

Community Transformation Implementation Plan

Sacramento, CA

PROJECT PERIOD OBJECTIVE							
Objective ID	1						
Related Strategic Direction	Tobacco Free Living						
Priority Area							
Describe the objective and how it will impact the problem	*Direction of Change	*Unit of Measurement	*What Will be Measured	*Baseline	*Target	*Data Source	*Timeframe
	(increase/ decrease/ maintain)	(#, %, or rate)	(one single measurement per objective)				Start Date / End Date
Increase the number of people in North, South and Downtown Sacramento with access to tobacco-free or smoke-free environments to 525,000. Tobacco use and smoking restrictions, whether used alone or as part of a multi-component community intervention, are recommended to reduce exposure to tobacco smoke. Related strategies, such as creating smoke-free multi-unit housing and reducing access to tobacco retailers, have been found to be effective in reducing tobacco use by youth when implemented in communities	Increase	number of	people with access to smoke free environment in North, Downtown and South Sacramento	0	525,000	CHIS and OSPHD	10/1/2013-9/29/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	1.1						
Strategy	Protect people from second-hand smoke.						
Setting/Sector	Community/Housing						
*Estimated Number of Units	8600						
*Estimated Number of People Reached	45,000						
*Population Focus	Select One: Health Disparity Focus low socio-economic status (SES), urban, African American, Latino, Southeast Asian						
*Describe the objective and how it will impact the problem	Tobacco use in North, South and Downtown Sacramento is above the average in the county, and greater among low income residents and residents of color than among higher income residents. Implementing smoke-free multi-unit housing would help reduce exposure to secondhand smoke (SHS) for approximately 45,000 low income residents and residents of color in the county. Smoke-free multi-unit housing would restrict smoking from all individual residencies and include additional areas, such as balconies and patios.						
*Measurement	*Direction of Change	*Unit of Measurement	*What Will be Measured	*Baseline	*Target	*Data Source	*Timeframe
	(increase/ decrease/ maintain)	(#, %, or rate)	(one single measurement per objective)				(Start Date/ End Date)
smoke-free multi-unit housing in contiguous units in North, South and Downtown Sacramento	increase	percent	smoke-free multi-unit housing in contiguous units	30%	50%	OSHPD and CHIS	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
1.1.1	Engage in targeted recruitment efforts of low-income populations, tenant groups and other organizations serving apartment housing residents to support smoke-free multi-unit housing.	Program Director	Sacramento Tobacco Coalition member organization	Q1/2013	Q12/2016
1.1.2	Identify and interview landlords managing housing units (consisting of at least 100 units) to assess attitudes towards voluntary and mandatory smoke-free housing.	Program Director	Sacramento Tobacco Coalition member organization	Q1/2013	Q2/2013
1.1.3	Educate the public on 10 separate occasions about smoke-free strategies in the community (e.g., sponsor a community forum; place an ad in a local newspaper), including the availability of cessation services/resources.	Program Director and Communications Director	Sacramento Tobacco Coalition member organization	Q1/2013	Q8/2015
1.1.4	Identify 10 housing providers to undergo comprehensive planning processes including surveys of residents, meetings with building management and staff, and resident meetings to explain the new policies.	Program Director and Evaluation Director	Sacramento Tobacco Coalition member organization	Q1/2013	Q6/2015
1.1.5	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
1.1.6	Conduct survey among residents of multi-unit housing in target zip codes to assess attitudes towards voluntary and mandatory smoke-free housing.	Program Director and Evaluation Director	Professional Pollster	Q2/2014	Q3/2014
1.1.7	Facilitate at least 2 trainings with a select group of landlord and tenant groups that grounds participants in Healthy Sacramento Coalition's prevention approach and provide frameworks, messaging tools, and case studies that illustrate best practices in advancing tobacco free living.	Program Director	Healthy Sacramento Coalition Training and Capacity Building Work Group	Q4/2014	Q8/2015
1.1.8	Use key informant interviews to assess attitudes among Sacramento City Council members', and in other cities in Sacramento County regarding smoke-free housing.	Program Director	Healthy Sacramento Coalition Policy Work Group	Q3/2014	Q4/2014
1.1.9	Develop at least 3 options to pursue as recommendations for best course to achieve smoke-free housing.	Program Director	[Sacramento Tobacco Coalition member organization	Q4/2014	Q4/2014
1.1.10	Develop at least one ad campaign promoting benefits of smoke-free housing.	Program Director and Communications Director	Public Affairs firm Healthy Sacramento Coalition	Q4/2014	Q12/2016
1.1.11	Obtain earned or paid media, including appropriate media outlets/channels to reach residents in North, South and Downtown Sacramento, on at least 6 occasions to communicate messages regarding the Coalition's objectives including at least 3 occasions relating specifically to multi-unit housing (e.g., press events, ads/articles in local papers and online news outlets, letters to the editor, op-eds); ensuring that messages meet the literacy and language needs of the population.	Communications Director	Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q4/2014	Q12/2016

1.1.12	Develop a process for ensuring that free or low-cost cessation services/resources are available for low-income residents in multi-unit housing complexes leading up to and following smoke-free strategy implementation.	Program Director	Sacramento Tobacco Coalition member organization CA Dept. of Public Health Community Health Centers and Hospital Systems	Q1/2013	Q12/2016
1.1.13	Conduct ongoing assessment of City Council’s openness to smoke-free initiatives.	Program Director	Sacramento Tobacco Coalition member organization Healthy Sacramento Coalition Policy Work Group	Q5/2014	Q12/2016
1.1.14	Monitor implementation and enforcement of smoke-free public multi-unit housing.	Program Director and Evaluation Director	Sacramento Tobacco Coalition member organization Healthy Sacramento Coalition Policy Work Group City of Sacramento Code Enforcement	Q10/2016	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	1.2						
Strategy	Prevent and reduce tobacco use among youth and young adults						
Setting/Sector	Community/Retail						
*Estimated Number of Units	150 retailers						
*Estimated Number of People Reached	50,000						
*Population Focus	Select One: Health Disparity Focus Low socio-economic status, urban, African American, Latino, Southeast Asian, youth ages 12-25						
*Describe the objective and how it will impact the problem	Tobacco use in North, South and Downtown Sacramento is above the average in the county, and greater among low income youth and youth of color than among other Sacramento residents. With the majority of youth shopping in convenience stores at least once per week, reducing exposure to in-store tobacco marketing, and limiting the sale of tobacco products near schools will reduce access to tobacco products for approximately 50,000 youth in the county.						
*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Amount of tobacco marketing and sales near schools	decrease	percentage	tobacco marketing and sales near schools	0%	50%	CHIS and OSPHD	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
1.2.1	Recruit and train at least 30 youth to conduct environmental Scans, interviews and retail store observation surveys to gather information that assess the retail environment (placement and pricing) around the school community – including both tobacco and healthy food.	Program Director and Evaluation Director	Youth Advocacy Organization	Q1/2013	Q2/2014
1.2.2	Assemble at least 3 options to limit sales and placement based on an inventory of current city and county policies in effect and an environmental scan.	Program Director	Sacramento Tobacco Coalition member organization Youth Advocacy Organization	Q3/2014	Q5/2014
1.2.3	Facilitate 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition’s objectives.)	Program Director	Healthy Sacramento organization	Q1/2013	Q12/2016
1.2.4	Assess viability and effectiveness of potential public education campaigns and local ordinances.	Program Director and Evaluation Director	Youth Advocacy Organization Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q5/2014	Q7/2015
1.2.5	Educate the public on 10 separate occasions about smoke-free strategies in the community (e.g., sponsor a community forum; place an ad in a local newspaper), including the availability of cessation services/resources.	Program Director	Youth Advocacy Organization Healthy Sacramento Coalition Communications Work Group	Q7/2015	Q12/2016
1.2.6	Facilitate at least 2 trainings of neighborhood groups, city and council code enforcement staff and community partners that grounds participants in Healthy Sacramento Coalition’s prevention approach describes the Coalition’s objectives, and provides frameworks, messaging tools, and case studies that illustrate best practices in reducing tobacco marketing and retail near schools	Program Director and Evaluation Director	Youth Advocacy Organization Healthy Sacramento Coalition Training and Capacity Building Work Group	Q9/2016	Q12/2016

1.2.7	Develop a process for ensuring that free or low-cost cessation services/resources are available for students at the Middle School and High School campuses in the 4 school districts in North, South and Downtown Sacramento.	Program Director	Sacramento Tobacco Coalition member organization Youth Advocacy Organization	Q1/2013	Q12/2016
1.2.8	Obtain earned media opportunities, including appropriate media outlets/channels to reach youth in North, South and Downtown Sacramento, on at least 6 occasions to communicate messages regarding the Coalition's objectives including at least 3 occasions relating specifically to tobacco marketing (e.g., press events, ads/articles in local papers and online news outlets, letters to the editor, op-eds); ensuring that messages meet the literacy and language needs of the population.	Communications Director	Youth Advocacy Organization Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q7/2015	Q12/2016
1.2.9	Engage in at least one targeted recruitment efforts of youth to educate peers on how tobacco industry practices impact norms and health.	Program Director	Youth Advocacy Organization	Q4/2014	Q7/2015
1.2.10	Conduct ongoing assessment of City Council's openness to initiatives to limit tobacco placement and marketing .	Program Director	Youth Advocacy Organization Tobacco Coalition member organization Healthy Sacramento Coalition Policy Work Group	Q10/2016	Q12/2016
1.2.11	Monitor implementation and enforcement of tobacco marketing and retail restrictions including any differential enforcement.	Evaluation Director	Youth Advocacy Organization Tobacco Coalition member organization Healthy Sacramento Coalition Policy Work Group	Q12/2016	Q12/2016

Community Transformation Implementation Plan

Sacramento, CA

PROJECT PERIOD OBJECTIVE							
Objective ID	2						
Related Strategic Direction	Active Living and Healthy Eating						
Priority Area							
Describe the objective and how it will impact the problem	*Direction of Change	*Unit of Measurement	*What Will be Measured	*Baseline	*Target	*Data Source	*Timeframe
	(increase/ decrease/ maintain)	(#, %, or rate)	(one single measurement per objective)				Start Date / End Date
Increase the number of people with access to physical activity opportunities, and environments with healthy food and beverage options to 525,000 Supporting the adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space, whether used alone or as part of a multi-component community intervention, are recommended to increase community engagement in regular physical activity. Related strategies, such as facilitating access to safe places for physical activity, and encouraging community design and development that supports physical activity, have been found to be effective in increasing safety when implemented in communities. Increasing the availability of healthy and affordable foods and beverages in underserved urban communities in Sacramento County are recommended to increase access to nutritious foods and beverages, especially vegetables, fruits, water, and whole grains. Related strategies, such as implementing organizational and programmatic nutrition standards and policies, have been found to be effective in helping residents recognize and make healthy food and beverage choices when implemented in communities.	Increase	number of	people with access to physical activity opportunities, and environments with healthy food and beverage options in North, Downtown and South Sacramento	0	525,000	CHIS and OSPHD	10/1/2013-9/29/2016

ANNUAL/MULTI-YEAR OBJECTIVE	
Objective ID	2.1
Strategy	Increase adoption of comprehensive approaches to improve community design to enhance physical activity
Setting/Sector	Community/Housing
*Estimated Number of Units	3
*Estimated Number of People Reached	1.4 million
*Population Focus	Select One: General
*Describe the objective and how it will impact the problem	Access to sidewalks, bike lanes and other pedestrian paths that would provide opportunities for active transportation and recreational walking and biking in North and South Sacramento is below the average in the county, and lower among low income residents than among higher income residents. Implementing active design guidelines in city and county design process would lead to community design and development that support physical activity for residents in the county. These guidelines would also facilitate access to safe and accessible places for physical activity around schools.

*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Active design guideline plans in cities in Sacramento County and in Sacramento County	increase	number	Active design guideline documents	0	3	City and County Planning Documents	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
2.1.1	Research best practices for new policies, guidelines and improvement standards that support active design (e.g., NYC Active Design Guidelines), and model active design guidelines being used in other California Cities and Counties.	Program Director and Evaluation Director	Community Development organization and/or institute Healthy Sacramento Coalition Policy Work Group	Q1/2013	Q2/2014
2.1.2	Conduct an assessment of development design guidelines within Sacramento City and County government, to identify how many active design guidelines are currently in place, describe the types of development projects in which they apply, identify which policies already support health and what are the gaps/needs.	Program Director and Evaluation Director	Community Development organization and/or institute Healthy Sacramento Coalition Policy Work Group	Q1/2013	Q4/2014
2.1.3	Conduct a community survey on what residents perceive as problems. Later, conduct a series of 3 community charrettes to gather community input about how community design guidelines should be developed to best advance community health and well-being for all abilities. Charrettes will explore existing barriers to physical activity within the community.	Program Director	Community Development organization and/or institute	Q5/2014	Q8/2015
2.1.4	Conduct key informant interviews with land use and transportation planning advocates and experts from 4 cities/counties in California and other states that have successfully developed active design guidelines and implemented them.	Program Director	Community Development organization and/or institute	Q5/2014	Q6/2015
2.1.5	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition’s objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
2.1.6	Identify and outreach to at least 20 city and county agencies and elected officials responsible for community development and infrastructure projects. Work with city and county agencies to develop a plan on how to move from a planning phase to an implementation and capital improvement phase (e.g., identify funding streams for implementation).	Program Director	Community Development organization and/or institute Healthy Sacramento Coalition Policy Work Group	Q6/2015	Q12/2016

2.1.7	Facilitate at least two trainings with community partners, community development stakeholders, and critical city and county staff, that grounds participants in Healthy Sacramento Coalition’s prevention approach to chronic disease, and provide frameworks, messaging tools, and case studies that illustrate best practices in active living design.	Program Director	City and County Community Development Departments and Planning Depts. Healthy Sacramento Coalition Training and Capacity Building Work Group SACOG	Q6/2015	Q12/2016
2.1.8	Engage with the appropriate City and County Departments to address the initial safety problems related to safe access and routes.	Program Director	Community Development organization and/or institute Healthy Sacramento Coalition Training and Capacity Building Work Group Youth Advocacy Organization	Q6/2015	Q8/2015
2.1.9	Convene policy and decision makers on at least 2 occasions to provide information and education on best practices in land use and transportation planning that support physical activity, as well as detail on the economic and community co-benefits. Describe draft active design guidelines to obtain their support for them.	Program Director	Community Development organization and/or institute Healthy Sacramento Coalition Training and Capacity Building Work Group SACOG Youth Advocacy Organization	Q7/2015	Q8/2015
2.1.10	Attend at least 4 City and County hearings and/or meetings to provide education and information about the health benefits associated with active design guidelines.	Program Director	Community Development organization and/or institute Healthy Sacramento Coalition Policy Work Group Youth Advocacy Organization	Q8/2015	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	2.2						
Strategy	increase availability and affordability of healthy beverages in public and private institutional settings, workplaces, and government facilities.						
Setting/Sector	Public and Private Institutions						
*Estimated Number of Units	50 public and private institutional settings, workplaces, and government facilities						
*Estimated Number of People Reached	5,000						
*Population Focus	Select One: General						
*Describe the objective and how it will impact the problem	A high proportion of children), adolescents, and adults drink at least one soda or other sugar-sweetened beverage every day in North, South and Downtown Sacramento County. Research has shown that, regardless of income or ethnicity, adults who drink one or more sodas or other sugar-sweetened beverages every day are more likely to be overweight or obese. Implementing an effort focused on decreasing sugar intake from the consumption of sugar-sweetened beverages and increasing the consumption of water for approximately 5,000 employees and clients in the county would encourage the increased consumption of healthy beverages.						
*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Number of public agencies and private organizations	increase	number	public and private institutional settings, workplaces, and government facilities	0	50	CHIS	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
2.2.1	Conduct a survey of existing beverage policies and practices among large institutions, health and social welfare organizations, and city/county government, and assess readiness to institute healthy beverage practices.	Program Director and Evaluation Director	Health Education Council/HEAL Collaborative	Q1/2013	Q2/2014
2.2.2	Research lessons learned, best practices and model policies from other prevention initiative efforts (e.g. Rethink your drink, CPPW) to institute organizational practice changes around beverages (e.g., vending policies, cafeteria and concessions policies, healthy meeting policies).	Program Director	Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q1/2013	Q2/2014
2.2.3	Convene at least 3 small strategy meeting with public and private sector coalition partners to better understand how the Coalition can work to ‘make the case’ for healthy beverage policies among regional institutions and organizations.	Program Director	Health Education Council/HEAL Collaborative	Q3/2014	Q6/2015

2.2.4	Provide education to Sacramento City Council and relevant public agency leadership on strategies for improving the existing nutrition standards that apply to vending machines located on city owned property.	Program Director	Health Education Council/HEAL Collaborative	Q2/2014	Q5/2014
2.2.5	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
2.2.6	Facilitate at least 2 trainings with public and private agency staff, and community partners that grounds participants in a Healthy Sacramento Coalition's prevention approach to chronic disease, and provides frameworks, messaging tools, and case studies that illustrate best practices in advancing, healthy eating and active living,	Program Director	Healthy Sacramento Coalition Training and Capacity Building Work Group Health Education Council/HEAL Collaborative	Q5/2014	Q8/2015
2.2.7	Develop and disseminate a set of materials that can be shared with at least 30 employers to join the Coalition's healthy beverage campaign (e.g., fact sheet/brief on workplace beverage policies, menu of policy strategies and model policy language, MOUs, and a recognition program).	Communications Director	Healthy Sacramento Coalition Policy Work Group Health Education Council/HEAL Collaborative	Q5/2014	Q12/2016
2.2.8	Obtain earned media opportunities, including appropriate media outlets/channels to reach youth in North, South and Downtown Sacramento, on at least 6 occasions to communicate messages regarding the Coalition's objectives including at least 3 occasions relating specifically to healthy beverage marketing (e.g., press events, ads/articles in local papers and online news outlets, letters to the editor, op-eds); ensuring that messages meet the literacy and language needs of the population.	Communications Director	Youth Advocacy Organization Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q6/2015	Q12/2016
2.2.9	Provide technical assistance and support to organizations and institutions that commit to providing healthy beverage options.	Program Director	Healthy Sacramento Coalition Training and Capacity Building Work Group Health Education Council/HEAL Collaborative	Q6/2014	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	2.3						
Strategy	Increase accessibility, availability, affordability and identification of healthy foods in communities, through a restaurant initiative						
Setting/Sector	Community/Restaurants						
*Estimated Number of Units	20 restaurants						
*Estimated Number of People Reached	250,000						
*Population Focus	Select One: Health Disparity Focus Low socio-economic status, urban, African American, Latino, Southeast Asian, youth ages 12-25						
*Describe the objective and how it will impact the problem	Rates of fast food consumption in the North and South areas of Sacramento County show that the over 50% of every food dollar spent go to the restaurant industry. With these neighborhoods consuming so many meals outside the home, offering healthier choices, especially on the value menus, and keeping the prices of healthy items affordable have been found to encourage better eating.						
*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)

Number of restaurants collaborating with neighborhoods in North and South Sacramento to offer healthy food and beverage options	increase	number	number of restaurants collaborating with neighborhoods in North and South Sacramento to offer healthy food and beverage options	0	20	CHIS	10/1/2013 to 9/29/2016
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ANNUAL ACTIVITIES						
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe		
				(Start Date Quarter/Year)	(End Date Quarter/ Year)	
2.3.1	Review existing fast food and fruit and vegetable consumption data by zip code, and identify 2-3 neighborhoods with high consumption of fast food and low intake of fresh produce.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Sacramento County Nutrition Action Plan (Sacramento CNAP)	Q2/2014	Q3/2014	
2.3.2	Recruit and train at least 30 youth to conduct environmental Scans, interviews and store observation surveys to gather information that assess the restaurant environment in North and South Sacramento.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Sacramento County Nutrition Action Plan (Sacramento CNAP)	Q1/2013	Q3/2014	
2.3.3	Research at least 3 best practices and sets of criteria that other healthy food initiatives have used when working with local restaurants to improve the nutritional quality of food.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative	Q2/2014	Q4/2014	
2.3.4	Convene at least 3 small strategy meetings with restaurant owners to better understand how the Coalition can work to ‘make the case’ for healthy food policies among restaurants in North and South Sacramento.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative	Q3/2014	Q6/2015	
2.3.5	Work with at least 10 community- and faith-based organizations to survey residents in North and South Sacramento to better understand the kinds of convenient and health food options that they would like to see offered in neighborhood fast food/take away outlets.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Sacramento County Nutrition Action Plan (Sacramento CNAP)	Q3/2014	Q4/2014	
2.3.6	Identify no more than 30 fast food/take-out restaurants to outreach to using consumption data and environmental scan.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Sacramento County Nutrition Action Plan (Sacramento CNAP)	Q4/2014	Q6/2015	

2.3.7	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition’s objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
2.3.8	Facilitate at least 2 trainings with public and private agency staff, and community partners that grounds participants in a Healthy Sacramento Coalition’s prevention approach to chronic disease, and provides frameworks, messaging tools, and case studies that illustrate best practices in advancing, healthy eating and active living,	Program Director	Healthy Sacramento Coalition Training and Capacity Building Work Group Health Education Council/HEAL Collaborative	Q5/2014	Q8/2015
2.3.9	Convene at least 3 meetings with at least 5 local restaurant owners to orient them to the initiative and get feedback on how restaurant outreach and engagement can be structured to maximize participation.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q5/2014	Q9/2016
2.3.10	Convene staff from the region’s various healthy food initiatives that provide nutrition education (e.g., SNAP-Ed, HEAL, Building Healthy Communities, WIC, Food Bank, etc.) at least 4 times to incorporate information about the restaurant initiative and participating restaurants into their educational efforts.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q5/2014	Q9/2016
2.3.11	Utilizing research on best practices, and key themes from the convening, develop a set of criteria for recognition for prospective restaurants to join the restaurant initiative.	Program Director and Evaluation Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q8/2015	Q10/2016
2.3.12	Develop and disseminate a set of materials that can be shared with restaurant owners to join the restaurant initiative (e.g., fact sheet/brief on the restaurant initiative, list of criteria to join, MOUs, and a recognition program).	Program Director and Communication Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Public Affairs Firm Healthy Sacramento Coalition Communications Work Group	Q8/2015	Q12/2016

2.3.13	Provide technical support (e.g., analysis on the nutritional quality of menu items) to participating restaurants to help ensure that they are successful in meeting the criteria for recognition developed by the initiative.	Program Director	Health Education Council/HEAL Collaborative Sacramento County Nutrition Action Plan (Sacramento CNAP) Healthy Sacramento Coalition Training and Capacity Building Work Group	Q10/2016	Q12/2016
2.3.14	Obtain earned media and paid opportunities on at least 6 occasions to communicate messages regarding the Coalition’s objectives including at least 3 occasions relating specifically to recognizing participating restaurants (e.g., press events, ads/articles in local papers and online news outlets, letters to the editor, op-eds); ensuring that messages meet the literacy and language needs of the population.	Communications Director	Youth Advocacy Organization Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q10/2016	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	2.4						
Strategy	Increase opportunities for physical activity through joint use agreements between municipalities, school districts and community-based organizations.						
Setting/Sector	Community/Restaurants						
*Estimated Number of Units	30 schools						
*Estimated Number of People Reached	125,000						
*Population Focus	Select One: Health Disparity Focus Low socio-economic status, urban, African American, Latino, Southeast Asian, youth ages 12-25						
*Describe the objective and how it will impact the problem	The low number of safe and accessible parks per population in the North and South areas of Sacramento County shows that the access is lower than in other areas of Sacramento County. With safety in these neighborhoods restricting access to physical activity, pursuing reciprocal use of indoor/outdoor recreational facilities for use during school or non-school hours for residents would increase access to open space and physical activity.						
*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Number of joint use agreements between municipalities, school districts and community-based organizations in North and South Sacramento County	increase	number	Number of joint use agreements between municipalities, school districts and community-based organizations in North and South Sacramento County	20	50	WalkScore.com	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
2.4.1	Conduct at least 20 interviews with school principals, administrators, city agencies, and community-based stakeholders to identify and discuss specific opportunities and challenges to expanding existing joint use agreements	Program Director	Youth Advocacy Organization Community Organizing Group	Q2/2014	Q4/2014

2.4.2	Recruit and train at least 30 youth to conduct environmental scans, interviews and school observation surveys to gather information that assess the open space environment in North and South Sacramento to identify potential locations and negotiating parties for joint use agreements	Program Director	Youth Advocacy Organization Community Organizing Group	Q1/2013	Q3/2014
2.4.3	Access at least 3 Memorandum of Understanding and formal agreements that other joint use initiatives have used when working with local schools.	Program Director	Youth Advocacy Organization Community Organizing Group Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q3/2014	Q4/2014
2.4.4	Convene at least 3 small strategy meetings with school district officials to better understand how the Coalition can work to 'make the case' for successful adoption of joint use policies at the school site level in North and South Sacramento.	Program Director	Youth Advocacy Organization Community Organizing Group Health Education Council/HEAL Collaborative	Q3/2014	Q6/2015
2.4.5	Work with at least 10 community- and faith-based organizations to survey residents in North and South Sacramento to better understand the options for activities under a joint use agreement that they would like to see offered at their neighborhood school and park sites.	Program Director	Youth Advocacy Organization Community Organizing Group	Q3/2014	Q4/2014

2.4.6	Identify no more than 20 local schools to outreach to using resident survey data and environmental scan.	Program Director	Youth Advocacy Organization Community Organizing Group	Q4/2014	Q7/2015
2.4.7	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
2.4.8	Facilitate at least 2 trainings with public and private agency staff, and community partners that grounds participants in a Healthy Sacramento Coalition's prevention approach to chronic disease, and provides frameworks, messaging tools, and case studies that illustrate best practices in advancing joint use	Program Director	Youth Advocacy Organization Community Organizing Group Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Training and Capacity Building Work	Q5/2014	Q8/2015
2.4.9	Recruit and train at least 10 local supporters – adults and youths - for each potential location open to adopting joint use to encourage Sacramento City Council and the relevant School Board to adopt resolutions supporting joint use agreements at schools in North and South Sacramento.	Program Director	Youth Advocacy Organization Community Organizing Group Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q5/2014	Q9/2016
2.4.10	Convene staff from the region's City and School Districts (e.g., Safe Routes to School, HEAL, Building Healthy Communities, Parks and Recreation, etc.) at least 4 times to incorporate information about the research on best practices, and key themes from the meetings, interviews and survey data regarding joint use into their community practice efforts.	Program Director	Youth Advocacy Organization Community Organizing Group Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q5/2014	Q9/2016
2.4.11	Utilizing research on best practices, and key themes from the meetings, interviews and survey data develop joint use agreement templates that can be tailored to individual needs of identified local schools.	Program Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Policy Work Group	Q8/2015	Q10/2016
2.4.12	Develop and disseminate a set of materials that can be shared with schools, city departments and community organization to adopt a joint use agreement (e.g., fact sheet/brief on joint use, list of criteria to join, MOUs).	Program Director and Communication Director	Youth Advocacy Organization Health Education Council/HEAL Collaborative Public Affairs Firm Healthy Sacramento Coalition Communications Work Group	Q8/2015	Q12/2016

2.4.13	Provide technical support (e.g., joint use agreement templates, and process steps) to participating schools, city departments and community organization to help ensure that they are successful in implementing their joint use agreements.	Program Director	Health Education Council/HEAL Collaborative Healthy Sacramento Coalition Training and Capacity Building Work Group	Q8/2015	Q12/2016
2.4.14	Obtain earned media and paid opportunities on at least 6 occasions to communicate messages regarding the Coalition's objectives including at least 3 occasions relating specifically to recognizing participating schools, city departments and community organizations (e.g., press events, ads/articles in local papers and online news outlets, letters to the editor, op-eds); ensuring that messages meet the literacy and language needs of the population.	Communications Director	Youth Advocacy Organization Public Affairs firm Healthy Sacramento Coalition Communications Work Group	Q10/2016	Q12/2016

Community Transformation Implementation Plan

Sacramento, CA

PROJECT PERIOD OBJECTIVE							
Objective ID	3						
Related Strategic Direction	Increased Use of High Impact Quality Clinical Preventive Services						
Priority Area							
Describe the objective and how it will impact the problem	*Direction of Change	*Unit of Measurement	*What Will be Measured	*Baseline	*Target	*Data Source	*Timeframe
	(increase/ decrease/ maintain)	(#, %, or rate)	(one single measurement per objective)				Start Date / End Date
Increase the number of people in North, Downtown, and South Sacramento with increased access to care delivery systems or primary care clinical approaches that support control of high blood pressure and of high cholesterol in health care and other community settings to 525,000 Increasing the availability of clinical, medical, and community interventions in underserved urban communities in Sacramento County are recommended to translate effective clinical and community-level services into practice in order to reduce the burden of preventable chronic illness. Related strategies, such as incorporating public health approaches into clinical care team, have been found to be effective in helping residents manage hypertension and high cholesterol when implemented in communities.	Increase	number of	people with access to care delivery systems or primary care clinical approaches that support control of high blood pressure and of high cholesterol in North, Downtown and South Sacramento	0	525,000	CHIS, OSPHD, and Valley Vision Hospital System Needs Assessment	10/1/2013-9/29/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	3.1						
Strategy	Implement strategies to translate known interventions into usual clinical care to increase control of high blood pressure and high cholesterol.						
Setting/Sector	Community/Health Care						
*Estimated Number of Units	150 physicians						
*Estimated Number of People Reached	525,000						
*Population Focus	Select One: Health Disparities Focus Low socio-economic status, urban, African American, Latino, Southeast Asian						
*Describe the objective and how it will impact the problem	The rates of chronic disease due to high blood pressure and high cholesterol are disproportionately high in the areas of North, South and Downtown Sacramento. Increasing the connection between the healthcare system and public lands to promote physical activity, good nutrition, and improved health, as a component of the treatment of health issues resulting from inactivity and poor nutrition have been shown to reduce rates of hypertension and hypercholesterolemia. Increasing the number of health care providers who include outdoor physical activity in their clinical treatment of high blood pressure and of high cholesterol, a long with expanding the number of community-based health care professionals, will result in a reduction of inactivity and poor nutrition.						
*Measurement	*Direction of Change	*Unit of Measurement	*What Will be Measured	*Baseline	*Target	*Data Source	*Timeframe
	(increase/ decrease/ maintain)	(#, %, or rate)	(one single measurement per objective)				(Start Date/ End Date)
Active design guideline plans in cities in Sacramento County and in Sacramento County	Increase	percentage	Number of health care providers who include outdoor physical activity in their clinical treatment of high blood pressure and of high cholesterol	10%	40%	Valley Vision Hospital System Needs Assessment	1/1/2014 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
3.1.1	Research best practices in parks prescriptions and conduct at least 10 key informant interviews with public health/health care staff from neighborhoods both within and external to Sacramento County	Program Director and Evaluation Director	Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF) Healthy Sacramento Coalition Policy Work Group	Q2/2014	Q3/2014
3.1.2	Work with at least 2 regional nonprofit organizations to identify existing or develop walking routes within North, South and Downtown Sacramento, and supporting materials that physicians can provide when prescribing outdoor physical activity (e.g., park walking and trail maps, guide to parks, transit guidance to access parks, prescription pads).	Program Director	Community Development organization and/or institute Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF) Sacramento City & Sacramento County Parks agencies	Q4/2014	Q7/2015
3.1.3	Convene at least 3 multi-sector meetings of parks and recreation, public health, health care systems and health care providers to develop a plan for scaling up Sacramento's pilot parks prescription program (including identifying patient and provider incentives for participation) with in North, South and Downtown Sacramento	Program Director and Evaluation Director	Sacramento Area Council of Governments (SACOG) Sacramento County Public Health Department Sacramento City & Sacramento County Parks agencies Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q4/2014	Q5/2014
3.1.4	Conduct key informant interviews with land use-planning, community development, and active living advocates and experts from 4 cities/counties in California and other states that have successfully developed Health Care Parks Prescription programs and implemented them.	Program Director	Health Education Council/HEAL Collaborative Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q5/2014	Q6/2015
3.1.5	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
3.1.6	Conduct up to 10 park/walk audits with regional health care providers, park agencies, Transportation Dept. and residents to identify safe routes and places where patients can be active as well as safety concerns and needed capital improvements.	Program Director	Health Education Council/HEAL Collaborative Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q6/2015	Q10/2016

3.1.7	Recruit at least 30 physicians to engage with the appropriate City and County Departments and special districts (i.e. Parks, Transportation, Community Development) to address the existing safety problems related to safe neighborhoods, parks, streets and trails in North, South and Downtown Sacramento to identify potential solutions for addressing these issues.	Program Director	Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF) Healthy Sacramento Coalition Policy Work Group	Q8/2015	Q12/2016
3.1.8	Convene policy and decision makers with participating physicians on at least 2 occasions to provide information and education on best practices in Health Care Parks Prescription programs that support physical activity, as well as detail on the social, health, economic and community co-benefits.	Program Director	Health Education Council/HEAL Collaborative Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF) Healthy Sacramento Coalition Policy Work Group SACOG	Q7/2015	Q10/2016
3.1.9	Attend at least 4 City and County hearings and/or meetings to provide education and information about the health benefits associated with active design guidelines.	Program Director	Health Education Council/HEAL Collaborative Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF) Healthy Sacramento Coalition Policy Work Group	Q8/2015	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE	
Objective ID	3.2
Strategy	Implement strategies to translate known interventions into usual clinical care to increase control of high blood pressure and high cholesterol.
Setting/Sector	Community/Health Care
*Estimated Number of Units	5 federally qualified health centers and/or hospitals systems.
*Estimated Number of People Reached	525,000
*Population Focus	Select One: Health Disparities Focus Low socio-economic status, urban, African American, Latino, Southeast Asian
*Describe the objective and how it will impact the problem	Over 50% of age-adjusted rates of preventable ER visits and hospitalization due to heart disease, diabetes, stroke and hypertension in Sacramento County were generated by the North, South and Downtown areas of Sacramento County. With these neighborhoods representing such a high proportion of preventable chronic disease in Sacramento County encouraging community health centers and hospital systems to include community health workers (CHWs) as essential member of care team to assist with engaging hard to reach populations has been shown to be effective. Incorporating CHWs into the clinical care team would engage populations who do not regularly seek care in a culturally, linguistically and socially appropriate manner.

*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Number of public agencies and private organizations	increase	percentage	federally qualified health centers and hospital systems with Community Health Workers integrated into their systems to promote management of high blood pressure and high cholesterol	5%	25%	Valley Vision Hospital System Needs Assessment	1/1/2013 to 9/29/2016

ANNUAL ACTIVITIES						
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe		
				(Start Date Quarter/Year)	(End Date Quarter/ Year)	
3.2.1	Review existing CVD, Clinical Access and CVD Outcomes data by zip code, and identify at least 4 neighborhoods with high levels of hypertension and high cholesterol.	Program Director and Evaluation Director	Healthy Sacramento Coalition Policy Work Group Capitol Health Network (CHN) Right Care Initiative	Q2/2014	Q4/2014	
3.2.2	Work with at least 10 community- and faith-based organizations to survey residents in North, South and Downtown Sacramento to better understand the health care options that residents would like to see offered by their neighborhood primary care provider and/or community clinic to help support them with managing their hypertension and high cholesterol..	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q1/2013	Q4/2014	
3.2.3	Convene at least 3 small strategy meeting with federally qualified health centers, hospital systems and health plans to better understand how to work with them to structure a community health worker program that would maximize their participation.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q3/2014	Q6/2015	
3.2.4	Identify at least 5 federally qualified health centers and/or hospital systems to outreach to using outcomes data and environmental scan.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q3/2014	Q5/2014	
3.2.5	Research at least 3 best practices and program criteria that other public health initiatives have used when working with community health workers to improve the chronic disease outcomes.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q2/2014	Q6/2015	
3.2.6	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016	
3.2.7	Utilizing research on best practices, and key themes from the convening, develop a set of criteria for health care organizations to join the Community Health Worker initiative.	Program Director	Healthy Sacramento Coalition Policy Work Group Hospital Council of Northern California Capitol Health Network (CHN)	Q6/2015	Q7/2015	

3.2.8	Develop and disseminate a set of materials that can be shared with at least 5 federally qualified health center health plans, and hospital systems about the Coalition’s Community Health Worker Initiative (e.g., fact sheet/brief on workplace beverage policies, menu of policy strategies and model policy language, MOUs, and a recognition program).	Communications Director	Healthy Sacramento Coalition Policy Work Group Hospital Council of Northern California Capitol Health Network (CHN)	Q6/2015	Q10/2016
3.2.9	Work with at least 5 federally qualified health centers and/or hospital systems to create or modify current policy and procedures regarding the identification and management of clients with elevated cholesterol and blood pressure and the use of community health workers.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q9/2016	Q12/2016
3.2.10	Provide technical assistance and support to participating health care providers to help them meet initiative criteria.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q8/2015	Q12/2016
3.2.11	Establish a system to track clinic patients regarding control of BP and cholesterol (and ABCS) in federally qualified health centers and hospital systems participating in Community Health Worker Initiative	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q8/2015	Q12/2016
3.2.12	Work with Hospital Council of Northern California and the Capitol health Network to change guidelines regarding reimbursement levels for case management activities in addition to other patient care issue.	Program Director	Hospital Council of Northern California Capitol Health Network (CHN)	Q8/2015	Q12/2016

ANNUAL/MULTI-YEAR OBJECTIVE							
Objective ID	3.3						
Strategy	Implement strategies to translate known interventions into usual clinical care to increase control of high blood pressure and high cholesterol.						
Setting/Sector	Community/Pharmacies						
*Estimated Number of Units	3 federally qualified health centers and/or hospitals systems.						
*Estimated Number of People Reached	525,000						
*Population Focus	Select One: Health Disparity Focus Low socio-economic status, urban, African American, Latino, Southeast Asian						
*Describe the objective and how it will impact the problem	Cardiovascular disease (CVD) causes one in four deaths reported North, South and Downtown Sacramento County. Strategies that address leading Cardiovascular disease (CVD) risk factors, such as hypertension, high cholesterol levels, and smoking, can greatly reduce the burden of Cardiovascular disease (CVD) for 525,000 residents. Promoting pharmacists as health care extenders by meeting with area clinics, medical groups and health systems and sharing best practices to facilitate their inclusion in clinical and community care teams to provide evidence-based Medication Therapy Management (MTM) services would allow the patients with highest rates of hypertension and high cholesterol to gain much support in adhering to their prescribed medication therapies.						
*Measurement	*Direction of Change (increase/ decrease/ maintain)	*Unit of Measurement (#, %, or rate)	*What Will be Measured (one single measurement per objective)	*Baseline	*Target	*Data Source	*Timeframe (Start Date/ End Date)
Number of restaurants collaborating with neighborhoods in North and South Sacramento to offer healthy food and beverage options	increase	percentage	number of federally qualified health centers and hospital systems with pharmacist medication therapy management (MTM) services integrated into the care team	0%	25%	OSPHD	10/1/2013 to 9/29/2016

ANNUAL ACTIVITIES					
Activity ID	*Description	*Lead Personnel Assigned	Partner Organization Assigned	Timeframe	
				(Start Date Quarter/Year)	(End Date Quarter/ Year)
3.3.1	Facilitate at least 3 meetings among federally qualified health centers, hospital systems, health plans and pharmacist associations to explore policy changes within their organizations to help leverage and support the pharmacist's role in community and clinical care teams.	Program Director	Right Care Initiative Hospital Council of Northern California Sacramento Valley Pharmacists Association	Q2/2014	Q4/2014
3.3.2	Recruit and train at least 10 pharmacist to conduct environmental scans and interviews to gather information that assess community views in North and South Sacramento on the inclusion of pharmacists as part of their clinical are team.	Program Director	Right Care Initiative Sacramento Valley Pharmacists Association	Q2/2014	Q4/2014
3.3.3	Identify at least 1 team made up of a pharmacy, a FQHCs; a Health Care System and a medical group serving North, South or Downtown Sacramento to participate in this initiative.	Program Director	Right Care Initiative Hospital Council of Northern California Sacramento Valley Pharmacists Association Capitol Health Network Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q2/2014	Q4/2014
3.3.4	Convene at least 3 small strategy meetings with Capitol Health Network, Hospital Council of Northern California, Sacramento valley Pharmacists Association, Sacramento Sierra Valley Medical Society, and health plans organizations to identify modifications to provider payment policies to incentivize physician and pharmacist collaboration on Medication Therapy Management (MTM) for patients living in North, South, and Downtown Sacramento	Program Director	Right Care Initiative Hospital Council of Northern California Sacramento Valley Pharmacists Association Capitol Health Network Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q4/2014	Q8/2015

3.3.5	Work with at least 10 community- and faith-based organizations to survey residents in North, South and Downtown Sacramento to encourage their inclusion the development of Medication Therapy Management (MTM) services for patients living in North, South, and Downtown Sacramento.	Program Director	Right Care Initiative Hospital Council of Northern California Sacramento Valley Pharmacists Association Capitol Health Network Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q3/2014	Q4/2014
3.3.6	Facilitate at least 3 Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)	Program Director	Healthy Sacramento Coalition	Q1/2013	Q12/2016
3.3.7	Facilitate at least 2 trainings with public health care agency staff, and health care partners that grounds participants in a Healthy Sacramento Coalition's prevention approach to chronic disease, and provides frameworks, messaging tools, and case studies that illustrate best practices in advancing chronic disease prevention,	Program Director	Healthy Sacramento Coalition Training and Capacity Building Work Group Right Care initiative	Q5/2014	Q8/2015
3.3.8	Host at least 2 meetings with officials of the state Health Information Exchange to encourage the inclusion of community clinical pharmacy services in all Sacramento area Health Information Exchange-related initiatives/programs, to facilitate full inclusion of clinical pharmacists on the care team by building a two-way interface for pharmacists and other health care providers	Program Director	Right Care Initiative Hospital Council of Northern California Sacramento Valley Pharmacists Association Capitol Health Network Sacramento Sierra Valley Medical Society (SSVMS) & California Medical Association Found (CMAF)	Q7/2015	Q12/2016