RTD-246

San Joaquin County 2016 Community Health Needs Assessment

Acknowledgements

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Sincerely,
Core Planning Group Members

The Community Health Assessment Core Planning Group

- Community Medical Centers*
- Community Partnership for Families of San Joaquin
- Dameron Hospital Association*
- Dignity Health—St. Joseph's Medical Center*
- First 5 San Joaquin*
- Health Net
- Health Plan of San Joaquin*
- Kaiser Permanente*
- San Joaquin County Public Health Services*
- Sutter Tracy Community Hospital*

** Denotes financial contributor to this work.*

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Executive Summary

San Joaquin County lies in the midst of one of the most successful agricultural areas of the world, and at the same time is home to the largest city in America to file for bankruptcy. The county is celebrated for its diverse communities of Latinos and African Americans as well as Asian immigrants; but there is also a big gap in health outcomes between ethnic groups. Some parts of the county have robust commuter neighborhoods with linkage to jobs in nearby counties, while other areas struggle with some of the highest homicide rates in the nation. There are some unique challenges such as access to care for the large undocumented immigrant population, the great need for substance use disorder treatment, and the high rates of asthma in the Central Valley. San Joaquin County also struggles with the same issues that are seen across the state or nationally such as rising obesity, poor oral health, and mental illness; but these issues are compounded by underlying social determinants of health including education, economic security and affordable housing. It is a county of contrasts, holding in one hand enormous challenges and in the other hand exciting new opportunities. The direction that is taken now to address these various needs will determine the future of the 726,000 residents who make San Joaquin County their home.

The 2016 Community Health Needs Assessment (CHNA) offers a comprehensive community health profile that encompasses all these conditions that impact health in our county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in collaborative efforts to improve the health and well-being of all San Joaquin County residents. The development of the 2016 CHNA report has been an inclusive and comprehensive process guided by a Core Planning Group and a broadly representative Steering Committee.

Every three years the nonprofit hospitals along with the county public health department and a host of community partners come together to conduct a comprehensive assessment of the health needs in the community and to prioritize those needs. This year's CHNA process included surveys of nearly 3,000 residents, interviews with key informants, 29 focus group discussions in the community, and data analysis of over 150 indicators, creating a robust picture of the issues affecting people's health where they live, work, and play.

San Joaquin County is a very multi-cultural community with 39.7% of the population identifying as Hispanic/Latino, 7.6% as African American, 14.4% as Asian, and 38% identifying as non-Hispanic white, other race, or multiple races.[1] More than 10% of residents are unemployed, 28.5% are under 18 years old and the median household income is $53,253.[2] San Joaquin County faces many of the same challenges seen throughout the state, but often to a greater degree. In the County Health Rankings report San Joaquin County ranks as 41 out of 57 counties on overall health outcomes. On average, San Joaquin residents rate their health as poorer than the state overall, and there are notable disparities in health status between the county and the state.

The following health needs have been identified as priorities in San Joaquin County.

Obesity and Diabetes: Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent leading causes of death nationwide, as well as among residents of San Joaquin County. Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

Education: There is an important relationship between education and health. People with limited education tend to have much higher rates of disease and disability, whereas people with more education are likely to live

[1] United States Census 2010; retrieved from factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml
[2] Ibid.

longer, practice healthy behaviors, and experience better health outcomes for themselves and their children.[3] In San Joaquin County, graduation rates are lower than the California state average, as is reading proficiency among third graders.

Youth Growth and Development: Primary and secondary data indicate that youth development tends to be undermined by trauma and violence, unhealthy family functioning, exposure to negative institutional environments and practices, and insufficient access to positive youth activities, among other things. In San Joaquin County, the disparate levels of exposure to these risk factors contribute to outcome disparities during youth and throughout adulthood. This includes disparities by race, ethnicity, gender, sexual orientation, and income, with respect to outcomes such as juvenile justice involvement, foster placement, adult incarceration, educational attainment, and chronic disease.

Economic Security: Economic security is very strongly linked to health; it can impact access to healthy food, medical care, education and safe environments.[4] Poverty and unemployment are higher in San Joaquin County than California as a whole. Concerns surrounding economic security were particularly important to community members, who highlighted the need for jobs that pay a living wage and the ability to afford descent and safe housing.

Violence and Injury: San Joaquin County's injury rates remain substantially higher that the California averages. Among unintentional injuries, the leading causes of death in San Joaquin County are poisoning, motor vehicle crashes, falls, and drowning/submersion. Among intentional injuries, core concerns are often associated with family and community violence. The homicide rate is much higher than California as a whole, particularly among men of color. Human trafficking was also noted as a growing concern by interviewees. Survey respondents identified violence as a core issue in their communities and cited concerns such as gun violence, gang activity among youth, and domestic violence as key themes.

Substance Use: San Joaquin County's rate of drug-induced deaths is 56% higher than average rate across California (17.3 per 100,000 compared to 11.1 per 100,000). Primary data collection from surveys, focus group discussions and interviews highlighted the importance of this issue for the county; 41.1% of community survey respondents report that drug abuse is among the most concerning health behaviors in their community.

Access to Housing: Primary and secondary data indicate that access to safe and affordable housing is an important health concern in San Joaquin County, reflective of the rapid rise of housing costs occurring in California overall in recent years. In San Joaquin County, the foreclosure crisis, limited subsidized housing, rising rents, absentee landlords, and deteriorating housing stock are all significant contributing factors to the lack of safe and affordable housing.

Access to Medical Care: San Joaquin County has been successful in enrolling residents in Expanded Medi-Cal under the ACA; however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges. The fact that the County's many undocumented adult residents are without insurance also remains a barrier to care.

Mental Health: Mental health was a key concern among surveyed community members. Interviewees noted that the psychology of poverty, including living day-to-day and struggling to provide basic needs, can negatively impact one's ability to make long-term plans, and can interfere with parenting abilities. In addition, poor mental health frequently co-occurs with substance use disorders. Youth, notably foster youth and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth, and residents experiencing

[3] "Exploring the Social Determinants of Health: Education and Health," Robert Wood Johnson Foundation, Accessed October 19, 2015, http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447.
[4] "Health & Poverty," Institute for Research on Poverty, Accessed October 19, 2015, http://www.irp.wisc.edu/research/health.htm.

homelessness, were noted as particularly high risk populations for mental health concerns.

Oral Health: Secondary data indicate that oral health outcomes are worse in San Joaquin County than in other parts of California, particularly among children. Access to oral health services is a concern in all age groups, marked by limited dental visits and difficulty finding affordable and nearby care.

Asthma/Air Quality: Although unhealthy ozone days have fallen by 41% in the region, the San Joaquin Valley is still home to some of the most polluted air in the United States, with San Joaquin County ranking 9th highest in the nation[5]. Asthma and breathing problems are a health need in San Joaquin County, as marked by high prevalence of asthma in adults and youth. In particular, asthma disproportionately impacts non-Hispanic Blacks.

The Community Health Needs Assessment is an important first step towards taking action to effect positive changes in the health and well-being of its residents. The results will be used to drive development of a joint Community Health Improvement Plan (CHIP), which will identify long-term, systematic strategies and actions to address health needs. All 11 of the health needs will be considered in the CHIP. As envisioned, the CHIP will be embraced countywide as a roadmap for individual members and community partners to set complementary priorities, coordinate efforts, and target resources for maximum impact. Additionally, each hospital will develop an implementation strategy which will identify those priority health needs which the individual hospital will focus on. It is hoped that community partners and collaboratives will also develop intervention strategies that are aligned with the CHIP so that there can be a community-wide effort for health improvement.

The CHNA and the CHIP will provide the impetus for concerted action in a strategic, innovative, and equitable way. This report is an invitation for everyone to join in this journey and find their place in improving health in San Joaquin County.

[5] State of the Air 2015, American Lung Association, San Joaquin Valley Regional Summary

I. INTRODUCTION/ BACKGROUND

The 2016 CHNA offers a comprehensive community health profile that encompasses the conditions that impact health in our county. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large in collaborative efforts to improve the health and well-being of all San Joaquin County residents.

The community in San Joaquin County has a long tradition of working collaboratively and has conducted a join triennial CHNA for many years. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of the community.

Conducting a triennial CHNA has been a California requirement for not-for-profit hospitals for more than 20 years (SB 697). Two years ago, the Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate. However, the ACA regulations are more stringent on how to conduct and document the needs assessment.

This 2016 CHNA has been designed to reflect those new federal requirements as well as to fulfill one of San Joaquin County Public Health Services' major pre-requisites for applying for national Public Health Accreditation. From data collection and analysis to the identification of prioritized needs and implementation strategies, the development of the 2016 CHNA report has been an inclusive and comprehensive process guided by a Core Planning Group and a broadly representative Steering Committee. As many community members as possible were engaged in the process, with emphasis on seeking the opinions not only of decision makers and key stakeholders but also of disparate populations whose voices are not often heard.

San Joaquin County will use the results of this CHNA to drive the development of a joint CHIP, which will identify long-term, systematic strategies and actions to address health needs. Community partners across the county will work together to set priorities and coordinate and target resources.

Additionally, each of the hospitals will develop an implementation plan for the priority health needs which the individual hospital will focus on. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies, wherever possible. Their Implementation Strategies (IS) will be filed with the Internal Revenue Service. Both the CHNA and the IS, once finalized, will be posted publicly on each of their websites (Appendix J).

A. Description of the CHNA Process

The CHNA is a collaborative process that provides a deep exploration of health in San Joaquin County, updating and building upon work done in prior years. For example, the 2013 CHNA identified seven health needs: lack of access to primary and preventative health care services; lack of or limited access to health education; lack of or limited access to dental care; limited cultural competence in health and related systems; limited or no nutrition literacy/access to healthy and nutritious foods, and food security; limited transportation options; and lack of safe and affordable places to be active. These themes continued to surface in this iteration.

Guided by the understanding that health encompasses more than disease or illness, the 2016 CHNA process continued to place emphasis on the social, environmental, and economic factors—"social determinants"—that impact health. Thus, the CHNA process identified top health needs by analyzing a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing factors to each health issue.

This assessment also explored the impact of identified health issues among vulnerable populations that disproportionately have poorer health outcomes across multiple health needs. These populations may be

residents of particular geographic areas, or may represent particular race, ethnicity, or age groups. In striving towards health equity, strong emphasis was placed on the needs of these high-risk populations.

In order to identify health needs, the Core Planning Group utilized a mixed-methods approach, examining existing data sources (secondary data), as well as speaking with community leaders and residents to solicit their opinions and conducting a survey of residents (primary data). The Core Planning Group and consulting team reviewed secondary data available through Kaiser's CHNA data platform and compiled additional data from national, statewide, and local sources to provide a more complete picture of health in San Joaquin County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, Harder+Company Community Research (Harder+Company) in concert with the Core Planning Group collected primary data that offered a wide range of opinions about issues that most impact the health of the community, as well as examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated to identify the top health needs in the county. A summary health need profile was then created for each of these.

Once these health needs were identified, the Steering Committee met to discuss the health need profiles (see Section VI) and reached consensus as to which of the health needs should be a priority for action. This prioritization was based on criteria identified by the Core Planning Group. The resulting prioritized community health needs are presented in this report in Section V.

B. Who Was Involved in the Assessment

The San Joaquin County CHNA was a collaborative effort that included San Joaquin's nonprofit hospitals and San Joaquin County Public Health Services, as well as many partner organizations and individuals throughout the county. The process was guided by a Steering Committee that supported and provided input along the way, and was led by a Core Planning Group that was responsible for planning and key decision-making, including providing substantial assistance in developing the data collection instruments, working alongside consultants to collect and analyze data, and ultimately produce this report.

i. Core Planning Group Members

- Community Medical Centers
- Community Partnership for Families of San Joaquin
- Dameron Hospital Association
- Dignity Health—St. Joseph's Medical Center
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Public Health Services
- Sutter Tracy Community Hospital

ii. Steering Committee Members

- Business Council of San Joaquin County
- Business Forecasting Center, UOP
- California Center for Public Health Advocacy
- Catholic Charities
- Child Abuse Prevention Council
- City of Stockton City Council
- City of Stockton Community Development
- City of Tracy City Council

- City of Tracy Parks and Recreational Services
- Community Medical Centers (CMC)
- Counseling and More
- Delta Health Care
- El Concilio
- Emergency Food Bank San Joaquin
- Family Resource and Referral Center
- Journey Christian Church
- Lao Family Community Empowerment, Inc.
- League of Women Voters of San Joaquin County
- National Alliance on Mental Illness (NAMI)
- People and Congregations Together (PACT)
- Reich's Pharmacy & Medical Supplys
- San Joaquin Council of Governments
- San Joaquin County Aging and Community Services
- San Joaquin County Behavioral Health Services
- San Joaquin County Data Co-Op
- San Joaquin County Housing Authority
- San Joaquin County Office of Education
- San Joaquin County Probation
- San Joaquin Asian-American Chamber of Commerce
- San Joaquin Hispanic Chamber of Commerce
- San Joaquin Regional Transit District
- St. Mary's Dining Room
- Tracy Unified School District
- UC Cooperative Extension
- University of the Pacific
- Wallach & Associates

iii. San Joaquin County Community Residents

This work would not be possible without the support and engagement of county residents. Many community residents volunteered their time as focus group participants or participated in the community survey to provide the critical perspective of residents living, working, and raising families in our communities.

iv. Consultants

- Harder+Company Community Research
- MIG

For more information about consultant qualifications, see Appendix I.

II. COMMUNITY SERVED

A. Definition of Community Served

Each hospital participating in the San Joaquin CHNA defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. While each hospital serves specific geographic regions of the county, for the purpose of collaboration in this assessment all of San Joaquin County is included.

B. Map and Description of Community Served

i. Map

The map below depicts San Joaquin County, the geographic region assessed in this CHNA.

ii. Geographic Description of the Communities Served

San Joaquin County contains both rural and urban areas. The Stockton metro area is divided by the U.S. Census Bureau into four neighborhood clusters: Stockton City North; Stockton City South; Tracy, Manteca and Lathrop cities; and Lodi, Ripon and Escalon cities.

Rural Areas

While 88.8% of the land area in San Joaquin County is rural, only 8.3% of the county's population live in these areas. The rural population is disproportionately white with 57.9% of the residents Caucasian.

The population is also older than the county as a whole with15.6% of residents over 65 years of age. It has lower poverty with a rate of 18.8% and a lower unemployment rate of 11.4%. The rate of agricultural work is three times the county average with 18.6% in rural areas compared to 5.1% in the county as a whole.

Urban Areas

The Stockton-Lodi metropolitan statistical area ranks eighth among the ten most populous metro areas in California in terms of well-being and access to opportunity, as measured by the American Human Development Index (HDI). With an HDI score of 4.34 on a 10-point scale, the Stockton metro area scores well below the California and U.S. averages.

Human Development by Neighborhood Cluster in Stockton Metro Area

	HD Index	Life Expectancy at Birth (Years)	Less than High School (%)	At Least Bachelor's Degree (%)	Graduate or Professional Degree (%)	School Enrollment (%)	Median Earnings (2012 dollars)
California	5.39	81.2	18.5	30.9	11.3	78.5	30,502
Stockton Metro Area	*4.34*	*78.6*	*22.9*	*18.3*	*5.7*	*77.1*	*26,689*
Tracy, Manteca and Lathrop Cities	5.05	79.7	18.5	19.3	5.1	78.8	32,198
Stockton City North	4.62	78.4	17.3	22.8	7.2	79.1	27,600
Lodi, Ripon and Escalon Cities	4.42	79.5	23.4	19.4	6.7	75.0	26,723
Stockton City South	2.86	75.9	35.4	9.9	3.7	75.0	19,698

Tracy and Manteca Area

Although Tracy, Manteca and Lathrop cities score higher than some other parts of the county in the Human Development Index, they still fall below the California average. The HDI score for this area is 5.05 compared to the California score of 5.39. Tracy and Manteca have many of the same priority health needs as San Joaquin County overall. A few of the highlights are listed below.

- Obesity & Diabetes: The diabetes hospitalization rate is elevated in several areas - 174 per 100,000 residents in the Tracy zip code of 95376 and 194 in the Manteca zip code of 95336.

- Education: One of the greatest educational gaps for the area is in higher level education. In California 30.9% of the adult population has at least a Bachelor's degree, but the average for this neighborhood cluster is only 19.3%. Graduate or professional degree attainment is less than half of the average for California.

- Youth Growth and Development: The teen birth rate is highest in the 95376 zip code of Tracy with a rate of 23 births per 1,000 females age 15-19.

- Economic Security: 66.9% of community survey participants in Tracy indicated that a lack of local jobs was among the top three social/economic problems in the community.

- Violence and Injury: The Lathrop zip code of 95330 has the highest unintentional injury of the area with a mortality of 5.89 per 10,000.

- Substance Abuse: Lack of local services in Tracy and Manteca was a key theme among key informants. A map of substance abuse treatment facilities corroborates primary data themes related to substance abuse treatment options, including that resources are limited and more options are needed outside of Stockton.

- Access to Housing: The percentage of households spending more than a third of their income on housing is high in the Tracy-Manteca area, with over 35% of households experiencing high cost burden of housing.

- Access to Medical Care: The increase in utilization of the hospital emergency departments is indicative of the continuing challenge with access to medical care.

- Mental Health: The hospitalization rate for mental health is particularly high in the Tracy-Mountainhouse zip code of 95391, with a rate of 348 per 100,000 residents.

- Oral Health: Access to dental care is especially challenging for low-income residents. The free and discounted dental services in the county are located in Stockton, and there are limited transportation options.

- Asthma/Air Quality: Asthma and poor air quality are major concerns in Tracy and Manteca. 38% of survey respondents in this area reported breathing problems among the top three health problems in their community, and 50% reported air pollution as a major environmental concern.

Some additional differences in health outcomes across various zip codes in the Tracy-Manteca service area are highlighted in Appendix C.

South Stockton

Stockton has faced momentous challenges over the last decade, including a decline in well-being and a decrease in access to opportunity during the recent recession. Stockton ranks very low on the American Human Development (HD) Index. For South Stockton the situation is particularly severe, with an HD score of 2.86 compared to California's score of 5.39.[6] Nearly a quarter of residents fall below the poverty line.[7] Here, families face multi-generational challenges of crime, poverty, low educational attainment, and socio-economic disparity. More than half of the population speaks a language other than English in the home; 56% identify as Hispanic; 13% as Asian, 11% as African American; 11% as

[6] Measure of America calculations using California Department of Public Health 2010-2012 mortality data and U.S. Census Bureau Population Estimates and American Community Survey 2010-2012.

[7] 2008-2012 American Community Survey

Caucasian; and 8% as Native American, Pacific Islander, or multi-racial.

Educational outcomes remain low, with high truancy rates as well as test scores and graduation rates lower than the city as a whole. One in four students drop out of high school in the Stockton Unified School District—almost twice the state average. Over one in ten workers cannot find employment, the second-highest rate of any California metro area. Stockton has the least green space per resident of any metro area, suggesting that children and youth may not have adequate space for healthy recreational activities.[8] These social determinants of health were reflected in a recent door-to-door survey of over 700 residents in South Stockton, in which over half described very limited opportunities for education, health, housing, safety, recreation, and jobs.

Violent crime is a particular challenge in South Stockton. The city of Stockton has a crime rate 50 percent higher than any other California metro area at 889 per 100,000 residents. In 2014, Stockton ranked number one in overall crime for the state,[9] and recently had the highest per capita homicide rate in the nation, with nearly half of the city's homicides occurring in South Stockton. Health disparities related to family trauma are also of concern, including emotional trauma inflicted by abuse, neglect, and exposure to violent crime. The number of domestic violence calls is 37% higher in San Joaquin County than in California as a whole.

South Stockton experiences tremendous disparities in health outcomes. In 2012, the Central Valley Health Policy Institute's Place Matters report found that residents in the city's wealthier areas had a life expectancy of 90 years compared with just 69 years in Stockton's lower income, multi-ethnic zip codes.

iii. **Demographic Profile**

The following data provide an overall picture of the San Joaquin County population. Demographic and socioeconomic data present a general profile of residents, while overall health indicators present an assessment of the health of the county. Key drivers of health (e.g., health care insurance, education, and poverty) illuminate important upstream conditions that affect the health of San Joaquin today and into the future. Finally, climate and physical environment indicators complement these socioeconomic indicators to provide a comprehensive understanding of the determinants of health in San Joaquin County. All indicators include California comparison data as a benchmark to determine disparities between San Joaquin County and the state. Healthy People 2020 benchmarks are also included when available.

San Joaquin County faces many of the same challenges seen throughout the state, but often to a greater degree. Unemployment, poverty, and lack of education are key health drivers that can directly impact health outcomes. Overall, San Joaquin residents rate their health as poorer than the state overall, and there are notable disparities between the county and the state, including in obesity rates, asthma prevalence, and cancer mortality.

[8] Social Science Research Council, Measure of America, A Portrait of California 2014-2015, Stockton Metro Area Close-up
[9] According to the State of California, Office of the Attorney General's Report on Violent Crime

San Joaquin County and California Demographic and Socioeconomic Data[10]		
Indicator	**San Joaquin County**	**California**
Demographic and Socioeconomic Information		
Total Population	701,050	38,066,920
Median Age	33.2 years	35.6 years
Under 18 Years Old	28.5%	24.2%
65 Years Old and Older	11.0%	12.1%
White	57.8%	62.1%
Hispanic/Latino	39.7%	38.2%
Some Other Race	11.5%	12.9%
Asian	14.6%	13.5%
Multiple Races	7.5%	4.5%
Black	7.2%	5.9%
Native American/Alaskan Native	0.9%	0.8%
Native Hawaiian/Pacific Islander	0.6%	0.4%
Median Household Income	$53,253	$61,489
Unemployment[11]	10.6%	7.9%
Linguistically Isolated Households	9.2%	9.6%
Households with Housing Costs > 30% of Total Income[12]	44.9%	45.9%

[10] Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2010-14 American Community Survey 5-Year Estimate.
[11] US Department of Labor, Bureau of Labor Statistics, 2015.
[12] US Census Bureau, 2009-13 American Community Survey 5-Year Estimate.

San Joaquin County and California Health Profile Data[13]			
Indicator	**SJ County**	**California**	**Healthy People 2020[14]**
Overall Health			
Mean Community Need Index Score[15]	4.0	--	--
Diabetes Prevalence (Age-adjusted)[16]	10.4%	8.1%	--
Adult Asthma Prevalence[17]	20.8%	13.8%	--
Adult Heart Disease Prevalence[18]	6.2%	6.3%	--
Poor Mental Health[19]	18.2%	15.9%	--
Adults with Self-Reported Poor or Fair Health (Age-adj)[20]	22.0%	18.4%	--
Adult Obesity Prevalence (BMI > 30)[21]	29.1%	22.3%	≤ 30.5%
Child Obesity Prevalence (Grades 5, 7, 9) (BMI>30)[22]	21.0%	19.0%	≤ 16.1%
Adults with a Disability[23]	34.2%	29.9%	--
Infant Mortality Rate (per 1,000 births)[24]	5.8	5.0	≤ 6.0
Cancer Mortality Rate (Age-adjusted) (per 100,000 Pop.)[25]	174.9	157.1	≤ 160.6
Key Drivers of Health			
Low Income Individuals (<200% FPL)	41.3%	35.9%	--
Children in Poverty (<100% FPL)	24.5%	22.2%	--
Age 25+ with No High School Diploma	22.7%	18.8%	--
Percent Cohort Graduating High School Within 4 Years[26]	80.3%	81.0%	≥ 82.4%
3rd Grade Reading Proficiency[27]	34.0%	45.0%	--
Percent of Population Uninsured[28]	16.1%	16.7%	--
Percent of Population Receiving MediCal/Medicaid[29]	30.9%	23.2%	--
Climate and Physical Environment			
Days Exceeding Particulate Matter 2.5 (Pop. Adjusted)[30]	10.1%	4.2%	--
Days Exceeding Ozone Standards (Pop. Adjusted)[31]	1.6%	2.5%	--
Pounds of Pesticides Applied per square mile[32]	7,726	1,183	--
Population within Half Mile of Public Transit[33]	16.8%	15.5%	--

[13] Unless noted otherwise, all data presented in this table is from the US Census Bureau, 2009-13 American Community Survey 5-Year Estimate.
[14] Whenever available, Healthy People 2020 Benchmarks are provided. Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
[15] Dignity Health Community Need Index Score accessed via http://cni.chw-interactive.org/. Score is average of zip code scores across county on scale 0.0-5.0, with 5.0 representing the highest need. Score indicates need by averaging 5 barrier scores: Income Barrier, Cultural Barrier, Education Barrier, Insurance Barrier, and Housing Barrier.
[16] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[17] California Health Interview Survey, 2014.
[18] California Health Interview Survey, 2011-12.
[19] California Health Interview Survey, 2013-14.
[20] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12.
[21] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[22] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[23] California Health Interview Survey, 2011-12.
[24] Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2006-10.
[25] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
[26] California Department of Education, 2013-14.
[27] Standardized Testing and Reporting (STAR) Results, 2010-11 and 2012-13, from California Department of Education, Accessed via kidsdata.org, 2013.
[28] US Census Bureau, American Community Survey 1-Year Estimate, 2014.
[29] Ibid.
[30] Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008.
[31] Ibid.
[32] California Department of Pesticide Regulation (CDPR), 2013; square mileage from U.S. Census Bureau.
[33] Environmental Protection Agency, EPA Smart Location Database, 2011.

Leading Causes of Death and Disability in San Joaquin County, 2011-2013[34]		
Cause of Death	**San Joaquin County***	**California***
1. All cancers	171.3	151.0
2. Coronary heart disease	107.8	103.8
3. Cerebrovascular disease (stroke)	45.5	35.9
4. Chronic lower respiratory disease	44.4	35.9
5. Alzheimer's disease	44.1	30.8

* Age-Adjusted Mortality Rate (Per 100,000 Residents)

Emergency Department Utilization in San Joaquin County[35]		
Year	**San Joaquin County Number of ED Visits**	**Annual Increase in Utilization**
2010	206,891	
2011	215,181	4.0%
2012	220,569	2.5%
2013	228,488	3.6%
2014	245,873	7.6%

	Emergency Department Utilization (2014)[36]		
Region	**Number of ED Visits**	**Population**	**Utilization Rate (ED visits per 1,000 individuals per year)**
San Joaquin County	245,873	715,597	343
California	11,562,550	38,802,500	298

The growing Emergency Department (ED) utilization rate is notable, with an 18.8% increase over the five-year period of 2010-2014. The top 10 principal diagnosis codes for Emergency Department visits in California include: upper respiratory infections, abdominal pain, urinary tract infection, chest pain, headache, fever, ear infection, head injury and pharyngitis. Many of these issues can be treated effectively in a primary care provider's office and do not require an Emergency Department visit. The fact that so many patients are seeking treatment for these ambulatory-sensitive conditions in the ED is indicative of the need to continue increasing access to care.

iv. Primary Data

Community input was critical to the 2016 CHNA process. Through a community survey, key informant interviews, and focus groups, residents and key stakeholders provided invaluable input about the top health needs in their communities. The following section summarizes the findings from specific data sources; more holistic findings are found in Section VI.

[34] California Department of Public Health, OHIR San Joaquin County's Health Status Profile for 2015, 2011-2013.
[35] California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.
[36] California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.

C. Findings from Community Survey Data (Quantitative)

A community survey was administered to 2,927 residents of San Joaquin County to collect information about a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing drivers of each health need. The surveys were conducted on paper, online or in person in multiple languages (English, Spanish, Hmong, Cambodian). For a summary of detailed findings from the Community Survey, see Appendix D.

Community Survey Findings*	
Top Five Identified Health Issues	*% (n=2927)*
1. Youth violence	30.3%
2. Diabetes	30.0%
3. Breathing problems/asthma	27.7%
4. Mental health issues	26.7%
5. Obesity	26.6%
Top Five Identified Health Behaviors	*% (n=2927)*
1. Drug abuse	41.4%
2. Alcohol abuse	38.0%
3. Poor eating habits	35.2%
4. Lack of exercise	34.6%
5. Life stress/not able to deal with life stresses	27.5%
Top Five Identified Social/Economic Problems	*% (n=2927)*
1. Not enough local jobs	61.3%
2. Homelessness	39.5%
3. Poverty	34.6%
4. Not enough interesting activities for youth	31.7%
5. Fear of crime	28.8%
Top Five Identified Environmental Problems	*% (n=2927)*
1. Air pollution	39.0%
2. Not enough safe places to be physically active	34.3%
3. Poor housing	29.3%
4. Cigarette smoke	28.6%
5. Trash on streets and sidewalks	27.3%

* Respondents were asked to select top three for each question; totals do not sum to 100%.

D. Findings from Key Informant Interviews and Focus Groups (Qualitative)

Thirty-four interviews were conducted to obtain information from key informants (stakeholders) about a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing drivers of each health need. Additionally, 27 focus groups were conducted to engage residents in conversation about strengths and needs in their communities. Although informants had various areas of expertise, key informant interviews were intended to give a broad perspective on community health status across the county, while focus groups addressed neighborhood-specific concerns.

Interviews and focus groups corroborated findings of the community survey. In particular, interviewees most often cited obesity and diabetes, violence, substance use, and asthma or poor air quality as top concerns. Focus group participants also discussed violence, opportunities to be active and eat healthy food,

and barriers to accessing affordable and culturally competent health care. In addition, several cross-cutting themes emerged in discussions with focus group participants that speak to a broader consideration of community structure and cohesion. In working towards equal opportunities for people to lead safe, active, and healthy lifestyles, San Joaquin residents cited challenges in garbage on the street and blight. Residents in many focus groups also noted that relationships with law enforcement officials are a barrier to feeling safe and supported in their community. Several themes emerged around community strengths as well. Focus group participants noted that they felt that a strong sense of community vibrancy and engagement with their neighbors, and they identified diversity within their neighborhoods as a key community strength.

For a summary of detailed findings from qualitative subjective data, see Appendix E.

III. METHODS USED TO CONDUCT THE CHNA

The CHNA process used a mixed-methods approach to collect and compile data to provide a robust assessment of health in San Joaquin County. A broad lens in qualitative and quantitative data allowed for the consideration of many potential health needs as well as in-depth analysis. The following section outlines the data collection and analysis methods used to conduct the CHNA.

A. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

The Core Planning Group used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publicly available data sources. Additional secondary data were compiled and reviewed from existing sources including the California Health Interview Survey, American Community Survey, and California Healthy Kids Survey. In addition to statewide and national survey data, previous CHNAs and other relevant external reports were reviewed to identify existing data on additional indicators at the county level. For details on the specific source and years for each indicator reported, please see Appendix A.

ii. Methodology for Collection, Interpretation and Analysis of Secondary Data

Secondary data were organized by a framework of potential health needs, a broad list of needs relevant to San Joaquin County. The consulting team and Core Planning Group finalized this framework in advance of analysis.

Where available, San Joaquin County data were considered alongside relevant benchmarks including the California state average, Healthy People 2020, and the United States average. Secondary data were compared to a benchmark, most often the California state average. If no appropriate benchmark was available, an indicator could not be scored; however, such indicators remain in the final data book (Appendix A) and were used to provide supplementary information about identified health needs. In areas of particular health concern, data were also collected at smaller geographies, where available, to allow for more in-depth analysis and identification of community health issues. Data on gender and race/ethnicity breakdowns were analyzed for key indicators within each broad health need where subpopulation estimates were available.

B. Primary Data - Community Input

i. Description of the Community Input Process

Community input was provided by a broad range of residents and leaders through a community survey, key informant interviews, and focus groups.

A community survey was administered to 2,927 residents of San Joaquin County in the participant's self-identified dominant language (English or Spanish) or verbally in other languages (Hmong or Cambodian). Approximately 10% of surveys were administered in Spanish. The survey was available online and in a paper version. Among all respondents, 19.2% were under age 25 and 7.2% were over age 60. Respondents were 71.7% female, 43.0% identified as Latino, and 26.6% spoke Spanish at home.

A total of 34 individuals identified by the Core Planning Group as having valuable knowledge, information, and expertise were interviewed. Interviewees included representatives from the local public health department, as well as leaders, representatives, and members of medically underserved, low-income, minority populations, and those with a chronic disease. Other individuals from various sectors with expertise in local health needs were also consulted. To maximize resources and strengthen relationships, all interviews were conducted by members of the Core Planning Group. For a complete

list of individuals who provided input, see Appendix F. For a summary of key themes related to health needs that arose from these interviews, see Appendix E.

Additionally, 29 focus groups were conducted throughout the County, reaching 348 residents. To maximize resources and leverage relationships with community groups and residents, these groups were facilitated by local volunteers who had been trained by MIG staff. Community partners provided invaluable assistance in recruiting and enrolling focus group participants. Individuals who participated in focus groups included leaders, representatives, or members of medically underserved, low-income, chronically diseased, and minority populations. Participants also represented a breadth of geographic regions, racial/ethnic subpopulations, and age categories. For more information about specific populations reached in focus groups, see Appendix F. For a summary of key themes related to health needs that arose from these focus groups, see Appendix E.

ii. Methodology for Collection and Interpretation

Survey and interview protocols were developed by the consulting team with substantial input from the Core Planning Group, and were designed to inquire about top health needs in the community, as well as a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing drivers of each health need. Additionally, the community survey collected data about specific issues, including current insurance status and public opinion of alcohol, tobacco, and sugar-sweetened beverage advertisements. For more information about interview and survey protocols, see Appendix G. Focus groups were designed to be broader discussions to assess strengths and needs of the community.

All qualitative data were coded and analyzed using Excel. Because the Core Planning Group conducted all interviews and focus groups, the consulting team coded their summaries rather than full transcripts. A codebook with robust definitions was developed to assign codes to each summary for information related to each potential health need, as well as to identify comments related to specific drivers of health needs, subpopulations or geographic regions disproportionately affected, existing assets or resources, and community recommendations for change. At the onset of analysis, several interview and focus group summaries were coded by two members of the analysis team to ensure inter-coder reliability and minimize bias. Transcripts were analyzed to examine the health needs identified by the interviewee or group participants.

C. Written Comments

As required under ACA, each hospital also provided the public an opportunity to submit written comments on the facility's previous CHNA Report through their website. These websites will continue to allow for written community input on each facility's most recently conducted CHNA Report.

D. Data Limitations and Information Gaps

The KP CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. While changes to the platform are ongoing, the data presented in this report reflect estimates presented on the KP CHNA data platform on September 15, 2015. Supplementary secondary data were obtained from reliable data platforms including U.S. Census American FactFinder, askCHIS, and others. However, as with any secondary data estimates, there are some limitations with regard to this information. With attention to these limitations, the process of identifying health needs was based on triangulating primary data and multiple indicators of secondary data estimates. The following considerations may result in unavoidable bias in the analysis.

- Some relevant drivers of health needs could not be explored in secondary data because

information was not available.

- Many data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, limiting the ability to examine disparities of health within the community.
- In all cases where secondary data estimates by race/ethnicity are reported, the categories presented reflect those collected by the original data source, which yields inconsistencies in racial labels within this report.
- For some county level indicators, data are available but reported estimates are statistically unstable; in this case estimates are reported but instability is noted.
- Secondary data collection was subject to differences in rounding from different data sources; e.g., Kaiser Platform indicators are rounded to the nearest hundredth, whereas other data sources report only to the nearest tenth or whole number.
- Data are not always collected on a yearly basis, meaning that some data estimates are several years old and may not reflect the current health status of the population. In particular, data reported from prior to 2013 should be treated cautiously in planning and decision-making.
- California state averages and, where available, United States national averages and Healthy People 2020 goals are provided for context. No analysis of statistical significance was done to compare county data to a benchmark; thus, these benchmarks are intended to provide contextual guidance and do not intend to imply a statistically significant difference between county and benchmark data.

Primary data collection and the prioritization process are also subject to information gaps and limitations. The following limitations should be considered in assessing validity of the primary data.

- Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; the Collaborative sought to receive input from a robust and diverse group of stakeholders to minimize this bias.
- The final prioritized list of health needs is also subject to the affiliation and experience of the individuals who attended the Prioritization Day event, and to how those individuals voted on that particular day. The closeness in priority scores suggests that all identified health needs are of importance to stakeholders in San Joaquin County. While a priority order has been established during this needs assessment process, narrow differences in the results highlight the importance of directing attention and resources to each identified resource to the extent possible.

IV. IDENTIFICATION AND PRIORITIZATION OF THE COMMUNITY'S HEALTH NEEDS

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, a "health need" is defined as a health outcome and/or the related conditions that contribute to a defined health outcome. In this context, potential health needs are intended to identify a condition or related set of conditions, rather than a specific population of high need. Within each health need, populations of high risk are explored. A total of 19 potential health needs were examined, as outlined in the Table below.

Health Need	Definition
Access to Medical Care	Data related to health insurance, care access, and preventative care utilization for physical, mental, and oral health
Access to Housing	Data related to cost, quality, availability, and access to housing
Asthma and COPD	Known drivers of asthma and other respiratory diseases,
Cancers	Known drivers of cancers, and other health outcomes related to cancers
Child Mental and Emotional Development	Data related to development of mental and emotional health in young children, particularly ages 0-5
Climate and Health	Data related to climate and environment, and related health impacts
CVD and Stroke	Known drivers of heart disease and stroke, and related cardiovascular health outcomes
Economic Security	Data related to economic well-being, food insecurity, and drivers of poverty
Education	Data related to educational attainment and academic success, from preschool through post-secondary education
HIV/AIDS/STD	Known drivers of sexually transmitted infections
Mental Health	Data related to mental health and well-being, access to and utilization of mental health care, and mental health outcomes
Obesity and Diabetes	Data related to healthy eating and food access, physical fitness and active living, overweight/obesity prevalence
Oral Health	Data related to access to oral health care, utilization of oral health preventative services, and oral disease prevalence
Overall Health	Data related to overall community health including self-rated health and all-cause mortality
Pregnancy and Birth Outcomes	Data related to behaviors, care, and outcomes occurring during gestation, birth, and infancy; includes health status of both mother and infant
Substance Abuse and Tobacco	Data related to all forms of substance abuse including alcohol, marijuana, tobacco, illegal drugs, and prescription drugs
Vaccine-Preventable Infectious Disease	Data related to vaccination rates and prevalence of vaccine-preventable diseases
Violence and Injury	Data related to intended and unintended injury such as violent crime, motor vehicle accidents, domestic violence, and child abuse
Youth Growth and Development	Data related to supports and outcomes affecting youth ability to develop to their full potential as adults, particularly focused on adolescents

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

The secondary data were compared to a benchmark estimate, in most cases the California state estimate. It was considered to indicate concern if the San Joaquin County estimate was poorer by at least 1% when compared to the benchmark estimate. Additionally, content analysis was used to analyze key themes in both the Key Informant Interviews and Focus Groups. Section V contains more information on quantitative and qualitative data analysis.

Potential health needs were included in the prioritization process if:

a. Multiple distinct indicators reviewed in secondary data demonstrated that the county estimate was poorer by more than 1% when compared to the benchmark estimate (in most cases, California state average).
b. Health issue was identified as a key theme in at least five interviews.
c. Health issue was identified as one of the top three health issues, health behaviors, or social and economic issues by at least 20% of survey respondents.

If a health need was mentioned overwhelmingly in interviews but did not meet criteria related to secondary data, the analysis team conducted an additional search of secondary data to confirm that all valid and reliable data concurred with the initial secondary data finding and to examine whether indicators for the health need disproportionately impact specific geographic, age, or racial/ethnic subpopulations. However, no potential health need was identified to move forward for discussion and prioritization by the Steering Committee unless it was confirmed by both secondary and primary data.

Harder+Company summarized the results of this analysis in a matrix which was then reviewed and discussed by the Core Planning Group.

Eighteen health needs were identified that met the first criterion of having a high secondary data score. Only 12 of these health needs met the additional criteria of being identified as a theme in key leader interviews or focus groups. Of these, the salient theme related to Climate and Health was poor air quality. For this reason, the Core Planning Group decided not to include Climate and Health as an identified health need, but rather to capture data about poor air quality data with data about Asthma and COPD. As such, the final prioritized list reflects 11 distinct health needs.

B. Process and Criteria Used for Prioritization of the Health Needs

The Criteria Weighting Method, a mathematical process whereby participants establish criteria and assign a priority ranking to issues based on how they measure against the criteria, was used to prioritize the 11 health needs. This enabled consideration of each health need from different facets, and allowed the Core Planning Group to weight certain criteria to use a multiplier effect in the final score.

Additionally, while the calculated values provide an overall priority score to help indicate which health needs are the highest priorities, the results are not intended to dictate the final policy decision, but offer a means by which choices can be ordered.[37]

[37] www.cdc.gov/od/ocphp/nphpsp/documents/Prioritization.pdf

To determine the scoring criteria, the Core Planning Group reviewed a list of potential criteria and selected a total of four:

Criteria	Definition
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Disparities	The health need disproportionately impacts specific geographic, age, gender, or racial/ethnic subpopulations.
Impact	Solution could impact multiple problems. Addressing this problem would impact multiple health issues.
Prevention	Effective and feasible prevention is possible. There is an opportunity to intervene at the community level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policies.

In order to develop a weighted formula to use in prioritization, each member of the Core Planning Group assigned a weight to each criterion between 1 and 5. A weight of 1 indicated the criterion is not that important in prioritizing health issues whereas a weight of 5 indicated the criterion is extremely important in prioritizing health issues. The average of weights assigned by members of the Core Planning Group for each criterion were used to develop the formula below to provide a final formula to use in scoring health needs for prioritization.

Overall Score = (1.5*Severity) + (1.5*Disparities) + (1.4*Impact) + (1.3*Prevention)

The Steering Committee with additional hospital representatives was convened on November 12, 2015, to review the health needs identified, discuss the key findings from CHNA, and prioritize top health issues that need to be addressed in the County. A total of 45 participants attended this half-day session. In order to prioritize the list of identified health needs, participants rated each one using the four criteria discussed above, after each health need was reviewed and discussed. The table below outlines the results average scores of the ratings on each of these.

Health Needs in Priority Order					
Final Results		**Unweighted Scores by Criteria**			
Health Need	**Weighted Score**	**Severity**	**Disparities**	**Impact**	**Prevention**
1. Obesity/Diabetes	34.72	6.22	5.62	6.18	6.39
2. Education	33.98	6.07	5.73	6.18	5.87
3. Youth Growth and Development	33.66	5.86	5.91	6.07	5.77
4. Economic Security	32.99	6.07	5.84	6.22	4.93
5. Violence and Injury	32.69	5.84	6.16	5.58	5.30
6. Substance Use	32.48	6.13	5.42	5.76	5.46
7. Access to Housing	31.75	5.87	5.51	5.76	5.09
8. Access to Medical Care	31.69	5.71	5.71	5.58	5.20
9. Mental Health	31.33	6.04	4.73	5.91	5.30
10. Oral Health	29.81	4.89	5.48	4.86	5.73
11. Asthma/Air Quality	29.66	5.42	5.27	4.89	5.22

V. ASSESSMENT FINDINGS: HEALTH NEEDS

A. Overview of Community Health Needs Identified through 2016 CHNA

In descending priority order, established per the rating at the end of the half-day Steering Committee convening, these priority health needs have been identified in San Joaquin County. It was also the consensus of the group that the order should not be used to discount the importance of any of the 11 problems discussed since the differences were so slight. All 11 of the health needs will be considered in the subsequent CHIP. The following Health Profiles highlight data from each priority health need.

Obesity and Diabetes
Education
Youth Growth and Development
Economic Security
Violence and Injury
Substance Use
Access to Housing
Access to Medical Care
Mental Health
Oral Health
Asthma/Air Quality

Obesity & Diabetes

Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent leading causes of death nationwide, as well as among residents of San Joaquin County. Primary and secondary data indicate that there are many risk factors in common, such as unhealthy eating and lack of physical activity. Community concerns raised reflect this in that residents recognized that access to affordable healthy foods is limited in at-risk neighborhoods, and there are not enough safe places to enjoy every day physical activity. Diabetes is of particular concern as San Joaquin County has one of the highest rates in California for diabetes mortality.

Key Data

Indicators

Percent of Adults Overweight or Obese (BMI > 25.0)[38]

Percent of Youth Obese (BMI > 30.0)[39]

Diabetes Mortality, Adult[40]

Age-adjusted; Rate per 100,000 population

Community Feedback

"These issues [health needs] are all **interconnected**. There is a ripple effect which may be direct or indirect (e.g., it's not safe so children don't go out and play)."
– Interviewee

"Lifelong habits are very hard to break – our new technology is creating a paradigm shift with new habits that increasingly interfere with healthy behaviors."
– Interviewee

30% of Community Survey respondents report that diabetes is a top health concern in their community.

Key Themes Expressed by Residents and Stakeholders

Poor nutrition

- Healthy foods are too expensive
- Education needed about healthy foods and the effects of nutrition
- Too busy to eat healthy

Lack of physical activity

- Not enough safe, green space
- Lack of safe places to bike, walk, or hike
- Lack of affordable exercise options
- Community violence and traffic safety constraints inhibit playing outside

[38] California Health Interview Survey, 2014.
[39] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[40] California Department of Public Health, 2009-11.

Obesity & Diabetes (continued)

Related Health Outcomes

Adult Diabetes Prevalence
Age- adjusted[41]

10.4 | 8.1
San Joaquin | California

Adult Prediabetes Prevalence
Estimate†,[42]

47 | 46
San Joaquin | California

Prediabetes and Diabetes Prevalence (combined)
% of adult pop

57 | 55
San Joaquin | California

Ischaemic Heart Disease Prevalence (Medicare enrollees)
% of Medicare fee-for-service pop[43]

29.3 | 26.1
San Joaquin | California

A new study estimates that 47 percent of San Joaquin adults – including one out of three young adults – have prediabetes or undiagnosed diabetes.

Stroke Mortality, Adult
Age-adjusted mortality rate per 100,000 pop.[44]

45.8 | 37.4
San Joaquin | California

Nutrition

Low Fruit and Vegetable Consumption
% adults consuming <5 servings of fruit and vegetables[45]

65.6 | 71.5
San Joaquin | California

35.2% of Community Survey respondents indicated poor eating habits is a high concern in their community.

Fast Food
Fast food establishments per 100,000 pop.[46]

59.1 | 74.5
San Joaquin | California

Sweetened Beverages
% children age 2-11 consuming1+ sugar-sweetened beverages on previous day[47]

38.3 | 27.0
San Joaquin | California

Grocery Stores
Grocery stores per 100,000 pop.[48]

23.2 | 21.5
San Joaquin | California

† The estimate of prediabetes is based on predictive models developed using 2009-2012 NHANES data and applied to CHIS 2013-14 data. Prediabetes estimates include adults with undiagnosed diabetes (approximately 3.9% of adults nationally).

[41] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[42] University of California Los Angeles Center for Health Policy Research, Prediabetes Rates by County, 2016.
[43] Centers for Medicare and Medicaid Services, 2012.
[44] University of Missouri, Center for Applied Research and Environmental Systems., California Department of Public Health (CDPH), Death Public Use Data, 2010-12.
[45] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2005-09.
[46] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011.
[47] California Health Interview Survey, 2011-12.
[48] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011.

Obesity & Diabetes (continued)

Additional Data and Trends

Social and Economic Risks

Food Insecurity
% population experiencing food insecurity[49]

18.0 | 16.2
San Joaquin | California

Poverty and Food Access
% of low-income pop. with low food access[50]

4.6 | 3.4
San Joaquin | California

Physical Activity

Health Behaviors
% adults with no leisure time activity[51]

18.6 | 16.6
San Joaquin | California

% youth in grades 5,7,9 with "high risk" or "needs improvement" aerobic capacity[53]

42.5 | 35.9
San Joaquin | California

Safe Active Places

34.3%
of Community Survey respondents indicated that there are not enough safe active places in their community.

Physical Environment
% pop. living ½ mile from a park[52]

45.6 | 58.6
San Joaquin | California

Recreation and fitness centers per 100,000 pop.[54]

5.0 | 8.7
San Joaquin | California

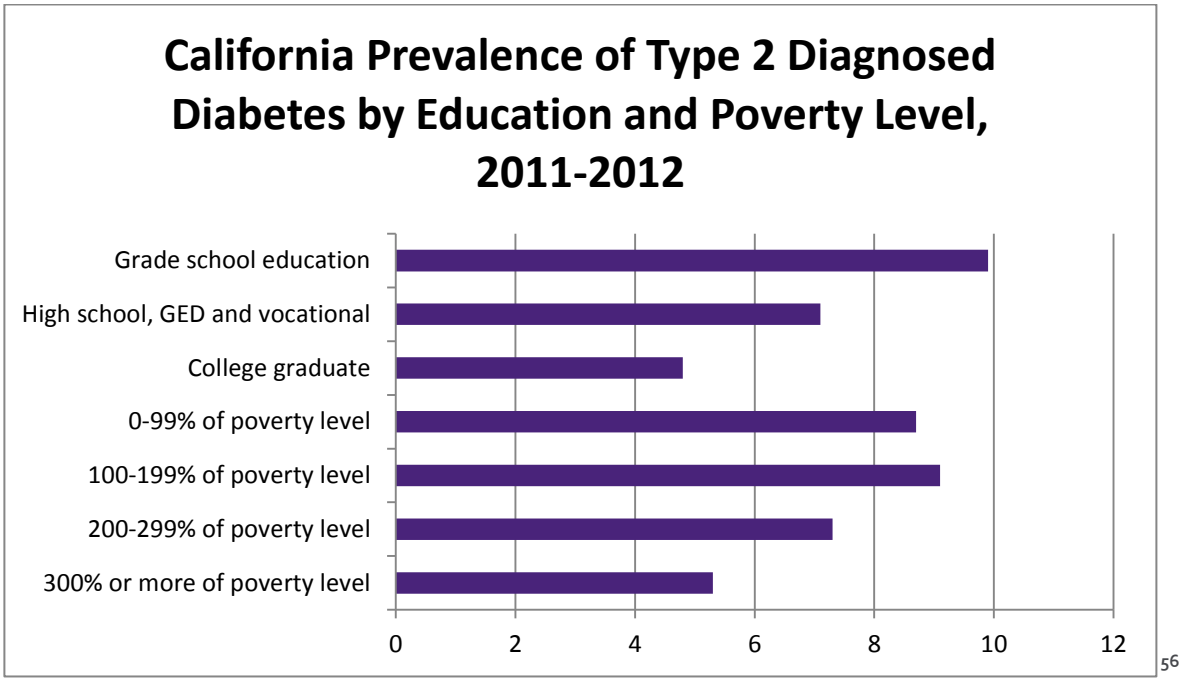
Clinical Care

Diabetes Management
% diabetic Medicare patients with HbA1c test[55]

83.9 | 81.5
San Joaquin | California

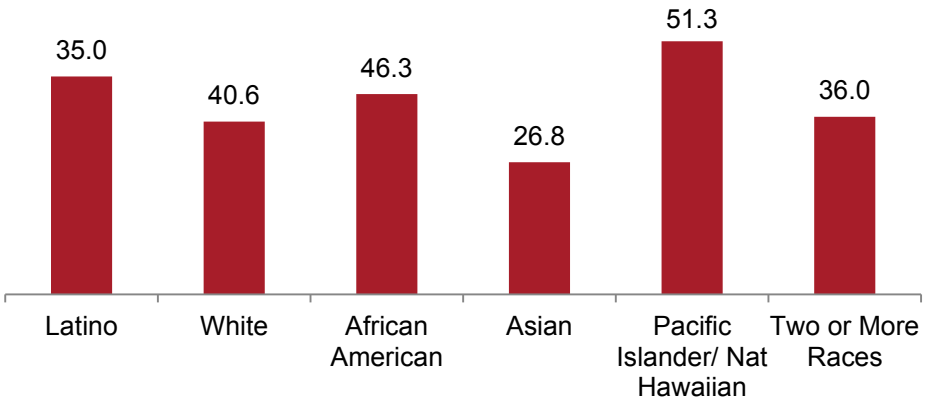
[49] Feeding America, Child Food Insecurity Data, 2012.
[50] U.S. Department of Agriculture, Economic Research Service, 2010.
[51] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[52] US Census Bureau, Decennial Census. ESRI Map Gallery, 2010.
[53] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[54] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2012.
[55] Dartmouth College Institute for Health Policy and Clinical Practice, Dartmouth Atlas of Health Care, 2012.

Obesity & Diabetes (continued)



[56]

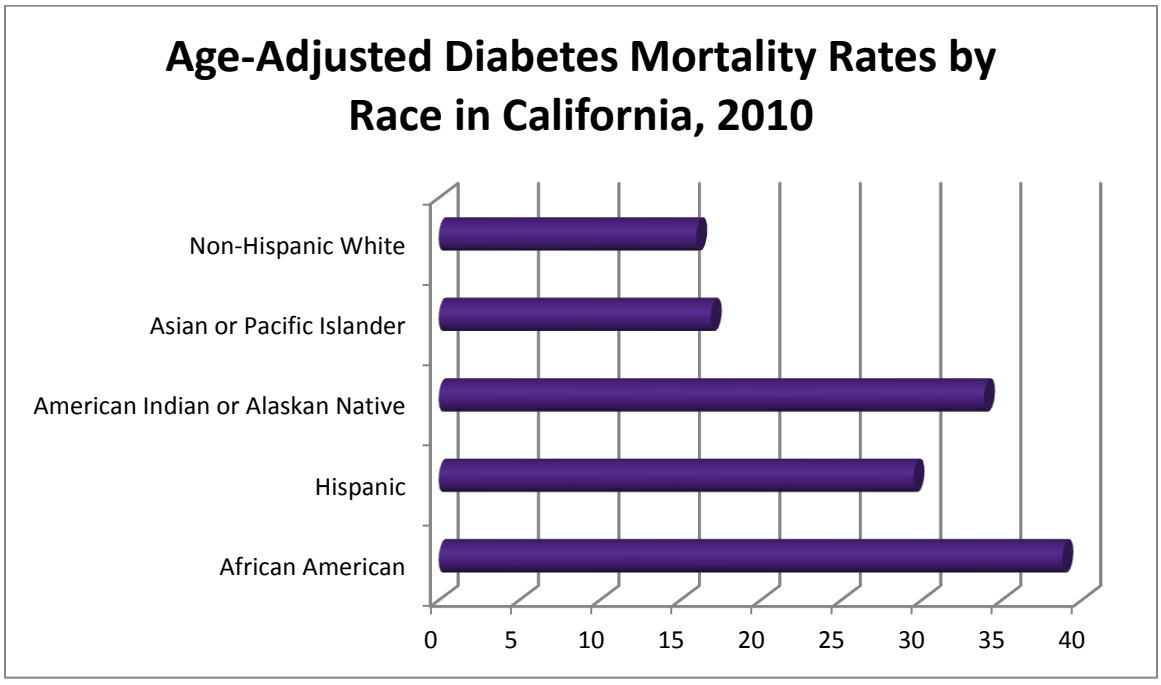
Percent of Youth Overweight and Obese in San Joaquin County by Race/Ethnicity[57]



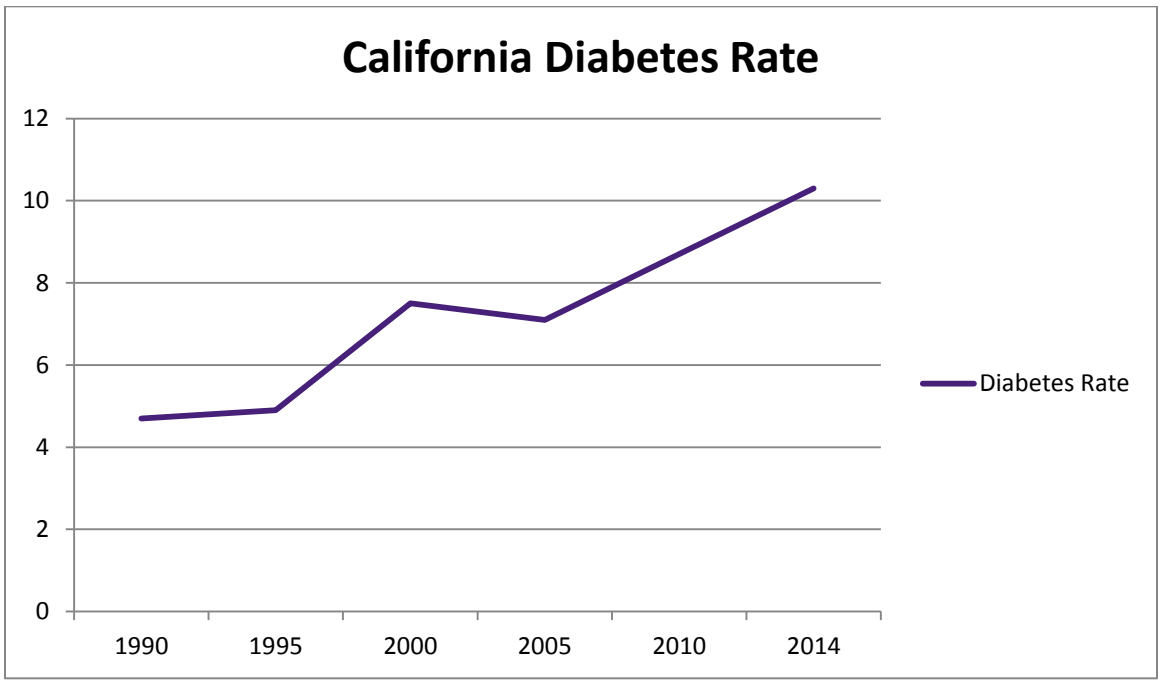
[56] California Health Information Survey (CHIS) 2011–2012 Adult Survey.

[57] California Department of Education, Physical Fitness Testing Research Files (Dec. 2015).

Obesity & Diabetes (continued)



[58]

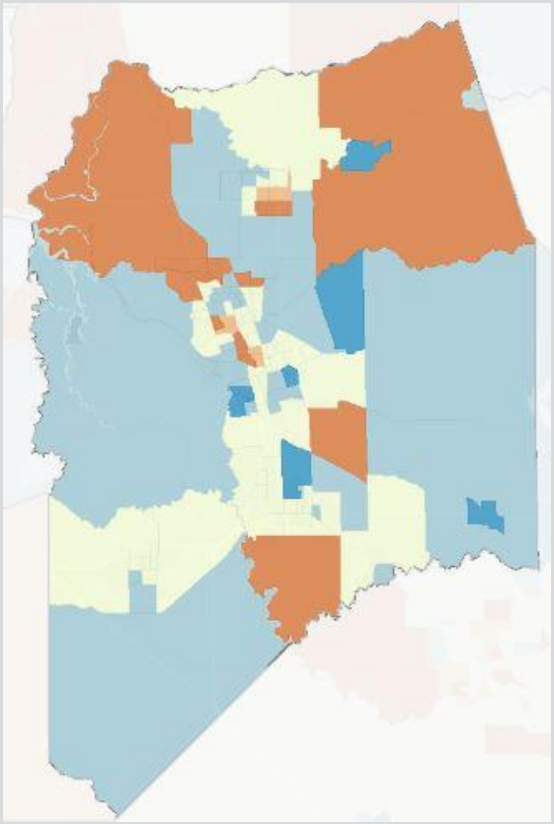


[59]

[58] CDC WONDER Online Database released 2012.
[59] The State of Obesity, Trust for America's Health and Robert Wood Johnson Foundation

Salient Disparities

Geographic Distribution of Food Retailers in San Joaquin County



Modified Retail Food Environmental Index[60]

The Modified Retail Food Environmental Index (mRFEI) measures the number of healthy and less healthy food retailers in an area. This map displays geographic disparities in access to healthy foods across San Joaquin County.

Key

- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)

[60] Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity (DNPAO), 2011.

Obesity & Diabetes (continued)

Examples of Existing Community Assets†

Free Mobile Farmers' Markets	Health Education Programs	Public Health Department
		

Ideas from Focus Group and Interview Participants†

- Increase safe areas for children to play
- Create urban community gardens
- Offer healthy cooking classes and support groups for overeaters
- Offer daily Meals on Wheels service, not frozen food for the week
- Support walkable communities in the city's General Plan
- Provide alternative recreation options during poor air quality days

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Education

There is an important relationship between education and health. People with limited education tend to have much higher rates of disease and disability, whereas people with more education are likely to live longer, practice healthy behaviors, and experience better health outcomes for themselves and their children. In San Joaquin County, graduation rates are lower than the California state average, as is reading proficiency among third graders. Community members and key stakeholders highlighted education as an important health need and suggested strategies such as affordable preschool and culturally responsive education to improve outcomes.

Key Data

Indicators

Third Grade Reading Level[61]

Percentage of all public school students who scored proficient or advanced on the English Language Arts California Standards Test

Percent of Population Age 25+ with High School Diploma[62]

Percent of Population Age 25+ with Associate Degree or Higher[63]

Community Feedback

20.1% of Community Survey respondents report that a lack of education was a major social/economic concern in their community.

"I feel education and ongoing support are the two most important tools a community can have for change."
– Interviewee

Key Themes Expressed by Residents and Stakeholders

Lack of quality education and workforce support

- Need for better schools and more relevant courses
- Lack of a skilled and educated workforce

Note: California state average estimates are included for reference. Differences between San Joaquin County and California state estimates are not necessarily statistically significant.

[61] California Dept. of Education, Standardized Testing and Reporting (STAR) Results, 2013.
[62] US Census Bureau, American Community Survey, 2009-13.
[63] Ibid.

Education (continued)

Early Childhood Education

Preschool Enrollment
% of children age 3-4 enrolled in Head Start, licensed child care, nurseries, Pre-K, registered child care, and other cares[64]

38.6 | 47.8
San Joaquin | California

Head Start Programs Rate
Rate per 10,000 children under age 5[65]

10.1 | 6.3
San Joaquin | California

English Language Learners

English Performance among English Language Learners (Grade 10)
% of English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts[66]

33.0 | 38.0
San Joaquin | California

Math Performance among English Language Learners (Grade 10)
of English language learners (grade 10) who passed the California High School Exit Exam in Math[67]

56.0 | 54.0
San Joaquin | California

English Performance among English Language Learners (Grade K-12)
% of English language learners (K-12) who met California English Language Development Test (CELDT) criteria for proficiency[68]

38.0 | 39.0
San Joaquin | California

Retention

Expulsion
Rate of expulsion per 100 enrolled K-12 public school students[69]

0.2 | 0.1
San Joaquin | California

Suspension
Rate of suspension per 100 enrolled K-12 public school students[70]

7.9 | 3.8
San Joaquin | California

Post-Secondary Education

College Preparation
% of students meeting UC or CSU course requirements[71]

27.0 | 41.9
San Joaquin | California

Postsecondary Enrollment in U.S.
% of high school graduates enrolled in a postsecondary institution in the U.S. within 16 months after graduation[72]

71.7 | 74.4
San Joaquin | California

[64] US Census Bureau, American Community Survey, 2014.
[65] US Department of Health & Human Services, Administration for Children and Families, 2014.
[66] California Department of Education, 2014.
[67] Ibid.
[68] California Department of Education, 2014-15.
[69] Ibid.
[70] Ibid.
[71] California Department of Education, California Basic Educational Data System (CBEDS), 2014.
[72] California Department of Education, 2008-09.

Education (continued)

Salient Disparities

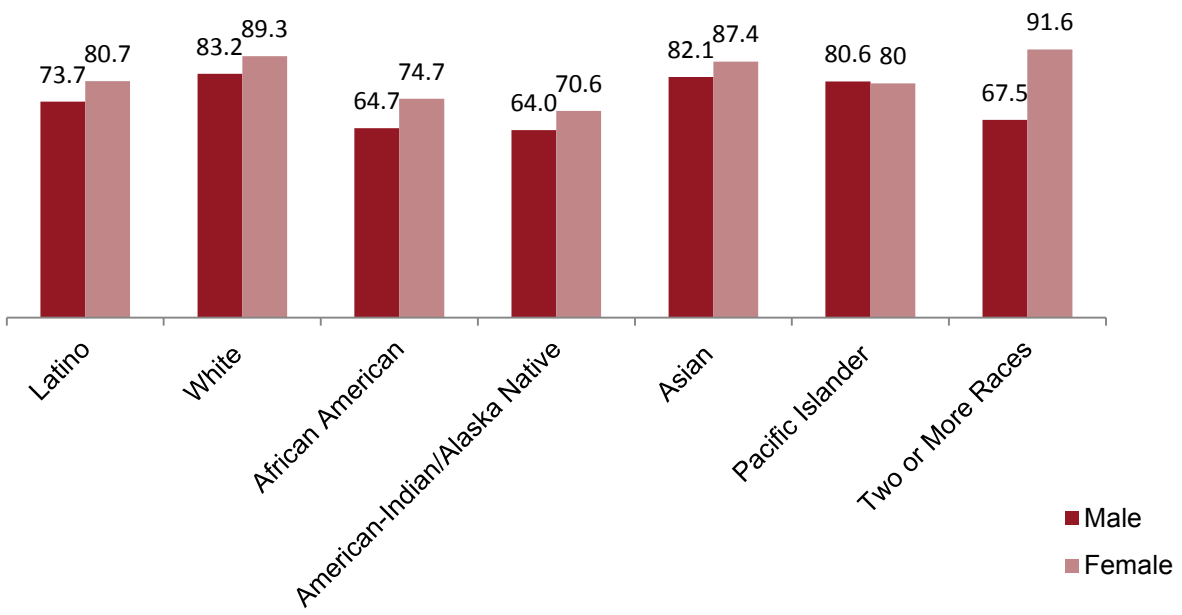
High School Graduation[73]

% of students who graduate high school in 4 years

80.3 | 81.0

San Joaquin | California

Percent of Students in San Joaquin County who Graduate High School in 4 Years, by Race/Ethnicity and Gender

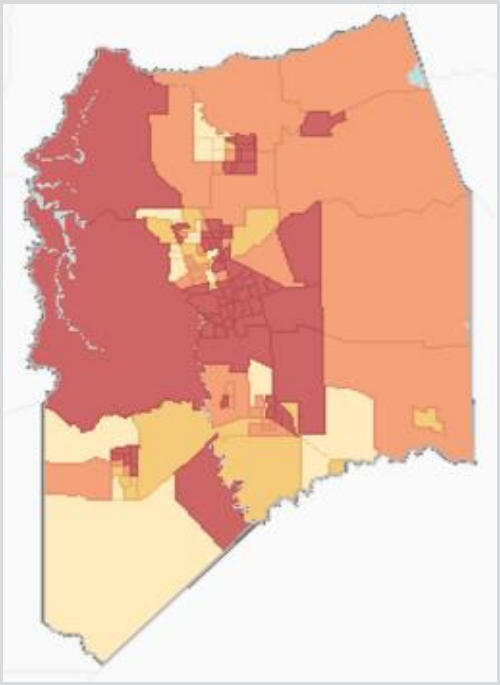


[73] California Department of Education, 2013-14.

Education (continued)

Salient Disparities

Age 25+ With No High School Diploma by Geographic Area in San Joaquin County[74]

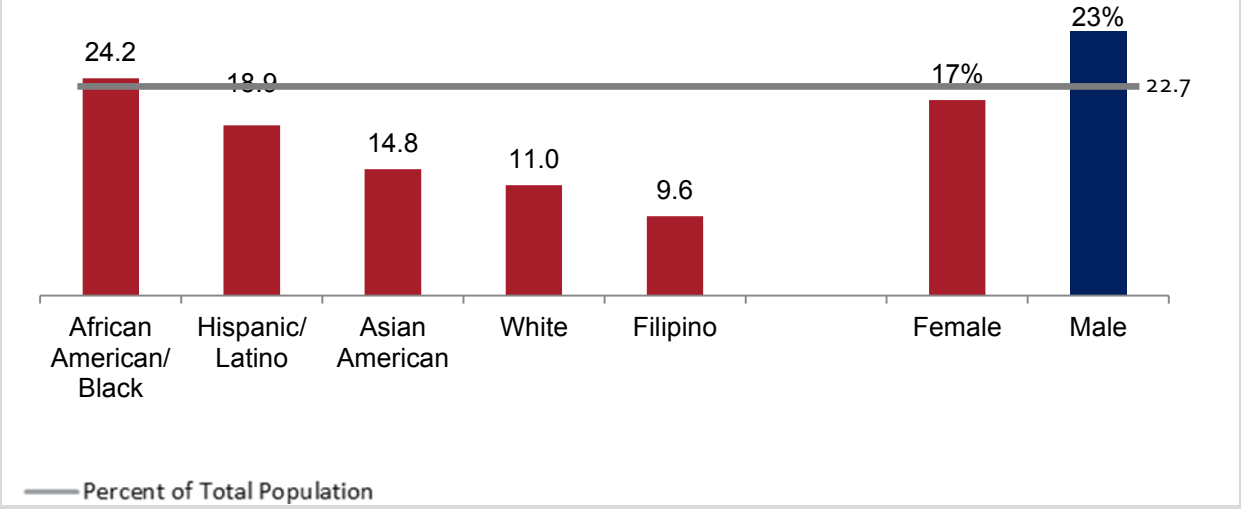


Percent with No High School Diploma

- Over 21%
- 16.1-21%
- 11.1-16%
- Under 11.1%

The map displays geographic disparities in high school educational attainment across San Joaquin County. Areas where more than one in five residents do not have high school diploma include **Lockeford, Lodi, areas of Stockton, Tracy,** and the **eastern area of the county**.

Percent of Adult Population with No High School Diploma in San Joaquin County by Race/Ethnicity[75]



[74] US Census Bureau, American Community Survey, 2009-13.
[75] Ibid.

Education (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

School Readiness Programs	Youth Enrichment Programs	School Districts
		

Ideas from Focus Group and Interview Participants†

- Provide multicultural education
- Prepare students for the global workforce
- Provide affordable preschool
- Support tutoring and after-school programs
- Host college preparation workshops
- Partner with business and private sector to support appropriate educational training

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Youth Growth and Development

Youth growth and development refers to the healthy physical, social, and emotional development of young people. Promoting youth development is a deliberate process of providing support, relationships, experiences, and opportunities for young people—leading to happy, healthy, successful adulthood. Primary and secondary data indicate that youth development tends to be undermined by trauma and violence, unhealthy family functioning, exposure to negative institutional environments and practices, and insufficient access to positive youth activities, among other things. In San Joaquin County, the disparate levels of exposure to these risk factors contribute to outcome disparities during youth and throughout adulthood. This includes disparities by race, ethnicity, gender, sexual orientation, and income, with respect to outcomes such as juvenile justice involvement, foster placement, adult incarceration, educational attainment, and chronic disease.

Indicators

Juvenile Felony Arrest Rate[76]

Felony arrest rate per 100,000 youth ages 10-17

Community Feedback

"When youth meet with their case manager, it's often the first time that the world opens up to them with opportunities and someone says to them, 'You can do it'."

– Interviewee

Over one-third **(36%)** of all San Joaquin County youth arrests occur at school; of these arrests **85%** were youth of color.[77]

Link between violence and health outcomes

Youth exposed to abuse or violence in the home, or violence in their community, are at greater risk of poor mental and physical health outcomes in adulthood, including increased risk for heart disease, depression, suicide attempts, and alcoholism, among others.[78,79]

Poverty during childhood can also have a strong impact on later outcomes, including healthy brain development and success in school.[80]

Key Themes Expressed by Residents and Stakeholders

Trauma, stress, and mental health/substance abuse

- Exposure to violence
- Improper diagnoses and insufficient treatment
- Substance use as a coping mechanism
- Suicide

Education and economic opportunities

- Poverty as a root cause
- Education not preparing students for workforce
- Lack of employment opportunities and low wages

Social activity and support

- Lack of social skills and healthy peers
- Lack of free and affordable activities for youth
- Lack of family and community support

Engagement with the criminal justice system

- Violence
- Early and consistent law enforcement interaction
- Probation and/or criminal record limits work opportunities

[76] Center on Juvenile and Criminal Justice, 2012.
[77] 2015 San Joaquin County Racial and Ethnic Disparities Technical Assistance Project, Phase One Assessment, Youth Justice Data 2014.
[78] Jack P. Shonkoff and Deborah A. Phillips, eds.,"From Neurons to Neighborhoods: The Science of Early Childhood Development," National Research Council and Institute of Medicine, Committee on Integrating the Science of Early Childhood Development, National Academy Press, 2000.
[79] "Adverse Childhood Experiences: Major Findings," Centers for Disease Control and Prevention, accessed November 2015, http://www.cdc.gov/violenceprevention/acestudy/findings.html.
[80] 2016 California Children's Report Card, Ch1ldren Now.

Youth Growth and Development (continued)

Additional Data

Education

School Suspension Rate
Rate of suspension per 100 enrolled students[81]

7.9 | 3.8
San Joaquin | California

Expulsion
Rate of expulsion per 100 enrolled K-12 public school students[82]

0.2 | 0.1
San Joaquin | California

English Performance among English Language Learners (Grade 10)
% of English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts[83]

33.0 | 38.0
San Joaquin | California

Foster Care

Foster Care Placement Stability
% of children in foster care system for more than 8 days but less than 12 months with 2 or less placements[84]

84.7 | 86.6
San Joaquin | California

Youth Activities

31.7% of Community Survey respondents indicated that a lack of activities for youth is a high concern in their community.

"There are a lot of youth activities, but there is often a cost to participate and many families cannot afford it. There needs to be innovative strategies to deal with this."
– Interviewee

Violence and Crime

"Reducing racial disparities is important. There is a disproportionate amount of bookings, suspensions, and expulsions with the school to prison pipeline."
– Interviewee

30.3% of Community Survey respondents reported that youth violence is an important health concern in their community.

Gang Involvement, Youth
% of 11th grade students reporting current gang involvement[85]

15.0 | 8.0
San Joaquin | California

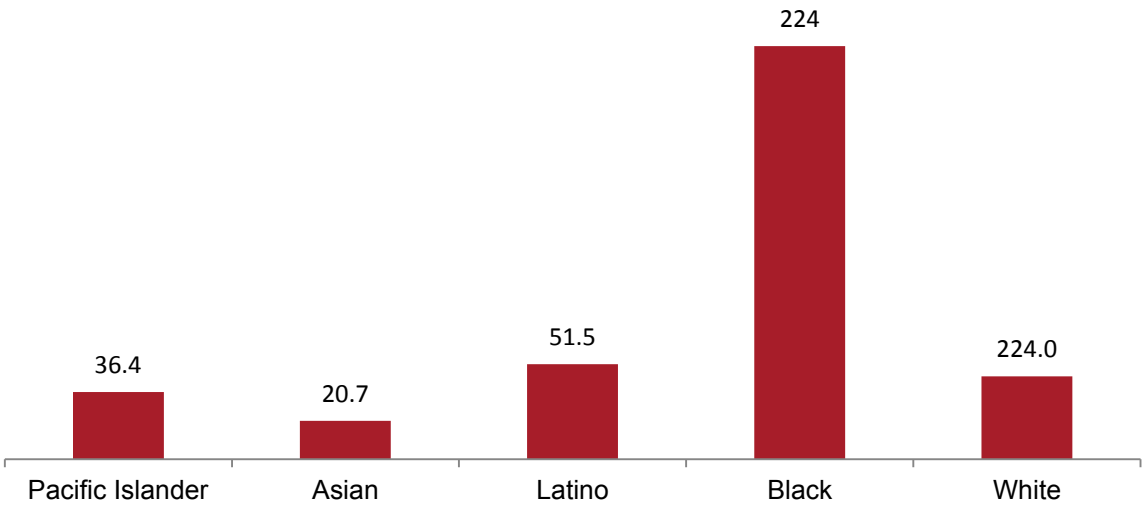
"Youth crime has dropped dramatically over last 10 years. However, those who do enter the system are at very high risk. More youth cases are being tried as adults even though they don't have previous experiences with the criminal system."
– Interviewee

[81] California Department of Education, 2014-15.
[82] Ibid.
[83] California Department of Education, 2014.
[84] California Child Welfare Indicators Project (CCWIP), 2014.
[85] Healthy Kids Survey, 2009-11.

Youth Growth and Development (continued)

Salient Disparities

Rate of Arrests Per 1,000 Youth (Age 14 to 17) in San Joaquin County by Race/Ethnicity, 2014[86]



Note: Although data indicate the arrest rate for Latino youth is only slightly higher than that of White youth, stakeholders expressed some concern that Latino youth may, at times, be misidentified as White youth.

[86] 2015 San Joaquin County Racial and Ethnic Disparities Technical Assistance Project, Phase One Assessment, Youth Justice Data 2014.

Youth Growth and Development (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

Youth Service Providers	School Districts	Community Mentors
		

Ideas from Focus Group and Interview Participants†

- Partner with San Joaquin Pride Center and implement early interventions in school to address LGBTQ concerns, bullying, and feelings of isolation
- Decriminalize general youth behavior
- Provide counselors for kids and families (e.g., at school-based health centers)
- Connect youth to role models
- Provide trainings about trauma-based care
- Provide more opportunities for parenting classes; teach motivational interviewing techniques for parents of teens who are asking for help
- Address substance abuse among teens
- Provide education, internship, entertainment, recreation, sports, and mentoring opportunities to youth
- Provide youth-friendly nutrition information

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Economic Security

Economic security is very strongly linked to health; it can impact access to healthy food, medical care, education and safe environments. Poverty and unemployment are higher in San Joaquin County than California as a whole. Concerns surrounding economic security were particularly important to community members, who highlighted the need for jobs that pay a living wage and the ability to afford descent and safe housing.

Key Data

Indicators

Percent Population With Income at or Below 200% Federal Poverty Level[87]

Percent of Children Under Age 18 Living Below 200% of Federal Poverty Level[88]

Percent of Population Unemployed[89]

Percent of Households Receiving Public Assistance Income[90]

Community Feedback

34.6% of Community Survey respondents report poverty is a significant social/economic problem in their community.

61.3% of Community Survey respondents report the lack of local jobs is a significant social/economic problem in their community.

Key Themes Expressed by Residents and Stakeholders

- Trapped in poverty; no upward mobility
- Struggle to survive causes chronic stress
- Lack of job opportunities and affordable housing
- Hard to find a job with limited skills or education or criminal record

"The social diseases and ills have transferred into chronic diseases and ills such as cancer, diabetes and heart disease."

-Interviewee

[87] US Census Bureau, American Community Survey, 2009-13.
[88] Ibid.
[89] US Department of Labor, Bureau of Labor Statistics, 2015.
[90] US Census Bureau, American Community Survey, 2009-13.

Economic Security (continued)

Economic Security

Female Headed Households
Percent single female headed households in poverty[91]

15.4 San Joaquin | 13.5 California

Percent Population Insured by Medi-Cal
% of total population receiving Medi-Cal[92]

30.9† San Joaquin | 23.2 California

Supplemental Nutrition Assistance Program (SNAP)
Percent population receiving SNAP benefits[93]

15.2 San Joaquin | 10.6 California

Education

Percent Population Age 25+ with No High School Diploma[94]

22.7 San Joaquin | 18.8 California

Free and Reduced Meal Programs
% of students in county eligible for free or reduced price lunch[95]

64.3 San Joaquin | 58.1 California

3rd Grade Reading Proficiency
% of all public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts California Standards Test[96]

34.0 San Joaquin | 45.0 California

Outcomes of Poverty

Access to Healthy Food
Percentage of the population with food insecurity[97]

18.0 San Joaquin | 16.2 California

Income and Living Wage

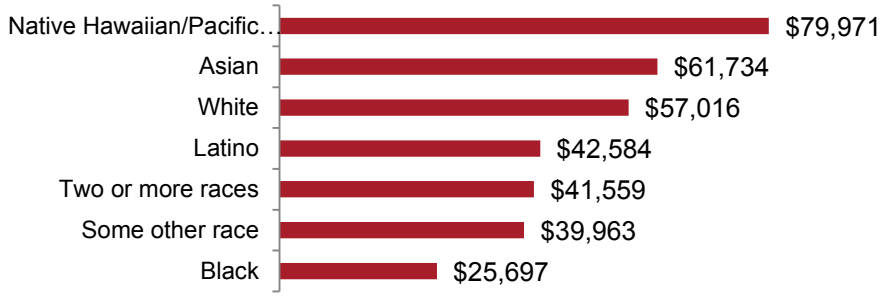
Median Household Income[98]

$53k San Joaquin | $61k California

Living Wage
Annual income required to support one adult and one child[99]

$42k† San Joaquin | $47k California

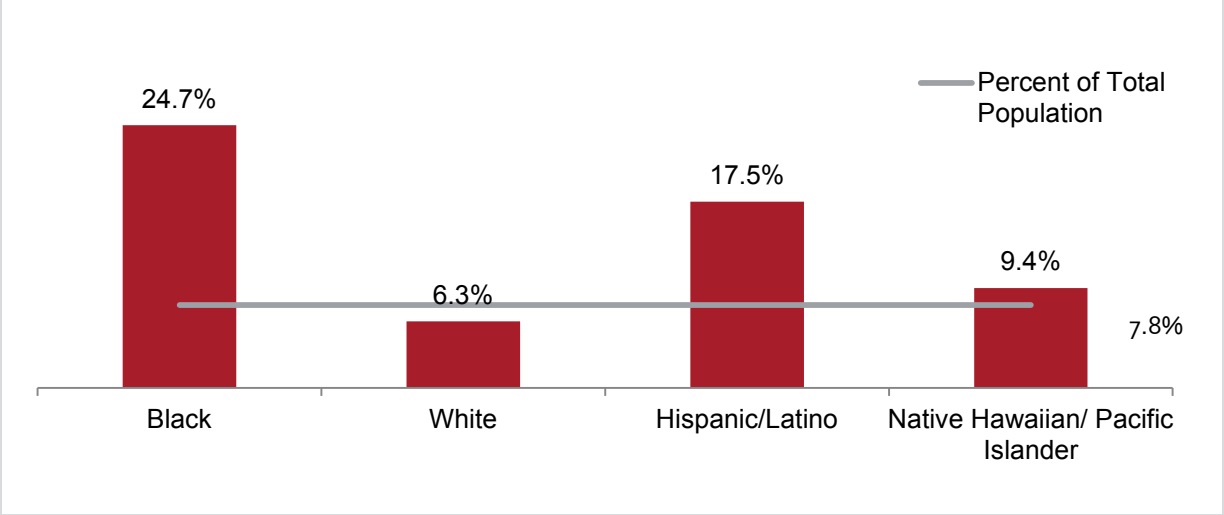
Disparities in Median Household Income by Race/Ethnicity in San Joaquin County[100]



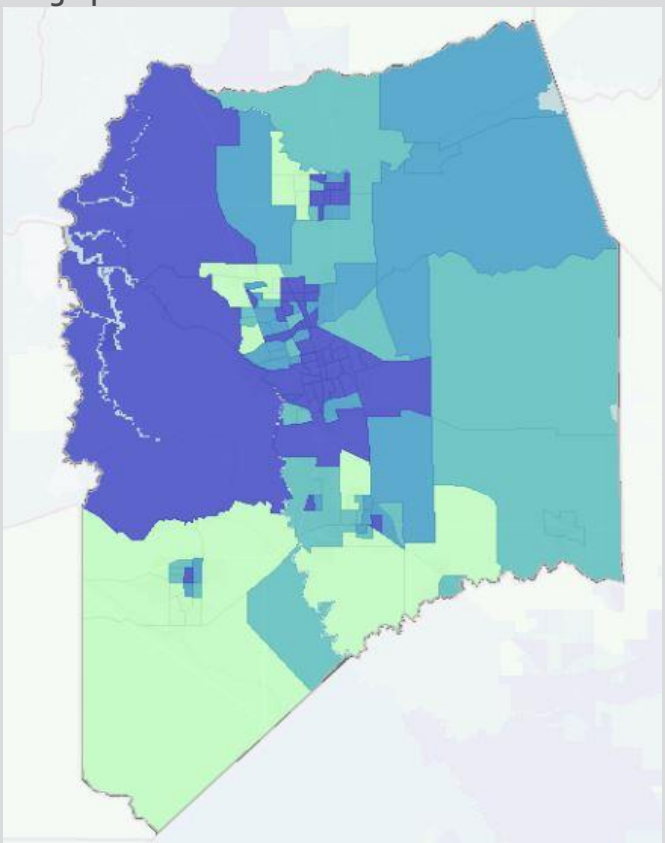
[91] Ibid.
[92] US Census Bureau, American Community Survey, 2014.
[93] US Census Bureau, Small Area Income & Poverty Estimates, 2011.
[94] US Census Bureau, American Community Survey, 2009-13.
[95] National Center for Education Statistics, NCES- Common Core of Data, 2013-14.
[96] California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013.
[97] Feeding America, Child Food Insecurity Data, 2012.
[98] US Census Bureau, American Community Survey, 2010-14.
[99] Calculated from livingwage.mit.edu, 2015.
[100] US Census Bureau, American Community Survey, 2014.

Economic Security (continued)

Percent of Subpopulations Living below Federal Poverty Level by Race/Ethnicity in San Joaquin County[101]



Percent of Population Living below 200% Federal Poverty Level in San Joaquin County by Geographic Area[102]



Population below 200% Federal Poverty Level, Percent by Tract

This map demonstrates particularly high risk of poverty in the central part of the county near **Stockton,** as well as throughout areas surrounding **Holt** and **Lodi**.

Key

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

[101] US Census Bureau, American Community Survey, 2009-13.
[102] Ibid.

Economic Security (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

Apprenticeship Programs, Job Trainings	County and City Governments	Community Based Organizations

Ideas from Focus Group and Interview Participants†

- Increase communication and collaboration among county, city, and social service agencies to serve communities and ensure individuals are aware of the resources available
- Include partners from all sectors, including businesses, diverse ethnic groups, schools, faith based organizations, community-based organizations, legislators, and employers
- Involve groups that engage residents as advocates and youth development
- Explore opportunities to increase equity in policies
- Provide courses to help families in need gain life skills
- Expand support for single mothers with children
- Increase job training

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Violence and Injury

Injury is a broad topic that includes both unintentional injuries, as a result of motor vehicle crashes, drowning, falls or accidental poisoning (overdoses), and intentional violent injuries such as assault and abuse, as well as homicide and suicide. San Joaquin County's injury rates remain substantially higher than the California averages. Among unintentional injuries, the leading causes of death in San Joaquin County are poisoning, motor vehicle crashes, falls, and drowning/submersion. Among intentional injuries, core concerns are often associated with family and community violence. In particular, the homicide rate is much higher than in California as a whole, particularly among men of color. Survey respondents identified violence as a core issue in their communities and cited concerns such as gun violence, gang activity among youth, and domestic violence as key themes.

Indicators

All-Cause Unintentional Injury Mortality Rate[103]

Age-Adjusted; Rate per 100,000 population

Poisoning Mortality Rate[104]

All Ages; Rate per 100,000 population

Homicide Mortality Rate[105]

Age-Adjusted; Rate per 100,000 population

Suicide Rate[106]

Age-Adjusted; Rate per 100,000 population

Community Feedback

30.3% of Community Survey respondents reported that youth violence is a key health concern in their community.

"Community violence and related trauma are important issues because they have such a critical impact on our community. We really need to approach these issues using trauma-Based care strategies."

– Interviewee

"There is too much tolerance for violence."

– Interviewee

1 in 4 11th grade students in San Joaquin County report **driving after drinking** *(respondent or friend)*.[107]

[103] "2013 County Health Status Profiles," California Department of Public Health, 2009-11.
[104] California Department of Public Health, EpiCenter Overall Injury Surveillance, 2011-13.
[105] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
[106] Ibid.
[107] California Healthy Kids Survey, 2013-14.

Key Themes Expressed by Residents and Stakeholders

- Violence in schools and among youth
- Chronic exposure to violence and/or abuse

Among Community Survey respondents, **Youth** were more likely to report that **youth violence** (44.4% compared to 30.6% of all respondents) and **use of weapons** (24.7% compared to 19.6% of all respondents) were significant health concerns.

Additional Data

Additional Causes of Unintentional Death

Drowning/Submersion Mortality Rate
All Ages; Rate per 100,000 population[108]

1.8 | 1.0
San Joaquin | California

Fall Mortality Rate
All Ages; Rate per 100,000 population[109]

4.6 | 5.7
San Joaquin | California

Pedestrian Injury Mortality Rate
Age-Adjusted; Rate per 100,000 population[110]

2.3 | 2.0
San Joaquin | California

Motor Vehicle Crash Mortality Rate
Age-Adjusted; Rate per 100,000 population[111]

11.4 | 7.5
San Joaquin | California

Domestic Violence and Child Maltreatment

Rate of Domestic Violence Calls for Assistance
Rate per 1,000 population[112]

8.2 | 6.0
San Joaquin | California

Substantiated Allegations of Child Maltreatment
(per 100,000 children ages 0-17)[113]

7.3 | 8.7
San Joaquin | California

Rate of Foster Care
Rate per 100,000 children ages 0-17

699 | 611
San Joaquin | California

Total of 1,573 foster children in San Joaquin County.

Gang Involvement

Gang Involvement, Youth
Percentage of 11th grade students reporting current gang involvement[114]

15.0 | 8.0
San Joaquin | California

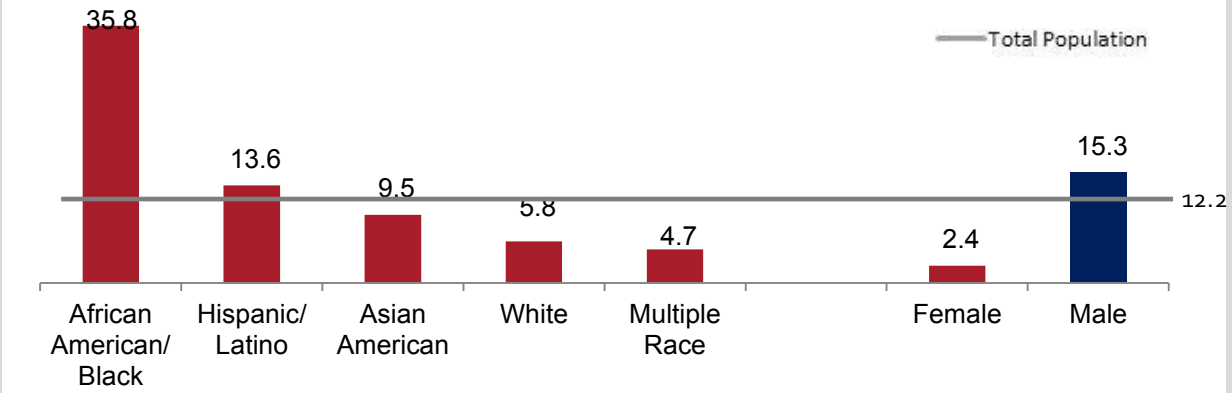
[108] California Department of Public Health, EpiCenter Overall Injury Surveillance, 2011-13.
[109] Ibid.
[110] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
[111] "2013 County Health Status Profiles," California Department of Public Health, 2009-11.
[112] California Department of Justice, Criminal Justice Statistics Center, 2014.
[113] California Child Welfare Indicators Project, 2014.
[114] California Healthy Kids Survey, 2009-11.

Violence and Injury (continued)

Populations Disproportionately Affected

Homicide Mortality Rate by Race/Ethnicity and Gender in San Joaquin County[115]

Age-Adjusted; Rate per 100,000 Population



[115] California, Department of Public Health, 2013 Death Records. Population denominator from State of California, Department of Finance, Race/Ethnic Population with Age and SeN/A Detail, 2010-2060. Sacramento, CA, December 2014.

Violence and Injury (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

Domestic Violence and Child Abuse Service Agencies

Community-level Violence Prevention Activities

Ideas from Focus Group and Interview Participants†

- Expand support in the schools
- Involve businesses, faith-based communities
- Increase after-school programs, especially after 6th grade
- Strengthen socio-cultural connection with law enforcement to ensure "Community Policing"
- Improve community resource centers
- Interrupt cycle of abuse and substance abuse
- Bring our community together across diversity and races to have the hard conversation
- Do not accept the violence that is happening in other parts of the city or county

"**We need everyone saying, 'This is our issue' because we live here.** Most people are happy that the violence happens in pockets that you can avoid."

–Interviewee

"Success would be kids being able to walk to school without their parents; kids being able to play in their backyards. Being able to drive slowly in the streets to avoid the kids out playing versus avoiding wandering addicts and gang violence."

–Interviewee

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Substance Abuse

Substance abuse, including abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences, including increased risk of liver disease, cancer, and death from overdose. San Joaquin County's rate of drug-induced deaths is 56% higher than average rate across California (17.3 per 100,000 compared to 11.1 per 100,000). Primary data collection from surveys, focus group discussions and interviews highlighted the importance of this issue for the county; 41.1% of community survey respondents report that drug abuse is among the most concerning health behaviors in their community.

Indicators

Percent of Population Smoking Cigarettes[116]

Age-adjusted

Alcohol Abuse, Youth[117]

Percent of 12-17 year olds binge drinking at least once in month prior

Alcohol Abuse , Adults[118]

Age-adjusted percent of adults drinking excessively

Drug-induced Deaths[119]

Age-adjusted; Rate per 100,000 population

Community Feedback

39.6% of Community Survey respondents report that alcohol abuse is among the most concerning health behaviors in their community.

41.1% of Community Survey respondents report that drug abuse is among the most concerning health behaviors in their community.

Key Themes Expressed by Residents and Stakeholders

Physical environment

- Excessive liquor stores in community
- Need for culturally competent care
- Pain medications are prescribed too often
- Drugs are readily available on school campuses

Health outcomes and behaviors

- Means to cope with stress
- Among youth, risk-taking provides adrenaline substitute for pleasure
- Co-morbidity: mental health and substance abuse

Access to clinical care

- Limited resources

[116] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2006-12.
[117] California Health Interview Survey, 2011-12.
[118] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12.
[119] California Public Health Department, 2011-13.

Substance Abuse (continued)

Additional Data

Tobacco Use

Attempt to Quit
% of adult smokers who attempted to quit for at least one day in the past year[120]

55.4 San Joaquin | 57.7 California

24.6% of Community Survey respondents report that smoking/tobacco use is a significant health concern in their community.

42.5% of Community Survey respondents report that store window advertising of tobacco and alcohol products is a big problem in their community.

Alcohol Use

Use Among Youth
% of 12-17 year olds binge drinking at least once in month prior[121]

3.4 San Joaquin | 3.6 California

Arrests
Rate of arrests for alcohol related offenses per 100,000 population; ages 10-69[122]

1,569 San Joaquin | 1,203 California

Health Outcomes
Chronic liver disease and cirrhosis mortality rate (Per 100,000 population)[123]

17.1 San Joaquin | 11.7 California

21.3% of Community Survey respondents report that drunk driving is a significant health concern in their community.

Drug Use

Use Among Youth
% of 11th grade students who report they've been "high" from using drugs[124]

49.0 San Joaquin | 36.0 California

Health Outcomes
Drug induced deaths (age-adjusted rate; per 100,000 population)[125]

17.3 San Joaquin | 11.1 California

[120] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12.
[121] California Health Interview Survey, 2011-12.
[122] CA-Community Prevention Initiative (CPI), 2009.
[123] California Department of Public Health, 2011-13.
[124] California Healthy Kids Survey, 2009-11.
[125] California Department of Public Health, 2011-13.

Substance Abuse (continued)

Behavioral Health

Adults Needing Mental Health or Substance Abuse Treatment

% of adults reporting need for treatment for mental health, or use of alcohol /drug[126]

14.0	14.3
San Joaquin	California

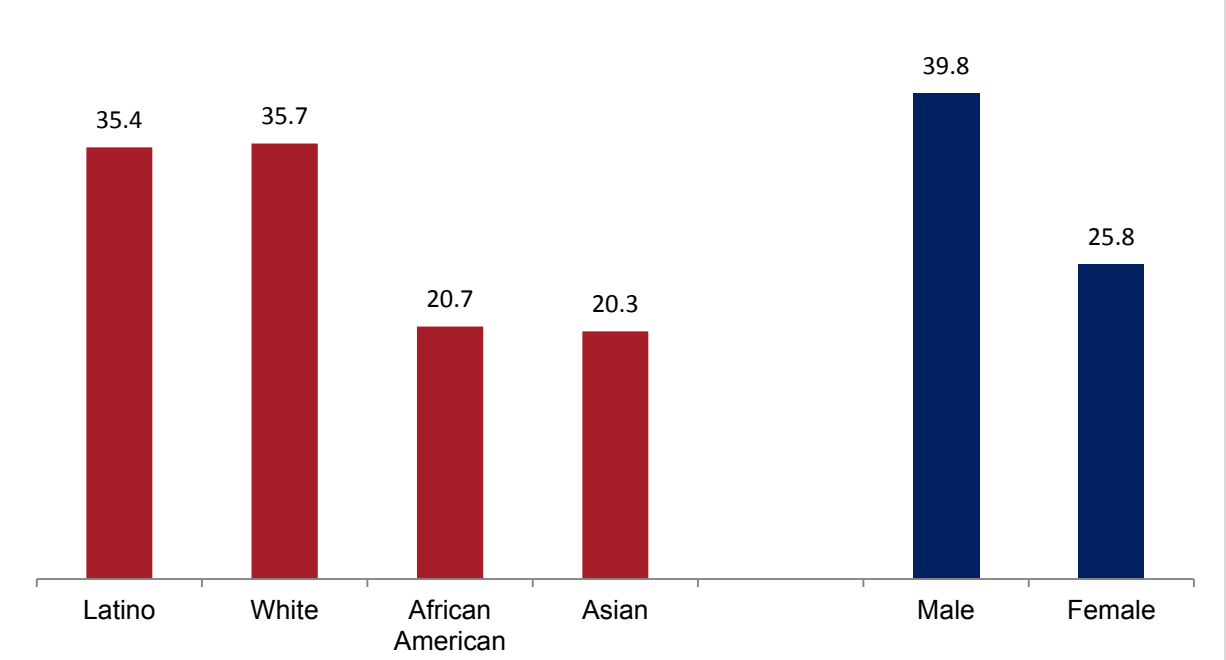
Injury

1 in 4

11th grade students in San Joaquin County report **driving after drinking** *(respondent or friend)*.[127]

Salient Disparities

Percent of Adults Drinking Excessively in San Joaquin County, by Race/Ethnicity and Gender[128]

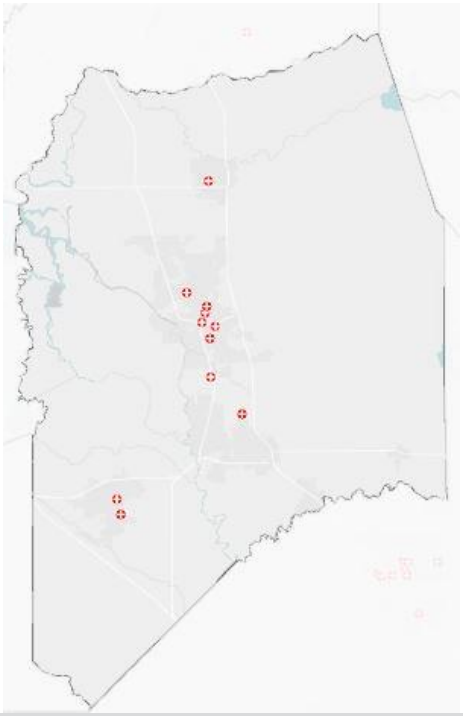


Substance Abuse Treatment Facilities in San Joaquin County[129]

[126] California Health Interview Survey, 2013-14.
[127] California Healthy Kids Survey, 2013-14.
[128] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2006-12.
[129] Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse (continued)

Salient Disparities



Key

Substance Abuse Treatment Facility, including outpatient, residential, hospital inpatient, and partial hospitalization/day treatment facilities and programs, as well as halfway houses. It includes facilities that provide detoxification, treatment, and treatment with methadone or buprenorphine.

The map (pictured left) corroborates primary data themes related to substance abuse treatment options, including that resources are limited and more options are needed **outside of Stockton**.

Community Respondents' View of Disparities

Gender disparities

Among Community Survey respondents, **men were more likely to report alcohol abuse** (45.9% compared to 39.5% of all respondents) and smoking (29.3% compared to 24.7% of all respondents) as health concerns.

Age disparities

Among Community Survey respondents, **youth were much more likely to report drunk driving** (32.3% compared to 21.3% of all respondents) and **alcohol abuse** (46.1% compared to 39.6% of all respondents) as significant health concerns, and slightly more likely to report **drug abuse** (46.3% compared to 41.4% of all respondents).

Among Community Survey respondents, **older adults** were much more likely to indicate that **smoking** was a behavior that most affects health in their community (34.8% compared to 24.7% of all respondents).

Other disparities

Interviewees noted other populations with a high risk of substance abuse. Among others, **foster youth** and **LGBTQ youth** were named as populations of high concern. Community members **experiencing domestic violence** were also noted as a population with high risk. One interviewee elaborated, "90% of our clients [people experiencing domestic violence] have substance abuse as a concern. It is a way to numb what is happening."

Substance Abuse (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

Behavioral Health Services	Support Groups	Treatment Facilities/Programs
		

Ideas from Focus Group and Interview Participants†

Increase access to substance abuse treatment

- Start support groups at schools for those influenced by drug/alcohol abuse
- Utilize mandated DUI classes to enroll alcohol abusers in appropriate services
- Increase in-patient drug rehabilitation facilities
- Create quality rehab programs to address adolescent prescription drug use
- Organize resources to improve awareness of options and access

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Access to Housing

Access to stable, affordable housing is a foundation for good health. A family that pays more than 30 percent for housing is considered "cost-burdened" and may have difficulty affording food, clothing, transportation, and medical care.[130] Substandard housing and homelessness can exacerbate health concerns, ranging from physical and mental health to substance abuse. Poor housing also makes it difficult to maintain education and employment, which are associated with being healthy. Primary and secondary data indicate that access to safe and affordable housing is an important health concern in San Joaquin County, reflective of the rapid rise of housing costs occurring in California overall in recent years. In San Joaquin County, the foreclosure crisis, limited subsidized housing, rising rents, absentee landlords, and deteriorating housing stock are all significant contributing factors to the lack of safe and affordable housing. Moreover, a recent point-in-time count found that at least 2,641 individuals in the county are homeless.[131] Interview participants noted disparities in access to housing among foster youth, low-income populations, older adults, and seasonal workers.

Key Data

Indicators	Community Feedback
Percent of Renters Spending 30% or More of Household Income on Rent[132] 	**39.9%** of Community Survey respondents report that a lack of affordable housing and homelessness are important concerns in their community.
Percent of Occupied Housing Units with One or More Substandard Conditions[133] 	**29.3%** of Community Survey respondents report that poor housing conditions are a top health concern in their community.
335.1 HUD-Assisted Units per 10,000 housing units in San Joaquin County, compared to 368 HUD-assisted units per 10,000 housing units in California[134]	"For my specific population of clients, **housing is the number one issue**. The low-income housing waitlist is closed and rarely open." – Interviewee

2,641 people in San Joaquin County are experiencing homelessness. [135]

[130] US Department of Housing and Urban Development, accessed via http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/.
[131] "San Joaquin County Point-In-Time Homeless Count," Head Start Report: Assessing the Needs of Children & Families in San Joaquin County 2014. San Joaquin County Community Development Department, 2011.
[132] US Census Bureau, American Community Survey, 2009-13.
[133] Ibid.
[134] US Department of Housing and Urban Development, 2013.
[135] "San Joaquin County Point-In-Time Homeless Count," Head Start Report: Assessing the Needs of Children & Families in San Joaquin County 2014. San Joaquin County Community Development Department, 2011.

Access to Housing (continued)

Key Themes Expressed by Residents and Stakeholders

Lack of safe and affordable housing

- High foreclosure rates
- Migrants often live in substandard conditions
- Leads to health concerns such as TB, colds, lice, bed bugs, flu and poor nutrition
- Linked to parents losing custody of children
- Section 8 vouchers are challenging to use and waitlist is extremely long

Homelessness

- Homeless shelters are at capacity
- Link between homelessness, mental illness, and substance abuse
- Homeless people face stigmatization

Link to unemployment

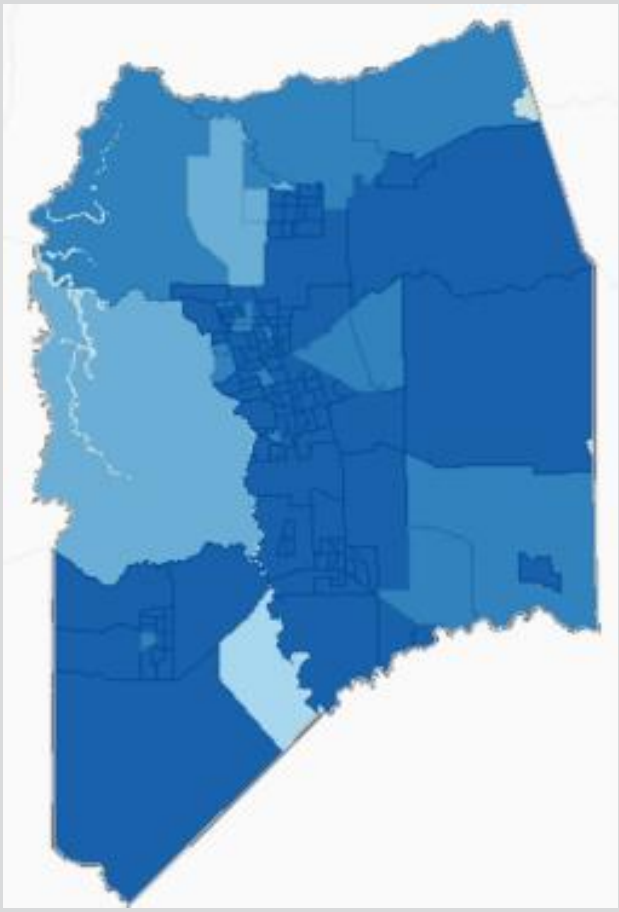
- High unemployment rates
- Lack of jobs with living wages

Access to Housing (continued)

Geographic Areas with Greatest Cost Burden

Percent of households where housing costs exceeds thirty percent of income[136]

44.9	45.9	35.5
San Joaquin	California	United States



Geographic disparities exist among residents experiencing high cost burden of housing. The map displays geographic disparities in cost-burdened households across San Joaquin County. The percentage of households spending more than a third of household income on housing is high across the county; the Central and North Eastern areas of the county, along with the South Eastern corner, face the highest percentages of cost burdened households.

KEY

- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed

The San Joaquin County Grand Jury recently reported that South Stockton is disproportionately affected by issues of poor housing.[137] South Stockton has notably low levels of home-ownership, which can have implications for community cohesion by fostering more transient resident populations. Additionally, building code violations or blight often go unreported because tenants fear reprisals from their landlord.

Community Respondents' View of Disparities

Age disparities

Among Community Survey respondents, youth were more likely to report homelessness as a top health concern (45.1% of youth compared to 39.3% of all respondents).

Residents and stakeholders cited a need for more affordable housing for seniors.

Other disparities

Interview respondents noted that people who have engaged with the foster care system are more likely to experience homelessness. Interviewees and focus group participants noted a high burden of housing costs on seasonal workers.

[136] US Census Bureau, American Community Survey, 2009-13.
[137] San Joaquin County Grand Jury Report, accessed via https://www.sjcourts.org/grandjury/2015/1414%20report%20approved.pdf.

Access to Housing (continued)

Assets and Suggestions for Change

Examples of Existing Community Assets†

Faith Organizations and Shelters

Local Government

Affordable Housing Providers

Ideas from Focus Group and Interview Participants†

- Provide outreach to the homeless, and consider implementing programs to house the homeless, based on existing successful models in similar communities
- Support programs that provide housing, education, and employment services
- Redirect funding for homeless encampment clearance toward long-term solutions to the homelessness

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Access to Medical Care

Access to comprehensive, affordable, quality medical care is critical to the prevention, early intervention, and treatment of health conditions. San Joaquin County has been successful in enrolling residents in Expanded Medi-Cal under the Affordable Care Act (ACA); however, learning how to use services, retention of coverage, and the shortage of primary care providers that will accept new Medi-Cal patients remain challenges. The fact that the County's many undocumented adult residents are without insurance also remains a barrier to care.

Key Data

Indicators

Access to Primary Care Physicians[138]

Rate per 100,000 population

Percent of Adults Without a Regular Doctor[139]

Lack of Primary Care Professionals[140]

% of population living in a primary care health professional shortage area

Community Feedback

Emergency Department use in San Joaquin County has increased by

18.8%

over the last five years (2010-2014)

"We need to create something so that **everyone will know where to go to get help** – so that no one will say 'If only I had known'."
– Interviewee

"How do we help ourselves to look through a new lens at our existing work?"
– Interviewee

19.4% of Community Survey respondents report that a lack of health insurance is a major concern in their community.

Key Themes Expressed by Residents and Stakeholders

- Residents lack knowledge about how to access care
- Providers lack availability; often not accepting new patients or have long appointment wait times
- Integration of primary care and mental health care not strong enough
- Not enough licensed providers at schools

[138] US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.
[139] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12.
[140] US Department of Health & Human Services, Health Resources and Services Administration, March 2015.

Access to Medical Care (continued)

Additional Data and Drivers

Primary Care

Federally Qualified Health Centers
Rate per 100,000 population[141]

1.31 San Joaquin | 1.97 California

25%

of Community Survey respondents report that a lack of regular checkups is a top concern in their community.

Insurance Coverage

Percent Population Insured by Medi-Cal
% of total population receiving Medi-Cal[142]

30.9† San Joaquin | 23.2 California

Preventable Hospital Events

Preventable Hospital Events, Total Population
Age-adjusted discharge rate per 10,000 population[143, ††]

97.3 San Joaquin | 83.2 California

Preventable Hospital Events, Medicare Enrollees Only
Preventable hospitalization per 1,000 Medicare enrollees[144, †]

52.2 San Joaquin | 45.3 California

† This value is not color-coded because directionality does not apply.

†† This indicator reports the patient discharge rate for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Emergency Department Utilization in San Joaquin County[145]

Year	San Joaquin County Number of ED Visits	Annual Increase in Utilization
2010	206,891	
2011	215,181	4.0%
2012	220,569	2.5%
2013	228,488	3.6%
2014	245,873	7.6%

	Emergency Department Utilization (2014)[146]		
Region	Number of ED Visits	Population	Utilization Rate (ED visits per 1,000 individuals per year)
San Joaquin County	245,873	715,597	343
California	11,562,550	38,802,500	298

[141] US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, June 2014.
[142] US Census Bureau, American Community Survey, 2014.
[143] California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011.
[144] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012.
[145] California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.
[146] California Emergency Department Data, Patient Discharge Data, California Office of Statewide Health Planning and Development (OSHPD), 2014.

Access to Medical Care (continued)

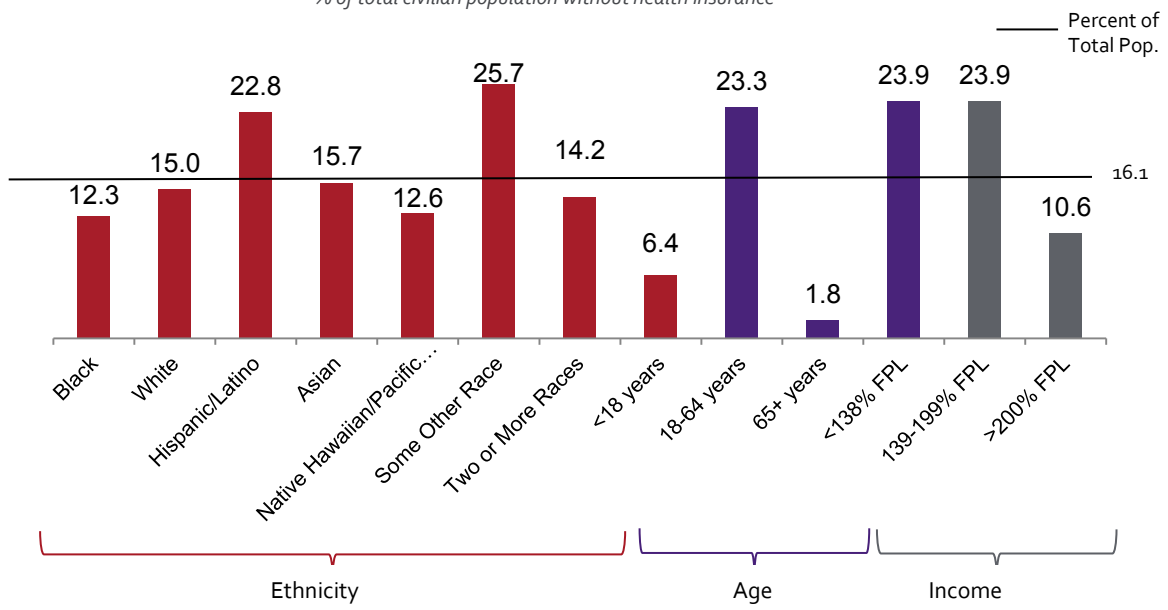
Salient Disparities

Geographic Disparities

Although existing data is limited as to geographic disparities in health insurance status, the San Joaquin Community Survey provided some information about insurance status and care access in different regions of the county. Issues described included **scarcity of services in rural areas, and the fact that the undocumented population and agricultural workers face unique barriers in accessing health insurance and care**.

Disparities in Insurance Coverage Among Total Population by Race/Ethnicity, Age, and Income

% of total civilian population without health insurance[147]



[147] US Census Bureau, American Community Survey, 2010-14.

Access to Medical Care (continued)

Assets and Residents' Suggestions for Change

Examples of Existing Community Assets†

Health Insurance Agencies	Hospitals and Health Organizations	Community Resource Centers & Community Health Centers

Ideas from Focus Group and Interview Participants†

- Promote existing services
- Strengthen collaboration and service coordination/referrals among county, city, and social service agencies
- Provide multiple services in one location when possible
- Utilize technology to provide remote access to health screenings and services
- Ensure community members are aware of resources and are encouraged to access them (e.g., via health navigator)
- Integrate primary and mental health care services

† Assets and recommendations excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Mental Health

In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder (PTSD), has profound consequences on health behavior choices and physical health. While some mental health outcomes in San Joaquin County are similar to California benchmarks, mental health was a key concern among surveyed community members. Interviewees noted that the psychology of poverty, including living day-to-day and struggling to provide basic needs, can negatively impact one's ability to make long-term plans, and can interfere with parenting abilities. In addition, poor mental health frequently co-occurs with substance use disorders. Youth, notably foster youth and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth, and residents experiencing homelessness, were noted as particularly high risk populations for mental health concerns.

Key Data

Indicators

Suicide Rate[148]

Age-adjusted; Rate per 100,000 population

Mental Health Care Providers[149]

Rate of mental health providers per 100,000 population

Community Feedback

"Mental health medications often don't make someone feel better inside. They just address their outward behavior."
– Interviewee

"In every family in America, there is someone struggling with mental health."
– Interviewee

26.7% of Community Survey respondents report that mental health is a top health concern in their community.

Key Themes Expressed by Residents and Stakeholders

Access to mental health care

- Limited resources
- Need for culturally competent and linguistically appropriate care

Toxic stress prevalence in community

- Stress of poverty; racism/discrimination
- Hopelessness

Comorbidity: mental health and substance abuse

- Self-medication
- Life stress and substance abuse linked

Trauma/PTSD as a result of violence

- Family violence/individual adverse events
- Community violence

[148] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
[149] University of Wisconsin Population Health Institute, County Health Rankings, 2014.

Mental Health (continued)

Additional Data

Access to Mental Health Care

Adults Needing Treatment
% of adults reporting need for treatment for mental health, or use of alcohol /drug[150]

18.2 | 15.9
San Joaquin | California

"People with mental illness live **25 years less than the general population and die from the same causes** as the general population."
–Interviewee

The county's Psychiatric Health Facility was reduced in size a few years ago from 50 beds to the current size of 16 beds.

Social Support and Stress

Social Support, Adult
% adults without adequate social / emotional support (age-adjusted)[151]

29.1 | 24.6
San Joaquin | California

27.5% of Community Survey respondents indicated that life stress is a high concern in their community.

Bullying, Youth
% of 11th grade students reporting harassment or bullying on school property within the past 12 months for any reason[152]

34.0 | 28.0
San Joaquin | California

"Society says, 'Pull yourself up by your bootstraps.' This is not very empathetic."
–Interviewee

"Families do not provide the support that they used to. When this support is missing it is very hard to compensate for that through service providers."
–Interviewee

Exposure to Violence
Age-adjusted homicide mortality rate; per 100,000 population)[153, †]

12.2 | 5.2
San Joaquin | California

Exposure to Poverty
% population with income at or below 200% Federal Poverty Line[154, †]

52.0 | 46.0
San Joaquin | California

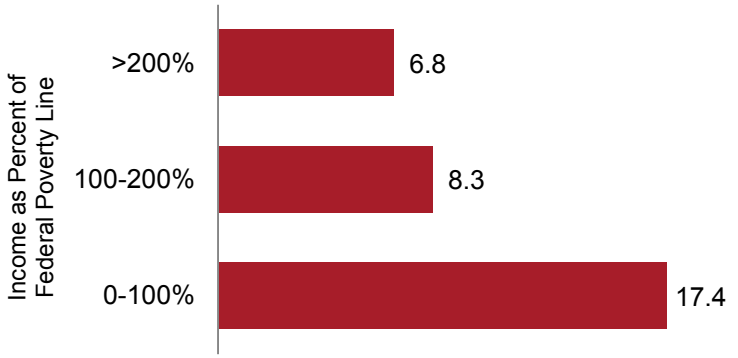
† Exposure to violence and poverty increases risk of poor mental health outcomes, including increased risk of depression. *("Adverse Childhood Experiences: Major Findings," Centers for Disease Control and Prevention, accessed November 2015, http://www.cdc.gov/violenceprevention/acestudy/findings.html.)*

150 California Health Interview Survey, 2014.
151 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the U.S. Department of Health & Human Services, Health Indicators Warehouse, 2006-12.
152 California Healthy Kids Survey, 2009-11.
153 University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
154 US Census Bureau, American Community Survey, 2009-13.

Mental Health (continued)

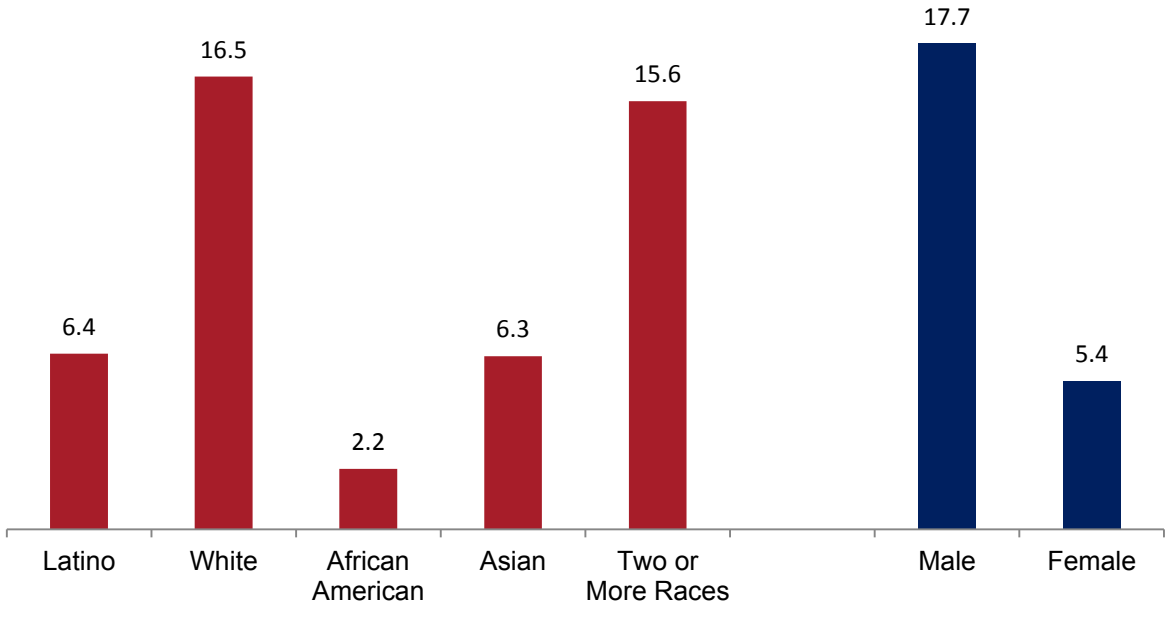
Salient Disparities

Percent of Adult Population in San Joaquin County Who Reported Experiencing Serious Psychological Distress in Past Year, by Income[155]



Poverty was identified across interviews as a source of stress in San Joaquin County. Toxic stress, often induced by individual adverse events or chronic stressful life conditions, can have permanent and profound effects on physical and emotional health. The graph to the left demonstrates that lower income level is correlated with a higher risk of poor mental health. Struggling to meet basic needs on a daily basis may increase risk of chronic toxic stress exposure, and decrease mental health.

Suicide Rate Per 100,000 Residents in San Joaquin County, by Race/Ethnicity and Gender[156]



[155] California Health Interview Survey, 2012-14.

[156] State of California, Department of Public Health, 2013 Death Records. Population denominator from State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2010-60. Sacramento, CA, December 2014.

Mental Health (continued)

Salient Disparities

Depression, Older Adults
% of Medicare beneficiaries with depression[157]

San Joaquin	California
13.0	13.4

Depression, New Mothers
% of new mothers experiencing post-partum depression[158]

San Joaquin	California
17.7	16.0

Depression, Youth
% of 11th grade students who felt sad or hopeless almost every day for 2 weeks or more[159]

San Joaquin	California
32.0	32.0

Assets

Examples of Existing Community Assets†

- Behavioral Health Services
- Community Health Clinics
- Support Groups / Counseling Services

† Assets excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

[157] Centers for Medicare and Medicaid Services, 2012.
[158] Maternal and Infant Health Assessment, 2012.
[159] California Healthy Kids Survey, 2009-11.

Oral Health

Tooth and gum disease can lead to multiple health problems such as oral and facial pain, problems with the heart and other major organs, as well as digestion problems.[160] Secondary data indicate that oral health outcomes are worse in San Joaquin County than in other parts of California, particularly among children. Access to oral health services is a concern in all age groups, marked by limited dental visits and difficulty finding affordable and nearby care. Factors that may contribute to oral health needs include poverty, as well as an unhealthy diet that includes sugar-sweetened beverages.

Key Data

Indicators

Percent of Children Ages 2-11 who have never had a dental visit[161]

Percent of Adults Without Recent Dental Exam[162]

Percent of Youth Without Recent Dental Exam[163]

Children Visited Dentist in Past Year[164]

Percent of children age 2-11 who self-report they have visited a dentist, dental hygienist, or dental clinic within past year

Community Feedback

20% of Community Survey respondents report that tooth problems are a top health concern in their community.

Key informants and focus group participants discussed oral health as a primary health need and shared that oral health care is difficult to access, due to limited providers and high costs.

Tooth decay is the most common chronic disease among children ages 6-18.

[160] "Healthy Smile, Healthy You: The Importance of Oral Health," Delta Dental Insurance, accessed October 28, 2015, https://www.deltadentalins.com/oral_health/dentalhealth.html.
[161] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-10.
[162] Ibid.
[163] California Health Interview Survey, 2013-14.
[164] California Health Interview Survey, 2014.

Oral Health (continued)

Additional Data

Access to Dental Care

Access to Dental Care Providers
Dentists, Rate per 100,000 population[165]

San Joaquin	California
55.4	77.5

While parts of San Joaquin County are designated as Health Professional Shortage Areas for primary care, they are not yet formally designated as shortage areas for dental care.[166]

Access to Dental – Adults

Adult Dental Insurance Coverage
% adults without dental insurance.[167]

San Joaquin	California
41.7	40.9

Senior Dental Insurance
% of adults age 65+ without dental insurance for all or part of past year[168]

San Joaquin	California
58.1	47.3

Access to Care – Youth

Children Unable to Afford Dental Care
% of population age 5-17 unable to afford dental care[169]

San Joaquin	California
4.2	6.3

Health Behaviors – Youth

Sweetened Beverage Consumption
% children age 2-11 consuming 2+ sugar-sweetened beverages on previous day[170]

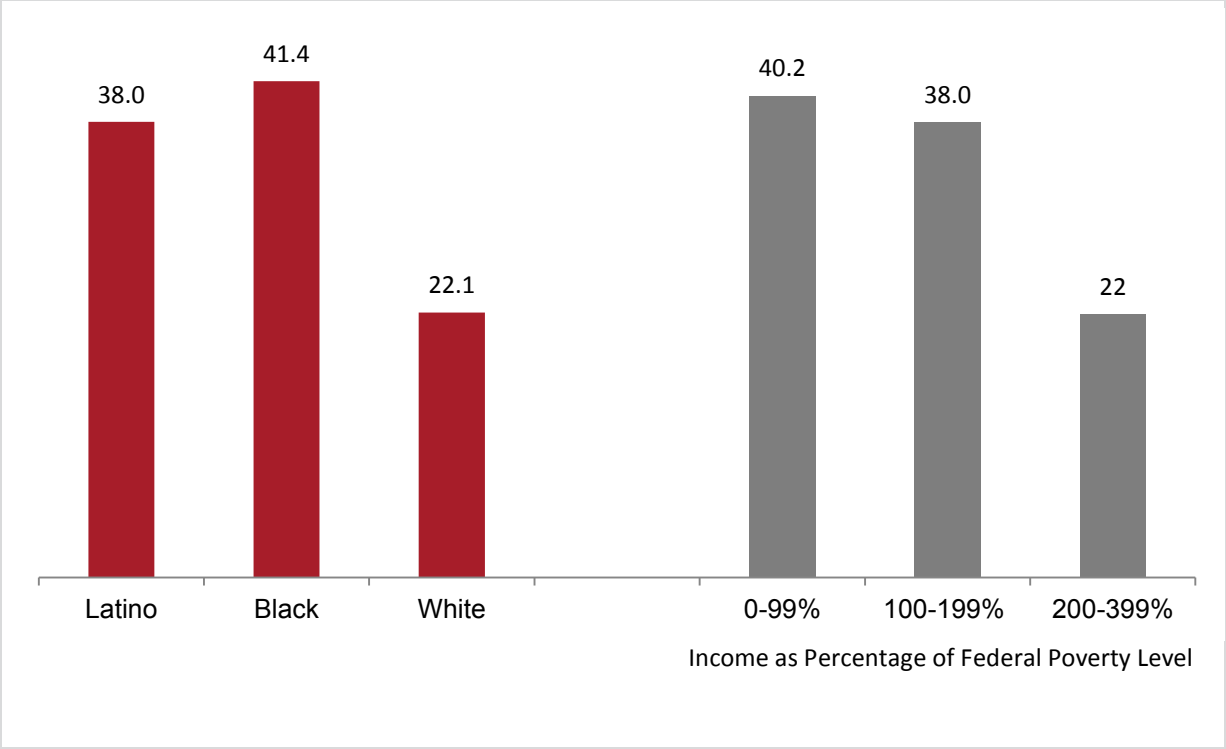
San Joaquin	California
38.3	27.0

[165] US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2013.
[166] US Department of Health & Human Services, Health Resources and Services Administration, March 2015.
[167] California Health Interview Survey, 2009.
[168] California Health Interview Survey, 2007.
[169] California Health Interview Survey, 2009.
[170] California Health Interview Survey, 2011-12.

Oral Health (continued)

Salient Disparities

Percent of Adults Age 20-44 in the United States With Untreated Dental Caries by Race/Ethnicity and Income[171]



Geographic disparities

Data regarding oral health are not available at the sub-county level to identify whether specific communities are more impacted than others.

Racial disparities

Across the United States, Mexican American and Black, non-Hispanic children ages 2-4 and 6-8 have the highest rates of tooth decay (county-level or sub-county data not available).[172]

[171] CDC/NCHS, National Health and Nutrition Examination Survey, 2011-12.

[172] Centers for Disease Control and Prevention, Oral Health Disparities, accessed October 28, 2015, http://www.cdc.gov/oralhealth/oral_health_disparities/index.htm.

Oral Health (continued)

Assets

Examples of Existing Community Assets†

Oral Health Prevention and Education Efforts	Pediatricians and Dental Clinics
	

† Assets excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

Asthma/Air Quality

Asthma is a disease that affects the lungs, and is often triggered by environmental conditions such as poor outdoor air quality as well as mold, dust, and cleaning solutions in the home. Asthma and breathing problems are a health need in San Joaquin County, as marked by high prevalence of asthma in adults and youth. In particular, asthma disproportionately impacts non-Hispanic Blacks. Poor outdoor air quality not only exacerbates asthma, but it is also an issue that affects all residents, and ranges from second-hand cigarette smoke to greenhouse gas emissions (vehicle exhaust) and other elements that lead to high particulate matter (mixture of solid particles and liquid droplets found in the air such as dust, dirt, or soot). The percentage of days exceeding Fine Particulate Matter (PM 2.5) standards is high throughout the county and affects breathing and lung health for all residents.

Key Data

Indicators

Among all California Counties, San Joaquin ranks 4th highest in agricultural pesticide use.[173]

Youth Ever Diagnosed with Asthma[174]

Percent of children ages 1-17 whose parents report that their child has ever been diagnosed with asthma

Adults Ever Diagnosed with Asthma[176]

Percent of adult population ever diagnosed with asthma

Community Feedback

39.0% of Community Survey respondents report that air pollution is a major environmental concern in their community.

27.7% of Community Survey respondents report that breathing problems are a top health concern in their community.

Although unhealthy ozone days have fallen since 2000 by 41% in the region, the San Joaquin Valley is still home to some of the most polluted air in the United States, with San Joaquin County ranking 9th highest in the nation for particulate matter[175].

Key Themes Expressed by Residents and Stakeholders

- Heavy cigarette smoke
- Air pollution / heavy carbon footprint
- Poor living conditions (e.g., housing quality)
- Traffic congestion
- High pesticide exposure in agricultural community
- Breathing problems are particularly high among agricultural workers.

[173] California Department of Pesticide Regulation, 2013.
[174] California Health Interview Survey, 2014.
[175] State of the Air 2015, American Lung Association, San Joaquin Valley Regional Summary
[176] Ibid.

Asthma/Air Quality (continued)

Additional Data and Key Drivers

Related Health Outcomes

Chronic Lower Respiratory Disease Mortality Rate

Age-adjusted morality rate per 100,000 pop.[177]

44.4	37.5
San Joaquin	California

Cigarette Smoke

Cigarette Smoking

% population smoking cigarettes; age-adjusted[178]

16.2	12.8
San Joaquin	California

Community Feedback

28.6% of Community Survey respondents report that cigarette smoke is a major environmental concern in their community.

Air Quality

Pounds of Pesticides Used[179]

11,017,592

Pounds of pesticides applied in San Joaquin County

(Compared to 193,597,806 total pounds applied across California State.)

Pounds of pesticides used

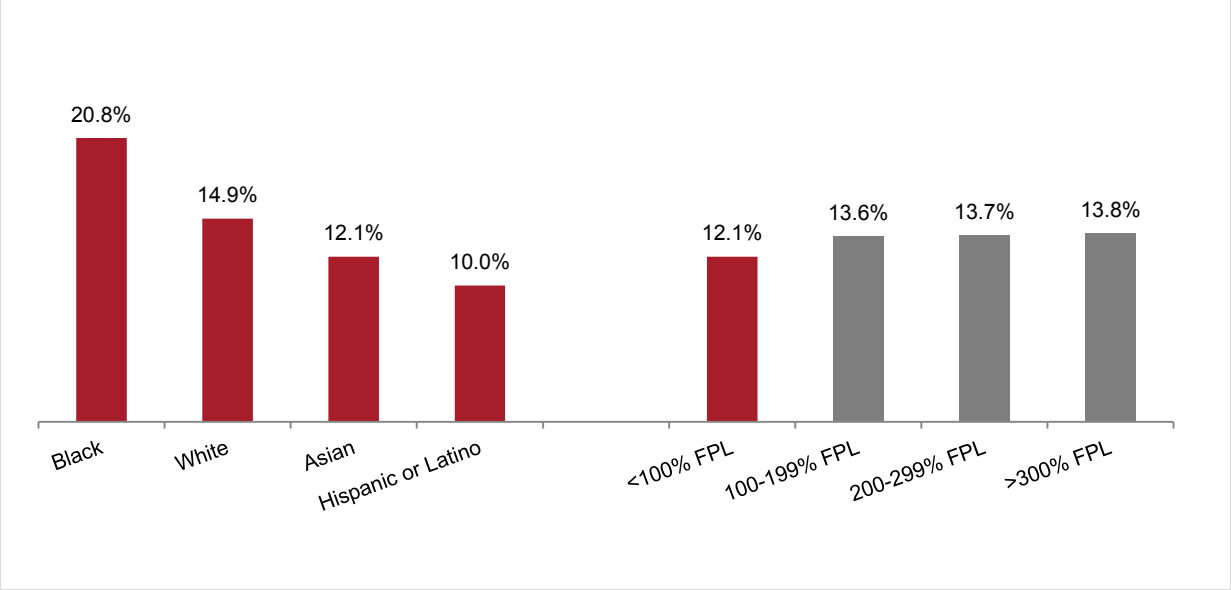
Per square mile

7,726	1,183
San Joaquin	California

[177] California Department of Public Health, 2009-2011.
[178] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-12. Accessed via the Health Indicators Warehouse.
[179] California Department of Pesticide Regulation, 2013.

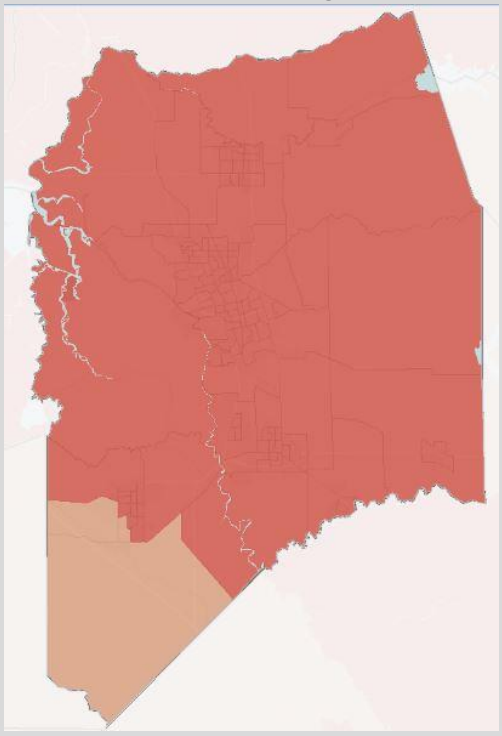
Asthma/Air Quality (continued)

Percent of Adult Population In California Ever Diagnosed with Asthma, by Race/Ethnicity[180] and Income[181]



Geographic Areas with Highest Particulate Levels

Fine Particulate Matter (PM 2.5) Levels[182]



Key: Percent of Days PM 2.5 above National Ambient Air Quality Standards

- Over 6.0%
- 1.1 - 6.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed

This map demonstrates that the percentage of days exceeding Fine Particulate Matter (PM 2.5) standards is high throughout the county, with the most affected areas in the northern and central part of the county. Within the red, census tracts concentrated near **Lodi** and **Stockton** exhibit the highest percentages of days with levels above PM 2.5 standards.

[180] California Health Interview Survey, 2007-09.
[181] California Health Interview Survey, 2009.
[182] Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008. Additional data analysis by CARES.

Asthma/Air Quality (continued)

Assets

Examples of Existing Community Assets†

Hospitals and Health Organizations	Land Use and Transportation Planners
	

† Assets excerpted from qualitative data and San Joaquin CHNA Core Planning Group. For a comprehensive list of county assets and resources, reference http://www.211sj.org/.

B. Community Resources Available to Respond to the Identified Health Needs

San Joaquin County has a rich network of community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Examples of community resources available to respond to each community identified health need are highlighted in each Health Need Profile in Section VI. For a more comprehensive list of community assets and resources, please call 2-1-1 or (800) 436-9997, or reference http://www.211sj.org/.

VI. CONCLUSION AND NEXT STEPS

The CHNA is an important first step towards taking action to affect positive changes in the health and well-being of its residents. The results will be used to drive development of a joint Community Health Improvement Plan (CHIP), which will identify long-term, systematic strategies and actions to address health needs. As envisioned, the CHIP will be embraced countywide as a roadmap for individual members and community partners to set complementary priorities, coordinating and targeting resources for maximum impact.

Additionally, as stated above, each hospital will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on their assets and resources, as well as on evidence-based strategies, wherever possible.

The CHNA, the CHIP, and the hospital-specific implementation strategies will provide the impetus for concerted action in a strategic, innovative, and equitable way.

VII. APPENDICES

A. Secondary Data, Sources, and Years

B. Health Data by Race/Ethnicity, Age, Income, and Gender

C. Health Data in Tracy-Manteca Service Area Zip Codes

D. Summary of Community Survey Results

E. Summary of Focus Group and Key Informant Interview Results

F. Community Input Tracking Form

G. Primary Data Collection Tools

H. Prioritization Scoring Matrix

I. Qualifications of Consultants

J. Core Planning Group Member Websites