

Frequently Asked Questions

The Accountable Communities for Health (ACH) model of multi-sector, community-based partnerships marshalling resources for community change, is straightforward. Yet people—and the institutions and communities they create—have various and vested interests that can make progress difficult. A framework and structure for collaboration can help overcome barriers and move the gears of systemic change.



Below are answers to some frequently asked questions that will help flesh out the ACH concept, clarify CACHI's priorities and provide the details necessary to understand and properly communicate the scope of this innovative community venture.

Q 1 What is an Accountable Community for Health? What is CACHI?

An ACH is an innovative vehicle for addressing community health and health equity using multi-sector and community-based partnerships, all in service of a shared collective vision for the future of a community. The model recognizes that health is the result of many factors at work across a community and that no single entity controls enough levers to address them alone.

The California Accountable Communities for Health Initiative (CACHI) is a public-private partnership working to modernize our health system to build a healthier, more equitable California. CACHI provides technical assistance, funding and strategic advice to ACH communities and the organizations driving them.

Q 2 How are ACHs different from other community health coalitions or collaboratives?

ACHs are multi-sector collaboratives that are committed to collective action, anchored by a “Backbone” entity. ACHs are not just tables for information sharing, but rather tables for alignment, community engagement, and, ultimately, systems change. They facilitate engagement with an ecosystem of organizations and sectors that are involved with the particular issue. Too often agencies and organizations are unaware of what each other does, when they could be reinforcing one another.

ACHs have three primary roles. They catalyze alignment to collectively problem solve. They provide residents a seat at the table to level the playing field. And, they establish community accountability to ensure effective collaboration.

Q 3 What are the benefits of the ACH model?

ACHs are designed to facilitate systems change, which involve changes in the practices and operations of a system—including culture and norms, decision-making authority and distribution of resources. It is through systems changes that a new vision for a more equitable and prevention-oriented health system can be realized.

By strengthening health-social service connections, improving alignment between sectors, accelerating innovation, engaging residents and changing policies, ACHs put into place the means to achieve their vision of a more connected, expansive, prevention-oriented and equity-centered health system.

Q 4 What issues do ACHs tend to focus on?

ACHs prioritize issues that are of highest concern to the communities they serve, focusing, in particular, on issues associated with significant inequities. Consequently, ACHs work on a wide range of issues. Some focus on very specific community health problems, like reducing diabetes, heart disease, asthma or substance abuse. Others focus more on broad societal issues that lead to poor health outcomes, such as childhood trauma, neighborhood violence, economic disparities or systemic racism. The ACH principles concern how people and organizations work together, not what they work on. This enables ACHs to quickly respond to emerging health issues, such as COVID-19.

Q 5 How do ACHs advance equity?

Principles of diversity, inclusion and equity are infused in all aspects of an ACH. For example, ACHs ensure their decision-making bodies are diverse and inclusive of residents. They focus on communities that have experienced significant inequities and they make a concerted effort to investigate structural causes of such inequities, recognizing that that often means facilitating difficult conversations. They also ensure funding is prioritized to serve historically under-resourced communities and groups.

Q 6 What is an ACH Backbone? Why does it matter?

An ACH Backbone is an entity that works full-time to convene community partners and stakeholders, coordinate collective action and manage the day-to-day operations of the ACH. The Backbone provides the glue that keeps the collaborative together—managing personalities, schedules, priorities and timelines, navigating power differences and conflict and maintaining momentum for the long term. The Backbone must be able to speak to and engage different systems, sectors and people, from youth to CEOs.

Working with ACH partners, the Backbones help elevate community voice, facilitate action, build sustainability for impact, steward systems change and influence policy. These efforts move the ACH from an information-sharing network to a structured and strategic collaboration that achieves more together than any single organization could on its own.

Q 7 How do ACHs assist in relationship-building between disparate entities?

Since multi-dimensional problems require multi-dimensional solutions, ACHs encourage active alignment between organizations, breaking down long-standing silos. Partners shift from program-specific approaches to those that align interests, incubate new ideas and expand collective capacity with data-sharing and trust-building. By centering community voice, these multi-sector collaboratives bring diverse and divergent interests together, which can provide new insights, unexpected resources and renewed innovation for change. Furthermore, the ACH model prioritizes community voice, meaning residents play a prominent and active role, ensuring all activities are representative and in service of all segments of the community.

Q 8 What resources do ACHs need to be successful? How does a Wellness Fund fit in?

To be successful, ACHs require sustainable funding so that they can fuel their Backbone entities and ensure long-term accountability between partners. Generally, Backbones require funding for one or two staff members plus resources to support collective endeavors, such as communications, data dashboards and standard administrative expenses. More developed ACHs incorporate a wellness fund that can braid public and private resources to fund Backbone operations and ACH-organized strategies for which resources are hard to come by.