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The Benefit is Mutual

Stanford University students can explore a career in medicine at RFHC by training to be a Patient Advocate through Stanford's Public Service Medical Scholars program (PriSMS). Ann Banchoff, MSW, MPH and Gabe Garcia, MD guide the program. Priscilla Gonzalez, a pre-med Human Biology student trained as a Patient Advocate, is training fellow students. The current group of Advocates—Dario Maciel-Hernandez, Natalie Ramos, Didi Mwen-gela, Adrian Boscolo-Hightower, and Priscilla Gonzalez—make the trek once a week to meet with their assigned patients.

The Patient Advocates are multilingual and multicultural. They give one-on-one support to vulnerable patients. They can help to alleviate a patient's anxiety or uncertainty by explaining the process or by interpreting documents, such as an Advance Directive, and going over the health history forms with the patient. They can explain the significance of a positive TB test or discuss the pros and cons of various family planning methods. Advocates are also trained to give basic health information about screenings, diet, exercise, smoking cessation, and safe sex.

It's a mutual benefit volunteer program. The Advocates provide caring and sensitive support that is a great boon to our patients and our health care team. In return, the students are rewarded with an inside look at the real spectrum of needs in community clinic that serves a medically underserved and culturally diverse population.

Visit us now at www.ravenswoodfhc.org

Committed to providing the



Photo by: Carmen Figueroa

highest quality of primary health care services

Dear Friends:

In my 33 year career in health care, I've never seen a stronger alliance of community partnerships than I find working with Ravenswood Family Health Center.

We are in an enviable position, linked to and supported by the medical expertise of world class medical organizations such as Stanford Lucile Packard Children's Hospital as well as having the solid backing and access to the resources of San Mateo County Health Services Agency and San Mateo Medical Center.

It takes a coalition of community agencies working together to improve the health of our diverse community and reduce its higher rates of chronic disease and mortality. Widespread concern about the health risks associated with being overweight and inactive has been a catalyst for the formation of such a coalition. What started as a meeting with our primary partners—the Ravenswood City School

District, Lucile Packard Children's Hospital, the County and El Conclio—has turned into a dynamic collaborative of 12 community groups called **Get Fit EPA**.

Get Fit EPA launched a community initiative on October 15th. Like the environmental movement, it is designed to initiate a shift in behavior across all ethnic groups until a diet of fresh produce and regular physical activity becomes the culture of the community.

We have our work cut out for us. Our talented and dedicated health center staff is continuously working to meet our high standard of care and optimism. Our goal is to inspire and contribute to real changes in the long-term health outcomes of the community members we serve.

The cataclysms of the past year may have collectively knocked the wind of us but we are even more attentive now to the

vast needs of community members facing us each day. We hope that as this year ends and the next begins, we will each find our niche in helping to turn around the big problems—the health of our community environment and the health of our children and ourselves.

Luisa Buada
Chief Executive Officer.



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We welcome your donation of cash, stock, or gifts in kind.

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Photo by: Mark Dussan

Providing access to affordable, primary and preventative health care services to all ages, regardless of ability to pay.

— Mission of Ravenswood Family Health Center



Kids and adults alike get moving and learn about healthy eating at the Get Fit EPA 2005 community campaign kickoff

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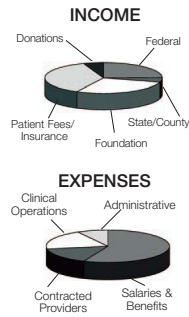
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You Can Only Be as Fit as You Choose to Be

Et fresh fruits and vegetables and drink lots of water and don't sit around. Get up, move, do whatever exercise suits you and your body type. Your body depends on you—you're the mechanic, so give it high-grade fuel and keep it tuned up. That's the gist of the message delivered to 600 people at the Get Fit EPA community campaign kickoff event at Cesar Chavez Academy on Saturday, October 15th.

Anita Black, fitness expert from East Palo Alto, was the MC. She opened the event with a warm-up, accompanied by the Get Fit mascot and the San Jose Earthquakes' mascot, a silvered hair giant groundhog. Then Oganna Nnamani, an Olympian and Stanford student, told her story. She had asthma as a child but she overcame it. First she walked, then power-walked and then she ran and ended up on the U.S. Olympic Women's Volleyball team and received the 2004 Broderick Award that is given to the top female college athlete in the nation.



Dance performances included the graceful youth of Ballet Folklorico, the rhythmic Northern California Soul Strutters from East Palo Alto, and performances by teen hip-hop dancers and by Polynesian children and their instructor.

Public health nutritionist, Lydia Guzman, planned a menu of veggies and dip and fruit parfait and a demo on stir frying vegetables. The food offered was so popular,

she and her team were cutting and cooking for three hours straight. UC Extension nutritionists had the same turnout for their nutritious food demonstration.

Get Fit EPA is a collaborative, started by RFHC, inspired by Lucile Packard Children's Hospital, Ravenswood City School District, and the City of East Palo Alto Community Services, that includes the Boys & Girls Club, El Concilio, Junior League, New Perspectives, One East Palo Alto, Palo Alto Medical Foundation, San Mateo County Health Department, and the YMCA.

Special Acknowledgments: Thanks to Citibank/Citigroup Foundation, the Junior League, and Palo Alto Medical Foundation for their financial support of the event. Kay Hattis created the Get Fit carrot costume for her son, Rayd Hattis, who designed the Get Fit Logo. Thanks, too, to Marlene Bjornsrud of the Bay Area Women's Sports Initiative for her help.

Caring for the Young Begins Before They are Born

Maria Silva is six months pregnant. It's her first child. She is literally surrounded by the Comprehensive Perinatal Services team who will support her through her pregnancy.

Monica Martinez, MA, who supports Christine Ludwick, Certified Nurse Midwife, and Dr. DeTata, OB/Gyn, has briefed Maria about the process. Most CPSP patients are Latinas, so Monica who speaks Spanish and lives in the community is indispensable both as translator and in making the patient more at ease. She'll also help her pre-register at Lucile Packard where the baby will be delivered.

Jasmin Munoz is the Perinatal Community Health Worker. She met with Maria to gather her medical history and to do a preliminary comprehensive assessment. Nancy Maldonado, RN, the CPSP Coordinator, will provide case management services to ensure that Maria gets all the information and help she needs. Nancy and Jasmin will cover a host of topics with her from a healthy birth and breastfeeding to infant care and safety. Nancy will coordinate with WIC where she will receive nutritional guidance and with Pre-to-Three, one of the County's home visiting programs.

Of the 164 pregnant women seen in CY 2004, 130 took advantage of CPSP. Now that the program is fully staffed, our goal is to enroll 100% in CPSP.

Our prenatal appointments are at a premium. Christine Ludwick, CNM, sees as many as 24 patients on a full day and 12 on a



Left to right: Monica Martinez, Jasmin Munoz, Maria Silva, Nancy Maldonado RN, Christine Ludwick, CNM

half day. Dr. DeTata, commits a half day a week to oversee OB patients, especially any who need medical intervention, such as a patient with hypothyroidism or one requiring a C-Section. The majority of the pregnancies are normal, but when there is a chronic condition that puts the mother and/or child at great risk the case is referred to Lucile Packard's OB clinic, where both of our providers come from.

According to Christine Ludwick, poor dental health is an endemic problem. "It's rare to see a woman who has had dental care." A second serious issue is that 35% wait until the 2nd trimester before they come

in. Insufficient nutrition is another issue when meat, rice and beans make up the daily diet of a majority.

In a community such as East Palo Alto, there are multiple factors that can jeopardize a baby so it takes global treatment approach with shared agencies and resources so that every aspect of the health of the unborn is addressed to increase the likelihood of a healthy birth.

Special thanks to Siemens for its gift of an ultrasound machine for our OB/Gyn and prenatal services.

Pediatric Social Services: Beyond the Medical Issue

When our pediatric team assesses a child's physical development, they sometimes discern a non-medical issue. When the problem affects the emotional health and function of the child or the parent, the pediatric provider has to ensure that there is follow up. In the case of abuse or neglect, the case is addressed immediately. But that's not a common problem. Far more common is the need for counseling or parenting guidance or other services to ensure the family's stability. Since most of our patient population lives at or below federal poverty standards, almost no one can afford counseling services. In the past, our pediatric providers would make referrals for outside services, but in most cases, parents didn't know how to follow through.

Since January of this year, thanks to a community grant from Lucile Packard, our pediatric team can now refer the parent and child to Carmen Castillo, an MSW with 25 years experience, or to Myra Devore, a Marriage and Family Therapist, who share the social services position. So far over 350 cases have been referred for assessment and counseling at an average rate of 8 to 10 referrals a day.

"I work closely with the medical team to sort out and identify psychological and emotional issues that affect the child or family," says Carmen Castillo.

Recently, I met with 71 year old grandmother who is caring for two granddaughters, ages 3 and 1. Both are underweight and show signs of developmental delay. The grandmother needs a lot of support, including financial. I counseled with her about arranging for temporary legal guardianship so that she can get Medi-Cal for the children."

In some instances, the situation is more critical. In May, Juan was brought to the clinic by his aunt. He was 22-months old but he looked like an 8-month old. Dr. Janice Lowe examined him and found that he was dehydrated, that he couldn't hold his head up and had delayed motor skills. It was a serious



Pediatric Social Services Follow-up

case of failure to thrive.

Given the severity of his condition, Dr. Lowe referred the aunt to Carmen to coordinate services for him. Fluent in Spanish, Carmen talked with the aunt and found that the aunt had just brought the baby up from Mexico at the request of her sister who was alarmed because in spite of medical efforts in Mexico, the baby was losing ground. The aunt told Carmen that she had nothing for the baby—no clothes, no crib or equipment. And what's more, she herself had never raised a baby.

"The first thing we had to do was establish a temporary guardianship by filing a Caregiver Affidavit. Then I contacted California Children's Services to arrange for follow-up case management services and arranged for a public health nurse to visit the home. I also made sure the child was enrolled for WIC and could get formula and baby food. Then I called St. Vincent de Paul to find a crib for him. Meanwhile, two medical assistants, Claudia and Marta, put together a diaper bag, 2 boxes of baby formula and other essentials."

Carmen remembers Rosalie's reaction at

the end of that day. She had come to the clinic overwhelmed by the challenge she had taken on. But she received so much help from the staff in that first visit, she cried with gratitude and relief.

When Juan returned for follow up visits, the entire pediatric team watched his progress. To everyone's relief, Juan liked the formula and started to gain weight. Within weeks his parents managed to come from Mexico and were reunited with their son.

Our clinic serves many recent immigrants who face a host of inevitable challenges in a new country. Recently, our Community Health Advocate Juany Jimenez met with a young mother who was applying for health insurance for her baby. But she didn't have the required birth certificate. She had come from Mexico just a week or two before the baby was born, she said. Unaware that she had any other option, she gave birth to the baby at home. Our social worker is helping the mother get through the red tape to establish a legal record of the baby's birth.

Another mother was concerned because her 13 year old son who is depressed after leaving behind his friends and his father in Guatemala. He has to cope with so many changes all at once. Carmen and she came up with ways to help him adjust.

"Most parents are receptive and appreciate the guidance we provide," says Carmen. "So much so that they call me back and ask for other help. My goal is to empower them and guide them to access resources. I role play with them and teach them how to advocate for their child.

I also communicate and collaborate with the agencies we refer patients to. It's important to follow through. We're much more likely to help families when as the medical partner we confer with the community or school agencies. When we all agree on the steps, it helps the family to recognize and accept the importance of our recommendations."

Enduring Partnerships

Lucile Packard Children's Hospital in our partnership with Lucile Packard, RFHC contracts for the services of LPCH pediatricians, pediatric nurse practitioner, and a Pediatric Social Worker who divide their time between LPCH and RFHC. They are a part of the medical culture of a world class hospital and of the indigenous cultural diversity of a community clinic. It's a gain for both sides.

In August, LPCH gifted one of their pediatric mobile clinics to RFHC to continue to serve the local schools and expand our services into Belle Haven and Redwood City.

Kaiser Permanente awarded two grants to RFHC: One supports our Diabetes Care team to implement a model care management program. The second is shared with the San Mateo County Medical Center and will enable us to access specialty consultation and imaging reports on-line for patients we co-manage.

Palo Alto Medical Foundation Physician Medical Group is making a gift of \$100,000 per year for three years to RFHC. Their desire is to support the development of resources and a system

that supports a standard of patient care commensurate with PAMF and other major regional medical institutions.

Peninsula Community Foundation: A fund at Peninsula Community Foundation created by the founder of Ebay, Pierre Omidyar and his wife Pamela, has made a grant of \$100,000 to provide essential support for medical care for uninsured, low-income families in the East Bayshore area.

Who we are

Ravenswood Family Health Center (RFHC) was established by a coalition of public and community partners and opened in December 2001. In the tradition of community health centers, our mission is to provide access to affordable, primary and preventative health care services to all ages, regardless of ability to pay.

Medical Services

- Pediatrics
- Adolescent Health
- Adult Medical Care
- Chronic Disease Management
- Immunizations & Screenings
- Family Planning

Special Services

- Comprehensive Prenatal
- Dental Care (for uninsured)
- Health Education
- Laboratory Services
- Discounted Prescription Drugs
- Pharmacy Assistance Program

Eligibility services for Medi-Cal, Healthy Families or Healthy Kids insurance

Of the 12,700 patients registered, the majority are from East Palo Alto, Belle Haven in Menlo Park or North Fair Oaks. But over 5% are from Santa Clara County and 2% from the East Bay.

97% are African American, Latino, Pacific Islander, or Asian

60% have no health insurance

90% of adults have no dental coverage

96% live at or below 200% of federal poverty

35% are under the age of 12

No population in San Mateo County is more susceptible to health risks than the predominantly African American, Hispanic, and Pacific Islander population that RFHC serves. To get at the root causes, we work closely with community partners.