

Three Pilot Projects, Year 3, 2013-2014 Community Transformation Implementation Plan (CTIP)

These pilots are being taken up in response to CDC's funding adjustment, and in order to generate momentum for the work of the Healthy Sacramento Coalition. These recommended pilots are aimed at generating data to allow the larger CTIP projects to take an even sharper focus when transitioning into full implementation of our full CTIP. Undertaking these pilots should not, in any way, preclude additional work on the other identified CTIP projects from occurring.

The following 3 pilots were selected based on the following criteria:

- 1) Must be able to be completed within 12 months.**
- 2) Must demonstrate an evidenced-based and/or proven strategy**
- 3) Must leverage efforts currently active in Sacramento County, and/or take advantage of current momentum built around an issue**
- 4) Must be able to include the participation, and support of all members of the Healthy Sacramento Coalition**

YEAR 3 TIMEFRAME: September 30, 2013 through September 29, 2014

TOBACCO-FREE LIVING

PILOT PROJECT 1: Prevent and reduce tobacco use among youth and young adults

Setting/Sector: Community/Retail

Target: Tobacco Retailers within the 15 zip codes

Pilot Activities

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.
2. Assemble at least three options to limit sales and placement based on an inventory of current city and county policies in effect and an environmental scan.
3. Assess viability and effectiveness of potential public education campaigns and local ordinances.
4. Engage in at least one targeted recruitment efforts of youth to educate peers on how tobacco industry practices impact norms and health.

HEALTHY EATING ACTIVE LIVING

PILOT PROJECT 2: Increase availability and affordability of healthy beverages in public and private institutional settings, workplaces, and government facilities.

Setting/Sector: Public and Private Institutions

Target: Public and private institutional settings, workplaces, and government facilities

Pilot Activities

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.
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).
3. Convene at least three 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.
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.
5. 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).

PILOT PROJECT 3: Increase opportunities for physical activity through joint use agreements between municipalities, school districts and community-based organizations.

Setting/Sector: Subset of Neighborhoods and Schools within the 15 zip codes

Target: Schools

Pilot Activities

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.
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.
3. Access at least three Memorandum of Understanding and formal agreements that other joint use initiatives have used when working with local schools.

The Healthy Sacramento Coalition is made possible by funding from the Centers for Disease Control and Prevention and Sierra Health Foundation.

4. Convene at least 2 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.
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.
6. Identify no more than 5 local schools and/or parks to outreach to using resident survey data and environmental scan.
7. Recruit and train at least 10 local supporters – adults and youths - for each potential location open to adopting joint use
8. 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.

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Full Community Transformation Implementation Plan (CTIP) Summary

YEARS 4 THROUGH 5 PROJECT PERIOD TIMEFRAME: September 30, 2014 through September 29, 2016

YEAR 3 TIMEFRAME: September 30, 2013 through September 29, 2014

TOBACCO-FREE LIVING STRATEGY

PROJECT PERIOD OBJECTIVE: To increase the number of people in North, South and Downtown Sacramento with access to tobacco-free or smoke-free environments to 525,000.

ANNUAL OBJECTIVE #1: Protect people from second-hand smoke.

Setting/Sector: Community/Housing

Target: Market-rate multi-unit housing within the 15 zip codes

Annual Activities

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.
2. Identify and interview landlords managing housing units (consisting of at least 100 units) to assess attitudes towards voluntary and mandatory smoke-free housing.
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.
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.
5. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
6. Conduct survey among residents of multi-unit housing in target zip codes to assess attitudes towards voluntary and mandatory smoke-free housing.
7. Facilitate at least two 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.
8. Use key informant interviews to assess attitudes among Sacramento City Council members', and in other cities in Sacramento County regarding smoke-free housing.

9. Develop at least three options to pursue as recommendations for best course to achieve smoke-free housing.
10. Develop at least one ad campaign promoting benefits of smoke-free housing.
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.
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.
13. Conduct ongoing assessment of City Council's openness to smoke-free initiatives.
14. Monitor implementation and enforcement of smoke-free public multi-unit housing.

ANNUAL OBJECTIVE #2: Prevent and reduce tobacco use among youth and young adults

Setting/Sector: Community/Retail

Target: Tobacco Retailers within the 15 zip codes

Annual Activities

5. 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.
6. Assemble at least three options to limit sales and placement based on an inventory of current city and county policies in effect and an environmental scan.
7. Facilitate three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
8. Assess viability and effectiveness of potential public education campaigns and local ordinances.
9. 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.
10. Facilitate at least two 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.

11. 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.
12. 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.
13. Engage in at least one targeted recruitment efforts of youth to educate peers on how tobacco industry practices impact norms and health.
14. Conduct ongoing assessment of City Council's openness to initiatives to limit tobacco placement and marketing.
15. Monitor implementation and enforcement of tobacco marketing and retail restrictions including any differential enforcement.

HEALTHY EATING ACTIVE LIVING STRATEGY

PROJECT PERIOD OBJECTIVE: Increase the number of people with access to physical activity opportunities, and environments with healthy food and beverage options to 525,000.

ANNUAL OBJECTIVE #1: To increase adoption of comprehensive approaches to improve community design to enhance physical activity.

Setting/Sector: Community/Housing

Target: City and County Planning Departments

Annual Activities

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.
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.
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.

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.
5. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
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).
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.
8. Engage with the appropriate City and County Departments to address the initial safety problems related to safe access and routes.
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.
10. Attend at least four City and County hearings and/or meetings to provide education and information about the health benefits associated with active design guidelines.

ANNUAL OBJECTIVE #2: Increase availability and affordability of healthy beverages in public and private institutional settings, workplaces, and government facilities.

Setting/Sector: Public and private institutions

Target: Public and private institutional settings, workplaces, and government facilities

Annual Activities

6. 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.
7. 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).
8. Convene at least three 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.

9. 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.
10. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
11. Facilitate at least two 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 provide frameworks, messaging tools, and case studies that illustrate best practices in advancing, healthy eating and active living.
12. 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).
13. 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.
14. Provide technical assistance and support to organizations and institutions that commit to providing healthy beverage options.

ANNUAL OBJECTIVE #3: To increase accessibility, availability, affordability and identification of healthy foods in communities, through a restaurant initiative

Setting/Sector: Community/Restaurants

Target: Food Services industry within the 15 zip codes

Annual Activities

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.
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.
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.
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.

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.
6. Identify no more than 30 fast food/take-out restaurants to outreach to using consumption data and environmental scan.
7. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
8. Facilitate at least two 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.
9. Convene at least three meetings with at least five local restaurant owners to orient them to the initiative and get feedback on how restaurant outreach and engagement can be structured to maximize participation.
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.
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.
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).
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.
14. Obtain earned media and paid opportunities on at least six occasions to communicate messages regarding the Coalition's objectives including at least three 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.

ANNUAL OBJECTIVE #4: To increase opportunities for physical activity through joint use agreements between municipalities, school districts and community-based organizations.

Setting/Sector: Neighborhoods and Schools within the 15 zip codes

Target: Schools

Annual Activities

9. 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.
10. 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.
11. Access at least three Memorandum of Understanding and formal agreements that other joint use initiatives have used when working with local schools.
12. 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.
13. 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.
14. Identify no more than 20 local schools to outreach to using resident survey data and environmental scan.
15. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
16. Facilitate at least two 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 provide frameworks, messaging tools, and case studies that illustrate best practices in advancing joint use.
17. 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.
18. 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.
19. 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.
20. 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).

21. 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.
22. 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.

INCREASED USE OF HIGH IMPACT QUALITY CLINICAL PREVENTIVE SERVICES STRATEGY

PROJECT PERIOD OBJECTIVE: To 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.

ANNUAL OBJECTIVE #1: 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

Target: Physicians

Annual Activities

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
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).
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
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.
5. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)

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.
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.
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.

ANNUAL OBJECTIVE #2: 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

Target: Federally qualified health centers and/or hospital systems

Annual Activities

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.
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.
3. Convene at least three 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.
4. Identify at least five federally qualified health centers and/or hospital systems to outreach to using outcomes data and environmental scan.
5. Research at least three best practices and program criteria that other public health initiatives have used when working with community health workers to improve the chronic disease outcomes.
6. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
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.
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

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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).

9. Work with at least five 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.
10. Provide technical assistance and support to participating health care providers to help them meet initiative criteria.
11. Establish a system to track clinic patients regarding control of blood pressure and cholesterol (and ABCS) in federally qualified health centers and hospital systems participating in the Community Health Worker Initiative.
12. Work with the 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.

ANNUAL OBJECTIVE #3: Implement strategies to translate known interventions into usual clinical care to increase control of high blood pressure and high cholesterol.

Setting/Sector: Community/Pharmacies

Targeting: Federally qualified health centers and/or hospitals systems.

Annual Activities

1. Facilitate at least three 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.
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 care team.
3. Identify at least one team made up of a pharmacy, an FQHC; a Health Care System and a medical group serving North, South or Downtown Sacramento to participate in this initiative.
4. Convene at least three 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
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.

6. Facilitate at least three Healthy Sacramento Coalition meetings to present progress and key decisions. (Each meeting will cover all of the Coalition's objectives.)
7. Facilitate at least two trainings with public health care agency staff, and health care partners that ground participants in a Healthy Sacramento Coalition's prevention approach to chronic disease, and provide frameworks, messaging tools, and case studies that illustrate best practices in advancing chronic disease prevention.
8. Host at least two 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.