

# San Diego Accountable Community for Health Stakeholder Group Kick-Off Meeting

Accountable  
Communities for  
Health

## SUMMARY REPORT

On April 12, 2017, Be There San Diego convened stakeholders from across sectors to introduce the concept of an Accountable Community for Health (ACH) as a way for these partners to develop a shared approach to addressing the full spectrum of factors that affect community health and well-being.

### Power of Partnerships



**Ms. Kitty Bailey, Executive Director, Be There San Diego**, welcomed the group and thanked everyone for taking the time to participate in this important conversation. She described the opportunity before the group – the opportunity to come together to make a lasting difference in the health of our communities. By forming an ACH and bringing together multiple sectors, organizations, interest groups, and community members, San Diego has the potential to unleash the **power of partnerships** to tackle the underlying contributors to **preventable disease**.

To better understand who was in the room and why they came, Kitty polled the group. Responses indicated:

- Participants represented healthcare, social services, education, housing, business, county government, the faith community, law enforcement and foundations.
- Half of the participants identified as **upstream** (e.g., policy, government agencies), a third as **midstream** (e.g., environment, housing) and the remaining **downstream** (e.g., medical providers, chronic disease) or unsure.
- People were excited about the possibility of greater alignment, collaboration, creating thought partners, impact, discovery, teamwork, equity, and collective impact.



**Dr. “Nick” Yphantides, Chief Medical Officer, County of San Diego Health and Human Services Agency**, welcomed everyone on behalf of the County of San Diego HHS and the Board of Supervisors. He commented that he was excited about working with a group of **“T-4 Social Venture Capitalists”** – individuals willing to invest their time, treasure, talent, and tenacity in their community. He discussed the County’s initiative, **Live Well San Diego**, and how he looked forward to collaborating with participants to make a collective impact on the community. He then introduced the keynote speaker, Dr. Robert K. Ross of The California Endowment.

### Power of Inclusion



**Dr. Robert Ross, CEO, The California Endowment**, provided an overview of today’s political landscape. He commented that in the recent election, the narrative of exclusion trumped the narrative of inclusion. “This election laid bare the tearing of the nation’s civic soul.”

Dr. Ross commented that narratives can either strengthen communities or do enduring harm. He encouraged the audience to **create a positive narrative** based on authentic **inclusion, grassroots participation, and advocacy**. He called

*“We need lofty, values-driven, compelling narratives of inclusion.”*

*Robert K. Ross, MD  
President and CEO  
The California Endowment*

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for the inclusion of community members who bring enthusiasm, compassion and new ideas to our work. They can be our voices and our allies. He challenged San Diego to stand up its own version of health reform and to become an example to the rest of the country – to **“go as far as we can see, then see how far we have come.”**

### *Power of Community Solutions*

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**Ms. Stacy Becker, Vice President, ReThink Health**, provided the audience with a national perspective on how the ACH model works and what other groups are doing in communities across the country. Rather than limiting care to a doctor’s offices, this model encourages people living in a certain neighborhood to gather together and figure out how to fix health and well-being in the broadest terms considering both **health and non-health factors**. Once communities select one or more health issues to focus on, they create “accountability” by measuring whether their ideas worked.

Ms. Becker described how the ACH model encourages **multi-sector partnerships** including, for example, health care providers, public health, faith communities, education, law enforcement, and others. She outlined key challenges as well as what a successful ACH might accomplish. By working together, the goal is to improve coordination between agencies, resulting in better health for people living in a defined geographic region. Ms. Becker recommends looking for ways to fund these types of activities for the longer term rather than relying solely on grants.

### *Taking a Journey Together*

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**Dr. Anthony DeMaria, Chair, Be There San Diego**, talked about Be There San Diego (BTSD) and its audacious goal of making San Diego a heart attack and stroke free zone. He described the group’s collaborative efforts with the County and other partners in implementing programs in Southeastern San Diego (SESD) to improve the heart health of the community. According to Dr. DeMaria, San Diego is famous for coming together for the good of the community. With the leadership in the room coupled with community support, he affirmed his confidence that this new effort will succeed.

Kitty next spoke about BTSD as a launching point to build an ACH that would **“unleash the power of partnerships”** to eliminate heart attacks and strokes and then create a lasting infrastructure for future shared goals. She talked about her own personal narrative of what motivated her to work at the systems level to address social injustices and other societal challenges.

She explained that for people to have true health we need to look outside the four walls of the doctor’s office at things like physical activity and having access to healthy foods. The promise of the ACH partnerships is to link together everything that contributes to health and wellbeing.

Kitty described the opportunity before the leaders in the room - to **come together to tackle the underlying contributors of preventable disease, making a lasting difference in the health of residents whose health is at greatest risk**. San Diego is one of six California communities funded in the state to test the ACH model, and the pilot is funded for a three-year period. Kitty expressed that she does not have the whole project figured out, nor does she have all the answers. She welcomed community input and issued an invitation to the leaders in the room to join her on this journey.

*“One of the most important things is to get to know each other. We all have a story of what brought us here today.”*

*Kitty Bailey, MSW  
Executive Director  
Be There San Diego*

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The four priorities for creating a new ACH for San Diego are to:

- **Create a shared vision.** We will continue to convene community leaders and partners from diverse organizations to create a vision for the ACH.
- **Create regional infrastructure and a community-based approach.** We are working with the Southeastern San Diego Community Advisory Committee (through partnerships with the Multicultural Health Foundation and Community Health Improvement Partners) to understand the work that is already taking place in the community to improve health and potentially link and catalyze this work.
- **Collect and share data.** We have the potential to obtain clinical, community and needs assessment data. We will explore how we can come together as a community and use this data to create a framework for continued work, and to understand and eliminate health disparities.
- **Create a Wellness Fund.** We have the opportunity to develop innovative financing models, such as a Wellness Fund. Since the ACH will be preventing chronic diseases and thereby reducing long term healthcare costs, the opportunity exists to partner with healthcare organizations that would benefit from the ACH to create structures for investing into the ACH and community interventions.

### *SDACH Goals*

- *End heart attacks and strokes by working together to address the community conditions and chronic diseases that cause preventable deaths.*
- *Build a lasting infrastructure of partnership that can be leveraged into the future by formally addressing barriers.*

### ***Equity, Justice and Hope***



**Ms. Elizabeth Bustos, Community Engagement Director, Be There San Diego,** thanked the audience for attending the meeting and for joining the conversation. By being here, participants were saying they wanted to learn about **accountability, partnership, equity, and justice**. She reinforced that this conversation is embracing a “new strategic hope.” If participants choose to take this journey together, they can be architects of that **strategic hope**, which is a **framework for health equity**. As friends and partners, we can create a pathway in San Diego for every man, woman, and child to thrive.

**Reverend Gerald Brown, Executive Director, United African American Ministerial Action Council,** recognized the work that Elizabeth has done in the Southeastern San Diego community for the past 30 years. He explained that she is responsible for bringing the faith community into the BTSD programs. He believes showing up makes all the difference in the world. He added that in Southeastern San Diego, everything starts and ends with faith. The church says, “**Your health is in your hands.**”



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### *The Story of Isaiah*

The group then participated in a small group conversations. They were asked to read a story about a patient named Isaiah who was cured of leukemia but later died while living in the streets.

For a few minutes, a roomful of leaders from many walks of life in San Diego pondered the true story of Isaiah. The black teen lived in Boston's impoverished streets and had been diagnosed with leukemia at age 15.



His doctor pulled out all the stops to treat him. Over four years, Isaiah endured chemotherapy, treatment complications and even a bone marrow transplant. His leukemia was cured at age 19, but he could not shake his neighborhood's devastating grip. While he was being treated for cancer, he was in and out of addiction, repeatedly landed in jail, didn't attend school and couldn't hold down a job. Fifteen years after his cancer was cured, Isaiah died on the streets in despair. Whereas a symphony was organized to cure his cancer, it couldn't cure the system that let him down.

After reading the story, the small groups were asked to reflect on Isaiah's experience and to consider how participants could work together to ensure there are no more "Isaiachs" for San Diego. In his experience, which unfortunately may be all too common, there was not an organized system to respond to his poverty, depression, or substance misuse, like there was to respond to his leukemia. As a community, we can try to prevent "Isaiachs" in San Diego by humanizing his experience, recognizing him as an individual with needs, and creating more awareness in systems like schools and foster care that people need help in ways that are not always easy to identify. Some wiped away tears as they publicly acknowledged similar personal stories.



At the conclusion of the discussion, Kitty thanked participants for their insights and reinforced that people like Isaiah are why this work matters. She brought this story to the table to help remind the group of this initiative's purpose and the fact that as a community we need to work together to impact and save lives like Isaiah's.

### *Next Steps*

This summer, two activities will be happening simultaneously. The San Diego Accountable Community for Health (SDACH) stakeholders will continue to develop the core components of an ACH, beginning with setting a vision, while also developing the framework for creating heart health across the lifespan. At the same time, the Southeastern San Diego Community Advisory Committee will create an inventory of community assets and data for heart health, and continue to move their project forward. We invite you to join us in these important discussions. Upcoming meetings include:

- [SDACH Stakeholder Group Meetings on June 21 and August 23](#)
- [Southeastern San Diego Community Advisory Committee Meeting on June 27](#)

*Thank you to the meeting participants for your time, energy and commitment to this initiative and to improving the health of our communities! We look forward to your continued participation in the SDACH discussion!*