

**LET'S GET HEALTHY CALIFORNIA
TASK FORCE AND EXPERT ADVISOR MEETING
June 11, 2012
The California Endowment
1000 North Alameda Street, Los Angeles, CA 90012
10:00 am - 3:00 pm**

SUMMARY OF JUNE 11, 2012 MEETING

Agenda Item I and II: Welcome and Introductions

Task Force Members Present: George Halvorson, Dr. James Hay, Dr. Mitch Katz, Pam Kehaly, Dr. Ken Kizer, Dr. Bob Margolis, Dr. Joy Melnikow, Bill Monning, Dave Regan, Joe Silva, Kerry Tucker, and Dr. Antronette “Toni” Yancey

Task Force Members on Teleconference: Ed Moreno, Dr. Steven Packer, Anne Stausboll, and Dr. Kelly Traver

Expert Advisory Group Members Present: Dr. Nadine Burke Harris, Dr. Sophia Chang, Steve Fields, Dr. Deborah “Debbie” Freund, Dr. Neal Halfon, Dr. Richard “Dick” Jackson, Dr. Steve Shortell, Anthony Wright, and Ellen Wu

Expert Advisory Group Members on Teleconference: Ann Boynton, Patricia “Pat” Crawford, Dr. Alan Glaseroff, and Dr. Wells Shoemaker

Task Force co-chairs Don Berwick and Diana Dooley provided opening remarks and outlined the meeting objectives: to orient members on the executive order, the respective roles of participants, and the roadmap for developing the blueprint report; present statewide baseline data for target areas for improvement; and identify additional data needs, a framework for setting targets, and improvement opportunities.

The co-chairs noted that participants on the task force represent a wide-range of sectors—healthcare delivery, community-based prevention, schools, employees, private and public sector employers, etc. This cross section of California leadership will enable the creation of a robust blueprint of ways to make Californians healthier.

Task Force members provided brief introductory remarks answering the question, “What would Task Force success look like?” The Task Force member responses focused on the need to raise quality and lower costs in the healthcare delivery system; the need to focus on cost drivers; the need for a new health paradigm that integrates social determinants of health and medical care and that addresses community change to mitigate the impact of chronic disease. Many members talked about the need to focus on children, particularly with respect to obesity; the need to build safer environments that will facilitate active living, such as walking 30-minutes per day; and the need to improve access to healthy options, including healthy food choices and safe neighborhoods and schools. Several members mentioned the importance of focusing on actionable interventions in the near term.

Secretary Dooley noted that the group does not need to be confined to what is in the Executive Order; rather a broader agenda with other priorities is possible.

Agenda Item III: Roles, Responsibilities and Guiding Principles

Secretary Dooley discussed the respective roles of the Task Force, Expert Advisors, and staff. Stakeholders are also invited to listen in to all meetings and provide comments. The group then considered a list of eight Guiding Principles that were derived from the Executive Order and suggestions from Steve Shortell (see below).

Agenda Item IV: Roadmap for June to December

Task Force Director, Pat Powers, reviewed a Roadmap for the roughly six-month time frame of the Task Force. She noted the compressed timing and the need to accomplish two key activities: (1) identify baseline priorities and set measurable targets for them; and (2) develop an action plan of solutions that addresses the priorities for a 10-year blueprint.

NOTE: Based upon the afternoon session of the meeting and the decision to broaden the discussion, the Roadmap has been revised.

Agenda Item V: Baseline Data Presentation

Presentation: ["Baseline Data for Targeted Areas to Improve"](#)

CDPH Director Ron Chapman presented baseline data on the specific conditions and issues listed in the executive order to inform further discussion of priorities for developing the blueprint. Presented data included: California, 61.6% of adults are overweight; cases of diabetes have increased 32% over the past decade; estimated total statewide cardiovascular disease costs (including coronary heart disease, hypertension, stroke and heart failure) for California in 2010 amount to upwards of 35 billion dollars; and, overall, 36% of California hospital patients were readmitted at least once within the following 365 days.

Agenda Item VI: Work Group Breakouts by Topic

Based on the morning's discussion and interest among members for broadening the discussion, the Task Force agreed to divide into the following two Work Groups in the afternoon:

Public Health and Risk Behavior Work Group:

Chaired by: Diana Dooley

Participants: Dr. Don Berwick, Dr. Nadine Burke Harris, Dr. Ron Chapman, Dr. Gil Chavez, Diana Dooley, George Halvorson, Dr. Richard "Dick" Jackson, Pam Kehaly, Dr.

Joy Melnikow, Bill Monning, Ed Moreno, Dave Regan, Dr. Linette Scott, Joe Silva, Kerry Tucker, Ellen Wu

Discussion: Participants discussed the role the Task Force and the blueprint could play in creating a “culture of health” in workplaces, communities, with a particular focus on children and schools. Promoting a “culture of health” should be about motivation, instead of mandates, and must be fiscally prudent. California should be branded as an active state - Celebrate Activity!

The Task Force recommendations should be designed to cause people to want to take steps to better their personal health and encourage each other to take on healthier behaviors; i.e., use a group/community focus. Once recommendations are finalized, California should leverage its key industries (technology, entertainment, etc.) to make a culture of health accepted and desirable. Additionally, the Task Force recommendations should be grounded in best practices and built upon successes in California’s schools and communities, as well as in other states and countries. Supporting ideas included: (1) Leverage school culture to improve fitness grams, create competitions between schools, etc; (2) Prohibit marketing junk food to kids; (3) Open up school yards and playgrounds for use by the general community; (4) Include health in city/county general plans; (5) Enlist celebrities, athletes, and other role models to promote fitness; (6) Promote daily walking - measure in minutes, not miles; (7) Deploy more promotoras; (8) Include the importance of vaccines in a culture of health; (9) Address violence/injury prevention as parents are concerned about their children walking to school; (9) Don't reinvent the wheel - look at what is already being done with the Administration's Health In All Policies Task Force, which is part of the Governor's Strategic Growth Council, the Healthy Food Financing Work Group, and the California Pan-Ethnic Health Network. Information should be compiled on best practices for measuring and improving fitness.

Delivery System Work Group:

Chaired by: Dr. Ken Kizer

Participants: Dr. Sophia Chang, Bob David, Steve Fields, Dr. Deborah “Debbie” Freund, Dr. Neal Halfon, Dr. James Hay, Dr. Mitch Katz, Dr. Ken Kizer, Dr. Neal Kohatsu, Dr. Bob Margolis, Pat Powers, Wade Rose, Dr. Wells Shoemaker, Dr. Steve Shortell, Anthony Wright

Discussion: Participants discussed a range of initiatives focused on reducing cost and increasing quality in care delivery, aiming to identify “low hanging fruit”. Several consensus ideas included: (1) Begin to create culture change - how can we change the culture of care delivery to embrace continuous improvements and shift healthcare upstream? In other words, how can we begin to integrate the social determinants of health and medicine? A second aspect of this is to create a culture of innovation and learning and facilitate replication of innovations. Within a culture of innovation, we need to allow for failures; (2) Identify things that are ineffective or areas where there are options for choices that are more cost effective - including visits for sinusitis, e-consults/telehealth, etc; (3) Focus on the 5 percent of Californians who consumer 53

percent of resources; (4) Widely implement advanced illness care plans and train providers about facilitating advanced disease choices; (5) Initiate payment reform within California - by doing so we can create the bridge between health care delivery and leveraging the social determinants of health. This includes shifting the locus of care from doctors' offices to schools, home monitoring, etc.; (6) Promote coordinated team care.

Group members discussed the importance of creating some near term wins to gain momentum.

Agenda Item VII: Next Steps

The group agreed that staff would convene and reframe the Task Force's approach to performance measures and targets, given the new broader direction of the day's meeting and the priorities that have been highlighted. Task Force and Expert Advisors should retain the dates of the roadmap on their calendars and additional information regarding specifics will be sent to everyone.

GUIDING PRINCIPLES

Diana Dooley, Secretary, California Health and Human Services Agency.



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Guiding Principles

- (1) All recommendations shall be based on the best available evidence.
- (2) Addressing the challenges will require recognition of policies emphasizing the important roles that education, housing, transportation, the workplace, and other sectors play in promoting healthy individuals living in healthy communities.
- (3) Particular focus should be given to reducing the inequalities in health status and health care focusing on vulnerable populations and communities in the state.



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Guiding Principles

- (4) The recommendations should aim to control health care costs and be fiscally prudent.
- (5) The recommendations should include opportunities to promote personal responsibility for individual health.
- (6) The recommendations should consider the strategies for implementation, sustainability over time, and diffusion and spread throughout the state.



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Guiding Principles

- (7) All recommendations should have associated with them performance measures to assess degree of achievement over time.
- (8) The recommendations should serve as a long-run agenda for the state that transcends changes in public and private sector leadership while taking into account that as some of the objectives are achieved and sustained, they may be replaced by other objectives, and that changes in leadership also bring fresh new perspectives for making California the healthiest state in the nation.



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