SUSTAINABILITY THROUGH ACCOUNTABILITY: THE ACCOUNTABLE COMMUNITY FOR HEALTH MODEL

Chapter 18: Sustainability Through Accountability: The Accountable Community for Health Model
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Public and private funders have long supported community collaboratives to address a wide range of health issues. Although these collaboratives accomplish important goals, they rarely continue beyond the funding or yield lasting systems change. The accountable community for health (ACH) is a multisector collaborative with an embedded sustainability capacity—a Wellness Fund—built into it from the start. A Wellness Fund is an expression of the ACH's shared responsibility for the health of the community. Operationalizing shared responsibility or collective accountability through the Wellness Fund and other aspects of the ACH, such as achieving agreed-upon outcomes, is central to the success and sustainability of an ACH.

Collective accountability (Box 18.1) has been identified as a key indicator of systems change, recognizing that it is very difficult to achieve and sustain.[1] It demands a shift from "business as usual" to an innovative, dynamic, and iterative process of "we are in this together"—an important goal of the ACH.

Box 18.1: Collective Accountability

Collective accountability assumes a much deeper commitment to the change process within and across organizations and between the practice and policy levels, building on previously established buy-in and a comprehensive understanding of the problem. Collective accountability occurs when organizations develop the capacity to balance internal interests with interests across other organizations and systems to support a common goal or address a shared community need.[1]

The Accountable Community for Health Model

The ACH model is gaining traction across the country. A recent review of this trend found that "[a]ccountable health initiatives fundamentally embrace the concept that there is a shared responsibility for the health of a community or patient population across sectors. By focusing on the alignment of clinical and community-based organizations, they offer an integrated approach to health, health care, and social needs of individuals and communities to achieve equity, better population health outcomes, reach a higher quality of health care, and reduce costs."[2]

An ACH represents the next generation of health system transformation by extending the boundaries of the current health caredelivery system to include community organizations and social services; other sectors, such as education and public safety; and the broader community environment.[3] There are variations in the specific components of an ACH, and the California Accountable Communities for Health Initiative (CACHI), has its own. (CACHI has its origins in the state's Let's Get Healthy California [LGHC] Task Force, which was launched in 2012 by California Governor Jerry Brown. Funders participating in LGHC [The California Endowment, Blue Shield of California Foundation, Kaiser Permanente, and Sierra Health Foundation] subsequently decided that the opportunity was ripe to implement the ACHmodel in California. They pooled nearly $10 million over a 4-year period to test this new model of health system transformation in partnership with the California Health and Human Services Agency.) CACHI launched in 2016, and identified the following seven key elements of an ACH—all of which are infused with an equity lens.

Box 18.2: California Accountable Communities for Health Initiative (CACHI)

CACHI includes 15 communities participating through two cohorts: six Catalyst communities and nine Accelerator communities. A program management team housed at Community Partners, a fiscal intermediary based in Los Angeles, manages the six Catalyst communities, while the Public Health Institute oversees the nine Accelerator communities. The initiative is framed by strong relationships between the funding partners, an explicit intent for communities to co-design the initiative alongside funders (a "build as we fly" approach), and a focus on sustainability from the start. The evaluation reinforces this learning-by-doing approach and links to a broader ACH evaluation framework developed by the Health and Human Services Agency.

1. *Shared vision and goals*, based on a common understanding of the problem.

2. *Explicit governance arrangement*, including identified leaders and champions and meaningful partnerships across different organizations and sectors.
3. *Resident engagement at all levels of the ACH*, from governance to workgroups, as well as the design and implementation of the portfolio of interventions.
4. *Backbone entity* that serves as the ACH's convener and facilitator.
5. *Data analytics and sharing capacity*, which will enable the ACH to effectively implement the portfolio of interventions, track progress, and communicate impact.
6. *Portfolio of mutually reinforcing interventions across five domains*: (1) clinical care, (2) community programs and social services, (3) community-clinical linkages, (4) environment, and (5) public policy and systems.
7. *Wellness Fund and sustainability plan* that can attract, braid, and blend resources to support the goals of the ACH.

It is important to distinguish the ACH model, which is relatively new, from the accountable care organization (ACO)—a prescriptive health care delivery system model that has been around for more than a decade. An ACO is a formal organizationfocused on *care,* whereas the ACH is a *community collaborative* aimed at *health and wellness.* Accountability is a common thread between the ACO and the ACH. However, while the ACO achieves accountability principally through financing agreements and, ultimately, shared savings, in an ACH, accountability operates at multiple levels, including, but not limited to, financing and the Wellness Fund.

Accountability: The Critical Ingredient for Building Collaborations that Last

The central operating principle of an ACH is that collective accountability is both a driver and an indicator of permanent systems change. It recognizes that for accountability to be meaningful across sectors, it must extend beyond financial arrangements. It is essential that all partners be explicit and continually revisit the questions of *to whom is* the ACH accountable and *for what*.

To Whom Is the ACH Accountable?

Accountability requires participating individuals and organizations to agree to the mutual and shared responsibility for the ACH's activities, outcomes, successes, and failures. This applies to an ACH leadership team as well as to the wider circle of partners. Equally important for CACHI sites is accountability to the residents of the community.

> Mutual trust is the result of accountability.
> —Pedja Stojicic, ReThink Health

Accountability can be assessed as the ACH balances the needs of its stakeholders with their commitment to principles and practices (Figure 18.1). Shared accountability not only means ensuring that the right stakeholders are at the table and that they are heard, but it also requires an ACH to do the following: (1) garner *commitment* from and foster *trust* among leadership team members, other partners, and the organizations they represent, which ideally deepens over time; (2) create a*distributed leadership* model where many people assume responsibility for various agreed-upon activities and participate in decision-making; (3) periodically evaluate whether any appropriate interest group/leader is not represented and, if so, how to best ensure *inclusion and diverse, equitable representation*; (4) continuously generate support and "buy-in" through transparent *feedback loops* leveraging data and information;[1] and (5) implement *authentic community engagement with an equity lens*. A brief description of each of these is provided in the following list:

- *Commitment and trust*: Building leadership team and partner organizations' commitment to the ACH and to each other takes time. As an ACH creates a vision and transparent governance structure and develops a portfolio of interventions that cuts across multiple sectors and organizations, participants begin to appreciate the scale and impact of the ACH. It becomes increasingly clear how their own organizational interests fit. The give and take of this process inspires a shared sense of mission and its collective benefits. They combine to strengthen trust. A more formal governance structure with organizational leadership team commitments further strengthens accountability.
- *Distributed leadership*: Although an ACH relies on a backbone organization for overall management, leadership team members assume responsibility for specific activities. Given the diverse needs/expertise of the ACH, spreading these roles throughout the collaborative adds to trust building and mutual accountability. Just as obtaining organizational rather than individual commitments is important for governance stability and overall accountability, a distributed leadership model creates greater cohesion for the ACH, embedding it more broadly within the community. Figure 18.2 depicts a distributed leadership model for Merced County, where the backbone organization resides with the Department of Public Health, United Way serves as the Wellness Fund administrator, a local health information exchange and its vendor are taking the lead on data sharing, and clinics and community organizations are managing other key ACH activities.
- *Inclusion*: As the ACH develops, regular check-ins are needed to ensure that the governance structure and participants reflect the composition of the community. Leadership teams receive training in equity, diversity, and inclusion and are mindful of the risk of reinforcing accountability that skews toward stakeholders with power at the expense of those less powerful, but who are directly affected by the ACH's work.[4]
- *Transparent feedback loops*: The ACH uses a logic model to identify short-, intermediate-, and long-term outcomes. Because ACHs are breaking new ground where evidence and data may be thin, creative workarounds to consolidate data and gather "best available" information for monitoring and decision-making are necessary while working on longer

term data-sharing strategies. In addition, each logic model includes metrics to gauge progress of the ACH infrastructure by which all involved can hold one another accountable.

- *Authentic community engagement with an equity lens*: Authentic community engagement requires that the ACH provide vehicles through which the community expresses its preferences, opinions, and views and can receive updates on progress and results. Moreover, the ACH should possess the agility to respond to the community and reflect a willingness to change its governance structure, policies, and programs as appropriate.

Accountability to the community ensures that the ACH addresses issues and interventions that matter to people. For example, residents participating in a San Diego community engagement meeting raised issues related to trauma and its contribution to cardiovascular disease, the focus of the ACH. This community priority was subsequently incorporated into the ACH portfolio of interventions. In Stockton, after knocking on residents' doors to gather their priorities, leaders recognized that their long-term focus on economic development and the prevention and treatment of trauma had to include attention to improving parks and eliminating local drug dealers.

Figure 18.1: Levels of accountability for an Accountable Community for Health (ACH).

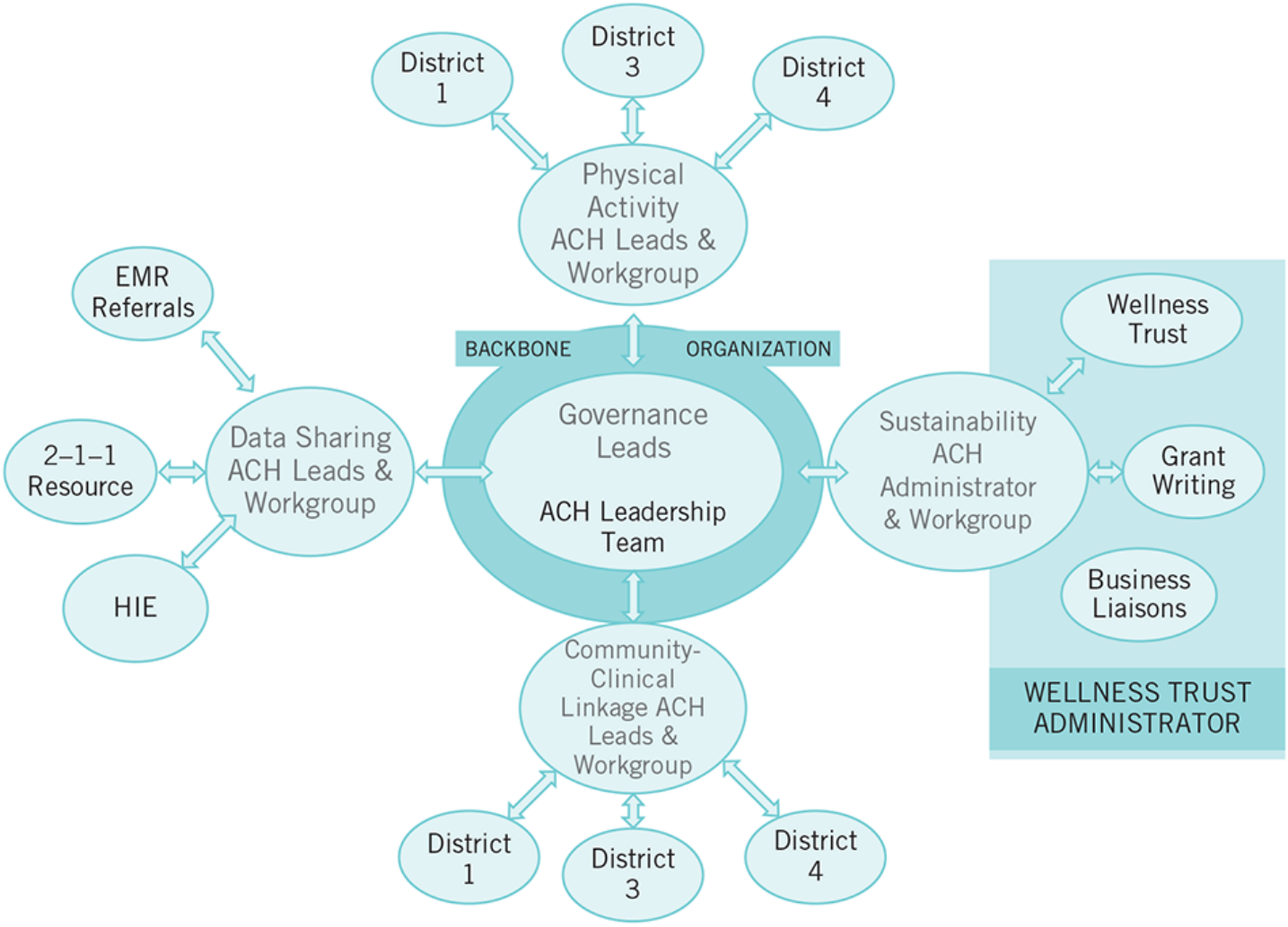

Figure 18.2: Example of an Accountable Community for Health (ACH) distributive leadership model.

For What Is the ACH Accountable?

Improving population health requires a multifaceted and coordinated strategy at multiple levels, from individual provider practices to community-wide efforts. Creation of a portfolio of interventions is predicated on the idea that, to achieve change at scale, a coordinated set of interventions is required that consistently reinforce each other to strengthen and amplify the impact of individual activities. Ideally, the portfolio should encompass a full range of upstream and downstream activities to address all stages and aspects of an identified health issue, and it should be strategically assembled so that the interventions are aligned, reinforcing, and connected. A portfolio is not simply a collection of siloed activities operating in parallel, but rather a coherent set of interlocking activities that, when combined, can achieve a common set of outcomes.

Implementing a portfolio is a developmental process, and each iteration of the process results in an improved strategy and deeper acceptance among community residents and organizational partners. Portfolio development also affords opportunities to strengthen program alignment and to better articulate the communities' overall approach to a selected health issue. The process of developing a portfolio *and* the choice of its metrics and outcomes depends on and deepens collaboration and accountability. Figure 18.3reflects the portfolio development process that CACHI is employing.

- Facilitated by the trusted backbone, communities inventory existing interventions mapped to portfolio domains (e.g., clinical care, community programs and social services, community–clinical linkages, environment, and public policy and systems).
- Simultaneously, communities establish portfolio outcomes that cut across all of the interventions, rather than individual program outcomes. This is critical for collective accountability, as multiple stakeholders will contribute to each outcome and its ultimate success.
- With the inventory and a common set of outcomes at hand, communities can then continue through the process to assess evidence, identify gaps, refine the portfolio, and develop a narrative of how the portfolio will improve health.

Using the process,CACHI sites have revised and prioritized portfolios so that they reflect local needs, assets, and aspirations. Outcomes have been developed to meet criteria such as producing measurable, feasible for data collection that is compelling to multiple audiences and increasing equity. Developing this aligned set of interventions and outcomesraised several issues relevant to building a sense of collective accountability:

- Ensuring that *equity* goals are elevated and articulated throughout the portfolio
- Using consistent and straightforward *language* that is understandable by all participants, including residents
- Learning about best practices and agreeing on what constitutes *evidence* for portfolio programs
- Agreeing about *outcomes* that are achievable and important
- Connecting the portfolio to *sustainability* planning and the Wellness Fund

More than any other element of the ACH, the Wellness Fund requires—and is an expression of—collective accountability. The Wellness Fund is the vehicle for an ACH's sustainability and is governed by the ACH itself. In this way, the ACH governance links strategy (the portfolio) to sustainability (the Wellness Fund) and formalizes accountability to the community. Embedding sustainability and accountability is a critical goal of CACHI, so that attracting and prioritizing resources to sustain and expand the portfolio and ACH infrastructure are contained within the same governance structure,and its accountability is squarely with the community. In one CACHI community, the county host agency has developed a formal memorandum of understanding (MOU) for approval by the Board of Supervisors that formalizes governance between the ACH (not an organizational entity) and the Wellness Fund. This governance structure allows communities to recognize and prioritize needs, such as scaling interventions and addressing gaps in the portfolio, alongside decisions for infrastructure sustainability, like backbone support, data, and community engagement.

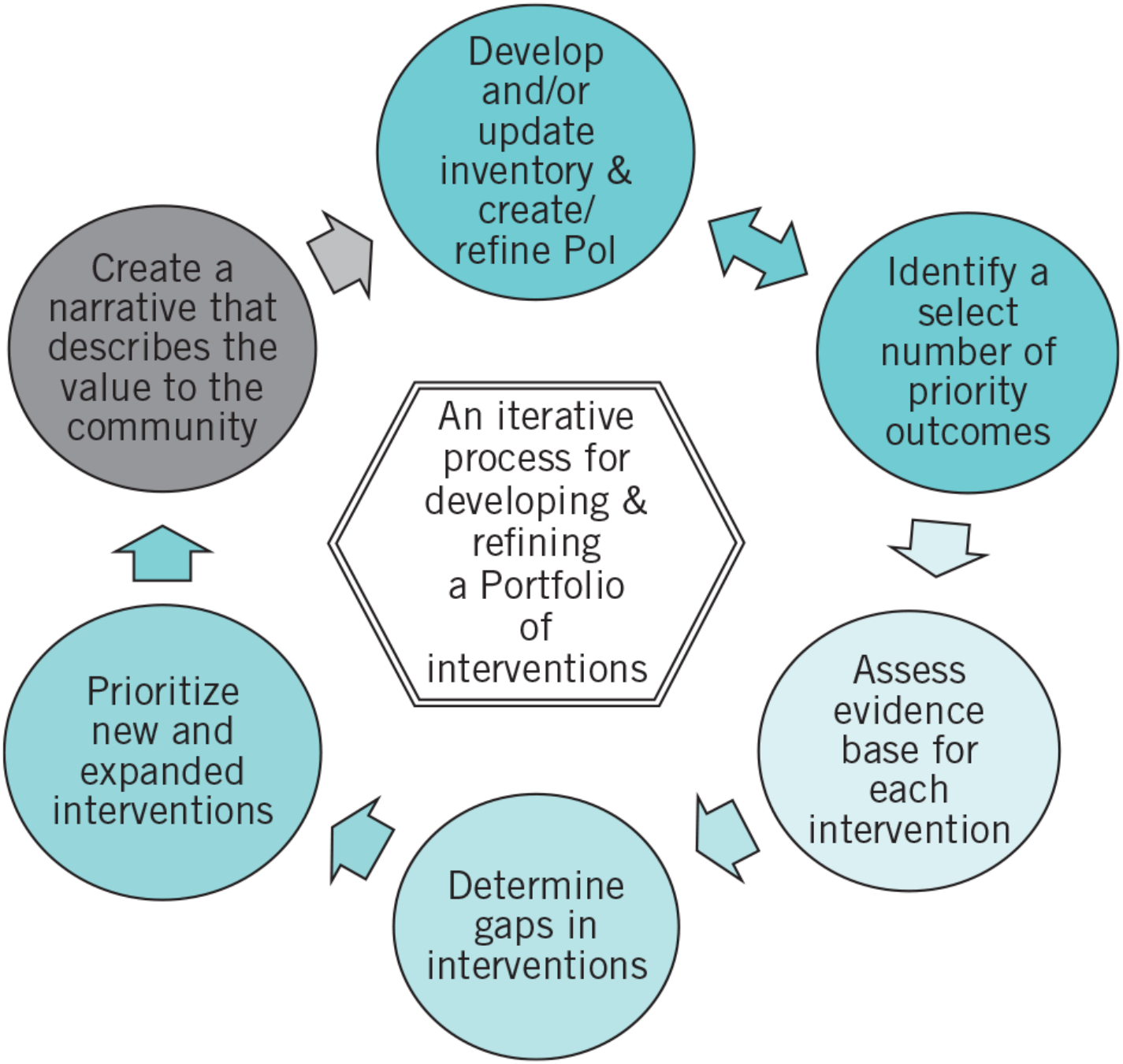

Figure 18.3: The process of developing a portfolio of interventions.

Early Lessons

With just under 2 years of CACHI implementation, lessons are already emerging regarding the essential role of accountability in the development and implementation of an ACH.

- *Development of an accountable health system is an iterative effort.* Grantees are working on all seven elements of the ACH simultaneously, necessitating continual review and updates. The iterative process itself strengthens understanding and accountability for the ACH among all partners.
- *ACHs develop faster and with greater likelihood of sustainability when they build on and incorporate past efforts that include community capacity and leadership development.* Many of the ACHs are utilizing existing platforms and tables, and many of the leaders have experience with previous initiatives. Preexisting and trusting relationships provide a solid foundation for the ACH.
- *Sound governance means that there is broad and deep ownership of the ACH*. Although strong individual leaders are important to catalyze action, sustainability requires multiple leaders, broad ownership, and organizational buy-in of the ACH. Four of the six CACHI communities are undergoing leadership transitions, underscoring this need.
- *Community engagement—and ultimately activation—ensures that the ACH is accountable to the community in a meaningful way*. The ACHs are implementing robust community engagement efforts to train residents and develop

community leaders on health. This requires overcoming past failed promises of action and widespread “input” fatigue. Relatedly, ACHs are developing concrete mechanisms of accountability to the community, such as dashboards and other means of communication, to ensure that community residents are kept apprised of progress and meaningfully involved in the effort.

- *Strong accountability mechanisms enable the ACH to shift from project orientation to systems change*. The goal of CACHI is for each community to establish an enduring platform to tackle a range of community health priorities. Accountability mechanisms enable stakeholders to shift their mindset from a project to a sustainable community-wide effort.
- *Trust and clear accountability mechanisms are critical for selecting a Wellness Fund and ensuring sound governance.* The Wellness Fund and implementation of the sustainability plan should not be viewed as separate or distinct from other elements of the ACH. Accountability to the ACH, built on a platform of trust, will help investors and other stakeholders see the value of investing in the Fund.

Conclusion

Improving the health of populations requires mutual and shared responsibility for outcomes. No single system, organization, or individual can achieve results on their own. With its focus on accountability across multiple stakeholders, especially community residents, the ACH is an emerging model that holds much promise for success. However, as noted, accountability cannot be limited to financial returns but must become meaningful and actionable across multiple dimensions and all stakeholders. This is the meaning of transformation, and it is an important mechanism for driving improved and sustainable positive health outcomes.

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