



Healthy Mendocino Leadership Team

August 26, 2021 1PM-3PM Zoom Meeting

Minutes

Present on Call: Miranda Ramos, Patrice Mascolo, Mary Norris, Jessica Grinberg, Clinton Maxwell, Tammy Moss Chandler, Stacy Pollina-Millen, Victoria Kelly, Jill Damian, Jackie Orozco, Patty Bruder, Debra Ramirez, Roseanne Ibarra.

Absent: Michelle Hutchins, Donna Schuler,

Introductions and Welcome

Financials

Fundraising Update

All existing 21/22 funding partners have committed except for Consolidated Tribal Health as Richard Matens is no longer with them and I am waiting to hear who the new ED is. Still waiting on a few checks to come in. Total committed amount is \$143,400.

End of Fiscal Year 2020/2021 financials

Patrice went over the 2020/2021 financials. Total revenue was \$138,089.60. NCO helped with salaries with the federal PPP loan money which was approximately \$41,000 and \$900 for rent costs. This helped us keep our Personnel cost down with \$39,727 less than the budgeted amount. We also saw our budgeted costs lower for Office and Program supplies, office equipment, photocopying, and telephone expenses. We did go over our budgeted rental costs as the coast office rent went up in January. However, some of that was paid by a gift from the Community Foundation. We did not pay out any Consulting fees for the CHNA as we chose not to pursue that this year.

Blue Zones Updates

Roseanne gave a presentation on Blue Zones (BZ) being launched by Adventist Health. (See presentation [HERE.](#))

- Blue Zones is owned by Adventist but is a separate entity. Adventist is the primary sponsor of BZ in Mendocino County.
- Project is for 4 years and 9 months but should see impacts of the work over the course of 10 years.
- Tina Tyler O'Shea is the ED for Blue Zones, most of the other staff positions have been filled.
- Summary of timelines can be seen in the presentation. Currently in the Foundation and Planning Phase which is from May 2021 – January 2022.
- Main structure for Blue Zones is a Steering Committee, Committee Co-Chairs making up a Leadership Team, and then the committees for People, Places, and Policy: Engagement, Community Policy, Faith and Civic Organizations, Restaurants, Grocery Stores, Schools and Worksites.

- Health care is a small portion of a person's wellbeing, only accounting for 20%. The rest is socioeconomic factors, physical environment, and health behavior.
- Adventist wants to also focus on people's well being and not just health care and they believe Blue Zones will help them do that because it focuses on these other factors.
- Healthy Mendocino also looks at these other factors in it's work in the community.
- Blue Zones is about social environmental change and make sure community members are connected to each other. Also, important to be mindful of the environment we live in with street scape project, etc.
- Should see decreases in stress, smoking, BMI, increase in exercising, nutrition, etc.
- BZ can help with the ACEs work being done in our community as it focuses on nurturing relationships which is a key to help counter ACEs along with the other work BZ does to increase health and wellbeing.
- See the work of BZ as distinct from what HM is doing, it is time bound and has a specific focus groups and action steps. And this can work in collaboration with HM.
- How BZ looks in Mendocino County is not known yet as it is the community that decides what actions will be focused on. Therefore, it is important for HM to be engaged with the process so we can address issues that may not come up naturally and that other communities are reached and not just the main cities.
- Also, it was thought that the BZ work would be county wide, but on page 54 of their Site Visit Report, it states that BZ will be launched in Fort Bragg, Ukiah and Willits and tribal nations. They are saying the county wide approach will be specific for policy only. So concerned that outlying communities will not be reached or helped with this work, and they are the ones that need this work the most.
- HM can help have a say in how the resources will be allocated in the county and to communities other than just the 3 cities.
- 8-million-dollar investment by Adventist for the initial costs but does not cover the product costs.

Discussion:

- Miranda: how integrated the policies we believe are important will be in the BZ work. Also, concerned that Corporate Adventist may not agree with the decisions made here as it is not the direction they want to go.
- A concern on how to reach people that are not able to be on Zoom meetings, how to identify people who are not at the table and get them to the table?
- Debra: Will it help with prevention and transportation will it be connecting with communities to develop solutions? It does help with connection and being the connector to help people work together. It is about creating programs in grocery stores, no smoking, etc. But we already have some of these things in place. It broadly touches everyone, but we have other populations that we need to support that are not part of the broad population.
- Sounds like they are just into putting a brand on things to promote themselves.
- The benefit can be that it can change the culture and then to have behavioral change and engrain it in the community. Cultural and behavioral change takes time and is a lot of work. Another benefit is that it can be written into grants that we are a BZ community.
- Jill: What will this mean to our health centers? Should we look at other BZ communities to see if there is something that resonates with us that they did.

- Victoria: Will they be coming in with a prescription approach? How will they play a role with the communities in our county that are not in this prescription? HM can help shift this, so it is not just Ukiah, Fort Bragg, and Willits but also our other communities. It feels elitist and white, middle class centric.
- Clinton: How will it impact funding for HM? HM could work along side BZ and then absorb the work once they go.
- Tammy: Appreciates that BZ is addressing the SDOH. Wonder where HM would fit since we also work on the SDOH.
- Jackie: Trying to see how the Latino population can fit and collaborate with BZ.
- Stacy: Opportunity for change and plenty of room for HM to partner with BZ.

Patrice gave a summary of a meeting she had with Healthy Klamath in Oregon on their experience with BZ.

- Healthy Klamath (HK) is a coalition of partners that brought in the Blue Zone (BZ) project. They helped define the goals and structured it on the BZ work.
- HK asked that BZ help with their work in the community, and they still worked on other projects and issues that BZ does not address.
- Now that BZ is finished the BZ staff is becoming the HK staff and they are doing collaborative CHNA and CHA work.
- They learned a lot from BZ that is helping with the CHNA and CHA work.
- BZ provided structure with a task force, community partner work groups and 5 new staff people.
- BZ helped being partners together and it helped to have extra staff to accomplish the work.
- The BZ website is not controlled locally so it was better to use the HK website for information and local control.
- HK is using the BZ measuring tool which is useful.
- Phase 1, the first 3 years, was narrowed to just the BZ requirements and their metrics. Phase 2, allowed for ballooning out to other priorities and the community needs, not just BZ needs.
- They are in the 7th year and transitioning the BZ staff to HK staff.

Tips:

- Try to align HM work with the BZ work so it helps with our priorities.
- Use the HM website for BZ work and information so have local control over what is being addressed.
- Use the BZ staff to help with HM work and compliment the work.

What does HM want to see that BZ puts in place?

- Are there policies we would like to see put in place? We could identify policies and the bring it to their policy person and have them lead the work.
- Do we want to line ourselves up to be the agency that sustains the BZ work once they leave? We could position ourselves for funding to come to HM for this work.

What is next?

- Review the Adventist/BZ Site Visit Report and come back to discuss next steps.
- Engage with the Steering Committee, try to get Patrice on this committee or sub committees.
- Engage with the ED, Tina. Ask about her plans for the SC and if HM will have a sit. Ask Tina to give us for updates.

- Ask if HM can meet monthly with Tina and report back updates to the LT. Even if on the SC to get details not shared at the SC.
- Roseanne will also report back and give updates monthly to the LT.
- Will hold off on doing the promotion of BZ from their media kit.
- Can see this as a niche for HM because we are aware of what is happening in the community that we could share with BZ. HM can show all the things we are doing that are BZ related, so is BZ adding value to the community?
- Let Tina know of all the information and initiatives on HM that would be beneficial to BZ.
- Ask Tina what she is thinking that HM can help with BZ. Ask her to come to our next LT meeting.

Healthy Mendocino Updates

- Staffing update
 - Interviews are happening today with 3 candidates. Do not know when they will come on board yet.
- Adventist CHNA update and discussion
 - Roseanne shared that we had a meeting with Adventist corporate about having HM help with their CHNA. Wanted Patrice to be the Community Liaison in an Admin type role. They are putting together a Steering Committee that will identify the Key Informant Interviewees, focus groups, and survey distribution. Corporate will do the actual interviews, survey, and focus groups. Decided that they will not need the Community Liaison role as it was presented. Patrice will provide lists of agencies and people involved previously in the collaborative CHNA.

HM Roundtable Presentations

- September 9th, United Way of the Wine Country will present their roll out of 211 in Mendocino County. They will ask this group what concerns they have based on the past history of 211 and what they hope to see improved.
 - Decided to not have a discussion question so there will be enough time for discussion and feedback.
 - Lily Caravello will be at the meeting as the county contact for 211 to answer any question people may have. She can also speak to the ACEs work and their need for a good referral system.
- Partnership HealthPlan Overview update – Dec 9th

Funder's Survey Highlights

- All funding partner agencies use the data indicators and demographic data on the website for writing grants and reports. They like that there is one spot for most of the information they need.
- During community emergencies to find resources
- Some use the information gathered in the collaborative CHNA to help guide their own work and see how it compares to their own assessments.
- HM provides important information to Public Health to help them with their accreditation process.
- They see HM as vibrant, active and a known and trusted organization in the county.

- HM is a great tool, cohesive with a lot of information on several different areas, it is very useful that it is so comprehensive.
- HM is most beneficial in providing relationships to agencies and leaders through the Roundtable.
- The collaborative work, and the convening of multiple agencies helps link organizations and agencies that don't usually work together. Get a better understanding of where services and entities overlap.
- Bring more partners together in ways that enable them to work together, create more collaborations with each other. This helps to generate stronger projects than if doing them alone. Figure out how to find partners that would be a good fit for projects.

Closed Session for Patrice's Evaluation

Next Meeting—September 23rd at 1PM