San Diego Accountable Community for Health Stakeholder Meeting - September 13, 2018 MEETING SUMMARY

Accountable Communities for Health

On September 13, 2018, Be There San Diego convened the San Diego Accountable Community for Health (SD ACH) Stakeholders to continue the collaborative efforts of creating health across the lifespan for all San Diegans.

Progress on ACH Components and Goals

Kitty Bailey, MSW, Executive Director, Be There San Diego welcomed the Stakeholders and outlined the purpose of the meeting: to provide an overview of progress on ACH activities, to discuss measures of success and gather input on data sharing to support the ACH, and to receive input on technical assistance needs and strengths to support ACH partners.

Kitty reviewed the mission, vision, and values of the SD ACH, providing examples of the four core values guiding our work:

1. **Equity**: practicing equity in our day to day work and applying an equity lens to all of our work, including the work of our Data & Metrics Workgroup
2. **Inclusivity**: inviting a broad Stakeholder Group to guide our work, knowing that expertise lives in the community, and the community is where solutions lie. This principle is why the community survey was administered. Kitty noted that other ACH communities selected portfolios without this type of community input.
3. **Neutrality**: putting community first as the ultimate beneficiary of this work, the SD ACH does not set any organizations in front of others in our work. The community is leading the way and continues to provide key input through the work of the Community Resident Engagement Workgroup (CREW).
4. **Accountability**: inviting partners to hold the ACH accountable and to hold each other accountable for our work. We are making efforts to share information and operate with as much transparency as possible, including posting all ACH workgroup meeting summaries online.

Kitty asked the group if we were on the right path. The group affirmed that yes, we are on track and these are the right values to continue to focus on. Kitty characterized the SD ACH's first aim as both broad and narrow and pointed out that our impact can be made at multiple levels. She reviewed our main problem: the focus has been on clinical care, which makes up only 20% of an individual's health, instead of the social determinants of health, which account for 50%. Our initial focus for the ACH is cardiovascular health, which is the number one cause of death in the United States. This first aim is supported by the fact that 70% of heart attacks and strokes can be prevented if we create ideal cardiovascular health by focusing on the root causes of chronic disease. The ACH aims to do this by creating multi-sector partnerships that align interventions for maximum impact and channel resources toward the most effective strategies.

Kitty reviewed the protective factors and shared that the ACH Data & Metrics Workgroup has been discussing the meaning of "wellbeing," including individual wellbeing and community wellbeing. Kitty provided a refresher on the SD ACH governance structure, with Stakeholders at the top, and provided a description of each workgroup's purpose.

Kitty described the three phases of our process, explaining that in Phase 1: **Aligning and Connecting**, we insisted on spending time on building relationships and connecting with stakeholders. In Phase 2: **Learning and Designing**, which took place over summer 2018, the focus was to engage partners to learn about the current work being done and collect information for the Portfolio of Interventions (POI). In Phase 3: **Creating and Scaling**, which began by hosting the September Stakeholder meeting, a robust POI will be created and linkages and gaps will be mapped out.

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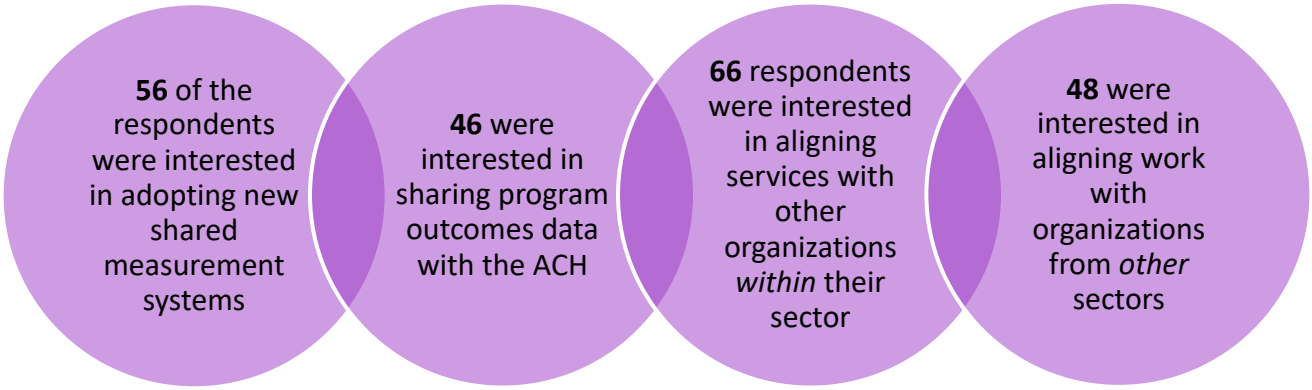
Survey Results and Portfolio of Interventions Development

Cheryl Moder, BTSD Consultant, began by reminding the group that the Portfolio of Interventions (POI) is more than something on paper, it is a mindset for us all, and though the term "Portfolio of Interventions" was identified by the funders, we see this as a "network of solutions." It requires us to come together to think about the wide range of work as a connected, systems-level investment. Cheryl shared that the POI should be 1) balanced across all domains, regions, ages, and populations, 2) mutually reinforcing, with the ACH adding value by catalyzing the impact of interventions across the lifespan, 3) impactful, by ensuring the interventions are strong and have the capacity to make an impact that is leveraged through the ACH, and 4) accountable to the community, to ensure the work reflects community voices.

Cheryl shared the progress of the community survey, explaining that the ACH Collective Action Workgroup has continued outreach to maximize responses from all sectors and has begun to look at the data for gaps. Cheryl explained that from July to August, 2018, 79 organizations reported on 109 programs. The following summarizes survey responses:

- Community-based and social service organizations had the most responses
- All protective factors were addressed through the 109 programs with "wellbeing" as the most common focus
- All age groups were served, though 25-64 was the most commonly served age group
- Most programs reported being county-wide in scope
- The overwhelming majority of programs served all races/ethnicities and all genders
- Many programs served low-socioeconomic status and non-English speaking populations



Though there was high interest in program alignment and collaboration, "inadequate resources" was indicated most often as a barrier. Cheryl shared the names of the organizations interested in sharing data AND collaborating, suggesting these organizations may be most ready to partner for mutual reinforcement efforts. When asked about capacity building needs, respondents most frequently noted that ensuring programs are culturally appropriate for the population served and program evaluation would be most helpful. The most common response to assistance needs was support for building relationships between organizations from different sectors.

Elizabeth Bustos, Director of Community Engagement, Be There San Diego, shared the process and outcomes of the Portfolio of Interventions work in Southeastern San Diego. In a partnership with the Multicultural Health Foundation, the community was asked to participate in a survey to share the impactful work happening in the community. Nearly 30 organizations responded, identifying 35 programs. Elizabeth reviewed two follow-up workshops that were held in the region, titled "Partnership Development: Ways to Align Mission, Strategies, and Programs for Greater Impact," and highlighted the findings from the meetings. Workshop participants shared their readiness for collaboration and their need for supporting with shared measurement and program evaluation.

Kitty Bailey asked **Dr. Nick Yphantides, Chief Medical Officer, County of San Diego, Health and Human Services Agency**, how this work intersects with the County's Live Well Neighborhoods effort. Dr. Yphantides provided an announcement to the group: In an attempt to regionalize Live Well San Diego efforts, **the County has committed to investing $20 million in five years in Southeastern San Diego**. The first $4 million has been authorized, with annual renewals required. Dr. Yphantides described the next steps as being a competitive process for organizations to submit proposals in a strength-based approach to coordinate and align efforts that are already underway.

Kitty Bailey reviewed future steps with the POI work including collecting and sharing program data countywide, conducting capacity building activities countywide, and continuing to collect and integrate community input.

Mutual Reinforcement through Shared Measurement

Next, Kitty described the two phases of the ACH data work coming out of the Data & Metrics Workgroup. Phase 1 uses publicly available data to establish and monitor ACH priority outcomes and indicators. Phase 2 includes sharing data among ACH partners and creating visualization and communication tools. Kitty provided the group with an outline of the priority outcomes and indicators, breaking each protective factor down with secondary indicators. She described the process the Data & Metrics Workgroup went through to choose the indicators for each protective factor including reviewing evidence base. Baseline data was shown for adults, teens, and children, illustrating how San Diego county is doing prior to implementing ACH collaboration. Examples of measures of success were discussed for each SD ACH domain (i.e., clinical, community programs/social services, community-clinical linkages, policy systems and environmental changes, and process/capacity). Kitty shared the next steps for the data work including completing secondary indicators for all protective factors and working with portfolio partners to share data and develop data visuals to share progress.

During **Group Activity #1**, attendees were asked to indicate the potential benefits of data sharing between partners and concerns or barriers that would make their organizations hesitant to share data. The main themes from these discussions are summarized below.

Potential benefits of sharing data	Concerns and/or barriers
Identify and address gaps	How data is presented/lack of explanation
Identify opportunities for collaboration/action	Lack of resources/time
Evaluate and improve programs	HIPAA concerns/protect client information
Compare data and identify best practices	Competition
Reduce duplication of efforts	Misuse/misinterpretation of data
Empower action towards shared goals	Lack of existing data
Evaluate ourselves and support each other	Time consuming to pull data
Create policy	Lack of expertise
Standardize data collection	Lack of trust/others taking credit

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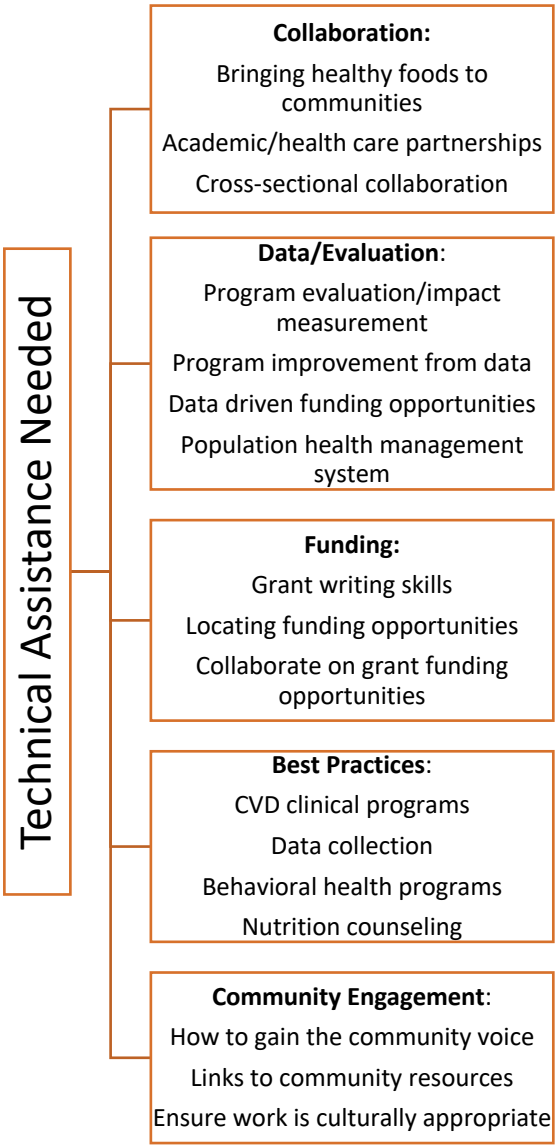
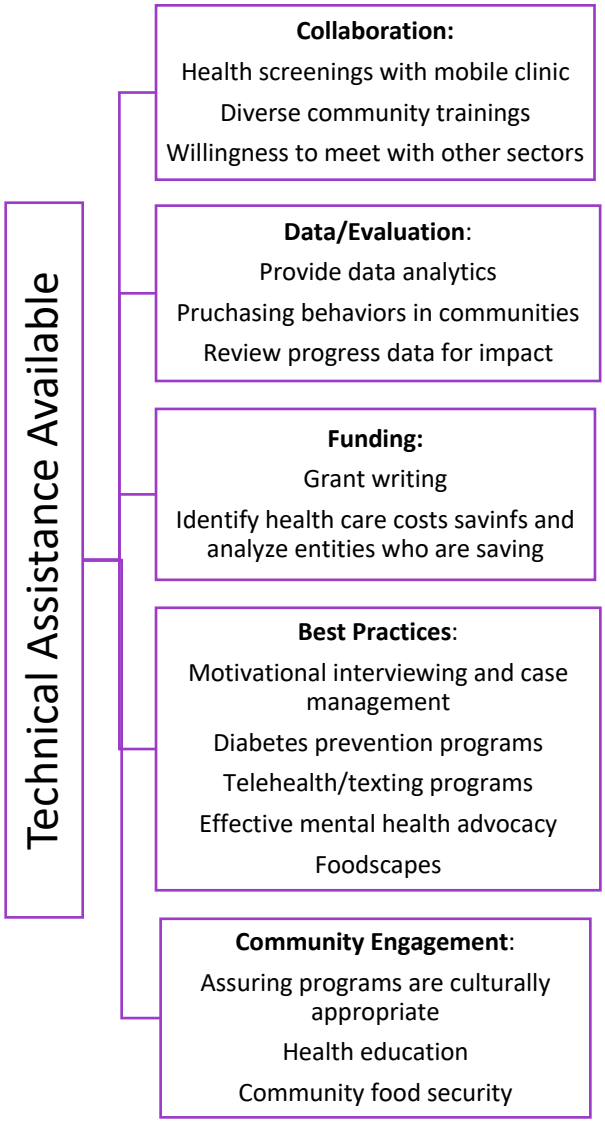
Mutual Reinforcement through Capacity Building

Elizabeth Bustos framed **Group Activity #2** by explaining that a dimension of the POI is to identify organizations who may need assistance with capacity building and to call on other organizations that currently have expertise to share. In small groups, attendees were asked to discuss and share the following - 1) the technical assistance **needs** their organizations may have and 2) the technical assistance **strengths** their organizations can potentially provide with a focus on collaboration, data/evaluation, funding, best practices, and community engagement. See summary of input below.





Kitty Bailey closed the meeting by thanking attendees for their input and continued commitment to the collaborative goals of the SD ACH. All attendees were invited to attend a post-meeting networking hour by the bay.