

San Diego Accountable Community for Health Data & Metrics Workgroup Meeting Summary April 21, 2018

Accountable
Communities for
Health

Members Present:

Deirdre Browner
Dan Chavez
Camey Christenson
Agnes Hajek
Annie Keeney
Norma Lopez
Adrienne Markworth
Meshate Mengistu
Natache Muschette
Christopher O'Malley

Leslie Ray
Tanya Penn
Ray Troche

Members Absent:

Nicole Blumenfeld
Carrie Hoff
April House
Sue Lindsay
Corinne McDaniels
Ken Malbrough

Barry Pollard
Caryn Sumek
Jennifer Tuteur
Lindsey Wade

Staff and Consultants Present:

Katherine Bailey, BTSD
Elizabeth Bustos, BTSD
Sonal Desai, BTSD
Alaina Dall, Consultant
Cheryl Moder, Consultant

Welcome and Introductions

Kitty Bailey initiated the meeting by reviewing the agenda; workgroup members introduced themselves. The summary of the March Workgroup meeting was reviewed and accepted, and will be posted to the SD ACH website.

SDACH Workgroup Progress Update

Kitty provided an update on the activities and progress of the other SD ACH workgroups:

The Sustainability and Wellness Fund Workgroup has focused its attention on the types of vehicles in which the ACH will invest. A statewide forum on impact investment was attended, and information was gathered that will assist in the endeavor. The Workgroup has noted that selection of programs for the Portfolio of Interventions should be made with some attention to positioning the ACH to attract investors.

The Community Resident Activation Workgroup (now "Community Resident Engagement Workgroup") maintains a presence at the Data & Metrics Workgroup to represent the voice of the community, provide input on what indicators are important to examine, and exchange information.

The Collective Action Workgroup continues its work on developing the portfolio of interventions. Cheryl Moder provided extensive detail in her review of this process.

Review of Portfolio of Interventions Development Process

Chery provided an overview of the iterative process for the POI's development and refinement, noting that there is a clear desire to include not only programs and interventions that have a strong evidence base, but to also work with promising programs and leave room for innovation. A gap analysis will be conducted to examine how the interventions are identifying and reporting outcomes, and what factors considered necessary to achieve priority outcomes are missing. Based on this analysis, the Workgroup will consider the potential for either expansion of existing interventions, or allow for the inclusion of new interventions.

The mutually reinforcing nature of this portfolio will assist potential partners in thinking more broadly about work they do, and expanding the vision of how their work can be enhanced by better collaboration.

Cheryl detailed the timeline for the development of an upcoming survey, the responses to which will inform the composition of the POI. Partners will be relied upon to assist in the distribution and development of survey questions. The final draft of the survey instrument will be completed by June 7, and distributed later in the month.

Cheryl described in detail the ACH process, noting that the term “Wellbeing” is still being defined, but the definition may incorporate mental health programs and social services. The Sustainability and Wellness fund workgroup will make decisions regarding funding for interventions. The intent, however, is not to have the wellness fund supplant other funding that may otherwise continue. The group will also explore how to evaluate whether the interventions are indeed mutually reinforcing, including continuing to ask partners over time about the benefits they perceive in partnering with other entities around the ACH table.

Questions for consideration from the most recent Collective Action Workgroup Meeting were discussed (see meeting slide presentation), as were data considerations for the POI. Cheryl raised the question of whether these are indeed the right questions to ask, and if not, what is missing. An earlier survey project specific to Southeastern San Diego was reviewed to illustrate options for questions, survey methods (online, paper, interviews), and the types of responses received.

The Workgroup reviewed examples of ACH outcomes, categorized into short-, medium-, and long-term outcomes, and proceeded to discuss data sources, process vs. outcomes data, the level of aggregation desired, and the distinction between what data programs are currently collecting vs. what data programs are willing to share. Currently, 211 has a resource database with information about eligibility, fees, target populations, and geography. They make electronic referrals to providers, and collect data on program enrollment and whether a client is receiving services. One workgroup member asked whether it would be possible for programs to leverage what is already reported to 211, rather than engaging in new data collection or duplicative efforts. It was suggested that data sources and uses be mapped in order to better understand the sources and types of data available. This might also necessitate creation of a typology of the data the SD ACH may be able to collect (i.e. process data, outcomes data, etc.). The question was raised of whether it might be worthwhile to coordinate efforts and include sections in the survey to gather information that would be of interest to 211 and HealthDAT San Diego.

The group also discussed the merits and feasibility of collecting individual vs. aggregate-level data, which connects to the question of what types of data partners are able and willing to share with the SD ACH. This consideration may result in programs choosing to modify their own internal data collection in order to be a Level 1 or Level 2 partner. The possibility of collecting individual-level data will be discussed further by a smaller group of experts.

Review Evidence-Based Practices

Alaina Dall provided an overview of resources on evidence-based practices in the field of cardiovascular health (see SD ACH Resource List). These included The Community Guide, the US Preventive Services Task Force, and the American Heart Association’s recommendations (among others). The Missouri Health Department’s Evidence-Based Interventions at a Glance provides detailed information on individual evidence-based programs.

These resources and the findings presented in each might help guide the process of selection of individual programs for the Portfolio of Interventions.

This prompted the question of how survey questions can be framed to successfully discover whether potential interventions have a strong underlying evidence base. Suggestions included providing a definition of “evidence-based,” within the survey, asking survey recipients to describe their programs, and/or asking what factors led to the selection of the approach, with eventual follow-up to confirm the degree to which a program is evidence-based. Concerns were also voiced about the potential length of the survey, and challenges in trying to engage community stakeholders if a survey is perceived to be too long. Recommendations included looking to community participatory research theory for some guidance, as well as keeping the language of the survey at a sixth-grade level.

Update on Baseline Data

Updated Baseline data was presented, including intermediate categories for adult indicators. The group briefly discussed options for the “Access” measure. These included data gathered from survey questions such as:

- Is there a place that you usually go to when you are sick or need advice about your health? (California Health Interview Survey)
- Do you have one person you think of as your personal doctor or health care provider? (Behavioral Risk Factor Surveillance System)
- Was there a time in the past 12 months when you needed to see a doctor but didn't because of cost? (BRFSS)

The workgroup agreed that the first option should remain as the appropriate measure moving forward.

Next Steps

Kitty informed the group that the schedule for monthly Data & Metrics Workgroup meetings will be changed to better accommodate member schedules. In addition, an all workgroup meeting will be held at the end of May (May 31st).