

## Healthy Sacramento Coalition Meeting September 26, 2012 Meeting Summary

### Meeting Outcomes:

- To share updates on our progress and the development of the Coalition's infrastructure for getting things done
- To get an update on the communications strategy and policy work
- To continue building effective working relationships in service of the Coalition's efforts

### Welcome, Introductions and Agenda Review

Facilitator Gregory Hodge began the meeting with introductions. Greg reviewed the agenda and the materials for the day. The key highlights for the day included: updates on the progress to-date on the Community Healthy Needs Assessment (CHNA) led by Valley Vision, the communications plan led by Behr Communications, and the policy scan led by Prevention Institute. The coalition also will continue to build effective working relationships with each other; networking is encouraged.

### Overview on Our Progress

Robert Phillips, Sierra Health Foundation Director of Health Programs, started the meeting with an explanation of the purpose and direction of the coalition moving forward. He stated we are working on something bigger than a grant and provided a historical perspective on progress over the past 50 years in health outcomes in society. We have made little progress in reducing the elevated death rates and the rates of chronic disease in many low-income, racial, ethnic and cultural communities. The Healthy Sacramento Coalition is a "coalition of coalitions." The presentation Robert provided is posted on the Healthy Sacramento Coalition page of Sierra Health Foundation's web site.

Robert reviewed the goals of the CDC along with the goals of the Healthy Sacramento Coalition:

1. Work to prevent leading causes of death or disability through evidence- and practice-based policy, and environmental, programmatic and infrastructure changes in 15 zip codes in Sacramento County (**CDC Goal**).
2. Ensure that these changes improve health outcomes and narrow health gaps in 15 zip codes in Sacramento County (**HSC Goal**).

**CTG Goal:** To help improve population health, reduce health disparities and lower health care costs.

### Community Transformation Grant (CTG) guiding principles:

1. Maximize health impacts through prevention.
  - 1A. Definition of primary prevention: stopping the disease before it starts. Definition of secondary prevention (not the focus of HSC): once the onset of a disease, keeping it from getting worse. The Healthy Sacramento Coalition is not looking at managing disease.

2. Advance health equity and reduce health disparities.
  - 2A. Advancing Health Equity: recognition that there are communities that are struggling further behind than everyone else and that dynamic is creating the gaps that we see. CDC wants us to go after that conversation.
3. Expand the evidence base for local policy, environmental and infrastructure changes that impact health.
  - 3A. Evidence base: big idea has been done somewhere. Do it in a way that is appropriate in communities that are affected most. Distinguish ourselves from others by doing this.

Circumstances and conditions = environmental change is what the Healthy Sacramento Coalition will be looking at.

**Healthy Sacramento Coalition (HSC) guiding principles:**

1. Geographic Focus on 15 zip codes.
  - 1A. Focus/Lens for looking at these issues is areas, neighborhoods that are driving the outcomes that we are seeing in the data. To have impact.
2. Asset approach (versus deficit approach)
  - 2A. Asset approach: focus on what's actually there in communities and build upon it to get at what we want in terms of our strategies. Do not address what's not working; instead, build on what is working. We don't want to look at communities as poor and needing help. This is about focusing on resources and assets and supporting them and building them up.
3. Pursue strategies that are sensitive to the unique challenges and opportunities of targeted communities and Sacramento County
  - 3A. Develop a comprehensive set of strategies that will improve the health of 15 zip codes in Sacramento County. The neighborhoods facing the highest levels of health disparities in Sacramento County: see PowerPoint presentation for table.

Why prioritize these neighborhoods?

- There is compelling data
- Limited resources and capacity
- High cost of not addressing this population's needs
- Potential to draw on and leverage experiences and investments of Sierra Health Foundation, Kaiser Permanente HEAL, United Way of Sacramento, The California Endowment BHC and others in Sacramento

This is not a funding initiative of Sierra Health Foundation. This is not an RFP with resources like Sierra Health's Responsive Grants Program or our other funding initiatives. Those who are looking at this effort for that kind of support will be disappointed. This is a strategic initiative that is being supported by CDC and Sierra Health to lend itself to build the capacity needed in Sacramento County to get at the health issues that many of us are already working on. This is a way to bring resources in, and to focus efforts and resources on problems we have all been working on. Although there will be funded efforts, this should not be looked at as a way to bring resources into your organizations. We are doing this because we know what it means to Sacramento County. There is a cost to not addressing these health disparities.

The main deliverable over the next seven months is the Implementation Plan due April 2013. The policy scan, communications plan and the CHNA are tools that will help the coalition develop this implementation plan. The coalition will also seek to create collaboration among parallel efforts that can reinforce each other. Implementation will start in October 2013 and ends October 2016. The implementation of this work has the potential to serve Sacramento County with a \$1.4M to \$1.8M investment (approximately a dollar per person) in the five focus areas of the CDC. Moving forward Robert

advised everyone to surface and challenge their assumptions. And to distinguish between quality of life and how well things are done.

Each future face-to-face coalition meeting will focus on one of the five Strategic Focus Areas from November 2012 until April 2013.

- ❑ **Goal:** developing strategies, outcomes and indicators for the Implementation Plan for all five Strategic Areas by April 2013.

The ingredients for making the healthy choice the easy choice are: policy and environmental changes, build a better system and improve culture.

Q=Questions, C=Comment, S=Suggestion

*Q: Where we hold these meetings; we have policy meetings, but we don't ask the community what they think. Shouldn't our meetings be in schools, in the community, where the people are? Families have time constraints and limited resources as their biggest challenges. Should we be looking at creating an (intentional) community?*

**A: I don't disagree. Our approach is being intentional about the organizations in the room to have representation. This is the way we're connecting with communities, because we can't possibly have 5,000 people in the room and make progress. The goal is to work with those who have these connections, to use the membership of the coalition as a representative body and adjust as needed if this doesn't work.**

*Q/C: Thank you for your presentation. The evidence-based practice: can you talk a little bit about that?*

**A: CDC term; they would like for us to have something behind a practice that can have some effectiveness. It is not enough to be a good idea. It can be something we want to try that no one has tried yet, but an example that makes sense. It can't be a guess of what might be a good idea. It has to be demonstrable to CDC that it's worth pursuing, that it can prove our case.**

*C: I think evidence-based will give us some credibility. It will serve us well in the long term.*

*Q: Having existing data out there: Can we [borrow] from what works in other communities, use some parts of what has worked elsewhere that could work here?*

**A: Yes, even if it's case studies data. The evidence does not have to be something that has been quantified or an intensive evaluation study that has proven outcomes. It does have to show some impact.**

*Q: As part of the framework or implementation is there going to be some discussion about common performance measures across all the strategies and across all the different coalitions? How are we going to track the needle moving?*

**A: There is. We have staff that will help create an evaluation framework and use the data we have as a baseline so that the coalition knows where we start from. And we will have some participatory measures around our effectiveness in collaboration, communication, mobilization and leadership. We will set benchmarks as we move forward because we will have to evaluate this for CDC.**

*Q: Are we going to work together with groups in our specific zip code area; are we encouraged to work together? Or is it an individual effort in those zip codes?*

**A: Yes, everything is about collaboration and working in partnership. That would be an encouragement, so if you're asking if we're working specifically in North Sacramento, and there are organizations taking on this work, my hope is that we have them represented in the room. The other conversation is to work together to take on this work.**

*C: Thinking forward, it's important to have shared language and shared frame. Be thoughtful and intentional about, for example, education and equity. How do we wrap our heads around it, what does it really mean and look like? The stories we want to bring together.*

### **Communications Framework**

The next presenter was Roy Behr, Behr Communications, the firm that has been engaged on the communications work for the coalition. Roy Behr presented the framework for communications. Unquestionably, this is the largest coalition that Behr Communications has worked with, which comes with its upsides and downsides. Roy's presentation is posted on the Sierra Health web site. See the Communications Framework presentation for more details.

Behr Communications was asked to do three things:

- Assess members' communications needs and capacities
- Develop a structure for communication among coalition members
- Develop a plan for communicating with external audiences

Roy talked to many members of the coalition to get feedback on what is on their minds and how they would like to move forward.

What does the coalition want?

- Collaboration
- Ability to share information
- A cohesive message, with room to tailor
- Concrete expectations and direction
- Avoiding duplication

We will need to develop credible spokespersons in each community and will need to identify them in each community. There is a need for vehicles to reach different audiences, especially in the populations we serve. There is so much energy in the room and there are so many things that people want to do, but it is important to remember we have these five focus areas.

Next Steps for the Communication Plan:

- Continue conversations with coalition members
- Develop options for a regular newsletter
- Once policy goals are identified, create external communications plan

C: *Address internal communication among the coalition. It would be helpful if we posted all information on the web site with summaries of coalition and workgroup meetings. Newsletters are great, that is additional work for staff. It would be good to know that in a certain period of time the notes would be online.*

**A: Within a few weeks of each meeting, the notes and information will be posted online. There is a bit of lag as the work has picked up. The meeting agendas and summaries will be posted online soon.**

C: *What would be helpful is the kind of brief newsletter that you can read on your phone that tells you things are now posted online. Secondly, external communications should include our family members, and to include our failures (internal and external) too.*

**A: Your idea is great. Both suggestions are great. We can combine it. We can have one short newsletter and a link if you want to see the full report.**

C: *I'm a big a fan of identifying something on a map. I like getting information that way, thanks for the great technology to do so on a map. Regarding internal communication, it would be nice to see a map of all organizations in the room and show our offices on a map to show how many there are. Encourage site visits, and suggest that October 5, attend California Rural Legal Assistance's event and the Health Happens Here exhibit in partnership with The California Endowment at the California Museum, two years in the making. Officially launches in November. There will be a sneak peak 6-8 pm. Invite others to attend.*

Q: *How do I get someone's attention? For example, if I need to tell someone that I'm working on African American organ donation disparity. Do I need to wear a big hat with that? Or if I want to talk about hypertension in the AA community with others? And mentorship program, I'm new, and others are not, can we get mentors for the new folks in the room.*

S: *Having a web page link to all organizations on our web page was recommended by Roy Behr.*

Q/S: *Regards to the communication piece. Will there be a directory developed? Will there be software considered like Sharepoint?*

**A: The short answer is yes and yes. Lynne Cannady will be asked to share the work on this. The directory will require for people to respond when the directory is being developed. We created a two-page survey and distributed to everyone via e-mail. The next step needs to be developed on what to do with the survey. Maybe resend out to everyone to make sure everyone has an opportunity to fill out the survey. It will be the source of directory and resources for connecting.**

C: *The face of the engagement. Needs for specific AA for organ donations, you need to find an AA who has had an organ donation to be the most credible in this effort. We need to leverage the specific skills and expertise we have in this room, although we are charged with ambitious work. The site rotations, it would be beneficial if we can identify within the 15 zip codes specific community places that we can hold our meetings so we can have more visibility.*

S: *Regarding internal communication, I know forums are great avenues for continuing the conversations. I don't know if that is viable, but I think that would be an option. An electronic communication forum.*

S: *Reiterate in a very concise way the five focus areas the CDC wants on the web site. To meet the requirements of what the grant is requiring of us, it would be helpful to post exactly what the top goals are for the initiative. Other suggestion is to list contact information for group committee chairs and I would like to touch bases with them through the website. I like the Sharepoint idea, too.*

S: *I want to recommend three different things. One, whatever we end up doing with the newsletter, we don't lose sight of the zip codes we are working on. Make them bold or blinking on the screen so we focus and don't deviate. The other, language-wise, I don't know about funding or what it takes, but our community is very large and we need additional language translation. Third, I would suggest getting a newsletter out is really ok, but we can also piggy back on others that are already established. I don't see labor people here to reach the working people who we should be communicating with. We should invite them and they would love to contribute to this coalition.*

Roy thanked everyone. He clarified that the main purpose of the newsletter that he is describing is for members of the coalition to be brought up to speed on what's happening in the coalition. The concept is that the information is brought to you instead of having to go look for it. About the zip code idea, Roy stated it would be worth doing a profile of each zip code. With demographics, geography, depict what each zip code looks like, who's in it. Many are aware, but to have a neighborhood context and flavor would be helpful.

C: *We can benefit from saying what's working and what's not working in the zip codes. Not just the demographics. Because we need to think about things and move in the right direction and it would be a way to educate ourselves.*

**A: Heather Diaz, one of the members of the research team, wanted to assure everyone that we did ask those questions when we went out to those communities. We asked people what is difficult and challenging in staying healthy in the 15 zip codes.**

C: *That's not what I'm saying. I'm talking about the web site – it would be helpful for them to be educated on what's working and what's not working. The data is fine (see comment above).*

### **Learning Opportunity**

A short video from the Prevention Institute on policy change was shared titled: [From Kools to Cancer Sticks: How Quality Prevention Changed Tobacco Norms.](#)

The coalition shared their comments and reactions to the video.

C: Yvonne Rodriguez, Sacramento County, has an allocation for tobacco control. Our coalition has one objective on policy to work with Sacramento State to adopt tobacco-free policy; we're making some progress and some cities to ban tobacco, and tobacco retail licensing policy. Getting many tobacco policies passed and four jurisdictions have adopted tobacco licensing policy to reinforce tobacco sales to minors. Youth purchase surveys are conducted annually. We are working on policies and welcome others to join us.

## **Prevention Institute**

Juliet Sims and Nicole Schneider, Prevention Institute (PI) provided a presentation and discussion on the proposed policy scan and approach moving forward. Prevention Institute's presentation is posted on the Healthy Sacramento Coalition page of Sierra Health's web site. PI will be gathering information on the policy landscape in Sacramento County and synthesize this information into a policy scan resource tool for the coalition. Juliet quoted the Surgeon General about "community responsibility" on obesity and overweight. Having safe and accessible places to play, jobs and healthy available food choices in schools, education on benefits of breastfeeding, are all examples of community responsibility.

Nicole shared examples of policies from across the nation that the CTG might support. She also shared tools developed by Prevention Institute:

- Communities Taking Action, a database of national work in communities with an equity lens.
- Global Policy Database, nutrition and physical activity policies happening locally.
- ENACT tool, helps communities prioritize nutrition and physical activity policies, literature, more tools for assessment.
- THRIVE tool, advances health equity by looking at root causes of inequity.
- Primary Prevention Framework for Substance Abuse and Mental Health.

## **Update on CTG infrastructure**

Ramona Mosley, Health Education Council, introduced workgroup chairs.

### Communications Workgroup

Robert Lee Grant, Chair, reported the focus of this workgroup will be around making many different types of materials and to have these instruments be inclusive of and sensitive to the needs of our multi-cultural communities. There is a need to develop communications that makes stakeholders more receptive to more preventive strategies and programs and to tailor efforts to reach stakeholders on their cultural and social comfort levels. Our workgroup has the capacity and willingness to make films about stakeholders. Robert is a documentary filmmaker and is willing to make films to support the coalition. Branding of the coalition is currently under way through a subcommittee. Robert suggested *SacHealth* as the brand with the tagline "an ounce of prevention is worth a pound of cure."

### Policy Workgroup

Glennah Trochet, Chair, reported back about the policy workgroup convening. The workgroup spent time examining the policies that should be recommended for support by the entire Healthy Sacramento Coalition. This workgroup will be working closely with Prevention Institute to create a policy scan of Sacramento County related to the five focus areas.

### Capacity Building and Training Workgroup

Edward Lewis, member, shared the discussion from the workgroup meeting. The workgroup voted on a Chair, Martha Geraty. Lynne Cannady provided an abbreviated review of the survey: 55 were returned from 100 individuals. We discussed the next steps to further assess resource and training opportunities. We discussed three key things: 1) train the coalition so that we train the trainers, 2) have those trainers go out and train the communities we serve, and 3) train within those 15 zip codes community organizations with regard to what resources they have and to better collaborate with each other to provide peer training. The goal would be to have all work toward the same five focus areas moving forward.

## **Next Meeting**

Scheduled for Wednesday October 24, 2012, from 9 a.m. to 12 p.m. Registration is required; visit the Healthy Sacramento Coalition web page at [www.sierrahealth.org](http://www.sierrahealth.org) today.