San Diego Accountable Community for Health Stakeholder Group Meeting – August 23, 2017

SUMMARY REPORT

Accountable Communities for Health

On August 23, 2017, Be There San Diego convened a group of stakeholders to continue the journey of leaders, partners and community working together to develop an **Accountable Community for Health (ACH)** and to **achieve heart health for all San Diegans**.

The North Star and First Peak on our ACH Journey

Ms. Kitty Bailey, Executive Director, Be There San Diego, welcomed everyone, and explained that the purpose of the meeting was to co-create a shared ACH vision to serve as our North Star moving forward, to get an update from Southeastern San Diego, and to discuss ACH governance.

Kitty reviewed the progress we have made to date on the grant as we end the first year of funding, and she talked about the four themes we heard from our first two stakeholder meetings. First, the ACH is bringing new partners together across upstream and downstream determinants of health. Like the parable about the blind men touching different parts of an elephant but not understanding the whole, we too are broadening our view to see the bigger system instead of focusing solely on our own part.

Second, we are using stories and narratives to engage the heart as well as the mind, and to create shared meaning. We heard the story of "Isaiah," who was cured of leukemia but later died while living on the streets. We also heard from Dr. Christine Thorne about "Lydia," a San Diegan with Type 2 diabetes and high blood pressure with a committed case manager who helped her address her health issues and reunite her with her family.

> *"We need to have a tension that moves us from reality to vision when a change is needed."*
>
> *Kitty Bailey, MSW*
> *Executive Director*
> *Be There San Diego*

Third, Kitty talked about the creative tension between the current reality and a new vision moving forward. This idea can be demonstrated by a rubber band that is naturally loose but stretches to get tighter and tighter, a metaphor for the energy it takes to create transformational change. It is that tension between current reality and the future vision that creates momentum.

> *"If you want to go far, you need to go slow."*
>
> *Kitty Bailey, MSW*

The fourth theme is that we have all demonstrated a commitment to inclusion, open communication, and relationships as we embark upon this journey together. We are going slow, building relationships, and letting ideas marinate. We have a high degree of self-awareness and reflection, and are willing to change at a personal level to move forward successfully. We have the courage to act without having all the answers.

Cardiovascular disease is the first peak we want to conquer on this journey. Everyone in the room has been impacted in one way or another by cardiovascular disease, whether through family members, friends, or even themselves. This is one of the reasons we are starting with this disease.

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From the discussion at the Stakeholder Group Meeting on June 21, 2017, Kitty revisited the headlines the group anticipated seeing in the Union-Tribune if the ACH were wildly successful in 5 years:

"Zip Codes No Longer Predict Life Expectancy in San Diego"
"ACH Initiative has Eradicated Heart Attacks in San Diego"
"SDACH is Connecting the Dots and Touching Hearts!"
"San Diego Community Reclaims Their Overall Well Being through ACH"

Vivid Description of the ACH Vision

Stakeholder Group participants used a poll to react to a series of 10 statements that vividly described the ACH vision crafted at the last meeting in June. For each statement, participants rated on a scale of 1-5, *"How important is this to the work of the SDACH?"* and *"How likely is it to resonate with colleagues in your sector?"* The goal was to co-create a "vivid description" of the shared ACH vision, which is lengthier and more detailed than a vision statement.

In the discussion that followed, meeting participants talked about the importance of terminology and clearly defining terms. For example, words we use in public health may not resonate with the community at large, but these are the people we want to reach. We may want to get feedback from community members about what wording resonates with them. Stakeholders provided feedback on the concept of a "bridge" with communities. Since "bridge" implies separation between two groups, we may instead want to refer to it as "coordination." We are trying to create a bridge between health care, communities, and people's homes, but this concept may not have come through adequately in our words. Some feel "multi-cultural" only applies to people of color, so we may need to use a more inclusive word.

"I didn't sense the word "collaboration" or "care" or "love". There are a lot of people in different communities suffering in silence. We aren't only trying to move data. We're trying to show people we care."

Stakeholder Group Participant

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Community-based Actions in Southeastern San Diego

Rodney Hood, MD, President and Chair of the Multicultural Health Foundation provided an overview of Multicultural Health Foundation (MHF) and talked about its hallmark programs. MHF's mission is to *"ensure the multiethnic residents of San Diego County have equal access to quality health care, regardless of race, ethnicity, income level or neighborhood residence."* MHF is working in partnership with the **Southeastern San Diego Community Advisory Committee (CAC)**, which is a coalition of community leaders that includes residents, social service providers, faith community, clinicians, academics, and community-based organizations who serve as advisors on programs that will impact health and social outcomes for residents of Southeastern San Diego (SESD).

MHF's signature program is the ***"Patient Health Improvement Initiative,"*** which is a three-year project funded by a Healthcare Innovation Award. The project works with chronically ill patients to help them address their immediate health needs and tackle the major social problems affecting their health. The program staff care for patients from many clinics and medical groups, making them "agnostic" in their approach. A team works closely with the patient and makes home visits as needed.

> *"Our staff looks like the United Nations. They look like the community. The program is successful not because of clinicians, but because of what the team does."*
>
> *Rodney Hood, MD*
> *President & Chair*
> *Multicultural Health Foundation*

The MHF board recently created the ***Richard O. Butcher MD MHF Wellness Fund*** in memory of Dr. Butcher. An initial contribution of $100,000 was made to the fund, with the goal of accumulating $5 million over the next five years. An advisory group will decide how those funds will be used, but most likely they will be for sustainability and investing in upstream entities.

Co-Creating ACH Governance and Stewardship Group Composition

Kitty presented a proposed governance structure based on how the funder envisioned it. A **Stewardship Group** will be responsible for developing the ACH according to the stakeholder vision. In addition, three workgroups will be formed. The **Wellness Fund Workgroup** will make recommendations on the priorities and structure of the Wellness Fund. The **Data and Metrics Workgroup** will design and monitor an ideal cardiovascular health and ACH dashboard. The **Collective Action Workgroup** will review and provide support for the collective action to support ideal cardiovascular health.

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Following the presentation of the proposed structure, participants at each table discussed four topics and answered questions related to ACH governance. Each table reported out their recommendations and left behind a written document summarizing their input. Select highlights from the ACH governance and Stewardship Group composition discussion included:

1. **Size and composition of the Stewardship Group**: Most of the groups felt that the Stewardship Group should be comprised of 10-15 members. Composition should ensure adequate representation from all sectors and geographic regions, with a balance of executives and members of grassroots organizations.

2. **Sectors to include in the Stewardship Group**: As many sectors as possible should have representation, including health care, social services (housing, food, transportation), behavioral health (mental health and substance misuse services), and public health. Also included should be health plans, businesses/employers, faith-based organizations, education, law enforcement, community organizations, community leaders and residents.

3. **Organizational vs. Individual Representation**: Groups reported that representation should be by both organizations and individuals (4 groups); by organization only (2); by individual only (1); or by sector (2).

4. **Personal characteristics:** Individuals participating on the Stewardship Group should be passionate and committed to the vision and work of the ACH, and well connected to resources. They should be decision makers and persons of influence, have experience in collaborative leadership, and be able to communicate well with their constituents. In addition, they should be open minded and have a capacity for self-reflection.

Individuals interested in participating on the Stewardship Group or the workgroups were asked to submit a form with their contact information at the end of the meeting. Information collected from stakeholders and meeting participants will be used to identify potential Stewardship Group members.

Next Steps

Based on input from the meeting participants, the SD ACH Stakeholder Group will continue to meet twice per year. We anticipate the Stewardship Group to convene in October and the Workgroups in November.

Thank you, stakeholders, for your valuable input in designing our shared vision and governance for the ACH. We look forward to working together as an ACH to improve the health and wellness of our communities!