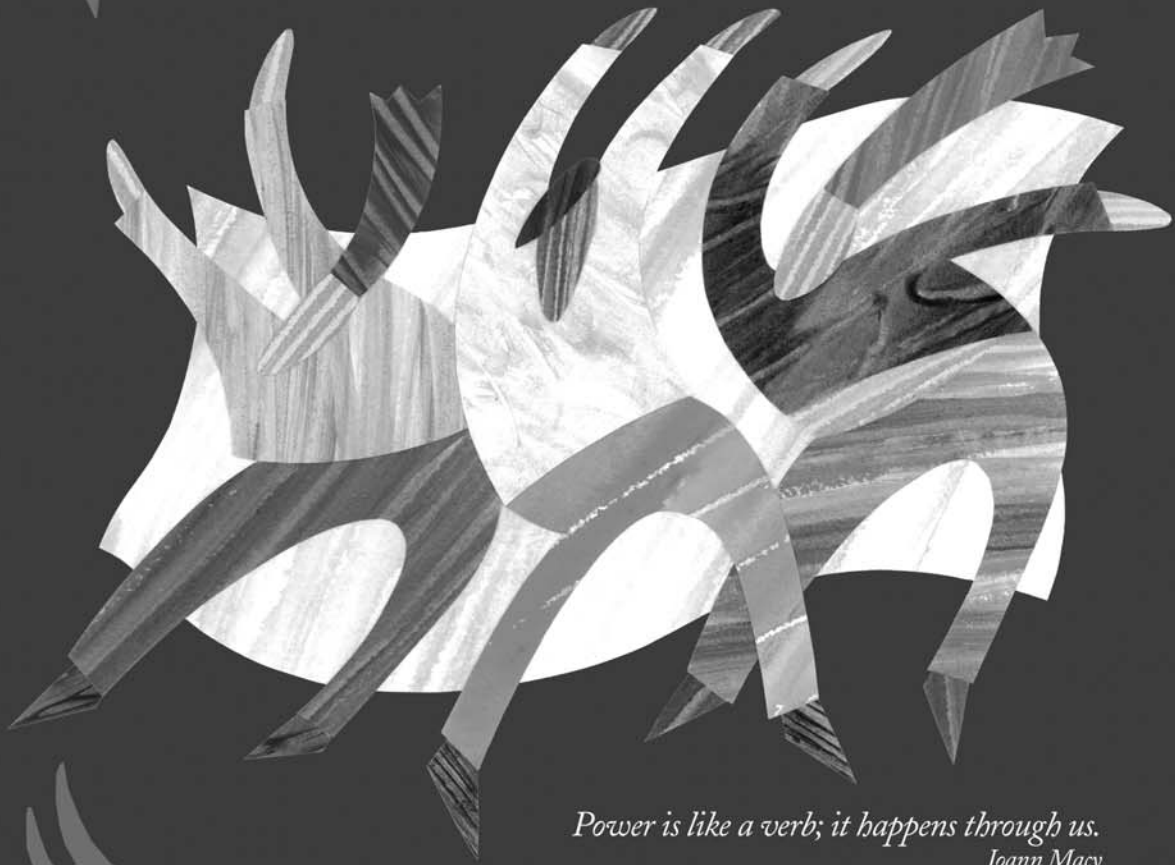


# Unleashing the Power

*unity . oneness . partnerships*



*Power is like a verb; it happens through us.*  
Joann Macy

*2002 Stanislaus County Community Health Assessment  
Executive Summary*

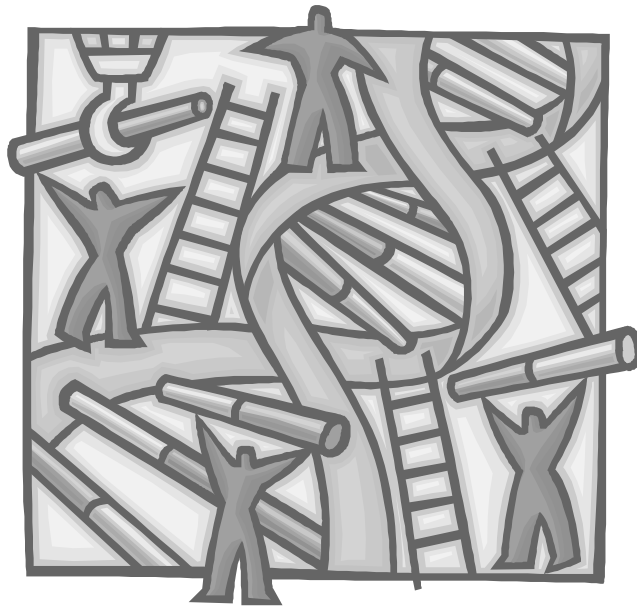
# STANISLAUS COUNTY

## *Community Health Assessment Executive Summary*

### STANISLAUS COUNTY HEALTH SERVICES AGENCY

#### **Our Vision**

*"Leading the way to a healthy community."*



#### **Our Mission**

*"To lead the development, implementation and promotion of health policy and health care services to achieve excellent physical, psychological and social well being."*

#### **Public Health Division**

#### **Mission**

*"To ensure healthy communities through efforts that protect, and promote the health of, and prevent disease in, all our communities within Stanislaus County."*

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## INTRODUCTION

**“Unleashing the Power”** is symbolic of the cooperative efforts that have contributed to the success and completion of the Community Health Assessment (CHA). This was a combined collaboration between the Stanislaus County Health Services Agency and its many partners. It strengthens the communities by empowering them with the necessary knowledge to make healthy decisions. This Executive Summary reflects the key findings of the CHA.

The CHA analyzes the total health of Stanislaus County utilizing secondary data, which includes various aspects of health, such as crime and motor vehicle collisions to births, deaths, and disease trends. This secondary data analysis is the first part of a two-phase process where the Health Services Agency and its many partners work to amass a complete picture of the health of Stanislaus County residents, assets/resources, and the gaps, in an effort to foster stronger collaborations and to leverage resources to improve the health and safety of all residents.

It has become more evident than ever before that the problems leading to poverty, rising crime, increasing health concerns, and school drop-outs cannot be addressed by individuals, individual systems, or organizations. Only through laying aside turf issues and establishing comprehensive, community-driven, integrated systems can these concerns be addressed.

The second phase of this Assessment will incorporate input from community residents, as a part of a county-wide health survey. Research has shown the importance of families and neighborhoods in influencing individual behavior and improving their own lives and that of communities.

The final piece needed is an abiding faith that “together we can unleash the power within our government, community, businesses, faith-based, private, and public organizations to improve the lives of all residents in Stanislaus County”. For an additional copy of this Executive Summary and the complete 2002 Community Health Assessment, please visit the Stanislaus County Health Services Agency website at [www.hsahealth.org](http://www.hsahealth.org). We hope you find the information contained in this Executive Summary insightful and thought-provoking.

Best regards,

From All Those That Contributed To The Completion Of The 2002 Community Health Assessment

# STANISLAUS COUNTY

## COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

### SOCIAL ENVIRONMENT

Stanislaus County is a truly diverse population. This is most evident with the Census data of Stanislaus County, which includes demographic information, family structure, and family size.

➤ The average age in Stanislaus County increased from 29.2 years in 1980 to 31.7 years of age in 2000.

➤ In 2000, the average age of Whites was 38.2 years, while the average age of Latinos was 22.8 years (Figure 1).

➤ Females tend to live longer, making their average age 2.5 years older than males.

➤ The Latino population has grown from 15% of the total population in 1980 and represents almost a third of the population in 2000 (Figure 2).

➤ The proportion of Whites has decreased by 23% in the last 20 years.

Figure 1: Age and Gender of Latino Stanislaus County Residents, 2000

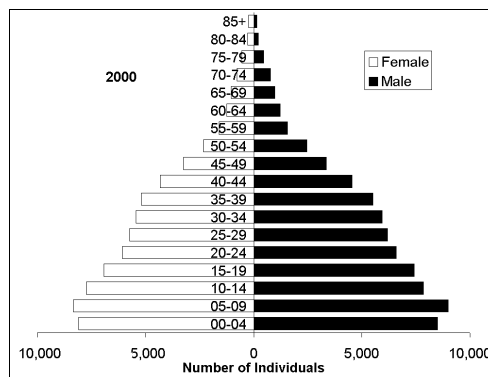
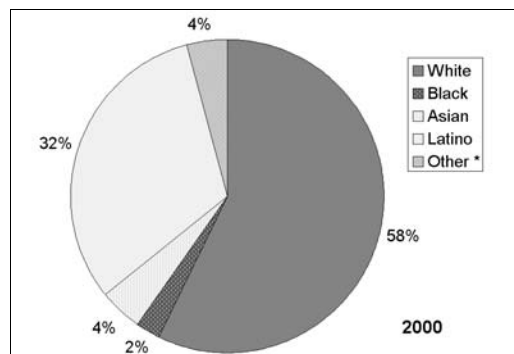


Figure 2: Racial and Ethnic\* Distribution of Stanislaus County Residents, 2000



➤ The African-American population has grown from 3,035 in 1980 to 10,621 in 2000.

➤ In 20 years, the Asian and Pacific Islander population has grown from 3,778 to 19,588.

➤ The proportion of single female-headed families has grown from 10% in 1980 to 14% in 2000.

➤ Single male-headed families has also grown from 3% to 6% in 20 years.

➤ Large differences exist in family size by geography. Rural areas have smaller families than urban areas.

\* Other includes American Indian; in 2000, it also includes Multiracial individuals.

Source: US Census Bureau, 2000, 1990, & 1980.

# STANISLAUS COUNTY

## COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

### HOUSING

Located less than 100 miles away from San Francisco, Stanislaus County is nestled in the heart of the Central Valley. This close proximity to the Bay Area has compounded the housing problems for residents as well as those who seek to live in the Stanislaus County community.

Stanislaus County's home ownership has risen from almost 50% in 1980 to 60% in 2000.

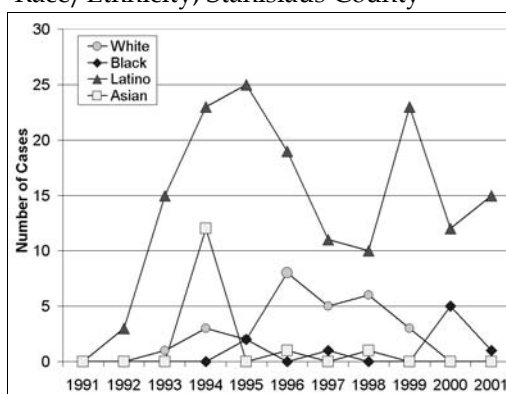
Vacancy has decreased, causing housing prices to increase.

Modesto, Patterson, and Turlock have larger household sizes when compared to the whole county.

Blood lead levels have decreased dramatically in Stanislaus County (Figure 3).

The number of reported lead poisoning cases is highest among two year-olds.

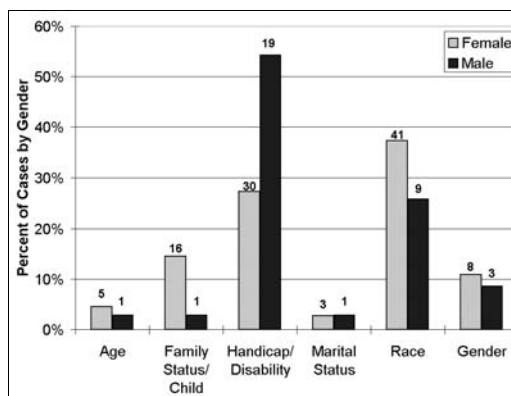
Figure 3: Elevated Blood Lead Levels\* by Race/Ethnicity, Stanislaus County



Latinos have the largest number of elevated blood lead level cases compared to other ethnic groups.

Discrimination based on race was the most common type of case reported by Latinos, Asians, and African-Americans.

Figure 4: Type of Housing Discrimination by Gender, Stanislaus County, 2000-2001



Whites reported more cases of discrimination due to disability (Figure 4).

\* Elevated is defined as greater than 10 micrograms (ug) of lead per deciliter (dL) of blood.

Source: Stanislaus County, Health Services Agency, Lead Program; Project Sentinel; US Census Bureau, 2000, 1990, & 1980.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## NATURAL ENVIRONMENT

Air pollution is a concern to those who live in Stanislaus County. Two types of air pollution are prevalent: ozone and particulate matter under 2.5 microns in diameter (PM-2.5). Ozone and PM-2.5 are both created in the air by chemical reactions. Chemicals involved in these reactions are released into the air by various human activities, such as industrial activity, driving, burning firewood, and cooking. Children, elderly, athletes, and those with respiratory diseases such as asthma are affected by high concentrations of ozone. In addition to impacting these sensitive groups, PM-2.5 increases mortality of those that have heart or lung disease.

There is both a summertime ozone problem and a fall/winter problem. Ozone concentrations are the highest in the summer and as they start going down in the fall, PM-2.5 levels increase and is the dominant type of air pollution during winter (Figure 5).

1998 was a particularly poor air quality year (Figure 6).

In order to reduce air pollution, one must know how much pollutants are discharged into the air. There are three main pollutants: volatile organic compounds (VOC) or ROG, nitrogen oxides (NO<sub>x</sub>), and particulate matter under 10 micrograms per cubic meter in diameter (PM-10). Mobile sources (anything that is mobile such as cars, planes, and trucks) are the largest contributors of pollutants.

Figure 5: Percent of Days by Month Greater than 100 Air Quality Index\*, Stanislaus County, 1999 and 2000

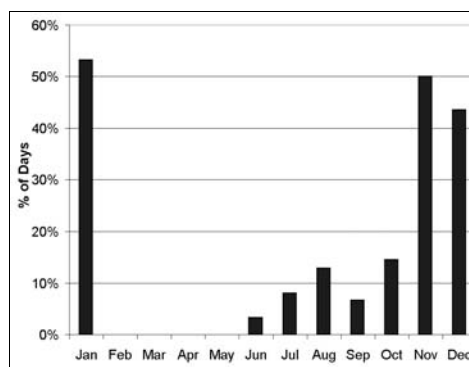
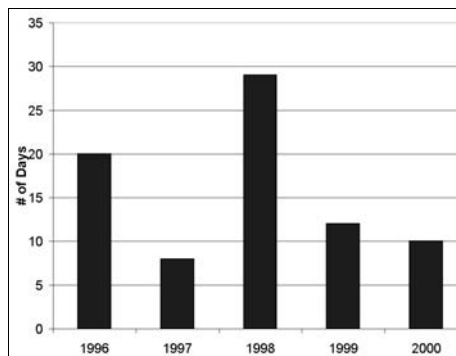


Figure 6: Number of Days by Year Greater than 100 Air Quality Index\*, Stanislaus County



#### \*Air Quality Index (AQI)

The federal standard of each pollutant is indexed to 100. 101 and above is a violation of the standard. The higher the Air Quality Index, the higher the health risk. However, certain sensitive populations will be experience distress at lower AQI's i.e. 90 or 80.

Source: San Joaquin Valley Unified Air Pollution Control District.

# STANISLAUS COUNTY

## COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

### EDUCATION

"Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation."

-President John Fitzgerald Kennedy

The schools in Stanislaus County have larger class sizes when compared to the whole state.

The percent of students receiving free and reduced lunches in Stanislaus County has increased. In 2000-2001, nearly 35 schools in the county had 70% or more student receiving free and reduced lunches.

California's high school drop out rate has decreased over the last decade. Stanislaus County's high school drop out rate decreased in 2000-2001 after a three year increase.

Figure 7: Drop Out Rate\* by Race/Ethnicity, Stanislaus County

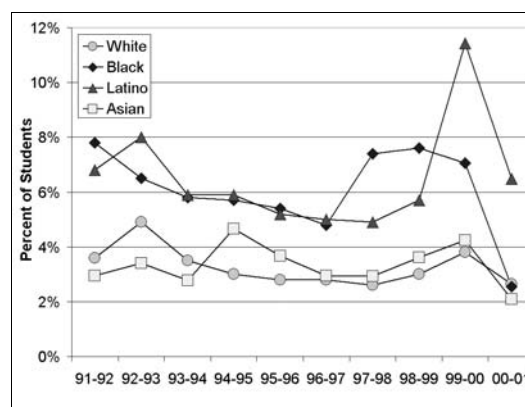
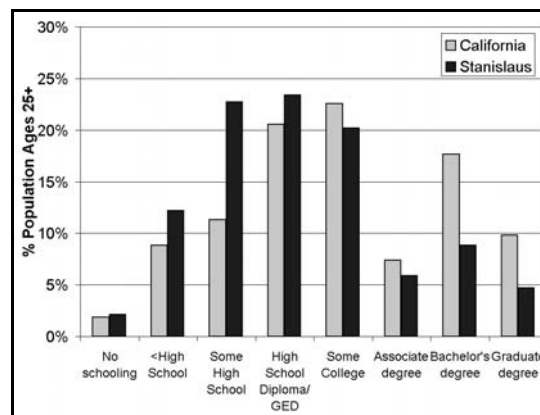


Figure 8: Educational Attainment for the Population 25 Years or Older, Stanislaus County and California, 2000



The Latinos and African Americans have a higher drop out rate when compared to Whites and Asians (Figure 7).

African American students have the lowest graduation rate in Stanislaus County.

Latinos have the lowest percentage of high school graduates completing the courses required for entrance into UC and CSU schools. Asians have the highest percentage of high school graduates passing all UC/CSU requirements.

The overall educational attainment rate of Stanislaus County is lower than California (Figure 8).

**\*Dropout & Dropout Rate**

"Dropout" - Students twenty years or younger who have dropped from school in a specific year without a request for a transcript from another district. (CBEDS Definition)

One (1) year Dropout rate is the total number of dropouts (9-12 grade) in one school year divided by the total number of students (9-12 grade) that are enrolled in that school year. (CBEDS Definition)

Source: CA, Department of Education, US Census Bureau, 2000. John F. Kennedy quote from Presidential Proclamation #3422, dated 25 July 1961, declaring 5-11 November 1961 American Education Week.

# STANISLAUS COUNTY

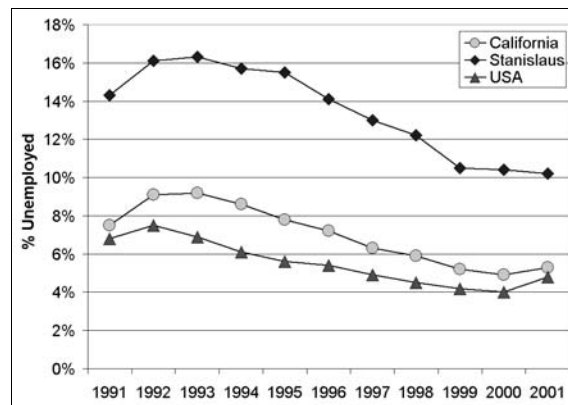
## COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

### ECONOMY

A key indicator in looking at the economy is the unemployment rate. It has been shown that recessions can be predicted by using unemployment rates. The changes in the stock market greatly influence the economy and unemployment rates.

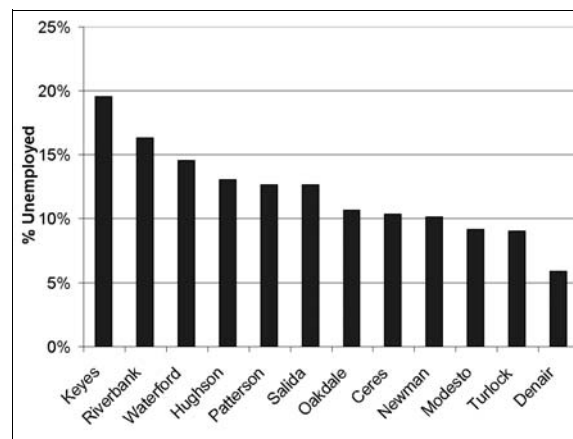
Stanislaus County's annual average unemployment rate has substantially decreased since 1991 when 16% of the labor force was unemployed. It reached an all time low of slightly over 10% in 2001. The six percentage point decrease indicates that there has been an increase in employment opportunities in the county. California and the nation have experienced the same continual downward trend in unemployment rates since 1993 (Figure 9).

Figure 9: Unemployment Rate, Stanislaus County, California, and the United States



When the unemployment rates is separated by cities/towns, most of the rural communities have higher unemployment rates than the more urban settings, such as Modesto (Figure 10).

Figure 10: Unemployment Rate by City/ Town, Stanislaus County, 2001



## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## COMMUNITY SAFETY

“To be effective in addressing the broad range of conditions that affect people’s health, public health must form alliances with other public and private organizations and with community residents whose health is at stake (The Future of Public Health, Institute of Medicine).” As stated in the Partnership for Public’s Health newsletter, “Collaboration among law enforcement, public health, other local officials, and the community is essential.” With these collaborations, these agencies can ensure the communities’ safety.

- The FBI and the California Crime Indices for Stanislaus County have decreased in the last decade. However, both indices rank Stanislaus County within the sixth highest crime rate among counties in California.
- Adult felony arrest rates for violent, property and other offenses have decreased in the last five years. However, arrests for drug offenses have increased and have become the highest rate of adult felony arrests.
- Males account for 80% of adult felony arrests in our county.
- The highest felony arrest rate for juveniles was property offense, which includes burglary, theft, motor vehicle theft, check/account forgery, and arson.
- Males account for approximately 85% of juvenile felony arrests in Stanislaus County.
- Misdemeanor arrest rates have decreased tremendously since 1991, more notably for Stanislaus County than California.
- Stanislaus County has a higher domestic violence 911 call rate than the state.
- Reported cases of elder abuse in Stanislaus County went from about 400 cases in 1992 to nearly 1,400 cases in 2001.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## MOTOR VEHICLE INJURIES

Motor vehicles are ubiquitous aspects of life in most developed countries, but are perhaps viewed as more important in the United States. Ignoring any environmental damage, vehicles have the ability to cause tremendous injury because of the enormous amount of energy and momentum they have when in motion. In this sense, there is a trade off between the convenience it gives the user and the dangers of driving errors.

Motor vehicles making a right-of-way violation and those traveling at unsafe speeds for current conditions are involved in the largest number of collisions which result in injuries each year (Figure 11).

Those passengers who did not wear seat belts had a much higher percent of fatal and physical injuries than the passengers who wore their seat belts (Figure 12).

The rate of being involved in an injury motor vehicle collision is highest among teens, followed closely by the 21-30 year olds.

The rate of injury collision decreases as the age of individuals increases.

Figure 11: Collisions\* by Selected Violation Category, Stanislaus County

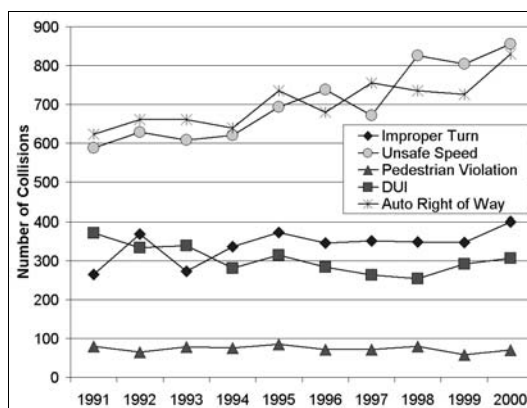
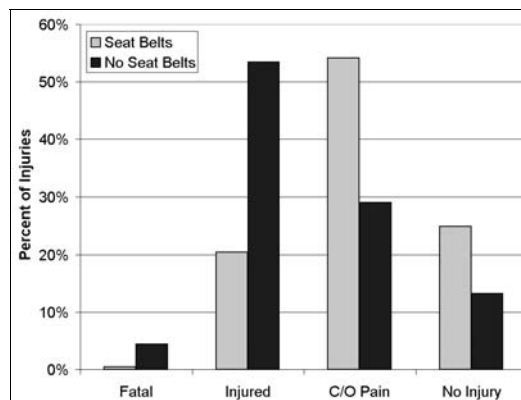


Figure 12: Percent of Injuries\* by Usage of Seat Belts, Stanislaus County, 1991-2000



Male drivers at all ages have a higher rate of injury collisions than females.

In Stanislaus County, approximately 52% of bicyclists were not wearing their helmets when they were in a collision.

Since 1991, the usage of child seats has increased from 25% to 40%. However, there are still around 35% of the child seats being used incorrectly when in a motor vehicle collision.

Collisions, in which a driver had been drinking, accounted for 35% of all motor vehicle fatalities in Stanislaus County from 1991-2000.

African Americans have a higher death rate from motor vehicle collisions than any other racial/ethnic group.

\* Only motor vehicle collisions which resulted in injuries are included.  
Source: CHP, SWITRS; CA, Department of Finance; CA, DHS, CHS, Death Stat Master File.

# STANISLAUS COUNTY

## COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

### HEALTH CARE ACCESS

Medi-cal, AIM (Access for Infants and Mothers), Baby Cal, California Health and Disability Prevention Program, and Healthy Families are just some of the State programs that help provide communities with access to basic healthcare.

➤ The rate of Medi-Cal beneficiaries has steadily decreased for five years, but has slightly increased this past year up to the rate in 1999.

➤ There are more males on Medi-Cal until the age of 15 than females. At ages 20-25, the male population on Medi-Cal decreases and represents less than one third of the females on Medi-Cal (Figure 13).

➤ Since 1996, private insurance has been the main source of payment for prenatal care (Figure 14).

Figure 13: Medi-Cal Beneficiaries by Age and Gender, Stanislaus County, 2001

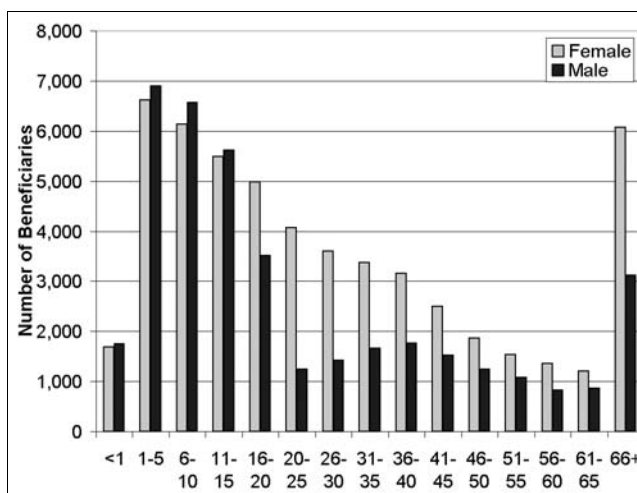
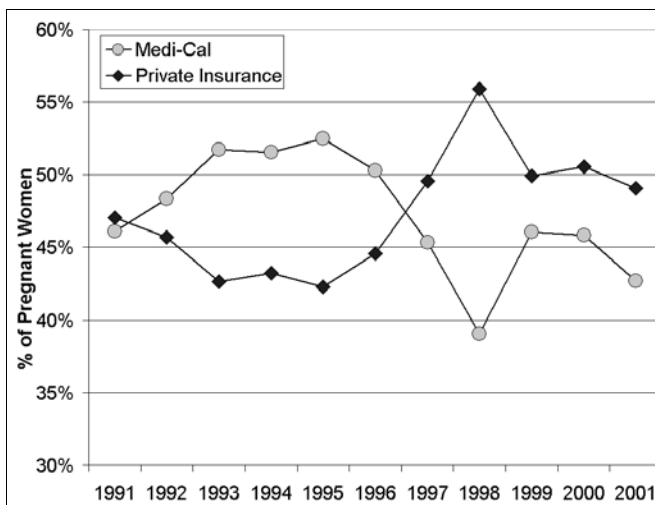


Figure 14: Payment Source for Prenatal Care, Stanislaus County



## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY MATERNAL, CHILD, & ADOLESCENT HEALTH

Women in the United States are having more children today than at any time in almost 30 years. However, with an increased birth rate also comes responsibilities to ensure that children remain healthy. Health indicators like mortality, low birth weight, prenatal care, and immunizations are critical in determining the health of our community. Additionally, the Child Health and Disability Prevention program (CHDP) administers preventive health care exams to children who meet certain economic criteria, and is just another example of the efforts that have been supported to ensure the health of all children.

Since 1991, the birth rate for 15-17 year olds has decreased by 38% in California and 40% in Stanislaus County (Figure 15).

In Stanislaus County, the rate of teen births has decreased substantially among Asians and Whites but has not decreased among the Latina teens and only slightly among African Americans.

The infant mortality rate among African Americans is nearly twice as high as any other racial/ethnic group in Stanislaus County (Figure 16).

African Americans have the highest low birth weight percentage in Stanislaus County.

Figure 15: Teen (15-17 years) Birth Rate, Stanislaus County and California

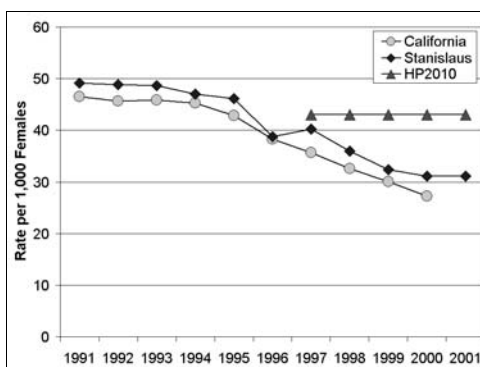
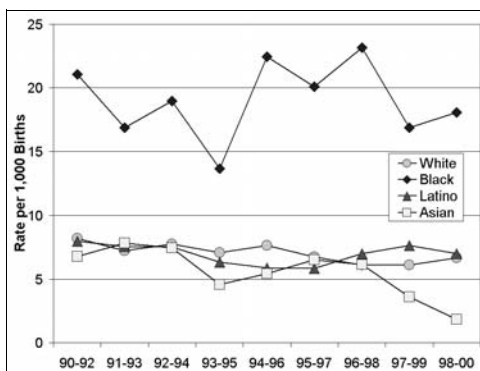


Figure 16: Infant Mortality Rate by Race/Ethnicity, Stanislaus County



\*Low Birth Weight is less than 2500 grams (5.5 pounds) at birth.  
\*\*Obese is defined as weight for height above the 95<sup>th</sup> percentile.

In Stanislaus County, almost 83% of pregnant women received adequate prenatal care in 2001.

A retrospective study, performed by the California Department of Health and Human Services showed that for the year 2001 over 30% of two-year olds did not have up-to-date immunizations.

The most common issue reported from CHDP screening exams are dental problems.

The percentage of overweight CHDP patients in Stanislaus County was 11.5% in 2000, whereas the state percentage was 14.5%.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## COMMUNICABLE DISEASES

“Throughout history, human populations have experienced major epidemics of infectious diseases, often resulting in large numbers of deaths, panic, disruption of trade and political instability (World Health Organization, Communicable Diseases 2000: Highlights of Activities in 1999 and Major Challenges for the Future).” Public Health departments are working to reduce the impact of communicable diseases by leading the nation’s effort in surveillance, prevention, control and research.

✎ The reported rate of Chlamydia among 15-24 year olds is more than 17 times higher than the rate among the rest of the population (Figure 17).

✎ Between 1991 and 2001, the reported Gonorrhea rate was highest amongst African Americans.

✎ The 25-44 age group has the highest reported rate of AIDS in the county between 1991 and 2001 (Figure 18).

✎ Even though the reported rate of Hepatitis A has declined in the county since 1993, it is still above both the state’s rate and the 2010 national objective.

Figure 17: Chlamydia Rate by Age Group, Stanislaus County

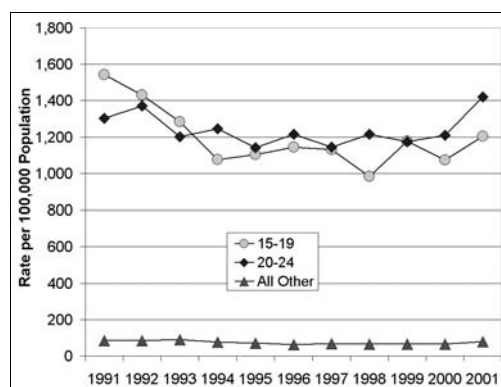
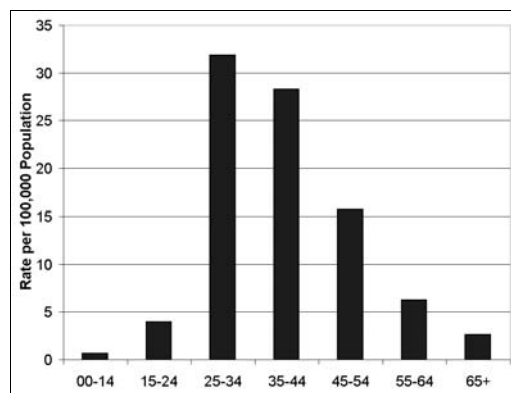


Figure 18: AIDS Rate by Age Group, Stanislaus County, 1991-2001



✎ Since 1992, the rate of Hepatitis B has declined in Stanislaus County and the state. Asians have the highest reported rate of Hepatitis B in our county.

✎ The reported rate of Hepatitis C has increased due to awareness.

✎ In the past decade, 23% of all Meningococcal Meningitis cases in Stanislaus County have occurred in infants and two out of every three cases has been in a child less than six years of age.

✎ The rate of Tuberculosis in Stanislaus County continues to be below the state average, although there is still much work to be done in order to reach the aggressive Healthy People 2010 goal.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## MORTALITY

Over the last century, the developed world has made major strides in the fight against disease and illness. The life expectancy has risen substantially and the causes of death have drastically changed. At the beginning of the 20<sup>th</sup> century, infectious diseases of various kinds were the leading causes of death. Now at the beginning of the new century, it is obvious that the major causes of death are chronic conditions. After overcoming many infectious diseases, we are now able to live long enough to observe other disease processes.

Coronary Heart Disease (CHD) and cancer are the two leading causes of death among all racial/ethnic groups in Stanislaus County (Figure 19).

African Americans have a higher death rate in each age group except for age over 75 years old. Asians and Latinos have a lower death rate than Whites throughout all ages.

The age-adjusted death rate for CHD in Stanislaus County remains higher than the state.

The age-adjusted death rates of stroke (cerebrovascular disease) for Stanislaus County and the state are nearly the same; however, both are much higher than the national objective.

The age-adjusted death rates in Stanislaus County for diabetes increased from 14 deaths per 100,000 population in 1991 to 24 in 2000.

There were 619 deaths due to cancer in 1991 and 750 in 2000, making up almost 25% of all deaths. The age-adjusted death rate for all cancers in Stanislaus County remains close to the state rate.

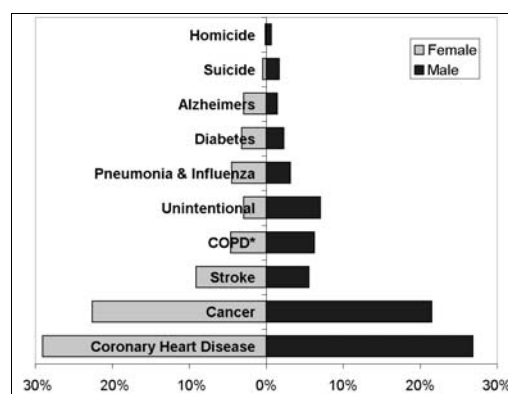
African Americans in Stanislaus County have a higher death rate due to lung cancer when compared to the other racial/ethnic groups.

The age-adjusted death rates of breast cancer for Stanislaus County and the state are approaching the national objective of 22.3 per 100,000 population.

The age-adjusted rates for deaths due to prostate cancer decreased appreciably in 1997 and have stayed low between 1997 and 2000.

The unintentional death rate for Stanislaus County is substantially higher than the state and nearly double the national objective.

Figure 19: Percent of Deaths for the 10 Leading Causes of Death in California by Gender, Stanislaus County, 2000



\* COPD is Chronic Obstructive Pulmonary Disease.

Source: CA, DHS, CHS, Death Stat Master File.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## HEALTH BEHAVIOR AND RISK FACTORS

The California Healthy Kids Survey (CHKS) is designed to promote the development of comprehensive school health programs and to send a positive message to students, schools, and communities about the importance of healthy behaviors. Lifetime behavior patterns are established during youth; hence, adolescents should be encouraged to cultivate healthy habits.

Stanislaus County students consume fewer fruits and vegetables as grades increase from 7, 9, to 11.

The percent of students eating breakfast decreases from 79% in the 5th grade to 51% in the 11th grade (Figure 20).

The percentage of students who exercise at least three times a week is consistent amongst the four grades (Figure 20).

High school students report a high percentage of alcohol and other drug use.\* Almost 50% of the 11th graders used alcohol in the last month. Only 15% of the students not currently using alcohol have used alcohol in their lifetime (Figure 21).

Figure 20: Breakfast Consumption and Weekly Exercise, Stanislaus County, 2000-2001

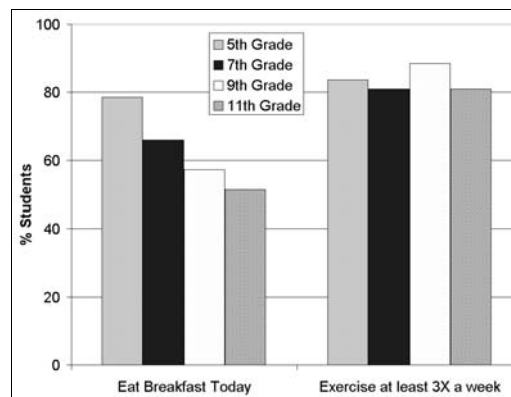
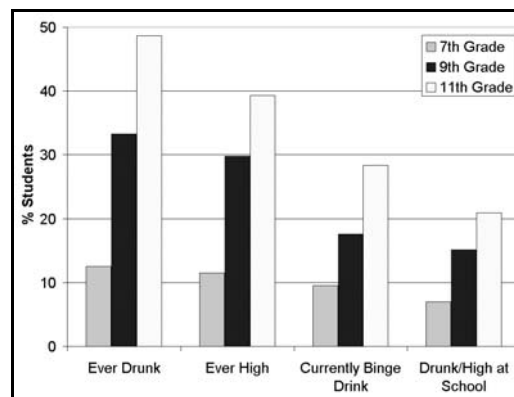


Figure 21: Percent of Students Answering 'Yes' to Various Drug and Alcohol Questions, Stanislaus County, 2000-2001



The feeling of being safe in school and neighborhoods was the lowest among 5th graders and highest among high school students in Stanislaus County schools. The 5th graders felt safer in school than in their neighborhoods.

Harassment is a form of violence that instills a sense of vulnerability, isolation, and fear among its victims. The percent of students in grades 7, 9, and 11 who had been harassed at school is nearly the same (around 26%).

The percent of students involved in a fight in Stanislaus County (2000-2001) is highest among 7th graders and lowest among 11th graders.

\*What constitutes being drunk or high are self-perceptions that students define for themselves in this survey.  
Source: California Healthy Kids Survey (CHKS)

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

#### THE NEXT STEP

Stanislaus County has begun utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP is a strategic planning tool, which operates with the premise that community involvement is necessary in the strategic planning process. The four components of MAPP are: community themes and strengths, local public health systems, forces of change, and community health status assessments.

MAPP is a continuous flow of information between Public Health staff and outside partners. Guidance and support from experts, stakeholders and peers will be obtained using methods such as focus groups, roundtable discussion and informal feedback (Figure 22).

Unity, oneness, and partnership are reoccurring themes within the **2002 Community Health Assessment (Phase I & II)**, which is a component of Stanislaus County MAPP process. The goals of these assessments are multifaceted and include:

1. To obtain and analyze local data that provides a comprehensive analysis of Stanislaus County;
2. To determine the primary health concerns of Stanislaus County;
3. To identify groups/populations that have limited, or no access to health care services;
4. To gather information that will support strategic and program planning efforts of Stanislaus County agencies, organizations, etc.;
5. To assess the total health of Stanislaus County.

Primary data will be gathered by both HSA and community outreach workers using an interview-based format. Training will be conducted by the HSA staff. The information from both phases of the Community Health Assessment will help guide our efforts to improve health and well-being of our communities. The estimated completion date for the Community Health Assessment Phase II component is Fall 2003.

## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

#### THE NEXT STEP

Figure 22: Mobilizing for Action through Planning and Partnership (MAPP) includes two graphics that illustrate the process communities will undertake.

- In the **MAPP model**, the “phases” of the MAPP process are shown in the center of the model, while the four MAPP Assessments, the key content areas that drive the process, are shown in the four outer arrows.
- In the **illustrated “community roadmap,”** the MAPP process is shown moving along a road that leads to “a healthier community.”



## STANISLAUS COUNTY

### COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

## ACKNOWLEDGEMENTS

There were many individuals and agencies involved in the planning and preparation of this document. Without each individual's effort and input, this health assessment's value would be diminished.

### Financial Contributors:

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Memorial Hospitals Association

Partnership for the Public's Health

We would like to thank the following people and organizations:

#### **Stanislaus County Health Services Agency**

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Cle Moore, NP, MPA – Associate Director

Phoebe Leung, RD – Associate Director

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#### **Blue Cross of California**

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#### **California Department of Education**

California Highway Patrol

Modesto City Schools

Project Sentinel

#### **San Joaquin Valley Unified Air Pollution Control District**

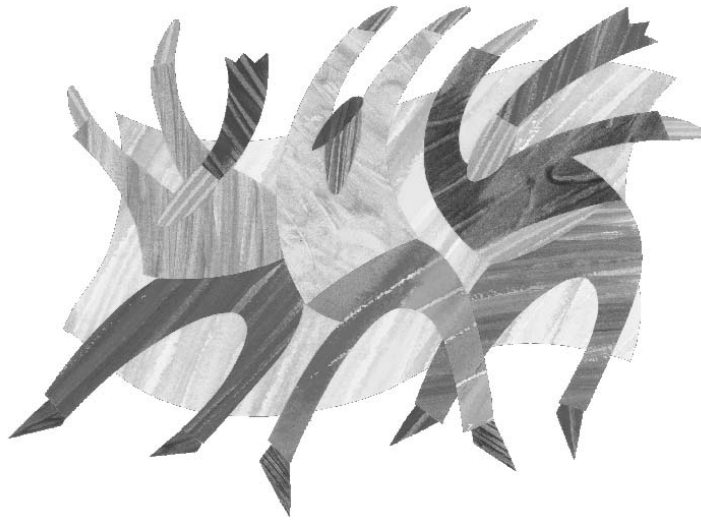
Stanislaus County Community Services Agency

Stanislaus County Health Services Agency

Stanislaus County Office of Education

Stanislaus County Sheriff's Department

Turlock City Schools



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Ray Simon, *District Four*  
Paul Caruso, *District Five*

**Stanislaus County Chief Executive Office**

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