermont Foodbank

Shawn Tester  
Executive Director  
Northern Counties Health Care

Kari White  
Director of Quality  
Northern Counties Health Care

**Community Health Action Team (CHAT) - Middlebury HSA**

Dana Anderson  
Regional Coordinator, Addison County  
Building Bright Futures

Susan Bruce  
Project Manager, Middlebury HSA Blueprint for Health  
Porter Medical Center

Moira Cook  
District Director, Middlebury Office  
Vermont Department of Health

Martha Halnon  
Executive Director  
Mountain Health Center

Cheryl Huntley  
Operations Manager  
Counselling Service of Addison County

**ACH Local Facilitator**

Alexandra Jasinowski  
Blueprint for Health Quality Improvement Facilitator  
Middlebury HSA Blueprint for Health  
Porter Medical Center

Nicole Lukas  
Director, Health Systems  
Department of Health

**Upper Northeast Kingdom Community Council - Newport HSA**

Represented by DW Bouchard  
Executive Director  
NE Kingdom Human Services

Represented by Carol Boucher  
Chief of Operation, Newport Office  
NE Kingdom Human Services

Shawn Tester  
CEO  
Island Pond Health Center  
Northern Counties HC or designee

Claudio Fort  
President & CEO  
North Country Hospital

Tricia Ingalls  
CEO  
Rural Edge  
Newport Area Housing Authority designee

**ACH Local Facilitator**

Julie Riffon  
Executive Director Primary Care and Quality/Blueprint for Health Project Manager  
Medical Group Operations  
North Country Hospital

Joe Patrissi  
Executive Director  
NEK Community Action or designee for Newport Office

James Biernat  
District Director, Newport Office  
Vermont Department of Health

**Achieving Rutland Community Health - Rutland HSA**

Ludy Biddle  
Executive Director  
Neighborhoods of Western Vermont

Rob Bliss  
Assistant Superintendent  
Rutland City Schools

Joanne Calvi (RN)  
District Director Rutland County  
Vermont Department of Health

Ron Cioffi  
Executive Director  
Rutland Area VNA & Hospice (RAVNAH)

Dick Courcelle  
Executive Director  
Rutland Mental Health  
Rutland Area VNA & Hospice (RAVNAH)

Joe Kraus  
Chair, Project Vision  
Rutland Regional Medical Center (RRMC) Board  
Member

Jeff McKee  
VP Community and Behavioral Health Services  
Rutland Regional Medical Center (RRMC)

**ACH Local Facilitator**

Sarah Narkewicz  
Director Community Health Improvement  
Rutland Regional Medical Center (RRMC)

Scott Tucker  
Executive Director, Project Vision  
Rutland City Police Department

Grant Whitmer  
Executive Director, Castleton  
Community Health Centers of Rutland Region (CHCRR),

**Springfield Health Service Area Community Collaborative - Springfield HSA**

Delores Barbeau  
Physician  
SMCS  
SHC  
Neighborhood Connections

Tom Dougherty  
Blueprint for Health Project Manager  
Springfield HSA

Marty Hammond  
Executive Director  
Southern Vermont Health Education Center

Anila Hood  
Senior Solutions

**ACH Local Facilitator**

Becky Thomas  
District Director, Springfield Office  
Vermont Department of Health

**Franklin and Grand Isle Counties ACH - Northwestern HSA**

Judy Ashley  
District Director, St Albans Office  
Vermont Department of Health

**ACH Local Facilitator**

Jonathan Billings  
Vice President of Planning & Community Relations  
Northwestern Medical Center (NMC)

Koi Boynton  
Grant writer  
Northwestern Medical Center

Steve Broer  
Director of Behavioral Health Services  
Northwestern Counseling & Support Services

Sarah Jemeley  
OneCare VT

Janet McCarthy  
Executive Director  
Franklin County Home Health

Amy Putnam  
Vice President, Physician Services  
NMC

**ReThink Health-Upper Connecticut River**

Sara Kobylenski  
Executive Director  
The Upper Valley Haven

**ACH Local Facilitator**

Laura McNaughton  
District Director, White River Junction  
Vermont Department of Health

Alice Stewart  
Associate Director  
ReThink Health

Steve Voigt  
UCRV, Executive Director  
ReThink Health

## **Windsor HSA Community Collaborative - Windsor HSA**

Jessica DeGrechie  
Director Vermont Hospice  
Bayada Hospice

Denise Dupuis  
SASHCoordinator

Tracey Hayes  
Program Manager for Community Health Outreach  
MAHHC

Sandy Knowlton-Soho  
One Care Vermont

Kate Lamphere  
HCRS

### **ACH Local Facilitator**

Jill Lord (RN)  
Director of Community Health  
Mt. Ascutney Hospital & Health Center

Melanie Sheehan  
Director of Community Health Outreach  
Mt. Ascutney Prevention Partnership

Becky Thomas  
District Director, Springfield Office  
Vermont Department of Health

## CULMINATION POSTERS FROM EACH ACH SITE

For the final convening, each ACH site prepared a poster highlighting their Design Challenge, learnings, state recommendations, progress on the nine Core Elements, reflections on the lessons learned, the vision of the future they hope to create through their ACHs, and the current gaps to reaching the vision of the future. Through a gallery walk, participants learned about each other's sites, asked questions, and supported each other in developing the work.

Each site used a template offered by the Learning Lab, others came up with their own unique designs. The following pages share each site's poster.



Graphic recording of the poster Gallery Walk

## Bennington Community Collaborative "Building a Healthy Bennington"

<b>Mission</b>	Build a high-performing system that supports measurable improvement in the health of the community.	<b>Data &amp; Indicators</b>	Vermont All Payer Model Measures VCO and Vermont Blueprint for Health Measures	<b>Implementation Methodologies</b>	<ul style="list-style-type: none"> <li>Shires Housing</li> <li>Bennington Redevelopment Group (BRG)</li> <li>SVHC Healthy Homes</li> </ul>
<b>Definition:</b>	<i>Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</i>	<b>Multi-Sectoral Partnership</b>	The Community Collaborative includes the following members: <ul style="list-style-type: none"> <li>Community Member                         <ul style="list-style-type: none"> <li>Department of Health – Bennington District Office</li> <li>Health and Human Services</li> </ul> </li> <li>Shires Housing</li> <li>Bennington Blueprint for Health                         <ul style="list-style-type: none"> <li>Long Term Care</li> <li>Home Health</li> </ul> </li> <li>Council on Aging</li> <li>Physician Healthsystem</li> <li>Organization (United Health Alliance)                         <ul style="list-style-type: none"> <li>Dartmouth Putman Physician Group</li> <li>Southwestern Vermont Health Care</li> </ul> </li> <li>Designated Agency (United Counseling Services)                         <ul style="list-style-type: none"> <li>Federally Qualified Health Center</li> </ul> </li> <li>Vermont Care Organization</li> <li>Physician Leadership                         <ul style="list-style-type: none"> <li>OneCareVT</li> </ul> </li> <li>Bennington Free Clinic</li> </ul>	<b>DRAFT Strategy</b>	Economic and Community Development
<b>Governance: Community Collaborative</b>	Reference: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p.100) and entered into force on 7 April 1948.	<b>Communications</b>	Formal Communication Plan to be developed.  Current Communication Methods include: Legislative/Community Forums All Inclusive Community Health Team Meetings Newsletters and Publications disseminated across the community Marketing Support from SVHC Sharing of strategies and outcomes across partners and community	<b>Community Member Engagement</b>	Increase Healthy Behaviors in the Bennington Population
<b>Scope:</b>	The scope of the Bennington Community Collaborative is to address the population health in the Bennington Health Service Area (HSA). The focus will be on quality outcomes, cost and value. The approach will be system based change utilizing the structures of the Bennington Blueprint, Vermont Care Organization (VCO) and the Bennington Accountable Community for Health.	<b>Integrator Organization</b>	Bennington Blueprint for Health Southwestern Vermont Health Care (SVHC)  Reference: 2015 Blueprint for Health Network Analysis	<b>Sustainability</b>	Reduce the morbidity of Chronic Disease
<b>Integrator Organization</b>	Bennington Blueprint for Health Southwestern Vermont Health Care (SVHC)  Reference: 2015 Blueprint for Health Network Analysis	<b>Community Member Engagement</b>	Actions to facilitate community engagement: <ul style="list-style-type: none"> <li>Collaboration with Bennington College – Center for the Achievement of Public Action (CAPA)</li> <li>Community members on committees</li> </ul>	<b>Community Member Engagement</b>	Decrease the incidence of Adverse Childhood Events (ACEs)
<b>Integrator Organization</b>	Bennington Blueprint for Health Southwestern Vermont Health Care (SVHC)  Reference: 2015 Blueprint for Health Network Analysis	<b>Community Member Engagement</b>	Actions to facilitate community engagement: <ul style="list-style-type: none"> <li>Collaboration with Bennington College – Center for the Achievement of Public Action (CAPA)</li> <li>Community members on committees</li> </ul>	<b>Sustainability</b>	1) Vermont Blueprint for Health funding to support self-management programs, Spoke Program, community health teams, quality improvement facilitation and local leadership. Vermont Women's Health Initiative. 2) OneCareVT support for a universal shared care plan and data analytics 3) SVMC Transitional Care Program 4) Shires Housing 5) All Payer Model opportunities (TBD)

# Chittenden Accountable Community for Health

Peer Learning Lab Team: Angel Means, VNA; Catherine Simonson, Howard Center; Claudia Berger, UVMHC; Debra Gaylord, AgeWell; Heather Danis, VDH; Maura Graff, PPNNE; Penrose Jackson, UVMHC; Sara Barry, OneCare Vermont; Stefani Hartsfield, SASH; Tonya Howard, CHCB

## ACH Mission/Vision/Values

**Our Vision:** Chittenden County is a healthy place to live, work, play, learn, and achieve spiritual and personal growth

**Our Mission:** CACH is accountable for the health and wellbeing of all people in our County through mutually reinforcing clinical and community initiatives

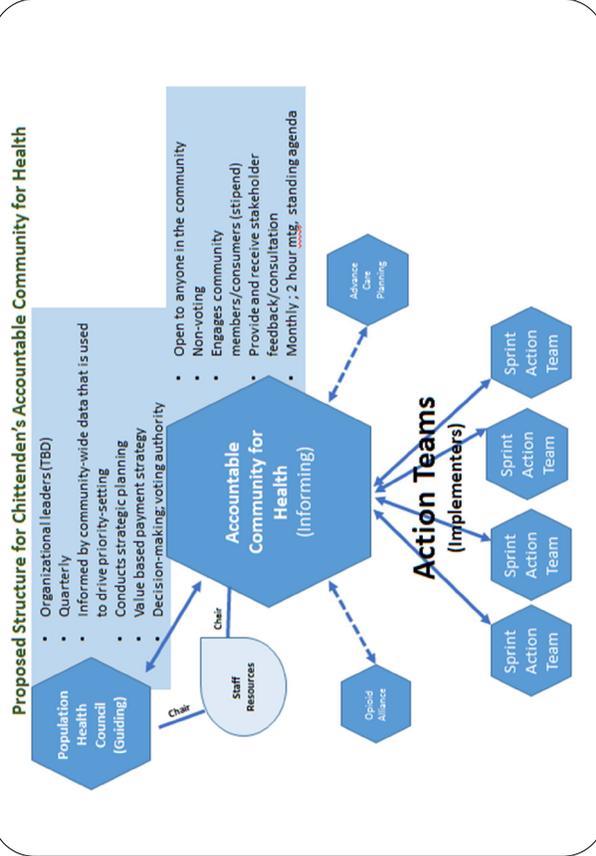
### Our Values:

- Community/Population-wide
- Multi-sectoral
- Inclusive
- Addresses clinical outcomes and population health and prevention

## Current Community Collaborative

### Members

- AgeWell
- Bayada Home Health Care
- Blueprint for Health
- Community Health Centers of Burlington
- Consumer Health First
- Howard Center
- OneCare Vermont
- Planned Parenthood of Northern New England
- Qualidigm (QIO)
- SASH
- Skilled Nursing Facilities
- Timber Lane Pediatrics
- UVM Medical Center – Primary Care; Community Health Improvement
- Vermont Chronic Care Initiative
- Vermont Department of Health
- Vermont Program for Quality in Health Care and Grand Isle Counties



## Key Learnings

- The RCPC serves as a venue for sharing across organizations and fosters opportunities for multi-sector partnership
- There is always a need to communicate more
- Don't get lost in data; be action-oriented
- Our RCPC is missing key organizational decision-makers that need to be at the table moving forward
- Community-level QI has added complexity that takes time to address
- Diversity (cultural, social, economic, etc...) and inclusion need to be considered in all of our ACH work

## Key Barriers and Gaps

- Lack of resources/personnel limit progress, increase burden on already busy partners, and result in content experts performing administrative and/or project management tasks
- Challenge to keep consistent consumer engagement
- Primary Care Providers are asked to participate in many initiatives beyond clinical care and their capacity/time is limited
- Lack of involvement in organizational leaders in current RCPC
- Current political landscape: this is a time of transition and change nationally and locally

## Recommendations to State

- Provide financial resources and support for ACHs
- Complete details of proposed ACH structure (Jan/Feb)
- Engage/obtain buy-in from organizational leaders to participate in guiding committee (Feb)
- RCPC vote on ACH model for local community adoption (Mar)
- Review All Payer Model measures & identify a new action team project for 2017

## Moving Forward

## Population Health /Prevention Strategies

- Action Teams support a whole population focus
- Partnership with VDH (ex 3-4-50)
- Cross-sector sharing & facilitation of cross-organizational partnerships around specific activities
- Improving community members' understanding of population health
- Active participation of partners in regular RCPC meetings
- To date QI projects have process results (e.g. # training participants, # advance care plans)
- Ongoing tracking of outcomes data over time to assess impact

## Community Collaborative Priorities

- Increase hospice utilization
- Decrease ED utilization
- Improve Adolescent Well Visits
- Build relationships among partner organizations to support care coordination for high risk individuals through participation in the ICCMLC
- Advance Care Planning
- OpIoid Alliance
- Available data
- Community expertise/local content experts
- Engaging primary care

## Community Levels

## Measures of Success

- Active participation of partners in regular RCPC meetings
- To date QI projects have process results (e.g. # training participants, # advance care plans)
- Ongoing tracking of outcomes data over time to assess impact

# Caledonia & s. Essex Accountable Health Community

Northeastern Vermont Regional Hospital Service Area

## Nine Elements of an Accountable Health Community

### MISSION

Our Accountable Health Community is committed to our shared goal of improving the health and well-being of the people in Caledonia and southern Essex Counties by integrating our efforts and services, with an emphasis on reducing poverty in our region. (Adopted December 2015)

### GOVERNANCE

*Collective Impact Model:* Leadership Partners have entered into an MOU that outlines purpose, mission, geographic scope, commitments, and decision making. (signed January 2016)

### COMMUNITY ENGAGEMENT

5 Community Member Focus Groups were held with member organizations' clients. A total of 37 participated in the interviews.

(December 2015 – February 2016)

Additional community engagement activities planned.

### FINANCING

*Current:* John and Laura Arnold Foundation

Matching funds provided by Leadership Partners

*Future:* Investments of shared savings; and financing partners e.g. CDFI

### COMMUNICATION

Monthly meetings of all partners



### INDICATORS

#### Results Based Accountability

##### Population Level

Data Partner: Vermont Center for Rural Studies

#### Cost-Burdened Households - Combined

% of households considered cost burdened by their housing expenses relative to their incomes for homeowners and renters

#### SNAP & Free/Reduced School Lunch

% households participating

#### Household Income by Income Brackets

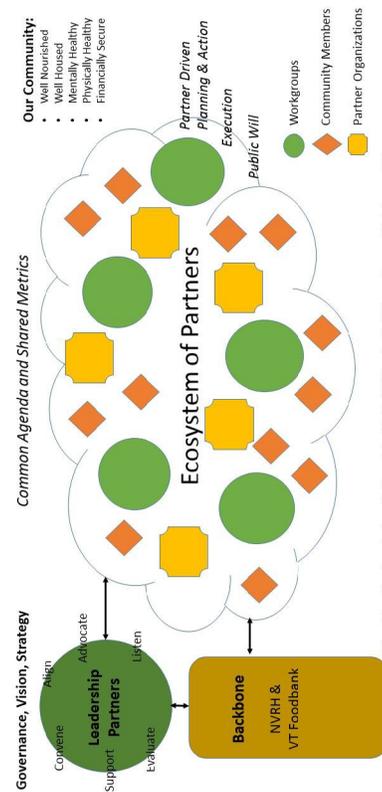
% of different household income levels

#### Poor Mental Health Days

% of adults reporting poor mental health days (BRFSS)

Leadership Partners

Caledonia & s. Essex Accountable Health Community



Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change. Tonya and Mark Surman, 2008



# Upper Northeast Kingdom Community Council

## Design Challenge: How to come together to address shared community challenges

### ACH Mission/Vision/Goal

The UNEKCC is committed to significantly improving the health and wellbeing of the people in Orleans and Northern Essex Counties.

Through innovation and collaborative effort, we will build strong communities supporting healthy and prosperous lives in Orleans and Northern Essex Counties

### Structure /governance your ACH developed or is utilizing

The first meeting of the UNEKCC was in Sept. 2016 and we're finalizing our MOU which will detail our governance and structure, with completion expected at Jan 2017 meeting.

### Multisector Partnership - Who are the partners involved in your ACH (partnership map)

- North Country Hospital
- NEK Community Action
- NEK Council on Aging
- NEK Human Services
- Northern Counties Health Care
- RuralEdge
- Newport District VT Dept. of Health
- Orleans Essex VNA & Hospice
- Orleans Central Supervisory Union
- North Country Supervisory Union

### Key Interventions + Strategies of Focus

In the 4 months the UNEKCC has been meeting, we've focused on developing and completing our Mission, Vision and Values statements.

**Vision:** Through innovation and collaborative effort, we will build strong communities supporting healthy and prosperous lives in Orleans and northern Essex Counties

#### Core Values include:

- We believe in the power, dignity, and potential of the people we serve and the communities in which they live.
- We believe our communities require collective, creative and transformative action to solve complex inter-related problems.
- We are committed to being honest, authentic, empathetic and present in our interaction.

### Levers you are engaging in your community

Each member's different perspective and understanding on the multiple needs of our community, as well as each member's access to resources to meet the challenges across the many facets of our community.

### How your ACH is supporting population health /prevention strategies

The MOU for the UNEKCC, which is being finalized at the January meeting, includes a commitment among members to "assist in the implementation strategies developed in NCH's Community Health Needs Assessment (CHNA) to address the Priority Key Health concerns identified in our community as a result of the 2015 CHNA process.

### Key Learnings

The importance of shared experiences as we developed our Mission, Vision and Values statements was instrumental in formulating the new shared identity of this new organization called UNEKCC-it took time (4 months) but it was worth it!

### How does our community measure success?

Each member organization has a variety of ways success for each organization is defined and measured. Measuring the success of the combined initiatives of the UNEKCC remains to be determined.

### Moving Forward

#### Actions at the local level

In 2017, UNEKCC will be finalizing our MOU and choosing at least one initiative on which to work collaboratively to improve the health of our community. In addition, we anticipate that joint meetings with our counterpart ACH in Caledonia County will continue at least quarterly.

#### Key Barriers and Gaps to address -

#### Recommendations to the State of Vermont

Lack funds to hire at least 1 person to be available to coordinate NEKCC meetings and provide support between meetings for community wide initiatives is a significant barrier.

#### Anything else you want to share

While it's taken time to agree to our Mission, Vision and Values statements, the four month process has resulted in a much more cohesive group which is ready to move ahead with joint initiatives to improve the health of our community using a multi-faceted approach.

# ARCH (Achieving Rutland County Health) Creative Community Collaboration Award

**Mission:**

**Making Rutland one of the happiest, healthiest safest communities in America**

**Structure:**

**ARCH is a group of community leaders who assures alignment and support of current efforts, convene partners, advocate, educate, communicate and identify areas of need.**

**Scott Tucker, Rutland City Police**

**Jeff McKee, Rutland Regional Medical Center**

**Rob Bliss, Rutland City Schools**

**Dick Courcelle, Rutland Mental Health Services**

**Grant Whitmer, Community Health Centers of the Rutland Region**

**Ron Clough, Rutland Area Visiting Nurses and Hospice**

**Joanne Calvi, Vermont Department of Health**

**Ludy Biddle, Neighborworks of Western Vermont**

**Joe Kraus, Chair Project Vision**

**Sarah Narkewicz, RRMCC, Facilitator**

*Visioning a healthy Rutland focus areas:*

*Seamless integrated system of care – including primary care, mental health, dental health, substance abuse services, home health and community services.*

*Families are self sufficient and engage in health living in healthy homes with adequate food and income.*

*Building community assets that promote and support a culture of health.*

**Levers:**

Project Vision - culture of 'Yes' and good will  
Holistic approach to health  
Community Collaborative  
Grant Funding and Bowse Health Trust funding  
CEO support from participating organizations  
Commitment to the All Payer Model

**Inclusiveness**

Community Health Needs Assessment broadly used by organizations for strategic planning  
Non-profit health care organizations long history of collaboration

**Strategies:**

Comprehensive Visioning process that included over 70 participants  
Use of qualitative and quantitative data to move forward on population health efforts  
Define and invest in a community care coordination model  
Expand high quality care for birth to Kindergarten  
Create action items for seamless integrated system of care that include:  
>one admission assessment for substance abuse treatment;  
>one wait list for MAT;  
>Community Organized Health Care Agreement (MOU to share PHI);  
>expand screening and referral to focus on adolescents and suicide and mental health;  
>expand use of a shared care plan;

**Key Learnings**

- Need a facilitator to keep the momentum moving forward
- Need genuine broad support from the major health care organizations
- Need to be able to realign services and address turf issues
- Requires risk taking and having a leap of faith – trust
- Current financial incentives are not aligned
- All Payer Model will impact the importance of this work, but not all will have the same incentives
- Takes time and patience – some change takes years
- Can't do everything, need to start where there is energy and interest
- Need to break efforts down into doable action items

**Measures of Success**

- Decrease in overall health care costs for the population
- Reduce unnecessary ED visits
- Reduced crime
- Improved perception of safety in the community
- Development and implementation of a community wide care coordination system
- Expand non-traditional partnerships like the Vison Center
- Sharing of resources to meet a community need
- Signed Organized Health Care Agreement by key health care organizations
- Improved Kindergarten readiness scores

**Moving Forward**

- Continue to meet bi-monthly
- Make recommendations related to funding needs
- Advocate and support the work groups in completing the action plans
- Celebrate success
- Monitor needs
- Continue to connect to VT ACHs – learn and share
- Stay educated about local issues and national trends

**Recommendations to the State of Vermont**

- Need continued support for local and state ACH facilitation
- Need state electronic system to share patient information

Continue a process where VT ACHs can learn from one another and from experts  
Need to assure state and ACO support for locally chosen ACH efforts

**Other comments**

- Rutland is unique, is able to impact change as a microcosm
- Project Vision was in place prior to our ACH journey, it is Rutland's foundation for collective impact
- A minimal governance structure can work
- Rutland has been inventing its own path
- There is excitement, optimism and even fun in this work

# Springfield Area ACH (SMCS)

## Rural Oral Health Access (ROHA)

**ACH Mission/Vision/Goal**  
 Improve oral health in rural SE VT through increased dental health care access

**Structure/Governance**  
 ROHA is a subcommittee of the Community Collaborative with additional regional oral health partners

**Multisector Partnerships**

- Springfield Medical Care Systems (SMCS)
- Southern Vermont Area Health Education Center (SVAHEC)
- Grace Cottage Hospital
- Neighborhood Connections
- Vermont Department of Health
- Agency of Human Services - Field Services
- Local Schools

**Key Interventions + Strategies of Focus**

- Provide on-site care at area schools through travelling Dental Hygienist
- Connect Hygienist with area dental health provider practices for referrals
- Pursue feasibility of a mobile dental/medical unit
- Establish new FQHC Dental Practice in Chester

**Leverage you are engaging in your community**

- Local dental practices
- Local schools
- Regional CHTs and Primary Care referrals
- Area granting foundations
- Area service organizations

**Supporting population health/prevention**

- Oral health education, early decay identification and dental services help prevent a variety of medical and social concerns

**Key Learnings**

- Timing is everything!
- Broad community sector support for improved access & services
- Relationships cross artificial boundaries & add invaluable resources
- Invested people are key to success
- Oral health is part of primary health
- Need for dental homes far exceeds the supply
- Rural school nurse engagement is essential

**How does our community measure success?**

- Number of participating schools and children seen on-site by Hygienist
- Number of children referred to Dentist for certain diagnoses
- Children and adults can access oral health care services
- Reduced decay, abscesses, extractions and emergency procedures
- Cultural shift toward increased value of preventive care

**Moving Forward**

**Actions at the Local Level**

- Pursue additional grant funding to expand:
  - available operatories
  - mobile services
  - Medicaid access
  - Transportation assistance

**Key Barriers and Gaps - Recommendations to the State of Vermont**

- Address Medicaid dental reimbursement rates
- Address dental health workforce issues, including additional funds for Dental Loan Repayment

**Anything else you want to share**

- Provide \$ to local groups for these learning collaboratives and projects

# Franklin Grand Isle Accountable Community for Health (Re)-Connecting With Our Roots

## ACH Mission/Vision/Goal

Ensure existing FGI efforts to improve community health and advance prevention are inter-connected and aligned..

## Structure / Governance

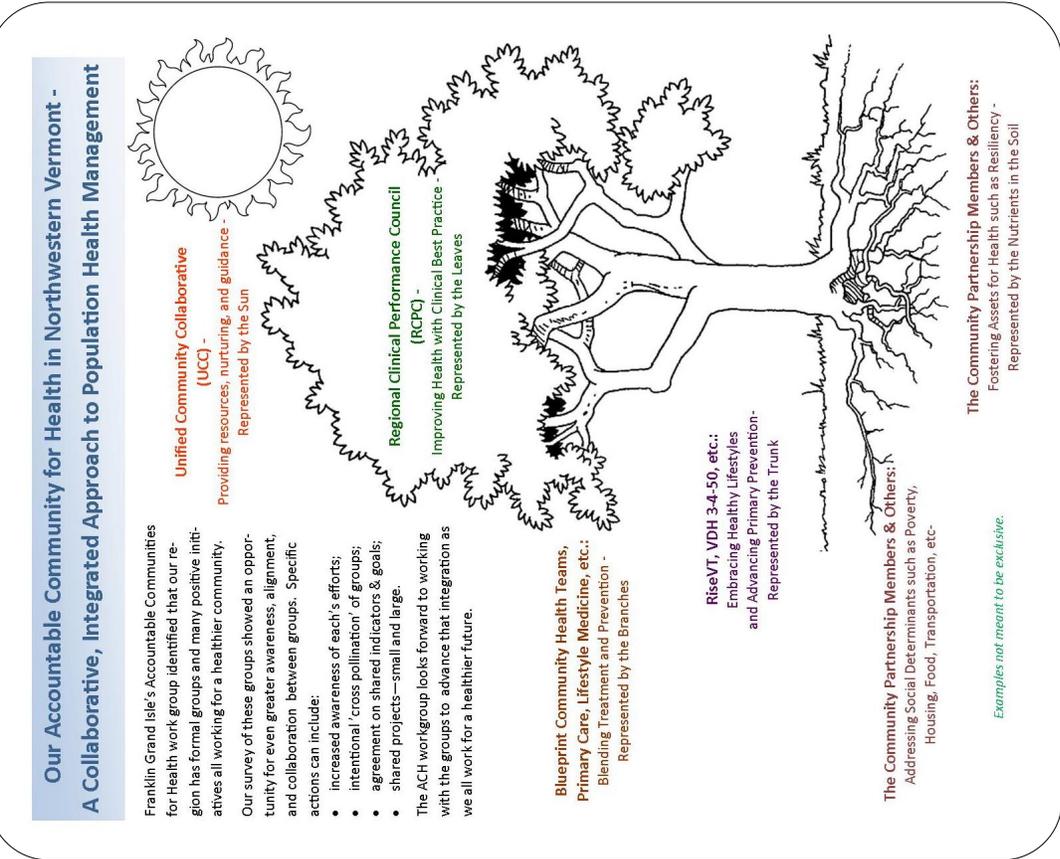
The FGI ACH effort operates within the existing governance of the FGI UCC, RCPC, & Community Partnership.

## Key Interventions /Strategies

- ❖ Identify existing ACH-ish efforts;
- ❖ Clarify mission, focus of each;
- ❖ Determine relations to others;
- ❖ Look for connections and gaps;
- ❖ Create connections to fill gaps.

## Supporting Population Health & Prevention Strategies

- ❖ Ensuring linkage between:
  - Healthcare system redesign;
  - Clinical practice improvement;
  - Primary Care;
  - Secondary prevention;
  - Primary prevention; and
  - Social determinant work.
- ❖ Partnering to fill gaps;
- ❖ Avoiding duplication.



## Key Learnings

- ❖ There are many ACH-ish efforts at work in FGI – but perhaps none fully aware of the others;
- ❖ Pausing to learn and plan in turbulent times is challenging but necessary/beneficial;
- ❖ People welcome the chance to collaborate on meaningful work;
- ❖ Reducing duplication and filling gaps is a wise use of resources.

## Moving Forward In FGI

- ❖ Follow through on plans for interconnection;
- ❖ Continue to foster shared understanding of each level in the other levels;
- ❖ Establish shared measures and collaborative improvement efforts between levels.

## Key Barrier

- ❖ The discipline to make the time to make the connections and do the communications amidst the flurry.

## Recommendations to State

- ❖ Recognize change takes time and resources;
- ❖ Preserve focus on prevention to allow and facilitate current efforts to grow to fruition.

# ReThink Health: UCRV Town Health & Wellness Committees



## ACH Mission/Vision/Goal

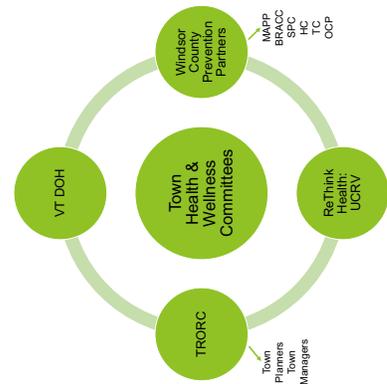
**Mission:** Catalyze, connect and support effective relationships for collaborative advancement of regional health and wellness

**Goal:** Develop supporting infrastructure for town health & wellness committees

## Structure/governance of ReThink Health: UCRV

Our ACH is governed by a 15-member, multi-sector Steering Committee that includes representatives from health care, business, social services, local government, academia, and the community

## Multisector Partnership – Map of Partners Involved in Spreading Town Health & Wellness Committees



## Key Interventions + Strategies of Focus

- Change local policy
- Stimulate culture change around health and the community's understanding of how where you live, work, and play can impact health

## Lever We are Engaging in Our Community

- Regional planning commissions
- Town governments
- Key informants/influencers
- Prevention coalitions

## How Our ACH is Supporting Population Health/Prevention Strategies

- Local level policy
- Environmental change
- Culture change around concept of health being determined by where you live, work, and play
- Town plan health chapters – promoting a "health in all policies" lens

## Key Learnings

- Community readiness assessments work well as an organizing tool and method for surfacing local champions
- There is capacity for policy work through established networks and relationships via prevention coalitions

## How Does Our Community Measure Success?

- # of towns forming town health & wellness committees
- # of towns adding a health section to the town plan
- Changes in municipal policy to support health
- Increased opportunities for health & wellness within towns, and increased awareness of those opportunities
- # of town H&W committees integrating measurement into their work to determine impact over time
- Improvements in health as a result of town H&W committee work (indicators/measurements TBD)

## Moving Forward Actions at the Local Level

- Train prevention coalitions to conduct community readiness assessments
- Identify towns with high levels of readiness and champions within those towns
- Build out the toolbox of resources to support committees
- Provide technical assistance to groups launching town H&W committees
- Establish intercommittee communications to ensure peer-to-peer learning for continuous improvement and increased impact

## Key Barriers and Gaps to Address - Recommendations to the State of Vermont

- Make health data available at the town level where possible to enable committees to prioritize work and assess impact
- Require that town plans include a health chapter
- Train RPCs to provide technical assistance to towns
- Develop scalable model for health impact assessments that can be applied in smaller communities; provide training and technical assistance to affected sectors (RPCs or local health departments)
- Negotiate with Blue Cross Blue Shield to make their wellness portal available to towns (or data from the portal on town vs. employer basis)

# Windsor HSA Coordinated Care Committee

## “Live Long and Prosper”

### ACH Mission/Vision/Goal

- To improve the lives of those we serve
- To support the IH Triple Aim:
  - Improve Population Health
  - Increase Quality of Health Care
  - Reduce the Cost of Care

### Structure /governance your ACH developed or is utilizing

- Collaborative Multi-sector Partnership
- 3-4-50 is a subcommittee of the Windsor HSA Coordinated Care Committee

### Multisector Partnership - Who are the partners involved in your ACH (partnership map)

- Mt. Ascutney Hospital and Health Center
- One Care Vermont
- Mt. Ascutney Prevention Partnership
- Mt. Ascutney Physicians Practice
- Senior Solutions
- QIO
- Southern Vermont Health Education Center
- Vermont Department of Health Access
- Vermont Chronic Care Initiative
- Bayada Home Health
- Visiting Nurses of Vermont and New Hampshire
- Cedar Hill Continuing Care Community
- Vermont Department of Health
- Volunteers in Action
- Historic Homes of Runnede
- Support and Services at Home
- Health Care and Rehabilitative Services of Southeastern Vermont

### Key Interventions + Strategies of Focus

- Track and trend key performance measures
- 5 towns selectable or will adopt 3-4-50
- 1,000 citizens will know about 3-4-50
- 5 schools will participate in 3-4-50
- 10 businesses will participate in 3-4-50
- 5 childcare programs will participate in 3-4-50
- 15 Health and Human Service agencies will participate in 3-4-50

### Lever you are engaging in your community

- Each partner of the Windsor HSA Coordinated Care Committee
- The strength of our network partnerships
- Mt. Ascutney Prevention Partnership has a long history of effective outcome oriented prevention
- Established trust and willingness to work together

### How your ACH is supporting population health /prevention strategies

- 3-4-50 is a public health prevention strategy
- Education
- Community engagement
- Inspire and challenge
- Implementation that impacts individual, Community and long-range visioning

### Key Learnings

- Keep it simple
- Use stories... The story of me... The story of us...the ask
- The power of celebration on the individual and community
- Reframe from shame and blame to inspire and challenge

### How does our community measure success? \*\*

#### Short Term

- 3-4-50 initial assessment and reassessment after one year
- Number of presentations conducted by March 2017
- Number of postcards returned.
- Increase the number of adults who know about 3-4-50 from 0 to 1,000

#### Long Term

- Decrease the percentage of adults who smoke from 18% to 12%
- Decrease the percentage of high school youth who smoke from 10% to 7%
- Increase the percentage of adults eating daily recommended servings of fruits and vegetables from 35% to 45%
- Increase the percentage of high school youth eating daily recommended fruits and vegetables from 23% to 27%
- Increase the percentage of adults who meet the physical activity guidelines from 59% to 65%
- Increase the percentage of students participating in at least 60 minutes of physical activity every day for during the past seven days from 25% to 30%
- Decrease coronary heart disease death rate per 100,000 Vermonters from 98.6 to 96
- Decrease that asthma emergency department utilization rate per 10,000 persons in Windsor County from 170.22 to 168
- Decrease the overall cancer death rate per 100,000 in Windsor County from 170.22 to 168
- Maintain the percentage of adults with diagnosed diabetes with A1C over 9 at 8%

\*\* This work also addresses quality measures for OneCareVT, NCQA and MIPS.

### Moving Forward Actions at the local level

- The snowflake grows
- Multi-sector outreach
- Tracking progress

### Key Barriers and Gaps to address - Recommendations to the State of Vermont

- Behavior change is the hardest change and yet the most important for health
- Timely access to data
- Provide the ACH financial and clinical support that matches the outcomes of the All Payer Model

### Anything else you want to share

- The Capital Candy Truckler
- This work is complex and new
- We are forging the new frontier
- The stakes of both outcomes for physical health and financial viability for institutions are very high

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**EVALUATION REPORT**  
**Prepared by Survey Research Group Public Health Institute**

# Vermont Accountable Communities of Health (ACH) Final Evaluation Report

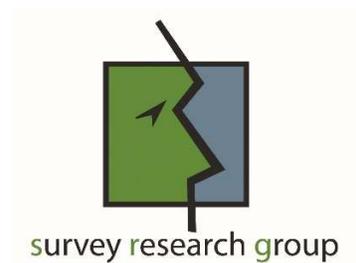
Prepared by

**Survey Research Group  
Public Health Institute**

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March 2017

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**Acknowledgements:**

Thank you to the State of Vermont for the wisdom, planning, funding, and guidance of the Accountable Community of Health (ACH) Peer to Peer Learning Laboratory. This experience brought together 10 ACHs from across Vermont, supporting the development, relationships, and knowledge that can only occur when we come together to learn, co-create, and innovate solutions for the future of a healthy Vermont.

Funding for this report was provided by the State of Vermont, Vermont Health Care Innovation Project, under Vermont's State Innovation Model (SIM) grant, awarded by the Center for Medicare and Medicaid Services (CMS) Innovation Center (CFDA Number 93.624) Federal Grant #1G1CMS331181-03-01. However, these contents do not necessarily represent the policy or views of the U.S. Department of Health and Human Services or any of its agencies, and you should not assume endorsement by the Federal Government.

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# Executive Summary

## Background

Public Health Institute's (PHI) Survey Research Group worked in collaboration with PHI's Population Health Innovation Lab to conduct a formative evaluation of the Vermont Accountable Communities of Health (ACH) Learning Lab project. Ten ACH sites throughout the state of Vermont participated in the Learning Lab project. Project activities that were assessed included a series of three in-person Peer Learning Lab convenings and six Knowledge Camp webinars on various topics to address the developmental needs of participating ACH sites. The objectives of this project included:

- 1) To increase participating ACH sites' understanding of the 9 Core Elements of an Accountable Community for Health<sup>1</sup> and increase sites' readiness to implement these 9 Core Elements with, and for, their communities;
- 2) To increase communities' understanding of community-based prevention and population health improvement strategies, and support communities in implementing these strategies;
- 3) To increase participants' capacity to navigate complex challenges and co-create solutions with their peers, now and into the future; and
- 4) To offer recommendations to the State on policies and guidance that could support further development of ACHs in Vermont.

## Methods

Evaluation measures were collected at baseline (n=35) and after project completion (n=37) via participant surveys to assess changes in understanding, ability, and readiness after participating in the Peer Learning Labs. Evaluation surveys were also collected following each Peer Learning Lab convening and Knowledge Camp webinar to track participant progress and inform the next steps of the project (copies of these included in Appendix). Each assessment was administered as a web-based, self-administered survey using SurveyMonkey. Survey participants included all members of the ten participating ACH sites. Knowledge Camp Webinars were open to the public and therefore evaluation survey results included participants that were non-ACH members. Responses were de-identified to maintain respondent confidentiality and results were aggregated to show both statewide trends and select results by ACH site.

## Key Findings

Respondents from 10 unique sites responded to the Baseline and Post Assessment Surveys. More than two-thirds of respondents agreed or strongly agreed that the Learning Labs helped improve understanding and readiness to implement all of the core elements, except for the Sustainable Financing (43% agreed or strongly agreed they understood, and 50% agreed or strongly agreed they were ready to implement) core element. The percentage of participants reporting that they agreed or strongly agreed with statements regarding their confidence in the members of their ACH

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<sup>1</sup> Mikkelsen, L., Haar, W.L., Estes, L.J., & Nichols, V. (2016). The Accountable Community for Health: An Emerging Model for Health System Transformation. Prevention Institute. Retrieved from <<http://www.blueshieldcafoundation.org/sites/default/files/covers/ACH%20-%20An%20Emerging%20Model%20for%20Health%20System%20Transformation.pdf>>.

site, trust of the other members of their ACH site, and confidence that their ACH site could achieve established goals increased in the post survey compared to baseline. In addition, several aspects of core leadership team capacity improved following project implementation (e.g., working well together, making progress towards achieving goals).

## Background

Public Health Institute's (PHI) Survey Research Group worked in collaboration with PHI's Population Health Innovation Lab to conduct a formative evaluation of the Vermont Accountable Communities of Health (ACH) Learning Lab project. Ten ACH sites throughout the state of Vermont participated in the Learning Lab project. Project activities that were assessed included a series of three in-person Peer Learning Lab convenings and six Knowledge Camp webinars on various topics to address the developmental needs of participating ACH sites. The objectives of this project included:

- 1) To increase participating ACH sites' understanding of the 9 Core Elements of an Accountable Community for Health<sup>2</sup> and increase sites' readiness to implement these 9 Core Elements with and for their communities;
- 2) To increase communities' understanding of community-based prevention and population health improvement strategies, and support communities in implementing these strategies;
- 3) To increase participants' capacity to navigate complex challenges and co-create solutions with their peers, now and into the future; and
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## Methods

Prior to administering the baseline assessment, the State conducted introductory key informant interviews with the leaders of each ACH site. These responses informed the development of the baseline assessment, as well as the participant objectives that were measured throughout the assessments.

Evaluation measures were collected at baseline via participant surveys and after project completion to assess changes in understanding, ability, and readiness after participating in the Peer Learning Labs. Evaluation surveys were also collected following each Peer Learning Lab convening (Appendix D) and Knowledge Camp webinar (Appendix E) to track participant progress and inform the next steps of the project. Each assessment was administered as a web-based, self-administered survey using SurveyMonkey. Survey participants included all members of the ten participating ACH sites. Knowledge Camp Webinars were open to the public and therefore evaluation surveys included participants that were non-ACH members. To compare baseline assessment responses to post assessment responses, the response categories “Strongly Agree” and “Agree” were combined for questions that asked participants to rate their level of agreement.

Additional survey tools used during this project are included as Appendix F, G, and H.

# Key Findings: Post Assessment

## I. Participants

35 participants completed the baseline assessment, and 37 participants completed the post assessment (Appendix A - Table 1). Participants represented 10 unique ACH sites.

## II. Participant Objectives

The majority of participants agreed or strongly agreed that the learning labs helped them achieve the following objectives (Appendix A – Table 2.1):

- Become part of a peer learning community (94%)
- Collaborate with other members of my ACH site (94%)
- Collaborate with members of other ACH sites (82%)
- Better understand what an ACH is or can do (91%)
- Develop strategies for community engagement (78%)
- Develop skills for addressing complex challenges (79%)
- Develop strategies for addressing population health (76%)

A majority of participants agreed or strongly agreed that the learning labs helped them to (Appendix A – Table 2.2):

- Improve communication at the statewide level (76%)
- Align statewide ACH priorities (64%)
- Align statewide ACH strategies (59%)

## III. 9 Core Elements (Objective 1)

More than two-thirds of participants agreed or strongly agreed that the Learning Labs helped improve understanding and readiness to implement all of the core elements, except for the Sustainable Financing (43% agreed or strongly agreed they understood, and 50% agreed or strongly agreed they were ready to implement) core element (Appendix A - Table 3.1).

## IV. Leadership

Several aspects of the core leadership team for the ACH sites improved after the project was implemented. While 30% of participants/sites indicated at baseline that their site's core leadership team was working well together, more than half of the sites indicated they were working well together at the post assessment (56%). In addition, while 24% of participants/sites indicated at baseline that their site's core leadership team was making progress towards achieving goals, more than half of the sites indicated they were making progress towards achieving goals at the post assessment (56%). However, sites struggled to work together, and the percentage of sites reporting struggling to work well together increased at the post assessment (27%) compared to baseline (6%).

## V. Community-Based Prevention & Population Health (Objective 2)

The percentage of participants reporting that they agreed or strongly agreed with the objectives related to Community-Based Prevention and Population Health (Appendix A - Table 5.1) increased for half of the objectives after participating in the ACH Learning Lab. For example, all participants understood how their ACH sites could address the health of the entire population in our geographic area after participating in the Learning Labs and Convenings (65% at baseline, 100% at post), and nearly all participants understood how community-based prevention strategies can be used by their ACH sites (97%). The percentages of participants who reported their ACH sites were ready to address the health of the entire population in their geographic area and who were ready to implement community-based prevention strategies did not change much after participating in the Learning Labs and Convenings. There was a very small increase in the percentage of sites currently implementing community-based prevention strategies (Appendix A - Table 5.2, 53% baseline compared to 59% post).

## VI. Complexity (Objective 3)

The percentage of participants reporting that they were directly addressing the complex and systemic nature of problems at their ACH sites increased slightly in the post survey (16% compared to baseline (13%) (Appendix A - Table 6.1). More than three-quarters of participants reported that they were very likely or likely to co-create solutions with their peers after participating in the learning lab (88%) (Appendix A - Table 6.2). More ACH sites reported having an evaluation framework in place in the post survey (39%) compared to baseline (27%).

## VII. Collaboration

The percentage of participants reporting that they agreed or strongly agreed with statements regarding their confidence in the members of their ACH site, trust of the other members of their ACH site, and confidence that their ACH site could achieve established goals increased in the post survey compared to baseline (Appendix A - Table 7.1). Compared to baseline, trust increased between members who were part of the same ACH sites (82 at baseline, 94% at post). A higher percentage of participants reported collaborating with other ACH sites in the post survey (49%) compared to the baseline (29%). The percentage of participants who reported trusting members of different ACH sites (not their own sites) increased from 48% at baseline to 82% at post (Appendix A - Table 7.3). Fewer participants reported collaborating with the State of Vermont in the post survey (79%) compared to baseline (91%) (Appendix A - Table 7.3). Compared to baseline, trust increased between members of the ACH sites (82 at baseline, 94% at post). The percentage of participants reporting that they agreed or strongly agreed with statements regarding their ACH's site's ability to work together with the State of Vermont increased in the post survey (88%) compared to baseline (75%). The percentage of participants who reported trust in the members of the State of Vermont (69% at baseline, 68% at post) and confidence that collaborating with the State of Vermont can help their ACH site achieve established goals (75% at baseline, 78% at post) remained similar (Appendix A - Table 7.5).

## Appendices

### Appendix A: Results Tables

Table 1. Baseline and Post Assessment Participants by Accountable Community of Health (ACH) Site.				
ACH Site	Baseline		Post	
	Response Percent	Response Count	Response Percent	Response Count
Bennington Accountable Community for Health	11%	4	11%	4
Burlington-Chittenden Accountable Community for Health (CACH)	9%	3	22%	8
Caledonia-Essex Accountable Community for Health (St Johnsbury)	6%	2	19%	7
Middlebury Community Health Action Team (CHAT)	6%	2	8%	3
Newport (Orleans & Northern Essex County)	11%	4	5%	2
Achieving Rutland County Health (ARCH)	11%	4	16%	6
Springfield ACH Peer Learning Lab	14%	5	5%	2
St. Albans/Franklin & Grand Isle	9%	3	0%	0
Upper Connecticut River Valley (UCRV) – Rethink Health	6%	2	5%	2
Windsor HSA Coordinated Care Committee	14%	5	8%	3
Unknown	3%	1	0%	0

*Percentages may not add to 100% due to rounding.*

Table 2.1 How much do you agree or disagree that participating in the learning lab helped you to...						
Answer Options	Strongly Agree		Agree		Disagree	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
Become part of a peer learning community	38%	13	56%	19	3%	1
Collaborate with other members of my ACH site	53%	18	41%	14	3%	1
Collaborate with members of other ACH sites	35%	12	47%	16	15%	5
Better understand what an ACH is or can do	33%	11	58%	19	6%	2
Develop strategies for community engagement	16%	5	63%	20	18%	6
Develop skills for addressing complex challenges	15%	5	64%	21	18%	6
Develop strategies for addressing population health	15%	5	62%	21	21%	7

None of the participants selected "Strongly Disagree."

Table 2.2 How much do you agree or disagree that the learning lab helped you to...						
Answer Options	Strongly Agree		Agree		Disagree	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
Improve communication at the statewide level	39%	13	36%	12	21%	7
Align statewide ACH priorities	24%	8	39%	13	27%	9
Align statewide ACH strategies	9%	3	50%	16	31%	10

None of the participants selected "Strongly Disagree."

**Table 3.1 How much do you agree or disagree that participating in the learning lab improved your understanding of the following core elements...**

Answer Options	Strongly Agree		Agree		Disagree		Strongly Disagree	
	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
Mission	33%	11	48%	16	18%	6	0%	0
Multi-Sectoral Partnerships	39%	13	48%	16	12%	4	0%	0
Integrator Organization	33%	11	52%	17	15%	5	0%	0
Governance	27%	9	55%	18	15%	5	0%	0
Data and Indicators	15%	5	58%	19	21%	7	3%	1
Strategy and Implementation	27%	9	64%	21	9%	3	0%	0
Community Member Engagement	30%	10	58%	19	12%	4	0%	0
Communications	24%	8	52%	17	24%	8	0%	0
Sustainable Financing	21%	7	24%	8	39%	13	6%	2

**Table 4.1 Please describe how the core leadership team for your Accountable Community of Health (ACH) site is currently functioning? The core leadership team is... (Mark all that apply)**

Answer Options	Baseline		Post	
	Response Percent	Response Count	Response Percent	Response Count
Still being formed or identified	33%	11	24%	8
Still learning about the ACH	49%	16	27%	9
Struggling to work well together	6%	2	27%	9
Working well together	30%	10	56%	19
Making progress toward achieving its goals	24%	8	53%	18

**Table 5.1 How much do you agree with the following statements?<sup>a</sup>**

Answer Options	Baseline (n=34)		Post (n=33)	
	Response Percent	Response Count	Response Percent	Response Count
I understand how my ACH site can address the health of the entire population in our geographic area.	65%	22	100%	33
I understand community-based prevention strategies that can be used by my ACH site.	62%	21	97%	32
My ACH site is ready to address the health of the entire population in our geographic area.	65%	22	63%	20
My ACH site is ready to implement community-based prevention strategies.	74%	25	70%	23

<sup>a</sup> Agree defined as "Strongly Agree" or "Agree"

**Table 5.2 Is your ACH site currently implementing any community-based prevention strategies?**

	<b>Baseline</b> (n=34)		<b>Post</b> (n=32)	
<b>Answer Options</b>	<i>Response Percent</i>	<i>Response Count</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	53%	18	59%	19
No	15%	5	38%	12
Don't Know	33%	11	3%	1

**Table 6.1 How well do your ACH site's current strategies address the complex/systemic nature of problems? (Mark the best answer)**

	<b>Baseline</b> (n=31)		<b>Post</b> (n=32)	
<b>Answer Options</b>	<i>Response Percent</i>	<i>Response Count</i>	<i>Response Percent</i>	<i>Response Count</i>
Do not address	3%	1	0%	0
Need improvement	29%	9	25%	8
Somewhat address	55%	17	59%	19
Directly address	13%	4	16%	5

**Table 6.2 After participating in the learning lab, how likely are you to co-create solutions with your peers?**

	<b>Post only</b> (n=33)	
<b>Answer Options</b>	<i>Response Percent</i>	<i>Response Count</i>
Not at all likely	0%	0
Somewhat likely	12%	4
Likely	49%	17
Very likely	39%	13

**Table 6.3 Does your ACH site have an evaluation framework in place?**

	<b>Baseline</b> (n=33)		<b>Post</b> (n=33)	
<b>Answer Options</b>	<i>Response Percent</i>	<i>Response Count</i>	<i>Response Percent</i>	<i>Response Count</i>
Yes	27%	9	39%	13
No	24%	8	55%	18
Don't Know	49%	16	6%	2

**Table 7.1 The following statements are about your ACH site. How much do you agree with the following statements?<sup>a</sup>**

	<b>Baseline</b> (n=33)		<b>Post</b> (n=32)	
<b>Answer Options</b>	<i>Response Percent</i>	<i>Response Count</i>	<i>Response Percent</i>	<i>Response Count</i>
I feel confident that members of my ACH site can work together.	82%	27	100%	32
I trust the other members of my ACH site.	82%	27	94%	30
I feel confident that my ACH site can achieve the goals we have established.	67%	22	91%	29

<sup>a</sup> Agree defined as "Strongly Agree" or "Agree"

**Table 7.2 Does your ACH site currently collaborate with other ACH sites in Vermont?**

Answer Options	Baseline (n=31)		Post (n=33)	
	Response Percent	Response Count	Response Percent	Response Count
Yes	29%	9	49%	16
No	71%	22	52%	17

**Table 7.3 The following statements are about your ACH site's collaboration with other ACH sites in Vermont. How much do you agree<sup>a</sup> with the following statements?**

Answer Options	Baseline (n=33)		Post (n=33)	
	Response Percent	Response Count	Response Percent	Response Count
I feel confident that my ACH site can work together with other ACH sites in Vermont.	82%	18	91%	30
I trust the members of other ACH sites.	48%	8	82%	27
I feel confident that collaborating with other ACH sites can help my ACH site achieve the goals we have established.	79%	17	91%	30

<sup>a</sup> Agree defined as "Strongly Agree" or "Agree"

**Table 7.5 The following statements are about your ACH site's collaboration with the State of Vermont. How much do you agree<sup>a</sup> with the following statements?**

Answer Options	Baseline (n=32)		Post (n=32)	
	Response Percent	Response Count	Response Percent	Response Count
I feel confident that my ACH site can work together with the State of Vermont.	75%	24	88%	28
I trust the members of the State of Vermont.	69%	22	68%	21
I feel confident that collaborating with the State of Vermont can help my ACH site achieve the goals we have established.	75%	24	78%	25

<sup>a</sup> Agree defined as "Strongly Agree" or "Agree"

Appendix B: Vermont ACH Baseline Assessment Tool



## Vermont ACH Learning Lab Baseline Survey

### Introduction

#### Introduction

This survey is being administered by Public Health Institute. Your responses to the following questions will assist us in preparing for your learning needs and evaluating the Learning Lab. The survey should take about 15 minutes to complete. Thank you for taking the time to provide us with your valuable input!

#### Confidentiality

All of your responses and any information you provide will be kept confidential. You will be asked to provide your email address strictly for tracking survey completion. All responses will be de-identified and aggregated for reporting. No individual will be identified in any reports or analysis.

1. Please provide your email below so we can ensure that representatives from each of the Accountable Communities of Health (ACH's) have participated in this assessment.

Email Address

2. Please select the Accountable Community of Health (ACH) site to which you belong:



## Learning Lab

### About the Learning Lab

Our learning lab will support the development of your leadership team and collaboration with partners. It is based on an “Action Learning” model, which is an approach to solving real problems that involves taking action and reflecting upon the results. The goal is to improve the problem-solving process using team-developed solutions. As a participant, you will be expected to bring your challenges and questions to the learning labs for us to engage in “learning by doing.”

### 3. What do you hope to gain by participating in the learning lab? (Mark all that apply)

- Improved understanding of what an ACH is or can do
- Skills for addressing complex challenges
- Strategies for addressing population health
- Collaboration with members of my ACH site
- Collaboration with members of other ACH sites
- Improved communication at the statewide level
- Statewide alignment on ACH priorities
- Statewide alignment on ACH strategies
- Other (please specify)

### 4. What do you hope to contribute by participating in the learning lab? (For example, what expertise do you have that could benefit other ACH sites?)



## Opportunities for Collaboration

### About Collaboration

The Learning Lab would like to offer additional opportunities for collaboration among ACH sites.

5. How likely would you be to utilize a private Vermont ACH LinkedIn Page dedicated to this project?

- Likely
- Unlikely
- Don't Know



## Leadership

6. Please describe how the core leadership team for your Accountable Community of Health (ACH) site is currently functioning? The core leadership team is... (Mark all that apply)

- Still being formed or identified
- Still learning about the ACH
- Struggling to work well together
- Working well together
- Making progress toward achieving its goals

7. What leadership challenges or opportunities is your ACH site currently facing?



## Population Health

### About Population Health

The following questions ask about population health and community-based prevention strategies, which will both be addressed in the Learning Lab. Please refer to the definitions below when answering these questions.

"Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors." (Kindig & Stoddart, 2003; Institute of Medicine, 2016) An ACH strives to address the health of the entire population within its geographic area.

"Community-based prevention strategies include efforts that are 1) directed to a population rather than individuals and 2) implemented in community settings rather than hospital or health care settings. Examples of viable interventions include mass health education programs and social marketing campaigns, coalition building and empowerment activities, policy changes, and environmental remediation." (Trust for America's Health, 2013)

### 8. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can address the health of the entire population in our geographic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand community-based prevention strategies that can be used by my ACH site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to address the health of the entire population in our geographic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to implement community-based prevention strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 9. Is your ACH site currently implementing any community-based prevention strategies?

- Yes
- No
- Don't Know

Kindig D & Stoddart G. (2003). What is population health? *Am J Public Health*, 93(3):380-383.

Institute of Medicine. (2016). Roundtable on Population Health Improvement. National Academies of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/Activities/PublicHealth/PopulationHealthImprovementRT.aspx>.

Trust for America's Health. (2013). A Compendium of Proven Community-Based Prevention Programs. The New York Academy of Medicines. Retrieved from [http://healthyamericans.org/assets/files/Compendium\\_Report\\_1016\\_1131.pdf](http://healthyamericans.org/assets/files/Compendium_Report_1016_1131.pdf).



## Complexity

### About Complex Challenges

Improving Population Health asks leaders to address complex systemic challenges, often without easy answers. It is complex because there are various histories, issues, perspectives, and opportunities that must be taken into consideration. It is systemic because its roots and impact or consequences are interconnected with many other issues such as individual and collective values and behaviors, and structural issues such as resource availability. In order to create change, it is essential that multiple perspectives and diverse stakeholders are invited to actively take part in the process of finding and implementing holistic solutions.

10. How well do your ACH site's current strategies address the complex/systemic nature of problems?  
(Mark the best answer)

- Do not address
- Need improvement
- Somewhat address
- Directly address

11. Does your ACH site have an evaluation framework in place?

- Yes
- No
- Don't Know



Collaboration 1

12. The following statements are about your ACH site. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that members of my ACH site can work together.	<input type="radio"/>				
I trust the other members of my ACH site.	<input type="radio"/>				
I feel confident that my ACH site can achieve the goals we have established.	<input type="radio"/>				



Collaboration 2

13. Does your ACH site currently collaborate with other ACH sites in Vermont?

- Yes
- No

14. The following statements are about your ACH site's collaboration with other ACH sites in Vermont. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that my ACH site can work together with other ACH sites in Vermont.	<input type="radio"/>				
I trust the members of other ACH sites.	<input type="radio"/>				
I feel confident that collaborating with other ACH sites can help my ACH site achieve the goals we have established.	<input type="radio"/>				



Collaboration 3

15. Does your ACH site currently collaborate with the State of Vermont?

- Yes
- No

16. The following statements are about your ACH site's collaboration with the State of Vermont. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that my ACH site can work together with the State of Vermont.	<input type="radio"/>				
I trust the members of the State of Vermont.	<input type="radio"/>				
I feel confident that collaborating with the State of Vermont can help my ACH site achieve the goals we have established.	<input type="radio"/>				



Additional Support

17. During the next 10 months, what key meetings or events will be happening for your ACH site? Please use the spaces below to list any meetings or events you have planned, including the date(s) if known.

*Example: Monthly ACH Site Meeting, July 12, 2016*

Meeting/Event:

18. Do you need additional support for the ACH meetings and events you listed above? (Mark all that apply)

Coaching or Mentoring

Facilitation

Design

Other (please specify)

19. Do you have any additional feedback or comments that you would like to share with Public Health Institute?

Appendix C: Vermont ACH Post-Assessment Tool



## Vermont ACH Learning Lab Post Survey

### Introduction

#### Introduction

This survey is being administered by Public Health Institute. The purpose of this survey is to evaluate the Peer Learning Lab and includes similar questions to those that were asked in our Baseline Survey before the first in-person convening last summer. Your responses will help us understand any changes that have occurred during the course of this project and to track the progress of the participating ACH sites. The survey should take about 15 minutes to complete. Thank you for taking the time to provide us with your valuable input!

#### Confidentiality

All of your responses and any information you provide will be kept confidential. You will be asked to provide your email address strictly for tracking survey completion. All responses will be de-identified and aggregated for reporting. No individual will be identified in any reports or analysis.

1. Please provide your email below so we can ensure that representatives from each of the Accountable Communities of Health (ACH's) have participated in this assessment.

Email Address

2. Please select the Accountable Community of Health (ACH) site to which you belong:



## Learning Lab

### About the Learning Lab

The following questions ask you to reflect back on your experiences with the learning lab. These questions refer to all activities conducted as part of this initiative, including the in-person Peer Learning Labs, Knowledge Camp Webinars, and asynchronous communications and collaborations facilitated by the Public Health Institute.

### 3. How much do you agree or disagree that participating in the learning lab helped you to...

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A (Topic was not addressed)
Become part of a peer learning community	<input type="radio"/>				
Collaborate with other members of my ACH site	<input type="radio"/>				
Collaborate with members of other ACH sites	<input type="radio"/>				
Better understand what an ACH is or can do	<input type="radio"/>				
Develop strategies for community engagement	<input type="radio"/>				
Develop skills for addressing complex challenges	<input type="radio"/>				
Develop strategies for addressing population health	<input type="radio"/>				

4. How much do you agree or disagree that the learning labs helped to...

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A (Topic was not addressed)
Improve communication at the statewide level	<input type="radio"/>				
Align statewide ACH priorities	<input type="radio"/>				
Align statewide ACH strategies	<input type="radio"/>				



## 9 Core Elements

### About the 9 Core Elements

The following questions refer to the 9 core elements of an ACH as defined by the Prevention Institute:

1. Mission
2. Multi-Sectoral Partnerships
3. Integrator Organization
4. Governance
5. Data and Indicators
6. Strategy and Implementation
7. Community Member Engagement
8. Communications
9. Sustainable Financing

For more information, please refer to: [ACH - An Emerging Model for Health System Transformation.pdf](#)

5. How much do you agree or disagree that participating in the learning lab improved your understanding of the following core elements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Mission	<input type="radio"/>				
Multi-Sectoral Partnerships	<input type="radio"/>				
Integrator Organization	<input type="radio"/>				
Governance	<input type="radio"/>				
Data and Indicators	<input type="radio"/>				
Strategy and Implementation	<input type="radio"/>				
Community Member Engagement	<input type="radio"/>				
Communications	<input type="radio"/>				
Sustainable Financing	<input type="radio"/>				

6. How much do you agree or disagree that participating in the learning lab increased your ACH site's readiness to implement the following core elements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Mission	<input type="radio"/>				
Multi-Sectoral Partnerships	<input type="radio"/>				
Integrator Organization	<input type="radio"/>				
Governance	<input type="radio"/>				
Data and Indicators	<input type="radio"/>				
Strategy and Implementation	<input type="radio"/>				
Community Member Engagement	<input type="radio"/>				
Communications	<input type="radio"/>				
Sustainable Financing	<input type="radio"/>				



## Leadership

7. Please describe how the core leadership team for your Accountable Community of Health (ACH) site is currently functioning? The core leadership team is... (Mark all that apply)

- Still being formed or identified
- Still learning about the ACH
- Struggling to work well together
- Working well together
- Making progress toward achieving its goals



## Population Health

### About Population Health

The following questions ask about population health and community-based prevention strategies, which will both be addressed in the Learning Lab. Please refer to the definitions below when answering these questions.

"Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors." (Kindig & Stoddart, 2003; Institute of Medicine, 2016) An ACH strives to address the health of the entire population within its geographic area.

"Community-based prevention strategies include efforts that are 1) directed to a population rather than individuals and 2) implemented in community settings rather than hospital or health care settings. Examples of viable interventions include mass health education programs and social marketing campaigns, coalition building and empowerment activities, policy changes, and environmental remediation." (Trust for America's Health, 2013)

### 8. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can address the health of the entire population in our geographic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand community-based prevention strategies that can be used by my ACH site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to address the health of the entire population in our geographic area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to implement community-based prevention strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 9. Is your ACH site currently implementing any community-based prevention strategies?

- Yes
- No
- Don't Know

Kindig D & Stoddart G. (2003). What is population health? *Am J Public Health*, 93(3):380-383.

Institute of Medicine. (2016). Roundtable on Population Health Improvement. National Academies of Sciences. Retrieved from <http://www.nationalacademies.org/hmd/Activities/PublicHealth/PopulationHealthImprovementRT.aspx>.

Trust for America's Health. (2013). A Compendium of Proven Community-Based Prevention Programs. The New York Academy of Medicines. Retrieved from [http://healthyamericans.org/assets/files/Compendium\\_Report\\_1016\\_1131.pdf](http://healthyamericans.org/assets/files/Compendium_Report_1016_1131.pdf).



## Complexity

### About Complex Challenges

Improving Population Health asks leaders to address complex systemic challenges, often without easy answers. It is complex because there are various histories, issues, perspectives, and opportunities that must be taken into consideration. It is systemic because its roots and impact or consequences are interconnected with many other issues such as individual and collective values and behaviors, and structural issues such as resource availability. In order to create change, it is essential that multiple perspectives and diverse stakeholders are invited to actively take part in the process of finding and implementing holistic solutions.

10. How well do your ACH site's current strategies address the complex/systemic nature of problems?  
(Mark the best answer)

- Do not address
- Need improvement
- Somewhat address
- Directly address

11. After participating in the learning lab, how likely are you to co-create solutions with your peers?

- Not at all likely
- Somewhat likely
- Likely
- Very likely

12. Does your ACH site have an evaluation framework in place?

- Yes
- No
- Don't Know



Collaboration 1

13. The following statements are about your ACH site. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that members of my ACH site can work together.	<input type="radio"/>				
I trust the other members of my ACH site.	<input type="radio"/>				
I feel confident that my ACH site can achieve the goals we have established.	<input type="radio"/>				



Collaboration 2

14. Does your ACH site currently collaborate with other ACH sites in Vermont?

- Yes
- No

15. The following statements are about your ACH site's collaboration with other ACH sites in Vermont. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that my ACH site can work together with other ACH sites in Vermont.	<input type="radio"/>				
I trust the members of other ACH sites.	<input type="radio"/>				
I feel confident that collaborating with other ACH sites can help my ACH site achieve the goals we have established.	<input type="radio"/>				



Collaboration 3

16. Does your ACH site currently collaborate with the State of Vermont?

- Yes
- No

17. The following statements are about your ACH site's collaboration with the State of Vermont. How much do you agree or disagree with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel confident that my ACH site can work together with the State of Vermont.	<input type="radio"/>				
I trust the members of the State of Vermont.	<input type="radio"/>				
I feel confident that collaborating with the State of Vermont can help my ACH site achieve the goals we have established.	<input type="radio"/>				



Additional Support

18. Thinking back on the learning lab, what have been the key takeaways for you or your ACH site?

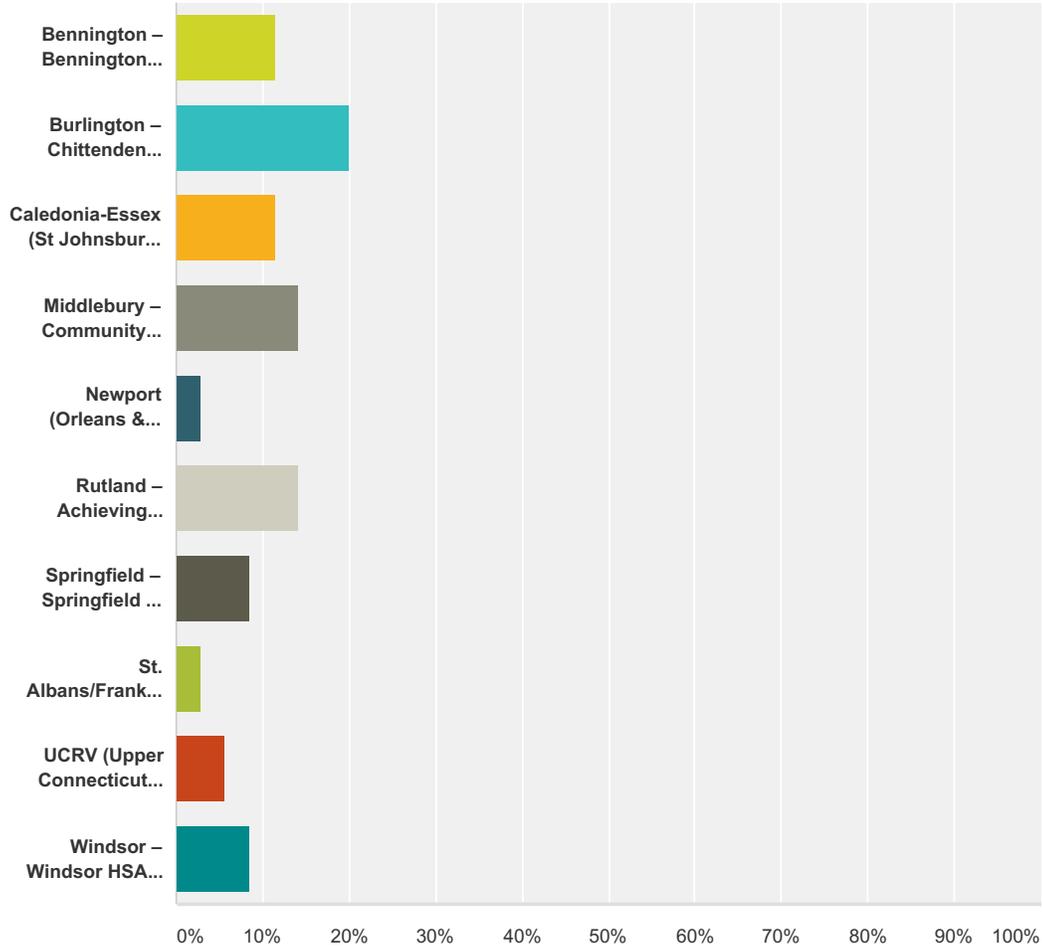
19. What further support or guidance does your ACH site need from the State of Vermont?

20. Do you have any additional feedback or comments that you would like to share with Public Health Institute?

Appendix D: Peer Learning Lab Survey Results

## Q2 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 35 Skipped: 0



Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	11.43% 4
Burlington – Chittenden Accountable Community for Health (CACH)	20.00% 7
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	11.43% 4
Middlebury – Community Health Action Team (CHAT)	14.29% 5
Newport (Orleans & Northern Essex Co)	2.86% 1
Rutland – Achieving Rutland County Health (ARCH)	14.29% 5
Springfield – Springfield ACH Peer Learning Lab	8.57% 3
St. Albans/Franklin & Grand Isle	2.86% 1
UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	5.71% 2
Windsor – Windsor HSA Coordinated Care Committee	8.57% 3

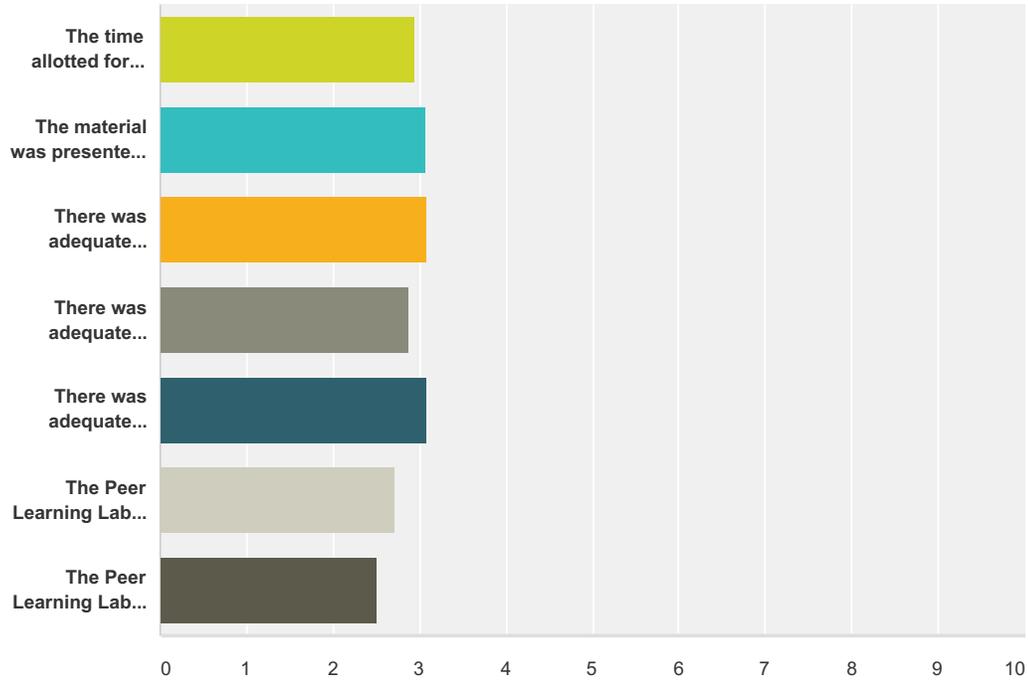
Vermont ACH Peer Learning Lab Survey - June 7

Total

35

### Q3 How much do you agree or disagree with the following statements about today's training?

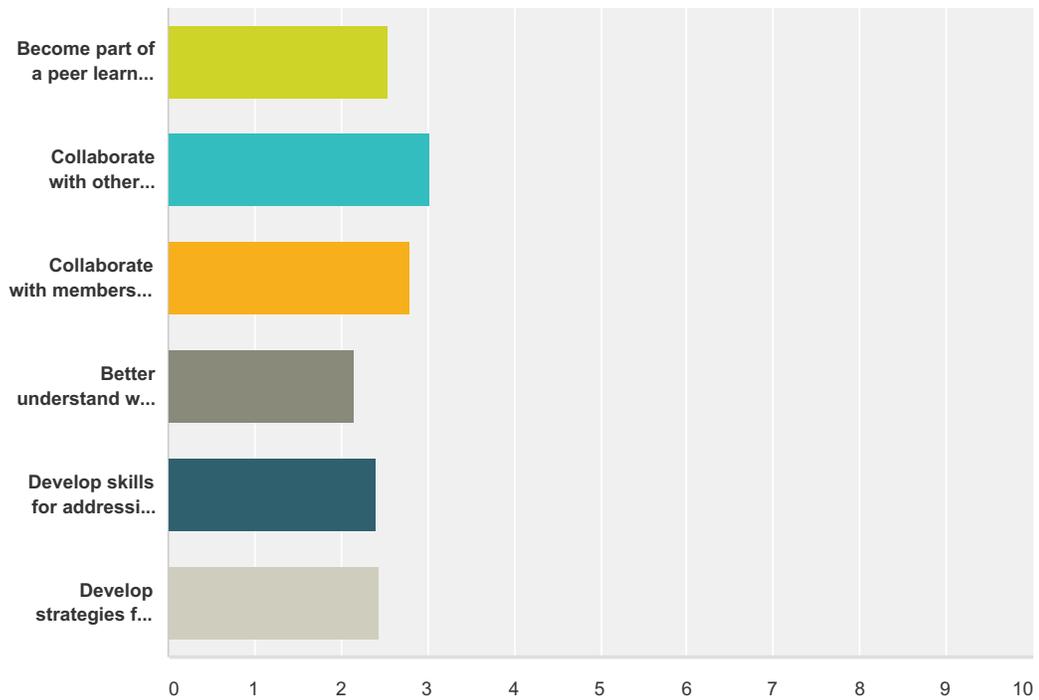
Answered: 34 Skipped: 1



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic was appropriate.	14.71% 5	70.59% 24	11.76% 4	0.00% 0	2.94% 1	34	2.94
The material was presented clearly.	23.53% 8	70.59% 24	0.00% 0	0.00% 0	5.88% 2	34	3.06
There was adequate opportunity for discussion and feedback.	20.59% 7	73.53% 25	2.94% 1	0.00% 0	2.94% 1	34	3.09
There was adequate opportunity to collaborate with other members of my ACH site.	26.47% 9	50.00% 17	14.71% 5	2.94% 1	5.88% 2	34	2.88
There was adequate opportunity to collaborate with members of other ACH sites.	29.41% 10	58.82% 20	5.88% 2	2.94% 1	2.94% 1	34	3.09
The Peer Learning Lab helped improve communication at the statewide level.	17.65% 6	55.88% 19	14.71% 5	2.94% 1	8.82% 3	34	2.71
The Peer Learning Lab met my expectations.	23.53% 8	41.18% 14	14.71% 5	2.94% 1	17.65% 6	34	2.50

### Q4 How much do you agree or disagree that today's Peer Learning Lab helped you to...?

Answered: 34 Skipped: 1



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
Become part of a peer learning community	15.15% 5	57.58% 19	9.09% 3	3.03% 1	15.15% 5	33	2.55
Collaborate with other members of my ACH site	23.53% 8	61.76% 21	11.76% 4	0.00% 0	2.94% 1	34	3.03
Collaborate with members of other ACH sites	23.53% 8	52.94% 18	11.76% 4	2.94% 1	8.82% 3	34	2.79
Better understand what an ACH is or can do	5.88% 2	50.00% 17	17.65% 6	5.88% 2	20.59% 7	34	2.15
Develop skills for addressing complex challenges	2.94% 1	61.76% 21	20.59% 7	2.94% 1	11.76% 4	34	2.41
Develop strategies for addressing population health	5.88% 2	52.94% 18	29.41% 10	2.94% 1	8.82% 3	34	2.44

## Q5 What aspects of the Peer Learning Lab were most beneficial for you?

Answered: 31 Skipped: 4

#	Responses	Date
1	I thought that the learning lab leaders were excellent. The process was very professional and on task. Thank you.	6/17/2016 1:12 PM
2	To relate to the other ACH developing in the Northeast Kingdom	6/17/2016 8:12 AM
3	The time to plan with our own ACH	6/16/2016 7:04 PM
4	meeting people from other regions and at the state level opportunity to get some idea of what others are doing opportunity to meet with others in my ACH	6/16/2016 12:49 PM
5	Opportunity for face to face engagement and dedicated time. To hear from other ACHs. To network.	6/16/2016 12:19 PM
6	Hearing who is involved in other regions	6/16/2016 10:57 AM
7	Understanding the statewide landscape and meeting others in VT working toward the same goals.	6/16/2016 6:42 AM
8	I love learning about theories and then seeing how it applies to the real world. It helps me when it comes to working with multidisciplinary and interagency teams.	6/16/2016 6:17 AM
9	new concepts looking at systems of change	6/16/2016 3:28 AM
10	That we came away with specific "to do's."	6/13/2016 12:27 PM
11	The time spent with my own ACH Group.	6/13/2016 7:39 AM
12	It was good to meet and greet members of the VT community participating in the Peer Learning Lab.	6/13/2016 5:05 AM
13	strategies and knowledge presented by the PHI team. Concrete and actionable. Liked that that they made us work. Not just listen.	6/12/2016 2:49 PM
14	Loved the exercise using tape on the floor, figuring out where you are and then talking with similar people, loved the planning with our team at the end with an observer who helped us a lot, loved the time to think back and ponder what we had learned, next time make us write so I can remember it all	6/12/2016 12:34 PM
15	I had to miss the day as I was home with a sick kid.	6/10/2016 12:31 PM
16	I liked the participatory learning strategies used-rather than lecture type presentations.	6/10/2016 12:16 PM
17	Listening to others challenges and strengths	6/10/2016 11:05 AM
18	Interaction and networking opportunities	6/10/2016 6:55 AM
19	Having Heidi sit in for 5 minutes at a key point in our group's work	6/10/2016 6:31 AM
20	The interaction with other ACH communities - 1:1 discussions, small groups. Time to work with my ACH.	6/10/2016 4:35 AM
21	Hearing about initiatives in other areas Discussing next steps with my ach	6/10/2016 2:04 AM
22	Time spent with our team discussing the current state and opportunities. We are in the forming and storming stages of team development.	6/9/2016 5:12 PM
23	Mapping exercise. Opportunity to learn what other areas are doing successfully... And not successfully.	6/9/2016 4:49 PM
24	spending time with members of my ACH	6/9/2016 2:36 PM
25	Making connections with others throughout the state as well as having the time and guidance by Heidi in our case to talk through ideas with our own ACH.	6/9/2016 1:18 PM
26	I was only able to stay until the lunch break. The morning was a great opportunity to meet members from other teams and learning a couple new frameworks.	6/9/2016 11:57 AM
27	discussions on collective change strategies	6/9/2016 11:11 AM
28	Providing a framework Modeling of systems composting and evolution	6/9/2016 10:53 AM
29	Getting to know my team better and also meeting people from other parts of the state.	6/9/2016 10:32 AM

## Vermont ACH Peer Learning Lab Survey - June 7

30	See the bigger context of how to bring population health into clinical care and health reform- by others not in public health already	6/9/2016 10:26 AM
31	Time to talk and work with our ACH	6/9/2016 10:18 AM

Vermont ACH Peer Learning Lab Survey - June 7

**Q6 What aspects of the Peer Learning Lab could have been improved?**

Answered: 28 Skipped: 7

#	Responses	Date
1	I don't have anything to add, other than a bit more time for the ACH team.	6/17/2016 1:12 PM
2	More space; a bit crowded at tables	6/17/2016 8:12 AM
3	Overall, the material was very broad and, for me, I was hoping there would be more tangible action steps.	6/16/2016 7:04 PM
4	nothing connected the dots between the ACH and the larger health reform initiatives; no big picture vision of what we are trying to accomplish and examples of success too much time spent on stages of development and not enough on developing future road map and what elements of this already are in development or in place with related initiatives - ACO, BluePrint, integrated care, etc...	6/16/2016 12:49 PM
5	Too much process-style learning. Too many "activities"	6/16/2016 12:19 PM
6	More about what is happening and where the ACH groups are out.	6/16/2016 10:57 AM
7	You did an excellent job for the intended purpose. This is just a start and it feels like there is so much more to do.	6/16/2016 6:42 AM
8	Many complex instructions for the sessions, needed to either simplify or give more time to understand the expectations; more direct sharing of experiences among different ACH communities	6/16/2016 3:28 AM
9	I think you were "setting the stage" in the morning for what turned out to be a very productive afternoon. It would have been great to compress that (even more).	6/13/2016 12:27 PM
10	There was no opportunity to truly learn from one another. We all know what our challenges are, and we all have some region-specific issues to deal with. A more effective use of an entire day would have been a structured sharing/presentation from each region and a guided discussion of what the other groups could offer and/or what the other groups could learn. People are busy and will not have time to reach out to one another in between these sessions - this was a wasted opportunity for true interaction and problem solving, and frankly was very disappointing.	6/13/2016 7:39 AM
11	Our ACH team work was premature due to having few members of the team present plus the UCC group has done very little work and we were not prepared to move forward.	6/13/2016 5:05 AM
12	We need to find away for cross HSA sharing /action. Several groups had similar goals. That means there are going to be duplicate processes happening. We need to be brought together more effectively as a state. we are small.	6/12/2016 2:49 PM
13	worry that people did not use the what you have to offer and what you need posters on the wall, wished we could have gathered best practices ahead of time and shared with each other, did not really like the random talking to people as the people I chose or chose me did not have what I was hoping to get	6/12/2016 12:34 PM
14	Felt it accomplished its objectives as a kick off event.	6/10/2016 12:16 PM
15	We need more room.	6/10/2016 11:05 AM
16	na	6/10/2016 6:31 AM
17	The room was not ideal for the interactive activities (long/narrow), but I greatly appreciated the activities getting us up to move, mingle, and engage our bodies as well as our brains. Using the terrace for our team time was fantastic!	6/10/2016 4:35 AM
18	haiku, introvert pauses, and theory of system cycles added no value for me. a little less new age fluff and a little more focused work would have been preferred.	6/10/2016 2:04 AM
19	Linking the theories or models together that were presented. Making sure the teams had time to formulate an action plan for next steps. Needed more team time.	6/9/2016 5:12 PM
20	Room has a terrible echo and was noisy. My head was pounding by noon.	6/9/2016 4:49 PM
21	The morning session was too general. I was hoping for more specific information and strategies to implement change.	6/9/2016 2:36 PM
22	Content was great but space was too small...definitely felt uncomfortable physically.	6/9/2016 1:18 PM
23	exactly how that change happens	6/9/2016 11:11 AM
24	Shorter Lunch time Hard to hear conversations during group work	6/9/2016 10:53 AM

## Vermont ACH Peer Learning Lab Survey - June 7

25	This event was not what I expected it to be. Now that it is over, I understand the point but I would have gotten more out of the day if the intent had been clearer to me.	6/9/2016 10:32 AM
26	I asked the question of our particular lab- what will we do differently that we are not already now because we already collaborate.	6/9/2016 10:26 AM
27	Time for work with our ACH was too short; time with others was disjointed and did not seem to relate to sharing of specific ideas that our ACH could use as a springboard.	6/9/2016 10:18 AM
28	The whole day felt very disconnected to me. We went from activity to activity but didn't gain anything helpful to take back.	6/9/2016 10:16 AM

## Q7 What content, activities or other considerations would you recommend for the next Peer Learning Lab?

Answered: 22 Skipped: 13

#	Responses	Date
1	N/A.	6/17/2016 1:12 PM
2	I trust you to organize! First one was well done.	6/17/2016 8:12 AM
3	Clearly identified purpose and outcomes	6/16/2016 7:04 PM
4	spending some time on the layout of the bigger picture - how this fits in with the state's other initiatives - we're all at different stages and participation is not consistent so reminding people of the components and how they fit is key to keep momentum; a few ACH case examples to the group;	6/16/2016 12:49 PM
5	Structured regional sharing	6/16/2016 10:57 AM
6	It would be great in the future to have more time to learn about the other initiative in more detail and be able to work out where we can cross-pollenate most effectively.	6/16/2016 6:42 AM
7	How about comparing the results of our Community Health Needs Assessments with a possible goal of agreeing on one measure/focus/something that we'd all have?	6/13/2016 12:27 PM
8	See above.	6/13/2016 7:39 AM
9	I would like to hear specific team success stories. It is always helpful to learn what works in a community. VT communities are different so implementing strategies will change when instituted in other areas.	6/13/2016 5:05 AM
10	Get state leaders there. Blueprint, GMCB, ACO. They need to lead and listen. Realize that putting people in learning collaboratives reducing efficiency if they do not communicate the larger plan. There is one. They need to be transparent and then ask the people who know (regional leaders) how to implement and what would work best. specifically, create some cross-HSA around similar action items (e.g. Asset-mapping, to strategize and plan-then bring operationalized plans to regions)	6/12/2016 2:49 PM
11	Shorter lunch time, assigned tables with similar interests to network with from the beginning, I have lots to share but did not want to talk too much and over do it, wish there was a better way to accomplish that, perhaps put a directory together of successful programs across the state so people can reach out to get more information? I felt like I was searching for the "right people" (could offer expertise on what we are struggling with) to talk to all day and never really got to connect with them. Super job...the day flew by, it was worth driving 7 hours in one day, great facilitation, kept our attention, multiple modes worked well!	6/12/2016 12:34 PM
12	More of a honed in focus on next steps for the local ACH groups and best practices, recommended action steps, etc..	6/10/2016 6:55 AM
13	move on requests and offers - bring actions into the collaborative - trust forms by getting great work done together	6/10/2016 6:31 AM
14	continue to provide small group ways for us to get to know others around the state. Have a reflection time for each team to share their focus areas and progress. Great use of adult learning principles - keep it up!	6/10/2016 4:35 AM
15	I would like to hear more about identified best practices and innovations.	6/10/2016 2:04 AM
16	Teams share successes and challenges of forming their ACH. Brainstorm ideas to deal with challenges/barriers. Teams Share structure of ACH. Create a visual that represents each ACH.	6/9/2016 5:12 PM
17	Please consider different location.	6/9/2016 4:49 PM
18	How communities are addressing each of the 9 essential elements of an ACH	6/9/2016 10:53 AM
19	not sure.	6/9/2016 10:32 AM
20	what about environmental health- water and air? I think partners are beginning to think of real causes of illness, and determinants like education and income, but not yet thinking about environment other than perhaps built environment for exercise.	6/9/2016 10:26 AM
21	Clarity of what the ACH could look like, ideas of outcomes from other places where this learning has taken place; greater clarity on what agencies outside of mainstream health care systems can contribute to the ACH	6/9/2016 10:18 AM

## Vermont ACH Peer Learning Lab Survey - June 7

22	Pair groups in similar stages together, some are far along and others are just starting. A whole day together was not helpful, little in common. The whole day was very premature for where we are.	6/9/2016 10:16 AM
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**Q1 Please provide your email below so we can ensure that representatives from each of the Accountable Communities of Health (ACH's) have participated in this assessment.**

Answered: 17 Skipped: 1

Answer Choices	Responses
Name	0.00% 0
Company	0.00% 0
Address	0.00% 0
Address 2	0.00% 0
City/Town	0.00% 0
State/Province	0.00% 0
ZIP/Postal Code	0.00% 0
Country	0.00% 0
Email Address	100.00% 17
Phone Number	0.00% 0

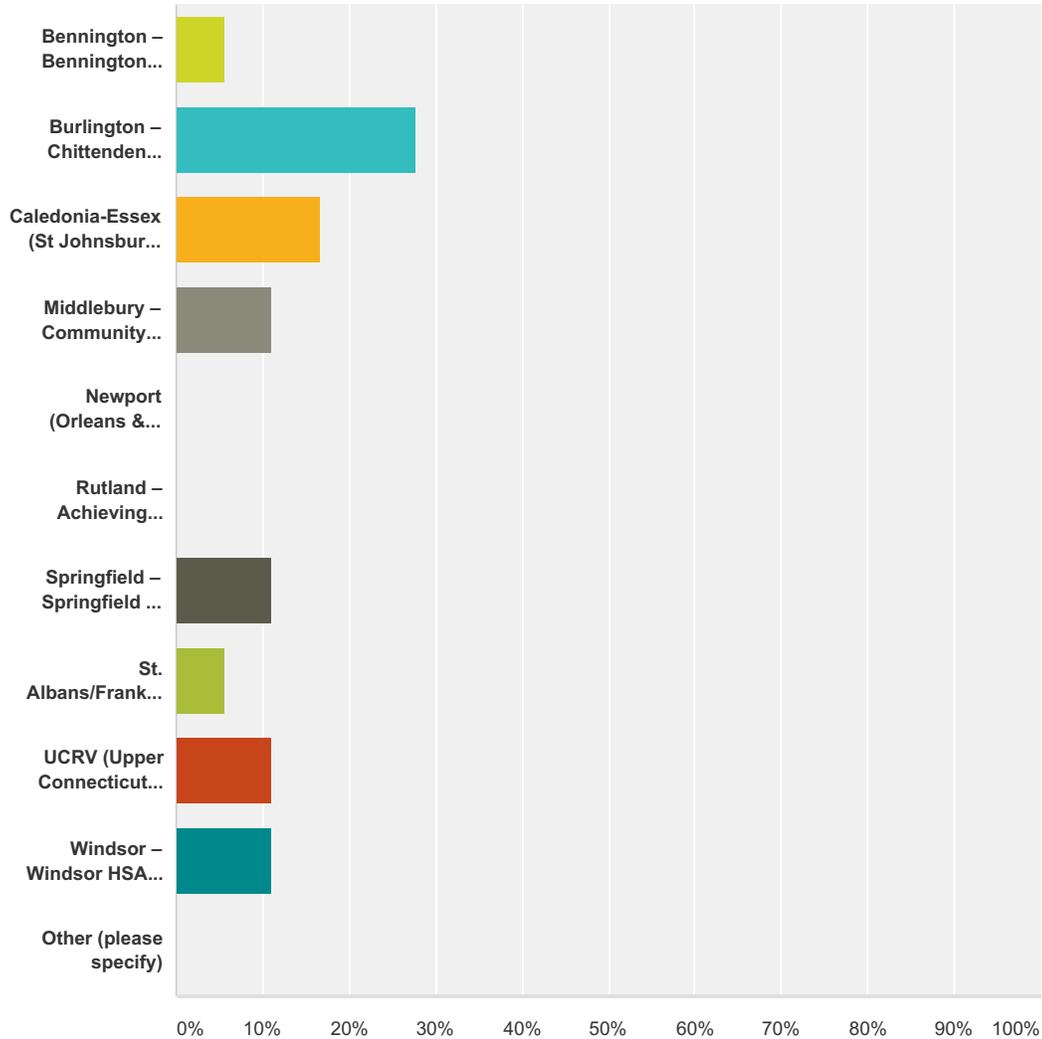
#	Name	Date
	There are no responses.	
#	Company	Date
	There are no responses.	
#	Address	Date
	There are no responses.	
#	Address 2	Date
	There are no responses.	
#	City/Town	Date
	There are no responses.	
#	State/Province	Date
	There are no responses.	
#	ZIP/Postal Code	Date
	There are no responses.	
#	Country	Date
	There are no responses.	
#	Email Address	Date
1	sbruce@portermedical.org	10/12/2016 7:26 AM
2	p.bengtson@nvrh.org	10/11/2016 8:16 AM
3	ajasinowski@portermedical.org	10/10/2016 7:44 AM
4	maura.graff@ppnne.org	10/6/2016 10:53 AM

## Vermont ACH Peer Learning Lab Survey - September 30

5	penrose.jackson@uvmhealth.org	10/6/2016 9:46 AM
6	judy.ashley@vermont.gov	10/6/2016 9:26 AM
7	becky.thomas@vermont.gov	10/5/2016 3:57 AM
8	jennifer.fels@svhealthcare.org	10/4/2016 5:25 PM
9	claudia.berger@uvmhealth.org	10/4/2016 4:31 PM
10	sandra.knowlton-soho@onecarevt.org	10/4/2016 1:11 PM
11	alice.f.stewart@dartmouth.edu	10/4/2016 1:10 PM
12	l.ruggles@nvrh.org	10/4/2016 12:38 PM
13	sara.barry@onecarevt.org	10/4/2016 11:36 AM
14	debra.bach@vermont.gov	10/4/2016 11:30 AM
15	steven.p.voigt@dartmouth.edu	10/4/2016 10:41 AM
16	jill.m.lord@mahhc.org	10/4/2016 10:37 AM
17	heather.danis@vermont.gov	10/4/2016 10:36 AM
<b>#</b>	<b>Phone Number</b>	<b>Date</b>
	There are no responses.	

## Q2 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 18 Skipped: 0



Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	5.56% 1
Burlington – Chittenden Accountable Community for Health (CACH)	27.78% 5
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	16.67% 3
Middlebury – Community Health Action Team (CHAT)	11.11% 2
Newport (Orleans & Northern Essex Co)	0.00% 0
Rutland – Achieving Rutland County Health (ARCH)	0.00% 0
Springfield – Springfield ACH Peer Learning Lab	11.11% 2
St. Albans/Franklin & Grand Isle	5.56% 1

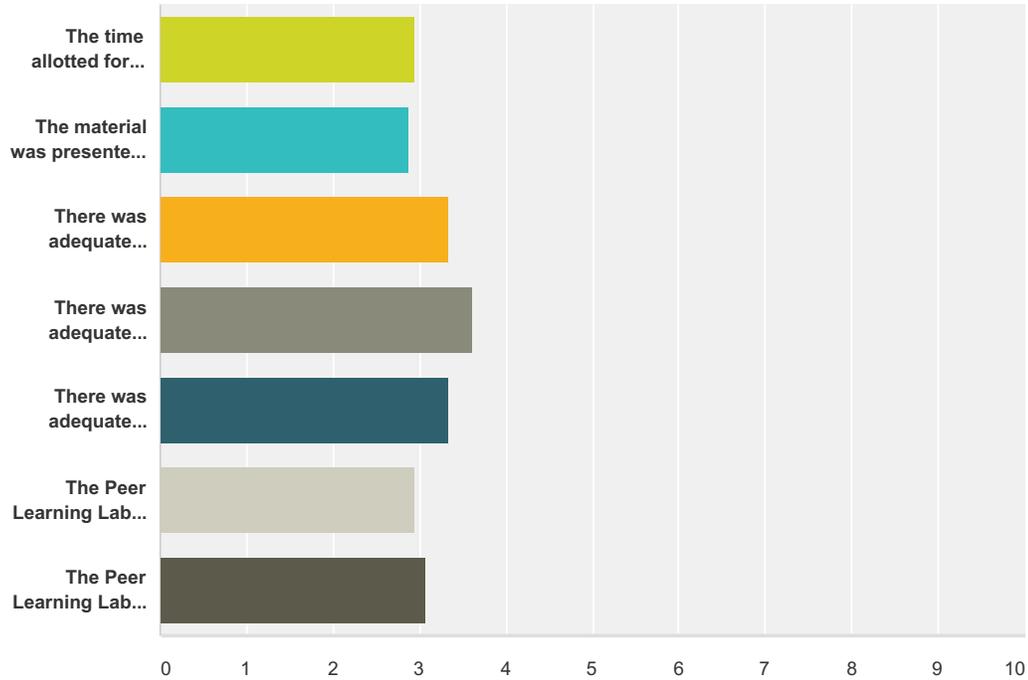
## Vermont ACH Peer Learning Lab Survey - September 30

UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	11.11%	2
Windsor – Windsor HSA Coordinated Care Committee	11.11%	2
Other (please specify)	0.00%	0
<b>Total</b>		<b>18</b>

#	Other (please specify)	Date
	There are no responses.	

### Q3 How much do you agree or disagree with the following statements about today's training?

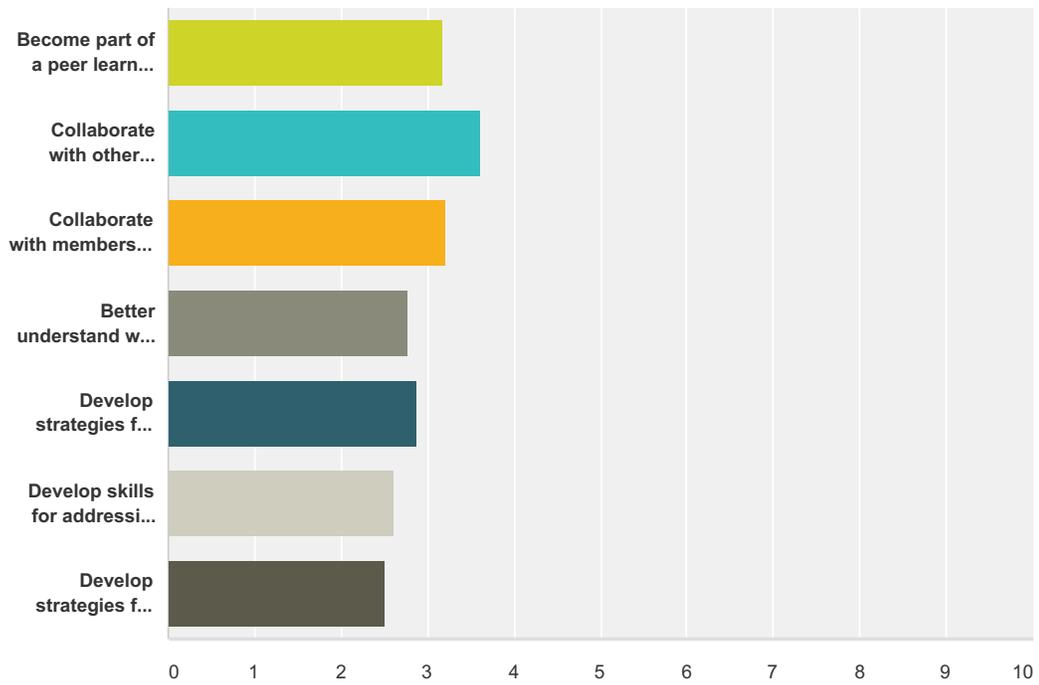
Answered: 18 Skipped: 0



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic or activity was appropriate.	16.67% 3	66.67% 12	11.11% 2	5.56% 1	0.00% 0	18	2.94
The material was presented clearly.	5.56% 1	77.78% 14	16.67% 3	0.00% 0	0.00% 0	18	2.89
There was adequate opportunity for discussion and feedback.	33.33% 6	66.67% 12	0.00% 0	0.00% 0	0.00% 0	18	3.33
There was adequate opportunity to collaborate with other members of my ACH site.	61.11% 11	38.89% 7	0.00% 0	0.00% 0	0.00% 0	18	3.61
There was adequate opportunity to collaborate with members of other ACH sites.	44.44% 8	44.44% 8	11.11% 2	0.00% 0	0.00% 0	18	3.33
The Peer Learning Lab helped improve communication at the statewide level.	27.78% 5	50.00% 9	16.67% 3	0.00% 0	5.56% 1	18	2.94
The Peer Learning Lab met my expectations.	22.22% 4	66.67% 12	5.56% 1	5.56% 1	0.00% 0	18	3.06

### Q4 How much do you agree or disagree that today's Peer Learning Lab helped you to...?

Answered: 18 Skipped: 0



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
Become part of a peer learning community	33.33% 6	50.00% 9	16.67% 3	0.00% 0	0.00% 0	18	3.17
Collaborate with other members of my ACH site	61.11% 11	38.89% 7	0.00% 0	0.00% 0	0.00% 0	18	3.61
Collaborate with members of other ACH sites	33.33% 6	55.56% 10	11.11% 2	0.00% 0	0.00% 0	18	3.22
Better understand what an ACH is or can do	11.11% 2	61.11% 11	22.22% 4	5.56% 1	0.00% 0	18	2.78
Develop strategies for community engagement	22.22% 4	50.00% 9	22.22% 4	5.56% 1	0.00% 0	18	2.89
Develop skills for addressing complex challenges	11.11% 2	50.00% 9	27.78% 5	11.11% 2	0.00% 0	18	2.61
Develop strategies for addressing population health	11.11% 2	50.00% 9	22.22% 4	11.11% 2	5.56% 1	18	2.50

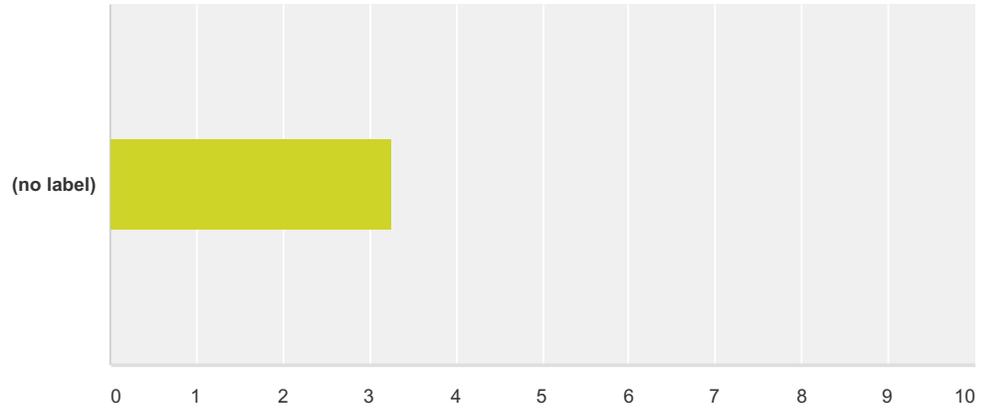
**Q5 At the beginning of the convening, what did you identify that you wanted to accelerate or learn both personally and as an ACH team? Please describe.**

Answered: 14 Skipped: 4

#	Responses	Date
1	Honestly we just wanted to figure out if we wanted to continue to participate and in the end we all found the day to be quite helpful!	10/12/2016 7:29 AM
2	the concept of the ACH in context with the other learning labs, collaboratives and state initiatives such as BP	10/12/2016 6:59 AM
3	Learn what others are doing around Vermont to build accountable health communities	10/11/2016 8:19 AM
4	We were looking for ways to improve community member engagement and develop a strategic plan.	10/10/2016 7:48 AM
5	continuing to mature as a team	10/6/2016 9:47 AM
6	Obtain a better understanding of how ACH fits in with all the other related projects and expectations.	10/5/2016 4:00 AM
7	Team engagement	10/4/2016 5:27 PM
8	How to present our initiative to local stakeholders and engage community members who are not always included.	10/4/2016 1:13 PM
9	Community Engagement Align more closely with northern NEK	10/4/2016 12:40 PM
10	Integrating an ACH into existing structures within our community	10/4/2016 11:39 AM
11	Community Engagement	10/4/2016 11:32 AM
12	town health and wellness committees in a box	10/4/2016 10:42 AM
13	implement the 3-4-50 program to improve the health of our community in a way that celebrates the resiliency of those members of our community challenged by the barriers of poverty, adverse child experiences and disabilities	10/4/2016 10:40 AM
14	I'm not sure that I had pre-identified this but on reflection, what our ACH needed most was the open time in the afternoon. We've been meeting once a month for an hour (with some months being cancelled and not every one there each month) and it was impossible to get the work done that we needed to do in that type of set-up. Being out of the office knowing we had a few hours and time to go deep on one discussion what what we needed to get clear on how to move forward.	10/4/2016 10:40 AM

**Q6 Looking back, how satisfied are you with the progress you made accelerating or learning what you identified above?**

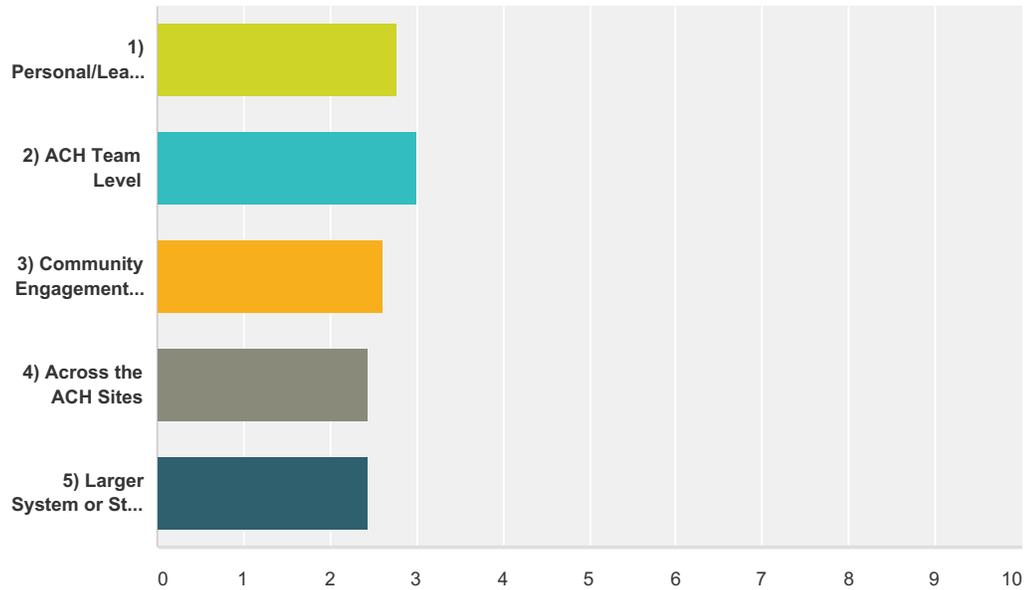
Answered: 16 Skipped: 2



	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	N/A - Did not identify anything to accelerate or learn	Total	Weighted Average
(no label)	0.00% 0	18.75% 3	37.50% 6	43.75% 7	0.00% 0	16	3.25

**Q7 This learning lab aimed to support learning through a systemic lens at the levels listed below. How satisfied are you with what you learned at these levels?**

Answered: 18 Skipped: 0



	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	Total	Weighted Average
1) Personal/Leadership Level	11.11% 2	16.67% 3	55.56% 10	16.67% 3	18	2.78
2) ACH Team Level	0.00% 0	22.22% 4	55.56% 10	22.22% 4	18	3.00
3) Community Engagement Level	16.67% 3	11.11% 2	66.67% 12	5.56% 1	18	2.61
4) Across the ACH Sites	16.67% 3	27.78% 5	50.00% 9	5.56% 1	18	2.44
5) Larger System or State of Vermont Level	16.67% 3	22.22% 4	61.11% 11	0.00% 0	18	2.44

## Q8 What aspects of the Peer Learning Lab were most beneficial for you?

Answered: 15 Skipped: 3

#	Responses	Date
1	The understanding of the U theory and using the afternoon to meet with our own ACH.	10/12/2016 7:31 AM
2	hearing context of the ACH from state personnel hearing specific examples from other hsas on their approach	10/12/2016 7:01 AM
3	Learning with others in attendance	10/11/2016 8:24 AM
4	Time with our ACH and reviewing Theory U and the Groan Zone. It helped us name where we were so we better understood the steps we needed to take or not take.	10/10/2016 7:50 AM
5	time with my team	10/6/2016 9:48 AM
6	The draft schematic that was handed out, and the time with my local ACH	10/5/2016 4:18 AM
7	Theory and able to express to the state on what is needed for success. Time for team work. 15 minutes of silence. The meeting was very reaffirming of the work being done across communities. Non-judgemental environment.	10/4/2016 5:32 PM
8	connecting with team members in my ACH	10/4/2016 1:14 PM
9	the morning session where we got input and reactions from other ACH sites for our project idea	10/4/2016 1:14 PM
10	Team time	10/4/2016 12:41 PM
11	Face to face ACH meeting time	10/4/2016 11:40 AM
12	AHC group meetings	10/4/2016 11:33 AM
13	As I mentioned, just the time together as an ACH was the most beneficial. We are not nearly far enough along as an ACH to take advantage of various aspects of the agenda. We essentially formed this ACH in response to the learning lab opportunity and I think there was this assumption that we had laid more ground work as an ACH than we actually had.	10/4/2016 10:47 AM
14	-	10/4/2016 10:43 AM
15	learning opportunities and collaboration opportunities	10/4/2016 10:43 AM

## Q9 What aspects of the Peer Learning Lab could have been improved?

Answered: 14 Skipped: 4

#	Responses	Date
1	Not so crazy about the end of the day activities - too squishy :)	10/12/2016 7:31 AM
2	If more "decision makers" were present.....as in CEO's of hospitals	10/11/2016 8:24 AM
3	It would be great to hear what other ACH's are doing in more depth.	10/10/2016 7:50 AM
4	Less theory, more time for "doing."	10/6/2016 10:56 AM
5	can't think of anything	10/6/2016 9:48 AM
6	The afternoon could have been shortened so people who have to travel could get home at a reasonable hour.	10/6/2016 9:30 AM
7	The day was entirely too long considering many of us have significant travel. 9-3:30 would be better.	10/5/2016 4:18 AM
8	How do we align with ACO, state, Blueprint, GACB and payment reform strategies?	10/4/2016 5:32 PM
9	I thought it was well done.	10/4/2016 1:14 PM
10	The afternoon felt a little flat - the Open Space thing didn't really work as designed.	10/4/2016 1:14 PM
11	room size could be bigger, although we were able to occupy other vacant rooms	10/4/2016 12:41 PM
12	I think our team could have benefited from flip-flopping the two afternoon parts. We really couldn't come up with a question for the cross-pollination with other in the room. Had we met for a while as a team first, we might have been better able to take advantage of the peer component.	10/4/2016 10:47 AM
13	-	10/4/2016 10:43 AM
14	space	10/4/2016 10:43 AM

**Q10 What content, activities or other considerations would you recommend for the next Peer Learning Lab?**

Answered: 13 Skipped: 5

#	Responses	Date
1	Shorten the amount of time allowed for lunch so that we can get done sooner - we all drive from quite a distance away!	10/12/2016 7:31 AM
2	specific example from one group on their process approach and results in applying one or more of the tools or models presented or recommended	10/12/2016 7:01 AM
3	Next session should focus on how accountable health communities fit in with state agency agendas and state-wide ACO network strategies. I don't think we have "alignment" on that aspect of our integrative work.	10/11/2016 8:24 AM
4	Time for each ACH to present what they are doing and challenges they have had along the way.	10/10/2016 7:50 AM
5	More time to work in our groups on the 9 core elements.	10/6/2016 10:56 AM
6	hm; dunno	10/6/2016 9:48 AM
7	Planning time for next steps, how we know we've made a difference.	10/5/2016 4:18 AM
8	Alignment with the larger VT health care reform work	10/4/2016 5:32 PM
9	I think continuing to mix input from other sites with time with our ACH team is good - not convinced that we should spend the entire afternoon working in our ACHs - we could do that back at the office. So find other ways to get that cross-ACH conversation going.	10/4/2016 1:14 PM
10	Best practices in community engagement	10/4/2016 12:41 PM
11	There is a lot of peer learning jargon used and I wonder if it might be possible to use more plain language when describing the concepts and activities.	10/4/2016 10:47 AM
12	-	10/4/2016 10:43 AM
13	I think the plan to concentrate on recommendations to the state is a good one. using a forum that promoted dialog about this and harvesting a list of recommendations from the wisdom of the group that hopefully was reached by consensus would be a meaningful way to spend the day.	10/4/2016 10:43 AM

Appendix E: Knowledge Camp Webinar Results

### Q1 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 8 Skipped: 1



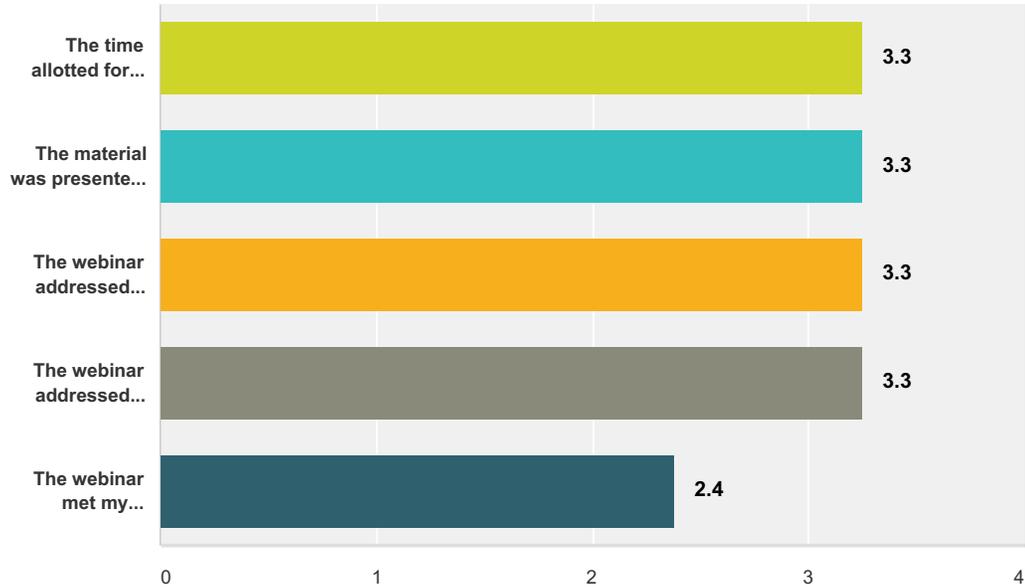
Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	25.00% 2
Burlington – Chittenden Accountable Community for Health (CACH)	12.50% 1
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	0.00% 0
Middlebury – Community Health Action Team (CHAT)	25.00% 2
Newport (Orleans & Northern Essex Co)	0.00% 0
Rutland – Achieving Rutland County Health (ARCH)	12.50% 1
Springfield – Springfield ACH Peer Learning Lab	0.00% 0
St. Albans/Franklin & Grand Isle	12.50% 1
UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	0.00% 0
Windsor – Windsor HSA Coordinated Care Committee	12.50% 1

Total

8

## Q2 How much do you agree or disagree with the following statements about today's training?

Answered: 8 Skipped: 1



	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)	Don't Know or N/A (5)	Total	Weighted Average
The time allotted for each topic was appropriate.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25
The material was presented clearly.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25
The webinar addressed topics or strategies that are important to me.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25
The webinar addressed topics or strategies that my ACH can utilize.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25
The webinar met my expectations.	12.50% 1	50.00% 4	12.50% 1	12.50% 1	12.50% 1	8	2.38

Basic Statistics					
	Minimum	Maximum	Median	Mean	Standard Deviation
The time allotted for each topic was appropriate.	1.00	2.00	2.00	1.75	0.43
The material was presented clearly.	1.00	2.00	2.00	1.75	0.43
The webinar addressed topics or strategies that are important to me.	1.00	2.00	2.00	1.75	0.43
The webinar addressed topics or strategies that my ACH can utilize.	1.00	2.00	2.00	1.75	0.43
The webinar met my expectations.	1.00	5.00	2.00	2.63	1.22

### Q3 What aspects of the webinar were most beneficial for you?

Answered: 7 Skipped: 2

#	Responses	Date
1	Hearing about how other states deal with the issues that we are facing here in Vermont.	6/23/2016 10:21 AM
2	Any mention of the dynamics of an interagency group.	6/22/2016 7:52 AM
3	Perspective on other areas of the country and their ACH activity	6/21/2016 10:26 AM
4	Lessons learned and appreciating the need to include individual community members as part of the process. Understanding that getting the start up phase right is key to success.	6/21/2016 10:25 AM
5	Really great to hear the Washington regional model and how they continue to evolve.	6/21/2016 10:22 AM
6	this is very new to me, so hearing what other communities are doing was important and helpful	6/21/2016 10:22 AM
7	I think being ble to see where other communityes at at.	6/21/2016 10:01 AM

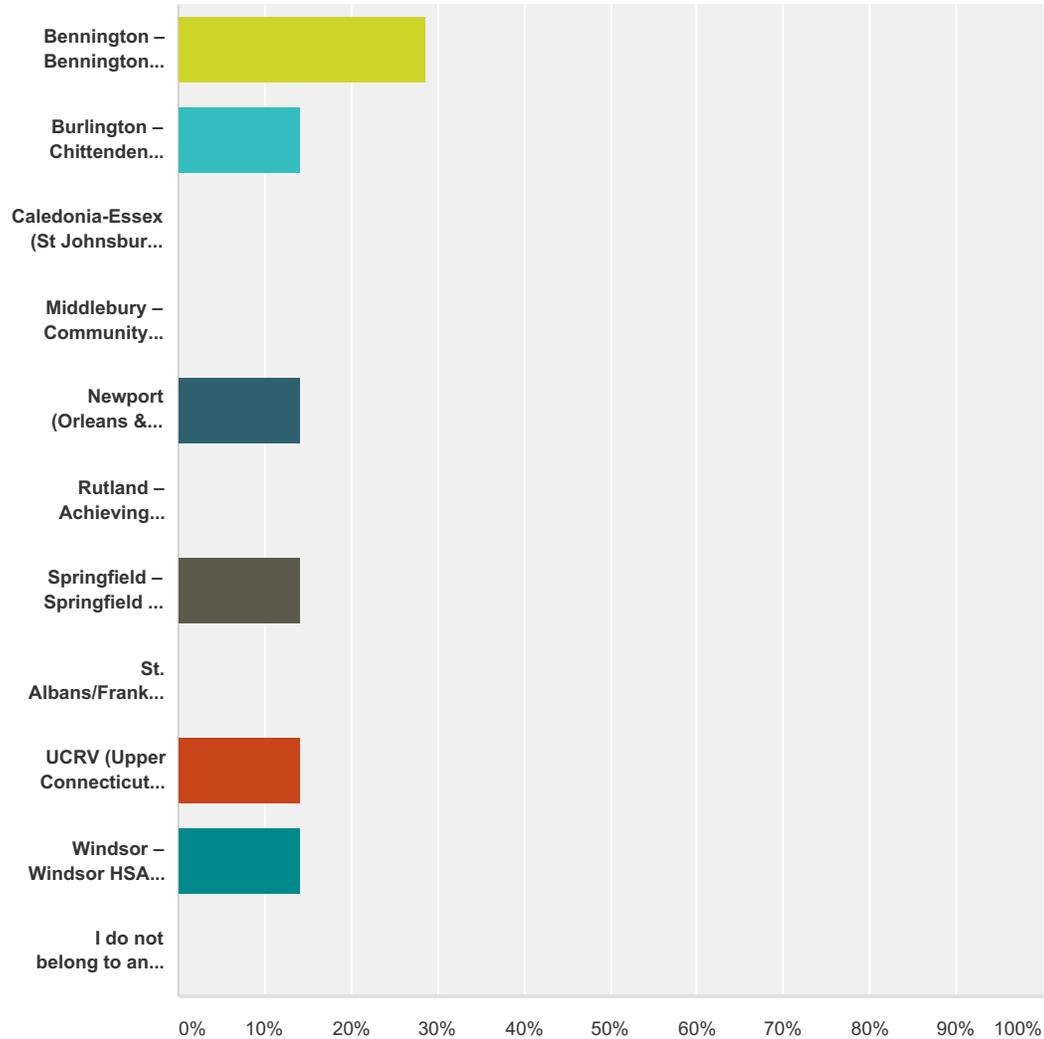
## Q4 What aspects of the webinar could have been improved?

Answered: 7 Skipped: 2

#	Responses	Date
1	None	6/23/2016 10:21 AM
2	What was presented were models and approaches to improving the health of the state that VT took on back in 2008. What would have been beneficial is to focus specifically on how the groups developed the 9 core elements of ACH. What went well and how they overcame challenges.	6/22/2016 7:52 AM
3	More practical examples of work being done--it was very broad view	6/21/2016 10:26 AM
4	Perhaps more specifics of the start up phase and tactics used to encourage people and organizations to participate.	6/21/2016 10:25 AM
5	nothing	6/21/2016 10:22 AM
6	I was distracted by my other work to be perfectly honest.	6/21/2016 10:01 AM
7	Use a call in number. Thank-you.	6/21/2016 9:27 AM

### Q1 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 7 Skipped: 0



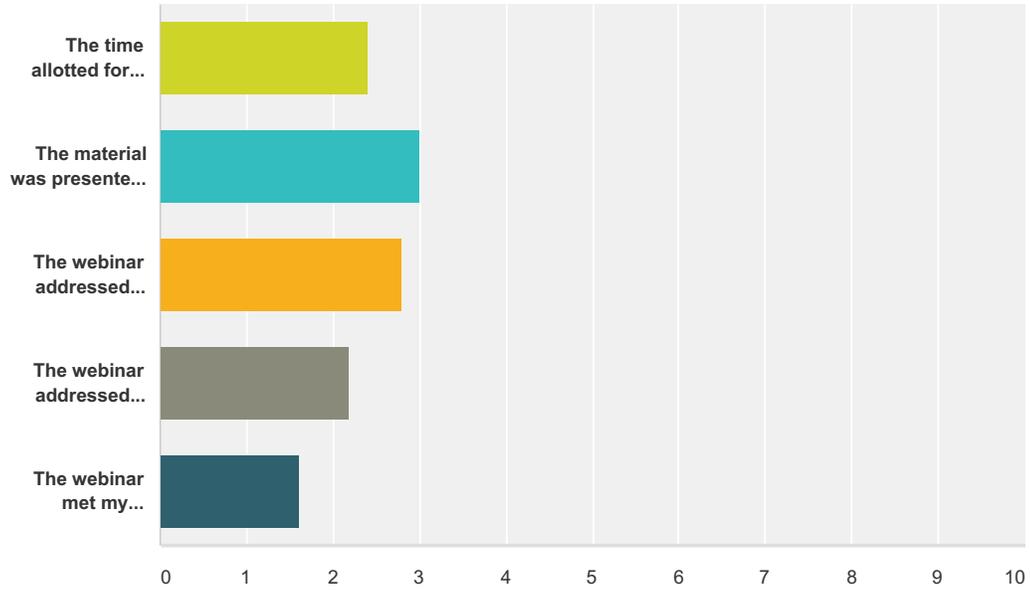
Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	28.57% 2
Burlington – Chittenden Accountable Community for Health (CACH)	14.29% 1
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	0.00% 0
Middlebury – Community Health Action Team (CHAT)	0.00% 0
Newport (Orleans & Northern Essex Co)	14.29% 1
Rutland – Achieving Rutland County Health (ARCH)	0.00% 0
Springfield – Springfield ACH Peer Learning Lab	14.29% 1
St. Albans/Franklin & Grand Isle	0.00% 0

## Vermont ACH Webinar Survey - September 23

UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	14.29%	1
Windsor – Windsor HSA Coordinated Care Committee	14.29%	1
I do not belong to an ACH site listed above	0.00%	0
<b>Total</b>		<b>7</b>

## Q2 How much do you agree or disagree with the following statements about today's training?

Answered: 5 Skipped: 2



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic was appropriate.	0.00% 0	80.00% 4	0.00% 0	0.00% 0	20.00% 1	5	2.40
The material was presented clearly.	20.00% 1	60.00% 3	20.00% 1	0.00% 0	0.00% 0	5	3.00
The webinar addressed topics or strategies that are important to me.	40.00% 2	40.00% 2	0.00% 0	0.00% 0	20.00% 1	5	2.80
The webinar addressed topics or strategies that my ACH can utilize.	40.00% 2	20.00% 1	0.00% 0	0.00% 0	40.00% 2	5	2.20
The webinar met my expectations.	20.00% 1	0.00% 0	40.00% 2	0.00% 0	40.00% 2	5	1.60

### Q3 What aspects of the webinar were most beneficial for you?

Answered: 5 Skipped: 2

#	Responses	Date
1	I could only tune in about 1/2 way through. That was attributable to my scheduling conflict From what I was able to hear.... I appreciated the concepts of co-sensing, co-presencing and co-creating .I also am still reflecting on the concept of convening power.Another point... Letting go in order to let come...is an intriguing concept that weaves mindfulness within the spheres of change that is within and change that is out one's control.. Hope that we can access the slides at some point.	9/23/2016 10:30 AM
2	It was a bummer about the sound issues. And I find the webinar format in general challenging for this type of topic.I thought eh messages were fabulous, but I'm not sure our ACH is in a place to make this kind of shift as there is no real leadership in my opinion. It seems more to be some confused people trying to navigate an unknown process with little agency to actual do anything.	9/23/2016 10:24 AM
3	Martin provided a useful framework for health care challenges we are facing on a community level. I appreciated the notion that we are currently experiencing the birth of a new era. There is certainly plenty of labor pains right now.	9/23/2016 10:19 AM
4	Good ideas for supporting change. Ideas pertinent to self evaluation. Thank-you!	9/23/2016 10:18 AM
5	thinking "philosophically" is great and something we're not often given the luxury of doing. This also reminds me of the "taking space and listening to the inner voice" concept that Martin mentioned.	9/23/2016 10:00 AM

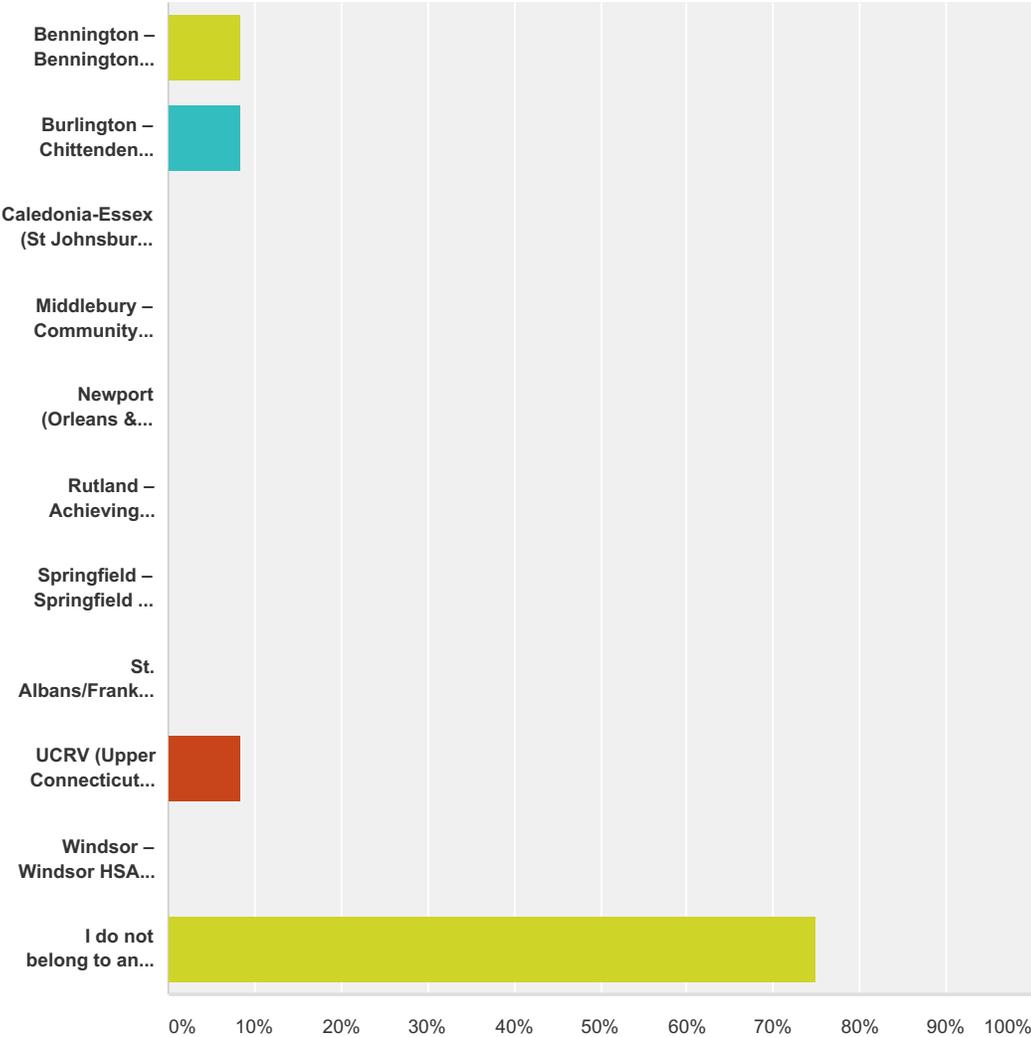
### Q4 What aspects of the webinar could have been improved?

Answered: 5 Skipped: 2

#	Responses	Date
1	The sound was broken and at times fractionated or inaudible.	9/23/2016 10:30 AM
2	The quality of the audio component of the program was not good. This can be challenging, especially with international connections.	9/23/2016 10:19 AM
3	sound	9/23/2016 10:18 AM
4	sound quality made it difficult to follow	9/23/2016 10:00 AM
5	technical.i left early because of the sound issues.	9/23/2016 9:35 AM

### Q1 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 12 Skipped: 3



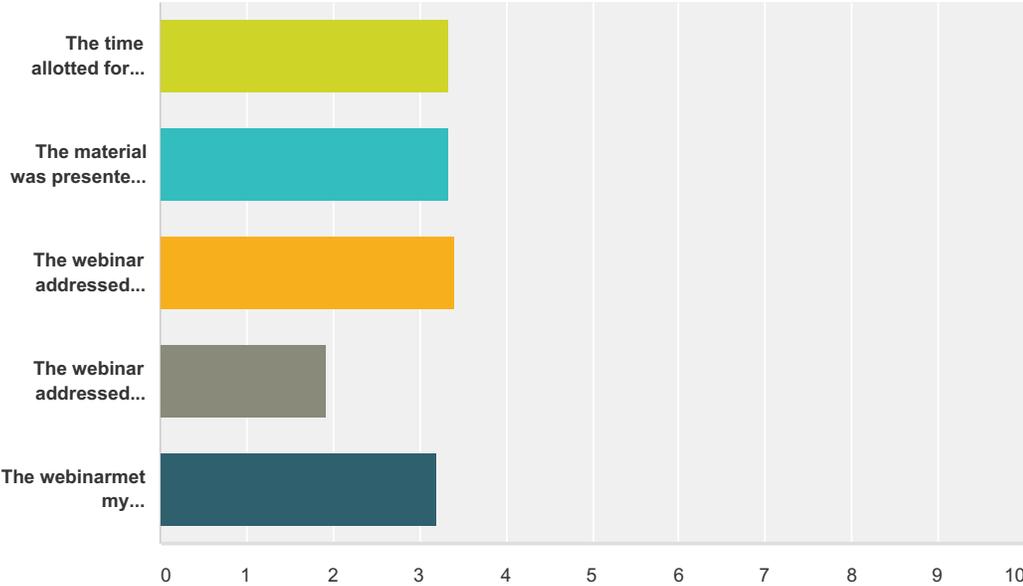
Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	8.33% 1
Burlington – Chittenden Accountable Community for Health (CACH)	8.33% 1
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	0.00% 0
Middlebury – Community Health Action Team (CHAT)	0.00% 0
Newport (Orleans & Northern Essex Co)	0.00% 0
Rutland – Achieving Rutland County Health (ARCH)	0.00% 0
Springfield – Springfield ACH Peer Learning Lab	0.00% 0
St. Albans/Franklin & Grand Isle	0.00% 0

## Vermont ACH Webinar Survey - October 6

UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	8.33%	1
Windsor – Windsor HSA Coordinated Care Committee	0.00%	0
I do not belong to an ACH site listed above	75.00%	9
<b>Total</b>		<b>12</b>

## Q2 How much do you agree or disagree with the following statements about today's training?

Answered: 15 Skipped: 0



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic was appropriate.	33.33% 5	66.67% 10	0.00% 0	0.00% 0	0.00% 0	15	3.33
The material was presented clearly.	33.33% 5	66.67% 10	0.00% 0	0.00% 0	0.00% 0	15	3.33
The webinar addressed topics or strategies that are important to me.	40.00% 6	60.00% 9	0.00% 0	0.00% 0	0.00% 0	15	3.40
The webinar addressed topics or strategies that my ACH can utilize.	13.33% 2	46.67% 7	0.00% 0	0.00% 0	40.00% 6	15	1.93
The webinar met my expectations.	20.00% 3	80.00% 12	0.00% 0	0.00% 0	0.00% 0	15	3.20

### Q3 What aspects of the webinar were most beneficial for you?

Answered: 7 Skipped: 8

#	Responses	Date
1	It was a great introduction and overview, with enough detail to make it meaty. And it was engaging throughout. The speakers were excellent.	10/6/2016 1:06 PM
2	The JSI presentation (but that is because I've heard Jim present before and seen the materials Robin presented)	10/6/2016 10:47 AM
3	Best practices discussion	10/6/2016 10:32 AM
4	Funding opportunities	10/6/2016 10:30 AM
5	Appreciate the comments about using other data sources from other sector partners, not just health care and financials especially since we are taking the long view. Appreciate comment about the higher impact and lower costs of advocacy policy and system change efforts.	10/6/2016 10:29 AM
6	The piece about funding and hearing how it is developing in other states	10/6/2016 10:28 AM
7	Hearing from JSI	10/6/2016 10:28 AM

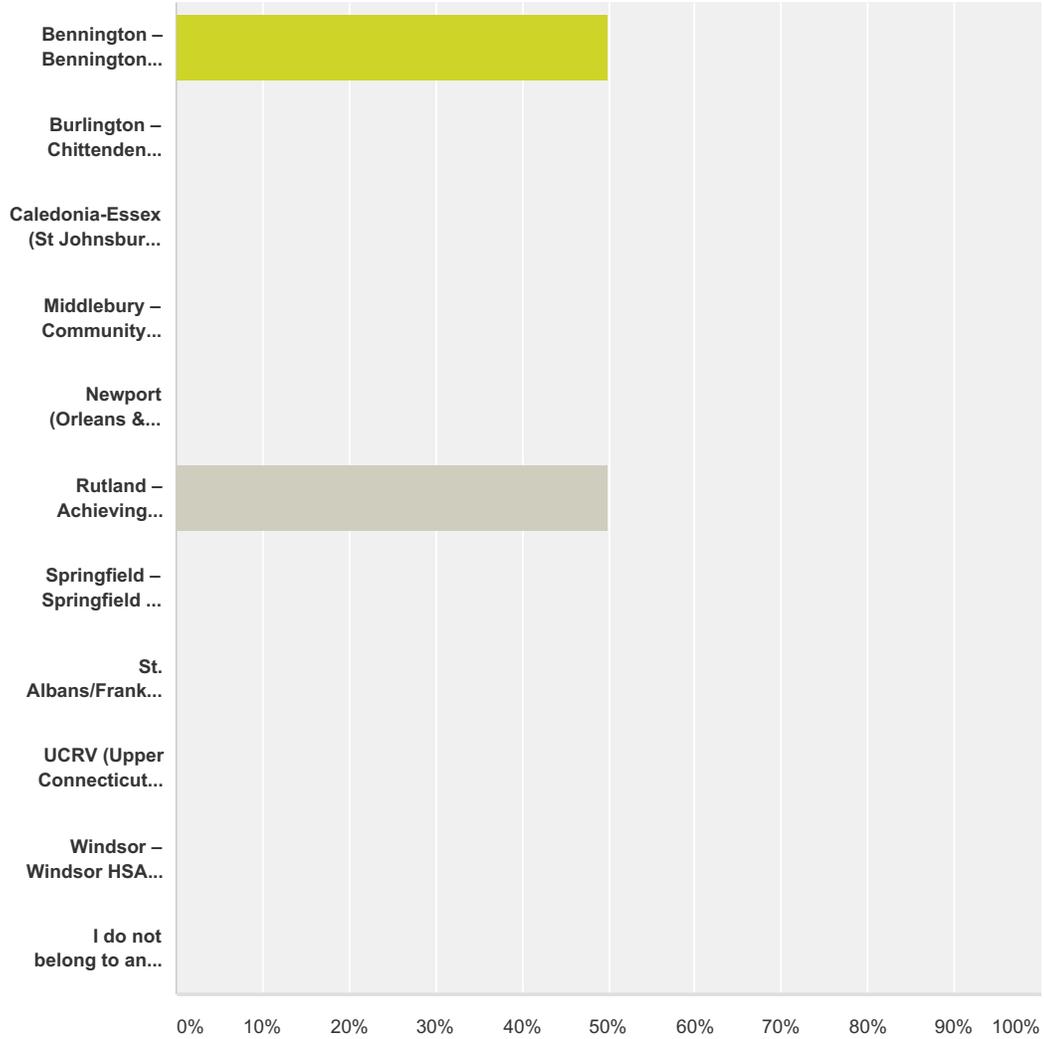
## Q4 What aspects of the webinar could have been improved?

Answered: 5 Skipped: 10

#	Responses	Date
1	A bit more on the practical side - it was still a bit too heavy on theory vs. on providing examples of what could actually work in a rural state like ours to sustainably finance ACHs.	10/6/2016 10:47 AM
2	I lost sound a few times during the webinar.	10/6/2016 10:32 AM
3	More detail, always!	10/6/2016 10:28 AM
4	Robin and/or Michael could have stayed on until the end	10/6/2016 10:28 AM
5	This was excellent and a motivating session. Worth the time investment	10/6/2016 10:26 AM

### Q1 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 2 Skipped: 0



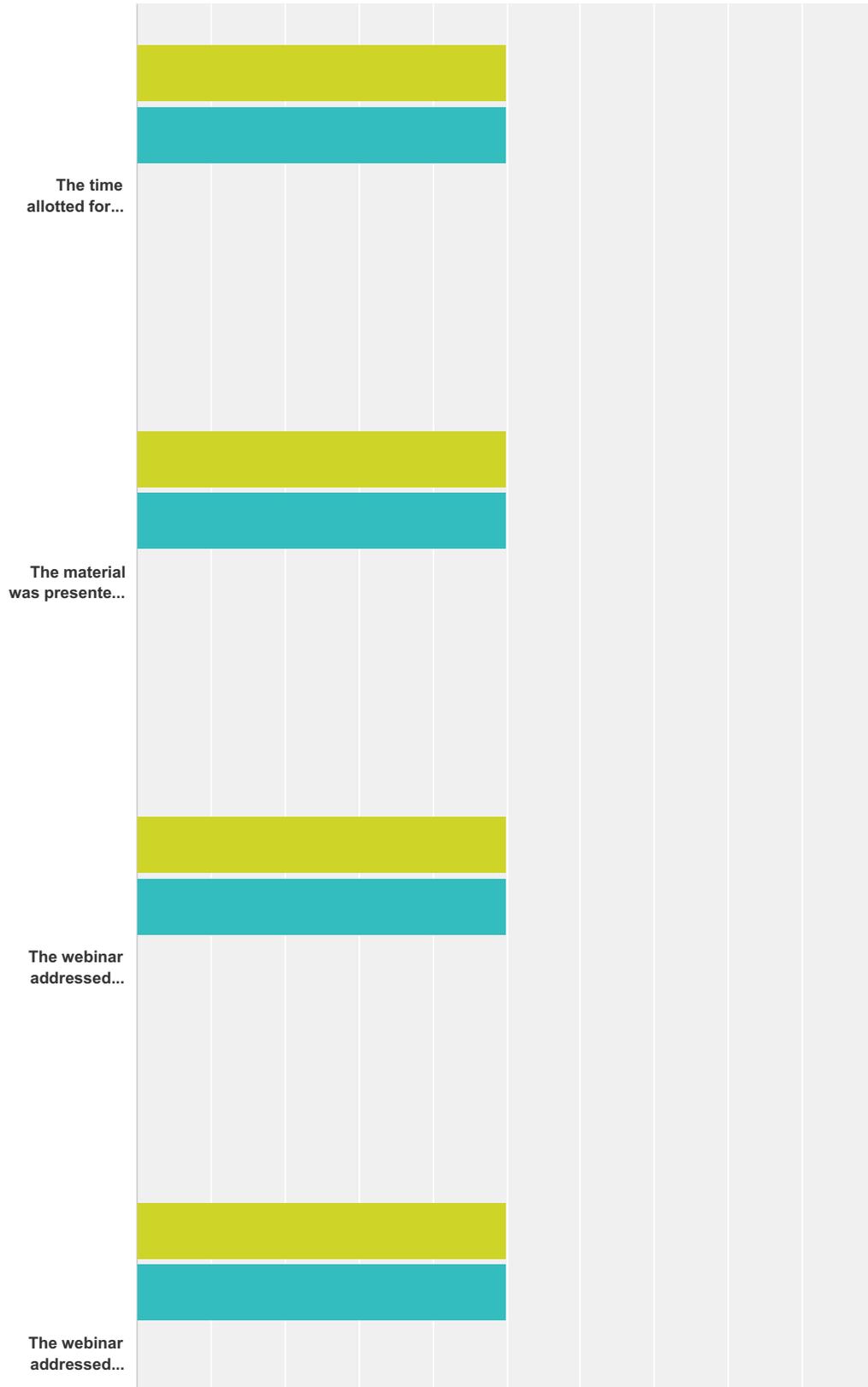
Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	50.00% 1
Burlington – Chittenden Accountable Community for Health (CACH)	0.00% 0
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	0.00% 0
Middlebury – Community Health Action Team (CHAT)	0.00% 0
Newport (Orleans & Northern Essex Co)	0.00% 0
Rutland – Achieving Rutland County Health (ARCH)	50.00% 1
Springfield – Springfield ACH Peer Learning Lab	0.00% 0
St. Albans/Franklin & Grand Isle	0.00% 0

## Vermont ACH Webinar Survey - October 25

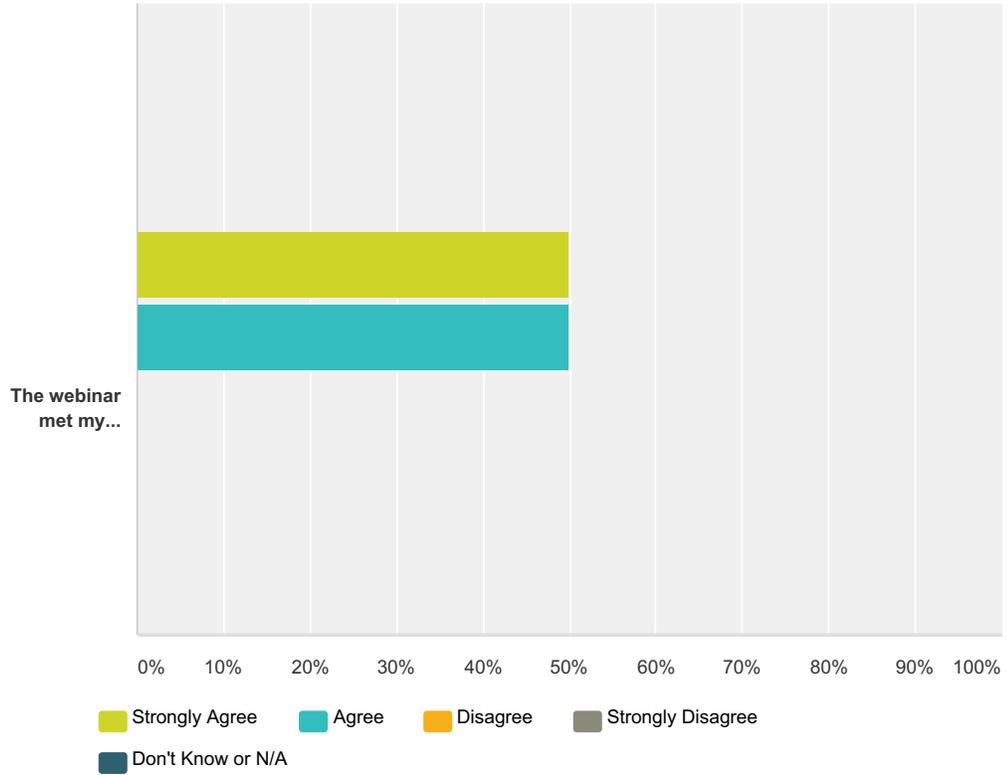
UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	0.00%	0
Windsor – Windsor HSA Coordinated Care Committee	0.00%	0
I do not belong to an ACH site listed above	0.00%	0
<b>Total</b>		<b>2</b>

## Q2 How much do you agree or disagree with the following statements about today's training?

Answered: 2 Skipped: 0



## Vermont ACH Webinar Survey - October 25



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic was appropriate.	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	3.50
The material was presented clearly.	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	3.50
The webinar addressed topics or strategies that are important to me.	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	3.50
The webinar addressed topics or strategies that my ACH can utilize.	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	3.50
The webinar met my expectations.	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2	3.50

### Q3 What aspects of the webinar were most beneficial for you?

Answered: 1 Skipped: 1

#	Responses	Date
1	Content and presentation was excellent! Thank-you!	10/25/2016 10:29 AM

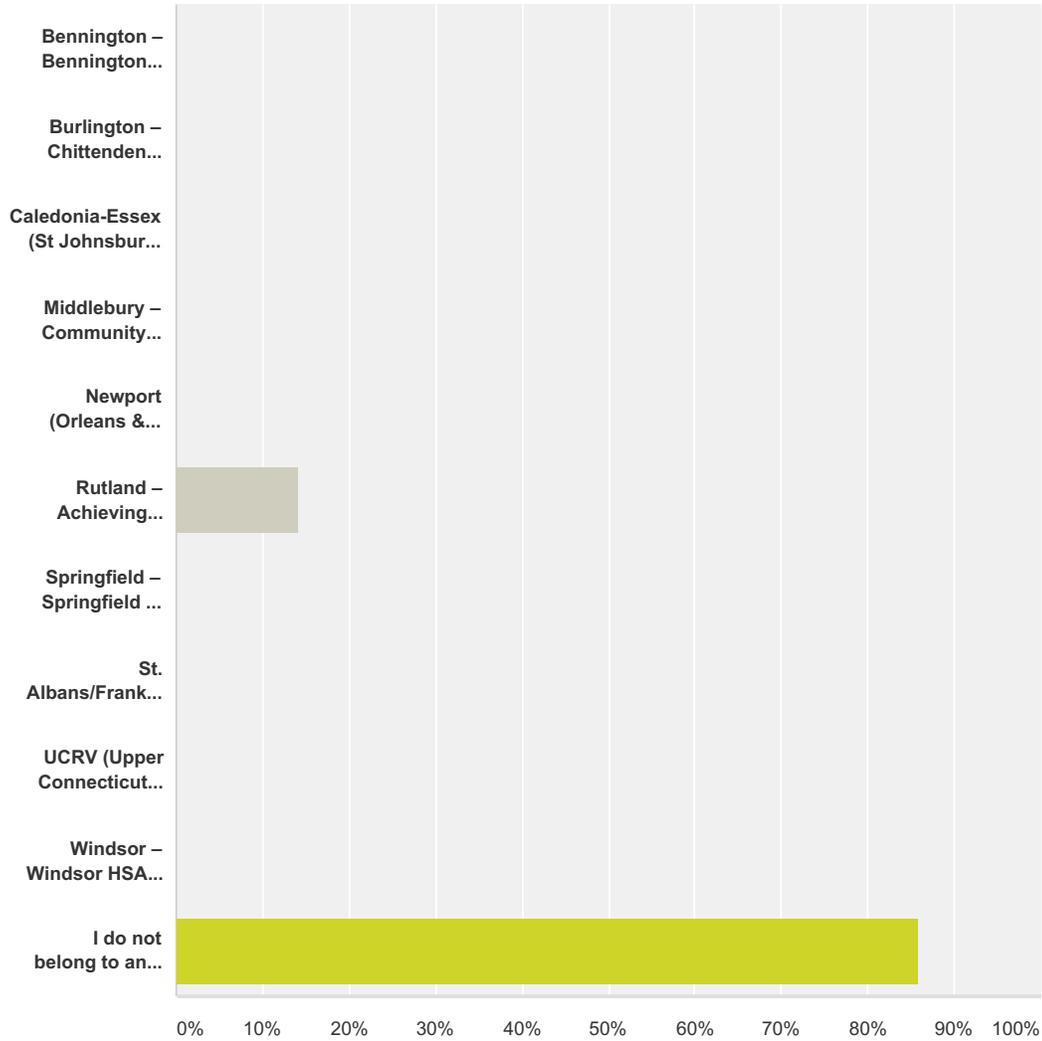
### Q4 What aspects of the webinar could have been improved?

Answered: 0 Skipped: 2

#	Responses	Date
	There are no responses.	

### Q1 Please select the Accountable Community of Health (ACH) site to which you belong:

Answered: 7 Skipped: 3



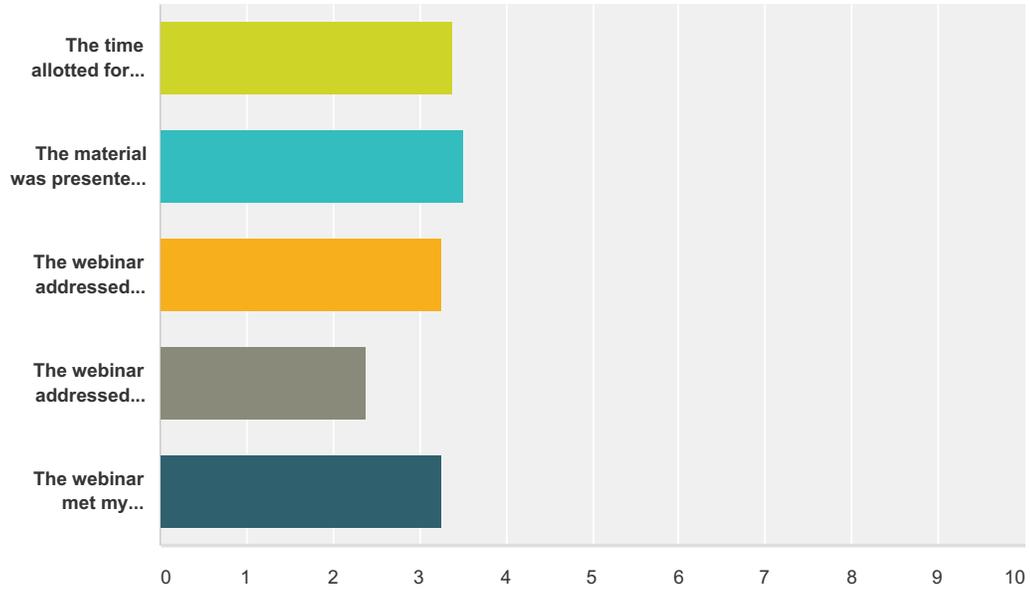
Answer Choices	Responses
Bennington – Bennington Accountable Community for Health	0.00% 0
Burlington – Chittenden Accountable Community for Health (CACH)	0.00% 0
Caledonia-Essex (St Johnsbury) – Caledonia-Essex Accountable Community for Health	0.00% 0
Middlebury – Community Health Action Team (CHAT)	0.00% 0
Newport (Orleans & Northern Essex Co)	0.00% 0
Rutland – Achieving Rutland County Health (ARCH)	14.29% 1
Springfield – Springfield ACH Peer Learning Lab	0.00% 0
St. Albans/Franklin & Grand Isle	0.00% 0

## Vermont ACH Webinar Survey - November 16

UCRV (Upper Connecticut River Valley-Dartmouth) – ReThink Health	0.00%	0
Windsor – Windsor HSA Coordinated Care Committee	0.00%	0
I do not belong to an ACH site listed above	85.71%	6
<b>Total</b>		<b>7</b>

## Q2 How much do you agree or disagree with the following statements about today's training?

Answered: 8 Skipped: 2



	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A	Total	Weighted Average
The time allotted for each topic was appropriate.	37.50% 3	62.50% 5	0.00% 0	0.00% 0	0.00% 0	8	3.38
The material was presented clearly.	50.00% 4	50.00% 4	0.00% 0	0.00% 0	0.00% 0	8	3.50
The webinar addressed topics or strategies that are important to me.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25
The webinar addressed topics or strategies that my ACH can utilize.	12.50% 1	62.50% 5	0.00% 0	0.00% 0	25.00% 2	8	2.38
The webinar met my expectations.	25.00% 2	75.00% 6	0.00% 0	0.00% 0	0.00% 0	8	3.25

### Q3 What aspects of the webinar were most beneficial for you?

Answered: 5 Skipped: 5

#	Responses	Date
1	The segment on building local economies that work for all of life was helpful and could be relative and useful to many different arenas including healthcare, social work. etc.	11/16/2016 10:38 AM
2	Great presentations	11/16/2016 10:35 AM
3	I had wanted to learn more about this, as my work is associated with community development, but I got pulled away from the webinar due to phone calls.	11/16/2016 10:26 AM
4	The practical examples and breakdown of the SDH.	11/16/2016 10:22 AM
5	References to more detailed info	11/16/2016 10:04 AM

## Q4 What aspects of the webinar could have been improved?

Answered: 5 Skipped: 5

#	Responses	Date
1	The first part of the webinar from Kevin could have been more deeply explained for a better understanding	11/16/2016 10:38 AM
2	The focus on urban examples that have no relevance to much of Vermont is really frustrating.	11/16/2016 10:37 AM
3	No complaints.	11/16/2016 10:35 AM
4	More resources to share about the above mentioned.	11/16/2016 10:22 AM
5	Some audio was fading in & out	11/16/2016 10:04 AM

Appendix F: Additional Survey Tools



## Vermont ACH Core Elements Baseline Survey

### Introduction

#### Introduction

This survey is being administered by Public Health Institute. The following questions will ask about your ACH site's activity with regard to the 9 Core Elements of an ACH. This survey may be completed individually or with the assistance of a group facilitator. Please respond to each of the following questions with your assessment of the work your ACH is doing. The survey should take about 15-20 minutes to complete. Thank you for taking the time to provide us with your valuable input!

1. Please select the Accountable Community of Health (ACH) site to which you belong:



### 1. Mission

**Instructions:**

Please complete the following questions about the current activity of your ACH site, referring to the descriptions of the 9 core elements provided.

The following questions ask about the level of development or activity that your ACH site is currently at for each of the 9 core elements of an ACH as defined by the Prevention Institute. For more information, please refer to: [ACH - An Emerging Model for Health System Transformation.pdf](#)

**Mission**

An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH's region; articulates the ACH's role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.

2. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please consider the description of mission above to be optimal activity for this core element. Thinking about your ACH site's performance related to mission, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Mission?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Mission?	<input type="radio"/>				



## 2. Multi-Sectoral Partnerships

### Multi-Sectoral Partnerships

An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, and other organizations that impact health in its region. Partners include the range of organizations that are able to help it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area.

4. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Multi-Sectoral Partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Multi-Sectoral Partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please consider the description of multi-sectoral partnerships above to be optimal activity for this core element. Thinking about your ACH site’s performance in multi-sectoral partnerships, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Multi-Sectoral Partnerships?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Multi-Sectoral Partnerships?	<input type="radio"/>				



### 3. Integrator Organization

#### Integrator Organization

To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have a coordinating organization, known as an integrator or backbone. The integrator helps carry the vision of the ACH; builds trust among collaborative partners; convenes meetings; recruits new partners; shepherds the planning, implementation, and improvement efforts of collaborative work; and cultivates responsibility for many of these elements among collaborative members.

6. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity by serving as or partnering with an Integrator Organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity by serving as or partnering with an Integrator Organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please consider the description of an integrator organization above to be optimal activity for this core element. Thinking about your ACH site’s performance serving as or partnering with an integrator organization, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site by serving as or partnering with an Integrator Organization?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve by serving as or partnering with an Integrator Organization?	<input type="radio"/>				



#### 4. Governance

##### Governance

An ACH is managed through a governance structure that describes the process for decision making and articulates the roles and responsibilities of the integrator organization, the steering committee, and other collaborative partners.

8. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Governance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Governance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please consider the description of governance above to be optimal activity for this core element.

Thinking about your ACH site's performance in governance, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Governance?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Governance?	<input type="radio"/>				



5. Data and Indicators

Data and Indicators

An ACH employs health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community assessment and planning, and to measure progress over time. It encourages data sharing by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data.

10. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Data and Indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Data and Indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please consider the description of data and indicators above to be optimal activity for this core element. Thinking about your ACH site’s performance in data and indicators, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Data and Indicators?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Data and Indicators?	<input type="radio"/>				



### 6. Strategy and Implementation

#### Strategy and Implementation

An ACH is guided by an overarching strategic framework and implementation plan that reflects its cross-sector approach to health improvement and the commitment by its partners (healthcare, local government, public health, business, and non-profits) to support implementation. Supporting strategy development may be done by encouraging complementary, sustainable activities that range from individual to community-wide interventions, resulting in greater effectiveness of population health transformation, and maximizing the balance between traditional clinical prevention, innovative clinical prevention, and community-wide prevention.

12. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Strategy and Implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Strategy and Implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please consider the description of strategy and implementation above to be optimal activity for this core element. Thinking about your ACH site’s performance in strategy and implementation, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Strategy and Implementation?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Strategy and Implementation?	<input type="radio"/>				



## 7. Community Member Engagement

### Community Member Engagement

Authentic community engagement is a well-recognized best practice in the field of community health that requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. Authentic community engagement recognizes and harnesses residents' own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths.

14. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Community Member Engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Community Member Engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Please consider the description of community member engagement above to be optimal activity for this core element. Thinking about your ACH site's performance in community member engagement, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Community Member Engagement?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Community Member Engagement?	<input type="radio"/>				



8. Communications

Communications

An ACH employs communications platforms to build momentum, increase buy-in amongst its partners, recruit new members, and attract grant investment to support its work, as well as to share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.

16. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please consider the description of communications above to be optimal activity for this core element. Thinking about your ACH site's performance in communications, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Communications?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Communications?	<input type="radio"/>				



### 9. Sustainable Financing

#### Sustainable Financing

An ACH requires resources to support both its integrator function and ACH implementation work by others. An ACH makes use of existing and new funding sources and better aligns them to advance broad community goals.

18. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH site can achieve optimal activity related to Sustainable Financing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH site is ready to achieve optimal activity related to Sustainable Financing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please consider the description of sustainable financing above to be optimal activity for this core element. Thinking about your ACH site’s performance in sustainable, please indicate the current level of activity that best describes your ACH site:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH site related to Sustainable Financing?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH site to achieve related to Sustainable Financing?	<input type="radio"/>				

## **Accountable Community of Health (ACH) Readiness Assessment: 9 Core Elements Participant Survey**

### **Introduction:**

The following questions will ask about your ACH's activity with regard to the 9 Core Elements of an ACH. This survey may be completed individually or with the assistance of a group facilitator. Please respond to each of the following questions with your assessment of the work your ACH is doing. The survey should take about 15-20 minutes to complete. This survey may be completed periodically as a self-assessment of your ACH's activity and readiness within each of the 9 Core Elements.

### **Instructions:**

*The following questions ask about your ACH's current level of activity for each of the 9 core elements of an ACH as defined by the Prevention Institute. For more information, please refer to: [ACH - An Emerging Model for Health System Transformation.pdf](#)*

**Survey begins on next page.**

**I. Mission**

An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH’s region; articulates the ACH’s role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.

1. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please consider the description of mission above to be optimal activity for this core element. Thinking about your ACH’s performance related to mission, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Mission?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Mission?	<input type="radio"/>				

*Comments:*

## II. Multi-Sectoral Partnerships

An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, and other organizations that impact health in its region. Partners include the range of organizations that are able to help it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area.

3. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Multi-Sectoral Partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Multi-Sectoral Partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please consider the description of multi-sectoral partnerships above to be optimal activity for this core element. Thinking about your ACH's performance in multi-sectoral partnerships, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Multi-Sectoral Partnerships?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Multi-Sectoral Partnerships?	<input type="radio"/>				

*Comments:*

### III. Integrator Organization

To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have a coordinating organization, known as an integrator or backbone. The integrator helps carry the vision of the ACH; builds trust among collaborative partners; convenes meetings; recruits new partners; shepherds the planning, implementation, and improvement efforts of collaborative work; and cultivates responsibility for many of these elements among collaborative members.

5. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity by serving as or partnering with an Integrator Organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity by serving as or partnering with an Integrator Organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please consider the description of an integrator organization above to be optimal activity for this core element. Thinking about your ACH's performance serving as or partnering with an integrator organization, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH by serving as or partnering with an Integrator Organization?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve by serving as or partnering with an Integrator Organization?	<input type="radio"/>				

Comments:

**IV. Governance**

An ACH is managed through a governance structure that describes the process for decision making and articulates the roles and responsibilities of the integrator organization, the steering committee, and other collaborative partners.

7. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Governance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Governance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please consider the description of governance above to be optimal activity for this core element. Thinking about your ACH’s performance in governance, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Governance?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Governance?	<input type="radio"/>				

*Comments:*

**V. Data and Indicators**

An ACH employs health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community assessment and planning, and to measure progress over time. It encourages data sharing by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data.

9. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Data and Indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Data and Indicators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please consider the description of data and indicators above to be optimal activity for this core element. Thinking about your ACH’s performance in data and indicators, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Data and Indicators?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Data and Indicators?	<input type="radio"/>				

*Comments:*

## VI. Strategy and Implementation

An ACH is guided by an overarching strategic framework and implementation plan that reflects its cross-sector approach to health improvement and the commitment by its partners (healthcare, local government, public health, business, and non-profits) to support implementation. Supporting strategy development may be done by encouraging complementary, sustainable activities that range from individual to community-wide interventions, resulting in greater effectiveness of population health transformation, and maximizing the balance between traditional clinical prevention, innovative clinical prevention, and community-wide prevention.

11. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Strategy and Implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Strategy and Implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please consider the description of strategy and implementation above to be optimal activity for this core element. Thinking about your ACH's performance in strategy and implementation, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Strategy and Implementation?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH to achieve related to Strategy and Implementation?	<input type="radio"/>				

*Comments:*

**VII. Community Member Engagement**

Authentic community engagement is a well-recognized best practice in the field of community health that requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. Authentic community engagement recognizes and harnesses residents’ own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths.

13. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Community Member Engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Community Member Engagement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please consider the description of community member engagement above to be optimal activity for this core element. Thinking about your ACH’s performance in community member engagement, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Community Member Engagement?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Community Member Engagement?	<input type="radio"/>				

*Comments:*

**VIII. Communications**

An ACH employs communications platforms to build momentum, increase buy-in amongst its partners, recruit new members, and attract grant investment to support its work, as well as to share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.

15. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please consider the description of communications above to be optimal activity for this core element. Thinking about your ACH’s performance in communications, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Communications?	<input type="radio"/>				
In the next 6 months, what level of activity would you like your ACH to achieve related to Communications?	<input type="radio"/>				

*Comments:*

**IX. Sustainable Financing**

An ACH requires resources to support both its integrator function and ACH implementation work by others. An ACH makes use of existing and new funding sources and better aligns them to advance broad community goals.

17. How much do you agree or disagree with the following statements regarding this core element?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I understand how my ACH can achieve optimal activity related to Sustainable Financing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ACH is ready to achieve optimal activity related to Sustainable Financing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please consider the description of sustainable financing above to be optimal activity for this core element. Thinking about your ACH’s performance in sustainable, please indicate the current level of activity that best describes your ACH:

	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
What is the current level of activity for your ACH related to Sustainable Financing?	<input type="radio"/>				
By December 2016, what level of activity would you like your ACH to achieve related to Sustainable Financing?	<input type="radio"/>				

*Comments:*

Appendix G: Peer Learning Lab Evaluation Tools



## Introduction

### Introduction

This survey is being administered by Public Health Institute. We appreciate your feedback about the Peer Learning Lab held on June 7, 2016. Your responses to the following questions will assist us in preparing for future Peer Learning Labs. The survey should take about 5 minutes to complete. Thank you for taking the time to provide us with your valuable input!

### Confidentiality

All of your responses and any information you provide will be kept confidential. You will be asked to provide your email address strictly for tracking survey completion. All responses will be de-identified and aggregated for reporting. No individual will be identified in any reports or analysis.

1. Please provide your email below so we can ensure that representatives from each of the Accountable Communities of Health (ACH's) have participated in this assessment.

Email Address

2. Please select the Accountable Community of Health (ACH) site to which you belong:



## Learning Lab

### About this survey

The following questions are about your experience with the Peer Learning Lab held on June 7, 2016.

### 3. How much do you agree or disagree with the following statements about today's training?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A
The time allotted for each topic was appropriate.	<input type="radio"/>				
The material was presented clearly.	<input type="radio"/>				
There was adequate opportunity for discussion and feedback.	<input type="radio"/>				
There was adequate opportunity to collaborate with other members of my ACH site.	<input type="radio"/>				
There was adequate opportunity to collaborate with members of other ACH sites.	<input type="radio"/>				
The Peer Learning Lab helped improve communication at the statewide level.	<input type="radio"/>				
The Peer Learning Lab met my expectations.	<input type="radio"/>				

4. How much do you agree or disagree that today's Peer Learning Lab helped you to...?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A
Become part of a peer learning community	<input type="radio"/>				
Collaborate with other members of my ACH site	<input type="radio"/>				
Collaborate with members of other ACH sites	<input type="radio"/>				
Better understand what an ACH is or can do	<input type="radio"/>				
Develop skills for addressing complex challenges	<input type="radio"/>				
Develop strategies for addressing population health	<input type="radio"/>				

5. What aspects of the Peer Learning Lab were most beneficial for you?

6. What aspects of the Peer Learning Lab could have been improved?

7. What content, activities or other considerations would you recommend for the next Peer Learning Lab?



## Introduction

### Introduction

This survey is being administered by Public Health Institute. We appreciate your feedback about the Peer Learning Lab held on September 30, 2016. Your responses to the following questions will assist us in preparing for future Peer Learning Labs. The survey should take about 10 minutes to complete. Thank you for taking the time to provide us with your valuable input!

### Confidentiality

All of your responses and any information you provide will be kept confidential. You will be asked to provide your email address strictly for tracking survey completion. All responses will be de-identified and aggregated for reporting. No individual will be identified in any reports or analysis.

1. Please provide your email below so we can ensure that representatives from each of the Accountable Communities of Health (ACH's) have participated in this assessment.

Email Address

2. Please select the Accountable Community of Health (ACH) site to which you belong:



Learning Lab

About this survey

The following questions are about your experience with the Peer Learning Lab held on September 30, 2016.

3. How much do you agree or disagree with the following statements about today's training?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A
The time allotted for each topic or activity was appropriate.	<input type="radio"/>				
The material was presented clearly.	<input type="radio"/>				
There was adequate opportunity for discussion and feedback.	<input type="radio"/>				
There was adequate opportunity to collaborate with other members of my ACH site.	<input type="radio"/>				
There was adequate opportunity to collaborate with members of other ACH sites.	<input type="radio"/>				
The Peer Learning Lab helped improve communication at the statewide level.	<input type="radio"/>				
The Peer Learning Lab met my expectations.	<input type="radio"/>				

4. How much do you agree or disagree that today's Peer Learning Lab helped you to...?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A
Become part of a peer learning community	<input type="radio"/>				
Collaborate with other members of my ACH site	<input type="radio"/>				
Collaborate with members of other ACH sites	<input type="radio"/>				
Better understand what an ACH is or can do	<input type="radio"/>				
Develop strategies for community engagement	<input type="radio"/>				
Develop skills for addressing complex challenges	<input type="radio"/>				
Develop strategies for addressing population health	<input type="radio"/>				



**About this survey**

The following questions are about your experience with the Peer Learning Lab held on September 30, 2016.

5. At the beginning of the convening, what did you identify that you wanted to accelerate or learn both personally and as an ACH team? Please describe.

6. Looking back, how satisfied are you with the progress you made accelerating or learning what you identified above?

				N/A - Did not identify anything to accelerate or learn
Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied	
<input type="radio"/>				

7. This learning lab aimed to support learning through a systemic lens at the levels listed below. How satisfied are you with what you learned at these levels?

	Not at all satisfied	Somewhat satisfied	Satisfied	Very satisfied
1) Personal/Leadership Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) ACH Team Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Community Engagement Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Across the ACH Sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Larger System or State of Vermont Level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



8. What aspects of the Peer Learning Lab were most beneficial for you?

9. What aspects of the Peer Learning Lab could have been improved?

10. What content, activities or other considerations would you recommend for the next Peer Learning Lab?

Appendix H: Webinar Evaluation Tool



## Introduction

### Introduction

This survey is being administered by Public Health Institute. We appreciate your feedback about the Webinar held on June 21, 2016. Your responses to the following questions will assist us in preparing for future Peer Learning Labs. The survey should take about 2-3 minutes to complete. Thank you for taking the time to provide us with your valuable input!

1. Please select the Accountable Community of Health (ACH) site to which you belong:

2. How much do you agree or disagree with the following statements about today's training?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know or N/A
The time allotted for each topic was appropriate.	<input type="radio"/>				
The material was presented clearly.	<input type="radio"/>				
The webinar addressed topics or strategies that are important to me.	<input type="radio"/>				
The webinar addressed topics or strategies that my ACH can utilize.	<input type="radio"/>				
The webinar met my expectations.	<input type="radio"/>				

3. What aspects of the webinar were most beneficial for you?

4. What aspects of the webinar could have been improved?