

Napa County Collaborative: Live Healthy Napa County

**SUMMARY REPORT
LHNC Leadership Collaborative Meeting
November 9, 2015**



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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.

Fourteen LHNC members attended a meeting at the NCTPA Conference Room on November 9, 2015. This report summarizes the November, 2015 LLC Meeting in four sections:

- I. Introduction**
- II. LHNC Staff Updates**
- III. Component Plan and Partner Reports/Updates**
- IV. Future Direction for LHNC**
- V. Appendix A: Component Plan Process Chart**

I. INTRODUCTION

- The meeting began with a welcome from LLC Co-Chairs Joelle Gallagher and Alissa Gentile. Everyone present at the meeting introduced themselves.
- Joelle explained the change in the leadership from Core Team + Steering Committee to the LLC is to create a more streamlined group fostering focused effort behind an action-oriented agenda.
- The LLC is looking for a permanent place to hold bi-monthly meetings going forward. Due to construction, the conference rooms at the HHS South Campus location are currently unavailable. LHNC Staff will continue to investigate options and hope to identify a recurring location prior to the next LLC meeting.
- Minutes from the 9-9-15 LLC meeting were approved by unanimous consent.
- Joelle explained the Activity Matrix represents the balance of the CHAP activities missing a progress report on their status. Jennifer Henn will email the progress report template to all Activity Leads listed; leads should then reach out to the organization responsible for the activity and ensure the completed form is emailed back to the LHNC email (LHNC@countyofnapa.org). No one expressed any objection or concern about their assignment or this way of proceeding forward to finalize the reporting.

II. LHNC STAFF UPDATES

- Jennifer Palmer introduced herself as the new Analyst for LHNC in Public Health.
- Jennifer Henn introduced a draft Component Plan Process Chart. She explained the role and reason for the component plan process chart was to identify clearly what constitutes a “Component Plan”, and further lays out what kind of support a Component Plan can expect to receive from LHNC/HHS Staff, and what they are obligated to give back in return. (Component Plan Process Chart attached to this report). She drew LLC Member attention to the “Diamond” box showing the flow affiliation/“Plan Status” does make sense. The Component Plan would then benefit from administrative and other support from related LHNC Backbone HHS Divisions (CSOA, SSA, PH) for their activities, agenda development, logistical coordination, etc. In return, Component Plans agree to seek input from the LLC as a governing body and agree to send representatives to all LLC and Partner meetings to report out on their status. Members agreed to take the Process Chart to their Component Plans for consideration, and adoption at the next LLC meeting.
- Jennifer Palmer shared with the group several instances recently when the LHNC brand equity was “borrowed” by a local activity or endeavor without consultation. The Co-Chairs identified this as a risk and have asked staff to draft a Branding & Communications Policy informed by best practices of other community lead public-private health partnerships. Jennifer is reaching out to a selection from around the county and Co-Chairs will circulate a draft plan for review and consideration prior to the next LLC meeting.

III. COMPONENT PLAN AND PARTNER REPORTS/UPDATES

The central purpose of the LLC meeting is share information and keep the collaborative informed of LHNC progress. With that in mind, Component Plan Representatives and LHNC Partners shared updates:

- **Older Adult Component Plan**: Kris Brown from Comprehensive Services for Older Adults (CSOA) and Co-Chair of the Older Adult Component Plan provided the update. HAPI is the lead for community work related to older adults in the County. CSOA is working together on behalf of LHNC to determine the best way to work together, providing valuable backbone support to HAPI without taking away autonomy or usurping authority. Kris also mentioned that Kathy Tabor is planning to retire from consulting work within a year and there is a desire to assist with a succession plan that maintains HAPI's momentum and ensures LHNC's alignment. As for program/activities, 1100 survey responses were distilled to 5 "Big Picture" items at the September Senior Summit, which will be further defined and discussed to shape the 10-year Policy Agenda plan. This policy agenda work will begin at the 12/9 Retreat. Kris said her goal is to expand on the work of HAPI to engage with all service providers in the County to consider Older Adult services/usage in ALL work that is done. Joelle inquired if it would be a natural fit for HAPI to be accountable to LHNC governance structure as a formal Component Plan. Kris reiterated that likely only some of HAPI's work may fall under LHNC, and the need to navigate this balance of accountability and autonomy – specifically because of how far along HAPI is after 10 years vs. LHNC being a fairly new collaborative – is a key concern and focus. The objective is to find as much overlap as possible to share work and support without taking away from the work of either. Dr. Karen Relucio asked about the top 3 issues from the Survey. Kris reported the number one issue is housing (affordable housing), second is access to health/mental health services – particularly Up Valley residents and Kaiser Members, and third is making ends meet/cost of living concerns.
- **Poverty Component Plan**: Lynn Perez from Self-Sufficiency and Co-Chair with the Poverty Component Plan provided the update. Lynn reminded the group about the Bridges Out of Poverty Plan, the next Economic Self-Sufficiency group meeting taking place this coming Thursday (11/12) at the Community Foundation offices and the on-going discussions concerning Minimum Wage that make up the bulk of the activities right now. Becky Peterson inquired about any collaborative work with the County/City joint efforts on homelessness. Everyone agreed a representative from the Poverty Component Plan and likely someone from Self-Sufficiency should be a LHNC representative to those efforts in order to keep the LLC abreast of what is happening. HUD is re-envisioning spending from investments in shelters to investments in "Rapid Re-Housing" and a consultant (CSH) has been hired to assist with plans to restructure how housing is developed here with this in mind.

- **Obesity Prevention Component Plan:** Healthy Bodies Coalition (Jennifer Henn representing) is using their Executive Board to collect progress reports on all activities. Norma Lisenko’s staff will provide a report out once all responses are compiled.
- **Behavioral Health Component Plan:** The work on this Component Plan is still in the very early stages. The next meeting is next Tuesday (11/17) and a report out will be presented at the next meeting.
- **Community Health Needs Assessment:** Dana Codron with the St. Joseph Health System/Queen of the Valley Medical Center reported progress is on-target with the Community Health Needs Assessment. All focus groups have been conducted: One in Napa, two Up-Valley and one in American Canyon. The Core Team will now determine what “bubbles up to the top”. December 18th is the Community Prioritization Day in the Main Conference Room at QVMC. They are expecting 50-80 participants.
- **E-Cigarettes:** Jessica Chapin (Napa County Public Health) reported there will be a presentation on December 15th to the Board Of Supervisors regarding E-Cigarettes and a proposal to include them in the definition of tobacco products for the purposes of banning.
- **Leadership Napa Valley:** Participants asked for “Talking Points” regarding the homelessness issue in Napa and a way to lead a change in the conversation. The City Council will hear an appeal on the “Nightingale Project” and the Planning Commission rejection of a plan to create 13 bed temporary housing facility for ill homeless at the former Bikram Yoga studio on Jefferson. The meeting will take place at 6:30pm on November 17th. All LLC and LHNC Partners are encouraged to show up and voice support for the appeal. Staff believes that the Planning Commission rejected the application because of concerns about loitering, minimal meeting space and neighbors objections. Dr. Karen Relucio, Napa Public Health Officer, will address these concerns via an email to LHNC Partners and LLC members.

IV. FUTURE DIRECTION FOR LHNC

- Joelle and Alissa led a discussion concerning the best use of LLC member time and effort as a collaborative, and the opportunity to focus energy around the development of and advocacy for policy and educational opportunities. There is an opportunity for LHNC and the LLC to bring greater attention to the Social Determinants of Health (SDoH) through focused policy and community education effort. Jennifer Henn gave a brief overview of the underpinnings of SDoH, defined by the World Health Organization as “The economic and social conditions – and their distribution among the population - that influence differences in health status.” SDoH are classified as falling into five categories: 1. Economy, 2. Education, 3. Social Conditions, 4. Healthcare and 5. Neighborhood/Built Environment. Alissa suggested using Component Plans to identify where help is needed for policy agenda development and educational outreach, and then aligning both work and member organizations with need. It was reiterated that in order to

change the system, the system needs to be in the room and working from the policies and procedures that govern it.

- Input and discussion from LLC members regarding suggestions for the December meeting agenda, topics recommended for presentations, etc. Joelle and Alissa noted there are several vacancies on the Leadership Collaborative needing to be filled. They asked members to consider who would be a good fit, send suggestions by email or reach out to them directly. Specifically they would like to see additional Community Members, NVUSD/Education Representatives and Private Business Members. Lynn Perez offered to reach out to Workforce Investment Board Members for interest, as well as to Hall Winery as a good leader in this area.
- It was asked if attendance can be tracked more demonstratively (publicly) to understand overall participation going forward. Staff offered to create a sign-in spreadsheet to note ongoing attendance and report regularly to the Co-Chairs.
- A recurring invite will be sent out to all LLC and LHNC Partners for the standing meetings on the 2nd Monday of every other month at 1:30-3:30. Staff will explore the Community Foundation board room as a permanent home for the meetings going forward.

Partners Meeting Agenda:

1. Component Plan Updates – including 1-2 Policy/Education activities for members to participate/drive and specific gaps that may exist on education agendas
 2. Social Determinants of Health – Talking points presentation
 3. Grant Funding Update (Dr. Relucio)
 4. Video: “Unnatural Causes” – one segment at each meeting for SDoH education
 - 5.
- **The next LHNC Partner meeting will be December 14, 1:30-3PM. The location is TBA.**

V. APPENDIX A: COMPONENT PLAN PROCESS CHART

LHNC Component Plan Process Chart

