

Building Healthy Communities East Salinas, California

Logic Models and Plan Narrative March, 2010



**“Si tenemos salud,
tenemos todo.
Si no tenemos salud,
no tenemos nada.”**

**If we have health,
we have everything.
If we don't have health,
we have nothing.**

- Alisal resident, 2010

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Building Healthy Communities *Desarrollando Comunidades Saludables*

East Salinas, California

Introduction

Between July 2009 and March 2010, members of the East Salinas (Alisal) community worked to prioritize and develop a plan for achieving ten outcomes that will result in a safer, healthier and more vibrant community over the coming decade (and beyond). These outcomes (see list at right) were originally identified by The California Endowment (TCE), and have been prioritized by members of the East Salinas community. TCE has made a ten-year commitment to support local efforts under the Building Healthy Communities (BHC) initiative. The following plan, along with the accompanying logic models, depicts our vision for achieving these outcomes. It reflects the vision and wisdom of local residents and representatives of organizations focusing on education, health, social services, law enforcement, and community leadership.

It is our intention that this Building Healthy Communities plan will serve not only as a “road map” for local organizations and funders seeking to foster the healthy development and well-being of the East Salinas community, but also as a rallying point for Alisal residents, motivating and guiding the ongoing involvement of local leaders, now and into the future. Our vision is that the community’s quality of life will improve under the leadership of local residents who work together and with community organizations and public agencies that share their commitment to the children and families who live in the area.

Plan Context – Challenges & Opportunities

The BHC plan for East Salinas (Alisal) is a community-driven project, grounded in a strong local history of community advocacy and active partnerships between public agencies, private organizations and residents. While East Salinas residents face numerous social, economic and political challenges, there is a vibrant and resilient core to this community, and residents are determined to make Alisal a safe, healthy and vital neighborhood that supports local families and individuals.

History of Collaboration and Community Building

A recent summary report on a strategic project to revitalize neighborhoods in Chicago, Illinois, found that “building collaborations [is] a ‘platform’ for broad and sustained improvement, even as local conditions change” (Greenberg, 2010). East Salinas has benefitted from a number of such initiatives (e.g., the First Five School Readiness Collaborative, the East Salinas Youth

Priority Outcomes for East Salinas

As determined by residents of and advocates for East Salinas, the following is a prioritized list of outcomes to be addressed in developing “Our New Alisal”. Items 1-5 will be addressed in the first phase of this plan. (Numbers in parentheses refer to The California Endowment’s original listing.)

1. Children and families are safe from violence in homes and neighborhoods (TCE #5)
2. All children have health coverage (TCE #1)
3. Health and family-focused human services shift resources toward prevention (TCE #3)
4. Communities support healthy youth development (TCE #6)
5. Families have improved access to a health home that supports healthy behaviors (TCE #2)
6. Neighborhood and school environments support improved health and healthy behaviors (TCE #7)
7. Health gaps for young men and boys of color are narrowed (TCE #9)
8. Community health improvements are linked to economic development (TCE #8)
9. Residents live in communities with health-promoting land use, transportation and community development (TCE#4)
10. East Salinas has a shared vision of community health (TCE #10)

Collaborative, Poder Popular, STEPS, and Community Alliance on Safety and Peace) which have created a foundation of community and/or sector involvement on which to build a successful BHC plan.

Community Characteristics

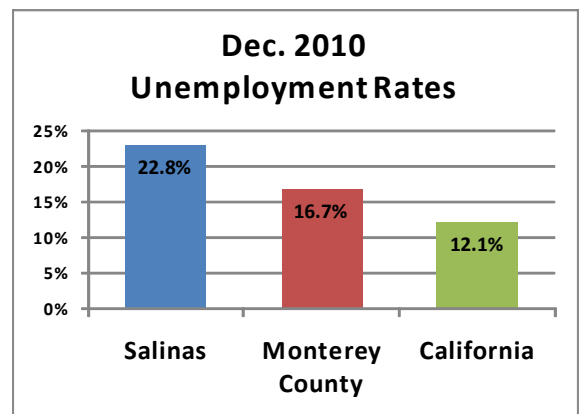
The “natural” boundaries of Highway 101 and Natividad Creek cut across the City of Salinas, creating three distinct regions within the city: North Salinas, South Salinas and East Salinas. The demographic and socio-economic characteristics of each region must be taken into account in any efforts to bring about community-wide change. The following characteristics have informed our planning process.

East Salinas is very densely populated. Zip code area 93905 (which most closely aligns with the East Salinas neighborhood) accounted for 38% of the total Salinas population in the 2000 Census. This area includes the most densely populated census tracts in Monterey County, with over 33,000 residents per square mile in some areas; the average population density in 93905 is nearly 6,500 people per square mile (2000 Census, 2008 citi-data.com).

Both the 2000 Census and City-Data.org (2008 data) report that Alisal residents have substantially lower incomes than the city and county averages. Census 2000 shows that per capita income in 93905 was just \$9,134, representing only 63% of the average personal earnings for Salinas, only 45% of Monterey County’s average, and only 40% of the California average. Consequently, a much larger proportion of residents are living below the poverty level in Alisal (one of every four residents) than in other parts of this community (roughly one in five for Salinas, and one in eight for Monterey County as a whole).

For December 2009, the State Employment Development Department estimated the unemployment rate at 12.1% for California, 16.7% for Monterey County, and 22.8% for the City of Salinas as a whole (nearly double the statewide rate.) (Unemployment estimates for the Alisal neighborhoods were not readily available.)

East Salinas families are larger and younger than in neighboring communities, yet childcare resources are extremely limited. The average Alisal family size is 5.0 people, compared to 4.07 in all of Salinas, and 3.65 for all of Monterey County. The average age in East Salinas is 23.5 years, notably younger than in Salinas (28.5 years), and in Monterey County (31.7 years). Roughly 21% of all the County’s children aged 5 or under live in East Salinas, a region that is home to only 15% of the County’s population. Roughly 37% of East Salinas residents are under 18, and only 4% are over 65 (US Census, 2000). Despite the large number of children in East Salinas, there is no childcare space in a licensed facility for 89.7% of children age 5 and under in zip code area 93905 (Healthy City, 2009).



Local Resources

East Salinas residents are resilient, motivated and interested in ensuring a healthier, safer future for their families. Many have previous experience bringing about changes to public policy and processes. For example, working with Sun Street Center’s prevention unit, local residents have successfully advocated to reduce undue concentration of alcohol outlets and to influence zoning decisions about commercial development in East Salinas. Poder Popular participants are working to improve lighting and trash collection on city streets, to educate residents about their rights and about local government processes, and to work with local agricultural leaders to improve working conditions for farm workers.

Many other organizations are working on helping residents to improve their parenting skills, expand their literacy levels, reduce gang involvement, and combat social ills like drug/alcohol addiction,

domestic violence, and child abuse. A number of organizations address the specific needs of local youth, focusing on the arts, sports, leadership and community engagement.

Findings that Stand Out from the BHC Process

Though most participants in this process were already very familiar with the community, its resources and needs, there were some things learned – or affirmed – in the process of examining local data that particularly influenced us in developing strategies to achieve our priority outcomes. For example:

With regard to BHC priorities...

- Alisal residents want more education and skills development opportunities, and see the importance of getting to the root of our problems through early identification and prevention programs, including parenting training and prenatal/early childhood programs.
- Violence remains a major concern in this community; improving the physical and emotional safety of families and individuals is a shared community goal. This issue is inextricably linked to outcomes relating to health disparities, economic well-being and youth development.
- The economic welfare of residents is crucial; efforts to promote health and wellness must be accompanied by efforts to reduce the gross economic inequities that exist in this community.

With regard to bringing about Policy/Systems Change...

- While many in this community already have a strong awareness of policy issues and needed policy changes, others need more information about how local systems work, about available services and accessing them, and about their rights and responsibilities within these systems.
- Participants acknowledged that change is often “really hard,” and that it will take time to make significant changes to systems, policies and practices in order to achieve our goals.
- The media’s influence on perceptions of East Salinas is substantial. Stereotypes about youth of color create separation and animosity, perpetuating discrimination and economic disparities.
- Service providers and policymakers must use multiple approaches to disseminate information to community members to adequately reach local residents.
- Services need to be family-focused, and more culturally/linguistically appropriate; they should be located in safer/ more easily accessible locations; and service hours should be more flexible to accommodate residents’ schedules. Waiting times for services need to be significantly reduced; many residents cannot afford extended time off work, nor extra child care costs associated with long waits.

With regard to collaboration among policy makers, service providers & residents...

- East Salinas families are resilient and hopeful, and know the kind of changes they need and want.
- Greater engagement with the schools and law enforcement agencies is essential for success.
- There are “significant levels of distrust” between residents and law enforcement agencies, and this is an impediment to systems change. More work needs to be done with elected officials, schools and the police to develop and implement programs that build community trust.
- Service providers/policymakers need to listen to residents more closely, build on community interests, and support residents in developing skills to implement the solutions they seek. Relationships between policymakers and community members – as decision makers – are of crucial importance.

Prioritizing the Outcomes

The BHC planning process has been deliberately inclusive and community-directed. Extensive efforts have been (successfully) undertaken to gather input from a wide range of sources to determine priority outcomes, envision necessary changes, and develop strategies for building a healthier, safer East Salinas.

Extensive dialog among community members, policy makers, and local service providers regarding the pressing needs and community resources has been essential to this process. Rather than bringing outside “experts” into the community to share their ideas for neighborhood improvements, the strategies in this plan originated with Alisal residents themselves, and are being fine tuned by consulting published best practices and local service providers. This is part of an important shift in the development of services and systems for (and by) local community members that has been taking place over the past several years as residents become more aware and engaged. The following paragraphs describe the people and groups involved in the BHC project, and the planning process that has taken place since June 2009.

BHC structure and leadership

This effort has been led by an active and dedicated **STEERING COMMITTEE (SC)**, the majority of whose members (60%) are local residents. The SC also included representatives of health-related, educational and social service organizations that serve East Salinas. Roughly 45 people consistently serve on the SC, including youth. (This committee’s work is discussed in greater detail in the section below on the planning process. A roster of members and their affiliations is included in Attachment C.)

Four **WORKING GROUPS** supported the SC on specific functions in the planning process. These were:

- ***The Data & Evaluation Group*** – responsible for developing the Community Data Profile (a “living document” revised over time as new information became available), providing statistical information and input on promising assessment strategies;
- ***The Communication Group*** – responsible for developing a Communications Plan, and coordinating communications and media relations activities;
- ***The Community Engagement Group*** – responsible for mapping local neighborhoods, groups and service sectors to be included in the BHC process; and
- ***The Policy Group*** – consisting of elected officials, County department heads and advocates who were kept informed of the community priorities incorporated into the plan.

Once the outcomes had been prioritized, **STRATEGY TEAMS** were established to analyze community input, and devise logic models for each priority outcome, with an emphasis on articulating specific strategies, and identifying resources and capacities needed to implement them.

The Community Foundation for Monterey County received a grant from TCE to support community members in coordinating this process, and hired a team of two **CONSULTANTS**, a **FACILITATOR**, a **WRITER** and an **ADMINISTRATIVE ASSISTANT** to work on this project. The Foundation also engaged the Action Council of Monterey County to compile statistical data as we took a closer look at the pressing issues facing East Salinas. The role of these consultants has been to provide assistance and support to BHC committees, rather than directing or leading the planning process. The Community Foundation’s Vice President for Community Engagement serves as the primary liaison between BHC and the Community Foundation. Additional Foundation staff members have contributed to the project by providing logistical support and interpretation at larger community events, particularly two who are life-long residents of East Salinas.

Youth have been well represented throughout this process, having served as full members of the SC and as facilitators for community dialogues (described below). Throughout the process, youth members helped recruit community participants and record meeting proceedings. At community forums, they offered moving readings of their poetry, depicting the concerns, hopes and frustrations of Alisal youth, which served to focus and motivate partners in this effort with regard to the project's intended outcomes.

The Planning Process

The BHC Steering Committee was first convened in July 2009. Meetings with local community leaders and feedback gathered at community events informed the recruitment of members, and helped establish guidelines for the Committee's work. These guiding principles include: a recruitment emphasis on local residents, and on youth (a goal that has been met and maintained, with community residents making up 60%, and youth comprising 20% of the SC); recognition that the real "experts" in this process are the people who live and work in East Salinas, and that the role of consultants and coordinators in this process is to support and be of service to community members; and a commitment to making meetings accessible, holding them in locations and at times convenient to local residents and to conduct meetings in both Spanish and English. Interpretive services have routinely been provided, and documents have been made available in both languages. Childcare and food have also been provided, to encourage and facilitate full participation of community members in all aspects of this process.

The SC has coordinated a broadly inclusive process of soliciting community input to create a meaningful plan. Initially, the focus was on defining the task at hand and expanding SC membership. One early accomplishment was successfully advocating to expand the definition of the "place" that would be the focus this effort. The original boundary excluded a number of resources and neighborhoods that are integral parts of this community, even though they don't align precisely with census tracts. Based on residents' knowledge of the local area, several important neighborhoods, schools and recreational programs were added to TCE's geographic definition of "East Salinas," and are now included in this plan.

Once the overall purpose and context of the planning process were clarified and a stable base of participants recruited, the SC undertook a series of intensive **STUDY SESSIONS** to familiarize themselves with the language of the initiative and gain a deeper understanding of the plan's intentions. Through weekly 3-hour meetings in September and October, approximately 50 members of the SC closely examined each of the ten outcomes, ensuring a common understanding of the meaning of each, and familiarizing themselves with relevant community indicators and local statistical trends. In the process, members developed a greater ability to articulate these outcomes, which enhanced their ability to facilitate group discussions and generate interest in the project in the community. Policymakers and other stakeholders with access to relevant information (e.g., the heads of the local Department of Public Health and the Department of Social and Employment Services) were invited to answer residents' questions about local issues and services, and to provide additional information requested by the Committee.

Also in October, the SC devised an outreach plan to ensure maximum participation from local residents, centered on a series of **COMMUNITY DIALOGUES** and an **ONLINE SURVEY**. Materials to be used in these processes were developed and revised, ensuring that the language to be used was familiar and accessible to local residents. In October and November, SC members received training on facilitating community dialogues. Between November 2009 and January 2010, facilitation teams (SC members) conducted 34 separate community dialogues, in which respondents voted on priorities and began identifying changes and strategies for the priority outcomes. Nearly 450 residents contributed their ideas, concerns and preferences through these face-to-face meetings. Also at that time, 250 service providers and elected

officials responded to an online survey, offering their input regarding priority outcomes and promising strategies.

Findings from the dialogues and surveys were recorded and votes compiled to determine the priority ranking of outcomes. Results were presented at a large **COMMUNITY GATHERING** on January 27th, attended by over 200 local residents, elected officials and service providers. Small groups at this meeting began identifying necessary changes and brainstorming strategies for achieving the priority outcomes.

Nearly 100 participants attended a **RETREAT** on February 6th to elaborate and refine changes and strategies from the community dialogues and public meetings. A community-friendly version of the logic model was used to facilitate discussion. Volunteers from the SC then formed Strategy Teams to flesh out the logic models for each priority outcome. Through another Saturday retreat and smaller work group sessions, Strategy Teams organized and clarified the strategies, and generated lists of resources and capacities needed to implement them. These were compiled into the final logic model format, which the SC again reviewed and approved for inclusion in this plan.

Priority Outcomes

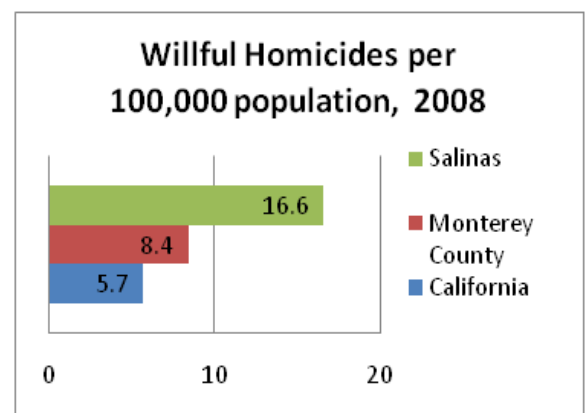
In many ways, these outcomes are integrally linked. We expect that creating a desired change in one area will often have positive effects on others as well. For example, strategies and resources used to foster safer neighborhoods will also have a great impact on opportunities for healthy development available to Alisal youth. Opening public facilities such as schools as venues for arts or music programs for youth may also provide space for parents to more consistently attend community events or advocacy trainings, allowing them to become more engaged in influencing policies regarding land use or transportation.

In order to more simply depict in this narrative the strategies selected to be part of this plan, each priority outcome is discussed separately below. Specific approaches are generally listed only under one outcome, even though in practice they may well serve multiple ends. To cross-reference strategies, capacities and resources to several outcomes, please refer to the logic models in Attachment A of this plan.

1st Children & families are safe from violence in homes & neighborhoods (TCE #5)

Community violence is of significant concern in East Salinas. In 2007, there were 1,421 juvenile felony arrests in the City of Salinas, and 1,154 violent crimes throughout the City. This included 711 aggravated assaults, 378 robberies, 51 forcible rapes and 14 homicides. The City's homicide rate for 2008 was close to double that of the rest of Monterey County, and nearly 2.9 times that of the rest of the State. (Rand California, 2009). Of the 29 homicides reported in the Salinas city limits in 2009, 18 (62%) took place in East Salinas, yet this community represents less than 40% of the City's population.

The number of Salinas homicides has increased by more than 400% since 2005 and 2006 (7 each year), reaching an all-time high of 29 in 2009. While the proportion of gang-related homicides in other cities averages only about 40%, in Salinas 100% of the homicides last year were gang related and all of the victims were Hispanic (Second Chance Youth, 2010).



Priority strategies for building a violence-free community focus on:

- **PREVENTION, EARLY IDENTIFICATION & INTERVENTION:** increased efforts to strengthen families, develop youth leadership, and conduct assessments that help identify problems (e.g., domestic violence, gang involvement, substance abuse) that threaten family and community safety;
- **BUILDING TRUST:** establishing more trust and improving relationships between residents (particularly youth) and law enforcement officers; restoration of community policing approaches;
- **COMMUNITY ENGAGEMENT:** enhanced training and advocacy (e.g., regarding tenants' rights, effective/nonviolent parenting, conflict resolution, ways to change systems and influence policies); families changing behavioral norms (e.g., re: alcohol use, gang involvement)
- **IMPROVED COMMUNICATION:** authentic dialogue between service systems and residents; expanded use of mass media (e.g. radio); conflict resolution/communication training in schools;
- **PROVIDING SAFE PLACES WHERE YOUTH CAN PLAY AND GROW:** expanded access to supervised arts, sports and recreational programs; extra-curricular use of school facilities
- **SUPPORTIVE INFRASTRUCTURE:** community design/redevelopment issues (e.g., better lighting for parks and recreational facilities, fewer permitted alcohol outlets, elimination of run-down buildings, creation of sufficient low-cost housing to reduce overcrowding).

2nd All children have health coverage (TCE #1)

A large number of Alisal residents are uninsured (and thus delay or neglect necessary medical care). Many of these, particularly children, are believed to be eligible for publicly funded health insurance programs, but are not participating for a variety of reasons (e.g., lack of information about programs or fears of entering “the system”; inability to access transportation and/or child care). According to the Behavioral Risk Factor Survey/Salinas (BRFSS), 45.4% of local residents reported having *no health insurance coverage of any type* in 2008, compared to only 30.9% in Monterey County (MCHD, 2009).

While data from the 2007 California Health Interview Survey is not yet available by zip code area, this survey estimates there are 7,000 uninsured Monterey County residents under age 65 who are Medi-Cal eligible, and another 1,000 who are eligible for the Healthy Families program (UCLA Center for Health Policy Research, 2009). Given its population and income-levels, and the large proportion of uninsured residents in Alisal, it is reasonable to conclude that many of these eligible-but-not-insured individuals and families live in East Salinas and could benefit directly from BHC-related efforts.

Many participants in BHC dialogues described the application processes for health coverage programs as confusing, inaccessible, and overly time-consuming. Others are unaware of the availability of health coverage programs. Residents expressed particular concerns about health coverage issues among those who do not speak English, field workers, and undocumented immigrants. Also, lack of access to health insurance, and therefore to health care itself, is not limited to families with young children; there are many older East Salinas residents who are going without necessary preventive care and/or treatments.

Priority strategies for increasing the number of children with health coverage focus on:

- **ENROLLMENT OF MORE CHILDREN WHO ARE ELIGIBLE, and IMPROVING RETENTION RATES** for those already enrolled (e.g., through increased collaboration between providers and agencies, expanded parent education, and improved informational outreach to uninsured residents);
- **ORGANIZED COMMUNITY ADVOCACY** at local, state and national levels, targeting
 - Local agricultural businesses, to encourage them to offer coverage to field workers;

- State and federal policymakers, to expand Medi-Cal coverage and eligibility, reduce the share of cost borne by families, and increase reimbursement rates as a provider incentive;
- Health care providers, to expand the number accepting payment from Medi-Cal/similar plans;
- SIMPLIFYING/CLARIFYING APPLICATION PROCESSES, forms, and sliding-scale guidelines
- Increasing local capacity to SUPPORT RESIDENTS' PATH TO CITIZENSHIP
- EXPLORATION OF OTHER COMMUNITIES' APPROACHES: examining (for example) options for expanding coverage to undocumented immigrants, and establishing a local HMO.

3rd Health- & family-focused human services shift resources →prevention (TCE #3)

Local programs aim to prevent a wide range of social problems (e.g., child abuse and neglect, sexual assault, substance abuse) and promote healthier lifestyles (e.g., physical activity, better nutrition, breast-feeding of infants). Some are designed to reduce rates of specific illnesses or conditions (HIV/AIDS, diabetes, unwanted pregnancy and sexually transmitted infections), while others address specific behaviors (tobacco use, gang involvement, parenting skills).

Priority strategies for shifting the community's focus toward prevention center on:

- COMMUNITY EDUCATION:, awareness of political processes; conflict resolution; parenting skills; recognition of problems like domestic abuse, mental illness, gang violence, substance abuse;
- POLICY ANALYSIS AND ADVOCACY (including the use of GIS technology)
 - Assessing the impact of school policies (e.g., zero-tolerance policies that may push youth into the criminal justice system; compliance with healthy foods policies);
 - Advocating for supportive licensing, taxation and zoning policies and practices, e.g., limiting access to alcohol and cigarettes, promoting availability of healthy foods;
- COMMUNITY-BASED INTERVENTIONS
 - Promoting and supporting NEIGHBORHOOD ASSOCIATIONS;
 - HOME-BASED COMMUNITY MEETINGS (to bring neighbors together to explore how to work toward prevention);
 - ADVOCACY for changes in the juvenile justice system, promoting prevention over suppression;
 - ENGAGING CHURCHES/FAITH COMMUNITIES with regard to prevention; and
- CREATING ADDITIONAL HEALTHY OPPORTUNITIES for youth: job training/employment, arts, problem solving and support programs (e.g., re: pregnancy, violence, depression, drug abuse);
- FOCUSING ON WHAT WORKS by celebrating positive role models, generating positive media coverage of Alisal issues, and promoting pride in the local community, its values and its leaders.

In all of these approaches, schools, community members and service organizations must work together to promote health and wellness. Communication, coordination and collaboration across sectors are critical, and must be strengthened and maintained.

4th Communities support healthy youth development (TCE #6)

There are excellent school facilities and a few parks and recreational programs in East Salinas. However, youth participation in healthy community activity is curtailed by concerns about safety. The lack

of reliable and affordable transportation, and the limited number of well-lit, accessible recreational facilities, keep many youth from participating in programs presently available.

Education is key to youth development and career and employment opportunity, but many local students do not continue past a high-school education. State Department of Education data (2009) show that drop-out rates from Alisal High School for 2007-08 were lower (at 5.7%) than other schools in the Salinas Union High School District (6.5%), in the County as a whole (6.9%), and significantly lower than in schools throughout the state (15.3%). However, only 22.5% of local graduates in 2008 completed course requirements to qualify them for admission to a 4-year state university, compared to 34% of high school graduates statewide. Census 2000 data showed that approximately 58% of East Salinas residents had less than a high-school education. Another 18% had some high school, but did not graduate, and 13% had obtained a high-school diploma. Only 11% of residents had any college education.

In addition to infrastructure and educational needs, activities focused on vocational training, sports, art, music, dance and leadership development opportunities were mentioned by residents as areas for expansion with regard to this outcome. Also cited was the need to increase the availability of affordable, high-quality childcare from trained, local providers.

Priority strategies for supporting youth development focus on:

- Using **SCHOOLS AS PUBLIC/COMMUNITY CENTERS**: expanding after-hours access to facilitate extra-curricular learning opportunities and activities for youth and families;
- **ENHANCED SCHOOL EFFECTIVENESS**: assessing impact of school policies and practices; including a full range of basic life skills in the curriculum; providing additional teacher training and support (e.g., early prevention/intervention strategies, local resources, age-appropriate education);
- **Creating SAFER RECREATIONAL OPPORTUNITIES**: maintaining parks, libraries, youth centers and walkable/bikeable areas in neighborhoods; arts and sports programs
- **Improved access to AFFORDABLE, HIGH-QUALITY CHILDCARE and EARLY CHILDHOOD EDUCATION PROGRAMS**: additional licensed slots, upgraded childcare centers, expanded training for providers;
- **EXPANDED JOB OPPORTUNITIES, JOB SHADOWING AND TRAINING** programs for youth
- **STRENGTHENING FAMILIES** to ensure support from prenatal stages through adulthood:
 - Creating **NEIGHBORHOOD ASSOCIATIONS** and **SUPPORT TEAMS** to organize youth activities, promote pride in local cultures, foster inter-generational relationships and communication,;
 - **PARENT EDUCATION** programs re: gang prevention, good nutrition, school systems/policies
 - Enhancing **PARENT INVOLVEMENT IN THE SCHOOLS**; and
- **YOUTH LEADERSHIP DEVELOPMENT**: establishment of a Youth Council and additional opportunities and training to support youth participation in policy decisions.

5th Improved access to health homes that support healthy behaviors (TCE #2)

More than half of Alisal residents (53%) are immigrants, and almost all (95%) are of Hispanic/Latino origin. The vast majority, (86%) speak Spanish at home and consider it their written language of choice (74%). A smaller but notable group speaks one or more languages indigenous to Latin America, (e.g., Mixteco, Nahuatl, Triqui). Local residents have wide-ranging levels of English-language fluency.

Many East Salinas residents do not routinely access health care services. The Monterey County Health Department (2009) reports that only 65% of residents of the 93905 zip code area last visited a health care provider in the previous year. Another 27% had visited a provider within the past 2-5 years, but for 8% of Alisal residents, it had been over 5 years since their last visit to a health care provider. Of women who gave birth in 2007 and were living the area of focus for this initiative, 76.4% began prenatal care in the first trimester, 18.1% in the second trimester, and 4% in the third trimester or not at all.

Priority strategies for increased access to health homes focus on:

- Creation of a DIVERSE LOCAL HEALTH WORKFORCE, that includes:
 - Training more BILINGUAL/BICULTURAL PROVIDERS in health and dental care;
 - SCHOLARSHIPS AND EARLY TRAINING programs for local youth in medicine, nursing and public health, and INCENTIVES for them to return to serve this community;
 - Local LICENSURE, RESIDENCY and EXCHANGE PROGRAMS FOR PROFESSIONALS TRAINED IN OTHER COUNTRIES who share a language and cultural heritage with the East Salinas population
- Increased availability of ACCESSIBLE, COMPREHENSIVE, HIGH-QUALITY CARE, including dental, vision and mental health care, by providing:
 - STREAMLINED PROCESSES to access care, treatments, medications;
 - EXPANDED HOURS OF SERVICE - weekends, evenings to fit patients' work schedules;
 - MULTIPLE LOCATIONS FOR CARE (e.g., home visitation programs; on-site healthcare provided by nurses/other professionals at childcare centers, schools, etc.; one-stop health centers);
- Encouragement of EMPLOYERS TO SUPPORT HEALTH CARE, by
 - PROVIDING WORKPLACE WELLNESS PROGRAMS, and ADDITIONAL HEALTH INFORMATION in the workplace (not just about issues related to occupational safety)
 - Accommodating REASONABLE TIME OFF for healthcare needs (especially children's);
- Mapping of current resources to ASSESS TRANSPORTATION GAPS; and INCREASING TRANSPORTATION OPTIONS from neighborhoods to health/other service centers, clinics, etc;
- Increased PATIENT EDUCATION AND EMPOWERMENT: Health advocates and care providers spend more time explaining care, treatment and healthcare systems access issues to patients.

Capacities and Resources

In order to accomplish our priority outcomes, a spectrum of *resources* will need to be called into play. These include:

- INDIVIDUAL resources – engaged residents, employers, public officials, school personnel, business owners, health providers, childcare providers, employers, law enforcement/public safety officers;
- ORGANIZATIONAL resources – neighborhood associations, schools and other public agencies, nonprofit organizations and programs, faith communities, mass-media organizations, the 211 information and referral service, labor unions, employers; service provider networks,;
- FINANCIAL resources – health insurance programs, and funds to support training, program implementation and evaluation; and
- PHYSICAL resources – parks, recreational facilities, schools, medical facilities.

Residents, service providers and organizations will need to have various *capacities*, as well:

- A deep understanding of existing systems, and the ability to identify opportunities for reform;
- Strong personal skills in leadership, motivation, conflict resolution and communication;
- Trust and respect among community members, service providers, and government officials, that transcends differences in age, ethnicity, culture, language, occupation and socio-economic status;
- Knowledge of effective advocacy strategies, and the will to organize and collaborate with others to bring about changes in policies, procedures and institutional priorities;
- The ability to distinguish between healthy and unhealthy behaviors and conditions, and to recognize key indicators and symptoms;
- The ability to analyze community indicators and service data to assess progress toward priority outcomes and to inform strategic changes;
- The capacity to respond quickly to circumstances and behavior that threaten individual or community health and safety;
- A strong understanding and awareness of the cultural values of the local community, and fluency in residents' primary languages;
- A willingness to adopt an approach to community change that embraces community dialogue, collaborative problem solving and alliance-building approaches; and
- An openness to creating a youth-oriented culture that values and fosters youth leadership and authentic engagement of youth in making key community decisions.

The foundation for much of what is needed has already been laid. The BHC planning process confirms the extent to which individuals and organizations are committed to improving local health and safety. Service providers have developed a number of programs focusing on these issues, and many local residents already have strong advocacy skills and an understanding of what it takes to change systems. Additional community engagement will be required, and more programs will need to focus on prevention, early intervention and community-based advocacy. Greater participation from school and law-enforcement personnel and the business community will significantly bolster this effort. Steps will need to be taken to strengthen and maintain levels of trust among different sectors of the community. Additional capacity for data analysis will augment our ability to monitor progress toward priority outcomes.

Accountability

As the BHC implementation unfolds, a collaborative of residents, service providers and policy makers will provide oversight and ensure progress on each identified outcome. This body will select and work closely with a local organization that will provide staff for administrative and data analysis functions in the coming years. In spring 2010, the SC will define the coordinating role of this "hub", and create a process and timeline for selecting the community organization that will staff this coordinating function.

A timeline for reviewing specific data points to monitor our progress has not yet been developed, but the Strategy Teams have begun to identify specific indicators that will need to be tracked. The list will be expanded over the coming months as the BHC collaborative continues to update and refine its plan.

Our ultimate Assessment Plan will measure, among other things, changes in policy and service delivery systems; changes in residents' knowledge, leadership and levels of engagement; and changes in community indicators. Specific, but not exclusive, examples of data points to be monitored are listed below.

Policy & Service Delivery Systems

- The existence of and effectiveness of a coalition on children's health coverage.

- The existence of a shared, single application for enrollment in health coverage programs, and its effectiveness in increasing the number of eligible children enrolled.
- Changes in hours of service, service locations, eligibility guidelines, and policies, and the extent to which they can be attributed to community advocacy.

Residents’ knowledge, leadership and levels of engagement

- The extent to which parents are well informed about their children’s’ health/health care needs.
- The degree of participation of Alisal youth in leadership roles (e.g., advisory committees, governing boards, event planning committees, BHC Steering Committee, etc.)

Community Indicators

- The extent to which children are receiving the health care they need, based on HEDIS (Healthcare Effectiveness Data and Information Set) indicators
- The number of health care professionals from and in the community.
- The number of youth-positive media messages.

Addressing the Remaining Outcomes Not Prioritized

The SC has not yet articulated specific plans for addressing the outcomes not selected for action during the first phase of this project. As originally prioritized by Alisal residents and advocates, these are:

6. Neighborhood and school environments support improved health and healthy behaviors.
7. Health gaps for young men and boys of color are narrowed.
8. Community health improvements are linked to economic development.
9. Residents live in communities with health-promoting land use, transportation and community development.
10. East Salinas has a shared vision of community health.

However, several efforts currently in progress are building momentum toward change in these areas. For example, as relates to “Neighborhood/School Environments Support Improved Health and Healthy Behaviors”, the community recently celebrated a land exchange between City and County governments that frees 42 acres for the creation of soccer fields. The land is adjacent to East Salinas and it had been slated for a new County jail. Significant community advocacy made possible this major development.

We expect that the seventh priority outcome – reducing health gaps for young men and boys of color – will be addressed to a significant degree through the strategies identified for securing health coverage for all of Alisal’s youth, for improving access to effective “health homes” and for supporting healthy youth development. In addition, a group of local individuals are researching and discussing ways to address inequities relating to young men and boys of color in health, education, juvenile justice and other areas that are impacted by institutional and structural racism. The final outcome – a shared vision of community health – is already being addressed through the work that has already been done on this project. During the coming year, the SC will more closely assess the current state of our community with regard to these outcomes, and identify steps that can be taken in years two and three of this plan, in order to make progress in those areas.

The remaining outcomes relate to economic and community development, and will be addressed in subsequent phases of the BHC plan. Additional information and participation from residents, schools, elected officials, business owners, and neighborhood associations will be critical during this process.

Attachment A: Logic Model

Outcome 1 – All Children Have Health Coverage

RESOURCES/CAPACITIES	CHANGE STRATEGIES	TARGETED CHANGES
<p>Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> MC Health Department & clinics <input type="checkbox"/> MC DSES <input type="checkbox"/> Health-focused community-based NPOs <input type="checkbox"/> Central Coast Alliance for Health <input type="checkbox"/> Natividad Medical Center <input type="checkbox"/> Clínica de Salud del Valley de Salinas <p>Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaborative relationships between residents and providers <input type="checkbox"/> Deep understanding among collaborative members about health care coverage options. <input type="checkbox"/> Community organizations that engage residents on advocacy and policy change 	<p>1) Create a local work group to build constituency for policy-related changes to health coverage.</p> <ul style="list-style-type: none"> • Plan and implement advocacy efforts to extend Medi-Cal coverage of dental and vision care for adults, better coverage of medications, and a reduction in shared costs. • Increase local provider participation in Medi-Cal by increasing reimbursement rates. <p>2) Explore the benefit/feasibility of establishing HMOs in the region and the experience of other counties similar in size and populations.</p>	
<p>Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health care providers in the public, non-profit and, private sectors <input type="checkbox"/> High School students /Volunteers <input type="checkbox"/> Elected officials <input type="checkbox"/> Health policy makers <input type="checkbox"/> Community-based organizations that focus on health; promotores <p>Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Training programs for promotores. <input type="checkbox"/> Collaborative relationships between residents and service providers, particularly those engaged community health education, health coverage and access <input type="checkbox"/> Deep understanding among collaborative members and the community the community of health care coverage options. 	<p>3) Health care institutions simplify their processes and increase enrollment, retention and re-enrollment in health care benefit plans.</p> <ul style="list-style-type: none"> • Increase collaboration among agencies and providers to ensure that more children are covered under existing plans. • Create a local work group to explore and plan the implementation of one application for multiple systems and agencies, and to improve service coordination. • Increase outreach and opportunities for application/ enrollment assistance at multiple sites in the community. • Continue to use MAA funds to support community-based agencies that provide this service. Create volunteer corps for enrollment; recruit and train high school students to assist patients with the application process. Certify them in the Healthy Families CAA process. Provide in-person training for enrollment in Healthy Families. • Build on existing successful promotores programs to recruit and train community health advocates on health care coverage options • Ensure that bilingual providers and other support staff are available to assist patients and families with their enrollment and retention. • Clarify the sliding scale fee eligibility guidelines. 	<p style="text-align: center;">Change # 1</p> <p>There will be accessible, comprehensive quality health care, including dental, vision and mental health care.</p> <p style="text-align: center;">(HEALTH SYSTEMS)</p>
	<p>See back of page</p>	

<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Local Citizenship Programs <input type="checkbox"/> Nonprofit Health Care Providers <input type="checkbox"/> Immigration Reform Advocates <p style="text-align: center;">Capacities</p> <p>Collaborative relationships between residents and service providers, particularly those engaged health access to immigrants.</p>	<p style="text-align: center;">Change Strategies</p> <ol style="list-style-type: none"> 1) Research and evaluate comprehensive health coverage programs developed by other Counties that have succeeded in extending coverage to undocumented immigrants, particularly children and, if feasible, implement them in our County. 2) Connect local community to statewide national efforts for immigration reform. 3) Increase local capacity to support path to citizenship. 	<p style="text-align: center;">Change #2</p> <p>Coverage will be available for all children and adults, including those who are undocumented.</p> <p>(HEALTH/IMMIGRATION)</p>
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Building Healthy Communities – East Salinas

Logic Model for Outcome 2 – Families Have Improved Access to a Health Home That Supports Healthy Behaviors

RESOURCES/CAPACITIES	CHANGE STRATEGIES	TARGETED CHANGES
<p align="center">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-K to high schools <input type="checkbox"/> Clinics, MST <input type="checkbox"/> Organizations that focus on health <p align="center">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community/school leadership for multi-use agreements <input type="checkbox"/> Greater pool of health care providers 	<ol style="list-style-type: none"> 1. Place nurses and other providers in schools (pre-K to high schools), day care centers, churches, and other community-based facilities (one-stop health and human service centers for care and referrals). 2. Restore/preserve home visits by qualified nurses for prevention education as well as care. 3. Increase the service capacity of health service providers, including clinics, so that patients can receive care during extended hours and weekends. 4. Map current transportation resources to assess gaps in transportation options. Develop a network of transportation options from neighborhoods to health and other service centers, clinics, etc. 	<p align="center">Change #1</p> <p>Health agencies provide multiple options for access to services (locations, schedules, languages) in the community</p> <p align="center">(HEALTH / TRANSPORTATION)</p>
<p align="center">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Promotores de Salud <input type="checkbox"/> Workplace Wellness Programs <input type="checkbox"/> Health Fairs <input type="checkbox"/> Medical residency programs <input type="checkbox"/> Health literacy programs <p align="center">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collaborative partnerships between health professionals and residents <input type="checkbox"/> Collaborative partnerships among health professionals working in different disciplines 	<ol style="list-style-type: none"> 1. Create a Whole Body Wellness Network that brings together dentists, physicians, etc. and residents to share information and connect resources. 2. Create opportunities for community involvement in health promotion programs: health literacy programs for employers/ employees, families, youth, etc., provided through multiple methods, such as workplace information sessions, media, health fairs, neighborhood meetings with promotores, written materials and oral presentations. 3. Develop a coordinated plan for community health fairs that addresses schedules, locations and the quality of information and services provided. 4. Research models that effectively connect doctors in local residency programs (medical/dental) with community health education programs. 5. Involve patients in their own care by expanding their opportunities to learn about and discuss their conditions and options with their health care providers. 	<p align="center">Change #2</p> <p>Residents will have the skills and knowledge necessary to access the health care system, to use it effectively and to advocate for themselves and their families.</p> <p align="center">(HEALTH)</p>
	<p align="center">See back of page</p>	

<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Workplace Wellness Prog. <input type="checkbox"/> Health literacy programs <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Worker/employer/union partnerships for health advocacy 	<ol style="list-style-type: none"> 1. Employers establish Workplace Wellness Programs at employment sites. 2. Employers adopt policies that enable employees to take care of their health and the health of their children. (e.g., flexible schedules for medical appointments and to take care of children at home; FMLA compliance) 3. Communities engage unions in developing strategies and in advocacy efforts that foster employer commitment to the health of workers and their families. 	<p style="text-align: center;">Change #3</p> <p style="text-align: center;">Employers value health promoting environments. (HEALTH)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools/Hartnell College/CSUMB <input type="checkbox"/> ROP/vocational programs <input type="checkbox"/> Health care professionals <input type="checkbox"/> Natividad Medical Center <input type="checkbox"/> HIA; Welcome Back Center <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooperative agreements between schools, voc. training programs & hospitals/clinics to coordinate pipeline <input type="checkbox"/> Counseling/mentoring programs for students entering health field. 	<ol style="list-style-type: none"> 1. Assemble a working group to assess current health workforce supply in East Salinas in medicine, nursing and public health. Determine gaps and develop a plan to train future health professionals from East Salinas. 2. Expand community-based health promoter programs and their funding streams (e.g., public support). 3. Create a pipeline for health careers by exposing children to health careers in the K-12 system and creating/expanding health-related career programs at local high schools, ROP, Salinas Adult School, vocational schools, Hartnell College, CSUMB, etc. 4. Expand residency training programs at Natividad Medical Center 5. Explore establishing collaborative training and internship programs between ROP and Natividad. 6. Create local dental training program and dental care residency programs for mid-level dental care providers. 7. Build on student exchange programs between US/Mexico for health training. 8. Link with the Welcome Back Center and consider establishing a Salinas satellite. 9. Explore incentive programs that encourage medical students to enter the primary care field, particularly those who are bilingual/ bicultural, such as the UCSF-Fresno Residency Program. 	<p style="text-align: center;">Change #4</p> <p style="text-align: center;">A diverse local health workforce is available to meet community health needs (HEALTH/EDUCATION)</p>

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Logic Model for Outcome 3 – *Health And Family-Focused Human Services Shift Resources Toward Prevention*

RESOURCES/CAPACITIES	CHANGE STRATEGIES	CHANGES
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nonprofit organizations and agencies with expertise in prevention <input type="checkbox"/> Elected officials <input type="checkbox"/> Libraries, arts programs, sports programs and facilities <input type="checkbox"/> Neighborhood leaders <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordination of leaders with shared vision <input type="checkbox"/> Training for residents on advocacy for changing municipal, zoning codes <input type="checkbox"/> Cultural competence training for service providers 	<ol style="list-style-type: none"> 1. <u>Food Policies, Regulations and Practices</u> - City leaders, county, business and communities support a tax on junk food, attract and develop affordable healthy food options, and encourage grocery and convenience stores to adopt family-friendly practices that promote healthy eating. 2. <u>Alcohol Policies and Regulations</u> - Reduce availability and use of alcohol and cigarettes in the community. Evaluate policies and regulations that control when/where alcohol is sold. 3. County/city/federal/state budgets prioritize prevention: communities organize to advocate for health and human service financing systems to fund providers for prevention services. 4. Health and human service organizations coordinate prevention services; create “one stop prevention homes”. 5. Provide cultural competence and customer service training to service providers of all sectors to ensure that families enjoy a supportive environment when they seek services. Engage consumers in improving delivery of services. 6. Engage community to advocate for changes in the Juvenile Justice System, to prioritize prevention over suppression. 7. Home-based community meetings bring neighbors together to explore how to work toward prevention and provide opportunities for to learn about conflict resolution, street/domestic violence prevention, parent education, positive discipline, gang violence, and recovery from alcohol/drug use; how to participate in making civic decisions. 8. Community engages local assets to promote literacy, healthy eating, recreation, and other means of prevention through library activities, community gardens, soccer leagues and other sports, and youth arts programs. 	<p>The community shares and upholds the value of prevention for community wellness</p> <p style="text-align: center;">(HEALTH/HUMAN SERVICES/EDUCATION)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools and teachers with expertise in prevention <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community/school leadership for multi-use agreements and for reforming policies 	<ol style="list-style-type: none"> 1. Schools practice early prevention and intervention to support children’s health: assess the impact of zero-tolerance policies, adopt and comply with a healthy food policy, teach health and sex education with a focus on prevention. 2. Schools provide space for youth and families to access educational, recreational and other services, and for residents to engage as community. 3. Early childhood education programs, such as Head Start, are widely available/accessible to low-income families. 4. Educational institutions increase educational opportunities for people of all ages. 5. Teachers have access to child development, behavioral, social/emotional mentors. 	<p>Schools Promote Healthy Behaviors</p> <p style="text-align: center;">(EDUCATION)</p>
	<p>See back of page</p>	

<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nonprofit organizations and agencies with expertise in prevention <input type="checkbox"/> Family support programs <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support system for child-care 	<ol style="list-style-type: none"> 1. Conduct “family assessments” to ensure the family has access to all possible <u>PREVENTION</u> options. 2. Outreach strategies reach non-traditional “families” (extended families, men/groups who live together, foster families) 3. The community recognizes quality child care as a key prevention strategy. 4. Parents have opportunities to learn the health and human service systems and know how to advocate for their children and for themselves. 5. Families promote communication, understanding, mutual appreciation and support across generations in the family. 6. Families learn about the impact of poor nutrition on child / youth behavior and learning. 	<p>Families are strong and capable of supporting their children throughout their lives, from the pre-natal stage to young adulthood</p> <p style="text-align: center;">(HEALTH/HUMAN SERVICES/EDUCATION/FAMILIES)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community centers <input type="checkbox"/> Responsive media <input type="checkbox"/> Health educators <input type="checkbox"/> <p style="text-align: center;">Capacities</p> <p>Opportunities for residents to become media-savvy</p>	<ol style="list-style-type: none"> 1. Create places for youth to gather, interact with each other and the community, participate and experience the arts. 2. Engage OET and other employment-related agencies to increase opportunities for meaningful youth employment. 3. Provide education and support for youth on how to cope and seek help with problems and issues such as: teen pregnancy, school harassment/bullying, violence, depression, suicide and drug abuse. 4. Engage media to promote positive coverage of youth. 	<p>Youth have hope, high self-esteem, and leadership, recreational, academic and employment opportunities</p> <p style="text-align: center;">(HEALTH/HUMAN SERVICES/EDUCATION)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nonprofit organizations and agencies with expertise in prevention <input type="checkbox"/> Mental health workers <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residents trained in engagement skills 	<ol style="list-style-type: none"> 1. Provide extensive training to service providers on the impact of trauma, particularly in children and youth, and develop services to treat its effect. 2. Service providers train community residents to recognize signs, so that community interventions can reach children before law enforcement is involved. 3. Community members, including youth, are equipped with tools and skills to mobilize and engage each other to make changes in their own lives and neighborhoods. 4. Engage faith community in prevention efforts. 	<p>The community is able to support youth with culturally relevant and responsive services</p> <p style="text-align: center;">(HEALTH/HUMAN SERVICES/LAW ENFORCEMENT/EDUCATION)</p>

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Logic Model for Outcome 5 – *Children and Their Families Are Safe From Violence In Their Homes And Neighborhoods*

RESOURCES	CHANGE STRATEGIES	CHANGES
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-K, K-12 Schools and teachers trained in and violence prevention s <input type="checkbox"/> Engaged families <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community/school leadership for multi-use agreements <input type="checkbox"/> Community/school leadership for evaluating, and reforming zero-tolerance policies 	<ol style="list-style-type: none"> 1. Schools provide space for youth and families to access educational, recreational and other services, and for residents to engage as community. 2. Schools improve current strategies for parent involvement to encourage and enable greater parent participation in the school and with their children 3. Schools assess the impact of zero-tolerance policies. 4. Schools teach a full range of basic life skills, including communication, conflict resolution and vocational skills. 5. Pre-school and other teachers receive training and support in providing age-appropriate emotional support to children; receive extensive training on the impact of trauma, on how to identify its effects, and on where to refer children for services. 6. Communities and schools address language/cultural discrimination. 	<p>Schools are multiuse “community centers” and promote healthy behaviors</p> <p>(EDUCATION)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Abuse & Domestic Violence Prevention Coordinating Councils <input type="checkbox"/> Pathways/Strengthening Families <input type="checkbox"/> Engaged Parents <input type="checkbox"/> Public agencies & NPOs focused on prevention <input type="checkbox"/> Prevention-focused law enforcement agencies <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Effective school/parent partnership models 	<ol style="list-style-type: none"> 1. Service providers prevent/address violence in the home by identifying and reaching parent(s) who need but don’t seek services. 2. Parents receive information and support to understand and prevent their children’s gang involvement and to cope with the violence of their own children. 3. Parents learn the juvenile justice system and how to advocate for and support their children within the system. 4. Families change behavior and norms about alcohol use (e.g., no alcohol at children’s parties.) 5. Law enforcement officers assume role of “service provider” to orient families and help them access services and support. 	<p>Families are strong and capable of supporting their children throughout their lives, from the prenatal stage to young adulthood</p> <p>(HEALTH/ HUMAN SERVICES/EDUCATION/LAW ENFORCEMENT)</p>
	<p>See back of page</p>	

<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Youth employment agencies <input type="checkbox"/> Engaged youth <input type="checkbox"/> Community centers, sports centers, and other youth serving facilities; arts programs <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Youth leadership development opportunities 	<ol style="list-style-type: none"> 1. Create Youth Council for East Salinas, so that young voices participate in political decisions and are authentically engaged. Youth-led groups work to prevent youth violence. 2. Create places for youth to gather, interact with each other and the community, express themselves, participate and experience the arts. 3. Engage OET and other employment-related agencies to increase opportunities for meaningful youth employment. 	<p style="text-align: center;">Youth have hope, high self-esteem, and leadership, recreational and employment opportunities</p> <p style="text-align: center;">(HEALTH/HUMAN SERVS)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neighborhood associations <input type="checkbox"/> City of Salinas (Parks & Rec, Library, Public Works, Redevelopment, Police) <input type="checkbox"/> Community Development NPOs <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neighborhood leadership development training <input type="checkbox"/> Advocacy training programs for residents <input type="checkbox"/> Resident/city partnerships for neighborhood improvement <input type="checkbox"/> Community policing models 	<ol style="list-style-type: none"> 1. Promote and support neighborhood associations. 2. Build and maintain recreational facilities, parks, libraries and youth centers. 3. Place and maintain streets lights and ensure safety in neighborhoods and parks. 4. Establish/reinstate community policing: police officers are a presence for positive reinforcement in the community, and build relationships with neighbors and youth. 5. Eliminate blight (run-down buildings, etc.) 6. Provide accessible and well-maintained walkable spaces and bike paths for families to recreate and enjoy. 7. Residents organize to advocate for policies that support quality, affordable housing. 8. <u>Alcohol Policies and Regulations</u> - Reduce availability and use of alcohol and cigarettes in the community. Evaluate policies and regulations that control when/where alcohol is sold. 	<p style="text-align: center;">Communities are organized to create healthy environments</p> <p style="text-align: center;">(HEALTH/HUMAN SERVICES/ LAW ENFORCMENT)</p>

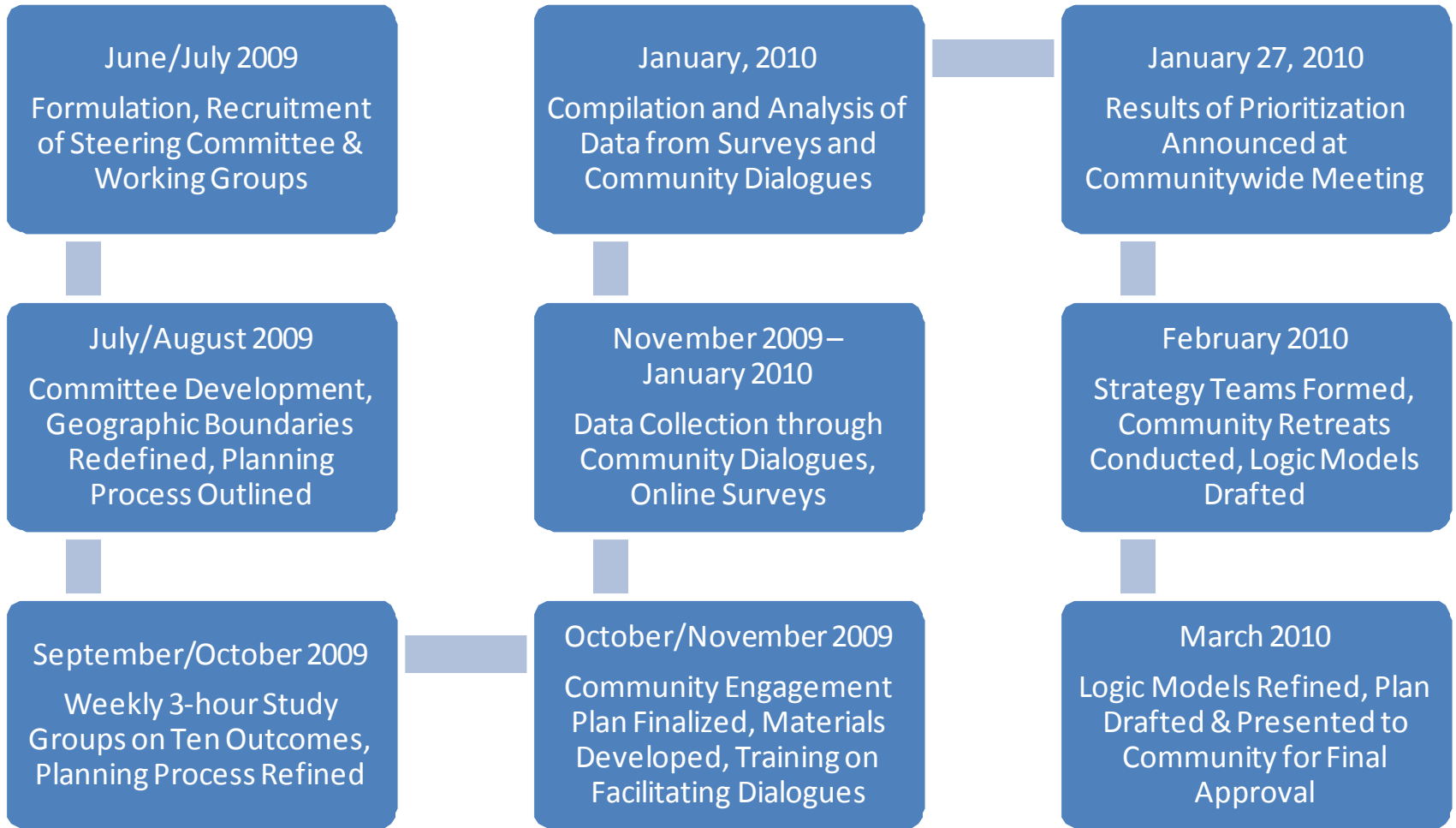
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Logic Model for Outcome 6 – Communities Support Healthy Youth Development

Resources / Capacities	Change Strategies	Changes
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-K, K-12 Schools and teachers and nurses <input type="checkbox"/> Engaged families <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community/school leadership for multi-use agreements <input type="checkbox"/> Community/school leadership for evaluating, reforming and implementing zero-tolerance and food policies 	<ol style="list-style-type: none"> 1. Schools provide space for youth and families to access educational, recreational and other services, and for residents to engage as community. 2. Schools practice early prevention and intervention to support children’s health (e.g assess the impact of zero-tolerance policies, adopt and comply with a healthy food policy.) 3. Schools teach a full range of basic life skills (communication, conflict resolution) and vocational skills. 4. Pre-school and other teachers receive training and support in providing age-appropriate emotional support to children; receive extensive training on the impact of trauma, on how to identify its effects, and on where to refer children for services. 5. There are social workers and nurses at every school. 	<p>Schools are multiuse “community centers” and promote healthy behaviors (EDUCATION)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family support programs (Pathways, Strengthening Families, etc.) <input type="checkbox"/> Schools <input type="checkbox"/> Neighborhood associations <p style="text-align: center;">Capacities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Neighborhood leadership development training 	<ol style="list-style-type: none"> 1. Families are supported by neighbors: neighbors care for <u>all</u> children in the neighborhood; create “Support Teams”; organize neighborhood-based youth activities: movie nights, sports, cooking classes, tutoring, reading nights. 2. Parents receive information and support to understand and prevent their children’s involvement in violence and gangs. 3. Schools improve current strategies for parent involvement to encourage and enable greater parent participation in the school. 4. Parents learn about the impact of poor nutrition on child / youth behavior and learning; they organize to monitor how school districts implement the healthy food policy. 	<p>Families are strong and capable of supporting their children throughout their lives, from the prenatal stage to young adulthood</p> <p>(HEALTH/HUMAN SERVICES/EDUCATION/FAMILIES)</p>
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Youth employment agencies <input type="checkbox"/> Engaged youth <input type="checkbox"/> Community centers, sports centers, and other youth serving facilities <input type="checkbox"/> Arts programs for youth <input type="checkbox"/> Media <p style="text-align: center;">Capacities</p>	<ol style="list-style-type: none"> 1. Create Youth Council for East Salinas, so that young voices participate in political decisions and are authentically engaged. 2. Create places for youth to gather, interact with each other and the community, express themselves, participate and experience the arts. 3. Provide students with access to additional educational opportunities, such as summer school. 4. Provide assistance to students in identifying opportunities for long-term scholarships. 5. Engage OET and other employment-related agencies to increase opportunities for meaningful youth employment. 6. Engage the media to advocate for positive coverage of youth and to promote 	<p>Youth have hope, high self-esteem, and leadership, recreational, academic and employment opportunities</p> <p>(HEALTH/HUMAN SERVICES/EDUCATION)</p> <p>See back of page</p>

<input type="checkbox"/> Youth leadership development opportunities <input type="checkbox"/> Opportunities for residents to become media-savvy	pride in the community.	
<p style="text-align: center;">Resources</p> <input type="checkbox"/> Child Care Coordinating Council <input type="checkbox"/> First 5 MC <input type="checkbox"/> ECE programs <input type="checkbox"/> Schools, NPOs & Faith-based organizations <p style="text-align: center;">Capacities</p> <input type="checkbox"/> Systems to support culturally-competent child care, ECE, TTK programs.	<ol style="list-style-type: none"> 1. Ensure that affordable, accessible, reliable and qualified (licensed) childcare is available for low-income working families 2. Make early childhood education programs, such as Head Start, widely available and accessible to low-income working families. 3. Communities and schools address language/cultural discrimination. 4. The community (families, faith-based organizations, businesses) builds trusting relationships with youth by creating opportunities for dialogue and engagement. 5. Health and human service organizations provide education and support for youth on issues such as: teen pregnancy, school harassment/bullying, violence, depression, suicide and drug abuse. 	The community is able to support youth with culturally relevant and responsive services (HEALTH/HUMAN SERVICES/LAW ENFORCEMENT/EDUCATION)

Attachment B: East Salinas Building Healthy Communities Timeline



Attachment C: Steering Committee Roster

The following individuals and organizations participated in the Steering Committee in the course of the ten months of the Building Healthy Communities planning process. Our sincere gratitude goes to them for their commitment and dedication.

Name	Affiliation
Abraham Magana	Alianza LUDA/Resident
Anayeli Mayorquin	Girls Health Initiative/Youth/Resident
Abraham Rosas	YMCA/Youth
Annabelle Rodriguez	Alisal Community Healthy Start Family Resource Center
Araceli Salazar	Girls Health Initiative/Youth/Resident
Armando Ortiz	Center for Community Advocacy
Aurelio Salazar	Community Foundation for Monterey County/Resident
Bob Reyes	Prevention Dept. Juvenile Division
Brian Contreras	Second Chance Family & Youth Services
Daniel Shim	Salinas United Business Association
Delia Saldivar	Radio Bilingüe, Inc.
Diego Ortiz	Sun Street Centers /Resident/Youth
Donna Ferraro	Boys & Girls Clubs of Monterey County
Dora Lopez	Resident
Edith Reyes	Resident
Elizabeth Miller	Resident
Elizabeth Reyes	Resident
Elsa Quezada	Central Coast Center for Independent Living
Erica Padilla- Chavez	Monterey County Health Department
Fausta I. Hernandez	Resident / P.C.S.
Fernanda Ocana	Girls Inc. of the Central Coast Youth/Resident
Francine Rodd	First 5 Monterey County
Hilario Lopez	Salinas Soccer League / Resident
Jackie Cruz-Ortega	Hartnell College Foundation
Jesus Amador	Resident
Jesus Fernandez	Center for Community Advocacy
Jesus Lopez	Resident
Jesus Ramirez	Radio Bilingue
Jim Pia	Recreation and Parks City of Salinas
Jorge Salazar	Podar Popular / Resident
Jose Ortiz	Alisal Center For the Fine Arts / Resident
Josefina Lopez	Planned Parenthood Mar Monte
Julie Drezner	Community Foundation for Monterey County

Name	Affiliation
Juan Carlos	Alisal Center For the Fine Arts / Resident
Karla Guillen	Girls Inc. of the Central Coast Youth/Resident
Kathy Bauer	Salinas Adult School
Ken Feske	Partners for Peace
Krista Hanni	Monterey County Health Dept.
Laura Tinajero	Second Chance Family & Youth Services
Luis Cerna	A.C.F.A/ Arts Council / Resident
MacGregor Eddy	Resident
Margarita Ramirez	Girls Inc. of the Central Coast Youth/Resident
Maria Charles	Center for Community Advocacy/ Resident
Maria Leon	Resident
Maria Miller	Salinas Adult School
Maria-Elena Morales	Sun Street Centers
Nick Langarica	Second Chance Family & Youth Services
Nick Sandoval	Poder Popular / Resident
Norma Ahedo	Center for Community Advocacy/ Resident
Omar Mendoza	Brown Berets - Youth/Resident
Pastor Frank Gomez	Faith / Resdient
Rex McIntosh	Resident / Eagle Drive and Bison Way Neighborhood Association
Rosa Guijosa	Center for Community Advocacy / Resident
Rose Colon	Monterey County Department of Health
Rosemary Soto	Monterey County Department of Health
Ruben Urzua Jr.	Second Chance Family & Youth Services
Ruth Rodriguez	CHISPA
Sabino Lopez	CCA
Sam Trevino	Monterey County Department of Social and Employment Services
Ted Rico	CFMC/Poder Popular
Victor Mehia	Resident
William Medrano	Brown Berets - Youth/Resident
Yajaira Medrano	Girls Inc. of the Central Coast Youth/Resident
Yesenia Duran	Girls Inc. of the Central Coast Youth/Resident

Attachment D: Work Group and Task Force Rosters

Building Healthy Communities

The following individuals and organizations supported the work of the Steering Committee during the Building Healthy Communities planning process in East Salinas:

Communications Work Group	
Amanda Holder	Community Foundation for Monterey County
Delia Saldivar	Radio Bilingüe, Inc.
Jesus Ramirez	Radio Bilingüe, Inc.
Kathryn Hart	Community Foundation for Monterey County
Rex McIntosh	Resident/Eagle Drive and Bison Way Neighborhood Association
Sam Trevino	Monterey County Department of Social and Employment Services
Tom Melville	Central Coast HIV/AIDS Services

Community Engagement Task Force	
Alan Styles	Resident
Alicia Hernandez	Service Learning Institute - CSUMB
Aurelio Salazar	Community Foundation/Resident
Brian Contreras	Second Chance Family & Youth Services
Cristina Cervantes	Girls Inc. of the Central Coast/Resident
Charlie Howard-Gibbon	Boy Scouts of America/Resident
Elsa Quezada	Central Coast Center for Independent Living
Diego Ortiz	Sun Street Centers/Resident/Youth
Fernanda Ocana	Girls Inc. of the Central Coast/Resident /Youth
Hilario Lopez	Salinas Soccer League / Resident
Karla Guillen	Girls Inc. of the Central Coast/Resident/Youth
Laura Lee Link	CSUMB Service Learning Institute
Margarita Ramirez	Girls Inc. of the Central Coast/Resident/Youth
Maria-Elena Morales	Sun Street Centers
Nick Sandoval	Poder Popular/Resident
Omar Mendoza	Brown Berets/ Resident/Youth
Pastor Frank Gomez	Faith Community/Resident
Patty Fernandez	Girls Inc. of the Central Coast
Paula Placencia	Lideres Campesinas
Rex McIntosh	Resident/Eagle Drive and Bison Way Neighborhood Association
Roberta Valdez	CSUMB Service Learning Institute
Rose Colon	MC Health Department Division of Community Health
Rosemary Soto	Monterey County Behavioral Health

Ted Rico	Poder Popular
William Medrano	Brown Berets/Resident/Youth
Yajaira Medrano	Girls Inc. of the Central Coast/ Resident/Youth
Yesenia Duran	Girls Inc. of the Central Coast/ Resident/Youth

Data and Evaluation Work Group	
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Chuck Larable	City of Salinas
David Dobrowski	First 5 Monterey County
Daniel Bach	Monterey County Department of Social and Employment Services
Jenifer Williams	Natividad Medical Foundation
Ken Feske	Partners for Peace/CSUMB
Krista Hanni	Monterey County Health Department
Larry Imwalle	Action Council for Monterey County
Maria-Elena Morales	Sun Street Centers

Policy Advisory Group	
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Alan McKay	Central Coast Alliance for Health
Alfred Diaz Infante	Community Housing Improvement Systems and Planning Association
Carol Adams	Natividad Hospital
Cesar Lara	Central Coast Labor Council
Dr. Max Cuevas	Clínica de Salud del Valle de Salinas
Dr. Phoebe Helm	Hartnell College
Elliot Robinson	MC Department of Social & Employment Services
Dr. Esperanza Zendejas	Alisal School District
Juan Uranga	Center for Community Advocacy
Kelly McMillin	City of Salinas Police Department
Julie Drezner	Community Foundation for Monterey County
Len Foster	Monterey County Health Department
Lilia Chagoya	Central Coast Alliance for Health
Manuel Real	Monterey County Probation Department
Ron Rygg	United Way/ 211 Service
Supervisor Fernando Armenta	Monterey County Board of Supervisors/Resident
Supervisor Jane Parker	Monterey County Board of Supervisors
Tom Hicks	Monterey Salinas Transit