

**San Diego Accountable Community For Health
Community Resident Engagement Workgroup Meeting
Thursday, June 14, 2018
Meeting Summary**

Accountable
Communities for
Health

Members present:

Reverend Gerald Brown, UAAMAC
Karla Garcia, National Conflict Resolution Center
Maria Gutierrez-Sosa, Aetna Better Health of CA
Agnes Hajek, UPAC EMASS Program
Cherolyn Jackson, Multicultural Health Foundation
Carolina López De la Torre, SDSU/UCSD Cancer Center

Staff and Consultants Present:

Elizabeth Bustos, Be There San Diego
Makenzie Farrimond, Be There San Diego
Cheryl Moder, Moder Research & Communications, Inc.

Welcome and Introductions

Elizabeth Bustos opened the meeting by welcoming all attendees and thanking them for their participation. The partners introduced themselves and provided a brief overview of their work. The May Community Resident Engagement Workgroup (CREW) meeting summary was approved as presented.

Resident Engagement Workgroup Charter

Elizabeth presented the CREW Charter that was drafted by the group at the May meeting. Following that meeting CREW partners were asked to further review and provide feedback. At today's meeting the charter was approved with the following correction: update document to reflect the previously approved new name for the workgroup: **Community Resident Engagement Workgroup**. It was noted that the charter is a "living" document. As CREW moves forward with its work informed by resident input the overall work of SD ACH, the charter can be revisited and amended as deemed appropriate by the partners.

Highlights from All Workgroup Meeting, May 31

Approximately 50 partners representing all SD ACH workgroups participated in the meeting—the first time all workgroups were brought together for sharing about each other's focus and work. The afternoon was grounded by a discussion about the SD ACH opportunity: Creation of a multi-sector partnership working to bring together community institutions and community residents to promote prevention, align interventions for maximum impact, and invest resources in the most effective strategies to improve health. SD ACH will address the root causes of cardiovascular disease through a positive framework of ideal cardiovascular health across the lifespan.

SD ACH impact:

- A lasting infrastructure that will provide the framework to create wellness and health for our communities through partnerships, shared goals, smart use of data, and investments.
- Improved cardiovascular health across the lifespan with a reduction in heart attacks and strokes for the entire San Diego population.
- Reduction in health disparities.

After this briefing considerable discussion was held among the CREW partners re. "impact" and "data":

- How will impact be measured and by whom?
- Will community residents have opportunity for input?

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- How will community residents learn about this and be called to action around cardiovascular health?
- In the past data has not been shared in a way that was easily understood or gave community ownership. Is this being taken into account?
- These ideas and / or concerns are part of the work of CREW.

It was shared that throughout several months the Data and Metrics Workgroup (D&M) has been working to identify metrics that will be shared with the community. Deliberations have been thoughtful. But although D&M membership includes community resident representation, it is very small. The workgroup understands more of those voices are needed to help inform their work. It has been difficult to recruit participation. And “complex”, “high level” D&M discussions are not be the best forums for informing / engaging residents. Who can provide help with this: CREW will provide guidance.

D&M’s work thus far: priority impact measures will be shown through reductions in death or hospitalization. The workgroup will be looking at these measures through an equity lens, addressing health disparities and social determinants of health that attribute to these events. It was added that indicators of success will initially come from intervention results that come out of the county-wide Portfolio of Interventions. This underscores the importance of ensuring widest participation in the County-wide survey.

Discussion about how CREW can learn more about D&M and help inform their work took place. Already happening: open invitation to attend that workgroup’s meetings, with next D&M scheduled for **June 28**. But there are barriers related to overburdened schedules, location of meetings, etc. Some thought a better idea is invite someone from D&M to attend CREW and present; dedicate an entire meeting to this discussion. This same strategy could be used for all other workgroups: ask their membership to visit CREW. More conversation about this to follow.

CREW Membership Discussion Highlights

- Recruit community members who are not necessarily affiliated with organizations – those who are living with health disparities that we aim to address.
- Offer video or phone conferencing for those members who want to be included but may have issues with time off from work, transportation, etc.
- Include the elderly and youth populations to gain diverse and meaningful perspectives.
- Typically, “workgroup meetings” are planning meetings, not designed to “engage” residents-at large. Focus on designing culturally / community appropriate meetings (and content) so community residents have greater opportunity for meaningful, interactive participation.
- Be intentional and thoughtful about invitations and outreach to community residents – ask ourselves, “Is this in line with community leaders’ and residents’ vision?”
- Be clear to community members about the benefits of participating in this effort.

Next month for CREW: dedicated planning to identify prospective new members and outreach approach.

Portfolio of Interventions – Call to Action

Last month, CREW partners were introduced to the County-wide Portfolio of Interventions work about to get underway with the launch of a county-wide survey. Goal: gather as much information as we can about the current efforts that positively impact cardiovascular health. The survey will assist in finding service gaps in geographical areas/populations and act as a first step in identifying potential new, meaningful partnerships. It will also act as an “assessment of readiness tool” to identify organizations that are ready to participate in collective impact work. Once the wellness fund is created, the results from this survey will assist in identifying areas for investment back into the community.

Today’s “Ask” and Guidance for CREW:

- Offer feedback on the survey draft language.
- Once finalized the survey will be sent to all SD ACH partners who will be asked to act as liaisons to their networks for as broad dissemination / participation as possible.
- SD ACH partners will receive suggested “talking points”, or “elevator speech” language to assist with tailoring messaging to their diverse network base.

Once survey results come back, the planning team will compile the information for sharing with all workgroup partners who will then collectively work toward creating a county-wide Portfolio of Interventions: A network of programs and partners that create ideal cardiovascular health across the lifespan by coordinating and linking their work; by sharing and aligning around outcome measures; and by together addressing gaps in the protective factors.

First opportunity to hear survey results and learn about “next steps” with the County-wide Portfolio of Interventions: **All SD ACH Community Stakeholder Meeting: September 13, Sheraton Bay Tower 2:00 pm – 5:00 pm. Hosted Reception 5:00 pm – 6:00 pm**

“We are working from isolated impact, towards collective impact.” - Cheryl Moder