

Being The Change

[MUSIC PLAYING]

NARRATOR: The six individuals featured in this video are leaders. Each brings passion, focus, energy, pragmatism, humility, and above all else, optimism, to addressing health and well-being. All are engaged with communities marked by health, economic, and other disparities. And all believe in family and community as a foundation for the planning and delivery of effective services.

They are drawn from across the state of California, from Visalia and Santa Maria, in the south, to Redding, in the north. The individuals you will meet are creative and seemingly tireless in pursuing a vision of vibrant, thriving, communities. And they soar beyond traditional boundaries of systems, cultures, and professional doctrine.

For Anne, the vision centers on green spaces that promote and sustain both health and well-being. For Kate, health and education are inextricably linked, and must be pursued as a single vision. For Estee and Sol, the truth, wisdom, values and culture of communities are key to addressing and overcoming disparities, and leading to health in all of its dimensions.

For Lamar, the vision is grounded in helping parents to develop the skills, resources, and resilience to being good partners and good parents who can raise fully-healthy children, And for Nurit, the integration of services is essential to more effectively addressing the needs of individuals, families, and communities. And all recognize the importance of helping individuals achieve their potential, in mind, body, and spirit.

The segments include reflections on their philosophy and experience, and provide a masterclass on creating and sustaining individual and community health. They are Being The Change.

Sol brightens the world around her, and is determined that her work will make the communities she works with healthier places to live. She was a teacher for 19 years in Mexico, and immigrated to the United States four years ago. She now works for the Santa Barbara Public Health Department as part of a three-person health education team based in Santa Maria.

She believes that cultural knowledge and experience are critical, and must be realized through the key values of respect, trust, and honoring commitments. Living these values in her work creates the foundation on which the services she provides gain credibility in the community she serves. Her passion and vision for change are reflected in the segment focused on Santa Maria, Lompoc, and Los Alamos, California.

SOL GUERRERO MESSEGUER: I'm going to show you my son, because he was overweight, too. Not now.

That's the day that we arrived to this country. I started volunteering as a promotora de salud providing nutrition education and physical activity with the families. But through this years

working in the community really hard, doing food pantries, health fairs, community events, classes at school, parent ed, and the community groups, and the extra groups, and service.

And people are like, oh, I know you. I know you. I know you. And I'm seeing you for those three years, they start trusting you. And they just--

Now, we have classes with 40, 30, 50 people, yes. I think the theme here is passion. And the theme here is that you like the work that you do, Because you can find a really good Spanish speakers working for agencies or programs, but they don't love their work.

Los Alamos, Lompoc, Santa Maria, and Guadalupe are the poorest areas that I'm working with, the communities. We are working with those communities. We just barely start in Lompoc. It's a small city, and they have lots of necessities. They were unique, because that area was like hard and tough to go in, because of the drugs, and the people in the streets, and then, too much violence, and then, gangs.

Here in Santa Maria, it's a bigger city. We have two low-income areas that we are working with. That is Northwestern and Newlove. And they are like five or six families in that small house, yes.

Los Alamos is a really small town. We are like almost 2,000 people for the whole town. [LAUGHING] It's so small. There are six blocks, and six streets, and that's it. One Subway, one gas station, and a little bit, really, really nice and cute restaurants there.

And most of the people from our groups, they came from different countries, Mexico, El Salvador, Guatemala. They are Hispanic. They speak Spanish, but not all of them, because we have lots of Mazateco speakers that came from Oaxaca. The

NARRATOR: Sol describes some of the challenges in working in communities.

[SPEAKING SPANISH]

SOL GUERRERO MESSEGUER: I think that will be their result that we're having now, when we started working with women. And now we are working with families, not just a lady. We are working with families.

FIDEL VILLANUEVA: It's very difficult to have dinners together. But when you can, When you can have dinners, even if it's a couple of times during the week, perhaps at that point, you can integrate some of the great food, and some of the great conversations.

When we're trying to work with that adult who's working, who's bringing in the paycheck every day, and we say, eating better, spending that 15 minutes with your family having dinner is going to make you a stronger unit. You're going to be stronger with your wife. Your relationship is going to improve.

So our challenge is to maintain the fidelity that the state is asking us to maintain, but yet, teach it to a population that has multiple issues. One of them is the low education level. Most of the individuals have elementary school education.

As we move into the subculture of the Mazateco subculture that we have here in the Central Coast is people who come from the area of Oaxaca. In the area of Oaxaca, there are two predominant cultures. And among these two cultures, they speak 25 sub-languages.

We find that a lot of the children, which is the first generation here of the children, they're skipping Spanish. Where they're coming in with Mazateco, and they're learning English. And the Spanish is not playing a role.

SOL GUERRERO MESSEGUER: The health issues that this community, it's facing up, it's cancer, diabetes, high cholesterol. The myths that are around that-- I'm not going to ask the medical, because when my boy turns 18, they're going to take my house, because all the money that they have spent in our health.

We say, that's not true. Or they're going to send my son to the war. [LAUGHING] No, that is not going to happen. Yes. I'm not going to ask for food stamps, because it's going to happen, the same thing. They're going to take my home, or I need to pay.

Or my son has to pay that food stamp when he become 18 years. He is going to be paying those food stamps forever. No, that's true. There's lots of myths that we need to fight with.

It's a community workshop. There are six classes, the MyPlate, healthier snacks, shopping. Then we provide them with four tips of how to lose weight, label reading, and the class number six, exercise. All regarding physical activity, and how can they do the physical activity at home, outside, and the gym, or whatever place they want to do physical activity.

At the beginning, we were doing the outreach by phone. But then we just start, well, we would go to a school event, like an open house. And just set up a booth, and invite the family.

Because most of the open houses and big events at school, sometimes that grows there. And we were trying to invite that. And that's the way that we got the whole family. That works better.

FIDEL VILLANUEVA: I have families coming in and from the fields, working all day. And they haven't been able to feed their kids, because they wanted to come to the class.

Well, we have hungry kids, hungry parents. And then we're going to give them a little graham cracker with a piece of yogurt, or a piece of peach and Greek yogurt? It's an insult to them. That's a lack of respect.

Now, in that retail portion of this that Petra and Sol are doing, we know we're successful, because the store has implemented changes already. That's very simple change.

They said, you know what? We want to be able to have that soda, that soft drink, that sugary drink option. When we work \$50, and we get the 12 pack of sugary drinks. We don't want that. We want access to fruits and vegetables, or milk, or something else, or water.

The owners now say, yes. You come, you shop with us, and we give you the options. One thing that is very visible, that we've seen, is the quality of vegetables has been remarkable.

The teaching process of our classes is that we tell stories. And we let people tell stories. Because we, again, are following that respectful, the respect of the culture. We learn by talking

You need to learn that there is faith. You need to have that trust that you can do better, and have faith in yourself, as I would say it. And I think that the spiritual aspect of it is extremely important [INAUDIBLE].

Humility, humble when it comes down to people. Even if they're the poorest of people, we have to treat them with respect. And we ourselves have to be humble.

SOL GUERRERO MESSEGUER: So your mind, your soul, your spirit, your body, and your family, I think that when you start doing something good, and you start feeling good, it's like a domino effect on your family.

[MUSIC PLAYING]

NARRATOR: Anne is one of those unique individuals who sees the possibilities in people around her and works to bring those people together to create change. Her focus has been on creating vibrant, healthy urban forests. And she has worked with schools to introduce students to growing and eating fruits and vegetables.

She has created networks of educators, community-based service providers and politicians to focus on these issues.

In this video, Anne will show you examples of her work in Sacramento, Marysville, and Camptonville. California, and some of the people in those communities who have partnered with her to create change.

ANNE FENKNER: You only make so much impact, you know, standing there with a sign marching up and down the street, saying, this ain't right. How do you make it right? Well, you step into it.

And we all can't, nor do we all want to be leaders. But I think we all have a role to play in building healthy, vibrant communities that feel safe, and comfortable, and that are just an ideal place to live, and raise our children and be.

[MUSIC PLAYING]

I believe that a vibrant, healthy urban forest is a reflection of a vibrant community. People feel-- I mean truly say that there's avenues. If crime happens, that there's avenues they can take and that they can trust to resolve conflict, that there are opportunities for education, that we can all learn, and change, and grow, whether you're a five-year-old or 75-year-old.

We all want to be involved and connected. And of course, food and having healthy options to access quality food is a big issue.

NARRATOR: Anne designed a large garden and orchard for the grounds of the Sacramento food bank.

ANNE FENKNER: Love, love, love this. A food bank that also demonstrates how to grow food. How great is that? Not just grow food, but over there is the kitchen, how to cook and prepare food.

How do you create change and connect the dots, in not just giving people food, but showing them how to grow food.

ELISE HAWKINS: And he started it really as a soup kitchen, and just really saw the need in the community. And then it quickly advised, and became something more than that, where there was just more needed than just providing food, providing food. So really, what our mission is, and what our goal is, is to one, provide the food that people need. Sure, but we also really want to be able to provide the education and the resources to get people to be self-sufficient and financially independent.

We offer 14 different services here, including food. So one of which is the adult education, which you were mentioning. And we have a technology lab, GED classes. We offer ESL courses, resume writing courses, job placement assistance.

So, we have a career job board. So, we have our volunteers available. We have our staff available. We can come in, get your resume set up, go on, get that job, you know, interview prep skills. We offer that as well.

Close to 7,000 volunteers that work with us every single year. So, very grateful for that.

ANNE FENKNER: Yeah.

[MUSIC PLAYING]

Strategies for Change, which is a drug and alcohol outpatient recovery prevention organization. You know, what does really health and wellness look like? Well, it means play. It means having that freedom as a child to be a child, and unleash the burdens that you may be experiencing because of your addicted mom or dad.

NARRATOR: Anne led the design and installation of a playground at the Strategies for Change treatment center. She carves space out of a parking lot for clients and their children to have a safe place to play and be at ease while in treatment.

ANNE FENKNER: You can carve out. You can carve. It doesn't matter. You may not be a landowner. You can still carve out your little piece of paradise. Grow some plants in some pots.

ELISE HAWKINS: Yep.

ANNE FENKNER: You know? Bring a little bit of life around, or it's missing the boat, without these opportunities for recreation, without these after-school programs, without basketball courts and parks with trees, and some sort of organized sports. We learn a lot from each other.

NARRATOR: Anne has worked across Yuba County to design, plant, and ensure the sustainability of trees and gardens in schools. Yuba County supervisor, Griego opened the door to working with the schools, and has been an important supporter.

MARY JANE GRIEGO: Being a county supervisor, health is in everything. It's in land-use planning. It's in education. It's in policy decision-making, about how do we inspire community to think about their choices, about their ability to go out and walk or exercise, how to be outside instead of inside.

It gives me a great opportunity to bring all the players to the table, and have this discussion. Making sure that people are at the table that need to be, whether it's law enforcement, public health, land use, education. All of those people need to be part of the solution.

NARRATOR: Camptonville, in a remote area of Yuba County, was a site for a school garden and orchard project.

CATHY LEBLANC: Camptonville's about 700 people. We have a population that comes and goes with the harvesting season. It's a geographically-isolated community. We're 50 miles, 100 mile round-trip, from our county seat in Marysville. It's part of living in a rural area. But at the same point in time, access is always a strong issue.

SANDRA ROSS: Put our heads together and we planted. Added shade trees to the schools. We planted a bunch of fruit trees, food producing trees. So, I'm looking at-- Kids really enjoy when they've picked something from the garden. Or if they know that they've planted the seeds and watched the starts grow, and then put it in the ground. Then they're very excited when they see it on the salad bar. And they get to eat it as part of their lunch.

Or even our cook, Jen, will tell them that she put the green beans in the soup, or it's in the stew, or something like that. The kids have also done some cooking with the produce, too. Made applesauce, made plum jam, things like that.

ANNE FENKNER: That's great. That was the intention.

SANDRA ROSS: That's a little part of it, too.

ANNE FENKNER: That was the intention. We were talking about food insecurities--

SANDRA ROSS: Right.

ANNE FENKNER: And you know, living in a food desert up here. And your dream of, I wish we had, I wish we had--

SANDRA ROSS: Right.

ANNE FENKNER: I wish, I wish.

Camptonville was amongst the first in the state of California. And actually we became a pilot for others, that helped schools to develop their school wellness policies. And so the garden became a big part of ours. It hit the requirements in the school wellness policies.

SANDRA ROSS: Lots of staff members eat lunch here as well. And sometimes we have members of the community that come up and eat lunch, just because it's such a wonderful-- And they pay.

MARGERY SHUNK: This was a project that was started about eight years ago.

ANNE FENKNER: Right, yeah. I think the boxes were here.

MARGERY SHUNK: Delaine Eastin had wanted a school, a garden in every school, so kids could see how food grows. Because so many of the students here at Skycrest, they just think the green beans come out of a can. And so we started growing lettuce.

They actually asked me, is it real. I said, yeah, let's take it and go eat it. And the same thing with the broccoli that we did.

And a lot of the kids, at first, will say, oh, I don't eat broccoli. Or I don't eat green beans. But we'd take it, and we steam it. We'd stir fry it. And we eat it raw. And they just became phenomenal vegetable eaters.

So it's really been exciting to watch them.

ANNE FENKNER: Excellent

MARGERY SHUNK: To grow things, and have the kids see that this is where it actually comes from. And that's another thing. The kids come out and have to identify the fruit. And knowing what shape a pear might be, and an apple, that helps with--

Their frustration level rises, and this is the place where they can come and just, and it diffuses them. It's wonderful to watch them come out. And they're having a hard day, but after they've been out here for a few minutes, it calms them down. And they're ready to go back in and learn.

ANNE FENKNER: Champions can open the doors to other champions. Never in a million years could I have gone, found that, those local champions, without this series of doors being open.

[MUSIC PLAYING]

NARRATOR: Kate is a visionary. Practical and driven change maker, who, over the past decade, has been a core force in a movement in Shasta County.

Reach Higher Shasta is a cradle-to-career effort to ensure that children, particularly children living in multigenerational poverty, are successfully educated, supported, and motivated, in school, and as people. Reach Higher has already produced positive changes in the trajectories of youth in Shasta. And Reach Higher is one of several far-sighted coalitions that have been and are being developed to serve the counties of the True North in California.

In this segment, we will hear from some of the partners in Reach Higher.

KATE MAHAR: I grew up in a house where my family recognized that access to education was very much based on opportunity, and it was sort of an unfair access. So, we actually-- well, I was little-- they turned our house into a school. And our basement became a pre-kindergarten, so that everyone can have access to get them ready for school. So that's always been my house. Education was the means for social justice.

We're in Redding right now. And Redding is the biggest city north of Sacramento. And there is still about another two hours to go, until the Oregon border.

It was so ingrained in the culture that you go through school, and then you work at the mill, or you work for one of the lumber companies. And those were jobs where you could work right out of high school, and you had benefits, and your family was taken care of.

So, it's been not only an economic shift, but a cultural shift. Our unemployment rate has been usually five to 10 points higher than other places in California during this whole recession.

And it is the only public post-secondary institution of higher-ed in the North state. So we do our best to try to serve three counties. And we try to make the bridge between K-12 and the higher-ed opportunities. But we also define our mission really broadly to see if we can make a difference in economic development and the whole community wellness, increase opportunities, sort of the betterment of the community as a whole.

One of the highest rates of unsafe climate for women. I think the role for women is changing so dramatically that domestic violence is very high. Poverty is very high. Violence against women is very high.

NARRATOR: Heather grew up in Redding, left to get her education, and came back to teach.

HEATHER WYLIE: Only because I was at that crossroads. Either I'm going to stay here, and get married, and have kids, or I'm going to get out. So, it's a very difficult place to get away from psychologically, financially, logistically. How there's that sense of guilt that you're leaving your family behind or your community behind by taking this path.

EVA JIMENEZ: An education isn't just about the classroom, it's about learning these other life skills that prepare you for life, and prepare you for making the right choices throughout life. High school was a horrible experience for me, where my high school counselor even said, you're not taking college prep courses because you're Mexican. And your family is not educated. So you're going to just have babies and be at home.

It took one person, one single councilor at the College of the Siskiyous to change my entire life. All people want is for somebody to believe in them. And many of these students have never had that in their home environment, have never had that at school. Nobody's ever believed in them.

They're going to take their habits, and what they're doing back to their home. And most of them, a large percentage of them, are raising kids, young kids. And so they get to do this as a family. The child gets to see the parent studying and blocking time out of their day. And it-- again, it's the habits, it's the mentorship that happens when education goes back to the home.

TERRI FIELDS HOSLER: Well, how do you change generational poverty? So I think the data was the place that brought us all together. When we started to look and see that whether or not someone in our community had a college degree was more impactful on their health outcomes, and when they died in our community, than whether or not they were a lifelong smoker. I think all of us sat around the room and said, well, oh, wow. This is a community health issue.

And it's a public health issue. And we've got to figure out how to collaborate on this.

KATE MAHAR: So we launched a community effort, where Shasta College was just a huge part of that, right from the beginning, of trying to figure out-- they called it the roots of our health. And it's linked to education. And from there, we created a subgroup on how if we improve education, then we will improve wellness.

The ultimate, ultimate thing that we're looking at are those community wellness factors. Because the education is just completely the means the end for the wellness. The CARE program is wrap-around services that will help with child care, help with counseling, and then almost a coaching model to get folks through.

That when we are really accessing, trying to increase the access to populations that historically have been underserved educationally, they're also the ones who have been historically underserved from the health field.

So we get folks that need glasses, but don't have them, that are starving, that don't know where their next meal is coming from. Our homeless. We have a significantly increasing homeless population.

But we were trying to figure out how food pantries, additional counseling, mental health counseling for foster students, all of those other issues about wellness that are also going to now impact, now that they're here, their ability to get through the programs.

They are tremendous. They have all the skills they need to be successful. We just have to pull some of these barriers out of the way. And that's it. How do you come home and say, wow I now know I can be successful, so everything is about to change here.

And then, how do we educate the man alongside of that as well? And make sure that those opportunities are rising together?

STUDENT: Through the Step Up program and all the tutors it has, it provided me with information, and knowledge. And you know what? I can do this. They're giving me something in myself that I didn't really know I had at the time.

BRIAN SINDT: The public health department here decided that they wanted to try a different tact on community wellness, which was to involve. I guess you could say, to involve the community. So they went out and found partners.

And we formed an organization called Healthy Shasta, that involved the hospitals, big employers, foundations, cities, which has ended up being a major successful part of it. And that organization, which started 11 years ago now, really focused on people having, leading healthier lives, as opposed to trying to get more shots or something.

And one of the things you'll learn right off the bat is a lot of these things that people that tell you are impossible, are very possible if just a few people want them to happen. Then the other thing that Healthy Shasta challenged the heart of all to do, was each organization was supposed to come up with something that they were uniquely qualified to do, where they could make a difference.

KELLY SALTER: So the work that we do with Reach Higher Shasta, and Shasta County, and Expect More Tehama, and Tehama County and hoping to have a more regionalized effort in that regard for cradle-to-career initiative. We understand that if we can improve the education of our community, and the job prospects for our community, we will hopefully have a healthier community out of that.

We live in a collaborative community. And that is, I think, our greatest strength as a community, is that we all get together and collaborate.

JOE WYSE: A big thing we talk about, quite often in our meetings and our planning sessions, is the college-going culture, the pursuit of higher education. And that we aren't satisfied with where our region is in that level of attainment and pursuit. Flipping that statistic by 2030 would be a

huge achievement for our communities we serve. And a big part of that is these efforts at changing the pathways that our students are taking, or non-students are taking, getting them to choose a pathway through assisting them.

A new coalition has just been funded by the McConnell Foundation and is being launched. North State Together will include Shasta, Tehama, Trinity, Modoc, and Siskiyou counties. With Shasta College providing the administrative backbone, each county will develop its own approach to creating cradle-to-career support for its children-- A new and exciting boundary-breaking, system-integrating effort taking place in the True North.

Lamar Henderson is the program coordinator for the All Dads Matter healthy fatherhood program. All Dads Matter and All Moms Matter are programs of the Merced County Human Services Agency. These programs were developed to help parents to gain important skills and supports to be able to raise fully-healthy children.

In this segment, Lamar shares the history of the program, and his vision of the importance of involving and supporting dads in children's lives.

LAMAR HENDERSON: Merced County Human Services Agency's fatherhood program, All Dads Matter started from a need to further serve families and children within the community. Originally, the conversation was coming out of how can we better serve children through the child welfare system. And are we really taking advantage of all the potential supports and resources for these children?

And one of the things that we realized that we may be doing our children an injustice, if we're not including the paternal side of their support and their family. But what we also examined was there also needs to be some appropriate support for those paternal sides, including the father, and seeing fathers as more of an asset and less as a deficit, as it relates to the development of our children.

You know, the dads that come to the All Dads Matter fatherhood program come from a variety of different resources and socioeconomic backgrounds. We can have teen dads that are trying to develop their relationship with their children, and their confidence, and understanding what a healthy relationship might look like, to a U.C. Merced professor, who may be great with numbers and research, but struggle with personal relationships. Are

Really an attestation to our ability to provide a safe space, where men can come and say, these are some subjects or some challenges that previously I had no place to talk about, that now I can freely discuss in a safe environment. My confidentiality is protected. And at the same time, I'm going to get practical and useful techniques, strategies, and advice that I can apply immediately, and start getting results.

One of the most productive conversations I've ever seen occur on race relations, occurred right in a men's support group. And it was one guy who identified himself as a member of the Black Guerrilla Family from prison, and another guy who had white supremacy tattooed on his head. But both were there for the same reasons.

They wanted to be better fathers. They wanted their children to be safe. They wanted their children to live in an environment where they can thrive. And so, they both were able to share personal stories of how their idealism changed to based on a personal relationship.

You know, the gentleman who was a white supremacist skinhead shared that his sister was in the military. And he was in prison. And a sister wrote her wrote him and said, I'm about to be married. Well, the new brother-in-law was an African-American man.

And when she wrote her brother, she said, one of the reasons that I picked him is he's so much like you. I feel so safe with him. I feel so cared for with him.

And he says, that really started to change his ideas. And then when he got out, and absolutely, and met him, he said, this is one of the nicest, most genuine men I've ever met in my life. And then, when I met my nieces-- he goes, here I am walking down the mall with white supremacy tattooed on my head, and a biracial little girl holding my hand, who loves and adores me. You know, that changed it for me.

And then, the African-American man shared that he was coming, he was driving in from out of town, and his car broke down. And he was in a secluded area. And he looks down the freeway, and all these motorcycle lights are coming, and it's Hell's Angels.

And he's scared to death. And he's getting ready to run off the road, you know, run into the bushes and hide. And they pull up. And the first question they ask him is, do you have a spare. They jacked his car up, changed his tire, and sent him on his way.

It's those kinds of personal relationships that change that whole narrative, you know? And we see that occur all the time. Almost every agency within the community that's supporting families and children, we now have a collaboration with. And so it's really evolved, over a 10-year span, from being an ideal and a concept, to really being a vibrant contributor to our community.

Violence isn't always an undercurrent, an underlying issue. And that violence could have been a witness to domestic violence, be it upon the parent, or parents, or even child abuse, and even secondary trauma of child abuse. And it really kind of skews what a person might define as a healthy relationship.

Emotional abuse. A lot of our dads really want to be better, but that ideal of better and healthier is really kind of matched up against serious, overwhelming trauma. And then that cycle of multiple partners, and seeking that intimacy and trust, but not having the tools to identify a partner that can help cultivate that with you. Those are some of the continuing issues that we see coming up, and ways that we can kind of support families and fathers.

We parent differently, as fathers and as moms, but the child benefits from both perspectives. And this is how we can bring that value to our children. And so, I think it's all about creating a healthy community. And that healthy ecosystem for our children to grow and thrive in, where you hold up that support on both sides, without bringing biases, without bringing myths, or

previous unhealthy beliefs in regard to gender, and roles, and how that plays out as it relates to what's best for our children.

[MUSIC PLAYING]

NARRATOR: Nurit is the chief medical officer for the Petaluma Health Center in Petaluma, California. Her passion animates her words and actions as she guide you through the world of services and clients at the health center. She is dedicated to the center, providing highly-integrated services and closely-coordinated staff work to ensure that the whole person, and whole family, is served.

She has broadened the center's work to include coordination with a local farmers' market project to introduce participants to growing and harvesting fresh fruits and vegetables. The center has continued to expand its services in order to try to serve the increasingly-complex needs of their client population.

In her video, Nurit's passion and thoughtfulness ground her whirlwind introduction to the needs of her clients, the services provided by the health center, and collaborations with others.

NURIT LICHT: I can tell you everything that needs to be done for this community of Petaluma in order to make these kids healthy, but the schools don't necessarily have as much as they need in order to fund extremely healthy meals that are low-cost for kids and programs. And the families don't have the ability to buy the food that would be extremely healthy. Nor do they have the time to prepare it.

But when the kids are being bombarded with all this other stuff, that's extremely unhealthy. These kids who are obese, and then they start getting this testing, and then they go down this path of medicalizing something that has medical components, for sure, but also is largely a non-medical issue. And food is a reward in all these. Yeah, and it is really hard to break in for some of our patients who have come from extremely disadvantaged backgrounds, and come from like a serious food scarcity, to walking into the supermarkets where it's just full of everything. And it's so cheap. And that they can actually give their children these things that they themselves never had. It is a big leap of faith, and cultural competency, and work, and trust, to kind of say that just because I can give them these things doesn't mean that I should.

[MUSIC PLAYING]

In our school-based health centers, I would say, in our two high schools, the number one need is a behavioral mental health need. Number one. And number two is dental. And number three is medical.

We really don't think toddlers and children ever need juice, ever. They could have water and fruits.

Nor is it clear that any one of us providers is the one who inspires a patient to really take on whatever health engagement issue they need to take on. So, we've never believed in that model where one person says something, and then everybody else flushes that out.

We really want everyone to be an active participant, because then everyone feels engaged in the patients' health and in what they're doing. And that works really well.

Following a family medicine model here within the health center is the basis of infrastructure for the medical model of why we're successful, in many, many ways. Because the patients are people who are in families, right? They're whole people. And we're able to look at that construct with them.

Part of the way that we're able to do what we do in terms of innovating the health for these families, is because we really empower our staff. So our medical systems, and our nurses, and other folks within the center, to be able to have these conversations with patients and families, and to initiate them, and to offer services. And so it's a unique model of care.

Putting the patient first, putting the patient at the center of what we do will really never lead us wrong, never lead us astray. If we really listen to what it is that they're going through, what they really need, and we follow that, and we follow services for that, we won't do them wrong.

In fact, we'll only improve health. And then we'll feel better about what we're doing, anyways. And it's a very natural message that this staff really understands.

If we create a community within our health center where everyone is appreciated and everyone plays a role with a common mission to put the patient in the center and to improve their health, then everyone succeeds.

So when we look at our team rooms, we really try to seat everyone who is taking care of the patients together. So that means that providers are sitting next to medical assistance, and nurses, referral coordinators, health information coordinators are all in the same room.

And the way that the team room works is that in the morning, everyone has a chance to huddle together around the patients that they're going to be seeing. The medical assistant looks at all the preventive maintenance issues that are due for patients. The nurse reviews other population health, maybe uncontrolled disease states or complex patients who have just been in a hospital or emergency room.

The provider is looking through what happened last time. The referrals coordinators are looking, did they actually come in, did they do their referral, did they get the information. So that when the patient comes into the room, a lot of that can be done for them, based on a model of a flow coordinator.

So we have folks here who are basically like air traffic control. And they are really helping to have all the pieces being done by the person on the team who can do them. Our staff work at a really high level here, higher than I've ever seen in a community health center. They are

counseling patients, advising patients, getting into the groups and wellness programs. So as a provider, I can exit the room.

If someone comes in and doesn't have the basics of food or housing, then talking to them about diabetes isn't really going to be that helpful today. There's a whole other side of the pediatric obesity epidemic. And it has to do with sugar and dental caries. And in Sonoma County, dental care is our top five public health concern. So our goal has always been to create a dental home for our children, and to integrate that care.

Integrating the dental and medical home is really important. And she's done so much work to reaching out in the community, so doing fluoride varnishes in the schools, sealant programs. She's been out to the majority of elementary schools in Petaluma. And she also goes there.

She has dentists stationed in our school-based health centers in order to provide dental care. Many of them have not been able to access dental care themselves. And so they really want to at least access it for their children. And bringing everything back a little bit into the, let's do more preventive, as opposed to waiting. So having that spectrum within our behavioral health program is really the goal.

How can we have the kinds of rooms where we can support parents to parent? And having group rooms related to that? And having play rooms for children? And things like that.

[MUSIC PLAYING]

DARCIE LARIMORE-ARENAS: Petaluma Loves Active Youth, or PLAY, as we call it, is a program that Petaluma Health Center has been running for several years. And what we try to do is to incorporate children who have a BMI, or body mass index, over 85th percentile, and their families, into a very fun and interactive one-hour, once-a-week class.

And it's been run very successfully. We're really well-attended. And we have a really good time. We've had a lot of families come to us and actually thank us, mothers thanking us in tears, thinking that because their children now like to eat fruits and vegetables, they're at a healthier weight, they're more active.

So it's been very successful. And it's incredibly rewarding.

NURIT LICHT: I mean as we create a new culture, right, for these folks, and then they have to have enough people within that culture to feel comfortable. And then they want it to grow.

DARCIE LARIMORE-ARENAS: And so we've had a lot of fathers who come. And they have the buy in, which is really critical. A lot of times it's trying to just fight mom, and say, mom, you need to cook differently. But if everybody's not going to eat it, why would she cook healthier?

And having the dad there, having the entire family there, it is, it's huge. It's a big part of what makes this so successful.

FASIH HAMEED: It's a symbol that the health center is aware of the issues that face our community. It's aware that the health center is wanting to engage the community in this conversation, around what truly makes us healthy. And we know that medicines don't make us healthy.

When we make this symbolic gesture of an herb spiral, or a tomato patch, or zucchini, and put up a sign that says this garden is for you because we care about you, and we want you to care about yourself, too.

NAJINE SHARIAT: I think the important part of it is also meeting them where they are. But the most important part is to understand the reality of their lives. A big part of our success is the fact of looking at their entire life.

KATHIE POWELL: A lot of what we offer is to help people deal with stress. We recognize how critically important that is for their health. And our patients live these lives of incredible stress. So to have food insecurity, to have housing insecurity, to have transportation insecurity, linguist-
- You know, all the stresses that they deal with everyday make people sick.

NURIT LICHT: Housing is absolutely health care. So when we look at the departments of the state, which, look at all of the executive branch, right? Here's the org. chart. We get a sense of well, actually, housing is over here in the Department of Fair Employment and Housing. Right? It's in this whole area.

And here we are, Department of Health Care Service. You know, where are these things linking together?

ANNIE NICHOL: Housing is health care. As is, food is health care. As is, exercise is health care. There's so much that contributes to the health of the individual.

NURIT LICHT: In terms of just the social determinants of health, would create, you know, it would make our work so much easier. And it would allow us to take our work to the next step where frequently we can't even take the first step with folks, because they just don't have the basics. You know what I was saying? Like all of those, if we could count on that happening for everyone who's here, it would be, we would be starting at a different place in the care that we deliver.

NARRATOR: Petaluma Health Center and Rohnert Park Health Center recently scored among the 1% of over 1,600 community health centers in the nation, as assessed by the Federal Health Resources and Services Administration, or HRSA. Among one of the key highlighted achievements was Petaluma Health Center's active patient engagement and participation in program development and improvement.

HRSA reviewers noted that Petaluma Health Center has strong patient presence across the organization's decision-making entities, such as the patient and family council advisers, and the board of directors, which is mainly comprised of current health center patients. HRSA reviewers

commended Petaluma Health Center's commitment to its core values, particularly excellence and innovation.

The HRSA reviewers were impressed by PHC's proactive quality improvement and quality assurance efforts, to promote preventative health screenings and improve chronic disease management. Petaluma Health Center's innovative spirit and commitment to excellence were cited as actively reducing health disparities, and improving community health outcomes.

Eustolia, or Estee, as she is known, is an irresistible and irrepressible force. She is always looking for the next person to help, to educate, or to support. She has learned community organizing and community education from the ground, up.

She knew the experience of living paycheck to paycheck, and raising her children as a single parent. She is a WIC certified community health worker at Kahweah Delta Health Care District. Estee believes that nurturing trust and keeping your word must be the basis of any work with communities. She is committed to identifying, recruiting, and activating community leaders who reside in the community to create truly sustainable change.

Estee will introduce you to the communities of Visalia, Dinuba, and Woodlake, California, and the people she works with.

EUSTOLIA (ESTEE) ZAMORA-BONILLA: Three of my kids graduated from college, but it was a lot of what they saw. It's like, okay, Mom really is trying to make an effort for us. And so they stepped it up. They knew that it was important that they got an education, but it was the work that I had learned in community that actually helped me push that forward.

I got divorced because I was in an abusive relationship. In our culture, you married him, you stay with him. That's the way it is. So it took my mother a long time for her to understand why I left my husband.

NARRATOR: Juan is the director of the Whitman Community Center where Estee holds many of the Zumba classes.

JUAN GUERRERO: This is the [? pious ?] poverty, the most densely populated area of the city. You can see some homelessness here and the by-products of poverty. The community center, it was built by the people from this area. But I certainly know that if we raise our children right, the children will raised the village. These children need an opportunity, a chance to be good productive, citizens.

Earlier, I was talking about cutting the pipeline to the criminal justice system. What do we want to do with that, you know? We need to focus on those kids, and not everybody is going to be a rocket scientist. Some of them, they're going to be working, they're going to be fixing your car. They're going to be building your house. They're going to be doing that type of work. And there's honor in that.

Because we deal with gang members, or ex gang members, they're not the type of person that's going to go do an income test for Department of Labor programs. We literally walk them over there. They don't trust you.

There's a different way that we work with these kids, and work with the families. We try to gain their trust. We work with them, and that's over time, of building relationships.

NARRATOR: Estee points out the importance of resident leaders and their training to sustain change in communities.

EUSTOLIA (ESTEE) ZAMORA-BONILLA: We have over 100 ladies that participate. Off and on, they'll come back. And I tell you, Fridays is our biggest day. And we've taken away the stigma of this is a bad place. For them to feel comfortable to do that-- I mean, we're just community. That's all we are.

NARRATOR: As a community health educator, Estee talks about getting young children engaged in preparing with vegetables for meals, and raising children's willingness to eat vegetables.

EUSTOLIA (ESTEE) ZAMORA-BONILLA: The parent kept saying that their child just will not eat any vegetables. So I had the child actually prepare the food with me. So we were talking about the different vegetables, and how delicious they were, and they were good for you. And it really made it exciting for the child to actually get some hands on cooking.

After that, I said, would you try some for teacher? And so she says, yeah, I'll taste it. And then, so she tasted it. And she says, I like it. I said, would you like some? She said, sure.

So I served her some, and the mother was in awe. And I said, well, you know what the trick was? It wasn't because I gave it to her. The trick was that she was engaged in preparing it. And she felt, oh, I made this myself. That's something that I've been trying to kind of educate parents on the importance of involving children.

When I work with parents, I mean, that's the first thing I tell them. You know, we need to identify who we are first. You know? And so in building that trust, I learn what their needs are and how I'm going to approach them. Engaging families, it's really important that they have that sense of belonging to something.

[MUSIC PLAYING]

NARRATOR: Alma focuses attention on the importance of the engagement of men in their outreach efforts.

ALMA TORRES-NGUYEN: Things are changing. And I see more men also coming to some of the health education programs and the classes, and being more supportive. And as long as they know that it's going to be good for their family, they're open to it. I think they are.

NARRATOR: The farmer's market in Dinuba is one project that has brought together a variety of service providers to focus on the community's needs and create relationships.

STEPHANIE HURTADO: Building those connections, building those relationships, I mean, because it goes beyond the farmer's market. When you have other events going on, you've already built this relationship, so it's easy to reach out and have that connection.

ALMA TORRES-NGUYEN: They're really establishing their relationships, friendships, and breaking down some of those barriers on there because, I think, in any town, you're going to find different organizations with different goals. And sometimes, a little bit of competition.

But if you establish that condition, if you-- you know, I think it helped a lot when Connie came down and worked with us on, you know, what do we want to get out of it? Not only our organization, but us as individuals.

NARRATOR: Estee points out the importance of resident leaders and their training to sustain change in communities.

EUSTOLIA (ESTEE) ZAMORA-BONILLA: But I want to make sure that our resident leaders continue that work. And so I really think that if we continue to train them, and provide them those opportunities, they're going to run with it.

This model can be duplicated somewhere else. And it's not just necessarily going to be the farmer's market. It could be other things. You know, whether it's community gardens, or improving the walkways, or London, a supermarket. You know, things like that. It could be-- I mean, resident leaders have the power to do everything.

VERONICA ALVAREZ: So, I work at a preschool center. So I was able to, with Estee, actually, she invited me into this team. That it helped us open up a lot more about nutrition to our parents in our community.

It's helped the children a lot. They've learned a lot. And it also just-- if they ever need anything, they call me and say, well, you know, we could always go to family [INAUDIBLE]. They're having this, this, this, and that. WIC, talking about the EBT, everything with the farmer's market. So, it's really been really helpful for us.

So we brought in that curriculum. She came into our center with our first. And we introduced it to the children. And we introduced it to the parents.

EUSTOLIA (ESTEE) ZAMORA-BONILLA: We develop leaders. We provide them the tools and the resources that they need to move forward. And they will be the role models to the future.

[MUSIC PLAYING]

It's important that we continue to spread the word, and connect, and tap into those assets that are in the community. Because there's tons. We just don't know them all.

You really have to love your job in order to do it. Because we're not, obviously, doing it for the pay. The compensation for me is, or the reward, is not the money. It's the fact that we are actually contributing to the future of our children.

They feel that they are contributing. That's empowerment. Remember your voice is the one that counts in this community.

If you're going to invest money, put it into the resident leaders. Have those people. They already have relationships established. You just have to train them on the topics that we want to get accomplished. It needs to be a leader in that community that will rally others for the work.

We have leaders in every community. You know, one leader for Dinuba, one leader for London. Report back to the bigger one, you know, the Tulare County one. That's the way it's going to work.

I can only envision the power that that is going to create. You got 10 leaders for the whole county, then you have change.

LEADER: Visalia!

[CHEERING IN SPANISH]

[MUSIC PLAYING]

NARRATOR: Commitment, respect, trust, passion, these are key values that leaders must embody. Family, community, culture, connection, these are essential in order to motivate, achieve, and sustain individual and community health. Mind, body, spirit, there are no boundaries among them for individuals, families, and communities.

[MUSIC PLAYING]