



## Accountable Communities for Health

### A 'Portfolio of Strategies' Approach to Improving Population Health

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By Prevention Institute and JSI Research & Training Institute, Inc.**

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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.<sup>1, 2, 3, 4, 5, 6, 7, 8</sup> 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."<sup>9</sup>

### 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.<sup>10</sup> 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.<sup>11, 12</sup> 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 California<sup>13</sup>**

<b>Clinical Services</b>	Medical providers screened patients for tobacco use and offered evidence-based information on the dangers of tobacco
<b>Community and Social Services Programs</b>	Behavioral health providers and community programs offered tobacco cessation services, and shared messaging that encouraged quitting
<b>Clinical-Community Linkages</b>	Medical providers and community-based tobacco cessation programs developed referral processes
<b>Environment</b>	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
<b>Public Policy and Systems Change</b>	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.<sup>14, 15, 16</sup> Community environments shape health by influencing behavior, exposing people to stressors like violence and unhealthy housing, and even influencing genetic expression.<sup>17, 18</sup> 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.”<sup>19</sup>

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.<sup>20</sup> 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.

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