San Diego and Imperial Counties are 2 of 6 communities in the state to pilot **Accountable Community for Health (ACH)**, funded by The California Endowment, ACH is defined as...

A **multi-payer, multi-sector alliance** of major health care systems, providers, and health plans, along with public health, key community and social services organizations, schools, and other partners **serving a particular geographic area**. An ACH is responsible for **improving the health of the entire community**, with particular attention to **achieving greater health equity** among its residents.

The **goals of an ACH** are to ...

1) improve personal and community-wide health outcomes and reduce disparities with regard to particular chronic diseases or health needs;
2) control costs associated with ill health; and,
3) through a self-sustaining Wellness Fund, develop financing mechanisms to sustain the ACH and provide ongoing investments in prevention and other system-wide efforts to improve population health.
What is an ACH?

A **multi-sector coalition** of partners including healthcare, public health, social services, behavioral health, schools, business and community organizations.

A **shared vision** of community health with a focus on preventing chronic disease, balancing a regional approach with community-specific approaches.

A “**backbone**” organization to coordinate activities.
CACHI Elements

Shared vision and goals
Partnerships
Leadership
Backbone organization
Data analytics and sharing capacity
Wellness Fund
Portfolio of interventions

Definitional Elements
Why an ACH?

• Significant resources are dedicated to medical care or “downstream” efforts and a smaller percentage of resources are invested in prevention and population approaches to health, also called “upstream”.

• Focusing upstream can create better health, less disease, more equity and generate long-term savings by reducing the use of healthcare services.

• An ACH seeks to refocus efforts and investments upstream.
ACH Components

What does it take?

Stewardship and Engagement

- **A multi-sector coalition** of partners including healthcare, public health, social services, behavioral health, schools, business and community organizations.
- A **shared vision** of community health with a focus on preventing chronic disease, balancing a regional approach with community-specific approaches.
- A “backbone” organization to coordinate activities.

Data Sharing

- Sharing **data and information** to coordinate services and linkages across all partners, monitor outcomes and identify and **address gaps and disparities**.

Collective Action

- A new approach to **link clinical and community actions**. The ACH will take a “wide-angle” view of the entire system – both clinical and community – that contributes to health outcomes. We will build on current programs while engaging **new and diverse partners**.

Investment

- New **funding models** that explore ways to move resources from traditional downstream spending to non-traditional **upstream investments**. A community wellness fund is envisioned that will provide the infrastructure for these types of investments.
Interdependent Workgroups

Collective Action Workgroup

Portfolio of Interventions
a group of mutually reinforcing programs positively impacting health and aligned with ACH priorities

Sustainability & Wellness Fund Workgroup

Value Case to Funders
an approach to “packaging” the programs and resulting success in a way that demonstrates value to entities that will invest in the ACH

Data & Metrics Workgroup

Indicators of Success
those metrics of improvement in health that we track, either through data from the programs themselves or through public data

Community Resident Activation Workgroup

Community Engagement
authentic engagement and participation of community members and organizations in all aspects of ACH decision making
Portfolio of Interventions Process

1. Identify a select number of priority outcomes
2. Develop and/or update inventory and create/refine POI
3. Assess evidence base for each intervention
4. Prioritize new and/or expanded interventions
5. Identify gaps in interventions
6. Determine how interventions relate or are connected to each other

Iterative process for developing and refining a portfolio of interventions
## CACHI Communities

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<th>Catalyst Communities</th>
<th>Accelerator Communities</th>
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<td>Merced County</td>
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Progress on San Diego ACH

**Stewardship and Engagement**
- Created organizational and governance infrastructure
- Established core values
- Developed partnership guidelines

**Community and Resident Engagement**
- Representation across all SD ACH workgroups
- Developing resident and community centered best practice tool

**Investment**
- Developed Wellness Fund principles
- Initial funding committed by local funder
- Developing financial innovation model

**Collective Action**
- Created process for developing a mutually reinforcing portfolio of interventions (POI)
- Conducted countywide POI survey
- Testing POI model in 2 priority communities

**Data Sharing**
- Identified priority outcomes, primary and secondary indicators, and baseline population-level data
- Developing data portfolio for community-level interventions
Progress on Imperial County ACH

**Stewardship and Engagement**
- Built infrastructure for sustainable, community-wide impact on health
- Systems changes to strengthen clinical-community partnerships

**Community and Resident Engagement**
- Conducted countywide Community Health Assessment survey
- Health Leadership & Communications Training

**Investment**
- Developed investment and financial strategies
- Developed WF funding categories

**Collective Action**
- Developed a mutually reinforcing portfolio of strategies
- Developing a strategy to invest in the growth of 2-1-1

**Data Sharing**
- Inclusion of SDOH data into regular reporting or the electronic health record for someone with asthma
- Insufficient data to demonstrate the impact that funding has had on reducing the burden of asthma
Ensuring Community-Driven Work

Stewardship
- LHA partners (HPs, hospitals, FQHCs, BH services, CBOs, social service agencies)
- Community residents

Leadership Positions
- LHA Commission and committees
- CHIP workgroups

Capacity Building
- In conversation, planning, and education locally
- Health Leadership & Communications Training

Forums
- Community Health Improvement Plan (CHIP)
Ensuring Sustainability

• Payments into Wellness Fund (WF) from California Health & Wellness (CH&W)
  – Imperial County (IC) – CH&W contractual obligation
    • $1.00 PMPM TANF (Temporary Assistance for Needy Families)
    • $2.50 PMPM SPD (Seniors and Persons with Disabilities)

• Requirements built into WF
  – Contractual obligation
    • Contributions

Activities that qualify as medical expenses (85%)
Administrative expenses (15%)
Managing the IC Wellness Fund

• Governance
  – CH&W relies on local executive for communication with the Local Health Authority (LHA)
  – IC has entrusted LHA with decision-making authority
    • Finance Committee – Developing a finance model
    • Executive Committee – Recommendations for LHA approval

• Housing the WF
  – Imperial County holds the funds in an account
  – Oversight lies with Executive Office and Auditor Controller
IC Community Investments

Asthma Community Linkages Project

Health Leadership & Communications Training

Study of Emergency Psychiatric Management in Imperial County
IC Community Investments

How were funding decisions made?

• Community Health Assessment – Community Health Improvement Plan/Partnership (CHA-CHIP)
  • LHA Strategic Plan
  • IC consultation with CH&W
  • ACH Framework

What are funding priorities?

• Improving CH&W member and broader Medi-Cal population outcomes
  • Alignment with LHA Strategic Plan Priorities:
    • Health status improvements
    • Health plan performance
    • Stakeholder engagement
    • Community awareness and education
    • Health authority governance
## IC Funding Criteria

<table>
<thead>
<tr>
<th>LHA: Strategic Plan</th>
<th>Accountable Community for Health</th>
<th>CHIP: Integrated Work Plan</th>
<th>Impact Targets</th>
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Systems-Level Investing

- **Systems change:** Transforming the policies, processes, relationship, knowledge, power structure, values, and/or norms of participants within a system that affects a social issue.

What gaps are preventing change?

What will bridge gaps?

What trickle-down effect can a change bring about?

If it works, will it matter?
Review of IC Progress

Working Well

- Agreement between IC and CH&W renewed thru 06/2021
- Spending flexibility
- Growth of fund

Areas for Improvement

- “Return on Investment” Calculations
- Communicating purpose of funding
- Establishing processes and next steps
- Slow to spend
Imperial County ACH

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Accountable Communities for Health