How We’re Making a Difference

Healthier San Joaquin County Community Assessment 2008

The comprehensive report is available at www.healthiersanjoaquin.org
Preface

This year marks the release of the *Healthier San Joaquin County Community Assessment 2008*, the third comprehensive community health profile of San Joaquin County sponsored by the San Joaquin County Community Health Assessment Collaborative (SJC2HAC). New to this assessment was the inclusion of several stories of local agencies in San Joaquin County that are making a difference to improve access to health care for local residents.

Collectively called *How We’re Making a Difference*, these exciting accounts of local success have been assembled and are featured in this document. The following stories show how community initiatives and agencies are making a difference in San Joaquin County.

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Community Partnership for Families of San Joaquin

For the past nine years, Community Partnership for Families of San Joaquin (CPF) has forged relationships and partnerships with families, agencies, businesses, faith-based organizations, and educational institutions, in order to improve the lives of families and better prepare the children of San Joaquin County for the future. CPF continues to bring together partner agencies representing diverse interests, including underserved ethnic communities, specific age groups, victims of abuse and neglect, and communities at-risk for certain chronic diseases or other medical concerns.

In focusing on the well-being of children and families, the Partnership recognizes the need for comprehensively assessing each community individually, in order to identify specific needs, demographic characteristics, local resources and community leaders.

For example, in 1998 an assessment of South East Stockton revealed that one of the main challenges faced by this community was the scarcity of health care resources. The only comprehensive health resource available was San Joaquin County General Hospital, located a fair distance from this community, and not designed with the specific health care needs faced by South East Stockton residents. South East Stockton is a predominantly African American community with a high prevalence of diabetes and heart disease, and a lack of utilization of pre-natal health care. Furthermore, there is a lack of nutritious food available to consumers in the community, as a neighborhood survey of local grocery stores revealed.

The Partnership brought together a team of community leaders from South East Stockton, which developed a plan to establish a family resource center and clinic, and after eight years of intensive advocacy, City of Stockton agreed to develop the Dorothy Jones Family Resource Center in the heart of the South East Stockton community also known as the Coalition United for Families (CUFF) center. At this center, specific efforts to address the health concerns of this community include a three-room Clinic, diabetes screening and prevention through education and outreach, a mobile Farmer’s Market that provides free fresh fruits and vegetables, the establishment of a Walking Club to promote physical fitness and cardiovascular health, and WIC staff to promote nutrition for women, infants and children.

These health services are part of a larger effort to improve the well-being of the community using a comprehensive approach, which addresses other related challenges including mental health, financial self-sufficiency, employment, family violence, juvenile delinquency, education, child care and much more.
**How We’re Making a Difference**

**People and Congregations Together**

People and Congregations Together (PACT) helps ordinary residents develop their leadership skills to be able to work on issues that are important to them. PACT does this by working with members of local congregations and community groups.

Recently one of these groups, the Hmong Leadership Network, organized and held a large gathering of Hmong members from throughout the Central Valley. The well-being of thousands of Hmong families was being negatively impacted by wording in the Patriot Act that unintentionally classified the Hmong as terrorists. As a result, families were being denied driver licenses, permanent residency, employment, and much needed services. In the 1960’s, the Hmong were recruited by the CIA to help during the Vietnam War and they saved many American soldiers’ lives. At the gathering on December 15, 2007, 1,800 Hmong leaders at the Stockton Civic Memorial Auditorium urged elected officials from the Central Valley to exclude them from the Patriot Act as terrorists. As a result of these efforts, President Bush signed HR 2764 on December 26, 2007, a bill that contained specific language that the Hmong shall not be considered as a terrorist organization. The legislation included automatic relief for the Hmong and other groups that do not pose a threat to the United States.

PACT is non-partisan, non-sectarian, non-profit, and an affiliate of the PICO California Project and the PICO National Network.
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Dorothy L. Jones Neighborhood Service Center (CUFF)

Who would have thought more than ten years ago, when the South Stockton Service Providers started meeting with the residents and faith community of southeast Stockton, that the community partners would one day be able to work out of a clinic in the neighborhood. Many community meetings and one-to-one conversations with the medical community and elected officials of the city of Stockton resulted in a modest clinic with three exam rooms that also includes office space for the medical providers. The Dorothy L. Jones Neighborhood Service Center is the result of many years of hard work by all of the named above, but the residents had the most at stake. The southeast Stockton population has a disproportionate amount of residents with diabetes, cardiovascular disease, children with asthma, and the list goes on.

With continued planning, this new venture will allow St. Joseph’s Medical Center, Kaiser-Permanente, San Joaquin County Public Health and General Hospital, Health Plan of San Joaquin, Community Medical Centers, along with a host of other community partners to offer health education, dental, vision, and medical services to a neighborhood that otherwise would continue to go without. In the coming weeks, participants of the Family Resource Center will be able to receive medical services in their community, an accomplishment of which we are very proud.
Sutter Tracy Healthy Connections Resource Center

Sutter Tracy Healthy Connections Resource Center provides Tracy area residents with help accessing health care and other services while working to improve communication and collaboration between agencies. Veronica was referred to the resource center by Child Abuse Prevention Council in 2006 under the County’s Differential Response Program.

Veronica was an undocumented single parent of three children ages 11, 7, and 3. Veronica was determined to make a better life for her family that was living in a converted garage which was not up to code. Working long hours in the late evening and every weekend made it difficult for Veronica to find reliable child care. Although employed, she struggled to make ends meet. Her children didn’t have health insurance because they were also undocumented, and in addition to her other struggles, her children became victims of a crime.

At Sutter Tracy Healthy Connections, Veronica received case management services and participated in the Family Success Team program which allowed her to receive ongoing support from representatives of local social support service agencies. Working together as a team to support Veronica and her family, the participating agencies, which included Child Abuse Prevention Council, the Women’s Center, Victims Witness, Valley Community Counseling, Pregnancy Resource Center, Family Resource & Referral, San Joaquin Housing Authority, Tracy Interfaith Ministries, El Concilio, and Catholic Charities, established a plan that helped to motivate and encourage Veronica to get her life on track.

Within 10 months, Veronica received assistance getting legal immigration status and health insurance for her children, housing, reliable child care, ESL classes through the computer based learning at the resource center, help with food, diapers and other basic needs, and job search assistance which eventually led to a full-time position at El Concilio, one of the agencies that participated in her Family Success Team. Veronica is very motivated and is now...
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Hunger Task Force

Kaiser Permanente and San Joaquin County Human Services Agency have stepped up to support the 25+ community-based organizations and agencies that are involved in the Hunger Task Force. Co-chaired by San Joaquin County Supervisor Steve Gutierrez and Stockton Mayor Ed Chavez, for almost two years the task force has been at work on finding solutions in the fight against hunger and food insecurity.

Hunger Task Force goals include:

- **Develop a Food Stamp Outreach Program** that will build bridges between eligible residents and the food stamp program.
- **Develop a County-wide, grassroots Information Campaign** that will deliver information about how to register for food stamps and access other emergency food programs.
- **Increase the Food Supply to Food Banks** by doing a united outreach to grocers, distribution centers, trucking companies and food processors, as well as surveying and seeking new food donors.
- **Enhance Community Nutrition Education Programs** that focus on developing skills in food resource management, buying food on a budget, nutrition education, and safe, healthy food preparation.
- **Pilot a Mobile Farmers Market** in targeted census tracts where food access is a problem. A rolling farmers market would carry fresh fruits and vegetables into communities now under-served by supermarkets, and provide information about food stamps, food banks, and other ways to get access to healthy, nutritional food.
- **Create a Legislative Advocacy Network** to develop a mechanism of notification and response by local agency personnel to help shape public policy that contributes to the ending of hunger. Local hunger agencies are currently pressing for both Federal Food Stamp simplification measures and the renewal of the Federal Farm Bill.
- **Provide nutrition, food management and safety classes** to food bank personnel and volunteers with the goals of increasing their knowledge of nutrition, managing food resources, and safe food handling and storage.
- **Hold Hunger Awareness Events** to involve the public in the important work of making sure every citizen of our county has enough to eat.

LaCresia Hawkins, CUFF, facilitator Rich Fowler of Catholic Charities, and County Supervisor Steve Gutierrez have hosted three Town Hall meetings of the Hunger Task Force.
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Emergency Food Bank

The Emergency Food Bank (EFB), founded in 1968, is the largest direct provider of packaged emergency food in San Joaquin County.

- Over 1,000 people a day are served healthy food from Emergency Food Bank services.
- Annually, over 110,000 men, women, and children are served nutritious food in the County, without charge. That’s about one in seven people in our County!
- Almost four million pounds of food are distributed each year from our main location and over 18 pantries in Stockton and San Joaquin County.
- The EFB provides food service to over 40 non-profit agencies, treatment centers, and scores of public events related to healthy living and nutrition.
- Scores of direct referrals from schools, law enforcement agencies, San Joaquin County Human and Health Services, hospitals, and private and public human service agencies are helped weekly. In emergencies, we offer 24-hour home delivery.
- The Food Bank also provides a service to grocery stores, food processors, farmers, and reclamation distribution centers by taking excess or usable foods that would otherwise be thrown away.
- During Thanksgiving week 2007, the EFB supplied over 1,300 San Joaquin families, representing over 6,000 family members, with turkeys, chickens, hams, and holiday trimmings, as well as several days of holiday food and nutrition.
- The Food Bank teaches basic job skills and provides training in data entry, clerical office skills, warehouse operation and truck operation.
- The Food Bank operates with a very small paid staff and generous donations of dollars, time, and skills from numerous trainees and volunteers.
The Breastfeeding Coalition of San Joaquin County

The mission of The Breastfeeding Coalition of San Joaquin County is to organize local efforts to improve the health of our community by promoting, educating, and providing support for breastfeeding. Created in 1996 as a sub-committee of the Healthier Community Coalition, the Coalition is made up of representatives from local hospitals, WIC programs, community groups, non-profit organizations, health plans, San Joaquin County government agencies, and interested individuals.

The California Department of Public Health states that “exclusive breastfeeding during the first six months of life is the most important nutrition intervention a mother can do to improve the immediate and long-term health of her infant.” The Breastfeeding Coalition serves as a catalyst for improving breastfeeding services in San Joaquin County so that mothers receive the information and support they need to succeed at breastfeeding.

Coalition activities include:
- Continuing education conferences for physicians, nurses, clinic staff members, and community health workers
- Creating a directory of breastfeeding support services and a website (www.breastfeedingcoalition.org)
- Awards for businesses which provide workplace support for their breastfeeding employees
- World Breastfeeding Week celebrations

The Breastfeeding Coalition was instrumental in the formation of the BEST (Breastfeeding Education, Support, and Training) Program. Funded by First 5 San Joaquin, the Program provided a 24 hour breastfeeding Help Line, lactation consultant services, breast pump loans, and breastfeeding training programs for hundreds of San Joaquin county health professionals.

A new First 5 San Joaquin breastfeeding initiative will focus on systems change in our county’s hospitals. The Breastfeeding Coalition will work with the Maternal Child and Adolescent Health Program of San Joaquin County Public Health Services and special teams from each hospital in this new project. Together we will identify hospital policies which help mothers and babies get off to the best start breastfeeding and then work towards instituting these “best practices” in our county’s hospitals.

When the Breastfeeding Coalition was formed, San Joaquin County had the fifth lowest breastfeeding initiation rate in California. Since then, breastfeeding initiation rates in San Joaquin County have risen from 69% to 84%. San Joaquin County mothers want to breastfeed; the Breastfeeding Coalition is committed to making sure they receive the support they need in our hospitals and in our community to succeed at breastfeeding once they start.
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St. Joseph’s Medical Center CareVan

Hortencia was concerned when she started experiencing dark vertical lines in her vision. Now 44, Hortencia has had diabetes since she was 23 years of age. With no health insurance and very limited resources, she relies on St. Joseph’s Medical Center CareVan for the health care so often needed with a chronic disease like diabetes. The initial CareVan exam did not show any abnormalities but as a precautionary measure, she was scheduled with a retinal specialist the next day. Hortencia was diagnosed with diabetic retinopathy and received the necessary laser treatment, which saved her vision.

St. Joseph’s CareVan is a 48-foot mobile health clinic that provides free health services to people in the community who do not have health insurance and primary access to health care. Services include screenings, health education, referral services, medical diagnoses, and treatment. The CareVan treats acute problems such as fever, earache, upper respiratory infections, infections, sore throat and other illnesses, and chronic problems such as allergies, high blood pressure, diabetes and joint pain.
Improving Access to Health Care for Muslim Women

In 2004, Robina Asghar, Executive Director of Community Partnership for Families (CPF), started an effort to develop leadership and improve access to health care among Pakistani and Muslim women in east Lodi. She recognized that many of these women in the community faced very significant barriers in obtaining health care, including cultural, financial, and educational barriers. Many had not received any formal education beyond elementary school, had not worked outside their homes, had limited language skills, and had powerful cultural norms that prevented them from discussing health issues with providers. Additional community research identified other key barriers to health care that included lack of culturally competent services and transportation issues.

Ms. Asghar developed a survey that was the first step in a plan to identify the health priorities in this community and begin the process of organizing these women to advocate for themselves. Initially 80 Muslim women were surveyed regarding health care and other needs, and it was found that 75 had not had gynecological exams or regular medical homes.

In response, Ms. Asghar worked with St. Joseph Medical Center to provide linguistically and culturally competent services to the community. St. Joseph’s brought in their mammography van and their women’s health unit and set up a clinic in east Lodi on a yearly basis. CPF Lodi Family Resource Center staff connected this community to St. Joseph’s women’s health clinic and other preventive services in San Joaquin County.

In 2007, the 80 original survey participants were given a follow-up survey to see if their use of the health care system had improved. Every participant reported receiving preventive medical care, using a medical home, and demonstrated knowledge about preventive medicine.

The effort has been more successful than anticipated. These women, previously deeply isolated, are coming together to advocate for themselves and their families on a neighborhood and community level, and are appearing in increasingly large groups to represent themselves at City hearings and community meetings.

Currently CPF is working with the Muslim community to establish a charitable nonprofit focusing on access to health care, financial self sufficiency, and youth development. Tom Amato of People and Congregations Together (PACT) has also been instrumental in helping Ms. Asghar develop the group.

Recently, women from this group helped to develop a proposal for a Mental Health Services grant, which was awarded to the Partnership, and they are helping recruit staff for the proposed mental health outreach and services program. Additionally, the group would like to begin using ethnic media for job development within the Muslim community, around careers such as nursing, mental health counseling, radiologic technology, and other health professions, and has recently met with the SJC Mental Health Director Vic Singh to talk about their community’s needs.
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St. Joseph’s Medical Center Mobile Mammography Unit

Improving Access to Care

Maria is 55 years old and hadn’t had a mammogram in over 10 years when she came to St. Joseph’s Mobile Mammography Unit (MMU) for a breast exam. In fact, it had been so long, she couldn’t remember when she had her last exam. She said that money was tight and without medical insurance, she didn’t have the means to get regular check-ups. Financial difficulties that left her without a car, further straining her ability to access medical care.

Fortunately for Maria and hundreds of women like her, St. Joseph’s Mobile Mammography Unit is providing access to high-quality breast and cervical cancer screening to underserved women in their communities. The MMU offers state-of-the-art digital mammography to 22 Northern and Central California counties, offering pap smears and pelvic exams, and breast health education. This education, along with the screening exams, is very important to the early detection of cancer, and the earlier cancer is detected, the more lives will be saved.

St. Joseph’s Medical Center offers a variety of breast cancer outreach programs in addition to Mobile Mammography, including the “Every Woman Counts” Cancer Detection program, Latina and Southeast Asian Breast Cancer Navigators, and Shades of Survivorship for African-American women.
## Improving Access to Early Prenatal Care: Barriers to Care Form

The Barriers to Care form evolved out of the Prenatal Summit of January 2006. When clients have difficulty in accessing services, and the nurse or outreach worker encounters difficulty assisting them, a Barriers to Care form is completed. The deputy director, program manager, or supervising public health nurse will contact the administrative staff in agencies where barriers are identified. They will work with those supervisors to ensure that the client’s issues and system problems are resolved.

The following are two examples:

1. One patient experienced repeated difficulty in getting appointments at a particular clinic. She was always placed on hold, and her calls were never returned. The Maternal, Child, and Adolescent Health (MCAH) coordinator contacted the clinic administration to report the problem. They thanked the MCAH coordinator and informed them that they were in the process of hiring a 2nd Spanish-speaking clerical worker for that clinic. The patient is now in care.

2. A teenager wasn’t keeping her prenatal care appointments because she couldn’t afford to pay and had difficulty with her eligibility worker getting her Medi-Cal. The administration at Human Services Agency needed to intervene, assigned her a different eligibility worker, and expedited the application. The teen then went to her appointments.
**Early Prenatal Care Work Groups**

In January, 2006 a one-day Prenatal Summit was held in San Joaquin County to address the lack of entry into prenatal care for women within the first trimester of pregnancy. Agencies and organizations from all over San Joaquin County attended the summit to gain knowledge and understanding of the importance of prenatal care in the first trimester, and the barriers that exist. Participants examined how county agencies could work together to spread the word about the importance of early entry and access, and how to eliminate some of the barriers.

Out of the summit, work groups were formed. The Collapsing Cultural Barriers work group and the Navigating the Health Care System work group are currently looking at the barriers that were identified, and are coming up with realistic goals and expectations. Both groups have met regularly for two years to develop strategies for improving access and educating the community about the importance of early prenatal care.

The Navigating the Health Care system work group has targeted clinics and providers to work on better appointment scheduling and providing a supportive front office staff. They have also worked with Human Services Agency to improve the insurance process for women who think they might be pregnant by minimizing the wait times for application processing, so that they can be seen by a provider as soon as possible.

The Collapsing Cultural Barriers work group has developed a social marketing campaign that includes posters, pamphlets and radio announcements targeting all women of child bearing age to seek prenatal care early. The social marketing campaign “Go Before You Show” has been funded by St Joseph’s Medical Center, First 5 of San Joaquin, and Health Plan of San Joaquin, along with in kind donations from Blue Cross, Catholic Charities, Community Medical Centers Inc., San Joaquin County Public Health Services, San Joaquin General Hospital and other agencies.
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Black Infant Health (BIH)

For 15 years, the Black Infant Health Program (BIH) in San Joaquin County has been providing prenatal outreach and care coordination, social support and empowerment through group sessions, and case management services to African American pregnant women. The goal of the program is to reduce infant mortality rates by reducing the number of SIDS deaths, reducing the number of infants born premature, and increasing early entry and access to prenatal care among African American women.

Leslie, a 43-year-old mother of two and former BIH client states that, “the BIH program really helped me in my recovery.” Leslie has a history of drug and alcohol abuse that lasted 10 years. During that time her first baby died of SIDS.

After receiving a flyer for the BIH program during her second pregnancy, Leslie enrolled in the program and began attending the social support group sessions everyday for 8 weeks. Leslie says the group sessions provided additional tools she needed to help her stay clean and sober. The group sessions allowed her an opportunity to talk with other pregnant women about the stresses and struggles they faced everyday. The sessions also increased her self-esteem which she states was very low when she started the sessions, and allowed her a network of new friends to communicate with while staying away from old friends who continued to use and abuse drugs.

Currently Leslie is 15 years clean and sober. She says things are not always easy but she will never go back to her former way of life. She finds comfort and support from her immediate family, and attends church regularly which has helped her tremendously.

Leslie appreciates all of the help she received from the BIH program and would recommend the program to any African American pregnant women who needs some extra support and assistance during their pregnancy.
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Go Before You Show

The “Go Before You Show” message is being communicated to San Joaquin County residents in an effort to encourage women to see a doctor within the first three months of pregnancy. This message is being delivered in several ways, including an Internet website, posters, and the following radio announcement:

If you’re pregnant, or even just think you might be, remember one thing: “Go before you show.” What does that mean? It means see a doctor early to give your baby a healthy start. Seeing a doctor within the first three months of being pregnant is one of the most important things a mother can do for her unborn baby. Early prenatal care includes exams, tests, and advice about healthy eating and healthy behavior, like not smoking, drinking or using drugs. These simple steps can make all the difference to your baby.

San Joaquin County offers programs that can help you get the information you need. You may also be eligible for health care programs that can pay for prenatal care and even the delivery of your baby. Just call public health services at 1-800-698-2304 or go to gobeforeyoushow.com.

So... “go before you show”... And give your baby a healthy start in life.
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Adult Asthma Management Clinic

The Adult Asthma Management Clinic at the University of the Pacific, Thomas J. Long School of Pharmacy and Health Sciences provides asthma management services to adult patients from San Joaquin County and the surrounding area, with the objectives of reducing asthma-related hospitalization and reducing emergency room visits or unscheduled physician visits related to asthma. As these services are supported by grant funds from Catholic Healthcare West, there is no out-of-pocket expense for the patients.

In consultation with each client’s physician, faculty members and student pharmacists provide various levels of service, from patient education and training, to monitoring and medication management. The Adult Asthma Clinic follows the National Heart, Lung, and Blood Institute’s (NHLBI) protocols and guidelines.

Patient Story:

A 60-year-old woman was referred by her physician to the clinic, with a diagnosis of moderate persistent asthma. In the last six months before coming to the clinic she had one asthma-related urgent physician visit. At the clinic she was provided with education and training about her asthma and the best use of her asthma medications. Following her assessment she was given a peak flow meter and instructed in its use. With her physician’s approval, she was given a quick-relief oral prednisone prescription for emergency use, if needed. Using her peak flow meter she was able to monitor her degree of asthma control on a daily basis. Using an Asthma Action Plan, which was personalized to her needs, she achieved positive asthma control outcomes. Since starting the clinic services on May 14, 2007, she has had no asthma-related hospitalizations, emergency department visits, or unscheduled physician visits. Her primary care physician has complimented her on her progress and control of her asthma.

“I feel so good about applying the knowledge I have learned to help our Asthma Clinic patients improve the quality of their lives.” — Asthma Clinic Student

Adult Asthma Pharmacy Student Team
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Community Medical Centers, Inc.

Community Medical Centers, Inc. (CMC) began in the 1960’s as a volunteer effort of the San Joaquin Medical Society, the San Joaquin Local Health District, and the Community Action Council. Local physicians, nurses, dentists, and community activists who recognized the lack of health and social services programs formed service teams to address the needs of migrant farm workers and their families. The providers went out to the fields and worked from their cars to deliver medical care, to supply food and clothing, and to link families with available services. In 1967, the San Joaquin Medical Society received state and federal funding to support the development of two small facilities, as well as mobile clinics to provide services throughout the county. From these early beginnings, CMC has grown to provide comprehensive primary and preventive care at 11 clinical sites in the counties of San Joaquin, Solano, and Yolo.

Stories of Health Education Successes

One of the most outstanding and remarkable stories of improvement was of a man in his early 40’s who came to see his doctor because of his weight problem and diabetes. He was referred to the Health Educator to help him understand the seriousness of his health problems. When he first came to the clinic his weight was 328 lbs. with a BMI of 49.9. His blood sugar level was 276 and his hemoglobin A1C was 11.6. The Health Educator reviewed his eating habits and discussed food servings and their nutritional values. He attended the nutrition and diabetes classes, and his awareness and knowledge of obesity in relation to his diabetes was drastically improved. When he came in for another visit, he was ecstatic to show his new weight of 256 lbs! His blood sugar level was down to a surprising 87 from 276; his hemoglobin was greatly reduced to 5.7 from 11.6. He attributed his weight loss to eating well balanced meals with fewer carbohydrates, more fruits and vegetables, avoiding sodas and juices, and keeping to his exercise schedule. Through nutrition education and chronic illness prevention this young man was able to change his lifestyle into a healthy one.
Steps to a Healthier San Joaquin Coalition

The Steps to a Healthier San Joaquin Coalition was formed in 2004 to address the burdens of diabetes, obesity, and asthma in our communities. Coalition members are comprised of a broad range of stakeholders including public and private health organizations, school health and food services representatives, neighborhood and community groups, and others interested in these and related issues. Our mission is to assess the needs of the community regarding obesity, diabetes and asthma, develop a community action plan to address the needs, and mobilize resources to implement this plan. *We envision San Joaquin County as a community where all people engage in healthy behaviors with special focus on obesity, diabetes, and asthma, and the infrastructure in place to support them.*

Members of the Steps to a Healthier San Joaquin County have provided various nutrition and physical activity classes in the Sierra Vista neighborhood. One of the programs offered at Sierra Vista included a series of eight classes on nutrition and physical activity targeting the Hmong residents. Houa Lee of the University of California Cooperative Extension Expanded Food and Nutrition Education program led these classes in the residents’ native language.

The Poovang family participated in all eight classes. Choua Poovang and Sue Chang have two teenage children. They are also raising five grandchildren under the age of nine years old. Choua Poovang stated that he enjoyed the presentations so much he and his wife never missed a class. Since attending the series last year, the family has continued to implement some healthy lifestyle changes. They now eat brown rice daily, no longer drink soda, and take a walk as a family at least one a day. Choua Poovang feels that these small changes are what have caused him to feel better. According to Choua he was frequently ill before attending these classes and had high blood pressure. He has reported that he no longer has high blood pressure and his improved health has enabled him to do so much more on a daily basis.
The Healthy San Joaquin (HSJ) collaborative is a recent merger of two groups—the Childhood Obesity Learning Circle and the Nutrition and Physical Activity Coalition—which have similar goals and objectives. HSJ brings together representatives from over 30 organizations with the common vision that the people of San Joaquin County will be physically active, eat healthy foods, and live in communities where policies and environments promote healthy lifestyles. The Healthy San Joaquin’s target population includes San Joaquin County professionals, paraprofessionals, and community leaders. HSJ has developed a three-year strategic plan to build community capacity for increasing physical activity, improving nutrition, and decreasing obesity, especially of children, through increased knowledge, advocacy and coordination of activities, resources and efforts in San Joaquin County.

HSJ’s four goals are:

• Create community awareness/facilitate program development by identifying resources and fostering relationships
• Provide continuous education for our membership to increase their knowledge
• Empower individuals and groups to take action on behalf of their community to increase healthy lifestyles
• Create an operational and governance structure that supports us in meeting our vision and mission.

New members are always welcome to join our efforts. Please call (209) 468-2085.
Community Medical Centers, Inc. has developed a preventative health program geared towards patient self-management. CMC provides clinic-based health and nutrition education that includes one-to-one education and small group classes in asthma, diabetes, cholesterol, obesity, cardiovascular illness, and other health topics. Services provided by Health Educators are geared towards initiating patient behavior change.

Stories of Health Education Successes

Carlos, a four year old boy, was referred by his pediatrician to the Health Educator due to his weight problem. His family was very worried about his weight due to their family history of diabetes, heart attack, and stroke. They didn’t understand why he kept gaining weight. Both Carlos and his parents attended the Nutrition classes, where they learned how to prepare their meals in a healthy way. They were taught how to read food labels and what types of food to avoid. They learned a lot about trans fat and non-trans fat. The Health Educator encouraged the family to drink low-fat or nonfat milk and to opt for water instead of juice. They also learned a lot about food servings, and Carlos’ parents asked many questions about what each portion looks like. The Food Pyramid materials were utilized to help them learn how to prepare well balanced meals. Most importantly, the Health Educator also stressed the importance of eating healthy snacks. She gave a list of different snacks that they could buy instead of candies and cakes. She also explained how walking together could help Carlos significantly reduce his weight, and the benefits to the entire family. At the end of the 4th class Carlos lost 8 lbs. and they were very happy. The family continues to improve their eating habits and still comes to Nutrition classes seeking new low-calorie recipes that they can try.
Give Every Child a Chance

Sometimes, families have to compromise the quality or quantity of nutrition and exercise for a variety of reasons. Lack of knowledge about nutrition and time constraints of today’s living often leave children at the short end of the stick for a healthy meal. “Inadequate nutrition and exercise can have its effect on a child’s behavior and performance in school,” said Carol Davis, President and CEO of Give Every Child a Chance (GECAC). “We offer hands-on activity-driven education combining classroom instruction with outdoor activities around a healthier family theme. We’re seeing results in learning and school attendance.”

GECAC operates cardiovascular and diabetes prevention and positive lifestyle programs for 865 students at nine school sites in Manteca, Lathrop, Banta, Escalon, French Camp and Weston Ranch. Increased scores in the most recent California Standardized Testing and Results (STAR) results indicate that 77% of GECAC participants advanced one academic grade level in language arts and 76% advanced one year’s growth in math. “Kaiser Permanente is there for us and shares health education and disease prevention resources. With this kind of support, we have a greater ability to help families make positive lifestyle changes,” Davis said. “This is where positive attitudes on the playing field and better nutrition result in good report cards in the classroom.”