

# ACHs' CRITICAL ROLE IN THE COVID-19 RESPONSE

## Findings from the First 90 Days

### SUMMARY

On March 4, 2020, Governor Newsom declared a state of emergency to help California prepare for broader spread of COVID-19.

Almost immediately, California Accountable Communities for Health stepped up to support their partners and communities in responding to the pandemic.

In the face of extraordinary challenges, local ACH leaders are finding ways to continue their efforts to address community health priorities (e.g. asthma, substance use, cardiovascular disease) while at the same time adapting to the demands of the COVID-19 pandemic.

In early May 2020, evaluators for the California Accountable Communities for Health Initiative (CACHI) conducted a survey of ACHs to learn more about how ACHs are helping their communities and how COVID is impacting their operations.



**The California Accountable Communities for Health Initiative (CACHI)** is leading efforts to [modernize our health system](#), advance statewide health equity and improve the health of entire communities, not just individual patients.

To realize this vision, CACHI utilizes a new model known as **Accountable Community for Health (ACH)**, a groundbreaking vehicle for bringing key stakeholders, community leaders and residents together across multiple sectors to collectively address our most pressing health priorities.

Learn more at [www.CACHI.org](http://www.CACHI.org).

## THE ACH RESPONSE TO COVID-19



Overall, the evaluators found that ACHs' infrastructure—and in particular their pre-existing relationships with stakeholders and community groups—enable them to respond quickly by convening partners and community organizations, mobilizing responses, sharing information with stakeholders, and creating forums for partners to raise issues and concerns.

Moreover, ACHs whose backbone entity is the county public health department have been directly involved in both emergency response and direct services.

Specifically, ACHs have:

### Convened Partners

Due to their prior relationships with key partners and their communities, ACHs have been able to quickly bring partners together to facilitate collaborative problem solving. As a result of those convenings, one ACH helped its county find Russian language translation to communicate with a hard-to-reach population. Another figured out how to leverage resources in short supply (e.g. testing kits and personal protective equipment). A third collaborated with partners to ensure their response met identified community needs.

### Coordinated Action & Disseminated Information

ACHs are linking and coordinating agencies and resources, as well as disseminating information to ACH partner organizations, stakeholders and the public. ACHs communicate regularly with the public regarding available resources, such as food and financial support, and have been able to connect clients with services. For example, Sonoma Health Action chapters are serving as hubs for coordinating local response.

### Ensured an Equitable Pandemic Response

Almost all ACHs are ensuring the pandemic response is implemented in an equitable manner. Examples include using race/ethnicity data to determine where to deploy a mobile testing unit, creating public service announcements in culturally appropriate ways, helping students in rural areas get access to the internet and mobilizing financial resources for low-income and undocumented communities.

### Deployed Staff & Resources

ACHs are deploying backbone staff or resources to support emergency response activities, including as disaster service workers or as part of the emergency operations center (EOC). One ACH was involved in assisting the county and other health systems with crisis care planning and assuring equitable allocation of resources. Others were involved in food delivery.

### Trained Key Staff & Volunteers

One-third were involved in offering or facilitating training for providers and others responding to COVID-19. One ACH offered just-in-time COVID-19 testing and training to facilities, along with test kits. Another conducted training related to safe food delivery.



*“ACH backbone staff were activated to Command Staff positions within our county response team.”*

— Merced All in for Health

## EXAMPLES OF ACH RESPONSES



Below are a few examples of how ACHs have innovated to succeed during COVID-19:

### Humboldt County: Improving Coordination of the Local Pandemic Response

Humboldt Community Health Trust's backbone organization, the North Coast Health Improvement and Information Network, worked to implement an improved Health Information Exchange (HIE) infrastructure to support COVID-19 testing. They also elevated a care coordination platform to support workers triaging homeless individuals into shelter.

### West Fresno: Coordinating Responses to Meet Urgent Needs

Fresno Community Health Improvement Partnership (FCHIP) launched webinars attended by more than 300 CBOs and leaders. Response Field teams developed action plans focusing on food, translation services, housing resilience, mental health and immigrant communities.

### East San José: Ensuring an Equitable Response

East San José PEACE Partnership used disaggregated race and ethnicity data to inform where their emergency operations center should deploy a mobile COVID-19 testing unit. The partnership earmarked dollars from its wellness fund and generated additional funding to support families that do not have access to federal or state funding.

## THE IMPACT OF COVID-19 ON ACH OPERATIONS



*"The Wellness Fund Team has had to delay or pivot its plans due to COVID-19. We are considering how a wellness fund could finance interventions that prevent the impacts of COVID-19."*

— Sonoma ACH

At the same time, the global pandemic has impacted ACHs' ongoing activities:

### Programmatic Impact

ACHs have experienced delays in finalizing their Portfolio of Interventions (POI), which define how they address their priority health issues. Some have indicated they are changing their interventions or strategies to address COVID and/or elevating racial equity issues.

### Operational & Financial Impact

More than half of California's ACHs have experienced a loss of staff or a significant reduction in hours, while a quarter experienced a loss of revenue or in-kind support. For example, one ACH's funding was repurposed for emergency relief efforts. Another had several grants postponed indefinitely. More said many of their nonprofit partners were struggling to stay afloat financially.



## CONCLUSION

California's ACHs have demonstrated a strong response to an unprecedented situation.

In the first 90 days, ACHs have:

- Stepped up and responded to the pandemic based on the needs of their stakeholders and community,
- Carried out convenings and disseminated crucial information despite immense operational challenges without in-person meetings and while adjusting to staff reductions,
- Pivoted to assess how to expand their activities and Portfolios of Interventions (POI) to incorporate pandemic-related services, and
- Continued to advocate aggressively for health equity.

The ACH infrastructure has proven to be effective and adaptive. With a strong foundation, ACHs are in a position to help participating communities move forward toward a strong recovery.

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