FUNDERS FORUM
on Accountable Health

Wellness Funds:

Flexible Funding to Advance the Health of Communities

Funders Forum Issue Brief

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The Funders Forum on Accountable Health

The Funders Forum on Accountable Health is a collaborative at George Washington University's Milken Institute School of Public Health that works to advance accountable communities for health (ACH) models by promoting dialogue and catalyzing change among public and private funders of ACH efforts across the country.

The Forum is a common table for funders of ACH efforts to share ideas and experiences, explore potential collaborations, support common assessment approaches, and build a community of practice. The following foundations support the Forum: Blue Shield of California Foundation, Episcopal Health Foundation, RCHN Community Health Foundation, Robert Wood Johnson Foundation, The California Endowment, The Commonwealth Fund, The Kresge Foundation, and W. K. Kellogg Foundation.

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OVERVIEW

There is a growing recognition in the health policy arena that addressing population health, social determinants of health, and health-related social needs requires identifying a set of community-specific interventions that will improve a community's health. The portfolio of interventions that would address these challenges may target multiple conditions at the individual, family and community level, and can be supported by a variety of funding mechanisms. One such mechanism is a Wellness Fund, defined as "a locally controlled pool of funds created to support community well-being and prevention efforts that improve population health outcomes and reduce health inequities [whose] sources of funding may be public and/or private."[1]

Wellness Funds, often called other names such as Community Health Funds or Community Resiliency Funds, are established to better align health improvement investments in a community toward a shared set of goals. The funds may tap a variety of funding sources, depending on the goals that are set and the resources available in a particular community.

Wellness Funds are often associated with Accountable Communities for Health (ACH), which are multi-sector community-based partnerships that bring together health care, public health, social services, and other sectors such as education and the justice system, to collectively address priority health and social issues for individuals and communities. More than 100 ACHs or similar accountable-health-type organizations exist across the country.[2] These multisector collaboratives need access to stable and flexible funding to be successful over the long term, and several are developing Wellness Funds to address this need.

Coordination of resources in a community to address priority issues is not a new concept. What is unique about Wellness Funds is explicitly building the capacity to braid, blend, and align resources with sustainability in mind. This includes a long-term vision of change rather than a one-off approach to pooling of funds.

The Funders Forum on Accountable Health at George Washington University collaborated with the Georgia Health Policy Center at Georgia State University to convene a group of policy makers, funders, practitioners, and advocates to explore approaches to conceptualizing, developing, and implementing Wellness Funds. Although the field is new, there are exciting examples of Wellness Funds taking shape across the country. This policy brief provides a review of key issues that emerged at

[1] Georgia Health Policy Center. Local Wellness Funds. 2019, Sept. Available from: https://accountablehealth.gwu.edu/sites/accountablehealth.gwu.edu/files/Local%20Wellness%20Funds%20Brief.pdf
[2] The Funders Forum on Accountable Health. Inventory of Accountable Communities for Health. 2019. Available from: https://accountablehealth.gwu.edu/ACHInventory

the convening and concludes with a set of policy opportunities that public and private funders could use to advance and scale this model for aligning community resources.

KEY ELEMENTS OF A WELLNESS FUND

While many communities are in the conceptualization stage of setting up local Wellness Funds, there is growing recognition that certain elements facilitate the establishment of these Funds. The Georgia Health Policy Center, funded by the Robert Wood Johnson Foundation, is documenting some of the precursors to establishing these funds.[3] These attributes include the following:

***Shared Purpose*.** A first step in establishing a Wellness Fund is the conceptualization of shared goals or a value proposition that defines why resources are being sought, aligned, and pooled. The shared purpose can be varied: from supporting a specific set of interventions in a community to more broadly advancing equity in a community. Several convening participants have found that building the business model from the very beginning was a catalyst for participating in the fund.

***Trust and Governance*.** Most communities establishing a Wellness Fund have prior experience successfully working across sectors to address community defined priorities. Agreeing to align and/or pool financial resources toward a common set of objectives requires trusting relationships and, often, governance structures. These are most notably found in an ACH, though they exist also through other mechanisms (or can be established as part of the Wellness Fund itself).

***Technical Expertise*.** Pooling of community resources requires a dedicated team of "financial architects," or people knowledgeable about managing the alignment of complex funding streams (often tied to program-specific requirements) and, when new investment capital is sought, understanding of investment vehicles that can support community well-being.

***Accountability*.** Continuous monitoring of progress, ongoing evaluation, and documenting return on investments, both financial and social, are also important elements. Demonstrating accountability for clearly defined outcomes and the quantity and quality of investments in meeting community needs can also be an attraction for other investors. Both short-term wins and a commitment to a longer-term vision for community well-being are also useful in building and sustaining support for Wellness Funds.

[3] Minyard K., Heberlein E., Parker C., Landers G., Adimu T., Sutton C., et al. Bridging for Health: Improving Community Health Through Innovations in Financing. Atlanta (GA): Georgia Health Policy Center. 2019. Available from: https://ghpc.gsu.edu/download/bridging-for-health-book/

Given their importance, the development of these elements is explicitly encouraged by organizations that are pursuing Wellness Funds. For example, the California Accountable Communities for Health Initiative (CACHI) identified ten steps to developing a locally governed Wellness Fund.[4] These include creating a value proposition for the ACH as a whole as well as enumerating allowable uses of resources, potential sources of funds, and policies for decision making. CACHI also highlights the need for transparency in governance and accountability to the community, which is described as critical for establishing the fund as well as sustaining interest and investors over time.

CAPITALIZING AND SUSTAINING A WELLNESS FUND

Most Wellness Funds start with aligning or pooling resources that may already be available in the community. However, ultimately Wellness Funds will need to find new, dedicated resources that will support the infrastructure of the Fund (and/or ACH) and can spur new initiatives, often referred to as a portfolio of interventions, which require additional funding. Sources for this funding include:

- Local philanthropy, including health foundations, health insurance foundations that invest in local improvements, and hospital community benefit dollars.
- Health plans, including those serving the Medicaid market as well as commercial and Medicare Advantage plans.
- State and local health departments, which are often sources of potential funding when goals for programs and interventions are aligned.
- Local businesses and banks, industries, and, in rural areas, farming cooperatives.

In addition to grants, funding may take the form of membership dues and structured funds that allow individual investments and tax deductible giving.

A diversity of approaches are used, as we see reflected in three examples discussed at the convening. Each of these demonstrates the importance of having the “key elements” discussed above, since all require a level of expertise and trust. (See Appendix for full description of case studies.)

[4] Cantor J., Powers P. Establishing a Local Wellness Fund: Early Lessons from the California Accountable Communities for Health Initiative. 2019, July. Available from: https://cachi.org/uploads/resources/Establishing-a-Local-Wellness-Fund_Issue-Brief_FINAL_7-10-19.pdf

- **NEK Prosper! Caledonia + Southern Essex Accountable Health Community** in northeast Vermont, has created funds built with resources from the state Accountable Care Organization paid to Northeastern Vermont Regional Hospital and from local investors. One of the funds is managed by a local Community Development Financial Institution (CDFI). The other is managed by the Leadership Team of NEK Prosper.

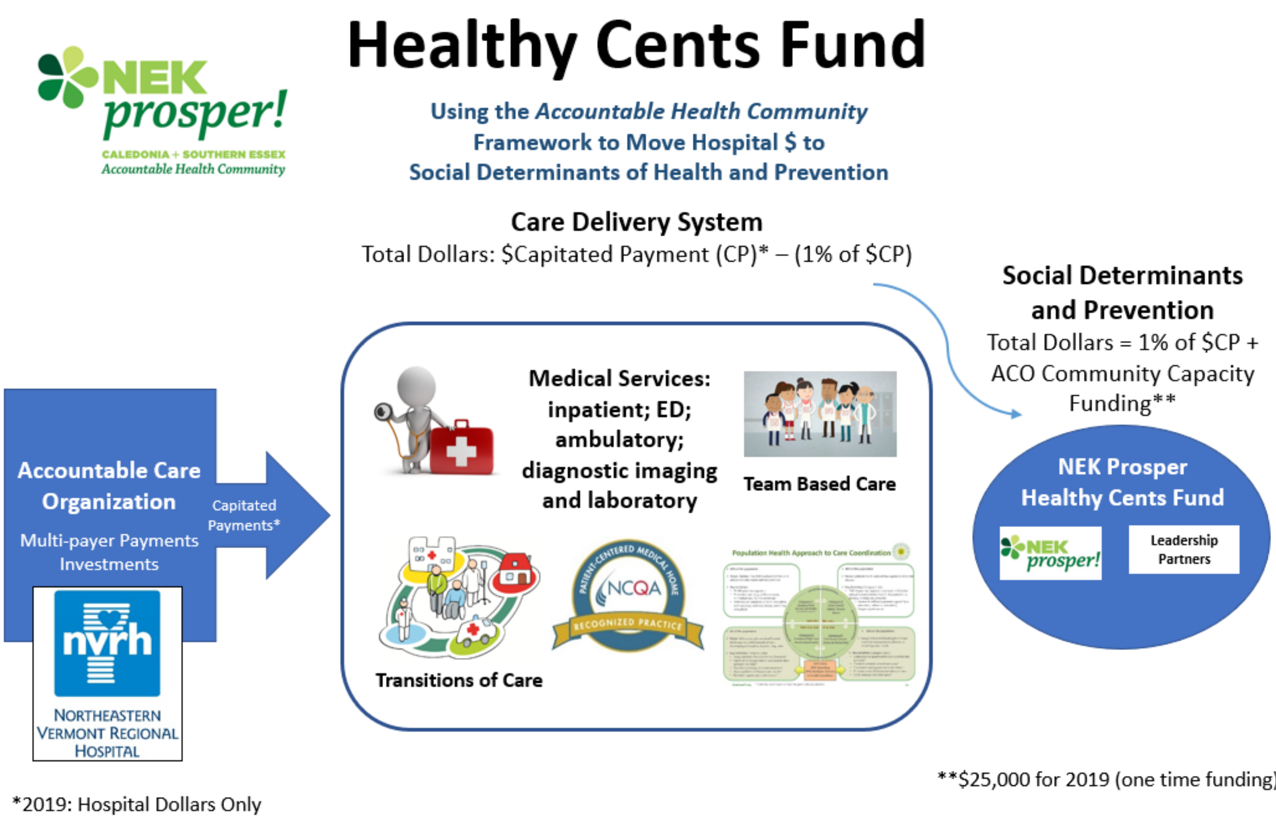

Image Source: NEK Prosper! Wellness Fund Convening 2019 PowerPoint Presentation Slides

- **Elevate Health of Pierce County** in the state of Washington plans to use the following sources to capitalize their community resiliency fund: direct state contracts, contracts with payers/MCOs, incentive-based funding from the state's Medicaid Transformation Project, community development financing, hospital community benefit dollars, dedicated taxes and fees, private and philanthropic funding, and reinvested shared savings from alternative payment models.

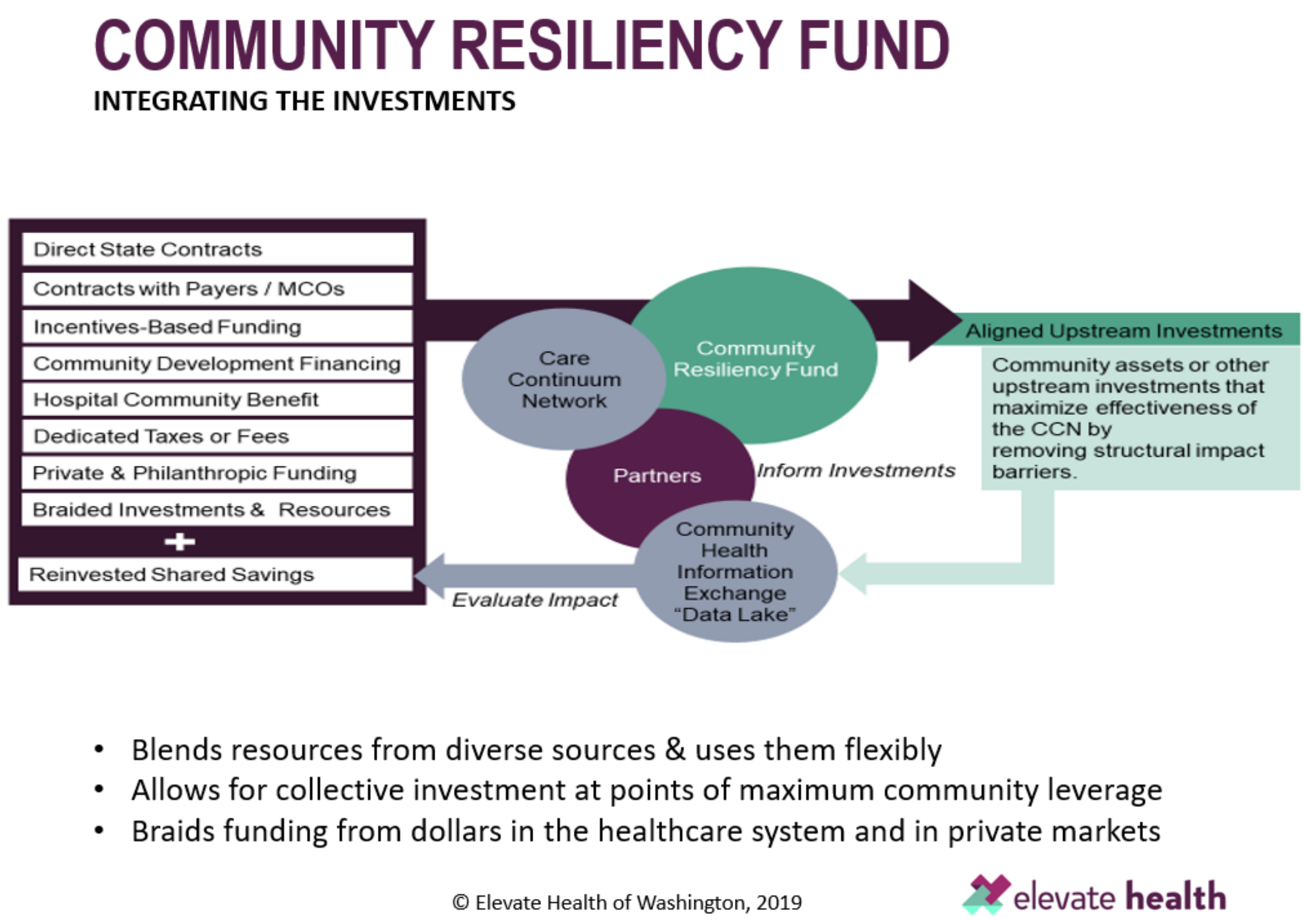

Image Source: Elevate Health Wellness Fund Convening 2019 PowerPoint Presentation Slides

- **Imperial Health** in California developed a contractual partnership between Imperial County and the locally selected managed care organization, California Health and Wellness, to establish a Local Health Authority (LHA) Commission in 2014 to provide oversight of a Wellness Fund. California Health & Wellness contributes monthly per-member fees of between $80,000 and $90,000, and annual revenue sharing of between $300,000 and $1 million a year. The LHA Commission also receives funding from the Imperial County Public Health Department and CACHI.

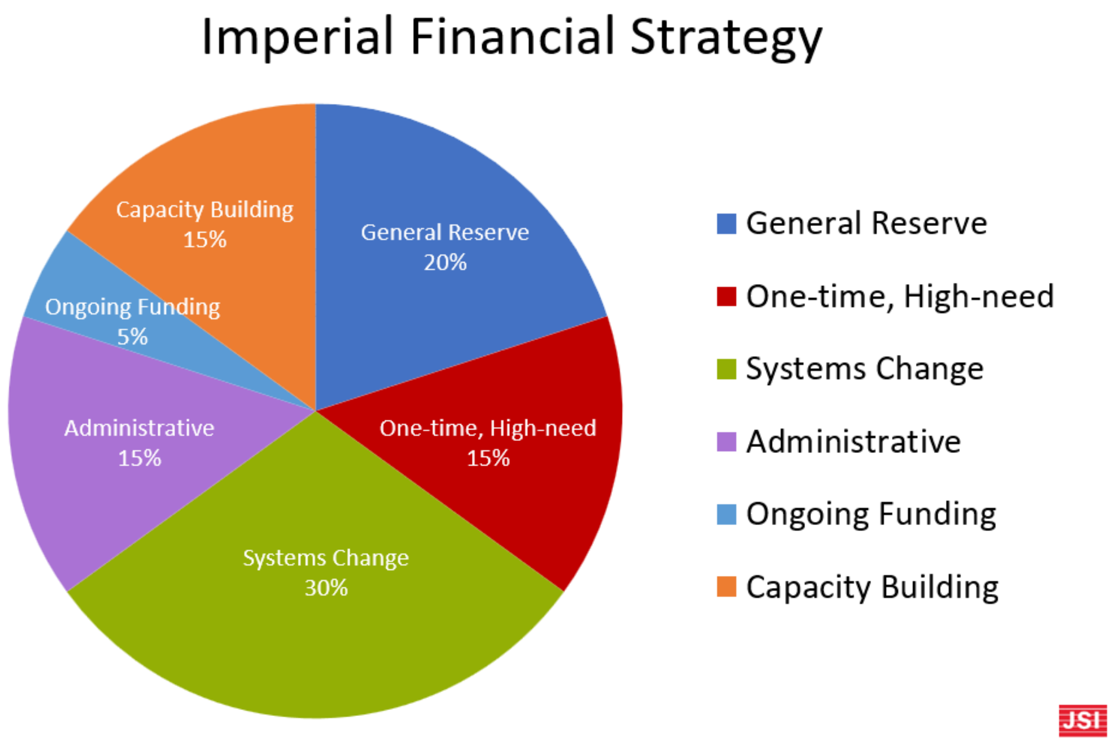

Image Source: Imperial Health Wellness Fund Convening 2019 PowerPoint Presentation Slides

While it is possible to support a portfolio of interventions with existing health-related resources in a community, as interventions move upstream and embrace or benefit other sectors, finding ways to support non-health activities will require casting a broader net. Communities that are establishing Wellness Funds need to think beyond health care system resources to consider other types of funding in the community.

CHALLENGES

Participants considered multiple challenges in establishing Wellness Funds. These included working with health care systems, building health equity and community engagement into the process of implementing Wellness Funds, and defining return on investment.

Working with Health Care Systems – Setting a Level Playing Field for All Sectors

There was overall agreement that health care providers must be at the table to ensure sustainability, but there were concerns voiced about the role some health care systems play in some communities. Many more hospitals are now screening for social determinants of health and see the benefits of forging strong relationships with community services. However, some community-based organizations feel they are not being treated as partners, or reimbursed adequately for the services they are providing in the community. There is a need for better communication with community-based organizations about increased demand for services and plans to expand limited capacity to provide the social services needed. Health care systems need to be engaged in local Wellness Fund development if they are to be successful over the long term to ensure investments to address community identified needs and priorities, both near term and long term are successful.

Working with Non-Health Sectors

It can be difficult for fund developers to engage with broader non-health sector partners for a number of reasons. Other sectors have different priorities and time lines for funding and reporting. Diverse sectors use different languages to define risk and benefit, be it expressed in financial, housing, justice, education or social terms. Innovators need to be multi-lingual. In addition, the value proposition for non-health sectors may be defined differently. These issues make it challenging for a Wellness Fund to develop a shared investment strategy and determine how to recoup or share potential savings across sectors.

Building Health Equity and Community Engagement into Wellness Fund Governance

Health equity means that every person has an opportunity to achieve optimal health regardless of race/ethnicity, level of education, gender identity, sexual orientation, the job they have, the neighborhood they live in, or whether or not they have a disability. Addressing health equity is part of building trust in the community. In addition, transparency in the governance and decision-making process is critical to addressing health equity issues related to Wellness Funds. Wellness Funds being established in communities are often developed to address the needs of children and families at high risk of multiple adversities, who do not trust state and local institutions or community organizations. This is even more reason to push for a decision-making or governance process that is inclusive of community members as priorities are established and funding decisions are made. There needs to be accountability to those being served.

Return on Investment or Social Value?

A common concern for Wellness Funds relates to return on investment (ROI), which is traditionally defined as the net benefits accrued from an investment, compared to the cost of the investment over a defined period of time. Often these analyses focus on strict dollar returns within a specified time period. The ROI discussion at the convening moved toward a broader conceptualization, recognizing that the underlying purpose of Wellness Funds is a social return on investment: improving the health and well-being of communities. Even within that broader conceptualization of ROI, it may mean different things to different participants – whether a public official, a health system, a banker, or a social service organization.

In addition, Wellness Funds tend to support a portfolio of interventions that, together, will affect community health. Attributing the dollar value of a particular intervention or attributing benefit to individual partners that have come together to support the Wellness Fund may be impossible. This is a major challenge for Wellness Funds, as both public and private investors may want to justify their participation through the more traditional ROI framework. Ultimately, the discussion may need to move away from ROI to a broader concept of value: that there is inherent benefit in pulling together diverse partners to produce change in communities. What may matter most in these efforts seems to be the process of coming together to solve common problems—aligning interests, resources, dollars and community voices to effect changes that are both monetary and non-monetary.

POLICY OPTIONS FOR CONSIDERATION

A number of policy issues were identified in establishing Wellness Funds. Listed below are possible policy interventions to address challenges identified in setting up and maintaining Wellness Funds:

Support Wellness Fund Pilots

The federal government could support Wellness Fund pilots, building on existing ACHs across the country to test a range of approaches for braiding, pooling, and aligning funds to determine which work best. As part of these pilots, legal issues and ground rules related to tax policy, charitable giving, qualified investor, and community benefit dollars from non-profit hospitals and other entities could be explored, in collaboration with the Internal Revenue Service (IRS), U.S. Securities and Exchange Commission (SEC) and other federal agencies.

Encourage Integration of Wellness Funds into State-level Medicaid Transformation

The Centers for Medicare and Medicaid Services should encourage state flexibility in establishing and maintaining Wellness Funds. A few states, including Oregon, Washington, and Rhode Island, are encouraging Wellness Fund collaboration with ACH-type organizations as part of their state Medicaid transformation efforts. These states are using Medicaid Accountable Care Organizations (ACOs) and other types of value-based purchasing (VBP) arrangements to support use of shared savings, as well as MCO contracting to encourage investments in Wellness Funds.

Foster Pipeline Development

CDC could support communities in developing multi-sector partnerships so they are prepared to develop ACH type organizations and Wellness Funds. The prior Community Transformation Grant and Communities Putting Prevention to Work programs provided resources for diverse communities to engage community leaders across sectors to begin addressing community priorities. State and local health departments need assistance in building upon these earlier investments to expand critical partnerships in their communities.

Promote State Investments in Wellness Funds

States could encourage local Wellness Fund development with policies in a variety of ways. These options are discussed in more detail in a separate Funders Forum issue brief and include:[5]

- Establishing requirements for health insurance companies operating in the state to contribute a portion of earnings to Wellness Funds as a way of contributing to community wellness. This requirement could apply to all health plans or be focused on those participating in state health insurance marketplaces.
- Developing a policy that requires hospitals to partner with local Wellness Funds in addressing needs identified through community health needs assessments.
- Creating taxes or local bonds to fund Wellness Funds.
- Leveraging Centers for Disease Control and Prevention (CDC) block grant funds and some chronic diseases cooperative agreements to establish the local infrastructure needed to establish Wellness Funds, as part of building the partnerships and integration of services to better address community needs that CDC expects.
- Encourage the blending and braiding of resources within and across public agencies. This could include multiple public agencies with which many high-risk families are engaged.

Identify Other Approaches to Aligning Existing Resources in Communities

Policymakers should explore models from other sectors that are effectively coordinating resources, both public and private, to address common community needs. In public health, such coordination is being done through emergency preparedness efforts. There may be other models in sectors such as transportation, education, housing or public utilities.

CONCLUSION

There is considerable optimism for the continued development of Wellness Funds across the country. Despite the newness and diversity of these efforts, communities are demonstrating that, working together across sectors can make a difference and improve the factors that influence health. Sustainability of Wellness Funds requires strong stewardship, openness to the voices of residents and non-health stakeholders, and creative thinking about how to align, braid and sometimes blend resources. Despite the challenges identified in this paper, Wellness Funds show great promise as a creative mechanism to more efficiently use a community's resources to advance health and well-being.

[5] The Funders Forum on Accountable Health. Federal Options to Support the ACH Infrastructure. 2020, Jan.

APPENDIX: CASE EXAMPLES

What follows are three short descriptions of existing Wellness Funds. Local context; fund scale and stage of development; and fund sources, uses, and structures vary in each of these communities, illustrating how adaptive Wellness Funds can be to community needs and resources.

Pierce County (Washington)

Background: Pierce County accounts for approximately 12% of the state's Medicaid population or approximately 250,000 enrollees, representing one in four of the county's residents. The region has higher rates of unemployment and poverty than the state average, and Medicaid members are more likely to experience homelessness. Elevate Health (formerly known as Pierce County Accountable Community of Health) is a nonprofit organization with a mission to build and deploy cross-sector transformation strategies for equitable whole-person health across life stages.

Elevate Health established a community resiliency fund, OnePierce, to serve as a vehicle for planning and making collective investments to improve health and health equity in a community, then capturing and reinvesting the shared value created by those investments to sustain and spread change.

Sources: OnePierce began with 10% of all earned incentives by Elevate Health as the seed funding to leverage additional investors for the fund. This is the first fund of its kind to be established by an ACH in Washington and integrate braided funding captured by various sources, then blended and braided (i.e., direct state contracts, cross- sector payers, incentive-based funding, community development financing, community benefit, dedicated taxes and fees, alternative payment and shared savings models, philanthropy, private investors).

Uses: The fund intends to spearhead regional, community-led initiatives aimed at strengthening the community through social determinant investments, key policies, and system changes for overall equitable community health. It will seed efforts for continual investment to help improve and maintain health equity, support clinical integration work, fund service gaps, make data-informed investments, bolster private-public partnerships, and meet prioritized health needs. There are five principles of the fund: working smartly upstream, making data-informed investments, leveraging community wisdom, being equity-focused, and choosing investments that build a vital community.

OnePierce may invest along two potential paths, each of which complements the other:

- Path 1— Supporting Care (Health) Continuum Network. Funds are used to scale, spread, and invest/reinvest for strong community-clinical linkages throughout all life stages.
- Path 2 — Aligned Upstream Investments. Funds are directed toward one or more big problems or social determinants of health challenges that are hampering the effectiveness of the community's collective portfolio of services or that represent necessary advancements for the community to achieve its health equity goals. Funds could be targeted to reduce barriers for or complement the work of existing programs, aligning the community's upstream and downstream efforts.

Structure: OnePierce is a nonprofit subsidiary of Elevate Health with a nine-member board of directors. The CEO of Elevate Health serves as president of OnePierce. OnePierce blends resources from diverse sources to create a flexible fund that allows for collective investment designed to improve community health, then capturing and reinvesting the shared value created by those investments to sustain and spread positive change in the community. Investments are made with an accompanying mechanism for assessing their impact on cross-sector outcomes via the integrated community data, allowing for shared savings to be identified and reinvested back into the fund.

Imperial County (California)

Background: Imperial County has one of the highest rates of Medi-Cal (Medicaid), with about half of the nearly 190,000 residents eligible for Medi-Cal and 40% of residents currently enrolled in Medi-Cal Managed Care. In 2012, Imperial County, along with 27 other rural California counties, responded to a Medi-Cal mandate to transition from fee-for-service to managed care.

In partnership with the Imperial County Board of Supervisors, a local health care leadership team negotiated with the California Department of Health Care Services (DHCS) to implement a unique two-plan model of managed care. The Imperial Model launched with DHCS approval in November 2013. This model created a contractual partnership between Imperial County and the locally selected managed care organization — California Health and Wellness, a subsidiary of Centene Corp. The partnership agreement provided for the creation of an independent Local Health Authority (LHA) Commission vested with the authority to direct and implement the terms of the agreement. The partnership agreement also delineated a revenue-sharing formula to support implementation by the LHA Commission. The LHA Commission was established in 2014.

Sources: This is an established Wellness Fund, which continues to be primarily supported by the partnership with California Health & Wellness Health Plan. The fund is built up through monthly per-member fees that amount between $80,000 and $90,000, and an algorithm-based annual revenue sharing that varies between $300,000 and $1 million a year.

The Wellness Fund is augmented by the blending and braiding of funds. Examples include:

- As part of the California Accountable Communities of Health Initiative (CACHI), Imperial County received support and funding through its public health department to further this work. The funding (up to $850,000 over three years) was used to facilitate partnership building and development among county leaders and other critical stakeholders. Key partners include California Health & Wellness Health Plan, Clinicas de Salud del Pueblo Inc., Comite Civico Del Valle Inc., Community Health Improvement Partnership, El Centro Regional Medical Center, Pioneers Memorial Healthcare District, and Imperial County LHA Commission.
- Community partners in the Asthma Linkages Initiative augment Wellness Fund investment or participate without Wellness Fund investment by blending and braiding organizational funding such as pay for performance, Prime (1115 waiver funding), and integration with required organizational processes (e.g., quality improvement and electronic health records).
- The backbone organization is supported by funds from the LHA Commission, CACHI, and the Imperial County Public Health Department.

Uses: Imperial County is focused on a combination of strategies to improve the health of the community and the health care system, including clinical-community partnerships. The LHA Commission has invested in initiatives to:

- Address the needs and issues of people living with asthma, as well as their families
- Build resident leadership and communication
- Build the capacity of community nonprofit organizations to identify root causes of community health issues, enhance organizational ability to sustain funding, and cultivate empowered work environments and successful partnerships
- Improve the management of psychiatric emergencies

While the initial activities have focused on system change investments from the fund, the investment strategy has prioritized capacity building and upstream investments in the community. This priority shift stems from the sustainability principles adopted by the

LHA Commission of distributed leadership, aligned purpose, blended stewardship, and a sound investment strategy.

Structure: The funding strategy and allocations are made by the LHA Commission, made up of elected county leaders and representatives from the chamber of commerce, medical society, nonphysician provider groups, health systems, behavioral health and social service sectors, and the broader beneficiary community. Allocation considerations are driven by the LHA Commission's strategic plan, the local community health improvement plan, and the principles of CACHI. The investment strategy does not lead with the Wellness Fund. The strategy encompasses blended stewardship, partnership, resource activation, and funding. These principles prioritize Wellness Fund investment in upstream interventions, and alignment of purpose and leveraging of funding through blending and braiding.

The fund requires that at least 85% of the resources be used to support health-related efforts, with no more than 15% allowed to be used for administrative costs. The collaborative uses a collective impact model of accountability, with backbone support from the Imperial County Public Health Department.

NEK Prosper! (Vermont)

Background: NEK Prosper!, formerly the Caledonia & So. Essex Accountable Health Community (CAHC), is focused on a holistic approach to reducing poverty and improving the health and well-being for the people in Vermont's Northeast Kingdom region. The NEK Prosper! service area is the hospital service area and includes Caledonia County and the southern half of Essex County, a rural area that incorporates 18 towns and villages — only three have a population greater than 2,000 people. Just over 40% of the regional population are Medicare recipients and 23% are enrolled in Medicaid. Leadership members of the CAHC include community organizations representing multiple local sectors: Northern Counties Health Care (a Federally Qualified Health Center and home health organization), Northeast Kingdom Community Action, Northeast Kingdom Council on Aging, Northeast Kingdom Human Services (mental health), Rural Edge (housing), the Vermont Foodbank, Green Mountain United Way, and the Northeastern Vermont Regional Hospital, which serves as the backbone organization for NEK Prosper!. There are other collaborative partners representing health, housing, nonprofit, and government. NEK Prosper! previously tested "capture and reinvest" strategies as part of Vermont's State Innovations Model funding.

Sources: This is a fund in development. During a pilot phase to test the concept of the Prosperity Fund, $13,000 was secured from the contributions of a community bank, health and social organizations, and other community partners. Originally, the collaborative intended that the fund might function as a loan fund. They discovered in the test phase however that there were other similar funds already in existence throughout the community and they were not being utilized. Additionally, small-business owners were generally risk- and debt-averse, especially when just starting their businesses. They opted for a pooled income fund to raise $2 million within two years from existing partners and new investors. They are also using hospital dollars from a value-based health reform initiative to create a separate grant fund for upstream health improvements.

Uses: The organization envisions progress will enable the region's population to be financially secure, physically and mentally healthy, well-nourished, and appropriately housed. The initial funds invested focused on expanding women- owned microbusinesses in the community. Going forward, investments will be made in NEK-based businesses with the goal of creating jobs, reducing poverty, and addressing some of the priorities from the last community needs assessment. These include poverty-related issues, lack of jobs and job training, affordable housing, food insecurity, substance abuse and mental health, and rural isolation/lack of social support.

Structure: The collaborative uses the collective impact framework to coordinate its work. NEK Prosper! partners agree on a common set of goals, outcomes, and success indicators. They have begun to align resources, while implementing and coordinating practices that have proven to work for families, children, and individuals in their region and analyzing and tracking their progress. The Northern Community Investment Corp., a community development financial institution, will house the fund. The NEK Prosper! Finance team will make recommendations about funding allocations.