



PUBLIC NOTICE
Board of Directors
STRATEGIC DIRECTION OVERSIGHT COMMITTEE
1819 Trousdale Dr. (Classroom)
July 2, 2025, 5:00 pm

Join Zoom Meeting
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AGENDA

1. **Call to Order & Roll Call:** Chair Cappel
2. **Approval of Minutes:** SDOC March 5, 2025
3. **LIFT Program Update:** Alec Raffin, Chief Operating Officer, and La Trice Taylor, Senior Director of Programs and Services, Samaritan House
4. **Blue Zones Project Update:** Ana M. Pulido, Chief Executive Officer, and Fátima M. Rodríguez, Strategic Initiatives Director
5. **Adjournment**



**Strategic Direction Oversight Committee
Meeting Minutes**

March 5, 2025

1. Call to Order: Vice-Chairman Pagliaro called the meeting to order at 5:02 p.m.

Roll Call: SDOC members present were: Pagliaro, Emmott, Johnson, Bandrapalli, Aubry, Jurow

Absent: Cappel, McDevitt, Quigg

2. Approval of Minutes: SDOC January 8, 2025

3. Blue Zones: Dan Buettner, Jr., EVP & Chief Development Officer

CEO Pulido opened the discussion by revisiting the committee’s request from the previous meeting: to gain a clearer understanding of the Blue Zones Health Assessment report, particularly in the context of the proposed \$250,000 investment. To support this, Margaret Brown and Kelsie Cajka from Blue Zones joined the meeting to present a sample report and address the committee’s questions.

Purpose of Blue Zones

Blue Zones aims to "empower everyone everywhere to live longer, better." This mission drives the Health Assessment, also known as the “Ignite Phase.”

Assessment Goals

- Identify current community strengths and what is already working well
- Highlight persistent challenges and opportunities where Blue Zones can make an impact
- Educate and engage both local leaders and residents (noting community buy-in is essential)
- Evaluate the current state of community well-being and readiness for change
- Review existing data and local plans (e.g., city, nonprofit, health needs assessments, school initiatives) for alignment and integration opportunities

Blue Zones' Role in the Assessment

Blue Zones leads the majority of the work, offering direct consultation, project management, and ongoing collaboration. Their process includes:

- Weekly check-ins
- Alignment with subject matter experts across People, Places, and Policy

- A comprehensive onsite visit (~3 days), including events, focus groups, interviews, and community conversations

Q & A with Margaret Brown and Kelsie Cajka

Dr. Aubry commented that the assessment appeared to function as an environmental scan, reviewing elements such as the built environment, available facilities, demographics, and community health status—combined with a comparison to best practices. He asked whether the intent was to recommend creating new resources where gaps exist or enhancing what is already in place.

Ms. Brown replied that the assessment is indeed a form of environmental scan, but more robust than a standard Community Health Needs Assessment. It takes a systems-level approach, examining factors across schools, workplaces, policy, food access, the built environment, as well as alcohol and tobacco influences. The purpose is to identify opportunities to build on existing efforts and introduce new strategies, insights, or partnerships where needed.

Dr. Aubry asked whether the assessment process ultimately leads to a set of recommendations, along with a plan for how those recommendations would be implemented.

Ms. Brown confirmed this, noting that the process results in a tailored set of recommendations accompanied by a customized implementation plan. Recommendations are aligned with community leadership priorities and are designed to maximize impact and identify synergies over a typical four- to five-year implementation period.

Mr. Jurow asked for clarification on who constitutes the "we" when Blue Zones refers to working with the community. Specifically, he wanted to know whether this refers to Blue Zones staff embedded in the community or if it would involve personnel from funding organizations implementing the recommendations.

Ms. Brown clarified that once the community decides to move forward, the next phase, referred to as "foundation and planning," lasts approximately six to nine months. During this period, Blue Zones hires a dedicated local team, typically consisting of 6 to 15 full-time employees, depending on the size of the community. This team is directly managed by a Blue Zones account team.

Mr. Jurow inquired about the expected time commitment from the organizations funding the initiative. He asked whether involvement is limited to receiving updates or if dedicated staff time from each organization is required on a regular basis.

Ms. Brown responded that while there is no formal requirement for permanent staff allocation from funding organizations, there is a level of expected engagement, particularly during the early phases. In the initial months of the implementation phase, the time commitment is more substantial, often involving weekly engagement. After the foundation and planning phase, participation generally transitions to monthly meetings, similar to an additional Board commitment.

Dr. Aubry asked whether the long-term goal of the initiative is for the community to sustain the work independently after the initial four- to five-year implementation period. They inquired if the intent is for Blue Zones to eventually transition out, leaving a self-sustaining model in place.

Ms. Brown confirmed that long-term sustainability is a core objective. Over the course of the four-to-five-year period, Blue Zones works with the community to achieve the agreed-upon goals while simultaneously developing a sustainability plan. The vision is for the community to adopt new, collaborative approaches that continue beyond Blue Zones' direct involvement.

Ms. Bandrapalli asked how the Blue Zones model remains relevant over a four- to five-year period, particularly if community needs shift. She wanted to understand how the plan allows for flexibility and adaptation over time.

Ms. Brown emphasized that adaptability is a built-in component of the Blue Zones approach. An example was provided from Fort Worth, where the initial focus areas, such as smoking cessation, physical activity, and body mass index, evolved over time. As new needs emerged, the community identified and pursued additional policy priorities, including expanding initiatives like the Double Up Food Bucks program. The Blue Zones model supports this kind of evolution by embedding dedicated roles, such as school liaisons and policy experts, within the local structure. These positions allow the work to continue and adapt beyond typical, short-term grant cycles.

Ms. Bandrapalli brought up concerns related to the accuracy of data and methodology behind Blue Zones' original research. They referenced having read critiques and asked for clarification on the organization's response to those concerns.

Ms. Brown acknowledged awareness of a pre-print article that questioned aspects of the original Blue Zones research. However, it was noted that the article has not been formally published due to identified inaccuracies. Blue Zones offered to share a detailed response prepared by their demographer addressing the claims. The broader emphasis was placed on the well-established health principles promoted by Blue Zones, such as natural movement, plant-based eating, and strong social connections, which are widely supported in the scientific literature. In addition, Blue Zones is able to provide data from past projects, the demographer's full response, and peer-reviewed studies demonstrating the effectiveness of their implemented initiatives.

Vice-Chairman Pagliaro asked whether there are other established Blue Zones communities in California, noting that the committee might be interested in connecting with local stakeholders to learn more from their experiences.

Ms. Brown confirmed that several California communities have partnered with Blue Zones. San Jose recently completed its assessment phase, while the Beach Cities Health District represents one of the longest-standing Blue Zones initiatives in the state. Other active or previously engaged communities include Salinas/Monterey, Lake County, Tuolumne, Yuba Sutter, Petaluma Health Care District, and Bakersfield.

Vice-Chairman Pagliaro asked whether the Blue Zones initiative in the Beach Cities is connected to a health care district.

Ms. Brown confirmed that the Beach Cities Blue Zones initiative is managed through the Beach Cities Health District, which serves the communities of Redondo Beach, Hermosa Beach, and Manhattan Beach. It was also noted that the Petaluma Health Care District is another example of a health care district currently adopting the Blue Zones model.

Committee Discussion Following the Presentation: Summary of Key Points

- Committee members expressed reservations about the \$250,000 cost of the Blue Zones assessment in the absence of confirmed partner commitments for the broader implementation phase, which could exceed \$20 million.
- There was strong interest in engaging San Mateo County, particularly Supervisor Speier, as a potential co-funder for the initiative. Other potential partners discussed included local cities and health systems such as Sutter Health.
- The committee emphasized the value of obtaining district-specific data through the assessment, recognizing its potential to guide future decision-making and strategy.
- The committee expressed interest in meeting with the City of San Jose to learn about their experience and approach.

Next Steps:

CEO Pulido will follow up with officials in San Jose to gather insights from their experience and will explore potential partnership opportunities with San Mateo County.

4. Peninsula Wellness Community Update: Frank Pagliaro, Vice-Chairman

Vice-Chairman Pagliaro provided an update regarding the Mills Property site, focusing on a recent community meeting and future directions following the termination of the Peninsula Wellness Community (PWC) project contract.

Discussion

Dr. Aubry inquired why the committee had not been informed of the PWC decision.

Vice-Chairman Pagliaro explained that negotiations had been confidential, with a decision made in early October. Public notices were issued in newspapers and posted online in October.

Mr. Jurow requested an update on the project.

Vice-Chairman Pagliaro stated that the original PWC contractual concept is no longer active. He used the recent public meeting to emphasize PHCD's broader healthcare mission, highlighting responsibilities such as The Trousdale, Sonrisas clinics (including Half Moon Bay), housing for developmentally challenged individuals, allcove San Mateo behavioral health services, and grant-funded programs. He noted the Board remains supportive of senior affordable housing but within a broader framework.

Mr. Jurow's asked for clarification on the housing component.

Vice-Chairman Pagliaro reiterated that senior housing is only one part of PHCD's wider healthcare mission, distinguishing PHCD from single-focus housing agencies.

Dr. Aubry asked if Jackie Speier or her office was represented at the community meeting.

CEO Pulido confirmed that Brian Perkins attended on her behalf.

Vice-Chairman Pagliaro shared that PHCD would be consulting with advisors and possibly issuing an RFP for a MidPen-type project. Legal assistance would be sought to draft the RFP, and Sutter Health would be approached to assess interest.

Dr. Aubry remarked that the original PWC concept was a comprehensive, integrated wellness model with housing, medical services, physical therapy, nutrition, and intergenerational programming. He noted that key components, such as the medical office building and housing, now appear absent, raising concerns about the project's overall viability.

CEO Pulido clarified that the medical office building, hub, and affordable housing are still under consideration.

Dr. Aubry commented that the hub was originally intended to unify services for both residents and the broader community. He expressed concern that the project is now being re-evaluated piecemeal.

Vice-Chairman Pagliaro responded that the hub evolved over time, beginning as a freestanding facility, then becoming a reduced component within the medical office building, before ultimately being minimized to an unfinished shell with limited utility. He noted that other regional community centers, such as those in Burlingame and Millbrae, now offer similar services. PHCD may consider funding health-related programs at those centers while reassessing the need for a dedicated hub.

Dr. Aubry asked how the public meeting concluded.

Vice-Chairman Pagliaro stated that all attendees who wished to speak were given the opportunity and the event was covered in the press.

CEO Pulido added that the meeting closed with a commitment to engage Sutter, explore a revised RFP process, and revisit project timelines. There was limited time to gather community input on other components of a future project other than housing; therefore, further discussions will be needed.

Dr. Aubry asked if this had been reported in the Daily Journal.

Vice-Chairman Pagliaro confirmed it had.

5. Adjournment: 6:29 pm