

San Diego Accountable Community For Health
Collective Action Workgroup Meeting Summary

April 12, 2018

2:00-4:00 pm

211 San Diego (3860 Calle Fortunada, San Diego, CA 92123)
Manpower Training Room

Accountable
Communities for
Health

Members Present:

Dr. Jim Dudl, Kaiser Permanente
Tina Emmerick, County HHS
Alana Kalinowski, 2-1-1
Kim McDougal, YMCA
Shelly Tregembo, County HHS
Katie Judd, HHS
Dan Fesperman, CHIP
Cherolyn Jackson, MHF

Nancy Gannon Hornberger, SAY San Diego
Arnold Noriega, San Diego Promotores Coalition
Carey Riccitelli, HHS
Rosa Ana Lozada, Harmonium
Jeff Dziedzic, Healthy San Diego
Jessica Newmeyer, American Heart Association

Staff & Consultants Present:

Victoria Harris, BTSD
Cheryl Moder, Consultant

Welcome and Introductions

Cheryl welcomed the group and we went around the room with introductions. Dan is new to the group from Community Health Improvement Partners.

Review Agenda and previous meeting summary

Cheryl reviewed the agenda and meeting objectives.

Meeting Objectives:

- Discuss definition of “wellbeing”
- Review Southeastern San Diego POI survey process
- Discuss criteria for Portfolio of Interventions

She also reviewed the previous meeting summary and there were no recommended changes. The presentation on ReThink Health model was tabled for a future meeting.

SD ACH Workgroup Progress Updates

Cheryl reviewed the SD ACH governance structure and the cardiovascular protective factors, highlighting “improve wellbeing” which will be a focus of discussion at this meeting. She also went over the timeline for development of the portfolio of interventions, with the goal of having the initial POI completed by August 2018. This involves developing the survey tool and beginning distribution by June 2018.

Data & Metrics workgroup is still finessing the priority outcomes and has identified community-level data sources. The workgroup is currently looking at baseline proxy measures for three age groups: adults, teens, and children. Considerations for Collective Action Workgroup: Do the interventions collect outcomes data and not just process data? Are there validated tools being used to measure outcomes? Is there a willingness to share data, to collect outcomes data, and/or to help develop and participate in shared measures?

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Sustainability & Wellness Fund Workgroup is looking at various funding mechanisms for the Wellness Fund including a statewide Medicaid strategy, health plan investments, and impact investing. Questions from the Collective Action Workgroup: What community investments will be made by the Wellness fund? How will the funding decisions be made?

Community Resident Activation workgroup met for the first time last week. They will be determining strategies on how to engage community members to participate and also how to effectively communicate our work to the broader community.

Discussion: Definition of “wellbeing”

Cheryl reviewed the THRIVE framework and then asked the group to brainstorm about the components of wellbeing. The following wellbeing factors were discussed:

- Career opportunities
- Financial stability
- Affordable housing
- Civic engagement and community connections
- Empowerment to make changes in one’s community
- Good mental health
- Stress management
- Spirituality and emotional health
- Balance of personal/family, community, and social/environmental (internal and external factors)
- Social/emotional support
- Arts, music, and culture
- Safety
- Integration of multiple cultures into daily life
- Access to natural environment
- AHA circle of wellbeing: opportunity to work, play, advance; adequate income, quality care, health insurance, quality education, safe environment, affordable housing, social/emotional support
- Include the five pillars of wellbeing (belonging/connectedness, control of destiny, dignity, hope/aspiration, safety, and trust)
- Adapt the five pillars to include cultural context (e.g., race/ethnicity, LGBTQ)
- It is important to include a focus on equity and institutional policies that lead to inequity
- Awareness of and access to available programs and services
- Healthy food access
- Emerging issues such as aging

Review Southeastern San Diego POI survey and process

Cheryl reviewed the survey that was used to create an inventory for the Southeastern San Diego (SESD) portfolio of interventions, and the report of survey findings. The group discussed elements that need to be incorporated in the countywide POI survey:

- 8 protective factors
- More demographics for target population
- More detail on geographic location
- Incorporate finite answers for data questions

Lessons learned:

- Not every intervention in SESD responded to the survey. A total of 35 programs were identified, and since then more programs have spoken up to say they did not complete the survey and want to be included in the POI. All interventions that meet criteria are welcome to be included, which points out the need for the POI process to be iterative and ongoing.
- In total, 14 of the 35 programs are funded by and report outcomes to the County. The group discussed the possibility of calling on County partners to develop a systemic way to share intervention-level outcomes data that is actionable for the ACH for programs they fund.

Discussion: Portfolio of Interventions criteria for inclusion

Cheryl reviewed the ACH process for determining inclusion in the POI. Level 1 includes interventions that address any of the cardiovascular protective factors across ACH domains. Level 2 interventions are able to meet additional criteria such as linkages, shared metrics, evidence base, and demonstrable outcomes. The group discussed questions for consideration when looking at the interventions. Feedback included:

- Including only programs with strong evidence base may exclude programs that are innovative and/or community-informed
- Inclusivity is very important
- Level 2 could include a pathway for developing programs
- A risk-mitigation strategy could be put in place so that the funders feel secure funding both programs with strong demonstrated outcomes and evidence base as well as those that are developing or innovative
- The wellness fund should support capacity building for developing programs as well as high-performing programs...for example, a track for developing programs might allow for those that have willingness to collect and share outcomes data, but have limited current capacity
- The survey could assess readiness to meet Level 2 criteria by using “stages of change” model

Next Steps

At the next meeting, we will discuss survey development, with focus on questions related to the data component, assessing readiness, and innovation vs evidence-based, as well as survey methodology and distribution. Next meeting: Thursday, May 3, 2:00-4:00 pm
2-1-1 San Diego, 3860 Calle Fortunada, San Diego, CA 92123, Manpower Training Room