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A word from our Chair and Executive Director

23 Years of Success

Today is a proud day. El Sol Neighborhood Educational Center recently celebrated more than two decades of transforming lives and communities. We are only growing stronger in our commitment and mission impact.

El Sol began humbly in 1991, under the leadership of founding executive director Lilia Ramirez and collaborators such as Gil Navarro and Marlon Portillo, applying the empowerment principles of popular education in “English as a Second Language” (ESL) classes, to enable marginalized immigrants to overcome linguistic barriers and transform their lives. From this foundation, her successor Susana Negrete led El Sol to undertake the next logical step for the people it served by becoming one of two agencies in the region accredited to offer preparation classes for the U.S. Citizenship Exam. Susana herself started out as a student in the ESL courses, and attests to the transforming effect it had on her life: “There are so many things that once you get empowered, you change not yourself but people around you.”

In the last eighteen years, El Sol has sustained principles of education for individual and community empowerment by using a community health worker model, in the arena of community-based health education. With programs in nutrition, mental health, domestic violence, and other areas, we have seen the power of trusted peers and community members raise awareness, dispel stigma, and enable people to get the support and services they need.

Throughout these 23 years, El Sol has maintained a clear mission of empowering its community to lead healthy and comfortable lives. With the use of community health workers, they have access to health care, safe and affordable housing, opportunities for education, and the leadership skills to eliminate disparities. To accomplish this mission, El Sol’s goal is to provide culturally and linguistically competent services that promote and maintain the well being of the community.

The coming years promise a deepening and broadening of our impact covering the entire Spectrum of Prevention. Building from our foundation of individual, family, and community-level work, we are strategically pursuing opportunities to provide leadership to the fields of health promotion, impact service delivery systems, and advocacy for systemic policy change.

We welcome you as you come with us on this journey through the Spectrum of Prevention, and hope that you will accompany us in the strong foundation we are laying for the next 23 years or more of El Sol’s transformational community impact.

Laura García  
Chair

Alexander Fajardo  
Executive Director
In a community, no person is an island. The health of everyone is related to the well-being of their neighbors in the community, and the ripples touch each one of us.

This simple truth is easy to state, but hard to put into practice. It is easy to think about treating people when they are sick. But how do you help them keep from getting sick in the first place? How do you give people control over their own health? How do you give them the tools to make their community a healthier place to live, work, and play?

Our answer is to work at many different levels so that the impact spreads out like the ripples in a pond. Mothers and fathers learn ways to stop illness before it gets worse and keep themselves and their families healthy.

As community members learn about health concerns and ways to stay well, they come to see their own experience reflected in their neighbors’ and open up new possibilities. Improving the training of community health workers provides a workforce, linking medical and mental health services to the community. Partnerships and collaborations weave together networks of organizations to change the way they work together. Also, getting residents involved in advocating for change helps create bridges from the grassroots level to the highest levels of government.

Together, these different strategies create what is called the “Spectrum of Prevention,” helping people stop diseases and live healthier lives. Together, they form El Sol’s approach to transforming lives, communities, systems, and futures. Please join us as we trace the ripple effect of our work across the spectrum.
Silvia came to the Inland Empire from Los Angeles a year ago with her husband and four children, and the transition was a challenging one. She had just given birth to her youngest child, and living in a new community without friends, she had become deeply unhappy. She and her husband would argue bitterly, she rarely left the house, and she found herself feeling hopeless, alone, and — although she didn’t have the words to describe it — deeply depressed.

But then one day a woman at her church introduced herself as a “promotora de salud” (community health worker), and invited her to some classes offered by El Sol on mental health and depression. Suddenly, Silvia understood what she was experiencing. “When I took the course, I learned that what I was feeling wasn’t wrong or shameful.” The experience was transformational for Silvia. “Instead of arguing and fighting, I changed my attitude — I started to take things more calmly and was feeling better. The empowering process of El Sol’s workshop helped me to cope better with my troubles.”
This experience inspired her to learn how she too could be a community health worker. “When the classes ended, little by little I learned how they work there. How they connect with the community. We started working in health fairs, giving chats about mental health. Before this I didn’t have much understanding, but by taking the classes and working with El Sol, I have more knowledge and I’m able to help other people.”

Volunteering as a community health worker with El Sol has also opened up new opportunities and experiences she never would have dreamt possible; and has transformed the way she sees herself and her world. She started giving community classes on nutrition, which led to a paid job as a community health worker with a program called Champions for Change for a Healthier California. A talk on mental health at the Mexican Consulate in San Bernardino led to an offer to speak on a local radio program with other El Sol promotoras. “This experience was incredible,” she says. “I was in a dark place before and I thank God and El Sol that I was given the chance to see things differently. Now I have a chance to help other people to reflect and see the world in another way too. It’s given me a chance to move ahead and see things differently, in a more positive way, to help other people — it’s really something beautiful. It’s something that works, you see it in the positive results — the people who really have been helped.”

What is a Community Health Worker (CHW)?

The CHW model is a peer-to-peer approach in education, prevention, and early intervention for physical and mental health that developed in Latin America and is rapidly spreading in Southern California and throughout the U.S. It is based on the recognition that the people best equipped to reach underserved communities are the very people from those communities. El Sol’s CHW are chosen from among community members who demonstrate leadership potential and, a desire to make a difference for their communities. These peer leaders live in the same neighborhoods, belong to the same congregations, and their children attend the same schools as the people they serve. Their life experiences mirror community members’, with many of them having become a CHW because they themselves were touched by an El Sol CHW. The resulting understanding, rapport, trust, and deep cultural awareness allow them to communicate in ways that are most meaningful and impactful for the people they serve.

El Sol CHW’s provides education and support through:

- **Community Education** in mental and behavioral health, including depression, anxiety, bipolar disorder, schizophrenia, substance abuse, and nutrition
- **Family Strengthening** by offering home visitation, affordable housing, and other available services
- **Community Events**, including health fairs, door to door, and information tabling
- **Community Engagement** in policy and advocacy
- **Holistic Campus** that focus on mental, physical, and spiritual wellness through: resiliency, recovery and linkage to available resources

The CHW is there, side by side with the community members so they will be prepared to make their own changes when they’re ready. Not telling them what to do, but being there to support them. —Alex Fajardo, Executive Director
Antonia Tellez, a marriage and family therapist with Bilingual Family Counseling, a nonprofit counseling center in Ontario, vividly illustrates the ripple effect of a community health worker (CHW). She has seen firsthand how the work of Irma, a CHW from El Sol, helps take away the stigma associated with issues of depression, anxiety, or domestic abuse, giving a name to the women’s problems. “Irma’s presentations are informative, but the way they are given is communicated on an everyday level. They don’t know how to express the way they feel — the only word they know is ‘me siento mal’ — ‘I feel bad.’ They don’t know that that mal is depression.”

The information puts their experience in context and helps them see their concerns as normal responses to challenging circumstances or chemical imbalances; making it more
likely that they will turn to professionals for assistance. “Women come in, say ‘me siento mal,’ and I give them some information. When I see that it’s not getting through to them, I call Irma to give her presentation. She comes in to give her presentation on depression, and a light bulb goes on. It has made the whole process that much quicker — it used to take me months to get a woman to see a doctor. Now you have someone from their own neighborhood coming in to talk with them about stuff.”

When women reach out to a psychiatrist or other professionals for help, the difference can be life changing — for both the woman and her family. “Women come back to me a few months later and say, ‘oh my God, I had no idea life could look like this.’ They are able to raise their children with another perspective, not with irritability. They don’t need to spank their children. They can manage a controlling husband. They can open their eyes and ears to see how they’re contributing to toxic relationships.”

And as these women’s lives are transformed, the circle widens to include their families and friends. “When a woman starts to make her changes, the men back up and say, ‘Oh my God, what’s going on here?’ So I’m starting to have men’s groups now.” The women are also bringing their mothers and friends in for assistance as well. “When she comes in and finds out how great it feels to feel good, she’ll bring in her mother — and vice versa, or a comadre, a church companion. So they’re able to distinguish these symptoms. At their baby showers now, instead of playing silly games Irma is going to come out and give us a presentation on post-partum depression, and they’re going to bring other women with them.”

“The community health worker transformed my point of view towards mental health, I learned so much from the workshops.”

-A community member
Educating Providers for Broader Impact

Partnering with Providers

The days are long gone of house calls by the family doctor, but the healthcare profession is rediscovering the value of trusted individuals who venture into the community to educate people, and help them find the medical care they need. “With new approaches to medical funding and accountability under healthcare reform, community-based health promotion will be an increasingly important strategy for bridging the gap between the community and the medical system,” says J.C. Belliard of Loma Linda University’s School of Public Health.
El Sol CHW’s develop deep personal relationships with people in the community, learning about their needs, supporting them to reframe stigmas around topics such as mental illness or post-partum depression, and empowering them to take an active role in their family’s and their own well-being.

Community Health Workers Academy with Loma Linda University

This grassroots, peer-to-peer connection is a strength of the CHW model, and its effectiveness has been proven through El Sol’s own evaluations and external research. To build additional rigor and consistency into its training process, El Sol has partnered with Loma Linda University’s School of Public Health to develop the Community Health Workers Academy. This training curriculum combines evidence-based content certified by Loma Linda faculty along with a structured approach to building the specific competencies CHW’s need to be effective in their work with the community. The first training, “Community Health Worker 101,” is an 80-hour training providing a systematic grounding in the philosophy of community health promotion, critical thinking to understand underlying causes of health problems, communication skills to relate with peers in an effective and safe way, and self-reflection to promote ongoing learning. “It’s a great combination of community-based as well as, an academic foundation for the material being used,” says Prof. Juan Carlos Belliard of Loma Linda University School of Public Health, “and they’re applying it to a system that’s already tried and true in the community.”

Additional modules include specialized topics such as childhood obesity, diabetes, nutrition, and mental health. The CHW who graduates from the program may go on to work with El Sol, but it is expected that many others will work with other community health organizations or directly for health service providers. Prof. Belliard lauds this approach to building the field of health promotion: “The way the CHW participate, it gives them a lot of freedom — El Sol trains and builds capacity, and then those health workers get hired by other organizations. I think there’s a general feeling that their mission has been accomplished in empowering those people; not just getting people to work for El Sol. They have a broader mission than just self-serving.”

CHW’s develop a variety of knowledge and skills that are disseminated throughout the communities, while also providing linkages to resources when needed.

They trained to strategically provide community members with health outreach, education, and referrals to basic and preventive health services.
As part of our mission to advance the field of health promotion, El Sol is committed to building collaborations, knowledge-sharing, and high standards of practice among organizations using the community health worker model. In 2013 El Sol and several other agencies convened in the third conference of promotor organizations in the Coachella Valley of Riverside County entitled “Building World-Class Promotores de Salud.” Twelve organizations arranged a gathering of more than 250 community health promotion volunteers and professionals.

In an environment of scarce resources, the conference was a powerful way to break down silos and create a foundation of trust and common vision on which future collaborations can be built.
The community health workers created strong relationships and support networks outside their own organizations; and the agencies developed their capacity to collaborate together more effectively. Executive director Alex Fajardo emphasized that the conference was a collaborative effort: “We want to create a culture among agencies of trust and collaboration. We are here to impact this community, and we need each other. That’s how we create these conversations.”

As a result of the conferences, the agencies are meeting together regularly to explore ways to collaborate together and jointly pursue opportunities for funding, including the fourth conference to continue the education of community health workers, which will take place in October 2014 featuring a variety of new topics and presenters.

El Sol will be emerging the Clinical Community Health Workers (CCHW) model, which integrates community health workers as members of primary care teams inside a medical center. CCHWs have the potential to make a significant impact on clinical efficiency and effectiveness, as ambulatory primary care clinics strive to transform into high quality, patient-center medical homes. They will become linchpins in accountable care asset as they focus on:

- Case Management
- Recall System
- Individual Care plan
- Patient health education
- System Navigation
- Clinical Procedures
- Home Visits
- Social Support
- Clinical Procedures
Changing organizational practices and influencing policy

As El Sol continues strengthening and expanding its link to the communities it serves, the agency is also looking to leverage that base for even greater impact. Through its partnerships with community health networks such as the Latino Health Collaborative, the Riverside Health Coalition, and the Healthy San Bernardino Coalition, El Sol is helping to serve as a bridge to engage community members in policy advocacy for healthier communities.

Unlike many established organizations that function primarily in a service-delivery capacity, El Sol is truly a community-based organization with workers and staff coming out of the very communities in which they serve. As a result, the community health workers are uniquely equipped to meet community members and engage with them directly.
Community Engagement Policy Initiative

The CEPI (Community Engagement Policy Initiative) is created to address the challenges of capacity in how to engage communities to participate.

El Sol will implement an innovative multi-site, cross cultural, and inter-generational strategy to develop the community, to organize and engage communities (and policy makers), to promote policies and programs that create foster environments that support healthy lifestyles; including nutrition and physical activity.

El Sol personnel will be trained on policy advocacy, assessment of physical activity environment, food security assessment, and household food security assessment.

They can assess and ensure their voices are heard in decisions such as: allocation of public resources, how service delivery systems function, land use planning, food policy, and other policies that can contribute to long-term community health and well-being.

For example, El Sol was instrumental in increasing representation by community members in a San Bernardino County Department of Behavioral Health community engagement process for planning use of Prevention and Early Intervention funds under the Mental Health Services Act. Over the course of 14 community meetings in various parts of the county, El Sol mobilized scores of community members to participate in the discussions on community mental health needs and solutions. Beyond the impact on that particular policy process, the experience of participating in the deliberations was a source of learning and empowerment that will build a base for greater effectiveness in future advocacy efforts.
BUILDING CAPACITY FOR THE FUTURE:

STRATEGIC PRIORITIES & CAPACITY BUILDING
Through efforts such as these, we are deepening our level of impact in our current programmatic areas, as well as moving into new ones such as affordable housing, art and science, and civic engagement for policy advocacy. Rather than reaching out to other agencies only when funding opportunities arise, we are actively pursuing relationships with allied organizations that will enable us to collaborate even before we receive funding — and will allow us to sustain the partnership even after grant funding ends. The goal, says our Executive Director Alex Fajardo, is that “funders will see that we’re not just coming to them for funding — we’re asking them to support what we’re already doing.”

Lastly, we will be embarking on a strategic planning process in the coming year, and expect to develop even more powerful strategies for future community impact across the Spectrum of Prevention and the community health workers module.

Promotores de Salud Advance:

As a result of the success in Riverside with El Sol’s Promotores de Salud, the Riverside County Mental Health Department under MHSA funding has contracted El Sol to provide “Advance Promotores” who in addition to working with community residents are especially mandated to work with community-based organizations. The Promotores provide training and support to create ongoing Promotores mental health programs for each of the Riverside county regions. The Advance Promotores build partnership with CBOs to develop delivery systems to connect people with services and develop the capacity of these organizations to continue their Promotion of mental health programs within their communities.

“Funders will see that we’re not just coming to them for funding, we’re asking them to support what we’re already doing.”

- Alexander Fajardo
In 2012, El Sol impacted **250,000 PARTICIPANTS** (120,000 in San Bernardino and 130,000 in Riverside) through various outreach and educational programs, as verified through pre/post test surveys.

For example, official DBH data reveal that for FY 2011-2012 El Sol served 11,294 individuals, when the original projected goal was 3,840, a 194% positive difference.

Community Health Workers develop a variety of knowledge and skills that are disseminated throughout the communities, while also providing linkages to resources when needed.

They are trained to strategically provide community members with health outreach, education, and referrals to basic and preventive health services. They do this by:

- Building empathetic and trusting relationships
- Sharing personal experiences and education
- Developing social support networks and system navigations
- Advocating for equitable services for all community residents
- Teaching and empowering communities to advocate for improved quality of life
CHW Training and popular education:

Training is an essential component of health programs that incorporate CHWs in the delivery of health education and behavioral interventions. During training sessions, CHWs are exposed to information and skill-building activities they need to implement the health programs using popular education. The model is based on Paulo Freire’s popular education theories that adults can be empowered by their own life experiences to solve their own problems. This approach of community-based, community-led health education is recognized as a culturally appropriate strategy to increase knowledge, promote positive behavior change and decrease disparities related to the use of affordable preventive health care services.

Key Observations after CHWs Training

- On average, promotoras increased in their confidence level 2.06 points, and increased on test scores an average of 6%.

- Promotoras generally scored high on the post tests (overall mean of pre test surveys only = 86.3%; overall mean of post test surveys only 97.5%). 12% change was found in various variables between the pre and post tests.

Popular education methods can assist in taking information learned and applying it to real life situations/cases. 98% of the CHWs agreed that popular education changed their view on how adults learn.
Reaching out to the community in:
San Bernardino

Programs in San Bernardino County include:

<table>
<thead>
<tr>
<th>Inspire Multicultural Center</th>
<th>Mental Health</th>
<th>Nutrition</th>
<th>Health Care Reform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Engagement and Policy Initiative</td>
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Number of Promotores

<table>
<thead>
<tr>
<th>Region</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Percentage Change Over Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Desert Mountain</td>
<td></td>
<td></td>
<td></td>
<td>300% 108%</td>
</tr>
<tr>
<td>East and Central Valley</td>
<td></td>
<td></td>
<td></td>
<td>60% 150%</td>
</tr>
<tr>
<td>West Valley</td>
<td></td>
<td></td>
<td></td>
<td>80% 11%</td>
</tr>
<tr>
<td>Overall Annual Change</td>
<td>18</td>
<td>38</td>
<td>65</td>
<td>147% 90%</td>
</tr>
<tr>
<td>Average Annual Change</td>
<td></td>
<td></td>
<td></td>
<td>118%</td>
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Programs in Riverside County include:

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Diabetes</th>
<th>Home Visitation</th>
<th>Families Learning Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mamás y Bebés</td>
<td>Asthma</td>
<td>Promotores</td>
<td></td>
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<td></td>
<td></td>
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<tbody>
<tr>
<td>Western Region</td>
<td></td>
<td></td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td>Mid-Country</td>
<td></td>
<td>10</td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td>East Desert</td>
<td></td>
<td>10</td>
<td>15</td>
<td>29%</td>
</tr>
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<td>15</td>
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<td>18%</td>
</tr>
<tr>
<td>Overall Annual Change</td>
<td>50</td>
<td>74</td>
<td>94</td>
<td>48%</td>
</tr>
</tbody>
</table>

Average Annual Change 38%
Since 1999, El Sol Neighborhood Educational Center (El Sol) has deployed Community Health Workers or Promotores de Salud in Home Visitation. El Sol’s model is based primarily on engaging highly trained lay workers or paraprofessionals. A recent meta analysis included 14 studies on paraprofessional, which consist of; home visiting that found positive outcomes in areas ranging from adequacy of prenatal care utilization, child abuse prevention, enrollment patterns, social support, referral systems, self-esteem, and psychological functioning.

El Sol’s Home Visitors receive specialized training in both content and process. Home visitors are trained in assessments, infant care, child abuse and neglect, role of culture & parenting, substance abuse, staff related issues, family issues, parent-child relationships, child health & safety, maternal & family health, and infant & child development. In addition to the training on the specific topic (e.g. mother-child health, early childhood education, mental health, etc.), the rigorous training covers informal learning approaches, client counseling, conflict resolution, leadership, support systems, CPR/First Aid, child welfare policy, ethical practice, community advocacy, among other topics.

Evidence-based programs: Commitment to Quality

As a result of its commitment to quality and evidence-based programs to achieve desired outcomes in the communities served, El Sol has developed partnerships with evidence-based home visitation programs such as Healthy Families America (HFA), Parent-Child Home Program (PCHP), Mothers and Babies, and the Home Instruction for Parents of Preschool Youngsters (HIPPY). Evidence-based programs demonstrate improvement in six benchmark areas, including:

- Improved maternal and newborn health
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports

El Sol is now implementing Community Health Workers in the African American (AAMHC), Asian American, and Native American communities.
Mental Health

The program was designed to provide culturally appropriate community based mental health education.

- Demonstrated ability to engage “hard to reach individuals” (due to their language or geographical isolation).
- Reached 18,902 participants via 2,114 mental health structured educational presentations.
- From the surveys collected (15,077), 90.6% strongly agreed or agreed that the information made them aware of prevention for mental health.
- 68% of the community residents scored at 90% percent on their mental health knowledge surveys.
- 85.9% of participants strongly agreed or agreed that they were better able to talk about mental health issues.
- 93.2% strongly agreed or agreed that mental illness could be managed and treated (change in attitudes).
- 62.43% of the surveys showed intention to use mental health prevention services.

San Bernardino County:

### Participants by Presentation Format

<table>
<thead>
<tr>
<th>Type of Presentation</th>
<th># of participants</th>
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<tbody>
<tr>
<td>MH Presentation</td>
<td>5,709</td>
</tr>
<tr>
<td>Modular</td>
<td>813</td>
</tr>
<tr>
<td>Public Events</td>
<td>4,776</td>
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**GENDER**

- 29% Males
- 70% Females
- 1% No Response

**AGE**

- 3% 0 - 14
- 12% 15 - 24
- 38% 25 - 40
- 28% 41 - 60
- 9% 61+
- 10% No Response

**TOPICS**

- 1% Anxiety
- 4% Drugs and Alcohol
- 90% Mental Health
- 5% Depression

Riverside County:

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<tr>
<td>Health Fair</td>
<td>594</td>
</tr>
<tr>
<td>Unknown</td>
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Healthy Eating and Active Living

Participants in San Bernardino: For this program 1,345 participants were reached. Participants provided information about themselves for demographic purposes. Based on the demographic information provided by participants, 72% (968) of participants were women and 28% (377) were men.

Participants in Riverside: This program reached 2,368 participants and 90% of participants reported engaging in beneficial behaviors after intervention. Participants reported significant behavioral changes in areas such as drinking less sugary drinks, eating more fruits and vegetables, being more physically active, speaking to family about healthy groceries, and drinking more water.

In an evaluation of 275 community members in El Sol’s nutrition programs, Loma Linda University found that the program produced statistically and practically significant changes in participants’ knowledge, attitudes, and behaviors. People in the program increased their knowledge of healthy shopping and cooking tips, how to read nutrition labels, and the health benefits of improving their family’s nutrition. Participants also reported greater confidence in their own ability to make eating and lifestyle changes for their health. For example, 65% said they were very confident in their ability to exercise at least 30 minutes a day, compared with just 30% before the program. Those who were very confident in their ability to prepare healthier snacks for their children jumped to 78% from just 48% at the start of the program. Most importantly as a result of the promotores’ work, people made actual changes in their eating choices, with 67% saying they had cut their fast food meals to less than 1-2 times a week, compared with just 42% who avoided fast food before the program.
Post-Partum Depression

Participants: For this program 3,534 participants were reached. Participants provided information about themselves for demographic purposes.

Based on the demographic information provided by participants, 69% (2,427) of participants were women, 31% (1,083) were men and 0% (23) participants did not respond.

Mothers and Babies

Mamás y Bebés is a prenatal intervention, developed in Spanish and English and designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The Mamás y Bebés program is one of the PEI Specialized Ethnic Community Initiatives. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants to create a healthy physical, social, and psychological environment for themselves and their infants. The program improved attitudes towards mental health (i.e. reduced stigma), and change in behaviors (increased utilization of regular care).

Participants: 145 women were served by the Mamás y Bebés program (i.e. attended at least one session); 86% of the 145 women completed 6-8 sessions.

Demographic data was available for 121 of the 145 women. While all of the women were of Hispanic origin, 86% (104) were of Mexican decent; two-thirds (66%) preferred Spanish as their primary language and approximately half (48%) were over the age of 25.
**Asthma**

In collaboration with the Loma Linda University Asthma Program (LLU-AP), this program offers education, screenings, referrals, and environmental assessments to children 0-5 years of age with parental consent at Head Starts, preschools, daycare centers and community areas such as fairs, food markets, and parks throughout Riverside County.

Data on self-reported clinical symptoms and adverse health outcomes were collected via parental questionnaires, which also included information on demographics, residential history, household characteristics such as indoor pollution, physician diagnoses of asthma, information on respiratory health symptoms, and utilization of medication and health care services.

**Participants:**

- The majority of the children (72%) were Hispanic; 32% were identified as having or being at high risk for asthma (11% rural and 21% for urban residence).
- Of 316 children screening at high risk for asthma, only 7.4% (n=67) had a previous diagnosis reported by the parent and 92.6% (n=249) were newly identified as being at high risk.
- Among children with physician diagnosed asthma, 70% (n=47), reported chronic cough or emergency room visits, suggesting asthma was not well controlled.
- Urban children were at slightly higher odds for screening as high risk for a respiratory problem by having a parent report an asthma diagnosis, inhaler use, chronic cough or emergency room visit. However, the results were not statistically significant.
- One of the major significant differences between urbanicity and rurality with regards to adverse respiratory outcome, was that parents in urban communities were 3 times more likely of reporting their child had shortness of breath than those in a rural communities.

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**Hearing and Vision**

**Participants:** This program engaged 8,724 parents in education and screened 11,440 children (0-5) for hearing and vision needs.

Ensured that 909 children completed follow-ups (i.e. behavior change/take action) and assisted 100 families with no insurance to complete insurance applications.
### Ordinary Income/Expense

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Public Grants</td>
<td>1,250,320.00</td>
</tr>
<tr>
<td>Direct Public Support</td>
<td>16,760.00</td>
</tr>
<tr>
<td>Foundation Support</td>
<td>802,500.00</td>
</tr>
<tr>
<td>Housing Program Sale</td>
<td>71,379.59</td>
</tr>
<tr>
<td>Investments</td>
<td>7,05</td>
</tr>
<tr>
<td>Program Income</td>
<td>1,940.00</td>
</tr>
<tr>
<td>Rentals</td>
<td>12,600.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>2,155,506.64</strong></td>
</tr>
</tbody>
</table>

### Gross Profit

2,155,506.64

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontractors</td>
<td>33,548.94</td>
</tr>
<tr>
<td>Evaluation</td>
<td>21,865.89</td>
</tr>
<tr>
<td>Food Expenses</td>
<td>26,844.10</td>
</tr>
<tr>
<td>Legal Services</td>
<td>27,590.61</td>
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<tr>
<td>Marketing Materials</td>
<td>110,344.12</td>
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<tr>
<td>Office Supplies</td>
<td>65,887.95</td>
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<tr>
<td>Operational Expenses</td>
<td>314,824.42</td>
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<tr>
<td>Payroll Expenses</td>
<td>1,019,512.13</td>
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<tr>
<td>Program Incentives</td>
<td>10,476.11</td>
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<tr>
<td>Stipends</td>
<td>296,895.38</td>
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<tr>
<td>Training Expense</td>
<td>25,286.54</td>
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<tr>
<td>Travel Expense</td>
<td>102,620.24</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td><strong>2,055,696.43</strong></td>
</tr>
</tbody>
</table>

### Net Ordinary Income

99,810.21

### Net Other Income

0.00

### Net Income

99,810.21