



Healthy Sacramento Coalition Meeting February 27, 2013 Meeting Summary

Meeting Outcomes:

- Reach consensus on HSC's objectives regarding the Clinical Community Prevention outcomes for the coalition
- Update on the membership application process for the coalition by the Steering Committee
- Continue building effective working relationships in service of the coalition's efforts

Welcome and Agenda Review

Greg Hodge facilitated the meeting. He began the meeting by having everyone introduce themselves and provided an overview of the agenda for the day and the meeting outcomes.

Workgroup Reports

Communications Update: Dominique Ritley provided an update on the next workgroup meeting taking place on Monday March 4 at Harmon Johnson Elementary School. The workgroup has been working on the policies developed by the coalition to create communication strategies that will be in line with the CTG.

Capacity Building and Training Update: Martha Geraty provided an update on the development of opportunities for outreach. Sacramento County could provide training on mapping of the zip codes to review sales of fruit and vegetables, and fast food consumption. Yvonne Rodriguez can provide more information. Other ideas explored were: developing toolkits for different age groups and grade levels, and water consumption and drinking safe water. Terry Press Dawson provided a brief update on two of the components: Safe Routes to School work should be with the community. There is a need for accurate data and to work with activists and to support community members rather than try to lead them. The people who are making the case need to be representative of the community from a visual component; it must include diversity when speaking to governing bodies that make decisions. The presentation on safe routes was good at explaining the possibilities and should include safe routes to retail as well. Some streets and avenues, many major ones, cut through multiple zip codes (contiguous). Regarding shared space/use agreement, primarily schools is an area for such agreements. The other pieces include some park districts and schools that are working together, so during the school day the area is used by the school, and after school it turns into a public park. One main barrier of shared use is liability. With that in mind, knowledge replaces fear, and successful policies and examples will have to be explored. School boards and district administrators will want to know the successful examples and models that exist. Use of schools reduces vandalism and gives an increased sense of ownership on behalf of the community.

Policy Workgroup Recommendations on Focus Area 3: Clinical and Community Preventive Services

Glennah Trochet, Policy Workgroup chair, provided an update on the three proposed strategy interventions.

Refer to meeting handouts: "Feb. 27, 2013 Meeting Materials" for more information at

<http://www.sierrahealth.org/doc.aspx?315>.

Judy Robinson presented information on park prescriptions. Refer to presentation titled “Park Prescription Policy” for more information. Within the 15 zip code areas, there are 12 special park districts. Your Sac Parks collective has been formed to identify the nearest parks within one’s neighborhood. This is a logical partnership with those who are using facilities with joint use and have facilities of their own.

Proposed strategy: Decrease high cholesterol and high blood pressure through the promotion of activity.

Sydni Aguirre, Dignity Health, presented information on the chronic disease self-management program. Refer to presentation titled “Self-Management of Chronic Disease Workshop” for more information.

Proposed strategy: Use of community health workers (CHW)/navigators to promote outreach systems, and linkages between community resources and clinical settings that will decrease high cholesterol and high blood pressure

Warren Barnes, Right Care Initiative, presented information on the Right Care Initiative. Refer to presentation titled “Right Care Initiative” for more information.

Proposed strategy: Use of pharmacists as health care extenders to promote control of hypertension (HBP) and high blood cholesterol (HBC)

Breakout Group Notes

Endorsements and approval of each strategy will take place during each breakout group session. Members of the breakout groups gathered to discuss the strategy and the proposed policy objectives. The following provides a summary of the comments and feedback from the groups.

1. Decrease high cholesterol and high blood pressure through the promotion of activity

Policy Objective: Work with County Parks and City of Sacramento Parks departments to partner with Sierra Sacramento Valley Medical Society to implement a Parks Prescription program to promote the increased use of parks in the 15 zip codes.

SUMMARY: The early group discussion focused on strategies and barriers to successfully implementing Parks Prescription within the 15 zip codes. The group then transitioned to identifying other partners, and some groups specifically identified their roles in implementation and/or program support. It is important to note that the group spent more time on strategies, and the above list is not intended to be exclusive or exhaustive. It was discussed how participants in this group would identify the strategy/strategies in which their agency could engage or lead.

Strategies and Barriers

- Some parks are underutilized and hard to access via walking or biking because of lack of lighting, sidewalks, bike lanes, etc. Park conditions (i.e., safety, over grown, unsafe, fencing, etc.) is also cited as a major reason why residents don’t access their neighborhood park
 - Community-based organizations could lead park audits that identify barriers and inventory the assets (e.g., water fountains, workout equipment, trails, community gardens, restrooms, lighting, play structures, sports fields). These audits could inform not only the parks prescription but potentially inform where new investment is most needed.
- Residents need incentives to participate in Parks Prescription beyond the improved health benefits

- Identify what programs are already happening at the parks or nearby and leverage those.
 - If residents personally engage in physical activity at home, look into ways to move that exercise to the park.
 - Ask local gyms or exercise trainers to hold special programs at the parks (i.e., step classes, tai chi, etc.).
 - Offer more free exercise activities at parks with a way to track participation.
- Invest in providing instruction on how to use park facilities. Use the train-the-trainer model to create continued users.
- Invest in community garden development and surrounding transportation infrastructure. Ubuntu Green is willing to work on this area and already is doing similar work.
- There is concern about how police/sheriffs are engaging with the community at parks.
 - Are officers there as policing agents or as community builders?
 - A “Walk with your Cop” program should be implemented. It can follow the Walk with a Doc model.
- Regular walking programs led by local leaders would drive park access. This would build upon the Walk with a Doc program.
- Many of the residents in the 15 zip codes are not aware of their health outcome disparities.
 - More resident education is needed to help motivate residents to activate around parks.
 - Specific education on chronic disease prevention and exercise is needed.
- Much of the area within the 15 zip codes lacks local-level leadership. There is opportunity to build leadership capacity along many topics through the health lens.
 - Education around quality schools, transportation, access to medical services, recreation, engaging in local government planning and policy

Additional Stakeholders

- Law enforcement
- Nearby schools
- Building Healthy Communities – HUB
- City and county departments of transportation
- Sacramento Chinese Community Service Center
- Ubuntu Green
- African-American Womens’ Health Legacy/YES to Kollege
- Running and bike groups (all ages and demographics)
- Black Girls Run
- Girls on the Go
- Sole Sisters
- Sacramento Area Bicycle Advocates
- Alchemist CDC
- Neighborhood associations

2. *Use of community health workers (CHW)/navigators to promote outreach systems, and linkages between community resources and clinical settings that will decrease high cholesterol and high blood pressure*

Policy Objectives:

1. Increase the number of federally qualified health centers and health systems that either operate in or provide service to the 15 zip codes with community health workers (CHWs) integrated into their systems to promote self-management of high blood pressure and cholesterol.
2. Increase the number of health plans with coverage for CHWs.
3. Increase the number of provider practices who either operate in or provide services to the 15 zip codes that refer patients to CHWs.
4. Increase access/availability and use of CDC-recognized lifestyle change programs in community settings as an intervention targeting those in the 15 zip codes with diabetes risk factors.

How can community organizations implement/recommend strategy for policy objective?

- Outreach for recruitment training and dissemination of information related to chronic disease. Is this strategy introducing use of community health work?
 - Who else needs to be involved?
 - AA – Community leader: faith-based ministries, senior centers and church.
 - Diversity in age, race, sex, gender
 - Who are trained CHW – language priority population? Media – News/ Radio, Latin – Radio and TV – Crossings. RSA
 - Use of newsletter/social media, school PTA/identify provider in neighborhoods/zip codes
Tabling events
 - Language clarification needed
 - Are we talking about prevention, early intervention or intervention?
 - Stanford model and other models
 - How do we look at other models/build capacity?
 - What are we measuring related to outcome? Define
3. *Use of pharmacists as health care extenders to promote control of hypertension (HBP) and high blood cholesterol (HBC)*

Policy Objectives:

1. Use evidence-based medication management models to promote pharmacists as members of community-based health care teams.
2. Leverage medication therapy management projects or other pharmacist projects currently under way in Sacramento County that would encourage collaboration between Sacramento Valley Pharmacists Association, Sierra Sacramento Valley Medical Society and community-based organizations to help leverage and support the pharmacist's role in patient care.

SUMMARY: To start the discussion, one of the attendees who had been a pharmacy technician in a hospital for many years asked for specifics regarding the types of services/activities we'd envision having these pharmacists do. It was also noted that certain pharmacists could be positioned to support various community-based programs. For example, it is difficult to imagine that any outreach effort around high BP and cholesterol won't identify people who are having significant medication-related challenges. When these people are identified, it would be very helpful for CBOs to have their own list of

people/places to refer individuals in need. The group also discussed whether it makes sense to “silo” this workgroup from the group on community health workers since a great deal of mutual benefit could undoubtedly be realized by having these two groups work together. Overall, the group was excited about all the possibilities associated with this strategy/policy objective and expressed strong support.

Mike identified two general types of possible services:

1. Services related to pharmacists engaging as members of the CLINICAL care team. These would include working with other members of the health care team to promote the more effective use of medications to manage high blood pressure and high cholesterol. These would largely be geared toward identifying and overcoming barriers to medication non-adherence and dealing with instances where patients ARE taking the medications but are having problems such as an inadequate therapeutic response. Services of this type would likely be by appointment subsequent to a referral by a primary care provider. These services could occur wherever it works best for the patient: in a private/semi-private consultation area in the pharmacy, at the MD office/clinic, senior/community centers, or even the patient’s home. The coalition’s activities around this effort would, at a minimum, include serving as a catalyst to the development/expansion of such programs by:
 - Identifying and bringing together key pharmacy, provider/health system, payer and policymaker stakeholders
 - Informing the stakeholders about the value of these services
 - Guiding them to existing technical assistance (e.g., the HRSA Patient Safety & Clinical Pharmacy Services Collaborative and the AHRQ TeamSTEPPS (<http://teamstepps.ahrq.gov>) programs) and financial support (e.g., public and private grant/funding opportunities) resources that can facilitate the transformation of their care delivery models.

2. Services related to pharmacists engaging as members of the COMMUNITY care team. These would include leveraging the unparalleled access of community pharmacists to:
 - Identify patients in need of various community-based “services” and refer them to the appropriate entities. This activity could be built upon the simple “Ask, Advise, Refer” model that has been successfully employed in many pharmacies over the last decade.
 - Provide basic education about medication in a culturally and linguistically competent fashion. Most consumers don’t know that pharmacists are required by law to provide consultations on every new prescription, AND that consultations must be made available in languages other than English. CBOs could do a great deal to help high priority individuals understand the importance of: 1) taking their medications and taking them the right way, 2) speaking with their pharmacist about how exactly to do that, and 3) asking to have their consultation in a language they can understand. Along these lines (especially #1) we should work to leverage the work already being done with the National Consumer League’s “Script Your Future” campaign, which currently includes Sacramento as one of five target U.S. cities.

An announcement was made about the next policy workgroup meeting date change; please note the date has changed to March 20, 2013, from 2:30 p.m. to 4:30 p.m. at Sierra Health Foundation.

Greg asked the group if there were any major objections. No major objections were raised.

- C: Clarification: it remains unclear the focus of strategy 2. I think I need to make sure that I understand that correctly. So what we are endorsing is including that the community health workers are a resource to do preventive health.
- C: The city does a lot of work to promote events to take back our neighborhoods. We should be using these resources to increase use of parks. There should be some culturally identified marketing strategies for African-Americans (especially through media).
- C: It might be useful to include that a secondary impact to community health workers are that children may be educated by parents who attend the workshops and thereby prevent chronic diseases among children.

Update on Process and Implementation Plan

Robert Phillips, Director of Health Programs, Sierra Health Foundation, provided an update on where we are going and reminded the coalition of the five focus areas, with the three being the primary and the last two focus areas being incorporated into the first three. Refer to presentation titled "Implementation Plan Development Process" for more information.

Robert reviewed the process of submitting the implementation plan. Performance determined by CDC on how quickly the coalition moves to reach the milestones as described in the implementation plan. Robert provided a brief update on the community health assessment. In terms of submission, Robert described the process. The general coalition members are in between the leadership team and the proposed strategies. There will be smaller group meetings to write what will be part of the implementation plan. The CDC wants us to be knowledgeable about and understand all the tools and a framework for what we are suggesting we will do. This is due by April 19, and it will be a back-and-forth dialogue in terms of refinement. The plan will also include contextual frameworks related to local, state and national efforts to align with the other 61 grantees across the nation.

Q: So when it says State goals, is it from a specific state document?

A: This is CDPH; they submitted their application to CDC. PHI (Public Health Institute) provided the State goals as set out to work with CDC CTG and other California grantees.

Q: I have three questions: In the policy, some are more expensive than others. How will you prioritize policies? How will you set spending priorities? What will be the input process for us to stay focused on prevention?

A: Priority around resources has three considerations: First, what existing resources are already in the area or what areas are there no inputs of resources; to determine what can be leveraged and others may get more. Second, what we can move the fastest on, the lowest-hanging fruit that can be quickly accomplished will be prioritized. Third, what do we have the capacity to do and are there organizations that are already doing the work. If it is too expensive, no matter what we do, we may have to table; this is how we will determine priorities. Input will be provided at the Steering Committee. Next it will be provided at the coalition meeting that we have before we submit. We will show this to the coalition for input. It will be true to the principles as defined. Lastly is the leadership team.

Q: In submitting the next document to the CDC for years three to five, is there a funding request and what is the range?

A: We do get to suggest. The guideline states the baseline for requests is \$1 per person of the population. We can ask for a residual above that for operations per year. The range is \$1.4 million with the ability to request program dollars to support the coalition.

Q: Generation piece is important. It's not just about parents. We want every person to participate. A generation piece should be inclusive. People who are disenfranchised and don't have a way to participate need a way. The system needs to provide a pathway to allow participation. How do I implement a strategy as an individual, as a community member, and how do I link my support in community development? I think this grant should spell this out.

A: When selecting strategies we have to be mindful of causality, which is a direct correlation from one thing to the next.

Q: As a member of the Policy Committee, I want to know if we are on track. I'm just wondering where we stand without the assessment.

A: The assessment that we have, in terms of format and structure, needed to be reworked. It had some setbacks and we are on track now. In terms of the data, we are good, and the data will support what we are selecting. We will need to be sure that we are consistent and targeted toward what the data is suggesting to us. We will determine how close we are on this in the future. If all goes well, we will have the assessment ready by mid-March. We are analyzing the data to use it during the refinement process.

Q: I think we are missing something, it needs to be highlighted that we moved from organizing/community education to implementation, from capacity to implementation. Acceptance by the coalition is a big part of that. All of our organizations' approval and endorsements should go at the very end of the proposal, and it should be from all of us, and seal it from all of us, and that should seal it.

A: I'll commit to asking you all, but I will not wait to get it from you all.

Q: Who will be funded and how will the money come back to organizations?

A: It will be an RFP or through organizations that we agree to give contracts to such as a call out to all schools; there might be a school district that we sole source. With others it could be based on who can accomplish the work and be a competitive process.

Q: Sustainability, isn't that a challenge? How are we addressing this and collectively thinking about that?

A: In other counties, the public health departments have taken it on. And since the foundation is taking it on, there will be some degree of sustainability as commitment from the foundation, but we will struggle with this a little bit.

Learning Opportunity

A clip from the documentary, *Weight of the Nation: Latino Health Access*, was viewed.

Steering Committee Report

Debra Oto-Kent, committee chair, provided an update on the membership application and process. There were changes made to align the process with the Operating Guidelines and Procedures. The Steering Committee reviews applications, and 10 new members were added to the list.

Next Meeting

Scheduled for Wednesday, March 27, 2013, from 9 a.m. to 12 p.m. Registration is required by March 20. Visit the Healthy Sacramento Coalition web page at www.sierrahealth.org/healthysacramento today.