San Diego Accountable Community for Health
Stewardship Group Meeting
February 13, 2018
Meeting Summary

Accountable Communities for Health

Members Present:
Dan Chavez
Dale Fleming
Nancy Gannon Hornberger
Marv Gordon
Margarita Holquin
Steve Hornberger
Rosa Ana Lozada
Ken Malbrough
Diane Moss
Ed Quinlan
Pastor Jesus Sandoval
Nancy Sasaki
Jim Schultz, MD
Jan Spencley
Carolyn Woempner
Bill York
Nick Yphantides, MD

Members Absent:
Michelle Bell
Bevelynn Bravo
Reverend Gerald Brown
Rodney Hood, MD
Gregory Knoll
Nancy Maldonado
Karen McCabe
John Ohanian
Adriana Paulson
Nichole Schirm

Guests
Tanisha Bundy
Elizabeth Dreicer
Michele Metden
Daphyne Watson

Staff and Consultants Present:
Katherine Bailey, BTSD
Elizabeth Bustos, BTSD
Alaina Dall, Consultant
Cheryl Moder, Consultant

Welcome and Introductions
Kitty Bailey welcomed committee members and thanked them for continuing on this journey to create community wellness. Bill York, Interim CEO of 2-1-1, expressed his pleasure at being here to co-chair the meeting with Kitty.

Review of Sectors and Stewardship Group Members' Roles
Cheryl Moder reinforced that the Stewardship Group was created as a multisector collaboration to solve health and social issues that lead to cardiovascular disease and health disparities. The San Diego Accountable Community for Health (SDACH) is seeking to create alignment through increased collaboration and coordination with partners from other sectors. To better understand the opportunities and how each organization's agenda overlaps with others, committee members introduced themselves, mentioned the sector(s) they are a part of, and talked about their organization's role (community leader, content expert, program provider, etc.) in the SDACH.

SDACH Workgroup Report Outs
Committee members reviewed the following meeting summaries: Stewardship Group (12/8/17), Sustainability and Wellness Fund Workgroup (1/12/18), Data and Metrics Workgroup (1/23/18), and the Collective Action Workgroup (1/31/18).

Kitty presented the ACH Protective Factors diagram, showing how it places the person, family and community in the center, surrounded by the American Heart Association's ideal cardiovascular health factors that are keys to preventing heart disease and stroke. Also added is "wellbeing," which could be defined as mental health, optimism, resilience, or other qualities that come from the field of positive psychology. We will continue the conversation about what defines "wellbeing" with the workgroups and bring their recommendations back to the Stewardship Group. Committee members suggested 1) clarifying the name of

the diagram to tie it more closely to cardiovascular health since other fields such as strengthening families and the World Health Organization also have protective factors; 2) adding the domains onto the slide since in addition to interventions, changes in policies are needed; and 3) changing the arrows to go in both directions. Representatives from each workgroup then provided updates about their progress:

- **Sustainability and Wellness Fund**: Kitty presented the Wellness Fund Purpose and Principles. The SDACH made a request to CACHI to help us advocate with California's Medicaid agency to contribute to ACH wellness funds, not only in San Diego but in other participating communities. We are also looking at the structure of the Imperial County Wellness Fund to see if there is an opportunity to do something similar in San Diego County. Nancy Sasaki said that the Alliance Healthcare Foundation is very interested in the SDACH and potentially broadening its work beyond cardiovascular health. Elizabeth Dreicer, Alliance Healthcare Foundation board chair, reinforced that they are interested in the SDACH's mission. With regard to the Wellness Fund Purpose and Principles, a suggestion was made to change the last bullet under "principles" to say "Transparency, clarity, *and expertise*" in the decision-making process to emphasize the importance of bringing necessary experts into the conversation.

- **Data and Metrics Workgroup**: Ken Malbrough reviewed the slide of priority outcomes and indicators recommended by the workgroup. Whenever possible the workgroup will request data as viewed by the five lenses of health equity: race/ethnicity, gender, age, geography, and socioeconomic status. This may be challenging since data is not always available in this way. Another lens to consider is gender and sexual identity, since access can be more difficult for LGBT and gender non-conforming populations. The workgroup will be looking at public data sources as well as private data that could be supplied by programs.

- **Collective Action Workgroup**: Cheryl described the slide showing the iterative portfolio of interventions process. The process begins with developing or updating an inventory of programs. This is followed by identifying priority outcomes, assessing the evidence base for each intervention, identifying gaps in interventions, prioritizing new and/or expanded interventions, determining how they relate or are connected to each other, and finally refining the portfolio based on all of these considerations.

Kitty concluded the discussion by inviting Stewardship Group members to join workgroups they might be interested in to create increased continuity between the workgroups and Stewardship Group.

Community Activation: Honoring Resident Voices

Elizabeth Bustos reviewed the project milestones that require the ACH to engage residents and the community-at-large in the governance of the ACH, as well as in the design and implementation of interventions. The group was asked to consider two options: 1) expanding the Stewardship Group to include greater representation of community voices; and/or 2) establishing a Community Resident Activation Workgroup. The Stewardship Group recognized the importance of integrating community voices, but the question was the best way to do it since there are advantages and disadvantages to each approach. The group agreed to establish the Community Activation Workgroup whose task will be to flesh out the best way to honor resident voices.