



A Community
Health
Improvement
Initiative to
Eliminate Health
Disparities

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Healthy Communities

SAN MATEO COUNTY

An Update – Priorities & Progress 2009

May 2009 marked the five year anniversary of the San Mateo County Board of Supervisors' (BOS) adoption of *Healthy Communities: A Community Health Improvement Initiative to Eliminate Health Disparities*. This update report summarizes what has been accomplished to date, and looks forward to ongoing priorities and future progress.

Background

Under the leadership of Supervisor Rose Jacobs Gibson, the San Mateo County Health System and community members convened for the first *Healthy Communities Summit* to focus on health disparities. Participants acknowledged that differences in health care access and health outcomes across populations are a result of social, economic, and environmental inequities, and they made a commitment to addressing these inequities. From the summit, there emerged three initial areas of focus: Prevention of Childhood Obesity (now called Get Healthy San Mateo County); Alcohol, Tobacco and Other Drug Prevention; and Linguistic Access to Health Care.

After year-long strategic planning processes, all of which involved stakeholders and community leaders from healthcare, schools, community-based, faith-based and youth-serving organizations, law enforcement, courts and probation, County departments and cities, the BOS accepted three prevention planning documents: 1) *Blueprint for Prevention of Childhood Obesity* on April 4, 2006; 2) *Roadmap for Alcohol, Tobacco and Other Drug Prevention* on June 20, 2006; 3) *Linguistic Access Study* on October 17, 2006.

Across the two community-based prevention plans significant similarities have emerged. While each deals with a specific health issue (substance abuse and obesity), the strategies for preventing these health problems are consistently place- and community-based. Key prevention learnings include:

- **A focus on individual behavior change is insufficient.** Deep and long-term prevention requires changing the physical and social environments in which people live, thereby making the healthier choices the easier choices.
- **The strategies needed to address one health issue, are the same for other health issues;** therefore, reducing silos and increasing collaboration across the substance abuse and obesity prevention efforts (and others) is needed.

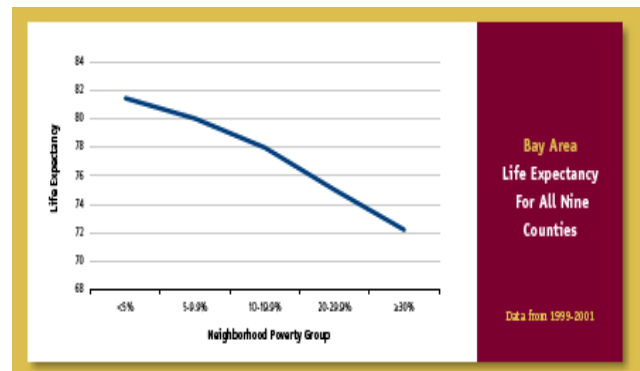
- **The strategies for engaging in primary prevention are outside the control of health care professionals.** Implementation of these strategies requires changes in the economic development, urban planning, transportation planning and traffic and personal safety strategies implemented by local, regional, state and federal agencies.
- **Prevention requires patient and long-term engagement between new partners** such as health planners and local and regional planners, traffic engineers, zoning administrators, school officials, and transportation planners.

Moving Forward: Building Health Equity in San Mateo County

As implementation of each of the prevention plans continues to move forward, partnerships across the county are increasingly focused on addressing health equity through changes to the social and physical environments where people live.

Where people live has a significant influence on their health. Low-income neighborhoods are more likely to have high concentrations of alcohol and tobacco outlets and fast food restaurants, to lack of access to affordable fresh produce, to lack of open space that encourage active lifestyles and social connectivity, limited public transportation, and to have high rates of violence. These conditions are the social determinants that increase poor health such as obesity, heart disease, diabetes, asthma, and alcohol and drug abuse, among others.

Income and wealth are one of the most significant influences on people's health and the cumulative impact of poverty on health is that lower income people live shorter lives than their wealthier counterparts. In San Mateo County, for every \$10,000 increase in individual annual income, an individual can expect to live 6 months longer. Residents of Atherton and Portola Valley live 83-85 years while residents of East Palo Alto and North Fair Oaks live 77-79 years. This pattern is repeated all over the bay area, across California and the United States.



From the Health Inequities in the Bay Area Report by the Bay Area Regional Health Inequities Initiative.

As implementation continues to move forward, the Healthy Communities Initiative will focus on changing the environments where people live to “make healthy the easy and only option.” Examples of these activities include:

Working with cities and community partners to

- make fresh fruits and vegetables much more accessible;
- increase the attractiveness of walking and biking as a means of moving ourselves from place to place during the day;
- reduce the accessibility, particularly to youths, of alcohol and tobacco;
- increase the number of parks and open spaces; and
- reduce violence.

Partnering with schools to

- implement school wellness policies; and
- build more safe routes for students to walk/bike to and from school.

Working with regional transportation agencies to

- re-engineer activity and social interactions back into residents daily lives;
- prioritize public transit and walking and biking as convenient and safe transportation modes; and
- further create transit hubs near neighborhood serving retail stores and services.

The Healthy Communities Initiative remains relevant today, 5 years since its inception. In fact, in the midst of concern about rising health care costs, climate change, and the aging of the population; the synergies between efforts to be “green,” to be “prepared” and to be “healthy” are many. Moving forward, the Initiative will continue to establish a connection with the words, images, and passions that move people – whether it be preventing climate change, reducing health care costs, or building livable, economically vital communities for older adults – to make the changes necessary to create a truly healthy community.

Get Healthy San Mateo County (GHSMC)

For the past three years, the GHSMC Task Force has been working to improve the nutrition and physical activity environments for children in San Mateo County. Approximately 300 people have attended one or more Task Force meetings and nine working committees have implemented components of the *Blueprint for Prevention of Childhood Obesity*.



Farmer's Market in East Palo Alto

In order to ensure that the name of the Task Force represents the vast work of the collaborative, a new name was adopted in December 2007. The former San Mateo County Prevention of Childhood Obesity (PCO) Task Force became the GHSMC Task Force. The new name is indicative of the many areas that Task Force members are working in, addressing childhood obesity, the root causes of health disparities, and the many factors that make our communities healthy for all children.

Blueprint Objectives & Action Items

The *Blueprint* identified five priority areas, with 29 objectives divided into 111 action steps. To date, 27 of 29 objectives (93%) have been or are currently being addressed. In addition, more than one half of the action steps in this five year plan are completed or are in progress. Considerable achievement is being made in implementing the *Blueprint*—a credit to the participation of Task Force members and the work that many organizations are doing to promote healthy foods and active living.

Implementation Highlights & Challenges

Community Funding Awards For the past three years, the GHSMC Task Force has awarded small grants to various committees and organizations committed to increasing access to healthy foods and physical activity. The types of projects funded are innovative and diverse. They include:

- a mobile physical activity van
- supporting a community farmers market
- nutrition and physical activity guidelines for preschools/childcare centers
- implementation of school wellness policies
- nutrition education classes with parents
- a youth blog on creating healthier communities and
- a Produce Mobile Van for low-income families.



Produce Mobile Van distribution site



Nutrition education to migrant workers and families at Puente de La Costa Sur

Clearinghouse Websites The GHSMC Task Force launched two clearinghouse websites with resources on healthy eating and active living www.gethealthysmc.org for parents, teachers and other adults, and a site dedicated to youth involvement in changing their communities www.yspacesmc.org.



Health and the Built Environment In collaboration with the Department of Housing, Parks Department, Public Works Department, Planning and Building Department and regional planning agencies, health considerations have been integrated into six local built environment planning processes to date and work continues on developing general plans which maximize health.

Looking Ahead

The 2006 *Blueprint* identified priority goals for reducing childhood obesity by the year 2010. Based on learnings to date, and growing smart practices county-wide, GHSMC Task Force members will update the *Blueprint* to serve as a guiding document for the next five years. The update will include an increased focus on changing environments to favor healthy choices and continuing to sustain the long-term collaborative efforts that make this possible throughout San Mateo County.

Alcohol, Tobacco and Other Drug (ATOD) Prevention

The *Roadmap for Alcohol, Tobacco and Other Drug Prevention* brought together diverse individuals and organizations to collaborate in the planning and implementation of ATOD prevention recommendations and principles. Stakeholders and community leaders in law enforcement, schools, courts and probation, youth-serving organizations, healthcare systems, community-based organizations (including existing prevention providers), policy makers, County departments and agencies, as well as representatives from the Drug and Alcohol Advisory Board (DAAB), Tobacco Education Coalition (TEC), and the Youth Commission each have implemented strategies contained in the *Roadmap*. The Alcohol and Other Drug (AOD) Services' Strategic Planning and prevention system redesign efforts were guided by the *Roadmap*.



Community collaboration meeting in East Palo Alto

Roadmap Priority Areas & Objectives

The five *Roadmap* priority areas or key domains are: Individual and Family Connections, Social and Cultural Norms, Access and Availability of Alcohol, Tobacco and Other Drugs, Policy, Laws and Enforcement, and Community Support and Capacity for Prevention. These efforts and objectives re-focused and shifted the priorities of AOD Prevention from service provision to at-risk populations toward a grassroots community engagement model, impacting community wellness by influencing social norms and environmental factors. The overall goal is to reduce alcohol and other drug use among youth and young adults in San Mateo County. The centerpiece of these efforts is to develop long-term, sustainable community support and capacity for prevention.



Safe Summer Mural Developed by Pescadero HS Youth Advisory Council

Implementation Highlights & Challenges

Community-Based Partnerships Through a Request for Proposals (RFP) process, and subsequent training and technical assistance, seven community-based partnerships initiated local assessment, capacity building and planning efforts. Each of the partnerships, located in Pacifica/Daly City, East Daly City, San Mateo, Redwood City, East Palo Alto, Half Moon Bay and in the South Coast, incorporated the community voice into their plan for implementation of prevention efforts designed to create effective, positive, and sustainable community change. These efforts, generated at the community level in partnership with AOD, build the capacity of an effective prevention system. This fiscal year, all seven partnerships will be in the implementation phase.



Stay Safe Youth Coalition screening of a youth-led documentary from press conference to policy

Looking Ahead

The *Roadmap* continues to guide AOD Prevention efforts throughout the communities of San Mateo County. In alignment with the *Roadmap*, and in partnership with AOD staff, community-based AOD Prevention partnerships are, or soon will be implementing the strategies identified in their planning processes. While continuing to build the capacity of the communities, the partnerships and AOD staff are beginning to develop a county-wide learning community.

Linguistic Access to Health Care

Since approval of the countywide *Linguistic Access Study* results in 2006, Health System staff created an action plan that would address the key findings internally for the Health System and serve as a model for other health care organizations and community partners. Two key events set the stage for transformation of the Health System 1) in October 2007, Health System leadership approved the San Mateo County Health Department Cultural and Linguistic Access Standards; 2) in July 2008, the San Mateo County Health System adopted a set of linguistic access policies that emphasize the right of clients to receive interpreter services at no cost to them, that prohibit the use of minors as interpreters, and that discourage the use of any family members as interpreters.

Study Recommendations & Action Plan

The *Linguistic Access Study* identified five key recommendations to address the needs of LEP residents in San Mateo County. Since the publication of the Study, the Health System has:

- developed and implemented a plan for language assistance services (Recommendation #1),
- created uniform policies, procedures and standards (Recommendation #2), and
- has expanded the availability and use of interpretation and translation services (Recommendation #3).



Filipino Mental Health Initiative outreach

The Health System is currently in the implementation phase of a Bilingual Employee Pilot Project that addresses the training and evaluation of bilingual employees who provide language assistance services (Recommendation #4).

To improve linguistic access in the north region of the county and specifically for non-Spanish speaking residents (Recommendation #5), a number of community engagement initiatives have emerged including; the Filipino Mental Health Initiative, which increases awareness of behavioral health resources and other services for the Tagalog-speaking community, and the North County Outreach Collaborative, which was awarded funding to work with community health workers and increase access to services. The Health System is also exploring the possibility of expanding the Health Care Interpreter Network (HCIN) to the Daly City Clinic.

Implementation Highlights & Challenges

The Linguistic Access policies led to the launch of a comprehensive and centralized Language Assistance Services program for all Health System staff. The program, through its contracted agencies, provides in-person interpretation, document translation, telephone interpretation and interpreter equipment rental services. Since the inception of this program, there have been over 380 language assistance requests for over 15 languages, including American Sign Language.

Quarterly usage of the services has increased steadily since the program's inception. Evaluation of the program indicates ongoing staff education and training continue to be needed to reinforce and expand its use.

You have the right to an interpreter at no cost to you. Ask an employee.

Spanish > Español	Chinese > 繁體中文
Tiene derecho al servicio de interpretación gratuito. Pídale a un empleado.	您有權獲得一位翻譯，且無須付費。請向一位職員詢問。
Tagalog > Tagalog	Mandarin > 簡體中文
May karapatan kang humingi ng interprete! Walang bayad sa itatagong na empleyado.	您有權獲得一位翻譯，且無須付費。請向一位職員詢問。
Russian > Русский	Tongan > Tongan
Ma iavea e talaia ke fa'atupu e fa'atupu e fa'atupu. O le talaia e fa'atupu e fa'atupu.	Ma iavea e talaia ke fa'atupu e fa'atupu e fa'atupu. O le talaia e fa'atupu e fa'atupu.
Portuguese > Português	Samoa > Samoan
Tem o direito de um intérprete gratuito sem custos. Informe-se com um funcionário.	O le talaia e fa'atupu e fa'atupu e fa'atupu. O le talaia e fa'atupu e fa'atupu.
Arabic > عربي	Hindi > हिन्दी
لك الحق في ان تطلب ترجم دون ان تتكلف بشئ. (تفضل اعد الموظفين)	आपको हिंदी हिंदी बिना के को अग्रिम शुल्क को से अधिक के हिंदी को बिना के शुल्क
Iran > فارسی	Waleshese > Tiếng Việt
تان حق ینک مترجم پانور رایگان حق شما است. از یکی از کارمندان سوال کنید.	Quy có quyền sử dụng dịch viên miễn phí. Xin hỏi nhân viên.
Japanese > 日本語	American Sign Language > American Sign Language Relay Service
通訳サービスを無料で受け取ることが出来ます。社員にお聞き合わせください。	OMG TTY Toll Cost-Free Relay Service

San Mateo County Health System

NOTE TO EMPLOYEES: For more information on language assistance services or for copies of this poster, contact 650-573-3533 and Press 6 to speak with a representative. You may also visit the following URL: <http://www.smcshs.com/external/interpreter/>

Language Assistance Line Launched in July 2008, the Language Assistance Line is a central telephone line that all Health System staff can use to access interpretation and document translation services. This “one-stop shop” for language assistance services enables staff to: 1) schedule an in-person interpreter, 2) request an American Sign Language interpreter, 3) request document translation, 4) receive immediate telephone interpretation, and 5) reserve interpreter transmitter and receiver equipment for group meetings. Since its launch, the Language Assistance Line has facilitated over 350 language assistance requests.

Right to an Interpreter Signs In order to inform the public of their right to free interpretation services, signs were printed in 13 languages and American Sign Language and posted at all Health System facilities. The signs notify the public of their right to request a free interpreter and instruct them to ask an employee for assistance. Signs now appear on over 150 reception desks, entry ways and waiting areas across the Health System.

Bilingual Employee Pilot (BEP) Project. An 8-month project conducted in partnership with the Human Resources Department trains bilingual Health System staff to provide basic interpretation assistance. The BEP Project seeks to formalize the roles of bilingual employees, and provide formal training and recognition of their service. In June 2009, 25 Health System staff attended a 2-day training that covered basic interpreter skills and cultural competency. The 25 staff members are recognized as formally trained interpreters.

Looking Ahead

The Health System will continue exploring expansion of the Health Care Interpreter Network to satellite clinic sites throughout San Mateo County. As a first step, capacity building around linguistic access has been focused to the Health System and in the much broader county wide issues of cultural competence.



The Health Care Interpreter Network System videoconferencing devices

Attachment A: Blueprint Action Plan Progress-to-date

Priority Area 1: Community/Environment

GOAL: To improve and sustain access to healthy food and physical activity at the community, organizational, and environmental levels.

Objective 1: By 2010, all residents will have access to high-quality, appealing, and affordable fruits, vegetables, and other nutritious foods.

	<i>Action Steps</i>	<i>Status</i>
1	Determine locations where fruits, vegetables, and other healthy foods are sold/not sold through regional mapping project and other assessment activities.	✓
2	Identify priority communities/ neighborhoods in need of increased access to healthy foods.	✓
3	Identify local, regional, and state organizations and individuals who can assist communities in expanding access to healthy food (both food to people and people to food).	In Progress
4	Identify Best Practices in literature for assisting communities in expanding access to healthy food, including incentives for bringing markets into these areas.	✓
5	Develop strategic plan with identified coalitions as lead agencies to increase access to high quality, healthy, affordable food.	In Progress

Objective 2: By 2010, there will be a plan in place to provide convenient access to safe, high quality parks, playgrounds, indoor and outdoor sports and recreation facilities with affordable programs and green space in all neighborhoods.

	<i>Action Steps</i>	<i>Status</i>
1	Determine locations where physical activity opportunities are available through regional mapping project and other assessment activities.	
2	Identify priority communities/ neighborhoods in need of increased access to physical activity.	In Progress
3	Identify local, regional, and state organizations and individuals who can assist communities in expanding access to physical activity (both intentional and unintentional).	In Progress
4	Identify Best Practices in literature for assisting communities in expanding access to physical activity.	
5	Develop strategic plan, and in collaboration with identified key stakeholders, form coalitions as lead agencies to increase access to physical activity.	In Progress

Objective 3: By 2010, ensure that information about healthy food and physical activity is available at a culturally competent and appropriate reading level for all targeted populations.

	<i>Action Steps</i>	<i>Status</i>
1	Convene a group of experts on health literacy related to healthy eating.	
2	Assess key information on healthy eating and physical activity in relation to accuracy, relevance, and reading level.	
3	Design and implement a strategy to make information available to public.	In Progress

Objective 4: By 2010, foster ongoing collaboration among Get Healthy San Mateo County Task Force and its affiliated agencies with the planning, transportation, and city management leaders of San Mateo County.

	Action Steps	Status
1	Partner with key members of planning, transportation, city management and other agencies to create regularly scheduled opportunities to	✓
2	Research and identify best practices in developing general plans to increase physical activity and healthy eating environments for	✓
3	Research existing community general plans within San Mateo County and outside of the County to understand what exists and what is possible.	✓
4	Highlight general plans in the County demonstrating best practices and provide opportunity for communities to network.	✓
5	Develop training materials and sample templates for communities to refer to, posted on the County Clearinghouse.	✓

Objective 5: By 2010, determine the feasibility of a “junk food tax” with the funds raised dedicated to obesity prevention.

	Action Steps	Status
1	Research existing local “junk food tax” efforts in communities of California and in other states to understand successful strategies. Partner with expert agencies to investigate the feasibility of a tax.	
2	Develop “wish list” for funding dedicated to supporting quality nutrition and inclusive physical activity programs and services.	
3	Identify local legislators and other agencies to develop advocacy plan.	

Objective 6: By 2010, the number and type of fast food outlets, mobile food vendors, and ice cream trucks around schools and playgrounds will be reviewed and evaluated to determine whether they should be restricted or if incentives should be provided to them to carry healthier choices.

	Action Steps	Status
1	Inventory and map current fast food outlets and mobile food carts in 5 identified neighborhoods.	In Progress
2	Analyze results of inventory to determine areas of high density, proximity to schools, and nutritional quality of foods offered.	In Progress
3	Research and document rationale for restricting density or providing incentives for healthier choices for these outlets.	In Progress
4	Develop strategy to reduce density or increase healthy choices in one pilot community of concern by seeking community partnerships and researching avenues of penetration.	In Progress
5	Analyze lessons learned from pilot to pursue additional areas of focus for density reduction.	In Progress

Objective 7: By 2010, there will be a County Clearinghouse of recommended nutrition and physical activity educational materials, curricula, marketing materials, calendar of events, agency contact information, and a referral system to technical assistance resources available for the entire community of San Mateo County.

	<i>Action Steps</i>	<i>Status</i>
1	Identify lead agency to oversee the development of an online clearinghouse. Create workgroup with representatives from each of the school, preschool/childcare, after-school, healthcare, and community workgroups to provide input.	✓
2	Assess the educational material, curriculum, marketing material, calendar of events, agency contact information, and a referral system to technical assistance resources needs of all workgroups.	✓
3	Appropriately resource the County Clearinghouse and promote its usage throughout the County.	In Progress

Priority Area 2: Schools

GOAL: To improve and sustain access to healthy food and physical activity in the school setting.

Objective 1: By 2007, there will be an online system of resources and in-person, ongoing technical assistance offered for local school districts to assist them in developing federally mandated local school wellness policies.

	<i>Action Steps</i>	<i>Status</i>
1	Collect organization websites, reviewed and recommended sample policies, and associated materials and trainings to post on the San Mateo Educational Research Center (SMERC) website.	✓
2	Collect contact information and assess the technical assistance needs of all school districts in San Mateo County linked to the development or implementation of the School Wellness Policy.	✓
3	Conduct focus groups with teachers and other school officials in order to determine additional technical resource needs.	
4	Create a fact sheet for teachers and school officials based on results.	
5	Provide staff time to coordinate technical assistance services to school districts, particularly those located in lower resource communities.	✓

Objective 2: By 2010, San Mateo County will have a youth advisory council to provide input on nutrition and physical activity policy and program decisions.

	<i>Action Steps</i>	<i>Status</i>
1	Establish a school district specific committee to focus on the steps toward youth involvement.	In Progress
2	The committee will identify barriers or concerns to youth involvement	✓
3	The committee will define goals and objectives for youth involvement in their school district. These goals should be considered within the framework of the school district's wellness policy and other related activities.	

4	The committee will work through the logistics of youth involvement by addressing the following issues: stipends, mentorship, transportation, recruitment, timeline for forming youth advisory board.	
5	Recruit diverse group of youth through all schools in district.	
6	Training for adult members of committee and youth. The goal of this training is building youth-adult partnerships and ensuring youth have meaningful leadership roles in decisions about nutrition and physical activity in schools.	✓

Objective 3: By 2010, San Mateo County will assemble a taskforce of youth who will design, implement, and lead a physical activity and nutrition social marketing campaign.

	<i>Action Steps</i>	<i>Status</i>
1	Review process and results of Daly City HEART social marketing program and other published programs. Review successes in youth-led nutrition and physical activity social marketing campaigns.	In Progress
2	Work with youth advisory boards (Objective #2) on assessing successes of social marketing campaigns at schools throughout the County.	
3	Work with youth advisory boards (Objective #2) to create a social marketing campaign at schools throughout the County.	In Progress
4	Work with youth advisory boards (Objective #2) to implement a social marketing campaign at schools throughout the County.	In Progress

Priority Area 3: After School

GOAL: To improve and sustain healthy eating and physical activity environments in the “after school” setting.

Objective 1: By 2010, after school care facilities will be notified of recommended nutrition policies for healthy meals, snacks and beverages (including those available through vending machines) that follow the SB 12 and SB 965 standards for schools.

	<i>Action Steps</i>	<i>Status</i>
1	Create specific, realistic guidelines for recreational programs that serve children and youth.	✓
2	Replicate and distribute District IV Parks and Recreation “Great Snack-Off Healthier Vending Options” List, available on the County Clearinghouse.	
3	Obtain a contact person at each after-school program site for communication.	In Progress
4	Create mail and email databases for distribution. Develop method to update database.	
5	Advocate for City Councils and Organization Boards to support and pass policies or ordinances.	✓
6	Proactively include youth and parents in planning, implementation, and evaluation.	

Objective 2: By 2010, after school care programs will provide a minimum of 10 minutes per hour of care for children to engage in a variety of physical activity options that reinforce a healthy lifestyle.

	<i>Action Steps</i>	<i>Status</i>
1	Utilize reviewed curricula from County Clearinghouse.	In Progress
2	After school care facilities will provide staff with at least one training per year on leading inclusive, non-competitive physical activity sessions and promoting positive activity behaviors.	

Objective 3: By 2010, after school curriculums and programs will include nutrition and health education components that are interactive, fun and practical for children.

	<i>Action Steps</i>	<i>Status</i>
1	Utilize reviewed curricula from County Clearinghouse.	
2	After school care facilities will provide at least one training per year to staff on childhood and adolescent nutrition, fun nutrition activities, and other related health education activities.	In Progress

Objective 4: By 2008, after school curricula and programs will include nutrition and health education components that are interactive, fun and practical for parents.

	<i>Action Steps</i>	<i>Status</i>
1	Utilize reviewed curricula from County Clearinghouse.	
2	After school care facilities will provide at least one training per year to parents on family nutrition, fun nutrition activities, and other related health education activities.	In Progress
3	Child and youth serving facilities and healthcare agencies will provide educational materials and referral system for parents.	✓

Objective 5: By 2010, after school facilities will prohibit on-site marketing or contracting of low nutrient foods/beverages via vending machines, posters and other print materials or electronic sources.

	<i>Action Steps</i>	<i>Status</i>
1	Arrange technical assistance services from Public Health Institute Law Program and other BANPAC agencies.	
2	Encourage every child and youth serving facility to create and implement a policy that bans marketing of unhealthy foods and beverages onsite. Utilize District IV Parks and Recreation "Great Snack-Off Healthier Vending Options" List.	
3	Post appropriate steps and distribute materials on County Clearinghouse.	

Objective 6: By 2010, there will be a system of identification, replication and acknowledgement of successful after school programs and best practices in San Mateo County.

	<i>Action Steps</i>	<i>Status</i>
1	Replicate and distribute San Mateo County Program Spreadsheet (See Appendix) to all agencies identified in Objective 2. Update this spreadsheet at least on a yearly basis.	
2	There will be a yearly awarding process for agencies demonstrating compliance with best practices.	✓

Priority Area 4: Preschool/Child Care Services

GOAL: To improve nutrition and physical activity environments in the preschool and child care services setting.

Objective 1: By 2010, licensed preschool/childcare providers will collaborate with parents and the community in providing culturally appropriate education on benefits of nutrition, physical activity and limited television viewing.

	<i>Action Steps</i>	<i>Status</i>
1	Assess nutrition and physical activity standards currently available at licensed preschool/childcare locations in the County, focusing primarily on Head Start facilities.	✓
2	Review results of San Mateo County First 5/ El Concilio and Stanford University focus groups with parents to identify culturally appropriate education on the benefits of nutrition, physical activity and limited TV viewing. Conduct more focus groups as needed.	✓
3	Identify and assess "best practices" for nutrition and PA programs aimed at preschools available through literature and web-based searches.	✓
4	Create and distribute specific, realistic guidelines for preschools and childcare programs on nutrition and physical activity standards.	✓

Objective 2: By 2010, licensed preschool/childcare providers will incorporate healthy nutrition and physical activity standards as integral parts of their curricula. Physical activity should be appropriate for the preschool-aged developmental level and physical health status. Sedentary behaviors should be kept to a minimum of no more than one hour per day total.

	<i>Action Steps</i>	<i>Status</i>
1	Utilize the results of action steps in Objective 1.	
2	Licensed preschool/childcare programs will offer at least one professional development training per year to enable staff to prepare culturally appropriate healthy food, model positive eating behaviors, ensure safe food handling and conduct enjoyable physical activities.	✓
3	Disseminate curriculums, trainings, and materials on County Clearinghouse.	In Progress

Objective 3: By 2010, licensed preschool/childcare programs will add stimulating indoor/ outdoor areas and play equipment that promote physical activity and meet or exceed recommended safety standards.

	<i>Action Steps</i>	<i>Status</i>
1	Identify best practices for preschool/childcare environments with stimulating indoor/outdoor areas and play equipment that promotes physical activity and meets or exceeds recommended safety standards.	
2	Assess preschool/childcare facility environment for stimulating indoor/outdoor areas and play equipment that promotes physical activity and meets/exceeds recommended safety standards.	
3	Obtain or design a tool to assess physical activity/safety environment at preschools and childcare programs.	
4	Develop recommended standards for preschool/childcare environments that promote physical activity and meet/exceed recommended safety standards.	✓
5	Distribute standards for preschool/childcare environments that promote physical activity and meet or exceed recommended safety standards to all preschools, childcare facilities, and related organizations (i.e. 4 C's) via County Clearinghouse.	✓
6	Provide certificate to sites that promote healthful eating and/or physical activity.	

Objective 4: By 2010, licensed preschool/childcare facilities will limit television, computer and video game viewing during hours of operation.

	<i>Action Steps</i>	<i>Status</i>
1	Survey preschool/childcare providers about current practices regarding viewing time and content of television, computer, video gaming viewing during hours of operation.	✓
2	Review and develop recommended standards for preschool/childcare providers regarding television, computer, and video game viewing during hours of operation.	✓
3	Distribute recommended standards for preschool/childcare providers regarding viewing time and content of television, computer, and video game viewing during hours of operation via online clearinghouse.	✓

Objective 5: By 2010, licensed preschool/childcare providers, in partnership with parents and the community, will support access to recreation activities and safe and healthy environments.

	<i>Action Steps</i>	<i>Status</i>
1	Partner with local community collaboratives to gauge all options available in identified low resource communities for preschool-aged children and families. Ensure preschool-aged children are included as target populations in the planning.	In Progress
2	Disseminate recommended guidelines for recreation activities and safe and healthy environments for the preschool-aged population via County Clearinghouse.	✓

Objective 6: By 2010, develop plan and pilot all appropriate activities from the above objectives in willing preschool and childcare program sites in the County.

	<i>Action Steps</i>	<i>Status</i>
1	Seek and apply funding to willing preschool and childcare service sites to implement agreed upon activities to be piloted.	
2	Craft timeline and work plan for implementation and evaluation activities to be piloted.	
3	Disseminate recommendations via County Clearinghouse and trainings for other preschool and childcare facilities in the County.	✓

Priority Area 5: Healthcare

GOAL: To improve and sustain access to healthy nutrition and physical activity information and environments in the healthcare setting.

Objective 1: By 2010, encourage, support, and protect Breastfeeding as the foundation of healthy nutrition, in order to meet or exceed Healthy People 2010 Breastfeeding Goals of Initiation (75%), 6 Months (50%), and 1 Year (25%).

	<i>Action Steps</i>	<i>Status</i>
1	Conduct inventory of existing breastfeeding programs in the County, including those provided by hospitals, clinics, healthcare providers, community organizations, and the workplace.	✓
2	Create and maintain on the County Clearinghouse a list of Breastfeeding programs and best practices.	✓
3	Conduct assessment on need for marketing/message campaign on Breastfeeding for San Mateo County.	✓
4	Create and implement plan for a marketing Breastfeeding campaign.	In Progress

Objective 2: By 2010, collaborate with schools, after school programs, and other community agencies to develop or replicate linguistically and culturally appropriate social marketing messages for children and their families to promote healthy eating and active living.

	<i>Action Steps</i>	<i>Status</i>
1	Conduct inventory of existing social marketing messages on healthy eating and active living visible in the County, paying particular attention to communities with fewer healthy messages available. Partner with all agencies that promote these messages.	
2	Review focus group data from San Mateo County, 2005 for ideas.	
3	Conduct several youth fishbowl sessions to design social marketing messages that will attract children and youth.	✓
4	Conduct several focus groups with parents to design social marketing messages that will attract entire families.	
5	Develop, design, and pilot social marketing messages with schools, after school programs, and community-based organizations.	In Progress
6	Utilize County Clearinghouse as vehicle for distribution of marketing messages and materials.	✓

Objective 3: By 2010, develop a structure to review and develop linguistically and culturally appropriate health education materials and curriculum on healthy eating and active living.

	<i>Action Steps</i>	<i>Status</i>
1	Conduct inventory, categorize, and assess existing health education materials on healthy eating and active living for children, youth, and their families.	In Progress
2	Identify unmet areas of need and develop or obtain materials to meet the needs.	
3	Disseminate materials on County clearinghouse website.	

Objective 4: By 2010, San Mateo County child and adolescent healthcare providers will receive trainings on assessments, guidelines, and management practices associated with reducing risks associated with inadequate nutrition, lack of regular physical activity, childhood obesity and health disparities.

	<i>Action Steps</i>	<i>Status</i>
1	Coordinate with County Health Department, San Mateo County Medical Association, Hospital Consortium, Kaiser Permanente, and American Association of Pediatrics to develop list of providers.	✓
2	Review Best Practices and survey providers on training needs.	
3	Schedule and promote provider trainings by partnering with all County organizations in Taskforce, consultants, and members of Speakers Bureau (see Objective #5).	In Progress

Objective 5: By 2010, regularly partner with preschool/childcare, school, and after school programs to produce a San Mateo County Speakers' Network focused on the benefits of adequate nutrition and physical activity including the prevention of chronic diseases.

	<i>Action Steps</i>	<i>Status</i>
1	Identify liaisons to preschool/childcare, school, after school, and other community programs.	✓
2	Support schools and other agencies on mandated and non-mandated wellness policies on healthy eating and active living.	✓
3	Review and post approved curricula and materials on County Clearinghouse.	✓
4	Conduct informal assessment of the needs of agencies for potential healthcare provider speakers.	✓
5	Identify target populations, agencies, and topic areas requiring lectures, trainings, and activities.	✓
6	Advertise Speakers Bureau on County Clearinghouse.	✓

Objective 6: By 2010, all healthcare facilities in San Mateo County will create and implement facility Wellness Policies to promote healthy eating and physical activity environments for staff, patients/clients, and visitors.

	<i>Action Steps</i>	<i>Status</i>
1	Review existing facility Wellness Policies, including County Health Department.	✓
2	Create and offer training to facility directors and managers on benefits to implementing a Wellness Policy.	✓
3	Create file of sample wellness policies and templates; post on County Clearinghouse website.	In Progress

Objective 7: By 2010, the healthcare community, in collaboration with schools and other community groups, will advocate for local government and community actions that improve access and opportunities for physical activity, nutrition education and healthy food in all communities in San Mateo County.

	<i>Action Steps</i>	<i>Status</i>
1	Identify representatives of healthcare community as liaisons to preschool/childcare, school, after school, and other community programs.	In Progress
2	Encourage healthcare providers to participate in community collaborative meetings, offer professional assistance, join advocacy efforts, and ensure that agency efforts are meeting the needs of community members.	✓
3	Encourage healthcare providers to attend trainings and workshops on local policy development, environmental, and organizational change to promote healthy eating and active living. Post trainings and workshops on County Clearinghouse.	✓

Attachment B: Linguistic Access Action Plan Progress-to-date

Based on the findings and recommendations from the 2006 Linguistic Access Study, the San Mateo County Health System approved the following Linguistic Access Action Plan on April 2, 2007.

Recommendation 1: Create uniform departmental policies and procedures

	<i>Action Steps</i>	<i>Status</i>
1	Develop departmental policy of no use of children and careful use of family for interpretation.	✓
2	Develop departmental policy regarding posting of signage regarding clients' rights to service in chosen language.	✓
3	Incorporate cultural and linguistic proficiency as a goal in Health System's vision and mission statements.	In Progress

Recommendation 2: Create standards, performance measures and evaluation

	<i>Action Steps</i>	<i>Status</i>
1	Identify a set of standards related to culturally and linguistically appropriate services for adaptation and adoption by the Health System.	✓
2	Refine identification and assessment of language competency as relevant to proficient care delivery.	✓
3	Work with Divisions and Human Resources to: 1) develop departmental expectations regarding incorporating translation/interpretation duties within job descriptions, and 2) evaluate current compensation for language services skills	In Progress

Recommendation 3: Expand availability and use of language services

	<i>Action Steps</i>	<i>Status</i>
1	Each division will identify a practically oriented area for improvement, with technical assistance support from Health Policy and Planning in response to these priorities.	✓
2	Inventory availability and quality of existing language service resources that are available to Health System staff and clients.	✓
3	Synthesize existing key information about bilingual staff and develop a process for maintaining an ongoing inventory of these capabilities.	In Progress

Recommendation 4: Formalize role of bilingual employees, and provide time, training and evaluation

	Action Steps	Status
1	Develop a “primer” on how to utilize existing language services (e.g. Health System language capacity database, video interpretation, contract resources, bilingual staff).	✓
2	Establish a library or “clearinghouse” of training opportunities, self assessment tools, articles, etc.	✓
3	From the perspectives of the care provider and care recipient, provide/arrange training focused on cross-cultural communication that values the health concepts and practices of both groups.	In Progress

Recommendation 5: Improve linguistic access in the North County region, and for non-Spanish speaking communities countywide.

	Action Steps	Status
1	Synthesize list of Health System/division contracts to identify potential areas of capacity building.	In-Progress
2	Support/strengthen links with other North County based entities (e.g. Family Resource Centers, primary care, Health Plan of San Mateo, Mental Health clinics)	In Progress
3	Convene Health System liaisons and community partners to explore models for improving linguistic access in North County.	In Progress
4	Prioritize work with North county providers to develop a plan for addressing identified linguistic access disparities for non-Spanish speaking communities.	In Progress