

Establishing a Local Wellness Fund: EARLY LESSONS FROM THE CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

INTRODUCTION

Even if the right partners and strategies are in place, the vast majority of collaborative efforts struggle to move beyond initial grants to sustainable, diversified funding to fulfill their mission.^{vii}

In the past decade there has been rapidly growing interest and funding for multi-sector health collaboratives to improve community health.^{i,ii} This momentum is the result of increased recognition that traditional medical care and public health approaches alone are insufficient to produce optimal health. Conditions such as diabetes, trauma, substance use, asthma and others necessitate a dedicated and coordinated effort that supports health improvement at a population or community scale.^{iii,iv,v} Multi-sector health collaboratives require careful strategy development and trust building to bring public health and health care together, along with other partners and residents, to determine where there are leverage points for innovation and true system changes.

Consequently, the concept of a Wellness Fund or Trust is emerging in policy and practice discussions across the nation. They are seen as a strategy for pooling and aligning a range of resources for greater impact and creating financial management capacity that complements innovative intervention and infrastructure-building work.^{viii,ix} There is little guidance, however, on how to design and implement a Wellness Fund, particularly a Fund that is governed locally and includes multiple funding sources for a variety of purposes.

The [California Accountable Communities for Health Initiative \(CACHI\)](#) is developing locally governed Wellness Funds as a critical component of an

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TRANSFORMING COMMUNITY HEALTH THROUGH PARTNERSHIP



CACHI is a public/private partnership between private funders and state government. This initiative was developed in 2016 in response to recommendations from the State Health Care Innovation Plan and the Let's Get Healthy Task Force advocating for a new model of health system transformation. CACHI's key partners include The California Endowment, Blue Shield of California Foundation, Kaiser Permanente, The California Wellness Foundation, Sierra Health Foundation and the Well Being Trust, in collaboration with the California Department of Public Health. CACHI is supported by Community Partners.

Learn more at www.CACHI.org.

[Accountable Community for Health \(ACH\)](#) multi-sector collaborative.^x CACHI started in 2016 to focus on transforming community health in fifteen grantee sites by building a more expansive, connected and prevention-oriented health system.

Under the CACHI approach, the Wellness Fund functions to support the vision and purpose of each site, including supporting a backbone organization.^{xi} A wellness Fund is intended to pool, manage and/or align funds from varied sources in order to address the priorities and goals of each ACH. Wellness Fund development within CACHI is very much a “work in progress”—much has been learned, and there are many more challenges ahead.

In the spirit of inquiry and iteration, this issue brief shares early insights on critical dimensions of Wellness Fund development, including governance, funding sources, an administrative model and key capacities.

The final sections of the brief suggest ways in which funders and federal, state and local government can support locally governed Wellness Funds through investment and policy decisions.

CONTEXT SETTING: WELLNESS FUNDS WITHIN THE ACH STRUCTURE AND GOVERNANCE

A Wellness Fund is one of seven model elements that CACHI has posited as fundamental to the success of an ACH (Fig. 1). At the outset, each site’s partners, which may include representatives from public health, health care, education, justice, housing, social services, community and faith organizations, develop a vision and key goals for their target community. As the ACH takes shape, the partners set up a leadership and governance structure, to provide oversight of a Wellness Fund.

While each ACH implements the seven model elements, details vary based on contextual factors, such as the existing infrastructure and assets of the community, the nature and strength of leadership and partnerships, and the status of committed resources. Based on experience to date, as the ACH evolves, each of the elements should be regularly reviewed, especially as changes to one element often lead to changes in others. For example, as an ACH refines its portfolio of interventions—a set of aligned programs, policies and systems changes that span upstream and downstream approaches to address health goals—that process will have community-specific implications for data collection, partner engagement, funding needs, etc.

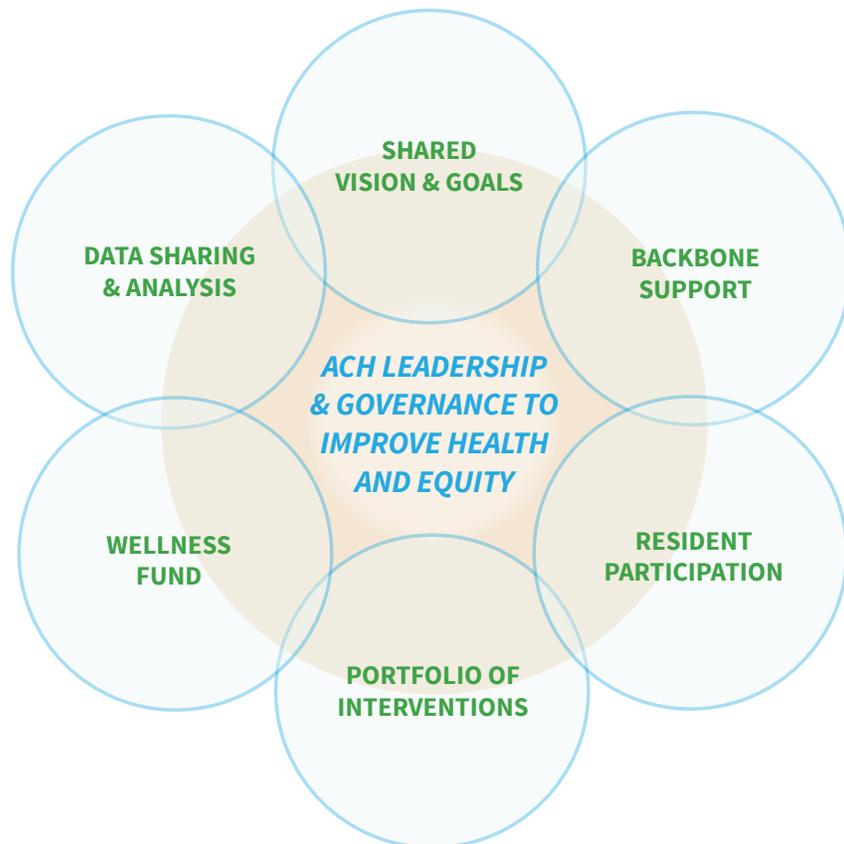


FIGURE 1.
INTERDEPENDENT
ACH ELEMENTS

A Wellness Fund is intended to extend the ACH principles of shared accountability and collective action into the management of resources.

A Wellness Fund is intended to extend the ACH principles of shared accountability and collective action into the management of resources. Regardless of the administrative model, the Wellness Fund should be accountable to the ACH as a whole. Decisions about Wellness Fund resource allocation should sit with the ACH leadership and governance (not with the board of a Wellness Fund administrator, a local elected official, etc.). Creating any sort of parallel decision-making process, or perceived aggregated power or control over funds, can serve to undermine trust built up through inclusive ACH processes. If, for instance, community residents participate fully in prioritizing the activities that the ACH will pursue, but a separate process is established for deciding where to allocate Wellness Fund resources, community participation in the initiative is likely to wane.

The ACH governance body works with the Wellness Fund to develop policies and procedures for communication and fund disbursement that ensure efficient and fiscally responsible management of resources. For example, CACHI sites have established or discussed memorandums of understanding and other agreements that explicitly lay out the conditions of the relationship between the Wellness Fund and the broader ACH governance (e.g., that Wellness Fund staff are not allowed to participate in decisions about funding allocation). In rare circumstances the Wellness Fund may exist first, and the ACH is developed subsequently (see Case Example 1). In this case, the Wellness Fund likely started with a governance and decision-making structure that evolved as the ACH developed. CACHI sites that have started this way have taken pains to ensure transparency about accountability and to avoid parallel or hierarchical accountability.

SAN DIEGO ACH WELLNESS FUND PRINCIPLES

- Investments will focus on a balance of proven interventions with strong evidence and promising approaches that contribute to innovation and transformation.
- Investments will address health disparities and support changes in the larger system that contribute to disparities.
- Investments will be complementary to other funded efforts happening in our region.
- Investments will clearly tie back to the priority outcomes.
- Investments will be spread across domains, sectors and time frames.
- Investments will add significant value to collective efforts in achieving health equity and health improvements.
- Transparency and clarity in the decision-making process are critical for clear communication to community stakeholders.

POTENTIAL SOURCES OF FUNDS

An ACH will likely pursue a range of funding sources,^{xii, xiv, xv} depending on its specific needs. For example, some communities may have access to robust philanthropic resources, while others have prominent businesses that are vocal about the importance of the health of the workforce, and still others have strong service organizations that have opportunities to use their existing resources more efficiently.

A business or sustainability plan that parallels the Wellness Fund design can:

- » Clearly articulate the ACH's value proposition
- » Present the necessary budget
- » Describe the structure, management and accountability of the Fund
- » Identify potential funding sources and target investors

CACHI leaders talk about avoiding “magical thinking”—the idea that establishing a Wellness Fund automatically leads to increased funding. Securing resources requires ongoing effort and a well-designed and compelling initiative. A Fund may provide contributors with the assurance that their investment will be well managed and that, through pooling and alignment, the impacts will be greater than funds given for a categorical purpose or to a single organization.

POTENTIAL USE OF FUNDS

Wellness Funds are intended to support two key aspects of an ACH:

- » **RESOURCES FOR ACH INFRASTRUCTURE**, including management by backbone organization staff, meetings and convenings, internal and external communications (e.g., website, newsletters, etc.), data systems development, resident empowerment/leadership trainings, and evaluation and quality improvement. It is not essential that funding for the backbone organization flows through the Wellness Fund. In several cases, the CACHI backbone entity is the local department of public health that may provide in-kind support to the ACH. In these cases, CACHI sites have recognized that it is important to make that commitment explicit in order to reflect the breadth of resources being applied to the ACH effort and to bolster the appeal among other potential contributors.
- » **SUPPORT FOR THE PORTFOLIO OF INTERVENTIONS**, designed to achieve priority outcomes.^{xvi} Communities can serve a particularly important role in bringing together necessary resources to support interventions for which there isn't typically dedicated funding, such as those focused on community-wide policy, systems and environmental change that address underlying social determinants of health, including housing, economic security or food access.^{xvii} The Wellness Fund can also serve to fill gaps to make interventions being implemented by ACH partners more effective. For example, health plans may be poised to employ community health workers (CHWs), and an ACH might support training and capacity building at community-based organizations that are likely to be valuable as part of the CHWs' network as they work to address priority ACH health issues.

FISCAL MANAGEMENT BY BLENDING, BRAIDING AND/OR ALIGNING FUNDS^{xvii}

Locally governed Wellness Funds can employ a range of approaches to manage and increase resources, reduce fragmentation and duplication of activities and services, increase efficiencies for contributors/investors who seek to leverage their dollars with other financial partners, and provide long-term stability compared to single grants/investments.

CACHI sites have been pursuing one or more of the following approaches as their Wellness Funds have developed. There are numerous examples of each of these approaches in practice across the country.^{xix} However, few, if any, of those examples include the local governance and support for the breadth of activities of an ACH Wellness Fund as described on the next page.

CASE EXAMPLE 1: IMPERIAL COUNTY ACH

The Imperial County ACH's initial focus has been to develop local strategies to reduce the incidence and burden of asthma. Similar to other CACHI sites, the area's Community Health Assessment and Community Health Improvement Plan served as the basis for priority setting. Imperial County uniquely came into CACHI with an established and financed Wellness Fund and governance structure. Fund investments and governance were negotiated when the county went out to bid for a Medi-Cal managed care vendor for the first time. The selected California Health & Wellness Health Plan contractually agreed to a per-member, per-month contribution as well as a percentage of shareable revenue to support county-wide investments in population health through the Wellness Fund.

The vision is that the Fund is an investment strategy to improve the well-being of the community and achieve an enduring impact. The Fund is overseen by a newly created Local Health Authority Commission with input from a Steering Council. Commissioners include leaders from the county, local providers (hospitals, clinics, medical society, etc.), businesses and a Medi-Cal beneficiary representative. The Steering Council includes additional community representatives and casts a wide net to obtain community input. Through this governance structure, the ACH is broadening decision making by empowering and building resident and stakeholder capacity. Moreover, the ACH is exploring ways to blend, braid and align resources from the public health department, the Wellness Fund and other sources.

BLENDING FUNDING

Blending funding involves combining funding from multiple sources into one pool, wherein the funds are not tracked separately, and ACH leadership has a high degree of discretion in deciding how and when the dollars are disbursed. Blended funds provide great flexibility and can fill critical gaps and/or be used to leverage other resources. However, it is not easy to find contributors who are willing to fully cede discretion over the use of funds. Potential sources of blended funds include philanthropic and government grants, membership dues and income earned from contracts and services.

BRAIDING FUNDING

Braiding funding involves coordinating funds from several sources to support specific backbone and infrastructure components or parts of a portfolio of interventions. Braided funds are held and disbursed by the Wellness Fund at the behest of ACH leadership but are tracked and reported separately. For example, federal, state and local government-funding streams tend to require careful tracking to ensure tight adherence to funding guidelines. Coordinating multiple braided streams strategically could be an effective way to achieve ACH goals. For example, braiding separate funding streams that support case management, healthcare workforce development and data-sharing infrastructure development could lead to better coordination of activities and better results.

ALIGNING FUNDING

Aligning funding involves influencing the use of funds that do not flow through the Wellness Fund. For example, an ACH with a portfolio that includes interventions focused on permanent supportive housing may pursue local housing bond dollars, resources for wraparound services from a health plan and a low-interest loan through a community development financial institution (CDFI).^{xx} The complexity and risk involved with each of those sources may mean that the ACH brings the partners together but never actually governs the funding. In this sort of scenario, the ACH leadership is playing a critical aligning role and the Wellness Fund may provide support through financial planning, budget preparation and analysis, and tracking of funds allocation in pursuit of ACH goals.

CASE EXAMPLE 2: THE EAST SAN JOSE PEACE PARTNERSHIP

The East San Jose Peace Partnership (ESJPP), in Santa Clara County, is an ACH working to build a healthy, peaceful and empowered community through comprehensive violence prevention efforts in targeted zip codes. ESJPP selected the local Valley Medical Center (VMC) Foundation as their Wellness Fund administrator through a transparent, competitive process based on criteria established by the ACH (see below). The VMC Foundation had been involved in the ESJPP early on in the planning process.

In order to establish clear accountability, the VMC Foundation and ESJPP signed a Memorandum of Understanding (MOU) detailing roles, rules and expectations. For example, VMC Foundation staff continue to participate in the ACH governance but recuse themselves from any decisions about resource allocation. The MOU process was particularly complicated and innovative because the Santa Clara County Department of Public Health is the backbone organization for ESJPP. Both the County and the VMC Foundation had to grant ESJPP authority to oversee the Wellness Fund. ESJPP is in the process of figuring out how to make resource allocation decisions that best reflect their goals of transparency and equity, and lead to progress on their vision and goals. Seed monies for the Wellness Fund include \$250,000 from county Public Safety Realignment funds (AB 109).

ESJPP WELLNESS FUND ADMINISTRATOR APPLICANT CRITERIA

Infrastructure

- a. Nonprofit status
- b. Evidence of fiscal responsibility
- c. Sound, transparent financial systems
- d. Appropriate staffing capacity and capabilities
- e. Reasonable cost to manage functions
- f. Ability to be accountable to Peace Partnership

Experience

- a. Portfolio of managed funds
- b. Subject matter expertise related to health, violence prevention, community development
- c. Management of compliance requirements
- d. Breadth of fund development
- e. Ability to braid, blend funding streams
- f. Knowledge and involvement in East San Jose community and commitment to the ACH

KEY ADMINISTRATIVE CAPABILITIES

Generally, it makes sense to start Wellness Fund design by defining what a Fund will need to do versus identifying the most feasible administrative model (though it can be a bit of a chicken-and-egg question). Regardless of the model selected, the Wellness Fund should possess key capabilities to successfully manage funds with oversight from an ACH, such as:^{xxi}

- » **A SOPHISTICATED NONPROFIT OR GOVERNMENT FINANCIAL MANAGEMENT SYSTEM** that can track revenues and expenses from numerous funding streams and programs as well as liabilities, restricted assets and remaining fund balances associated with each revenue stream and any fund restriction requirements.
- » **DIRECT SERVICE BILLING** for ACHs interested in the ability to receive funds from public or private health plans or businesses for services provided.
- » **COST ACCOUNTING** to determine the actual costs, both direct and shared, associated with a given program or service provided by the ACH. Ideally, Wellness Fund staff should help to track costs associated with services or interventions, as well as the infrastructure of the ACH.
- » **GRANTMAKING** to partner or other community organizations that are selected to implement an intervention. This likely includes setting criteria and a process for grantee selection, monitoring, tracking and reporting uses of grant funds.
- » **BUDGETING, ANALYSIS AND FINANCIAL REPORTING**, including financial planning, data collection, budgeting and forecasting, and the production of regular financial reports monitoring actuals to budget.
- » **FUNDRAISING** to support engagement of a range of potential contributors. This could include input on potential funding, joint fundraising efforts, grant writing or other strategic support.

TEN STEPS TO DEVELOPING A LOCALLY GOVERNED WELLNESS FUND

1. Create a value proposition for the ACH as a whole. It will likely need to be customized for specific audiences. Separate value propositions may be necessary for specific investors and/or interventions.
2. Enumerate all types of uses for resources. Estimate monies needed for each use over the next 3-5 years, including startup and ongoing costs, as well as a ballpark long-term estimate that accounts for growth.
3. Identify likely/possible sources of funds for each type of use.
4. Outline the Wellness Fund development timeline and implementation plan.
5. Develop key principles and/or criteria for the Wellness Fund and policies that cover decision-making, conflict resolution and governance.
6. Select required and desired administrative capabilities, recognizing potential future expectations, changes or growth.
7. Evaluate potential Wellness Fund model options, weighing pros and cons of each.
8. Conduct a transparent process to select a Wellness Fund model and administrator, potentially including an RFP.
9. Finalize and sign a formal agreement or MOU between the ACH and the Wellness Fund detailing rules, terms, duration, etc.
10. Deposit existing funds and identify initial fundraising priorities.

OPTIONS FOR SELECTING A WELLNESS FUND ADMINISTRATIVE MODEL

After an ACH determines the required capabilities to administer its Fund, several internal and external factors should be weighed to select an appropriate administrative model.^{xxii} The Wellness Fund may evolve over time as the ACH matures, tackles additional health issues and has more resources from multiple funders to manage; any future needs that can be anticipated should be factored into the selection process. Some ACHs may choose a Fund model that is relatively easy and inexpensive to establish (essentially a “bank account” that is overseen by the ACH leadership), with plans to transition to a more formal option (such as a new entity that has a more significant set of capacities and roles) once the ACH is better established.

Questions for leadership to consider when investigating potential Wellness Fund models include:

» **ARE THERE EXISTING ENTITIES THAT COULD ADMINISTER THE WELLNESS FUND?**

A Wellness Fund doesn’t necessarily involve creating a new entity; an existing organization that has the necessary capacity (such as a local foundation, fiscal sponsor, United Way or CDFI), and is trusted and neutral, can serve as the Wellness Fund administrator.

» **ARE THERE TYPES OF FUNDING UNDER CONSIDERATION THAT WOULD REQUIRE A SPECIFIC MODEL?**

In some cases, funding sources dictate Wellness Fund requirements. For example, some philanthropic dollars can only be awarded to 501c(3) nonprofits. Alternately, government funding may require that recipients meet specific criteria to be eligible.

» **WHAT TIME AND RESOURCES ARE AVAILABLE TO INVEST IN GETTING THE FUND AND ITS GOVERNANCE ESTABLISHED?**

The Wellness Fund should support the goals and long-term success of the ACH, but its setup can draw significant human and financial resources away from other critical priorities. The Wellness Fund model should fit within pragmatic design considerations. For example, an ACH that hasn’t yet secured significant resources to flow into a Fund may not want to pursue a model that will require extensive time and legal fees to initiate. In that case, a simpler initial model and planning process may make sense, with the potential to shift to a more complicated model as the ACH matures.

» **IN ADDITION TO POSSESSING KEY CAPABILITIES, ARE THERE OTHER FINANCIAL OR ADMINISTRATIVE FUNCTIONS THAT THE WELLNESS FUND NEEDS TO BE ABLE TO PERFORM TO MEET THE NEEDS OF THE ACH?**

Does the Wellness Fund need to be able to handle payroll? Is it critical for the Fund to be able to quickly cover small costs such as food for a meeting? How quickly can contracts and invoices be processed? Does it need to be able to re-grant dollars? Being clear about such functional needs can lead to selecting one model over another.

» **WHAT ARE THE COST AND BUDGET PROJECTIONS FOR THE ACH?**

The initial costs for infrastructure and interventions, and projections for growth may influence the appropriate Wellness Fund model for a given ACH. In the most extreme example, an ACH would likely not want to partner with a Wellness Fund administrator who is comfortable managing startup costs but has never managed the level of resources projected after a few years of growth. Similarly, it may not be prudent to spend significant resources establishing a Fund if the ACH is unlikely to have significant pooled resources within the foreseeable future.

In reviewing existing or planned Wellness Funds and similar collectively governed resources, a few primary models emerge.^{xxiii} These primary models are listed on the next page, along with strengths, limitations and an example of each. This is not an exhaustive list but a starting place for ACH leaders who are exploring options.

One option that is notably missing is a Wellness Fund administered by an existing government agency such as a public health department. While that is not impossible for a locally governed Fund, there are no ready examples, and numerous concerns may exist about independence and ability to be accountable to an ACH governance structure, speed and nimbleness in handling transactions, and legal and regulatory barriers.

ASSESSMENT OF ADMINISTRATIVE MODELS

Likely	Possible	Unlikely
●	◐	○

A. Select an existing non-government entity (foundation, fiscal sponsor, NGO, other nonprofit) to operate the Wellness Fund

B. Establish a new independent organization (NGO, foundation)

C. Establish a governmental or quasi-governmental task force, public service corporation or local health authority

Quick to establish	●	○	○
Relatively low-cost setup	●	○	◐
Low ongoing overhead costs	◐	○	◐
Flexible design	◐	●	○
Overseen exclusively by ACH governance	●	●	◐
Able to leverage existing networks & funders	●	◐	◐
Alignment with ACH vision & identity	◐	●	◐
Responsive/limited bureaucracy	◐	●	○
Enhanced reputation & buy-in from key stakeholders	◐	○	◐
Able to receive and manage funds from a wide range of sources	◐	●	○
Less susceptible to shifting external organizational or political priorities	◐	●	◐

RECOMMENDATIONS FOR POLICYMAKERS AND FUNDERS

1. PROVIDE FLEXIBILITY IN FOUNDATION AND GOVERNMENT PROGRAMS AND GRANTS TO SUPPORT AN ACH BACKBONE AND OVERALL INFRASTRUCTURE:

It is not straightforward to blend or pool philanthropic or government resources in the manner that is described in this brief. Such funds are typically provided for explicit purposes and with strict tracking requirements. Funding that is tied to specific outcomes (rather than activities), acknowledges and supports the role of the ACH infrastructure and that encourages leveraging through pooling that would help to accelerate Wellness Fund development.

2. SUPPORT WELLNESS FUND PILOTS:

As an emerging and innovative practice, Wellness Funds require testing and refinement. Pilot tests of a range of approaches would create a social laboratory in which best practices emerge, failures happen quickly in instructive ways and successes can be scaled up and spread to other communities. The pilot could be structured as a design competition among ACHs or other multi-sector collaboratives with a focus on developing a “winning” model that best fulfills core functions while satisfying set criteria.

3. DESIGNATE THAT LOCAL WELLNESS FUNDS MANAGE SPECIFIC RESOURCES:

In some cases, the best mechanisms for generating resources for Wellness Funds exist at the state level (e.g., taxes and fees from sales of cannabis or sugar-sweetened beverages), but the wisdom about how to allocate the dollars resides locally. In other cases, legislation or administrative action could support ACH activity by specifying that resources that are monitored but not collected by the state—nonprofit hospital community benefit investments, public benefit agreements (e.g., community investment requirements attached to capital expenditures such as new construction of clinics or hospitals^{xxiv}) or other resources (e.g., Opportunity Zone^{xxv} investments)—have to be managed by a locally governed Wellness Fund. However, in all such instances, accountability would be paramount, and rigorous criteria would likely need to be met and maintained by the Fund.

4. ENCOURAGE BLENDING AND BRAIDING OF RESOURCES WITHIN AND ACROSS PUBLIC AGENCIES TO ADDRESS PRIORITY OUTCOMES:

There is growing recognition that decisions made in any given agency or sector have implications in other sectors. Efforts such as state and local “Health in All Policies” task forces have taken up the effort to better align activity and resources. For example, working collectively on Complete Streets policies impacts

transportation, public safety, economic development and physical activity. Collectively managing resources can also lead to broader systems thinking. In Virginia, for example, a program that pooled funds to meet the needs of at-risk youth and families for over twenty years noted that “discussions about system shortcomings and possible improvements tend to be more open and productive where there is collective responsibility for the system...”^{xxvi}

It is quite likely, given the accountability concerns noted above, that government funds can be braided or aligned but not blended. However, as mutual interests become clearer, it may become feasible to blend funding. For example, California’s Strategic Growth Council allocates resources from the cap and trade program to reduce greenhouse gas emissions and other sources based on the shared interests of secretaries and directors from seven government agencies.^{xxvii} These resources otherwise would have been allocated to each agency.

5. SUPPORT SHARED-SAVINGS’ ARRANGEMENTS THAT ENCOURAGE HEALTH PLAN INVESTMENT IN COMMUNITY-HEALTH IMPROVEMENT STRATEGIES.

Developing a shared-savings’ approach, wherein the state and the plan split any reductions in total cost of care associated with health improvement activities, could encourage plan investment in ACH-type activities and could be an incentive for partnerships between ACHs and plans.^{xxviii} Health plans report that one of the major barriers to investing in innovative approaches to addressing social determinants of health, such as an ACH, is “premium slide”—if the activities are successful in improving health and reducing health care utilization, the state will use those savings to reduce rates in the future.

6. ENCOURAGE TECHNICAL SUPPORT OF WELLNESS FUNDS BY FINANCIAL INSTITUTIONS SUCH AS CDFIs.

Community development financial institutions (CDFIs) and other financial institutions with a mission that aligns with an ACH may be valuable strategic advisors or leadership team-level partners in establishing a Wellness Fund. In some communities, CDFIs possess local market knowledge, longstanding community-based organization relationships and financial expertise to administer complex deals—and possibly the Wellness Fund itself. They likely already have access to sources of capital that could be blended or braided through the Wellness Fund to complement ACH portfolio interventions. There may be ways to incentivize CDFI participation in ACHs and Wellness Funds through tax credits or philanthropic grants intended to pilot test such participation.

CONCLUSION

Wellness Funds are an emerging approach to address thorny questions of how to break down fiscal silos, combine and manage funds, and align resources to achieve shared outcomes. Wellness Funds are part of an ACH strategy to move toward diversified, sustainable funding that supports efforts to address root causes of poor health in an inclusive and equitable way. Each multi-sector collaborative exists in a unique context, and there is no playbook or single approach to this work. CACHI sites are continuing to evolve and learn, and suggestions presented here are preliminary. At the same time, CACHI provides a laboratory for Wellness Fund design and implementation that can provide insights and best practices for others in the field. Without new funding strategies and practices such as Wellness Funds, it is going to be very challenging to sustain initiatives that emphasize building collective efficacy and implementing a portfolio of interventions. Based on the CACHI experience to date, there is growing optimism that developing and spreading effective Wellness Fund approaches will unlock new partnerships and strategies for addressing complex health and health equity priorities.

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ENDNOTES

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