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Accountable Communities: A Concept Broader than Health Care

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A person may cause evil to others not only by his actions but by his inaction, and in either case he is justly accountable to them for the injury.
-John Stuart Mill

The Merriam-Webster dictionary defines accountable as an adjective that means one who is accountable is “required to explain actions or decisions to someone,” or is “required to be responsible for something.” In health care, accountable care would be a requirement to accept responsibility for a level of care that achieves a certain level of outcome.

When we look at communities in the United States, we often find the data are disappointing regarding the success of accountability in a number of areas. Outside of health care, we see the areas of education, food insecurity, juvenile justice, and economic security all as areas where many of our children do not see the warm blanket of an accountable community. The most recent data on child poverty shows a rising child poverty rate which clearly correlates with the inequality documented in our communities.

In public education, we continue to see evidence that early education positively impacts children, especially for children growing up in families living near or below federal poverty levels. We also see high numbers of children, primarily poor urban children, who fail to graduate from high school. The data on both of these education-related examples are a component of our failure to create accountable communities.

Accountable communities within the United States extend further than just the obvious structures of healthcare and education. Accessibility to food would seemingly be a very easy measure of societal accountability. High numbers of children inhabit food insecure homes, whether these homes are exasperated by the failure of many state governments to use the resources of the federal government to provide access to help, whether through outreach for family nutrition programs (SNAP/food stamps) or to simple and effective programs like school breakfast.

The data on juvenile justice and as well as provision of mental health services and sexual health education of our children continues to display a correlation to poverty. Additionally, this data further emphasizes the failure of society to act, to govern, and to create public policy that mitigates these real and solvable challenges to our children.

When we launched the *Journal of Applied Research on Children*, we were determined to academically display the value of policy based upon evidence. Because of this determination, we are pleased to present an issue that focuses on accountable communities within the area of

health and demonstrates tangible examples where the evidence of public policy is making significant differences for children.

For those who seek to improve the opportunities for health and well-being among all populations, including those from traditionally disadvantaged backgrounds or who face higher risks owing to social and economic factors, the concept of holding ourselves to a performance target that we seek to achieve offers some allure. In healthcare, we see more and more discussions of “outcomes” and the need to measure ourselves against a benchmark and to work diligently to meet or exceed that benchmark’s target. In working to empower communities and assist them to address challenges, we need no less of a high performance mentality. This commitment to high performance will keep us focused on the urgent needs that impact children and families each and every day that we are not performing as a community at that targeted high level of effectiveness or achievement. The ongoing implementation of the national healthcare reform, embodied in the March 23, 2010 Patient Protection and Affordable Care Act (referred to as “the ACA”), gives us an emerging jumping off point to extend the important concept of accountable care in healthcare to a related effort in advocacy work that we refer to as accountable communities.

Accountable Care

Within the ACA, the notion of accountability is embedded in the description and establishment of the “Accountable Care Organization” (ACO) so we will briefly describe the underpinnings of the ACO and extend these principles to accountable communities. An ACO is defined as a group of health care providers who work together to assume the responsibility for the quality and the cost of care for the patient population it serves, as well as sharing in the savings achieved as long as pre-defined quality metrics are met.¹ If the ACO meets its quality benchmarks, the providers in the ACO share in the savings achieved. The ACO requires new ways of organizing and working together in teams that actively build the capacity to achieve the quality and savings goals.

Essential Characteristics of ACOs:²

1. The ability to provide a continuum of care across different institutional settings, spanning outpatient to inpatient hospital care.
2. The capability to plan and carry out budgets and allocate resources.

3. Sufficient size to support comprehensive, valid, and reliable performance measurement.

For work with communities and empowering community members to meet the challenges they face in regards to promoting well-being, an accountable community would be one where community members and those who seek to assist and empower them would come together to assume responsibility for the effectiveness of initiatives. Essentially, those who act as stewards of the resources available to achieve results would hold themselves accountable to achieve them. Inherent in this accountability at the community level would be a willingness to measure ourselves and a sense of holding ourselves responsible for defining what we will work on, achieving a high level of performance and a willingness to explain how that performance was achieved to the community and to others who supported the effort as well.

Essential Characteristics of an Accountable Community:

- 1) The ability to articulate a vision for a feasible set of evidence-informed initiatives that will likely improve the well-being of the members of that community.
- 2) A willingness to measure, compare and report on performance and effectiveness.
- 3) Sufficient scope to impact substantial portions of the community's population in a positive manner.

Thomas Edison is quoted as saying, "vision without execution is hallucination." When applied to working with communities, this quote captures the practical and applied nature of the effort necessary to actually improve circumstances in the day to day reality of community members lived experience. Having a dream without the skills to actually implement it leaves us with potential for change but no actual improved performance. We seek to hold ourselves accountable for actually achieving the vision in a tangible, measured way.

In this issue, we highlight aspects of an accountable community approach through a variety of lenses. These lenses examine the role of children's health insurance as a powerful safety net, display the measure of the built environment towards physical activity levels, and touch upon gender roles for adolescents within a sexual context. Education barriers, as well as developmental disabilities and the socioeconomic factors regarding childhood obesity are discussed within this issue to provide a

further overview of the various components that can shape an accountable community approach.

References

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