

**San Diego Accountable Community for Health**  
Presentation to Healthy San Diego  
May 10, 2018

Accountable  
Communities for  
Health

San Diego one of 6 communities in the state to pilot **Accountable Community for Health (ACH)**

ACH 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.

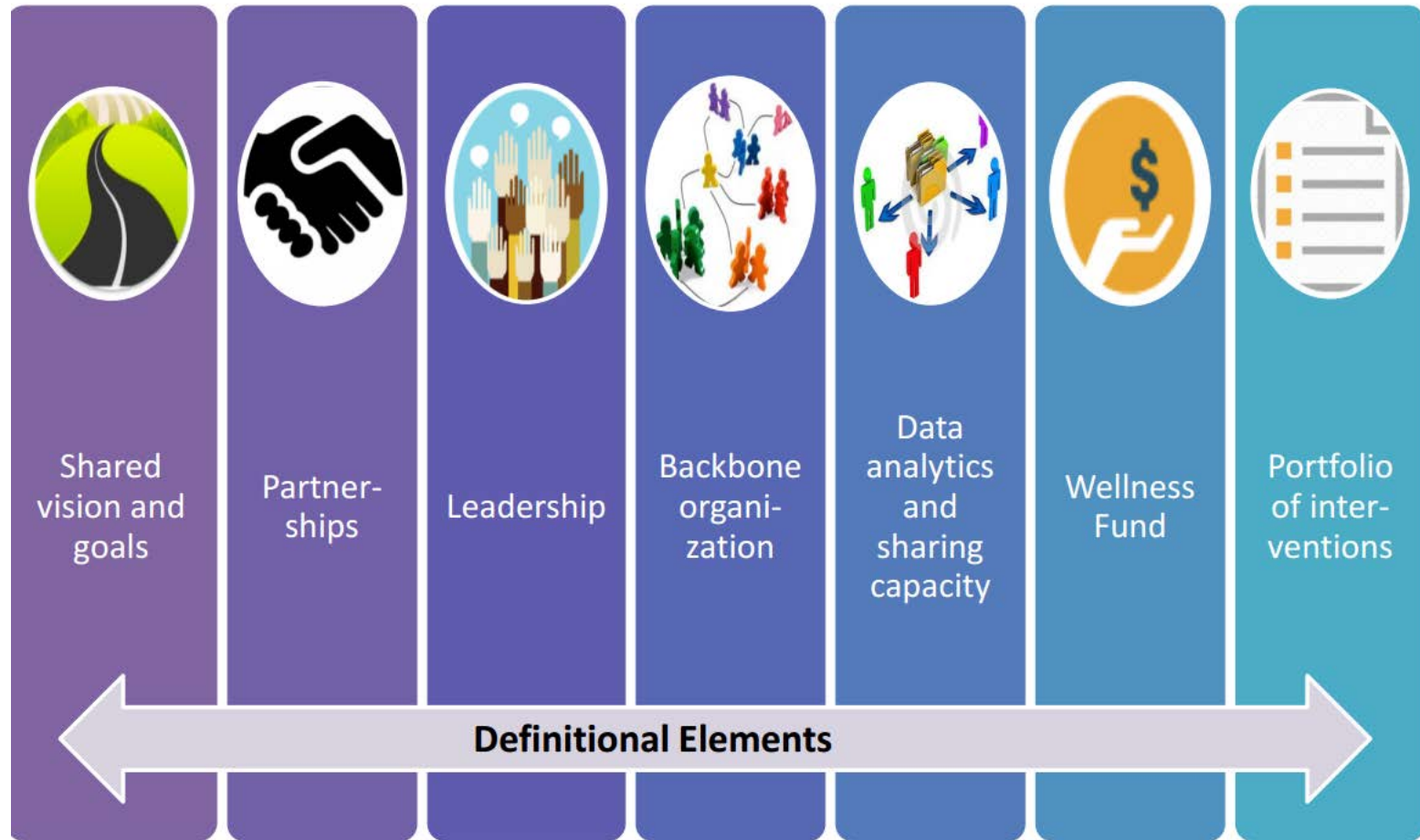
The **goals of an ACH** are to:

- 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.



# CACHI Elements

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# Why take this approach?

- Research shows that medical care accounts for only 10-20 percent of health outcomes and other factors like race, socio-economic status, education and physical environment contribute the rest.
- Today, 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.

# 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 **set of strategies** to link and catalyze outcomes for health and wellness

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



## 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.

## **Mission:**

*To create a “wellness system” that ensures individuals, families, and communities in San Diego have access to all they need to create a lifetime of health and wellness.*

## **Vision:**

*Health, wellness and equity for all of our communities, regardless of zip code.*

- **Equity** – The ACH is committed to social justice and achieving equity defined as providing all people and all communities with optimal opportunities and resources to attain their full potential.
- **Inclusivity** – The ACH is committed to the inclusion of people of every race, class, ethnicity, sexual orientation, gender identity, age and ability. We are aware that we live in a culture that intensifies the suffering of those without power and privilege, through the constant application of overt and subtle biases. We ask members to be mindful of their biases - judgments, perceived stereotypes or casual assumptions - when speaking with others, respecting all voices and each person as a unique individual.
- **Neutrality** – We recognize that many of the organizations involved in the ACH may compete for patients, clients, grants, or other resources. When working as the ACH we will prioritize the community as the ultimate beneficiary of our work. We are committed to ensuring that the ACH is neutral and independent and does not unfairly advantage any one system, sector or organization over another.
- **Accountability** – The ACH is committed to putting community at the center, incorporating trauma-informed approaches and achieving accountability through transparent, open communication and consistently engaging in conversation with community. The ACH will ensure accountability to the community through regular stakeholder convenings as an opportunity to discuss issues, share progress and collect input to inform the work of the ACH.

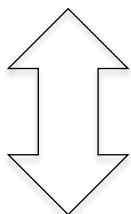


As a first step in our journey to divert the focus from disease to wellness, we are starting with the aim of achieving **ideal cardiovascular health across the lifespan** through prevention, education, and treatment.

# Cardiovascular Protective Factors

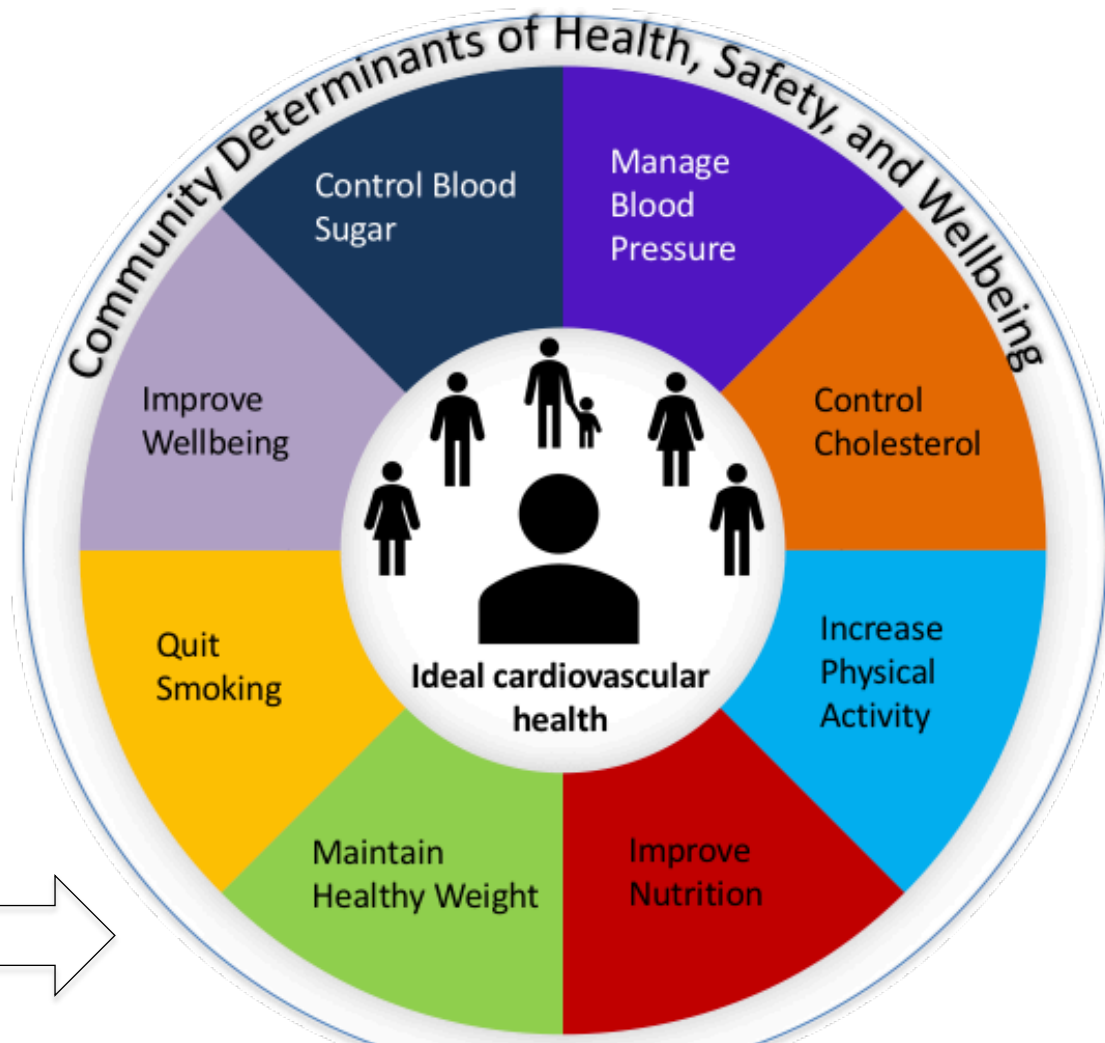
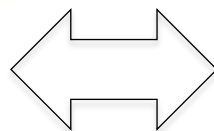
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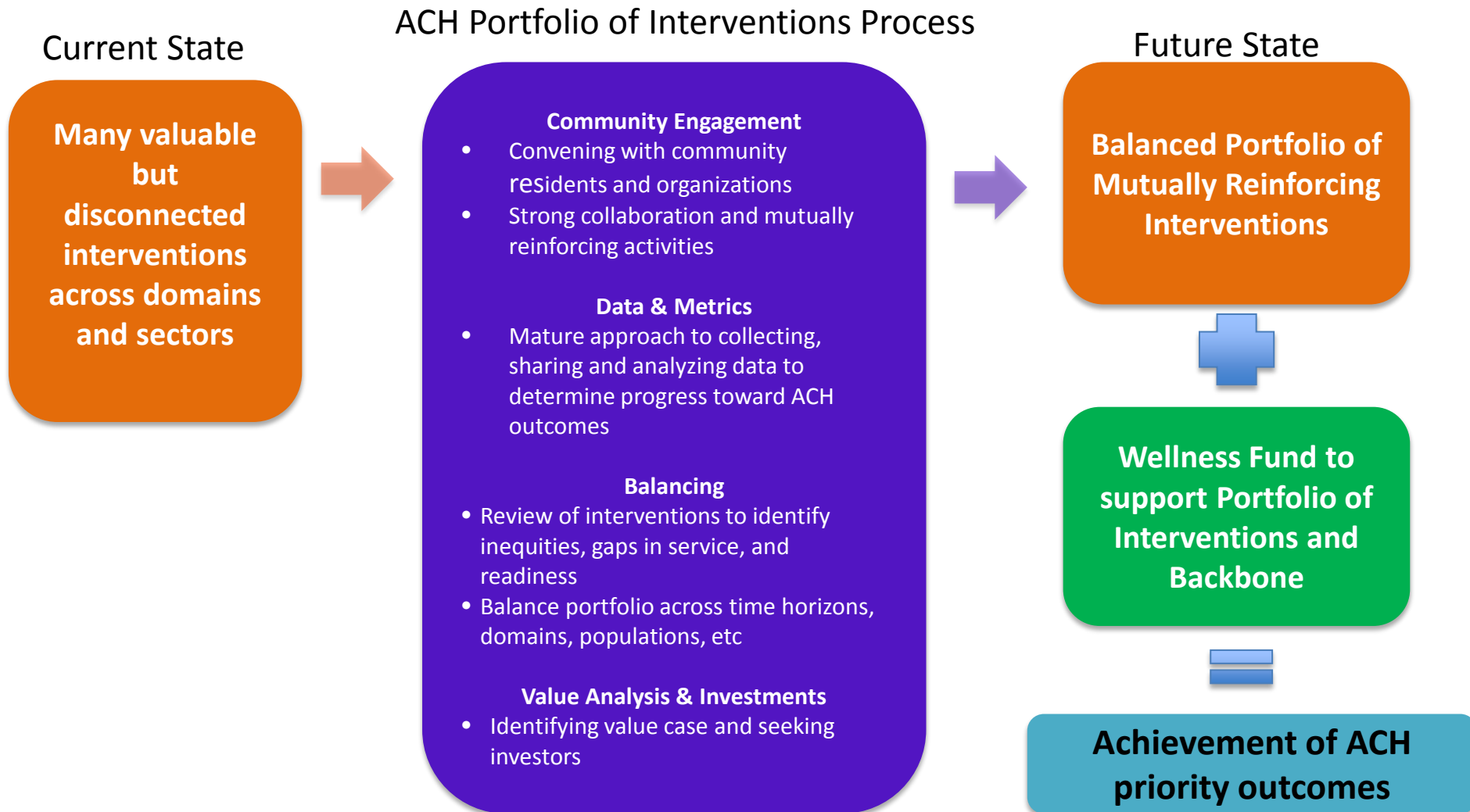


**Portfolio of Health Promoting Interventions across Domains**

- Clinical
- Community
- Clinical - Community
- Policy, Systems & Environment



**EQUITY and ACCESS**



# Priority Outcomes

- Improved cardiovascular health
- Reduced deaths, ED visits and hospitalizations from CVD and stroke
- Reduced health disparities
- Reduced health care costs
- Sustainable investments aligned with prevention activities



- ↑ Controlled blood pressure
- ↑ Controlled blood sugars
- ↓ Cholesterol
- ↑ Patients on statins
- ↑ Patients who “know their numbers”
- ↓ Prevalence of hypertension
- ↓ Prevalence of type 2 diabetes



## Community Stakeholders



## Stewardship Group

- Develop the ACH according to the stakeholder vision
- Provide support and guidance for ACH
- Review recommendations from workgroups
- Bring commitment, creativity and new thinking to solving complex problems
- Commit personally and/or organizationally to working together on first ACH peak – ideal cardiovascular health across the lifespan

### Sustainability & Wellness Fund Workgroup

Make recommendations on priorities and structure of the Sustainability Plan Wellness Fund

### Data & Metrics Workgroup

Design and monitor an Ideal Cardiovascular Health and an ACH Dashboard

### Collective Action Workgroup

Review and provide support for the collective action to support ideal cardiovascular health

### Community Resident Activation Workgroup

Assure robust and inclusive participation of community residents and organizations

# Interdependent Workgroups

## Collective Action Workgroup

### Portfolio of Interventions

a group of mutually reinforcing programs positively impacting CV health and aligned with the ACH priorities

## Sustainability & Wellness Fund Workgroup

### Value Case to Funders

an approach to “packaging” the programs and resulting successes 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 CV health that we can 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



# How is the ACH related/different?

Initiative	Description	ACH
Live Well San Diego	Overarching wellness initiative built on a broad approach to health, safety & thriving.	Bringing the Building Better Health component to fruition
Whole Person Wellness	Coordination of services for a high-need population	Focused on broad population health
Childhood Obesity Initiative	Focused on children and obesity	Focused on entire population and all the CVD risk factors
Strong Families, Thriving Communities Coalition	Focused on high-risk youth and families	Focused on entire population and CV health
Community Information Exchange	Focused on exchange of information across community and social services agencies	Focused on developing relationships and interventions
Promise Zone	Focused on a specific geographic sub-region	Focused County-Wide
Accountable Care Organizations	Focused on specific healthcare provider and patient population	Focused on broad population health



- Building trusted relationships across stakeholders in a so we can create systems change
- Engaging community residents in co-designing solutions for health and wellness that work for them
- Addressing the root causes of health inequities



# Thoughts?

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