Principles for Community Participation for Accountable Communities of Health - Consumer Engagement, Transparency, Accessibility and Public Accountability

July 2016

RACIAL/HEALTH EQUITY

Inequities in health outcomes and disparities in access to health care in Washington State often break down along racial and ethnic lines, with health inequities also being experienced by immigrants, older adults, persons with disabilities, and members of the LTBTQ community. The ACH explicitly recognizes that identifying and seeking ways to remedy these inequities and disparities are primary purposes of the ACHs. When the ACH makes decisions about policy and funding priorities and how those priorities are implemented, it makes a principled and concrete commitment to considering how these decisions offer opportunities to remedy these disparities, as well as what impact those decisions will have on health equity.

• The ACH uses a racial equity tool or similar set of priorities and procedures when making significant decisions about its policies and activities and when selecting projects to fund or undertake in support of its policy priorities. Examples of tools of this sort may be found in the City of Seattle’s Racial Equity Toolkit (available online at http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf) and the King County Equity Impact Review Tool (available online at http://www.kingcounty.gov/~/media/elected/executive/equity-social-justice/documents/KingCountyEIRTool2010.ashx?la=en), although the ACH need not adopt either one or use a tool in substantially similar format to abide by this principle. As an example of how such a tool might be structured to make it more amenable for use by an ACH, we have provided an exemplar tool that was adapted from the Seattle Racial Equity Tool. See Appendix B.

• The ACH collects and reports on data related to health equity in its region and how the projects funded through or undertaken by the ACH affect health equity, including the ACHs’ programs’ impact on people of color, immigrants, older adults, persons with disabilities, and individuals who are LGBTQ.
TRANSPARENCY

ACH activities are accessible to the public and transparent to the diverse communities to which the ACH is accountable throughout its region.

- All meetings of the ACH’s governing body, committees, work groups and similar bodies (“ACH bodies”) are open to the public.
- The ACH creates a website on which it posts important information about the ACH’s meetings, operations and activities, including but not necessarily limited to the following: the date, time and location of its bodies’ meetings, the minutes of its bodies’ meetings, application(s) it makes to the State for funding, certification or designation as an ACH or as a Medicaid Transformation Waiver coordinating entity, any responses to these applications that the ACH receives from the State, the criteria the ACH adopts for selecting projects to fund or undertake in support of the ACH’s policy priorities, the ACH’s charter, bylaws, articles of incorporation, conflict of interest policy and other governing documents, and other key documents created by the ACH.
- Members of the public are given a reasonable opportunity to give meaningful written and oral input to ACH bodies at their meetings regarding each substantive issue addressed by the body.
  - A reasonable time period is provided at ACH body meetings to members of the public to provide comments before discussion of each substantive agenda item is concluded and before each substantive decision is made by the body.
- The agenda and any non-confidential written materials to be considered at ACH body meetings are posted on the ACH’s website and made available in hard copy format upon request at no cost to the public a reasonable period of time before the meeting.
- The ACH agrees to be subject to the Public Records Act and Open Public Meetings Act, as if it were a governmental organization.

ACCESSIBILITY

To fulfill its commitment to health equity, the ACH makes best efforts to provide persons with disabilities and persons whose preferred language is not English equal access to the ACH’s operations, activities, and services.
• Oral language and sign language interpreters are made available for free at ACH body meetings and at public activities conducted by the ACH. Interpreters are made available when requested and when ACH staff are aware that a significant number of individuals likely to be attending an ACH meeting or activity are likely to have a preferred speaking language other than English. Free translations of documents created by the ACH that are otherwise available to the public are provided at no cost when requested.

• Written materials posted on the ACH’s website or that are otherwise available to the public are also made available at no cost in large type format and Braille or in other reasonable alternate formats requested to accommodate an individual’s disability.

• The ACH provides accommodations and other services needed to offer equal access to its bodies’ activities and its services to individuals with disabilities.

• The ACH adopts written policies laying out its commitment to, its methods for, and any substantive limits on its affording persons whose primary language is not English and persons with disabilities equal access to the ACH’s operations and services.

• The ACH’s website conforms with legal requirements and industry best practices for website accessibility to persons with disabilities.

COMMUNITY ENGAGEMENT

The voices of diverse members of the community served by the ACH and most in need of its services are included in every level of the ACH’s governance, planning, and other activities. Representation of consumers by professional advocates in the ACH’s work and decision-making is not substituted for giving seats at the table to low-income consumers themselves in these conversations and decisions.

• The ACH conducts or arranges for a process to recruit, educate and provide a variety of opportunities for consumer participation in every level of the ACH’s operations and activities.

• The ACH provides, makes available, or arranges for resources to support low-income consumers’ participation in ACH operations and activities and to communicate the importance of the work the consumers are doing to support the ACH. Resources for purposes such as, but not necessarily limited to transportation and related expenses (e.g., parking, when appropriate), child care, food for meetings/activities of significant length, and a general stipend for lengthy or recurring work should be provided.
Each ACH budgets in advance for and allocates at least 10% of its annual budget to pay for consumer engagement activities.

- The ACH allocates at least 10% of the voting seats on its governing body to low-income consumers.
- The ACH allocates at least 10% of the seats to low-income consumers on any of its working groups or committees addressing the following: forming the agenda for governing body meetings and/or making decisions in the interim between governing body meetings (e.g., a steering committee), the design, conduct and review of the ACH’s regional health assessment, the design of any criteria for selecting priorities or projects for the ACH to fund or undertake in support of those priorities, and the selection of priorities and projects to fund or undertake in support of those priorities.
- The ACH creates and operates a committee, work group or other body charged with addressing consumer engagement in the ACH, along with processes that ensure that the body has access to the information it needs to fulfill its mandate and that meaningful consideration is given to its recommendations and feedback by the ACH and its governing body.
- The ACH creates a written plan outlining the intended activities and methods by which the ACH will conduct community engagement. This plan includes strategies for outreach and engagement to the broad spectrum of health care consumers in the ACH’s region most in need of and likely to be served by the ACH including, but not limited to persons of color, immigrants, persons with limited English proficiency, older adults, and persons with disabilities.

ACCOUNTABLE GOVERNANCE

The ACH adopts a transparent identifiable set of procedures that lay out its conception of its role, how its bodies are constituted, how it makes decisions, and how it identifies and addresses possible conflicts of interest.

- The ACH has a written charter, bylaws, or similar document laying out its structure and how its decisions are made.
- The ACH’s governing body’s operational procedures provide consumer voices a meaningful role in decision-making that cannot be easily overruled by other stakeholder participants (e.g., bare majority rule should not be the regular means by which the ACH’s governing body makes decisions).
- The ACH has a written conflict of interest policy that is posted on the ACH’s website and made freely available at no cost to the general public.
Principles for Community Participation for Accountable Communities of Health

- The ACH has a written statement of purpose, vision statement or statement of values that is posted on the ACH’s website and made freely available to the general public at no cost.

- The ACH has procedures in place and operates in a manner so as to ensure its fiscal soundness and accountability to its governing board and the communities in its region.
  - The ACH has the infrastructure and procedures in place needed for it to operate in a financially sound manner in accord with generally accepted business practices.
  - The ACH has procedures in place to ensure that its governing body maintains fiduciary oversight of the ACH’s finances.
  - The ACH’s governing body actually exercises appropriate fiduciary oversight of the ACH’s finances.
  - The ACH posts on its website and makes widely available to the public a financial report listing its budget, its actual income and expenditures broken down by category, and a plain language description thereof, to be compiled and distributed on at least a yearly basis.

For more information, please contact us at:

Northwest Health Law Advocates
4759 15th Ave. NE, Seattle, WA 98105
Phone: 206.325.6464 ~ Fax: 206.860.8825
www.nohla.org ~ Daniel@nohla.org

Washington Community Action Network
1806 E. Yesler Way, Seattle WA
Phone: 206.389.0050 ~ Fax: 206.389.0049
www.washingtoncan.org ~ Gerald@washingtoncan.org