

San Diego Accountable Community for Health Stewardship Group Meeting Summary

December 8, 2017

Accountable
Communities for
Health

Present Members:

Reverend Brown	Nancy Maldonado
Dan Chavez	Karen McCabe
Nancy Gannon Hornberger	Ed Quinlan
Marv Gordon	Nancy Sasaki
Margarita Holguin	Nichole Schirm
Rodney Hood	Jan Spencley
Steve Hornberger	Fernando Uribe
Rosa Ana Lozada	Lindsey Wade
Ken Malbrough	

Absent Members:

Michelle Bell	Pastor Jesus Sandoval
Bevelyn Bravo	Jim Schultz
Dale Fleming	John Van Cleef
Greg Knoll	Dominique Waltower
Starla Lewis	Daphyne Watson
Diane Moss	Nick Yphantides
John Ohanian	
Adriana Paulson	

Staff and Consultants:

Kitty Bailey, BTSD
Elizabeth Bustos, BTSD
Cheryl Moder
Erica Osborne, Via
Healthcare Consulting
Christy Rosenberg, BTSD

Welcome and Introductions

Kitty Bailey opened the meeting by welcoming members and thanking them for their willingness to participate in the video conference. She informed the group that Stewardship Group (SG) meetings will be held every other second Tuesday of the month from 2:00-4:00 pm at 2-1-1 beginning February 13, 2018. She also asked members to hold March 7, 2018 from 9:00-11:00 am for the biannual Stakeholder Meeting. The location is TBD. The group then approved the October 25, 2017 SG meeting summary as presented.

Discussion of the Draft Foundation Documents:

• ***Final Draft Mission and Vision Document***

The group discussed the revised mission and vision document. It was agreed that the document is intended as a living document to represent the SDACH's journey and may need to be revised from time to time. Dr. Hood requested that a sentence be added to the "First Aim" section that calls out the shift from a disease focus to a focus on wellness. After talking over the use of the term "access" in the mission and what this means, the group affirmed the mission and vision as a working document with the understanding that the conversation would continue.

• ***Governance Slide***

Kitty walked through the graphic depicting the structure of the SDACH including the Stakeholders, the SG, and the various workgroups. She pointed out the SG is intended as the oversight body to the workgroups and that the arrows between workgroups are intended to signify the interdependence of the work being done. Steve Hornberger requested that the group consider adding the Stakeholder group at the bottom of the structure to indicate the continued focus on the community.

- **Workgroup Charters**

The group then reviewed the revised 'Sustainability and Wellness Fund' and 'Data and Metrics' Workgroup charters. Rosa Ana Lozada stated that she liked that the core values are embedded in each of the document as a common lens through which the workgroups use to accomplish their goals. The group talked specifically about the term equity and agreed that this definition needs to be strengthened. Several members pointed out that the term "health" should be included and others felt strongly that the issue of social justice falls within equity and is not currently reflected in this definition. The concept of fairness was discussed and the group agreed that equity is different than fairness and this too should be considered. Reverend Brown suggested the group think about incorporating language from the Robert Wood Johnson's definition of Equity. It was requested that staff revise language and send out to the group via email for additional feedback.

Workgroup Updates

Steve Hornberger and Ken Marlborough provided updates on the Sustainability and Wellness Fund (SWF) Workgroup and the Data and Metrics (DM) Workgroup meetings held in late November. Steve shared that the SWF workgroup began its work by considering whether the level of community representation on the committee was appropriate. It was agreed that the current composition is good but that the group would continue to keep this in mind as it makes decisions. The group also looked at several articles that provided an overview of what a Wellness Fund could look like and what the legal and practical considerations are when forming one. The final note was that the group is developing a set of guiding principles that will be used to inform its work going forward.

Ken Marlborough and Dan Chavez then provided a review of the discussions at the DM workgroup meeting. The group began by reviewing the mission and vision and the workgroup charter. Ken shared that the group then held a robust discussion about trust and data. It was agreed that there is a need to clearly define what the data means – what success look like, how we will measure it and how we will communicate the results to the different stakeholders. The workgroup also began looking at the different available data sources and discussing how those might be used.

SG members held a robust discussion about communication of data and results. Dr. Hood indicated there should be a focus on trust, interpretation, inclusiveness and transparency. Ken Marlborough expressed the desire for the data to be used to open a dialogue about issues that in the past have been difficult to talk about and that it will be important to ensure that results are communicated in a way that makes sense to the community groups implementing the interventions.

The group agreed that there is a need to develop a shared understanding of what community means and what approaches the SDACH members want to use. It was decided that the SG will hold a dedicated conversation around community and what this means at a future meeting.

At the conclusion of the discussion, Kitty agreed to create a shared google drive for the Stewardship Group so that members will have access to the SDACH foundational documents, meeting summaries and reference materials and articles.

Overview of the Collective Action Workgroup

Christy Rosenberg then provided an overview collective impact theories. Traditionally the health and social sectors have worked individually to achieve desired outcomes. Collective impact is about aligning those efforts to achieve greater outcomes. The ACH uses collective impact as a basis for its work and seeks to go beyond collective impact to solve more complex problems in the community by eliminating the silos and aligning numerous efforts. The ACH seeks to align work across the entire community, to strategically combine a set of mutually reinforcing interventions/activities in order to have the greatest impact. We will need to develop and agree to a common path and a common language around how best to deploy resources to avoid duplication.

The initial work of the SDACH focuses on how to bring organizations from different sectors together to support the common goal of improving Cardiovascular Health (CVH) across the lifespan. While the CACHI portfolio laid out domains and provided descriptions/examples of what is meant by interventions, the Collective Action (CA) workgroup will determine what a countywide portfolio of intervention looks like for San Diego. They will spend time thinking about what groups are currently doing in the area of CVH and how these interventions can be incorporated.

The group also discussed behavioral health and the link between trauma and CVH. It was agreed that while the research is still emerging, the SDACH has a role to play in elevating this issue. The members stressed the need to integrate the concept of trauma into the POI being developed.

The meeting ended with a vigorous discussion about the shared responsibility of developing an intentional strategy on how we communicate what we are doing to the community. It was agreed that there will need to be messaging at all levels and each workgroup will have a role in telling the story. This is another area that needs further discussion.

Kitty thanked members for their time and adjourned the meeting.