

Chula Vista Community Collaborative Neighborhood Navigator Program HUB



The Chula Vista Community Collaborative has a new Neighborhood Networks HUB Program. The purpose for the new program is to provide a Neighborhood Navigator Model where a Care Coordinator/Neighborhood Navigator is dispatched into the community to develop client engagement while educating and empowering members of the community. The intent is to serve those who may not have the resources available to them.

This model is focused on creating unique experiences to better the lives of members of our community. Regardless of age, background or ethnicity, this model is shaped to assist the most vulnerable and at-risk members of our community.

Care Coordinators/Neighborhood Navigators are knowledgeable of resources within local communities, this is how they can refer members to services included but not limited to medical, housing assistance, food pantry, local programs and much more. It is about working as a community to better the community.

**105 HUB members in
Intensive Care Plans**



Client Success Story HUB A Family Care Plan

A (female-male) couple enrolled with HUB, having pre-existing conditions (Diabetes & Heart Problems), and worked with Care Coordinators to meet their goals in three month plans.

The Diabetes Care Plan consisted of record keeping of weekly food intake and regular meetings with the Care Coordinator in efforts to keep diet balanced and healthy. The outcome of these care plans are that the member apply lifestyle changes that better their health and diabetes under control.

The Heart Problem Care Plan required the client to exercise 2-3 times a week to increase heart rate and mobility during the next three months. The Care Coordinator intervention actions consisted of providing a list of in home work-outs and a weekly exercise log for them to keep track of their progress. The Care Plan seeks to help the client will decrease chances of heart failure by applying lifestyle changes that help with mobility and weekly exercise.

The collaboration also brought in the couples' daughter who became more involved in Care Plans between the Family and their Care Coordinators. The cohesion of this team worked further on the commitment to help each maintain their Care Plans and health.

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VISION | A healthy community of San Diego County residents.

MISSION | Enhancing community partnerships to develop and implement coordinated strategies and systems for future generations.

The Neighborhood Navigator HUB Program focuses on enhancing community capacity through increased awareness and education.

The Care Coordinators/Neighborhood Navigators assist in increasing awareness of community conditions through focused health plans and navigation of health programs. They promote public awareness of healthy lifestyles and community wellness for all program members.

Contact The Neighborhood Navigator HUB Program

Navigator Program | HUB

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