

Members present:

Myleen Abuan
Reverend Gerald Brown
Francisco Carbajal
Agnes Hajek
Cherolyn Jackson
Carolina López De la Torre
Rosa Ana Lozada
Diane Moss
Jama Mohamed
Rachel Pinuelas-Morineau
Antonio Salang
Kathryn Shade
Daphyne Watson

Staff & Consultants Present:

Elizabeth Bustos, BTSD
Makenzie Farrimond, BTSD
Cheryl Moder, Moder Research & Communications, Inc.

Welcome and Introductions

Elizabeth Bustos opened the meeting by welcoming the workgroup and thanking them for participating. All attendees introduced themselves and provided brief information on their work. Elizabeth kicked off the meeting by reviewing the background and purpose of the workgroup.

Review of the SD ACH Structure & Workgroups

As some attendees were new to this workgroup, Elizabeth provided an overview of the California Accountable Community for Health (CACH) Initiative and our region's local response, San Diego Accountable Community for Health (SD ACH). The ACH's structure, governance and workgroups were reviewed. It was noted that the Community and Resident Activation Workgroup is the newest group to convene, described as critical to ensuring "community resident DNA is embedded in every aspect of the ACH work." The Guiding Statements of the ACH work were affirmed: Mission and Vision, grounded by the core values of Equity, Inclusivity, Neutrality and Accountability. Our First Aim: ideal cardiovascular health across the lifespan through prevention, education and treatment.

Discussion: Community Resident Participation

Elizabeth and Rosa Ana Lozada (member of the ACH Stewardship Workgroup) reviewed the ACH guidance for community and resident participation at all levels of ACH, inclusive of participation in the leadership team and within the broader collaborative to help set priorities and goals. Rosa Ana reflected that it will be resident participation that will truly guide the ACH effort. Further, this workgroup has to work hard to identify and carry forward to action resident priorities. She added that while the ACH "big picture" vision can seem overwhelming, this group can help break it down and identify/create opportunities for community participation and partnership.

Discussion highlights:

- To truly understand the needs of the community, feedback from residents should be directly sought. Especially reach out to older residents and others who have been in the community for many years.
- There's a newer generation of community members working to restore and rejuvenate community connection through grassroots efforts. Example: a local restaurant opening its doors to community members for access to healthy foods.
- The focus for this workgroup should not be limited to one-time events such as free blood pressure readings at fairs. Rather, focus on day-to-day life changes such as increasing access to healthier foods where residents live.
- The importance of the connection to physical health and intentionally including mental and emotional health when addressing community health was underscored. "One size doesn't fit all". Mental Health America is launching a new training in "cultural relevance" to help move the discussion beyond the traditional boundaries of what is termed "cultural competence".
- We must seek deeper, richer connections with those who are different than us and even those who are similar. "We must move beyond engaging residents as only objects of interventions".
- Immigrants, refugees and others can feel a lack of social support from within their own cultures, especially if they came from a place with strong social supports are the norm. Applying principles of "cultural relevance" can help connect different cultures and form much needed cultural support systems and resources across communities.
- Cultural relevance principles are currently being modeled in law enforcement interactions with community members of color. The goal is to promote greater understanding of one another; to see each other differently and not as adversaries.
- Community participation should start now while the ACH in the planning stages. Hold focus groups with residents from different cultures to gain vital input that could also serve as a means for identifying natural leaders to represent their community's voice. These resident focus groups can be provided with the data being gathered by the Data & Metrics Workgroup so that residents can have informed conversations. Further, resident groups can receive conflict resolution tools and resources so that they can listen, "hear" one another and work together to understand varied points of view at the table.
- Regarding the term "resident": "if you are living and breathing, you are a resident". The term needs to be clarified by intentionally stating that the "residents" the ACH is aiming to help are those who are most affected by inequities. This language needs to be imbedded in the SD ACH "definitions".

- Incorporating Restorative Justice principles in the work was underscored, especially when reaching out to youth and keeping them engaged. Often times those experiencing the greatest inequities can lack communication skills due to histories and social experiences. The manner in which youth receive information today is widely through their phones. Introducing positive phone content will be a way to get to this population. “Restorative justice” has been happening for ages, but now we are giving a name to the work.
- In Southeastern San Diego feelings of community cohesion are not there anymore, having been replaced by a sense that something is being taken away while other cultures and communities are benefitting. These perceptions need to be changed so that everyone feels included in this work as neighbors and everyone benefits together.
- It is important to understand and address the “why” behind residents’ feelings of being further suppressed, responses of fear and of being on the defense.

Elizabeth thanked everyone for their insightful comments and ideas, all “homework” the workgroup would be undertaking. She added that there is resilience and creativity among residents; a great desire to “live well”, despite hard realities in our communities.

Review and Discussion of Workgroup Charter

Discussion was held regarding the name of the workgroup, currently “Community and Resident Activation Workgroup.

- Hesitations were expressed about the word “activation” in the workgroup’s name, e.g., the community does not feel that it needs to be “activated”; there is plenty of activity already happening that should be recognized. Others echoed similar sentiments about words such as “empowerment”, e.g., there is already “power” in the community.
- In the past, efforts similar to the ACH did not recognize the community work already being done before the program begun. SD ACH is different – it understands the importance of the resident voice in the process.
- After considerable discussion the group moved to change its name to “Community Resident Engagement Workgroup” (CREW), to better represent the group’s purpose and how it would honor and work with community residents in partnership.
- In addition to being the workgroup’s “job description” the charter is a guiding document, an opportunity for the group to identify and educate others on why this work is important and what it means. If the right language is used, people will be able to see the vision and identify themselves in the efforts.

- Framing language and powerful terms shared throughout the discussion of the charter discussion included: “authentic community participation”, “cultural relevance and cultural humility”, “community mobilization.

After considerable discussion the group agreed on the following Purpose statement as a final draft for review:
The purpose of the Community Resident Engagement Workgroup is to inform and mobilize the participation of residents in support of the vision and activities of the ACH.

Collective Action Workgroup and County-wide Portfolio of Interventions

ACH consultant Cheryl Moder introduced the group to the Collective Action Workgroup and important work about to be launched: County-wide Portfolio of Interventions (POI), beginning with the launch of a county-wide survey. The survey will be a first step in creating an inventory of interventions (strategies) of organizations and/or agencies that implement programs that address *at least one* cardiovascular factor in at least one SD ACH domain: Clinical, Community, Clinical-Community Linkages, Policy, Systems, Environmental. This is exciting because it will help to create an initial inventory of interventions; will allow us to identify community strengths as well as gaps in interventions; will inform creation of a Wellness Fund; and will allow us to take steps to create cross-sector alignment among many partners to achieve the ACH mission. Role for CREW and all other ACH workgroup members: serve as ambassadors for the survey, sharing it with their network of organizational friends engaged in work around heart health.

To learn more detailed information about POI all were invited to attend the **May 31** All SD ACH Workgroup Meeting at San Diego Foundation, this will be an interactive meeting where workgroups will hear about each other’s work and a primary focus of discussion will be region-wide POI and the survey.

Next Steps

All attendees invited to “All-Workgroup” meeting on May 31st at the San Diego Foundation from 2:00-5:00pm with a social hour following.

Elizabeth Bustos will send out the proposed Purpose statement, the slides from the meeting along with the meeting summary, and information on the SD ACH’s “Portfolio of Interventions”.

Thank you!

SD 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.

SD ACH Vision:

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