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.

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.

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: 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.

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.

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.