

Napa County Collaborative: Live Healthy Napa County

**SUMMARY REPORT
LHNC Partners Meeting
April 11, 2016**



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OVERVIEW

Live Healthy Napa County (LHNC) embarked on a collaborative process to conduct a Comprehensive Community Health Assessment (CHA) in July 2012 with the aim of establishing the foundation for sustainable improvements in health in Napa County. The LHNC health planning process is based largely on the Mobilizing for Action through Planning and Partnerships (MAPP) framework—a community-driven strategic planning process for assessing and improving community health. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The LHNC Core Support Team, comprised of seven representatives from St. Joseph Health System, St. Helena Hospital, Kaiser Permanente, Napa County Health and Human Services Agency and the Napa County Coalition of Non-Profit Agencies, provided oversight and strategic direction during the organizing and planning phases of this process.

Early in the process, a core group of approximately 40 Napa County stakeholders were invited to sit on the LHNC Steering Committee to contribute to the development of the CHA and the Community Health Improvement Plan (CHIP). These individuals were carefully selected to ensure a broad representation of residents, businesses, service providers, policymakers, and other entities across Napa County. The purpose of the LHNC Steering Committee was to provide input into the comprehensive planning process, which began with the development of the CHA in the fall and winter of 2012 and continued with the launch of the CHIP process in spring of 2013. Through the CHA process, Steering Committee partners helped to identify health issues most important to Napa County. During the CHIP process, they helped to develop and prioritize strategies to address those concerns. The CHIP was adopted in February of 2013, leading to the development in June 2014 of more detailed document, referred to as the Community Health Action Plan (CHAP), which lays out the specific activities in the CHIP in more detail. The CHAP is being used as the strategic roadmap in the MAPP “Action Cycle”, which consists of planning, implementation and evaluation activities.

In June of 2015, as the collaborative reached the one year anniversary of the completion of the CHAP, it became clear that LHNC would benefit from a revised governance and communication structure. To accomplish this, a sub-committee of Steering Committee and Core Support Team members was convened. The subcommittee drafted a new governance structure that combined the Steering Committee and Core Support Team into one decision making body, the LHNC Leadership Collaborative (LLC). The LLC was designed to also include representation from component plan and other LHNC subcommittees. LHNC participants who are not part of the LLC at this time are invited to attend bimonthly meetings open to all LHNC partners and community members.

Twenty - six LHNC members attended a meeting at the Comprehensive Services for Older Adults (CSOA) Conference Room on April 11, 2016. This report summarizes the April 11th meeting in five sections:

- I. Introduction**
- II. Announcements**
- III. Opioid Safety Coalition**
- IV. Older Adult Survey Results, HAPI**
- V. YES on Y**
- VI. Meeting Plus-Deltas**

I. INTRODUCTION

Introduction and Overview of Agenda by Joelle Gallagher and Alissa Gentile
Welcoming by Dr. Karen Relucio

- Dr. Relucio touched on the agenda items; the timeliness of the opioid discussion in light of the 48 overdoses and 10 deaths linked to Fentanyl in Sacramento last week, and that next month (May) is Older American’s Month. She went on to say that a “silver tsunami” is approaching the nation and Napa County needs to plan accordingly. The population of those 65+ is currently estimated at 20,594, this population is expected to grow to 27,500 by 2020.

II. ANNOUNCEMENTS

- Behavioral Health Component - Joelle Gallagher shared that the combined work of the Triple P and ACES connection groups would become the LHNC Behavioral Health Component Plans. Triple P is collaboration among Family Centers, COPE, HHSA and other providers to de-stigmatize parent education. Public Health will be taking the lead to initiate Level 1, which is a community-wide public messaging campaign.
- Minimum Wage – The State passed a bill on April 4th, raising the minimum wage in phases to \$15 an hour by 2022. The Board of Supervisors took no additional minimum wage steps of its own. Keith Caldwell confirmed the Boards request to be updated in a year with a report to the impact of the raise in Napa and needs assessment for additional increase over the State rate. He stated the challenge the County faced is in enacting one minimum wage for the unincorporated area of the county, and another for the cities. The BOS would prefer to take action on a unified policy for all location in the county, and they did not feel they had that in the current proposal they were considering. Joelle stated that LHNC, via the Poverty Component Plan, will continue to work on education and advocacy around a higher minimum wage for Napa County, given that we are ranked the 7th least affordable place to live in the country. If the state rate is \$15, Napa should clearly be higher to account for the higher cost of living.
- Affordable Housing Update: City Council Impact Fees– Napa City Council heard input from the Housing Action Committee and the Housing Authority on shared recommendations for fee increases. Existing fees generate \$450K per year; proposed new rates will generate \$1.9M per year. Final vote will likely be in June, with 50% of fee increase effective June 1st and the balance January 1st.

III. OPIOID SAFETY COALITION

- Dr. Don Hitchcock gave a presentation illustrating the opioid issue facing Napa County. Ole Health, led by Dr. Colleen Townsend, is the lead agency in the project of preventing opioid overdoses. The slide show was viewed at the meeting, however, the video Dr. Hitchcock intended to present could not be played; the video can be accessed via the link on page 4 . The primary issues that were touched upon in the slides were:

- Pain Safety Coalition is a collaborative effort involving healthcare providers, pharmacists, law enforcement, fire department/EMS, district attorney and HHS.
- The PSC received a grant for \$60,000. This will help provide Naloxone to law enforcement and EMS (Naloxone blocks or reverses the effects of opioid medication) and pay for educational materials.
- CURES 2.0 (Controlled substance Utilization Review and Evaluation System) is a database of Schedule II, III and IV controlled substance prescriptions, dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care. All prescribing physicians of opioids will be required to register on CURES by July 1, 2016.
 - PHO has implemented a requirement for a TAR (Treatment Authorization Request) for providers who prescribe over a certain amount to one individual.
 - PHP has seen a 53% decrease in opioid prescriptions since January 2014 and a 39% decrease in initial opioid prescriptions.
 - The alternatives to opioids for pain relief are: acetaminophen, non-steroidal anti-inflammatory drugs, neuropathic pain relievers, anti-depressants/cognitive behavioral therapy, and mindfulness training/yoga.
 - Some of the tools that are recommended for providers are: pain management contracts, patient assessments, and prescribing guidelines, utilizing the CURES database, community forums and attending the annual Managing Pain Safely Forum held annually in Fairfield.

A discussion was led by Alissa Gentile on changing perception of pain management in our community which included:

Education of healthcare providers/ First Responders and patients
 Guidelines for prescribing
 Outreach to general community about use
 We live in a culture that has resistance to pain tolerance
 Promotion of yoga/mindfulness is useful but can be costly

IV. OLDER ADULT SURVEY, HAPI

- Celine Regalia gave a presentation on HAPI’s 2015 survey results (see link on page 4). The survey results show the two biggest issues of concern for older adults living in Napa County are affordable housing and transportation. The Elder Index (see Slide 12 in meeting materials) suggests that the basic expenses for a single renter living alone in Napa County are \$24,652. In contrast about 6% of older adults in Napa County, living alone, live below the Federal Poverty Level of \$11,700. Below are some of the programs that HAPI has implemented since its inception in 2005:

Pharmacy Assistance Program Oral Health
 Stop Falls Napa Valley

Mental Health Services Act Funding
Transportation (using a volunteer driver voucher program)
Workforce Development
Information and Assistance – expanding access to resources for older adults

Some thoughts that were shared:

Is it possible to have NVC or Adult Education providing (non-medical) certification for working with older adults?

Impact of loneliness on health has greater implications than obesity, is there a solution to the isolation that many senior adults feel?

Laura Keller and Kris Brown agreed that home based services would be helpful for all age groups.

How does today's meeting information benefit the community and the work we do?

The consensus of the breakout groups was that the meeting today provided;
Networking
Awareness
Concrete ideas about improvements to be made
HAPI partnerships

V. YES ON Y

- Joelle Gallagher spoke briefly about Measure Y; Napa County is placing a 10–year, 0.25 percent sales tax measure on the June ballot for voter approval. Measure Y will raise approximately \$8 million a year towards a new correctional facility that will be built on existing county property away from downtown Napa. The new facility will house services that address; mental health and substance abuse problems, childhood abuse and poverty. In addition, there will be space to provide resources for local veterans.
- Keith Caldwell commented that the investment in youth upstream will pay off downstream as crime rate and recidivism decreases, mitigating the need for a larger correctional facility.

VI. MEETING PLUS/DELTAS

- Pluses of today's meeting;
 - + Group discussions helpful
 - + Timely topics
 - + Connection back to SDOH
 - + Facilitation
 - + Request for feedback
 - + Location
 - + Awareness

- Deltas for today's meeting
 - ✓ Location was not on Outlook invitation
 - ✓ Room set up was not ideal – some people couldn't see each other
 - ✓ Combine report-out with troubleshooting/brainstorming next steps (people-product-process)
 - ✓ Have a call to action for all topics and time for discussion of next steps

VII. OTHER NOTES

- + **Below you will find a link to the meeting materials from today; slide 6 of the PowerPoint has the link for the video.**

<http://www.livehealthynapacounty.org/agendas-minutes-reports.html>