Healthy Sacramento Coalition
Policy Workgroup
Date: September 12, 2012
Meeting Summary

Meeting Objectives:
1. Policy Workgroup members get to know each other
2. The group will begin to examine policies that should be recommended for support to the entire Healthy Sacramento Coalition

Next meeting details: October 10, 2012, 2:30-4:40 p.m., Sierra Health Foundation
Survey results from the Healthy and Safe Physical Environments focus area will be reviewed at the October meeting.

Action Items:
Dr. Glennah Trochet will email the Policy Workgroup members to ask them to provide their contact information to the Prevention Institute if they want to be contacted to provide policy expertise.

1. Policy Working Group members get to know each other
Dr. Glennah Trochet convened the meeting by welcoming everyone and thanking individuals for their assistance with the survey and previous meeting. Dr. Trochet asked everyone present to introduce themselves, and briefly describe their area(s) of expertise and/or their area(s) of interest as related to the Community Transformation Grant (CTG) and/or the CTG policy workgroup.

A motion to approve the August meeting minutes was made by Monica Hernandez, seconded by Kimberly Bankston-Lee, and approved unanimously by voice vote.

Robert Phillips provided an update on the Healthy Sacramento Coalition and the policy scan. Sierra Health Foundation has contracted with the Prevention Institute (PI) to conduct the policy scan, which is a requirement of the CTG planning phase. The PI is also hired by the Centers for Disease Control (CDC) to provide technical assistance to CTG sites across the country.

The PI will be contacting individual members of the Policy Workgroup and will attend Policy Workgroup meetings to collect input on what is happening currently in Sacramento County across the five CTG focus areas. The scope of the assessment will include environmental, procedural, legislative and programmatic changes in

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Sacramento County. The Policy Workgroup will provide the local/Sacramento context, such as local political will. The PI will provide a summary analysis.

A second component of the policy scan will be to collect evidence- or practice-based strategies that are being used or applied across the country. Timeline for completion of the policy scan is four to six weeks. The Prevention Institute will present at the October Policy Workgroup meeting.

Robert explained the definitions of “systems change” and “environmental change.” Systems changes are changes in procedures, or “how things” get done. For example, a change in the way a health department engages residents. Environmental change is a change in the physical environment. For example, a zoning ordinance that leads to additional sidewalks.

The CTG approach to reducing health disparities will be specific to the 15 “communities of concern,” or those with the greatest health disparities, identified through the community health assessment. The overall health of Sacramento County will be improved by improving the health of the residents of the 15 communities.

The policy scan along with data from the community health assessment will be tools for the Healthy Sacramento Coalition to use in making decisions. A communications plan will provide the framework for how we communicate, or “talk about,” the issues. Behr Communications is contracted to develop a communications plan.

2. The group will begin to examine policies that should be recommended for support to the entire Healthy Sacramento Coalition

   The group began reviewing the results of the “Summary of Sacramento CTG Policy Workgroup Survey.” First, the definitions of “policy” that were submitted by survey respondents were reviewed in order to arrive at a common understanding of policy. All of the definitions of “policy” provided were acceptable to the workgroup and will be summarized into one statement.

   Comments regarding Tobacco-Free Living emphasized the importance of addressing this area because tobacco use is the Number 1 preventive cause of death in America. A flyer for a smoking cessation support through the California Smokers’ Helpline was passed out to the workgroup.

   Comments regarding the Active Living and Healthy Eating area included adding “parks and open spaces,” vending machine policy, and opportunities for children’s activities.
Suggestions regarding “Evidence Based Quality Clinical and Other Preventive Services” included changing clinic hours of operation to include evening hours, considering transportation challenges, and using strategies identified by the University of Best Practice. There was some discussion and confusion around the scope/definition of “prevention” that will be included in the CTG efforts. Specifically, is increasing access to health care considered prevention? Is identifying and treating disease so that adverse health consequences are prevented (secondary prevention) included in the CTG scope?

“Social and Emotional Wellness” will be viewed broadly to consider the impact of factors such as stress and the benefits of “self-empowerment.”

In closing, members were reminded to consider the potential impact of policy and/or systems change on the 15 communities of CTG focus; to keep a community-level perspective. At the October meeting, the Prevention Institute will include in their presentation examples of how policy can impact and change communities.

Meeting adjourned at 4:30 p.m.