Healthy Sacramento Coalition
CTG Capacity Building Application Narrative

**Background and Need**

**Healthy Sacramento: Mobilizing for Change**

Sacramento County’s 1.4 million residents, taken as a whole, are moderately healthy. However, masked in County-level aggregated data are many communities and subgroups experiencing disproportionately high rates of tobacco use, chronic diseases including heart disease, stroke, hypertension, and diabetes. Residents of these communities struggle to enjoy healthy lives because of poverty, cultural barriers, the expense of insurance and medical care, and limited access to healthy foods and opportunities for exercise. The County’s difficult economic condition aggravates the struggles of these communities.

Accordingly, Sacramento County seeks to embark on a historic and ambitious journey to strengthen its leadership, knowledge, and capacity to make policy, programmatic, environmental, and infrastructure changes to significantly reduce the inequitable distribution of health experienced by its most vulnerable residents. CTG provides Sacramento an exciting opportunity not only to accelerate and leverage the current work and successes of our multiple coalitions and sectors, but to do so in a way that directly engages residents and communities who experience poor health.

As a result, Healthy Sacramento, a newly developed coalition, led by Sierra Health Foundation, stands ready to partner with CDC to build its capacity to implement evidence-based community preventative health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and utilize a stronger evidence-base for effective preventative programs. This opportunity has galvanized our Sacramento community. Over the past two months, this coalition convened multiple times to develop this application and the Capacity Building Plan (CBP) contained within. If each
member of the 58 organizations (Appendix A) that participated in this effort were asked why Sacramento County should be awarded a CTG over other applicants, one response would be prevalent: “Our communities need this, and we are ready!”

*Current capacity to support activities identified in the draft Capacity Building Plan.*

Each coalition member has demonstrated expertise in their respective field. As demonstrated in the 56 letters of support accompanying this application (see Appendix B), member organizations indicate a strong readiness to enhance existing capacity and build new capacities by linking to one another and deepening the reach into our communities to strengthen our impact. Additionally, the leader of this coalition, Sierra Health Foundation, whose mission is to improve community health and reduce disparities across all of Northern California, is a recognized leader in the Sacramento area with a history, competence, and passion for community health and wellness. Sierra Health Foundation has demonstrated the capacity to lead and integrate important health-related initiatives in the Sacramento area. Most recently, Sierra Health held a convening to stimulate awareness and discussion about the implications of the 2010 Patient Protection and Affordable Care Act; the convening was co-sponsored by the U.S. Congresswoman Doris Matsui of California’s Fifth District. Speakers included John E. McDonough, DPH, MPA, Professor of the Practice of Public Health Leadership at Harvard University; Diana Dooley, Secretary of the California Health and Human Services Agency; Carmela Castellano-Garcia, CEO of the California Primary Care Association; and leadership from the four major health systems, clinics and County. The one-day convening was attended by over 100 regional leaders and policy makers focused on improving community health. The Foundation partnered with the local PBS affiliate to air the meeting three times reaching some 25,000 residents.
The support needed by the CDC, national experts, or expert communities. While our readiness is soaring, partnering with the CDC is essential to begin implementing our CBP. We need to increase our capacity to: build a strong infrastructure that has the leadership and political will to effect change; work across sectors on common goals; better engage and build capacity of sub-groups to effect change; increase skills to gather and utilize data from sub-groups; identify evidence-based practices to deploy and build upon; and develop and implement policy and systems change strategies. The CDC resources needed include access to experts—including those who can provide technical assistance in areas such as health impact assessments, health information technology, land use, and air quality—and a national perspective surrounding best practices in reducing health disparities and lowering chronic disease rates. Moreover, the CDC can assist Sacramento County in helping us set this initiative in the context of healthcare reform and the recently released National Prevention Strategy.

Potential partnerships and linkages with other community programs and public and private stakeholders. Over the course of developing this application, several exciting and promising opportunities for partnerships and linkages have emerged:

- Public Sector: The State of California Controller’s Office – Sacramento County is home to almost 70,000 state employees, almost one-third of the state total. The State Controller’s Office is readying a worksite wellness program for all state employees. As noted in the State Controller’s Letter of Support attached to this application, 73% of state employees are considered obese. This effort will be piloted in Sacramento County, and they have reached out to partner with our CTG initiative.
• Business Associations: Engaging the private sector with direct ties to business and industry through many of Sacramento County’s Metro and ethnic chambers of commerce also presents ideal partnerships.

• Faith Community: Faith-based organizations represent a gathering place for many of the subgroup populations that are the focus of this initiative, and represent partnerships essential to success. (Support letters from faith-based organizations are included in Appendix B).

• Philanthropic: Sierra Health Foundation recently announced the launch of a coordinated philanthropic, nonprofit and community clinic initiative to strengthen the healthcare safety net in the Sacramento Region to prepare for the expanding number of insured residents. Sierra Health also commissioned the Healthy Youth Healthy Region study, released July 2011, that documents the connections between youth well-being and prosperity in the Sacramento region. Researchers, including youth, examined five critical areas that affect youth well-being, including health and the built environment. Tapping into our youth assets will be an important when addressing health disparities.

• Education, both K–12 and higher education institutions (California State University, Sacramento, and University of California, Davis) represent important partners.

• Health Care: Community Benefit programs of the area’s four nonprofit hospital systems are important partners. Specific examples include Catholic Healthcare West’s Congestive Heart Active Management Program and their chronic disease management program focused on diabetes. (Support letters from nonprofit healthcare systems are in Appendix B.)
Past policy, environmental, programmatic, and infrastructure successes and lessons

learned. The Sacramento area has demonstrated success in enacting policy, environmental, programmatic, and infrastructure changes to produce positive health-related outcomes:

- In 2004 the Sacramento Area Council of Governments (SACOG), an association of local governments in the six-county Sacramento Region, developed *The Blueprint Transportation and Land Use Plan*, which depicts a way for the region to grow through the year 2050 in a manner consistent with smart growth principles. The plan was widely adopted and became an award-winning national model.² SACOG was recently awarded a HUD grant to build a regional sustainable development plan for the Sacramento Region.

- The Center for AIDS Research and Services (CARES) was developed in the late 1980s when the area’s four nonprofit healthcare systems joined forces with Sacramento County to create what is today the largest nonprofit HIV/AIDS clinic in the Sacramento area.

- Public, private, and nonprofit groups in the Sacramento region recently developed the Sacramento Capital Region Food System Collaborative to inform and influence policy. The Collaborative’s *Sacramento Region Food Charter* has been adopted by the Sacramento City Unified School District, the University of California-Davis Center for Reducing Health Disparities, and is under consideration by several local government bodies.

These successful partnerships are a few examples that demonstrate our ability to form effective coalitions.

Lessons learned. These and other successes have resulted in key learnings within the Sacramento community, including: 1) collaborative processes proliferate knowledge exponentially throughout the community—individuals that participate in collaborative
processes take these learnings with them to other collaborations; 2) because collaborative processes are inclusive, they generate “buy-in” from participants, and this is essential in sustaining the initiative; 3) collaborative processes require strong leadership, including elected officials, and “champions” to guide communities through ongoing initiatives, leading through the use of data collected from their constituents; 5) when navigating public and private partnerships, the goals of any initiative must be set in a context that demonstrates the manner in which benefits impact the entire community; and 6) community member participation is essential to successful, large-scale implementation.

Sacramento County: the Nation’s Most Diverse Community

Description of area, including exact population size and descriptions of populations to be served, with a special focus on populations in need. Sacramento County, home to California’s capital and 1.4 million residents, is a blend of urban, suburban, and rural communities, and lies at the center of California’s fruitful Central Valley. The region produces one quarter of the food America consumes. In August of 2002, *Time Magazine* published an article that identified the city of Sacramento as “America’s Most Diverse City”, noting that non-Hispanic whites accounted for only 41% of the total population. Many subgroups within the broader race and ethnicity categories exist in the county; for example, the 2005-2009 *American Community Survey 5-Year Estimates* indicates that almost 20% of County residents are foreign-born. Moreover, about one in three households in the County speak a language other than English while at home (the top six languages are Spanish, Chinese, Tagalog, Russian, Vietnamese, and Hmong).

The community’s diversity is also apparent when using the US Census Bureau’s diversity index, which ranks Sacramento County as the 20th most diverse county in the United States, and the sixth most diverse in California. The California Department of
Finance projects that over the next four decades the county’s population will increase by 52% to 2.18 million, largely driven by minority groups. Unaddressed, these projected demographic changes could exacerbate existing disparities of health across chronic disease in Sacramento County.

In addition, the Sacramento region has been disproportionately burdened by the recent economic recession. The unique make-up of the area’s economy has resulted in Sacramento continuing to lag behind the state and nation in job growth. Employment experienced a 2.4% decline from 2004 to 2009, representing the loss of nearly 14,000 jobs. In July 2010, Sacramento County’s unemployment rate spiked at 13.1%, and the region led the nation in job losses for all of 2010. Nearly one in five Sacramento County residents lives in poverty, and foreign-born residents are over-represented in this statistic. Many of our more vulnerable communities have rates of unemployment considerably higher than the national rate of 9.1%. Further, the recovery forecast shows Sacramento lagging well behind most of the nation, with the unemployment rate forecast to remain over 10% through 2013.

The Tip of the Iceberg: Existing burden and disparities of chronic disease and conditions. Just as the tip of an iceberg fails to show what lies beneath the surface, Sacramento County-wide rates of chronic disease fail to adequately depict the health status of many sub-communities within the region. As detailed here, specific area communities show rates two and three times higher than national rates, California state rates, and Healthy People 2020 goals for virtually every chronic condition.

Consider the community of Alkali Flat, near Downtown Sacramento. Review of available data shows this area’s Emergency Room (ER) utilization and Hospital Admission rates for heart disease, stroke, hypertension, and diabetes are far above California state rates.
ER visits due to heart disease are almost 4 times the state rate (358.2/100,000 versus 91.4/100,000), and hospital admission rates for the same condition are more than 2 times the state rate (1,330/100,000 versus 643/100,000). ER visits due to stroke (70.50/100,000 versus 54.30/100,000), and hospital admission rates due to stroke are considerably higher in the community of East Sacramento compared to the state (366.4/100,000 versus 223/100,000). Hypertension rates for the area are similar—ER visits due to hypertension are more than 1.5 times the state rate (241/100,000 versus 147/100,000), and hospital admissions due to hypertension are also much higher (104/100,000 versus 70/100,000). Last, rates of ER visits and hospital admissions due to diabetes in this ZIP code are the highest in the greater Sacramento region and County. ER visits are more than three times the state rate (543/100,000 versus 153/100,000), and hospital admission rates are almost twice the state rate (211.8/100,000 versus 107/100,000). Throughout the county there are communities, such as Alkali Flat, whose residents disproportionately experience preventable chronic conditions.

**Chronic Disease: Sacramento County Rates Exceed Healthy People Targets**

Sacramento County’s 10 leading causes of death mirror those of the nation and the state. A deeper examination of each of these conditions, especially in our more vulnerable areas, identifies sub-communities of the County in deep need of transformation.

*Heart disease.* Age-adjusted mortality rates for heart disease in the County (136.6/100,000) clearly exceed the Healthy People 2020 target (100/100,000). Sacramento County ranks the 18th worst (out of 58 counties) in California for mortality rates due to heart disease.

*Stroke and hypertension.* Like heart disease, the County age-adjusted mortality rate for stroke (43.5/100,000) exceeds the Healthy People 2020 goal (33.8/100,000). More
than 46% of ZIP codes in the County have ER visits due to stroke above the state rate, with some communities showing rates twice the state rate. Moreover, approximately 33% of ZIP codes in the area have rates higher than the state rate for hospital admissions due to stroke.

Hypertension is said to be one of the single biggest predictors of health. A close look at the county’s most vulnerable communities shows specific geographical and demographical communities suffering from hypertension at considerably higher rates than other communities in the region. In addition to the community of Alkali Flat mentioned earlier, area ZIP code 95817, which encompasses the community of Oak Park, has an ER rate due to hypertension that is twice the state rate (282/100,000 versus 147.4/100,000). Bordering Oak Park to the south, South Sacramento ZIP codes 95823 and 95822 have considerably higher rates as well (202/100,000 and 172/100,000 respectively). Collectively, these three communities are home to nearly 132,000 residents, the vast majority of whom are communities of color.20 In 2006, hypertension was ranked as the tenth leading cause of death in county females and American Indian/Alaskan Native residents, and the ninth leading cause of death in county African American and Asian Pacific Islander residents19.

**Diabetes.** Diabetes is the eighth leading cause of death in Sacramento County.21 Sacramento County ranks the 21st worst (out of 58 counties) in the state for high rates of mortality due to diabetes.22 Detailed examination of county sub-groups shows that 11 of the 52 zip codes in the county have crude death rates for diabetes above the state rate, and vulnerable ZIP codes within the region have rates of mortality due to diabetes two to three times higher than those of the region’s less vulnerable ZIP codes.

Diabetes-related health problems are the fifth most common reason for ER visits in the greater Sacramento region.23 The 2008 county rate for ER visits due to diabetes is higher than the state rate (179.1/100,000 versus 153.3/100,000);24 in fact, more than 44% of all ZIP
codes in the county have rates of ER visits due to diabetes above the state rate, and some areas have rates two to three times the state rate.

**Risk Behaviors and Risk Factors**

County risk behavior patterns and factors that contribute to the above-mentioned disease and health outcomes include tobacco usage, healthy eating/active living, and built environment barriers.

*Tobacco usage.* Tobacco usage in the Sacramento County region is higher than the state rate for both adults and youth. In 2009, more than 16% of adult County resident respondents (versus 14.3% statewide) currently smoke, and 11.7% indicate they smoke daily (versus 10% statewide). The same study showed that these patterns held true for youth with 15% indicating they currently smoke and 3.1% reporting daily smoking.

Smoking prevalence differs by race/ethnic groups and economic status in Sacramento County as well. Data from the 2009 California Health Interview Survey (CHIS) indicate that 23% of African American respondents report smoking, higher than Caucasians (17.2%), Asians (3.6%) and Latinos (12.3%). The same study shows that a larger percentage of African Americans in Sacramento County report smoking compared to all African American respondents statewide (23% versus 14%).

*Healthy eating and active living.* A 2007 report revealed that among all California counties, Sacramento County has the second highest proportion of fast-food restaurants and conveniences stores to grocery stores and produce vendors. Sacramento County’s Retail Food Environmental Index (RFEI) score of 5.66 means that for every 5.6 retail food outlets offering convenience foods in the County, there is one store offering healthy produce. This ratio indicates a significant lack of access to healthy food in the County in comparison to the much greater accessibility of foods of convenience, often high in calories and non-nutritive.
While 48% of adults nationwide report getting the minimum physical activity needed to maintain health—30 minutes of moderate activity 5 days a week—only 37% of Sacramento County adults achieve this minimum amount. Rates of walking, bicycling, and transit use in Sacramento County are low. Only 7.5% of all trips in Sacramento are on foot and/or bicycle, and only 1.2% are on public transit. Sacramento County’s flat topography make the region ideal for walking and bicycling, but many of the residents live far from jobs, schools, and shopping, forcing automobile usage for most daily activities. This reliance on car travel has contributed to air pollution issues in the region; the Greater Sacramento Valley has the nation’s fifth worst level of air pollution, priming the area for high asthma rates concentrated in the most vulnerable communities.

Healthy People 2020 goal is set at no more than 30.6% of the population reporting obesity by the year 2020, as compared to the national benchmark of 34%. Data from the 2009 CHIS study reveal that 61.3% of respondents from Sacramento County reported being obese, compared to the state reported rate of 59.4%. Looking more closely at demographic subgroups, the same study shows that more Sacramento county African Americans (71.9%) and Latinos (70.7%) report being obese compared to Caucasians (60.5%) and Asians (41.9%). More than 65% of respondents living at 0–200% of the federal poverty limit report being obese—a dramatic rate. Youth obesity rates for the county reveal that more than 29% of students failed the 2009-2010 Fitnessgram test for healthy body composition. A 2007 Sacramento region assessment revealed that some Sacramento County communities have roughly half of their students failing the body composition portion of the Fitnessgram test.

Clinical care and community prevention. Access to basic medical care is an important predictor of health. In 2010, 16.6% of Sacramento County residents were
uninsured,\textsuperscript{34} and in some county communities, an even larger portion of residents are living without medical insurance. The South Sacramento communities found in ZIP codes 95817 and 95824 have uninsured rates of 40.5\% and 38\% respectively—more than twice the state rate—with ZIP code 95832 trailing them closely with 33\% of its population uninsured.\textsuperscript{35} Apart from health insurance, 2009 data from the CHIS study also revealed that 22.2\% of Latinos, 17.7\% of Asians, and 17\% of African Americans in Sacramento County report not having a usual place to go for medical care, in comparison to only 10\% of Caucasians.\textsuperscript{36}

A heightened focus on the prevention of avoidable health conditions is needed in Sacramento County. Currently, little is known about the extent of clinical prevention efforts in Sacramento County, especially efforts that serve the most disproportionately affected by poor health. Further, the degree of prevention education among those experiencing disparities is not well understood. To date, most of the focus of assessment for the county has targeted insurance status and access to medical providers. A 2010 community needs assessment of the greater Sacramento region echoes this perspective. It reveals that area residents rate the following as the most challenging health issues they deal with and the biggest obstacles preventing them from staying healthy: 1) the expense of care and insurance; 2) the difficulty of locating providers who accept government (Medi-Cal) insurance; 3) the complex and inefficient safety net system of care, including social services; 4) an unhealthy diet due to a lack of affordable and accessible healthy foods; 5) the existence of cultural barriers to care given the diversity of the area; and 6) the mental stress associated with poverty.\textsuperscript{37}

\textit{Limitations and barriers to successful implementation.} In Sacramento County it is a generally recognized opinion that many area public health prevention efforts have worked in silos: tobacco, heart disease, HIV/AIDS, cancer, etc. Though efforts among area coalitions
within these spheres have shown positive outcomes for isolated communities throughout the region, what has continually been missing is a coordinated County-wide approach to chronic disease prevention and health improvement, especially among the communities identified by research as most vulnerable. However, local momentum and capacity to undertake intensive policy, systems and environmental approaches has been building. For example, access to nutritious foods is a major barrier to obesity prevention efforts in Sacramento County, where many low-income communities are considered “food deserts” because they lack supermarkets. Recent efforts directed at establishing new venues for nutritious foods, policy and regulatory barriers (e.g., restrictions on food distribution from small and mid-size farmers) have encountered challenges; however, this is an area ripe for improvement as we move forward.

Within Sacramento County there is a sense of urgency and readiness to strengthen our capacity to deal with intractable problems and build on a growing movement of successful and innovative efforts. The CTG grant initiative would enable us to bring all our efforts together, cut across the silos and enhance our leadership infrastructure with the political leadership and grassroots support needed to improve health and well being in our communities.

**Program Infrastructure**

Sierra Health Foundation will manage and house the CTG initiative within the Programs Department. The Foundation has a long history of managing complex multi-year, multi-site health initiatives. Sierra Health managed the REACH program—a four year, $8 million program to promote healthy youth development in the Sacramento region; and Community Partnerships for Healthy Children—a 10 year $17 million community building initiative. Typically these initiatives are led by a program officer (manager) who manages a
multidisciplinary team of technical assistance and evaluation providers, grantees and contractors all engaged toward a common set of goals and outcomes. Through a collaborative process facilitated by Sierra Health, the Healthy Sacramento coalition developed a similar program management infrastructure responsible for supporting and managing the capacity-building phase of this initiative, as well as its movement into implementation. This structure is depicted in Appendix C.

*Required staff, qualifications, and responsibilities.* The initiative will be overseen by a Program Director, Diane Littlefield, MPH, who has served as Director of Program Investments for Sierra Health for the past three years. Ms. Littlefield is responsible for strategic program development and management of the Foundation’s grant-making portfolio. She has a depth of experience in public health, including serving as Chief of Chronic Disease Prevention for the Monterey, CA, County Health Department. (Ms. Littlefield’s full CV can be viewed in Appendix D.)

Implementation of capacity-building activities will be managed by a full-time Program Manager to be hired and employed by Sierra Health. While this job is currently vacant, it will be filled within 45 days of any notice of award. A job description has been developed (see Appendix E), and potential candidates will be identified before the award announcement is made. This will allow for a short timeline between award announcement and filling this important job. In the interim period, the Program Director will fill this important role.

The Program Manager will support the efforts of a health assessment and planning team that includes representation by Sacramento County’s Department of Health and Human Services (DHHS) Division of Public Health, community experts, community-based organizations, and representatives of sub-groups, particularly populations experiencing
health disparities. The Program Manager will also support a coalition-building team comprised of community-based organizations, experts from within the community, and various community groups, similar to the needs assessment team. Additionally, the Program Manager will oversee program evaluation, ensuring that mid-course corrections are implemented as indicated by evaluation metrics.

Additionally, the Program Manager will ensure the development and implementation of a comprehensive training and development effort designed to build competency in all staff, Leadership Team members, contractors, consultants, community members, community groups, and others involved with or supporting the initiative. This education effort will be supported by a contracted training and development consultant.

Because of the vital role that Sacramento County DHHS Division of Public Health (SCDHHS-DPH) will play in the CTG initiative, a County Human Services Program Planner will dedicate a 0.3 Full-time Equivalent (FTE) to work directly with the Program Manager to implement the activities outlined in the CBP. Karen Olson, MPH, will fill this important role (Ms. Olson’s CV can be reviewed in Appendix F). Ms. Olson will facilitate the design and implementation of a health needs assessment, utilizing the County’s epidemiology unit on collection and analysis of health status data; provide input into the capacity building plan and CTIP; provide expertise on matters related to public health including the evaluation of community systems related to health disparities; and serve as liaison for the exchange of information between the initiative and the SCDHHSDPH (a complete job description can be reviewed in Appendix G). 

**Barriers to staff attendance to CDC sponsored trainings and other meetings.** There are no anticipated barriers to implementing a comprehensive training program, including staff attendance at CDC-sponsored trainings and other required meetings. If needed, Sierra
Health Foundation will contribute additional financial resources for travel costs to ensure all key participants attend CDC sponsored trainings.

**Fiscal management**

*Fiscal Management Plans by Sierra Health Foundation as Lead Agency.* Sierra Health Foundation has over twenty-five years of grant making experience and has distributed $82 million to 839 organizations across 26 counties in Northern California.

Through its bylaws, the foundation’s board has established a framework of governance and oversight necessary to fund in the best interests of the region it serves. Fiscal oversight includes management’s presentation of quarterly financial statements, serving as the primary means for reporting the financial condition and operating performance of the foundation. Timely reviews of the financial statements include a review of cash requirements and spending and income trends compared to budget benchmarks and targeted investment returns. The audit committee of the board is responsible for providing oversight of the organization’s annual audit and other areas involving financial management. Annual independent audits, performed and prepared by Certified Public Accountants, in accordance with Generally Accepted Accounting Principles attest to management’s representation of all material financial statements. The foundation has consistently met the independent unqualified audit opinion requirements.

Fiscal management oversight is led by the Vice President of Administration/Chief Financial Officer. He is supported in this oversight role by the Controller, Grants Administrator and Accounting staff who ensure appropriate tracking, accounting and reporting of revenues and expenditures. In addition, the Director of Program Investments provides programmatic oversight of all grant and contract budgets and expenditure reports to ensure compliance with the goals of foundation led initiatives and funding opportunities.
**Description of how funding will be distributed to sub-recipients.** Sierra Health will establish a competitive bidding process that conforms to all the requirements specified by CDC and in the CTG. The foundation will manage and distribute funds to appropriate sub-recipients using well-established procedures and protocols of the foundation that ensure selecting the most appropriate applicant, and in a manner that is equitable and transparent. The foundation will coordinate and consult with the Healthy Sacramento Coalition Leadership Team and coalition to establish selection criteria consistent with the goals of the initiative, to review submitted applications, and to select the most qualified sub-recipients, including consultants and contractors, such as community-based organizations and agencies.

These processes include but are not limited to: issuing a request for bids; developing a corresponding application form; announcing the funding opportunity; providing technical assistance to applicants; reviewing applications by a team that includes Sierra Health program staff, coalition and leadership team members and others with appropriate expertise; and rating each application on the established criteria and funding parameters specific to the CTG funding opportunity. Sub-recipients will be selected for funding based on the review comments and application ratings. The foundation has in place internal policies to prevent conflicts of interest in the contracting process.

*Sierra Health will ensure that all CTG funds distributed to sub-recipients will align with the goals of the initiative.* The CTG Program Director will be responsible for ensuring that the foundation utilizes the CDC grant funds to support the goals of the CTG initiative and that the funds for sub-recipients are provided to appropriate local entities or coalitions that are committed to the goals of the initiative. Current Sierra Health procedures require grantees and consultants to develop and report on performance measures as part of their
grant agreement or contract. All sub-recipients will be required to track and report progress in a narrative report and participate in the initiative’s evaluation.

*Sierra Health has established procedures to track and report expenditures.* The foundation’s financial management systems provide for accurate, current and complete disclosure of the financial results of each sponsored project. All sub-recipient contractors and consultants will be required to submit expenditure reports. These reports are reviewed and approved by the accounting department and Program Manager to ensure compliance with the initiative goals and budget. Expenditures by the lead agency will also be tracked, monitored and reported to CDC using required reporting procedures.

*Sierra Health utilizes sound fiscal practices to document funds leveraged from other sources.* The foundation’s financial management system records receipts and expenditures of funds in accordance with accounting principles, Federal regulations and terms of each grant. Reporting on an accrual basis, the foundation’s records adequately identify the source and application of funds, while effective controls, accountability and safeguards assure their authorized use. Accounting records are supported by source documentation. Any funds leveraged through the CTG initiative will be captured, monitored and reported on using these procedures and any other required reporting by CDC.

**Leadership Team and Coalition Plan**

**An Energized and Committed Leadership Team**

The Leadership Team will provide a coordinated, multi-sector organizational structure that will support the area coalition; oversee the strategic direction of the initiative; participate in local and national meetings and training related to the initiative; and ultimately take responsibility for ensuring adoption of policy, environmental, programmatic, and infrastructure changes outlined in the CTG. It is understood that members of the Leadership
Team must be highly regarded representatives of the community with substantial social and political influence.

Potential Leadership Team members submitting letters of support. A Leadership Team development strategy was identified during the application development period that involved developing a nucleus team of four influential community leaders and gaining these leaders’ commitments to the CTG objectives as demonstrated in their letters of support. These individuals are 1) Chet Hewitt, President and CEO of Sierra Health Foundation, 2) Linda Rudolph, MD, MPH, Deputy Director of the California Department of Public Health’s Center for Chronic Disease Prevention and Health Promotion, 3) Glenna Trochet, MD, Sacramento County Health Officer, and 4) Diane Littlefield, MPH, Director of Program Investments for Sierra Health Foundation and CTG Program Director. (Full CVs can be found in Appendix H.)

This nucleus team of leaders, with input from the coalition, will develop a Leadership Team charter that includes expectations and responsibilities of members. Building on this charter, the nucleus team will develop a job description that will be used to recruit additional leaders, ensuring that the position requirements are fully understood and agreed upon by those leaders. Supported by the Program Manager, the nucleus team will strive to ensure multi-sector representation on the Leadership Team, including community sub groups, as well as to ensure that the group attains the level of social and political influence needed to be effective.

Additional, potential members of the Leadership Team. The Leadership Team development strategy also includes an identified list of sectors and organizations from which representation is considered essential for the initiative’s success. Though not exhaustive, this list can be viewed in Appendix I.
A Passionate Coalition – Healthy Sacramento

Over the course of developing this application, ten meetings of a growing coalition committed to the strategic directives outlined in the CTG were convened, along with numerous smaller meetings and phone conferences. This group of 58 members (Appendix A) has become the foundational group that will continue to grow and develop to ensure high level representation and political leadership for success.

Through discussions, a structure emerged that aligned coalition members around one or more of the five strategic areas—tobacco; healthy living, healthy eating, and obesity; chronic disease prevention; emotional well-being; and safe and healthy environments. In this structure, each member can support the various initiatives that are conceptualized for implementation, focusing on one or more of the five strategic areas. A diagram of this developing structure is contained in Appendix J.

Research has consistently shown that coalition capacity is a function of many underlying structures, and communications infrastructure is one of the most important. Supporting the Healthy Sacramento coalition will be a multi-media communications infrastructure supported by technology to encourage, support, and maintain the participation of diverse stakeholders. Strategies include inclusive language and culturally competent messages, as well as accommodating different learning styles including visual and narrative based modalities. The technology website will house several important components: a directory listing so that all members can identify and connect with one another, initiative-related information accessible to any member at any time, and a calendar of upcoming events, important schedules, and dates can be maintained and available to anyone at anytime.
To ensure the coalition is representative of the community, a development team will conduct a mapping process that identifies representative coalitions and compares this to the existing members. Gaps will be identified and coalitions and organizations will be actively recruited to fill these gaps. To ensure communities experiencing disparities are represented and active in all of the capacity-building efforts, representatives from these communities and from the formal and informal networks and organizations in which they participate will be actively recruited as members.

Coalition development will also be supported by establishing a governance structure, decision-making methods, expectations of coalition members, and other important group processes. A training and development plan will be designed and implemented to maximize the coalition’s capacity to create and execute the CTIP.

Evidence of existing community coalitions and past successes. Sacramento County has demonstrated the capacity to form and maintain effective coalitions. A few of many examples are listed below:

- The **Sacramento County Tobacco Control Coalition** has years of experience developing and advocating for tobacco control policies. Tobacco control victories include adoption of smoke-free workplace and restaurant policies, and establishment of retail licensing ordinances that have helped reduce youth and adult smoking prevalence countywide.

- The **Sacramento County Childhood Obesity Prevention Coalition** was formed in 2003 as a task force of community members and became an official subcommittee of Sacramento County’s Public Health Advisory Board. In 2008 the coalition successfully completed a comprehensive childhood obesity prevention plan that includes a set of
goals and strategies targeting five sectors: school, healthcare, environment, childcare and community.

- **Partnership for Active Communities** formed in 2003 to focus on encouraging more active lifestyles in rapidly urbanizing areas of the City of Sacramento. Partners include local governments, regional planning organizations, and air quality and community groups. The coalition gained changes to land use development and transportation infrastructure projects to support increased walking and bicycling.

- **Complete Streets Coalition** is a coalition formed by 10–12 organizations in 2006 to change policy and practice so that all streets can be used to safely walk and bicycle. The coalition’s efforts resulted in US Congresswoman Doris Matsui of California’s Fifth District introducing federal legislation in 2009 and again in 2011.

> Letter of support from county and state health departments, and organizations within the targeted area demonstrating their commitment to support the CTG activities. Fifty six letters of support, including those of the County and State health departments are included in Appendix B.

**Community Health Assessment and Planning**

*Plans for implementing an area-wide assessment.* An assessment team will be comprised of health assessment experts, community-based organizations, representatives of communities experiencing disparities, the DHHS Public Health Division of Sacramento County, representatives of the leadership team and Healthy Sacramento coalition. To ensure representation from communities and groups experiencing disparities, outreach within these communities will be conducted through culturally competent community groups including cultural groups, faith-based and other community-based organizations. Funds are budgeted to support these potential community based intermediaries to utilize their expertise,
outreach, and cultural knowledge. Sierra Health Foundation is prepared to contribute up to $50,000, if needed, beyond what is currently budgeted, if it is determined that additional resources are needed to further engage additional sub-groups’ participation in the needs assessment and other coalition capacity building activities.

After being assembled, this team will develop a guiding assessment framework with a focus on identifying all populations and groups experiencing disparities in the County, assessing the rates of chronic disease risk factors within these populations, and identifying opportunities and barriers to change. During months one through three, the assessment team will assemble and begin mapping all health data including existing assessments of the area. Over the course of developing this application, Healthy Sacramento compiled a number of these data sources that can serve as the beginning point of collecting health data for the County (these data sets are located in Appendix K). Beginning in month four, the assessment team will collect both quantitative and qualitative data. The qualitative data will be in the form of community input from subgroups experiencing disparities and will be collected from engaged community members. This important information will be a key to identifying health needs and priorities, community assets, barriers, and potential implementation strategies. These data will be analyzed to clearly identify all populations and subgroups experiencing health disparities, assess the rates of chronic disease risk factors within these populations, and identify barriers and opportunities for change.

Building on the findings of the health assessment, beginning in month six of the project, a policy scan will be conducted. A policy scan team will be assembled including community experts, coalition members, community-based organizations, and community groups. After developing a guiding framework, all existing policies and briefs will be mapped. Each law and policy will be reviewed and evaluated in light of the five strategic
areas, identifying both barriers and opportunities for addressing health disparities and other findings of the assessment. Both barriers and opportunities represent potential areas of focus for policy work and will be integrated into the CTIP.

Upon completion of the policy scan, the teams will produce a report describing the consolidated results of the health needs assessment and policy scan. A communications plan will be developed so that these results can be distributed throughout the County to engage community groups and members, develop community-wide vision, and mobilize action among policy-makers. The findings will also be integrated into the CTIP.

**Capacity Building Plan**

A draft Capacity Building Plan (CBP) using the CDC-provided template is shown in Table 1. This plan is a product of multiple Healthy Sacramento coalition planning and project design meetings. The CBP identifies a process of integrating all capacity building efforts into a consolidated CTIP. The CBP will be revised in collaboration with the CDC 90 days post-award.

Table 1: Capacity Building Plan for Sacramento County

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Sacramento County, California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Objective</td>
<td>One year from award date, develop a Community Transformation Implementation Plan (CTIP) and submit to CDC for consideration for implementation funding.</td>
</tr>
<tr>
<td>Population Focus (Check One)</td>
<td>□ General/Jurisdiction Wide</td>
</tr>
<tr>
<td></td>
<td>☒ Health disparity by – age, urban or rural location, gender, race/ethnicity, education, income, sexual orientation, disability, or other. (specify ): by age, urban and/or rural location, race/ethnicity, education, and income</td>
</tr>
<tr>
<td>Reportable Milestone Activity</td>
<td>Timeline (Initiative-Completion)</td>
</tr>
<tr>
<td></td>
<td>Identify the Activity(ies) related to the Health Disparity</td>
</tr>
<tr>
<td></td>
<td>Measure</td>
</tr>
<tr>
<td></td>
<td>Lead Staff and Key Partners</td>
</tr>
<tr>
<td>Identify Program Director, recruit and hire Program Manager, and identify</td>
<td>Pre-award – Mo. 2</td>
</tr>
<tr>
<td>Community groups’ input in staffing</td>
<td>Program management team in place</td>
</tr>
<tr>
<td>Lead Staff: Program Director Key Partner(s):</td>
<td></td>
</tr>
<tr>
<td>Multi-Sector Leadership Team</td>
<td>Coalition Building and Development</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>internal fiscal and admin staffing</strong></td>
<td><strong>Coalition</strong></td>
</tr>
<tr>
<td><strong>Develop program management organizational structure, fiscal and reporting systems, and job descriptions</strong></td>
<td>Pre-award</td>
</tr>
<tr>
<td><strong>Develop selection criteria for additional staff, consultants, contractors, and evaluators</strong></td>
<td>Mos. 1-2</td>
</tr>
<tr>
<td><strong>Identify and schedule all required CDC meetings and trainings for key personnel</strong></td>
<td>Mo. 1</td>
</tr>
<tr>
<td><strong>Recruit core nucleus of Leadership Team (3-4 key community leaders committed to goals of CTG)</strong></td>
<td>Pre-award</td>
</tr>
<tr>
<td><strong>Develop charter and job description for additional Leadership Team members (expectations, duties, etc.)</strong></td>
<td>Mo. 1</td>
</tr>
<tr>
<td><strong>Identify, recruit, select, and seat additional Leadership Team members in accordance with specifications in FOA</strong></td>
<td>Pre-award (now) – Mo. 3</td>
</tr>
<tr>
<td><strong>Train and orient all Leadership Team Members as required by CDC</strong></td>
<td>Exact training dates to be determined</td>
</tr>
<tr>
<td><strong>Identify and map existing coalitions at federal, state, county, and local levels; assess gaps and redundancies</strong></td>
<td>Mos. 1-3</td>
</tr>
<tr>
<td><strong>Develop an engagement, recruiting, and coalition development strategy and implement based on results of above</strong></td>
<td>Mo. 4</td>
</tr>
<tr>
<td><strong>Develop and implement a coalition governance structure (expectations, decision-making, etc)</strong></td>
<td>Mos. 1-3</td>
</tr>
<tr>
<td>Health Needs Assessment and Policy Scan</td>
<td>Consultant</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Develop and implement coalition website and other technology to link coalition members to one another</td>
<td>Mos. 5-9</td>
</tr>
<tr>
<td>Build competence and knowledge base of coalition through scheduled and planned CDC trainings</td>
<td>Exact dates to be determined</td>
</tr>
<tr>
<td>Assemble health needs assessment team, map existing assessments, summarize all relevant health status data</td>
<td>Mos. 1-3</td>
</tr>
<tr>
<td>Based on the above, develop assessment framework, design approach, conduct health assessment, write report of assessment results</td>
<td>Mos. 3-9</td>
</tr>
<tr>
<td>Assemble policy scan team, build on health assessment results to develop framework and conduct policy scan identifying policies affecting subgroups in one or more of the five strategic areas</td>
<td>Mos. 6-10</td>
</tr>
<tr>
<td>Integrate policy scan results into health needs assessment results to develop and implement communications plan to distribute, engage, and mobilize community-wide action based on policy scan</td>
<td>Mos. 10-12</td>
</tr>
<tr>
<td>Integrate findings of health needs assessment and policy scan into CTIP</td>
<td>Mos. 11-12</td>
</tr>
<tr>
<td>Performance Measures and Evaluation</td>
<td>Develop evaluation plan to include fiscal mgt, leadership team, coalition building, health assessment, policy scan, performance measures, and training</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Working with CDC, revise and resubmit evaluation plan to reflect updated CBP</td>
<td>150 days post-award</td>
</tr>
<tr>
<td>Implement and feedback results of evaluation to coalition to allow for mid-course corrections</td>
<td>150 days post-award – Mo. 12</td>
</tr>
<tr>
<td>Identify and schedule nationally coordinated evaluation activities sponsored by CDC</td>
<td>Mo. 1</td>
</tr>
<tr>
<td>Identify best method of disseminating project findings to broader community (i.e., briefings, updates, etc.), develop and implement</td>
<td>Mo. 3-12</td>
</tr>
<tr>
<td>Identify CTIP development team and develop framework</td>
<td>Mos. 6-7</td>
</tr>
<tr>
<td>Develop CTIP draft including evaluation plan. Submit to CDC and coalition for review and feedback</td>
<td>Mo. 9-11</td>
</tr>
<tr>
<td>Revised and finalize CTIP</td>
<td>Mo. 12</td>
</tr>
</tbody>
</table>
Performance Monitoring and Evaluation

Core evaluation plan. Sixty days post award a program evaluator will be selected through a competitive process. The external evaluator will work independently of all implementation staff and will report to the Program Manager and Program Director.

Staff participation in CDC led evaluation activities. Once selected, the evaluator will refine an evaluation plan, based on the Evaluation Plan Key Measures detailed in Table 2, in collaboration with the Program Manager, the Program Director, and CDC. The evaluator will attend all teleconferences or webinars hosted by CDC for evaluators of capacity building grants, and will complete an evaluation plan for delivery to CDC within 150 days post-award. The Program Manager and Evaluator will be the primary staff that attend all CDC national evaluation activities, and will communicate key evaluation issues back to the coalition.

Interacting with other health departments, national partners, and CDC. Examples of interactions with other partners in this effort include participation in conference calls, forums, and other means to share evaluation strategies and problem solve; participating in webinars and other educational events hosted by the CDC and leaders in local efforts to improve diet, nutrition, and tobacco control.

Table 2: Evaluation Plan Key Measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>Data to be Collected</th>
<th>Method of Collection</th>
<th>Frequency of Data collection</th>
<th>How Data will be Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program staffing adequacy</td>
<td>Number of FTEs by roles; organization structure</td>
<td>Review written job descriptions; retention &amp; turnover</td>
<td>End of Capacity Building grant</td>
<td>Assess &amp; improve staff and structure to support implementation</td>
</tr>
<tr>
<td>Systems and supports for program mgt.</td>
<td>Process description of monitoring milestones</td>
<td>Interviews with Program and Fiscal Mgt staff</td>
<td>End of Capacity Building grant</td>
<td>Assess &amp; improve reporting systems</td>
</tr>
<tr>
<td>Progress of Capacity</td>
<td>Dates of completion</td>
<td>Checklist of Status</td>
<td></td>
<td>Assess progress</td>
</tr>
<tr>
<td>Building Plan, by milestones</td>
<td>by milestone; deliverables; barriers</td>
<td>milestones, deliverables, and schedule</td>
<td>report at meetings</td>
<td>and completion of activities in CBP</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Funding to appropriate entities</td>
<td>Distributed funding to all entities</td>
<td>Prepared reports</td>
<td>Quarterly</td>
<td>Assess &amp; improve to support implementation</td>
</tr>
<tr>
<td>Established systems and supports</td>
<td>Reporting systems</td>
<td>Review of systems</td>
<td>Quarterly</td>
<td>Assess &amp; improve to support implementation</td>
</tr>
<tr>
<td>Reporting adequacy</td>
<td>Reports created and distributed</td>
<td>Review of created reports</td>
<td>Quarterly</td>
<td>Assess &amp; improve to support implementation</td>
</tr>
<tr>
<td>Fiscal Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composition of the Leadership Team</td>
<td>Sectors &amp; subgroups represented, level of decision authority, links to coalitions &amp; networks</td>
<td>Profile sheet for each member</td>
<td>When team members are selected</td>
<td>Profile of sectors and access to decision making</td>
</tr>
<tr>
<td>Composition of the Coalition</td>
<td>Sectors represented, proximity to decision making, links to others</td>
<td>Profile sheet for each member</td>
<td>When members “join”</td>
<td>Profile of sectors and access to decision making</td>
</tr>
<tr>
<td>Leadership Team &amp; Coalition structure, functionality, and engagement</td>
<td>Clear goals, infrastructure for info exchange, governance structure, depth of community engagement; social and political capital, linkages to others</td>
<td>Collaborative assessment tool, analysis of agendas, minutes from meetings, attendance records, decisions by coalition</td>
<td>Beginning &amp; end of Capacity Building, meeting agendas &amp; minutes, attendance records</td>
<td>Address areas to develop, identify needs for training and TA to address during Capacity Building</td>
</tr>
<tr>
<td>Non-CDC funds leveraged</td>
<td>Funding sources, amounts &amp; and targeted outcomes</td>
<td>Interviews with stakeholders, snowballing</td>
<td>Throughout Capacity Building grant period</td>
<td>Matrix of existing or pending assets, unmet needs, gaps</td>
</tr>
<tr>
<td>Leadership Team and Coalition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composition of assessment team</td>
<td>Sectors represented and access to data by sector</td>
<td>Assessment team roster</td>
<td>Beginning and end of assessment activity</td>
<td>Obtain access to data by sector</td>
</tr>
<tr>
<td>Health Assessment and Policy Scan</td>
<td>Composition of assessment team</td>
<td>Sectors represented and access to data by sector</td>
<td>Assessment team roster</td>
<td>Beginning and end of assessment activity</td>
</tr>
<tr>
<td>Develop assessment framework, methods</td>
<td>Identify data needs, secondary and primary sources by sector; develop tools to address data gaps</td>
<td>Data collection schedule, plan</td>
<td>Assessment milestones</td>
<td></td>
</tr>
<tr>
<td>Training Plan</td>
<td>Evaluation</td>
<td>Outreach, registration, and attendance</td>
<td>Enhanced capacity by topic or subject area</td>
<td>CTIP Development Work Group and Time Line</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>-------------------------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Identify priority needs for improving health outcomes community-wide and/or by subgroup</td>
<td>Incidence and prevalence data on health conditions, contributing factors, disparities; opportunities for leveraging resources</td>
<td>Extract data from databases, reports, augment with primary data</td>
<td>Throughout assessment phase, updated as new data become available</td>
<td>Present graphs, charts with incidence and prevalence data on specific health issues, barriers faced by subgroups</td>
</tr>
<tr>
<td>Participate in training on policy scan and analysis via CDC</td>
<td>Increased capacity to systematically identify and analyze policy impacts</td>
<td>Training attendance</td>
<td>As training provided</td>
<td>Summarize steps for policy and analysis, in “how to” format</td>
</tr>
<tr>
<td>Increase capacity to advocate for policy change</td>
<td>Increased awareness of policy analysis methods, tools</td>
<td>Post-test with retrospective pre-test on policy capacity</td>
<td>End of Capacity Building phase</td>
<td>Identify cadre of policy advocates and analysis experts; training needs</td>
</tr>
<tr>
<td>Identify policy barriers and change targets; opportunities, advocates, &amp; supports</td>
<td>Policy matrix by federal, state, and local policies as they impact areas targeted for change</td>
<td>Policy scan; interviews with selected sector reps, stakeholders</td>
<td>End of assessment activity</td>
<td>Targets for policy change</td>
</tr>
<tr>
<td>Evaluation design &amp; work plan</td>
<td>Research questions, protocols, tools for process measures</td>
<td>Deliverables submitted with proposal; Approval of plan by CDC</td>
<td>Beginning of CBG; 150 day post-award (revised)</td>
<td>Guide evaluation of CBG</td>
</tr>
<tr>
<td>Identification of required CDC training and other TA needs</td>
<td>Training and TA topics as aligned with priority areas, capacity needs</td>
<td>Input via survey with Leadership, Coalition, et</td>
<td>Survey near beginning of CBG</td>
<td>Develop training needs, priorities, TA needs</td>
</tr>
<tr>
<td>Training resources, experts, schedule</td>
<td>Training topics as aligned with priority areas, capacity needs</td>
<td>Created from analysis of input on needs</td>
<td>Analyze from survey and interviews</td>
<td>Training schedule, resource experts</td>
</tr>
<tr>
<td>Outreach, registration, and attendance</td>
<td>Number of individuals and organizations reached, rate of attendance</td>
<td>Enrollment and attendance tracking</td>
<td>At training events</td>
<td>Participation in training by Coalition, Leadership, community</td>
</tr>
<tr>
<td>Enhanced capacity by topic or subject area</td>
<td>Post-test with retrospective pre-test to ascertain skills acquired</td>
<td>Feedback from training participants</td>
<td>At end of each training provided</td>
<td>Assess value of training, and potential for application</td>
</tr>
<tr>
<td>CTIP Development Work Group and Time Line</td>
<td>Progress on CTIP development milestones</td>
<td>Self report via focus group discussion</td>
<td>Status report at meetings for Coalition or Leadership</td>
<td>Assess teamwork and progress toward developing CTIP</td>
</tr>
</tbody>
</table>
## Appendix A

### Healthy Sacramento Coalition Members

<table>
<thead>
<tr>
<th>Health Sacramento Coalition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alchemist Community Development Corporation</td>
</tr>
<tr>
<td>Anthem Blue Cross</td>
</tr>
<tr>
<td>Asian Resources, Inc.</td>
</tr>
<tr>
<td>Breathe CA of Sacramento</td>
</tr>
<tr>
<td>Building Healthy Communities</td>
</tr>
<tr>
<td>C.A.R.E.S.</td>
</tr>
<tr>
<td>CA Chronic Care Coalition</td>
</tr>
<tr>
<td>CA Institute of Mental Health</td>
</tr>
<tr>
<td>CA Department of Public Health</td>
</tr>
<tr>
<td>Capitol Community Health Network</td>
</tr>
<tr>
<td>Catholic Healthcare West/ Mercy</td>
</tr>
<tr>
<td>Center for Civic Participation</td>
</tr>
<tr>
<td>Center for Community Health &amp; Well Being</td>
</tr>
<tr>
<td>Center for Reducing Health Disparities</td>
</tr>
<tr>
<td>Child Abuse Prevention Center</td>
</tr>
<tr>
<td>Chronic Care California</td>
</tr>
<tr>
<td>City of Sacramento</td>
</tr>
<tr>
<td>Community Services Planning Council</td>
</tr>
<tr>
<td>CSSHHR Division of Public Health</td>
</tr>
<tr>
<td>Department of Geography, CSUS</td>
</tr>
<tr>
<td>Sacramento County DHHS Division of Public Health</td>
</tr>
<tr>
<td>Grace Presbyterian Church/ USC</td>
</tr>
<tr>
<td>Health Education Council</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>KMAX TV/CBS/CW</td>
</tr>
<tr>
<td>KOVR/CBS/CW</td>
</tr>
<tr>
<td>LPC Associates (Consulting Firm)</td>
</tr>
<tr>
<td>Midtown Medical Center</td>
</tr>
<tr>
<td>Mutual Assistance Network</td>
</tr>
</tbody>
</table>

31
Appendix B

Letters of Support
Appendix C

Program Management Organizational Structure

**Community Transformation Grant**
Program Management Structure

- **Leadership Team**
  - SHF Program Director
  - CTG Coalition-at-Large
  - SHF Program Manager

- **Health Assessment & Planning**
  - Health Assessment Team:
    - County Health Dept.
    - Experts
    - CBOs
    - Community Groups
  - *includes policy scan

- **Coalition Building & Development**
  - Coalition Building Team:
    - Experts
    - CBOs
    - Community Groups

- **Program Evaluation**

- **Program Mgt**
  - Reporting
  - Fiscal
  - Admin

- **Training**

**NOTE:** All blue are SHF roles
*program evaluation should remain independent of implementation teams
Appendix D

Curriculum Vitae of Diane Littlefield, Program Director

Diane Littlefield
1321 Garden Highway
Sacramento, CA 95833
916.922.4755 ext 3211
dlittlefield@sierrahealth.org
www.sierrahealth.org

EDUCATION:
Master of Public Health, School of Public Health, UC Berkeley
Bachelors of Science, Nutrition Science, UC Davis

EXPERIENCE:
SIERRA HEALTH FOUNDATION (2008 – current)
Director of Program Investments
Responsible for strategic program development and management of the foundation's
grantmaking portfolio, which includes policy, public education, responsive grants and special
initiatives; member of executive team

LITTLEFIELD CONSULTING (2003-2008)
Consulted with community groups, organizations and institutions in community collaboration,
strategic planning, asset-based community development, and facilitation.
Consultant program manager for Sierra Health Foundation’s REACH Youth Development
program.

Director, Center for Collaborative Planning
Founded and directed statewide training & technical assistance center that provided technical
support for multiple statewide initiatives in leadership development, asset-based community
development and community-based health planning for improving health and well-being of
children, women and communities; designed and managed statewide annual conferences and
regional workshops for community-based organizations, public agencies and foundations.
www.connectccp.org

Executive Director, Women’s Health Leadership (1994-2003)
Co-founded award winning statewide Women’s Health Leadership (WHL) program of 300
ethnically diverse women - non-profit managers and community leaders, representing 46
counties in California, who are dedicated to advancing social justice issues and addressing
health disparities in their communities.
http://www.connectccp.org/programs/whl/index.shtml
Executive Director, Training and Technical Assistance, Community Partnerships for Healthy Children initiative (1994-2002)
Developed and implemented training and technical assistance strategy for Sierra Health Foundation’s 10-year Community Partnerships for Healthy Children initiative to improve children’s health from age 0-8 years of age in northern California. Worked with 31 community collaboratives whose mission was to improve the health and well-being of children in their communities. [http://www.sierrahealth.org/programs/cphc.html](http://www.sierrahealth.org/programs/cphc.html)

Other Related Activities:
1998-2000, developed Healthy Neighborhoods initiative in San Diego County for Grossmont Healthcare District, provided trainings and technical support to 22 communities in rural east San Diego County on community assessment, asset based community development and strategic planning.
1997 – oversaw study funded by The California Endowment to identify collaborative and long term strategies that impact population health and the delivery of health care in rural communities in Northern California.
1994-1996, directed Partnerships in Action, a technical support program funded by California Department of Health Services for Maternal and Child Health Directors in coalition development, community participatory health assessments and strategic planning.
1992-1993, directed the training and technical support for the California Community Action and Mobilization Project, Office of Multicultural Health, California Department of Health Services, working with 15 ethnic urban and rural coalitions statewide.

ASSET-BASED COMMUNITY DEVELOPMENT INSTITUTE, NORTHWESTERN UNIVERSITY
Faculty (1996 - present)
Faculty member of ABCD Institute, conduct speeches, presentations and consultations on asset based community development for community based organizations and public agencies. [http://www.northwestern.edu/ipr/abcd/abcdfaculty.html](http://www.northwestern.edu/ipr/abcd/abcdfaculty.html)

MONTEREY COUNTY HEALTH DEPARTMENT, Salinas, CA
Chief, Chronic Disease Prevention Branch (1990-1992)
Developed and administered multiple county-wide chronic disease prevention programs, including Tobacco Control, Injury Control, Employee Wellness, Nutrition and Hypertension Prevention for Monterey County.

Chronic Disease Prevention Coordinator (1988-1990)
Coordinated Hispanic Behavior Risk Factor Survey of 1000 adults based on CATI and in-person interviews in migrant camps. Developed report of findings, IMPACTO Report, and convened public forums and worked with media to disseminate results and solicit community involvement. Developed the Center for Disease Control funded and nationally distributed Hispanic nutrition education program with a leader’s guide, Buen Provecho. As first Tobacco Control Director for Monterey County, coordinated development of county-wide tobacco education plan; developed and staffed tobacco prevention coalition.

Developed, implemented, and evaluated nutrition component of county perinatal program; conduct staff training; provide direct services to mono-lingual Spanish-speaking women.
MERCED FAMILY HEALTH CENTER (1985), Merced, CA
Public Health Nutritionist (1985)
Developed, implemented, and evaluated nutrition component of local perinatal program; conduct staff training; provide direct services to mono-lingual Spanish-speaking women.

HEAD START PROGRAM, MONTEREY COUNTY OFFICE OF EDUCATION, Salinas, CA
Home Teacher (1978-1979)
Provided home teaching to three-year old children for twelve low-income families in Castroville, California, primarily Spanish-speaking agricultural worker families.

MIGRANT EDUCATION, BUTTE COUNTY OFFICE OF EDUCATION, Woodland, CA
Health Aide (1977-1978)
Arranged for medical, dental, and vision services for children of migrant agricultural worker families in the Woodland area.

PUBLICATIONS
Mobilizing women for minority health and social justice in California
http://www.ajph.org/cgi/content/abstract/92/4/576

Building healthier communities for children and families: applying asset-based community development to community pediatrics

Making The Path: A Guidebook to Collaboration for School Readiness
Written and Prepared by: Deb Marois, Edited by: Diane Littlefield, MPH

The capacity-building approach to intervention maintenance implemented by the Stanford Five-City Project

AWARDS
Helen Rodriguez-Trias Lighting the Way Award for Women’s Health Leadership 2001
Blue Cross Community Champion Award for Women’s Health Leadership 2001

BOARD MEMBERSHIP:
Board member – Northern California Grantmakers 2010 - current
Board member – Public Health Institute 2001-2003
Appendix E

Job Description – Program Manager

Community Transformation Grant (CTG)
Program Manager Job Description

Job Title
Program Manager, Community Transformation Grant

Job Purpose
The purpose of the Program Manager role is to manage and monitor the implementation of all capacity building activities to ensure the goals and objectives of the CTG are fully and efficiently met, and to act as the primary liaison creating a vital link between the CDC, Program Director, and Leadership Team and all program staff, consultants, community groups, and contractors.

Job Qualifications
≡ Masters degree in public health or related field (or undergraduate degree in public health or related field with equivalent experience), with at least five years experience in health program planning, development and implementation
≡ Demonstrated competence in successfully managing complex and multifaceted projects within specific parameters and timelines
≡ Demonstrated competence in understanding policy, environmental, program, and infrastructure roles in advancing or impeding public health
≡ Experience in conducting health needs assessments and developing strategic plans
≡ Ability to identify and establish relationships with diverse community groups
≡ Demonstrated competence in monitoring program effectiveness, including making needed adjustments based on feedback and data
≡ Effective communicator, public speaker and writer
≡ Proficient in use of modern technology, including communications technology (email, presentation and word processing software, hand-held devices, social media, etc)

Job Duties
≡ Oversees and monitors implementation of all activities specified in the CTG Capacity Building Plan
  o Ensures project timelines are adhered to
  o Identifies and recruits key program staff, consultants and contractors to implement Capacity Building activities
  o Play an active role in identifying and recruits key coalition members
  o Ensures all program staff (including consultants, contractors, community groups, and others) perform to acceptable standards
  o Ensures program budget is adhered to
Ensures quality of all Capacity Building activities to acceptable standards, makes Program Director and CDC (as warranted) aware of any and all variances to established and expected standards

- Makes course corrections as needed based on evaluation feedback and results
- Takes active role in implementation activities, i.e., attends all meetings, writes reports, and participates in other activities as appropriate

≡ Builds and maintains effective relationships with a broad array of community partners related to the successful implementation of Capacity Building Activities
≡ Uses any number of media to act as primary liaison between CDC, Program Director, and the Leadership Team and the coalition members, community groups, consultants, contractors, etc.
≡ Attends all CDC required trainings and evaluation activities and convenings

Job Structure
≡ The Program Manager will be a full-time employee of Sierra Health Foundation.
≡ The role reports directly to the Program Director of the CTG.
≡ This is a full-time, exempt, salaried position eligible for full benefits. The position will be housed at Sierra Health Foundation headquarters.
≡ After all Capacity Building Activities have been successfully implemented, SHF and the coalition-at-large will apply for Implementation funding.
Appendix F

Curriculum Vitae of Karen Olson, Sacramento County DHHS Public Health Division

KAREN D. OLSON
7001 – A East Parkway
Sacramento, CA 95823
916-875-6515

QUALIFICATIONS SUMMARY
Over fifteen years of progressive experience in health promotion program planning, development, evaluation and management. Master Degree in Public Health with a dual concentration in Health Communication and Education, and Maternal and Child Health.

PROFESSIONAL EXPERIENCE

Human Services Program Planner (Range B), Sacramento County, DHHS, Sacramento, CA October 2005-present
• Apply principles of community organizing to address broad public health issues by identifying and communicating needs, and bringing together resources needed.
• Promote and facilitate collaboration among various resources; such as coalitions, community-based agencies, county divisions and departments; so that resources are used effectively and efficiently to address common problems.
• Develop public health programs by researching and writing grant proposals and request for proposals. Provide technical assistance on grant application development process.
• Develop a variety of written documents including concept papers, statistical and narrative reports and correspondence.

Health Program Coordinator, Sacramento County, DHHS, Sacramento, CA May 2003-October 2005
• Oversaw and directed planning, implementation and evaluation activities of the Tobacco Education, Senior Health, and DHHS Worksite Wellness programs.
• Responsible for regular reporting program progress to funding agencies.
• Interfaced with other County tobacco control programs, community-based agencies, and other Sacramento County Departments and programs.
• Developed and monitored program budgets, approved expenditures and reviewed cost reports.
• Supervised professional health education program staff.

Human Services Program Planner (Range A), Sacramento County, DHHS, Sacramento, CA October 2001-May 2003
• Designed and conducted program data collection, reporting, and outcome program evaluation.
• Oversaw development of program promotional materials including print materials and media campaigns.
• Research, applied for, and successfully obtained funding for participant incentives and special events.
• Directed development of a grant proposal writing team for the Public Health Promotion and Education Branch.

**Health Educator, Sacramento County, DHHS, Sacramento, CA February 1999-October 2001**
- Monitored and provided technical assistance to subcontracting agencies.
- Developed request for proposals, and wrote grant proposals.
- Organized and evaluated training workshops for community agencies to enhance program effectiveness. Collaborated with community partners to present annual conference.

**Health Education Specialist, Health Net, Rancho Cordova, CA January-September 1998**
- Acted as liaison between funding agency and contractors. Communicated agency policy and program requirements. Reported status of compliance to oversight committee.
- Monitored sub-contracting agencies. Made annual site audits.

**Health Education Consultant II, California Department of Health Services, Breast Cancer Early Detection Program, Sacramento, CA July 1996-December 1997**
- Provided health education consultation and technical assistance to contracting agencies.
- Monitored sub-contracting agencies. Reviewed quarterly reports, and wrote responses.
- Assisted with program policy development.

**Health Educator, Kern County Health Department, Bakersfield, CA February 1994-July 1996**

*HIV Prevention Education Coordinator*
- Conducted needs assessment to determine educational needs, priorities and strategies for HIV prevention efforts. Facilitated three working groups. Directed countywide door-to-door survey.
- Developed Request For Applications (RFA) for HIV prevention education. Created RFA and review documents. Organized and oversaw review and award process.

**Coordinator, East Bakersfield Community Coalition**
- Coordinated comprehensive community needs assessment. Compiled epidemiological data, and gathered primary data through door-to-door survey and focus groups. Wrote summary report.
- Coordinated community development project that resulted in more efficient, accessible and comprehensive service delivery.

**Community Services Director, March of Dimes Birth Defects Foundation, New Orleans, Louisiana 1992-1994**

**Intern, Planned Parenthood of Louisiana, New Orleans, Louisiana 1992**

**Weekend Coordinator, Pike Market Senior Center, Seattle, Washington 1990-1991**

**Volunteer, United States Peace Corps, Tonga, South Pacific 1987-1988**

**Branch Manager, Friendly Islands Marketing Cooperative; High School Teacher**
EDUCATION
Tulane University, School of Public Health and Tropical Medicine, New Orleans, Louisiana
Master of Public Health in Health Communication and Education, and Maternal and Child Health 1992
University of Washington, Seattle, Washington
Bachelor of Arts in Business Administration 1982

ADDITIONAL TRAINING
HIV Counselor, State of California, Office of AIDS, Sacramento, California 1999
Breast Health Facilitator, American Cancer Society, Bakersfield, California 1995
Volunteer Training, NO AIDS Task Force, New Orleans, Louisiana 1993
Volunteer, United States Peace Corps, Tonga, South Pacific 1986-1987

PROFESSIONAL PAPERS

CERTIFICATION
Certified Health Education Specialist (CHES), 1993-present

PROFESSIONAL ORGANIZATIONS
Society For Public Health Education, 1993-present
Job Description – Sacramento County DHHS Human Services Program Manager

Community Transformation Initiative

Sacramento County Department of Health and Human Services, Division of Public Health

Position: 0.3 FTE Human Services Program Planner

Position Purpose
Acts as a resource to the Sacramento Community Transformation (CT) initiative to facilitate the design, implementation of a Community Health Assessment. Provides input into the development of a Capacity Building Plan and Community Transformation Implementation Plan. Provides expertise and technical assistance on matters related to public health including the evaluation of community systems related to health disparities. Along with the County Health Officer, serves as the Public Health Division representative to the CT initiative, and serves as liaison for the exchange of information and communication between the CT initiative and the Public Health Division.

Job Duties:

Participates on the CT Health Assessment Team to design, plan and implement the community health assessment. Assists with collection and analysis of data in support of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Serves as a conduit between the Health Assessment Team and the Public Health Division Epidemiology Unit on collection and analysis of health status data.

Assists with the design and implementation of community outreach to foster development of a collective vision for a healthy Sacramento; and to collect community input (qualitative data) on health needs and priorities, community assets, and potential implementation strategies. Community groups will include agencies representing “subgroups” including faith-based; and non-traditional partners (business/professional organizations, neighborhood groups).

Assists with analysis of health assessment data and development of a summary report (community health report card) to communicate health assessment findings to key decision-makers, community leaders and residents.

Participates in CT Coalition and Health Assessment Team meetings. Provides input into development of the CT Capacity Building Plan and Community Transformation Plan.
Appendix H

Curriculum Vitae of Leadership Team Members – Linda Rudolph, M.D., M.P.H.

Linda Rudolph, M.D., M.P.H.

CURRENT POSITION:
Deputy Director, California Department of Public Health, Center for Chronic Disease Prevention and Health Promotion. 2008-2011

EXPERIENCE:
Health Officer and Director of Public Health, City of Berkeley 2005-2008

Chief Medical Officer, Medi-Cal Managed Care Division, California Department of Health Services. 2002-2005

Medical Director, Division of Workers' Compensation, California Department of Industrial Relations 1993 –2001

Executive Medical Director, Industrial Medical Council California, Department of Industrial Relations. 1992-1993

Public Health Medical Officer, California Department of Health Services, 1982-1992

Medical Staff, Oil, Chemical, and Atomic Workers’ International Union, 1979 - 1982.

EDUCATION:
M.P.H., University of California, Berkeley, 1981, Epidemiology.

M.D., University of California, San Francisco, 1975.

B.A., University of California, Berkeley, 1971, Anthropology.

TRAINING:
California Health Care Foundation Health Care Leadership Fellowship 2004-2005

Board-Certified, Occupational (Preventive) Medicine, 1984.

PROFESSIONAL SERVICE:
Lecturer, UC Berkeley, School of Public Health, 2005 - 2008

California Conference of Local Health Officers Executive Committee 2008

National Committee on Quality Assurance, Committee on Performance
Measurement, 2004-05

National CAHPS Benchmarking Database Advisory Committee, 2004-05

GRANTS,
CONTRACTS: Principal Investigator for following (selected) grants and contracts:

The California Endowment: Chronic Illness Prevention and Health Inequities – Building Local Health Department Capacity (2007-2008)

National Academy for State Health Policy/Commonwealth Fund:
Assuring Better Child Development, 2003-05

California Association of Health Plans Foundation/Blue Shield: Obesity Collaborative Planning, 2005


PUBLICATIONS (selected):


Reproductive Health Hazards in the Workplace: Policy Options for California. The Workplace


VIDEOS:

He’s Not the Man I Married, Could it be Lead?
California Department of Health Services/State Compensation Insurance Fund, 1993. (Executive Producer)
Appendix H -- Continued

Curriculum Vitae of Leadership Team Members – Glenna Trochet, M.D.

GLENN AH I. TROCHET M. D.

EDUCATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Board Re-certified, American Board of Family Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976-1979</td>
<td>Baylor College of Medicine</td>
<td>Houston, TX</td>
<td>Residency in Family Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chief Resident 1975-1976</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ida and Taylor Pickett Award for Outstanding Resident in Family Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board Certified in Family Practice since 1979 continuously, my newest certificate expires in 2012.</td>
</tr>
<tr>
<td>1972-1976</td>
<td>University of Pennsylvania School of Medicine</td>
<td>Philadelphia, PA</td>
<td>M.D. Degree, top third of the class.</td>
</tr>
<tr>
<td>1969-1972</td>
<td>Westminster College</td>
<td>New Wilmington, PA</td>
<td>B.S., Biology, granted after three years in college and one in Medical School.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Graduated Magna Cum Laude.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Henrietta Lee Award for Outstanding Scholarship</td>
</tr>
</tbody>
</table>

PROFESSIONAL EXPERIENCE

<table>
<thead>
<tr>
<th>Year</th>
<th>Department</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2010</td>
<td>Dept. of Health and Human Services</td>
<td>Sacramento, CA</td>
<td>Public Health Officer, Division Chief, Division of Public Health,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public Health Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Communicable Disease Control and Epidemiology in Sacramento County.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community Health Promotion and Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Field Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CHDP</td>
</tr>
</tbody>
</table>
- CCS
- MCAH
- Public Health Emergency Preparedness

1993-1999  Dept. of Health and Human Services  Sacramento, CA

*Medical Director, Clinic Services Branch*

- Developed monthly training for staff and input into administration through Quality Improvement Teams.
- Developed and became Medical Director of the SPIRIT Project, a community collaborative that involves physicians in private practice giving medical services to uninsured and underserved patients.
- Supervised 13 permanent physicians and up to 30 on-call physicians, in addition to directing the medical care given by over 110 staff members in 9 public health and primary care clinics.

1989-1993  Dept. of Health and Human Services  Sacramento, CA

*Associate Physician Assigned to MercyClinic/Loaves&Fishes*

- Worked collaboratively with all providers of services for the homeless, both private and public entities.
- Began my speaking career discussing the issues of the homeless. Presentations included Family Practice Grand Rounds, speaking to professional meetings, medical students, and social clubs.

1988–1989  Sacramento Sierra Medical Group  Sacramento, CA

*Family Practice Physician*

- Practiced the full range of Family Practice except for Obstetrics, in a private practice setting.

1981-1988  Family Physicians of Sacramento  Sacramento, CA

*Family Practice Physician*

- Practiced the full range of Family Practice including Obstetrics.
- Until the birth of my children, I was full partner in this medical group.

1979-1981  Indian Health Service  Zuni, NM

*Commissioned Corps Officer*

- Clinical Director of the Zuni-Ramah Health Center during my first year at Zuni. Director of Outpatient Services during my second year.

**ADDITIONAL PROFESSIONAL ACTIVITIES**

- Founding director of the SPIRIT Project. A community collaborative project that helps physicians volunteer their services to the underserved.
- Volunteer faculty, University of California, Davis, School of Medicine, Department of Family Practice, 1982-2005.
- Volunteer Faculty, UC Davis, School of Medicine, Department of
Public Health Sciences, 2006 to present.

- Fluoridation subcommittee chair of the First Five Sacramento Commission
- Past member of the Board of Directors of the Sierra Sacramento Valley Medical Society
- Past President of the California Conference of Local Health Officers
- Founding member of the Northern California Partnership for Influenza Prevention (NCPIP)
- Commissioner, Sacramento First Five Commission
- Past President, Board of the Health Officers Association of California

PROFESSIONAL MEMBERSHIPS

- American Medical Association
- American Academy of Family Practice
- American Public Health Association
- California Medical Association
- Sierra Sacramento Valley Medical Society
- American Public Health Association
- Board of Directors of Health Officers Association of California
- Past President, California Conference of Local Health Officers

LANGUAGES

- Spanish
- English

COMMUNITY ACTIVITIES

- Board of Directors, Loaves and Fishes (Emeritus)
- Past President of the Board of Directors, Center for Healthcare Decisions
- Advisory Board, People Reaching Out
- Board of Directors, CARES
- Board of Directors, Project HELP
- Health Effects Task Force, Breathe California, Sacramento Chapter
- Board of Directors, Sierra Sacramento Valley Medical Society
- California Medicine and Public Health Initiative
- Domestic Violence Death Review Team 1999-2004
- Domestic Violence Healthcare Network 1999-2004
- Domestic Violence Coordinating Council 1999-2004
- Commissioner, First Five Sacramento Commission
- Board of Directors, Blood Source
- Steering committee member of the Sacramento Children's Report Card
- Ex-Officio member, Sacramento County Public Health Advisory Board
- Ex-Officio member, Sacramento County Maternal Child and Adolescent Health Advisory Board.

AWARDS RECEIVED

- Heroes in Healthcare 1997
- Community Service Award, Sacramento-El Dorado Medical Society, 1997
- Fellow of the Leadership Academy, Volunteers in Healthcare, a program of the Robert Wood Johnson Foundation.
- Fellow, American Academy of Family Practice
- The Helen Andrus Memorial Award, January 2001 awarded by the Sacramento District Dental Society for work in water fluoridation in Sacramento County
- The Golden Hook Award, 2004, awarded by Women Escaping a Violent Environment
- Community Service Award, American Society for Public Administration, May 5, 2005
- Jane Boggess Memorial Award, Outstanding Organizational Partner,
Pharmacy Foundation of California, 2005

- California Coalition for Childhood Immunization  Natalie J Smith Immunization Champion Award for 2006
- Sacramento District Dental Society Preventative Oral Health Care Award, 2006
- Resolution of the Board of Supervisors for efforts to protect the community from H1N1 May 18, 2010

PUBLICATIONS:

Appendix H – Continued

Curriculum Vitae of Leadership Team Members -- Chet P. Hewitt, President and CEO of Sierra Health Foundation

CHET P. HEWITT

1321 GARDEN HIGHWAY ♦ SACRAMENTO, CA 95833
PHONE: 916-922-4755

BACKGROUND

More than twenty years of philanthropic, nonprofit and public sector experience as a visionary organizational leader who transforms challenges into opportunities through innovation, strategic planning, effective management practices and the development of new partnerships. Proven ability to design and oversee strategic initiatives that promote cross-sector collaboration and build institutional and community efficacy. Demonstrated capacity to create systems change, inform public policy, and advance the use of data and cultural understanding to address social and economic disparities. Exceptional interpersonal, communication and analytic skills.

Experience/Skills

Leadership
- Board Relations
- Labor Negotiations
- Budget Development
- Public Relations
- Strategy Development
- Investment Portfolio Oversight

Policy
- Child Welfare
- Juvenile Justice
- Community Development
- Workforce Development
- Health Disparities/Determinants
- TANF

Program
- Initiative Design
- Project Management
- Field Development
- Knowledge Dissemination
EMPLOYMENT HISTORY

08/2007 – present Sierra Health Foundation, Sacramento, California  
President & CEO
Chief executive for a health conversion foundation that serves 26 counties in Northern California. Responsibilities include Board relations, governance, public engagement, oversight of investment portfolio, staff development, and policy and program development. Accomplishments include: development of Foundation’s first mission statement; expanded the foundation’s reach, reputation, influence, and impact while reducing annual budget by 50% in response to economic downturn; implemented responsive and policy-focused grant programs that prioritized determinants of health – behavior, environment, nutrition, housing/shelter, social factors, cultural expression, and health care access – as well as insurance coverage; revamped investment portfolio by liquidating non-performing assets to improve overall balance sheet; initiated partnership strategy that resulted in collaborations with elected officials, national, state, and county agencies, as well as foundations, policy centers and nonprofit organizations; oversaw the development of foundation’s Health Care Reform initiative that seeks to inform the public about the Affordable Care Act and expand the number and improve the quality of Federally Qualified Health Centers in the Sacramento region.

11/2001 – 8/2007 Alameda County Social Service Agency, Oakland, California  
Agency Director
Chief executive with oversight responsibility for Board of Supervisors’ relations, policy, finance, planning, public relations and program operations of an integrated human service agency charged with improving the health and quality of life of poor and disadvantaged individuals, children, seniors, and families. Managed operating budget of $570 million, 2300 employees, and five departments: Children and Family Services; Adult and Aging Services; Workforce and Benefits; Administration and Finance; and Workforce Investment Board. Achievements: implemented retrenchment plans totaling $147 million over five years in response to state budget crisis while improving customer service; initiated technology initiative that improved program retention in health and economic benefit programs through the use of electronic client file system; reorganized agency administrative operations to strengthen policy, planning and fiscal operations to increase revenue; received numerous innovation awards for efforts such as: No Wrong Door, a health enrollment initiative that simplified enrollment in subsidized health coverage programs, and Food Stamp Outreach that engaged food banks in the outreach, collection and digitized submittal of applications for nutrition assistance. Implemented California’s first foster youth employment program, transitional housing plus initiative for emancipating youth, foster youth health clinic, and differential response systems. Designed, led and secured Board of Supervisors’ approval for the County’s federal IV E Wavier, which has transformed national debate on the financing of state child welfare systems.

Assistant Agency Director, Department of Children and Family Services
Senior child welfare administrator appointed to reform a major urban child welfare system experiencing significant management and performance issues. Oversight responsibility for $167 million budget, and 650 staff who delivered services to 5000 abused and neglected children and their families. Achievements: designed and implemented state mandated Corrective Action Plan that led to termination of state receivership (compliance achieved within 13 months); re-organized administrative team to reflect Department’s administrative, policy and program priorities; raised $1 million to open County’s first Child Assessment Center, to provide mental and physical health
screenings to stabilize placements and address the trauma experienced by children entering care; instituted performance-based contracting system; negotiated labor agreements that eliminated barriers to the implementation of major policy and program reforms. Efforts led to a 40% reduction in child welfare caseload over 5 years.

Associate Director
Stationed in California to manage the development and operation of the Strategic Alliance, a partnership between The Rockefeller Foundation (RF) and The California Endowment. Achievements: established the Foundation’s first domestic field office and oversaw the office's integration into the Foundation’s worldwide field office network; co-developed the California Works for Better Health (CWBH) initiative, a five-year, $16 million health and employment initiative designed to test the feasibility of using social and economic interventions to reduce health disparities in communities experiencing high poverty, high unemployment, and poor health outcomes. Management responsibilities included oversight of RF’s San Francisco office, CWBH, and RF’s 12-site national employment collaborative that included Federal Departments of Housing and Urban Development, Labor, Health and Human Services, foundations and the Manpower Demonstration Research Corporation.

Assistant Director,
Appointed to the position of Assistant Director, in the Working Communities (domestic) division of the Foundation with primary responsibility for designing and managing the Foundation’s community building initiative. The multimillion dollar initiative fostered the expansion of the National Community Building Network, funded the development of action research models, and provided initial conceptual and financial support to the nation’s first community-building policy center, PolicyLink. Participated on team that developed the Foundation’s employment strategy (Jobs-Plus and Neighborhood Jobs Initiative) in response to welfare reform; managed the Foundation’s national policy centers investment portfolio whose grantees included the Center on Budget and Policy Priorities, Children’s Defense Fund, Aspen Institute, National Council of La Raza, Urban Institute, and the Joint Center for Political and Economic Studies.

Child and Family Leadership Fellow
Awarded an Annie E. Casey Foundation Child and Family Leaders Fellowship for demonstrated leadership in the juvenile justice field. The year-long fellowship included Foundation residencies designed to enhance fellows’ knowledge of social welfare policy, community and family development, capacity building, and neighborhood revitalization; two field placements in institutions active in innovative system change and/or policy development efforts (New Futures Authority, Savannah, Georgia and Interagency Children’s Policy Council, Oakland, California); and participation in leadership and organizational change seminars developed by the Robert F. Wagner School of Public Service, New York University.

1/1993-12/1994 Center on Juvenile & Criminal Justice, San Francisco, CA
Director, Detention Diversion Advocacy Project
Designed and managed a nationally recognized alternative to detention program developed to reduce the number of pre-adjudicated adolescents held in San Francisco County’s juvenile detention facility. The project demonstrated the efficacy of culturally sensitive, community based, and family centered case management strategies, and was replicated in numerous cities, including Baltimore, Washington D.C. and Oakland. Developed and managed project’s seven agency collaborative (four ethnic-specific community based providers, a research and policy organization, and two county departments), and negotiated
program management, revenue sharing, and accountability agreements. Co-authored policy briefs that identified the existence of racial disparities in San Francisco’s criminal and juvenile justice systems and offered policy solutions to address the negative effects they generated in communities of color.


*Coordinator of Volunteer Services*
Managed joint project of the San Francisco County Juvenile Probation Department and Volunteer Center of San Francisco designed to increase community involvement in and support for non-mandated delinquency programs. Developed case management training seminars for community based organizations, and redesigned the Department’s volunteer screening and background check system. Established the Volunteer Case Management Project, a mentorship program that matched delinquent youth with volunteer mentors.

12/1984 - 11/1994  **San Francisco Department of Social Services, San Francisco, CA**

*Therapeutic Foster Parent*
Partner in an innovative County-Community initiative designed to enhance the Department of Children and Family Services ability to support families. Program created a network of intensive, community-based foster care placements for high-need dependent children to reduce congregate care placements and increase family reunification rates. Responsibilities included the development of individual case plans, securing child development services, scheduling and monitoring family visits, and individual child advocacy.

**EDUCATION**

*JD, New College of California, School of Public Interest Law*
*Chairperson: Association of Law Students of Color (90-91, 91-92)*
*Internships: American Civil Liberties Union, Northern California*
  *Office of the Public Defender, Juvenile Division, San Francisco*

<table>
<thead>
<tr>
<th>CURRENT BOARDS/ ADVISORY BOARDS</th>
<th>PREVIOUS BOARD SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantmakers in Health</td>
<td>Alameda First Five Commission, Chair</td>
</tr>
<tr>
<td>Social Interest Solutions</td>
<td>Youth Ventures</td>
</tr>
<tr>
<td>PPIC Statewide Advisory Board</td>
<td>Alameda Health Alliance</td>
</tr>
<tr>
<td>Valley Vision</td>
<td>Oakland/Alameda WIBs</td>
</tr>
<tr>
<td>United Way, Capitol Region</td>
<td>RWJF Safe Passages Initiative</td>
</tr>
<tr>
<td>Sacramento Steps Forward, Chair</td>
<td>United Way of the Bay Area</td>
</tr>
<tr>
<td>Sutter Children’s Hospital, Sacramento</td>
<td>Youth Uprising</td>
</tr>
<tr>
<td>Sacramento MetroChamber</td>
<td>The Mentoring Center</td>
</tr>
<tr>
<td>Alameda County CASA, Chair</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix I

### Leadership Team Recruiting Table

<table>
<thead>
<tr>
<th>Sector</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Dept of Public Health</td>
<td>• Required member (Dr. Trochet confirmed)</td>
</tr>
<tr>
<td>State Dept of Public Health</td>
<td>• Required member (Dr. Linda Rudolph confirmed)</td>
</tr>
<tr>
<td>Recipient Organization</td>
<td>• Required member (Chet Hewett confirmed)</td>
</tr>
<tr>
<td>Program Manager</td>
<td>• Required member (Diane Littlefield to hold until position is filled)</td>
</tr>
</tbody>
</table>
| Education | • Sacramento Unified School District  
• North Natomas Unified School District  
• University of CA, Davis  
• CA State University, Sacramento  
• CA Northstate College of Pharmacy |
| Government (State, County, City) | • City of Sacramento  
• County of Sacramento  
• State Government representing Sacramento County  
• Cities of Citrus Heights, Elk Grove, Folsom, Galt Isleton, Rancho Cordova |
| Business and Industry | • Teichert Construction  
• Raley’s Supermarkets  
• All Chambers of Commerce in County |
| Youth Development | • Youth Development Network  
• Sacramento City |
| Philanthropy | • The California Endowment |
| FQHCs and Community Clinics | • The Effort (Community Clinic)  
• Center for AIDS Research, Education, and Services (CARES)  
• Midtown Medical Clinic |
| Health Systems | • UC Davis Health System  
• Catholic Healthcare West  
• Sutter Health  
• Kaiser Permanente |
| Health Plan | • Anthem Blue Cross of CA  
• Western Health Advantage |
| Agriculture | • Soil Born Farms |
| Transportation | • Sacramento County Dept of Public Transportation  
• City of Sacramento Public Transportation  
• Sacramento Area Council of Governments (SACOG)  
• Regional Transit  
• Walk Sacramento |
| Planning | • Sacramento Council of Governments (SACOG)  
• City of Sacramento Dept of Community Development  
• Sacramento County Dept of Community Planning and Development |
<table>
<thead>
<tr>
<th>Category</th>
<th>Organizations</th>
</tr>
</thead>
</table>
| Community Group(s)             | • Slavic Assistance Center  
• Southeast Asian Resource Center  
• Family Resource Centers (throughout County)  
• Sacramento Chinese Community Service Center  
• La Familia |
| Tobacco                        | • Breathe California  
• American Cancer Society |
| Clinical Prevention            | • The Right Care Initiative  
• Capital Community Health Network  
• Pharmacy Foundation of CA  
• CA Chronic Care Coalition  
• Health Education Council |
| Emotional Well-Being           | • Mental Health Association of CA |
| Healthy Eating/Active Living   | • Public Health Institute |
| (Obesity)                      |                                                                 |
| Chronic Disease Prevention     | • CA Chronic Care Coalition |
| Health Disparities             | • Primary Care Association |
## Appendix K

### Sacramento County Data Sets

<table>
<thead>
<tr>
<th>Topic/Data Point</th>
<th>Data Set Name</th>
<th>URL (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic, Socio-economic, and Health data</td>
<td>Healthy Cities</td>
<td><a href="http://www.healthycity.org/">http://www.healthycity.org/</a></td>
</tr>
<tr>
<td>Demographic makeup of Sacramento County</td>
<td>2009 American Community Survey 5 Year Estimates</td>
<td><a href="http://www.census.gov/acs/www/">http://www.census.gov/acs/www/</a></td>
</tr>
<tr>
<td>Tobacco Prevalence</td>
<td>CDPH, County and Statewide Archive of Tobacco Statistics</td>
<td><a href="http://www.cstats.info/">http://www.cstats.info/</a></td>
</tr>
<tr>
<td>Smoking Prevalence</td>
<td>CHIS</td>
<td><a href="http://www.chis.ucla.edu/">www.chis.ucla.edu/</a> <a href="http://www.cstats.info/">http://www.cstats.info/</a></td>
</tr>
<tr>
<td>Sacramento County Smoking Control Program</td>
<td>Environmental Management Department-Environmental Health Division</td>
<td><a href="http://www.emd.saccounty.net/EnvHealth/EHOTher/SmokingControl.html">http://www.emd.saccounty.net/EnvHealth/EHOTher/SmokingControl.html</a></td>
</tr>
<tr>
<td>Youth Health Risk (Tobacco, Alcohol &amp; Drug Use)</td>
<td>Youth Risk Behavior Surveillance Survey</td>
<td><a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a></td>
</tr>
<tr>
<td>Sacramento County Tobacco Surveys (use &amp; attitudes)</td>
<td>C-Stats (County and Statewide Archive of Tobacco Statistics)</td>
<td><a href="http://www.cstats.info">www.cstats.info</a></td>
</tr>
<tr>
<td>Lung Cancer Rate</td>
<td>CA Environmental Health Investigation Branch</td>
<td><a href="http://www.ehib.org/resources.jsp">http://www.ehib.org/resources.jsp</a></td>
</tr>
<tr>
<td>Various outcomes related to smoking and tobacco use</td>
<td>Asthma, emphysema rates</td>
<td><a href="http://www.healthcities.org">www.healthcities.org</a> <a href="http://www.healthylivingmap.com">www.healthylivingmap.com</a></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>CHIS (2009) Adults</td>
<td><a href="http://www.chis.ucla.edu">www.chis.ucla.edu</a></td>
</tr>
<tr>
<td>Youth obesity</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>Youth obesity</td>
<td>Fitness Gram</td>
<td><a href="http://www.fitnessgram.net/home/">http://www.fitnessgram.net/home/</a></td>
</tr>
<tr>
<td>Diabetes</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>Diet – eats</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Resource Information</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Food landscape in CA (City/County Level)</td>
<td>Retail Food Equivalency Index <a href="http://www.publichealthadvocacy.org/searchingforhealthyfood.html">http://www.publichealthadvocacy.org/searchingforhealthyfood.html</a></td>
<td></td>
</tr>
<tr>
<td>Access to healthy food</td>
<td>CA Center for Public Health Policy Advocacy various reports on obesity and food access <a href="http://www.publichealthadvocacy.org/">http://www.publichealthadvocacy.org/</a></td>
<td></td>
</tr>
<tr>
<td>Interaction with Health Provider (diet, exercise)</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>Have place to go for medical care</td>
<td>CHIS</td>
<td></td>
</tr>
<tr>
<td>General Health Data at ZIP Code Level</td>
<td>Healthy Cities <a href="http://www.healthycities.org">www.healthycities.org</a></td>
<td></td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>Healthy Living Map <a href="http://www.healthylivingmap.com">www.healthylivingmap.com</a></td>
<td></td>
</tr>
<tr>
<td>Feeling safe at school</td>
<td>CA Healthy Kids <a href="http://chks.wested.org/reports">http://chks.wested.org/reports</a></td>
<td></td>
</tr>
<tr>
<td>Teen suicide rates</td>
<td>CA Healthy Kids <a href="http://chks.wested.org/reports">http://chks.wested.org/reports</a></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health ED/Hosp Rate</strong></td>
<td>Healthy Living Map</td>
<td><a href="http://www.healthylivingmap.com">www.healthylivingmap.com</a></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Sexual Assault Rates</strong></td>
<td>Women Escaping a Violent Environment (WEAVE)</td>
<td><a href="http://www.weaveinc.org/post/sacramento-sex-assaults-way">http://www.weaveinc.org/post/sacramento-sex-assaults-way</a></td>
</tr>
<tr>
<td><strong>Health Disparities</strong></td>
<td>Medically Underserved Areas (MUAs) in Sacramento County</td>
<td><a href="http://muafind.hrsa.gov/">http://muafind.hrsa.gov/</a></td>
</tr>
</tbody>
</table>
Endnotes

1 California State Controller’s Office. Number of active employees by county. http://www.sco.ca.gov/Files-PPSD/empinfo_demo_county.pdf

2 Sacramento Area Council of Governments. Sacramento region blueprint transportation/land use map http://www.sacregionblueprint.org/adopted/


6 Ibid


10 Sacramento Regional Report, 2011. The Center for Strategic Economic Research


20 http://www.city-data.com/


25 California Department of Public Health/California Tobacco Control Program. "Adult smoking prevalence". http://www.cstats.info/index.cfm?fuseaction=reports.html_smokePrev&deID=8&ttID=7&deTableName=tblSBA_1&areaID=92&yearID=47&format=1&vaID=2&CFID=79275&CFTOKEN=71111761
California Health Interview Survey. (2009). 
http://www.chis.ucla.edu/


California Health Interview Survey. (2007). 
http://www.chis.ucla.edu/

2010 Campaign for active transportation. Connecting Sacramento Case Statement. (October 2008) 

http://www.stateoftheair.org/

California Health Interview Survey. (2009). 
http://www.chis.ucla.edu/

California Department of Education Statewide Assessment Division. (2009-2010) FitnessGram Results


Thomson Reuters Community needs index. (2007-2008). Percentage of population without health insurance

California Health Interview Survey. (2009). 
http://www.chis.ucla.edu/
