

**CHIPA COMMITTEE QUARTERLY MEETING**

**October 13, 2016**

**12:00 pm to 1:30 pm**

**PRESENT:** Mary Ann Swanson, Cynthia Murray, Heather Banaszek, Anne Greenblatt, Kelsey Dean, Tami Bender, Allison Murphy, Babs Kavanaugh, Diane Olson, Paco Cano, Kelly Bass Seibel, Lara Magnusdottir, Elece Hempel, Shannon Ryan, Deb Dalton, Molly Bergstrom, Anita Tanenberg, , Erika Klohe, Matt Ingram, Amy Faulstich, Bethany Facedini, Holly Trujillo (for J. Leddy), Beth Dadko, Juliet Lamariana, Brian Dufour, Andrew Leonard, Denia Candela, Barbara Murphy, Eliot Enriquez, David Rose, Vicki Mayster, Amy Boyd, Jason Yamashiro, Marlus Stewart, Gabe Kearney, Peter Kostas, Brett Shinn, Allison Goodwin, Kathleen Stafford, Heather Elliott-Hudson, Ramona Faith, Erin Hawkins, Stephanie Abrenica, Laurie Cameron, Dan Schurman, Suzy Grady, Carol Harris, Brian Vaughn, Ellen Bauer, Susan Gilmore, Ava Schafbuch, Danielle Rebullida, Georgia Pendgrift, Sandy Yang, Tracie Kern, Nancy Sands

**Recorder:** Erin Howseman

**Presenters:** Babs Kavanaugh, Matthew Ingram, Erin Hawkins, Ramona Faith

TOPIC	DISCUSSION
<b>CALL TO ORDER</b>	<p>Ramona Faith called the meeting to order at 12:00 p.m. Agenda for October 13, 2016 and September 13, 2016 meeting minutes were approved as written. At the September meeting, Brian Vaughn reviewed the 2016 CHNA report with the group. The October meeting will be prioritization of the needs.</p> <p>Erin Hawkins introduced the new CHIPA Youth Members: Ava Schafbuch, Danielle Rebullida, and Sandy Yang.</p>
<b>Hospital Lease Update</b>	<p>Ramona Faith updated the group on the PVH due diligence process. Negotiations with St. Joseph Health have ended, and PHCD is disappointed and surprised not to be moving forward. However, SJH will continue to be a partner.</p>
<b>South County CHNA Prioritization</b>	<p>Babs Kavanaugh and Matt Ingram led the group in the process of prioritization of the 9 issues that were identified in the 2-16 Community Health Needs Assessment and discussed at the September meeting. The following priorities were posted on large easel pad sheets posted around the room:</p> <ul style="list-style-type: none"> <li>• Early Childhood Development</li> <li>• Access to Education</li> <li>• Economic and Housing Insecurity</li> <li>• Access to Health Care</li> <li>• Mental Health</li> <li>• Oral Health</li> <li>• Substance Use</li> <li>• Obesity and Diabetes</li> <li>• Violence and Unintentional Injury</li> </ul> <p>Attendees were asked to rank the issues by placing their 5 dots on the issues of highest concern to them.</p>

	<p>After this process, the dots were counted, and the results showed:</p> <table border="1" data-bbox="380 264 1192 646"> <thead> <tr> <th>No. dots</th> <th>Priority</th> <th>Rank</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>Early Childhood Development</td> <td>4</td> </tr> <tr> <td>23</td> <td>Access to Education</td> <td>6</td> </tr> <tr> <td>33</td> <td>Economic and Housing Insecurity</td> <td>2</td> </tr> <tr> <td>25</td> <td>Access to Health Care</td> <td>5</td> </tr> <tr> <td>41</td> <td>Mental Health</td> <td>1</td> </tr> <tr> <td>8</td> <td>Oral Health</td> <td>7</td> </tr> <tr> <td>32</td> <td>Substance Use</td> <td>3</td> </tr> <tr> <td>8</td> <td>Obesity and Diabetes</td> <td>7</td> </tr> <tr> <td>5</td> <td>Violence and Unintentional Injury</td> <td>8</td> </tr> </tbody> </table>	No. dots	Priority	Rank	30	Early Childhood Development	4	23	Access to Education	6	33	Economic and Housing Insecurity	2	25	Access to Health Care	5	41	Mental Health	1	8	Oral Health	7	32	Substance Use	3	8	Obesity and Diabetes	7	5	Violence and Unintentional Injury	8
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<p><b>Gallery Walk</b></p>	<p>Ms. Kavanaugh next asked the group to share why they thought these issues are top priorities. She noted that this information would be brought to the PHCD board to explain why the group believes that these should be the top health priorities for PHCD to invest in. Each chart listed four questions:</p> <ol style="list-style-type: none"> <li>1. Which populations are impacted by this priority?</li> <li>2. Why should this be a priority for southern Sonoma County?</li> <li>3. What are existing efforts and how can we leverage them?</li> <li>4. Any additional thoughts?</li> </ol> <ul style="list-style-type: none"> <li>• The group was asked to choose 4 priorities, write answers to these questions on post-it notes and attach them to 4 sheets in succession.</li> <li>• Next, the group was asked to help theme the rationale, by naming themes under which the answers were clustered.</li> </ul>																														
<p><b>Member Feedback</b></p>	<p>Each attendee was asked to share feedback with the group.</p> <p>Andrew Leonard thought the process was great, asked about using statistics on southern Sonoma County. Ms. Kavanaugh responded that specific information can be found in Brian Vaughn's presentation.</p> <p>Diane Olson was surprised that oral health was so low, because it has a major impact in the community in terms of school absence, obesity and diabetes.</p> <p>Beth Dadko didn't know that southern Sonoma County has such a low number of HUD assisted units, compared to the state.</p> <p>Mary Ann Swanson was thrilled that mental health has so many votes, and it is nice that the issue is finally getting attention.</p> <p>Holly Trujillo said it was great to see the high ranking for economic and housing insecurity. She said there is a need for integration of the sectors working on the problems of homelessness.</p> <p>Suzy Grady spoke about how her main concern, diabetes and obesity, related to other</p>																														

issues such as mental health and economic insecurity.

Carol Harris concerned that diabetes and obesity was ranked so low, since there is a higher incidence of these in the Latino population which is growing in Sonoma County. She would like to see a focus on these issues as a preventative measure.

Brian Vaughn said he is encouraged that many of the upstream, prevention issues got so much support: early childhood development, economic and housing issues which are core drivers of health.

Ellen Bauer said she works with vulnerable populations – the return on investment for intervention in early years is very good.

Amy Faulstich was pleased to see so many prevention efforts on all issues.

Dan Shurman was pleased to see the integration of so many issues, and need to work on issues together to make progress.

Kathleen Stafford and Heather Elliot said they are happy that substance abuse is going to get attention and will be integrated with mental health treatment and prevention.

Elece Hempel said the question is how to build a system that takes care of the “collective all.”

Gabe Kearney said he is pleased to see mental health as the number one issue, but was surprised to see the low ranking for violence and unintentional injury.

Anita Tanenenberg said she finds it exciting to talk about the interrelated nature of all issues.

Kelsey Dean said she is glad to see the interest in mental health and that people are seeing that all of these issues are interconnected.

Erica Kloe said she was also pleased to see that mental health was ranked number one.

Shannon Ryan is excited about collaborating and bringing the pieces together.

Dave Rose said it is clear that prevention is more important than response strategies as we are looking at ways to use our resources, including programs and one-to-one case management, so it has to be a system that has those two things working together.

Laurie Cameron said she is pleased to see a whole community approach and seeing the commitments everyone is making, and the work she is doing in Petaluma has a place.

Deb Dalton said she thinks that the issues are interconnected and may be caught by one organization or program which may then uncover other issues that may need attention.

	<p>Dania Candela spoke of the overlaps and how the community needs to work together.</p> <p>Susan Gilmore was surprised there weren't more dots on the obesity and diabetes chart.</p> <p>Eliot Enriquez said it was refreshing to see all the positive energy in the room.</p> <p>Kelly Bass Seibel said she remembered Brian Vaughn talking about how many students missed school because of oral health, and so was surprised it wasn't a higher priority. She said perhaps it was because there were no dental health providers in the group.</p> <p>Stephanie Abrenica likes how mental health is a high priority.</p> <p>Vicky Mayster was surprised that housing was not ranked highest by everyone, and said that existing approaches are not working.</p> <p>Ava Schafbuch observed that all the problems are significant, and can influence one another; was glad that mental health was highest priority.</p> <p>Danielle Rebullida appreciates the recognition that everything is connected.</p> <p>Georgia Pendgrift spoke about the need to help working class people who are barely making it keep housing and access to preschool.</p> <p>Laura Magisdotter said that it was eye-opening to see how everything impacts the other issues; she is impressed by the level of collaboration and cooperation in our county.</p> <p>Sandy Yang was happy to see that substance abuse got a lot of attention because it is the biggest issue she sees in youth in high schools.</p> <p>Ramona wanted to share about oral health: she and Dan Shurman had the opportunity to meet with Kaiser to identify strategies for the health priorities that they identified and the conclusion was that oral health is health care – access to health care includes oral care.</p> <p>Ramona thanked the group for attending. Together with Babs, Matthew and Erin Hawkins, she will be reviewing the feedback the group provided, and will make a recommendation to the PHCD board for the priorities the District will be focusing on. After that, Ramona, Erin, Matthew and Babs will return to the group to create work groups which in turn will identify strategies to address some of the priorities.</p>
<b>ADJOURN</b>	Ramona Faith adjourned the meeting at 1:30 p.m.