San Diego Accountable Community for Health
Data & Metrics Workgroup Meeting Summary
January 23, 2018

Accountable Communities for Health

Members Present:
Nicole Blumenfeld
Dan Chavez
Carrie Hoff
April House
Annie Keeney
Ken Malbrough
Adrienne Markworth
Corinne McDaniels
Natache Muschette
Tanya Penn
Barry Pollard
Leslie Ray
Lindsey Wade

Members Absent:
Sue Lindsay
Caryn Sumek
Jen Tuteur

Staff and Consultants Present:
Katherine Bailey, BTSD
Elizabeth Bustos, BTSD
Sonal Desai, BTSD
Victoria Harris, BTSD
Christine Thorne, BTSD
Alaina Dall, Consultant
Cheryl Moder, Consultant

Welcome and Introductions
Kitty Bailey opened the meeting by reviewing the workgroup's charter and responsibilities. Kitty described the governance structure of the SD ACH, with specific focus on the interdependent workgroups: Collective Action, Data & Metrics, and Sustainability & Wellness Fund.

SDACH Workgroup Progress Update
Kitty provided an update on the activities and progress of the other workgroups, noting that the Collective Action Workgroup will soon be meeting for the first time. The Data & Metrics Workgroup will subsequently engage with the Collective Action Workgroup on how to best measure progress toward goals.

ACH and Ideal Cardiovascular Health Outcomes
Kitty reviewed the ACH domains and presented the protective factors that frame much of the SD ACH's activity. In addition, she presented the American Heart Association's definition of ideal cardiovascular health. The group agreed that the SD ACH should attempt to reach beyond this definition by incorporating principles of "Positive Cardiovascular Health," which includes adding psychological well-being to the list of protective factors.

During discussion of the concept of psychological well-being, it was suggested that community trauma be included, and recommendations were made to incorporate access to resilience-building interventions and equity as a foundation underlying the protective factors. Kitty took note of these comments; the other workgroups will be consulted, and future work will involve incorporating agreed-upon modifications.

Psychological Well being Measures
Alaina Dall provided an overview of positive psychology and its relation to cardiovascular health, including the specific mechanisms through which psychological well-being influence cardiovascular disease (CVD). The group provided comments on the perception of the term "psychological well-being," suggesting that alternative terms might be more readily understood and accepted by members of community organizations and communities of color. Suggestions included:

- Psycho-social well-being
- Quality of life
- Community-social interaction
- Improve well-being (removing word "psychological")

Framework for Indicators of Success by Domain

Alaina shared the American Heart Association's framing of cardiovascular health, including the goal of improving cardiovascular health of Americans by 20%, and reducing deaths from CVD by 20% by 2020. A review of CVH factors in children and adults, as well as prevalence data taken from the Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES), was provided. Alaina noted that certain data are not available at the San Diego County level, and therefore this workgroup must agree upon proxy measures for success. The central question for the group is what are the priority outcomes and indicators that can be used to demonstrate improvement.

Alaina reviewed potential priority outcomes and indicators from the California Office of Statewide Health Planning and Development (OSHPD) and the AHA framework, and asked the group to contribute additional ideas for proxy measures and data sources. Kitty also provided an overview of potential data sources that will be considered in coming months.

The group agreed that the AHA framework should be used as a starting point, with some modifications:

- Add reduction of emergency department visits and hospitalizations from CVD and stroke to the set of priority outcomes
- The data should be broken down by the five lenses of equity as well as payer source
- Add "age appropriate" proxy measures, or age bands
- Create a San Diego-specific construct for well-being to allow for conditions unique to the San Diego region
- Include the rate of improvement of disparities

Kitty shared some examples of community-wide indicators of success that the group might consider; members of the workgroup also provided additional input on types and sources of data that could potentially be utilized:

- County of San Diego's Stroke and STEMI data
- Death data available from SD County vital records
- California Health Interview Survey (CHIS)
- OSHPD for ED and hospital discharges
- Reduction in disability due to stroke (found in EMS data)
- CDC's Behavioral Risk Factor Surveillance System (BRFSS) data

Next Steps

Kitty thanked the group for its input, and will send out a revised priority outcomes and indicators summary, which will be reviewed by all three workgroups. In the upcoming months this group will review lenses of equity, and determine what data participating partners are able to contribute (both intervention-level, and community-level). The next meeting will focus on community-wide indicators in the clinical domain to determine which indicators are appropriate, and if additional indicators should be added.