

MEETING SUMMARY

On May 31, 2018, *Be There San Diego* convened members from all **San Diego Accountable Community for Health (SD ACH)** workgroups to continue to share information, gather input and make progress on co-developing the foundational elements of the ACH.

Our Collective Progress

Kitty Bailey, Executive Director, *Be There San Diego*, opened the meeting by welcoming attendees and asking everyone to introduce themselves, their organization and their SD ACH workgroup affiliation. Kitty shared that the purpose of the All-Workgroup Meeting was to:

1. Review foundational elements of the San Diego Accountable Community for Health (SD ACH)
2. Discuss the value of the SD ACH including discussing the question “what’s in it for me?”
3. Discuss points to include in communication tools for SD ACH partners
4. Review county-wide Portfolio of Interventions (POI) or “network of solutions” process and timeline



Kitty reminded the group of the problem we are working on together – to address all factors contributing to health. She talked about how efforts to improve health in the United States have traditionally focused on the healthcare system as the key driver of health and health outcomes. There is a new recognition that improving health and health equity requires a broader approach, inclusive of but going beyond healthcare systems, that addresses the social determinants of health (SDOH). Kitty also reminded the group that cardiovascular disease is the number one cause of death in the United States and that 70% of heart attacks and strokes can be prevented. In recent SD ACH Stakeholder Meetings, partners described the problem in their own words:

“Reduce health care costs”
“Fix a broken system”
“Turn coverage in to access”
“Address burden of chronic diseases”

Kitty provided a summary of the solution we are developing together – a multi-sector partnership working to bring together organizations and community residents to promote prevention, align interventions for maximum impact and invest resources in the most effective strategies to improve health. Together, we are addressing the root causes of cardiovascular disease through a positive framework of ideal cardiovascular health across the lifespan and multiple domains. Kitty reintroduced the cardiovascular protective factor framework we are focusing on, with the addition of “wellbeing”, and emphasized the power of partnerships to achieve ideal cardiovascular health. SD ACH Stakeholders have described our approach as:

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“We are stronger together”
“Better partnering to close gaps”
“Improving community-clinical linkages”
“Improve access to care”

Kitty summarized the impact of our collective work including: 1) 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; 2) improved cardiovascular health across the lifespan with a reduction in heart attacks and strokes for the entire San Diego population; and 3) reduction in health disparities. SD ACH Stakeholders have described our impact as:

“Opportunity, equity and wellbeing for all”
“My community will be a better place to live”
“Longer and healthier lives”
“Reduced cost, better quality”



Our Shared Mission, Vision, Values and First Aim

Kitty reviewed the Mission, Vision and Values co-developed by SD ACH Stakeholders through a collaborative consensus process. Our SD ACH mission is to create a “wellness system” that ensures individuals, families, and communities in San Diego have access to all they need to create a lifetime of health and wellness. We envision health, wellness and equity for all of our communities, regardless of zip code. Our SD ACH values include equity, inclusivity, neutrality and accountability. As a first step in our journey to divert the focus from disease to wellness, we are starting with the aim of achieving ideal cardiovascular health across the lifespan through prevention, education, and treatment. This initial aim serves as a starting point and will give us focus as we build infrastructure and a foundation for additional work in the future.

Our Unique Approach

Kitty reviewed the unique approach of SD ACH, representing a “**new way of working together**”, co-developed by SD ACH Stakeholders:

- We are a **collaborative** creating health and wellness for all San Diego communities.
- The ACH is a **lasting infrastructure** that invests in the health and wellness of our communities.
- In this work we are **accountable** to each other and to the communities we serve.
- We are focused on **linking clinical and community resources** in new ways that lead to better health and wellness through partnerships.

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- **Sharing information and data** for making informed decisions and measuring our collective progress is central to our work.
- Our ongoing **journey begins with trust**. We **embrace our diverse histories, cultures, and experiences** as strengths from which to build health equity.

Components of ACH and Role of Workgroups

Kitty provided an overview of the key components of the ACH including **Stewardship & Engagement, Collective Action, Community & Resident Engagement, Data Sharing** and **Investment**. She reviewed the important role that each SD ACH workgroup plays in co-creating and implementing the key components of the ACH:

- Collective Action Workgroup: Create a Portfolio of Interventions (POI) – a group of mutually reinforcing programs positively impacting cardiovascular health and aligned with the ACH priorities; created Southeastern San Diego POI with community survey in 2017; county-wide SD ACH POI will be created from community survey in Summer 2018
- Community & Resident Engagement Workgroup: Ensure authentic engagement of community voice in our work; increase participation of community members and organizations in all aspects of ACH decision making; new workgroup (CREW) will inform our work
- Data & Metrics Workgroup: Identify and monitor indicators of success – metrics of improvement in cardiovascular health that we can track through publicly available data as well as new and growing data from programs in the POI; determine how to share data with the community in a way that people can understand and utilize – use data to tell a story; help community engage and use data to take action and create change
- Sustainability & Wellness Fund Workgroup: Seek investors and fund the POI by creating a value case for the programs and resulting impact in a way that demonstrates value to entities that will invest in the ACH; create a Wellness Fund to attract and weave funding and resources to support long-term sustainability of the ACH; develop Wellness Fund principles; need to develop plan for investing in backbone and POI; exploring opportunities for revenue streams including impact investing and Medicaid policy

Kitty displayed the current organizational structure for the ACH including the Stewardship Group and multiple workgroups. Kitty emphasized that the ACH structure is iterative and changing as we learn and grow. She also emphasized the interdependencies among workgroups and related activities. Kitty shared the growing list of SD ACH partners demonstrating the diversity and inclusiveness of our work together.



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Next, Kitty reviewed the role of the backbone or integrator in the development and operation of the ACH. She emphasized that no one organization can do this work alone – everyone has a piece of what we need in this new system – and we need partners from all sectors, working together in new ways, to achieve our shared goals.

Our Path Forward

Kitty provided an update on where we are and where we are heading in the development of the SD ACH:

- **Phase 1 - Aligning and Connecting, 2017 - 2018**
 - Convene wide group of stakeholders, stewards and workgroups
 - Build new relationships and shared understanding
 - Align our problem statement, shared goals and desired impact
- **Phase 2 - Learning and Designing, Summer 2018**
 - Inclusive outreach to engaged partners working across the domains and sectors to create a robust portfolio of interventions
 - Map the work today as it compares to what is needed to reach goals
- **Phase 3 - Creating and Scaling, Fall 2018**
 - Create a portfolio of interventions that includes
 - New linkages between programs
 - A prioritized list of gaps
 - Data to track progress, including progress in reducing disparities
 - Seek investments in the Wellness Fund for scaling

Kitty reviewed the upcoming action steps needed to create a balanced, mutually reinforcing portfolio of interventions. She talked about starting with understanding the population and geography; taking a systems approach to recognize the inter-relationships between the interventions; articulating the connections and inter-dependency of the interventions; and focusing on a select number of outcomes and a specific set of metrics. Kitty emphasized the importance of making sure the portfolio is balanced across a number of dimensions including domains, geography, age and upstream and downstream. She reiterated the importance of learning, iterating and adapting throughout the process.



Kitty shared an example of a portfolio of interventions developed in Vermont. The group asked questions related to the size and complexity of Vermont and discussed the multiple funding sources supporting the Vermont model including CMS grants, a one-payer system, public health dollars and ACO structures. Kitty mentioned the literature that demonstrates how the ACH can act as a bank account to house funds and then

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“blend and braid” the funds to send out to support interventions, while still using funds for what they were originally intended for.

Lastly, Kitty discussed the importance of a communications strategy regarding the ACH including an “elevator pitch” and other communication materials with talking points to share with partners and investors. She asked for input from all workgroup participants to help develop a common language and reminded the group that the workgroup discussions will be used to shape our ACH communications.

Workgroup Discussions

Following the overview of ACH progress, workgroup participants broke in to their respective workgroups including **Collective Action Workgroup**, **Community & Resident Engagement Workgroup**, **Data & Metrics Workgroup** and the **Sustainability & Wellness Fund Workgroup**. In their small groups, workgroups discussed the following questions related to SD ACH approach, distinction and value:

- What do you think is unique and compelling about the SD ACH solution to solving the problem?
 - How is the SD ACH solution different than other approaches?
- What is the value of the SD ACH solution:
 - To you/your organization?
 - To other partners, including those from other sectors?
 - To community residents, especially those impacted by health inequities?
- What might you or other partners lose if the SD ACH solution is implemented?
 - What elements of the current state will be disrupted and who might be dissatisfied?
- What will things look like if the SD ACH is successful?



“I’m humbled to be at the table with progressive, compassionate individuals who truly are here for the community.”

- SD ACH Workgroup Participant

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Following discussion, each workgroup reported out to the larger group. Common themes and message points emerging from workgroup discussions included:

- Participants identified SD ACH's unique qualities of inclusiveness and diversity, as well as the SD ACH's broad view of health and its multi-disciplinary/multi-sector approach.
- Participants recognized the value in the SD ACH providing opportunities for innovation and appreciated its focus on prevention and wellness, not only on treatment of disease.
- Participants acknowledged that some organizations may experience loss of control and/or funding if the SD ACH is successful.
- Equity, sustainability and better health outcomes beyond cardiovascular disease were mentioned as indicators of success for the SD ACH.



Creating the Portfolio of Interventions



Cheryl Moder, SD ACH Consultant, provided an overview of the process and timeline to create the SD ACH Portfolio of Interventions (POI) or “network of solutions.” The POI is a network of programs and partners that create ideal cardiovascular health across the lifespan by coordinating and linking their work; sharing and aligning around outcomes measures; and together addressing gaps in the protective factors.

Cheryl started the discussion by reviewing the charter for the Collective Action Workgroup. The purpose of the Collective Action Workgroup is to inform and support the

linkage and integration of programs and activities into a comprehensive and coordinated POI for San Diego county and SD ACH partner communities.

“Bringing the entire community together at the beginning of a community wide initiative – this is a first.”

- SD ACH Workgroup Participant

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Cheryl introduced the POI survey as the first step in an iterative process. She shared that the survey will help to create an assessment of which programs and interventions are impacting cardiovascular health and willing to create new partnerships; allow us to identify strengths and gaps in interventions; inform creation of a Wellness Fund; and allow us to take steps to create cross-sector alignment. She identified the survey audience as organizations and/or agencies that implement programs that address at least one cardiovascular protective factor and at least one ACH domain.



Cheryl shared that we are asking all workgroup participants to serve as “ambassadors” to help distribute the talking points and the link to the survey to their partners. The survey will be finalized in June and conducted in July with preliminary results analyzed in August and shared at the SD ACH Stakeholder Meeting on September 13. Survey results will also be shared with SD ACH workgroups to help inform and align activities. Future activities include: 1) determining the format for the POI; 2) determining the timing and method of creating mutually reinforcing activities; and 3) determining the process for Wellness Fund implementation.



Following Cheryl’s presentation, that group asked questions and discussed the purpose of the survey, survey content, use of survey results, the intended audience for the survey and role of workgroup participants as survey ambassadors.

Next Steps

Kitty thanked the workgroup participants for their input and invited them to attend the **SD ACH Stakeholder Meeting on September 13** where the survey results and communication tools will be shared. Preliminary survey results will also be shared with workgroups over the coming months. She also invited the group to attend a hosted reception following the meeting.

Thank you, workgroup participants, for your continued input in co-developing the components of the SD ACH. We look forward to continuing to work together to improve the health and wellness of our communities!

“The value to me as a community member is that community members and residents are seen as valued partners in creating a wellness system that will directly impact us.”

- SD ACH Workgroup Participant