



Accountable Communities for Health

A 'Portfolio of Strategies' Approach to Improving Population Health

**Prepared for Blue Shield of California Foundation
By Prevention Institute and JSI Research & Training Institute, Inc.**

February 2016

William L. Haar, MPH, MSW
Prevention Institute

Jeremy Cantor, MPH
JSI Research & Training Institute, Inc.

Community leaders across the country are exploring the Accountable Communities for Health (ACH) model as an innovative opportunity to pursue population health improvement and health equity. The core of the ACH approach is harnessing the collective efforts of health stakeholders including healthcare, public health, behavioral health, school districts, other governmental entities, and community- and faith-based organizations. The success of this type of approach has been demonstrated repeatedly over the last 50 years through health improvement efforts that have incorporated both individual intervention and community prevention to take on issues as diverse as tobacco, drunk driving, lead exposure, and violence.

[Prevention Institute](#) and [JSI Research and Training Institute, Inc.](#) have worked extensively toward a health system that integrates responses to the social-cultural, physical, and economic environments that shape health and safety. Our organizations are extremely supportive and committed to the success of ACH efforts. Along with several other organizations, we have contributed to the research, thinking, and writing that has developed the ACH model and provided guidance on potential implementation.^{1, 2, 3, 4, 5, 6, 7, 8} One core aspect of an ACH that requires careful attention is the development of a comprehensive portfolio of strategies that engages and builds on the strengths of partners across sectors.

The Accountable Community for Health model

An ACH is a structured, cross-sectoral alliance of health stakeholders dedicated to improving health, safety, and equity for all residents of a given community. The states of Washington and Minnesota began funding ACH initiatives in 2015 using resources provided by the Centers for Medicare and Medicaid Innovation (CMMI) through the State Innovation Model Initiative. In January 2016, Community Partners—in partnership with the California Health and Human Services Agency, and through a consortium of funders (The California Endowment, Blue Shield of California Foundation, and Kaiser Permanente)—issued [a request for proposals for ACH pilots in California](#), for launch in July 2016. This is a breakthrough opportunity to advance the ACH model by testing it out in the nation's most populous state.

At its core, an ACH is meant to create a venue for using resources across many stakeholders in an efficient, strategic way that balances prevention and intervention. As California's request for proposal document states, "The California Accountable Communities for Health Initiative will assess the feasibility, effectiveness, and potential value of a more expansive, connected, and prevention-oriented health system."⁹

What does a portfolio look like?

A portfolio is a set of strategies from multiple domains or categories that operate simultaneously. The categories range from representing individually-focused treatment to population-focused community change. In the case of the California ACH Initiative, five portfolio categories are outlined:

1. Clinical Services

2. Community and Social Services Programs

3. Clinical-Community Linkages

4. Environment

5. Public Policy and Systems Change

A portfolio-type approach was used in tobacco prevention and control efforts in California. Though most people knew about the dangers of tobacco and there were widespread cessation campaigns, rates of smoking did not change dramatically for decades.¹⁰ When California introduced its multi-faceted tobacco control program in 1988, lung cancer incidence dropped twice as fast as in the rest of the U.S., and saved the state \$86 billion in healthcare costs.^{11, 12} The program engaged a broad range of stakeholders and employed strategies that align with the California ACH Initiative's portfolio categories, as seen in Table 1.

Table 1. Portfolio of Strategies used for Tobacco Prevention and Control in California¹³

Clinical Services	Medical providers screened patients for tobacco use and offered evidence-based information on the dangers of tobacco
Community and Social Services Programs	Behavioral health providers and community programs offered tobacco cessation services, and shared messaging that encouraged quitting
Clinical-Community Linkages	Medical providers and community-based tobacco cessation programs developed referral processes
Environment	Restaurants, hospitals, schools, and workplaces, including healthcare facilities, largely eliminated smoking from public indoor locations Multimedia campaigns highlighted disreputable tobacco industry practices and increased awareness of the health consequences of tobacco use
Public Policy and Systems Change	Healthcare practitioners and others advocated for local, state, and national policy efforts, including sharing data on costs and health outcomes related to tobacco use Policymakers enacted laws to increase taxes on tobacco, raise the legal age of purchasing tobacco products, and pursue legal action against tobacco companies

Why a portfolio approach is important

There is growing evidence and recognition that health is significantly shaped by factors outside the purview of clinical institutions.^{14, 15, 16} Community environments shape health by influencing behavior, exposing people to stressors like violence and unhealthy housing, and even influencing genetic expression.^{17, 18} This evidence is sparking action on the part of governmental, philanthropic, and private sector organizations. For example, CMMI recently announced a \$157 million [Accountable Health Communities Initiative](#) intended to support screening for social factors and navigation to social services. The underlying takeaway is that health is the result of a complex interplay between multiple factors, and social determinants of health have a pivotal impact upon health outcomes. The portfolio approach acknowledges this complexity with a multi-faceted response that includes a focus on environmental, public policy, and systems changes. Focusing on one portfolio category alone is unlikely to create broad change at a population scale, or to achieve what some have termed adequate “dose.”¹⁹

In addition to promoting adequate dose and scale and inclusion of environment, policy, and systems strategies, a portfolio approach facilitates the leveraging and braiding of resources across sectors. For example, supportive housing has been shown to improve health and cost outcomes for homeless individuals with significant health and behavioral health issues; and successful initiatives have brought together resources from multiple sources including health care, behavioral health, housing, community development, and philanthropy to pay for services, collaboration infrastructure, and housing units.²⁰ Finally, attention to the environment, policy, and systems end of the portfolio is critical for addressing health disparities. That's because, by the time individuals seek services, they are probably already showing the signs of sustained exposure to inequities in their social, economic, and physical environments.

Recommendations for developing an effective portfolio

Based on an ongoing collection and analysis of successful local, state, and national efforts that have employed a portfolio-type approach, here are a few considerations for identifying comprehensive sets of strategies:

- **Align strategies across the portfolio to maximize synergy:** The strategies should reinforce one another and create a “whole greater than the sum of the parts.” For example, employers can support clinicians who encourage their patients to be physically active by developing guidelines for physical activity at the workplace. Local governments can lend support by ensuring that parks are accessible, clean, and safe.
- **Build on current activity:** An ACH can bring together efforts that are happening in an uncoordinated way. Doing so can help to raise the collective visibility of efforts and free up ACH resources to support strategies that fill in gaps in the portfolio. This is also an opportunity to engage stakeholders that may not see themselves as having an effect on health, yet when collaborating with a broader health-related coalition, they can create programs and make decisions that support ACH population health improvement goals.
- **Draw on a range of evidence to identify strategies:** While there is emerging evidence of the impact of some multi-strategy initiatives such as the [Accountable Community of Health in King County, Washington](#), this is a relatively new field and portfolios are complex to evaluate. One of the intentions of ACH initiatives is to build the evidence base. In identifying potential strategies, initiative stakeholders can draw on both the peer-reviewed literature and practice examples from other communities in order to have a broad set of ideas to select from and to capture emerging successes.
- **Develop a portfolio that is likely to result in easy-to-monitor, short-term and long-term outcomes.** The complex community priorities that are likely to be selected as a focus for an ACH will require a sustained effort over a number of years in order to make significant progress. Ambitious long-term goals and outcomes can serve to highlight the importance and potential of the initiative and to maintain focus on a balanced portfolio of strategies. However, also identifying portfolio activities that are likely to return quick results can be very valuable in building momentum and addressing immediate priorities of key stakeholders.

Conclusion

Collaborative health initiatives are not a new idea. Clinical institutions have a long history of partnering in, and sometimes initiating, efforts to address social conditions. The California ACH Initiative is a great opportunity for formalizing partnerships between clinical, individually-focused services and community-wide policy and environmental change efforts. When multiple sectors align strategies effectively, the communities they serve can see rapid improvements in health, safety, and equity. Developing effective portfolios is a key step toward implementing comprehensive health strategies. We look forward to continuing to support the ongoing proof of this concept, and the building of collective will to innovate and transform the health system.

Acknowledgements

Funding for this commentary was provided by Blue Shield of California Foundation. Prevention Institute and JSI would like to extend special thanks and gratitude to our program officer, Rachel Wick, for her guidance and support of this effort.

The authors would like to acknowledge contributions on this commentary from Rachel Tobey, Leslie Mikkelsen, Larissa J. Estes, Jessica Berthold, and Lauren Sharp.

References

- ¹ Magnan S, Fisher E, Kindig D. et al, Achieving Accountability for Health and Health Care. https://www.icsi.org/_asset/qj7tk6/Commentary---Magnan.pdf. Published November 2012. Accessed January 2016.
- ² Corrigan JM, Fisher ES. Accountable Health Communities: Insights from State Health Reform Initiatives. <http://tdi.dartmouth.edu/images/uploads/AccountHealthComm-WhPaperFinal.pdf>. Published November 2014. Accessed January 2016.
- ³ Laura Hogan Consulting. Accountable Communities for Health: A California Scan. <http://www.communitypartners.org/sites/default/files/documents/SCAN%20ACH%20in%20CA%20update%2012-15.pdf>. Published December 2014. Accessed January 2016.
- ⁴ Cantor J, Tobey R, Houston K, Greenberg E. Accountable Communities for Health, Strategies for Financial Sustainability. http://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=15660&lid=3. Published May 2015. Accessed January 2016.
- ⁵ Mikkelsen L, Haar WL. Accountable Communities for Health: Opportunities and Recommendations. <http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html>. Published July 2015. Accessed January 2016.
- ⁶ ChangeLab Solutions. Accountable Communities for Health: Legal & Practical Recommendations. <http://www.chhs.ca.gov/PRI/ACHLegalPracticalRecommendationsReportFinal.pdf>. Published December 5, 2014. Accessed January 2015.
- ⁷ Mikkelsen L, Haar WL, Estes LJ, Nichols V. The Accountable Community for Health: An Emerging Model for Health System Transformation. <http://www.preventioninstitute.org/component/jlibrary/article/id-371/127.html>. Published January 2016. Accessed January 2016.

Accountable Communities for Health: A 'Portfolio of Strategies' Approach to Improving Population Health

- ⁸ Alley DE, Asomugha CN, Conway PH, Sanghavi DM. Accountable Health Communities—Addressing Social Needs through Medicare and Medicaid. *N Engl J Med.* 2016; 374:8-11. <http://www.nejm.org/doi/full/10.1056/NEJMp1512532>. Accessed January 2016.
- ⁹ Community Partners. Request for Proposals: California Accountable Communities for Health Initiative (CACHI). <http://www.communitypartners.org/sites/default/files/documents/cachi/rfp/2016%20CACHI%20RFP.pdf>. Published January, 2016. Accessed January 2016.
- ¹⁰ U.S. Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Atlanta, GA : U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
- ¹¹ California Department of Public Health, California Tobacco Control Program. California Tobacco Facts and Figures 2015. http://tobaccofreeca.com/assets/pdf/en/CTCP_2015FactsFigures.pdf. June 2015. Accessed December 2015.
- ¹² California Department of Public Health. California's Award-Winning Tobacco Control Program Marks. California Department of Public Health website. <https://www.cdph.ca.gov/Pages/NR2009-25.aspx>. Published April 7, 2009. Accessed December 2015.
- ¹³ U.S. Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Atlanta, GA : U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
- ¹⁴ Foegen WH. Social Determinants of Health and Health-Care Solutions. <http://www.publichealthreports.org/issueopen.cfm?articleID=2477>. Published September 4, 2010. Accessed January 2016.
- ¹⁵ Heiman H, Artiga S. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, Kaiser Family Foundation Issue Brief. <http://files.kff.org/attachment/issue-brief-beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity>. Published November 2015. Accessed November 30, 2015.
- ¹⁶ World Health Organization. Commission on Social Determinants of Health Final Report, Closing the gap in a generation: Health equity through action on the social determinants of health. http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf. Published 2008. Accessed January 2016.
- ¹⁷ Prevention Institute. Making the Case with THRIVE: Background Research on Community Determinants of Health. www.preventioninstitute.org/component/jlibrary/article/download/id-817/127.html. Updated November 2013. Accessed January 2016.
- ¹⁸ Lillycrop KA, Burdge GC. Epigenetic changes in early life and future risk of obesity. *Int J Obes.* 2011; 35:72-78. <http://www.ncbi.nlm.nih.gov/pubmed/20548303>. Accessed January 2016.
- ¹⁹ Schwartz P, Rauzon S, Cheadle A. Dose Matters: An Approach to Strengthening Community Health Strategies to Achieve Greater Impact. Institute of Medicine Discussion Paper; August 26, 2015. Washington, DC. http://nam.edu/wp-content/uploads/2015/08/Perspective_DoseMatters.pdf. Accessed January 2016.
- ²⁰ Cantor J, Tobey R, Greenberg E. Integrating Housing Strategies with Health: An Opportunity to Advance Whole-Person Care in California. JSI Research & Training Institute, Inc. June 2015. <http://www.jsi.com/JSIInternet/Resources/publication/display.cfm?txtGeoArea=US&cid=15757&thisSection=Resources>. Accessed December 2015.