

# Accountable Communities for Health

A Model for 'Recovery and Equity Councils' that Provides Community-Driven Accountability

## The ACH: Opportunity, Equity & Funding

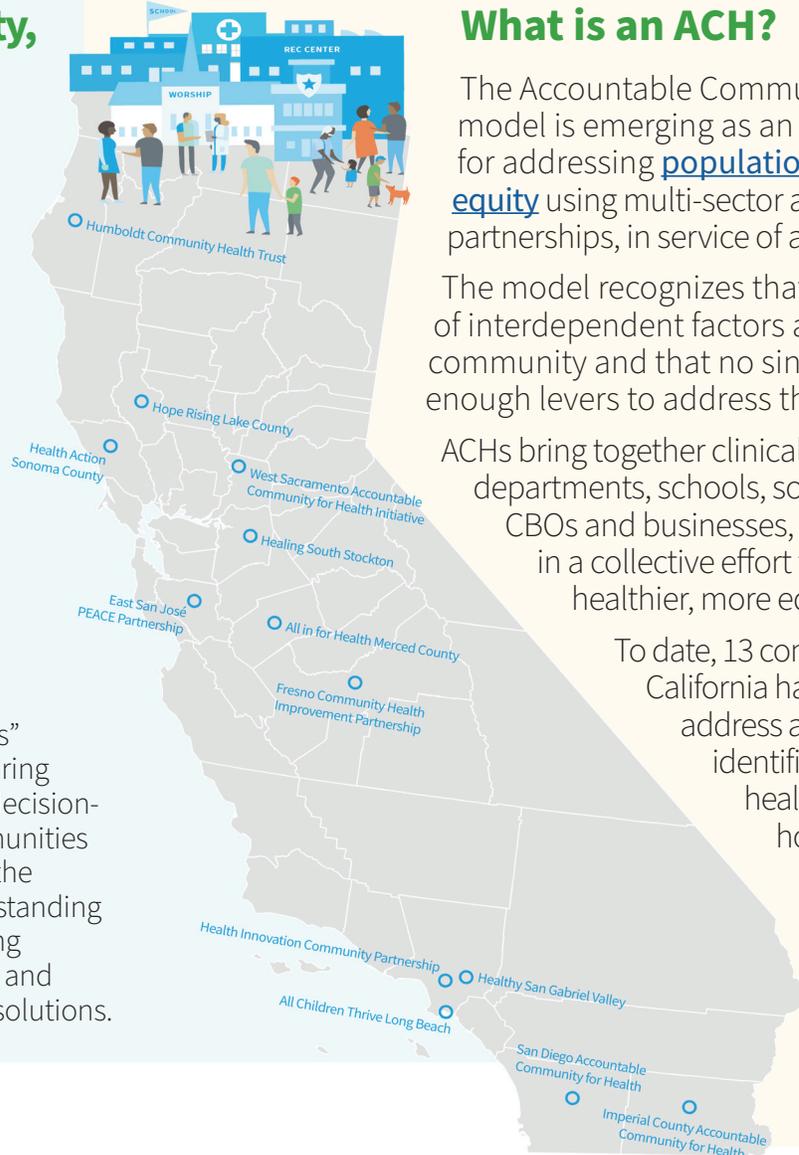
With an infusion of new funding from the federal and state governments in response to the COVID-19 pandemic, we have the opportunity to set in motion new ways of working that, over the long-term, hold great potential for eliminating structural inequities and improving community health.

As described in a recent [CalMatters commentary](#), five leading health foundations put forth the idea of using a portion of the funding to create "Recovery and Equity Councils" modeled on ACHs. Such enduring and inclusive approaches to decision-making ensure that the communities and people most affected by the pandemic, as well as by long-standing inequities overall, play a driving role in identifying, developing and implementing strategies and solutions.

## What is CACHI?

The California Accountable Communities for Health Initiative (CACHI) was founded as a public-private partnership between state government and private sector funders, and designed to modernize our health system to build a healthier, more equitable California:

- The California Endowment
- Blue Shield of California Foundation
- Kaiser Permanente
- The California Wellness Foundation
- Sierra Health Foundation
- WellBeing Trust
- Social Impact Exchange



## What is an ACH?

The Accountable Communities for Health (ACH) model is emerging as an important vehicle for addressing [population health and health equity](#) using multi-sector and community-based partnerships, in service of a shared collective vision.

The model recognizes that health is the result of interdependent factors at work across a community and that no single entity controls enough levers to address them alone.

ACHs bring together clinical providers, public health departments, schools, social service agencies, CBOs and businesses, along with residents, in a collective effort to make a community healthier, more equitable and resilient.

To date, 13 communities across California have formed ACHs to address a range of community-identified issues: cardiovascular health, asthma, housing and homelessness, substance use disorder (SUD), food insecurity, violence and trauma, adverse childhood (ACEs) experiences and children's health.

## What are ACHs accomplishing?

*"Our ACH provided us with the opportunity to release funding from our Wellness Fund at a rapid rate to respond to COVID-19, helping us target our most vulnerable communities—particularly those that aren't able to receive assistance elsewhere."* — **East San José's ACH**

*"We've heard through our Trustbuilders [resident organizers] that housing was more of a day-to-day issue than had been previously known. That's influenced our focus—now we organize residents around housing."* — **South Stockton's ACH**

*"The ACH facilitates cross-sector communication and partnerships with purpose. This has resulted in new contracting opportunities, workforce development and increased community capacity to address the health and social needs of residents."* — **San Diego's ACH**

# ADVANCING VALUE AND EQUITY IN THE HEALTH SYSTEM

## THE CASE FOR ACCOUNTABLE COMMUNITIES FOR HEALTH

### THE ACH MODEL

A [new report](#) released by the Funders Forum on Accountable Health and the California Accountable Communities for Health Initiative (CACHI) reveals how the Accountable Communities for Health (ACH) model is emerging as an important vehicle for improving population health and health equity.

ACHs recognize that health is the result of interdependent factors at work in a community and that no single entity controls all the levers. This pioneering model brings together health care providers, public health departments, schools, social service agencies, and others, along with residents in a collective effort to make a community healthier, more equitable and resilient. The report provides an alternative framework for defining and assessing value that moves beyond the traditional “Return on Investment (ROI)” and captures the transformational nature of the ACH. It identifies three key roles that ACHs play in the community and provides in-depth case studies to demonstrate each role.

#### 3 KEY ROLES OF AN ACH



##### **Catalyzing alignment, innovation and new ways of working together to eliminate siloed, program-by-program interventions.**

ACHs collectively problem solve, align interests and incubate new ideas to address both longstanding and emerging issues.



**CASE STUDY:** In Washington, Vancouver’s Healthy Living Collaborative pulled together community partners to change how the system deployed resources, ultimately aligning partners’ interests and maximizing the impact of housing vouchers.



##### **Establishing collective accountability among stakeholders and the community to drive sustainable systems changes and outcomes.**

ACHs facilitate data sharing and other strategies to help the ACH, and the community, develop an understanding of mutual problems and collaborate on solutions. This forms a strong foundation for collective accountability.



**CASE STUDY:** Leaders in Portland, Oregon, needed a place to build collective accountability for the community’s work around homelessness. The Regional Supportive Housing Fund soon formed to balance the many interests involved and anchor the community’s commitment to being accountable to all parties.



##### **Leveling the playing field so community voice has a real say in defining problems and advancing solutions that prioritize equity.**

Organizations, sectors and residents typically come to the table with unequal power. By centering equity and community voice, ACHs shift power and resources to produce more equitable outcomes and a stronger, more cohesive community.



**CASE STUDY:** San Diego’s ACH established *Neighborhood Networks*, a network of community health workers, to work with, rather than on behalf of, the community members most impacted by historical inequities.