

## HEALTH POLICY CABINET

DECEMBER 16, 2010

In attendance: Terry Rooney, Lake County Mental Health; Jim Brown and Karen Tait, M.D., Lake County Health Services; Merrill Featherstone, Lake County Tribal Health; Adele Pollis; Carol Huchingson, Department of Social Services; Jane MacLean, Lake County Public Health; Wally Holbrook, Lake County Office of Education; Dan Hurst, Lake County Probation Department; Linda Schultz, St. Helena Hospital-Clearlake; Karen Rizzolo and Jendi Coursey, Mendocino Community Health Center; Susan Jen and Jackie Armstrong, Health Leadership Network.

As background for those new to the Health Policy Cabinet, Susan explained that the Cabinet was convened in 2009 as one objective of an obesity prevention grant from The California Endowment. Because the Cabinet's purpose is to develop administrative strategies and support for their institutionalization, the group is a logical vehicle to address recommendations contained in the Countywide Health Needs Assessment in order to continue St. Helena Hospital-Clearlake's collaborative effort in initiating the Assessment.

Susan underscored the need for organizations to work together to improve Lake County's ranking as 54 out of California's 58 counties for poorest health death to due from all causes, as this would enable everyone's efforts to be mutually reinforced by working toward common goals. In the process of drafting a proposal for a Rural Health Network Development grant last month to deal with the same issues identified in the Assessment, Susan said she concluded that the missing link is development of a wellness framework to sustain prevention efforts, such as nutrition, physical activity, smoking cessation, healthy child development, etc. over time. Copies of the Social Ecological model and Spectrum of Prevention illustrating the need for interventions to incorporate individual, family, community, and policy strategies were circulated.

Susan reviewed the four general recommendations contained in the Assessment:

- Strategies that address **preventive health**, including the growing epidemic of obesity.
- **Substance Use** as an issue for families, schools, business, and the safety of the community – ranging from use during pregnancy to underage drinking to abuse of prescription drugs by seniors and other adults – that recognizes and integrates biological and socio-cultural factors into models of prevention and care.
- **Mental and emotional health** and its relationship to overall health that needs to be more adequately understood, addressed, and resources provided for.
- **Senior support services** that encompass mental, social, and physical health and well-being, including needed support for caregivers.

In response to Susan's request for discussion regarding the recommendations and selection of one or more focus areas, Karen T. commented that everyone has an important role in the health of the community. She pointed out that the identified issues all relate to lifestyle choices (obesity, substance

use, accidents, suicide) and that the interventions are mostly basic. She added that the level of stress reported by respondents during the assessment was unexpected considering our beautiful rural environment which she believes ties to the weak economy, high unemployment, and a lack of options for people to be self sufficient. It was her opinion that providing children with tools for lifestyle skill building will produce the best long term outcome.

Wally agreed that early education provides the greatest opportunity for intervention but shared his concern about the effectiveness of that approach without strengthening connections between at risk children and their parents in understanding the pivotal role parents' play in their child's healthy development. He said the County is fortunate to have local models for addressing the problem including Nurturing Parenting, Healthy Start and DSS' Differential Response program.

Terry suggested that first time parents are usually more willing to learn and that the greatest success might be achieved by focusing on Brazelton's "Touch Points" during teachable moments with those parents. In response to a question as to how many first time parents there might be, Susan said there are approximately 700 births per year in Lake County, not all of these are first time.

Dan said that he thought a strong anti-smoking effort would produce the biggest health improvement, commenting on how the link between smoking and inactivity lends itself to higher incidence of illness and injury.

In response to Susan's comment about strengthening our local Farm to School efforts, Wally said that he thought school menu improvements were imminent and noted that preschool programs extend district wellness efforts to 3-year-olds. In his opinion, the Cabinet should be looking at current resources, which have the most potential for growth, and how to coordinate various efforts around the county so that grant funds can be strategically directed toward keeping the ball rolling. Jane added that discussions regarding nutrition programs needs to consider WIC's success in that arena.

Jendi said that it sounded like the group was most interested in a behavioral health model and suggested one goal may be to reach agreement on talking points regarding smoking or nutrition that would be used in healthcare, school and business settings. She added that the "white coat effect" should not be underestimated even for simple things like making a cooking class referral. Susan added that Tribal Health had demonstrated the value of warm hand-offs in referral follow through and suggested extending that practice to all healthcare settings.

Jane added that prenatal visits offer about 13 opportunities to reinforce the benefits of not smoking during pregnancy and that the consequences, including low birth weight and premature birth, can result in the family having to travel to Santa Rosa or even San Francisco if their baby needs to be transferred to a Neonatal Intensive Care Unit.

Karen T. said she thought smoking and other prevention efforts needed to start before people seek care because so many people don't have access to healthcare. Jendi said that each agency could simply

address the issue of smoking with their respective populations if that's the focus selected by the Cabinet. In response to Terry's question about what causes people to stop smoking, Karen T. said that education relating to health consequences can actually function as a disincentive which explains the Joe Camel campaign. Jim added that the County currently contracts with Lake Family Resource Center for local tobacco education programs including chew.

Linda outlined her thoughts as follows: 1) She sees promise in a school-based curriculum but the question about tying parents to their children would need to be answered; 2) The fact that a high awareness of prevention has not translated into action suggests a need to take a look at the stages of change and how to move people along from one stage to the next; 3) Can the business community be engaged in whatever focus is selected by supporting smoking cessation classes, school nutrition or activity programs, etc.; and 4) She would recommend extending the project into the business community by inviting ambassadors, such as a representative from the Chamber of Commerce, to participate.

Carol suggested asking the Board of Supervisors to make all county-owned property smoke-free. She said she has made good progress with DSS employees toward achieving a smoke-free campus. She also suggested looking at Napa County's Smoking Control Project. Merrill added that Tribal Health succeeded in establishing a smoke-free campus, while Dan noted that 40% of Probation Department employees are smokers.

Looking at nutrition in schools, Susan commented on the impact of vending machine restrictions established in school wellness policies and suggested the Cabinet may wish to consider extending those vending machine standards to county-owned properties. She added that healthy choices were outselling other choices in the Courthouse vending machines though some people prefer to bring their unhealthy favorites to work with them or travel to a local convenience store.

When the discussion returned to life stressors, Karen T. reiterated her concerns about local economic stress. Merrill added that ACES results also tie to economic status. Suggestions for addressing stress included:

- Healthcare providers could make medical referrals to behavioral health resources.
- Help people develop creative responses to their challenges, for instance, relieving economic stress while improving self-sufficiency and health by planting a garden.
- Emphasizing economic development will make the county a healthier place.
- Identify ways to build resiliency.
- Provide opportunities for people to speak out loud about their problems and concerns helps.

Wally concluded the discussion by suggesting celebrating what's going well and broadcasting positive messages that build on these successes and thereby expand participation in these efforts.

The meeting was adjourned at 3:30 p.m.