For several decades research on health status has sought to better understand how race, class and physical environment impact health outcomes. More recently, advances in technology have dramatically improved the capacity of health researchers to collect, analyze, map and compare health status in states, counties, cities and neighborhoods. The result is a compelling body of research that is vividly capturing and presenting troubling disparities in health outcomes experienced by poor communities, particularly those of color, across America.

In the Sacramento region, communities that are segregated along class, ethnic and/or racial lines have not escaped this reality, as they too are experiencing alarming disparities in health outcomes. Not surprisingly, a call to confront the implications of race, place and class surfaced in health equity/disparity conversations convened by Sierra Health Foundation. In 2012, with support from the Centers for Disease Control and Prevention’s Community Transformation Grant Program, a funding source made available through the Affordable Care Act’s Prevention and Public Health Fund, the foundation and its partners launched the Healthy Sacramento Coalition. The Coalition’s initial goal was to build local capacity to better understand and effectively take on an unequivocal health equity agenda.

While we have worked hard to make the Coalition inclusive and transparent, we acknowledge that we have reached a point where we need to engage and inform the broader community about our efforts. Accordingly, we are proud to release the first of three companion reports that set the context for moving the Healthy Sacramento Coalition’s work forward: Sacramento County Community Health Policy Scan. Two complementary reports will follow: Sacramento County Community Health Needs Assessment and The Chronic Disease Experience of Sacramento County Residents.

The policy scan, health needs assessment and chronic disease health profile helped identify opportunities to advance prevention in the region, and prioritize strategies and activities to undertake that have the potential to improve the health of all Sacramento County residents. The research upon which these reports were developed explicitly considers class, race and ethnicity and what they mean for the building of a healthier Sacramento. It has also led us to begin our efforts by focusing on 15 zip codes that disproportionately bear the burden of poor health in Sacramento County. The report also captures the experience and voice of community members, particularly people of color, who have made significant contributions to the Coalition’s thinking, planning and action agendas.

The Healthy Sacramento Coalition and Sierra Health Foundation hope this initial report, and the companion reports that follow, will lead Sacramento County to dive deeply and constructively into this complex yet resolvable issue. We also hope the reports will facilitate the exchange of ideas, encourage partnerships across disciplines and sectors, and stimulate action to create a more equitable distribution of health across the Sacramento community. Finally, as we move toward implementation we hope our story, commitment and success will serve as a model for communities across the nation to follow.

We encourage you to join us.

Chet P. Hewitt
President and CEO
Sierra Health Foundation
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I. EXECUTIVE SUMMARY

Across the country, communities are working to create healthier environments that prevent illness in the first place. Landmark investments in prevention, through the Affordable Care Act’s Prevention and Public Health Fund, established the Community Transformation Grants (CTG) initiative as a notable funding source for community-based prevention practice. Sierra Health Foundation and the Healthy Sacramento Coalition became a CTG capacity building awardee in 2012, focusing their work on chronic disease prevention and the advancement of health equity.

As part of the capacity building grant, Sierra Health Foundation and the Healthy Sacramento Coalition are assessing Sacramento County’s current chronic disease prevention policies and initiatives. The assessment will help the Coalition to better understand where opportunities lie to advance prevention in the region, and to identify priority strategies and activities to undertake as part of the CTG initiative. To support the Healthy Sacramento Coalition in these efforts, Prevention Institute conducted a policy scan to assess existing local policy and environmental change efforts at the city, school district, county and regional levels, as well as organizational policy and practices within governments, institutions, and organizations. The policy scan aims to provide the Coalition with a snapshot of current efforts throughout the county.

The scan covers policy, environmental change efforts, and organizational practices in CTG’s five major topical areas, or strategic directions:

1. Tobacco-free living
2. Healthy eating and active living
3. High-impact quality clinical and community preventive services
4. Social and emotional wellness
5. Healthy and safe physical environments

Analysis of current efforts within the five strategic directions indicates that there is a strong foundation of chronic disease prevention in the region, and clear opportunities to build on the policies and environmental change efforts that are already in place. The scan delineates four promising and complementary areas of work, each with suggested strategies and activities, for the Coalition to consider as it develops priorities:

1. Strengthening the Network of Regional Partners for Prevention
   - Cultivating Advocates for Environmental Change
   - Expanding the Network of Strategic Partners
   - Training Regional Leaders and Decision Makers

2. Developing a Sustained Campaign for Strong Prevention Policy in Sacramento
   - Building Momentum for Prevention and Equity

3. Fully Implementing Prevention Policies that are Currently in Place
   - Land Use and Transportation
   - Enforcement of Smoke-Free Outdoors Policies

4. Scaling-Up Organizational Policy and Practice Change Efforts
   - Smoke-Free Multi-Unit Housing
   - Smoke-Free Outdoors
   - Healthy Beverages
   - Bridging Prevention and Health Care

Successful community prevention initiatives, while tailored to fit the needs of the community in which they occur, often have common elements that contribute to their success. The policy scan includes several resources to support and guide the Healthy Sacramento Coalition as it begins working to set and refine priorities for its implementation efforts:

Community Prevention Principles: Describes key principles that can be used as guidance and serve as criteria as potential coalition strategies are discussed and prioritized.

Health Equity Factors: Delineates critical health equity elements to consider during both the planning/prioritization and implementation phases of Sacramento’s CTG initiative.
Evidence-Based Prevention Strategies: Offers an inventory of evidence-based prevention strategies being used in other community prevention initiatives across the state and nation, and identifies where Sacramento County policies and practices are in alignment with these model strategies.

Spectrum of Prevention: Provides a systematic planning tool that enables users to design comprehensive prevention initiatives. Once the Coalition has identified priority strategies, the Spectrum may be used as a planning tool to design synergistic activities that support strategy implementation.

With the support of the CTG initiative, the Healthy Sacramento Coalition is laying the foundation to advance health across the county, and in the county’s most underserved communities. By bringing diverse sectors and organizations together, the Coalition is fostering new partnerships and developing local leaders that are working in concert to build momentum for prevention.

The work of the Healthy Sacramento Coalition is reflective and representative of a national movement that is taking shape in communities large and small. Across the country, CTG awardees and coalitions are inspiring change and supporting healthier communities. In undertaking this bold initiative, the accomplishments of Sierra Health Foundation and the Healthy Sacramento Coalition have the potential to serve as a model to shape the landscape of future community prevention efforts across the country.

II. INTRODUCTION

Across the country, communities are working to create healthier environments that prevent illness in the first place. Landmark investments in prevention, through the Affordable Care Act’s Prevention and Public Health Fund, established the Community Transformation Grants (CTG) initiative as a notable funding source for community-based prevention practice. Sierra Health Foundation and the Healthy Sacramento Coalition became a CTG capacity building awardee in 2012, focusing their work on chronic disease prevention and the advancement of health equity. Specifically, the Coalition has set out to identify priority activities within five strategic directions that coincide with the National Prevention Strategy, including: 1) tobacco-free living; 2) active living and healthy eating; 3) high-impact quality clinical and community preventive services; 4) social and emotional wellness; and 5) healthy and safe physical environments. CTG efforts include a focus on changing the community environment and organizational systems to encourage and support healthy behaviors.

To support the Healthy Sacramento Coalition in its efforts to identify priority strategies, Prevention Institute conducted a policy scan to assess existing local policy and environmental change efforts at the city, school district, county and regional levels, as well as organizational policy and practices within governments, institutions, and organizations. The policy scan aims to provide the Coalition with a snapshot of current efforts throughout the county that support one or more of the five strategic directions listed above. As part of the policy scan, Prevention Institute also assessed health equity impacts, existing barriers, and opportunities for the Healthy Sacramento Coalition to advance prevention efforts. Finally, the scan includes an inventory of evidence-based prevention strategies being applied in similar community prevention initiatives across the state and nation. Several charts delineate current efforts in Sacramento County that are aligned with these evidence-based strategies.
Data from the policy scan will be used by the Healthy Sacramento Coalition to identify and prioritize key strategies and opportunities for action as the Coalition progresses toward a CTG implementation grant, and positions itself as a hub for preventing chronic conditions for all Sacramento residents.

III. METHODOLOGY

Research and development of the policy scan occurred between September and November 2012. During this time, Prevention Institute engaged in four major areas of research: 1) scanning local policy databases and reviewing relevant literature; 2) engaging the Healthy Sacramento Coalition to identify local policy and environmental change efforts; 3) conducting key informant interviews; and 4) comparing current prevention efforts in Sacramento County with evidence-based prevention strategies being used in initiatives across the state and nation. These methods are further described below.

1. Local Policy Databases and Literature Scan

We began the policy scan by identifying and searching databases that house local prevention-related policies (laws, ordinances, resolutions, etc.) that address one or more of the five strategic directions. Databases selected for review included the ENACT Local Policy Database, Communities Taking Action, the National Complete Streets Coalition, and Americans for Non-Smokers’ Rights tobacco policy database (see Appendix 1 for descriptions and links to each database).

We searched Community Commons for existing networks and efforts throughout Sacramento County, and then further explored the resulting initiatives’ web sites — the Healthy Eating Active Living Cities Campaign, the Building Healthy Communities initiative in South Sacramento, and California Convergence — for policies and environmental change efforts. We also conducted a broader scan of practice-based literature, California Project LEAN reports, and case studies for Sacramento County-based efforts. Finally, we reviewed city and county general plans, and regional plans for policy language relevant to each of the five strategic directions.

2. Healthy Sacramento Coalition Engagement

The Healthy Sacramento Coalition was engaged through in-person facilitated discussions to identify specific policies and organizational practices that were viewed by participants as particularly relevant to the work of the Coalition. During the Coalition’s September meeting, coalition members self-organized into five groups — one per strategic direction — based on the issue area that their professional experiences are most closely aligned with, and provided input on regional policies and practices within the five strategic directions. Prevention Institute staff subsequently met with the Coalition’s policy workgroup to obtain information about regional policy and environmental change efforts across the five strategic directions that specifically addressed health equity. Following each meeting, Prevention Institute staff reviewed discussion notes, developed a short list of key themes and recurring concepts, coded the notes to cluster common issues and investigated and incorporated relevant policies into this report. Several policy workgroup members also followed up individually with Prevention Institute staff via e-mail to provide links to policies and more detailed information on policy implementation.

3. Key Informant Interviews

In order to gain a more in-depth understanding of existing policies, policy implementation and health equity impacts across the county, Prevention Institute engaged in 13 key informant interviews (See Appendix 2 for a list of key informants). Key informants were selected from within the Coalition, and were identified based upon expertise in one or more of the five strategic directions. One to three informants from each of the five strategic directions were individually interviewed. Interviews were approximately one hour in duration and semi-structured, with a set of open-ended interview questions. Following the interviews,

1 Because the input we received about social and emotional wellness efforts was largely focused on treatment rather than prevention, Prevention Institute staff followed up with a facilitated conversation on social and emotional wellness policy with key Coalition members.
project staff analyzed interview notes to pull out key themes and flag items for follow-up and additional research. The interviews allowed us to dig deeper into regional policy work to better understand if prevention policies are being fully implemented, investigate the impact of prevention policy on improving equitable health outcomes, and explore the promising and innovative work currently under way in the county.

4. Comparison with Evidence-Based Prevention Strategies

To understand how Sacramento County policies and practices align with evidence-based prevention strategies being used in initiatives across the state and nation, we compared the region’s policy and environmental change efforts with the strategies employed in other recent community prevention initiatives (e.g., Communities Putting Prevention to Work), and with authoritative reports on evidence-based prevention strategies. Initiatives and reports were selected for inclusion because they incorporated a strong emphasis on local strategies that: 1) address one or more of the five strategic directions; 2) focus on primary prevention; and 3) emphasize policy, systems, and environmental approaches. Initiatives and reports reviewed include the following (See Appendix 3 for descriptions and links to each initiative/report):

- A Primary Prevention Framework for Substance Abuse and Mental Health, Prevention Institute
- CA4Health Initiative
- CA Obesity Prevention Plan, California Department of Public Health
- The Center for Tobacco Policy and Organizing
- Communities Putting Prevention to Work, MAPPS Strategies, Centers for Disease Control and Prevention
- Local Government Actions to Prevent Childhood Obesity, Institute of Medicine
- National Prevention Strategy, National Prevention Council

- Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide, Centers for Disease Control and Prevention
- Strategic Alliance: Taking Action for a Healthier California

IV. POLICY SCAN ANALYSIS

This policy scan covers a broad range of local policy, environmental change efforts, and organizational practices aimed at chronic disease prevention under way in Sacramento County (a full listing of policy and organizational practices can be found in Appendix 4, and a full listing of promising partnerships, programs, and environmental change efforts can be found in Appendix 5). Below, we provide a summary and analysis of these efforts. The analysis is organized into five sections: 1) tobacco-free living; 2) healthy eating and active living; 3) high-impact quality clinical and community preventive services; 4) social and emotional wellness; and 5) healthy and safe physical environments.

1. Tobacco-Free Living

Sacramento County has been one of the nation’s leaders in supporting tobacco-free living. In 1992, Sacramento was the first county in the U.S. to ensure smoke-free workplaces, and was home to the first school district in the country to go smoke-free. The county continues to demonstrate its leadership in this domain. In 2003, Sacramento adopted the nation’s first smoke-free zoo policy, and today, as a result of the City of Sacramento’s smoke-free parks policy, there are hundreds of parks across the city where children and families can play while breathing air free of environmental tobacco smoke. Retailers in the City of Sacramento that profit from sales of tobacco now pay a tobacco licensing fee, and have to obtain a special permit before locating

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new businesses near schools. Private institutions are also following suit. Many hospitals and medical centers are now smoke-free; large employers are seeing the benefits of smoke-free campuses.

Even with the tobacco policy successes that Sacramento County has had, key informants noted that there is still much more to do, pointing explicitly to the disproportionately high rates of tobacco use among low-income communities and communities of color. Current efforts are under way to reduce the percentage of people in low-income communities and communities of color exposed to first-hand smoke (directly inhaling cigarette smoke), second-hand smoke (inhaling smoke from another user), and third-hand smoke (the toxins and other contaminants that remain on surfaces and impact health when second hand smoke has cleared).

**Community Efforts**

Current policy and environmental change efforts to advance health equity in tobacco-free living and tobacco exposure include smoke-free multi-unit housing that serves low-income residents, and working with restaurants and retailers specifically in underserved communities. Stakeholders are noticing benefits that extend beyond health as well. As housing complexes become tobacco-free due to community-led efforts, residents develop a sense of pride and empowerment that brings communities together.

- **Smoke-Free Multi-Unit Housing:** Groups like STAND (Sacramento Taking Action Against Nicotine Dependence) and WIN (Wellness Initiatives Now) are engaging community members to work with housing authorities and the private sector to pass smoke-free multi-unit housing policies, especially in housing complexes that serve low-income families, to prevent the disproportionately harmful effects of second- and third-hand smoke. As one key informant stated, “low-income families need the same protection as those with higher incomes and private homes.” WIN and STAND worked to prevent unintended consequences on low-income smokers with a one-year phase-in period that educated tenants about the changes and linked them to free multi-lingual cessation services. Following implementation, tenants continue to be offered free cessation services and special promotions to quit.

- **Smoke-Free Businesses:** Retailers and restaurants are working with groups like STAND and SOL (Sharing our Legacy) to voluntarily adopt smoke-free policies, such as no smoking within 30 feet of a retail entranceway, and smoke-free outdoor dining in communities with high tobacco use. Retailers who adopt smoke-free policies not only see the benefits of reduced cigarette litter, graffiti, and improvements in safety – the partnerships with tobacco control advocates and community members have led to an increased sense of community and neighborhoodness.

**Workplace and Institutional Efforts**

Competitive grants through the Tobacco Master Settlement Agreement have resulted in policy changes that have promoted smoke-free spaces and tobacco cessation programs, such as the UC Davis Medical Center’s smoke-free campus and smoke-free entryways at CSU Sacramento. Smoke-free institutions that serve a high proportion of low-income and traditionally underserved populations are demonstrating leadership in advancing health equity by declaring their grounds as tobacco-free zones and supporting current tobacco users through cessation services.

- **Sacramento Job Corps:** As a job and vocational training program for underserved youth, Job Corps is a tobacco-free campus that pairs policy efforts with cessation services for current smokers. This strategy supports health equity in multiple ways. The policy supports tobacco-free environments for an underserved population. To prevent unintended barriers to program participation by tobacco users, free cessation services support tobacco-free transitions.

- **Sacramento Community Colleges:** American River College, Cosumnes River College, Sacramento City College, and Folsom Lake College — community colleges that tend to serve low-income and underserved populations — have adopted smoke-free policies that ban smoking within 30 feet of entryways.
Key informants recognized that passing the aforementioned policies is the first step, but that implementation is a critical and at times challenging next step. Policies mandating smoke-free outdoor spaces do not always include funding for signage, or penalties for non-compliance. Informants noted that when implementing community-level policies, engaging and educating businesses and residents is also essential to policy sustainability.

As the Healthy Sacramento Coalition continues to advance equitable approaches to tobacco-free living, the coalition should work to anticipate potential barriers and unintended consequences.

Examples of Barriers and Unintended Consequences

- **Implementation and Enforcement of Tobacco Policies:** Some tobacco-free living efforts may disproportionately cover higher wealth communities. For instance, tobacco-free workplace policies cover people who work in office settings, generally white-collar positions, but do not cover many lower-wage, non-office positions like construction. Additionally, when policies are in place, enforcement authorities might not consider tobacco policy implementation as high a priority as other pressing health and safety issues in low-income communities and communities of color, and tobacco enforcement may fall to the wayside.

- **Strategies to Overcome/Prevent Unintended Consequences:** Prioritize communities, settings, or institutions with high rates of tobacco use; develop implementation and enforcement plans to ensure accountability and processes for monitoring equitable implementation and enforcement.

- **Displacement Related to Smoke-Free Housing Policies:** The possibility of eviction due to violations of smoke-free policies is a serious concern for residents, tenants’ rights organizations, and affordable housing groups that advocate on behalf of low-income residents.

- **Strategies to Overcome/Prevent Unintended Consequences:** Ensure that tenants receive clear information on the smoke-free policy during a phase-in period, support the transition with information and access to free cessation services, and provide clear information to tenants that the smoke-free policy does not equate to banning smokers from living in the complex.

2. Healthy Eating and Active Living

Policies that support healthy eating and active living are beginning to emerge across Sacramento County to address the growing burden of chronic diseases, such as heart disease and type II diabetes. Despite being situated in a large agricultural region, not all Sacramentans have access to healthy, fresh, affordable food. While many of the healthy eating policies in Sacramento are helping to ensure that more people and institutions can grow and purchase healthy, local food, there are still barriers to urban agriculture in some low-income communities. Sacramento has made significant strides in building more walkable, bikeable infrastructure in the past decade — a key determinant of physical activity — though these improvements have not benefited all communities across the county equally. Many of the policies that promote physical activity, such as land use and transportation policies, can be found in the Healthy and Safe Physical Environments section. The current section highlights physical activity policies in Sacramento schools and parks.

Community Efforts

The Sacramento region is home to a rich agricultural history, with 85% of the region’s land area dedicated to agriculture and open space. A growing urban agriculture movement is taking shape across the city, allowing for some reversal of urban policies that have historically been less supportive of agriculture inside their boundaries. Urban agriculture is one core strategy groups are emphasizing in an attempt to address food insecurity and challenges to accessing healthy food that many low-income and communities of color face as a result of the economic downturn. Non-government and government
organizations alike are improving access to healthy, affordable food throughout the community. However, budget cuts to schools, parks, and other community-serving entities have stifled some efforts to support healthy eating and active living. Despite this, jurisdictions and school districts are considering innovative solutions that support physical activity and safety with limited resources.

- **Land Use Planning for Urban Agriculture**: A zoning ordinance that prohibited households in the City of Sacramento from growing fruits or vegetables in their front yard was rescinded in 2007, a measure of support for healthy food access for those within the city who want to grow their own produce. Currently, costly conditional use permits are required to develop community gardens in some low-income communities, such as Del Paso Heights, that wish to develop gardens in order to bring fresh food and a community asset to their neighborhoods.

- **Food Systems Leadership**: The Sacramento Food Systems Collaborative convenes leaders and stakeholders to inform and influence regional food systems policy efforts including food security and healthy food access, land use planning, local food purchasing plans, and rural economic development. The Collaborative’s projects support healthy food for residents and economic development opportunities for local urban and rural farmers throughout the region.

- **Produce Market**: Almost a decade ago, the Firehouse Community Center began operating a one-day-a-week produce market to provide fresh, locally sourced produce to the underserved community of Del Paso Heights. Due to community demand and support, the market now operates six days per week.³

- **Farmers’ Markets**: A growing number of farmers’ markets, such as the Oak Park Farmers’ Market, have begun accepting Supplemental Nutrition Assistance Program (SNAP) funds (known as CalFresh in California) through electronic benefits transfer (EBT) cards. This increased access to healthy, fresh produce for low-income families was aided by the successful 2010 passage of AB537, state legislation that allows farmer associations and nonprofits to be certified to process CalFresh at farmers’ markets.

- **Farm Stands**: CalFresh-equipped urban farm stands have been offered in numerous Sacramento neighborhoods with poor access to healthy food retail, including several in the 15 zip codes in which the Healthy Sacramento Coalition is focusing its efforts. Operated by regional nonprofits, these urban farm stands were made possible, in part, by local advocacy in support of state legislation (introduced by Sacramento Assemblyman Dave Jones) that removed barriers to direct marketing by farmers to nonprofits and restaurants.

- **Small Stores**: A pilot effort in the south area of Sacramento to improve access to fresh fruits and vegetables is bringing regional produce into Home Cash Market, an EBT-equipped convenience store. In addition to providing fresh food within the store, the project is working collaboratively with other community groups to establish a garden behind the store, and to install a mural created by community residents.

- **Emergency Food Services**: Food banks serve a great deal of the county’s hungry residents, but key informants noted specific barriers that Muslim refugees and immigrants face when in need of food, including religious pressures experienced when accessing emergency food at food banks housed in Christian churches, which are the distribution sites to a majority of area food banks.

- **Access to Parks**: Budget cuts have impacted parks. Rather than city or county staff providing maintenance, some parks are now being maintained by volunteers. Swimming pools were on the verge of closure this summer, but kept open through the fundraising efforts of SaveMart, a local supermarket. A City of Sacramento smoke-free parks policy not only improves air quality

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³THRIVE—Toolkit for Health and Resilience in Vulnerable Environments—is a tool developed by Prevention Institute to address health inequities at the community level. Del Paso Heights was one of the original THRIVE pilot sites that worked to address health and safety concerns in the community. One outcome of the THRIVE pilot was the establishment of the Firehouse Community Center produce market. To learn more about THRIVE, visit http://www.preventioninstitute.org/tools/ focus-area-tools.html
of parks, it also reduces litter from cigarette butts and clearly prioritizes health in parks. Policies like this one not only support physical activity, but also have the potential to support community cohesion and build trust, two important strategies for achieving safe communities.

- **Joint Use Agreements:** The Cordova Recreation and Park District has partnered with school districts across the county since the 1960s to bring new park resources to the communities adjacent to schools in the Sacramento City, Folsom Cordova, San Juan and Elk Grove Unified School Districts without actually building a single park — joint use agreements between cities and schools have been adopted to open school grounds to the community for recreation after school hours.

**Schools, Afterschool, and Childcare Efforts**

The momentum around local, healthy, and affordable food is rapidly accelerating throughout the county, and school districts are among the early adopters of policies that promote healthy food among Sacramento’s public institutions.

- **Healthier School Meals:** Sacramento City Unified School District and Elk Grove Unified School District have instituted fresh, locally sourced salad bars available at all schools. Folsom Cordova Unified School District renovated the cafeteria and installed food carts with more attractive nutritious items (e.g., a salad bar with fresh, local produce) and removed competitive foods (which are typically unhealthy snack foods of minimal nutritional value), resulting in huge increases in school lunch participation. The changes included the installation of computerized pay stations to reduce stigma for students enrolled in the national free- and reduced-price lunch program.

- **Edible School/Childcare Gardens:** Twin Falls and Sacramento High Schools, as well as First 5’s childcare centers, have built school gardens to connect students to ‘edible classrooms’ where children of all ages learn how food is produced and become familiar with garden-grown fruits and vegetables.

- **Safe Routes to Schools (SRTS) programs** are working to remove barriers to walking and biking to school in at least four cities across the county. One barrier to SRTS in Sacramento City Unified School District is the open enrollment policy that allows families to send their children to any school in the district. For many families that commute, children cannot walk or bike to a neighborhood school, or establish networks in the classroom that extend to their neighborhood after school. The Sacramento Area Council of Governments (SACOG), the regional metropolitan planning organization, is currently working to introduce a safe routes to schools policy that will provide funds to locales to implement SRTS programs.

- **Active Afterschool Programs:** School districts in Sacramento and Elk Grove have experienced closures to afterschool programs that provided children with safe places to be physically active after school, keeping kids from being sedentary, or worse, exposed to community violence after school.

**Workplace and Institutional Efforts**

While there are numerous community-wide examples of healthy eating and active living efforts, our scan did not uncover many examples of government agencies and institutions advancing healthy food and activity environments. Some key informants perceive shifting government organizational practices as too time consuming and stated that they are working on focusing efforts elsewhere, which may explain why few government entities have adopted organizational policies that support healthy eating.

- **Healthy Vending:** The City of Sacramento and the State of California (impacting many state employees based in Sacramento) adopted healthy food and beverage policies for food served in vending machines on city/state property.

- **Healthy Beverages:** The Consumnes River College is promoting a healthier learning environment by setting up water stations throughout the campus.
Healthy Workplaces: The State of California is implementing workplace wellness pilot studies in two government departments in Sacramento, with the potential for expanding to all state government offices.

As partners across the county continue to create healthy eating and activity environments, more coordination between efforts will be essential. Key informants stated that healthy eating, active living work across the county needs leadership at the county level, as the work is often piecemeal and not connected to an overall strategy or vision. Place-based initiatives, including South Sacramento Building Healthy Communities, CTG, and the SNAP-Ed (Supplemental Nutrition Assistance Program Education) grant awarded to the County Health and Human Services Department, are three funded initiatives with overlapping objectives, providing an opportunity to coordinate healthy eating and active living efforts across the region. Together, coordinated efforts can more effectively build community support and local ownership, reveal synergies across approaches, align messaging and media strategies, and foster long-lasting, sustainable change.

As these initiatives work together to ensure that all communities support healthy eating and active living, they should consider and prepare for any barriers and unintended consequences to low-income communities and communities of color:

Examples of Barriers and Unintended Consequences

- Fair Pricing for Healthy Food Options: Healthy food is often more expensive, of lower quality, and less available in low-income communities than in higher wealth communities.

- Strategies to Overcome/Prevent Unintended Consequences: Enroll food retailers in food assistance programs (e.g., SNAP, WIC) that increase the affordability of healthy food for low-income households. Provide retailers with technical assistance on strategies to lower their wholesale costs and retail prices.

- Safe Places to Play: Concerns about safety and vandalism can keep shared-use community resources locked up or closed after hours in low-income communities.

Strategies to Overcome/Prevent Unintended Consequence: Collaborate with violence prevention partners during planning and implementation, and engage community residents to foster a buy-in and use of community physical activity resources. Utilize design strategies such as improved lighting, elimination of graffiti, and beautification to enhance safety.

3. High-Impact Quality Clinical and Community Preventive Services

Initiatives such as CTG and implementation of the Affordable Care Act create a timely opportunity to create collaboration and synergy among health care systems throughout the region. Key informants noted that through the Affordable Care Act, the County Health and Human Services Department successfully set up a bridge to health care reform through Medicaid expansion, which is beginning to provide Medicaid (also known as MediCal in California) coverage to uninsured patients that qualify under the new law. Increasingly, a sense of urgency to determine how to provide access to these new patients is bringing providers together in ways that historically haven’t happened before.

This sense of urgency has resulted in the emergence of an important partnership between health care systems, clinics, philanthropy and four counties in the Sacramento region called the Sacramento Region Health Care Partnership, coordinated by Sierra Health Foundation. The Partnership is working to address the current shortage of care for 80,000 residents across the region, which is expected to climb to 227,500 when the Affordable Care Act is fully implemented in 2014. Sacramento is one of the most health care poor counties in California, with fewer community and federally qualified health centers than most other regions across the state. Key informants report that they are hopeful this partnership will be successful in expanding access and improving quality of care by implementing the best practices

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that many are working on individually into a more cohesive regional network.

Community Efforts
Given the large shortage of care the region anticipates, key informants acknowledge the need for community prevention initiatives that keep people healthy in the first place. Health care systems are beginning to step outside hospital doors to connect with the community, and CTG provides a clear opportunity to accelerate these efforts.

- **Park Prescriptions:** Sacramento Health and Human Services is partnering with the County Parks and Recreation Department to implement park prescriptions. Sacramento County and Rancho Cordova parks are already working with health care providers to “prescribe” activity in parks to patients to promote mental and physical health and prevent serious illness.

- **Community Health Navigators:** Capitol Community Health Network — a network of local health centers, community clinics and health education agencies, and South Sacramento’s Building Healthy Communities initiative — are supporting community health navigators (also known as promotoras) to work with underserved residents in South Sacramento to advance prevention, health awareness, and access to services.

- **Accessible Clinics:** Through its 12 locations, WellSpace Health — a clinical and behavioral health organization with a network of full-service federally qualified health centers — locates its clinics in many low-income communities throughout the county. It also locates clinics and services where they can be easily accessed by underserved residents, such as in schools and homeless shelters. WellSpace Health engages the community in identifying needs when planning its programs.

- **Sharing Best Practices:** The Right Care Initiative has established regional forums across the state — including Sacramento — for sharing best practices in health care systems. Through this effort, a learning community of Sacramento health care executives is beginning to emerge to share best practices.

Health Care Systems and Providers
Within the region, several initiatives and health care systems are working to apply best practices; such efforts hold potential to be coordinated and brought to scale through emerging partnerships like CTG.

- **Integrated Behavioral Health:** WellSpace Health has adopted an integrated behavioral health model with an emphasis on clinical preventive services. WellSpace Health’s approach is modeled on a national best practice for supporting safety net patients who often suffer from multiple health conditions.

- **Chronic Disease Self-Management:** Dignity Health recently implemented a chronic disease self-management program that assists patients with new treatments, the mental health challenges of disease, and helps patients develop skills for communicating with family, friends, and health professionals. Grounded in best practices, preliminary data indicates that program participants have fewer hospitalizations.

- **Equitable Clinical Care:** The University of California, Davis Center for Healthcare Policy and Research and Center for Reducing Health Disparities are valuable assets that research and house best practices for equitable quality clinical care.

- **Baby-Friendly Hospitals:** The county is home to three baby-friendly hospitals that apply evidence-based best practices to encourage breast feeding for new mothers.

Sacramento health care systems are working hard to expand services and widen the safety net, however, a coordinated approach across the county is needed to ensure that all residents have access to quality clinical and preventive services. As the Healthy Sacramento Coalition moves forward, partnering on strategies that solve multiple problems will help maximize impact and strengthen the coalition.

As the Healthy Sacramento Coalition continues to advance equitable approaches to high-impact, quality clinical and community preventive services, the coalition should work to anticipate potential barriers and unintended consequences:
Examples of Barriers and Unintended Consequences:

- **Barriers to High Quality Care:** For residents of low-income communities and communities of color, a range of barriers can limit access to high quality clinical and community preventive services. Transportation challenges, limited ability to take time off work, co-pay requirements, and differential treatment based on race, ethnicity or coverage are all potential barriers.

- **Strategies to Overcome/Prevent Unintended Consequences:** Health care systems and providers should review existing systems and processes to identify barriers to accessing care, and collaborate with regional providers on potential solutions. Locating clinics in areas that are accessible by transit and near large institutions and workplaces, and training providers in cultural competence and cultural humility, may be strategies to consider.

- **Achieving Designation as a Baby-Friendly Hospital:** For overburdened hospitals that serve largely vulnerable populations, the rigorous process entailed in achieving official Baby-Friendly Hospital designation can in itself be a barrier.

- **Strategies to Overcome/Prevent Unintended Consequences:** Hospitals can take incremental steps that encourage breastfeeding, even if they do not yet meet all of the Baby-Friendly requirements. Some of these supportive steps are low-cost strategies, such as encouraging mothers to breastfeed within an hour of birth, or ensuring infants room-in with their mothers.

4. Social and Emotional Wellness

Across the county, public and private entities are creating innovative solutions to preventing mental illness and supporting social and emotional wellness. Community prevention strategies that address the root factors linked to social and emotional wellness, such as increasing access to quality jobs, fostering a culture of social cohesion and safety, and nurturing diversity can be seen in key county efforts. Individually focused efforts are also under way in regional health centers and institutions, and tend to focus on early diagnosis and treatment. Key informants described a range of factors linked to social and emotional wellness that have led to disproportionate impacts within low-income communities and communities of color. Root causes of inequities included disparities in high school graduation, unemployment, and incarceration rates. These factors have been exacerbated by recent cuts to social services that have historically provided support. Limited transit options and long commutes on transit were also described as barriers to securing employment and accessing support services that do still exist. While there are clear challenges in the region, there are also promising efforts, described below, that present opportunities for the Healthy Sacramento Coalition to build upon.

**Community-Based Efforts**

Key informants underscored the importance of community environments in supporting social and emotional health to build resilience and prevent mental illness in the first place. Through conversations with the Healthy Sacramento Coalition and key informant interviews, it is clear that community safety is a top neighborhood concern for Sacramento’s underserved communities. While the County of Sacramento’s most recent budget identifies law enforcement as the top priority, community efforts to prevent violence and illness before it occurs have not received a similar level of support. Following are some of the existing policies and promising efforts currently under way in Sacramento County.

- **General Plans:** At the local level, cities are supporting social and emotional wellness on a broad scale through general plan policies. The City of Elk Grove will consider limiting the sale of alcoholic beverages in certain areas of the city (Land Use Element, Policy 3, Action 3). Citrus Heights will support “opportunities for community-wide cultural events” (Resource Conservation Element, Goal 48.1), helping to honor cultural diversity. The City of Sacramento supports policies that advance equity and social and emotional wellness, such as a policy to equitably distribute quality educational facilities to provide job training and life-long learning opportunities to all residents (Education, Recreation and Culture Element, Goal ERC 1.1).
• **Parent Support and Education:** Birth & Beyond, a service that targets families living in low-income communities in the county, supports families with home visits beginning at pregnancy and continuing through age 5. Through home visits, Birth & Beyond prepares families to create a healthy home environment, and links families to services in the community including parenting skills and academic readiness.

• **Youth Engagement:** Outside the classroom, youth from South Sacramento are engaged in preventing violence in their community through La Familia Counseling Center, Inc., a grantee of South Sacramento's Building Healthy Communities initiative. Youth are also provided with opportunities to lead productive, healthy lives that foster mental health, including education and employment opportunities, counseling services, and career services.

• **Ceasefire Program:** Sacramento Safe Community Partnership's Ceasefire program connects high-risk youth and young-adults to alternatives like education, job training and social services. The program has been successfully implemented in other cities and shows promise for improving the safety of Sacramento's underserved communities.

• **Quality of Life Data:** To address quality of life and child abuse among children in Sacramento County, the Sacramento County Children's Coalition gathers data on quality of life, and funds local organizations to implement child abuse prevention work.

• **Addressing Root Causes of Health Inequities:** A Blue Ribbon Commission on African-American Child Deaths was established by County Supervisor Phil Serna to research and address the community factors that result in a disproportionately higher number of deaths among African-American children in Sacramento.

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**Health Care Systems Efforts**

Key informants noted the acute impacts of recent cutbacks in funding to mental health and related services. Across the county, publicly funded social and emotional wellness assets like community centers and other community services that have helped residents of all ages thrive and connect, and prevent people from using costly emergency room services, have been shut down or handed off to private organizations to operate. The closure of the County Mental Health Clinic left many existing patients without critical services needed to remain out of hospitals and in a therapeutic environment. In the face of these cutbacks, several community clinics and social service providers provide mental health services:

• **Clinic-Based Service:** WellSpace Health currently provides mental health services at its federally qualified health clinics throughout the county. The Shifa Clinic serves the Muslim population and serves low-income, uninsured people in a spiritually, culturally, and linguistically competent manner, including monthly clinics for Iraqi refugees who often suffer from mental illnesses such as post-traumatic stress disorder (PTSD).

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**School, Afterschool, and Childcare Efforts**

Organizations and school districts across Sacramento have adopted innovative policies and practices that support social and emotional wellness in school-age children.

• **Bullying Prevention:** Sacramento City Unified School District (SCUSD) has adopted policies to support social and emotional wellness in the classroom, including a district-wide strategic plan on bullying prevention that focuses on reducing harassment and bullying of students and creating a healthier learning environment.

• **Parent-Teacher Home Visits:** To further support children achieving their full potential in the classroom, the SCUSD collaborates with the Sacramento City Teachers Association and Sacramento ACT, a faith-based community organization, on the Parent-Teacher
Home Visit Project. Through this project, teachers build relationships with parents in chronically low-performing schools to foster a healthy learning environment and improve student achievement. Key informants reported that the project’s success has made it a model for school districts across the state.

- **Mental Health Services:** The region’s schools also support children after the onset of mental illness. Through four school-based health clinics in the county, clinicians address issues from anxiety to depression, and even suicide. Community clinics like WellSpace Health often partner with school health clinics on suicide prevention and other serious mental illnesses when additional services are needed.

The Healthy Sacramento Coalition’s emphasis on primary prevention approaches presents a clear opportunity to identify and prioritize community prevention strategies that support social and emotional wellness. Because of the coalition’s five focus areas, an emphasis can be placed on cross-cutting approaches that foster social and emotional wellness, while also targeting healthy eating and active living, tobacco-free living, and healthy and safe communities (e.g., tobacco-free mental health clinics, community gardens that provide healthy food and space for residents to connect).

As the Healthy Sacramento Coalition continues to advance equitable approaches to social and emotional wellness, the Coalition should work to anticipate potential barriers and unintended consequences:

**Examples of Barriers and Unintended Consequences:**

- **Create a Safe Community Environment:** Visible signs of disorder and neglect in a community make it more appealing as a venue for crime and violence.

- **Strategies to Overcome/Prevent Unintended Consequences:** Improve the physical characteristics of housing, schools, and community areas to provide safe places for interaction and reduce opportunities for crime and violence. One approach is using Crime Prevention Through Environmental Design (CPTED) strategies (e.g. improved lighting, unobstructed sight lines, improved landscaping, graffiti removal, and increased video and natural surveillance).

- **Foster Social Cohesion:** When individuals, groups, and organizations in a community do not interact with each other in positive ways, the risk of violence can be increased.

- **Strategies to Overcome/Prevent Unintended Consequences:** Provide venues and opportunities for residents to form positive relationships and contribute to the well-being of the community. Engage youth, in particular, since they are especially vulnerable to experiencing negative health and safety outcomes.

- **Promote Economic Opportunities:** Limited economic opportunity can drive residents out of a community, destabilizing the community and increasing the risk of violence.

- **Strategies to Overcome/Prevent Unintended Consequences:** In tandem with chronic disease prevention efforts, foster community economic development strategies that build economic infrastructure and incentivize business investment.

5. **Healthy and Safe Physical Environments**

Strategies that support healthy, equitable communities are beginning to take shape in Sacramento County. However, like many communities in California, Sacramento County and its cities were not designed with considerations like active transportation or affordable housing in mind. The auto-oriented nature of the county is demonstrated by a stark separation of uses, making it difficult to walk, bike, or take transit to work or key destinations. Key informants noted that children lack safe neighborhood places to play, and that most communities are missing the pedestrian-oriented design that encourages people to walk to destinations. That being said, many Sacramento jurisdictions have recently adopted plans and policies that set out to make Sacramento a more livable community. Through land use and transportation plans, cities will consider how they can alter urban design toward an emphasis on safety and a sense
of community. The region's housing plans are some of the most supportive for low-income housing development in the state. However, the loss of redevelopment agencies, combined with the downturn in the economy and slowing of development, means that affordable housing will likely remain a challenge across the county.

Community Efforts

Recent planning policies in Sacramento have demonstrated leadership and commitment to healthy, equitable communities. The Sacramento Area Council of Governments (SACOG), a regional entity that sets the vision for development in the region and allocates critical transportation funding, has played a leading role, demonstrating its support for healthy, livable communities. This leadership has been complemented by county and city efforts that follow suit.

• **Blueprint Planning:** SACOG developed one of the nation's first regional blueprint plans, which has served as a model for the rest of the country. This interactive planning process resulted in a preferred growth scenario that emphasizes smart growth principles for a livable Sacramento, including growth around transit stations and supporting bicycle, pedestrian, and transit-rich modes. Three supervisors from Sacramento County and seven representatives from cities across the county sit on the SACOG Board of Directors, the entity that adopted this policy. Their leadership roles at the regional level shows promise that the plan will also be implemented at their respective local levels.

• **Sustainable Communities Strategy:** SACOG recently adopted a Regional Transportation Plan and Sustainable Communities Strategy (RTP/SCS) that supports the preferred growth scenario and the concepts of livability, smart growth, and transit-oriented development. The RTP/SCS, passed in 2012, includes a plan to improve access to jobs, health care, and other services for low-income residents that more heavily rely on transit, bicycling and walking as their main mode of transportation as compared to households with higher incomes. The plan also acknowledges the combined burden of housing and transportation costs and is working to address this by directing funding to improve access to transit for low-income communities. The plan encourages active living by dedicating 8% of transportation funds to bicycle and pedestrian transportation, which is much larger than that of the federal government and most transportation agencies, which typically fund at closer to 1.5%.

• **Complete Streets:** The County of Sacramento has a complete streets policy, and recently went above and beyond their policy standards by installing its first “Green Street,” a street that applies complete streets principles, designed to be safe and attractive for roadway users of all modes, ages and abilities, while also promoting sustainable water run-off and drainage that mimics the natural environment (referred to as low-impact development). County planners also realized that when they install green street infrastructure, they can add trees and other elements that transform a road originally designed for auto users into an attractive space for pedestrians and business owners. When discussing the long-term impact of considering all modes of transportation and environmental sustainability in transportation planning, one key informant stated, “these are things we’re doing every day, and we can just tweak them a little to make a difference for tomorrow’s community.”

• **Crime Prevention Through Environmental Design:** Currently, efforts are under way to update the county zoning code in order to implement strategies that support community safety using Crime Prevention Through Environmental Design (CPTED) standards. CPTED standards help to ensure that communities are safe enough for people to be outside and active.

• **Healthy General Plans:** The cities of Sacramento and Citrus Heights have health elements in their general plans, stating that land use has an important impact on health. The county and the cities of Rancho Cordova and Elk Grove also have health language in their general plans. While plan language to promote health and equity exists in some general plans, some key
informants have critiqued jurisdictions for not implementing the policies laid out in general plans, or allowing exemptions to large developers who are able to pay impact fees. For many plans that were recently adopted, it may still be too early to understand how they’re being implemented, as development has slowed during the recession.

- **City of Sacramento Healthy General Plan:** With a vision to be “the most livable city in America,” the City of Sacramento general plan lays out detailed policies that direct growth to support walkability, bikeability, and transit use, and to foster public safety through CPTED principles. The plan also supports complete communities that provide a variety of housing choices and access to services across all development types, from suburban to urban. The city is home to a large percentage of low-income residents and communities of color, and improving opportunities for healthy community development helps to reduce reliance on costly personal automobiles to get to work, doctors’ appointments or school.

- **Support for Active Transportation:** The cities of Elk Grove, Folsom, Rancho Cordova and Sacramento and the county all have bicycle and/or pedestrian master plans that lay out a plan for supporting these modes across their jurisdictions. Complete streets policies that support multiple modes of transportation have been passed in Sacramento County and written into Citrus Heights’ general plan.

- **Green Development:** Currently under way in the City of Sacramento is the establishment of a Green Development Code that will not require the construction of parking in downtown areas, removing a huge financial burden for developers (covered parking can cost upwards of $20,000 per spot). These code changes will support a more robust transit and active transportation network as residents, employees and visitors to Sacramento rely more heavily on these modes.

- **Zoning for Health and Safety:** Key informants have noted that a lot of development is taking place in the Del Paso Heights neighborhood, a low-income community with a plethora of vacant property owned by the city that residents have identified as an element that perpetuates community violence. The community is interested in working with the city to remove existing conditional use permits on the vacant land to retrofit property into urban farms that would engage residents and provide fresh food.

- **Affordable Housing Policy:** Both the County and City of Sacramento have inclusionary zoning policies in place that require a percentage of developments over five units to include units for low-income residents, including very low and extremely low-income (households earning 30% of the average median income). The county is in the early stages of updating the housing policy. At this point, there is draft language in the policy that encourages access to fresh fruits and vegetables, and access to transit for urban communities — the planners in the county are poised to incorporate health, and work closely with the health community. The Healthy Sacramento Coalition has helped to strengthen partnerships.

While many policies are in place to support healthy communities, focusing on strong implementation of these policies appears to be essential to truly supporting health in Sacramento. While SACOG can encourage development that aligns with their vision for growth through transportation funding they provide for regional projects, each jurisdiction also develops its own policies for growth. Jurisdictions often have other sources of revenue that can be used for development projects that are not aligned with SACOG’s RTP/SCS. The growth policies of the county and its local jurisdictions vary on their level of commitment to healthy communities — some cities have passed and are implementing land use and transportation plans that support health, while others are not.

While Sacramento City and Sacramento County have strong, equitable housing policies in place, housing interest groups are worried that current pressures, including the downturn in the economy and the resistance to the current inclusionary housing policy from some developer associations, might lead to weakening the
current policy’s support for affordable housing. California is one of the few states in the country that doesn’t have a state affordable housing trust fund, leaving the county with very few resources to support people who cannot afford market rate housing.

As the Healthy Sacramento Coalition continues to advance equitable approaches to fostering healthy and safe communities, the Coalition should work to anticipate potential barriers and unintended consequences:

Examples of Barriers and Unintended Consequences:

- **Remove Barriers to Healthy Food within Land Use Policies**: Past land use policies can create a range of barriers, intentionally or unintentionally, which can make it difficult to increase healthy food options and actually facilitate less healthy food options in a community.

- **Strategies to Overcome/Prevent Unintended Consequences**: Identify barriers to healthy food access in existing plans, codes, and policies. Amend plans and codes to permit use of food retail such as grocery stores, farmers’ markets, small grocery stores, and healthy mobile vending. Use land use plans and policies as a tool to protect agricultural land. To limit the impact of unhealthy food, consider options such as conditional use permits and formula retail ordinances.

- **Objective Prioritization Processes for Transportation Improvements**: High-need communities often lack the time and resources to build support and seek funding for transportation improvements. As a result, well-resourced communities are often selected over neighborhoods with the highest need.

- **Strategies to Overcome/Prevent Unintended Consequences**: Develop objective prioritization processes to decide how transportation resources are allocated across communities. Train underserved communities and representative organizations to effectively advocate for funding resources.

- **Protect Affordable Housing and Prevent Displacement**: Investments in transit have been shown to drive up median area income, housing values, and rents. Such investments have the potential to displace residents and small business owners.

- **Strategies to Overcome/Prevent Unintended Consequences**: Place affordable housing in communities with a range of services and infrastructure, including transit. Land acquisition funds, low-income housing tax credits, and inclusionary zoning are all potential tools to protect affordable housing. Ensure that all TOD or mixed-use zoning initiatives include criterion that protect affordable housing.

V. BARRIERS AND OPPORTUNITIES TO ADVANCING PREVENTION EFFORTS IN SACRAMENTO

The Healthy Sacramento Coalition has a prime opportunity to serve as a coordinating hub and focal point for prevention leadership in the region. Prior to the launch of the Healthy Sacramento Coalition, key informants noted, there was a lack of coordination and no clear leadership to coordinate prevention efforts across the county. Establishment of the Coalition has sparked renewed interest in building a network of key leaders that cross initiatives throughout the county. Key informants are eager to see alignment, not only within each of the five strategic directions, but across them as well — acknowledging the interconnectedness of all of these elements and the potential for an overarching body to serve as the “big tent” for prevention and health equity.

At the same time, the Healthy Sacramento Coalition faces a challenge within the context of the current economic, social, and political environment. The recession has left its mark on Sacramento County families and institutions. Large employers, including Campbell Soup and Comcast announced closures and the resulting job loss will be felt by many households across the county, bringing not only loss of income and jobs, but also stress and the harmful health consequences
that predictably result from unemployment. The impacts of broad-scale unemployment have community-wide ripple effects as families have less disposable income to make healthy purchases, experience displacement from their communities, and rely more intensively on the safety net and social services. At a time when public investments are critical, the Board of Supervisors has had to make difficult decisions about which programs and services to retain and which to cut back. In Sacramento, as in many communities, prevention efforts have been reduced or eliminated during tough economic times. The Board has listed prevention last (fifth) on their budget priorities list, while providing a safety net for those in need of services is the second priority (see Appendix 4 for a complete list of county budget priorities). Moving forward, demonstrating the cost savings and importance of prevention as a strategy to keep people from relying on safety nets after illness occurs will be vital to supporting regional prevention efforts. Further, if the Coalition decides to take on a broader coordinating role, it will want to establish a venue (e.g. an organizational leadership team) for frank dialogue about issues such as coalition vitality and participation through tough times.

Keeping these current challenges in mind, there are clear opportunities to build on the policies and environmental change efforts that are already in place. Based on our policy scan analysis, we have identified four promising and complementary areas of work for the Coalition to consider as it develops priority strategies and activities. By focusing on: 1) strengthening the network of regional partners for prevention; 2) developing a sustained campaign for strong prevention policy in Sacramento; 3) fully implementing prevention policies that are currently in place; and 4) scaling-up organizational policy and practice change efforts, CTG presents an enormous opportunity to advance prevention and health equity in the region. Although somewhat beyond the scope of the CTG planning process, the Healthy Sacramento Coalition could play a strong role in connecting to state-level prevention efforts and may want to further consider the benefits of their regional voice on state-level issues. The following are potential elements of the four areas.

1. Strengthening the Network of Regional Partners for Prevention

   - **Cultivating Advocates for Environmental Change:** CTG presents a unique opportunity for Sierra Health Foundation not only to convene a diverse set of stakeholders, but to cultivate participants’ capacity to effectively advocate for environmental changes that foster community health and equity. By training community members and leadership, health professionals, and other sectors on how to make the case for community prevention, Sacramento’s CTG initiative will lay the foundation for prevention policy well into the future.

   - **Expanding the Network of Strategic Partners:** While the combined strength and breadth of knowledge of the Healthy Sacramento Coalition should not be overlooked, it is important to identify key points throughout the initiative during which to strategically consider who might be missing from the table. Who might be important to include given the priority strategies that the Coalition adopts? Are there non-health leaders in the region who would make compelling prevention partners? During our meetings with the Coalition, participants have shown interest in expanding membership to the justice system and adding more public school representatives. There’s also an opportunity to engage the business sector, neighborhood business districts, and the local Hispanic, Asian and Black Chambers of Commerce. Issues of membership and strategic direction are intertwined.

   - **Training Regional Leaders and Decision Makers:** The Healthy Sacramento Coalition should consider convening an institute for training regional leaders and decision makers on the value of policy, systems, and environmental change approaches to prevention. Trainings would provide an opportunity to showcase the work of the Coalition, to build awareness and support for prevention approaches, as well as to highlight evidence-based strategies aimed at creating healthy communities.
2. Developing a Sustained Campaign for Strong Prevention Policy in Sacramento

- **Building Momentum for Prevention and Equity**: A common refrain in our key informant calls centered on the lack of will for prevention and equity efforts by key policy and decision makers in the region. As the Coalition works to advance specific prevention strategies, it should roll out a complementary, sustained campaign aimed at showcasing the broad community support for prevention, making the case for prevention as smart policy, and amplifying messages that establish health as a community responsibility, in which government and businesses play a central role. A broad range of activities could be employed, including:
  
  - Youth engagement and photovoice to show how local community environments do and don’t foster health and safety;
  - News story placements, op-eds, and letters to the editor detailing successful community prevention;
  - Training community residents and leaders to provide testimony in legislative venues; and
  - Leveraging The California Endowment’s “Health Happens Here” campaign to support visibility and strategic aims of the Coalition.

3. Fully Implementing Prevention Policies That are Currently in Place

- **Land Use and Transportation**: Key informants shared a range of regional, county, and city policies that set out strong land use and transportation goals for the region. Some informants shared that while strong policies are on the books, there are often gaps between the policy language and the way development and redevelopment take place. These gaps, combined with projected large-scale population growth in the years to come, provide an important opportunity to advocate for implementation of the strong land use and transportation policies that have been put in place. Activities could include fostering leadership and providing training to Coalition members and residents to prepare them to participate on land use and transportation advisory groups, boards, and commissions.
  
  - **Enforcement of Smoke-Free Outdoors Policies**: Key informants underscored that tobacco policy resources are not always included for enforcement of smoke-free outdoors policies (e.g., signs designating outdoor spaces as smoke-free, and penalties for non-compliance). The Coalition should consider working with law enforcement and residents in communities with high tobacco use to ensure that smoke-free outdoors policies are enforced. The Coalition may also want to consider working with private entities, such as retailers, restaurants and faith-based institutions to ensure that they are receiving the support needed to fully implement their smoke-free policies.

4. Scaling-Up Organizational Policy and Practice Change Efforts

- **Smoke-Free Multi-Unit Housing**: Smoke-free housing, particularly within housing accessible to low-income residents, has been gaining traction nationally as an important strategy to reduce second- and third-hand smoke exposures. In California, it is one of the four priority areas of the state CTG initiative (CA4Health). Given Sacramento’s strong track record on tobacco prevention policy, including successful efforts to require smoke-free public housing, the Coalition is well positioned to support expansion of the region’s smoke-free housing efforts.
  
  - **Smoke-Free Outdoors**: Many Sacramento businesses and institutions have demonstrated a commitment to policies that limit exposure to outdoor tobacco smoke. The Coalition can build on this momentum by encouraging smoke-free policies among large businesses
and institutions, as well as retailers in the 15 zip codes that serve and employ a high number of low-income residents and people of color.

**Healthy Beverages:** While Sacramento City has a vending policy requiring that 50 percent of items in vending machines on government property meet nutrition standards, government and organizational policies setting standards for food and beverages do not appear to have gained full traction in the region. One area of chronic disease prevention policy with great momentum across the state and nationally is healthy beverage policy (healthy beverage policy is one of CA4Health’s four core strategies). These policies range from offering only water in child care and afterschool venues, to removal of sugar-sweetened beverages from workplaces and institutions, to the recent New York City cap on the size of sugar-sweetened beverages offered for sale. Policies can be tailored to meet the needs of the organization or agency, and hold promise for limiting the harmful impacts of junk food marketing. The Coalition can work with its member organizations and other businesses, agencies, and organizations in the region to set beverage policies that improve access to water and limit sugar-sweetened beverages.

**Bridging Prevention and Health Care:** The Affordable Care Act is spurring innovations in health care systems across the country to achieve reductions in cost and improve health outcomes. In the past, there has been little attention to the interface between community prevention and health care — both critical to advancing health. Now, with CTG funding, Sierra Health Foundation and the Coalition are in a prime position to act as a convener, bringing together a working group of providers and prevention leadership to identify strategies that bridge community prevention practice and health care systems. Prevention Institute has developed a concept called the Community Centered Health Home, which has received enthusiastic reception from community-oriented providers. This model may be a useful organizing framework for Sierra Health Foundation.

• In addition to the suggestions provided in this section, the policy scan includes additional tools to aid the Coalition in identifying priority strategies and key activities to undertake. Appendix 6 provides detailed charts listing evidence-based prevention strategies in the five strategic directions. The charts also detail where current Sacramento County policy and environmental change efforts are aligned with these evidence-based strategies. Appendix 7 includes information on Prevention Institute’s signature tool, *The Spectrum of Prevention*, a systematic tool that enables users to plan comprehensive prevention initiatives. Once the Coalition has identified priority strategies, the Spectrum may be used as a planning tool to design synergistic activities that support strategy implementation.

VI. COMMUNITY PREVENTION PRINCIPLES

Successful community prevention initiatives, while tailored to fit the needs of the community in which they occur, often have common elements that contribute to their success. As the Healthy Sacramento Coalition begins working to set and refine priorities for its implementation efforts, the list below delineates key principles that have emerged from other community prevention efforts and have been echoed in our conversations with key informants. These principles can be used as guidance and serve as criteria as potential Coalition strategies are discussed and prioritized.

**Selected Community Prevention Principles**

1. **Emphasize Health Equity:** Ensure that health equity is at the core of CTG activities and that populations most in need benefit from efforts to improve health. Health equity considerations during initiative planning and implementation are described in greater detail in the following section.

2. **Collaborate Across Sectors:** Most environmental change efforts entail multi-sector collaboration, so building a

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5 In *Community Centered Health Homes: Bridging the gap between health services and community prevention*, Prevention Institute outlines an approach that community health centers can take to promote community health even as they deliver high quality medical services to individuals. Available at: [http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html](http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html)
strong foundation for collaboration among various stakeholders in the region is critical. While prioritizing actions, consider which partners should be engaged and how to engage them; identify activities that achieve common goals between sectors; identify missing sectors that can contribute to a solution; delineate partner perspectives and contributions; and leverage partners’ expertise and resources; if leading with “health” isn’t a winning strategy, find one that is.

3. **Explore and Seize Cross-Issue Opportunities:** Consider the CTG strategies that cut across multiple strategic directions. For instance, consider the links between community safety (or violence prevention) and physical activity. The intersection of issues provides fertile territory for innovation, strategy solutions that solve multiple problems, and synergy among diverse partners.

4. **Ensure Comprehensive Approaches to Prevention:** Plan complementary activities that, when used together, produce a synergy that results in greater effectiveness than would be possible by implementing any single activity in isolation. (For more on this principle, see Appendix 7 on the Spectrum of Prevention.)

5. **Engage Community Members and Youth:** To create meaningful and effective change, activate and engage residents early on and consistently in designing strategies that reflect community values and priorities. By galvanizing resident participation and building momentum, community engagement is an effective mechanism for creating healthy, equitable and sustainable communities.

6. **Ensure Sustainability:** Emphasize strategies that will have long-lasting impact after CTG funding comes to a close. Build leadership capacity among partners, and work to shift community norms to support health.

7. **Evaluate Successes in the Process, Not Just the Impact:** Creating healthy communities takes time and requires laying the foundation for lasting change. Incorporating evaluation mechanisms that acknowledge key steps in the process, including community engagement and coalition building, communicating the value of prevention to key decision makers and the public, and identifying actions that address health equity and reflect community priorities, demonstrates valuable accomplishments whose benefits will last beyond the current grant period.

**VII. ADVANCING HEALTH EQUITY IN SACRAMENTO COUNTY**

The Healthy Sacramento Coalition set an explicit goal to reduce health inequities, with a focus on 15 zip codes in Sacramento County whose residents experience disproportionately poor health outcomes. Key informant interviews confirmed the emphasis on health equity as an important and pressing issue across the county. Many pointed to the overlay of high chronic disease rates and other social inequities, such as access to transportation, healthy food, quality education, job centers, and health services. One key informant noted that while inequities in the community and differential treatment in the health care system clearly exist, the county has not had the resources to capture regional data on these inequities. Another mentioned that certain immigrant groups such as Muslims are not categorized in existing data sets, and while many experience social and linguistic isolation and post-traumatic stress disorder due to unrest in the Middle East, these conditions cannot be captured using current data collection methods. Key informants have also noted inequities between underserved communities — for instance, those that have been able to organize and advocate for changes have more successfully secured community improvements.

While issues of equity and equitable impact have been described throughout the policy scan, the following section provides several overarching considerations for supporting health equity as the Healthy Sacramento Coalition prioritizes strategies.
Health Equity Considerations During Strategy Prioritization

- **Identify Inequitable Community Conditions**: Ensure that in addition to identifying inequitable health outcomes across geographic areas and specific populations, the needs assessment describes inequitable community conditions through qualitative and quantitative data collection, and mapping to help key stakeholders visualize the conditions.

- **Foster Meaningful Community Participation**: Consider systems and structures that can be built into the Coalition to ensure that those experiencing inequities are given the opportunity to provide leadership and contribute in a meaningful way to planning and implementation processes. For example, establishing a community advisory board representing the 15 zip codes of focus can ensure that community representatives inform and guide Coalition priorities and efforts. Individuals who can act as a 'bridge' between the Coalition and the community, such as community organizers, community health workers or promotoras, can also be hired to ensure the community voice is represented within the Coalition.

- **Incorporate Equity into Strategy Prioritization**: Develop criteria for strategy prioritization and selection that looks specifically at health equity considerations. Remember that not all communities are starting from the same place, and often strategies are chosen based on those that will result in easy wins. Communities experiencing inequities may have further to go to accomplish prevention goals than more affluent communities, or communities that have a strong history of advocacy.

- **Consider Equity in Funding Decisions**: Include health equity criteria when reviewing grant applications. Applications may be prioritized based on elements, such as a plan for ensuring meaningful community engagement and tailoring of priority strategies to reflect the needs and input of underserved communities.

- **Prevent Unintended Consequences**: Consider the unintended consequences to low-income communities and communities of color. At times, even well-intentioned evidence-based strategies can have unanticipated impacts. Discussing and planning for unintended consequences as strategies are being prioritized can help to ensure the Coalition succeeds in advancing health equity in Sacramento. Examples of unintended consequences that apply in each of the five strategic directions were described in section four.

- **Set Equity Benchmarks**: Ensure that health equity benchmarks and goals are measured and evaluated throughout the implementation phase of the grant, and be prepared to course correct when unexpected challenges arise. Benchmarks can include ensuring community participation in prioritization of strategies and activities, community engagement during implementation, and improvements to the community conditions that underlie inequitable health outcomes.

- **Preventing Illness Before it Occurs**: Remember that lack of services and treatment often co-exists with unhealthy community environments and exposures, which frequently precede the need for care. With limited resources, it is common to grapple with how and where they should be allocated, but this does not mean that services and prevention practice should be played against one another. Find ways to reframe the issues and foster a shared understanding of the urgency for preventing injuries and illness in the first place, to reduce needless suffering, premature death, and preventable illness.

Once priority strategies have been selected, the process of designing and implementing a range of supportive activities and actions begins. This process, too, should include careful consideration of potential barriers and unintended consequences that could hinder the advancement of health equity. While not exhaustive, we provide the following considerations for implementing priority strategies with health equity in mind:
Healthy Equity Considerations During Strategy Implementation

- **Assess Community Capacity and Resources**: Variability in community capacity and resources can influence decisions about where and with whom to partner, especially if resources are limited. While there are benefits to funding and partnering with groups who can “hit the ground running,” it is important to balance this by building the capacity of other groups through training and additional support.

- **Address Variability in Health Literacy**: Health literacy includes ensuring all members of the community have the capacity to access and understand the information they need to engage in or reap the health benefits of the change.

- **Enhance Community Engagement, Awareness, and Participation**: Lack of resident participation can negatively impact implementation of a strategy. A well-implemented effort may fail to reach its full potential if residents are unaware of the change or were not enlisted in planning and implementation. Engage people who should benefit from changes at each stage of the effort.

- **Examine Cost, Resources, and Other Fiscal Considerations**: Strategies may come with a price tag, either for the institutions making changes or the people who are the intended beneficiaries of changes. Examine how budget constraints may hinder implementation or uptake in underserved communities.

- **Explore Transportation Issues**: Lack of personal transportation, unaffordable or unreliable public transportation, or inadequate community infrastructure may reduce access to goods, services, institutions, or environmental changes. Explore whether transportation issues such as access, cost, and proximity are at work.

- **Guard Against Displacement and/or Gentrification**: Changing community conditions can contribute to cycles of displacement or gentrification. It is important to ensure that improvements will benefit residents rather than create conditions that displace them.

- **Prevent Variability in Enforcement and Implementation**: Variability in the enforcement of a policy or the institutional implementation of a systems change can further inequities. Explore the factors that might prevent full implementation of a strategy, and develop solutions early.

- **Understand Crime/Safety Influences (both real and perceived)**: Even if effective strategies are put in place, fear of crime may keep residents from using new resources. Understand the facts and perceptions about safety and crime to see if additional efforts to prevent violence are needed.

- **Understand Diverse Norms and Customs**: Understanding the diversity in culture, norms, and customs among population groups can ensure strategies are designed to be inclusive. Institutions also have their own customs and norms, and these should also be considered as they might affect decision making.
VIII. CONCLUSION

The Healthy Sacramento Coalition is laying the foundation to advance health across the county, and in the county’s most underserved communities. By bringing diverse sectors and organizations together, the Coalition is fostering new partnerships and developing local leaders who are working in concert to build momentum for prevention. As the Healthy Sacramento Coalition progresses in its bold initiative, it should continue to consider:

✔️ How to maximize impact by identifying the key strategies that really work in Sacramento County, and bringing those to scale.

✔️ Where the opportunities lie to lift up bridge strategies that cut across strategic directions (e.g., baby-friendly hospitals that can garner active support from those working in health care systems, food policy, and social and emotional wellness).

✔️ When there may be opportunities to lend the voice and experience of the Healthy Sacramento Coalition to state policy efforts that are aligned with Coalition goals.

Not only is the Coalition a powerful amalgam of local experts, it is reflective and representative of a national movement that is taking shape in communities large and small. Across the country, CTG awardees and coalitions are inspiring change and supporting healthier communities. Now, Healthy Sacramento Coalition has the opportunity to connect and learn with this national network of communities, to demonstrate that these investments are improving health and equity in our most vulnerable communities, and to share success stories that build support for prevention locally and nationally. In undertaking this bold initiative, the accomplishments of Sierra Health Foundation and the Healthy Sacramento Coalition have the potential to serve as a model to shape the landscape of future community prevention efforts across the country.
IX. APPENDICES

Appendix 1: Databases Reviewed

Americans for Non-Smokers’ Rights

U.S. Tobacco Control Laws Database

The Americans for Non-Smokers’ Rights Foundation’s U.S. Tobacco Control Laws Database is a national collection of local ordinances and board of health regulations containing provisions on clean indoor air, restrictions on youth access to tobacco, tobacco advertising and promotion restrictions, tobacco excise taxes, and conditional use permits.
Link: http://www.no-smoke.org/document.php?id=313

Community Commons

Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities’ movement. It includes searchable profiles of hundreds of place-based community initiatives working toward healthy, sustainable, and equitable communities.
Link: http://www.communitycommons.org/

Communities Taking Action

A collection of profiles that showcase successful community initiatives aimed at improving health equity. The profiles demonstrate how strong leadership, community engagement and advocacy, innovative thinking and changes in local policies and institutional practices can successfully converge to shape healthier, more equitable community environments.

ENACT Local Policy Database

The ENACT Local Policy Database catalogues a wide range of promising food and activity policies emerging at the local level.
Link: http://eatbettermovemore.org/sa/policies/

The National Complete Streets Coalition Policy Atlas

The National Complete Streets Policy Atlas delineates locales that have adopted some form of a Complete Streets policy.
Link: http://www.smartgrowthamerica.org/complete-streets/changing-policy/complete-streets-atlas
Appendix 2: Sacramento County Policy Scan Key Informants

**Tobacco-Free Living**

1. Theresa Boschert  
   Chair, Second Hand Smoke Committee, Sacramento County Tobacco Control Coalition
2. Dian Kiser  
   Vice Chair, Sacramento County Tobacco Control Coalition  
   Director, SHARE-Sustainable Health Advances in Rural Environments

**Healthy Eating and Active Living**

1. Debra Oto-Kent  
   Executive Director, Health Education Council
2. Glennah Trochet  
   WALKSacramento
3. Monica Hernandez  
   Public Information Coordinator, SACOG — Public Information and Rural/Urban Connections Strategy Project
4. Yvonne Rodriguez  
   Program Coordinator, Sacramento County Health and Human Services

**Social and Emotional Wellness**

1. Sergio Aguilar-Gaxiola  
   Director, UC Davis Center for Reducing Health Disparities

**Healthy and Safe Physical Environments**

1. Teri Duarte  
   Executive Director, WALKSacramento
2. Bob Erlenbusch  
   Executive Director, Sacramento Housing Alliance
3. Judy Robinson  
   Infill Coordinator, Sacramento County

**High-Impact Quality Clinical and Other Preventive Services**

1. Warren Barnes  
   California Right Care Initiative
2. Jonathan Porteus  
   CEO, WellSpace Health
3. Olivia Kasiyre  
   Public Health Officer, Sacramento County
Appendix 3: Compendium of Reports on Evidence-Based Community Prevention Strategies

A Primary Prevention Framework for Substance Abuse and Mental Health, Prevention Institute

Developed for San Mateo County Health System Behavioral Health & Recovery Services, the primary prevention framework explores the role that the social, physical, economic, and cultural environments play in contributing to behavioral health problems and how those environments can be changed to prevent some behavioral health problems from occurring in the first place. This framework is meant to influence public policy and organizational practices in order to promote the emotional, psychological, and physical well-being of San Mateo County residents with particular emphasis on individuals and communities at risk.

Link: http://www.preventioninstitute.org/component/jlibrary/article/id-53/127.html

CA4Health Initiative

California’s statewide CTG initiative, CA4Health, focuses on advancing environmental and policy changes that are making it easier for people to eat healthy and stay active in under-resourced communities throughout California. The initiative identifies four priority strategies:

1. Reducing consumption of sugary beverages
2. Increasing availability of smoke-free housing
3. Creating safe routes to schools
4. Providing people with chronic disease with skills and resources to manage their illness.

Link: http://www.phi.org/focus-areas/?program_id=126

CA Obesity Prevention Plan, MAPPS Strategies, Centers for Disease Control and Prevention

Developed with statewide stakeholder input, the CA Obesity Prevention Plan is a call to action for a broad range of sectors — state, local, and tribal governments; employers; health care; families; community organizations; schools; child care; food and beverage industry; and, entertainment and professional sports — to work together to improve the health of all Californians. The new Plan focuses on the importance of implementing policy and environmental change strategies, as well as addressing health inequities and disparities. It places a special emphasis on addressing six target areas: increasing fruit and vegetable consumption, physical activity, and breastfeeding, while decreasing consumption of energy-dense foods, sugar-sweetened beverages, and television viewing (screen time).

Link: http://www.cdph.ca.gov/programs/COPP/Pages/CaliforniaObesityPreventionPlan.aspx

The Center for Tobacco Policy and Organizing

The Center for Tobacco Policy and Organizing assists local Proposition 99-funded projects throughout the state to advance local tobacco policy. The Center is a project of the American Lung Association in California and is funded by the California Tobacco Control Program.

Link: http://www.center4tobaccopolicy.org/localpolicies

CDC’s Communities Putting Prevention to Work initiative funds 50 communities through a two-year cooperative agreement to reduce chronic disease related to poor nutrition, inactivity, and tobacco using the evidence- and practice-based MAPPS (Media, Access, Point of decision information, Price, and Social support services) strategies. By implementing these strategies, funded communities are responsible for improving access to healthy food, increasing physical activity, and reducing the consumption and initiation of tobacco use, as well as exposure to secondhand smoke.

Link: http://www.cdc.gov/communitiesputtingprevention-towork/
Local Government Actions to Prevent Childhood Obesity, Institute of Medicine

In 2008, the Institute of Medicine Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising ways to address child obesity. Emerging from Committee findings, this report documents an array of promising and evidence-based strategies that local governments can undertake to advance chronic disease prevention. Link: http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPrevention-LocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.pdf

National Prevention Strategy, National Prevention Council

Released June 16, 2011, the National Prevention Strategy sets effective and achievable means for improving health and well-being. The Strategy identifies four strategic directions and seven targeted priorities. It prioritizes prevention by integrating evidence-based recommendations and actions across multiple settings to improve health and save lives. Link: http://www.cdc.gov/Features/PreventionCouncil/

Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide, Centers for Disease Control and Prevention

This resource recommends 24 strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention. Developed through an expert panel process, strategies are divided into six categories:

1. Promoting availability of affordable healthy food and beverages
2. Supporting healthy food and beverage choices
3. Encouraging breastfeeding
4. Supporting physical activity or limit sedentary activity among children and youth
5. Creating safe communities that support physical activity
6. Encouraging communities to organize for change.


Strategic Alliance: Taking Action for a Healthier California

The Strategic Alliance — California’s statewide network of food and physical activity advocates — released its Taking Action platform in 2005. The platform sets an agenda for key state and local actions that underscore the role of governments and industry in chronic disease prevention. Link: http://www.preventioninstitute.org/component/jlibrary/article/id-163/127.html
Appendix 4: Scan of Sacramento County Policy and Organizational Practice Change

Policies

County Budget Priorities

Sacramento County Board of Supervisors’ Budget Priorities

Date Enacted: May 2011

Description: Following is the Sacramento County Board of Supervisors’ list of budget priorities. These priorities provide guidance to county agencies in developing budgets for programs and services. Budget areas are listed in order of priority.

A. Mandates Countywide Obligations: The County of Sacramento has the obligation to provide certain services mandated by the federal and state government.

B. Mandated Municipal Obligations: The County of Sacramento also has the obligation mandated by the state government and the county’s charter to provide for the public safety of the citizens living in the unincorporated area.

C. Financial Obligations: At a foundational issue is the maintenance of the public trust through a sound fiscal policy that focuses on financial discipline, including funding programs that provide for revenue collection and payment of our just debts.

D. Budget Priorities

1. Discretionary Law Enforcement: Provide the highest level of discretionary law enforcement, municipal, and countywide services possible with the available county budget.

2. Safety Net: Provide the safety net for those disadvantaged citizens, such as the homeless, mentally ill, and others who receive no services from other government agencies.

3. Quality of Life: Provide the highest possible quality of life for our constituents within available remaining resources.

4. General Government: General government functions shall continue at a level sufficient to support direct services to citizens.

5. Prevention: Continue prevention/intervention programs that can demonstrate that they save the county money over the long-term, such as alcohol or drug programs.

Link: http://www.saccounty.net/FactsMaps/SAC_SC_DF_MissionVisionValues
Tobacco-Free Living

Table of Contents:
1. County-Level Policy
   a. Smoke-Free Workplaces
   b. Measure G: Smoke-Free Restaurants and Businesses
   c. Tobacco Retail License
   d. Multi-Unit Housing Resolution
   e. Smoke-Free Entryways
   f. Smoke-Free Bus and Light Rail Stops
2. City-Level Policy
   a. Smoke-Free Zoos, Sacramento City
   b. Banning of Tobacco Vending Machines, Sacramento City
   c. Smoke-Free Outdoor and Recreational Areas, Sacramento City
   d. Multi-Unit Housing Resolution, Sacramento City
   e. Tobacco Sales License, Sacramento City
   f. Tobacco Retail License, Rancho Cordova
   g. Multi-Unit Housing Resolution, Rancho Cordova
   h. Tobacco Retail License, Elk Grove
   i. Smoke-Free Public Spaces, Elk Grove
   j. Smoking Paraphernalia Establishments, Citrus Heights
   k. Smoke-Free Entryways, Sacramento City
   l. Smoke-Free Public and Affordable Housing Properties, Sacramento City
3. School District-Level Policy
   a. Smoke-Free Schools, San Juan Unified School District
4. Organizational Practices
   a. Sacramento Job Corps Initiative — Tobacco-Free
   b. Community College Smoke-Free Entryways
   c. Sacramento County Fairs Smoke-Free
   d. State Fairs Smoke-Free
   e. Fairytale Town Smoke-Free
   f. VCA Veterinary Clinic — Smoke-Free Entryways
   g. UC Davis Medical Center Smoke-Free

County-Level

Smoke-Free Workplaces
Date Enacted: November 20, 1990
Jurisdiction: Sacramento County
Description: County of Sacramento becomes first in the country to prohibit smoking in all workplaces.
Link: http://www.tobaccofreeca.com/timeline_viewer.php

Measure G: No Indoor Smoking in Restaurants or Businesses
Date Enacted: June 1, 1992
Jurisdiction: Sacramento County
Description: Prohibits indoor smoking in 100% of restaurants and businesses in Sacramento County.
Link: http://www.tobaccofreeca.com/timeline_viewer.php

Tobacco Retail License
Date Enacted: May 2004
Jurisdiction: Sacramento County
Description: Retailer license fee of $324 annually. Each tobacco retailer will receive a visual inspection annually by the Environmental Health Division. The Sheriff’s department will conduct compliance checks on a percentage of retailers each year.
Link: http://www.center4tobaccopolicy.org/CTPO/_files/_file/Matrix%20of%20Strong%20Local%20Tobacco%20Retailer%20Licensing%20Ordinances%20July%202012.pdf

Multi-Unit Housing Resolution
Date Enacted: April 2007
Jurisdiction: Sacramento County
Description: The Board of Supervisors passed a resolution that encourages property owners of multi-unit rental properties to prohibit smoking.
housing to designate at least 50% of their units as nonsmoking or to make whole buildings within a complex smoke-free. The resolution contains no language that the units must be contiguous.

Link: http://www.agendanet.saccounty.net/sirepub/cache/2/mj20xp00ma3er1vfm4o-hc30x/240099312042012042709581.pdf

**Smoke-Free Entryways**

Date Enacted: 2001
Jurisdiction: Sacramento County
Description: Prohibits smoking within 20 feet of entryways for public buildings, including airports. This ordinance has been preempted by AB846 — state law that went into effect January 1, 2004.
Source: Carolyn Martin, Sacramento County Tobacco Control Coalition

**Smoke-Free Bus and Light Rail Stops**

Date Enacted: November 12, 2012
Jurisdiction: Sacramento County Regional Transit
Description: The Regional Transit Board has voted to make all bus and light rail stops smoke-free.
Source: Carolyn Martin, Sacramento County Tobacco Control Coalition

**City-Level**

**Smoke-Free Zoos**

Date Enacted: April 5, 2003
Jurisdiction: Sacramento City
Description: First California smoke-free zoo policy goes into effect at the Sacramento Zoo, protecting both visitors and animals from the harmful effects of secondhand smoke.
Link: http://www.tobaccofreeca.com/timeline_viewer.php

**Banning of Tobacco Vending Machines**

Date Enacted: October 9, 1990
Jurisdiction: Sacramento City
Description: City of Sacramento bans the sale of tobacco products from vending machines five years before the statewide law was enacted.
Link: http://www.qcode.us/codes/sacramento/view.php?topic=5-5_140-5_140_010&frames=on

**Smoke-Free Outdoor and Recreational Areas**

Date Enacted: July 2007
Jurisdiction: Sacramento City
Description: Bans smoking in all Sacramento City parks and recreational areas, including parkways, parking lots, off-street parking areas, bike paths, alleys connecting parks owned or controlled by the city. It does not include golf courses or sidewalks along the perimeter of parks.
Link: http://www.qcode.us/codes/sacramento/view.php?topic=12-12_72-iii-12_72_135&highlightWords=12.72.135&frames=on

**Multi-Unit Housing Resolution**

Date Enacted: December 2006/April 2009
Jurisdiction: Sacramento City
Description: City Council passed a resolution that encourages property owners of multi-unit rental housing to designate at least 25% of their units as nonsmoking or to make whole buildings within a complex smoke-free. In April 2009, the percentage was increased to 50% of units. The property owners who do so will be publicly recognized by the city council. The resolution contains no language that the

**Tobacco Retail License**

Date Enacted: July 2007  
Jurisdiction: Sacramento City  
Description: Retailer license fee of $370 annually. On June 9, 2012, new requirements were implemented so that any tobacco retailers within 1,000 feet of any K-12 public or private school must obtain a Zoning Administrators Special Permit before being allowed to open.  

**Tobacco Retail License**

Date Enacted: February 2005  
Jurisdiction: Rancho Cordova  
Description: Retail license fee $287 annually. Police will conduct compliance checks of all retailers several times per year. Code enforcement will check on violations other than youth access.  
Link: http://www.center4tobaccopolicy.org/CTPO/_files/_file/Matrix%20of%20Strong%20Local%20Tobacco%20Retailer%20Licensing%20Ordinances%20July%202012.pdf

**Multi-Unit Housing Resolution**

Date Enacted: September 2008  
Jurisdiction: Rancho Cordova  
Description: The city passed a resolution that encourages landlords and property managers of multi-unit housing to designate at least 50% of their units, including patios and balconies, as nonsmoking or to make entire buildings within a complex smoke-free. The property owners who do so will be publicly recognized by the city council. The resolution contains no language that the units must be contiguous.  

**Tobacco Retail License**

Date Enacted: 2004  
Jurisdiction: Elk Grove  
Description: Retailer license fee of $270 annually. The Elk Grove Police Department will conduct an annual inspection of all retailers, as well as quarterly youth decoy operations of randomly selected retailers.  
Link: http://www.elkgrovecity.org/business-license/tobacco-retailers.asp

**Smoke-Free Public Spaces**

Date Enacted: 2012  
Jurisdiction: Elk Grove  
Description: Smoking is prohibited in common work areas and public spaces. For example, merchandise display areas, checkout stations, counters, hallways, restrooms, escalators, elevators, lobbies, reception areas, waiting areas, classrooms, meeting or conference rooms, lecture halls, and any other place where the general public congregates.  

**Smoking Paraphernalia Establishments**

Date Enacted: 2012  
Jurisdiction: Citrus Heights City  
Description: Citrus Heights has banned smoking paraphernalia establishments in residential zones. Establishments have also been banned within 1,000 feet of other smoking paraphernalia establishments, medical cannabis facilities, elementary schools, middle schools, high schools, public libraries, public parks, and youth-oriented establishments.  
Link: http://www.citrusheights.net/docs/106.42.pdf
Smoke-Free Entryways
Date: Enacted 2002
Jurisdiction: Sacramento City
Description: Prohibits smoking within 20 feet of entryways for public buildings. This ordinance has been preempted by AB846 — state law that went into effect January 1, 2004.
Source: Carolyn Martin, Sacramento County Tobacco Control Coalition

Smoke-Free Public and Affordable Housing Properties
Date Enacted: January 2009
Jurisdiction: Sacramento City
Description: The Sacramento Housing and Redevelopment Agency will not allow smoking in designated residential units nor designated internal common areas within its Public and Affordable Housing properties. In non-smoking designated buildings, SHRA will erect signs in common rooms, shared laundries, stairwells, hallways, entranceways, loft areas, and other enclosed common and public traffic areas indicating that these areas and interior designated residential units are non-smoking. As current tenants move out, or enter into new leases, the non-smoking facility policy will become effective for their new unit or new lease.

School District-Level
Smoke-Free Schools
Date Enacted: June 20, 1992
Jurisdiction: San Juan Unified School District
Description: Requires all SJUSD schools to be smoke-free. This is the first school district in the state of California to implement a comprehensive smoke-free policy.
Link: http://www.tobaccofreeca.com/timeline_viewer.php

Organizational Practices
Sacramento Job Corps Tobacco-Free Campus
Date Enacted: 2005
Description: Sacramento Job Corps pairs a tobacco-free campus with tobacco cessation programs to reduce tobacco use.
Link: http://healthedcouncil.org/docs/hec_tobacco_FULLcasestudy_03-26-09_FINAL.PDF

Community College Smoke-Free Entryways
Description: Community colleges, including American River College, Cosumnes River College, Sacramento City College, and Folsom Lake College, have adopted smoke-free policies banning smoking within 30 feet of an entryway.
Link: http://cyanonline.org/college/policies/community/

Sacramento County Fairs Smoke-Free
Description: The Sacramento County Fair Board of Directors designated all Sacramento County Fairs to be smoke-free. A designated smoking section is located prior to entry.
Link: http://www.sacfair.com/html/generalinfo.htm/

State Fairs Smoke-Free
Date Enacted: July 2003
Description: The Cal Expo Board required all state fair facilities to be smoke-free with designated smoking areas.
Source: Carolyn Martin, Sacramento County Tobacco Control Coalition
**Fairytale Town Smoke-Free**

Description: Fairytale Town, located in Sacramento City, is a smoke-free environment to protect the children who come to visit. Smoking is allowed 30 feet from the outside gates of Fairytale Town.

Link: http://www.fairytaletown.org/safety

**VCA Veterinary Clinic Smoke-Free Entryways**

Description: Smoking banned within 20 feet of entryways with signage.

Source: Carolyn Martin, Sacramento County Tobacco Control Coalition

**UC Davis Medical Center Smoke-Free**

Description: The UC Davis Medical Center went completely smoke-free. It adopted a comprehensive approach as a model, including such things as tobacco education, signage, and free nicotine gum for visitors. This cessation effort encompasses all staff employees on the 143-acre campus, including construction workers.
Healthy Eating and Active Living

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   a. State Vending Machine Policy
   b. Farmers’ Market EBT
   c. Revisions to Farm Stand Regulations

2. County-Level Policy
   a. Agricultural Tourism Code Amendment

3. City-Level Policy
   a. Vending Machine Nutrition Policy, Sacramento City
   b. McClatchy Park Master Plan: Parks and Recreation Safety Implementation, Sacramento City
   c. Community Gardens, Sacramento City
   d. Backyard Chicken Ordinance, Sacramento City
   e. Front Yard Landscape Ordinance, Sacramento City

4. School District-Level Policy
   a. Joint Use Agreement, Cordova Recreation and Park District
   b. Joint Use Agreement, Sacramento City Unified School District
   c. Joint Use Agreement, Washington Unified School District, West Sacramento
   d. Joint Use Agreement, Folsom Cordova Unified School District
   e. Healthier School Meals, Sacramento City Unified School District
   f. Healthier School Foods, Folsom Cordova Unified School District
   g. Safe Routes to School, Citrus Heights, San Juan Unified School District
   h. Safe Routes to School, Elk Grove Unified School District

i. Safe Routes to School, West Sacramento, Washington Unified School District
j. Wellness Policy, Elk Grove Unified School District
k. Wellness Policy, Sacramento City Unified School District

5. Organizational Practices
   a. California State Employee Workplace Wellness and Injury Prevention Initiative

State-Level

State Vending Machine Policy
Date Enacted: 2008
Description: Policy requires all vending machines on designated state property to offer a portion of food and beverages that meet nutritional standards.
Link: http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_0401-0450/sb_441_bill_20080930_chaptered.pdf

Farmers’ Market EBT
Date Enacted: 2010
Description: This law allows an interested collective group or association of produce sellers that is Food and Nutrition Service (FNS) authorized and in a flea market, farmers’ market, or certified farmers’ market to initiate and operate an EBT acceptance system in the market, as specified. By allowing nonprofits and farmers associations to process CalFresh, the law expanded low-income residents’ access to numerous farmers’ markets in Sacramento, where the market manager had been unwilling to manage CalFresh processing alone.

Revisions to Farm Stand Regulations
Date Enacted: 2008
Description: Introduced by Sacramento Assemblyman Dave Jones, the passage of AB2168 created more allowances for modern farm stands throughout California. This bill emerged out of the food access efforts taking place in the Sacramento
region. Among other changes, the law reduces barriers to direct marketing. It allows farmers to sell products directly to restaurants and nonprofits operating food access programs. As a result, urban farm stands could then legally be operated by a nonprofit organization and offered in neighborhood settings.

**County-Level**

**Agricultural Tourism Code Amendment**

Date Enacted: November 2011  
Jurisdiction: Sacramento County  
Description: Authorizes nonprofit-operated community farm stands in Sacramento County unincorporated areas, and eases regulations so that farm stays, wineries, and ecotourism related activities would be allowed.  
Link: http://www.msa2.saccounty.net/planning/Documents/Zoning-Code/PLNP2011-00047AgTourism_Addendum_2.pdf

**City-Level**

**Vending Machine Nutrition Policy**

Date Enacted: 2011  
Jurisdiction: Sacramento City  
Description: City establishes nutrition standards for food and beverages sold in vending machines on city property. This policy requires at least 50 percent of beverages and snacks sold in city facilities meet statewide school nutrition standards, ensuring healthier options.  
Link: http://www.sacramentopress.com/headline/57877/City_vending_machines_to_have_healthier_choices_soon  
http://www.healcitiescampaign.org/search.html

**McClatchy Park Master Plan: Parks and Recreation Safety Implementation Plan Update**

Date Enacted: June 24, 2008  
Jurisdiction: Sacramento City  
Description: McClatchy Park is the historical focal point of Oak Park, and in 2008, the City Council adopted the Parks and Recreation Safety Implementation Plan to design and implement capital improvements and operational enhancements that create positive, clean, vibrant, and safe environments for park users throughout the city. Phase 1, which began winter 2012, involves new construction for its Farmers’ Market, including concrete walkways, granite paving for vendor stalls, landscaping, shade trees, and benches.  
Link: http://www.cityofsacramento.org/parksandrecreation/parks/sites/mcclatchy_plan.htm

**Community Gardens**

Date Enacted: July 2011  
Jurisdiction: Sacramento City  
Description: Allows gardens on properties that are privately owned that do not have structures. However, doesn’t allow urban agriculture that would include the sale of produce.  

**Backyard Chicken Ordinance**

Date Enacted: August 2011  
Jurisdiction: Sacramento City  
Description: This ordinance allows people within the city limits to keep up to three hens in their backyard, with a license fee of $10 per household and permit fee of $15 per chicken paid annually.  

**Front Yard Landscape Ordinance**

Date enacted: April 3, 2007  
Jurisdiction: Sacramento City  
Description: The Sacramento City Council adopted a new front yard landscape code that allows for sustainable diverse
landscapes, allowing residents to grow almost any type of plants, fruits, or vegetables.

**School District-Level**

**Joint Use Agreement**

Date Enacted: 1960s to present
Jurisdiction: Rancho Cordova Recreation and Park District
Description: Rancho Cordova was the first city in California, and one of the first in the nation, to formalize a joint use agreement in the early 1960s. The Cordova Recreation and Park District has joint use agreements with four local school districts: Sacramento City Unified School District, Folsom Cordova School District, San Juan Unified School District, and Elk Grove Unified School District.
Link: http://changelabsolutions.org/sites/changelabsolutions.org/files/CA_Joint_Use_Toolkit_FINAL_%28CLS_20120530%29_2010.01.28.pdf (page 43)

**Joint Use Agreement**

Date Enacted: 2009
Jurisdiction: Sacramento City Unified School District
Description: In 2009, Luther Burbank High School (SCUSD) in South Sacramento started a $24.5 million state-of-the-art sports complex with athletic fields. A joint-use agreement between the city and the school district has been made, opening the complex to the community.
Link: http://www.jointuse.org/news/sacramento%E2%80%99s-burbank-high-breaks-ground-for-new-sports-complex/

**Joint Use Agreement**

Date Enacted: 2011
Jurisdiction: Washington Unified School District, West Sacramento
Description: The City of West Sacramento and Washington Unified School District have formalized a joint use partnership to share use of and costs for new recreational facilities at multiple schools. This will allow the city to open its facilities to community members during non-school hours, including weekends and holidays.
Link: http://www.cityofwestsacramento.org/civica/filebank/blobdload.asp?BlobID=7353

**Joint Use Agreement**

Jurisdiction: Folsom Cordova Unified School District
Description: The Folsom Cordova Unified School District has a joint use agreement with the City of Folsom Park and Recreation District and the Cordova Recreation and Park District. These organizations can use the district facilities at no charge for Recreation and Park District activities unless otherwise stated in the agreement.
Link: http://fcusd.org/facweb/facuse/FacUsePDFs/AR1330.pdf

**Healthier School Meals**

Jurisdiction: Sacramento City Unified School District
Description: Healthier menu options were designed to reflect the tastes of students, while also meeting the new federal guidelines for school meals. The district has also installed salad bars stocked with fresh, locally sourced fruits and vegetables at all SCUSD schools.

**Healthier School Foods**

Jurisdiction: Folsom Cordova Unified School District
Description: Eliminated junk food, soda, and a la carte sales in the cafeteria. Renovated older high school cafeteria to create food stations that include computerized keypads for students to pay for lunch (reduces stigma sometimes associated with free- and reduced-price school meals).
Link: http://www.csba.org/~/~/media/B5947DF3DE58432C9B038C9C38360684.ashx
Safe Routes to School
Date Enacted: 2008
Jurisdiction: Citrus Heights and San Juan Unified School District
Description: The city is conducting walkability assessments around all of the public elementary schools in the city. Citrus Heights has already constructed a range of SRTS infrastructure projects around schools.
Link: http://www.citrusheights.net/home/index.asp?page=1542

Safe Routes to School
Date Enacted: 2011
Jurisdiction: Elk Grove Unified School District
Description: EGUSD will implement Project AWARE (Advancing Walk and Roll Environments), a five-year SRTS program to increase elementary and middle school students’ ability to safely walk and bike to school.
Link: http://www.egusd.net/discover_egusd/grants.cfm

Safe Routes to School
Date Enacted: 2011
Jurisdiction: City of West Sacramento, Washington Unified School District
Description: This SRTS project entails walk assessments at eight schools in the city and will provide assistance to parents in creating a culture of walking and biking to school in West Sacramento.
Link: http://www.walksacramento.org/our-work/safe-routes-to-school/

Wellness Policy
Date Enacted: May 2006
Jurisdiction: Elk Grove Unified School District
Description: Policy establishes a range of standards and guidelines related to healthy school food and physical activity.
Link: http://www.egusd.net/nutrition/pdf/AR_5030.pdf

Wellness Policy
Date Enacted: September 2012
Jurisdiction: Sacramento City Unified School District
Description: Policy establishes a range of standards and guidelines related to healthy school food and physical activity.
Link: http://www.dairycouncilofca.org/Educators/School-Wellness/Policies/Sacramento_City_ Unified.pdf

Organizational Practices
California State Employee Workplace Wellness and Injury Prevention Initiative
Description: This pilot initiative recognizes that workplaces are key environments for reducing the prevalence of chronic diseases, like diabetes, hypertension, and heart disease. The goal is to create a model workplace wellness and injury prevention program to support and improve the health of state employees and their families and also lower health care costs. Elements being considered as part of the initiative include health education, links to related employee services, supportive physical and social environments for health improvement, integration of health promotion into the organization’s culture, and employee screenings with adequate treatment and follow-up. The initiative will be piloted in the California Department of Public Health and one additional state agency.
High-Impact Quality Clinical and Community Preventive Services

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   b. Baby-Friendly Hospitals, Sacramento County

Organizational Practices

Sacramento County Park Prescription

Date Enacted: 2012
Description: Sacramento County Health and Human Services Department is partnering with regional health care providers to launch a campaign to prescribe walking and/or biking in the Sacramento area, as part of a national effort to promote physical activity in local and regional parks to support improved health outcomes. The park prescriptions call for 30 minutes a day of walking/biking in local parks to prevent health problems resulting from inactivity and poor diet.
Link: http://www.dhhs.saccounty.net/Pages/NR-Sac-County-Park-Prescription.aspx

Baby-Friendly Hospitals

Description: Sacramento County currently has three Baby-Friendly Hospitals: Kaiser South Sacramento, The Birth Center, and Sutter Memorial Hospital.
Link: http://www.californiabreastfeeding.org/2012bfreports/Sacramento2011_1_.pdf
Social and Emotional Wellness

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2. Organizational Practices
   a. Crime Prevention Through Environmental Design

School District-Level

Anti-Bullying Policy

Jurisdiction: Sacramento City Unified School District
Date Enacted: July 2011
Description: The SCUSD School Board adopted an anti-bullying policy in June 2011 to help ensure a caring and nondiscriminatory learning environment for all students. The policy is paired with a comprehensive bullying prevention program focused on reducing bullying and harassment of students district-wide.
Link: http://www.scusd.edu/bullying-prevention

Organizational Practices

Crime Prevention Through Environmental Design

Description: The Sacramento Municipal Utility District, Sacramento County Sheriff’s Office, and City of Sacramento Police Department are collaborating to integrate Crime Prevention Through Environmental Design (CPTED) principles into their projects and efforts. CPTED principles include improved lighting, unobstructed sights lines, improved landscaping, graffiti removal, and increased video and natural surveillance. Agencies will also provide CPTED trainings to community partners on effective environmental design, and its potential to reduce violence and perceptions of violence in communities.
Link: http://www.cptedtraining.net/index.php?page=client-list
Healthy and Safe Environments

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   b. Metropolitan Transportation Plan/Sustainable Communities Strategy, SACOG Region
   c. Sacramento County General Plan
   d. Sacramento County Pedestrian Master Plan
   e. Sacramento County Bikeway Master Plan
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2. City-Level
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   n. Housing Trust Fund Ordinance, Sacramento City
   o. Sacramento Railyards Specific Plan

County-Level

Sacramento Region Blueprint — Transportation and Land Use Plan

Date Enacted: 2004
Jurisdiction: SACOG Region
Description: The Blueprint provides a general map for growth in the region, and connects transportation decisions with land use policies. The Blueprint’s preferred growth scenario was a result of public and local government input, and supports compact, mixed use development and enhancing access to multiple modes of transportation.
Link: http://www.sacregionblueprint.org

Metropolitan Transportation Plan/Sustainable Communities Strategy (MTP/SCS)

Date Enacted: 2012
Jurisdiction: SACOG Region
Description: This long-range transportation plan is a tool for implementing the region’s Blueprint. The plan is also the first in the region to apply sustainable communities strategies, as set forth by Senate Bill 375, to reduce emissions and vehicle miles traveled by personal automobiles. The plan promotes transportation and land use decisions that support smart growth and transit-oriented development. The plan also takes into consideration low-income and minority communities that have higher rates of walking, bicycle and transit use, and the opportunity to connect these communities to nearby jobs and opportunities.
Link: http://www.sacog.org/2035/mtpscs/

Sacramento County General Plan

Date Enacted: November 2011
Jurisdiction: Sacramento County
Description: The Sacramento County General Plan includes key updates: a new growth management strategy; stronger focus on addressing existing communities and revitalizing aging commercial corridors; a new Economic Development Element; and strategies to reduce greenhouse gas emissions consistent with state law.
Sacramento County Pedestrian Master Plan
Date Enacted: November 2007
Jurisdiction: Sacramento County
Description: The plan establishes goals and strategies to increase pedestrian safety and improve walkability in the Sacramento County unincorporated area. Development of projects included in the Ped-Plan will enhance walking as a viable transportation alternative and help make Sacramento County a better place to live. Walkable communities add to personal health and recreation, make neighborhoods more livable and help to reduce pollution.
Link: http://www.sacdot.com/Pages/PedestrianMasterPlan.aspx

Sacramento County Bikeway Master Plan
Date Enacted: April 2011
Jurisdiction: Sacramento County
Description: The plan guides bikeway policies, programs, and standards to make bicycling in Sacramento County more safe, comfortable, convenient, and enjoyable for all bicyclists. The ultimate goal is to increase the number of persons who bicycle to work, school, errands, and recreation in Sacramento County.
Link: http://www.sacdot.com/Pages/BikewayMasterPlan.aspx

Local Transportation Tax
Date Enacted: 2004
Jurisdiction: Sacramento County
Description: Dedicates a sales tax for transportation improvements, including public transit systems, bicycle, and pedestrian facilities.
Link: http://www.sacta.org/pdf/new_measureA/Final-NewMeasureAOrdinance.pdf

Green Streets — Freedom Park Drive
Date Enacted: 2012
Jurisdiction: Sacramento County
Description: Sacramento County’s first ‘green street,’ which incorporates low-impact development design so that storm-water is cleaned and filtered via landscaping.
Link: http://www.shra.org/LinkClick.aspx?fileticket=847ypKvmMsc%3D&tabid=241&mid=578

Affordable Housing Ordinance
Date Enacted: December 8, 2004
Jurisdiction: Sacramento County
Description: Implemented affordable housing program that applies to all new residential developments of five or more units in an unincorporated county. Program requires a production of 15% of all new housing at levels affordable to low, very low, and extremely low-income households.
Link: http://www.shra.org/Housing/MultifamilyHousing/InclusionaryHousing.aspx

City-Level

Sacramento City General Plan
Date Enacted: March 2009
Jurisdiction: Sacramento City
Description: The goal of this general plan is to make Sacramento the most livable city in America. There is an emphasis on providing a range of housing choices, mixed-use neighborhood centers, great schools, and parks. Neighborhoods will be diverse, distinct, and well-structured to meet the needs of the community. The plan also calls for maintaining green infrastructure and improving public transportation infrastructure.
Link: http://www.sacgp.org/
Sacramento City Bikeway Master Plan
Date Enacted: 2012
Jurisdiction: Sacramento City
Description: The goal of the City Bikeway Master Plan is to develop a comprehensive plan that will meet the needs of all bicyclists. Bicycle travel will be enhanced by improved street maintenance and by upgrading existing roads used regularly by bicyclists. On new construction and major reconstruction projects, adequate width should be provided to permit shared use by motorists and bicyclists.

Sacramento City Pedestrian Master Plan
Date Enacted: 2006
Jurisdiction: Sacramento City
Description: The Sacramento City Pedestrian Master Plan has two primary objectives. The first is to institutionalize pedestrian considerations by preparing policy, standards, and procedural recommendations that allow the city to leverage the best pedestrian environment. The second is to improve current pedestrian deficiencies by preparing a capital improvement process to allow systematic retrofitting of pedestrian pathways.

Citrus Heights General Plan
Date Enacted: 2001
Jurisdiction: Citrus Heights City
Description: This general plan emphasizes community health. The city will invest in transit-oriented development and infrastructure to help residents reach various destinations. The plan also calls for adequate access to parks and recreational facilities.
Link: http://www.citrusheights.net/home/index.asp?page=1513

Citrus Heights Bikeway Master Plan
Date Enacted: 2008
Jurisdiction: Citrus Heights City
Description: The goal of the Bikeway Master Plan is to provide a connected bikeway system in the City of Citrus Heights to improve the quality of life for all residents and visitors. This will happen by constructing bikeways identified in the proposed system and provide for the maintenance of both existing and new facilities.
Link: http://www.citrusheights.net/docs/1596612009bikeway_master_plan_compl_12-18-08.pdf

Elk Grove General Plan
Date Enacted: November 2003; Amended: 2009
Jurisdiction: Elk Grove City
Description: The plan includes improvements to circulation efforts to encourage alternative modes of transportation. Land use elements of the general plan call for a neighborhood commercial zoning district to allow a range of neighborhood-serving retail and services, and also improving, developing, and maintaining parks and trails.
Link: http://www.egplanning.org/gp_zoning/general_plan/index.asp

Elk Grove Bikeway and Pedestrian Master Plan
Date Enacted: 2004
Jurisdiction: Elk Grove City
Description: The purpose of this plan is to improve and encourage bicycle and pedestrian transportation within the City of Elk Grove and to allow for connections with the surrounding areas. Goals include: increase cycling and walking; educate the public on bicycle and pedestrian opportunities and safety issues; enhance enforcement of bicycle regulations; improve connectivity; encourage use of non-motorized transportation; implement bicycle and pedestrian-friendly site and roadway designs; improve safety for bikeway facilities.
Folsom Bikeway Master Plan
Date Enacted: July 2007
Jurisdiction: Folsom City
Description: The primary recommendations include overcoming the gaps in the bikeway system caused by the American River and Lake Natoma, improving other gaps and sub-standard bikeways, and ensuring adequate bicycle facilities are constructed as part of all future street standards.
Link: http://www.folsom.ca.us/depts/parks_n_recreation/bike_trails/bikeway_master_plan.asp

Folsom Pedestrian Master Plan
Date Enacted: In progress
Jurisdiction: Folsom City
Description: The master plan will identify existing benefits and disadvantages to the current transportation system and establish policies, objectives and project priorities for improving that system.
Link: http://www.folsom.ca.us/depts/public_works/admin/default.asp#PedMasterPlan

Rental Housing Inspection Program
Date Enacted: March 4, 2008
Jurisdiction: Sacramento City
Description: The rental housing inspection program seeks to achieve compliance with health, safety, and welfare code violations in/on residential rental properties. The goal is prevent threats to occupants’ safety and the structural integrity of the building, and a negative impact on the surrounding neighborhoods.
Link: http://www.cityofsacramento.org/dsd/code-compliance/rihip/index.cfm

Planning and Development Code Update
Date Enacted: In progress
Jurisdiction: Sacramento City
Description: The 2030 General Plan for Sacramento City establishes land use policies based on sustainable practices, such as infill and green building development. The land use policies of the General Plan, however, cannot promote changing long-entrenched development patterns when paired with outdated zoning and development regulations. A key implementation measure of the General Plan is to comprehensively update the zoning code. The proposed update will result in a user-friendly document that provides predictable, clear and consolidated direction for development, and promotes sustainable development.
Link: http://www.sacgp.org/pdc.html

Pedestrian-Friendly Street Standards
Date Enacted: February 24, 2004
Jurisdiction: Sacramento City
Description: Provides standards to enhance walkability, including wider sidewalks, bike lanes and curbs to improve pedestrian and bicycle safety and encourage non-motorized transportation modes. The standards incorporate traffic-calming measures in new development areas, including traffic circles, pedestrian islands and high-visibility sidewalks.

Mixed Income Housing Ordinance
Date Enacted: October 2000
Jurisdiction: Sacramento City
Description: This ordinance requires that any new residential development of 10 units or more include an affordable housing component.
Link: http://www.shra.org/Housing/MultifamilyHousing/InclusionaryHousing.aspx
**Housing Trust Fund Ordinance**

Date Enacted: 1989  
Jurisdiction: Sacramento City  
Description: The Housing Trust Fund Ordinance imposes a fee on non-residential development for the construction of affordable housing near new employment centers.  
Link: [http://www.cityofsacramento.org/dsd/planning/long-range/housing/housingtrustfund.cfm](http://www.cityofsacramento.org/dsd/planning/long-range/housing/housingtrustfund.cfm)

**Sacramento Railyards Specific Plan**

Date Enacted: 2012  
Jurisdiction: Sacramento City  
Description: Sacramento has initiated one of the nation’s largest brownfield redevelopment projects for the 244 acres that make up Downtown Sacramento’s Railyard, meant to further advance the policies of the General Plan. A new train and bus station will be added, as well as thousands of new homes, stores, a public market, parks, and rail technology museum, overall creating more mixed-use, transit-oriented neighborhoods.  
Appendix 5: Partnerships, Programs, and Environmental Change Efforts

Tobacco-Free Living

Saving Our Legacy

Saving Our Legacy has worked with restaurants owned or frequented by African-Americans in Sacramento County to enact a 100% voluntary policy to make their outdoor patios smoke-free. SOL is now working with elected officials on a city policy for smoke-free outdoor dining. SOL is also working with the Sacramento Regional Transit District to implement a 100% smoke-free system at all bus stops and light rail stations.

Link: http://www.thesolproject.com/Our_Campaigns.html

STAND (Sacramento Taking Action Against Nicotine Dependence)

STAND has a number of tobacco-related campaigns: educating, empowering, and organizing the community to demand smoke-free housing; encouraging multi-unit housing owners and residents to implement smoke-free policies; countering tobacco industry targeting of adult venues (e.g. bars, nightclub, Greek organizations); promoting smoke-free LGBT events; and promoting smoke-free vocational institutions.

Link: http://sacstand.com/

Tobacco Use Prevention Education


Link: http://www.cde.ca.gov/ls/he/at/tupeoverview.asp

Sacramento County Tobacco Control Coalition

The Sacramento County Tobacco Control Coalition is a standing committee of the Sacramento County Public Health Advisory Board (PHAB). PHAB functions as an official advisory council to the Board of Supervisors and the County Department of Health and Human Services. The mission of the Sacramento County Tobacco Control Coalition is to transform the Sacramento community into a tobacco-free society in the 21st century. To accomplish this, the Coalition will provide education, coordination, and support of anti-tobacco activities; support and supplement school education; and oversee the development, implementation, and evaluation of the Sacramento County Tobacco Control Plan.

Link: http://www.facebook.com/SacTobaccoControl

Healthy Eating and Active Living

Sacramento Food System Collaborative

Valley Vision provides staff support to this collaborative of public, private, and nonprofit stakeholder groups in the six-county Capital Region. The collaborative works to inform and influence policy initiatives relevant to the regional food system, including: food security and food access, land use planning, local food purchasing plans, and rural economic development. By establishing goals in the following areas: food access, agriculture sustainability, and education, the Food System Collaborative is working to integrate a regional food policy that 1) prioritizes the elimination of health disparities, and 2) ensures sustainable food access to low-income communities in regional and state planning efforts that have the potential to impact the regional food system.

Link: http://www.foodsystemcollaborative.org/index1.php
Market Match Program
Sacramento-based nonprofit Alchemist Community Development Corporation (in partnership with Roots of Change and local farmers’ markets) are leveraging funds from the California Department of Food and Agriculture for the Market Match program. Several farmers’ markets throughout Sacramento and Yolo counties participate in the program, enabling CalFresh recipients to receive an extra $5 that can be used to purchase fresh fruits, vegetables and nuts when they spend at least $10 with CalFresh at farmers’ markets.
Link: http://www.alchemistcdc.org/

Rethink Your Drink
Sacramento County HEAL Collaborative leads the region’s Rethink Your Drink campaign, encouraging residents to make healthy beverage choices and limit sugar-sweetened beverages like soda and sports drinks.
Link: http://www.sacculturalhub.com/entertainment-and-news/e-blasts/1547-healthy-tips-qrethink-your-drinkq

High-Impact Quality Clinical and Community Preventive Services
UC Davis Center for Health Care Policy and Research
The Center is a multidisciplinary research unit that assists investigators working in the areas of health services and health policy research.
Link: http://www.ucdmc.ucdavis.edu/chpr/projects/

Virtual Dental Home Demonstration Project
The project aims to test a new model that reduces barriers to accessing preventive dental services, especially among populations at greatest risk.
Link: http://dental.pacific.edu/Community_Involvement/Pacific_Center_for_Special_Care_%28PCSC%29/Innovations_Center/Virtual_Dental_Home_Demonstration_Project.html

Right Care Initiative — Clinical Quality Improvement Leadership Collaborative
A project of the California Department of Managed Care, the Right Care Initiative is an expert-based, public-private, multi-year effort that aims to measurably improve clinical outcomes through enhancing the practice of patient-centered, evidence-based medicine. The Initiative focuses on: cardiovascular disease (particular emphasis on hypertension); diabetes (particular emphasis on heart attack and stroke prevention); and hospital-acquired infections. The Right Care Initiative established a forum in the Sacramento Region for sharing best practices among providers and leadership within health care systems.
Link: http://www.dmhc.ca.gov/healthplans/gen/gen.rci.aspx

Capitol Community Health Network — South Sacramento Community Health Navigators
Capitol Community Health Network is implementing a two-year pilot project to bring community health navigator services to the residents of the South Sacramento area. Through a partnership with community primary clinics and behavioral health providers, the program will focus on the needs of four specific Southeast Asian cultures (Hmong, Mien, Vietnamese, and Cambodian) and Latinos. Throughout the pilot phase, the project will develop, test, and validate techniques and materials that can form the basis of an on-going, conceivably self-sustaining program serving the needs of any number of clearly identifiable cultural sub-communities within the South Sacramento area and beyond.
Link: http://www.capitolhealthnetwork.org/CHNP.html

Dignity Health
Dignity Health provides health care services to more than 40 hospitals and care centers, including six in the Sacramento region. In addition to clinical services, Dignity Health focuses on community health. In 2005, Dignity Health pioneered the nation’s first Community Needs Index, which maps the level of community need for every zip code. It also offers chronic disease self-management programs within the Sacramento area.
Link: http://www.dignityhealth.org/Who_We_Are/Community_Health/index.htm
Social and Emotional Wellness

WEAVE, Inc.
In addition to providing crisis intervention services for survivors of domestic violence and sexual assault, WEAVE works to advance prevention and education to break the cycle of violence.
Link: http://www.weaveinc.org/

La Familia Counseling Center, Inc.
La Familia builds the capacity of youth from high-risk underserved populations in South Sacramento to become leaders and advocates to promote reductions in youth violence, increase safety, and promote health issues that impact their communities. La Familia also offers career counseling, counseling and support, education and employment for youth, and family resources.
Link: http://lafcc.org/about.html

Birth & Beyond Family Resource Centers
The goal of the program is to help build strong families, meet the needs of growing children, and ensure that every child receives medical care. Birth & Beyond is an award-winning home visitation program that provides family support services to pregnant women and families with children through five years of age in the home. Birth & Beyond Family Resource Centers are open to anyone in the community and offer a variety of services, including parenting workshops, school readiness activities and classes, crisis intervention services and family activities.
Link: http://www.wellspacehealth.org/birth_and_beyond.htm

Parent-Teacher Home Visit Project
A collaboration of the Sacramento City Teachers Association, the school district, and the faith-based community organizing group Sacramento ACT, the project was designed to address chronic low performance of schools by training teachers to make home visits to families to foster parent-teacher collaboration to improve student achievement.

Sacramento County Children’s Coalition
The mission of the Sacramento County Children’s Coalition is to assess community needs, evaluate existing services, and make recommendations to the Board of Supervisors and other policymaking bodies to promote the health and well-being of children and families in Sacramento County. The Coalition provides both policy oversight and community education about the needs of children and families. Work includes:

- Funding Programs. By administering the Sacramento County Children’s Trust Fund, the Coalition provides grants to a variety of local agencies that prevent child abuse.
- Protecting Children. The Coalition reviews the system of agencies and organizations involved in protecting children throughout Sacramento County.
- Reporting Results. In producing its Children’s Report Card, the Coalition gathers data and information from a number of sources about the quality of Sacramento children’s lives and provides it in one user-friendly document available to all interested community leaders and organizations.

Link: http://www.sactokids.org/

Blue Ribbon Commission on African-American Child Deaths
Sacramento County Supervisor Phil Serna has established a Blue Ribbon Commission to address the issue of disproportionate African-American child deaths. The Commission will review data, investigate model programs in other communities, and seek broad community input. They will develop a Blue Ribbon Commission Report that will be presented to the Sacramento County Board of Supervisors in 2013 with deliberate recommendations to stem African-American child deaths in Sacramento County.
Link: http://www.philserna.net/?page_id=749
**First 5 Sacramento**

First 5 supports early childhood health and education through a range of programs, including health access and utilization, oral health, nutrition and physical activity, quality early care and education, school readiness, and effective parenting.

Link: http://www.first5sacramento.net/

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**Healthy and Safe Environments**

**Sacramento Safe Community Partnership (Ceasefire)**

The goal of the Safe Community Partnership is to work with the community to improve the lives of young people in Sacramento by reducing gun violence, strengthening the employment prospects of those at the highest risk of violence, and helping young people avoid further involvement with the criminal justice system. The partnership includes Sacramento Police Department, Area Congregations Together, Sacramento Employment and Training Agency, Sacramento County Probation Department, Sacramento County Office of Education, City of Sacramento Neighborhood Services Division, Sacramento County District Attorney’s Office, U.S. Attorney’s Office, California Department of Corrections and Rehabilitation, Kaiser Permanente, The California Endowment, and the Public Health Institute.

Link: http://www.sacpd.org/pdf/partnerships/sscp.pdf

**School-Based Health Centers**

Sacramento County is home to four school-based health centers that provide primary care services.


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**Rails to Trails**

Sacramento has a variety of Rails-to-Trails projects meant to provide a safe location for hiking, biking, and equestrian travel. Trails include the Sacramento Northern Bike Trail, Sacramento River Parkway Trail, Ninos Parkway and Bannon Creek Parkway.

http://www.cvrtf.org/about-us/
### Appendix 6: Comparison of Evidence-Based Prevention Strategies and Sacramento County Policy and Environmental Change Efforts

#### Tobacco-Free Living

<table>
<thead>
<tr>
<th>Community:</th>
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<tbody>
<tr>
<td>1. Implement elements of comprehensive outdoor secondhand smoke policies (seven areas include: dining areas, entryways, public events, recreation areas, service areas, sidewalks, and worksites). Policies must go above and beyond existing state law.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Sacramento County</th>
<th>City Level</th>
<th>School District</th>
<th>Organizational Practices</th>
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<tbody>
<tr>
<td>1. Sacramento County, Smoke-Free Entryways</td>
<td>1. Sacramento City, Smoke-Free Zoos</td>
<td>1. Sacramento County, Tobacco Retail License</td>
<td></td>
</tr>
<tr>
<td>2. Regional Transit, Smoke-Free Bus and Light Rail Stops</td>
<td>2. Sacramento City, Smoke-Free Outdoor and Recreation Areas</td>
<td>2. Elk Grove, Tobacco Retail License</td>
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</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2. Adopt strong tobacco retail licensing requirements.</th>
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<tr>
<td>1. Sacramento County, Tobacco Retail License</td>
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<tr>
<td>1. Sacramento City, Tobacco Retail License</td>
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<td>2. Elk Grove, Tobacco Retail License</td>
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<tr>
<td>3. Rancho Cordova, Tobacco Retail License</td>
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<tr>
<td>4. Citrus Heights, Smoking Paraphernalia Establishments</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>3. Support policies that increase availability of tobacco-free and smoke-free housing, particularly within affordable housing for low-income, senior, and other types of affordable housing units.</th>
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</thead>
<tbody>
<tr>
<td>1. Sacramento County, Multi-Unit Housing Resolution</td>
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<tr>
<td>1. Sacramento City, Multi-Unit Housing Resolution</td>
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<tr>
<td>2. Rancho Cordova, Multi-Unit Housing Resolution</td>
</tr>
</tbody>
</table>

| 1. VCA Veterinary Clinic Smoke-Free Entryways |
| 2. State Fairs, Smoke-Free |
| 3. Sacramento County Fairs, Smoke-Free |
4. Prohibit distribution of free- and low-cost tobacco products — often know as sampling or non-sale distribution — in all venues, including bars, rodeos, festivals, and county fairs.

5. Support retailers in restricting point-of-purchase advertising of tobacco products.

**Workplaces and Institutions:**

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<thead>
<tr>
<th></th>
<th>Sacramento County</th>
<th>City Level</th>
<th>School District</th>
<th>Organizational Practices</th>
</tr>
</thead>
</table>
| 6. | 1. Sacramento County, Smoke-Free Workplaces  
2. Sacramento County, Smoke-Free Restaurants and Businesses | 1. Sacramento City, Smoke-Free Zoos | 1. SJUSD, Smoke-Free Schools | 1. Sacramento Job Corps, Smoke-Free Campus  
2. Sacramento County Community Colleges, Smoke-Free Entryways  
3. Fairytale Town Smoke-Free  
4. UC Davis Medical Center Smoke-Free |

**Media:**

7. Use media to educate and encourage people to live tobacco free, and raise awareness of tobacco cessation resources.

8. Develop counter-advertising media approaches against tobacco products to reach youth.

**Supportive Secondary and Tertiary Prevention Efforts:**

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<tr>
<th></th>
<th>Sacramento County</th>
<th>City Level</th>
<th>School District</th>
<th>Organizational Practices</th>
</tr>
</thead>
</table>
| 9. | 1. EGUSD, SJUSD, FCUSD, TRUSD, Tobacco Use Prevention Education | | | 1. Sacramento Job Corps Initiative  
2. Smoke-Free Multi-Unit Housing Initiatives  
3. UC Davis Medical Center Smoke-Free |
## Healthy Eating

<table>
<thead>
<tr>
<th>Community:</th>
<th>Sacramento County</th>
<th>City Level</th>
<th>School District</th>
<th>Organizational Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the availability of grocery stores in underserved neighborhoods.</td>
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<tr>
<td>2. Incentivize small food store owners in underserved areas to carry healthier, affordable food items.</td>
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<tr>
<td>4. Support local and regional food systems by preserving farmland, creating regional infrastructure for processing and distribution, and investing in new and existing farmers.</td>
<td></td>
<td>1. Sacramento City Backyard Chicken Ordinance</td>
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<tr>
<td>5. Encourage farmers’ markets to accept Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) cards, CalFresh, and WIC Farmers Market Nutrition Program coupons.</td>
<td></td>
<td></td>
<td>1. EBT Access at Oak Park Farmers’ Market 2. Regional Farmers’ Markets Participating in the Market Match Program</td>
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<tr>
<td>6. Improve outreach and education to encourage use of farmers’ markets and farm stands by residents of lower-income neighborhoods, and by WIC and SNAP recipients.</td>
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<tr>
<td>7. Realign bus routes or provide other transportation, such as mobile community vans or shuttles to ensure that residents can access healthy food retailers easily and affordably through public transportation.</td>
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<tr>
<td>8. Enhance accessibility to healthy food retailers through public safety efforts, such as better outdoor lighting and police patrolling.</td>
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<tr>
<td>9. Support the development of community gardens.</td>
<td>1. Sacramento City, Community Gardens</td>
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<tr>
<td>10. Develop community-based group activities (e.g., community kitchens) that link procurement of affordable, healthy food with improving skills in purchasing and preparing food.</td>
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<td>11. Adopt building codes to require access to and maintenance of fresh drinking water fountains (e.g., public restroom codes).</td>
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<td>12. Implement zoning designed to limit the density of fast food establishments.</td>
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<td>Sacramento County</td>
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<tr>
<td>13.</td>
<td>Create incentive and recognition programs to encourage grocery stores and convenience stores to reduce point-of-sale marketing of calorie-dense, nutrient-poor foods (e.g., promote “candy-free” check out aisles and spaces).</td>
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<tr>
<td>14.</td>
<td>Encourage non-chain restaurants (not covered by federal menu labeling law) to provide consumers with calorie information on in-store menus and menu boards.</td>
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<tr>
<td>15.</td>
<td>Offer incentives (e.g., recognition or endorsement) for restaurants that promote healthier options (for example, by increasing the offerings of healthier foods, serving age-appropriate portion sizes, or making the default standard options healthy — i.e., apples or carrots instead of French fries, and non-fat milk instead of soda in “kids’ meals”).</td>
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<tr>
<td><strong>Schools, Afterschool, and Childcare:</strong></td>
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<tr>
<td>16.</td>
<td>Institute farm-to-school programs that incorporate fresh, local produce into school meals.</td>
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<td>17.</td>
<td>Establish school gardens to expose students to fresh produce while teaching them about how food is grown.</td>
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<tr>
<td>18.</td>
<td>Ensure implementation and compliance with California law requiring access to tap water in schools.</td>
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<tr>
<td>19.</td>
<td>Eliminate or limit marketing and advertising of less healthy foods and beverages on school grounds, and in afterschool and childcare settings.</td>
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<tr>
<td>20.</td>
<td>Adopt land use and zoning policies that restrict fast food establishments near school grounds and public playgrounds.</td>
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<tr>
<td>21.</td>
<td>Implement local ordinances to restrict mobile vending of calorie-dense, nutrient-poor foods near schools and public playgrounds.</td>
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<tr>
<td>22.</td>
<td>Institute guidelines for fundraising in schools, afterschool, and childcare settings that promote healthy foods or non-food methods.</td>
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</tbody>
</table>

1. SCUSD, Healthier School Meals
2. FCUSD, Healthier School Foods
<table>
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<tr>
<th></th>
<th>Sacramento County</th>
<th>City Level</th>
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<th>Organizational Practices</th>
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<tbody>
<tr>
<td>23.</td>
<td>Implement nutrition standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks, and child care facilities.</td>
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<td>24.</td>
<td>Ensure that childcare and afterschool program licensing agencies encourage utilization of the nutrition assistance programs and increase nutrition program enrollment (CACFP, Afterschool Snack Program, and the Summer Food Service Program).</td>
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<tr>
<td>Workplaces and Institutions:</td>
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<tr>
<td>25.</td>
<td>Ensure that local government agencies, workplaces, and institutions (including hospitals and health care) that operate cafeterias and vending options have food procurement and nutrition standards in place wherever foods and beverages are sold or available.</td>
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<td>26.</td>
<td>Design pricing strategies within cafeterias and vending that increase affordability of healthier food and beverage options in local government agencies, worksites, and institutions.</td>
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<tr>
<td>27.</td>
<td>Provide healthy food options for employees at all meetings and events where food is served.</td>
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<td>28.</td>
<td>Establish farm-to-institution programs within workplaces and health care facilities.</td>
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<td>29.</td>
<td>Ensure worksite compliance with the Affordable Care Act lactation accommodation provision, and collaborate with employers not covered under the law to institute breastfeeding-friendly workplace policies.</td>
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<td>30.</td>
<td>Ensure that plain water be available in local government-operated and administered outdoor areas and other public places and facilities, and well as private workplaces and institutions.</td>
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<td>Media:</td>
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<td>Organizational Practices</td>
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<tr>
<td>31. Develop media campaigns utilizing</td>
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<td>multiple channels to promote healthy</td>
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<td>eating (and active living) using</td>
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<td>consistent messages.</td>
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<td>32. Design a media campaign that</td>
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<td>establishes community access to healthy</td>
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<td>foods as a health equity issue and</td>
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<td>reframes chronic disease as a</td>
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<td>consequence of environmental inequities</td>
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<td>and not just the result of poor</td>
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<td>personal choices.</td>
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<td>33. Develop counter-advertising media</td>
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<tr>
<td>approaches against unhealthy products</td>
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<tr>
<td>to reach youth as has been used in the</td>
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<tr>
<td>tobacco and alcohol prevention fields.</td>
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</table>
### Physical Activity

<table>
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<th>Community:</th>
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<th>City Level</th>
<th>School District</th>
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</thead>
<tbody>
<tr>
<td>1. Require that each general plan contain a recreation element that includes access to, and availability of, facilities and park land to encourage physical activity.</td>
<td></td>
<td>1. Sacramento City, General Plan</td>
<td>2. Citrus Heights, General Plan</td>
<td>3. Elk Grove, General Plan</td>
</tr>
<tr>
<td>2. Build and maintain parks and playgrounds that are safe and attractive for playing and in close proximity to residential areas.</td>
<td></td>
<td>1. Sacramento City, McClatchy Park Master Plan</td>
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<tr>
<td>3. Improve access to bicycles, helmets, and related equipment for lower-income families, for example, through subsidies or repair programs.</td>
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<tr>
<td>4. Improve access to public transit through reduced fares for children, families, and students, and improved service to schools, parks, recreation centers, and other family destinations.</td>
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<tr>
<td>5. Improve access to public and private recreational facilities in communities with limited recreational options through reduced costs, increased operating hours, and development of culturally appropriate activities, and, when possible, development of new recreational centers.</td>
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<tr>
<td>6. Create incentives for remote parking and drop-off zones and/or disincentives for nearby parking and drop-off zones at schools, public facilities, shopping malls, and other destinations.</td>
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</tbody>
</table>

### Schools, Afterschool, and Childcare:

| 7. Meet or exceed requirements for minimum minutes of physical education in schools. |                   |           |                 |                          |
| 8. Provide daily recess breaks for unstructured play in schools. |||||
| 9. Collaborate with schools to develop and implement a Safe Routes to School program to increase the number of children safely walking and bicycling to schools. | 1. Citrus Heights and San Juan Unified School District, Safe Routes to School  
2. Elk Grove Unified School District, Safe Routes to School  
3. West Sacramento and Washington Unified School District, Safe Routes to School |
<p>| 10. Support locating new schools within easy walking distance of residential areas. | |||
| 11. Collaborate with school districts and other organizations to establish joint use of facilities agreements allowing playing fields, playgrounds, and recreation centers to be used by community residents when schools are closed. | 1. Cordova Recreation and Parks District Joint Use Agreement |
| 12. Institute policies that require minimum play space, physical equipment, and duration of play in preschool, afterschool, and childcare programs. | |
| 13. Create afterschool activity programs, (e.g., dance classes, city-sponsored sports, supervised play, and other publicly or privately supported active recreation) with an emphasis on income and gender equity. | |</p>
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<tr>
<th></th>
<th>Sacramento County</th>
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<tbody>
<tr>
<td>14.</td>
<td>Adopt policies that limit screen time in preschool and afterschool programs.</td>
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<tr>
<td><strong>Workplaces and Institutions:</strong></td>
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<tr>
<td>15.</td>
<td>Provide incentives to employees who walk, bike, or use public transportation to commute to and from work and for work-related travel.</td>
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<td>16.</td>
<td>Develop workplace policies and practices that build physical activity into routines (e.g., exercise breaks at a certain time of day and in meetings, walking meetings, and on-site bicycle racks).</td>
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<td>17.</td>
<td>Improve stairway access and appeal in workplaces and institutions.</td>
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<td>18.</td>
<td>Subsidize membership to recreational facilities.</td>
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<td><strong>Media:</strong></td>
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<tr>
<td>19.</td>
<td>Develop media campaigns using multiple channels to promote physical activity using consistent messages.</td>
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<tr>
<td>20.</td>
<td>Design a media campaign that establishes physical activity as a health equity issue and reframes chronic disease as a consequence of environmental inequities and not just the result of poor personal choices.</td>
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<tr>
<td>21.</td>
<td>Develop counter-advertising media approaches against sedentary activity to reach youth as has been done in the tobacco and alcohol prevention fields.</td>
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</table>
## High Impact Quality Clinical and Community Preventive Services

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<tr>
<th>Community:</th>
<th>Sacramento County</th>
<th>City Level</th>
<th>School District</th>
<th>Organizational Practices</th>
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<tbody>
<tr>
<td>1. Increase delivery of clinical preventive services by Medicaid and Children's Health Insurance Program (CHIP) providers.</td>
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<tr>
<td>2. Support implementation of community-based preventive services and enhance linkages with clinical care (e.g., community-based diabetes programs, school-based oral health programs).</td>
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<tr>
<td>3. Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to clinical and community preventive services.</td>
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<td>4. Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk. (e.g., locate preventive services within or near community centers, churches, schools, and workplaces; ensure adequate transportation, employer time off, and child care to clinical and preventive services).</td>
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<tr>
<td>5. Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.</td>
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<tr>
<td>6. Expand the use of community health workers and home visiting programs.</td>
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## Health Care Systems and Providers:

<p>| 7. Support quality improvement collaboratives among physicians, hospitals, nursing homes, home health agencies, and others to disseminate research evidence and share best practices. |                   |            | 1. Right Care Initiative |
| 8. Train clinical providers on community prevention principles and strategies in preventing injury and illness, as well as advocacy skills to advance community-focused solutions. |                   |            | 1. Sacramento County, Park Prescription |</p>
<table>
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<th>Sacramento County</th>
<th>City Level</th>
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</thead>
</table>
| 9. Enhance coordination and integration of clinical, behavioral, and complementary health strategies (models include medical homes, community health teams, integrated workplace health protection and health promotion programs). |  |  | 1. South Sacramento, Capitol Community Health Network  
2. Dignity Health  
3. WellSpace Health |
| 10. Adopt practices in hospitals and health care facilities that are supportive of breastfeeding and consistent with the Baby-Friendly Hospital Initiative USA. |  |  | 1. Kaiser South Sacramento, Baby-Friendly Hospital  
2. The Birth Center, Baby-Friendly Hospital  
3. Sutter Memorial, Baby-Friendly Hospital |

**Schools, Afterschool, and Childcare:**

|   |   | 1. Sacramento County, School-Based Health Centers |
| 11. Increase access to school-based preventive services. |   |   |
| 12. Promote the use of evidence-based preventive services within school-based health services. |   | 1. Sacramento County, School-Based Health Centers |

**Workplace and Institutions:**

|   |   | 1. California State Employee Workplace Wellness and Injury Prevention Initiative |
| 13. Develop employer-based incentives, such as financial assistance for tobacco cessation programs that support healthy behaviors and increase access to clinical preventive services. |   |   |
| 14. Give employees time off to access clinical preventive services. |   |   |
| 15. Provide employees with on-site clinical preventive services and comprehensive wellness programs. |   |   |
## Social and Emotional Wellness

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<thead>
<tr>
<th>Community:</th>
<th>Sacramento County</th>
<th>City Level</th>
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<tbody>
<tr>
<td>1. Include safe shared spaces for people to interact and connect (e.g., parks, community centers) in community development plans.</td>
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<tr>
<td>2. Provide space and organized activities (e.g., opportunities for volunteering) that encourage social participation, civic engagement, and inclusion for all people, including older people and persons with disabilities.</td>
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<td>3. Create internships and jobs for youth of all capabilities and provide job training and mentoring to make youth feel welcome.</td>
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<td>1. South Sacramento, La Familia Counseling Center 2. Sacramento Safe Community Partnership – Ceasefire</td>
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<tr>
<td>4. Provide job training opportunities for adults, including persons with disabilities.</td>
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<td>5. Provide culturally appropriate parenting skills education and conduct early childhood interventions to enhance mental and emotional well-being (e.g., home visits for pregnant women and new parents).</td>
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<td>1. Birth &amp; Beyond Family Resource Center 2. First 5 Sacramento</td>
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<tr>
<td>6. Increase outreach for and accessibility of safety net resources and supports, including social security, food stamps, etc.</td>
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<tr>
<td>7. Decrease the availability of alcohol and other drugs within the community, and reduce the community conditions that lead to inappropriate use of alcohol and the use of other illegal drugs.</td>
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<tr>
<td>8. Improve the look, feel, and safety of communities in order to promote an overall atmosphere of safety and promote positive well-being among residents.</td>
<td>1. Sacramento County, Crime Prevention Through Environmental Design</td>
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<tr>
<td>9. Enhance data collection systems and data sharing to better identify and address mental and emotional health needs.</td>
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<td>1. Blue Ribbon Commission on African-American Child Deaths 2. Sacramento County Children’s Coalition</td>
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</table>
### Schools, Afterschool, and Childcare:

10. Implement programs and policies to prevent abuse, bullying, violence, and social exclusion, build social connectedness, and promote positive mental and emotional health.

11. Implement programs to identify risks and early indicators of mental, emotional, and behavioral problems among youth and ensure that youth with such problems are referred to appropriate services.

12. Ensure students have access to comprehensive health services, including mental health and counseling services.

13. Support culturally appropriate child and youth development programs (e.g., peer mentoring programs, volunteering programs) and promote inclusion of youth with mental, emotional, and behavioral problems.

### Workplaces and Institutions:

14. Implement reasonable accommodations within organizations to reduce stress (e.g., flexible work schedules, assistive technology, adapted work stations), including part-time and low-wage workers, and institute family-friendly policies.

15. Ensure that mental health services are included as a benefit on health plans and encourage employees to use these services as needed.

### Supportive Secondary and Tertiary Prevention Efforts:

16. Pilot and evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas.

17. Adopt community policing strategies that improve safety and security of streets, especially in higher-crime neighborhoods.
## Healthy and Safe Communities

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<tr>
<th>Community</th>
<th>Sacramento County Level</th>
<th>School District</th>
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<tbody>
<tr>
<td>2. Implement “complete streets” design to provide safe and convenient travel options for people who walk, bicycle, or use wheelchairs.</td>
<td>1. SACOG, Metropolitan Transportation Plan</td>
<td>1. Sacramento City, Green Streets, 2. Sacramento City, Complete Streets Tax</td>
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<tr>
<td>3. Plan, build, and maintain a well-connected network of off-street trails and paths for pedestrians and bicyclists.</td>
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<td>1. Sacramento County, Rails to Trails</td>
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<tr>
<td>4. Promote community revitalization that invests in local shops, services, parks and trails as attractive destinations for pedestrians, cyclists and public transit users.</td>
<td>1. SACOG, Sacramento Region Blueprint</td>
<td>1. Sacramento City, General Plan, 2. Citrus Heights, General Plan, 3. Elk Grove, General Plan, 4. Sacramento City, Railyards Specific Plan</td>
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<tr>
<td>5. Implement a traffic enforcement program to improve safety for pedestrians and bicyclists.</td>
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<tr>
<td>6. Improve the availability, quality, location, greening, and design of affordable housing for low-income working families.</td>
<td>1. Sacramento County, Green Streets, 2. Sacramento County, Affordable Housing Ordinance</td>
<td>1. Sacramento City, Rental Housing Inspection Program, 2. Sacramento City, Mixed Income Housing Ordinance, 3. Sacramento City, Housing Trust Fund</td>
</tr>
</tbody>
</table>
The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. Originally developed by Larry Cohen while working as Director of Prevention Programs at the Contra Costa County Health Department, the Spectrum is based on the work of Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness.

The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified they will lead to interrelated actions at other levels of the Spectrum.

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<tr>
<th>LEVEL OF SPECTRUM</th>
<th>DEFINITION OF LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Influencing Policy and Legislation</td>
<td>Developing strategies to change laws and policies to influence outcomes</td>
</tr>
<tr>
<td>5. Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to improve health and safety</td>
</tr>
<tr>
<td>4. Fostering Coalitions and Networks</td>
<td>Convening groups and individuals for broader goals and greater impact</td>
</tr>
<tr>
<td>3. Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others</td>
</tr>
<tr>
<td>2. Promoting Community Education</td>
<td>Reaching groups of people with information and resources to promote health and safety</td>
</tr>
<tr>
<td>1. Strengthening Individual Knowledge and Skills</td>
<td>Enhancing an individual’s capability of preventing injury or illness and promoting safety</td>
</tr>
</tbody>
</table>

Link: http://preventioninstitute.org/component/jlibrary/article/id-105/127.html