



Healthy Sacramento Coalition Meeting

August 22, 2012
Meeting Summary

Meeting Outcomes:

- To share updates on the development of Healthy Sacramento Coalition Workgroups and convene working sessions
- To share analysis of Community Needs Assessment data with Healthy Sacramento Coalition

Welcome, Introductions, Meeting Agreements and Agenda Review

Facilitator Gregory Hodge began the meeting with introductions. He reviewed the agreements for the meeting and the key highlights of the day to share updates on the development of the workgroups and analysis on the community health needs assessment preliminary data.

Robert Phillips, Sierra Health Foundation Director of Health Programs, welcomed the newest partners to the Healthy Sacramento Coalition, the community contractors. Their role is to bring more representation to the Coalition. All community contract partners were recognized and welcomed by the group at large. Their importance is great for the coalition because they bring perspective, reach, and “street truth” about the work we are doing. Robert Phillips extended a warm welcome to them from Sierra Health. A complete list of contract partners will be posted on the Sierra Health web site.

Robert Phillips gave the backdrop for the purpose and use of the community health needs assessment. Valley Vision will present the analysis, the “what we know” conversation. This is the first of many conversations that will help us frame our future direction. There will be three tools used by all members of the Healthy Sacramento Coalition to determine next steps.

Three Tools of the Healthy Sacramento Coalition:

1. Community Health Needs Assessment, conducted by Valley Vision
2. Policy scan, to be conducted by consultant
3. Communications plan, developed by Behr Communications

Robert Phillips discussed the workgroups and invited all to join one if they haven’t already done so. He encouraged all to be active participants in one of the workgroups. The workgroups will take on the bulk of the work and meetings will be more consistent. Coalition meetings will become periodic and the workgroups will be the vehicle for driving the coalition’s work. If anyone needs to sign up for a workgroup

they can talk with Robert Phillips or Ramona Mosley to join. Membership lists will be compiled after this meeting and will be posted on the web site along with workgroup membership lists.

A community announcement was made about the event, "Taking Control of Your Diabetes," an empowerment program. A first-ever all-Spanish program is scheduled for September 15, 2012 at Encina High School that will include many services and will benefit the public at large. There will be great speakers and nutrition demonstrations. Registration for this event will be at the event. The group was asked to help promote the event and share the information with others. Brochures were distributed.

Community Health Assessment

Dale Ainsworth, Partner from Valley Vision, recognized all the contributors to the data; there were many partners who helped in making the assessment possible. He stated that these are preliminary assessments, and the final report is in progress. He encouraged everyone to ask questions as they arise. The focus of this assessment is on disparities around chronic diseases. The goal was to identify communities, defined as geographic boundaries (zip codes), within Sacramento County where we see the greatest disparities. Within those communities the assessment will determine what sub-populations are most burdened by chronic diseases. Next, it will seek to identify the contributing factors that are creating barriers which can also pose as opportunities to improve the quality of life for residents of these identified communities.

The Community Health Needs Assessment will be used by everyone as one of three tools to develop an implementation plan, which is the end zone of the capacity building plan. As the Coalition moves from capacity to implementation, planning these tools will help frame and inform the conversations.

Dale Ainsworth presented the organizing framework depicting an individual's health as an outcome of the reinforcing interactions between both individual and (built) environmental factors. All the data will fit into this organizing framework model. Initially, a lengthy list of data sets was created. That data was filtered by the following criteria: reliable, credible, consistent over time, variables that could be seen over time (benchmarks), stable definitions of measurements, and focused on disparities. The attempt next was to get data at sub-county level to see how communities compare to one another within the county. The primary unit of analysis is zip code to be most useful for this purpose. The data collected and organized is based on the five focus areas of the Community Transformation Grant: tobacco-free living; active living and healthy eating; evidence-based quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol; social and emotional wellness; and healthy and safe physical environments.

Target Communities: have been identified in Sacramento County; there are approximately 15 zip codes (boundaries) experiencing the most adverse chronic disease and mental health outcomes). These 15 zip code consistently exceeded county, state and federal benchmarks for chronic and mental health prevalence data. The reason Census tract data was not used was because some of the data we were looking for was not available. Dale Ainsworth acknowledges the tensions, challenges and limitations of the data sets.

A member of the group noted an ethnic description should be updated to reflect as: Chicano/Hispanic/Latino. The data is using Census-defined classifications when describing populations.

African Americans by far experience highest rates of chronic diseases based on the data findings to date.

Area of limitations: Immigrants (classified as newly or recent) are a highly vulnerable population that the quantitative data was unable to capture. Health outcome information on this population was gathered from qualitative data. This is not an exhaustive list of ethnic populations, but rather a list of the populations experiencing the highest rates of disparities based on outcome data. Dale Ainsworth mentioned that the final report will be more in-depth.

There will be a way to overlay data sets in the model. Dale Ainsworth and Heather Diaz walked through the maps simulated to depict data sets for chronic diseases, which were age adjusted (excluding cancer). This model, along with maps, will be available to all members in the near future. Heather Diaz, partner from CSUS, reminded all to look for overall patterns and not focus solely on a particular zip code or area. Look at all indicators. For example, look at all ED visits due to mental health, encompassing substance abuse. Behavioral data is another limit of the assessment.

The research team has thought through the process of collecting data and acknowledges the limitations of the data. A member of the community is looking forward to the development of the data and working with the leadership of the communities to formulate interventions. Another member would like to have zip codes be zoomed in to help community providers know where to focus our efforts most efficiently.

This data will help in the prioritization that will need to take place.

Update on Healthy Sacramento Coalition Inventory

Lynne Cannady, LPC Consulting, discussed the development status of the directory to help create a deeper understanding of who is involved in the coalition. She will be sending out a survey in the near future via SurveyMonkey to complete. She encouraged all members, and multiple people from an organization, to fill out the survey that will capture information related to pinpointing strategic direction, focus areas, populations served and affiliation with other coalitions, to be compiled into a database.

Robert Phillips reminded everyone that the reason for gathering this information is to best serve the entire coalition. The purpose of this survey is particularly important for information sharing, staying in touch, and reaching out to each other. Robert Phillips appreciated Dale Ainsworth and his team for providing the needs assessment, a compilation of what we need to know about what makes us healthy. When we see ourselves in the data, it heightens our senses because we want it to be right. He asked everyone to be mindful of the fact that this is our first round and that it will not be perfect. He appreciated the engagement in questions, in clarification, definition, language and being so poignant in the analysis.

However, he urged everyone to think about “how much do we actually need to know” before we make a decision. How much data do we really want to consume? We can easily get hung up on the methodology and on each data points limitations, but that should not get us bogged down. We need to move forward to get things done, and we will continue to make adjustments to the data as we continue this process. Use this needs assessment as a tool to help us get where we want to go.

Learning Opportunity

After a short break, Gregory Hodge reminded us about the last learning opportunity we had, which was a brief clip from the video *Unnatural Causes*, talking about why place matters, why social determinants of health are important when addressing disparity in communities across the nation.

Today's learning opportunity was from the Boston REACH Coalition, a similar effort to ours. This will help us think about the development of our structure. This video can be seen using the following link:

http://www.youtube.com/watch?v=UPPZBMNdm-g&feature=youtube_gdata_player

After showing the clip, Greg asked for reactions and comments to begin the discussion. One comment made was that the Southeast Asian communities are primarily refugees who are being victimized through various forms of crimes against them which make it hard for them to be and feel safe and healthy. Some refugees are suffering deeply from challenges facing them along with low or no literacy rates.

Coalition Building Opportunity (convene in workgroups, select chairs, schedule meetings):

Ramona Mosley thanked everyone for responding to the surveys and provided an update on the workgroups. Action items for today's workgroup sessions is to select a chair and co-chair, to develop a consistent time and date to meet. The chair of each workgroup will be a member of the executive team.

Next Meeting

- Scheduled for Wednesday September 26, 2012 from 9 am – 12 pm.