



A Common Framework for Assessing Accountable Communities for Health

Funders Forum on Accountable Health

SUMMARY:

The accountable communities for health (ACH) movement, reflected in a broad range of investments in new (or adapted) structures that support multi-sector partnerships to advance the health and well-being of communities across the country, is in its early stages. These ACH initiatives are demonstrations of diverse approaches to support multi-sector efforts. With diverse approaches and diverse funders, it is important to evaluate more than the individual initiatives. To know which approaches are most successful (or which elements of diverse approaches are most successful) requires some common areas of assessment. This paper, developed under the aegis of the Funders Forum on Accountable Health¹, offers a common set of assessment questions that could be embedded into the evaluations undertaken by individual funders. In this way, the funders and policy makers will have a better understanding of “what works” across these initiatives, and thus can learn how best to spread and scale ACHs if they prove to be successful.

I. Background

A broad range of public and private funders are investing in initiatives that promote multisector partnerships to advance the health of communities through collaborative efforts. Sometimes referred to as “accountable communities for health” (ACHs), these varied initiatives share a commitment to bringing together health care, public health, and social services organizations to address health needs in a community² context to improve health outcomes and promote equity. Each initiative, over time, cultivates a unique portfolio of interventions to advance health and wellbeing, and decisions are made with input from across participating entities. Each initiative may have differences in design, purpose, and context, yet underlying these efforts is a variety of approaches that support multi-sector collaborations that are believed to advance health and wellbeing.

The Funders Forum on Accountable Health has identified over 100 communities where ACH-type interventions are being undertaken. Their diversity is their strength. This diversity responds to the needs of the communities in which they operate and different philosophies of

¹ [The Funders Forum on Accountable Health](#) is a public/private collaborative hosted by the Milken Institute School of Public Health, George Washington University. The Forum has developed key [principles of accountable health](#), which were reinforced by a landscape [review of the literature](#). Findings from the literature review and elements described in the principles of accountable health were later developed into a [logic model](#) demonstrating the interactive nature among elements of accountable health. The Forum has also [catalogued](#) ACH-type initiatives across the country.

² Community is defined broadly to include all sectors, community partners and individuals, residents living and working in a geographic area. The phrase “community partners” is used to describe organizations actively participating in the local accountable health initiative activities.

how best to address social needs to advance health equity. But it also makes much more complex our ability to understand which approach is ultimately going to best achieve the outcomes everyone desires – better health and wellbeing – if and when an ACH model is brought to scale.

The assessment questions (Section III), developed with the input of a broad range of public and private funders, evaluation experts, and practitioners of accountable community initiatives, are meant to shed light on two key lines of inquiry:

- What elements, and in what dose, are central to the success of an accountable community for health?
- Which of the various approaches to ACHs will best match the needs of a given community?

This process built from a set of [principles](#) that were developed by the Forum as descriptive elements of an accountable community for health. These principles are the assumptions that guide the assessment questions. The assessment questions, in turn, provide an opportunity to test the validity of these principles.

We hope that funders will embed the assessment questions into their portfolio-level evaluations of their ACH-like projects. Knowing the value of the elements assessed in these questions will help funders and policy makers understand which structural approaches to advancing health and well-being in communities will most likely succeed. (See the Appendix for a series of documents developed by the Funders Forum that support these assessment questions.)

II. Assessment Framework

The chart below reflects three critical areas of assessment for ACH projects.

Components of Readiness (the green section of the graph below) can be useful in staging a community in terms of its capacity to undertake an ACH project and/or in determining what assistance is needed in the community to raise its capacity. It will also be important to know which components of readiness are most strongly associated with achieving the outcome goals of an ACH project.

Outcome Goals (the purple section of the graph below) are those core outcomes associated with the goals of an ACH project. These vary from project to project and can be as broad as improving the overall health of a community or as narrow as improving indications related to a particular condition in a subset of a community. Each project will define their own unique, specific outcome metrics.

The Common Elements (the blue section of the graph below) are the intermediary structures, policies, and relationships that move a community from its “state of readiness” to implementation of the changes in the community that will meet the outcome goals set for the particular project. The elements defined here are those particular to the ACH model. Learning the value, relative value, and dose of these common elements is the focus of the assessment questions outlined in this paper.

There is an interactive effect among all three critical areas.

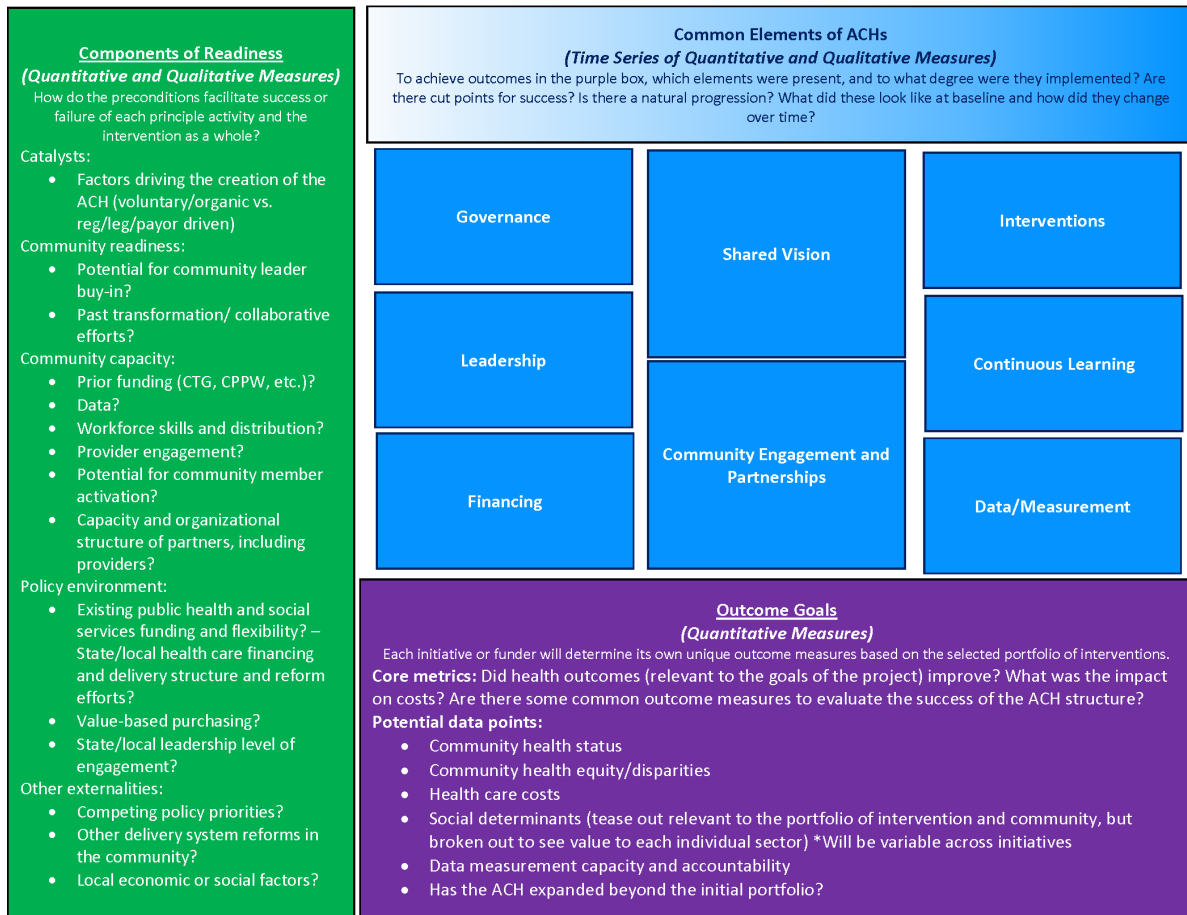


Figure 1. ACH Assessment Framework

III. Assessment Questions

The questions below assess if and how the Common Elements of an ACH are implemented. They are meant to be generic to ACH initiatives and may have to be adapted or refined based on a particular initiative. Central to learning about the success of the ACH model – and how best to replicate or scale it – will be having comparable data in response to these questions.

To what extent is the community addressing identified needs together? How have relationships among community partners and residents changed?

- To what extent are community partners aligned behind a shared vision and purpose for action?
 - What was the process for identifying the shared vision and purpose of action?

- How are resources (human, financial and other) deployed and/or leveraged in a way that is aligned with the vision and community identified priorities?
- How have community partners aligned their values and mission to the vision?
- What efforts are underway to institutionalize organizational partnerships and cultivate community ownership? How have these relationships evolved?

Rationale: Institutional changes reflecting the shared vision show commitment to community priorities, and may enhance a path towards sustainability. The level of change may fall on a spectrum, depending on level of engagement in the ACH. Shifts in resource utilization may drive changes in workforce needs, skills, and systems thinking.

- To what extent and in what way is mutual accountability (among the community partners and to the residents) built into the system?
 - What structures or forums are in place that are deliberate in elevating community voice, and acting on community input?
 - How is resident ownership cultivated through invited and invented spaces?
 - What is the level of resident and community partner motivation and activation?
 - How are equity and transparency ensured in decision making and resource allocation?
 - How is accountability among participating organizations established and tracked?

Rationale: How the various players are engaging with one another, whether traditional power brokers are truly sharing power, and whether there is true resident engagement, all relate to both the accountability of the ACH and whether the ACH addresses real needs of the community in meaningful ways.

To what extent are the activities of the community sustainable and aligned with the shared vision?

- What is the portfolio of interventions that advances the vision?
 - Is there a theory of change or formal strategy that is the basis for the portfolio of interventions?
 - At what (multiple) levels are the interventions targeted (both at the community level and the individual level)?
 - Are the interventions evidence-based?
 - Do the interventions drive towards the same shared outcomes?
 - Do the interventions reinforce each other and build capacity for new activities?
 - Which targeted populations is the portfolio of interventions reaching?
 - To what extent is the portfolio of interventions grounded in an equity approach/lens?

Rationale: The complex problems that ACHs address require varied interventions at the service, systems, and/or policy levels.

- Is the ACH financially sustainable?
 - What were the start-up costs of the ACH and how are they funded?
 - What are the on-going costs of maintaining the ACH?
 - What are the current sources of financial support for integrator functions?
 - Are there meaningful partnerships with state Medicaid, private insurance, and/or new payment models to support the collaborative's priorities? Are all partners supporting investment in more upstream interventions?
 - How is the business case being made for policy makers and potential investors/payers?
 - Is a mechanism for braiding and blending of funding planned or established? How inclusive are funding efforts in the community?
 - What has the impact of the ACH been on the work and resources of non-health sectors participating in the ACH?

Rationale: ACHs are often initiated with startup grants under limited time horizons. Financial alignment with key payers in the community may encourage a shift towards long term support of the ACH efforts.

Is there capacity for continuous learning?

- What are the data systems that support the portfolio of interventions?
 - To what extent is the ACH able to access and use data from multiple participating organizations?
 - What are the mechanisms to ensure communication and feedback among community partners serving the target population?
 - How does data sharing occur among community partners and across sectors?

Rationale: Effective health information sharing, including through technology infrastructure, enhances partners' ability to utilize data to enhance activities, provision of services and change policies under the portfolio of interventions.

- To what extent are data and metrics being used to understand the progress or unintended consequences of the ACH?
 - What are the common metrics being used across sectors to assess performance?
 - Are metrics developed relevant to each sector that address the same goal?
 - What is the process by which measurable community level outcomes are identified, including short term, long term, and measures for community health equity?

Rationale: Interrelationships between and among interventions may have short term impacts with long term consequences (positive and negative). There is a need to measure such short term impacts and long term consequences in ways that are understood and accepted across sectors to assess the interventions' effectiveness at achieving the shared vision.

- What are the communication systems in place (at the systems level and at the intervention level) to ensure a feedback loop among various sectors and to the community partners/residents?

Rationale: Informal and formal communications notify partners (including the community) on the progress of the portfolio of interventions and help to coordinate multifaceted or intersecting interventions.

- How are interventions regularly adjusted, started, and/or ended based on new data for multi-sector partners and learning from community input?
 - What are the factors driving a change in the portfolio of interventions?

Rationale: Periodic review of the portfolio of interventions allows for ongoing correction and incorporation of lessons learned, as needed.