**Healthy Sacramento Coalition**  
Steering Committee Retreat  
June 9, 2015  
9 a.m. to 3 p.m.  
Sierra Health Foundation

### Agenda

**Meeting Outcomes:**
- To revisit, reaffirm and reach consensus on the vision and goals of the HSC effort going forward and how to effectively communicate that vision externally
- To identify key areas of work and the methods/approaches for carrying it out including but not limited to:
  - Capacity building of the health equity field in the Greater Sacramento region
  - Policy advocacy aligned with a health equity lens that focuses on the targeted zip codes
- To craft a blueprint for a work-plan which articulates both short-term and long-term goals

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00am</td>
<td>Welcome, Check-In &amp; Agenda Review</td>
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<td>9:15am</td>
<td>Reaffirming Our Vision:</td>
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<td>- What is the bold vision for HSC work?</td>
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<td>-- Please bring your thoughts about how you define the vision moving forward, without CTG grant as a focus point. This is a chance for us to both re-affirm and start anew. What might HSC do that no one else is doing?</td>
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<td>- What are our primary goals?</td>
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<td>-- Consider the broad achievements that will be accomplished by HSC as we move forward on our vision.</td>
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<td>- How do we communicate that vision broadly?</td>
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<td>-- Using the vision and goals, what primary messages will HSC members use to define the vision &amp; work?</td>
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<td>10:30am</td>
<td>Break</td>
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<td>10:45am</td>
<td>Brainstorming &amp; Consensus Building on Areas of Work:</td>
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<td>- Capacity building activities – what kind and how?</td>
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<td>-- Please bring your ideas on how to strengthen the field of health equity. What kind of activities will need to be taken on? How will they be implemented?</td>
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<td>- Policy advocacy work which impacts the target zip codes</td>
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<td>-- What are possible impediments to engaging this work? How will the coalition address any impediments to healthy neighborhoods?</td>
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<td>12:30pm</td>
<td>Lunch Break</td>
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<td>1:00pm</td>
<td>Action Planning</td>
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<td>- Short-term priorities (6-8 months)</td>
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<td>-- What will HSC do over the next 6-8 months to implement the Areas of Work?</td>
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<td>- Long-term priorities (1-2 years)</td>
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<td>-- What will HSC do over the next 1-2 years?</td>
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<td>2:30pm</td>
<td>Next Steps – Steering Committee Members will need to review the structure of HSC and make recommendations on changes needed to achieve the new vision, goals and action plan.</td>
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<td>2:45pm</td>
<td>Meeting Evaluation</td>
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<td>3:00pm</td>
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Steering Committee Retreat
June 9, 2015
Meeting Summary Notes

Meeting Attendees: Stephanie Landrum, Gina Warren, Megan Sheffield, Rachel Rios, Connie Chan Robison, Monica Hernandez, Dominique Ritley, Richard Dana, and Robert Phillips
Excused: Kim Williams, James Palmieri, Ramona Mosley, Yvonne Rodriguez
Staff Attendees: Diane Littlefield and Fatima Malik

Welcome & Introductions
Greg Hodge, facilitator, welcomed everyone and reviewed the agenda. He led the group through a small ice-breaker activity to learn more about each other.

Reaffirming Our Vision

Overarching mission:
To improve the “health and well-being” of residents in 15 target neighborhoods
  • Measurable Impact: qualitative (quality of life) and quantitative
  • Social/economic/political

What is the bold vision for HSC work?
- Exploring the root of inequities at the neighborhood level.
- A “go to group” for neighborhoods desiring to address root causes (reputable).
- Stay with priority neighborhoods and leverage work on the ground.
- Ensure neighborhoods have access to healthy food and environments.
- Address health indicators; broadly inspire and communicate; broaden funding streams.
- Value (of HSC) is a combination of our expertise and geographic representation.
- Leverage macro and micro level to influence policy and neighborhoods (avoid duplication).
- “Making it plain,” lift up stories/narrative of neighborhood re: equity. Be the space for storytelling/communications space with safety.
- Push for impact, not check the compliance box (be purposeful), skill building (ex. grant application experience – inability to meet the requirements to receive resources). Incorporating partners to help build capacity. (Challenge health professionals to understand community perspective).
- HSC brings the ability to inter-communicate and break the isolation among the various neighborhoods. Neighborhoods of Sacramento are incredibly isolated (improve diversity, knowledge, and weave actions together).
- We are of and influenced by the 15 zip codes. Translation and connection are needed. Coalition and its power must be toggled between those who work and live in the neighborhoods of interest and the need for larger institutions (decision-making power entities). In order for this to work there has to be a way for two entities to have two-way conversations and negotiations.
- How to exchange ideas and influence strategy? Ask “who benefits.”
- Build cross-sector collaboration, beyond health sector; need more (non-health) people to acknowledge health inequity efforts. And the relationship building that occurs as a result.
- Do something!
- Broaden conversation beyond social determinants of health, but to do what? Improve the “health” of Sacramento.

**What are our primary goals?**
- Communicating health equity in Sacramento (as a hub).
  - Life equity stories from neighborhoods
  - Connect neighborhoods in equity agenda
  - Connect resources to needs
  - Use existing HSC newsletter as a vehicle to serve this function
- Build capacity and sustainability at neighborhood level (skill building).
- Health equity in every policy (macro-level work).
- Creating healthy environments (using existing resources like data collection).
- Integrating all stakeholders (traditional and non-traditional: business, transportation, and housing).
- Improve social determinants of health in 15 neighborhoods.
- Story of why inequities exist.
- Measurable impact.
- Skill building which scaffolds from where residents currently are/pay attention to educational level (use mode of communication that works like barber and beauty shop).
- Pay attention to perceptions about why folks don’t take advantage of services that exist/bridging the knowledge gap (yearlong process).
- Create environment that communicates that stakeholders are, in fact, part of social determinants of health mix (not integrate into us). All fields are part of this (public interest design) framework which sets it up in context.
- Update the analog message for a digital world.
- Skill building for advocacy.

**Brainstorming and Consensus Building on Areas of Work**

**Capacity building activities**
- Agree on definition of health equity and how to operationalize it.
- Use coalition meetings as a (central) hub for collaboration and information exchange platform.
- Showcase the 15 zip codes and organizations within them.
- Expand organizational capacity through collaboration; promote collaboration among organizations within the coalition; build member capacity.
- Maintaining time for networking in the coalition meetings; use time for connecting the dots.
- Create space for formal presentations on what each of us does and to begin to make connections.
- Example of health equity: presentation from The Sacramento Tree Foundation and its impact and how it resonated with everyone. Once presentations are made by all coalition members,
then everyone will know how each one fits in the puzzle to promote health equity and create more space and opportunities for collaboration.

- Advocacy efforts through resident engagement and make connections within zip codes and county-wide level. Role of youth advocacy and leadership in promoting healthy communities.
- Seniors and their need to communicate effectively in a digital world.
- Reduce competition in the nonprofit world and in the zip codes (mindset of collaboration).
- Structure of coalition does not lend itself to the community attending the meetings.
- Not all agencies have direct connections to the neighborhoods, and this is not necessary. Two levels: collaboration and capacity building among agencies and if there are resources for residents then these can be disseminated to the neighborhood.
- Communicating capacity building among members and to the community. Want to feel connected to understand their involvement. Interagency collaboration among coalition members.
- Healthcare advocates (CHWs) in the zip codes.

**Policy advocacy work which impacts the target zip codes**

- The audience includes the membership of the coalition and CBOs.
- The coalition seeks to implement existing policies via coalition members. Offer education to members on what policies exist and how to use tools. Implementing existing policy, utilization or enforcement of policy.
  - Identify policy to inform.
  - Engage neighborhood players with policy angle, informing how to use existing policy.
  - Get communication platform to do this.
  - Impact on 15 neighborhoods.
  - Skill building for systems change.
- Convening members/partners to support the 15 neighborhoods (ex., cap-and-trade dollars).
  - Educating constituents and neighborhood actors.
  - Listening to residents’ narrative to inform policy conversations.
  - Ensure health equity lens in all policies (ex., CSH, School Wellness policies in schools).
- Be a resource for CBOs that have a struggle or problem and to link resources.
  - CBOs are responsible for community-level conversations.
- Convener with more voices – proactive attention to emerging work/initiatives.
- HSC as knowledge aggregator, educator (or incubator) of emerging policy directives, informed by residents’ narrative/work with policy makers and CBOs in HSC to ensure health equity lens.
- Push for policy direction from residents (on the ground) and build toward a new policy.
- High school curriculum with policy edge (brings health inside neighborhoods, create the health policy lens).

**Impediments**

- Residents often learn too late about changes
- Long-term process is a challenging process to see through (from resident perspective)
- Engaging policy makers with time constraints from term limits/campaigning
- Ensure all policies use health policy lens to government/influencers (how to give it teeth)
- Shared language is a must to change health equity through policy
- Broaden HSC membership to others who are concerned with health equity
- Possibilities (measure U) to drive resources to the neighborhoods. “Watchdog function” in future work.

**Action Planning for Next 6-8 months**

**Capacity building**
- Define (and redefine) health equity for HSC members (SDH)
- Gap in membership
- Purpose: info hub (no direct measures) but do measure quality of life
- Identify what each organization does to achieve health equity
- Asset map development (in three months)
- Showcase by neighborhood and by topic/issue area
- At each meeting; read vision and mission
- Identify and agree on a platform to exchange and share info (blog, etc.)
- Meet in Aug. and Oct. in 2015 to redefine HSC
- Create template and have four Steering Committee members demonstrate how to showcase/present what they do

**Policy advocacy**
- Implementing existing policy as top priority
- Prioritize key policy issues; let HSC come up with
  o Opportunities in next 8 months (cross-cutting)
  o Organize education around this
  o Informed by CBO partners
  o Apply health equity tool; all policy
  o Ranked
- Create short-term workgroup to clarify this plan and re-launch 2-3 months out
- Get CBOs from 15 neighborhoods to tell us what issues are critical (from a policy vantage point)
- Identified concerns using existing policies (poll HSC members and CBOs on current SDH concerns)
- Do not want to lose any more members due to change
- Plan out Aug. and Oct. meetings to get dates and times on the calendar

**Reflections:**
- Glad to be a part of the process. Beneficial. Overwhelmed.
- Excited. Optimistic.*
- Great next step for coalition. Responsive.
- Appreciate the struggle with the unknowns and questions. Inspired.*
- Being thoughtful about serving every member’s interests.
- Today’s work was necessary and well done.

**Next Steering Committee meeting date:** Wednesday, June 24, 2014 10 a.m. – 12 p.m.
**Next HSC general meeting date:** Wednesday, August 26, 2015 – time is to be determined