

# North County Food Policy Council

January 15, 2020

**Be There San Diego** is a coalition of patients, communities, healthcare systems and others working together to prevent heart attacks and strokes in our community.

- Established in 2010 as a clinical learning collaborative and community-clinical linkages project to end heart attacks and strokes
- Working to reduce cardiovascular events through the spread of best practices aimed at improving control of hypertension, lipid levels and blood sugar and through patient and medical community activation

Non-profit organization (San Diego Healthcare Quality Collaborative) formed in 2016

# California Accountable Communities for Health Initiative

Accountable  
Communities for  
Health



Blue Shield of California Foundation is an independent licensee of the Blue Shield Association.

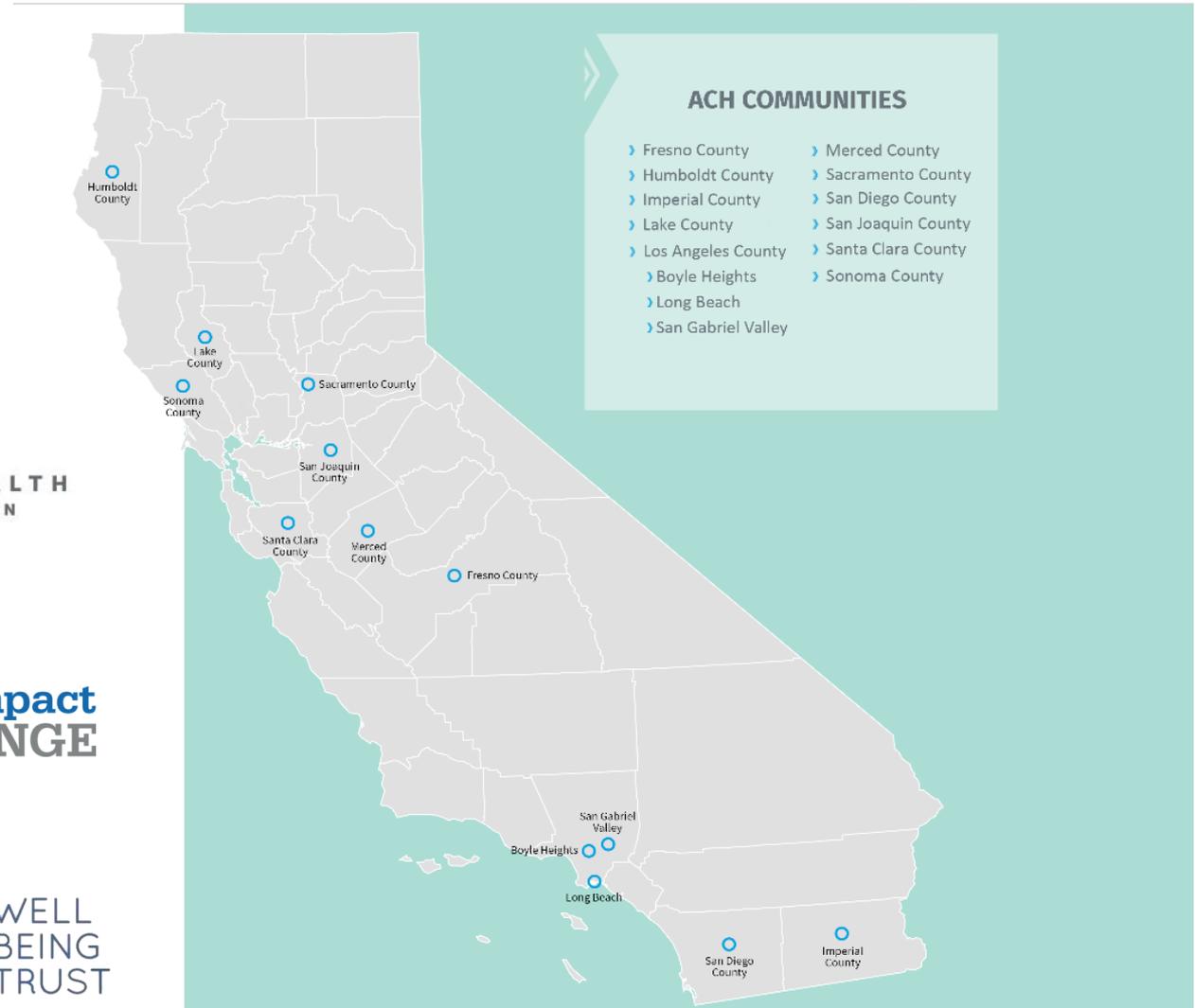


THE CALIFORNIA  
Wellness  
FOUNDATION



SIERRA HEALTH  
FOUNDATION

Social Impact  
EXCHANGE



## **Mission:**

To create a “wellness system” that ensures individuals, families, and communities in San Diego have access to all they need to create a lifetime of health and wellness.

## **Vision:**

Health, wellness and equity for all of our communities, regardless of zip code.

## **Values:**

- Equity
- Inclusivity
- Neutrality
- Accountability



## ACH Framework:

A **multi-sector partnership** working to bringing together community institutions and residents to promote prevention, align interventions for maximum impact, and invest resources in the most effective strategies to improve health.

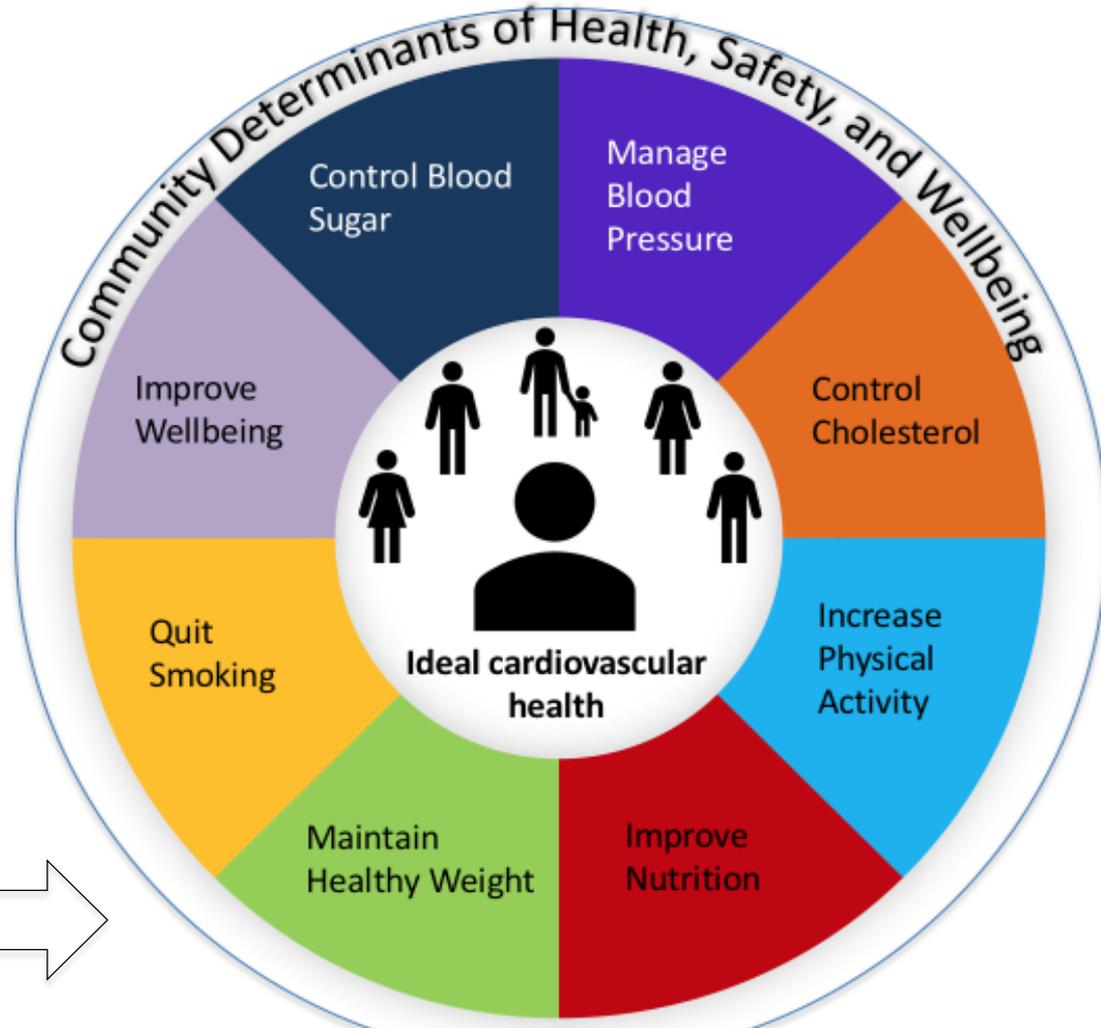
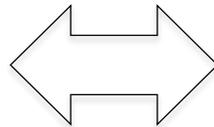
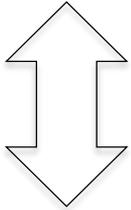
## First Aim:

Address the **root causes** of cardiovascular disease through a positive framework of ideal cardiovascular health across the lifespan.



# Cardiovascular Protective Factors

Community



**EQUITY and ACCESS**

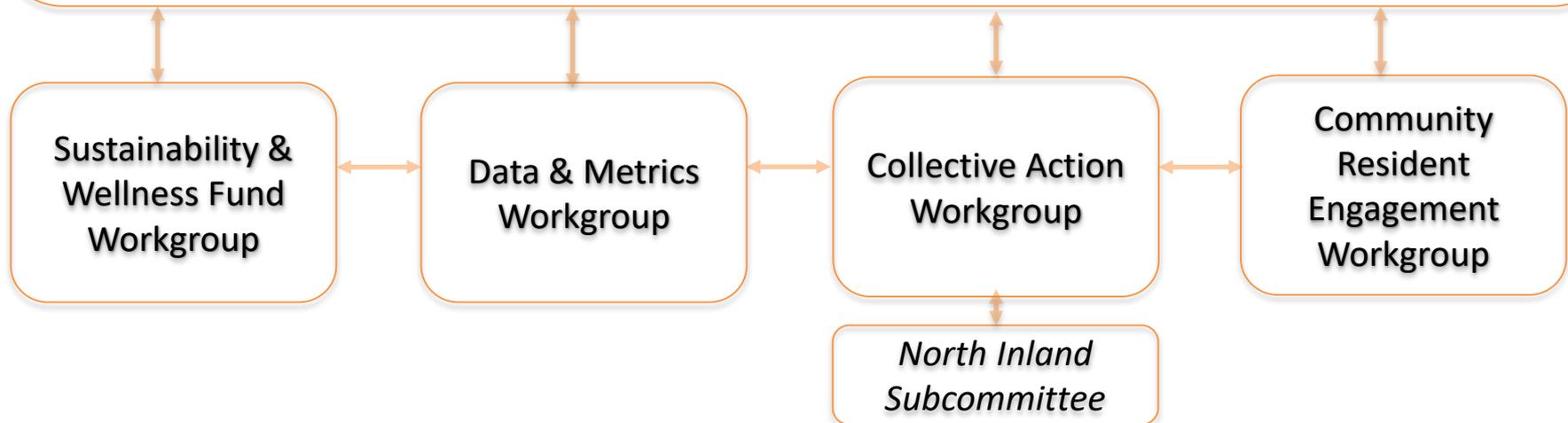
# SD ACH Governance Structure

## Community Stakeholders



## Stewardship Group

- Develop the ACH according to the stakeholder vision
- Provide support and guidance for ACH
- Review recommendations from workgroups
- Bring commitment, creativity and new way of thinking to solving complex problems
- Commit personally and/or organizationally to working together on first ACH peak – ideal cardiovascular health across the lifespan



- ***Balanced, impactful and mutually reinforcing*** set of policies, programs, and interventions to transform health and well-being
- ***Coordinate and align*** activities
- Develop new ***partnerships and linkages***
- ***Communicate*** across all partners and sectors
- Collect data to ***track progress*** toward goals

- A disciplined way of thinking and acting to improve entrenched and complex social problems.
  - Uses data-driven decision making to solve problems
  - Starts with the end and works backward to change the means
  - Distinguishes between population and performance measures

# RBA/POI Process

## What are our goals and indicators?

- Define goal
- Determine 3-5 relevant nutrition indicators

## How are we doing?

- Review baseline and trend data for the selected nutrition indicators
- Determine what will happen if we do nothing

## What is the story behind the curve?

- Identify North Inland landscape, underlying conditions, root causes, political and/or institutional environments

## Which partners play a role?

- Review identified partners
- Identify existing relationships between/among partners
- Determine who else needs to be at the table

## What is working?

- Review best, promising, innovative, and low-/no-cost practices
- Identify what is working in the community

## What is our action plan?

- Determine strategies and activities for each indicator
- Identify opportunities for alignment, enhancing strengths, and/or addressing gaps
- Bring partners together

## Performance Accountability

- Obtain program data from identified interventions
- How much did we do?
- How well did we do it?
- Is anyone better off?
- Analyze results
- Track and monitor progress
- Assess progress toward indicators

All people in North Inland Region eat sufficient quantities of nutritious foods.

1. Percent of adults under 200% of the FPL who ever cut the size of their meals or skipped meals because there wasn't enough money for food in the last 12 months.
2. Percent of adults under 200% of the FPL who couldn't afford to eat balanced meals in the last 12 months.
3. Percent of children ages 2-11 who ate five or more servings of fruits and vegetables in the previous day (as reported by their parents).

# RBA/POI Process

## What are our goals and indicators?

- Define goal
- Determine 3-5 relevant nutrition indicators

## How are we doing?

- Review baseline and trend data for the selected nutrition indicators
- Determine what will happen if we do nothing

## What is the story behind the curve?

- Identify North Carolina landscape, underlying conditions, not causal, physical and/or institutional environments

## Which partners play a role?

- Review identified partners
- Identify existing relationships between/among partners
- Determine what else needs to be done

## What is working?

- Review best, promising, innovative, and low-/no-cost practices
- Identify what is working in the community

## What is our action plan?

- Determine strategies and activities for each indicator
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## Performance Accountability

- Obtain program data from identified interventions
- How much did we do?
- How well did we do it?
- Is anyone better off?
- Analyze results
- Track and monitor progress
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- Finalize action plan and strategies
- Invite partners to participate in collaborative process
- Collect and share program-level data
- Implement public-facing Clear Impact Scorecard
- Measure progress toward indicators
- Document and replicate process
- Transition leadership to North County Food Policy Council

# Questions?

Cheryl Moder

[cheryl@modercommunications.com](mailto:cheryl@modercommunications.com)

619-787-2006