

SUMMARY REPORT

On March 7, 2018, Be There San Diego convened a group of stakeholders, including leaders, partners and community members, to continue the work of developing the **San Diego Accountable Community for Health**.

Where We Are and How We Got Here



Ms. Kitty Bailey, MSW, Executive Director, Be There San Diego welcomed the Stakeholders and explained that the purpose of the meeting was to provide updates on the progress made since the last Stakeholder Group Meeting in August, discuss the role of Stakeholders, and receive feedback for Stakeholders. The ACH Stakeholders Group continues to be diverse, with representatives from multiple sectors, working in multiple domains, across the regions of the county.

Kitty reviewed the motivation behind the creation of the San Diego Accountable Community for Health (SD ACH) - the idea that health and wellness emerges from a complex system of influences, including biology and genetics, the environment, and social factors, including histories of inequities. No single sector alone can address health and wellness and it is vital that we take a more comprehensive view and work together in concert to impact the larger system. Attendees were encouraged to consider three key questions during the meeting - what excites them, what questions they have, and what could be done better.

Equity is embodied in the vision of the SD ACH - **health, wellness and equity for all of our communities, regardless of zip code**, and in the mission - **to create a “wellness system” that ensures individuals, families, and communities in San Diego have access to all they need to create a lifetime of health and wellness.**

Kitty expressed the desire for a multidimensional concept of “return on investment” (ROI) that reflects more than just financial values. Participants were polled about their personal “ROI” - their perceived value of joining in this endeavor. Six overarching themes emerged - equity, quality of life, reduction in healthcare costs while creating efficiency and effectiveness, addressing social determinants of health, building new partnerships, and achieving wellbeing across the lifespan.

“We are building a case right now for how a region can come together and in a systemic, collective way make smart decisions to build equity and wellness.”

Kitty Bailey, MSW

Stakeholders emphasized that connectivity and improving partnerships are required to achieve our goals. This calls for greater inclusion of community members who bring enthusiasm, compassion, and new ideas to our work. Stakeholders and community play critical roles in achieving our shared SD ACH upcoming goals including:

1. New linkages between programs in support of our wellness system
2. A prioritized list of the gaps that exist in our wellness systems and plans to fill those gaps
3. Data to track our progress, including progress in reducing disparities
4. The ability to make investments in our wellness system

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ACH Stewardship, Stakeholders and Accountability



Kitty presented the organizational structure of the SD ACH, a robust, multi-sector organization of partners that will enable the ACH's eventual expansion beyond cardiovascular health.

The Stewardship Group functions as a board of directors for the ACH, developing its direction and defining its values, while being ultimately accountable to community Stakeholders, meaning that: a) Stakeholders are kept informed of the ACH's activities; b) the reasons behind each action will be understood; and c) Stakeholders will have opportunities to provide meaningful and impactful

feedback. In addition to the twice-yearly Stakeholder Group meetings, rosters and summaries from meetings will be posted on the SD ACH website. Additional means of ongoing communication are being developed.

The SD ACH crosses multiple domains including Clinical, Community, Clinical-Community Linkages, and Policy, Systems and Environment. Creating connections across domains enables achievement of stronger results. The SD ACH has four interdependent workgroups, each with a unique role in achieving our shared vision:

1. The **Collective Action Workgroup** develops the Portfolio of Interventions, a group of reinforcing programs positively impacting cardiovascular health and aligned with ACH priorities.
2. The **Community Resident Activation Workgroup** facilitates the authentic engagement and participation of community members and organizations in all aspects of ACH decision making.
3. The **Data & Metrics Workgroup** focuses on indicators of success, those metrics of improvement in health and wellness that can be tracked through data from a variety of sources.
4. The **Sustainability & Wellness Fund Workgroup** works on seeking investments and funding the Portfolio by creating a value case for the programs and resulting impact in a way that inspires entities to invest in the ACH.

Alliance Healthcare Foundation's Commitment to Wellness



Ms. Elizabeth Dreicer, Interim Executive Director of Alliance Healthcare Foundation discussed the Foundation's role as a catalyst for wellness. She affirmed the belief of Alliance that we can work together toward a systems approach to achieve this goal. This has included difficult discussions about what is meant by equity and the definition of wellness. Alliance sees that it can provide a new table around which we can convene, to educate, advocate, and track progress to influence wellness thinking. Elizabeth affirmed the commitment of Alliance to its mission, and that it will continue to make investments to achieve equity.

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Workgroup Updates

Mr. Steve Hornberger, MSW, Director of the SDSU Social Policy Institute, provided an overview of the **Sustainability and Wellness Fund Workgroup's** progress, with its two largest foci being the Portfolio of Interventions (POI) and the Sustainability and Wellness Fund. He cited research demonstrating that upstream investment can improve productivity, lower healthcare costs, and increase economic opportunity. The Workgroup will determine what outcomes can be impacted and how the fund can support programs, while operating under the principle of establishing trust. Stakeholders were invited to contribute ideas for this work.

Mr. Ken Malbrough, an active community leader, explained that programs serving the Southeastern San Diego region have come and gone, in part due to not having measures or approaches to achieve accountability or sustainability. The **Data and Metrics Workgroup** is currently selecting data sources to monitor intermediate outcomes as well as progress toward the longer term goal of improving cardiovascular health by 20%, reducing ED visits, hospitalizations, and deaths by 20%, while also reducing health disparities. One of the strengths of the Workgroup is the great diversity of viewpoints represented. Given the challenges of operationalizing the concept of wellbeing, the Workgroup will look to stakeholders and partners to contribute data to understand the impact of the programs to be included in the Portfolio of Interventions.

Ms. Tina Emmerick, Community Health Action Team Manager at the County of San Diego discussed the **Collective Action Workgroup's** process for the selection and refinement of the Portfolio of Interventions, highlighting partnership and collaboration with the other Workgroups. The desired outcome is a variety of mutually reinforcing programs that positively impact cardiovascular health across ACH domains. The group intends to choose interventions that include both upstream and downstream approaches, cross age groups, are evidence-based, and demonstrate a meaningful impact on health and wellbeing.



“Our community residents’ DNA must be embedded in every single moving part of SD ACH.”

Elizabeth Bustos

Ms. Elizabeth Bustos, Director of Community Engagement, Be There San Diego introduced the newly created **Community Resident Activation Workgroup**, stating that honoring resident voices will be one of the most challenging and rewarding actions of the ACH. She requested recommendations for potential Workgroup members who will be fearless and willing to commit the time and energy to participate in the conversation. The Workgroup will recognize where we are now as a region and engage community members at all levels by making information accessible and easily understood. The group will aim to understand and address barriers and will engage and balance both community and technical expertise in its efforts.

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Input and Feedback

Kitty requested that Stakeholders provide feedback to the Workgroups by asking three key questions:

1. **What excites you most about this work?**
2. **What could be strengthened?**
3. **What questions do you have?**

The Stakeholders were invited to post answers, questions, and comments, which revealed a number of important themes.



Collective Action Workgroup: Stakeholders eagerly anticipate seeing the ultimate POI, noting the need for robust community engagement, and are excited by the focus on environment and policy changes to enable wellness across the lifespan. Suggestions for ways to strengthen the effort included examining tools and measures already in place, and including oral health in the design of the interventions. One respondent suggested looking to the SD Unified School District's Wellness Initiative's 178 Wellness Coordinators who can assist in outlining the needs of a large number of youth and staff. Questions centered on the importance of broad engagement from community-based organizations despite challenges such as limited resources.

Community Resident Activation Workgroup: Respondents are looking forward to showcasing the region's diversity and are excited about the voice of the community being heard and implemented in the action plans. Be There San Diego was cited as one successful start to the process. With the recognition that we do better when we work together, respondents suggested groups to invite to the table, including the Community Health Improvement Partners' Resident Leadership Academies Council, elderly community members, the Native American community and Tribal partners, youth leadership groups that represent disenfranchised and hard to reach populations, as well as patients themselves. Some asked how potential community participants are being identified and how community member engagement will be maintained.



Data and Metrics Workgroup: Respondents are enthusiastic about the work to identify gaps in healthcare efforts, the concentration on selecting appropriate and robust data, and the inclusion of metrics for social determinants of health. Multiple suggestions for data sources were offered, which have been documented for review at upcoming meetings. Linking data across multiple sources was recommended, as was including process measures. Questions focused on the feasibility of carrying out these suggestions. How can data that crosses multiple sectors be joined and analyzed as a group? Some expressed a desire to understand ease of access to resources or awareness of community resources, but questioned how it could be done, and whether such measures and data exist.

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Sustainability and Wellness Fund Workgroup: Stakeholders are excited about a wellness fund that might sustain community-based organizations and increase their capacity, as well as the opportunity to build a structure and process for diverse funding strategies. Participants suggested establishing a collaborative group to work together on grants to share the resources and work, with participants working on areas in which they have the greatest expertise and previous success. Questions were posed regarding the source of sustainable funding and what other pillars contribute to sustainability (besides money). Respondents also asked if other models of multisector funds and sustainability efforts have been researched.

Other Feedback: Stakeholders look forward to strengthening connections between the social sector and the clinical world, and the blending of health and wellbeing to create a whole picture of the community. One respondent stated that “the endless possibilities and bright future ahead led by this wonderful vision excites me the most”.

“Groups in San Diego are Trusting and ready for action.”

Stakeholder Group Participant

Review and Discussion of Feedback and Next Steps

One participant reminded the group about how unattainable these goals felt just a few years ago, but commented that they now seem attainable if the group works together. Attendees were invited to participate in workgroups and were asked to indicate their preferred method of contact and frequency of communication regarding the work of the SD ACH.

Thank you, stakeholders, for your continued input in developing our San Diego ACH. We look forward to continuing to partner in new ways as an ACH to improve the health and wellness of our communities!