Present Members:
Dale Fleming
Steve Hornberger
Julie Howell
Jessica Peters
Nancy Sasaki
Shreya Shah
Lindsey Wade
Nancy White
Lindsey Wright
Nick Yphantides

Absent Members:
Camey Christenson
Rodney Hood
Natache Muschette
Jan Spencley
Vernita Todd

Staff and Consultants:
Kitty Bailey
Elizabeth Bustos
Victoria Harris
Cheryl Moder
Erica Osborne

Welcome, Introductions, Review of 01/12/2018 Meeting Summary
Kitty Bailey opened the meeting and members introduced themselves. The group reviewed the summary of the previous meeting and no changes or corrections were recommended.

Updates from Stewardship and Workgroups
Kitty provided updates on work being done by the Stewardship and other workgroups. The group reviewed changes to the Wellness Fund Purpose and Principles document and the Protective Factors slide proposed by the Stewardship Group. They then talked about what is meant by "Wellbeing." Kitty shared that the Data and Metrics Workgroup will be discussing both how to define the concept and more importantly how to measure it at its next meeting.

The group also discussed the first aim of achieving ideal cardiovascular health across the lifespan and its impact on developing the wellness fund. Several perspectives were shared.
- The focus on Cardiovascular Health (CVH) may be limiting when looking to identify specific funding sources
- The focus on CVH is helpful as it provides an opportunity to have a different conversation about health across the lifespan – it widens the lens
- CVH could be considered a proxy measure for equity and access and there is lots of good data around this
- When considering the protective factors around CVH, we need to keep the four domains in mind – Clinical, Community, Clinical-Community Linkages, and Policy, Systems and Environments
- While CVH gives people something to focus on, it will be important to target both a condition and a specific population in order to be successful in securing potential funding sources

Alliance Healthcare Foundation

Nancy Sasaki announced that the Alliance Healthcare Foundation (AHF) has awarded BTSD a planning grant to determine what would be needed to expand the Accountable Community for Health construct from the goal of CVH to a broader goal of wellness across the county. She indicated that the scope of work is complimentary to the work of the ACH, and the Stewardship Group and workgroups will have an opportunity to provide direct input into the process. She also shared that while the AHF Board is willing to provide seed money for this work, it envisions a larger effort with other funders participating in the future.

ReThink Health Typology

Members determined that the intervention they would first like to fund is the ACH infrastructure after the CACHI grant ends in August 2019. They then identified 6 potential financing structures they are most interested in exploring. These include:

- Social Impact Investing (Pay-for-Success Contracts)
- Philanthropy
- Private Healthcare Markets
- Centralized Health Plan – CBO Contracting
- Medicaid Strategy

Statewide Medicaid Strategy

Kitty then reviewed the Medicaid strategy discussion to date and outlined the three potential paths forward:

(1) Statewide Strategy to change law/regulation to require funding of ACH Wellness Funds
(2) Working with local MCOs to voluntarily fund the ACH Wellness Fund
(3) To pursue a combination of both

After a lengthy discussion, the group agreed that there is a real benefit to pursuing both a statewide and a local Medicaid strategy. The group emphasized the urgent need to begin working at the state level because of the timing of the rebidding process while also recognizing that gaining buy-in at the local level is important. Kitty pointed out that, while engaging local health plans in conversations about funding the wellness fund has the benefit of creating community level support, it also will have broader regional implications. Because most of the groups have market presence beyond San Diego, the SDACH should be strategic in its approach.

Housing the Wellness Fund

The group considered whether to combine or separate the Wellness Fund and the Backbone functions. While no decision was made, the group agreed that there are good reasons for separating the two functions. Some of the observations made by members include:

- The level of complexity around financing will require a specific expertise that may not currently exist on the Stewardship Group
- The governing body that makes the decisions about how the money is distributed will need to be comprised of individuals that, along with having the necessary financial expertise, have the trust of the community
- It may be necessary to seek legal advice on how to structure the fund so that there is adequate financial oversight while ensuring that the decisions made represent the needs of the community
- The group would like to know how other communities have structured their wellness fund

Talking Points for LISC Conversation
- Describe what the ACH is and how we are building it locally
- Indicate we are interested in partnering and ask what that would look like
- Ask them to expand on partnership opportunities for health care institutions beyond what was included in the article, *"Closing the Life Expectancy Gap: A Partnership Opportunity for Health Care Institutions"*

Next Steps and Follow up: Medicaid Strategy
- Identify what is needed in terms of capacity, relationships and developing the value case
- Prioritize which groups to approach on a local level
- Hold conversations with other statewide organizations that are interested in a statewide strategy
  - Public Health Institute
  - Other public health advocates
  - Western Center for Law and Poverty
- Research existing model regulations/legislation and bring back to the workgroup (ex. Vermont)