Healthy Sacramento Coalition Meeting  
August 27, 2014  
Meeting Summary

Meeting Outcomes:
• To announce and provide brief overviews of the Tobacco-Free Living and Healthy Eating Active Living pilot projects
• To learn about shared use agreements from ChangeLab Solutions and pilot project next steps
• To learn about the Steering Committee nomination process for the 2014-2015 year
• To discuss the future direction of the Healthy Sacramento Coalition

Welcome and Overview
Greg Hodge, Facilitator, Khepera Consulting, welcomed everyone and began the meeting by having everyone introduce themselves and share one fun thing they did this summer. He provided a brief overview of the meeting agenda.

Announcement of Pilot Project Awardees
Robert Phillips, Sierra Health Foundation Director of Health Programs, introduced the two organizations that will be leading pilot projects around Tobacco-Free Living and HEAL: Healthy Beverages.

Jenny Wong, Health and Wellness Program Manager, Sacramento Chinese Community Center, provided a brief presentation on the Tobacco-Free Living pilot project focused on working with youth to address tobacco retail marketing and promotion practices.

Pastor Lesley Simmons, Executive Director, South Sacramento Christian Center, provided a brief presentation on the Healthy Eating Active Living (HEAL): Healthy Beverages pilot project focused on the promotion of healthy beverages, such as water, within organizations and institutions. The promotion of water as the first choice will be implemented with the new Valley Hi teen center, business community, and four faith-based organizations. Organizational guidelines and policies promoting healthy beverages will be established with the faith-based organizations.

For more information refer to presentation titled: Pilot Project Presentation online at:  

HEAL: Shared Use Agreements Pilot Project Update
Robert provided an update on the joint/shared use agreements pilot project. We received a number of proposals, but none of the proposals matched the criteria as set forth in the request for applications; had to be a joint use project and it had to be new. One take away from this was the communities we are focused on did not have a clear understanding of what shared use agreements are. There are organizations that are involved in shared use agreements, but not in the neighborhoods we are concerned with.

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The steering committee saw this as an opportunity to educate community organizations and to build a relationship with the faith-based institutions as well as those organizations working with Sac City Unified to repurpose closed schools. The recommendation from the Steering Committee was two-fold: to partner with nonprofit organizations that have an interest in the closed school sites and faith-based organizations that are well positioned to pursue shared use agreements. This will help the coalition establish a legitimate relationship with the faith based organizations. The faith-based organizations that were identified were those that have a health ministry or are involved in community health efforts.

Q: Is there time to add an additional organization to this list?
A: There is an alternate list that an additional organization can be added to should there be an organization that does not accept the invitation. Antioch Progressive and St. Peter All Hallows should be added to the alternate list.

Q: The coalition is then going to work with these organizations - helping them to establish joint use agreements with the local authorities for public health programs at those facilities?
A: The second piece of this is not to help them develop formal shared use agreements, but to provide them with technical assistance around what is shared use and specific plan for their own campus to help establish a shared use agreement.

Robert provided an example of how a shared use agreement could happen; a faith-based organization may have a kitchen facility. A shared use agreement could be where the kitchen could be utilized by a local nonprofit to teach cooking classes. All of the faith-based organizations listed are engaged in some sort of health ministry and are being invited. Selecting organizations within the 15 zip codes was a consideration during this process.

Q: What does that support look like?
A: At base it is an introduction and conversation on what shared use agreements are. With the faith-based organizations it will include bringing knowledge from national efforts and successful promising practices. The organizations dealing with school closure will be refining their plans to explore what an agreement would look like.

Q: Is it only south Sacramento?
A: At least for the faith organizations, it is all of Sacramento. But for the community organizations since the school closure sites are in south Sacramento, these organizations are from the south area.

C: This is only a suggestion: as I look at the faith-based organizations, I only see Christian denominations. I do not see Islamic, Buddhist, or Sikh and I do know that they are experiencing health disparities as well.

A: This is a gap that stemmed from the suggestions we received from the coalition. Please send any suggestions you may have to Fatima Malik at fmalik@sierrahealth.org

HSC Learning Opportunity: Shared Use Agreements Presentation
Robert introduced the guest speaker for the meeting Ellie Gladstone. Ellie Gladstone, Staff Attorney, ChangeLab Solutions, provided an overview promoting physical activity through shared use agreements.

For more information refer to presentation titled: ChangeLab Solutions Presentation online at: http://www.sierrahealth.org/assets/HSC/ChangeLabSolutions_Shared_Use_Presentation.pdf
The coalition members exchanged dialogue sharing their experiences of shared use agreements.
HSC Steering Committee Nomination Process
The nomination process was explained. The workgroup members will recommend their nominations for the 2014-2015 Chair and Vice Chair positions via email to their respective chairs and vice-chairs. The Steering Committee will meet on September 10, 2014 to review and approve the nominations that are put forth by each workgroup for the Chair and Vice Chair positions of each workgroup and the at-large position vacancies on the Steering Committee. Recipients of the pilot project funds are allowed to be nominated and appointed as a Chair or Vice Chair of a workgroup and do not pose a conflict of interest.

HSC Future Direction Discussion
Ramona Mosley, Director, Health Education Council, reminded everyone that the coalition is in a holding pattern currently while the response on the PICH proposal is to be announced and as the CTG grant concludes at the end of September.

Next steps if the coalition does not get awarded the PICH grant includes the commitment from all members of the coalition still to participate and keep the momentum to achieve the goals that have been outlined over the past two years.

Q: What is the mission of the coalition? Not our goals, objectives, or project.
A: The mission of the coalition is to improve the health and wellness of Sacramento County. The way in which the coalition does this is through health equity, using the social determinants of health and a public health intervention approach. Functionally this means that the 15 zip codes that are doing the worst in Sacramento County are our focus. We understand health to be more than a traditional public health model. We have broadened the work beyond tobacco, HEAL, and clinical work, to address the built environment, including healthy and safe neighborhoods and violence. We also talked about social and emotional wellness addressing youth, trauma, and stress.

The coalition has an opportunity to bring back some things we let go in the past and do so not on the back of a grant. What does the coalition want based on health equity and the goal of creating health in Sacramento? Not based on what CDC, Sierra Health, or what any other funder wants, but what the coalition wants.

Moving Ahead Dialogue
*means more than one person provided this response

Built Environment
- How we design communities; Dr. Richard Jackson.
- Focus on health and place-making at smaller physical geographies; land use, transportation, amenities, access.
- You cannot just build stuff; you have to (or build) the social capacity or infrastructure that can leverage the infrastructure.
- Have joint use agreements extend into shared spaces for meditation, yoga, gardens, and spaces for physical activities.*
- Superintendents/school boards, business community; active encouragement to participate in HSC.

HEAL and TFL
- Early education on health; tobacco. Children as messengers to parent/adults “healthy lifestyle.”
- Access to healthy food in these communities and understand why choices are being made.
- Encourage/support more efforts to increase walking – incentive programs.

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- Healthy eating campaign that focuses on alternative ingredients. Similarly, education on other healthier foods that can be used in cooking.
- Incorporating holistic techniques into “wellness empowerment”; power of meditation, yoga, herbal remedies and education/classes for the community. To support disease and addiction prevention.*

Clinical and Community Preventive Services
- Prevention as health care interventions, and cost savings.
- Build directory of pharmacies and speak diverse languages; engagement of pharmacies with community.
  How do we develop meaningful relationships of pharmacists and help them with their role in community.
- Direct pharmacy involvement in chronic care issues.
- HSC sponsored reception with pharmacists to get them more vested; to change the way they are viewed in community health, give them tools, and are brokers of information.
- Script the Future (Perry Communication).
- Convene a forum for pharmacists to share presentation developed by HSC, can take place at SHF. “Script your future” could be a resource.
- Develop specific projects with specific goals; chronic disease; prevention maintenance through engaging community; being effective; someone from each community. Need community liaison relationship.
- Health care services for the undocumented.

Economic Development
- Workforce development to help residents overcome barriers to obtain steady income – pipeline of employment opportunities and long-term support.
- Job development and preparation.
- Education and employment.
- Employment training, placement, and support while employed are a health intervention.

Youth Development
- Appropriate youth engagement; support of agencies that target youth development.
- Youth engagement piece of the coalition.

Faith Based Institutions
- Direct training for faith-based organizations and schools and other community establishments.
- Work with faith-based communities to take on spiritual initiative; have priests and pastors get educated on how to provide spiritual guidance for those with mental health issues and their families. Campaigns surrounding where families can go to get information on what to do for a family member with mental health issues; faith-based organizations having resource centers.
- Include representatives from faith-based organizations who can educate coalition on different cultures and their beliefs.

Mental Health
- Addiction prevention; broader reach to include other recreational drugs beyond nicotine/tobacco. Mental health stems from addiction; focus on parents and adults as well as youth.
- Mental health; informing and educating families on resources and steps to take to help a loved one with a mental health issue.
- Bring partners in mental health, safety, and civic communities to work in coalition.
- Some conversations already around mental health. Sierra Health already involved with mental health. Seems like a natural place to start.

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Engage faith-based communities and law enforcement to be resources for those with mental health issues.
- Emotional Health.
- Mental Health; domestic violence. Violence prevention.*

**General/Other**
- What do we do to open coalition back up to more issues?
- Go to the places and communities that have been impacted and build their infrastructure. Develop communities. Be convener. Ties to communities that are existing.
- HEAL Zone as a model.
- Chronic diseases in the zip codes; surveys, PSA, public education campaigns. Identify resources such as county public health officer. Who is on state board of directors, state department of public health “State Wellness Plan”
- Focus on specific chronic disease programs/projects, services, PSAs. Specific projects with specific goals; break it down into small bits with projects.
- Resources for contacting community: PTA, Little league, soccer boards, schools, WIC, P2. Use as a conduit to other community members.
- County Health Officer making an effort now and could leverage activity; P21 state wellness program.
- Take the HSC presentation “on the road” to decision makers and leaders of the communities we serve such as: superintendents, school boards, (parent driven) little league board, soccer league board, city council, PTA Boards (Sac Council) and elected officials.
- Look at successful models like WIC. Parents/families with 0-5 children. Parent groups: ELAC, DLAC, CAC in the school districts.
- Bring existing members together to “exploit synergies” to strengthen relationships and ability to do more collectively. Bring groups together that would not otherwise work together. Reach out to groups/organizations that might not have specific connection to health but could help HSC achieve goals. Learn more about members of the coalition to better understand scope, reach, influence, and partners.
- Go back to the roots of the mission of HSC; promote health equity in Sacramento.
- Requires training and capacity building.*
- Return to original coalition structure; align and work together on these issues and not broken down into tobacco and HEAL. We do not want to plan separately; we want to plan to work together for the broader purpose of bettering community health. Keep the social determinants of health, policy, and systems change back as a focus of coalition meetings.
- Integrating different perspectives for the creation of current, well-rounded activities. Activities that support the community.
- Centralized resource center in one of the 15 zip codes.
- More cross-sectoral leadership and collaboration.
- Shared learning from strong CBOs and established groups like (ARI, La Familia, and MAN).
- Support projects that are already ongoing and not duplicate initiatives.
- HSC should have Sacramento County and City Land Use and Transportation and Community Development staff as members.
- Housing and transportation costs of total household budgets.
- STDs and family planning issues.

**Next Meeting**
Next meeting is scheduled for Wednesday, September 24, 2014, see website for more information. Registration is required. Visit the Healthy Sacramento Coalition web page at [www.sierrahealth.org/healthysacramento](http://www.sierrahealth.org/healthysacramento) and register today.

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