HSC Capacity Building and Training Workgroup
April 18, 2013 Meeting Notes

I. HSC Updates

Ramona Mosley, Health Education Council provided brief update on recent activities of Steering Committee. Update on Leadership Team was deferred to discussions regarding the draft implementation plan. The Steering Committee met on April 10 on several items including membership guidelines and application process, agenda development for the April 24 HSC meeting, and presentation of the draft Community Transformation Implementation Plan (CTIP) which represented the bulk of the discussions.

II. Review/Discussion of Draft CTIP

Robert Phillips offered a high level overview of the draft CTIP including the context of how the plan was developed and the vetting process that took place to reach the current plan components. Specific comments and key points of discussion with workgroup members include:

CTIP emerged as a product of three conversations/filters: 1) Relationship with CDC and their “point of view” that need to be considered in all plans; 2) Conversations which have taken place at the HSC coalition and workgroup levels; 3) How well the CTIP reflects what the other 60 grants under CTG and other related efforts such as CA Convergence, HEAC, local work such as SNAP-ED, BHC. In addition, CTIP includes feedback and perspective of Leadership Team. Robert invited the workgroup to offer “top line” feedback on the proposed role/function of the CBT workgroup currently called out throughout the plan as well as any areas that might be missing.

Tobacco Free Living

1. **Increase smoke-free multi-unit housing**: Focus of strategy is to engage in advocacy to expand existing number of ordinances

2. **Tobacco marketing and sales near schools**: Key question is about what HSC would do above and beyond smoking cessation services? Youth engagement strategies that get incorporated directly into the work to reduce tobacco retailing around school environment to focus on marketing/retail assessment and ordinance amendment. Borrowing from food policy discussions, this strategy would partner with youth advocacy organization to partner with youth tobacco coalition to pursue policy change that may include price point strategies as tax incentives for retail.
Healthy Eating, Active Living

1. **Active living principles in community design**: Overall strategies incorporate safe walking and design focus. Connect planning with walkability and need to change whole environments. Influencing land use and planning process and inserting HSC into general plan updates through greater use of health impact assessments and response to questions such as: How do you design a community, neighborhood to reflect healthy environments?

2. **Healthy beverage guidelines**: Original focus was on schools but changing infrastructure on school campuses was deemed to be extremely difficult and school vending policies already exists. Instead, the strategy was reframed to focus on supporting healthy beverage options among public agencies and private businesses. These could include city and county agencies, hospitals, community clinics, and coalition members.

3. **Restaurant menu options**: original focus was on restricting fast food establishments in HSC neighborhoods. However, data shows that 2/3 of the targeted areas are food deserts but also have the highest rate of fast food consumption. This reality begs the question: If we take out fast food, what could we replace them with in these neighborhoods quickly enough? Decision was to instead employ a partnership strategy to support restaurants/fast food to offer greater healthy options and look into incentives for these restaurants to do the right thing. Will draw on work taking place in Massachusetts, Atlanta as possible models.

4. **Joint use**: Implementation of existing joint use policies in targeted schools.

Evidence Based Clinical and other Preventive Services

1. **Park Prescription**: Engaging health care providers to connect importance of using open space, parks as part of their treatment plans for hypertension and high cholesterol.

2. **Community Health Workers**: Build the system for integrating community health workers as part of clinical care team and integrate CHW practice into federally qualified health centers and hospitals.

3. **Pharmacists on Health Care Team**: application of self-management and adherence model on hypertension and high cholesterol by integrating pharmacist medication therapy management into FQHCs and hospital systems. Script Your Future as partner; based on medical home model that’s used by the Right Care Initiative.

Next Steps with CTIP

- CTIP will be accompanied by an advocacy plan which will contain many more details around goals, audience, and outcomes. SHF will submit by April 25, 2013.
- Feedback and input can be sent directly to Robert Phillips until Tuesday, April 23.

III. Baseline Training

Robert informed the workgroup on what remains on the current workplan to implement three baseline trainings: 1) Policy; 2) Communication; 3) Prevention and Health Equity. CDC will
provide trainers for the policy and communications training. The Prevention Institute will conduct the prevention/health equity training.

What’s the role of the CBT Workgroup with respect to the core trainings? To help infuse local issues/realities into trainings including:

1) Design training to have Sacramento County specificity  
2) Offer HSC context to trainers  
3) Offer specific needs around the issues as part of core training

Next Steps for CBT Workgroup

- Meet with other workgroups to assess role/follow-up with regards to baseline trainings and identify areas for partnering.  
- Use next few workgroup meetings to plan for training activities identified in CTIP and shift from planning to implementation.  
- Possibly use next HSC meeting on 5/22/13 to do shared planning with other workgroups and consider rolling out first training in June.