Healthy Sacramento Coalition
Meeting

What’s Next?

February 27, 2013
Why Are We Here?

• 24 Month planning and capacity building period (began September 2011, ends September 2013)
  ▪ Main deliverables- Community Transformation Implementation Plan (strategies, objectives and measures)
  ▪ Collaborative Projects in county target toward neighborhoods made up of 15 target zip codes

• Implementation will start in October 2013
Where Have We Been?

February 29th
- Share Breakout Group Reports

April 25th
- Build common understanding about what it will take to create HSC

May 23rd
- Est. goals & objectives

June 27th
- Discussed focus of Healthy Sacramento Coalition work
- Established criteria for participation in Healthy Sacramento Coalition work, and a structure to accomplish work
- Discussed Importance of CHNA, Policy Scan and Communication Strategy to future work

August 22
- Developed Workgroups
- Preliminary Community Needs Assessment data
Where We Are Going?

October 2012 - March 2013
- Beginning of Year 2—Planning/Capacity Bldg.

April 19, 2013
- Submission for Year 3-5 CTIP Framework
- Submission on Interim Progress Report to CDC

October 2013
- Beginning of Year 3—Implementation

October 2016
- Completion of CTG Term
Policy workgroup meets on each 3 focus areas, asks and answers 5 guiding questions and brings forward recommended policy priorities to HSC meetings.

Capacity Building & Training, and Communications workgroups identify and pick strategies that would support proposed policy priorities.

Steering Committee reviews each focus area and recommends a comprehensive strategy.

Strategy Including in Implementation Plan

All priorities and strategies are shared with HSC Leadership Team for Environmental Analysis.

Proposed strategies are presented to HSC for consensus on Strategy for Strategic Area.
Implementation Grant Framework

- **Overarching Goals:**
  - Preventing health problems by effectively addressing obesity and tobacco use through environmental change at the neighborhood level;
  - Have county-wide impact.

- **Framework aligns with the priorities required by CDC and CDPH (see slides 5 and 6)**

- **County-wide impact with specific emphasis on:**
  - 15 zip codes experiencing worst health outcomes
  - North Sacramento, Downtown and South Sacramento
  - Potential sub-group focus:
    - Health disparities among African Americans, Latinos and Southeast Asians
    - SNAP eligible-households
    - Others?

- **Regional Adaptability:**
  - Projects should be scalable and replicable for implementation by all public jurisdictions in Sacramento County
Summary of CDPH Strategic Goals by CDC Focus Area

- **CDC Focus Area 1: Tobacco-Free Living**
  - **State Goal**: Eliminate smoking in multi-unit Housing.

- **CDC Focus Area 2: Healthy Eating Active Living**
  - **State Goal**: Increase access to healthy food.
  - **State Goal**: Decrease consumption of unhealthy beverages and increase consumption of healthy beverages.
    - Example: Procurement strategies related to sugar sweetened beverages; pricing and placement strategies of beverages in retail environments; implementation of water requirements in schools, child care and other public spaces, social marketing to decrease SSB and increase water consumption and incentives for health food retail.
  - **State Goal**: Improve community planning for physical activity and safety.
    - Example: Strategies that focus on the built environment e.g. through involvement in local and state planning processes; joint use; community violence prevention; injury prevention.
Summary of CDPH Strategic Goals by CDC Focus Area

- **CDC Focus Area 3: Prevention + Control of Hypertension and Cholesterol**
  - **State Goal:** Bridge clinical and community based prevention activities.

- **CDC Focus Area 4: Social + Emotional Wellness**
  - **State Goal:** Implement effective positive youth development strategies that promote youth engagement in a healthy social and community life.

- **CDC Focus Area 5: Healthy + Safe Physical Environment.**
  - **State Goal:** Improve community planning for physical activity and safety.
    - **Example:** Strategies that focus on the built environment e.g. through involvement in local and state planning processes; joint use; community violence prevention; injury prevention.
How Will We Do This Work?

1. Focuses on results and indicators (turning curves) across CTG’s 5 strategic directions

   a. In order to hit CDC 5-year Targets
      ↓ 5% death and disability due to tobacco use
      ↓ 5% rate of obesity through nutrition and physical activity interventions
      ↓ 5% death and disability due to heart disease and stroke

   b. Clearly address targeted health disparities

2. Use data-driven decision making

3. Surface and challenge assumptions

4. Distinguish Between Quality of Life How Well Things Are Done (Population Accountability vs. Performance Accountability)
Moving from Capacity to Implementation
CTIP will be reviewed and scored for consideration using 8 criteria

1. **Background and Need**—described need for support with data documenting area’s distribution of chronic disease conditions and risk factors

2. **Program Infrastructure**—staffing demonstrates ability to carry out proposed activities

3. **Fiscal Management**—demonstrated ability for strong fiscal management; CTIP budget that aligns with needs

4. **Leadership Team and Coalition**—demonstrated representation from department of health, county and statewide leaders, multiple sectors, populations experiencing health disparities; coalition activities support the ability to carry out CTG activities

5. **Community Transformation Implementation Plan**—Proposed strategies are integrated into a coordinated overall plan that address the needs of the area as a whole and populations experiencing health disparities; Plan includes a foundation for sustainability of CTG work; Community and clinical components integrated; Outcomes objectives are SMART and represent a logical and realistic plan of action for timely and successful achievement

6. **Selection of Strategies and Performance Measures**—proposed CTIP present a cohesive set of strategies that include spending at least 50% of funds in the first three strategic directions: Tobacco-Free Living, Active Living and Healthy Eating, and High Impact Quality Clinical Preventive Services; Strategies align with identified needs and the capacity of the Leadership Team and Coalition. Ability to collect area level data and evaluate their impact on changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being and mental health?

7. **Performance Monitoring and Evaluation**—Evaluation plan’s ability to measure program’s success.

8. **Participation in CDC Support Activities**—Ability of plan to collaborate with CDC, state and national experts, and others to disseminate program successes and lessons learned
Moving from Capacity to Implementation—What’s Left?

- Refining Plan
  - Small group selected by Sierra Health will write the plan
  - Input from Coalition, Leadership Group and Steering Committee will refine plan

- Ensure CTIP addresses 8 criteria for CDC review
Vision: A Healthy, Safe, and Thriving Sacramento

- Policy and Environmental Changes
- Build A Better System
- Improve Culture

Make Healthy Choice the Easy Choice