# Accountable Communities of/for Health: Transforming Health Systems through Dedicated Multisector Collaboration

This brief is part of a series developed by the Population Health Innovation Lab (PHIL), a program of the Public Health Institute. The *Improving Population Health Through Multisector Collaboration* brief series synthesizes lessons learned from PHIL's Aligning Systems for Health research conducted from May 2020 – November 2022 in six parts:

1. Improving Population Health Through Multisector Collaboration
2. **Accountable Communities of/for Health: Transforming Health Systems through Dedicated Multisector Collaboration**
3. Creating Positive Systems Change Through Multisector Collaboration
4. Advancing Equity with Multisector Collaboration
5. Building Multisector Collaboration for the Long-Term
6. Recommendations for Policymakers, Funders, and Practitioners Seeking to Improve Population Health Through Multisector Collaboration

**Brief 2 explores one form of multisector collaboration that is used in the United States: Accountable Communities of/for Health (ACHs).**

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# BRIEF 2 KEY CONCEPTS/TAKEAWAYS

- **Accountable Communities of/for Health (ACHs)** are "community-based partnerships formed across sectors such as health care, housing, social services, public health, employment training and economic development to focus on a shared vision and responsibility for the health of the community."[1] The ACH model is one approach for implementing health-focused and community-based multisector collaboratives (MSCs) and can provide a starting place for those interested in multisector collaboration for improved population health.

- ACHs transform health systems by (1) developing the necessary infrastructure for coordinated, sustainable action; (2) prioritizing integrated, high-impact interventions; and (3) adapting to local conditions.

A National Trend: ACHs are part a growing multisector health investment in the United States. As of 2023, five states have formally implemented ACHs and 27 additional states have ACH-like initiatives. Learn more about these initiatives at the **Funders Forum on Accountable Health**.

# Accountable Communities of/for Health (ACHs)

Accountable Communities of/for[2] Health (ACHs) are "community-based partnerships formed across sectors such as health care, housing, social services, public health, employment training and economic development to focus on a shared vision and responsibility for the health of the community."[1]

- ACHs function as independent nonprofit organizations or initiatives housed in backbone organizations like hospitals or local health departments, with staff dedicated to facilitating the ACH's collaborative work.
- ACH partners include cross-sector organizations, community members, local coalitions, government agencies, sovereign tribal nations, municipalities, private foundations, and more.
- ACHs work locally, sometimes focusing on neighborhoods within a city that have the greatest disparities like the West Sacramento Accountable Community for Health Initiative in California (CA) and other times focusing on multi-county regions like the Thriving Together NCW Accountable Community of Health in Washington (WA). Many ACHs focus on a single county, like Hope Rising Lake County in CA or Elevate Health in WA.
- ACHs were created as early as 2014. As of 2023, the ACH model has been adopted by five states including CA, Minnesota, Texas, Vermont, and WA.
- States established ACHs through state legislation, Medicaid waivers, and/or support from private foundations as a strategy to transform health systems.
- ACHs focus on improving many different types of health outcomes, ranging from focused health conditions like addressing asthma to broad outcomes like improving health equity.
- While every ACH is different, common elements exist across them.[3] Central to these elements is equity, which is a focus area for most ACHs. Figure 1 shows the essential elements of ACHs, as defined by the Funders Forum on Accountable Health. Notably, equity spans the model and applies to each essential element.
- ACHs can be sustained over time as one approach to collaboratively governing a community's health system.[4]

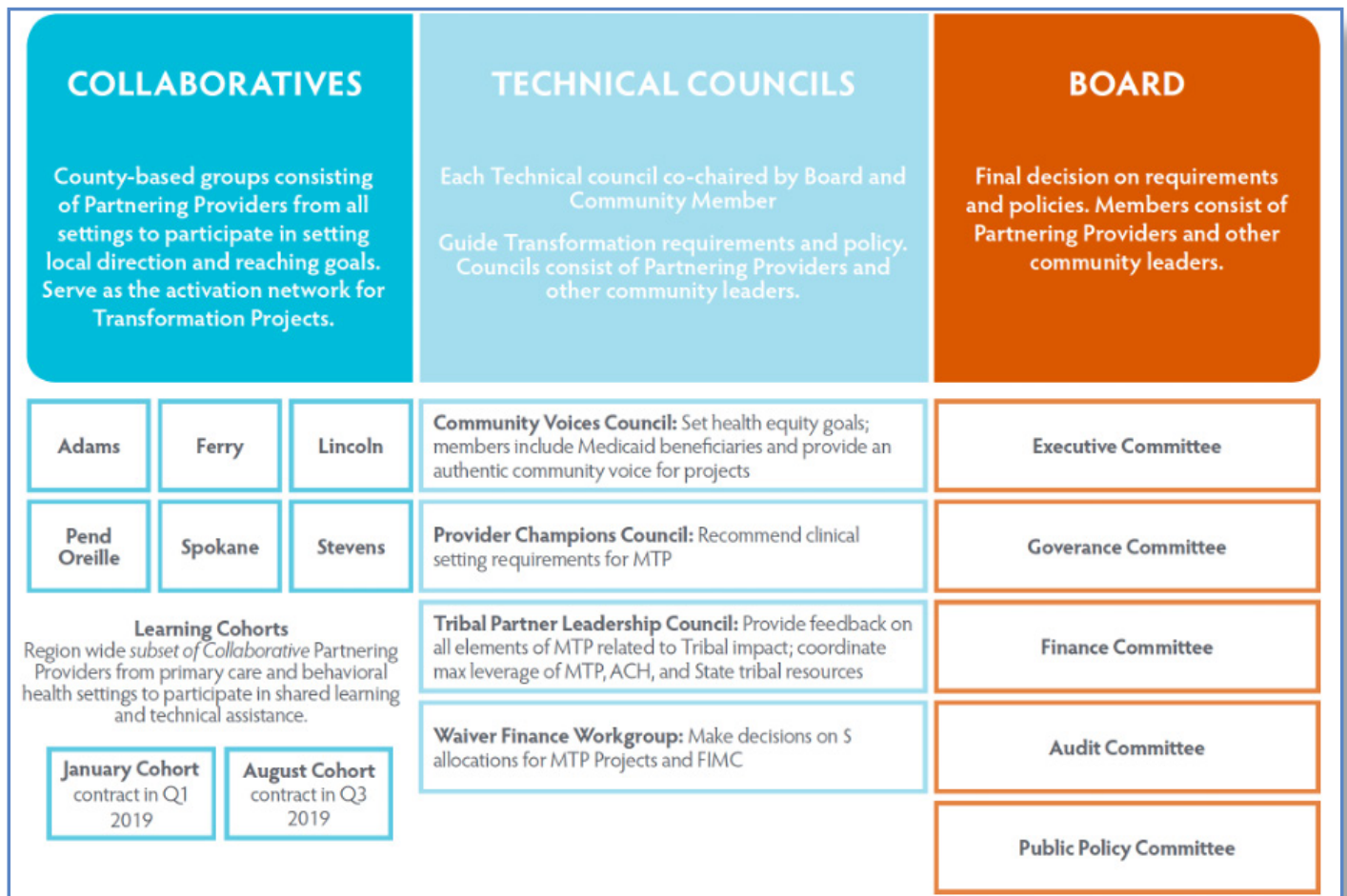## Figure 1. Essential Elements of ACHs[5]

## What Makes ACHs Stand Out as an Approach to Multisector Collaboration?

There are many ways to do multisector collaboration, but there are three defining features of ACHs: dedicated infrastructure, integrated interventions, and local adaptation.

1. **Dedicated Infrastructure**: Health is complicated. Coordinating with many different sectors and organizations within the health space to address social drivers of health (SDOH) is even more complicated.[6] ACHs meet this challenge by creating a new structure to coordinate the various partners. This dedicated infrastructure facilitates collaboration through administrative tasks such as hosting cross-sector meetings, developing agreements among partners, and allocating funds to community-driven initiatives. Once ACHs are established, they become the staging ground for future collaborative initiatives, with established governance structures, rules, and operating procedures that smoothly facilitate collaborative work.

**Example: Better Health Together, the ACH in Eastern WA, developed a collaborative infrastructure that defines how multiple sectors, community groups, tribal nations, and ACH staff share ACH governance (Figure 2).**

### Figure 2. ACH Governance and Decision-Making Chart[7]



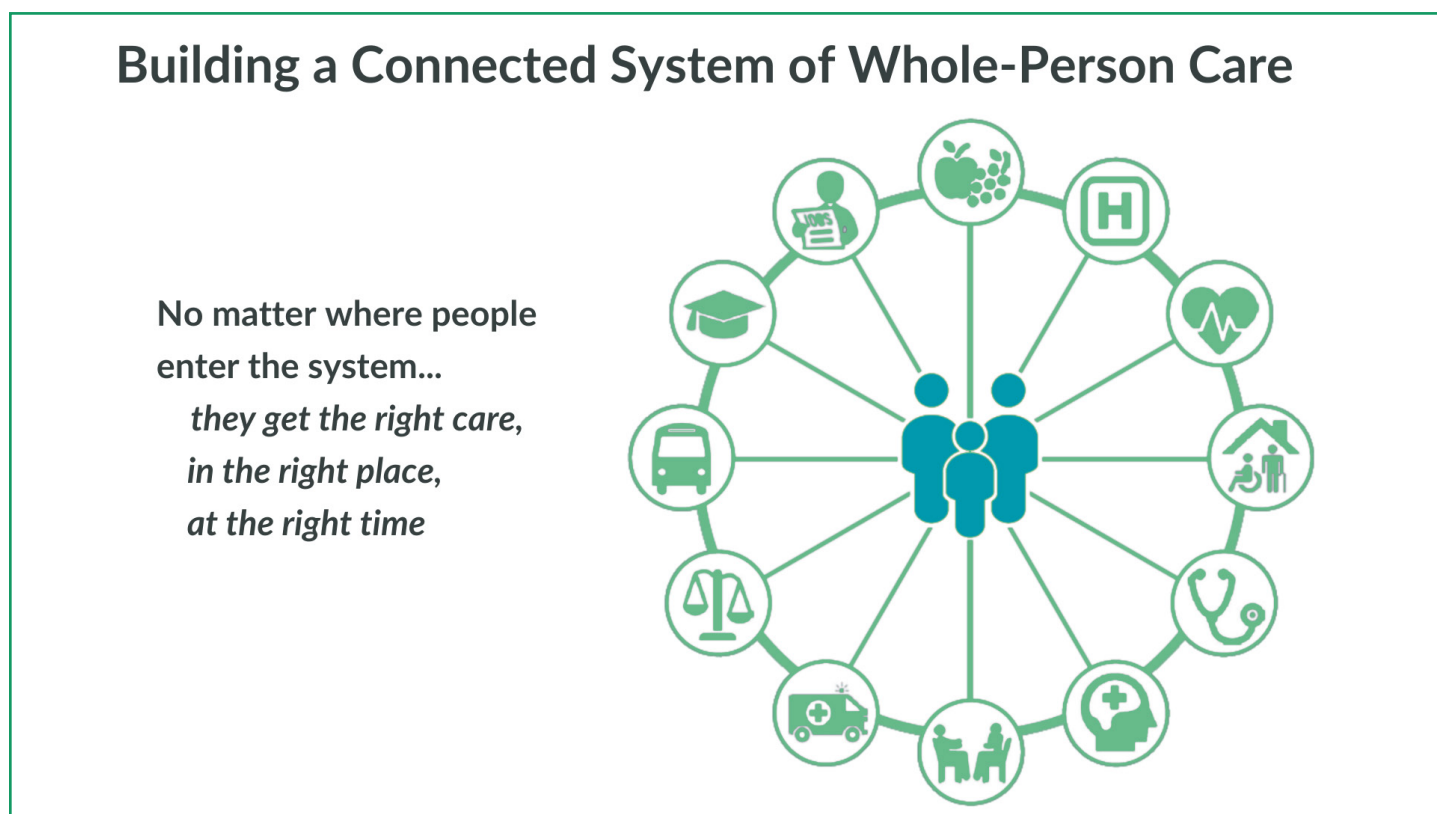| COLLABORATIVES | TECHNICAL COUNCILS | BOARD |
|---|---|---|
| County-based groups consisting of Partnering Providers from all settings to participate in setting local direction and reaching goals. Serve as the activation network for Transformation Projects. | Each Technical council co-chaired by Board and Community Member. Guide Transformation requirements and policy. Councils consist of Partnering Providers and other community leaders. | Final decision on requirements and policies. Members consist of Partnering Providers and other community leaders. |
| Adams | Ferry | Lincoln | **Community Voices Council:** Set health equity goals; members include Medicaid beneficiaries and provide an authentic community voice for projects | Executive Committee |
| Pend Oreille | Spokane | Stevens | **Provider Champions Council:** Recommend clinical setting requirements for MTP | Goverance Committee |
| **Learning Cohorts** Region wide *subset of Collaborative* Partnering Providers from primary care and behavioral health settings to participate in shared learning and technical assistance. | | | **Tribal Partner Leadership Council:** Provide feedback on all elements of MTP related to Tribal impact; coordinate max leverage of MTP, ACH, and State tribal resources | Finance Committee |
| January Cohort contract in Q1 2019 | August Cohort contract in Q3 2019 | | **Waiver Finance Workgroup:** Make decisions on $ allocations for MTP Projects and FIMC | Audit Committee |
| | | | | Public Policy Committee |

2. **Integrated Interventions**: ACHs take a systems-level approach to community health that extends beyond a single health intervention. They leverage the resources, skills, and knowledge of multiple partners and initiatives to produce and combine efforts that target many issues at once. This integrated strategy can simultaneously target immediate community needs and prevent future health challenges by addressing SDOH.

**Example: HealthierHere, a non-profit collaborative which serves as the ACH for King County, WA, seeks to create an integrated system of care where housing, transportation, criminal justice, community-based organizations, addiction treatment, behavioral health, primary medical care, acute healthcare, and other organizations work together–bridging silos and linking disparate systems–to ensure that every member of their community receives the care and support they need to thrive (Figure 3).**

**Figure 3. Vision for Whole-Person Care Delivery[8]**



**Building a Connected System of Whole-Person Care**

No matter where people enter the system...
  *they get the right care,*
  *in the right place,*
  *at the right time*

3. **Local Adaptation**: Although all ACHs share common elements and principles, each is unique because ACHs adapt to their local community context. This means unique community characteristics and health needs inform how ACHs function, who is engaged, what issues are prioritized, and how strategies are implemented.

**Example: Several ACHs use a targeted universalism platform (Figure 4), which entails setting "universal goals for all, [identifying] obstacles faced by specific groups, and [tailoring] strategies to address the barriers in those specific situations. It is a strategy that allows universal project goals that improve health for an entire population to target approaches to address disparities within groups."[9]**

**Figure 4. Overview of Targeted Universalism[9]**
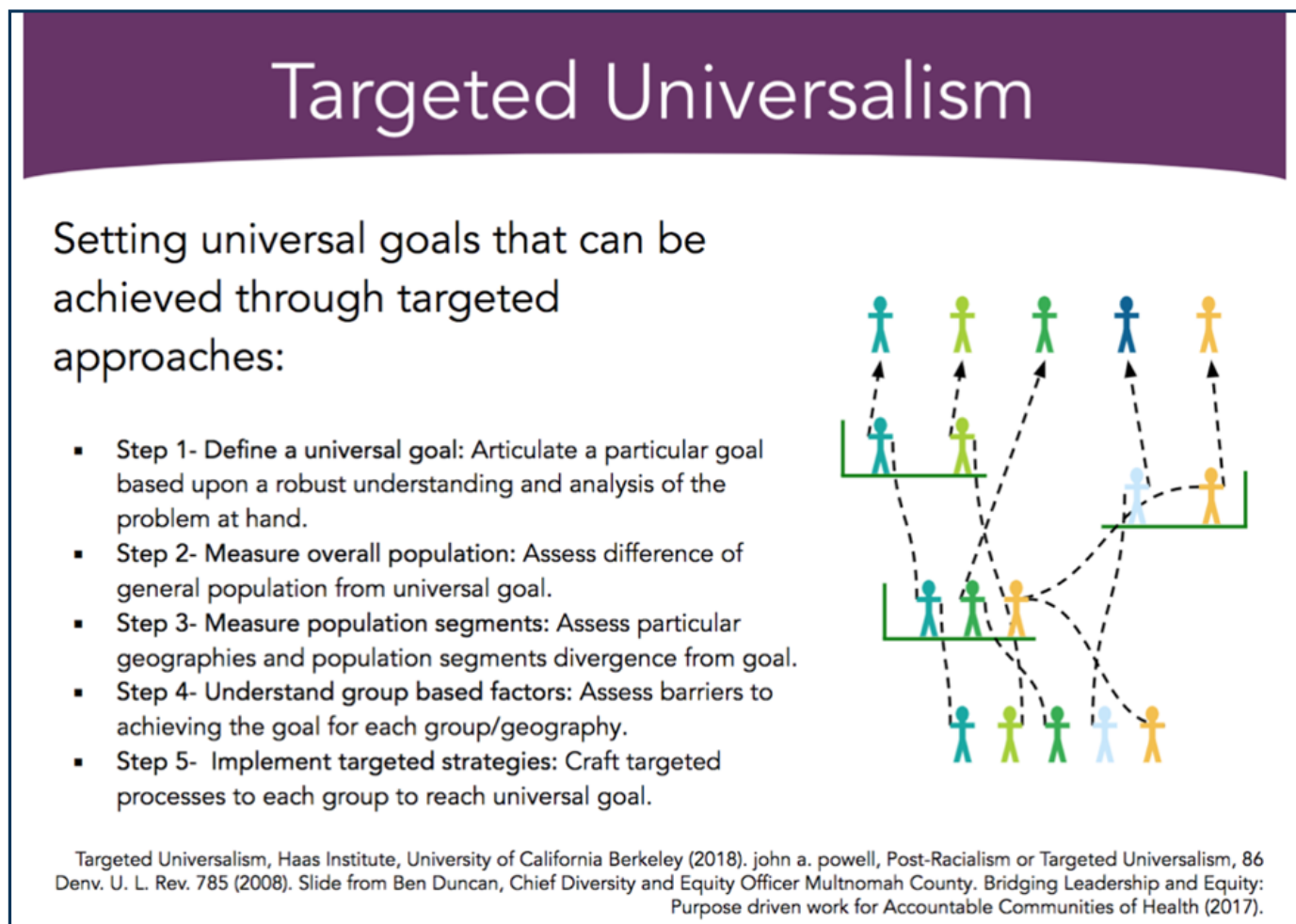


To see more examples of ACHs in practice, check out the **Funders Forum on Accountable Health Case Studies.**

# What Are ACHs Well Suited To Do?

1. **Meaningfully engage community**: When ACHs are implemented to adapt to local context, one of the most powerful ways of informing action is by including community members in the ACHs' work. For example, ACHs can form community-led advisory boards, survey community members to better understand their wants and needs, or meet with community members in open forums to gather feedback. Ultimately, ACHs can empower community members within the health system by connecting them to the organizations and decision-makers who influence health outcomes.

2. **Center equity in community health systems**: Because ACHs work closely with communities and are guided by data on local health outcomes, they develop an evidence-based sense of who is getting left behind not only by health care organizations but by public institutions, social services, and economic systems. ACHs amplify voices from these marginalized groups by including representatives from the most disadvantaged communities in decision-making processes, advocating on behalf of systemically marginalized groups, and equitably distributing resources to communities, sectors, and organizations. ACHs work with partners to prioritize strategies for improving equity across communities and provide partners with education, technical assistance, and resources to support collective efforts to advance equity.

3. **Change the healthcare marketplace**: ACHs aim to change the rules of engagement for organizations within the healthcare marketplace by bringing nontraditional and systemically marginalized groups to decision-making tables. One ACH in Eastern WA shares decision-making power with community and tribal members through their Community Voices Council and Tribal Partner Leadership Council (Figure 2). An ACH in San Diego, CA supports linkages between health plans with community-based organizations and services. ACHs create efficiencies across diverse health partners by establishing community information exchanges like in Humboldt County, CA and establishing care coordination platforms like in the North Sound region of WA.

## From the Data:
**In PHIL's 2021 survey of 20 ACHs in WA and CA, 92% (n=399) of respondents agreed that their ACH was making progress on health system transformation in their community.**

4. **Produce continuous change over time**: ACHs are not short-term fixes to long-term problems; rather, their work depends upon sustained, reliable engagement with the communities in which they operate. While this may be daunting to investors at first, ACHs have demonstrated that having a dedicated structure within the health system ensures that there is an entity responsible for being proactive about issues as they arise. This is especially true when an ACH's dedicated structure is intentionally keeping up with community needs and developing networks of partners that can pivot to address new issues.

## ACHs and COVID-19:
**ACHs existed prior to the COVID-19 pandemic, so when this global emergency arose, ACH networks were quickly repurposed to respond to COVID-19 pandemic response and recovery. In PHIL's 2021 survey of 20 ACHs in WA and CA, 77% (n=295) of respondents said their ACH strengthened their community's ability to respond to COVID-19 and its consequences to a moderate or great extent.**

5. **Become financially sustainable**: ACHs have proven to be <u>valuable investments to members of health systems,</u> such as hospitals, community-based organizations, and social services. As a dedicated entity with the purpose of connecting health partners, ACHs can lead multi-partner grant applications, facilitate <u>cost-effective partnerships</u>, and <u>equitably distribute public and private funding throughout communities</u>. People choose to invest in the continued work of ACHs because of the value demonstrated to participants, communities, and investors.

## ACHs in Practice:

<u>Better Health Together</u> in Eastern WA worked with community members, physicians, local public officials, insurance companies, and community-based organizations to advocate for the fluoridation of the public water supply through their advocacy campaign, <u>Fluoride Matters</u>. This ACH recognized that oral health was a major concern in their community; one that could be proactively addressed at the population level by introducing fluoride into the public water supply to reduce dental visits, save on health spending, and improve community health. Together, <u>ACH participants successfully advocated for public water fluoridation</u> which resulted in an investment of $4,000,000 from the Arcora Foundation to cover the cost of planning, design, permitting, and construction related to implementing community water fluoridation.

## Recommendations

Successful multisector collaboration requires intentionally creating a structure that works for and with the community it serves. Recommendations for ACH beginners are offered here, but more are available in PHIL's <u>ACH Start Up Guide</u>. For those already working in ACHs, check out additional briefs in this series and PHIL's <u>Powering Change Curriculum for MSCs</u>. PHIL's research with ACHs suggests they will be most successful when they:

- Secure startup funding from government (local, state, or federal) and/or private foundations to support their initial design and implementation.
- Convene potential partners and community representatives to identify and co-create the goals, objectives, and shared intention of the ACH. This includes diagnosing the primary concerns of the community, identifying gaps in the system, developing strategies, and implementing plans.
- Establish governing structures that are inclusive of those who are most impacted by the ACH's vision. Ensure diverse representation at ACH decision-making tables by integrating representation requirements into group charters or bylaws.
- Identify partners, health programs, and community initiatives that would benefit from participating in the ACH and invite them to the table—or better yet, meet them where they are to determine how mutual value could be generated through the ACH.

## Firsthand Experience:

"The ACH facilitates connections among partners, between sectors and within respective communities. Many opportunities to strengthen social services that address gaps in non-clinical care (such as for those in recovery) have been achieved in direct response to the ACH's role."[10]

# References

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2.  Washington state refers to ACHs as "Accountable Communities of Health" while California, Vermont, Minnesota, Texas, and the Funder's Forum on Accountable Health refer to ACHs as "Accountable Communities for Health." Both use the acronym "ACH" and refer to the same general model.
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