San Diego Accountable Community for Health
Sustainability and Wellness Fund Workgroup
January 12, 2018
MEETING SUMMARY

Accountable Communities for Health

Present Members:
Camey Christenson
Dale Fleming
Rodney Hood
Steve Hornberger
Julie Howell
Nancy Sasaki
Lindsey Wade
Nancy White
Nick Yphantides

Absent Members:
Natache Muschette
Shreya Shah
Jan Spencley
Vernita Todd

Staff and Consultants:
Kitty Bailey
Elizabeth Bustos
Alaina Dall
Victoria Harris
Cheryl Moder

Welcome, Introductions, Review of 11/29/2017 Meeting Summary
Kitty Bailey opened the meeting and members introduced themselves. The group reviewed the summary of the previous meeting and no changes or corrections were recommended.

Discussion of Pre-meeting Reading
Kitty asked for feedback on the *Sustainable Financing Analysis* document produced by Third Sector Capital Partners for Sonoma County Health Action. Comments included:

- The document provided a good summary and highlighted the importance of reliable data in making decisions, but didn't answer some questions such as how to measure cashable savings.
- Julie mentioned an article in the January 2018 edition of *Health Affairs*, which indicates that multi-sector partnerships focused on health improvement have been only marginally effective. The article mentions that multi-sector funding approaches seem to work best. The group agreed that multiple pathways for funding are necessary.
- Some health plans have made significant local investments instead of giving savings back to the state.
- A state level Medicaid strategy is important; some support and advocacy for this approach may be necessary. Contracts that will be renewed in 2019 may provide opportunities.
- Kitty mentioned that JSI Research & Training Institute conducted key informant interviews at the state level to determine receptivity and identify challenges related to a statewide approach.

Follow-up Items:

- Kitty will send the *Health Affairs* article and JSI study to workgroup members.
- Kitty will add discussion of a Medicaid strategy to the agenda for the next workgroup meeting and will also revisit pursuing this option with project officer Barbara Masters.

Purpose & Principles

Kitty reviewed the workgroup's Purpose & Principles document. She pointed out that this will be sent to the Stewardship Group for affirmation and asked for feedback. Discussion and suggestions included:

- Definition of the term "wellness system" may be needed. This term, which has been adopted by the Stewardship Group, implies a focus on optimal health rather than on sickness and healthcare delivery.
- Strengthen and/or clarify language to demonstrate a balance between evidence-based interventions and innovative or promising practices.
- Recommend separating language related to promoting social change and eliminating disparities as stand-alone concepts.
- Change the language to clarify that ACH investments should be complementary to other funding efforts. Remove references to "duplication" of other investments and the term "grants," as this implies funding from private foundations.
- Point out that ACH investments are anticipated to provide significant value in achieving health equity and improvement.
- Transparency and effective communication will be important in clarifying to stakeholders that the Wellness Fund will provide ongoing funding for the backbone organization as well as financial support for identified interventions.

Follow-up Items:

- Kitty will make recommended changes to the Purpose & Principles document prior to the next workgroup meeting.

ACH Value Case

Defining and clearly articulating the value case to funders and stakeholders will be important to the success of the ACH. Kitty presented several concepts to spur discussion about which indicators can best support the ACH value case.

<u>Protective Factors</u>

- Protective factors help control risk for cardiovascular disease and lead to optimal health. These include:
    - Manage blood pressure
    - Control cholesterol and blood sugars
    - Increase physical activity
    - Improve nutrition
    - Maintain healthy weight
    - Quit smoking
    - Improve mental & behavioral health
- The Portfolio of Interventions will identify programs and services that address these protective factors.

- Group members mentioned the importance of including managing stress and strengthening resilience.
- Indicators related to access to care will be considered for each of the protective factors.
- Steve suggested modifying the model to include community members outside the ring of protective factors to demonstrate their impact on health improvement.

Indicators of Success

- Indicators of success will be identified at two levels to measure progress:
    1. Priority outcomes include overarching ACH goals such as increased cardiovascular health and decreased heart attacks and strokes. Indicators of success related to priority outcomes may include death rates, ED discharges, and hospitalizations for CHD and stroke. Progress toward priority outcomes will be long term.
    2. The Portfolio of Interventions will identify interventions and indicators of success that address protective factors across ACH domains. Progress made by some interventions will be short- to intermediate-term, but will be tied to longer-term priority outcomes.
- Kitty presented for discussion examples of indicators of success by protective factor for each ACH domain. Comments included:
    - Indicators that demonstrate reduction in health disparities are needed.
    - It may be possible to stratify some indicators by variables such as zip code and race/ethnicity to demonstrate impact on affected populations.
    - When possible, intervention level indicators related to both cause and effect would best quantify impact. For many measures, it is easier to track bad outcomes than good ones.
    - Patient registries representing countywide populations for specific conditions could be helpful.
    - It is important that mental health indicators not be too depression specific. We could look at indicators such as access to mental health screenings, the number of organizations providing mental health care, or the number of people in recovery.
    - Numbers of resources and/or policies don't necessarily equate to the number of people utilizing them. It will be best to measure both access and utilization. Quality of services is also important.
    - Community Health Needs Assessment and Community Action Plans can serve as resources.
    - Tracking progress across the continuum may help to measure improvements, even if ideal outcomes are not always reached. 2-1-1's vulnerability scale is a useful resource.

Thoughts on presenting the value case to potential funders:

- Different value cases may be needed for different funders, depending on their focus areas. Considering interventions across all ages may be helpful, e.g., maternity care, young children, seniors.
- Population-based interventions may be more likely to attract funding.
- It is important to determine the source of both cost savings and revenue streams. Determining ROI, especially for social changes, is challenging (e.g., the economic impacts of CalFresh utilization). The group discussed the model being utilized in Imperial County, which focuses on revenue and value. Exploring options and selecting a model will be necessary.
- How will we demonstrate the added value ACH provides and how our portfolio of mutually reinforcing interventions results in greater impact than interventions working in silos? Cross-sector collaboration and systems change will be key. We will also need to identify gaps in current services.

Follow-up Items:

- Kitty and Alaina will take feedback on indicators to the Data & Metrics workgroup for discussion.

Next Meeting

We will discuss ACH governance and will continue conversations related to the ACH value case and a possible Medicaid strategy at our next meeting (date TBD).