Healthy Sacramento Coalition
Steering Committee Meeting
April 8, 2015
11:30 a.m. to 1:30 p.m. – Lunch provided
Sierra Health Foundation – Capital Room
1321 Garden Highway, Sacramento, CA 95833

AGENDA

Meeting Outcomes:
- To settle on a framework for determining what HSC can offer targeted neighborhoods
- To use the HSC framework to begin to reposition workgroups

I. Welcome – Richard Dana, Vice-Chair Steering Committee

II. Approval of Meeting Summary Notes from March 11, 2015 – Dana

III. Determining What HSC Can Offer – Dana

IV. Repositioning the HSC Workgroups – Dana
  - HSC Framework Exercise

V. Discuss Agenda Items for April 22, 2015 HSC meeting – All

Next HSC general meeting date: Wednesday, April 22, 2015 10:30 a.m. – 12 p.m.

Next Steering Committee meeting date: Wednesday, May 13, 2015, 11:30 a.m. – 1:30 p.m.

The Healthy Sacramento Coalition is made possible by funding from the Sierra Health Foundation.
Healthy Sacramento Coalition Operating Framework Building Blocks

HSC’s ability to create collaborative capacity, build community capacity, and foster change at the local level distinguishes it from other organizations and entities. These functions are also the building blocks of what HSC can offer to communities as a resource.

Create capacity around collaboration. HSC has created collaborative capacity among coalition members, within member relationships, and through its organizational structure and pilot efforts. By convening different organizations, HSC is mobilizing community resources to address a common goal. Unlike other types of community entities, HSC is purposefully structured to foster collaboration.

Build community capacity. HSC is designed to support 15 targeted zip codes in Sacramento County to develop the capacity to build social capital that can be applied to other health and social issues. HSC is able to help communities build capacity because it facilitates interaction across numerous sectors of a community, which mobilizes human resources and better positions the community to respond to its health needs.

Foster change at the local level. Unlike other issue specific coalitions, HSC is positioned to be a catalyst or agent of change at the local level. Compared to issue coalitions, which are positioned to impact higher-level policies, HSC is more focused on how policy and practice changes at the neighborhood level can improve health. Thus, HSC is in a position to bring about social change and improve the health of communities. HSC is becoming more adept at creating change because it is negotiating how to represent the diversity of the community and include both professional and grassroots organizations. Additionally, HSC’s experience has shown that its strong multi-organizational working relationships increase opportunities for integrated service delivery and stronger local systems. They foster changes through a variety of activities, including creating new programs or services, developing new or more coordinated systems or infrastructure, advocating for stronger policies, influencing individual health or behavior, and disseminating information or materials, among others.
# HSC Operating Framework Exercise

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<th>Section</th>
<th>Details</th>
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| Overview      | This exercise uses the experiences of the Healthy Sacramento Coalition to develop an operating framework for how the coalition can determine what **specific Supports it has to offer** and **Contributions it could potentially make** to supporting a neighborhood improve its health in 5 areas—1) Tobacco-Prevention  
2) Healthy Eating Active Living  
3) Integrating Clinical and Community Health Services  
4) Social and emotional wellness of youth  
5) Healthy and Safe Neighborhoods.  
With answers to these questions the Steering Committee and ultimately the general membership will be asked to **identify ways in which these Supports and Contribution might be aligned.**                                                                                       |
| Outcome       | **Identify elements of what HSC can offer to neighborhood efforts** for improving their health outcomes.                                                                                                                                                                                                                               |
| Three Areas of Questions | 1. Creating capacity for collaboration  
2. Building community capacity  
3. Fostering change at the local level                                                                                                                                                                                                                                                                                       |
| Frame the Exercise for participants | Imagine that HSC partners (community and funders) and organizations from one of the targeted communities wanted to develop a **plan around creating more health promoting space**                                                                                                                                                                                                 |
| Guiding Goal: | If our goal is to offer support around policy and systems change(s) so we can see an improvement in health outcomes, **how would they answer the following questions?**                                                                                                                                                                                      |
| Key Questions: | **[Outcomes-Supports-Contributions]**  
1. **What concrete SUPPORTS** can HSC offer to this community that would:  
   a. Create capacity for collaboration  
   b. Build community capacity  
   c. Foster change at the local level needed  
2. **How would HSC specifically CONTRIBUTE** to the supports identified to:  
   d. Create capacity for collaboration  
   e. Build community capacity  
   f. Foster change at the local level (needed)                                                                                                                                                                                                                                                                               |
| Closing Question | **Looking at all of the suggested Supports-Contributions, in what ways might we align these to focus the work groups?**                                                                                                                                                                                                                           |
Steering Committee  
March 11, 2015  
Meeting Summary Notes

**Meeting Attendees:** Richard Dana, Stephanie Landrum, Gina Warren, James Palmieri, Ramona Mosley, Megan Sheffield, Robert Phillips, and Kim Williams

**Excused:** Rachel Rios, Yvonne Rodriguez, Connie Chan Robison, Monica Hernandez, Dominique Ritley, Marcella Gonsalves,

**Staff Attendees:** Leslie Cooksy and Fatima Malik

I. **Welcome/ Introductions**  
Dana welcomed Steering Committee members to the meeting and reviewed the agenda.

II. **Meeting Summary Notes Review**  
The February 25, 2015 meeting summary notes were reviewed and approved MSC: Landrum/Mosley.

III. **Development of Neighborhood Organizing Framework**  
Dana reviewed the Phase I activities (refer to Feb. 25 Steering Committee notes). The members engaged in a robust dialogue on how best to develop a common organizing framework for the coalition. The Steering Committee will reaffirm the Phase I neighborhoods and determine the approach of working in them through partnership with existing organizations (and community groups) during the general coalition meeting in late March. The coalition will work with as an organized body with partner agencies to advance the work in the Phase I neighborhoods.

The steering committee agreed to develop a presentation that can be used by the coalition members to talk about the priority areas and issues of the coalition within the Phase I neighborhoods. Phillips suggested that the steering committee learn from the engagement processed currently being used by the Building Healthy Communities (BHC) process. The coalition may be able to model the engagement process that has shown promising results.

Williams shared insights on the progression of the community engagement stages throughout the BHC efforts. The current model is rooted in community organizing with trained block captains who have helped increase resident engagement and participation. Additional ways in which the resident engagement is taking place in the BHC includes issue based partnership with relevant organizations. All of the agencies that are involved in organizing have increased coordination and collaboration among the populations they serve using mixed advocacy and engagement strategies. Involving residents is a huge challenge and is most successful by engaging a small group of residents intensely (gradual and slow process). The next phase is expanding the involvement of diverse residents.

Phillips expressed the concern that the coalition does not have the time or resources necessary to lead an intense resident engagement effort and therefore it would be best to partner with existing organizations to take the lead on resident engagement and community organizing on behalf of the

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coalition’s goals and focus areas. The workgroups can be adjusted to include members of the respective neighborhoods and agencies that may need to be at the table (focus on organizational engagement). The coalition should take this process slowly and be mindful in solidifying the process and concepts (including the idea of bringing members of the community into the workgroups) a suggested first step would be to round out the workgroups with organizations from the neighborhoods as a proposal for the coalition to consider.

Things to talk to the coalition include:
- Why these neighborhoods were selected?
- Within our structure and focus, how will this work (what is the coalition good at)?

Strengths of the coalition:
- We do have tangible infrastructure; we are a coalition (can invite organizations to participate and for relationship building)
- We do have five focus areas (broadly): Tobacco-Free Living, Healthy Eating Active Living, Clinical and Community Prevention Services, Healthy and Safe Neighborhoods, and Social and Emotional Wellness
- We have workgroups that allow the coalition to take on the focus

During the next coalition meeting the Steering Committee will lift up the focus:
- Reaffirm the neighborhoods
- Identify how to approach the neighborhoods through partnership with existing organizations/community groups within the neighborhoods to lead the work
- Narrow the focus: what, method, and how the coalition can help

The coalition will be asked what organizations have to contribute in the form of structure and resources that they can/want to contribute to transform the Phase I neighborhoods.

The coalition agreed to maintain the five focus areas and the coalition should organize around these areas within each selected neighborhood (the coalition can decide how to hone in on one or more of the five areas). An asset-based approach may serve the coalition well.

The primary activities and points of interaction by the coalition within the neighborhoods includes: efforts that will build community organizing capacity, increase engagement in policy, systems, and environmental change, and creating resource opportunities. The coalition is not focused on providing direct service nor does it have the resources to lead such activities.

The coalition can serve in the role of helping existing organizations within the Phase I neighborhoods to collaborate and coordinate more in-depth with each other. Making connections and linkages can be a valuable role that the coalition serves within each neighborhood.

The Steering Committee agreed that the coalition will organize within each neighborhood using the following approach:

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- Functional Role: collaboration, convening, connection, and linkages (under the five focus areas)
  o The coalition (organization members) would offer neighborhoods assistance with collaboration (fit within the framework/issue areas of the coalition) and make connections and linkages (among partners and key agencies) that can help lead naturally to action.
  o Non-financial resources within the coalition (voice, power, direction)
- Organizations representing the two neighborhoods: North (including downtown) and South Sacramento.

IV. Planning for Listening Sessions
This item was tabled for discussion at a later time.

V. Discuss Agenda Items for March 25, 2015 HSC Meeting
The Steering Committee confirmed that the coalition will meet on Wednesday, March 25th at 10:30 a.m.

VI. HEAL Workgroup Vice-Chair Vacancy Update
This agenda item was tabled for discussion at a later time.

Next Steering Committee meeting date: Wednesday, April 8, 2015 11:30 a.m. – 1:30 p.m.
Next HSC general meeting date: Wednesday, March 25, 2015 10:30 a.m. – 12 p.m.

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Meeting Evaluation Summary
March 25, 2015

1) Please check the extent to which you agree or disagree with each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>• The meeting was well facilitated.</td>
<td>4</td>
<td>1</td>
<td>10</td>
<td>15</td>
<td></td>
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<tr>
<td>• The pilot project updates were informative.</td>
<td>4</td>
<td>9</td>
<td>17</td>
<td></td>
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<tr>
<td>• I understand the selection of the Phase I neighborhoods.</td>
<td>4</td>
<td>4</td>
<td>14</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>• I understand the focus and function of the coalition.</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>• I had the opportunity to contribute to the discussion on the coalition’s function and focus.</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>9</td>
</tr>
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Total Response: 30/36

2) How could the meeting content, process and/or agenda have been improved?
   - Although it is out of the norm, I would like to suggest that when there are multiple presentations (which are valuable) the meeting time could be extended to 10-12:30pm. This allows time for presentations and work to be accomplished.
   - Pre-work/ Pre-reading to be better prepared.
   - Better facilitation of open comments.
   - Leave more time for function & focus discussion.
   - Ensuring there was time for planning & coalition sharing.
   - Timelines of each presenter S/B adhered more strongly.
   - More time for each presentation.
   - Possibly times of segments on agenda.
   - Timely assessment of what can be covered in the time you have for the meeting.
   - More time to discuss/ deliberate RE: “next steps”.

3) What aspect of the meeting (if any) was most valuable?
   - Meeting was facilitated in an organized manor. Everything was great! Best meeting I’ve been to.
   - I think that it worked well as planned. Went well
   - With this being my first time attending there’s nothing to compare it to, so it seemed to flow pretty good to me.
   - Seeing how the pilots fit into the larger scope of HSC. All pilot project update! Pilot project presenters (were wonderful). ******
   - The focus & function of the coalition (I’m new to Sacramento & to the project).
- The question/answer period was most valuable in my opinion. It allows each person’s question to be expanded on for more clarification. Presentation, discussion. **
- The Q & A session was extremely helpful. Video’s and comments. **
- My first meeting. Impressed with the passion of the coalition members.
- “Real work” examples
- Pastor Joy’s presentation. Business and community working together to eliminate and decrease crime in her community. Case study examples*
- To hear about all the different stories about what is going on in the community.
- Project sharing was good. The planning portion would have been the most beneficial.

4) **What type of information or discussion would you like to see in future convenings?**
- The meeting outcomes were clearly stated and achieved. I believe opening up the meeting to further exploration of resources could prove beneficial.
- More on pilot projects & resource sharing to improve them. Continue W/pilot project update. Updates, further progress of the various projects. **
- Continue where we left off more organizations.
- More time.
- How community groups could receive funding/ capacity building.
- Health insurance for low-income families.
- More video’s – very impactful.
- Financial funding opportunities for non-profits.
- Creating a youth leadership program to duplicate and replicate the focus of this group. (Pharmacy leadership program).
- Needs of pilot to be scaled up/replicated clearly articulated. “Actions needed” by coalition members clearly & directly in writing for participants.
- Education opportunities in the 15 zip codes.
- Discussion on strengthening the mental health safety net in Sacramento.