

San Diego Accountable Community for Health Data & Metrics Workgroup Meeting Summary February 27, 2018

Accountable
Communities for
Health

Members Present:

Nicole Blumenfeld
Deirdre Browner
Dan Chavez
Annie Keeney
Ken Malbrough
Adrienne Markworth
Corinne McDaniels
Tanya Penn
Leslie Ray
Ray Troche
Lindsey Wade

Members Absent:

Carrie Hoff
April House
Sue Lindsay
Natache Muschette
Barry Pollard
Caryn Sumek
Jen Tuteur

Staff and Consultants Present:

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

Welcome and Introductions

Kitty Bailey started the meeting by reviewing the agenda; workgroup members introduced themselves.

SDACH Workgroup Progress Update

Kitty provided an update on the activities and progress of the other SD ACH workgroups, including details on the responsibility of the Sustainability and Wellness Fund Workgroup to identify investors and the optimal investments of funds for achievement of the SD ACH's goals. The process for the development of the Portfolio of Health Promoting Interventions and the Collective Action Workgroup's role was also presented.

The group reviewed the Cardiovascular Protective Factors and the Portfolio of Health Promoting Interventions across Domains. The current visual representation communicates the interaction between the community, the interventions, and determinants of health, safety, and wellbeing. In discussing the Portfolio of Interventions, Kitty emphasized the desirability of real-time data collection as well as the importance of work with data aggregators to monitor progress over time.

Elizabeth Bustos shared details about the Stewardship Committee's decision to create a new "Community Resident Activation Workgroup." The members of the Data & Metrics workgroup were encouraged to offer recommendations of potential members, which could be both representatives from community-based organizations, as well as individuals not necessarily affiliated with formal organizations.

Review Priority Outcomes and Indicators

Alaina Dall outlined both priority goals and proxy measures for ideal cardiovascular health. A table detailing possible data sources was provided with information on frequency of collection, collection methods, and the potential for stratification according to the five lenses of health equity. Alaina tied these data sources to the Workgroup's goal of aligning measures with the American Heart Association's (AHA) ideal cardiovascular health definition. It was also noted that the choice of private data sources will eventually be determined by the selection of programs that will constitute the Portfolio of Interventions.

Discuss Data Sources and Baseline Data for Priority Outcomes

The committee reviewed information on specific measures for cigarette smoking, physical activity, and healthy diet. The most recent available statistic for each measure was also provided as a baseline.

The workgroup was asked if they agreed with the approach of using traditional data sources such as the California Health Interview Survey and the Behavioral Risk Factor Surveillance Survey to understand how San Diego County is doing on the cardiovascular protective factors. The workgroup generally agreed that these data sources were useful, but that they didn't tell the whole story. For example, they reflect individual behaviors, rather than ways the community supports heart health (i.e. walkable communities). There is a lag time in reporting data. And they don't take advantage of new and improved ways of collecting and understanding data as have been advanced by Apple, Google, and health information exchanges.

The Workgroup was asked for input on which of the publicly available datasets and metrics might provide the best proxies for measuring ideal cardiovascular health. The Workgroup provided some additional data sources for future consideration, such as 211 San Diego's Community Information Exchange and San Diego Health Connect's Health Information Exchange, while also factoring in the desirability of data validation.

Workgroup members shared their knowledge and experience in working with selected data sources and metrics, including strengths and drawbacks. Members will continue to engage in discussion regarding these and other potentially appropriate data sources and measures, and in the future the group will explore supplemental options as the portfolio of interventions is specified. These options may include Community Commons data, Kaiser Family Foundation's data regarding access to care, as well as CalFresh participation levels.

Over time, the group will consider the balance between traditional data sources, and the desirability of innovation and attracting investment to enhance technology.

Discuss Definition of "Wellbeing" and Potential Indicators

Kitty provided an overview of the definition of wellbeing provided the Prevention Institute. The Pillars of Wellbeing, based upon the "THRIVE framework" (Tool for Health and Resilience in Vulnerable Environments) as well as potential paths toward improvement of wellbeing were reviewed.

Workgroup members commented on the ease of availability of data to measure some of these factors, including youth data. In addition, there were suggestions to eventually seek out whether intervention programs use existing validated tools to measure progress. The group recommended some metrics and data sources for consideration in the near future. These included availability of affordable child care, walkability, and availability of parks within neighborhoods.

Next Steps

The group was reminded of the upcoming Stakeholder meeting on March 7, 2018. The next (March 27th) meeting of the Data & Metrics workgroup will include a continuation of the discussion of the concept of wellbeing, as well as consideration of innovative data sources. In addition, a sub-group of experts will discuss selection of an appropriate measure for nutrition in the coming weeks.