

**Members Present:**

Jillian Barber, Sharp  
Anette Blatt, Scripps Health  
Jeff Dziedzic, Aetna Medi-Cal  
Tina Emmerick, County HHSA  
Tekara Gainey, Jacobs Center for Innovation  
Karis Grounds, 211  
Cherolyn Jackson, Multicultural Health  
Foundation

Nancy Maldonado, Chicano Federation  
Kim Mcdougal, YMCA  
Melissa Roberts, County HHSA  
Michele Silverthorn, Alliance Health Foundation  
Shelly Tregembo, County HHSA  
Lindsey Wright, Kaiser Permanente

**Staff & Consultants Present:**

Kitty Bailey, BTSD  
Elizabeth Bustos, BTSD  
Sonal Desai, BTSD

Makenzie Farrimond, BTSD  
Victoria Harris, BTSD  
Cherlyl Moder, Consultant

**Welcome and Introductions**

Kitty Bailey introduced Be There San Diego (BTSD) as the backbone organization and briefly explained the objectives of the meeting.

Meeting Objectives:

1. Review Accountable Community for Health (ACH) vision, mission, and structure
2. Review potential indicators of success
3. Review and discuss Collective Active Workgroup charter
4. Discuss process for developing Portfolio of Interventions

**ACH Overview**

Kitty introduced ACH as a new way of working together in meaningful partnerships between healthcare, county government, and community-based organizations, to impact health with a focus on prevention. She reviewed the background of the initiative as a grant-funded opportunity that began in September 2016 and lasts for three years. San Diego is one of six communities awarded this opportunity. BTSD is the backbone organization selected to convene stakeholders to work toward achieving the ACH model in San Diego. In San Diego we have a dual approach that engages the entire county and specific communities of focus. Kitty reviewed the 4 pillars of an ACH: Stewardship & Engagement, Data Sharing, Collective Action, and Investment.

**Shared Vision**

Kitty reviewed the ACH Core Values of Equity, Inclusivity, Neutrality, and Accountability. The Stewardship Group developed and refined the following mission and vision for the ACH.

ACH Mission: 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.

ACH Vision: Health, wellness and equity for all of our communities, regardless of zip code.

### **Organizational Chart**

Kitty reviewed the governance structure for the ACH. Community stakeholders inform the Stewardship Group which serves as the governing body over the three workgroups.

### **Workgroup Charter**

Kitty reviewed the charters for each of the workgroups, focusing on the interdependence of the workgroups. The Collective Action Workgroup is responsible for the portfolio of interventions. Data and Metrics Workgroup will develop indicators of success for those interventions. Sustainability & Wellness Fund Workgroup will take those indicators of success and develop a value case to the funders. Kitty reviewed our deliverables for Year 2. The Sustainability & Wellness Fund workgroup would have a fully vetted value case and some parties interested in funding, along with the details of the wellness fund. Data & Metrics would have a complete set of indicators that prove the success of ACH. Collective Action workgroup would have a refined county-wide portfolio of interventions that represents the value of the ACH.

### **Domains and Protective Factors**

Kitty reviewed the domains of the ACH: Community programs & services, Clinical services, Policy, systems, & environmental change, Community-clinical linkages. She also went over the ACH protective factors for ideal cardiovascular health. These protective factors are in line with the American Heart Association, plus an additional factor of improved wellbeing. The ACH is using the term wellbeing to encompass mental health, behavioral health, resilience, optimism, and trauma-informed approaches. The portfolio of interventions is meant to impact the 8 protective factors. However, many of the interventions will address the determinants of health as we look at community-clinical linkages & programs.

The group felt that the protective factors are broad and align with current efforts in San Diego around cardiovascular and overall health. The group eagerly anticipates the metrics framework that Data & Metrics is developing, especially for the “improved wellbeing” factor.

### **Outcomes & Indicators of Success**

The AHA has indicators for ideal cardiovascular health related to the protective factors and they have data related to children and adults. We will have to define indicators for improved wellbeing. Kitty reviewed the priority outcomes & indicators that have been defined by the Data & Metrics workgroup. Right now the date & measurement is tentative. After reviewing baseline data, that workgroup should be able to have a finite measurement and date. For these priority outcomes & indicators there will be community level data and intervention level data. Data & Metrics will work on community level data. Collective Action will determine what data sharing is appropriate for our intervention partners.

### **Collective Action Workgroup Charter**

Cheryl reviewed the workgroup charter that was approved by the Stewardship Group. The purpose is to inform and support the linkage and integration of programs and activities into a comprehensive and coordinated portfolio of interventions. She reviewed the membership criteria and responsibilities. Nancy Maldonado is currently a member of both Collective Action and the Stewardship Group.

### **Portfolio of Interventions Process**

Cheryl reviewed the iterative process for developing the portfolio.

1. Develop and/or update inventory and create/refine POI
2. Identify a select number of priority outcomes
3. Assess evidence base for each intervention
4. Identify gaps in interventions
5. Prioritize new and/or expanded interventions
6. Determine how interventions relate or are connected to each other

Thoughts on the approach:

- This is very inclusive, as the interventions could include anything that addresses the protective factors, not just cardiovascular disease. We should make sure to include upstream and downstream interventions.
- It would be interesting to see the portfolio of interventions from other grantees or communities.
- What is the evaluation process? CACHI is evaluating all grantees on a broad spectrum.
- Who is looking at policy? BTSD has been encouraging CACHI to look at statewide policy that reinforces ACH. At the local level, this group should also be looking at policy.

One of the goals is to create a value case to the community for this work. There will be a community engagement strategy going along with this work. It is currently being developed and will potentially be an ad hoc committee of the Stewardship Group.

### **Next Steps**

Elizabeth will be presenting our community engagement approach to the Stewardship Group in February and then bring it back to Collective Action at the next meeting.

Cheryl gave an example of minimum criteria for inclusion in the portfolio and also examples of interventions, to review before next meeting.

Collective Action meetings will be 2 hours, once a month. Collective Action would like to continue to meet after Data & Metrics monthly meetings to preserve the current flow of information. Next meeting date to be determined for February.