

Health Action:
Planning for a Healthy Sonoma County

Meeting #5
MEETING SUMMARY

March 7, 2008

8:00 a.m. – 10:00 a.m.

1030 Apollo Way, Road, Santa Rosa

Attendance: Co-Chairs: Supervisor **Tim Smith** and Health Services Director **Rita Scardaci**; Members: **Bob Anderson**, United Winegrowers for Sonoma County; **Jane Bender**, Santa Rosa City Council; **Judy Coffey**, Kaiser Permanente; **Stanley Cohen**, Sonoma City Council; **Mike Cohill**, Sutter Medical Center of Santa Rosa; **Walter Collins**, United Way Sonoma-Mendocino-Lake; **Terry Davis**, Community Volunteer; **Nancy Dobbs**, KRCB Television and Radio; Dr. **Brad Drexler**, Sonoma County Medical Association; **Heather Foote**, SEIU-UHW; **Naomi Fuchs**, Southwest Community Health Center; Dr. **Bo Greaves**, Primary Care Associates; **Judy House**, PsychStrategies; **Pat Kilkenny**, Kilkenny Associates; Dr. **Mary Maddux-Gonzalez**, Public Health Officer; Dr. **Tom Maloney**, Area Agency on Aging Advisory Council; **Suzy Marzalek**, Community Volunteer; **Andrew McGuire**, Trauma Foundation and Health Care for All-California; **Cynthia Murray**, North Bay Leadership Council; **George Perez**, St. Joseph's Health System Sonoma County; **Lisa Wittke-Schaffner**, Healdsburg City Council; **Ben Stone**, Economic Development Board; **Mary Szecsey**, West County Health Centers; **Lee Turner**, Community Baptist Church

Opening Comments

- Supervisor Tim Smith welcomed Health Action members. He thanked Jane Bender, Bo Greaves, Judy House and Andrew McGuire for their leadership with the Task Force planning process and thanked the Health Action members for the time that they have devoted to this effort.

- Tim Smith announced that Efren Carrillo has stepped down as an official member of Health Action because of his decision to run for political office. Tim Smith thanked Efren for his contribution to Health Action and mentioned that Efren would possibly still be involved with Health Action at the Task Force level.

Health Action Communications Plan

- Rita Scardaci discussed the plan for community engagement and community outreach that will commence in April once Health Action has identified a primary focus area. She thanked the work of the Ad-Hoc Communications Committee in drafting a Communications Plan (Nancy Dobbs, KRCB; Rollie Atkinson, Sonoma West Times; Lori Houston, Communications Consultant; and DHS staff).

- The Communications Plan is directed to a variety of different target audiences and is intended to: 1) inform public and key stakeholders about the goals and activities of Health Action, 2) increase public understanding of local health and health care issues, 3) create a shared vision for community health improvement that is based on the multiple determinants of health, 4) promote community support for and engagement in finding solutions that are most likely to improve health status in Sonoma County, and 5) receive public input and comment regarding health improvement opportunities and to create a feedback mechanism to respond to public input and comment.

- To assure that accurate information is being communicated to the public, key messages about Health Action goals and processes are being developed that can be used by Health Action members when speaking to the media or to others in the community.
- Scardaci also reported that the County is currently involved in multiple efforts with community partners to protect capacity in the mental health and AOD treatment systems. These efforts include, but are not limited to, development of a psychiatric inpatient facility and expansion of community-based AOD treatment. The Department will bring updates back to the group as these efforts progress.

Dialogue on Key Issues for Consideration

- Tim Smith reminded the group that the purpose of today's meeting is to hear from each Task Force planning group and all Health Action members about their perspectives on the 3 potential focus areas (Healthy Living, Mental Health / Alcohol and Other Drugs, and Healthy Aging).
- Jane Bender provided an overview of the steps Health Action has taken to date and the steps ahead:
 - **January 11th**: Health Action identified 4 areas with nine issues at our last Health Action meeting.
 - **Feb. 1 and 22nd**: Through thoughtful discussions and study, the Task Force planning groups narrowed those issues to 3 issues to focus in-depth discussions on. Those are:
 - ✓ Healthy Living (formerly called Health Eating and Physical Activity)
 - ✓ Mental Health and Alcohol and Other Drugs
 - ✓ Healthy Aging

After the issues were identified, staff put together briefing papers on each of the three issues. Two weeks ago both Task Force planning groups met separately and discussed the key points in each issue area.
 - **March 7th**: Today we will present our thoughts on each of the three issues and get feedback from the full group. What issues are beginning to excite you and what issues can have the most impact in changing the health status in our community?
 - **March 14th**: The Task Force planning groups will meet again to consider your feedback and using our criteria will make recommendations on which issue area for Health Action to focus on.
 - **April 4th**: Health Action will decide on focus area.
 - Then the Task Forces will begin their work with the addition of community experts and community leaders and residents and we will work on recommending specific strategies for action and opportunities for change.
- The Task Force co-chairs summarized the main discussion points on the 3 issues areas from the Community Health Task Force and Health Care Delivery System Task Force planning meetings.
- Summary of **Healthy Living** main discussion points:

Why do this?

- Huge, long-term health and health system impacts.
- Lots of people are affected and can relate to this issue.

- Lots of opportunities for upstream approaches that can engage all sectors (business, schools, healthcare, churches, social/civic organizations, senior centers, neighborhoods, etc.).
- Potential for cross-cutting impact:
 - working on this could impact some healthy aging and behavioral health issues;
 - could bring youth and seniors together, opportunities to meet multiple objectives.
- This issue is on the mainstream radar and at a “tipping point”
- Good opportunity to leverage other systems i.e. schools, community organizations
- Opportunity for upstream intervention, focus on prevention.
- Delivery system is broken, needs to change - opportunity for innovation.
- Available model programs that can be leveraged – community campaigns, community design to support healthy living etc.
- Potential to reduce health care costs for employers, individuals, govt.

How could we do this? What possibilities got us excited?

- Awareness / education campaign re: opportunity for Health Eating/Physical Activity
- Leverage school wellness policy mandates.
- Engage and educate parents.
- Implement organizational wellness programs (business, non-profit etc.).
- Don't have to wait for fancy infrastructure. 10,000 steps can work for everyone.
- Opportunities for advocacy (e.g., high-fructose corn syrup)
- Chronic care and patient-centered models offer opportunities.
- Shift from sickness model of care to wellness model of care coaching, behavior change, integrative health
- Engage provider community – training, advocacy
- Use data, health care technology to increase health, decrease demand
- System-wide prevention/intervention goals and practice protocols

Potential issues/challenges

- Economic challenges of low-income i.e. difficulty accessing – healthy food, healthcare.
 - How to reach vulnerable populations – low income especially.
 - Do we want to take on long-term policy work needed to build infrastructure to support healthy behavior?
 - How to reach older adult population? Isolated, invisible, “one size doesn't fit all.”
 - “Sick care” health system – not set up to reimburse prevention services or engage patient as partner in supporting wellness.
 - Do we know what really works to change health behaviors?
 - Little coverage for screening and prevention activities.
 - Not clear how effective clinical intervention is.
- Health Action members made the following additional comments re: **Healthy Living**:
 - This issue provides an opportunity to think about transforming the primary care model into a patient-centered healthcare team approach.

- An opportunity to get young people to make lifestyle changes that will benefit them for the rest of their lives. Approx. 17,000 youth are in our school systems and can be easily reached.
 - Also great opportunity to work with employers to reach the approximate 100,000 workers. If employers were offered support, they could be very helpful in reaching out to the many employees in Sonoma County.
 - There is lots of evidence about how to be effective with behavior change, but inadequate funding to do the work. We need to look to the evidence. We know that the traditional office visit or “provider lecture” doesn’t work. Evidence suggests that more is needed to effect behavior change (e.g., team approach, reinforcement, support). Also important to understand the economic, cultural, and psycho-social issues that affect behavior change.
 - Important to translate everything into Spanish and to pay attention to the extra outreach that may be needed. Transportation is a huge issue that can serve as a barrier to healthy living. Consider how incentives can be used to reward/support healthy behavior (as some insurers are doing) and how to make behavior change stick. Consider partnerships with others like the Buck Institute, who is doing research on Healthy Aging. Perhaps becoming a test site for innovative ideas (including merging concepts of Healthy Aging and Health Tourism).
 - Need to think about the issues of access to health care. There is not an adequate number of providers to serve our population.
 - Need to “step up” to tough issues, like access. Need to communicate who is working on health care delivery issues and who is not. Need more information on current health insurance reform issues. Are there are opportunities for advocacy?
 - Need to look at how different income groups are impacted by poor health behaviors and to include stress as a key factor. Consider consolidation of non-profits to save resources.
- Summary of **Mental Health / Alcohol and Other Drugs** main discussion points:

Why do this?

- Mental Health – “stepchild” of the healthcare system doesn’t have advocacy it needs.
- Dealing with this upstream will save downstream resources.
- System is patchwork, needs collaborative community planning for integrated health system.

How could we do this? What possibilities got us excited?

- Advocacy for mental health insurance parity
- Need to de-stigmatize mental illness.
- Move to wellness model - integrate behavioral with general health care (link with Healthy Living).

Potential issues/challenges

- Cost of funding adequate system is larger than we can handle – “black hole”.
- Shortage of psychiatrists.
- Mental Health means “so many” different things to different people → how to get a handle on these?

- Difficult issues to address effectively. Causes of mental illness are complex - not clear how we can impact.
 - Mental health care inadequately funded – may be out of our control at local level.
 - Cost-benefit of working on this – expensive, but maybe not as much return as other issues.
 - Healthy Living may address some mental health issues.
- Health Action members made the following additional comments re: **Mental Health**:
 - Opportunities to influence youth on “healthy living” are very important.
 - On the whole, the county is freaked out about mental health. The issue is difficult, but we are being asked to provide leadership on health care. If not us, then who? We need to try to address this issue.
 - Lack of funding is a tough issue. We are activated to leverage opportunities. When you look at the data, you see that behavioral health issues are critical to address.
 - We need to integrate mental health holistically with health in general. Its all connected. It’s a whole body.
 - Need to address whether our goals are short-term or long-term. What is our time horizon?
 - We need to take a long-term approach.
 - What would our community really value? What can they relate to? People need to know 1) where to go, 2) what services are available, 3) what they can do to live a healthy life.
 - Many people make decisions based on cost. We know that healthy living is “cost effective,” but how do you get people to understand that. People also need information to understand the system. There is not good centralized information about the system and what is available.
 - To work on this issue, we would need to make it concrete. Definitions of mental health are unclear and the issues are complex. Would need to define “the crisis” and use our criteria to see if/how we would really be able to address the big issues.
 - The current challenges are compelling, but we really need to weigh this issue against our concern with other key determinants of health. To be effective, we need to be able to focus on one issue area.
 - United Way is supporting non-profit consolidation. We need to think about scope. What is our reasonable chance of success? We need to think about the costs of our recommendations.
 - “Upstream” work can prevent costs “downstream.”
- Summary of **Healthy Aging** main discussion points:
 - Why do this?
 - Increasing older adult demographic and resource utilization - “big and getting bigger.”
 - Concerns about lack of access to providers (primary & specialists), even for people who have insurance.
 - Depression/social isolation of seniors = poor health outcomes.

How could we do this? What possibilities got us excited?

- Training/support for health care workers.
- Navigator services to link aging to existing services – 211, hotlines, ombudsmen.
- Advocate for adequate reimbursement for health care services.
- Support end-of-life discussions, advance planning, hospice.
- Workforce development, quality standards, pay standards for caregivers.

Potential issues/challenges

- What can we do about provider supply?
 - Need to change current medical model.
 - Lack of public consensus or local control over allocation of health care resources.
 - Health reform is necessary to really change access issues.
 - Working on Healthy Living would address many aspects of Healthy Aging.
- Health Action members made the following additional comments re: **Healthy Aging:**
 - Great opportunity to involve youth in projects that connect with elders.
 - California lacks cross-generational communities. Would be good to build that.
 - AAA has senior resource handbook and a hospice workbook. Need to find more distribution channels for both.
 - There is lots of talk about seniors, but no action. Need a needs assessment. Need to train workforce to do assessments and case management. A crisis is approaching and costs will rise.
 - Healthy Aging or Mental Health are good issues to work on because they provide more opportunities for delivery system interventions.
 - Need to start thinking about issues like hospice much earlier in life. Healthy Aging could engage the entire community if we took it on.
 - Health Action members agreed that these are the key issue areas that will be researched and analyzed further in February and March, with the final goal of identifying 1-2 key issues for Health Action to focus on.

Convening the Task Forces

- Rita Scardaci described the process for convening the Task Forces. She explained that once Health Action identifies a focus issue in April 2008, it will convene two advisory Task Forces to study the issue in more depth, engage the community in identifying potential strategies, and develop recommendations for Health Action consideration.
- The Community Health Task Force, co-chaired by Jane Bender and Bo Greaves, will look at community conditions that contribute to the selected health issue and will develop recommendations for improvement. The Health Care Delivery System Task Force, co-chaired by Judy House and Andrew McGuire, will look at potential improvements to the health care delivery system for that particular issue.
- The Task Forces will extend the reach of Health Action by engaging expertise beyond Health Action membership and linking to key health care work groups and consumer advocacy organizations. Health Action members will chair the Task Forces. In addition to Health Action members, Task Force co-chairs will

appoint approximately 10 additional community members to each group. Co-chairs will be looking for individuals who can offer a critical perspective on selected priority issues and who can provide expertise and/or resources (e.g. data, information on best practices) needed to develop recommendations.

- Rita asked that Health Action members please send names of individuals that they might recommend for Task Force participation to Ellen Bauer at ebauer@sonoma-county.org or (707)565-6684.

Public Comment

Closing Comments

Next meeting is Friday, April 4, 2008, 8:00 –10:00 a.m. at North Coast Builders Exchange at 1030 Apollo Way, Santa Rosa.

For more information please visit www.sonomahealthaction.org