

CALIFORNIA ACCOUNTABLE COMMUNITIES **FOR HEALTH** INITIATIVE



...The Next Generation of Health System Transformation

Presentation to National Academy of Sciences August 1, 2022

Presentation

- ❖ CACHI Overview
- ❖ Overall accomplishments
 - ❑ Systems changes to advance equity
- ❖ Policy Recommendations

CACHI Overview



- Launched in Sept 2016, CACHI has been supporting 13 communities throughout California to promote the development of an ACH to improve community health & equity
- ACHs are working on cardiovascular disease, asthma, trauma, substance use, community violence, and children's health and well-being

The “WHY” of Accountable Communities for Health

- ❑ *Accountable Communities for Health are models for the vision of a broad, connected, **prevention-oriented, community-governed health system** that is capable of making meaningful progress on community health and equity.*
- ❑ *No single program, organization or sector can do that on its own. Rather, the vision relies on **changing systems, resources, policies, and practices**.*
- ❑ *ACHs enable local communities to bring together key partners, system leaders, and community members to **align, cooperate and take collective action**.*
- ❑ *ACHs are becoming an essential part of the **civic infrastructure**—providing a vehicle for people who experience inequities to meaningfully participate alongside institutional leaders.*

An Accountable Community for Health (ACH)

A place where people and organizations across different sectors build trust and relationship with each other to advance equity



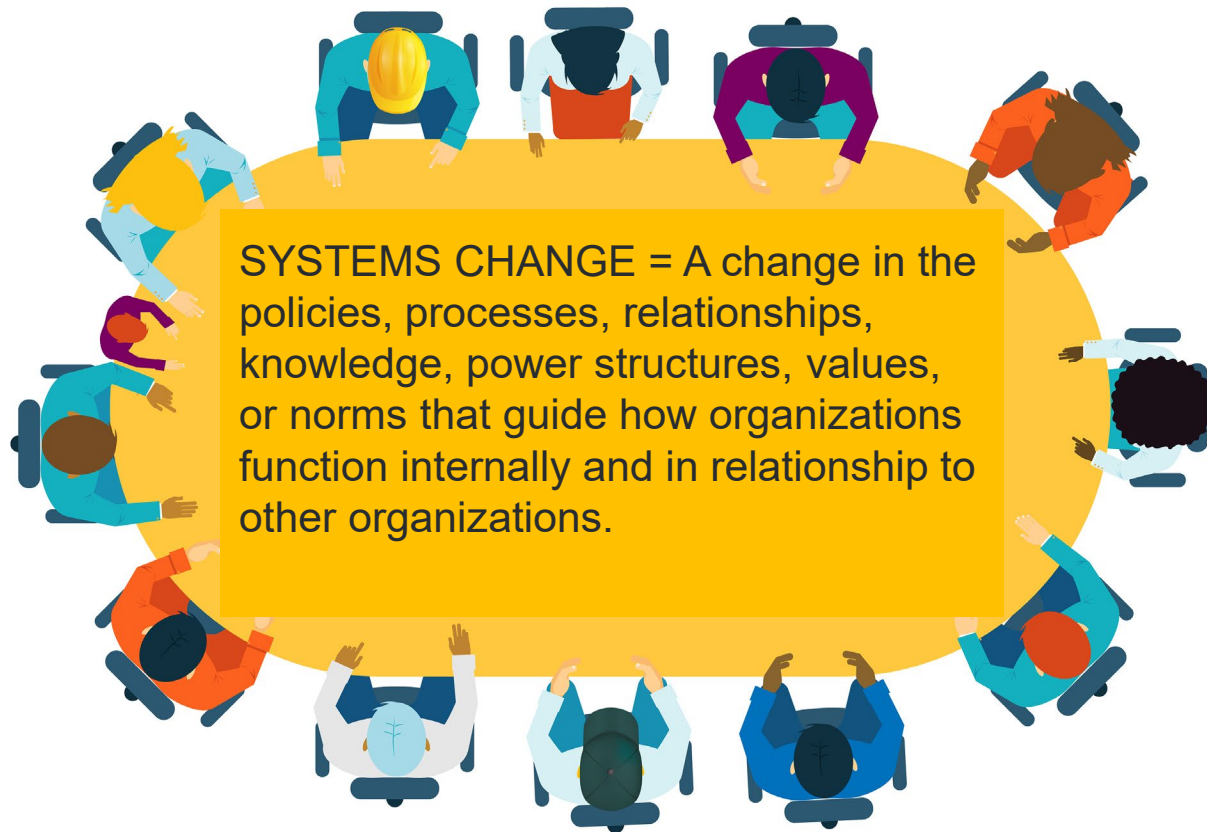
ACHs:

- Set a common vision among institutional players and the community
- Facilitate conversations that are “not naturally occurring”, which lead to innovative solutions to problems
- Bring residents/patients to the decision-making table, thereby addressing power dynamics between system professionals and the people they serve
- Facilitate linkages across organizations and sectors

ACH Accomplishments

ACHs IN ACTION

IMPROVED HEALTH OUTCOMES THROUGH:



By emphasizing collective problem solving, ACHs incubate new ideas, align activities, facilitate greater collaboration and linkages, and advance other systems changes



SYSTEMS CHANGE ACCOMPLISHMENTS

Health system Transformation: Clinical-Community Linkages

- **San Diego ACH** created Neighborhood Networks in which the ACH acts as an intermediary between health plans, CBOs and CHWs to connect patients to social needs.
 - Broadens the health system and enables CBOs, CHWs and the ACH to receive Medi-Cal funding and create greater sustainability.
- **Fresno ACH** is a part of a large ACES Aware grant that developed a network of care across many clinical and community organizations; this has resulted in several systems changes:
 - Medical and behavioral health providers send referrals to Community Health Workers (CHWs) at community-based service organizations .
 - Community-based organizations have become trauma-informed through extensive training.

Community-centered governance

- **Sonoma ACH** is completely restructuring, moving the Backbone from the county to a new non-profit and ensuring that the Health Action 2.0 governing board includes a much greater proportion of community leaders who reflect the diversity of the county.
- **East San Jose ACH** is co-chaired by county public health and a leading community organizing organization; it recently added a resident of ESJ to the leadership. PEACE's community-centered approach is serving as a model to other local government agencies.

SYSTEMS CHANGE ACCOMPLISHMENTS

New ways of working together

- **WSacramento ACH** jointly addressed COVID needs by marshalling resources and bring them to the community.
 - In order to increase vaccination rates in low-income communities, the partners brought pop up vaccine clinics to food bank dissemination sites and low-income housing locations, which required multiple ACH organizations problem solving in a new and coordinated way.
- **All in for Azusa** began submitting grant applications as a collaborative, culminating in a request to local Congressperson for for a teen center, which was approved, bringing more than \$500K to the community (a portion of which is going to the ACH).

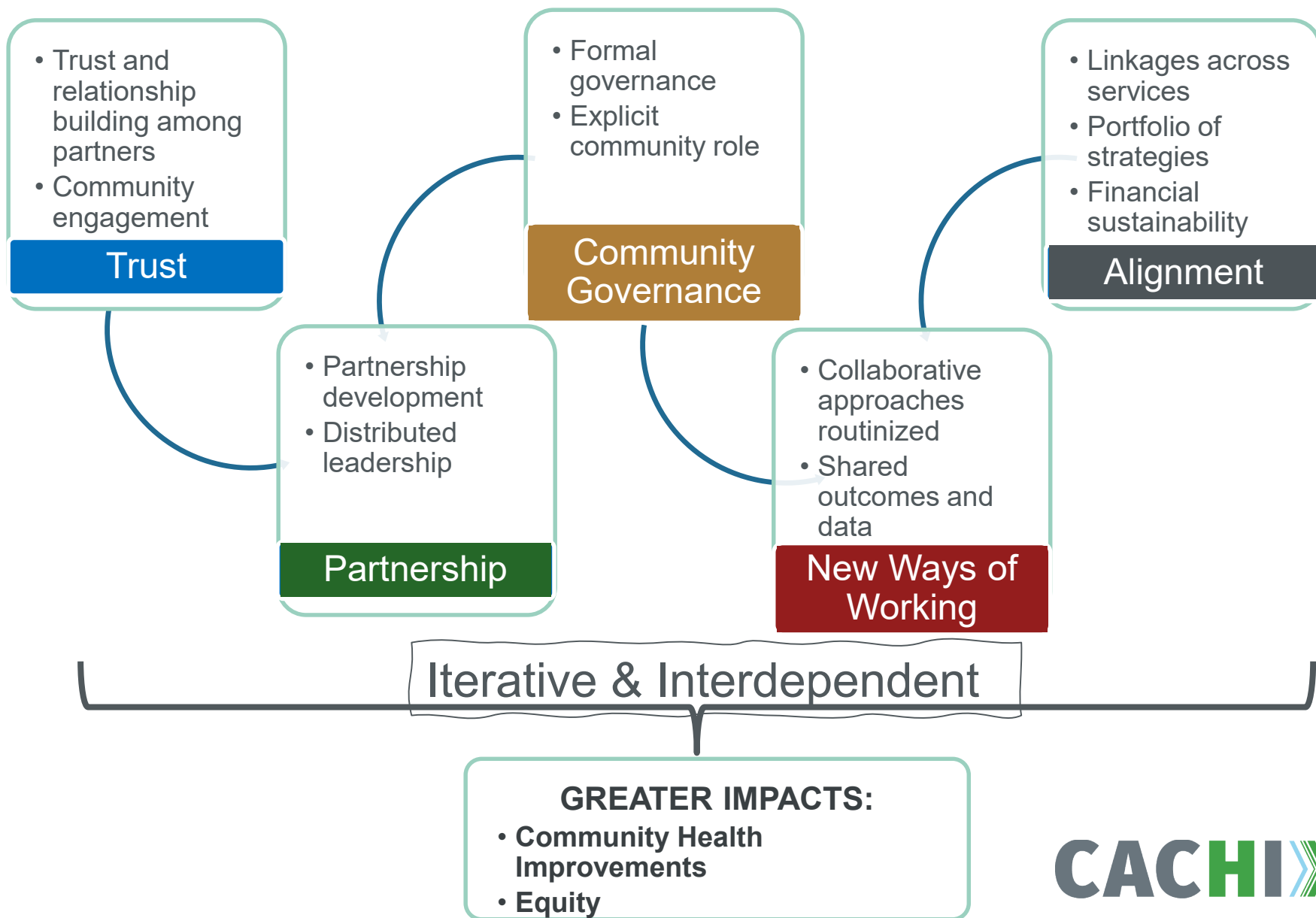
Embedding Equity

- **Humboldt Community Health Partnership** used an equity lens in the design process for the Community Information Exchange it helped to launch.
 - Backbone staff describe that as *“the first time we had started that somewhat technical process with an equity lens with such a large group of partners.”*
- **WSacramento ACH** used data to identify the places where inequities were greatest regarding heart disease. Both data and resident input were used to identify upstream risk factors. Social isolation surfaced from residents at an early community connector meeting, which would not have been otherwise identified.

IMPROVED HEALTH OUTCOMES THROUGH: Sustainable Change



More and more, the ACH “tables ” are taking on new issues because partners value the ACH as a trusted convenor and facilitator of new ways of working together for tackling complex issues. Many ACHs became vehicles for coordinating community responses to COVID.



ACH Example

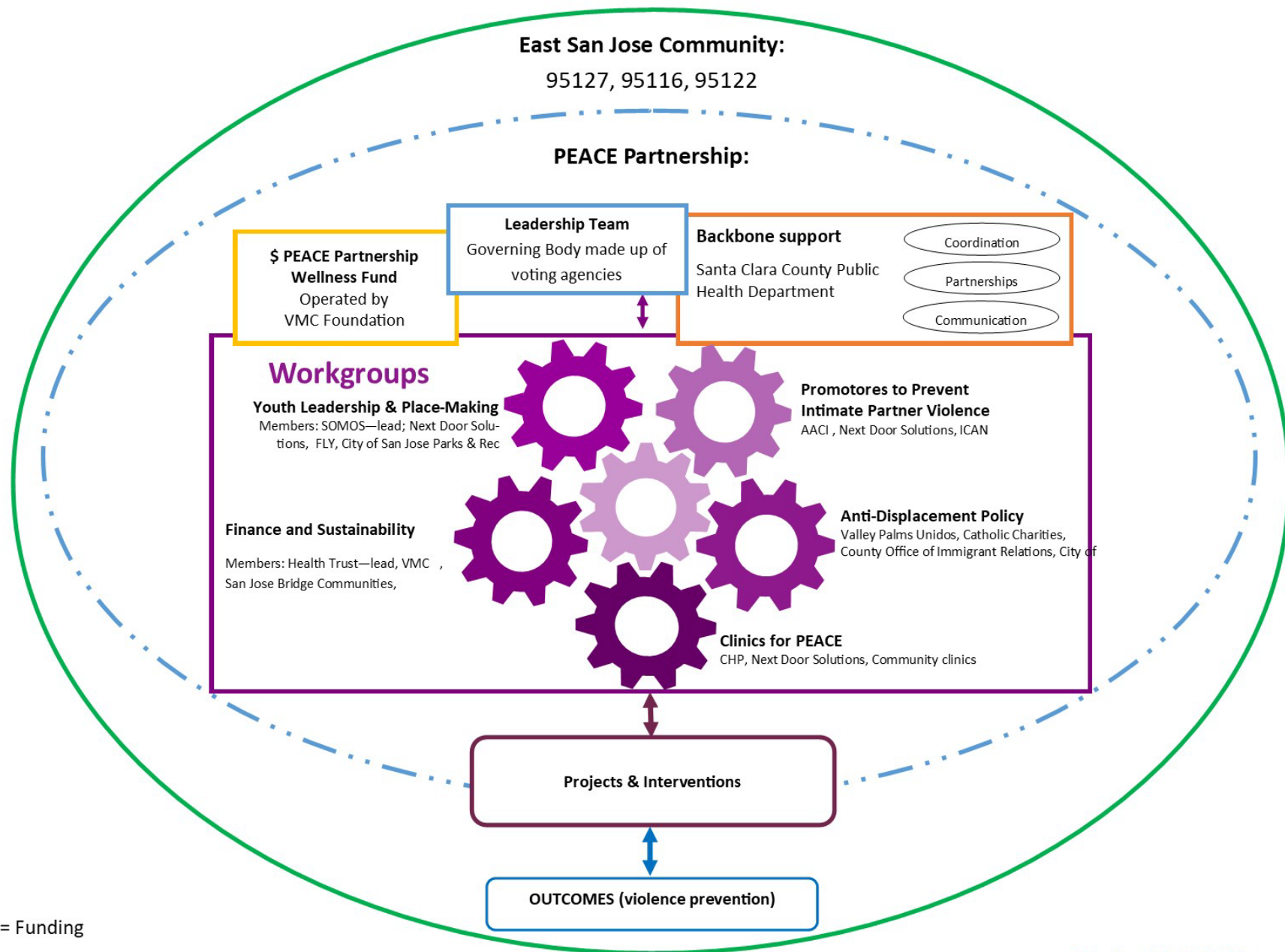


East San José

East San José Prevention Efforts Advance Community Equity (PEACE)

Uniting East San Jose to decrease community violence and trauma.

- Backbone/grantee is **public health** department, but co-chaired by a community organizing group and now a resident leader
- Focusing on a community condition—**community violence**
- Established with CACHI funds, the **largest and most diverse coalition** in San Jose history, with 37 partners and a range of community residents and leaders including youth.
- **Robust community engagement** practices
- Successfully established a **Wellness Fund**



\$\$ = Funding

↔ = Mutually reinforcing communication, alignment

Revised 1.4.2022



COVID-19 Relief Funding, 2020

10

- ESJPP Leadership Team approved allocation of \$175,000 for a PEACE Relief Fund from its Wellness Fund
 - Criteria:
 - Beneficiaries who reside in the three-PEACE zip codes
 - Ineligible for government relief due to their immigration status
- Raised and distributed more than \$600,000 to support over 730 ESJ individuals and families, and over 30 small businesses in need



CACHI 1.0

Foundation-driven initiative

Pilot ACH model/Proof of concept

Funded by grants from 7 funders



CACHI 2.0

Permanent infrastructure with independent governance

Spread and scale ACH model

Braided funding from multiple sources for sustainability

NEW CACHI State Budget Funding

- \$15M over 3 years
- Support current 13 ACHs and stand up/build capacity for 25 more
 - Link to state initiatives, such as Medi-Cal Cal AIM and behavioral health integration, for sustainable funding
- Structured as a public-private partnership
 - State funding fund ACHs
 - Philanthropic funding support CACHI infrastructure, including administration, TA & coaching, evaluation, etc.



State Policy Initiatives Requiring Cross-Sector Partnerships

- **Cal AIM (Medi-Cal Waiver):**
Health care + Various Social Services
- **Children and Youth Behavioral Health Initiative:**
Managed care, schools, county behavioral health, community providers
- **Adverse Childhood Experiences (ACES):**
Managed care, clinics, community-based organizations
- **Climate Change:**
Various sectors and levels of government
- **Community Economic Resilience Fund/Health Workforce Development:**
Higher education, workforce development boards, health care

Policy Recommendations



Recommendations

Invest in and empower ***Civic Infrastructure*** for collaboration and community engagement—at both the local and initiative levels

Recognize that time is needed to build relationships and ***earn trust***

Create mechanisms for communities to make decisions about the ***deployment of resources***

Example: American Rescue Plan Act (ARPA)

- ARPA funding to state, counties and cities to help state and local governments and communities respond to and recover from COVID-19.
 - California's counties and cities are receiving a total of \$16 billion
- Analysis by California Pan Ethnic Health Network (CPEHN) analyzed ARPA spending in 11 counties
 - Analysis used a 51-question equity metric across four categories: promoting racial equity; engaging communities; transparency; and projects.
- Although some counties utilized the funds as intended, many others received low marks, directing funds to policing and other carceral activities, not related to COVID response or recovery

Example: American Rescue Plan Act (ARPA)

Conclusion: If ACHs were in place—and were empowered with authorities under ARPA or other laws—they could have been local vehicles for making recommendations on the distribution of funds to ensure equity is at the forefront.

California Accountable Communities for Health Initiative

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