

**Health Action:**  
*Planning for a Healthy Sonoma County*

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**Meeting #6**  
**MEETING SUMMARY**

April 4, 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; Oscar Chavez, Community Action Partnership Sonoma County; **Judy Coffey**, Kaiser Permanente; **Stanley Cohen**, Sonoma City Council; **Mike Cohill**, Sutter Medical Center of Santa Rosa; **Walter Collins**, United Way Sonoma-Mendocino-Lake; **Nancy Dobbs**, KRCB Television and Radio; Dr. **Brad Drexler**, Sonoma County Medical Association; **Jerry Dunn**, Human Services Department; **Heather Foote**, SEIU-UHW; **Naomi Fuchs**, Southwest Community Health Center; Dr. **Bo Greaves**, Primary Care Associates; **Judy House**, PsychStrategies; **Pat Kilkenny**, Kilkenny Associates; **Bruce Kyse**, Press Democrat; Dr. **Mary Maddux-Gonzalez**, Public Health Officer; Dr. **Tom Maloney**, Area Agency on Aging Advisory Council; **Suzu 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; **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. He announced that a main outcome of the meeting is to make our decision on our focus issue area.
- Rita Scardaci provided a summary of information on the programs and services offered by the county Mental Health and Alcohol and Other Drug Services Divisions. Written programs summaries can be found in the Resources section of the Health Action website: [www.sonomahealthaction.org](http://www.sonomahealthaction.org)
- Mary Maddux-Gonzalez announced the upcoming airing of a PBS series that explores how economic status, social conditions and race profoundly affect health, disease burden, and life expectancy. "Unnatural Causes: Is Inequality Making Us Sick?" will be aired on KRCB Channel 22 at 9:00 p.m. on four consecutive Tuesdays: April 15, April 22, April 29, and May 6. More information on the Unnatural Causes series is available at [www.unnaturalcauses.org](http://www.unnaturalcauses.org).

**Review of Health Action Process**

- Bobbie Wunsch provided an overview of the Health Action process
  - Assess community's health needs and strategic opportunities.
  - Use criteria to identify a focus area for health improvement.
  - Assess existing community and health system barriers/conditions that prevent or hinder health improvement in our focus area.

- Develop specific goals and objectives that could help get us address these barriers and achieve specific outcomes.
  - Research best/promising practices and use our criteria to look for opportunities to support existing efforts or create new local initiatives to fill the gaps.
  - Partner with community to develop recommendations for specific strategies for community and health system improvements to accomplish identified objectives.
  - Develop implementation action plans and begin implementation.
  - Support and monitor countywide progress in accomplishing desired community and health system improvements and in achieving identified health improvement outcomes.
- A process map that shows the flow of Health Action work over time and how various groups and stakeholders interact in the process can be found on the Health Action website ([www.sonomahhealthaction.org](http://www.sonomahhealthaction.org)).

### **“Living Healthy” Recommendation**

- Jane Bender reviewed Health Action progress to date in narrowing the focus on selected health issues: healthy eating and physical activity, healthy aging and mental health.
- Task Force co-chairs Bo Greaves (Community Health) and Judy House (Health Care Delivery System) reviewed the recommendations developed in March by each of the task force planning groups. Both groups recommended that Health Action move forward with the issue of Healthy Eating and Physical Activity, which would look for ways to support individuals, communities, and the health care delivery system to address the significant and growing health problems that are caused by unhealthy eating and sedentary lifestyles (such as obesity and diabetes).
- It was recognized that further thought and discussion needs to go into deciding the official name of the focus area, but “Living Healthy” can serve as a temporary way to reference the issue.
- The planning groups recommended this issue as an initial focus area for the following reasons:
  - It is an issue that the entire community can relate to and participate in. It can lay the groundwork for Health Action’s first effort as a catalyst for health improvement, providing the community with a broad framework that addresses both the needed improvements in community conditions and the health care system.
  - The issue area also impacts the areas of mental health and healthy aging in very positive ways, but because it is broader it can serve to engage more people and communities in this first round of health improvement efforts.
  - Because this is an issue that affects everyone, it can allow individuals to look at their own personal circumstances first and then look at the impact for the whole community. This issue also has relevance to people of all

ages in the community and has the potential to have a cross-generational approach that links youth, adults, and older adults in meaningful ways.

- This issue area can have a great impact on quality of life and health care costs in both the short-term and long-term. Working on this issue offers potential to not only impact the behaviors of children but also to impact adults in their middle and later years to set the stage for healthy aging.
  - By helping to prevent conditions such as obesity and diabetes, this issue has potential to lessen the strain on the health care system by focusing efforts “upstream” and reducing health care costs in the long-term.
  - This issue provides a great opportunity for working with Sonoma County’s diverse communities to address the community conditions that impact health status, including a community organizing approach at the neighborhood level.
  - This issue can leverage a wide range of local resources and efforts throughout the community. There are many opportunities to work with schools, employers, social organizations, neighborhoods, governments, health care providers and others to support “Living Healthy” and to advocate for policy and systems change.
  - Exciting opportunities within the health care delivery system include:
    - Supporting “Living Healthy” by improving access to a “medical home” for all Sonoma County residents, where a primary care team is accountable for coordinating all their health care needs.
    - Increased focus on patient-centered care and prevention in the primary care provider office, including behavior change and self-management support.
    - Supporting individuals to be active in managing their own health and health care.
    - Building capacity for information technology to support care coordination, tracking of health outcomes, and population health management.
    - Exploring innovative provider reimbursement structures that pay for prevention, care coordination, health information technology, and evidence-based measures of care.
    - Creating overall cost savings by preventing unnecessary ED and hospital use.
- Judy House reported that there were a few issues identified by the planning groups that need further discussion. Before going on to vote on the initial focus issue, the group took some time to discuss: 1) How to clearly define “Living Healthy”? and 2) What will we do about the other 2 issues of Healthy Aging and Mental Health? The following comments were recorded from Health Action members:

#### Definition of “Living Healthy”

- “Living Healthy” is appealing because it evokes a process.
- Focus on chronic disease prevention, i.e., nutrition and exercise

- Diet should be focus but should also include exercise, medical home, access to care. Need to figure out our target population.
- Stress is the driver on diet and exercise. Don't forget to include these bigger issues.
- Complex issue. Need to be clear what we mean.
- Can we be sure to include older adults and consider mental health issues when we focus on healthy eating and physical activity.
- The definition of our focus (healthy eating and physical activity) will become clear as our process leads us to specific strategies.
- This "upstream" focus is the best policy. The task forces will work out the details.
- Task forces must focus on measurable outcomes. Strategies will be selected based on desired outcomes.
- Would help if we could develop a "blueprint" for "Living Healthy" for the community. Will help bring in more long-term support. Strategies need to address root causes and set measurable targets. This will help us focus and be effective.

#### Mental Health/Healthy Aging

- The new mental health planning effort described by Rita Scardaci would not be a good fit for Health Action because of its exclusive focus on the seriously mentally ill.
- Working on mental health issues would allow us to think upstream about "healthy attitudes" about mental health issues and address stigma.
- "Living Healthy" is a good first focus because it will attract the whole community.
- We chose "Living Healthy" because it has the ability to impact mental health. As we move forward, we should be cognizant of how this issue relates to the other 2 issues.
- Need to think differently about health and mental health. Health of mind is connected to health of the body. They should not be separated. "Living Healthy" should be a continuum from cradle to grave and integrated to include mental health.
- Mental health is a major barrier to "Living Healthy" and should be kept in mind to consider in the future. Also, need to consider the concerns that some people have when they feel that the government is trying to tell them how to live their lives.
- Need to communicate to the community that our focus on "Living Healthy" has potential to address some mental health issues (e.g. depression) and that other community efforts are being mobilized to address the needs of the seriously mentally ill and to address the gaps in inpatient psychiatric care.
- Need to get our ideas out to the community and remember that the broader community has more new ideas. We need to get their input, because they will be key to successful implementation.

#### **Vote on "Living Healthy"**

- Bobbie Wunsch facilitated a formal vote on the recommended focus issue of "Living Healthy." Each Health Action member was asked to indicate their level of support for moving ahead with this recommendation.

- All votes, except one, were in favor of moving forward with the recommended focus issue of healthy eating and physical activity or “Living Healthy.”
- While this issue would be the initial focus of the group’s health improvement agenda, Health Action members also committed to develop a broader vision or “blueprint” for the community’s health.
- Health Action members provided a wide range of comments and suggestions for the task forces to keep in mind as they proceed. These include:
  - Keep in mind the larger forces at play, such as education, employment, and other determinants of health. Also be realistic about available funding for implementation and evaluation.
  - The burden of chronic disease is of great concern. Remember the issue of health disparities.
  - Initial focus should be on healthy eating and medical home. Think specifically about the different actions that different stakeholders might take (e.g., consumer, providers, employers).
  - Be sure to include older people and work on the continuum of life. Also very important to leverage existing programs
  - Look at health holistically and think about integration.
  - Consider opportunities for intergenerational efforts.
  - Need to identify “touchpoints” to help public understand the issue and its links with health care.
  - Be sure to focus on root causes, outcomes and messaging. Initial focus on medical home
  - Be careful to select strategies that will give good “bang for the buck” and have research/evidence base.
  - Need to define time horizon (short term vs. long term strategies and outcomes).
  - Important to reach out to small employers.
  - Need to identify specific outcomes.
  - A “blueprint” for the larger health vision of the community will help other organizations identify resources and work together for collective change.
  - Remember that this is really about “healthy communities”. Also be sure to focus on those most in need.
  - Focus on proven models.
  - Need clear communication regarding purpose and process.
  - Make sure this isn’t perceived as government telling people what to do.
  - Remember that this is not just the job of the government; lots of groups and efforts can be connected on this issue.
  - Need strong public statement about collaboration between businesses and health care providers to provide cost-effective coverage. Think about how we can help employers with their health care coverage issues
  - OK to have lots of questions as we proceed. Think about getting fluoride in the water. Kids can’t eat healthy food if they have rotten teeth.
  - Good to have two task forces initially, but we may ultimately need to combine. Need to build up the primary care system in the county and explore new relationships that can support primary care. Communities with more primary care have better outcomes and lower costs. This will help employers.
  - Need to focus on how this issue play with public and employers and include them in the process.
  - Need residents and insurers in the process.

- Think about how to collaborate with other organizations. Sonoma Health Access Coalition also has a vision for a medical home for all.

### **Convening the Task Forces**

- Rita Scardaci described the process for convening the Task Forces. Two advisory Task Forces will be convened in April to study the focus 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.
- Rita reviewed the timeline for the next phase of work
  - April – June: Research/discuss potential strategies
  - July – August: Community input/engagement on potential strategies
  - September: Final strategy recommendations to Health Action

### **Public Comment**

### **Closing Comments**

Next Health Action meeting is Friday, July 11, 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](http://www.sonomahealthaction.org)