



Healthy Sacramento Coalition Meeting March 26, 2014 Meeting Summary

Meeting Outcomes:

- To discuss next steps about the review and oversight of the RFP process
- To receive an update on the future of Healthy Sacramento Coalition
- To receive updates on workgroups and RFP development process for the three pilot projects

Welcome and Overview

Greg Hodge, Khepera Consulting, welcomed everyone and began the meeting by having everyone introduce themselves. He provided a brief overview of the day's agenda.

Communities Creating Health Initiative Presentation

Robert Phillips, Sierra Health Foundation Director of Health Programs, provided an update on the future of the Healthy Sacramento Coalition and the review and oversight of the RFP process. Robert introduced an effort that is consistent with the direction we are heading in as well as a leveraging effort of resources in Sacramento County.

For more information, refer to presentation titled: *Update on the Future of HSC 2014* online at <http://www.sierrahealth.org/hsc/2014-meeting-materials>.

Sierra Health Foundation's priority and value to address health disparities led to the development of a learning effort that includes the voices of racial, ethnic and cultural communities to connect those communities experiencing adverse health outcomes to a broader policy and systems change conversation. Sierra Health along with two other funding partners, Convergence Partnership and The California Endowment, seek to promote health equity within communities to address chronic diseases.

The initiative titled *Communities Creating Health (CCH)* includes four partner agencies: La Familia Counseling Center, Asian Resources Inc., Mutual Assistance Network and Center for Fathers and Families. Based on a core set of criteria the organizations were selected to incorporate health with a broad focus within the context of communities of color and in Sacramento County. Additionally, based on their experience, the Health Education Council serves as the supporting agency to tie these four agencies to broader health efforts in Sacramento. The CCH initiative began in spring 2013 and will continue until spring 2016.

Sierra Health's larger goal is to connect health, equity and health care. In addition to connecting to the health conversation, there was a need for a real connection, context and focus on the neighborhoods. Therefore organizations that fill this role had to be added to the health conversation. The overall goal is to address health: how to connect health and the components of what makes a person healthy together. In addition to a connection to the health conversation, there was a need to connect and provide context that would give the

neighborhoods representation and the ability to connect their aspirations and efforts with the health conversations in real ways and to provide a real perspective.

Lastly, the health care system is the place where people actually go. Although people go to other places in the community that speak to the health question, the health care system is really the main one. This includes public health, mental and behavioral health, as well as the hospitals and community clinics. Three components, the Healthy Sacramento Coalition, Communities Creating Health and the Healthcare Partnership, make up the infrastructure and will be needed for us to be successful in our efforts.

The CCH group has been engaged for more than a year to help answer the question of what it means to be a connection to the (15 zip code) neighborhoods, not just for the coalition but in general. All four agencies are and will continue to be a part of the coalition. A gap was observed when Sierra Health Foundation was looking for organizations to help shepherd the work in these neighborhoods, who would serve as a connection, and would provide leadership connected to work in the community and in the Healthy Sacramento Coalition. It was hard to find any organization that could take this on. Subsequently, the creation of the CCH partners is an attempt to directly address this gap and to create capacity in Sacramento County, including representation from these neighborhoods. The CCH partners' focus is on being present in the coalition and in health conversations in Sacramento as a means to provide demographic representation of those who are experiencing health disparities.

In the Healthy Eating Active Living Workgroup, it was suggested that a representative from the faith-based community should be recognized and included in the CCH partners group as a non-traditional way of dealing with health. The priority to have demographic representation from the neighborhoods led to the current composition of the CCH partners. At a later time the organized institutions such as faith, business and labor will have to be involved in our conversations.

Q: *Will the CCH partners group cover all ethnic groups and other populations? What happened to other groups like the Slavic community?*

A: The groups that we are starting with in terms of demographic representation are based on the density of certain health demographic data from the Community Health Needs Assessment. The CCH partners do not represent every group. However, they do represent those demographics we are starting with. A question that will have to be figure out is related to the ethnic and cultural groups and how do we have similar efforts for other communities such as the Slavic, new immigrant, and LGBTQ community. Opportunities for additional partnerships are expected to take place in the future.

Q: *Do we have data on where we geo-mapped the zip codes and saw what the demographics were?*

A: On the presentation earlier, from Fatima, all the data is available on the healthycity.org website and is based on the needs assessment from Valley Vision. To become a member of the group page email your request to: hsc@sierrahealth.org with the subject line: Healthy city invitation request.

Q: *Of those four designated organizations, sometimes when you go to various organizations they want you to, if you want to be a part of that movement, you have to eliminate your identity. Do you have a collaborative structure where people can have some kind of advisory capacity to those different groups in those areas? Did you stipulate that people could? The work we do is very specific to African-American women and children. In the past, we have gone to those groups and we were not allowed to participate with our own identity. In*

your agreement, will we be allowed to be on an advisory capacity or participate within those groups with our own identity?

- A:** We have not suggested to the groups how they should organize to work in their communities for two reasons: one, because they know better than we do how to do that and two, the conversation for the foundation is to make sure that we have no gaps and to answer the question of who does the foundation work with on a question like this. That level of detail we have left to the organizations, we have not suggested either an agreement or an implication of what they should and should not do with organizations that they would work with in their neighborhoods.
- C:** *I've been attending since August; this is so refreshing to hear this level of sophistication and a foundation that is being laid going forward as it addresses the inner city and the need in terms of equality versus equity. It makes it so crystal and now laying that foundation, we can move forward from what you just presented. And being from a neighborhood such as that, I appreciate it. Thank you.*

Learning Opportunity – A film clip on the Dudley Street Neighborhood Initiative titled *Gaining Ground Trailer* was presented: <http://youtu.be/spWORLpMeHk>

Robert shared the video clip to help others learn about what informed his thinking. The Dudley Street coalition of Boston is in the Roxbury neighborhood. It is multi-ethnic and organized by the neighborhood. It was established over 20 years due in large part to a lot of the things we are facing such as how do you accurately represent these neighborhoods. This will help put in perspective where the basis of the rationale for the CCH partners came from. This is a neighborhood that is organizing itself to deal with broad health issues and also organizing itself to deal with the neighborhood connection question. They do things in multiple languages. A reason why Dudley Street was a neglected neighborhood for so long was because it was made up of large populations of Caribbean immigrants, Central American immigrants, and African Americans and the factions would always fight. One thing that was negotiated is the cultural and ethnic ties to each other to come up with a collective view of health. They used a specific approach to get to a general conversation and this is one thing we want to help foster and create within the Healthy Sacramento Coalition. Additionally, they dealt with cultural differences among people that look the same.

Similar to the Dudley Street Neighborhood Initiative, the goal for the Healthy Sacramento Coalition is to be seen by the neighborhoods as a neighborhood change effort too. This is the primary reason for the establishment of the Communities Creating Health partners, in order to create this as a neighborhood effort, not just as a Healthy Sacramento Coalition.

Related to this, there has been a question about how the RFPs will be reviewed in a way that connects directly to the 15 zip codes, ensures accountability to the work, and is connected to the 15 zip codes. As a result of the CCH partners being charged with figuring out how to effectively connect the broad vision of the health conversation to these neighborhoods, the merging with the Healthy Sacramento Coalition is being recommended to the coalition for the purpose of the proposal process to have the CCH partners serve as the review team. It is being suggested that the CCH partners serve as an additional level of review and as the review team of the proposals for two reasons: to ensure connection with the 15 zip codes and to make sure the work is done in a way that is relevant to the neighborhoods so that we can make progress. The CCH partners would serve as both review and oversight of the pilot projects that we would engage in within the 15 zip codes.

Q: *What or who is the Communities Creating Health initiative?*

A: The four partners. Although the CCH effort is separate, all four organizations are members of the Healthy Sacramento Coalition. Rather than having the neighborhood effort separate from our focused effort (Healthy Sacramento Coalition) the goal is to begin to merge the two efforts together.

This would mean that a group of organizations that are not funders would help Sierra Health Foundation to oversee those agencies that have been funded for oversight and implementation of progress.

Q: *Would the CCH partners have expertise in the matters that are being funded?*

A: They would have expertise in their neighborhoods and the connection to those neighborhoods. The expertise they would bring to that conversation is their participation through the RFP review process.

Q: *Would they have expertise in reviewing the RFP and what are the best solutions and best practices? For example, in tobacco, if there are not people who are aware of them then they may be limited in the RFP review process.*

A: The criteria set out to be reviewed will be based on the input from the workgroups for the development of each RFP. There would not be any external expertise brought in because this is part of the transparency that we have put forth to the coalition and for those who apply. Just like in any foundation, what is put in the RFP is what the applicant is responding to. This is the lens that reviewers must adhere to when reviewing RFPs. In reviews, most people and foundations are not subject matter experts in the things they review. The timeframe for this merger would be now given the need to have a structure in place for the RFP review process.

Q: *Can you explain the synergy of the merger with the emphasis on capacity and leadership? Can you speak to the structures that have been created such as the role of the workgroups within the coalition, the Steering Committee and its role in the review process that could speak to the expertise? The four organizations that are represented in the CCH initiative have not only the neighborhood perspective but have expertise, content knowledge, and technical capacity to the issues of the HSC. There is a lot of emphasis on engaging the communities so that it is in concert with those who live in the 15 zip codes.*

A: Robert outlined the process of the RFP which is the design phase; this is when the technical expertise is generally brought in. Currently, the workgroups serve as the provider of technical expertise. Secondly, the RFP documents will be reviewed by the subset of the workgroups and Steering Committee to gather their input and then approved by the Steering Committee. The added component to the process that the CCH partners bring is the level of technical expertise related to what will actually work in each of these neighborhoods. We needed a perspective as well as experience around how does what we have designed; based on the evidence, what we know, and on the technical expertise from the Health Education Council, match with expertise around how we will actually connect this in a real authentic way to the neighborhoods. This is an added layer; we are not pulling out any process of the RFP review. There will be three RFPs awarded and each award will be up to \$50,000.

Greg led the coalition through the gradients of agreement; a voting method for consensus building.

| Gradients of Agreement | | | | |
|------------------------|--------------|---|------------|---|
| 1 | 2 | 3 | 4 | 5 |
| 14 responses | 10 responses | 0 | 5 response | 0 |

Abstained: 5 people abstained from the voting process

Dialogue of reservations from Gradients of Agreement

Gradients 2-4:

- The fact that there are no topic specific expertise in the review group
- Need more clarity on the transparent process, maybe in writing*
- Need more clarity on who is on the Steering Committee and who will do the final review of the RFP. The Steering Committee is representative of those who have experience of reviewing RFPs.
- Faith-based representation is needed
- Clarify to those who are new to the process the demographics. Provide clarity on the demographics of the zip codes.
- Need to know more about the CCH initiative and how did the four agencies get selected. What was the selection process? Want to know how they represent the communities.
- Clarity on how this suggestion would work and look like? Can you provide a picture of how a day may look with this change?
- A process question: if an agency is having a financial challenge or is out of compliance, who will they go to? Is there a hierarchy in the CCH initiative? Who has authority or do they report to?
- Slavic community/population is over 150,000 in the region and has many issues related to health and tobacco use, especially in young populations and substance abuse. Make sure this community does not get excluded.
- Contextual this framework and what will the mechanism look like.

With the reservations noted, overall, the coalition members are in consensus with the suggestion to have the CCH partners serve as the review team and assist the Sierra Health Foundation in the oversight of the progress of the work of the pilot projects in the neighborhoods.

Workgroup Updates

Tobacco-Free Living Update: *Myrna Rivas, chair*, provided a brief update on the progress of the workgroup. She acknowledged all the members of the subset of the workgroup who provided a significant amount of time to develop the RFP content.

Healthy Eating Active Living Update: *Mary Helen Doherty, chair*, provided an update on the workgroup’s two RFP subgroups focused on healthy beverages and joint-use agreements. There will be two RFPs. The workgroup would like a clear timeline of when the RFP will be released and how long the RFP will be allowed to circulate in the community before it is due. An important disclaimer Mary discussed was the conflict of interest aspect of the RFP design period. Those who participated in the RFP content development are not allowed to apply for the funding opportunity. Those who intend to apply have excused themselves from this process and discussion to avoid any conflict of interest. Organizations that apply must have some history doing this work as opposed to bringing forth a new idea. This should be built on an existing effort or project. The invitation list should include some neighborhood based community groups.

Next Meeting

Next meeting is scheduled for Wednesday, April 23, 2014, from 10:30 a.m. to 12 p.m. Registration is required. Visit the Healthy Sacramento Coalition web page at www.sierrahealth.org/healthysacramento and register today.