Framework for a Thriving Stanislaus:

Healthy People 2020 and Community Transformation

Annual Public Health Report
to the Board of Supervisors

August 2013

Stanislaus County HEALTH SERVICES AGENCY

Public Health
Prevent. Promote. Protect.

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Forward

The past two Health Services Agency/Public Health (HSA/PH) Reports to the Board have focused on chronic disease. The 2011 Report identified the improvements in chronic disease mortality during the first decade of the 21st Century within Stanislaus County. The 2012 Report focused specifically on the chronic disease that did not show improvement during that decade: Diabetes. This year's report looks forward and presents HSA/PH's broad approach to activities within our County for the second decade of the century, 2010 – 2020.

We are hopeful that the efforts presented herein can support the "CALL TO ACTION" presented by the chairman of the Board of Supervisors in his 2013 State of the County address. It proposed three strategic objectives:

1. Economic development and job creation
2. Educational enhancement
3. Gang abatement

These areas align with the broad determinants of health, which include personal, social, economic and environmental factors.[1] As coined by the Robert Wood Johnson Foundation and promoted by the Centers for Disease Control and Prevention (CDC):

Health begins where people work, live, learn and play.[2]

As such, HSA/PH, acting as a convener, coordinator and facilitator, continuously strives to collaborate with its community partners to address some of the broad determinants to achieve population health in Stanislaus County.

Executive Summary

Evidence indicates that addressing the broad determinants of health can create a large and sustainable improvement in the health status of the population, which in turn creates a healthier workforce, leads to more healthy children who are more likely to succeed in school and obtain jobs that provide self-sufficiency, and also reduces the health and financial burden of disease to society. In addition, evidence shows that such large population based health improvements require the coordination of every entity within the Public Health System. Following guidance from the federal Centers for Disease Control and Prevention (CDC), HSA Public Health is focusing on the most effective approaches to obtain the greatest impact on residents' health, working with multiple partners to implement activities that address the broader determinants of health, including the infrastructure in which we work, live, learn and play. Further, in accordance with the Board of Supervisors'

[1] Healthy People 2020, *Determinants of Health*. Retrieved from http://www.healthypeople.gov/2020/about/DOHAbout.aspx.
[2] Robert Wood Johnson Foundation. *A New Way to Talk about the Social Determinants of Health*. Retrieved from http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023

priority of Effective Partnerships, HSA/PH has and will continue to collaborate and partner with the many stakeholders to address these determinants and health risk factors that are prevalent within the County.

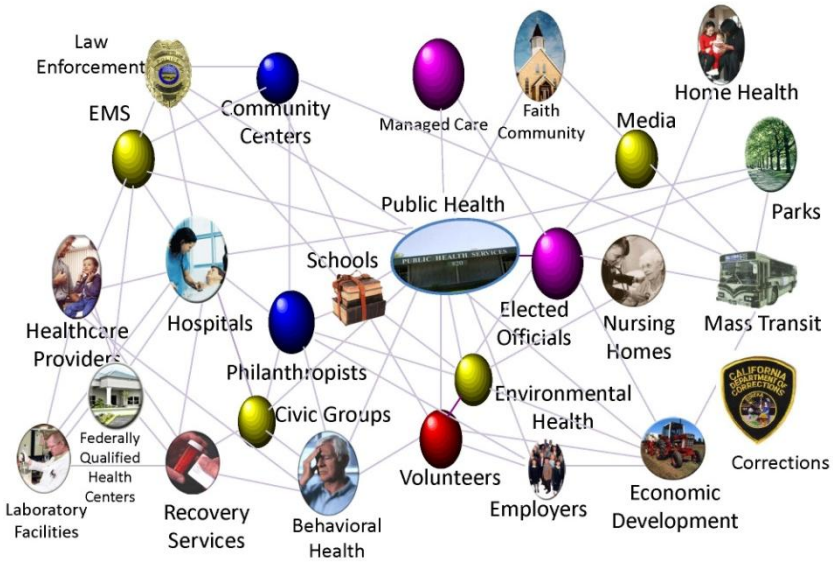
Introduction

Public Health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries[3]. A healthy public gets sick less frequently and spends less money on health care; this means better economic productivity and an improved quality of life for everyone. Healthy children become healthy adults. Healthy children attend school more often and perform better overall. Public health prevention not only educates people about the effects of lifestyle choices on their health, it also reduces the impact of disasters by preparing people for the effects of catastrophes such as hurricanes, tornadoes and terrorist attacks. The mission of Public Health is achieved through three core functions, which are assessment, policy development and assurance, by carrying out ten (10) essential public health services, explained in detail in Appendix A.

The three core functions and the ten essential services (ESs) can only be accomplished by effective coordination of the Public Health System, not just by government agencies alone. The entire Public Health System, including both public-sector agencies (such as health departments, schools, environmental protection agencies, and land-use agencies) and private-sector organizations whose actions have significant consequences for the health of the public, is responsible for achieving the public health mission of preventing diseases and promoting total health. Figure 1 on the next page is an illustration of the complex Public Health System, with stakeholders and partners ranging from community residents to policy makers. Over the past two decades, HSA/PH has adopted the approach of effectively partnering and collaborating with public, private and grassroots agencies and organizations in the prevention of diseases, promoting healthy lifestyles, and protecting the public's health. In fact, building this type of partnership is one of the ten public health essential services: *Mobilize community partnerships and action to identify and solve health problems* (See Appendix A, ES #4).

[3] American Public Health Association (APHA). *What is Public Health.* Retrieved from http://www.apha.org/NR/rdonlyres/C57478B8-8682-4347-8DDF-A1E24E82B919/0/what_is_PH_May1_Final.pdf

Figure 1: Diagram of the US Public Health System from the National Association of City and County Health Officials (NACCHO)[4]



This year's Public Health Report describes how some of the essential services are intrinsically linked, and how these services are being carried out by the organizations and partners within the Public Health System. In addition, it highlights the important role of effective partnerships in the prevention of diseases and promotion of good health for the residents of Stanislaus County.

Healthy People 2020

In its 1948 constitution, the World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[5] Decades of research since then have established that many biological, social, economic and cultural factors strongly influence health. In addition, researchers have shed light on the interdependencies of health, education and economic prosperity[6] .

A deeper appreciation of the multiple determinants of health has led public health organizations to broaden their scope, from a traditional focus on care of the sick and health education for illness prevention, to include a wider range of causal factors of ill health. *Healthy People 2020 (HP 2020)*, the nation's public health plan for the year 2020, adopts this focus on broad determinants of health, specifying targets in areas such as poverty and

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[4] Diagram modified from the NACCHO Local Public Health System figure. http://www.arlingtonva.us/departments/HumanServices/PublicHealth/mapp/page59017.aspx.
[5] World Health Organization (WHO). *WHO Definition of Health*. Retrieved from http://www.who.int/about/definition/en/print.html.
[6] Fonseca, R. and Zheng, Y. (2011). The Effect of Education on Health: Cross-Country Evidence. Retrieved from http://www.rand.org/content/dam/rand/pubs/working_papers/2011/RAND_WR864.pdf.

education[7]. Given the breadth of the plan, multiple federal agencies with relevant expertise collaborated to select the HP 2020 topics and goals. These lead agencies include:

- Administration on Aging
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Food and Drug administration
- Health Resources and Services Administration
- Immediate Office of the Assistant Secretary for Health, Office of Public Health and Science, Office of the Secretary
- Indian Health Services
- National Institutes of Health
- Office of Minority Health
- Office of Population Affairs
- President's Council on Sports, Fitness and Nutrition
- Substance Abuse and Mental Health Services Administration
- US Department of Agriculture
- US Department of Education

Figure 2: Lead Federal Agencies that Developed *HP2020* Topic Areas

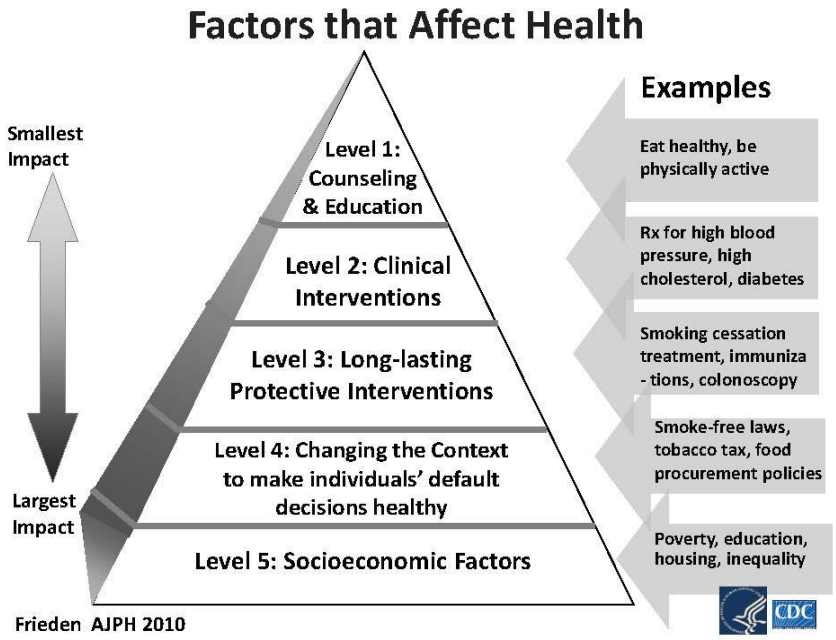
To monitor progress toward the goals, HP2020, released in December of 2010, is organized into four (4) foundation measures:

1) General Health Status
2) Health-Related Quality of Life and Well-Being
3) Determinants of Health
4) Disparities

[7] US Department of Health and Human Services. *Healthy People 2020*. Retrieved from http://www.healthypeople.gov/2020/default.aspx

As one of the developers of the HP 2020 and as the nation's lead agency for public health, the Centers for Disease Control and Prevention (CDC) has created a model of how the Public Health System can improve population based health called the Health Impact Pyramid (Figure 3). This 5-tiered pyramid is designed to illustrate the relative impact of different types of public health interventions on population health[8].

Figure 3: CDC's Health Impact Pyramid



The Health Impact Pyramid was developed based on the understanding that health is not achieved solely through individual behavior changes or acquiring medical care. The interventions that address the socioeconomic factors at the base of the pyramid have the greatest potential impact because fewer individual efforts are required and a broader segment of the population can be reached. The impact of the interventions decreases as one moves up the tiers of the pyramid. For example, in reducing the prevalence of smoking, interventions (i.e. smoke-free laws) that change the context to encourage healthy decisions as the default choice have the second largest impact. Long lasting protective interventions (i.e. smoking cessation classes) have medium impact on health outcomes, because they can typically reach fewer individuals. Clinical interventions such as treatment for high blood pressure, and individual health education/counseling have the smallest impact, since they require more intensive one-on-one efforts and thus can generally be carried out with fewer individuals. The diversity of factors reinforces the need for multiple partners in improving the health of County residents.

[8] Frieden, T. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health*, 100(4): 590-595. Retrieved from http://www.idph.state.ia.us/adper/common/pdf/healthy_iowans/health_pyramid.pdf

Hence, HSA/PH expanded its traditional focus (of preventing diseases) to include addressing the broad determinants of health more than a decade ago, developing strategies and programs aiming for the largest impact in regards to promoting and protecting the public's health.

Mobilizing for Action through Planning and Partnerships (MAPP)

Creating a social, physical and economic environment that promotes health and well-being is the role and responsibility of many partners, as previously illustrated in Figure 1. Working and coordinating with the many diverse partners that make up the Public Health System is a challenge, requiring expertise in establishing effective relationships. Since 2002, HSA/PH has been using the Mobilizing for Action through Planning and Partnership (MAPP) process to meet this challenge. MAPP is a nationally-recognized, community-driven, strategic planning process that engages public health partners and County residents to participate in community health assessment (CHA) and community health improvement[9]. The MAPP process was described in detail in the 2007 PH Report.

Assessing the Health of the Community

Assessment is one of the core functions of Public Health. Part of this function is achieved by performing one of the ten (10) essential services (ES): *monitoring health status to identify and solve community health problems,* through collecting, analyzing and interpreting health data. (See Appendix A, ES #1). This is also a vital part of the MAPP process. Good public health practice requires that planning decisions be solidly based in data; thus data collection and analysis is a major activity. In addition, as the coordinator of the entire local Public Health System, HSA/PH has the duty to disseminate data to partners for their own decision making. Data collected, analyzed and/or interpreted by HSA is utilized by all the partners within the Public Health System, as well as members of the community, for grant applications, reporting, evaluation of programs and, most importantly, the development and implementation of plans and actions to improve and protect the health of community residents. In monitoring health, it is vital to also perform the fourth public health essential service of *mobilizing community partnerships and action to identify and solve health problems (*see Appendix A*).*

Monitoring Existing Data

HSA/PH monitors several dozen external data sources for information about the health (and broad determinants of health) of Stanislaus County residents as well as comparative data from other jurisdictions (local, state, national and international). This type of data is generally referred to as secondary data. Secondary sources monitored by HSA/PH include:

[9] National Association of County and City Health Officials, *Mobilizing for Action through Planning and Partnerships (MAPP)*, Retrieved from http://www.naccho.org/topics/infrastructure/mapp/.

- Self-report surveys of health conditions, health behaviors, access to care and socioeconomic and demographic variables (e.g. California Health Interview Survey, California Healthy Kids Survey, National Health and Nutrition Examination Survey, Behavioral Risk Factor Surveillance Survey, American Community Survey, US Census);
- Occurrences of diseases and conditions reportable to Public Health under Title 17 of the California Health and Safety Code;
- Master files from the California Office of Statewide Health Planning and Development (OSHPD) concerning emergency room visits and hospitalizations;
- Master files from the California Department of Public Health of vital statistics events (e.g. births, deaths);
- Summary measures of clinical performance for specific health plans or health facilities (e.g. the Healthcare Effectiveness Data and Information Set, Prevention Quality Indicators); and
- Publications and special reports on particular topics (e.g. California's *County Health Profiles*, American Lung Association's *State of the Air*, FBI's *Uniform Crime Report*). Appendix B is a table showing changes in the County's health status indicators from 2004 to 2013, using data from the County Health Profiles.

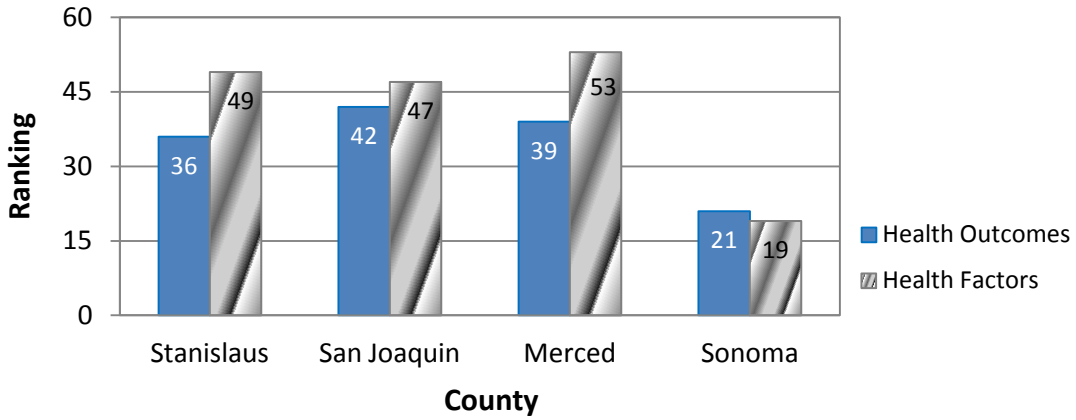
One of the most comprehensive sources HSA monitors is one of the newest—the *County Health Rankings*[10]. Funded by the Robert Wood Johnson Foundation, this source ranks counties (within their states) by their performance on indicators grouped under the categories of health outcomes (quality of life and length of life) and health factors (clinical care, health behaviors, social, economic, and physical environmental factors), incorporating the broad determinants of health approach discussed in the previous section. The data elements that make up each indicator are taken from many existing data sources.

The *County Health Rankings 2013* ranks 57 California counties[11], from 1 (best) to 57 (worst) on the above measures. Stanislaus County and other counties in the San Joaquin Valley rank relatively low in the health outcomes summary category, but have even lower rankings for the health factors summary category (Figure 4). However, this pattern is not shared by all medium-sized rural counties, as evidenced by the rankings for Sonoma County.

[10] Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps*. Retrieved from: http://www.countyhealthrankings.org/

[11] Alpine County is not included due to its tiny population and the resulting difficulty of obtaining statistically reliable estimates.

Figure 4: 2013 Summary Rankings*: Comparison with Selected Other Counties



Source: University of Wisconsin Population *Institute's County Health Rankings, 2013*
*This publication ranks 57 California counties. Higher numbers correspond to worse outcomes.

Each county has two summary ranks: health outcomes and health factors. Each summary measure includes a number of composite measures. Stanislaus County's overall ranking on the health outcomes summary measure improved between 2010 and 2013, while its ranking on the overall health factors measure worsened. See Table 1 below for additional information on the ranking for each of the composite measures.

Table 1: Rankings for Stanislaus County from *County Health Rankings, 2010 and 2013*

Summary and *Composite* Measures	**Ranking**		
	2010	**2013**	**Change***
Health Outcomes	43	36	↑
Morbidity	*46*	*42*	↑
Mortality	*38*	*33*	↑
Health Factors	43	49	↓
Health Behaviors	*52*	*51*	↑
Clinical Care	*41*	*35*	↑
Social and Economic Factors	*40*	*51*	↓
Physical Environment	*18*	*50*	↓

**An arrow pointing up indicates improvement in rank while a arrow pointing down indicates deterioration in rank.*

In sum, Stanislaus County has shown improvement, relative to other California counties, in its overall health outcomes and the quality of its clinical care. However, there has been a relative decline in both social and economic factors and the physical environment. These findings reinforce those from other secondary sources and our own primary data collection (discussed below), and underline the necessity of increasing focus "upstream" on the broad determinants of health.

Primary Data Collection

In addition to monitoring data from a variety of sources, HSA's Community Assessment, Planning and Evaluation (CAPE) Unit collects data on topics that are not available from existing sources. For example, while the California Health Interview Survey (CHIS) is an important source of data for the County, it has limitations. The sample for this county is always relatively small (662 in 2009), and thus data for specific subgroups (e.g. geographic areas, age groups) is often either not available or statistically unreliable. In addition, the topics are limited and few questions concern barriers to care or reasons for particular behaviors. Thus, it is crucial for HSA to collect local primary data at times for specific purposes.

Local data is generally collected through the process of a Community Health Assessment (CHA). The purpose of a CHA is to assess the health and wellbeing of the community, discover new and emerging concerns faced by the community, and identify resources available in the community to address these needs. CHAs are conducted utilizing such methods as surveys, focus group interviews, environmental and policy scans, as well as asset mapping, in addition to examining and (re-)analyzing secondary data. The scope of CHA can vary from highly focused to being quite broad. Two recent examples follow.

2011-2012 Community Transformation Assessment (Chronic Disease Focus)

In 2011, HSA applied for and was awarded the Community Transformation Capacity Building (CT-CB) grant from the CDC. The goal of this grant is to build community capacity to create healthier communities by making healthy living easier and more affordable. According to the CDC, a) tobacco use along with secondhand and third-hand smoke exposure, b) poor nutrition, c) insufficient access to physical activity opportunities, and d) lack of clinical and community preventive services to prevent and control high blood pressure and high cholesterol, are major—and modifiable—contributors to the illness and early deaths associated with chronic diseases. Hence, CT-CB is designed to improve health and wellness by developing strategic activities that focus on:

- Tobacco-Free Living
- Healthy Eating and Active Living
- High-Impact Quality Clinical Preventive Services

The CT-CB grant required, as a preliminary step, an in-depth health assessment (CHA) focused specifically on the burden of **chronic diseases**, with an emphasis on illustrating disparities in health outcomes due to the broad determinants of health. The CHA for the CT-CB grant included four different primary data collection projects in addition to analysis of secondary data from multiple sources:

- 8 focus groups examining the public's knowledge of and attitude toward specific issues related to tobacco-free living, healthy eating and active living;
- Key informant interviews with 18 community leaders from throughout the County concerning community knowledge, attitudes and efforts on these issues;
- Policy Scans examining local practices, policies and laws related to healthy eating, active living, and tobacco exposure, including examination of school and large employer wellness policies; and

- A multi-method investigation of existing preventive medical practices and interest among health care providers and facilities in exploring expansion of the role of community health workers.

The assessment was completed in late December of 2012. Findings from the assessment have been examined and utilized for strategic planning to move the grant to its implementation phase.

2013 Multi-Agency Comprehensive Community Health Assessment

Since the turn of the new century, every few years, HSA/PH conducts a comprehensive countywide community health assessment, in collaboration with the many partners across the Public Health System, for a thorough examination of the population's health. This year, HSA/PH is conducting the third countywide CHA (the previous countywide CHA was conducted in 2007/2008). Planning for the 2013 CHA started in June 2011, with the formation of the CHA Steering Committee (Table 2). All members of CHA Steering Committee, as well as additional stakeholders, were invited to share their data needs and priorities to ensure the CHA meets these needs. Data needs and priorities extended far beyond an interest in the burden of chronic disease, including infectious diseases, access to and quality of care, and many broad determinants of health.

Table 2: 2013 Community Health Assessment Steering Committee

Area Agency on Aging	Memorial Medical Center
Behavioral Health & Recovery Services	Sierra Vista Child and Family Services
Children & Families Commission	Stanislaus County Health Services Agency
Community & Local Neighborhood Research	Stanislaus County Office of Education
Health Plan of San Joaquin	United Way of Stanislaus
Kaiser Permanente	West Modesto King Kennedy Neighborhood Collaborative

After reviewing data needs and existing data, the Steering Committee came to a consensus on topic areas to be covered in the CHA. The Committee then exhaustively reviewed existing data sources to identify which of these topic areas would be adequately addressed by summarizing or re-analyzing existing data sources and what desired information was not available. The Steering Committee agreed that a new primary survey was needed to capture a small subset of information. Furthermore, the CHA Steering Committee recognized that a survey sampling methodology different from that used in 2008 was necessary to ensure that the participants represent Stanislaus County as a whole.

Two subcommittees were subsequently formed to work on the new primary survey: 1) a methodology subcommittee that reviewed possible sampling methodologies, and 2) a question committee that conducted research into standardized questions and wording for the survey from existing validated surveys. The CHA Steering Committee oversaw the work of the subcommittees and received their recommendations, making final decisions on methodology and question selection and wording. Multiple partners, including health, non-profit, civic and community-based organizations, administered the surveys between April

and July of 2013. A report on the findings, written by HSA's CAPE Unit is projected for December, 2013.

Data Dissemination

As the coordinator of the local Public Health System, HSA/PH disseminates health data in many ways to system partners and the public. Several of the data sources HSA monitors, such as birth data from the California Department of Public Health, are summarized on a regular basis. Some programs or grants require annual or periodic reporting of particular data elements or a more comprehensive assessment report. These reports are made available to interested partners such as health coalitions, health plans and family resource centers.

In addition, HSA works with several different types of partners to investigate particular issues and prepare pertinent reports or data summaries on an as-needed basis. Many partners (internal and external to the Agency) rely on HSA's Community Assessment, Planning and Evaluation (CAPE) Unit to provide data for program planning, grant writing, program evaluation and/or educational aims. Members of the public request data for many reasons, including general interest, advocacy and even business plan development. When relevant data are available, privacy and confidentiality laws permit, and time and resources are sufficient, these data requests are honored. Many of these data summaries and reports, together with other HSA publications, are posted to the Agency's data and publications page: http://www.hsa.org/data.

Hospital Community Health Needs Assessment

Every three years, non-profit hospitals (which receive federal monies for charity care) are required by the IRS to conduct a community health needs assessment (CHNA) as part of their community benefit programs. The identification of priority areas for attention through this assessment helps ensure a strategic approach to community benefit planning; the urgent community issues revealed in the assessment can be addressed through the hospital's community benefit program.

HSA's CAPE Unit works with local hospitals to provide technical assistance for data collection and analysis as needed, and to ensure that cooperation results in a "win-win" situation, not just for each agency, but for the community at large. Started in fall 2011, HSA embarked on a collaborative project with Memorial Medical Center to conduct their CHNA. As a result, it was possible to purchase several years of hospital discharge and emergency department data from the Office of Statewide Health Planning and Development. HSA analyzed this data and included the results, as well as pertinent secondary data in Memorial's 2011 CHNA report, which was published in May 2012. In addition to informing Memorial's 2012 community benefit plan, this data has since been used for program planning purposes at HSA/PH and for fulfilling public data requests. CHNAs are generally published by the responsible hospital, and a link to an electronic version is added to HSA's webpage.

2013 Multi-Agency Comprehensive Community Health Assessment Report

As was discussed in the section above, the 2013 Stanislaus County Community Health Assessment (2013 CHA) is a multi-agency initiative to conduct and disseminate a

comprehensive examination of the health of Stanislaus County, including a wide range of broad determinants and health outcomes. Over 70 indicators are being examined in the 2013 CHA through review of more than 30 existing data sources in addition to the primary survey described earlier. A report on the findings is projected for December, 2013. The 2008 CHA Report was used by HSA and more than a dozen partners to apply for grants for expanded or additional programs to improve the health of Stanislaus County residents. It is anticipated that the 2013 CHA Report will also be used by multiple partners in a similar manner.

Effective Partnerships for Sustainable Community Health Improvement

Responsible public health practice and the MAPP process dictate that community health assessment be followed by strategic planning for community improvement. This is accomplished by performing the essential service of: *develop policies and plans that support individual and community health efforts.* (Appendix A, ES#5). Likewise, policies and plans must be based on appropriate data. Thus, health assessments are typically followed by the development and implementation of an action plan to address the major findings and needs. Collaboration with Public Health System partners is just as important for developing and implementing plans as it is for community health assessment. Two examples of such collaborative planning projects that HSA/PH has coordinated during this past year are described below.

2010-2020 Community Health Improvement Plan: The Framework for a Thriving Stanislaus

Early Phases

After reviewing the findings from the 2008 Countywide CHA, MAPP stakeholders identified four priority areas to be addressed, focusing on the broad determinants: a) Access to care, b) Education, c) Basic Needs (such as food and shelter) and d) Built Environment (i.e. how a community neighborhood is planned and built). Immediately following the selection of the four priority areas, through a series of four "Data to Action" workgroups, the 2010-2020 Stanislaus County *Community Health Improvement Plan* (CHIP) was developed and launched in 2010. The CHIP and its development process, including these workshops and the involvement of multiple Task Forces, were detailed in the 2011 Public Health Report. Appendix C provides more details about how each broad determinant affects health. This focus on the broad determinants aligns with the national *Healthy People 2020* focus on using the determinants of health approach to achieve health equity. In addition, it incorporates the most impactful approaches in the CDC Health Impact Pyramid (Figure 2 on page 6), aiming for Level 4: *Changing the context to make individuals' default decisions healthy* and Level 5: *Improving socioeconomic factors* of the Pyramid.

Transition to the *Framework for a Thriving Stanislaus*

In 2011, an Executive Team was formed for the CHIP. This group, established to give policy level guidance and oversight to the CHIP initiative, was composed of agency directors or their delegates from 5 organizations active in implementing the CHIP: Community Services Agency, Health Services Agency, Stanislaus Economic Development and Workforce Alliance,

Stanislaus County Office of Education and United Way of Stanislaus County. Within months, the Executive Team was expanded to include Behavioral Health and Recovery Services and the Children and Families Commission. The new Executive Team assessed progress and decided to rename the initiative the *Framework for a Thriving Stanislaus: Healthy•Educated• Prosperous•Vibrant•Sustainable* to better reflect the broad nature of the plan, its diversity of stakeholders and its overall purpose. Also in 2011, a new webpage for the *Framework* was launched, in both English and Spanish, with help from a grant to HSA from Kaiser Permanente (http://www.schsa.org/PublicHealth/mainpages/coalitionPartnerships/framework.html).

During late 2011, the Executive Team agreed on 3 roles for the *Framework*:

1) Building awareness in the community about major community needs and issues (within the four broad determinants),
2) Helping to coordinate and increase the effectiveness and efficiency of existing efforts to address these needs and issues, and
3) Inspiring new efforts to address these needs and issues.

As a community-wide, multiple-agency initiative and document, the *Framework for a Thriving Stanislaus* does not require any specific actions from member organizations and individual stakeholders, but rather guides their attention to a set of issues and desired results that have wide support in the community. However, as part of the coordination role, the *Framework* does lay out desired community results with targets for achievement by 2020, as well as a number of accompanying metrics to measure community-level progress.

In 2012-2013, the Executive Team reviewed the work of the Task Forces and ultimately finalized selection of the data indicators by which progress would be measured and the targets to be achieved by 2020 (Table 3 on the next page). All but two of the Task Forces became dormant, their assigned tasks being completed.

Also during this time, the Executive Team explored options to better fulfill the coordination role of the *Framework*. Involvement of the business and faith communities in the initiative was identified as a need to strengthen community wide participation, and a subcommittee was formed to brainstorm for outreach strategies to these organizations. As part of this step, the Stanislaus Health Foundation was invited to join the Executive Team, bringing the membership to 8 organizations. Appendix D shows the current coordinating structure of the *Framework*.

Table 3: Indicators and 2020 Targets for the *Framework for a Thriving Stanislaus*

Broad Determinant	Indicator *(Source)*	Past Trend*	2010 Baseline	2020 Target	Desired Change
Access to Health Information, Resources and Health Care	Percent of residents with health insurance *(ACS)*	→	82.7%	95%	15% increase
	Primary care physicians per 100,000 residents** *(HRSA, Area Resource File)*	→	72.3 (2008)	80.0	10% increase
	Providers per 1,000 residents (*RandCalifornia*)	→	1.6 (2005)	1.8	12.5% increase
Education	Percent of third grade students scoring proficient or higher in reading *(CA DOE)*	↑	39.0%	55%	41% increase
	Four year high school graduation rate *(CA DOE)*	→	79.3%	87.2%	10% increase
	Teen birth rate (per 1,000 live births)	↓	32.2	24.2	25% decrease
Basic Needs	Percent of working age adults (18-64) in poverty who are food insecure (*CHIS*)	↑	37% (2009)	30%	20% decrease
	Percent of residents who have used a food bank in past year (Second Harvest)	↑	32.4%	TBD	TBD
	Percent of Stanislaus children (0-12) needing child care for whom licensed care is available	→	20.7%	25%	21% increase
	Licensed child care slots in Stanislaus County	→	12,704	TBD	TBD
	Percent of residents living in poverty (*Census; ACS*)	↑	19.9%	16 %	20% decrease
Built Environment	Percent of Stanislaus County workers who walk to work (*Census; ACS*)	↑	1.3%	2.6%	100% increase
	Percent of residents who live > 5 miles from an outlet to purchase healthy foods (e.g. produce, lean meats; *Kaiser 2010 CHNA; 2013 CHA*)	*Not tracked earlier than 2010*	9.0% (2010)	5%	44% decrease
	Average per capita vehicle miles traveled *(StanCog's regional transportation model)*	*CalTrans data not sufficient for trending*	TBD	TBD	TBD

**Up arrows indicate an increasing trend. Down arrows indicate a decreasing trend. Horizontal arrows indicate a more complicated, non-linear trend. For electronic versions or color printed copies, red indicates the trend was in the less healthy direction while green indicates improvements were already being made.*

In late fall 2012, the Executive Team determined it was time to reassemble the large group of MAPP stakeholders to examine progress, discuss coordination and prepare for the upcoming 2013 CHA findings (which contribute to monitoring progress on *Framework* goals). Staff from four agencies planned and organized the event, which was hosted by the entire Executive Team. The MAPP Stakeholder Reconvening Meeting was held on April 18, 2013 at Harvest Hall, and was attended by more than 100 individuals from over 50 organizations (see Appendix E). The purpose of this meeting was to:

- Expand awareness of and participation in the *Framework for a Thriving Stanislaus*,
- Re-energize the existing stakeholders and inspire new stakeholders,
- Increase stakeholders' awareness of other community projects within the *Framework*,
- Provide networking opportunities for collaboration.

One of the highlights of the event was the panel discussion of "What works for real community change." Representatives from City Ministry Network, Ceres Partnership for Healthy Children, United Way of Stanislaus County, and Ross F. Carroll, Inc. showcased factors behind their success at real and sustainable community change. Topics included how to engage the faith community in community wide initiatives such as LoveModesto, Ceres' efforts in initiating and sustaining grass-roots level community change, Expect More Stanislaus' efforts in building partnerships between the business community and the education sector, and United Way's new emphasis on increasing high school graduation rates.

Another highlight of the April 18 event was the exhibitor session, which showcased community projects that have been working to achieve *Framework* goals. Eighteen organizations shared their work in this way. A guided networking activity encouraged participants and exhibitors to interact to increase collaboration across groups with similar goals. Dozens of other organizations shared their accomplishments by participating in a *Success Stories* PowerPoint presentation highlighting community projects taking place under the *Framework* scope. The table in Appendix E lists just a few examples of community efforts in Stanislaus County that are advancing the goals of the *Framework*, to achieve population health and well-being in the community.

Figure 5: Photo of the MAPP Stakeholder Reconvening Meeting

Community Transformation

As mentioned previously, in 2011, HSA applied for and was awarded the Community Transformation Capacity Building (CT-CB) grant from the Centers for Disease Control and Prevention (CDC) which has given HSA and partners an important opportunity to develop and debut initiatives to reduce major risk factors responsible for chronic diseases. For the grant, HSA brought together a Leadership Team (LT) to guide grant efforts, review and analyze community health assessment data, and provide expert advice. The LT is comprised of 20 organizations, including government agencies, community based organizations, local officials and entities that are respected as change agents within the community. The LT provides oversight and strategic direction for grant activities. Additionally, the CT-CB grant requires the mobilization of a coalition; the pre-existing HEART Coalition serves as the Community Transformation Grant Coalition. This group represents 36 different organizations/agencies. Coalition and LT members, as well as other subject matter experts, participate in Ad Hoc Committees for program planning and development specific for each priority area (i.e., Tobacco Free Living, Healthy Eating Active Living, and Clinical Preventive Services). Appendix F lists organization members of the LT, Coalition, and Ad Hoc committees. Again, carrying out the CT-CB grant involves HSA implementing Public Health Essential Service #4: *Mobilizing community partnerships and action to identify and solve health problems* (see Appendix A for examples).

To fulfill the capacity building focus, CT-CB funds were used to train Public Health System partners on new, innovative and proven strategies for health promotion and disease prevention, executing Public Health Essential Service #9: *Assure competent public and personal health care workforce* (see Appendix A for details).

The CT-CB grant also involved a detailed community health assessment, which is described under the *Primary Data Collection* section on page 10 of this report. In fall 2012 through spring 2013, the LT reviewed its findings to prioritize the most pressing needs and discussed possible strategies that could be used to address them, given community readiness, assets and experience. Through a strategic planning process, the LT selected intervention strategies that focus on systems and infrastructure changes for each of the three focus areas of the grant—tobacco-free living, health eating and active living, and high impact clinical preventive services. These strategies form the basis of an implementation plan to be submitted to CDC for funding.

Looking Ahead

Evidence indicates that many factors affect health, and that addressing these broad determinants of health is the most effective way of achieving a large and sustainable improvement in the health status of the population. In turn, a healthier population has been found to lead to a healthier workforce, healthier children who are more likely to become self-sufficient adults, and a reduction in the health and financial burden of disease on communities. Achieving such large and sustainable changes requires the participation of every entity, public and private, within the Public Health System. As described in this report, two major initiatives: The *Framework for a Thriving Stanislaus* and the Community Transformation Project are efforts undertaken by HSA and its Public Health System

partners to address the broader determinants of health in Stanislaus County, aiming for systems and infrastructure changes.

Addressing the broad determinants will affect health outcomes and health status of the population. How these efforts impact the prevalence of diabetes in Stanislaus County will be a focus area of next year's Public Health Report.

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Appendix A: Public Health Core Functions and the Ten Essential Services

Assessment

1) Monitor health status to identify and solve community health problems.
   Examples: Conducting a community assessment; determining health service needs; identifying threats to health; identifying community assets and resources

2) Diagnose and investigate health problems and health hazards in the community.
   Examples: Providing access to public health labs; maintaining technical capacity for responding to epidemiologic investigations and outbreaks; efficient coordination across agencies with investigative roles, such as law enforcement and environmental health

Policy Development

3) Inform, educate, and empower people about health issues.
   Examples: *Participating in community development efforts; participating in health education efforts with schools, churches or worksites; providing accessible health information to clients and the public*

4) Mobilize community partnerships and action to identify and solve health problems.
   Examples: *Building coalitions to draw upon the resources of the full community; undertaking defined health improvement planning efforts and projects*

5) Develop policies and plans that support individual and community health efforts.
   Examples: *Developing and tracking measurable objectives; working to change infrastructure and practice to support health; developing policies and legislation to guide practice of public health*

6) Enforce laws and regulations that protect health and ensure safety.
   Examples: Enforcing sanitation codes; protecting drinking water supplies; providing animal control services; monitoring quality of care.

Assurance

7) Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
   Examples: *Assessing effectiveness of programs; providing information for allocating resources and reshaping programs; providing culturally-appropriate communication and materials*

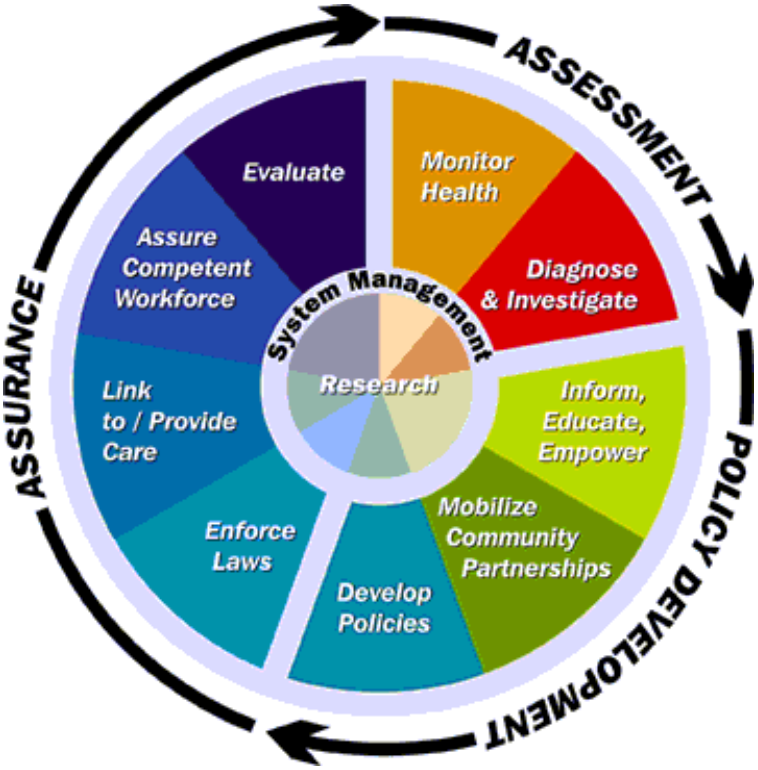
8) Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
   Examples: *Linking people to appropriate health care resources and clinical services; providing travel immunizations; providing outreach and education for special populations*

9) Assure competent public and personal health care workforce.
   Examples: Providing education, training, assessment of staff; establishing efficient procedures for licensure; creating partnerships with professional training programs

10) Research for new insights and innovative solutions to health problems.
Examples: Linking with institutions of higher learning; ensuring staff training for participation in responding to outbreaks and in conducting research; adopting evidence-based practices; share findings and insights with others

The diagram below shows a graphical representation of the relationship between the three core functions of public health and the 10 essential public health services.[12]

Public Health Core Functions and Essential Services



[12] The Community Tool Box. Ten Essential public Health Services. http://ctb.ku.edu/en/tablecontents/sub_section_main_1804.aspx#develop

Appendix B: Stanislaus County: Changes in *County Health Status Profiles*' Health Status Indicators from 2004 to 2013

Improving Indicators	Worsening Indicators	No Significant Change
Mortality (mortality rates)		
All Causes: 10.1%↓		Accidents (Unintentional Injuries)
Cancer (All Types): 12.8%↓		Breast Cancer (female only)
Coronary Heart Disease: 30.5%↓		Diabetes
Lung Cancer: 22.0%↓		Drug induced deaths
Motor Vehicle Crashes: 39.6%↓		Firearm Related Deaths
Stroke: 26.7%↓		Homicide
		Suicide
Morbidity (disease incidence)		
	Chlamydia: 38.7%↑	
Infant Mortality (infant mortality rate)		
		Infant Mortality – All Races
		Infant Mortality - Hispanic
Natality (rates and percentages)		
Births to Mothers aged 15 to 19: 32.2%↓	Late or No Prenatal Care: 32.2%↑	Low Birthweight Infants
Adequate/Adequate Plus Care: 7.1%↑		
Breastfeeding (percentages)		
Breastfeeding Initiation: 7.9%↑		
Census Population Factor (percentage)		
	Persons Under 18 in Poverty: 36.3%↑	

Note: Table excludes indicators which are statistically unstable for which a trend cannot be measured.

Appendix C: Four Broad Determinants of Health in the *Framework for a Thriving Stanislaus: Healthy•Educated•Prosperous•Vibrant•Sustainable*

Access to Health Information and Health Care

A person's overall health is affected by his or her access to appropriate health information and health care, among other factors. Clear health communication is important in the delivery of health information and is vital to a person's capacity for understanding and acting upon it. Having accurate information can influence a person to make healthier lifestyle choices. Such information includes diet and physical activity recommendations, sun and bike safety, avoiding exposure to disease-causing agents, managing chronic conditions, and guidance on when to see a medical provider and what to ask him or her. Providing information to individuals about specific health conditions that are common in Stanislaus County helps individuals reduce their chances of getting these conditions and helps them effectively manage a condition that they or a family member may have. A community whose residents are healthy is a community that thrives.

Access to preventive care and treatment is vital to a person's health. Inability to find or get to a personal healthcare provider often means foregoing care or using a hospital emergency room for routine care, which places a burden on hospital resources and increases wait times for other users of emergency services. A shortage of medical professionals, lack of transportation and lack of or inadequate health insurance are frequent obstacles to accessing medical care. There are national, local and personal costs to being uninsured. The uninsured are more likely to have poor health and die early because they are frequently diagnosed at later disease stages when it is more difficult to treat their conditions, are sicker when hospitalized (leading to higher costs) and are more likely to die during their hospital stay.

Almost 50% of personal bankruptcy filings are due to medical expenses. The national cost of early death and poor health among the uninsured totals $65 to $130 billion annually. This can lead to increased premium costs and co-pays, as well as employers increasing the share of insurance costs for their employees, creating further economic stress.

Education

Education is key to securing a stable living-wage job. Generally, a higher level of education leads to higher wages and better career opportunities. Employers need workers with certain skills and rely on the public education system to provide many of these skills. Graduation rates and test scores are important factors for businesses considering relocation or expansion. Economists have shown that education, particularly of women, is a major predictor of economic prosperity and community stability. Our democratic, entrepreneurial society requires educated citizens who understand the complex issues we face.

In addition, education has a connection to health status and life expectancy. People with higher educational attainment usually have jobs with more comprehensive health

insurance coverage. They have better health literacy (ability to understand a health care provider's instructions and information about health risks and choices) and have better knowledge of health issues. These factors influence their lifestyle choices and health-related decisions. By contrast, individuals without a high school diploma or equivalent often have either limited or no health insurance coverage. These individuals are generally in poorer health, have less consistent care and are often diagnosed with diseases at a later (usually less treatable) stage than those with higher educational attainment. They also have more trouble understanding health information and communicating their medical needs. All these factors negatively impact their health outcomes.

Lack of family educational background or support, language barriers, weak relationships with teachers, perception of irrelevance of classroom learning, behavioral issues and teen pregnancy are common factors cited by Stanislaus students who fail to graduate from high school.

Basic Needs

Basic needs are important to the survival of individuals, families and communities. Basic needs include food, clothing, housing, and child care. Communities cannot thrive when residents have to go without basic essentials. This can have short and long-term consequences such as stress, chronic illness, lack of trust in the community, reduced social cohesion and increased crime.

In low-income, food-insecure families, hunger and obesity may be causally related—a phenomenon known as the hunger-obesity paradox. This term describes the situation in which families that have to endure hunger episodically tend to over eat high calorie, fat-laden foods when they can afford food. Calorie dense foods are often cheaper and more affordable to low income families who frequently live in areas without easy access to grocery stores and other healthy food outlets.

After food and housing, child care is often the next most expensive item in a family's household budget. For low-income families, child care can take up half or more of a household's income. In many situations, families have found it to be more economical to have one adult member stay home and take care of children rather than work because their potential salary would not or would barely cover the costs of child care. The resulting loss of income and productivity often creates a financial burden on the family, including making it difficult to meet their basic needs in other areas, such as food, housing and health care. Lost family income may also place a burden on society if the family is no longer self-sufficient and relies on public assistance programs to make ends meet.

Built Environment

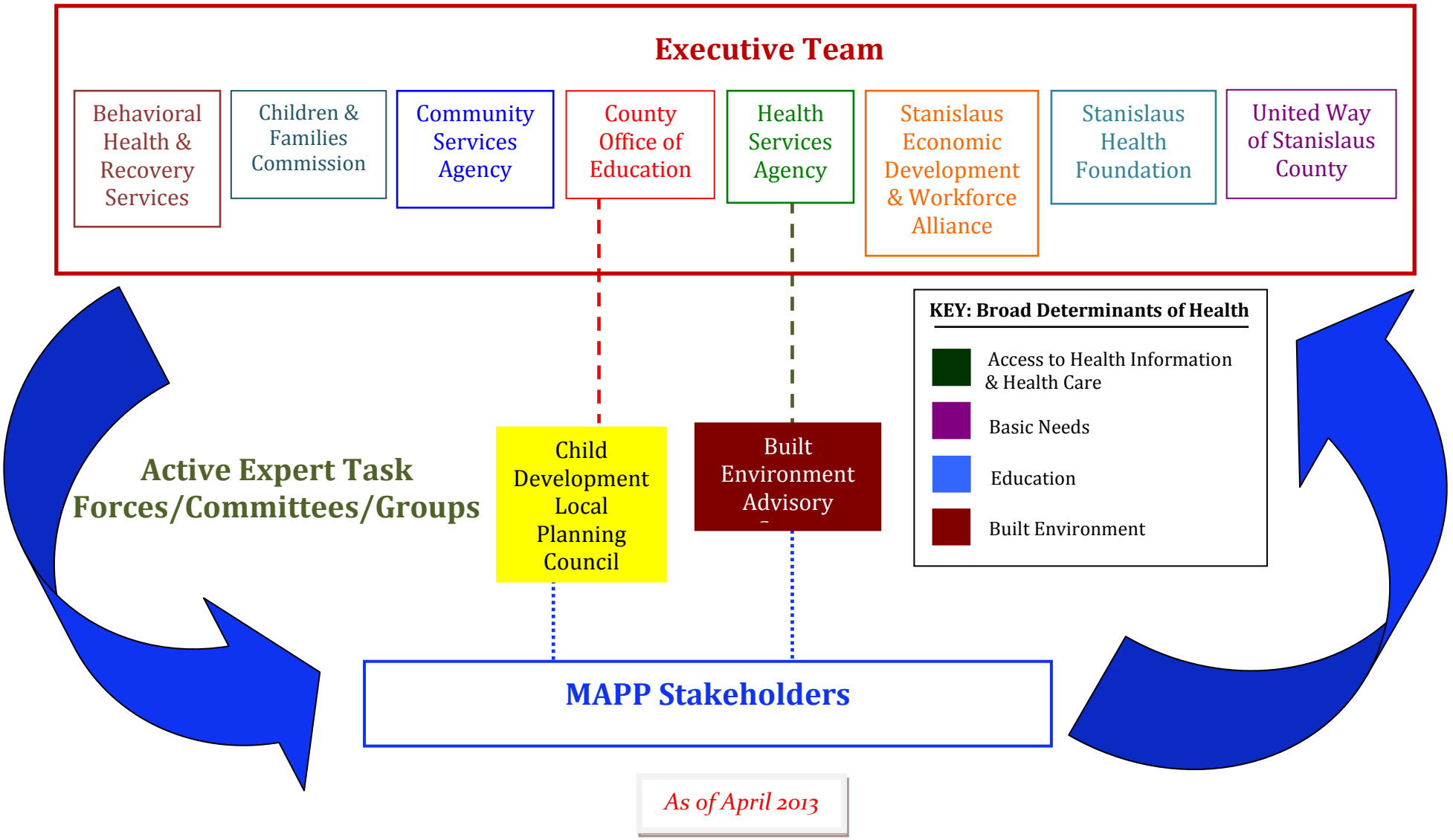
The built environment is the part of the physical environment built by people (e.g. our system of buildings, roads and other transportation, how utilities are delivered, and how zoning affects the location of work areas, residences, and industrial areas). How a neighborhood is designed, planned, and built results in infrastructure that affects its economic vitality as well as residents' access to jobs, educational opportunities and basic human needs.

Built environment decisions also impact residents' health. For example, individuals with greater and easier access to safe locations in which to do physical activities report better physical and mental health, and less stress. Lack of access to bike lanes, walking paths, parks, and green space reduces the likelihood that a person will be physically active and thus contributes to poor health outcomes such as obesity, cardiovascular disease, and diabetes. Lack of accessible fresh produce in a neighborhood is also an obstacle to proper nutrition and a risk for chronic diseases. Fewer opportunities for walking and biking (whether to work, to shop for food, or for recreation), promotes motor vehicle usage, which increases our region's chronic air pollution problems. Polluted air can lead to breathing problems including asthma and other chronic respiratory diseases.

Few citizens fully understand the complex public planning processes that determine how a city or neighborhood is designed and built. Community planning typically involves a series of decision making steps by multiple agencies and organizations. All too often, residents who participate in the planning process by providing input do so near the end of the process, when plans are nearly finalized, rather than being involved from the beginning. In addition, citizens opposed to changes in their area are generally more likely to become involved in the process than those who are supportive, providing decision makers with skewed public input.

An educated and involved citizenry is the hallmark of a thriving community. Involved residents are more likely to use the built environment in ways that benefit their health and well-being as well as adding to the overall livability and economic vitality of our community.

Appendix D: Current Coordinating Structure of *the Framework for a Thriving Stanislaus: Healthy•Educated•Prosperous•Vibrant•Sustainable*



Appendix E: List of Organizations that Participated in the April 18, 2013 MAPP Stakeholder Reconvening Meeting

Area	Sector	Organization	Role*
Adult Education and Workforce Development	Government/Quasi-Government	Stanislaus Economic Development and Workforce Alliance	B, P, A
	Non-Profit	Stanislaus Literacy Center	B, A
		Teach2Fish	B, A
Business		Moroch Public Relations / McDonalds	A
		Ross F. Carroll, Inc.	S, A
Children and Youth Focused-Groups	Government/Quasi-Government	Stanislaus County Children and Families Commission	P, A, O
		Stanislaus County Office of Education	B, P, A
	Non-Profit	Girl Scouts	B
		Orville Wright Head Start	B, A
		Patterson Teen Center	B, A
		Sierra Vista Child and Family Services	P, A
Faith-Based Groups		City Ministries	S, A
General Interest	Politicians (2)		A
Health	Clinics	Golden Valley Health Centers– FQHC	B, P, A
		HSA's Paradise Medical Office	B, P, A
	Coalitions	Asthma Coalition	A
		Community Transformation Leadership Team	A
		HEART Coalition	A
		Maternal Child Adolescent Health Advisory Committee	A
	Health and Nutrition Education	UC Cooperative Education	B, P, A
		Nutrition Education and Obesity Prevention Program	A
		Women, Infants and Children Program	A
	Health Plans	Health Net	B, P, A
		Health Plan of San Joaquin	A
	Hospitals	Memorial Medical Center	A
	Mental Health	Behavioral Health and Recovery Services	P, A, O
		National Alliance on Mental Illness	B, P, A
	Public Health	San Joaquin County Public Health	Guest
		Stanislaus County HSA Public Health	S, A, O

**B = exhibitor booth, P = Success Stories PowerPoint Presentation, S=speaker, A=attendee, O=organizer*

Appendix E: Continued

Area	Sector	Organization	Role*
Human & Social Services	Community Groups	Aspiranet Turlock Family Resource Center	P, A
		Ceres Partnership for Healthy Children	B, S, A
		Entre Amigas – Turlock Promotora Network	B, A
		Hughson Family Resource Center	P, A
		Latin Wing	A
		NeighborWorks	B, A
		Oakdale Family Resource Center	A
		West Modesto King Kennedy Neighborhood Collaborative	P, A
	Government	Community Services Agency	A
	Other Non-Profit Organizations	Catholic Charities	B, A
		Center for Human Services	P, A
		El Concilio	A
		Salvation Army – Turlock Corps	A
		Second Harvest Food Bank	B, A
		United Samaritans	B, A
		United Way	B, S, A
Land Use and Community Development	Government	City of Modesto Parks, Neighborhoods and Recreation Department	P, A
		City of Modesto Planning & Community Development Department	B, P, A
		City of Turlock Planning Department	A
		Stanislaus County Planning and Community Development Department	A
	Non-Profit	Safe Routes to School Collaborative - Ceres	B, S, A
Philanthropy	Foundations	Stanislaus Community Foundation	A, O
		Stanislaus Health Foundation	S, A
Senior-Focused Groups	Government	Area Agency in Aging	B,P,A
	Non-Profit	Healthy Aging Association	B, P, A

**B = exhibitor booth, P = Success Stories PowerPoint Presentation, S=speaker, A=attendee , O=organizer*

Appendix F: Selected Examples of Public Health System Partners Implementing the *Framework for a Thriving Stanislaus*

Broad Determinant	PH System Partner(s)*	Project/Activity
Access to Health Information and Health Care	BHRS National Alliance for Mental Illness (NAMI) HSA West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)	Developed SAVVY Self Care, an innovative program that supports patients with a co-diagnosis of diabetes and depression or anxiety. It helps them manage their condition and decreases the frequency and intensity of emotional distress through the integration of support groups and mental health counseling with traditional medical care offered through HSA's Paradise Medical Office.
	Modesto City Schools	School nurses provide health screenings and assessments to students and their families in the school setting.
	HSA Public Health / Community Nursing Services	Obtained a federal Home Visiting grant to implement a Nurse Family Partnership program in which nurses case manage first time mothers via home visits, from pregnancy through the child's second birthday, providing health education, linking mother and baby to appropriate health care, teaching parenting skills, assessing the home environment, and referring clients to appropriate services.
Education	Sierra Vista Child and Family Services Central Valley Youth for Christ City Ministries WMKKNC Expect More Stanislaus (Modesto Chamber of Commerce, SCOE , the Alliance)	Mentoring programs run by these organizations provide help to students on being successful in school, as well as developing character and practical life skills. Programs target youth at risk for criminal activity and dropping out of school.
	HSA (Project REAL / AFLP), Teen Pregnancy Prevention Coalition*, Maternal Child Adolescent Advisory Committee*, school districts	Reduce the rate of teen pregnancies and the drop-out rate by equipping teens at high risk of pregnancy with the knowledge and skills necessary to make responsible decisions through comprehensive sex education and access to confidential free and low cost family planning services; Case manage teen parents by providing health education, developing resilience to handle stress and difficult environments to help them graduate from high school or obtain a GED, increase lifetime earning prospects, and reduce the likelihood of a second teen pregnancy.

Note: Activities of starred organizations are/were supported by HSA, either by supporting a grant application or providing in kind services or technical assistance.

Appendix F: Continued

Broad Determinant	PH System Partner(s)*	Project/Activity
Education, *continued*	Stanislaus Literacy Center Teach2Fish local churches	Adult literacy and GED preparation help break the cycle of poverty by improving participants' job prospects and improving their children's likelihood of a completing high school degree
Basic Needs	Sierra Vista Child and Family Services WMKKNC UC Cooperative Extension local churches multiple schools and districts	Created community, church and school gardens that provide residents the opportunity to grow and have access to healthy produce as well as build neighborhood cohesion.
	Area Agency on Aging Howard Training Center	Provides Stanislaus County seniors with free nutritious meals, either at 11 sites throughout the County or delivered directly to their home.
	Center for Human Services	The new Harvesting Futures program provides local food banks with fresh fruit grown locally and provides youth with life skills and entrepreneurship training while gleaning the fruit from Central Modesto and Patterson.
Built Environment	Tuolumne River Trust Airport Neighborhood Collab. City of Modesto	Built soccer fields in the Airport Neighborhood to provide a dedicated place for neighborhood residents to play and do physical activity.
	City of Modesto* City of Waterford Stanislaus County Planning and Community Development * West Side Health Care Advisory Task Force	Expand safe spaces for physical activity for residents, including a pedestrian and bicyclist bridge on the Virginia Corridor trail, bike lanes on major Modesto thoroughfares, improve-ments to the Waterford Tuolumne River Park Trail System, and a new play ground in Frank Raines County Park near Patterson.
	City of Ceres City of Modesto* City of Turlock Ceres Partnership for Healthy Children WMKKNC school districts	Obtained Safe Routes to School grants to create sidewalks and other infrastructure promoting child safety to and from school around 11 County schools (Ceres: *Adkinson, Caswell, Don Pedro and Sinclear Elementary schools*; Modesto*: Marshall and El Vista Elementary schools, Modesto High and El Vista Junior High*; Turlock: *Wakefield and Osborn Elementary schools and Turlock Junior High*)
	City of Modesto*, City of Turlock*, County Planning *, Stanislaus Council of Gvts*	Update general plans, area-specific plans and Regional Transportation Plan to better support health and well-being (e.g. complete streets, mixed use development, decreased green house gas emissions)

Note: Activities of starred organizations are/were supported by HSA, either by supporting a grant application or providing in kind services or technical assistance.

Appendix G: Partners in the Community Transformation Capacity Building Grant

CTG Leadership Team Membership

California Department of Public Health
Central California Regional Obesity Prevention Programs
Ceres Partnership for Healthy Children
Children and Families Commission
City of Modesto-Parks, Recreation and Neighborhoods
City of Patterson
Doctors Medical Center-Tenant Health
Golden Valley Health Centers
Local Government Commission-SMART Valley Places
Memorial Medical Center-Community Benefits & Volunteer Services
Stanislaus County Behavioral Health and Recovery Services
Stanislaus County Executive Office
The Sarah Samuels Center for Public Health Research & Evaluation
Stanislaus County Health Services Agency- FQHC Look-a-Like
Stanislaus County Health Services Agency-Public Health
Stanislaus County Office of Education-Prevention Programs
Stanislaus County Planning and Community Development
Sutter Gould Medical Foundation
West Modesto King Kennedy Neighborhood Collaborative

HEART Coalition Membership

American Heart Association
American Medical Response
Anthem Blue Cross of California
California State University of Stanislaus
Care More
Ceres Partnership for Healthy Children
Children and Families Commission
City of Modesto-Parks, Recreation and Neighborhoods
Connections Family Center
Del Puerto Health Centers
Doctors Medical Center
Doctors Medical Center Foundation
El Concilio
Golden Valley Health Centers
Health Net
Health Plan of San Joaquin
Kaiser Permanente
City of Patterson

Appendix G: Continued

HEART Coalition Membership Continued:
Memorial Medical Center
Mended Hearts Association
Modesto City Schools
Modesto Junior College – Health Services
Public Health Officer, Stanislaus County Health Service Agency
Sarah Samuels Center for Public Health Research & Evaluation
Stanislaus County Health Services Agency
Stanislaus County Office of Education
Stanislaus Health Foundation
Local Government Commission
Stanislaus Medical Society
Sutter-Gould Medical Foundation
Turlock Unified School District
University of Pacific – Pharmacology
Vance Roget, MD, Last Resort/Modesto Marathon
West Modesto King Kennedy Neighborhood Collaborative

Ad Hoc Committee Membership

Tobacco Free Living
Children and Families Commission
City of Modesto – Parks, Recreation and Neighborhoods
Doctors Medical Center Foundation
Health Net
Healthy Start – Modesto City Schools
Mended Hearts
Stanislaus County Health Services Agency – Tobacco Programs
Stanislaus County Office of Education
Stanislaus Health Foundation
Sutter-Gould Medical Foundation

Healthy Eating and Active Living
Anthem Blue Cross
City of Modesto – Parks, Recreation and Neighborhoods
City of Patterson
City of Riverbank
El Concilio
Golden Valley Health Centers
Health Net
Health Plan of San Joaquin

Appendix G: Continued

Healthy Eating Active Living Ad Hoc Committee Continued
Healthy Start – Modesto City Schools
Memorial Medical Center
Mended Hearts
Stanislaus County Health Services Agency
Stanislaus County Office of Education
Stanislaus Health Foundation
Stanislaus Medical Society
Sutter-Gould Medical Foundation
West Modesto King Kennedy Neighborhood Collaborative

High Impact Clinical Services
Anthem Blue Cross
Golden Valley Health Center
Health Net
Health Plan of San Joaquin
Memorial Medical Center
Mended Hearts
Modesto Junior College
Respiratory Care Practitioner
Stanislaus County Health Services Agency
Stanislaus County Health Services Agency – McHenry Medical Office
Stanislaus County Office of Education
Stanislaus Medical Society
Sutter-Gould Health Foundation
Sutter-Gould Medical Foundation
Vance Roget, MD Last Resort/Modesto Marathon
West Modesto King Kennedy Neighborhood Collaborative

PRSIM Simulation Modeling
Ceres Partnership for Healthy Children
Children and Families Commission
Memorial Medical Center
Stanislaus County Health Services Agency