



## Healthy Sacramento Coalition Meeting

April 24, 2013  
Meeting Summary

### Meeting Outcomes:

- To hear updates on the activities of each HSC Workgroup, the Leadership Team and the Steering Committee
- To review and provide final input to the CTG implementation plan
- To 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.

### Workgroup Reports

**Policy Update:** *Glennah Trochet, chair*, provided a brief report on the workgroup. During the last meeting the group reviewed the draft implementation plan and during the next meeting the workgroup will walk through the implementation and walk through the activities that were assigned to the workgroup to begin planning.

**Communications Update:** *Robert Lee Grant, chair*, reported on the communications policy. The speakers bureau has 10 standing members which consists of: the chairs and vice chairs of each workgroup, the chair and vice chair of the steering committee, and Sierra Health Foundation staff Robert Phillips and Susan King. These speakers will be part of the cohort designated to provide representation of the coalition in the community. As a member of the speakers bureau people will be called on when needed. A pathway has been established to allow other coalition members who wish to serve as a representative to go through a training within the Capacity Building and Training workgroup to become a member of the speakers bureau. Criteria are currently being developed to allow participation and representation by the other coalition members.

Additionally during the last meeting, a media training session was explored. *Susan King, Director of Communications*, presented the ongoing plans for a communications training, which is tentatively scheduled during the standing meeting time in May or June, to explore the use of social media to promote the coalition and develop skills. Robert Phillips provided an update on CDC technical assistance resources; one of those is communications training which could take place during June or July. A consultant has offered to develop a tagline for the coalition through the CDC network and will work with the communications workgroup.

- Q: I was wondering if the ethnic media was taken into account and who would be the person(s) dealing with the ethnic community.
- A: Conversations have begun with Crossings TV, Univision, and other ethnic media, which will be collaborators in this effort.

**Capacity Building and Training Update:** *Martha Geraty, co-chair*, reported on the workgroup and recognized participants of this group. Martha encouraged other coalition members to join the committee. *Connie Chan Robison, co-chair*, reported out on review of the implementation plan during the last workgroup meeting. The workgroup seeks to add value to the training opportunities that are forthcoming. She highlighted the importance to collaborate with cross workgroup integration and efforts. The workgroup meets on the third Thursday of each month, for more information visit <http://www.sierrahealth.org/doc.aspx?313>.

### **Steering Committee Report**

*Debra Oto-Kent, chair*, provided an update on the process of the coalition and receiving input on the implementation plan. Ongoing efforts aim to align the processes of the coalition with the operating guidelines and procedures. The Steering Committee will conduct ongoing review and analysis of the member organizations and continue to align the coalition's efforts with the operating guidelines. There are approximately 85 organizations. Updates of the membership directory will be forthcoming and mechanisms are in place for people to decide to be a member or receive email correspondence only. Consistent attendance of meetings will be analyzed to conduct ongoing assessments of the coalition.

Q: In terms of the analysis, is representation from the 15 zip codes being reviewed, and is this a criteria or goal for membership to determine the disparities or health issues?

A: That is a really good question. The membership is based on the organizations and we do have that information. It does not tell us the information you are asking about. We have additional information on what each organization does and we may want to add that information to gauge this at a later date and time.

Q: Of the 85 that we have, how many have left and how many have joined?

A: We started with 0, and the analysis is ongoing. If you are going to be a member, we will be looking at who is attending meetings and we will begin to sift through the information to see who has left. It was mentioned that should an organization drop out, it would be important to learn from this as a lesson and find out why organizations have left.

C: As we look at implementation and trainings, could we look at outreach to bring in additional membership that might be lacking – and I'm referring to the zip codes and faith-based communities – and reach out to them. It was noted that this is great input in regards to sector and geographic coverage.

C: A year ago, we saw the business community was missing. The metro chamber and the health committee should be reached out to or other major employers.

### **Update on Implementation Plan**

*Robert Phillips, Director of Health Programs, Sierra Health Foundation*, provided an update on the implementation plan (the plan). He recognized the tremendous help by Debra Oto-Kent, Glennah Trochet, Yvonne Rodriguez, Leslie Cooksy, Olivia Kasirye, and Fatima Malik, because this group helped write this penultimate draft of the plan. Gratitude was given to all those who have helped create this plan.

The plan is based on what CDC wants and what we believe Sacramento County needs with a focus on those neighborhoods located in North, Downtown, and South Sacramento. The plan incorporates themes from the existing efforts under way by California, the 61 CTG recipients, and the efforts taking place in Sacramento County.

Refer to the presentation titled “Community Transformation Implementation Plan” for more information at <http://www.sierrahealth.org/doc.aspx?312>. Robert discussed the shift in the approach to address fast food restaurants prevalence and high consumption rates. There is a disproportionate amount of unhealthy foods in low socio-economic status communities and the coalition seeks to offer healthier foods. The strategy was changed from a regulatory action to a collaborative approach. Robert reviewed the strategic direction areas.

- C: Suggestion, what would make our plan unique is if we gave examples. Like, for increase opportunities for physical activity, people automatically think about pushups and knee bends, but we should also talk about community gardens, cultural dances and similar culturally relevant physical activities.
- Q: In terms of all the strategic directions, you differentiate between ordinance, influence social behavior, or private policy, but it is not specified in the grant application and why?
- A: Direct advocacy is activity that is prohibited by CDC, and as such we will not be doing any direct advocacy. They would like us to engage in environmental and systems change
- Q: In Detroit, there was a tax on fast food. That is not an incentive, but has that conversation been had? Obviously we do not want to increase the cost of food for communities in crisis. But pennies could support nutrition efforts. This could be a revenue source.
- A: Yes this conversation was brought up. We considered whether or not Sacramento has the readiness or level of support to make this happen in Sacramento County. For example, New York is the most aggressive because it comes from the city itself. We considered whether we were ready to take on this fight. The leadership team informed us that we were not there yet.
- Q: Those categories are so broad, are you going to tell us anything else? For instance, increase opportunities for physical activity; will the focus be only joint-use agreements?
- A: Yes the strategy will be joint-use agreements based on the past eight months of discussion. We are at a point where we have decided on the strategies and focus of our efforts.
- C: There is a “Let’s Get Healthy” resident task force in California. One highlight is to have a statewide tax on either sugar sweetened beverage or something similar that would be coming up in the near future, very similar to tobacco resolutions.
- C: Working in schools, I see my part in each area; I feel it would be helpful for all of us to figure out our part to see what we can push. The uptake at the school level is variable. It would be helpful to know my part and help it move forward.
- C: I support changing food options in existing neighborhoods. Because of the geographic environment, it is hard for me that there is nothing in the strategic focus area that acknowledges changing the behavior of eating fresh produce. I was looking to see that and it is not in any place in the plan. I appreciate the addition of restaurants, but I feel like we are losing a unique opportunity to tailor this to our region on healthy food and security. I am not sure how much sphere of influence we have.
- C: Respectively, we did talk in our workgroup about promoting local produce procurement with these restaurants. Also, those restaurants in 15 zip codes to offer healthier variations on their menu to be inclusive and mindful.

- C: I wanted to offer, regarding density of fast food, just an awareness of what resources are available in our communities. There are community gardens that could be promoted. American Heart Association and other groups like that would love to go to restaurants to help expand menus to provide healthier options.
- C: From a County regulatory perspective, the point is well made. From a political standpoint, people are already shopping at fast food restaurants and by supporting these establishments this would be helpful for the community.
- C: I believe that long-term change is going to be partially through education, information, and having different opportunities. My concern is that people are not cooking and may not know how to cook. There would be great impact by having collective cooking classes.
- C: Similarly, about behavior, we have to think about the reality of the communities in the 15 zip codes. We should think of creative ways to offer community dinners that would help people be sustainable while being cognizant of working families.
- C: The Tree Foundation has had a conversation with the local McDonald's, and they say that they have put healthier foods on the menu and not too many items are selected. Therefore, in some cases regional efforts can be made.
- Q: What is the policy dimension of the third strategy in healthy eating and active living?
- A: This is the environmental, systems change focus. This would not address a policy. It requires us to be very thoughtful and does not preclude the work we are doing. We need to think about the approach we take in thinking about fast food, because they are making progress. They are working with people more often at fast food places to make an effort to create healthy options.
- C: What is really helpful are the pharmacists at Wal-Mart. We should try to promote other grocery stores to have a center where people can go to assess their weight, monitor blood pressure, and other services. The pharmacists at Wal-Mart are open to community outreach.
- C: It would be good to have more businesses involved in this effort. Franchises of McDonald's are partnering with Health Net to promote healthy foods and offering coupons for only healthy foods.
- C: Working with health care is helpful to emphasize prevention. Would it be good to work in schools, to train students early on in community public health and prevention schools where in order to make this a part of the training in professional schools? It would be good to identify those going into the pipeline to be a part of this effort.

The Healthy Sacramento Coalition has policy, environmental, and systems change efforts intermingled in the implementation plan.

- C: A major player in the 15 zip codes is Molina Healthcare. They are present and are utilizing health care workers in preventive health and cost control ways and should be invited to the coalition. They are the only health care present and they should be at the table. About Molina, we are doing a great amount of work and outreach.
- C: We should add language speaking to young adults in addition to youth.

- C: Looking at the intervention and how important the environment and marketing, this strategy is valuable. The young person is making a decision and we need to help with the decision-making process before they buy a particular product. This is part of the engagement and youth voice is important to see how they would intervene. It is important to let youth and young adults determine how to address this issue. There is a community health orbit in which young people think about food and tobacco retail environments and they may not separate the two. It is important to put in bold; outreach in each strategic focus area. On this topic we need to focus on organizing and focusing on the youth.
- C: Peer to peer piece among youth is important in the city, county, and school districts all have youth committees that are worth partnering with. They have budgets and offer trainings, and EDD has a youth branch and offers training on youth development.

## **Remarks**

*Chet Hewitt, President of Sierra Health Foundation*, provided brief remarks on his observations of the coalition. He thanked everyone for getting the plan close to completion. He believes in calling good things and good work to come together and has a strong sense that the goal we have worked for will in fact be realized. Ideas like prevention are challenged by people who do not believe it has value as a large policy construct. The Community Transformation Grant comes out of the ACA and from larger public health funds and has value regarding those hard issues like changing behaviors. He congratulated everyone for the great work completed thus far and challenged everyone to make sure that we are able and do all that we can to continue working in an extraordinary way. Sierra Health Foundation is committed to the work and ready to face the challenges that may arise. This is a day of celebration and we should be very proud as individuals and for our collective action. He looks forward to the coming years when our goals will be realized on what we set forth to do.

## **Plenary Session Discussion Group Report Out and Consensus Building**

The coalition participated in small group discussions. Discussion topics are listed below in themes.

### **Budget (Sequestration), Capacity, and Timelines**

The budget was reduced and is no longer \$1 per person. The revised budget is about 36 cents per person; we will remain at our current funding level instead of increasing to the implementation funding level of \$1.4 million. The length of the project is 3 years as of October 2013. The total number of the target population in the 15 zip codes is approximately 525,000.

In terms of can we achieve the goals if there is a no increase in funding: what CDC is looking for is results in a 5% reduction in the three focus areas. Sierra Health Foundation discussed with CDC seeing these reductions in three years is not realistic at our current funding level, but we will take all efforts to move the work forward in order to reach the targeted reduction over time. Even with the reduction in funding, the work will be taken on at the same level and this will be a moving target. In partnership with Sacramento County and the California Endowment (BHC), there is a concerted effort to support and coordinate to leverage all efforts.

### **Resources and General Clarification**

In response to the coalition members' question regarding inclusion of 5<sup>th</sup> and 6<sup>th</sup> graders in the CTIP, the reason adolescents (age 12+) were selected is because the data suggested this was the age group that was the best place to begin. In regards to setting priorities, the coalition will continue to do this as we move forward. The role of the coalition is to continue to serve as a coalition of coalitions, where there is an

overarching vision and the coalition's role is to help implement the activities of individual efforts that are happening in Sacramento. The coalition (organizations) will provide direction, support and accountability to each other. The role of Sierra Health Foundation will continue to be to provide the infrastructure and support for the coalition; to ensure that the resources received from CDC are put back into the coalition to provide the space, staff, and information to all coalition members. Coalition members are expected to work closely with Sierra Health to accomplish all the goals we set out to do.

The difference between why some strategies have a health disparities focus check-marked and other do not is based on whether the strategy is explicitly addressing a target population as opposed to a county-wide effort. The activities called out in the communications plan will address the outreach strategy and the better communication among the coalition. What is represented in the communication plan is from the workgroup and suggestions from the CDC.

### **Additional suggestions outside CTIP**

- Continue leveraging existing activities to best leverage funding that may be limited by sequestration.
- Consider bringing business partners in for participation and possibly funding.
- Schools playing a large role, but there are many school districts not on board. We should approach SCOE to cover the county instead of each school district.
- No money from CDC to pay for services.
- Sort by role in the community, what each of us can move on. Make sure to include community groups within the zip codes, identify them.
- A challenge is that MDs/providers may not have enough time; the number of providers may need to be more targeted to providers serving people within the zip codes.
- Park prescription addresses disconnect between health care providers and community.
- Glad to see a plan, is a sign of validation, alignment with HSC and CDC. Well thought out, includes community, comprehensive, and takes into account what already exists, i.e., fast foods already addressed in HEAL. Complements what's already taking place
- Tobacco is going to be challenging, doesn't have same momentum.
- Bring more people to the table-businesses, and those outside our group, i.e., Rental Housing Association; involvement of coalition members; call on all of us, we're here to help.
- Not in CTIP: public relations firms; they do not go to the media that the community really reads; Sac Bee needs to be removed. Traditional media like press is fine, but do not lose sight of others like text messaging, email marketing, and do not mention mainstream media unless mentioning other sources. Suggestion: Apps. There was no mention of radio streaming.
- A lot of assumptions – if you were not part of a workgroup, you are going by faith of what the groups came up with. Disconnect between the committees. Should be a format for each committee to report in more, miss alignment to get everything synchronized.
- Unions/labor organizations
- Drill down the plan to be specific about what we want from partners in implementation.
- Absence (ability of people to put themselves in the realities of the 15 zip codes). Get into other people's shoes regarding transportation, family stressors, and increased access (built environment is important).
- Emphasis on social media and disseminating healthy living messages, use the living room to get more physical activity into households.
- Taking live action, interviews of people who are doing healthy practices, e.g., Asian elders doing exercise
- Reframe the message about our communities are walkable.
- Safety has to be beyond violence also about structural access for people with disabilities, people crossing streets, environmental safety.
- Integrate social networks (via hotlines, buddy system).

- Part of CHW training to build community connections.
- Coalition to encourage leveraging existing activities and emphasize what we already know is taking place in light of sequestration.

*Dr. Olivia Kasirye, Sacramento County Public Health Officer, provided a brief update on the April Leadership Team meeting; members reviewed the implementation plan draft and provided input on the strategies. The Leadership Team was very impressed with all the progress and work dedicated by the coalition. As a member of the team, Dr. Kasirye reflected on how she can promote the work and message of the work in the plan as well as making sure that we engage the affected communities in this effort to make this a successful endeavor, one in which the community takes ownership.*

**Next Meeting**

Scheduled for Wednesday, May 22, 2013, from 9 a.m. to 12 p.m. Registration is required by May 15<sup>th</sup>. Visit the Healthy Sacramento Coalition web page at [www.sierrahealth.org/healthysacramento](http://www.sierrahealth.org/healthysacramento) and register today.