

PHHS BLOCK GRANT SUCCESS STORY 2016

ACCOUNTABLE COMMUNITIES FOR HEALTH

BUILDING A FRAMEWORK TO EVALUATE A FUTURE MODEL OF PUBLIC HEALTH

Issue: There is no universally accepted definition of what an Accountable Community for Health (ACH) must include or how it should be initiated, organized, monitored, and sustained. No standard framework for evaluating place-based, cross-sectoral efforts that contribute to ACH success exists. Typical evaluation frameworks take into account burden of a disease and measure simple health outcomes related to a chosen intervention.

What is needed is a cutting-edge tool or resource to synthesize tangible and intangible ACH goals into key components and concepts. This includes evaluation of multiple spheres of influence (such as governance, leadership, engagement, data sharing) and how they interact.

Intervention: Develop an evaluation framework for the ACH model to be used by the California Accountable Communities for Health Initiative (CACHI). The resulting ACH and six CACHI proof-of-concept pilots funded by four philanthropic foundations are place-based initiatives in which community, clinical, and policy strategies are coordinated to address underlying social, economic, and behavioral determinants that significantly impact individual and population health.

The California Department of Public Health (CDPH) and the California Health and Human Services Agency staff put out a Request for Proposal (RFP) for development of an evaluation framework for the ACH model. The evaluation framework is not a specific evaluation methodology; rather, it offers a roadmap to develop rigorous evaluations of ACHs. To implement the ACH evaluation framework, an evaluator would work with community partners to develop a site-specific design and measures using the logic model, outcomes, and suggested measures, tools, and data sources provided in the guide. CDPH/CHHS team members were asked to provide leadership and guidance for the framework and assemble the group of stakeholders that weighed in on the framework.

Impact: Six communities of 100,000-200,000 people each across the state will be using this evaluation framework (Sonoma, San Joaquin, Santa Clara, San Diego, Merced and Imperial Counties) for their ACH sites. Additionally, four CDPH programs will also use the framework in their support of the ACH site work, including the Safe and Active Communities Cardiovascular Disease, Diabetes, and Asthma programs. Creating this framework establishes an innovative foundation for evaluating what we have suspected are critical components of the success of an ACH, and other upstream prevention focused initiatives, that are often difficult to quantify or even difficult to measure. This includes evaluating process, outputs and outcomes measures for participation, governance, accountability, and interaction of interventions across multiple domains and systems. Importantly, intermediate outcomes and indicators of success are linked such that achieving an early indicator of success, such as improved accountability among ACH partner organizations, is correlated with an increased likelihood of achieving a longer term indicator of success, such as sustained participation by member organizations.