STANISLAUS COUNTY HEALTH SERVICES AGENCY

Annual Public Health Report

April 2011
# Table of Contents

Introduction ............................................................................................................................................................ 1

Mortality Trends in Stanislaus County .................................................................................................................. 2

Addressing Chronic Diseases in Stanislaus County ............................................................................................. 3
  Effective Partnerships ........................................................................................................................................ 4
  Health Risk Factors ........................................................................................................................................ 6
  Four Broad Determinants of Health .................................................................................................................. 6
  The Community Health Improvement Plan (CHIP) ......................................................................................... 6

Prevention for the Next Decade ............................................................................................................................ 8
  Healthy People ................................................................................................................................................ 8
  Healthy People 2020 .................................................................................................................................... 8

Summary .............................................................................................................................................................. 9

Acknowledgement ............................................................................................................................................... 10

Appendix A: Stanislaus County Community Health Assessment (2008) Participants .................. 11

Appendix B: CHIP Task Force Members .......................................................................................................... 12

Appendix C: CHIP Executive Team .................................................................................................................. 14

Appendix D: List of Chronic Disease Related Coalitions .............................................................................. 15
Introduction

Chronic diseases are the epidemics of the 21st century. This year’s Public Health Report describes the progress on reducing chronic diseases during the first decade of the 21st century within Stanislaus County. Prior reports to the Board of Supervisors have compared the County’s ranking with other counties in the region, and trended the rankings from year to year. However, rankings only show changes relative to changes in other jurisdictions. In addition, chronic disease interventions often require a decade to produce significant results. The current report examines rates of some of the leading causes of death in Stanislaus County during a ten-year period (2000-2009), provides a discussion on the trends, describes efforts in chronic disease prevention during this last decade, and presents plans for continued prevention efforts to reduce morbidity and mortality from chronic diseases in Stanislaus County.

There have been notable improvements in the mortality rates from three major chronic diseases, which are among the top ten causes of death, as well as the overall mortality rate during these past ten years:

<table>
<thead>
<tr>
<th></th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular mortality rate</td>
<td>27.6% decrease</td>
</tr>
<tr>
<td>Stroke mortality rate</td>
<td>25.7% decrease</td>
</tr>
<tr>
<td>Cancer mortality rate</td>
<td>9.5% decrease</td>
</tr>
<tr>
<td>Overall mortality rate</td>
<td>10.2% decrease</td>
</tr>
</tbody>
</table>

The source of the data reported is death certificates registered by Public Health, which are then reviewed, coded for cause of death and approved by the California Department of Public Health. The rates in this report are age-adjusted mortality rates, which are compiled in three (3) year blocks. This is to allow comparisons of the outcomes for each of California’s 58 counties, whether it is Alpine (with a population of 25,000) or Los Angeles (9 million). Efforts are made to use the most current data; however, approximately 18 months is required for the State to review. Therefore, the study period is 2000 - 2009.

Included in this report is a brief discussion of the data presented, efforts taken to address prevention of chronic diseases, and strategies on further prevention efforts for sustained work over the next decade, targeting the four Broad Determinants of Health:

1. Access to Health Information and Health Care
2. Basic Needs
3. Education
4. The Built Environment

This approach recognizes that health improvements are the composite of multiple factors, not just the medical system.
Mortality Trends in Stanislaus County

To examine the trends in mortality, this report presents mortality rates (overall and for four specific causes) for Stanislaus County at two points a decade apart. To put the local trends into perspective, Stanislaus County is compared to California for the same time period. The mortality data for this report was taken from the California Department of Public Health’s annual document, the County Health Status Profiles, in which mortality rates for each county and the State are presented for three-year periods. It takes approximately 18 months for the State to review and tabulate all the data that is reported. Hence, the most recent data available are for 2007-2009. Also featured in the State’s document, are the national 10-year targets set in the federal government’s Healthy People initiative.1 The Healthy People targets are benchmarks used to assess the health status of a State and its local jurisdictions. Healthy People 2010 (HP 2010) goals and objectives represent a comprehensive and systematic health promotion and disease prevention agenda that provides health improvement objectives in Focus Areas to be achieved by the year 2010.

This report follows the field’s standard practice to present the number of deaths due to a particular cause per 100,000 residents age-adjusted to the 2000 US population. Because people at different ages tend to die from very different causes (e.g. people who die young are more likely to die from unintentional injuries compared to older individuals who are more likely to die from chronic diseases), mortality rates are typically age-adjusted to make fair comparisons across jurisdictions with different age distributions.

Table 1: Mortality rates for selected major causes of deaths in Stanislaus and in California, comparing 2000-2002 to 2007-2009.2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>Stanislaus County</td>
<td>237.8</td>
<td>172.1</td>
<td>27.6% decrease</td>
<td>162.0</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>186.0</td>
<td>128.0</td>
<td>31.2% decrease</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Stanislaus County</td>
<td>60.7</td>
<td>45.1</td>
<td>25.7% decrease</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>58.9</td>
<td>38.4</td>
<td>34.8% decrease</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Stanislaus County</td>
<td>185.4</td>
<td>167.7</td>
<td>9.5% decrease*</td>
<td>158.6</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>172.7</td>
<td>154.0</td>
<td>10.8% decrease</td>
<td></td>
</tr>
<tr>
<td>Diabetes#</td>
<td>Stanislaus County</td>
<td>25.6</td>
<td>23.1</td>
<td>no sig. change</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>21.0</td>
<td>20.3</td>
<td>no sig. change</td>
<td></td>
</tr>
<tr>
<td>All causes</td>
<td>Stanislaus County</td>
<td>859.9</td>
<td>772.0</td>
<td>10.2% decrease</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>745.0</td>
<td>647.2</td>
<td>13.1% decrease</td>
<td></td>
</tr>
</tbody>
</table>

*There is only a marginally significant trend over time for this condition.
#There is no significant trend over time for this condition.

2 Data obtained from the California County Health Status Profiles reports
Table 1 on the previous page lists the rates of four causes of death and the all cause mortality rate in Stanislaus County, as compared to the State’s average, at the beginning and the end of the ten year period. Also included is the percent change in each mortality rate over the period, and the HP 2010 targets.

Coronary Heart Disease
The mortality rate from coronary heart disease decreased by 27.6% in Stanislaus County compared to 31.2% in California as a whole. California has met the HP 2010 target, but Stanislaus County has not.

Stroke
The past decade saw a 25.7% decline in stroke mortality rate in the County compared to 34.8% for California. Both the County and the State have met the HP 2010 target.

Cancer
Mortality from cancer decreased (marginally statistically significantly) by 9.5% in Stanislaus County compared to 10.8% in California as a whole. California has met the HP 2010 target, while the County has not.

Diabetes
Neither California nor Stanislaus County made much progress on reducing mortality from diabetes. No statistically significant change occurred. There was no HP 2010 target set for diabetes mortality.

All Cause Mortality
The all cause mortality rate declined over the past decade for both Stanislaus County (by 10.2%) and California (by 13.1%). No HP 2010 target was established for all cause mortality.

**Addressing Chronic Diseases in Stanislaus County**

Over the past decade, the rate of deaths from chronic diseases such as coronary heart disease, stroke, and cancer, declined significantly in Stanislaus County, as well as in California and the nation. This achievement is noteworthy as these diseases are among the top five causes of death annually, both locally and nationally.

Four common, health damaging but modifiable behaviors – tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use – are responsible for much of the illness, disability, and premature mortality related to chronic diseases. The decline

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of the above mentioned mortality rates can be attributed at least in part to efforts taken to address these health risk factors and behaviors, including:

- Implementation of effective prevention programs,
- Public education and awareness campaigns,
- Changes and advances in medical practice, and
- Adoption of policies that reduce chronic disease risk factors.

These strategies follow the *Spectrum of Prevention* model,\(^5\) which expands prevention efforts beyond education models by promoting a multifaceted approach. The *Spectrum* has seven levels of prevention: the individual, community groups, providers, coalitions, neighborhood collaboratives, institutions, and policy change/legislation. By influencing and sustaining change at each level of the *Spectrum* instead of focusing on any single activity, greater effectiveness is achieved. The table below illustrates the seven levels of the spectrum and the definition for each level.

**Table 2: The Spectrum of Prevention**

<table>
<thead>
<tr>
<th>Level of Spectrum</th>
<th>Definition of Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthening Individual Knowledge &amp; Skills</td>
<td>Enhancing an individual’s capacity of preventing injury or illness and promoting health and safety</td>
</tr>
<tr>
<td>2. Promoting Community Education</td>
<td>Reaching groups of people with information and resources to promote health and safety</td>
</tr>
<tr>
<td>3. Educating Providers</td>
<td>Informing providers who will transmit skills and knowledge to others</td>
</tr>
<tr>
<td>4. Fostering Coalition &amp; Networks</td>
<td>Bringing together groups and individuals for broader goals and greater impact</td>
</tr>
<tr>
<td>5. Mobilizing Neighborhoods &amp; Community</td>
<td>Meeting with communities and sharing agendas, prioritizing community concerns as well as health department goals</td>
</tr>
<tr>
<td>6. Changing Organizational Practices</td>
<td>Adopting regulations and shaping norms to improve health and safety</td>
</tr>
<tr>
<td>7. Influencing Policy &amp; Legislation</td>
<td>Developing strategies to change laws and policies to influence outcomes</td>
</tr>
</tbody>
</table>

**Effective Partnerships**
Collaboration amongst stakeholders and community members, including area hospitals, community clinics, health care providers, community based organizations, schools, health plans, other county departments, as well as neighborhood collaboratives played an important role in the prevention of chronic diseases, leading to a decline in some of the mortality rates noted above. Cardiovascular disease and childhood obesity were first identified as critical, yet preventable, health issues in Stanislaus County a decade ago. Since 1999, Public Health has taken steps to mobilize the community to address chronic diseases.

The health improvement process started with engaging community partners and stakeholders, utilizing the Mobilizing Action through Planning and Partnerships\(^6\) (MAPP) process to form coalitions and task forces, to leverage resources and collaborate on programs and initiatives for the improvement of the health of community residents.

Of special significance are efforts by a number of these coalitions to implement prevention activities that likely contributed to the decline in mortality rates of some of these leading causes of death in Stanislaus County. (Refer to Appendix D for a list of the various coalitions.)

**The Tobacco-control Outreach and Prevention Services Coalition**
- Collaborated on the provision of smoking cessation classes within the County
- Promoted and supported local No Smoking ordinances and policies for the county, its cities, and area employers
- Collaborated with school youth on public and youth education and awareness
- Advocated for and implemented Smoke Free parks and other public facilities in areas throughout Stanislaus County

**The Heart Education Awareness Resource Team (HEART) Coalition**
- Increased public awareness and provided education and resources to the general public, schools, and health care providers
- Developed and disseminated a heart health resource guide to the community
- Incorporated physical activities into the after school programs in all Modesto City Schools as well as in Ceres, with the development of the *Walk It Out* program, and the publication of its tool kit
- Promoted worksite wellness to area employers, leading to the adoption by a number of employers, including Stanislaus County, of employee wellness policies
- Promoted American Heart Association’s *Get with the Guidelines* program on heart disease and stroke

**Safe Communities Coalition**
- Conducted the annual *Walk to School Day* events, at 16 school sites within the County, while at the same time, identifying barriers and challenges for children to be able to walk to school
- Collaborated with City of Modesto on *Safe Routes to School* grant applications, resulting in grant funding of $785,910 for infrastructure improvements
- Implemented the *Walking School Bus* program, and developed a tool kit for the program
- Promoted pedestrian and bicycle safety
- Promoted child passenger safety

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Childhood Obesity/Diabetes Prevention Task Force
- Conducted provider education and training to increase awareness in prevention and screening
- Provided diabetes screening at schools and the community, screening over 1,300 children and adults
- Promoted diabetes awareness and education to over 8,000 school children within the County
- Developed protocols and processes for diabetes risk assessment for school children

Stanislaus County Asthma Coalition
- Conducted annual medical provider education and training to increase knowledge and awareness
- Implemented the Asthma-Friendly Flag Program in 24 of the 26 school districts in the County

Health Risk Factors
While the County has achieved decreased mortality rates for coronary heart disease, stroke, and cancer, the rates of these chronic diseases are still higher than the State’s. Further, neither the State nor Stanislaus County showed any progress in the mortality rate of diabetes. This is cause for concern, as Stanislaus County has a high prevalence of some of the major health and behavioral risk factors leading to most chronic diseases such as diabetes. These factors include poor nutrition, lack of physical activity and being overweight or obese. In Stanislaus County, it is estimated that over 65% of adults are overweight and/or obese, while over 34% of the County’s 5th, 7th, and 9th graders are in the unhealthy fitness zone for body composition. In fact, the adult obesity rate has been increasing between 2001 to 2009. Stanislaus county’s rate increased nearly twice as fast as the State (56% increase vs. 25% increase). Both the State and the County got further away from the HP 2010 target, which is 15% for adults and 5% for children (0-19).

Four Broad Determinants of Health
The 2008 Community Health Assessment (CHA) results echoed many research findings that chronic diseases are caused not only by health habits and behaviors, but also by more “upstream” factors such as the environment in which people live, educational attainment, and economic status. After reviewing data findings from the 2008 CHA, stakeholders took action to address the four broad determinants of health: 1) Access to Health Information and Health Care, 2) Basic Needs, 3) Education, and 4) The Built Environment.

The Community Health Improvement Plan (CHIP)
Collective effort to improve the health of the community was formalized in 2010, with the formulation of a Community Health Improvement Plan (CHIP). Through the MAPP process, stakeholders participated in a series of “moving data to action” meetings. Community

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7 Stanislaus County Community Health Assessment, 2008
8 California State Department of Education (http://dq.cde.ca.gov/dataquest)
results/visions were identified for each of the broad determinants, and task forces were formed to address each of these visions. A total of 14 focus areas were initially identified. Due to challenging economic times and diminishing resources, stakeholders decided to implement activities in phases. Phase I (from 2009 – 2010) ended with five (5) active Task Forces, which completed "action plans" that listed goals, activities, and outcome measures for their respective areas.

Table 3: Phase I CHIP Goals and Task Forces

<table>
<thead>
<tr>
<th>Broad Determinant</th>
<th>Goal</th>
<th>Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Access to Health Information and Health Care</td>
<td>▪ Increase enrollment of eligible individuals in public insurance programs</td>
<td>Public Program Enrollment</td>
</tr>
<tr>
<td>I. Basic Needs</td>
<td>▪ Reduce hunger among Stanislaus County residents</td>
<td>Food Security</td>
</tr>
<tr>
<td>I. Basic Needs</td>
<td>▪ Make identifying existing child care openings easier for parents</td>
<td>Child Care Availability</td>
</tr>
<tr>
<td>III. Education</td>
<td>▪ Engage parents and students in order to prevent truancy and increase graduation rates</td>
<td>Parent and Student Engagement</td>
</tr>
<tr>
<td>IV. Built Environment</td>
<td>▪ Improve infrastructure to promote safety and physical activity</td>
<td>Health Impact of the Built Environment</td>
</tr>
</tbody>
</table>

Most of these groups continue to be active, meeting on a regular basis to move forward with the implementation of their respective planned activities, as resources and time allow. Phase II started in mid 2010, with the formation of new task forces, consisting of the specific and appropriate organizations and agencies to formulate and address other goal areas. These action plans are being compiled into one comprehensive document: The Community Health Improvement Plan (CHIP).

The CHIP, coordinated by Health Services Agency (HSA) Public Health staff, is a collaborative community project with oversight by an Executive Team. *(Refer to Appendix A, B, and C for CHA partners, Data to Action Task Force members, and Executive Team membership)*. The CHIP is a detailed document, describing a comprehensive plan of the community’s vision and strategies to improve the health of Stanislaus County residents. It documents the work of each of the active Task Forces, with the desired community results (i.e. vision), goals under each result, and selected strategies for how to achieve them, including planned activities and outcome measures. The document also includes plans for capturing and sharing achievements and results. It is intended to be a useful guidance tool that is revisited as progress assessments are made, and which can be updated and added to, as outcomes are achieved and additional goals and activities are developed. As noted above, the CHIP is being implemented in phases, starting with the focus areas with the
most stakeholder interest and the most available resources. It is acknowledged that resource availability, particularly during these challenging economic times, may impact the timing and implementation of the planned activities; however, the existence of the CHIP will provide focus on priorities and the ability to measure results.

Prevention for the Next Decade

**Healthy People**

*Healthy People* is a national initiative that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors
- Guide individuals toward making informed health decisions
- Measure the impact of prevention activities

**Healthy People 2020**

*Healthy People 2020* (HP2020), released in December of 2010, provides renewed focus on reducing health disparities through the determinants of health approach, for health promotion and disease prevention. Included in the goals are thirteen new topic areas for 2020.¹ Four foundation measures serve as indicators of progress towards achieving HP2020 goals:

- General Health Status
- Health-Related Quality of Life and Well-Being
- Determinants of Health
- Disparities

The *Healthy People 2020* vision strives to identify nationwide health improvement priorities where action must be taken to achieve better health by the year 2020. Some of the *Healthy People 2020* focus areas are: access to health services, diabetes, health information and health information technology, health related quality of life and well being, physical activity, preparedness, public health infrastructure, and social determinants of health.

HP2020 focus areas have been incorporated into the Agency's strategic plan. Three specific focus measures mentioned in the previous paragraph were independently identified by MAPP stakeholders, and are included in the CHIP. These areas also align with the Board of Supervisors' priorities of a Healthy Community and a Safe Community. *Healthy People 2020* and the CHIP will serve as the framework for Stanislaus County and HSA to achieve the vision of Healthy People in a Healthy Stanislaus.
Summary

Recognizing the power of effective partnerships, HSA Public Health began to address chronic disease over the last decade by leveraging resources and collaborating efforts with the many stakeholders and community partners within Stanislaus County, and is pleased to be able to report a decline in the mortality rates of some of the leading causes of death. However, health risk conditions and factors such as diabetes, obesity, poor nutrition and physical inactivity continue to be prevalent amongst county residents. With many research findings indicating that health outcomes are also affected by broader determinants, Public Health, together with its community partners and stakeholders, are working collaboratively to address four broad determinants of health, which are factors outside of the traditional health care system. These areas are also listed as national Healthy People 2020 focus areas. Given the fiscal climate during these challenging economic times, HSA Public Health will remain focused on maximizing and leveraging resources to implement prevention efforts to achieve improved health status of Stanislaus County residents.
Acknowledgement

A special thank you to the following Public Health staff for their contribution to the publication of this report:

Sharon Hutchins
Phoebe Leung
Olivia Tong
John Walker

Stanislaus County Board of Supervisors
Dick Monteith, Chairman, District Four
William O’Brien, Vice-Chair, District One
Vito Chiesa, District Two
Terry Withrow, District Three
Jim DeMartini, District Five

Health Services Agency, Public Health Administration
Mary Ann Lee, Managing Director
John Walker, M.D., Public Health Officer, Stanislaus County
Colleen Woolsey, Associate Director, Director of Public Health Services
Phoebe Leung, Assistant Director, Public Information Officer
Appendix A: Stanislaus County Community Health Assessment (2008) Participants

Stanislaus County Community Health Assessment (2008) Steering Committee
Aging and Veterans Services  Doctors Medical Center
Anthem Blue Cross  Health Services Agency
Behavioral Health and Recovery Services  Kaiser Permanente
Children and Families Commission  Memorial Medical Center
Community Services Agency  Oak Valley Hospital District

Stanislaus County Community Health Assessment (2008) Financial Contributors
Aging and Veterans Services  Community Services Agency
Anthem Blue Cross  Doctors Medical Center
Behavioral Health and Recovery Services  Health Services Agency
Children and Families Commission  Memorial Medical Center

Stanislaus County Community Health Assessment (2008) Face-to-Face Survey Distributors
Airport Neighbors United  Modesto Parks and Recreation
Anthem Blue Cross  Newman Family Resource Center
Area Agency on Aging  North Modesto Family Resource Center
Catholic Charities  Oak Valley Family Support Network
Ceres Partnership for Healthy Children  Oak Valley Hospital
Community Services Agency  Patterson Family Resource Center
El Concilio  Sierra Vista Child and Family Services
Golden Valley Health Clinics  Stanislaus County Library
Grayson/Westley Family Resource Center  Sutter-Gould Health Education Center
Health Plan of San Joaquin  Turlock Family Resource Center
Health Services Agency  West Modesto King Kennedy
Hughson Family Resource Center  Neighborhood Collaborative
Migrant Education
Appendix B: CHIP Task Force Members

Partners Attending *Data to Action* Workshops (09) or Serving on CHIP Task Forces (09-10)

Advancing Vibrant Communities
Airport Neighbors United
American Cancer Society
Anthem Blue Cross
Area Agency on Aging
AspiraNet
Behavioral Health and Recovery Services
California State University, Stanislaus
Center for Human Services
Ceres Partnership for Healthy Children
Ceres Unified School District
Children and Families Commission
City Ministries
City of Ceres Redevelopment and Economic Development
City of Modesto Community & Economic Development
City of Modesto Police Department
City of Patterson Planning Department
Community Health Services Board
Community Housing and Shelter
Community Services Agency
Congregations Building Community
County Nutrition Action Plan Council
County Planning and Community Development
Del Puerto Health District
Disability Resource Agency for Independent Living
E & J Gallo Winery
El Concilio
Emanuel Medical Center
Empire Union School District
Family Promise of Greater Modesto
Foster Farms
Golden Valley Health Clinics
Grayson/Westley Family Resource Center
Haven Women’s Center
Health Insurance Advocacy and Counseling (HICAP) of Stanislaus
Health Net
Health Plan of San Joaquin
Health Services Agency
Housing Authority
Hughson Family Resource Center
Interfaith Ministries
Kaiser Permanente
Kaplan College
LaChaux Tutoring
Migrant Education
Modesto Chamber of Commerce
Modesto City Schools
Modesto Junior College
Modesto Love Center
Modesto Parks and Recreation
Newman Family Resource Center
Newman-Crows Landing Unified School District
North Modesto Family Resource Center
Oak Valley Family Support Network
Oak Valley Hospital
Orville Wright Healthy Start
Parent Institute for Quality Education
Parent Resource Center
Patterson Family Resource Center
Patterson Joint Unified School District
Planned Parenthood Mar Monte
Project Uplift
Project Yes
Renaissance Christian Center
Riverbank Joint Unified School District
Salvation Army
San Joaquin Valley Air Pollution Control District
Sierra Vista Child and Family Services
St. Paul’s Preschool
<table>
<thead>
<tr>
<th>Stanislaus Local Child Development Planning Council</th>
</tr>
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<tbody>
<tr>
<td>Stanislaus Mentoring Coalition</td>
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<tr>
<td>Stanislaus County Asthma Coalition</td>
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<tr>
<td>Stanislaus County HEART Coalition</td>
</tr>
<tr>
<td>Stanislaus County Justice Center</td>
</tr>
<tr>
<td>Stanislaus County Library</td>
</tr>
<tr>
<td>Stanislaus County Resource &amp; Referral Program</td>
</tr>
<tr>
<td>Stanislaus County Safe Communities Coalition</td>
</tr>
<tr>
<td>Stanislaus County Sheriff</td>
</tr>
<tr>
<td>Stanislaus Economic Development and Workforce Alliance</td>
</tr>
<tr>
<td>Stanislaus Health Services Agency Foundation</td>
</tr>
<tr>
<td>Stanislaus Partners in Education</td>
</tr>
<tr>
<td>Stanislaus Surgical Hospital</td>
</tr>
<tr>
<td>Sutter-Gould Health Medical Foundation</td>
</tr>
<tr>
<td>Turlock Family Resource Center</td>
</tr>
<tr>
<td>Turlock Unified School District</td>
</tr>
<tr>
<td>United Way</td>
</tr>
<tr>
<td>University of California Extension/Stanislaus County</td>
</tr>
<tr>
<td>Warden's Office Products</td>
</tr>
<tr>
<td>Turlock Family Resource Center</td>
</tr>
<tr>
<td>Turlock Unified School District</td>
</tr>
<tr>
<td>University of California Extension/Stanislaus County</td>
</tr>
<tr>
<td>Waterford Unified School District</td>
</tr>
<tr>
<td>United Way</td>
</tr>
<tr>
<td>West Modesto King Kennedy</td>
</tr>
<tr>
<td>Neighborhood Collaborative</td>
</tr>
<tr>
<td>Westside Community Alliance</td>
</tr>
<tr>
<td>YMCA of Stanislaus County</td>
</tr>
<tr>
<td>Yosemite Community College</td>
</tr>
<tr>
<td>Individual community members</td>
</tr>
</tbody>
</table>
Appendix C: CHIP Executive Team

CHIP Executive Team
Community Services Agency
Health Services Agency
Stanislaus County Office of Education
Stanislaus Economic Development and Workforce Alliance
United Way of Stanislaus County
## Appendix D: List of Chronic Disease Related Coalitions

<table>
<thead>
<tr>
<th>Coalition</th>
<th>Mission/Goals</th>
<th>Established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding Coalition of Stanislaus County</td>
<td>To improve the health and wellbeing of Stanislaus County residents by working collaboratively to protect, promote and support breastfeeding.</td>
<td>1999</td>
</tr>
<tr>
<td>Childhood Obesity &amp; Diabetes Prevention Taskforce</td>
<td>To reduce obesity and diabetes in children in Stanislaus County, through awareness, education, screening, treatment and research.</td>
<td>2005</td>
</tr>
</tbody>
</table>
| HEART Coalition of Stanislaus County          | To reduce cardiovascular disease risk factors to improve the health status and quality of life of the residents of Stanislaus County.  
  - Increasing public awareness  
  - Promoting healthy heart prevention education  
  - Coordinating and directing accessible community resources                                                                                | 1999        |
| Immunization Coalition of Stanislaus County   | To ensure age appropriate immunizations for children and adults of Stanislaus County  
  - Increasing public awareness  
  - Promoting vaccine-preventable disease education  
  - Coordinating and directing accessible community resources                                                                                     | 1995        |
| Maternal Child Adolescent Health Advisory Board | To identify the most critical health issues facing women, adolescents, children and their families and to develop action priorities and plans to maximize the health and wellbeing of the MCAH population through the coordination, integration and efficient use of resources. | 1985        |
| Nutrition & Fitness Council                   | To improve the health of people in Stanislaus County by promoting healthy eating and physical activity.                                                                                                      | 2000        |
| Oral Health Advisory Committee                | To improve the oral health of County residents by:  
  - Increasing public awareness on oral health related issues, and  
  - Promoting good oral health                                                                                                                       | 2001        |
| Protecting Health and Slamming Tobacco (PHAST)| To slam tobacco usage by organizing per education and advocacy projects in our schools, our community, and throughout Stanislaus County with creative and collaborative style. | 2005        |
| Safe Communities Coalition of Stanislaus County | To empower and mobilize Stanislaus County residents by supporting community awareness and education to develop a safe and healthy community.                                                                   | 2001        |
| Senior Fall Prevention Coalition of Stanislaus County | To reduce the risk of falls and increase fall prevention awareness in a collaborative community effort through education, training, and implementation of best practice interventions for fall prevention. | 2007        |
| Stanislaus County Asthma Coalition            | To create an asthma-friendly community by promoting awareness, education, management and prevention.                                                                                                          | 2002        |
| Stanislaus County Nutrition Action Plan (CNAP) Partnership | To increase the consumption of fruits and vegetable of all participants in federally funded food assistance programs.                                                                                        | 2006        |
| Teen Pregnancy Prevention Collaborative       | To promote healthy relationships, sexuality, and lifestyles among teenagers and young adults in Stanislaus County.                                                                                               | 1996        |
| Tobacco control Outreach and Prevention Services Coalition | To support the community in the development and promotion of tobacco control outreach and prevention services efforts.                                                                                         | 1989        |