

TRANSFORMING COMMUNITY HEALTH IN CALIFORNIA: FINDINGS FROM THE FIRST 5 YEARS OF ACH IMPLEMENTATION

Executive Summary of the Accountable Communities for Health (ACH) Final 2017-22 Evaluation

OVERVIEW OF THE ACCOUNTABLE COMMUNITIES FOR HEALTH MODEL

Conceptually, the CACHI model centers around equity and a Portfolio of Interventions (POI), a set of mutually supportive interventions that address a particular issue or condition. A backbone agency, cross-sector partnerships and governance arrangements all serve as foundational infrastructure for the ACH to work towards a shared vision. Robust community engagement shapes the ACH vision as well as the design and implementation of the POI. Community members are among the groups to whom CACHI ACHs are accountable. Finally, the model specifies that ACHs use data to set direction and monitor and communicate progress toward their goals, and Wellness Funds are established to attract resources and sustain their work for the long term. The CACHI model is unique but shares some elements of other multi-sector frameworks (e.g., Collective Impact (Kania & Kramer, 2011) and Aligning Systems for Health (2021)).

ABOUT THE SITES

Thirteen ACHs from across California participated in CACHI from 2017 to early 2022. Each site had a specific geographic focus, ranging in size from an entire county (e.g., Imperial County) to a neighborhood or part of a city (e.g., South Stockton). As part of their CACHI funding, each ACH selected a community health priority or set of priorities around which to focus their POI such as cardiovascular disease, nutrition, or community violence and trauma.



About the California Accountable Communities for Health Initiative (CACHI)

CACHI is a public-private collaboration between the California Health and Human Services Agency, California Department of Public Health and seven funders (see final page).

The California Accountable Communities for Health Initiative (CACHI) envisions ACHs as strategies for cross-sector and community collaboration in service of better health and health equity. Launched in 2016 with investment from multiple philanthropies, CACHI supported 13 communities across the state to establish ACHs and address community health priorities for a period of up to 5 ½ years.

The original call to create ACHs in California came from the state Let's Get Healthy California Health Care Innovation Plans created as part of a State Innovation Model grant from the Centers for Medicare and Medicaid Innovation (CMMI). CACHI's vision is to modernize the health system to place a greater focus on "health, wellness, equity, and prevention—not just care" (CACHI Request for Proposals, 2016) and on entire communities or neighborhoods rather than a specific patient or health plan enrollee population.

OVERALL VALUE OF THE ACH



The evaluation found that California’s ACHs are in an ideal position to align cross-sector strategies and improve community health by creating bridges among county agencies, health care systems, health plans, non-health systems and communities. The ACH structure enables sectors, organizations, and residents to coalesce and align to address and transform the socio economic, environmental, and various structural conditions that impact the health and well-being of communities. The work ACHs do around convening partners, creating cross-sector workgroups, and partnering with existing community initiatives creates the conditions for greater impact on community health than one organization could have on their own. Communities can leverage the ACH infrastructure to demonstrate to funders that the community is aligned in achieving certain goals, thereby increasing funder confidence in making investments.

Finally, many California ACHs have identified ways to incorporate equity and community voice, not only by including community members in meetings and offering translation services, but also by targeting diversity and inclusion across all aspects of the governance structure to ensure ACH activities reflect community needs and priorities. The longer ACHs work within their communities, the greater their capacity to provide and demonstrate value to organizational partners and the broader community in achieving their goals and outcomes.

Four important themes have surfaced related to the value ACHs bring to the community:

» **CREATING A FRAMEWORK FOR MULTI-SECTOR COLLABORATION AND COLLECTIVE ACCOUNTABILITY**

» ACHs create bridges between health care systems, payers and communities, and they address social determinants of health by working upstream to improve health equity and outcomes. ACHs create clinical-community linkages to improve access.

» **ADVANCING EQUITY AND ELEVATING COMMUNITY VOICE**

» ACHs made racial equity more explicitly part of their aims, work and operations. Moreover, they are deepening their work around health equity by incorporating community residents into the governance structure, examining the historical causes of disparities, creating frameworks and tools for advancing equity work across sectors, and prioritizing racial and health equity in ACH decision-making.

» **CATALYZING ALIGNMENT ACROSS PARTNERS**

» Not only do ACHs encourage collaboration and communication about issues and initiative, but they also provide a foundation for securing funding that benefits the community. ACHs identify funding opportunities that build on collaboration across partners and align with ACH goals for community health improvement.

» **PROVIDING A CONCRETE VEHICLE FOR PREVENTION AND ADDRESSING HEALTH-RELATED SOCIAL NEEDS**

» ACHs provide a forum for developing a shared vision about upstream strategies and addressing the health-related social needs that impact health outcomes.

ACH ACCOMPLISHMENTS: SYSTEMS CHANGE



At its core, CACHI is a systems change initiative aiming to transform and align norms, practices, and policies to improve health equity and long-term population health outcomes. Because systems change work is developmental, complex and takes time, a key aspect of the evaluation was to track both progress toward and achievement of systems changes across the sites.

Over the last five years, ACHs made demonstrable progress in solidifying the core ACH model elements necessary for creating the conditions for long-term systems changes.¹ Key markers for progress toward systems changes include: enhanced knowledge, strengthened relationships, increased individual and organizational capacity and strengthened champions and community ownership. For example, ACHs deepened relationships and expanded cross-sector partnerships to build strong, adaptable coalitions that bring value to their key stakeholders; established distributed leadership structure across partners and work groups to engage diverse partners and community leaders; and made racial equity more explicitly part of their aims, work and operations, including community engagement approaches, data collection and reporting practices to examine disparities.

Moreover, ACHs achieved actual systems changes related to transformed norms, changes in practices within and across partners, securing new and sustainable funding mechanisms and advancing policy changes. For example, ACHs created trust among their community partners that enabled them to move from competition for resources to collaboration around shared goals and activities; identified gaps and created new community-clinical interventions that spanned health and community sectors and served to enhance service referral, linkage and care coordination across a variety of health and social issues; and served as a strong, credible advocate for community interests, working with local leaders to secure projects/benefits for current and future residents (e.g., local hire, affordable housing, health services).



The bridges that have been built across different sectors are amazing and were not the case a few years ago. Everyone sees the bigger wellness concerns that we all share. We have common vocabulary. Now we talk about how to more deeply integrate what we offer—the conversations are at a different level.

— ACH Backbone



¹ | BUILD Health Challenge Systems Change Framework. Available at buildhealthchallenge.org/wp-content/uploads/2019/11/BUILD-Systems-Change-Compendium.pdf.

LESSONS LEARNED FROM CACHI'S FIRST SIX YEARS



Over the course of CACHI implementation, there were several important lessons learned that can help inform future ACH implementation as the model scales and spreads to other geographies within California and nationally. These include:

1. A dedicated, skilled and well-compensated backbone organization is critical to ACH effectiveness and success.
2. The Portfolio of Interventions, which sets the CACHI model apart from other multi-sector collaboratives, gives the ACH a recognizable purpose, plan and identity.
3. Community member engagement in ACH efforts is essential to advance equity and achieve collective accountability and remains a significant challenge.
4. ACHs that have access to data and clear measurement strategies are better able to prioritize their work to areas of greatest need, demonstrate results and communicate successes.
5. Financial sustainability of the ACH depends on partnerships, creative and joint problem solving, and alignment with local and state initiatives and priorities.
6. Transformational changes in CACHI are complex and technical assistance (TA) support is essential in addressing the many interdependencies that emerge in implementing the key model elements.
7. The historical context of partnerships and power dynamics within communities matters, shaping and influencing all aspects of ACH development and implementation.
8. Communication and messaging about CACHI to external audiences is a profoundly significant endeavor.
9. Turnover of key leaders and partners is inevitable and offers opportunities for building resiliency and innovation in the long run.
10. Community stewardship and collective accountability are preconditions to lasting systems change.

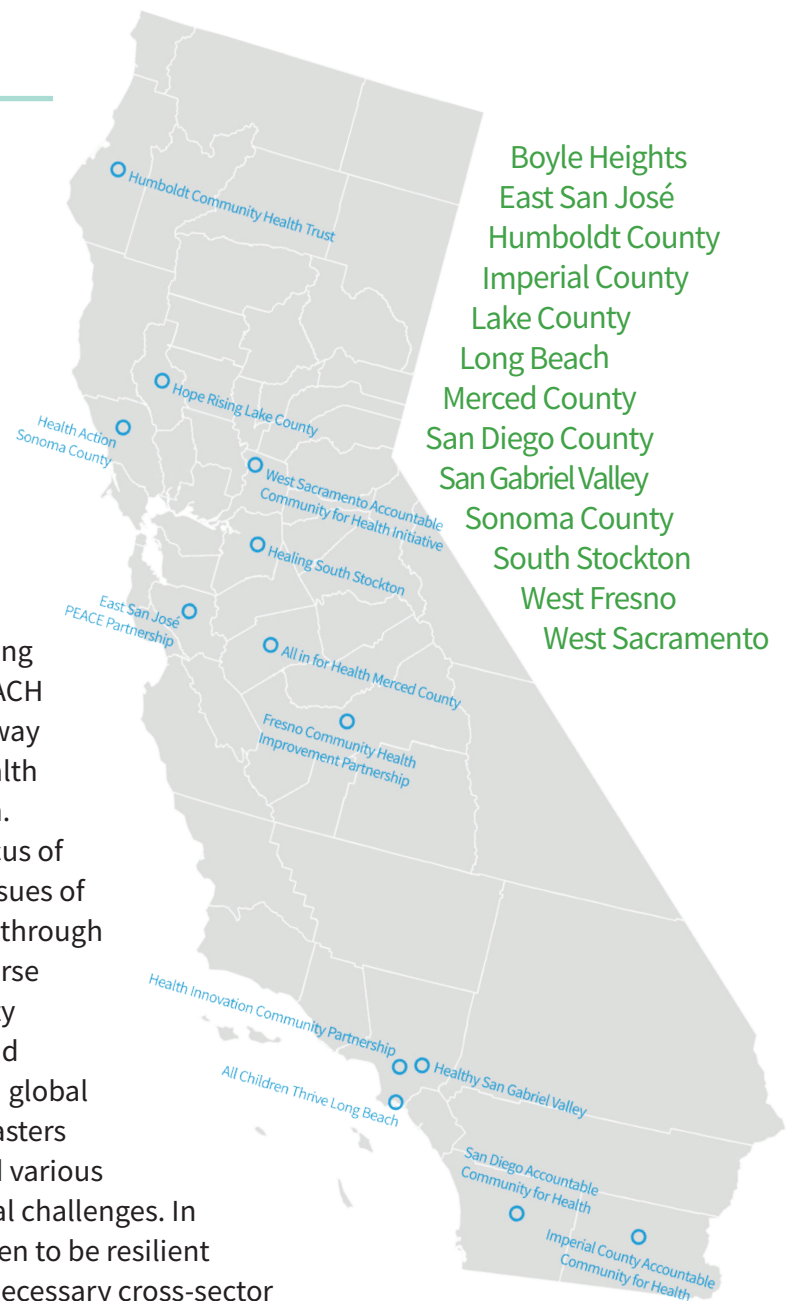
CONCLUSION



Overall, CACHI demonstrated that ACHs bring significant value to communities while facilitating transformational change—by promoting collaboration, equity and sustainability in all efforts to improve health outcomes.

The original CACHI theory of change was shaped significantly by the policy context in 2015-16 when the Federal government was moving toward payment reform. The ACH was conceptualized as a pathway for creating a transformed health system to facilitate this reform. With the 2016 election, the focus of CACHI shifted to addressing issues of equity and community health through collective action. Over the course of implementation, community ecosystems were disrupted and impacted by political unrest, a global pandemic, environmental disasters related to climate change, and various other local, national and global challenges. In this context, the ACH has proven to be resilient and effective in enabling the necessary cross-sector collaborations required to advance toward addressing health inequities and improving community health.

In 2022, the State legislature recognized the achievements and promise of CACHI by allocating \$15 million to scale and spread ACHs in more communities across California with oversight by the CA Department of Public Health. With additional support from The California Endowment, Blue Shield of California Foundation, and The California Wellness Foundation, a total of 37 (13 original and 24 new) ACHs will receive 30 months of funding starting July 1, 2023, to further build and sustain the ACH infrastructure and locally align with state initiatives to focus their collaborative work. The goal is to demonstrate the value ACHs can play in the local implementation and impact of state initiatives such as Integrating Children and Youth Behavioral Health, Partnering with Managed Care Plans to Reduce Health Disparities, Strengthening Community Resilience, and Coordinating Health Workforce Needs.



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