

San Diego Accountable Community for Health Data & Metrics Workgroup Meeting Summary November 28, 2017

Accountable
Communities for
Health

Members Present:

Nicole Blumenfeld
Dan Chavez
Carrie Hoff
Ken Malbrough
Adrienne Markworth
Natache Muschette
Leslie Ray
Caryn Sumek
Jen Tuteur

Members Absent:

Karis Grounds
Sue Lindsay
Barry Pollard

Staff and Consultants Present:

Christy Rosenberg, BTSD
Elizabeth Bustos, BTSD
Sonal Desai, BTSD
Alaina Dall, Consultant
Cheryl Moder, Consultant

Welcome and Introductions

Christy Rosenberg opened the meeting and asked members to review the draft San Diego Accountable Community for Health (SDACH) Mission & Vision document. Christy commented on the stakeholder meetings and the process that led to the development of the shared mission and vision. Christy asked members to introduce themselves and comment on what excites or interests them most about the SDACH Mission & Vision. Comments from the group included:

- Collaborative process with stakeholders to develop shared vision
- Wellness system
- Linking clinical and community resources – community competency, matching resources with community needs
- Lifetime of health and wellness – aligns with Live Well San Diego
- Relationship with food includes honesty and trust
- Cultural change
- Consensus
- Whole person view
- Regardless of zip code
- Lasting infrastructure represents systems change
- Sharing information and data - need to break down silos to achieve mission and vision
- Ongoing journey that begins with trust
- Diverse histories, cultures and experiences
- Equity

SDACH/CACHI Background Materials

Christy reviewed background information on the San Diego Accountable Community for Health (SDACH) including the Mission & Vision and the Organization Structure. Christy reviewed the Data & Metrics Workgroup Charter. Discussion followed regarding the Charter. A suggestion was made to include more focus on communicating the results of the “work in the community” in the purpose statement for the workgroup. Attendees emphasized the importance of having consistent measures and agreed upon measure definitions to increase comparability of the data. A suggestion was made to develop a data dictionary. There was also discussion regarding the importance of building and maintaining trust in the data.

The group reviewed the California Accountable Community for Health Initiative (CACHI) grant goals, milestones and timeline for deliverables to be completed by August 31, 2018. Christy presented a timeline with agenda items and deliverables for the Data & Metrics Workgroup through August 2018.

Shared Measurement

Christy presented information on shared measurement including a definition and best practice approaches to developing shared measures, collecting data, sharing data and using data to communicate results to leadership, stakeholders, partners and community members. Christy asked the group to think about what success means to them and what measures the ACH would need to track to know if we were successful or not. Christy asked the group to think about the following questions:

- What does success look like?
- How do we measure it?
- How do we communicate it?

Christy shared example frameworks and measures related to ideal cardiovascular health across the lifespan including Healthy People 2020, Live Well San Diego, San Diego Community Health Needs Assessment and the American Heart Association Simple 7. Christy asked the group to think about additional factors impacting cardiovascular health that we might want to consider as measures such as social determinants of health, mental health, stress, depression and community trauma. Christy shared a list of potential public data sources, community health needs assessment indexes and mapping tools for the group to consider. Once the group identifies measures, data sources will be identified for each measure.

Outcome Measures by Domain

Christy shared a document for the group to review and comment upon. The document included ACH domains, definition of services by domain and examples of measures by domain. The group reviewed and commented on potential measures. Comments from the group included:

- Lower emergency department visits for cardiovascular events
- Decrease in homelessness – more stable housing options – access to stable housing
- More healthy food options – access to healthy food
- Increase in CalFresh enrollment
- Decrease in poverty
- Adequate living wage
- More healthy eating and active living policies – more cities with policies
- More walking paths – easier to impact than parks
- Role of first responders in screening and education
- Access to care and use of services
- Increased access to nutrition information, food labels
- Increased smoking cessation
- Improved environment with more community exercise options, (i.e. YMCA)
- Increase in walkability and livability scores
- Improved retail or healthy food index scores
- More protective factors for ages 0-5 to reduce adverse childhood events (ACEs), multi-generational approach
- More pre-school, early childhood education
- Reduced childhood obesity
- Possible incorporation of Promise Zone measures
- Improved blood pressure control – define “control”, different for some populations
- Knowing your numbers – undiagnosed hypertension, blood pressure control
- More blood pressure screenings (Love Your Heart)
- Improved medication adherence (fill data difficult to get)

Next Steps

Christy thanked the group for their input and reviewed upcoming meeting dates. The group agreed to meet monthly for two hours. A request was made for a workgroup roster with contact info and slides be sent out and for meeting materials to be added to the calendar invite.