



San Joaquin County 2019 Community Health Needs Assessment

March 2019

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Executive Summary

San Joaquin County is one of California's fastest growing counties; it includes seven cities, many small towns, and a number of rural farm and ranching communities. The county residents are diverse, including Latino, African American, Caucasian, and Asian/Pacific Islander populations. San Joaquin is a county of contrasts, holding in one hand growth opportunities and a variety of assets and resources to support health, and in the other hand significant challenges in terms of economic security, health and health disparities.

The San Joaquin County 2019 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health that encompasses the conditions that impact health in the county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being of all San Joaquin County residents. From data collection and analysis to the identification of prioritized needs, the development of the 2019 CHNA report has been an inclusive and comprehensive process guided by a Core Team planning group and broadly representative Steering Committee, with input from hundreds of community residents. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for more than 20 years and is now a national requirement as well as a requirement for Public Health Accreditation. San Joaquin County's CHNA is unique in that all of its non-profit hospitals, the local health department and key stakeholders join together to support one countywide assessment. The process in 2019 included interviews with 11 key informants, 31 focus group discussions with 349 diverse community residents, and data analysis of over 120 indicators, creating a robust picture of the issues affecting people's health where they live, work, and play.

The 2019 CHNA process applied a social determinants of health framework and examined San Joaquin County's social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the county. This CHNA report places particular emphasis on the health issues and contributing factors that impact vulnerable populations that disproportionately have poorer health outcomes across multiple health needs. It explored disparities for populations residing in specific geographic areas referred to as "Priority Neighborhoods", as well as disparities among the county's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

Through a comprehensive process combining findings from demographic and health data as well as community leader and resident input, nine

Figure 1: CHNA Health Needs

Highest Priority

- Mental Health
- Economic Security
- Obesity/Healthy Eating, Active Living/Diabetes

Medium Priority

- Violence/Injury Prevention
- Access to Care
- Substance Abuse/Tobacco

Lower Priority

- Asthma
- Oral Health
- Climate and Health

health needs were identified. (See Figure 1.) Through a multi-step prioritization, the following three health needs emerged as the highest priorities for San Joaquin County:

Mental Health: Maintaining mental health is as important as physical health and is essential to one's well-being. Deaths by suicide, drug overdose and alcohol poisoning combined are higher in San Joaquin County when compared to the California average, and there is limited access to mental health providers. Key informants and community residents discussed limited culturally competent services within San Joaquin County and linked poor mental health to stigma, low income, homelessness and substance abuse.

Economic Security: Economic security significantly contributes to good health. San Joaquin County compares poorly to the state on many economic security indicators and there are a number of racial and ethnic disparities within the county. Homelessness and housing instability, lack of employment, poor transportation options and substance abuse are all strongly tied to economic security and were described as important health-related issues by community members.

Obesity/Healthy Eating, Active Living (HEAL)/Diabetes: A lifestyle that includes healthy eating and physical activity improves overall health, mental health, and cardiovascular health, reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in San Joaquin County as compared to the state. Poverty, lack of access to nutritious food (in addition to easy access to unhealthy food) and safe places for physical activity were frequently mentioned by key informants and community residents as challenges associated with this health need.

Additional health needs that were explored during the CHNA are described in the full report.

San Joaquin County will use the results of this CHNA to drive the development of a Community Health Improvement Plan (CHIP). The CHIP will identify strategies and actions to address health needs using a collaborative approach that leverages resources and skills from a variety of county organizations and agencies to maximize the potential for a collective impact that results in concrete changes for county residents. Community partners across the county will work together to set priorities and coordinate and target resources.

Additionally, the hospitals involved in the CHNA will each develop a complementary implementation plan to outline how they will address priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their Implementation Strategies (IS) will be filed with the Internal Revenue Service. Both the San Joaquin County CHNA and the Implementation Strategies, once finalized, will be posted publicly on each of the hospitals' websites.

The 2019 CHNA report and the subsequent CHIP will be available at www.healthiersanjoaquin.org.

I. Introduction/Background

The San Joaquin County 2019 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health 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 efforts to improve the health and well-being of all San Joaquin County residents.

The San Joaquin County community has a long tradition of working collaboratively and has conducted a joint triennial CHNA for many years. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community. San Joaquin County will use the results of this CHNA to drive the development of a joint Community Health Improvement Plan (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. The 2019 CHNA report will be available at www.healthiersanjoaquin.org.

Additionally, the hospitals involved in the CHNA will each develop an implementation plan to outline how they will be addressing priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their Implementation Strategies (IS) will be filed with the Internal Revenue Service. Both the CHNA and the Implementation Strategies, once finalized, will be posted publicly on each of the hospitals' websites.

A. Purpose of the Community Health Needs Assessment (CHNA) Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 20 years (SB 697). 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 for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a CHNA and develop an IS every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

This 2019 San Joaquin County CHNA has been designed to reflect federal requirements as well as to fulfill one of San Joaquin County Public Health Service's requirements for national Public Health Accreditation. From data collection and analysis to the identification of prioritized needs and implementation strategies, the development of the 2019 CHNA report has been an inclusive and comprehensive process guided by a Core Team planning group and a broadly representative Steering Committee. As many community members as possible were engaged in the process. Opinions were sought from decision makers and key stakeholders and more importantly, from residents whose voices are not often heard.

B. Description of the CHNA Process

The CHNA was a collaborative examination of health in San Joaquin County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2019 CHNA process applied a social determinants of health framework and examined San Joaquin County's social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health.

Analysis of this broad range of contributing factors resulted in identification of the top health needs for the county.

The 2019 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations that disproportionately have poorer health outcomes across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to here as “Priority Neighborhoods”, as well as disparities among the county’s diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

The 2019 CHNA utilized a mixed-methods approach. The Core Team, the Public Health Services epidemiologists, and Ad Lucem Consulting reviewed secondary data available through Kaiser Permanente’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, Ad Lucem Consulting, in concert with the Core Team, collected primary data via key informant interviews and focus groups 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.

A multi-step process was conducted to rank the health needs into highest, medium and lower priority. First, priorities were collected from the community-based on: 1) responses to a survey with older adults designed to capture their perspectives on priority health needs facing their communities; 2) a meeting held with Tracy community residents to present the secondary and primary data and collect their input on priority health needs; 3) the results of the older adult survey and Tracy community meeting were shared with the CHNA Steering Committee, along with the health need profiles. Final health need prioritization took place at this meeting, where the Steering Committee 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 Team. These methods, the data collected and the resulting prioritized community health needs are presented in this report and in the appendices.

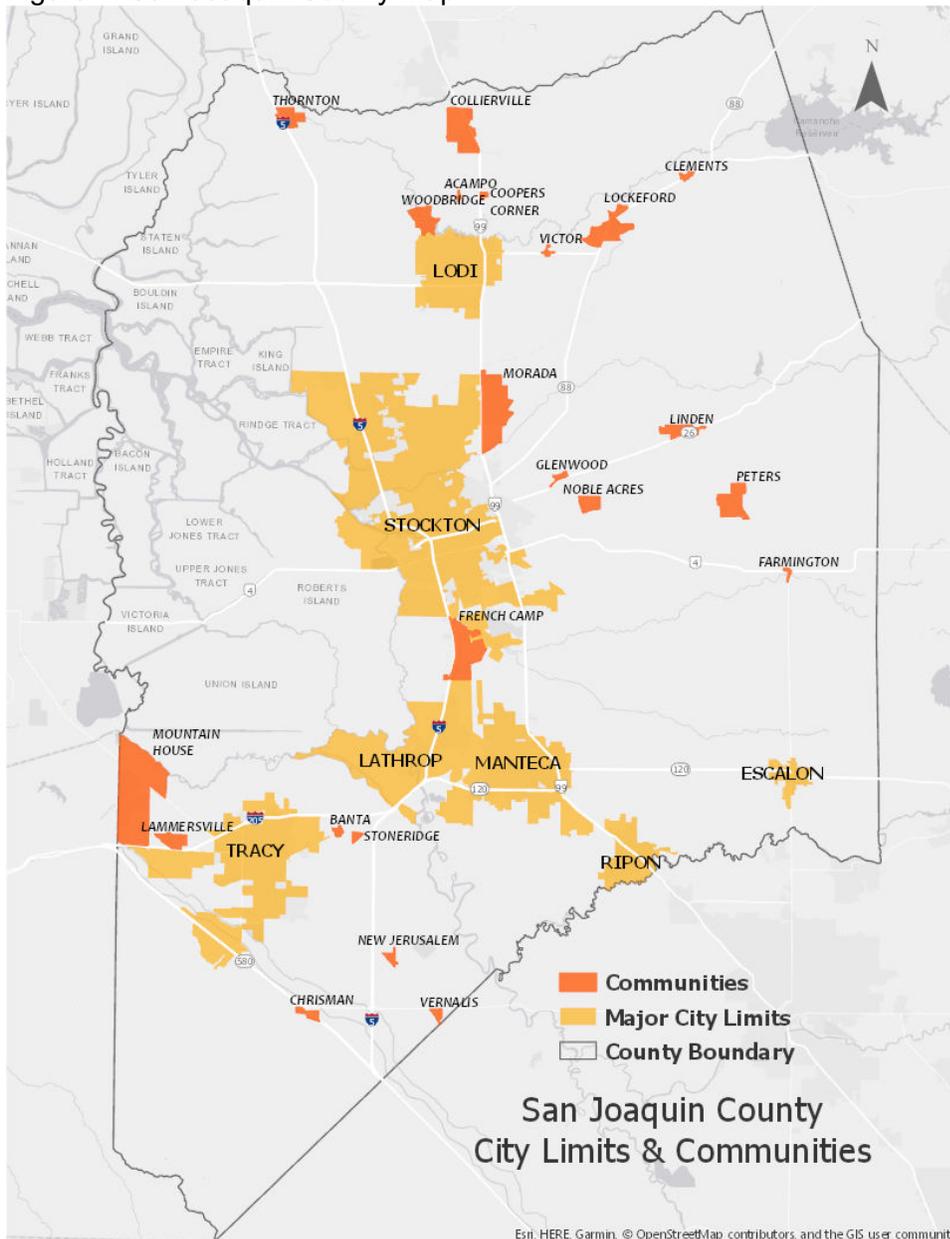
II. Community Served

A. Definition of Community Served

Each hospital participating in the San Joaquin County CHNA defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. For this joint CHNA, the hospital partners chose San Joaquin County as the primary service area for their hospital.

B. Map and Description of Community Served

Figure 1. San Joaquin County Map



i. Geographic Description of the Community Served

San Joaquin County contains both rural and urban areas. Communities and cities maintain their unique geographic identities, separated by agriculture and open space lands. The county includes seven incorporated cities – Stockton, Tracy, Manteca, Lodi, Lathrop, Ripon and Escalon – as well as many small well-established rural communities in the unincorporated areas.

ii. Demographic Profile of the Community Served

Table 1. Demographic Profile - San Joaquin County

Race/ethnicity		Socioeconomic Data	
Total Population	745,424	Living in poverty (<100% federal poverty level)	17.8%
Asian	16.7%	Children in poverty	24.9%
Black	8.2%	Unemployment	11.7%
Hispanic/Latino¹	41.6%	Uninsured population	11.7%
Native American/Alaska Native	2.0%	Adults with no high school diploma	22.0%
Pacific Islander/Native Hawaiian	0.8%		
Multiple races	5.3%		
White	31.8%		

Source: US Census, 2017

III. Who Was Involved in the Assessment?

A. Identity of Partner Organizations that Collaborated on the Assessment

The San Joaquin County 2019 CHNA was an effort of the Healthier San Joaquin Collaborative that included San Joaquin Public Health Services, San Joaquin’s nonprofit hospitals as well as many partner organizations and individuals throughout the community. The CHNA was led by a Core Team that was responsible for planning and key decision-making, including providing input to developing data collection instruments, working alongside Ad Lucem Consulting to collect and analyze data, and reviewing and commenting on the report. The broadly representative CHNA Steering Committee supported the process by collecting primary data and participating in data review and health need prioritization.

i. Core Team Members

- Adventist Health Lodi Memorial
- Community Medical Centers
- Dameron Hospital
- 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 Health



¹ CHNA data sources reference “Hispanic” or “Hispanic/Latino” demographic populations. Latino was used throughout this report’s narrative to refer more broadly to all populations of Hispanic and/or Latino origin.

ii. Steering Committee Members

- Assembly Member Eggman’s District Office
- Asian Pacific Self-development and Residential Association (APSARA)
- Beyond our Gates, University of the Pacific
- Business Forecasting Center, University of the Pacific
- Catholic Charities Diocese of Stockton
- Child Abuse Prevention Council
- Delta Health Care
- El Concilio
- Emergency Food Bank Stockton/San Joaquin
- Family Resource and Referral Center
- Fathers & Families of San Joaquin
- Golden Valley Health Center
- Greenlining Institute
- Lao Family Community Empowerment, Inc.
- Little Manila
- Office of the Mayor, City of Stockton
- Office of Violence Prevention – City of Stockton
- Public Health Advocates
- Reinvent South Stockton Coalition
- San Joaquin Council of Governments
- San Joaquin County Behavioral Health Services
- San Joaquin County Data Co-Op
- San Joaquin County Health Care Services Agency
- San Joaquin County Housing Authority
- San Joaquin County Office of Education
- San Joaquin Delta College
- San Joaquin Hispanic Chamber of Commerce
- STAND
- St. Mary's Dining Room
- Stockton Chamber of Commerce
- Stockton City Council
- Stockton Police Department
- The Amelia Ann Adams Whole Life Center
- Third City Coalition
- UC Cooperative Extension
- United Cerebral Palsy of San Joaquin County
- Wallach & Associates

iii. San Joaquin County Community Residents

The San Joaquin County 2019 CHNA would not have been possible without the support and engagement of county residents. Many community residents volunteered their time as focus group participants, survey respondents or health need ranking meeting participants to provide the critical perspectives of residents living, working, and raising families in county communities.

B. Identity and Qualifications of Consultants Used to Conduct the Assessment

The Healthier San Joaquin Collaborative contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the San Joaquin County CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Strategy Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

IV. Process and Methods Used to Conduct the CHNA

A. Secondary Data

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

San Joaquin County used the CHNA Data Platform (<http://www.chna.org/kp>) to review 120 indicators from publicly available data sources.

In addition, San Joaquin County used data sources beyond those included in the CHNA Data Platform, including the Healthy Places Index (<https://healthyplacesindex.org/>) and data compiled and analyzed by San Joaquin County Public Health Services.

For details on specific sources and dates of the data used, please see [Appendix A](#); [Appendix B](#) contains definitions for the indicators used in this CHNA; data for the 120 indicators can be found in [Appendix C](#).

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

The CHNA Data Platform is a web-based resource that supports community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

As described in section IV.A.i above, San Joaquin County leveraged additional data sources beyond the CHNA Data Platform. To determine Priority Neighborhoods in San Joaquin County, several methods were compared and combined for stability using indicators from the 2013 Community Health Needs Assessment, Healthy Places Index, and American Community Survey. For detailed methodology to select the Priority Neighborhoods, see [Appendix G](#).

To further explore health disparities in the Priority Neighborhoods, San Joaquin Public Health Services provided data on a range of indicators including county demographics, birth outcomes, and death statistics. The birth and death data represent five-year rates (i.e. total number of occurrences of a particular outcome over the 5-year period, 2012-16). Death statistics (excluding life expectancy) come from the Vital Records Business Intelligence System, birth information is from the Birth Statistical Master Files, and life expectancy is from the National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project (USALEEP) (<https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>)

B. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members using key informant interviews, focus groups, and surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from local governmental and public health agencies as well as leaders, representatives, or members of underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see [Appendix D](#).

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

Ad Lucem Consulting conducted key informant interviews with eleven individuals representing diverse sectors including: public health, health care, community-based organizations, social services, education and government. The key informants were identified by Healthier San Joaquin Collaborative Core Team members.

All interviews were conducted by telephone in English and took approximately 30-45 minutes to complete. The interviews followed a standard set of interview questions and the interviewer took detailed notes during the call. At the beginning of the interview, confidentiality was assured and the respondents were invited to skip questions which were not applicable to the respondent's experience.

Interview topics: Interview questions were developed by Ad Lucem Consulting with input from Core Team members. For the complete list of interview questions, see [Appendix E](#). Questions addressed the following topics:

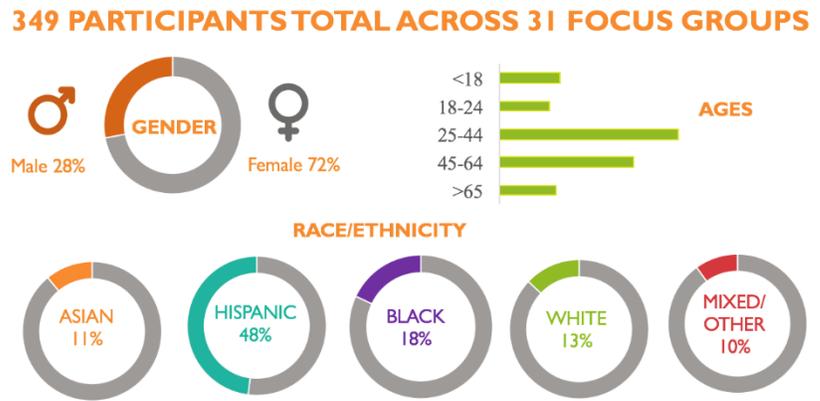
1. Top health issues in San Joaquin County
2. Factors that contribute to the top health issues
3. Impacts on specific populations (e.g. low income, racial/ethnic subpopulations)
4. Successful strategies and community assets to address top health issues
5. Opportunities and roles for addressing the top health issues

Data Analysis: Upon completion of each interview, transcribed responses were grouped by interview question and then organized into health needs as defined by the CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by key informants as described in [Appendix I](#). The points for each health need were tallied across interviewees to develop an interview data score.

Focus Group Methodology

Thirty-one community resident focus groups were conducted in geographic areas within San Joaquin County, including Stockton, Lodi, Tracy and Manteca. Nineteen groups were conducted in English, ten were conducted in Spanish, one was conducted in Tagalog and one was conducted in Cambodian. Participants were teens, adults, and older adults, who represented underserved, low-income, and varied ethnic communities.

Figure 2. San Joaquin Focus Group Participant Profile



Community-based organizations (CBOs) and public agencies who are members of the CHNA Steering Committee were trained by Ad Lucem Consulting to conduct focus groups with community residents. This approach allowed for a large number of focus groups to capture the diverse perspectives of many county subpopulations. CBOs/public agencies attending the training received instruction on a 10-step focus group process, including participant recruitment, focus group logistics, focus group facilitation, note taking and summarizing the focus group discussion. The training participants received a toolkit which included a focus group manual describing the 10 steps as well as the focus group guide and a self-addressed, stamped envelope to return focus group materials. The CBOs/public agencies had the opportunity to apply to Kaiser Permanente for funds to support focus group logistics and refreshments. CBO/public agency staff recruited participants and organized logistics for the focus groups. Each focus group session averaged 60 minutes and was facilitated by a participating CBO/agency. During the focus group, CBO/public agency staff members took notes (either the focus group facilitator or a co-moderator); CBOs/public agencies were instructed to use the notes to prepare a focus group summary on a template provided in the toolkit. CBOs/public agencies emailed summaries to Ad Lucem Consulting and mailed hard copy focus group sign in sheets and demographic questionnaires.

Focus group question guide: A focus group guide ensured consistency across groups. The focus group questions were developed by Ad Lucem Consulting with input from the Core Team. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish by a native Spanish speaker experienced in translation. The guide was also translated into Tagalog and Cambodian by the CBOs/agencies conducting those groups. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete list of focus group questions, see [Appendix F](#). Questions addressed the following topics:

1. What is healthy about the community
2. What makes it difficult to be healthy in the community
3. Top health issues in community

4. Strategies to address top health issues

Data Analysis: Typed summaries of focus group notes prepared by the CBOs/agencies who facilitated the focus groups were submitted to Ad Lucem Consulting. The most prominent themes in the focus group summaries were identified. Health issues mentioned by focus group participants were organized into the health need categories defined by the CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants as described in [Appendix I](#). The points for each health need were tallied across focus groups to develop a focus group data score.

C. Written Comments

Each hospital has 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 recent CHNA Report.

As of the time of this CHNA report development, members of the Core Team had not received written comments about the previous CHNA report. Core Team members will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff.

D. Data Limitations and Information Gaps

The CHNA data platform includes approximately 120 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine health disparities. Lastly, data are not always collected on a yearly basis, and some data are several years old.

Primary data collection and health need ranking processes are also subject to limitations and information gaps:

- Themes identified during interviews, focus groups and surveys were likely dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of stakeholders sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meetings, and to how those individuals voted on that particular day.

V. Priority Neighborhoods

Table 2 lists the 10 San Joaquin County Priority Neighborhoods as well as the county's most healthy census tracts.

The Map in Figure 3 below shows where the Priority Neighborhoods are located. The first seven Priority Neighborhoods rank as the least healthy communities in the entire county (all of which are in Stockton) and the other three are the worst performing neighborhoods from the county's other major cities (Lodi, Tracy, and Manteca). This approach captures the seven highest need Census Tracts county wide and provides geographic representation from various parts of the county experiencing high needs. This approach recognizes that Stockton, a population center for the county, suffers heightened health challenges and therefore has greater needs.

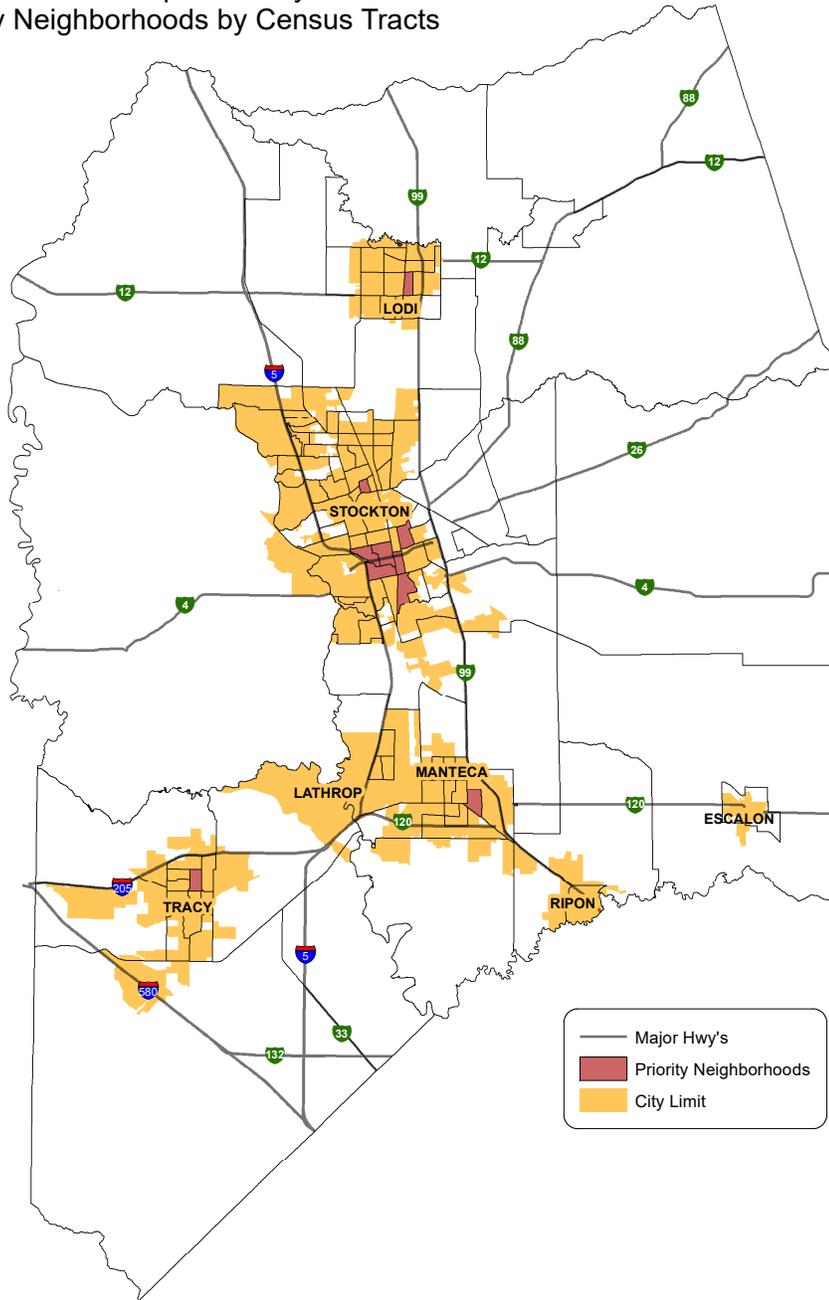
Table 2. Least and Most Healthy Census Tracts Including Rank and City

	Overall County Rank	Census Tract	City	
County's Least Healthy Census Tracts	1	1	Stockton	SJC's least healthy Census Tract
	2	3	Stockton	
	3	33.12	Stockton	
	4	7	Stockton	
	5	16	Stockton	
	6	6	Stockton	
	7	22.01	Stockton	
	14	44.03	Lodi	
	37	51.09	Manteca	
	51	53.03	Tracy	
County's Most Healthy Census Tracts	130	50.04	Ripon	SJC's most healthy Census Tract
	131	51.35	Manteca	
	132	41.05	Lodi	
	133	52.09	Tracy	
	134	52.08	Tracy	
	135	52.10	Tracy	
	136	42.02	Lodi	
	137	50.03	Ripon	
	138	31.14	Stockton	
	139	41.04	Lodi	

Profiles of the top 10 Priority Neighborhoods (Census Tracts) identified from the county's 139 Census Tracts are presented in [Appendix H](#). Each Priority Neighborhood's profile includes the following: map of the census tract, demographic data, root causes of health, and birth and death statistics.

Figure 3. Priority Neighborhoods Map

San Joaquin County
Priority Neighborhoods by Census Tracts



San Joaquin County Public Health Services, Epidemiology, 9/27/2018

VI. 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, health needs are defined as including requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health

disparities). Requisites may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

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

The following criteria were used:

- It fits the definition of a “health need” as described above.
- It was confirmed by multiple data sources (i.e., identified in both secondary and primary data).
- Indicator(s) related to the health need performed poorly against a defined benchmark (e.g., state average).
- It was chosen as a community priority. Prioritization was based on the frequency with which key informants and focus groups mentioned the need. The final list included only those that at least three key informants and focus groups identified as a need.

The following methods were used:

- A health needs identification table was developed which included all core and related indicators that benchmarked poorly to the state. Race and ethnicity data were reviewed (when available) to identify all indicators for which disparities existed. The number of groups experiencing disparities for a given indicator was noted and addressed during prioritization. Primary data were reviewed and health needs that were not mentioned by 3 or more key informants/focus groups during primary data collection were not included as a health need.
- While Indicators for HIV/AIDS/STDs, Maternal and Infant Health, CVD/Stroke, and Cancers had at least one indicator that performed poorly against the state average, they were not included as health needs for the 2019 CHNA because they were not mentioned with frequency in the primary data collection.

Nine health needs met the above criteria:

Highest Priority
Mental Health
Economic Security
Obesity/Healthy Eating and Active Living (HEAL)/Diabetes
Medium Priority
Violence/Injury Prevention
Access to Care
Substance Abuse/Tobacco
Lower Priority
Asthma
Oral Health
Climate and Health

B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were identified to use in prioritizing the list of health needs:

- Severity: Potential to cause death or disability and degree of poor performance against the relevant benchmark
- Magnitude/scale: Number of people affected by the health need
- Clear disparities or inequities: Differences in health outcomes by subgroups
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- Opportunity to intervene at the prevention level

The following steps were taken to determine the preliminary ranking for prioritizing health needs:

- Step 1: A prioritization matrix was developed with rows for each health need and columns listing health need scores for secondary data, primary data (interviews and focus groups), and ethnic/racial disparities (based on secondary data).
- Step 2: A scoring rubric was applied to each data type to calculate a numerical score for the data type based on z-scores (secondary data) or frequency mentioned (primary data).
- Step 3: Scores were averaged across data types for each health need to calculate an overall health need score; this average was multiplied by 100 to aid in interpretation.

[Appendix I](#) includes a more detailed explanation of the prioritization and scoring methodology used.

ii. Prioritization Process

The following process was conducted to rank the health needs into highest, medium and lower priority:

Older Adult Survey: A brief survey was developed specifically for older adults who are congregate senior meal program and food pantry clients (See [Appendix J](#) for the survey) Surveys were conducted in English and Spanish in Lodi, Stockton and Manteca; 167 completed surveys were received. Frequencies were calculated to identify the top health needs and barriers to health. [Appendix K](#) contains the Older Adult Survey results.

Tracy Ranking Meeting: A 90-minute meeting was held with community residents of Tracy; the 22 participants were recruited by the Tracy Family Resource Center, which hosted the meeting. At the meeting, the primary and secondary data, organized by the nine health needs, were presented and discussed via a gallery walk format. The data scoring was also presented and participants engaged in a multi-voting method (described below) to rank the health needs.

CHNA Steering Committee Ranking Meeting: This two-hour meeting was attended by 48 Steering Committee members. The meeting used the same format as the Tracy meeting described above. In addition to the primary and secondary data, the results of the Older Adult Survey and the Tracy ranking meeting were presented to inform participants' decisions in the multi voting process (described below) to determine the final highest, medium and lower priority health needs.

Multi-voting Process: In Tracy and for the Steering Committee, a multi-voting method was used to prioritize the nine identified health needs as highest, medium or lower priority. Participants considered the prioritization matrix and criteria in making their decisions.

Participants took part in two rounds of voting to prioritize the nine health needs. For the first round, participants voted for their top three priority health needs. The three needs that received

the most votes were identified as highest priority. The same voting process was used for round two: participants voted for their top three priorities among the remaining six health needs. The three that received the most votes were identified as medium priority health needs. The remaining needs were identified as lower priority health needs.

C. Prioritized Description of All the Community Needs Identified through the CHNA

As a result of this prioritization process, the health needs were grouped into highest, medium, and lower priority. (Detailed profiles of each health need are found in [Appendix L.](#))

Highest Priority

- **Mental Health:** Maintaining mental health is as important as physical health and is essential to one's well-being. Access to mental health care services can equip people with the necessary skills to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Deaths by suicide, drug overdose and alcohol poisoning combined are higher in San Joaquin County when compared to the state average. Primary data indicates there is a perception of limited access to providers and culturally competent services. Poor mental health was also linked to stigma, low incomes, substance abuse, and homelessness.
- **Economic Security:** Economic security contributes to good health. It facilitates access to healthcare services, healthy eating, and other factors that play a role in overall wellbeing. San Joaquin County benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the county. Black and Latino populations are among those most impacted by poverty. Unemployment is also higher in the County relative to the state. Homelessness and housing instability, lack of employment, poor recovery post-recession, transportation access and substance abuse are connected with economic security and were mentioned as important issues by key informants and in the focus groups.
- **Obesity/HEAL/Diabetes:** A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in San Joaquin County as compared to the state. Physical inactivity is higher among youth and adults in San Joaquin County compared to the state, and disparities are higher for Latino and Black youth in particular. Poverty, lack of access to healthy food and safe places for physical activity, and easy access to unhealthy foods were frequently mentioned as barriers in primary data and confirmed by secondary data.

Medium Priority

- **Violence/Injury Prevention:** Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, and provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. Non-Hispanic Whites and Blacks are disproportionately impacted by motor vehicle crash deaths. Injury deaths and violent crime rates are both higher in San Joaquin County compared to the state. Key

informants and focus group participants linked violence and injury prevention to poor lighting, loose dogs, traffic and drug use. Poverty and the economy's impact on jobs were mentioned in primary data as well.

- **Access to Care:** Access to high quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In San Joaquin County, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty. Latinos are most likely to be uninsured. Secondary data revealed that poor access to affordable health insurance and the lack of high-quality providers, including urgent care and mental health, impact access to care. Language and cultural barriers, including poor language access, were also discussed by key informants and in the focus groups.
- **Substance Abuse/Tobacco:** Reducing and treating substance abuse (including alcohol, opioids, marijuana, methamphetamines and tobacco) improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death, with second hand smoke exposure putting people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with community violence, sexually transmitted infections, and teen pregnancies. Impaired driving deaths are higher in San Joaquin County than the state. Marijuana, methamphetamine, tobacco and alcohol use were frequently mentioned in primary data, as was the intersection of substance abuse, homelessness and poverty, and mental illness. Although opioids were not mentioned specifically in primary data, key informants discussed challenges associated with drug use in general.

Lower Priority

- **Asthma:** Prevention and management of asthma by reducing exposures to triggers such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care. Asthma prevalence and the asthma hospitalization rate are greater in San Joaquin County than in the state. Focus group participants discussed allergies, unsafe air from farming, and bad smelling air as factors impacting this health need.
- **Oral Health:** Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care. San Joaquin County performs similarly to the rest of California when it comes to oral health outcomes. Insufficient insurance coverage and high out of pocket costs, as well as a lack of high quality dental care providers, were mentioned as key concerns by key informants and focus groups.
- **Climate and Health:** Climate change poses a threat for the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality. Unsafe drinking water and poor air quality were mentioned in focus groups. Traffic pollution and farming are factors that contribute to this health need.

D. Community Resources Potentially Available to Respond to the Identified Health Needs

San Joaquin County's community-based organizations, public agencies, hospitals and clinics, and other entities are engaged in addressing many of the health needs identified by this assessment. Key resources available to respond to the identified health needs of the county are listed in [Appendix M](#) Community Resources.

VII. Appendices

- A. Secondary Data Sources and Dates
 - i. CHNA Data Platform secondary data sources
 - ii. “Other” data platform secondary data sources
- B. CHNA Data Platform Indicator Definitions
- C. San Joaquin County CHNA Secondary Data Table
- D. Community Input Tracking Form
- E. Key Informant Interview Guide
- F. Focus Group Screener and Guide
- G. Priority Neighborhood Ranking Methodology
- H. Priority Neighborhood Profiles
- I. Health Need Scoring and Methodology
- J. San Joaquin County Older Adult Survey: English and Spanish
- K. Older Adult Survey Results
- L. Health Need Profiles
- M. Community Resources

Appendix A. Secondary Data Sources and Dates

i. Secondary Sources from the CHNA Data Platform

Source	Dates
1. American Community Survey	2012-2016
2. American Housing Survey	2011-2013
3. Area Health Resource File	2006-2016
4. Behavioral Risk Factor Surveillance System	2006-2015
5. Bureau of Labor Statistics	2016
6. California Department of Education	2014-2017
7. California EpiCenter	2013-2014
8. California Health Interview Survey	2014-2016
9. Center for Applied Research and Environmental Systems	2012-2015
10. Centers for Medicare and Medicaid Services	2015
11. Climate Impact Lab	2016
12. County Business Patterns	2015
13. County Health Rankings	2012-2014
14. Dartmouth Atlas of Health Care	2012-2014
15. Decennial Census	2010
16. EPA National Air Toxics Assessment	2011
17. EPA Smart Location Database	2011-2013
18. Fatality Analysis Reporting System	2011-2015
19. FBI Uniform Crime Reports	2012-14
20. FCC Fixed Broadband Deployment Data	2016
21. Feeding America	2014
22. FITNESSGRAM® Physical Fitness Testing	2016-2017
23. Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24. Health Resources and Services Administration	2016
25. Institute for Health Metrics and Evaluation	2014
26. Interactive Atlas of Heart Disease and Stroke	2012-2014
27. Mapping Medicare Disparities Tool	2015
28. National Center for Chronic Disease Prevention and Health Promotion	2013
29. National Center for Education Statistics-Common Core of Data	2015-2016
30. National Center for Education Statistics-EDFacts	2014-2015
31. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32. National Environmental Public Health Tracking Network	2014
33. National Flood Hazard Layer	2011
34. National Land Cover Database 2011	2011
35. National Survey of Children's Health	2016
36. National Vital Statistics System	2004-2015
37. Nielsen Demographic Data (PopFacts)	2014
38. North America Land Data Assimilation System	2006-2013
39. Opportunity Nation	2017
40. Safe Drinking Water Information System	2015
41. State Cancer Profiles	2010-2014
42. US Drought Monitor	2012-2014
43. USDA - Food Access Research Atlas	2014

ii. Additional Sources

Source	Dates
1. Public Health Alliance of Southern California, The California Healthy Places Index (HPI)	2017
2. National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project (USALEEP)	2010 - 2015
3. San Joaquin County Public Health Services, Birth Statistical Master Files	2012-2016
4. San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS)	2012-2016
5. Valley Vision, A Community Health Needs Assessment of San Joaquin County	March 2013
6. US Census	2017

Appendix B. CHNA Data Platform Indicator Definitions

Table 1: Definitions for CHNA Data Platform Indicators

HEALTH NEED	INDICATOR	DEFINITION
Access to Care	30-Day Readmissions	Percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge
	Federally Qualified Health Centers	Number of Federally Qualified Health Centers (FQHCS)
	Medicaid/ Public Insurance Enrollment	Percentage of the population that is enrolled in Medicaid or another public health insurance program
	Primary Care Physicians	Number of primary care physicians (including MD and DO practicing general family medicine and general practice, and MD practicing general internal medicine and general pediatrics) per 100,000 population
	Recent Primary Care Visit	Percentage of Medicare beneficiaries that visited a primary care clinician at least once within the past year
	Uninsured Population	Percentage of children aged less than 18 years of age without health insurance coverage
Asthma	Asthma Hospitalizations	Patient discharge rate per 10,000 total population for asthma and related complications
	Asthma Prevalence	Percentage of Medicare fee-for-service population with asthma
	Ozone Levels	Percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (PPB)
	Particulate Matter 2.5 Levels	Percentage of days per year with fine particulate matter 2.5 (PM2.5) levels above the National Ambient Air Quality Standard of 35 micrograms per cubic meter
	Respiratory Hazard Index	Respiratory hazard index, for which scores greater than 1.0 mean respiratory pollutants are likely to increase risk of non-cancer adverse health effects over a lifetime
Cancers	Breast Cancer Incidence	Age-adjusted incidence rate of breast cancer among females per 100,000 population per year
	Breast Cancer Screening	Percentage of female Medicare enrollees, aged 67 and older, who have received one or more mammograms in the past two years
	Cancer Deaths	Age-adjusted rate of death due to malignant neoplasm (cancer) per 100,000 population per year
	Colon and Rectum Cancer Incidence	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000 population per year
	Lung Cancer Incidence	Age-adjusted incidence rate of lung cancer per 100,000 population
	Prostate Cancer Incidence	Age-adjusted incidence rate of prostate cancer among males per 100,000 population per year
Climate and Health	Air Conditioning	20-year mortality climate impacts
	Climate-Related Mortality Impacts	Median estimated economic impacts from changes in all-cause mortality rates, across all age groups, as a percentage of county GDP
	Drinking Water Violations	Presence or absence of health-based violations in community water systems over a specified time frame
	Drought Severity	Population-weighted percentage of weeks in drought from January 1st, 2012 – December 31st, 2014
	Flood Vulnerability	Estimated number of housing units within the special flood hazard area (SFHA) per county

HEALTH NEED	INDICATOR	DEFINITION
	Heat Index	Percentage of days per year with recorded heat index values (a measure of temperature and humidity) of over 100 degrees Fahrenheit
	Public Transit Stops	Percentage of the population living within 0.5 miles of a transit stop
	Road Network Density	Road miles per square mile
	Tree Canopy Cover	Percentage of land within the report area that is covered by tree canopy
CVD/ Stroke	Heart Disease Deaths	Age-adjusted rate of death due to coronary heart disease per 100,000 population
	Heart Disease Hospitalizations	Hospitalization rate for coronary heart disease among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population
	Heart Disease Prevalence	Percentage of adults aged 18 and older that have ever been told by a doctor that they have coronary heart disease or angina
	High Blood Pressure Management	Percentage of adults aged 18 years and older that self-report not taking medication for their high blood pressure
	Stroke Deaths	Age-adjusted rate of death due to cerebrovascular disease (stroke) per 100,000 population
	Stroke Hospitalizations	Hospitalization rate for Ischemic stroke among Medicare beneficiaries aged 65 years and older for hospital stays occurring between 2012 and 2014, per 1,000 population
	Stroke Prevalence	Percentage of the Medicare fee-for-service population diagnosed with stroke
Economic Security	Adults with an Associate's Degree or Higher	Percentage of the population aged 25 years and older with an Associate's degree or higher
	Adults with No High School Diploma	Percentage of the population aged 25 years and older without at least a high school diploma or equivalent
	Adults with Some Post-Secondary Education	Percentage of adults aged 25 to 44 years with at least some post-secondary education
	Banking Institutions	Number of banking institutions (commercial banks, savings institutions and credit unions) per 10,000 population
	Children Below 100% FPL	Percentage of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)
	Children in Single-parent Households	Percentage of children that live in households with only one parent present
	Cost Burdened Households	Percentage of households for which housing costs exceed 30% of total household income
	Expulsions	Rate of expulsions per 100 enrolled students
	Free and Reduced Price Lunch	Percentage of public school students eligible for free or reduced price lunches
	High Speed Internet	Percentage of population with access to high-speed internet
	Housing Problems	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (>1 person per room); or Household is severely cost burdened (all housing costs represent over >30% of monthly income)
	Income Inequality - 80/20 Ratio	Ratio of household income at the 80th percentile to household income at the 20th percentile
	Median Household Income	Median inflation-adjusted household income

HEALTH NEED	INDICATOR	DEFINITION
	On-Time High School Graduation	Cohort high school graduation rate, the percentage of students receiving their high school diploma within four years
	Opportunity Index	Opportunity index score, a measure of community well-being, for which scores range between 0 (indicating no opportunity) and 100 (indicating maximum opportunity)
	Population Below 100% FPL	Percentage of the population living in households with incomes below the Federal Poverty Level (FPL)
	Preschool Enrollment	Percentage of the population aged 3 to 4 years that is enrolled in preschool
	Reading At/Above Proficiency	Percentage of children in grade 4 whose reading skills tested at or above the "proficient" level for the English Language Arts portion of the state-specific standardized test
	Reading At/Above Proficiency	Percentage of children in grade 4 whose reading skills test at or above the standard level for the Smarter Balanced English Language Arts portion of the California Assessment of Student Performance and Progress (CAASPP) test
	Segregation Index	Segregation index score, a measure of the spatial distribution or evenness of population demographic groups, for which index values range between 0.0 (indicating even distribution) and 1.0 (indicating maximum segregation)
	Severe Housing Problems	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Housing unit is severely overcrowded (> 2 persons per room); or Household is severely cost burdened (all housing costs represent >50% of monthly income)
	Suspensions	Rate of suspensions per 100 enrolled students
	Unemployment	Percentage of the civilian non-institutionalized population aged 16 years and older that is unemployed but seeking work (non-seasonally adjusted)
	Uninsured Children	Percentage of children aged less than 18 years of age without health insurance coverage
	Young People Not in School and Not Working	Percentage of youth aged 16 to 19 years who are not currently enrolled in school and who are not employed
HIV/AIDS/STDS	Chlamydia Incidence	Rate of chlamydia cases per 100,000 population per year
	HIV/AIDS Deaths	Rate of death due to HIV and AIDS per 100,000 population
	HIV/AIDS Prevalence	Prevalence of HIV infection per 100,000 population
Maternal and Infant Health	Infant Deaths	Rate of death among infants less than 1 year of age per 1,000 births
	Low Birth Weight	Percentage of total births that are low birthweight (under 2500 grams)
	Pre-Term Births	Percentage of total births that are pre-term (occurring before 37 weeks of pregnancy)
	Teen Births	Number of births to women aged 15 to 19 years per 1,000 population
Mental Health	Deaths by Suicide, Drug or Alcohol Poisoning	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population
	Depression Among Medicare Beneficiaries	Percentage of the Medicare fee-for-service population with depression
	Mental Health Providers	Number of mental health care providers (including psychiatrists, psychologists, clinical social workers, and counsellors) per 100,000 population
	Poor Mental Health Days	Age-adjusted average number of self-reported mentally unhealthy days per month among adults

HEALTH NEED	INDICATOR	DEFINITION
	Seriously Considered Suicide	Percentage of adults aged 18 years and older that self-report having seriously thought about committing suicide
	Social and Emotional Support	Percentage of adults aged 18 years and older that self-report having insufficient social and emotional support
	Social Associations	Number of social associations (e.g. Civic organizations, recreational clubs and facilities, political organizations, labor organizations, business associations, professional organizations) per 10,000 population
	Suicide Deaths	Age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population
Obesity/ HEAL/ Diabetes	Children Walking or Biking to School	Percentage of children walk, bike or skate to school at least occasionally, according to their parent/guardian
	Diabetes Management (Hemoglobin A1c Test)	Percentage of diabetic Medicare patients who have had a hemoglobin A1c (ha1c) test of blood sugar levels administered by a health care professional in the past year
	Diabetes Prevalence	Percentage of adults aged 20 years and older that have ever been told by a doctor that they have diabetes
	Driving Alone to Work	Percentage of the civilian non-institutionalized population aged 16 years and older that commute alone to work by motor vehicle
	Driving Alone to Work, Long Distances	Percentage of the civilian non-institutionalized population with long commutes to work, over 60 minutes each direction
	Exercise Opportunities	Percentage of the population that live in close proximity to a park or recreational facility
	Food Environment Index	Food environment index score, a measure of affordable, close, and nutritious food retailers in a community, for which scores range between 0 (poorest food environment) and 10 (optimum food environment)
	Food Insecurity	Estimated percentage of the population that experienced food insecurity at some point during the report year
	Fruit/Vegetable Expenditures	Estimated annual expenditures for fruits and vegetables purchased for at-home consumption, as a percentage of total food-at-home expenditures
	Grocery Stores and Produce Vendors	Number of grocery stores per 10,000 population
	Healthy Food Stores	Percentage of the population that do not live in close proximity to a large grocery store or supermarket
	Obesity (Adult)	Percentage of adults aged 20 years and older that self-report having a Body Mass Index (BMI) greater than 30.0
	Obesity (Youth)	Percentage of youth aged 10 to 17 years having a Body Mass Index (BMI)-for-age at or above the 95th percentile
	Physical Inactivity (Adult)	Percentage of adults aged 20 years and older that self-report not participating in physical activities or exercise
	Physical Inactivity (Youth)	Percentage of children aged 6 to 17 years that do not engage in adequate levels of regular physical activity, according to their parent/guardian
	SNAP Benefits	Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits
	Soft Drink Consumption	Percentage of adults that self-report drinking a soda or sugar sweetened beverage at least once daily
	Walkable Destinations	Percentage of the population that live in close proximity to a park, playground, library, museum or other destinations of interest

HEALTH NEED	INDICATOR	DEFINITION
Oral Health	Dental Insurance Coverage	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population
	Dentists	Age-adjusted rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses per 100,000 population
	Health Professional Shortage Area - Dental	Percentage of the population that lives in a designated Health Professional Shortage Area, defined as having a shortage of dental health professionals
	Poor Dental Health	Percentage of adults that self-report having had six or more permanent teeth removed due to tooth decay, gum disease, or infection
	Recent Dental Exam	Percentage of adults that self-report not visiting a dentist, dental hygienist or dental clinic within the past year
	Recent Dental Exam (Youth)	Percentage of children aged 2 to 11 years with at least one tooth that have visited a dentist
	Soft Drink Expenditures	Estimated annual soft drink expenditures purchased for at-home consumption, as a percentage of all food-at-home expenditures
Substance Abuse/ Tobacco	Alcohol Expenditures	Estimated annual expenditures for alcoholic beverages purchased for at-home consumption, as a percentage of total household expenditures
	Beer, Wine, and Liquor Stores	Number of beer, wine, and liquor stores per 100,000 population
	Cigarette Expenditures	Estimated annual expenditures for cigarettes, as a percentage of total household expenditures
	Current Smokers	Percentage of adults that self-report smoking cigarettes most days or every day
	Excessive Drinking	Percentage of adults aged 18 years and older that self-report heavy alcohol consumption
	Impaired Driving Deaths	Percentage of motor vehicle crash deaths in which alcohol played a role
	Opioid Prescription Drug Claims	Number of Medicare Part D prescription claims for opiates as a percentage of total Medicare Part D prescription drug claims
Violence/ Injury Prevention	Domestic Violence Hospitalizations	Rate of non-fatal emergency department visits for domestic violence incidents among females aged 10 years and older per 100,000 population
	Injury Deaths	Number of deaths from intentional and unintentional injuries per 100,000 population
	Motor Vehicle Crash Deaths	Age-adjusted rate of death due to motor vehicle crashes per 100,000 population
	Pedestrian Accident Deaths	Rate of death due to pedestrian accident per 100,000 population
	Violent Crimes	Rate of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population

Source: CHNA data platform, 2018

Appendix C. San Joaquin County CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for the County in comparison to statistics for the State of California. Indicators (either percentage of county population or a rate per designated number of residents) are presented across 13 health need categories. Definitions of each indicator and associated data source are provided in [Appendix B](#). Table 1 below notes statistically significant differences for 1) indicators for which the county performs markedly worse than California averages and 2) indicators for which ethnic disparities are present within the county. Ethnic groups examined include Asians, Blacks, Latinos, Whites, as well as those who are mixed race or identify with other groups. These differences point to notable health needs across the county and/or for particular ethnic groups, which are discussed in further detail in [Appendix L](#).

Table 1: Prevalence/Incidence Rates for Indicators of Health Status, Behavior, and Risk Factors

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
Access to Care	30-Day Readmissions	15%	14%		
	Asthma Hospitalizations (per 10,000)	3	2	✓	
	Breast Cancer Screening (Mammogram)	59%	59%		
	Dental Insurance Coverage	34%	39%		
	Diabetes Management (Hemoglobin A1c Test)	80%	82%		✓
	# of Federally Qualified Health Centers	3	3		
	Medicaid/Public Insurance Enrollment	30%	22%	✓	
	Mental Health Providers (per 100,000)	190	289		
	Poor Physical Health Days (per month)	4	4		
	Poor or Fair Health	19%	17%		
	Preventable Hospital Events (per 1,000)	42	36		✓
	Primary Care Physicians (per 100,000)	60	78		
	Recent Dental Exam (Youth)	85%	87%		
	Recent Primary Care Visit	78%	73%		
	Uninsured	12%	13%		✓
Climate and Health ^a	Asthma Prevalence	18%	15%	✓	
	Climate-Related Mortality Impacts	10%	8%		
	Drinking Water Violations	1	1		
	Driving Alone to Work	77%	73%		
	Driving Alone to Work, Long Distances	35%	39%		
	Drought Severity	97%	93%		
	Flood Vulnerability	4%	4%		
	Heat Index	5%	3%		
	Ozone Levels	42%	42%		
	Particulate Matter 2.5 Levels	10%	11%		
	Public Transit Stops	24%	17%		

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Respiratory Hazard Index	2	2		
	Road Network Density Score	3	2		
	Tree Canopy Cover	11%	8%		
Economic Security	Adults with No High School Diploma	22%	18%		✓
	Adults with Some Post-Secondary Education	52%	64%	✓	
	Adults with an Associate's Degree or Higher	28%	40%	✓	
	Banking Institutions (per 10,000)	2	3		
	Beer, Wine, and Liquor Stores (per 100,000)	1	1		
	Children Below 100% FPL	24%	22%		✓
	Children in Single-parent Households	33%	32%		
	Cost Burdened Households	41%	43%		
	Food Insecurity	16%	13%	✓	
	Free and Reduced-Price Lunch	62%	59%		
	Healthy Food Stores	15%	13%		
	High Speed Internet	95%	95%		
	Housing Problems	43%	46%		
	Income Inequality - 80/20 Ratio	4	5		
	Medicaid/Public Insurance Enrollment	30%	22%	✓	
	On-Time High School Graduation	82%	83%		
	Opportunity Index	46	52		
	Population Below 100% FPL	18%	16%		✓
	Preschool Enrollment	38%	49%	✓	
	Reading At/Above Proficiency	28%	40%	✓	
	Reading At/Above Proficiency, CA	31%	44%	✓	
	SNAP Benefits	14%	9%	✓	✓
	Severe Housing Problems	26%	27%		
	Suspensions (per 100)	13	6	✓	
Teen Births (per 1,000)	35	29			
Unemployment	6%	4%	✓		
Uninsured Children	5%	10%			
Uninsured Population	12%	13%		✓	
Young People Not in School and Not Working	8%	8%			
Oral Health ^a	Current Smokers	13%	12%		
	Dental Insurance Coverage	34%	39%		
	Health Professional Shortage Area - Dental	0%	13%		
	Recent Dental Exam (Youth)	85%	87%		

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Soft Drink Consumption	18%	18%		
CVD/Stroke	Current Smokers	13%	12%		
	Diabetes Management (Hemoglobin A1c Test)	80%	82%		✓
	Exercise Opportunities	83%	94%	✓	
	Heart Disease Deaths (per 100,000)	105	99		✓
	Heart Disease Hospitalizations (per 1,000)	11	11		
	Heart Disease Prevalence	27%	24%		
	Obesity (Adult)	33%	27%		✓
	Obesity (Youth)	23%	20%		✓
	Physical Inactivity (Adult)	20%	17%	✓	
	Physical Inactivity (Youth)	47%	38%	✓	✓
	Stroke Deaths (per 100,000)	45	35	✓	✓
	Stroke Hospitalizations (per 1,000)	8	7	✓	
	Stroke Prevalence	4%	4%		
	Walkable Destinations	21%	29%		
Obesity/HEAL/Diabetes	Children Walking or Biking to School	29%	39%	✓	
	Current Smokers	13%	12%		
	Diabetes Management (Hemoglobin A1c Test)	80%	82%		✓
	Diabetes Prevalence	10%	9%	✓	
	Driving Alone to Work	77%	73%		
	Driving Alone to Work, Long Distances	35%	39%		
	Exercise Opportunities	83%	94%	✓	
	Food Environment Index	7	8	✓	
	Food Insecurity	16%	13%	✓	
	Free and Reduced-Price Lunch	62%	59%		
	Grocery Stores and Produce Vendors (per 10,000)	3	2		
	Healthy Food Stores	15%	13%		
	Heart Disease Deaths (per 100,000)	105	99		✓
	Heart Disease Hospitalizations (per 1,000)	11	11		
	Heart Disease Prevalence	27%	24%		
	Obesity (Adult)	33%	27%		✓
	Obesity (Youth)	23%	20%		✓
	Physical Inactivity (Adult)	20%	17%	✓	
	Physical Inactivity (Youth)	47%	38%	✓	✓
	Public Transit Stops	24%	17%		
SNAP Benefits	14%	9%	✓	✓	

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Soft Drink Consumption	18%	18%		
	Stroke Deaths (per 100,000)	45	35	✓	✓
	Stroke Hospitalizations (per 1,000)	8	7	✓	
	Stroke Prevalence	4%	4%		
	Walkable Destinations	21%	29%		
Mental Health	Deaths by Suicide, Drug or Alcohol Poisoning (per 100,000)	46	34	✓	
	Depression Among Medicare Beneficiaries	14%	14%		
	Mental Health Providers (per 100,000)	190	289		
	Poor Mental Health Days (past month)	4	4		
	Seriously Considered Suicide	12%	10%		
	Social Associations	6	7		
	Insufficient Social and Emotional Support	29%	25%	✓	
	Suicide Deaths (per 100,000)	11	10		✓
	Young People Not in School and Not Working	8%	8%		
Substance Abuse/ Tobacco	Beer, Wine, and Liquor Stores (per 100,000)	1	1		
	Current Smokers	13%	12%		
	Deaths by Suicide, Drug or Alcohol Poisoning (per 100,000)	46	34	✓	
	Excessive Drinking	35%	33%		
	Heart Disease Deaths (per 100,000)	105	99		✓
	Heart Disease Hospitalizations (per 1,000)	11	11		
	Heart Disease Prevalence	27%	24%		
	Impaired Driving Deaths	34%	29%	✓	
	Low Birth Weight	7%	7%		
	Lung Cancer Incidence (per 100,000)	56	45	✓	
	Opioid Prescription Drug Claims	6%	7%		
	Poor Mental Health Days (past month)	4	4		
Asthma ^a	Asthma Hospitalizations (per 10,000)	3	2	✓	
	Asthma Prevalence	18%	15%	✓	
	Ozone Levels	42%	42%		
	Particulate Matter 2.5 Levels	10%	11%		
	Respiratory Hazard Index	2	2		
Violence/ Injury Prevention	Beer, Wine, and Liquor Stores (per 100,000)	1	1		
	Domestic Violence Hospitalizations (per 100,000)	4	5		
	Impaired Driving Deaths	34%	29%	✓	
	Injury Deaths (per 100,000)	61	47	✓	

Category	Indicator	San Joaquin County (Rate or %)	State of California (Rate or %)	SJC Performs Worse than CA	Ethnic Disparity Present
	Motor Vehicle Crash Deaths (per 100,000)	12	9		✓
	Pedestrian Accident Deaths (per 100,000)	3	2		
	Seriously Considered Suicide	12%	10%		
	Suicide Deaths (per 100,000)	11	10		✓
	Violent Crimes (per 100,000)	779	403	✓	
Cancers	Breast Cancer Incidence (per 100,000)	115	121		
	Breast Cancer Screening (Mammogram)	59%	60%		
	Cancer Deaths (per 100,000)	168	147	✓	✓
	Colon and Rectum Cancer Incidence (per 100,000)	39	37		
	Current Smokers	13%	12%		
	Lung Cancer Incidence (per 100,000)	56	45	✓	
	Prostate Cancer Incidence (per 100,000)	113	109		
Maternal and Infant Health	Infant Deaths (per 1,000)	6	5		
	Life Expectancy at Birth	78	81	✓	
	Low Birth Weight	7%	7%		
	Pre-Term Births	10%	9%	✓	
	Preschool Enrollment	38%	49%	✓	
	Teen Births (per 1,000)	35	29		
HIV/ AIDS/ STDs ^a	Chlamydia Incidence (per 100,000)	503	460		
	HIV/AIDS Deaths (per 100,000)	85	324		
	HIV/AIDS Prevalence (per 100,000)	218	375		

^a Indicates where ethnic disparity data were not available
Source: CHNA data platform, 2018

Appendix D. Community Input Tracking Form

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
1	Key Informant Interview	Director of Public Health, San Joaquin County Public Health Services	1	Health Department [Entire county, including minority, medically underserved and low income]	Leader	8/23/18	Public Health Services is responsible for protecting, promoting and improving the health and well-being for all who live, work, and play in San Joaquin County.
2	Key Informant Interview	CEO, Community Medical Centers, Inc.	1	Health Care Sector [Minority, medically underserved and low income]	Leader	9/28/18	System of 11 federally qualified health centers (FQHCs) providing health services to low income, underinsured and high need populations in San Joaquin, Solano, and Yolo counties.
3	Key Informant Interview	Director of Population Health, San Joaquin General Hospital	1	Health Care Sector [Entire county, specifically minority, medically underserved, and low income]	Leader	9/26/18	San Joaquin General Hospital encompasses a 196-bed hospital and multiple facilities dedicated to comprehensive outpatient services including Primary Care, Specialty Clinics, and Ambulatory Care.
4	Key Informant Interview	Director, Healthy Kids Resource Center, San Joaquin County Office of Education	1	Education Sector [Youth in entire county, including minority, medically underserved and low income]	Leader	09/05/18	Supports education of more than 145,000 students enrolled in 14 school districts in the county. Healthy Kids Resource Center provides access to educational resources (including health promotion resources) that can be borrowed at no cost.
5	Key Informant Interview	Deputy Director for Aging and Community Services, Human Services Agency	1	Social Services Sector [Entire county, including older adults, adults with disabilities, family caregivers, and residents in long-term care facilities.]	Leader	10/02/18	The HSA Department of Aging and Community Services helps older adults find employment; supports older and disabled individuals to live as independently as possible in the community; promotes healthy aging and community involvement; and assists family members in their vital care giving role.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
6	Key Informant Interview	Director, San Joaquin County Behavioral Health Services	1	Social Services Sector [Entire county, including minority, medically underserved and low income individuals with mental health and substance use treatment needs]	Leader	09/07/18	Behavioral Health Services provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of San Joaquin County residents.
7	Key Informant Interview	Executive Director, Family Resource and Referral Center	1	Social Services Sector [Entire county, especially child care for minority, medically underserved and low income families]	Leader	8/30/18	The Family Resource and Referral Center is a clearinghouse for information on child care services, parenting, nutrition, and child safety. The Center provides child care referrals to all parents in San Joaquin County. It administers child care and nutritional resources and conducts workshops in effective practices of child rearing, child care, and child safety.
8	Key Informant Interview	Executive Director, First 5 San Joaquin County	1	Social Services Sector [Entire county, especially minority, medically underserved and low income children ages 0-5]	Leader	9/19/18	In partnership with San Joaquin County agencies and organizations, First 5 San Joaquin provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to five years old.
9	Key Informant Interview	CEO, St Mary's Dining Room	1	Social Services Sector [Minority, medically underserved, low income and homeless]	Leader	09/12/18	St. Mary's Dining Room provides meals, health care, clothing and hygiene services and social services to homeless and working poor individuals and families.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
10	Key Informant Interview	Executive Director, San Joaquin Pride Center	1	Community-Based Organization [LGBT community, including minority, medically underserved, and low income]	Leader	9/25/18	San Joaquin Pride Center serves the diverse LGBT community in San Joaquin County and the surrounding areas by creating a safe and welcoming space, by providing resources that enrich body, mind and spirit, and by educating the public in tolerance and respect for all people within the LGBT community.
11	Key Informant Interview	Program Manager, Asian Pacific Self Development and Residential Association (APSARA)	1	Community-Based Organization [Asian Pacific community (primarily Cambodians), including medically underserved and low-income]	Leader	11/07/18	APSARA provides a residential facility to over 200 Cambodian families as well as social services (including nutrition education, after school, mercury reduction, and recreational programs among others.)
12	Focus group	UC Cooperative Extension/UC CalFresh Nutrition Education Program - Boys and Girls Club (Spanish)	13	Minority, medically underserved, and low income	Member	08/28/18	Latino parents/guardians of school age children from Lodi.
13	Focus group	Child Abuse Prevention Council - Hong Kingston School (Spanish)	12	Minority, medically underserved, and low income	Member	09/19/18	Mothers of children who attend Hong Kingston Elementary School and who participate in the Parent Café Program offered at the school.
14	Focus group	Child Abuse Prevention Council - Monroe Elementary School (Spanish)	26	Minority, medically underserved, and low income	Member	09/20/18	Parents/grandparents of children at Monroe Elementary School who participate in the Parent Café Program offered at the school.
15	Focus group	Child Abuse Prevention Council - South/West Park School (Spanish)	5	Minority, medically underserved, and low income	Member	09/27/18	Hispanic females living in Tracy CA, participants of Parent Café Program.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
16	Focus group	Amelia Ann Adams Whole Life Center - The Open Door House of Prayer Ministries (English)	12	Minority, medically underserved, and low income	Member	09/16/18	From the faith community, African American, Senior/Elderly, Young Adults, Parents, Grandparents raising Children, Residents of Stockton, CA.
17	Focus group	Amelia Ann Adams Whole Life Center - TEAM Charter (English)	9	Minority, medically underserved, and low income	Member	09/21/18	Parents of TEAM Charter, White, Black, Male and Female, South East residents, South West residents and downtown residents.
18	Focus group	Amelia Ann Adams Whole Life Center - Edna May Graham (English)	10	Minority, medically underserved, and low income	Member	09/23/18	African American, White, Filipino and mixed race, youth (13-18) young adult (18-26) young parents. Youth live in north, central and south Stockton.
19	Focus group	El Concilio - Valle de Sol (Spanish)	11	Minority, medically underserved, and low income	Member	09/25/18	Parents of children from Valle del Sol Day Care.
20	Focus group	El Concilio - Manteca Public Library (English)	11	Minority, medically underserved, and low income	Member	10/04/18	Adults with chronic disease.
21	Focus group	Public Health Advocates Office (English)	7	Minority, medically underserved, and low income	Member	08/23/18	African American youth participants of Public Health Advocates youth leadership group. Participants represented various areas of North Stockton such as the Kelley Dr. community and Fox Creek neighborhood.
22	Focus group	Public Health Advocates - Emerald Point Townhomes (English)	8	Minority, medically underserved, and low income	Member	09/25/18	African American parents, grandparents and a couple young adults who are residents of the Kelley Dr. community and surrounding areas.
23	Focus group	Public Health Advocates - Villa Monterey (English)	10	Minority, medically underserved, and low income	Member	09/26/18	Adults and older adults who live in the Villa Monterey low income housing community.
24	Focus group	Public Health Advocates Office (English)	11	Minority, medically underserved, and low income	Member	09/27/18	African American residents who are participants of Public Health Advocates Community Leadership Workgroup.
25	Focus group	Fathers and Families of San Joaquin - Youth and Family Empowerment Center (English)	13	Minority, medically underserved, and low income	Member	09/26/18	Young men and young women of color who are from disadvantaged and marginalized communities in Stockton.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
26	Focus group	Fathers and Families of San Joaquin (Spanish)	12	Minority, medically underserved, and low income	Member	09/18/18	Hispanic Women; Parents and Home Owners in the Community.
27	Focus group	Fathers and Families of San Joaquin (English)	12	Minority, medically underserved, and low income	Member	09/20/18	All formerly incarcerated individuals. Seven of the participants lived in the 95202 zip code, the other five lived in the 95203 zip code. Both of these zip codes are on the Cal Environmental Screen which shows the toxicity level of that area. These two zip codes are 2 of the top ten most polluted zip codes throughout the state.
28	Focus group	Little Manila Rising - St George Catholic Church (English)	6	Minority, medically underserved, and low income	Member	09/27/18	Mainly parents, all members of the community.
29	Focus group	Little Manila Rising - Little Manilla Center (English)	11	Minority, medically underserved, and low income	Member	09/20/18	Youth of color (majority Filipino/Filipina) and young adults from South Stockton.
30	Focus group	San Joaquin County Public Health Services - First Presbyterian Church (English)	6	Minority, medically underserved, and low income	Member	09/28/18	Community members of the Reinvent South Stockton Coalition - Downtown-Magnolia Promise Zone and community members and church deacons at the First Presbyterian Church.
31	Focus group	Catholic Charities Diocese of Stockton - St. Anne's Place (English)	20	Minority, medically underserved, and low income	Member	10/01/18	Homeless women, mothers and elderly women that have become homeless due to death of a spouse or becoming income ineligible to maintain a place to live; also suffering from addiction, domestic violence.
32	Focus group	Catholic Charities Diocese of Stockton - Wellness Center (English)	15	Minority, medically underserved, and low income	Member	10/03/18	Individuals with a variety of mental illnesses but through The Wellness Center they are case managed, assisting them with employment, housing, resources such as bus passes, meals, life coaching, nutrition sessions, and many volunteer at the center.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
33	Focus group	Catholic Charities Diocese of Stockton - Food Bank Clients (English)	14	Minority, medically underserved, and low income	Member	10/04/18	Homeless individuals that live in tent camps, many get SSI that includes a tiny portion for food which does not allow them to get Cal Fresh. Chronically ill, Mentally ill. Addicted to drugs.
34	Focus group	St Joseph's Medical Center - Apostolic New Life Center (English)	15	Minority, medically underserved, and low income	Member	10/03/18	These were all youth and young adults who live in the Tracy area. All are Hispanic and 60% of them live in homes where parents speak only Spanish.
35	Focus group	St. Joseph's Medical Center - Manteca Senior Center (English)	6	Minority, medically underserved, and low income	Member	10/05/18	Regular visitors of the Manteca Senior Center, two men were homeless.
36	Focus group	St. Joseph's Medical Center - Tracy Resource Center Group #1 (Spanish)	7	Minority, medically underserved, and low income	Member	10/08/18	Participants of Parent and Me weekly playgroup at the Community Partnership for Families Resource Center in Tracy.
37	Focus group	St. Joseph's Medical Center - Tracy Resource Center Group #2 (Spanish)	6	Minority, medically underserved, and low income	Member	10/08/18	Participants of Parent and Me weekly playgroup at the Community Partnership for Families Resource Center in Tracy.
38	Focus group	St. Joseph's Medical Center - Manteca Gospel Center Rescue Mission (English)	8	Minority, medically underserved, and low income	Member	10/09/18	Homeless men and women in Manteca, several of whom were also disabled.
39	Focus group	St. Joseph's Medical Center - Lodi WorkNet Center (Spanish)	15	Minority, medically underserved, and low income	Member	10/09/18	Lodi Youth, clients of Community Partnership for Families.
40	Focus group	St. Joseph's Medical Center - Lodi WorkNet Center (English)	10	Minority, medically underserved, and low income	Member	10/11/18	Lodi Youth, clients of Community Partnership for Families.
41	Focus group	St. Joseph's Medical Center - Filipino Plaza (English / Tagalog)	11	Minority, medically underserved, and low income	Member	10/25/18	Filipino seniors ages 50-95.
42	Focus group	APSARA - Community Center (Cambodian)	14	Minority, medically underserved, and low income	Member	10/18/18	Cambodian and low-income. Most of the participants and their family members had suffered from diabetes, hypertension, heart disease and high cholesterol.

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered	Rationale
43	Prioritization Meeting	Tracy community residents and CBO/public agency staff	22	Minority, medically underserved, and low income	Member	11/14/18	Low income and ethnic populations in Tracy suffer great health disparities. Community residents and the CBOs/public agencies that work with them are a critical voice in determining priority health needs.
44	Prioritization Meeting	SJC CHNA Steering Committee	48	SJC CBOs, public agencies and health care organizations	Leader	12/10/18	The CBOs/public agencies/health care organizations that work with low income and ethnic populations in SJC work to address health disparities and are a critical voice in determining priority health needs.
45	Survey	SJC older adult and food pantry client survey	167	Minority, medically underserved, and low income	Member	November and December 2018	Older adults and food pantry clients are populations with few resources and at high risk for health issues and disparities. They are a critical voice in determining priority health needs.

Appendix E. Key Informant Interview Guide

Date:

Interviewee:

Organization:

Phone #:

Interviewer:

Introduction:

Ad Lucem Consulting is working with Healthier San Joaquin, a collaborative of hospitals, the Health Department, insurers, and community organizations, to conduct a Community Health Needs Assessment (CHNA) in San Joaquin County. The overall goal of the CHNA is to engage local stakeholders and community members in identifying and analyzing community health needs and assets in order to improve the health of local residents. The Federal health care reform law requires all nonprofit hospitals to conduct a community health needs assessment and develop an implementation strategy every 3 years.

The assessment is designed to reflect the perspective of various stakeholders that are knowledgeable about the health issues in the community. Specifically, we are interested in hearing your thoughts about the priority health issues in San Joaquin County, populations most impacted and what community assets and resources are available to address the key health issues.

Given your experience, your perspective will be very helpful to inform the identification, prioritization and selection of key community health issues.

If there are questions you don't know about or don't wish to answer, please feel free to say you'd like to skip the question. Please know that your participation in this interview is voluntary and you may choose to end the interview at any time. Your title and organization will be included in a table of key informant interviewees in the Community Health Needs Assessment report. Your interview will remain confidential and your name will not be associated with any of your responses. The interview should take approximately 30 minutes to complete.

Do you have any questions before we begin?

1. Please briefly describe your role in your organization and who your organization serves.

2. What are San Joaquin County's 3 most critical health issues? *A health issue can be a particular disease like heart disease or cancer, or factors that cause poor health like unhealthy food or substance abuse, or conditions that impact overall wellbeing like mental health and violence, or socioeconomic factors like access to care.*

a. Why are these the top priorities?

An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, costs the county lots of money, or impacts County resident's ability to have a high quality of life.

b. If the interviewee did not mention any of the following, obesity/diabetes, education, and youth growth and development, as a top three health issues, ask the following and list only the issues that were not mentioned. The top health issues identified in the 2016 Community Health Needs Assessment were (obesity/diabetes, education and youth growth and development). How important are these issues today?

3. We reviewed the most recent health data for San Joaquin County and there are a number of disparities. Now I am going to ask you about the factors that contribute to each of the top priority health issues you identified and how the issue impacts specific populations. *A factor could be a health behavior like physical inactivity, or a socioeconomic variable like food security, or a characteristic of the physical environment like safe drinking water.*

a. Starting with (health issue #1)

- i. What are the factors that contribute to making this a priority?
- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

b. Moving on now to (health issue #2):

- i. What are the factors that contribute to making this a priority?
- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

c. For (health issue #3):

- i. What are the factors that contribute to making this a priority?
- ii. How does this health issue specifically impact low income, underserved/uninsured populations? Which populations does the issue impact most?
- iii. How does the health issue impact ethnic/racial subpopulations? Which populations does the issue impact most?

4. Based on your knowledge and expertise, what are the successful strategies that could be implemented to address the top 3 health issues you have identified? What are some of the challenges to addressing the health issues? *You only need to identify strategies in areas where you have knowledge or expertise.*

Probe: Are there suggestions you would add that could help to address the inequities that exist around these health issues?

5. What assets and services are available in San Joaquin County to address the top health issues? *Assets can include health services, social and human service agencies, nonprofit organizations.*

a. Probes (for each need identified):

- i. Where are there gaps in services?

6. Beyond the 3 top health issues you've identified, are there any other health issues that you think are also important to address?

7. What are your suggestions for ways to engage community members, particularly low income, underserved/uninsured populations and ethnic/racial subpopulations, in addressing the health issues?

8. Is there anything else you would like to share about the top health issues in San Joaquin County and how to address the issues?

Appendix F. Focus Group Guide: English and Spanish

San Joaquin County Community Members: Community Health Needs Assessment Focus Group

Welcome

- Hello everyone, thank you for joining our discussion today.
- My name is (moderator).
- This is (note taker) who will be taking notes during our conversation.
- Our discussion today will take about 1 hour.
- Your participation is voluntary and you can leave the group at any time, without explanation.
- We are recording the session today so we do not miss any of your comments. During the focus group, you may ask that we turn off the recorder, if you do not want to be tape recorded for a specific comment. Is it ok for us to start recording?

Purpose of focus group

Healthier San Joaquin is conducting focus groups to learn more about what you, as a community member, feel are the most important health issues in San Joaquin County. County nonprofit hospitals, Public Health Services, insurers and others will use this information to come up with a plan to address the major health issues affecting people in the County. Specifically, we are interested in hearing your thoughts about what makes it easy or difficult to be healthy in your community and what services and resources are available and needed in the community to promote health.

Ground rules

1. There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.
 - Please, feel free to share your opinions even though it's not what others have said.
 - If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer.
 - All input will be welcomed and valued.
2. Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.
 - Please speak loudly and clearly since we are recording and we don't want to miss anything you say.
3. The last guideline is about protecting your privacy.
 - Your name will not be used in any reports, and your name will not be linked to comments you make.
 - I'd also like for all of us to agree that what is said in this room stays in this room.
 - Are there other ground rules you would like us to add?

Introductory Question

- Let's start by introducing ourselves. Tell us your first name.

Community Health

We would like to discuss what is healthy and not so healthy about your community. Things that make a community healthy can include the environment (e.g. sidewalks, clean streets, parks), social/emotional

factors (e.g. feeling safe, access to mental health services), opportunities for healthy behaviors (e.g. places to buy healthy food, places to exercise) community services and events (e.g. low cost or free activities for families), and health care (e.g. access to health care services)

1. Think about how your community is right now. What is healthy about your community?
2. What makes it difficult to be healthy in your community? For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care

Identifying priority health issues/Successful strategies to address health issues

3. Thinking about what does or does not make your community healthy, what do you think is the most important health issue facing your community? A health issue can be a disease like heart disease or cancer, or something that causes poor health like unhealthy food or drug abuse, or something that affects overall wellbeing like mental health, violence or access to care. We know you might have ideas about many important healthy issues, but try to limit your answer to identify the most important health issue.
4. Thinking about the health issue you identified as most important, what are the top one or two things that could be done to fix this issue? Some examples could be improvements to your community (like fixing sidewalks so it is easier to walk or starting farmer's markets where you can get fruits and vegetables) or changes to clinic services (like health and mental health services available at places you usually go, services available in your preferred language).

Final Question

5. We're just about ready to wrap up. Is there anything else you feel is important for us to know about health in your community?

Miembros de la comunidad del condado de San Joaquin - Grupo de discusión para evaluar las necesidades de salud de la comunidad

Palabras de bienvenida

- Hola a todos y gracias por participar hoy en este grupo de discusión.
- Mi nombre es (moderator).
- (Note taker) se encargará de tomar notas durante nuestra conversación.
- La reunión durará, más o menos, una hora y media.
- La participación es voluntaria y pueden retirarse cuando quieran sin tener que dar explicaciones.
- Vamos a grabar la sesión de hoy, así no se nos pasará por alto ninguno de sus comentarios. Una vez que comencemos con el grupo de discusión, pueden pedir que apaguemos la grabadora cuando no quieran que quede registrado algún comentario en particular. ¿Les parece bien si comenzamos a grabar ahora?

Objetivos del grupo de discusión

Healthier San Joaquin está realizando grupos de discusión para saber más sobre lo que ustedes, como miembros de la comunidad, creen que son los problemas de salud más importantes en el condado. Los hospitales del condado sin fines de lucro, los servicios de salud pública, las compañías de seguro y otros usarán esta información para armar un plan y hacer frente a los principales problemas que afectan la salud de las personas del condado de San Joaquin. En particular, queremos escuchar su opinión sobre

qué cosas en su comunidad hacen que sea más fácil o que sea más difícil mantenerse sano, y cuáles servicios y recursos existen y cuáles se necesitan para promover la salud en la comunidad.

Reglas básicas

1. No hay respuestas correctas o incorrectas porque nos interesa conocer las ideas y las opiniones de todos, y las personas, muchas veces, tienen opiniones diferentes.
 - Sientan la libertad de decir lo que piensan, aunque no sea lo mismo que dijeron otros.
 - Si hay temas que no conocen o preguntas con las que no se sienten cómodos, simplemente no las respondan.
 - Todas las ideas son valiosas y bienvenidas.
2. Lo siguiente, queremos tener una discusión grupal, pero nos gustaría que hable una persona por vez. Queremos estar seguros de que todos tienen la oportunidad de dar su opinión.
 - Hablen claro y en voz alta para que no quede nada sin registrar en la grabación.
3. La última indicación tiene que ver con la privacidad.
 - Sus nombres no van a aparecer en ningún informe ni se los va a asociar con los comentarios que hagan aquí.
 - También me gustaría que nos pongamos de acuerdo en que lo que se dice en esta sala, queda en esta sala.
 - ¿Hay alguna otra regla que les gustaría agregar?

Presentación

- Empecemos por presentarnos. Díganos su nombre.

La salud en la comunidad

Nos gustaría empezar a discutir sobre lo que es saludable y lo que no es tan saludable en la comunidad. Entre las cosas que hacen que una comunidad sea saludable podemos pensar en el entorno (por ejemplo, las aceras, las calles limpias y los parques); los factores sociales y afectivos (por ejemplo, sentirse seguro, tener acceso a servicios de salud mental); la posibilidad de tener hábitos saludables (por ejemplo, lugares donde comprar alimentos saludables, espacios donde hacer ejercicio); servicios y eventos comunitarios (por ejemplo, actividades de bajo costo o gratis para la familia); o el cuidado médico (por ejemplo, el acceso a los servicios de cuidado médico).

1. Piensen en cómo está la comunidad en este momento. ¿Qué cosas les parecen saludables de su comunidad?
2. ¿Qué cosas consideran que no ayudan a estar saludable en su comunidad? Por ejemplo: si no hay acceso a los servicios de salud, si hay pocos lugares donde encontrar alimentos saludables y económicos, si hay vecindarios poco seguros, si no hay acceso al transporte, si hay mucha contaminación en el aire, si no hay lugares donde hacer actividad física o si la salud dental es muy cara.

Identificar los problemas de salud prioritarios y las estrategias exitosas para abordarlos

3. Pensando en las cosas que hacen que la comunidad sea saludable o no, ¿cuál creen que es el problema de salud más importante en su comunidad? Un problema de salud puede ser una enfermedad, como una enfermedad del o el cáncer; algo que causa mala salud, como alimentos

poco sanos o el abuso de drogas; o algo que afecta el bienestar general, como la salud mental, la violencia o el acceso al cuidado médico. Sabemos que, posiblemente, se les ocurran muchos problemas de salud que son importantes, pero traten de limitar la respuesta al problema de salud que consideran más importante.

4. Pensando en el problema de salud que identificaron como más importante, ¿qué sería lo principal que habría que hacer para solucionarlo? Piensen en una o dos cosas más importantes. Podrían ser cosas en relación con las mejoras que necesita la comunidad (como arreglar las aceras para que sea más fácil caminar o establecer mercados de productores donde poder comprar frutas y verduras); o con los cambios que hacen falta en los servicios clínicos (como que haya servicios de atención médica y de salud mental disponibles en los lugares a donde suelen ir o servicios en su idioma preferido).

Última pregunta

5. Ya casi estamos listos para terminar. ¿Hay alguna otra cosa que crean que es importante que sepamos sobre la salud en su comunidad?

Muchas gracias por participar.

Appendix G. Priority Neighborhood Ranking Methodology

To determine Priority Neighborhoods in San Joaquin County, several methods were compared and combined for more stability.

A. Valley Vision Report vs. Census Data

The 2013 Community Health Needs Assessment of San Joaquin County, compiled by Valley Vision Inc., was the first resource and several indicators were selected to identify Priority Neighborhoods ^a:

1. % households in poverty (over 65 years old-headed household)
2. % families in poverty (with children)
3. % families in poverty (female-headed household)
4. % no high school diploma (over 25 years old)
5. % non-White population
6. % limited English (over 5 years old)
7. % unemployed
8. % no health insurance
9. % renters

Census data was gathered for each census tract from the American Community Survey then ranked for each indicator. To determine the overall rank of each census tract in the county, the frequency that a census tract appeared in each quartile was determined and ranked accordingly. Out of the 139 census tracts in San Joaquin County, the same census tracts were in the top 15 for most of the indicators (Table 1).

Rank	Highest % households in poverty (65+ years)	Highest % households in poverty (w/children)	Highest % households in poverty (female headed)	Highest % w/o high school degree (25+ years)	Lowest % white population	Highest % speak Eng < very well (5+ years)	Lowest % employed	Lowest % insured	Highest % renter occupied
1	15	1	1	6	22.02	24.01	34.06	44.03	1
2	34.06	25.03	6	22.02	23	45.02	4.02	23	3
3	17	7	5	23	22.01	6	1	6	4.02
4	51.31	22.01	22.01	27.02	24.01	34.05	32.17	27.02	33.12
5	7	4.02	4.02	24.02	25.03	44.03	7	45.02	6
6	27.02	33.12	27.02	17	21	34.09	22.01	27.01	33.13
7	1	6	3	45.02	7	24.02	9	24.01	31.13
8	24.01	31.1	32.1	24.01	6	23	51.32	20	45.02
9	52.06	37	49.02	19	25.04	39	38.02	24.02	32.17
10	22.01	5	25.03	16	19	27.02	10	22.01	31.1
11	51.27	3	22.02	5	20	43.08	32.16	7	33.07
12	51.32	23	16	7	8.01	40.01	51.09	33.12	51.09
13	3	24.01	7	27.01	24.02	17	33.05	5	5
14	16	34.06	44.04	21	33.12	7	34.1	19	31.11
15	40.02	17	17	22.01	28	44.04	33.13	18	25.03

B. Valley Vision Report vs. Healthy Places Index

The next step was to compare the Valley Vision indicators with Healthy Places Index data. On the Healthy Places Index website^b, indicators that closely matched the Valley Vision indicators were selected then census tracts were ranked for each indicator. To determine the overall rank of each census tract in the county, the frequency that a census tract appeared in each quartile was determined and ranked accordingly. Similar to Method A, certain census tracts were in the top 15 (Table 2).

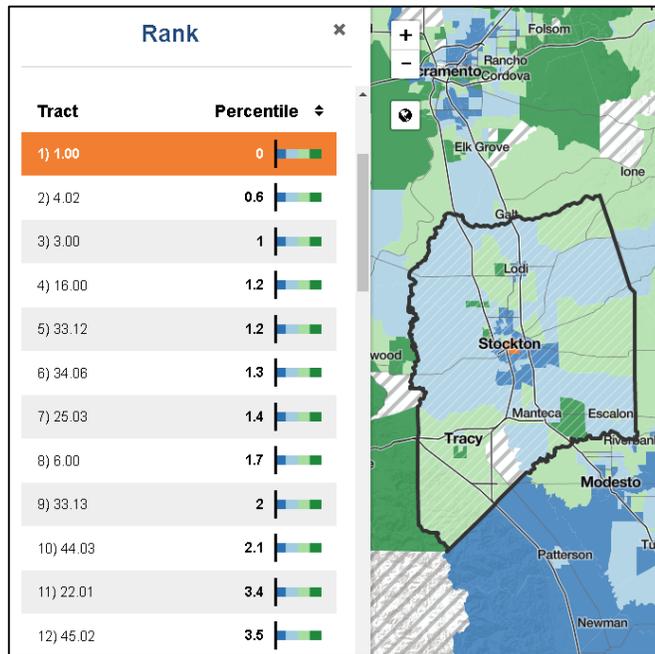
Table 2. Indicator Rank by Census Tract, Valley Vision vs. Healthy Places Index

Rank	Lowest % >200% of federal poverty level	Lowest % bachelor degree + (25+ years)	Lowest % white population	Lowest % households where 1+ speaks English well (15+ years)	Lowest % employed (25-64 years)	Lowest % adults with health insurance (18-64 years)	Lowest % home ownership	Lowest % children with 2 married or partnered caregivers
1	1	5	24.02	6	1	44.03	1	4.02
2	25.03	22.02	22.01	24.01	38.03	23	4.02	34.07
3	6	27.02	24.01	23	25.03	27.02	3	33.1
4	7	23	22.02	45.02	4.02	45.02	33.13	1
5	44.03	45.02	23	7	24.02	6	33.12	25.03
6	33.12	7	7	33.12	37	24.01	6	33.13
7	3	17	25.03	20	33.12	18	31.13	31.12
8	19	51.32	21	3	7	5	31.1	51.25
9	23	18	8.01	39	21	22.01	45.02	34.06
10	45.02	33.12	6	37	34.05	16	5	33.08
11	44.04	37	25.04	27.02	19	39	32.17	33.12
12	4.02	15	19	44.03	34.06	7	33.07	13
13	27.02	20	20	16	24.01	27.01	32.15	6
14	22.02	27.01	28	22.01	18	33.13	34.06	31.1
15	34.06	44.03	33.12	34.05	3	17	51.09	33.11

C. Healthy Places Index

The next step was to pull the Priority Neighborhoods from the Healthy Places Index using their ranking system^b. The top 12 Priority Neighborhoods are listed in Figure 1.

Figure 1. Priority Ranking by Census Tract, San Joaquin County



D. Ranking Result

To determine the top 10 Priority Neighborhoods, each of the three methods (A, B, C) were averaged to find their final rank. If census tracts had the same average rank then the census tracts with higher rankings per individual methods would have a higher weight.

Census Tract	Rank			Avg. Rank	Priority Neighborhood Ranking
	Healthy Places Index	Valley Vision vs. Healthy Places	Valley Vision vs. Census		
1	1	1	5	2.3	1
3	3	4	2	3	2
33.12	5	2	3	3.3	3
7	13	5	1	6.3	4
16	4	9	11	8	5
6	8	3	17	9.3	6
22.01	11	13	6	10	7
22.02	15	6	13	11.3	8
34.06	6	22	9	12.3	9
33.13	9	10	19	12.6	10

Sources:

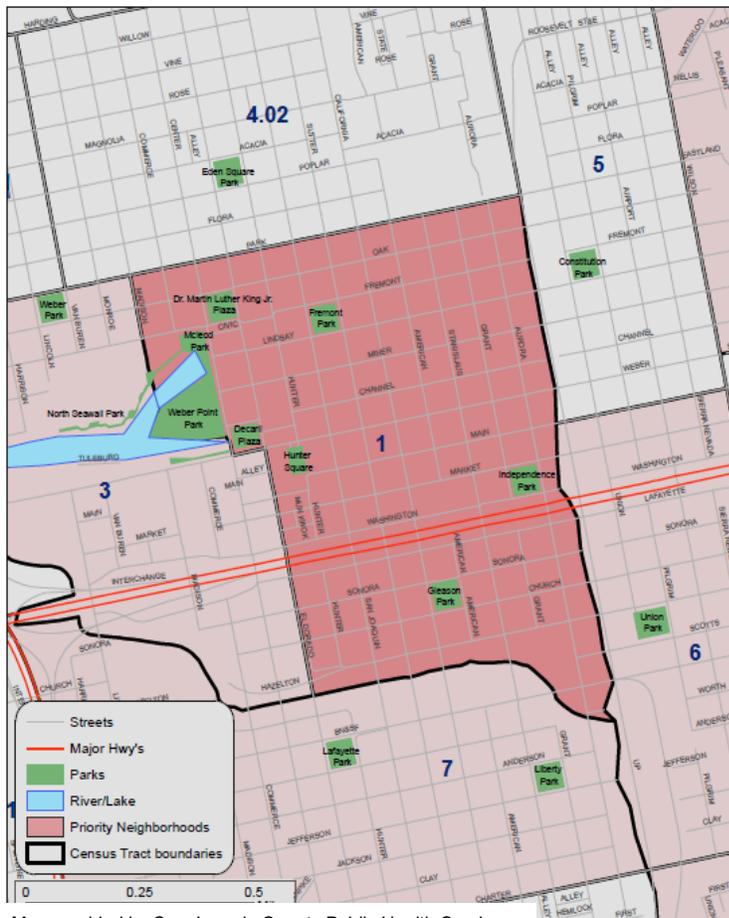
- a. Valley Vision. A Community Health Needs Assessment of San Joaquin County, March 2013. <https://valleyvision.org/research-report/2013-community-health-needs-assessment-san-joaquin/>
- b. Public Health Alliance of Southern California. The California Healthy Places Index (HPI). Accessed on July 1, 2018 at <https://map.healthyplacesindex.org/>

Appendix H. Priority Neighborhood Profiles

Priority Neighborhood #1: Census Tract 1

City of Stockton, Census Tract 1

Demographics



Map provided by San Joaquin County Public Health Services

Census Tract 1 in Stockton is bounded by the following streets: Union/Aurora on the east, Park on the north, Hazelton on the south, and Madison/El Dorado on the west. This priority neighborhood is home to 4,076 people and ranks as the least healthy neighborhood in San Joaquin County. The majority of this neighborhood's residents are Latino and over half of this neighborhood's adults, two thirds of children, and one third of seniors live in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 1
Ethnicity	White	17%
	Black	15%
	Latino	53%
	Asian	12%
	Other	3%
Gender	Female	45%
	Male	55%
Age	0-5	7%
	6-17	18%
	18-24	9%
	25-44	27%
	45-64	26%
	>65	12%

When compared to the county as a whole, this neighborhood has very low levels of education and unemployment rates that are double that of the county average.

Table 2: Socioeconomic Status¹

Indicator	Census Tract 1	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	58%	18%
Children in poverty	67%	25%
Seniors (>65) in poverty	37%	10%
Unemployment	25%	12%
Uninsured population	15%	12%
Adults with no high school diploma	40%	22%

Root Causes of Health

Census Tract 1 fares worse than all other California census tracts, scoring extremely low on economic, social, education, transportation, healthcare, and housing conditions. Disparities are striking when it comes to high school enrollment, college degrees, car access, two parent households, voting, income, employment, and housing quality. This neighborhood performs relatively better on active commuting, homeownership among lower income residents, water contamination, air quality, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest SJC Communities²

Category	Indicator	Census Tract 1	Healthiest SJC Communities
Overall	HPI Total Score	0	75
Economic	Total Score	0	71
	Employed	0	62
	Income	0	70
Social	Total Score	0	83
	Two Parent Households	2	74
	Voting in 2012	2	82
Education	Total Score	1	63
	Preschool Enrollment	26	57
	High School Enrollment	1	92
	Bachelor's Education or Higher	7	59
Transportation	Total Score	0	49
	Automobile Access	0	64
	Active Commuting	72	30
Neighborhood	Total Score	61	72
	Retail Density	91	38
	Park Access	81	64
	Tree Canopy	46	75
	Supermarket Access	84	36
	Alcohol Outlets	12	76
Housing	Total Score	9	82
	Low-Income Renter	27	73
	Low-Income Homeowner	99	73
	Housing Habitability	2	52
	Uncrowded Housing	24	73
	Homeownership	1	77
Pollution	Total Score	41	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	39	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	15	84

When it comes to root causes of health, Census Tract 1 performs worse than all other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

High school enrollment in Census Tract 1 is lower than 99% of CA census tracts.

Census Tract 1 has higher rates of homeownership among low-income residents than almost all CA census tracts.

Birth and Death Statistics

When compared with the county, Census Tract 1 has higher birth rates across most ethnic groups; for Whites in particular, rates are more than two times higher. Census Tract 1 suffers from more babies born at low birth weight, more births to teenage mothers, and fewer women receiving early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 1	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	23	14
	Low birth weight (% of births)	11%	7%
	Prenatal care in 1 st trimester (% of babies)	62%	76%
	Teen births (% of births, mothers age 15-19)	9%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	24	10
	Black	26	15
	Latino	27	18
	Asian	11	15

In this neighborhood, Blacks are dying at a younger age than other ethnic groups. In terms of leading causes of death, this neighborhood's rates of heart, respiratory, and liver disease related deaths are approximately double those of the county and rates of deaths due to accidents are more than three times as high as the county rate. The average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 1	San Joaquin County
Life expectancy (years)	Life expectancy	69	78
Average Age of Death (years) by Ethnicity	All groups combined	63	71
	White	62	75
	Black	59	63
	Latino	64	63
	Asian	73	71
Death Rate (per 1000) by Ethnicity	White	43	13
	Black	19	10
	Latino	7	3
	Asian	6	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	349	178
	Cancer	175	173
	Accidents	139	41
	Respiratory disease	79	49
	Liver disease	56	18

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

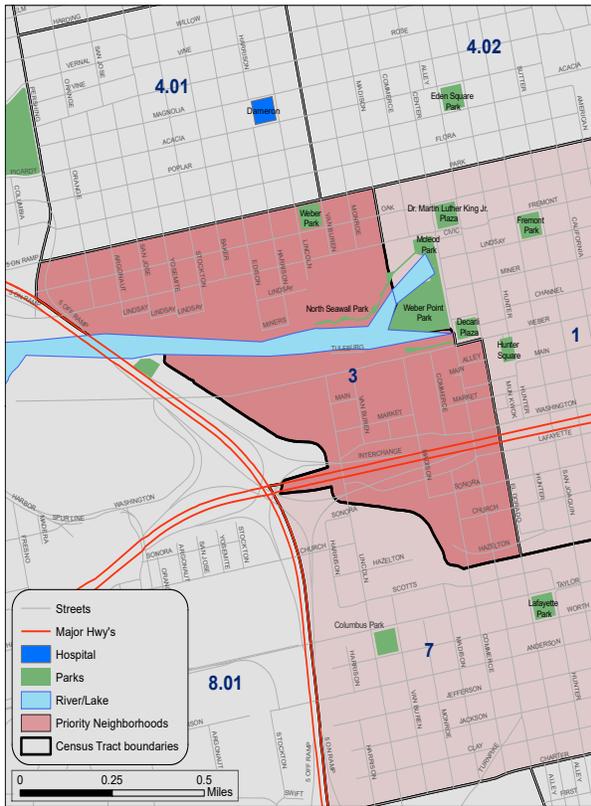
³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project (USALEEP), 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #2: Census Tract 3

City of Stockton, Census Tract 3



When compared to the county as a whole, this neighborhood has more residents without health insurance, higher rates of unemployment, and twice as many adults who haven't completed high school.

Demographics

Census Tract 3 in Stockton is bounded by the following streets: Madison/El Dorado on the east, Park on the north, Hazelton/Scotts on the south, and I-5 on the west. This priority neighborhood is home to 1,842 people and ranks as the second least healthy neighborhood in San Joaquin County. The majority of this neighborhood's residents are Latino, and approximately half of this neighborhood's adults, children, and seniors are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 3
Ethnicity	White	17%
	Black	17%
	Latino	55%
	Asian	10%
	Other	1%
Gender	Female	50%
	Male	50%
Age	0-5	7%
	6-17	14%
	18-24	8%
	25-44	30%
	45-64	25%
	>65	16%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 3	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	42%	18%
Children in poverty	56%	25%
Seniors (>65) in poverty	49%	10%
Unemployment	18%	12%
Uninsured population	21%	12%
Adults with no high school diploma	45%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 1% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, neighborhood, healthcare access, and housing related conditions. Disparities are striking when it comes to employment, income, voting, preschool enrollment, car access, and air pollution. In contrast, this neighborhood performs relatively better on measures of high school enrollment, active commuting, homeownership among lower income residents, water contamination, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest SJC Communities²

Category	Indicator	Census Tract 3	Healthiest SJC Communities
Overall	HPI Total Score	1	75
Economic	Total Score	1	71
	Employed	5	62
	Income	1	70
Social	Total Score	4	83
	Two Parent Households	10	74
	Voting in 2012	5	82
Education	Total Score	12	63
	Preschool Enrollment	7	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	16	59
Transportation	Total Score	0	49
	Automobile Access	2	64
	Active Commuting	47	30
Neighborhood	Total Score	31	72
	Retail Density	82	38
	Park Access	81	64
	Tree Canopy	70	75
	Supermarket Access	23	36
	Alcohol Outlets	33	76
Housing	Total Score	30	82
	Low-Income Renter	30	73
	Low-Income Homeowner	96	73
	Housing Habitability	52	52
	Uncrowded Housing	23	73
	Homeownership	5	77
Pollution	Total Score	40	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	34	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	25	84

When it comes to root causes of health, Census Tract 3 performs worse than 99% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Car access in Census Tract 3 is lower than 98% of CA census tracts.

Water quality in Census Tract 3 is better than 71% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has much higher birth rates across most ethnic groups. In particular, Blacks have a birth rate that is more than two times higher. In addition, more babies are born to teenage mothers and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 3	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	24	14
	Low birth weight (% of births)	8%	7%
	Prenatal care in 1 st trimester (% of babies)	69%	76%
	Teen births (% of births, mothers age 15-19)	11%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	11	10
	Black	54	15
	Latino	25	18
	Asian	10	15

In this neighborhood, every ethnic group has a higher death rate when compared with county averages. In some cases, rates are two to three times as high. In particular, Blacks have the highest overall death rate and are dying at the youngest age on average. As for leading causes of death, this neighborhood's rates of heart, respiratory, and cerebrovascular disease related deaths are considerably higher than those of the county and rates of deaths due to accidents are more than three times as high. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 3	San Joaquin County
Life expectancy (years)	Life expectancy	70	78
Average Age of Death by Ethnicity	All groups combined	66	71
	White	67	75
	Black	59	63
	Latino	67	63
	Asian	77	71
Death Rate (per 1000) by Ethnicity	White	20	13
	Black	31	10
	Latino	5	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	233	178
	Cancer	190	173
	Accidents	137	41
	Respiratory disease	78	49
	Cerebrovascular disease	73	48

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #3: Census Tract 33.12

Demographics

Census Tract 33.12 in Stockton is bounded by the following streets: El Dorado on the west, Bianchi on the south, Woodstock/Camanache on the north, and Colebrook/Burnham on the east. This priority neighborhood is home to 2,841 people and ranks as the third least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino, and approximately half of this neighborhood’s adults and children, as well as one in four seniors, are living in poverty.



When compared to the county as a whole, this neighborhood has very low levels of education, more residents without health insurance, and higher rates of unemployment.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 33.12
Ethnicity	White	9%
	Black	12%
	Latino	61%
	Asian	17%
	Other	1%
Gender	Female	49%
	Male	51%
Age	0-5	9%
	6-17	21%
	18-24	10%
	25-44	31%
	45-64	20%
	>65	9%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 33.12	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	43%	18%
Children in poverty	50%	25%
Seniors (>65) in poverty	27%	10%
Unemployment	17%	12%
Uninsured population	22%	12%
Adults with no high school diploma	37%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 1% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, healthcare access, and housing related conditions. Disparities are striking when it comes to employment, income, two parent homes, voting, college degrees, car access, and air pollution. In contrast, this neighborhood performs relatively better on measures of high school enrollment, housing quality, supermarket access, homeownership among lower income residents, water contamination, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest Communities²

Category	Indicator	Census Tract 33.12	Healthiest SJC Communities
Overall	HPI Total Score	1	75
Economic	Total Score	1	71
	Employed	3	62
	Income	1	70
Social	Total Score	2	83
	Two Parent Households	6	74
	Voting in 2012	4	82
Education	Total Score	26	63
	Preschool Enrollment	36	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	3	59
Transportation	Total Score	0	49
	Automobile Access	4	64
	Active Commuting	14	30
Neighborhood	Total Score	71	72
	Retail Density	71	38
	Park Access	81	64
	Tree Canopy	74	75
	Supermarket Access	87	36
	Alcohol Outlets	16	76
Housing	Total Score	17	82
	Low-Income Renter	3	73
	Low-Income Homeowner	97	73
	Housing Habitability	81	52
	Uncrowded Housing	14	73
	Homeownership	7	77
Pollution	Total Score	48	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	64	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	17	84

When it comes to root causes of health, Census Tract 33.12 performs worse than 99% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Income in Census Tract 33.12 is lower than 99% of CA census tracts.

Housing quality in Census Tract 33.12 is better than 81% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has higher birth rates across most ethnic groups; in some cases, rates are more than two times as high. In particular, Blacks have the highest birth rate. In addition, more babies are born at low birth weight and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 33.12	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	23	14
	Low birth weight (% of births)	11%	7%
	Prenatal care in 1 st trimester (% of babies)	67%	76%
	Teen births (% of births, mothers age 15-19)	9%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	19	10
	Black	47	15
	Latino	16	18
	Asian	20	15

In this neighborhood, every ethnic group has a higher death rate and lower average age of death than the county. In particular, death rates for Blacks and Whites are two or three times as high. Blacks are dying at the youngest age on average and Whites have the highest overall death rate. This neighborhood's rates of deaths due to accidents and respiratory disease are more than twice as high as county rates. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 33.12	San Joaquin County
Life expectancy (years)	Life expectancy	66	78
Average Age of Death by Ethnicity	All groups combined	62	71
	White	66	75
	Black	55	63
	Latino	62	63
	Asian	65	71
Death Rate (per 1000) by Ethnicity	White	42	13
	Black	22	10
	Latino	4	3
	Asian	8	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	217	178
	Cancer	110	173
	Respiratory disease	103	49
	Accidents	93	41
	Cerebrovascular disease	85	48

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

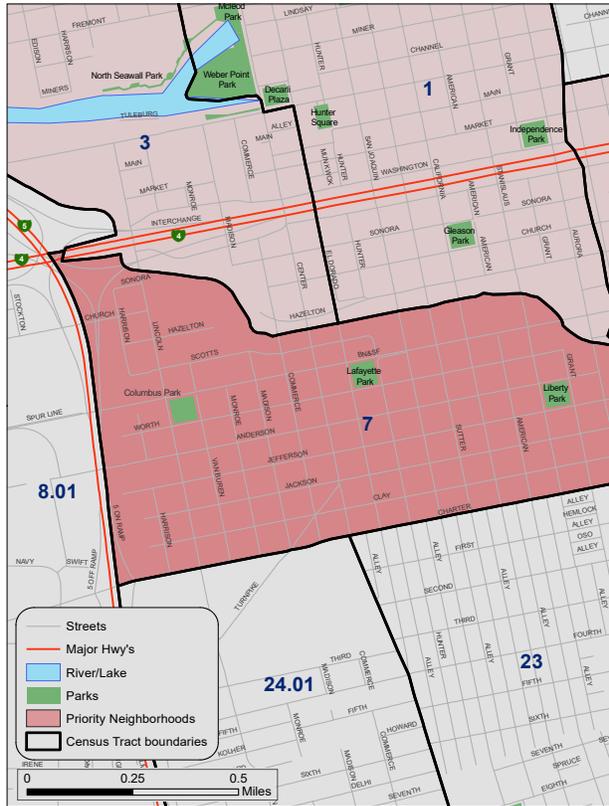
³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #4: Census Tract 7

City of Stockton, Census Tract 7



San Joaquin County Public Health Services, Epidemiology, 9/28/2018

When compared to the county as a whole, this neighborhood has more residents without health insurance, higher rates of unemployment, and twice as many adults who haven't completed high school.

Demographics

Census Tract 7 in Stockton is bounded by the following streets: I-5 on the west, Charter on the south, Hazelton/Scotts on the north, and Union/Aurora on the east. This priority neighborhood is home to 4,458 people and ranks as the fourth least healthy neighborhood in San Joaquin County. The majority of this neighborhood's residents are Latino, and over half of this neighborhood's adults, two thirds of children, and one third of seniors are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 7
Ethnicity	White	4%
	Black	5%
	Latino	75%
	Asian	14%
	Other	2%
Gender	Female	47%
	Male	53%
Age	0-5	8%
	6-17	21%
	18-24	13%
	25-44	26%
	45-64	23%
	>65	10%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 7	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	56%	18%
Children in poverty	67%	25%
Seniors (>65) in poverty	30%	10%
Unemployment	22%	12%
Uninsured population	21%	12%
Adults with no high school diploma	48%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 4% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, healthcare access, and housing related conditions. Disparities are extremely striking when it comes to employment, income, voting, college degrees, and air pollution. In contrast, this neighborhood performs relatively better on measures of high school enrollment, supermarket access, active commuting, water contamination, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest SJC Communities²

Category	Indicator	Census Tract 7	Healthiest SJC Communities
Overall	HPI Total Score	4	75
Economic	Total Score	1	71
	Employed	3	62
	Income	2	70
Social	Total Score	6	83
	Two Parent Households	22	74
	Voting in 2012	3	82
Education	Total Score	29	63
	Preschool Enrollment	43	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	1	59
Transportation	Total Score	32	49
	Automobile Access	39	64
	Active Commuting	52	30
Neighborhood	Total Score	64	72
	Retail Density	50	38
	Park Access	81	64
	Tree Canopy	78	75
	Supermarket Access	73	36
	Alcohol Outlets	20	76
Housing	Total Score	6	82
	Low-Income Renter	10	73
	Low-Income Homeowner	2	73
	Housing Habitability	18	52
	Uncrowded Housing	27	73
	Homeownership	25	77
Pollution	Total Score	40	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	33	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	13	84

When it comes to root causes of health, Census Tract 7 performs worse than 96% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

The number of residents with college degrees in Census Tract 7 is lower than 99% of CA census tracts.

Water quality in Census Tract 7 is better than 71% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has considerably higher birth rates overall as well as across almost all ethnic groups; in some cases, rates are more than three times as high. In particular, Whites have the highest birth rate. Moreover, a greater percentage of babies are born at low birth weight, more babies are born to teenage parents, and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 7	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	22	14
	Low birth weight (% of births)	11%	7%
	Prenatal care in 1 st trimester (% of babies)	67%	76%
	Teen births (% of births, mothers age 15-19)	11%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	31	10
	Black	26	15
	Latino	23	18
	Asian	16	15

In this neighborhood, when compared with the county at large, every ethnic group has a higher death rate. In some cases, rates are two to three times as high. Blacks and Whites are dying at the youngest age on average and Whites have the highest overall death rate. In terms of leading causes of death, this neighborhood's rates of deaths due to accidents or homicide are three to five times as high as the county. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 7	San Joaquin County
Life expectancy (years)	Life expectancy	71	78
Average Age of Death by Ethnicity	All groups combined	62	71
	White	57	75
	Black	57	63
	Latino	60	63
	Asian	76	71
Death Rate (per 1000) by Ethnicity	White	37	13
	Black	21	10
	Latino	6	3
	Asian	11	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	280	178
	Accidents	134	41
	Cancer	152	173
	Homicide	61	11
	Cerebrovascular disease	69	48

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

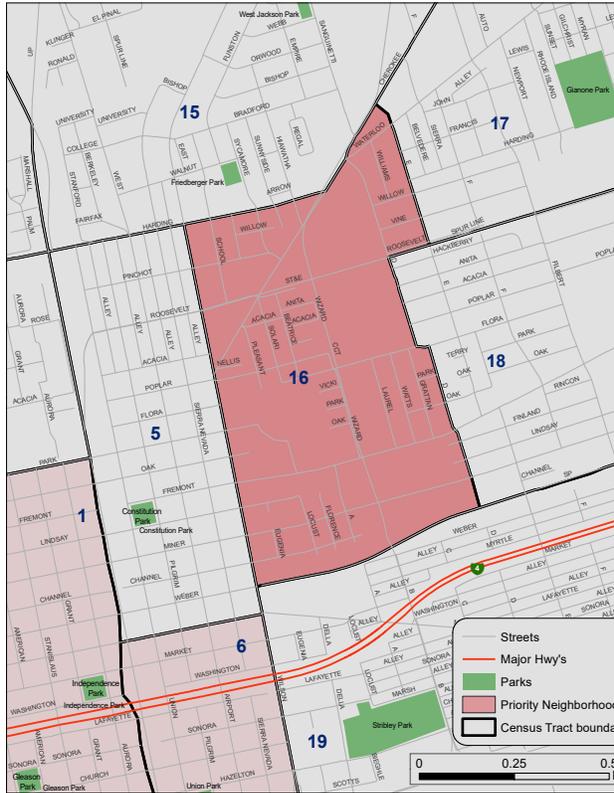
³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #5: Census Tract 16

City of Stockton, Census Tract 16



San Joaquin County Public Health Services, Epidemiology, 9/28/2018

When compared to the county as a whole, this neighborhood has more residents without health insurance, higher rates of unemployment, and twice as many adults who haven't completed high school.

Demographics

Census Tract 16 in Stockton is bounded by the following streets: Wilson on the west, Weber/Miner on the south, Harding/Cherokee on the north, and D/E St. on the east. This priority neighborhood is home to 2,193 people and ranks as the fifth least healthy neighborhood in San Joaquin County. The majority of this neighborhood's residents are Latino, and almost one-third of this neighborhood's adults and children, as well as one in five seniors, are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 16
Ethnicity	White	18%
	Black	<1%
	Latino	81%
	Asian	<1%
	Other	0%
Gender	Female	44%
	Male	56%
Age	0-5	8%
	6-17	21%
	18-24	10%
	25-44	33%
	45-64	21%
	>65	8%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 16	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	30%	18%
Children in poverty	29%	25%
Seniors (>65) in poverty	18%	10%
Unemployment	16%	12%
Uninsured population	16%	12%
Adults with no high school diploma	49%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 1% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, neighborhood, healthcare access, and housing related conditions. Disparities are extremely striking when it comes to income, voting, preschool and high school enrollment, college degrees, active commuting, and air quality. In contrast, this census tract performs relatively better on measures of supermarket access, water contamination, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest SJC Communities²

Category	Indicator	Census Tract 16	Healthiest SJC Communities
Overall	HPI Total Score	1	75
Economic	Total Score	6	71
	Employed	10	62
	Income	6	70
Social	Total Score	14	83
	Two Parent Households	42	74
	Voting in 2012	5	82
Education	Total Score	0	63
	Preschool Enrollment	9	57
	High School Enrollment	1	92
	Bachelor's Education or Higher	4	59
Transportation	Total Score	5	49
	Automobile Access	21	64
	Active Commuting	7	30
Neighborhood	Total Score	33	72
	Retail Density	77	38
	Park Access	36	64
	Tree Canopy	73	75
	Supermarket Access	71	36
	Alcohol Outlets	12	76
Housing	Total Score	28	82
	Low-Income Renter	49	73
	Low-Income Homeowner	46	73
	Housing Habitability	45	52
	Uncrowded Housing	17	73
	Homeownership	20	77
Pollution	Total Score	43	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	47	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	12	84

When it comes to root causes of health, Census Tract 16 performs worse than 99% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

High school enrollment in Census Tract 16 is lower than 99% of CA census tracts.

Census Tract 16 has more trees than 73% of CA census tracts.

Birth and Death Statistics

When compared with the county as a whole, this neighborhood has higher birth rates overall as well as across most ethnic groups. In particular, Latinos have the highest birth rate. Moreover, a greater percentage of babies are born at low birth weight.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 16	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	19	14
	Low birth weight (% of births)	10%	7%
	Prenatal care in 1 st trimester (% of babies)	73%	76%
	Teen births (% of births, mothers age 15-19)	8%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	13	10
	Black	n/a	15
	Latino	23	18
	Asian	14	15

In this neighborhood, when compared with the county at large, most ethnic groups have a higher death rate. Latinos are dying at the youngest age on average and Whites have the highest overall death rate. In terms of leading causes of death, this neighborhood's rates of deaths due to accidents are almost three times as high as county rates. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 16	San Joaquin County
Life expectancy (years)	Life expectancy	73	78
Average Age of Death by Ethnicity	All groups combined	64	71
	White	66	75
	Black	65	63
	Latino	60	63
	Asian	69	71
Death Rate (per 1000) by Ethnicity	White	16	13
	Black	n/a	10
	Latino	4	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	208	173
	Accidents	121	41

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

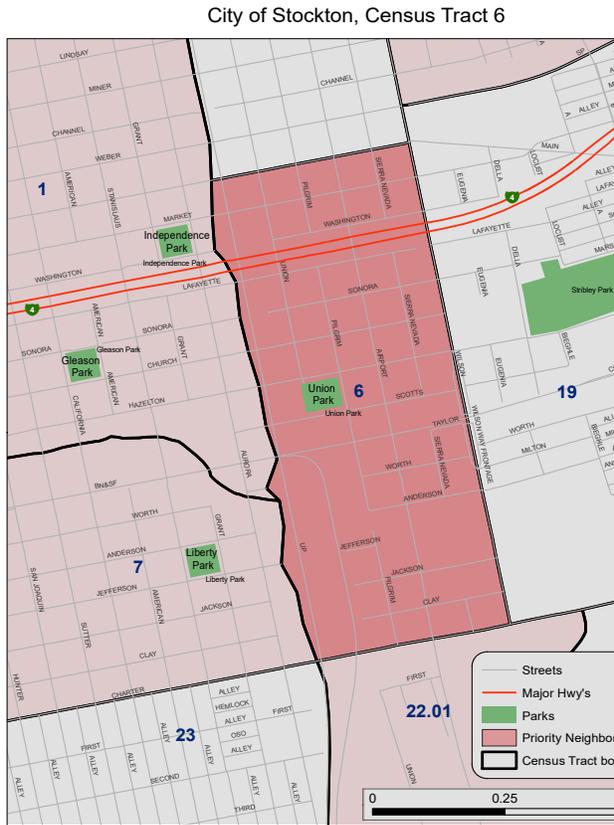
⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #6: Census Tract 6

Demographics

Census Tract 6 in Stockton is bounded by the following streets: Union/Aurora on the west, Charter on the south, Main on the north, and Wilson on the east. This priority neighborhood is home to 1,891 people and ranks as the sixth least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino, and approximately half of this neighborhood’s adults and children, as well as one third of seniors, are living in poverty.



San Joaquin County Public Health Services, Epidemiology, 9/28/2018

When compared to the county as a whole, this neighborhood has more than twice as many residents without health insurance and adults who haven’t completed high school.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 6
Ethnicity	White	6%
	Black	6%
	Latino	76%
	Asian	12%
	Other	0%
Gender	Female	43%
	Male	57%
Age	0-5	11%
	6-17	19%
	18-24	12%
	25-44	33%
	45-64	19%
	>65	5%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 6	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	46%	18%
Children in poverty	60%	25%
Seniors (>65) in poverty	33%	10%
Unemployment	12%	12%
Uninsured population	26%	12%
Adults with no high school diploma	57%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 2% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, neighborhood, healthcare access, and housing related conditions. Disparities are striking when it comes to income, two parent homes, voting, college degrees, liquor stores, and air quality. In contrast, this neighborhood performs relatively better on measures of high school enrollment, supermarket access, active commuting, homeownership among lower income residents, water contamination, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest SJC Communities²

Category	Indicator	Census Tract 6	Healthiest SJC Communities
Overall	HPI Total Score	2	75
Economic	Total Score	4	71
	Employed	10	62
	Income	4	70
Social	Total Score	2	83
	Two Parent Households	6	74
	Voting in 2012	2	82
Education	Total Score	21	63
	Preschool Enrollment	25	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	5	59
Transportation	Total Score	1	49
	Automobile Access	6	64
	Active Commuting	40	30
Neighborhood	Total Score	34	72
	Retail Density	69	38
	Park Access	81	64
	Tree Canopy	70	75
	Supermarket Access	61	36
	Alcohol Outlets	5	76
Housing	Total Score	28	82
	Low-Income Renter	26	73
	Low-Income Homeowner	99	73
	Housing Habitability	41	52
	Uncrowded Housing	16	73
	Homeownership	7	77
Pollution	Total Score	40	45
	Ozone	53	43
	Particulate Matter 2.5	6	41
	Diesel PM	34	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	7	84

When it comes to root causes of health, Census Tract 6 performs worse than 98% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Voting in Census Tract 6 is lower than 98% of CA census tracts.

Rates of walking or biking to school/work in Census Tract 6 are higher than 40% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has higher birth rates overall as well as across almost all ethnic groups; in some cases, rates are more than two to three times as high. In particular, Blacks have the highest birth rate. Furthermore, a greater percentage of babies are born at low birth weight, more babies are born to teenage parents, and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 6	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	24	14
	Low birth weight (% of births)	10%	7%
	Prenatal care in 1 st trimester (% of babies)	62%	76%
	Teen births (% of births, mothers age 15-19)	13%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	21	10
	Black	45	15
	Latino	23	18
	Asian	25	15

In this neighborhood, when compared with the county overall, every ethnic group has a higher death rate. In some cases, rates are two to three times as high. Blacks are dying at the youngest age on average by far and Whites have the highest overall death rate. In terms of leading causes of death, this neighborhood's rates of heart and Alzheimer's disease related deaths are three to four times higher those of the county. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 6	San Joaquin County
Life expectancy (years)	Life expectancy	76	78
Average Age of Death by Ethnicity	All groups combined	63	71
	White	66	75
	Black	47	63
	Latino	60	63
	Asian	72	71
Death Rate (per 1000) by Ethnicity	White	37	13
	Black	21	10
	Latino	4	3
	Asian	11	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	537	178
	Cancer	168	173
	Accidents	89	41
	Alzheimer's	213	56

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

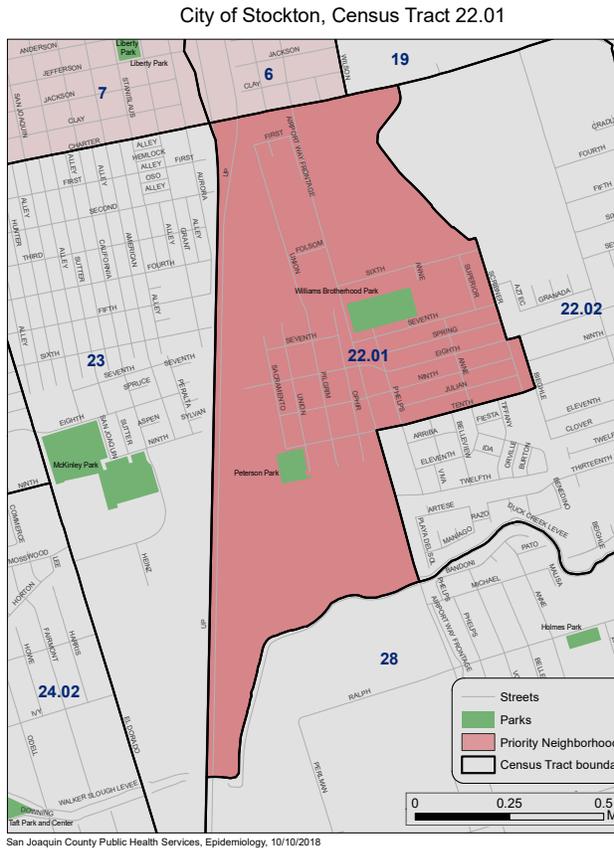
⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #7: Census Tract 22.01

Demographics

Census Tract 22.01 in Stockton is bounded by the following streets: Union/Aurora on the west, Duck Creek Levee on the south, Charter on the north, and Scribner/Bieghle on the east. This priority neighborhood is home to 2,744 people and ranks as the seventh least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino, and over half of this neighborhood’s adults, two thirds of children, and one third of seniors are living in poverty.



When compared to the county as a whole, this neighborhood has more residents without health insurance, higher rates of unemployment, and more than twice as many adults who haven’t completed high school.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 22.01
Ethnicity	White	<1%
	Black	27%
	Latino	72%
	Asian	<1%
	Other	0%
Gender	Female	49%
	Male	51%
Age	0-5	11%
	6-17	26%
	18-24	12%
	25-44	21%
	45-64	19%
>65	10%	

Table 2: Socioeconomic Status¹

Indicator	Census Tract 22.01	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	51%	18%
Children in poverty	67%	25%
Seniors (>65) in poverty	27%	10%
Unemployment	21%	12%
Uninsured population	21%	12%
Adults with no high school diploma	48%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 3% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, neighborhood, healthcare access, and housing related conditions. Disparities are striking when it comes to employment, income, preschool enrollment, and college degrees. In contrast, this neighborhood performs relatively better on measures of water contamination, air quality, trees, and high school enrollment.

Table 3: Rankings of Root Causes of Health Compared to Healthiest Communities²

Category	Indicator	Census Tract 22.01	Healthiest SJC Communities
Overall	HPI Total Score	3	75
Economic	Total Score	5	71
	Employed	7	62
	Income	3	70
Social	Total Score	10	83
	Two Parent Households	17	74
	Voting in 2012	10	82
Education	Total Score	10	63
	Preschool Enrollment	7	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	4	59
Transportation	Total Score	3	49
	Automobile Access	15	64
	Active Commuting	10	30
Neighborhood	Total Score	26	72
	Retail Density	26	38
	Park Access	81	64
	Tree Canopy	81	75
	Supermarket Access	27	36
	Alcohol Outlets	21	76
Housing	Total Score	11	82
	Low-Income Renter	10	73
	Low-Income Homeowner	7	73
	Housing Habitability	12	52
	Uncrowded Housing	22	73
	Homeownership	50	77
Pollution	Total Score	43	45
	Ozone	53	43
	Particulate Matter 2.5	16	41
	Diesel PM	34	74
	Water Contaminants	71	40
Healthcare Access	Total Score/Insured	10	84

When it comes to root causes of health, Census Tract 22.01 performs worse than 97% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Income in Census Tract 22.01 is lower than almost all CA census tracts.

Census Tract 22.01 has more trees than 81% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has higher birth rates across all ethnic groups. In particular, Whites have a birth rate that is almost four times higher than the county. In addition, more babies are born to teenage parents and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 22.01	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	22	14
	Low birth weight (% of births)	7%	7%
	Prenatal care in 1 st trimester (% of babies)	70%	76%
	Teen births (% of births, mothers age 15-19)	16%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	38	10
	Black	16	15
	Latino	24	18
	Asian	22	15

In this neighborhood, nearly every ethnic group has a higher death rate than the county. In some cases, rates are more than twice as high. Whites are dying at the youngest age on average and also have the highest overall death rate – more than double the average death rate for whites across the county. In terms of leading causes of death, this neighborhood’s rates of deaths due to accidents, diabetes, and homicide are two to four times as high. Average life expectancy in this neighborhood is also shorter.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 22.01	San Joaquin County
Life expectancy (years)	Life expectancy	73	78
Average Age of Death by Ethnicity	All groups combined	64	71
	White	58	75
	Black	68	63
	Latino	59	63
	Asian	65	71
Death Rate (per 1000) by Ethnicity	White	35	13
	Black	16	10
	Latino	4	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Cancer	223	173
	Heart disease	199	178
	Accidents	95	41
	Diabetes	87	28
	Homicide	53	11

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #8: Census Tract 44.03

Demographics

City of Lodi, Census Tract 44.03



San Joaquin County Public Health Services, Epidemiology, 9/20/2018

Census Tract 44.03 in Lodi is bounded by the following streets: Sacramento/Stockton on the west, Kettleman on the south, Lodi on the north, and Central on the east. This priority neighborhood is home to 4,191 people and ranks as the eighth least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino, and approximately one-third of this neighborhood’s adults and children are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 44.03
Ethnicity	White	14%
	Black	<1%
	Latino	70%
	Asian	14%
	Other	1%
Gender	Female	48%
	Male	52%
Age	0-5	11%
	6-17	28%
	18-24	12%
	25-44	27%
	45-64	17%
>65	5%	

When compared to the county as a whole, this neighborhood has very low levels of education, higher rates of unemployment, and more than twice as many residents without health insurance.

Table 2: Socioeconomic Status¹

Indicator	Census Tract 44.03	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	30%	18%
Children in poverty	33%	25%
Seniors (>65) in poverty	9%	10%
Unemployment	17%	12%
Uninsured population	30%	12%
Adults with no high school diploma	35%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 2% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, healthcare access, and housing related conditions. Disparities are extremely striking when it comes to income, preschool and high school enrollment, college degrees, and crowded housing. In contrast, this neighborhood performs relatively better on measures of supermarket access and trees.

Table 3: Rankings of Root Causes of Health Compared to Healthiest Communities²

Category	Indicator	Census Tract 44.03	Healthiest SJC Communities
Overall	HPI Total Score	2	75
Economic	Total Score	4	71
	Employed	10	62
	Income	3	70
Social	Total Score	31	83
	Two Parent Households	63	74
	Voting in 2012	12	82
Education	Total Score	2	63
	Preschool Enrollment	5	57
	High School Enrollment	9	92
	Bachelor's Education or Higher	4	59
Transportation	Total Score	8	49
	Automobile Access	21	64
	Active Commuting	30	30
Neighborhood	Total Score	65	72
	Retail Density	28	38
	Park Access	81	64
	Tree Canopy	78	75
	Supermarket Access	70	36
	Alcohol Outlets	23	76
Housing	Total Score	6	82
	Low-Income Renter	8	73
	Low-Income Homeowner	28	73
	Housing Habitability	14	52
	Uncrowded Housing	5	73
	Homeownership	19	77
Pollution	Total Score	37	45
	Ozone	43	43
	Particulate Matter 2.5	34	41
	Diesel PM	52	74
	Water Contaminants	35	40
Healthcare Access	Total Score/Insured	1	84

When it comes to root causes of health, Census Tract 44.03 performs worse than 98% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Census Tract 44.03 has more two parent households than 63% of CA census tracts.

The percent of residents that have health insurance in Census Tract 44.03 is lower than almost all CA census tracts.

Birth and Death Statistics

When compared with the county as a whole, this neighborhood has considerably higher birth rates overall as well as across almost all ethnic groups. In particular, Asians have a birth rate that is almost double the county average. In addition, more babies are born to teenage parents and fewer women receive early prenatal care.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 44.03	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	23	14
	Low birth weight (% of births)	7%	7%
	Prenatal care in 1 st trimester (% of babies)	69%	76%
	Teen births (% of births, mothers age 15-19)	11%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	17	10
	Black	n/a	15
	Latino	24	18
	Asian	27	15

In this neighborhood, when compared with the county at large, every ethnic group has a lower average age of death. Blacks are dying at the youngest age on average and Whites have the highest overall death rate. In terms of leading causes of death, this neighborhood's rates of heart disease related deaths are notably higher than county rates and cerebrovascular disease death rates are almost double the county average. Average life expectancy in this neighborhood is the same as the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 44.03	San Joaquin County
Life expectancy (years)	Life expectancy	78	78
Average Age of Death by Ethnicity	All groups combined	63	71
	White	64	75
	Black	54	63
	Latino	61	63
	Asian	70	71
Death Rate (per 1000) by Ethnicity	White	15	13
	Black	n/a	10
	Latino	2	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	263	178
	Cancer	157	173
	Cerebrovascular disease	85	48
	Accidents	29	41

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

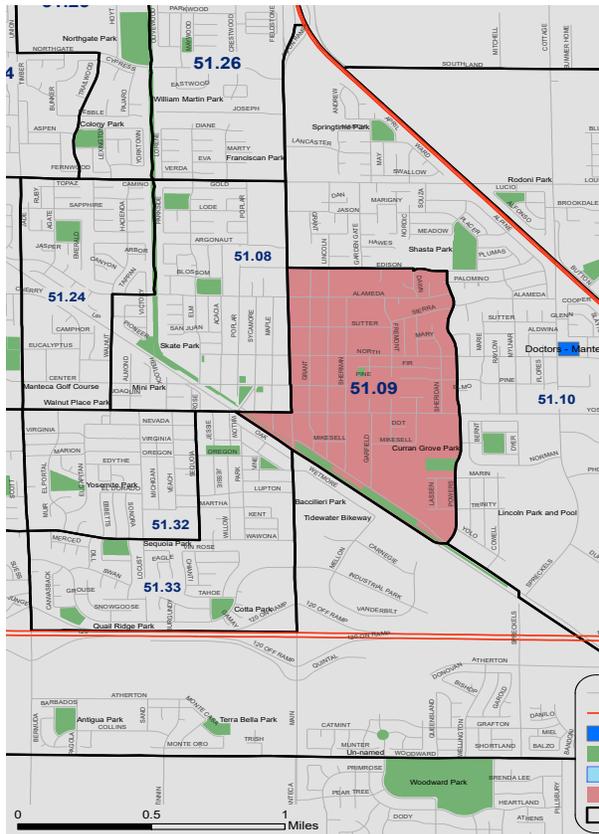
³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #9: Census Tract 51.09

City of Manteca, Census Tract 51.09



San Joaquin County Public Health Services, Epidemiology, 9/20/2018

When compared to the county as a whole, this neighborhood has higher rates of unemployment.

Demographics

Census Tract 51.09 in Manteca is bounded by the following streets: Main on the west, Moffat on the south, Edison on the north, and Powers on the east. This priority neighborhood is home to 3,968 people and ranks as the ninth least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino or White, and approximately one-third of this neighborhood’s adults, almost half of children, as well as one in five seniors, are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 51.09
Ethnicity	White	47%
	Black	<1%
	Latino	49%
	Asian	<1%
	Other	3%
Gender	Female	54%
	Male	46%
Age	0-5	8%
	6-17	22%
	18-24	8%
	25-44	29%
	45-64	20%
	>65	14%

Table 2: Socioeconomic Status¹

Indicator	Census Tract 51.09	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	27%	18%
Children in poverty	46%	25%
Seniors (>65) in poverty	21%	10%
Unemployment	20%	12%
Uninsured population	11%	12%
Adults with no high school diploma	22%	22%

Root Causes of Health

Overall, this neighborhood fares far worse than healthier communities across most indicators and only scores better than 15% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, healthcare access, pollution, and housing related conditions. Disparities are extremely striking when it comes to college degrees, employment, two parent homes, high school enrollment, car access, home ownership, water contamination, and air quality. In contrast, this neighborhood performs relatively better on measures of supermarket access, active commuting, and retail density.

Table 3: Rankings of Root Causes of Health Compared to Healthiest Communities²

Category	Indicator	Census Tract 51.09	Healthiest SJC Communities
Overall	HPI Total Score	15	75
Economic	Total Score	16	71
	Employed	17	62
	Income	20	70
Social	Total Score	21	83
	Two Parent Households	18	74
	Voting in 2012	31	82
Education	Total Score	12	63
	Preschool Enrollment	40	57
	High School Enrollment	14	92
	Bachelor's Education or Higher	7	59
Transportation	Total Score	9	49
	Automobile Access	17	64
	Active Commuting	56	30
Neighborhood	Total Score	89	72
	Retail Density	68	38
	Park Access	81	64
	Tree Canopy	69	75
	Supermarket Access	94	36
	Alcohol Outlets	41	76
Housing	Total Score	21	82
	Low-Income Renter	73	73
	Low-Income Homeowner	11	73
	Housing Habitability	23	52
	Uncrowded Housing	19	73
	Homeownership	18	77
Pollution	Total Score	16	45
	Ozone	33	43
	Particulate Matter 2.5	11	41
	Diesel PM	46	74
	Water Contaminants	12	40
Healthcare Access	Total Score/Insured	39	84

When it comes to root causes of health, Census Tract 51.09 performs worse than 85% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

The percent of residents that have college degrees in Census Tract 51.09 is lower than almost all CA census tracts.

Census Tract 51.09 has better overall neighborhood quality than 89% of CA census tracts.

Birth and Death Statistics

When compared with the county, this neighborhood has higher birth rates as across all ethnic groups. In particular, Asians have a birth rate that is twice as high as the county average. Rates of low birth weight, prenatal care, and teen births in this neighborhood and the county are similar or even slightly better.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 51.09	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	17	14
	Low birth weight (% of births)	7%	7%
	Prenatal care in 1 st trimester (% of babies)	78%	76%
	Teen births (% of births, mothers age 15-19)	5%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	11	10
	Black	18	15
	Latino	21	18
	Asian	30	15

In this neighborhood, when compared with the county at large, most ethnic groups have a higher death rate. In some cases, rates are two times as high. Latinos are dying at the youngest age on average and Whites have the highest overall death rate. In terms of leading causes of death, this neighborhood's rates of heart and Alzheimer's disease related deaths are approximately double those of the county. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 51.09	San Joaquin County
Life expectancy (years)	Life expectancy	72	78
Average Age of Death by Ethnicity	All groups combined	69	71
	White	71	75
	Black	76	63
	Latino	65	63
	Asian	88	71
Death Rate (per 1000) by Ethnicity	White	20	13
	Black	n/a	10
	Latino	6	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Heart disease	339	178
	Cancer	237	173
	Alzheimer's	114	56
	Accidents	79	41
	Cerebrovascular disease	66	48

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

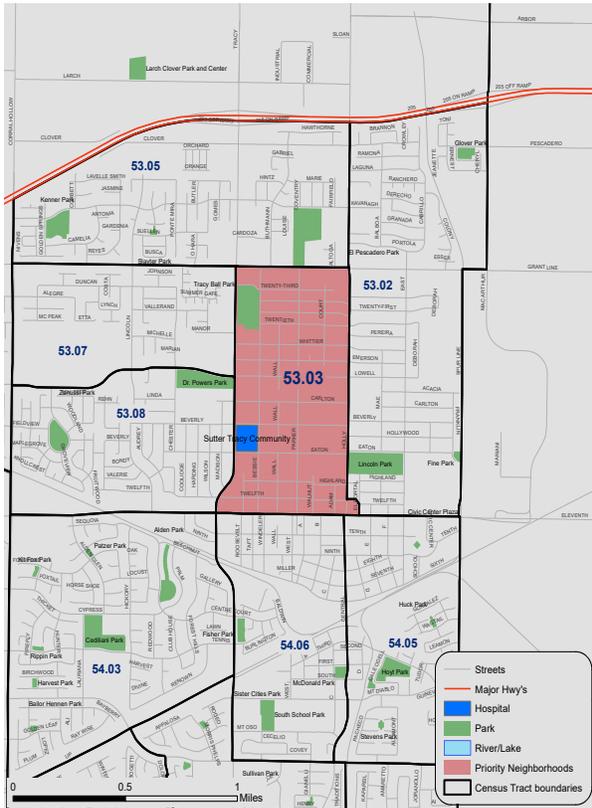
³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Priority Neighborhood #10: Census Tract 53.03

City of Tracy, Census Tract 53.03



San Joaquin County Public Health Services, Epidemiology, 9/20/2018

Demographics

Census Tract 53.03 in Tracy is bounded by the following streets: Tracy on the west, 11th on the south, Grant Line on the north, and Holly on the east. This priority neighborhood is home to 4,668 people and ranks as the tenth least healthy neighborhood in San Joaquin County. The majority of this neighborhood’s residents are Latino, and approximately one in five of this neighborhood’s adults and children are living in poverty.

Table 1: Demographic Characteristics¹

Category	Group	Census Tract 53.03
Ethnicity	White	33%
	Black	4%
	Latino	58%
	Asian	3%
	Other	2%
Gender	Female	50%
	Male	50%
Age	0-5	11%
	6-17	16%
	18-24	11%
	25-44	34%
	45-64	18%
	>65	9%

When compared to the county as a whole, this neighborhood has more residents without health insurance.

Table 2: Socioeconomic Status¹

Indicator	Census Tract 53.03	San Joaquin County
Living in poverty (<100% Federal Poverty Level)	17%	18%
Children in poverty	28%	25%
Seniors (>65) in poverty	12%	10%
Unemployment	13%	12%
Uninsured population	19%	12%
Adults with no high school diploma	22%	22%

Root Causes of Health

Overall, this neighborhood fares worse than healthier communities across most indicators and only scores better than 32% of other communities statewide. This neighborhood scores particularly low when it comes to economic, social, education, transportation, healthcare access, and housing related conditions. Disparities are striking when it comes to college degrees and liquor stores. In contrast, this neighborhood performs relatively better on measures of supermarket access, active commuting, homeownership among lower income residents, housing habitability, water contamination, tree canopy, and high school enrollment.

Table 3: Rankings of Root Causes of Health Compared to Healthiest Communities²

Category	Indicator	Census Tract 53.03	Healthiest SJC Communities
Overall	HPI Total Score	32	75
Economic	Total Score	33	71
	Employed	48	62
	Income	24	70
Social	Total Score	36	83
	Two Parent Households	23	74
	Voting in 2012	49	82
Education	Total Score	24	63
	Preschool Enrollment	21	57
	High School Enrollment	100	92
	Bachelor's Education or Higher	18	59
Transportation	Total Score	39	49
	Automobile Access	50	64
	Active Commuting	43	30
Neighborhood	Total Score	73	72
	Retail Density	44	38
	Park Access	81	64
	Tree Canopy	83	75
	Supermarket Access	94	36
	Alcohol Outlets	13	76
Housing	Total Score	48	82
	Low-Income Renter	32	73
	Low-Income Homeowner	94	73
	Housing Habitability	81	52
	Uncrowded Housing	37	73
	Homeownership	20	77
Pollution	Total Score	45	45
	Ozone	28	43
	Particulate Matter 2.5	52	41
	Diesel PM	38	74
	Water Contaminants	65	40
Healthcare Access	Total Score/Insured	19	84

When it comes to root causes of health, Census Tract 53.03 performs worse than 68% of other census tracts across CA. In contrast, SJC's healthier communities do better than 75% of CA census tracts.

Census Tract 53.03 has better housing quality than 81% of CA census tracts.

Census Tract 53.03 has fewer residents with health insurance than 81% of CA census tracts.

Birth and Death Statistics

When compared with the county as a whole, this neighborhood has higher birth rates across most ethnic groups. In particular, Asians and Blacks have the highest birth rates. In contrast, fewer babies are born to teenage parents, there are lower rates of low birth weight, and more women receive early prenatal care as compared with county averages.

Table 4: Data on Birth Outcomes Compared to SJC³

Category	Indicator	Census Tract 53.03	San Joaquin County
Birth Statistics	Overall birth rate (per 1000)	16	14
	Low birth weight (% of births)	4%	7%
	Prenatal care in 1 st trimester (% of babies)	80%	76%
	Teen births (% of births, mothers age 15-19)	4%	7%
Birth Rate by Maternal Ethnicity (per 1000)	White	9	10
	Black	24	15
	Latino	20	18
	Asian	24	15

In this neighborhood, Blacks and Latinos are dying at the youngest age and Blacks have the highest overall death rate – double that of blacks in the county overall. In terms of leading causes of death, this neighborhood’s rates of cancer and Alzheimer’s disease related deaths are notably higher than those of the county. Average life expectancy in this neighborhood is also shorter than the county average.

Table 5: Data on Death Statistics Compared to SJC^{4,5}

Category	Indicator	Census Tract 53.03	San Joaquin County
Life expectancy (years)	Life expectancy	76	78
Average Age of Death by Ethnicity	All groups combined	74	71
	White	76	75
	Black	71	63
	Latino	71	63
	Asian	92	71
Death Rate (per 1000) by Ethnicity	White	12	13
	Black	20	10
	Latino	3	3
	Asian	n/a	3
Leading Causes of Death and Rate of Death (per 100,000)	Cancer	230	173
	Heart disease	158	178
	Alzheimer’s	92	56
	Respiratory disease	68	49
	Cerebrovascular disease	35	48

¹ Source: US Census Bureau, American Community Survey, 2016

² Source: Public Health Alliance of Southern California, The California Healthy Places Index (HPI), 2017

³ Source: San Joaquin County Public Health Services, Birth Statistical Master Files, 2012-2016

⁴ Source: National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project, 2010-2015

⁵ Source: San Joaquin County Public Health Services, Vital Records Business Intelligence System (VRBIS), 2012-2016

Appendix I. Health Need Scoring and Methodology

Secondary Data Scoring

State benchmarking and racial/ethnic disparity scores were each tabulated by averaging the z scores (as included in the CHNA Data Platform) across all indicators associated with a particular health need. Ad Lucem Consulting created an additional score for each health need to facilitate overall health need scoring. These scores were created by coding z scores for each indicator according to the following scale (Table 1), where 4 indicates the greatest disparity/need and 0 represents the lowest level of need, and computing an average across all indicators for each health need. This methodology was chosen to make the scores accessible for lay audiences and maintain the focus on areas of greatest disparity and need.

Table 1. Secondary Data Score Conversion Scale

Ad Lucem converted score	Compared to average:	Z score (Difference from benchmark/average)
4	Much worse	-2 to -3
3	Worse	-1 to -1.99
2	Average	-0.99 to .99
1	Better	1 to 1.99
0	Much better	2 to 3

The secondary data revealed that certain ethnic/racial groups had worse health outcomes when compared to the county overall. The majority of health needs had at least one core or related indicator where ethnic/racial disparity data were available; for four health needs—Oral Health, Climate and Health, Asthma, and HIV/AIDS/STDS—no disparities data were available and the needs received a disparities score of zero, which may not accurately reflect true disparities. Although the scores are limited by availability of disparities data, it is important to consider ethnic/racial disparities when possible during health need scoring as disparities paint a more detailed picture of the need in a community and how specific groups of people may be disproportionately impacted by certain health needs. Table 2 presents the state benchmarking and racial/ethnic disparities scores.

Table 2: Secondary Data Scoring

Health Need	State benchmarking (Average Z score across indicators):	State benchmarking (Ad Lucem converted score average):	Racial/ethnic disparities (Average Z score across indicators):	Racial/ethnic disparities (Ad Lucem converted score average):
Obesity/HEAL/Diabetes	-0.7	2.3	-1.0	2.6
Economic Security	-0.3	2.3	-0.2	2.2
Access to Care	-0.4	2.1	-0.3	2.3
Violence and Injury	-0.7	2.3	-0.3	2.3
Mental Health	-0.6	2.2	0.3	2.0
Substance Abuse	-0.5	2.1	0.2	1.6
Asthma	-0.6	2.5	0.0	0.0
Oral Health	-0.4	2.1	0.0	0.0
Climate and Health	-0.2	2.1	0.0	0.0
Maternal and Infant Health	-1.1	2.5	-1.5	3.0
CVD/Stroke	-0.9	2.4	-0.8	2.5
Cancers	-0.8	2.3	0.2	2.3
HIV/AIDS/STDs	1.1	1.3	0.0	0.0

Primary Data Scoring

In order to determine the relative importance of health needs according to the qualitative data collected during the key informant interviews and focus groups, a high, medium or low coding scheme was applied to each of the health needs. A health need received a “high” designation if a key informant or focus group (as a whole) identified it as one of the top three health needs for San Joaquin County. A health need received a medium designation if it was mentioned but not identified as one of the top three health needs. A health need received a low designation if it was not mentioned by a key informant or a focus group. There were 42 primary data sessions (11 key informant interviews and 31 focus groups).

To calculate a primary data score for each health need, a point value was assigned to each of the designations as follows:

- High 4 Points
- Medium 2 Point
- Low 0 Points

Low scores were excluded from Tables 3 and 4 because they did not impact the overall score.

To calculate an average key informant and focus group score for each health need, the point values for the high and medium designations were calculated and summed, then averaged over the total number of key informant interviews or focus groups to develop the final score.

Table 3: Primary Data – Interview Scoring

Health Need	High	High x4	Medium	Medium x2	Total Score = (Highx4) + (Mediumx2)	Average Score = Total score /11
HEAL / Obesity / Diabetes	8	32	2	4	36	3.3
Economic Security	6	24	4	8	32	2.9
Mental Health	5	20	3	6	26	2.4
Access to Care	5	20	3	6	26	2.4
Substance Abuse/Tobacco	2	8	3	6	14	1.3
Violence/Injury Prevention	3	12	1	2	14	1.3
Oral Health	0	0	3	6	6	0.5
CVD/Stroke	1	4	0	0	4	0.4
Maternal Child Health	1	4	0	0	4	0.4
Climate and Health	1	4	0	0	4	0.4
AIDS/HIV/STD	0	0	1	2	2	0.2
Cancers	0	0	0	0	0	0.0
Asthma	0	0	0	0	0	0.0

Table 4: Primary Data – Focus Group Scoring

Health Need	High	High x 4	Medium	Medium x 2	Total Score = (Highx4) + (Mediumx2)	Average Score = Total Score / 31
HEAL / Obesity / Diabetes	15	60	9	18	78	2.5
Economic Security	14	56	11	22	78	2.5
Substance Abuse / Tobacco	16	64	3	6	70	2.3
Violence / Injury Prevention	13	52	8	16	68	2.2
Access to Care	10	40	9	18	58	1.9
Mental Health	8	24	6	12	36	1.2
Asthma	4	16	7	14	30	1.0
Oral Health	1	4	8	16	20	0.7
Cancer	1	4	1	2	6	0.2
Climate and Health	1	4	1	2	6	0.2
Cardiovascular Disease / Stroke	0	0	1	2	2	0.1
AIDS / HIV / STD	0	0	0	0	0	0.0
Maternal and Infant Health	0	0	0	0	0	0.0

Overall Health Need Score

The converted state benchmarking and ethnic disparities scores and the interview and focus group scores were compiled into a final prioritization matrix (Table 5) that informed the health need ranking meetings. The four scores were averaged for nine health needs, then multiplied by 100 to aid in interpretation of the overall score. Table 5 does not include HIV/AIDS/STDs, Maternal and Infant Health, CVD/Stroke, and Cancers as they were not mentioned by three or more key informants or focus groups as a top or medium health need.

Table 5. Final Prioritization Matrix

Health Need	Score for Comparison to CA Average	Score for Ethnic Groups Compared to SJC	Interview Score	Focus Group Score	Overall Score
Obesity/HEAL/ Diabetes	2.3	2.6	3.3	2.5	268
Economic Security	2.3	2.2	2.9	2.5	248
Access to Care	2.1	2.3	2.4	1.9	218
Violence and Injury	2.3	2.3	1.3	2.2	203
Mental Health	2.2	2.0	2.4	1.2	195
Substance Abuse	2.1	1.6	1.3	2.3	183
Asthma	2.5	0.0	0.0	1.0	88
Oral Health	2.1	0.0	0.5	0.7	83
Climate and Health	2.1	0.0	0.4	0.2	68

Appendix J. San Joaquin County Older Adult Survey: English and Spanish

San Joaquin County Health Issue Survey

San Joaquin County organizations are exploring the county's health issues and what can be done to make the county a healthy place for all. We want to hear what is most important to you! Please fill out this survey to tell us your thoughts. The survey does not ask for your name and your answers cannot be linked to you.

1) Research was conducted to figure out the most important health issues in San Joaquin County. We looked at health data, talked to San Joaquin County residents and leaders, and came up with this list of health issues. Please look at this list and tell us which you think are the top 3 most important health issues for the county? Check only 3 boxes.

- | | |
|---|---|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Obesity/Healthy Eating, Active Living/Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Substance Abuse/Tobacco |
| <input type="checkbox"/> Climate and Health | <input type="checkbox"/> Violence/Injury Prevention |
| <input type="checkbox"/> Economic Security | <input type="checkbox"/> Other, please describe: |
| <input type="checkbox"/> Mental Health | _____ |

2) Why do you think these are the top 3 health issues? Check only 3 boxes.

- Unsafe neighborhoods
- Housing is too expensive and there is too much homelessness
- Not enough doctors, dentists, mental health providers
- Health insurance too expensive/does not cover what I need
- Healthy food is too expensive/hard to find/hard to cook
- People spending too much time alone/depression
- Hard to find safe places to exercise
- Hospitals and health clinics not easy to get to/don't understand cultures/languages
- Medications are too expensive
- Alcohol, tobacco, marijuana, and drugs are easy to get
- Other, please describe: _____

3) Ethnicity (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/ Caucasian |
| <input type="checkbox"/> Other (please describe): _____ | |

4) What is your age? 60-70 71-80 80-90 90 and above

5) Gender? _____

THANK YOU!

Encuesta de problemas de salud en el condado de San Joaquín

Organizaciones del Condado de San Joaquín están explorando los problemas de salud del condado y qué se puede hacer para que el condado sea un lugar saludable para todos. ¡Queremos escuchar que es lo más importante para usted! Por favor complete esta encuesta para decirnos lo que piensa. La encuesta no solicita su nombre y las respuestas no pueden estar vinculadas a usted.

1) Se realizó una investigación para descubrir los problemas de salud más importantes en el condado de San Joaquín. Analizamos los datos de salud, hablamos con los residentes y líderes del Condado de San Joaquín y elaboramos esta lista de problemas de salud. Mire la lista y díganos cuáles cree que son los 3 problemas de salud más importantes para el condado. Marque solo 3 casillas.

- | | |
|---|--|
| <input type="checkbox"/> Acceso a la atención | <input type="checkbox"/> Obesidad / Alimentación saludable, Vida activa / Diabetes |
| <input type="checkbox"/> Asma | <input type="checkbox"/> Salud oral |
| <input type="checkbox"/> Cánceres | <input type="checkbox"/> Abuso de sustancias / tabaco |
| <input type="checkbox"/> Clima y Salud | <input type="checkbox"/> Prevención de Violencia / Lesiones |
| <input type="checkbox"/> Seguridad económica | <input type="checkbox"/> Otro, por favor describa: |
| <input type="checkbox"/> Salud mental | _____ |

2) ¿Por qué crees que estos son los 3 problemas principales de salud? Marque solo 3 casillas.

- Barrios inseguros
- La vivienda es demasiado cara y hay demasiada falta de vivienda
- No hay suficientes médicos, dentistas, proveedores de salud mental
- El seguro de salud es demasiado caro / no cubre lo que necesito
- La comida saludable es demasiado cara / difícil de encontrar / difícil de cocinar
- Personas que pasan demasiado tiempo solos / depresión
- Es difícil encontrar lugares seguros para hacer ejercicio.
- Hospitales y clínicas de salud no son fáciles de encontrar /no entienden las culturas/idiomas
- Los medicamentos son demasiado caros
- El alcohol, el tabaco, la marihuana y las drogas son fáciles de obtener
- Otro, por favor describa: _____

3) Etnicidad (marque todo lo que corresponda):

- | | |
|---|--|
| <input type="checkbox"/> Negro / afroamericano | <input type="checkbox"/> Indio americano o nativo de Alaska |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Nativo de <u>Hawai</u> / Islas del Pacífico |
| <input type="checkbox"/> Hispano / Latino | <input type="checkbox"/> Blanco / Caucásico |
| <input type="checkbox"/> Otro (por favor describa): _____ | |

4) ¿Cuál es su edad? 60-70 71-80 80-90 Más de 90

5) ¿Género? _____

¡GRACIAS!

Appendix K. Older Adult Survey Results

Figure 1: SJC Overall Survey Findings (N:167)

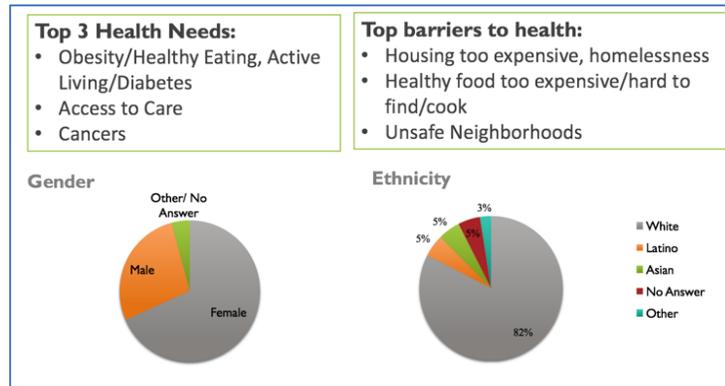


Figure 2: Manteca Survey Findings (N:36)

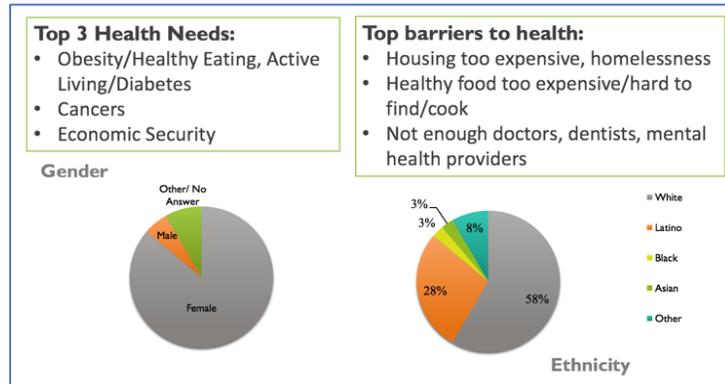


Figure 3: Stockton Survey Findings (N:91)

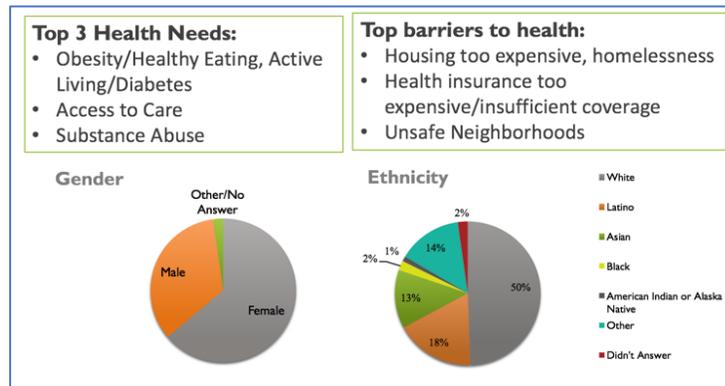
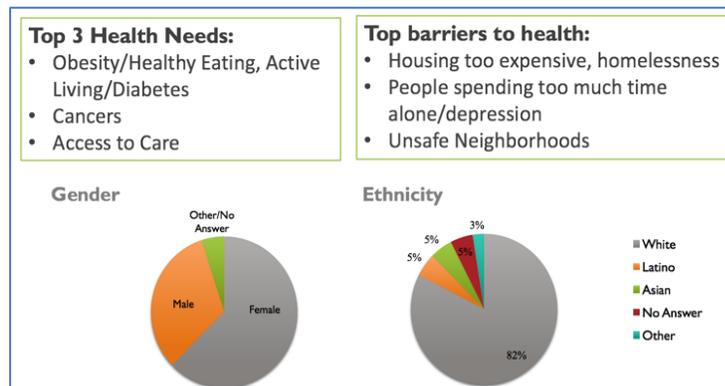


Figure 4: Lodi Survey Findings (N:40)



Appendix L. Health Need Profiles

Overview

Presented below are profiles of County level health across 9 categories of key needs and indicators:

- Highest priority
 - Mental Health
 - Economic Security
 - Obesity/Healthy Eating Active Living/Diabetes
- Medium priority
 - Violence/Injury Prevention
 - Access to Care
 - Substance Abuse/Tobacco
- Lower priority
 - Asthma
 - Oral Health
 - Climate and Health

The health needs profiled meet the following criteria:

- Either a poor health outcome or a health factor associated with a poor health outcome.
- The health need is confirmed by multiple data sources.

Each profile contains a rationale for why each health need is critical; key findings that emerged from secondary (quantitative) and primary (qualitative) data analyses; as well as statements about populations and communities disproportionately impacted by each health need (where data were available). When comparable data were available, San Joaquin County was compared to national statistics from Healthy People 2020 to deepen understanding of the health needs in the county. Specifically, the profiles include:

- Prevalence/incidence rates for health outcomes, disparity information, and comparison statistics for the State of California.
- Contributing factors related to each health need and associated ethnic disparities and differences from California averages. (Complete prevalence data for these factors can be found in [Appendix C](#)).
- Descriptions of how the 10 San Joaquin County Priority Neighborhoods (census tracts identified by the County's Public Health Services as having the greatest health needs, see [Appendix H](#)) experience disparities related to the health needs.
- Key findings and quotes from interviews and focus groups conducted for the CHNA.

Data were provided by the CHNA Data Platform, San Joaquin County Public Health Services, focus groups with County residents, and key informant interviews with community leaders. Definitions of each indicator (either percentage of county population or rate per designated number of residents) and associated data source are provided in [Appendix B](#). Instances where the county performs markedly worse than State level averages and/or presence of ethnic disparities within the county are also noted. Ethnic groups examined include Asians, Blacks, Latinos, Whites, as well as those who are mixed race or identify with other groups. Noted disparities represent statistically significant differences between groups that were reported in the CHNA data platform (based on elevated z scores, not shown here).

Mental Health

Rationale: Why this is a Critical Health Need

Mental health and well-being provides people with the basis from which to cope with and manage life’s stressors and difficulties allowing for improved personal wellness, meaningful social relationships, and productive contributions to communities.

Key Findings Across San Joaquin County

- County residents have a death rate related to suicide, drug overdose and alcohol poisoning combined that is higher than the state average.
- When compared with the Healthy People 2020 national suicide death rate, San Joaquin County has comparable rates.

Table 1: Mental Health Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Suicide Deaths	11	10		Non-Hispanic White*	Mental Health Providers (per 100,000)		Disparities data not available
Deaths by Suicide, Drug Overdose or Alcohol Poisoning (per 100,000)	46	34	✓	Disparities data not available	Insufficient Social and Emotional Support		
Poor Mental Health Days (past month)	4	4			Social Associations		
Depression Among Medicare Beneficiaries	14%	14%					
Seriously Considered Suicide	12%	10%					

*Indicates ethnic group that is experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- White residents have higher rates of suicide when compared to the rest of the county.

Communities Disproportionately Impacted

- Neighborhood level data on mental health were not available.

Primary Data: What Community Stakeholders Say About this Health Need

- Over 2/3 of key informants mentioned Mental Health as a top (5) or medium (3) health need
- Just under half (14 out of 31) of focus groups mentioned Mental Health as a top (8) or medium (6) health need
- Mental health issues impact people at all economic levels; however low-income populations and immigrants struggle most with access to mental health services and prejudice against mental health issues
- Key informants and focus group participants made the link between mental health, substance abuse, homelessness
- Factors contributing to Mental Health issues: lack of providers and access to mental health services in communities/schools; stigma, prejudice, and lack of understanding around mental health and obtaining mental health services; limited culturally competent mental health services; high rates of trauma (including childhood trauma); substance abuse; stress due to financial and political worries

Community Resident and Key Informant Voices

“Mental health is a huge challenge for our community... [This] results in a lot of trauma and self-coping. That manifests in alcoholism, drug addiction, tobacco smoking.” – *Key Informant*

Economic Security

Rationale: Why this is a Critical Health Need

Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing.

Key Findings Across San Joaquin County

- Compared to state averages, San Joaquin County has a lower percentage of adults with higher education, fewer children who attend preschool or read proficiently.
- County youth experience a higher rate of suspensions than state averages.
- County unemployment rates slightly exceed state levels.
- Compared to national Healthy People 2020 poverty data, a higher percentage of San Joaquin’s residents are living below the Federal Poverty Level (FPL).

Table 1: Economic Security Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Children Below 100% FPL	24%	22%		Black	Adults with No High School Diploma		Latino*, Native Hawaiian/ Pacific Islander, Other*
Population Below 100% FPL	18%	16%		Black*, Latino	Adults with an Associate's Degree or Higher	✓	Disparities data not available
Unemployment	6%	4%	✓	Disparities data not available	Adults with Some Post-Secondary Education	✓	
Income Inequality - 80/20 Ratio	4	5			Preschool Enrollment	✓	
Cost Burdened Households	41%	43%			Reading At/Above Proficiency, CA	✓	

Free and Reduced-Price Lunch	62%	59%			Suspensions (per 100)	✓	
Young People Not in School and Not Working	8%	8%			Children in Single-parent Households		
Opportunity Index	46	52			High Speed Internet		
*Indicates ethnic group experiencing the greatest disparity from county averages Source: CHNA data platform, 2018					Housing Problems		
					On-Time High School Graduation		
					Expulsions		
					Banking Institutions		
					Segregation Index		
					Severe Housing Problems		
					Uninsured Children		

Populations Disproportionately Impacted

- Latino adults have lower high school graduation rates when compared with the rest of the county.
- A disproportionate number of Black and Latino residents are low income; the Black population comprises the largest segment of the low-income population.
- There are more Black children living below the poverty line than is the case in other ethnic groups.

Communities Disproportionately Impacted

- All 10 identified Priority Neighborhoods have adverse economic conditions with extremely low levels of employment and household income; most fare worse than almost all (99%) other jurisdictions across the state.

Primary Data: What Community Stakeholders Say About this Health Need

- Almost all key informants mentioned Economic Security as a top (6) or medium (4) health need
- The majority (25 out of 31) of focus groups mentioned Economic Security as a top (14) or medium (11) health need
- Key informants and focus group participants made the link between housing instability, crime/safety, mental health and substance abuse
- Affordable housing/homelessness were identified as key issues within economic security that resulted from: no livable wages; housing shortage; rising rents; poor recovery after recession
- Key informants and focus group participants identified lack of money for adequate transportation as a barrier to getting to health appointments, grocery stores, and conducting other health related behaviors
- Education was a top economic security issue discussed, including the county's low high school graduation rates and few college graduates. Factors contributing to education needs included: realities of living in poverty result in a lack of emphasis on the importance of education; unsupportive school culture/environment (e.g., teachers not investing in children of color), few youth programs/centers and recreational opportunities; too few job opportunities and college/job readiness programs

Community Resident and Key Informant Voices

"If you're not able to secure the basic necessity, housing...it's bound to impact your [health]! When people live in those situations... it becomes a health and safety issue not only for the homeless individuals but for the entire community." - *Key Informant*

"Education is core to so many of the other issues, from teachers not believing in kids that they can go far, often because they are children of color. So you've got the mindset of the educational system to workforce development where a small percentage of our residents have bachelor's degrees. It's so cyclical... We see data that shows the mother's maternal educational attainment and child health outcomes are fully linked. Poverty and education are so linked together and set the stage for everything." – *Key Informant*

Obesity/Healthy Eating, Active Living (HEAL)/Diabetes

Rationale: Why this is a Critical Health Need

A healthy lifestyle that includes good nutrition and regular physical activity improves overall physical and mental health, thus reducing risk of negative health outcomes such as obesity, diabetes, cardiovascular disease, cancer, and stroke.

Key Findings Across San Joaquin County

- Rates of diabetes in San Joaquin County are slightly higher than state levels.
- When compared to the rest of the state, San Joaquin County fares poorly on many of the factors that contribute to obesity and diabetes, including physical inactivity among adults, walking or biking to school, food insecurity, quality of food environments, opportunities for physical activity, and participation in SNAP.
- When compared with Healthy People 2020 national adult and teen obesity statistics, adults and youth in this county have higher obesity rates.

Table 1: Obesity/HEAL/Diabetes Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Obesity (Adult)	33%	27%		Black*, Latino	Physical Inactivity (Youth)	✓	Black*, Latino
Obesity (Youth)	23%	20%		Black, Latino*	SNAP Benefits	✓	Black*, Asian, Latino
Diabetes Management (Hemoglobin A1c Test)	80%	82%		Black	Food Environment Index	✓	Disparities data not available
Diabetes Prevalence	10%	9%	✓	Disparities data not available	Physical Inactivity (Adult)	✓	
					Children Walking or Biking to School	✓	
					Food Insecurity	✓	
					Exercise Opportunities	✓	

*Indicates ethnic group experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Walkable Destinations		
Healthy Food Stores		
Grocery Stores and Produce Vendors		
Driving Alone to Work		
Soft Drink Consumption		

Populations Disproportionately Impacted

- Black residents have slightly worse rates of diabetes management when compared to the rest of the county.
- Obesity disproportionately affects Black and Latino adults and youth. In particular, Blacks have the highest obesity rate among the county’s adult population and Latinos have the highest rate among youth.
- Black and Latino youth have lower rates of physical activity, with the lowest rates experienced by Blacks.
- Asian, Black and Latino residents have higher rates of SNAP participation, an indicator of poverty, with Blacks experiencing the greatest disparity.

Communities Disproportionately Impacted

- Most of the 10 identified Priority Neighborhoods have relatively high rates of active commuting, which is associated with increased physical activity, with the exception of Census Tracts 33.12 (Stockton), 16 (Stockton), 22.01 (Stockton).
- Diabetes was one of the leading causes of death in Census Tract 22.01 (Stockton).

Primary Data: What Community Stakeholders Say About this Health Need

- Almost all key informants mentioned Obesity/HEAL/Diabetes as a top (8) or medium (2) health need
- Most (24 out of 31) focus groups mentioned Obesity/HEAL/Diabetes as a top (15) or medium (9) health need
- Obesity/HEAL/Diabetes affects all income levels but low-income people struggle most with buying healthy food and access to physical activity
- Factors contributing to Obesity/HEAL/Diabetes: poverty; lack of access to healthy food (few grocery stores); easy access to cheap unhealthy food (fast food, liquor stores, unhealthy food at schools and food banks); few safe places for physical activity; little understanding of healthy lifestyle and how to prepare healthy foods

Community Resident and Key Informant Voices

“We have high rates of [chronic disease]. All of that stems from not eating healthy and getting enough exercise, especially in children.”-- *Key Informant*

Violence and Injury Prevention

Rationale: Why this is a Critical Health Need

Safe communities promote community cohesion and economic development, provide more opportunities to be active, and reduce the likelihood of untimely deaths, violent crimes, physical harm, and serious injuries.

Key Findings Across San Joaquin County

- County residents experience a rate of violent crimes that is almost double that of state averages.
- Injury related deaths occur one-third more often in San Joaquin County as compared with state averages.
- When compared with the Healthy People 2020 national motor vehicle collision death rate, San Joaquin County has comparable rates.

Table 1: Violence and Injury Prevention Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Motor Vehicle Crash Deaths (per 100,000)	12	9		Black*, White	Beer, Wine, and Liquor Stores (per 100,000)		Disparities data not available
Injury Deaths	61	47	✓	Disparities data not available			
Violent Crimes (per 100,000)	779	403	✓				
Domestic Violence Hospitalizations	4	5					
Pedestrian Accident Deaths (per 100,000)	3	2					

*Indicates ethnic group that is experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Black and White residents have higher rates of fatal motor vehicle crashes when compared to the rest of the county; Blacks have the highest rates.

Communities Disproportionately Impacted

- All 10 of the identified Priority Neighborhoods have a high concentration of alcohol outlets, which are often havens for crime activity. The most extreme disparities were found in Census Tract 6 (Stockton), which fares worse than most of the state in this regard.
- Homicide was one of the leading causes of death in Census Tract 7 (Stockton).

Primary Data: What Community Stakeholders Say About this Health Need

- Just over a third (4 out of 11) of key informants mentioned Violence/Injury Prevention as a top (3) or medium (1) health need
- 21 out of 31 focus groups mentioned Violence/Injury Prevention as a top (13) or medium (8) health need
- Violence affects low-income populations most, but everyone feels the impact and fears crime
- Crime and safety concerns are linked to homelessness, drug use, and youth not in school
- Neighborhoods are unsafe due to poor sidewalks, poor lighting, and lax traffic rules
- Loose dogs add to unsafe neighborhood environments and decrease the amount of time community members spend outdoors
- Factors contributing to Violence/Injury Prevention: living in poverty; lack of education/not graduating from high school; impact of the recession on jobs; policing issues; homelessness
- Focus group members highlighted the need for more police and better relationships between police and communities

Community Resident and Key Informant Voices

“Crime comes from lack of hope, people seeing lack of options. They’re struggling at home so school is not a priority.” -- *Key Informant*

Access to Care

Rationale: Why this is a Critical Health Need

Access to high quality, culturally competent, and affordable healthcare services that provide a coordinated system of care is essential for good quality of life and the prevention and treatment of disease, especially for vulnerable communities.

Key Findings Across San Joaquin County

- Almost a third more county residents have public health insurance when compared with state averages.
- San Joaquin County has similar rates of insurance coverage when compared to Healthy People 2020 national statistics on adults without health insurance.

Table 1: Access to Care Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Medicaid/Public Insurance Enrollment	30%	22%	✓	Disparities data not available	Uninsured Population		Latino
30-Day Readmissions	15%	14%			Federally Qualified Health Centers		Disparities data not available
Primary Care Physicians (per 100,000)	60	78					
Recent Primary Care Visit	78%	73%					

*Indicates ethnic group that is experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Latino residents have lower rates of health insurance coverage when compared to the rest of the county.

Communities Disproportionately Impacted

- All of the 10 identified Priority Neighborhoods have extremely low rates of healthcare access; the most striking disparities were found in Census Tract 44.03 (Lodi), which fares far worse than 99% of other jurisdictions across that state.

Primary Data: What Community Stakeholders Say About this Health Need

- Most key informants identified lack of Access to Care as a top (5) or medium (3) health need
- 19 out of 31 focus groups mentioned Access to Care as a top (10) or medium (9) health need
- Low income populations have the biggest challenges around access to care
- Factors contributing to Access to Care issues: poor access to affordable health and dental insurance; few high-quality health care providers (including urgent care and mental health); living in rural areas; lack of transportation; lack of knowledge of available services; language and cultural barriers to health care, perception that doctors don't understand the community's culture, fear of prejudice from providers; inadequate interpretation services at clinics

Community Resident and Key Informant Voices

“With poverty, I think of the isolation, the lack of connectedness to know where to turn or get help to access services. Then lack of transportation.” – *Key Informant*

“The lack of access is probably the biggest challenge. The cost of treatment is so expensive! And if you don't get treatment it escalates into serious health issues very quickly.” – *Key Informant*

Substance Abuse/Tobacco

Rationale: Why this is a Critical Health Need

Reducing and treating substance abuse (including alcohol, opioids, marijuana, methamphetamines and tobacco) improves the quality of life for individuals and their communities. Tobacco use is the most preventable behavioral cause of death as it can lead to multiple diseases. Furthermore, second-hand smoke exposure puts non-smokers at risk for many of the same respiratory issues as smokers. Substance abuse is linked with mental and physical illness and mortality, community violence, sexually transmitted diseases, and teen pregnancies.

Key Findings Across San Joaquin County

- The rate of San Joaquin County deaths attributable to driving under the influence is five percentage points higher than the state average.
- San Joaquin County has higher rates of smoking and excessive drinking when compared to Healthy People 2020 national statistics.
- San Joaquin County has similar rates of opioid prescription drug claims as the state.

Table 1: Substance Abuse/Tobacco Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Impaired Driving Deaths	34%	29%	✓	Disparities data not available	Beer, Wine, and Liquor Stores		Disparities data not available
Current Smokers	13%	12%			Opioid Prescription Drug Claims		
Excessive Drinking	35%	33%					

*Indicates ethnic group that is experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Data on disparities were not available at this time.

Communities Disproportionately Impacted

- All 10 of the identified Priority Neighborhoods have a high concentration of alcohol outlets. The most extreme disparities were found in Census Tract 6 (Stockton), which fares worse than most of the state in this regard.
- Liver disease was one of the leading causes of death in Census Tract 1 (Stockton).

Primary Data: What Community Stakeholders Say About this Health Need

- Just under half of key informants identified Substance Abuse/Tobacco as a top (2) or medium (3) health need
- 19 out of 31 focus groups mentioned Substance Abuse/Tobacco as a top (16) or medium (3) health need
- Focus groups mentioned marijuana, methamphetamines, smoking tobacco, and alcohol as common abused substances
 - “Vaping” marijuana was reported as popular with youth; key informants and focus group participants were concerned about legal marijuana
 - Key informants stated that the type of substance abuse (e.g., opioids vs. marijuana) varies by economic level
- Both key informants and focus group participants made the link between substance abuse, mental health, homelessness and crime/safety, describing substance abuse as a method individuals use to cope with poor mental health
- Factors contributing to Substance Abuse/Tobacco: mental health issues; stress; trauma; poverty; feeling hopeless; easy access to a variety of drugs in the community and schools

Community Resident and Key Informant Voices

“There’s such a huge rise in different forms of substance abuse – vaping, marijuana usage, e-cigarettes, opioid use/prescription drug use is huge!” – *Key Informant*

Asthma

Rationale: Why this is a Critical Health Need

Prevention and management of asthma, by reducing exposures to triggers and other risk factors that increase the severity of asthma (such as tobacco smoke and poor environmental air quality) improves quality of life as well as reduces the cost of care.

Key Findings Across San Joaquin County

- County residents face a 20% higher prevalence rate of asthma as well as slightly higher rates of asthma related hospitalization when compared with state averages.
- When compared with Healthy People 2020 national statistics on asthma related hospitalizations in children, adults, and seniors, San Joaquin County has lower asthma hospitalization rates across all categories.

Table 1: Asthma Related Health Outcomes and Contributing Factors

Related Health Outcomes					Factors that Contribute to Health Outcomes		
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Asthma Hospitalizations (per 100,000)	3	2	✓	Disparities data not available	Ozone Levels		Disparities data not available
Asthma Prevalence	18%	15%	✓		Particulate Matter 2.5 Levels		
					Respiratory Hazard Index		

*Indicates ethnic group that is experiencing the greatest disparity from County averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Data on disparities were not available.

Communities Disproportionately Impacted

- Most of the 10 identified Priority Neighborhoods have relatively high levels of air pollution, ozone, Particulate Matter 2.5, and diesel exposure. The worst overall air quality was found in Census Tract 51.09 (Manteca).
- Respiratory disease was one of the leading causes of death in Census Tracts 1 (Stockton), 3 (Stockton), 16 (Stockton), 33.12 (Stockton), 44.03 (Lodi), and 53.03 (Tracy).

Primary Data: What Community Stakeholders Say About this Health Need

- 12 out of 31 focus groups mentioned Asthma/Air Quality as a top (4) or medium (8) health need
- No key informants mentioned Asthma as a health need
- Focus groups discussed the high amount of asthma and allergies in county communities
- Poor air quality from agriculture (chemicals, dust) and traffic pollution were identified as related to asthma
- Two focus groups mentioned an ongoing bad smell in the air in their communities, possibly from sewer treatment

Community Resident and Key Informant Voices

No quotes available on this topic.

Oral Health

Rationale: Why this is a Critical Health Need

Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care.

Key Findings Across San Joaquin County

- Only one-third of county residents have dental insurance.
- A San Joaquin County oral health county wide needs assessment completed in November 2018 found that:
 - Child Health and Disability Prevention (CHDP) program providers who have included a dental assessment as part of their well-child visit identified dental conditions as the most common medical issue among children 0-5 years old.
 - In 2016, emergency department visits for Non-Traumatic Dental Conditions (NTDCs) were mostly among adults ages 21-34 years (44%); more than 70% of dental related emergency room visits were billed to Medi-Cal.
 - Pregnant women in San Joaquin County visit dentists at a lower rate (29%) than the statewide average (43%).
- When compared with Healthy People 2020 national statistics on teens who saw a dentist in the past year, more youth in the county have had recent dental exams.

Table 1: Oral Health Related Health Outcomes and Contributing Factors

Related Health Outcomes				Factors that Contribute to Health Outcomes			
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Dental Insurance Coverage	34%	39%		Disparities data not available	Soft Drink Consumption		Disparities data not available
% Residents Living in Area with Shortage of Dentists	0%	13%					
Recent Dental Exam (Youth)	85%	87%					

*Indicates ethnic group that is experiencing the greatest disparity from county averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Asian/Pacific Islanders (API) and Blacks visit the dentist while pregnant less frequently than Whites (26.0%, 14.9%, and 41.7%, respectively) and Hispanic women visit the dentist during pregnancy at a lower rate than White women (25.0% and 41.7% respectively). [San Joaquin County oral health county wide needs assessment]

Communities Disproportionately Impacted

- All of the 10 identified Priority Neighborhoods have extremely low rates of healthcare access; the most striking disparities were found in Census Tract 44.03 (Lodi), which fares far worse than 99% of other jurisdictions across that state.

Primary Data: What Community Stakeholders Say About this Health Need

- 3 out of 11 key informants mentioned Oral Health as a medium health need
- 9 out of 31 focus groups mentioned Oral Health as a top (1) or medium (8) health need
- Factors that contribute to Oral Health issues: Lack of transportation to dentists for children, students and older populations; lack of access to affordable dental insurance; dental care is very expensive; poor quality dentists/dental care, especially those serving low-income populations

Community Resident and Key Informant Voices

“The dental priority is huge. We don’t have a lot of access – much bigger lack of access issue than medical [care]. There is no dental ER!” – *Key Informant*

Climate and Health

Rationale: Why this is a Critical Health Need

Climate change has public health consequences and has been linked to vector-borne diseases, heat related illnesses, and respiratory issues. Neighborhood attributes such as availability of public transit can both mitigate climate change as well as promote good health by increasing physical activity.

Key Findings Across San Joaquin County

- San Joaquin County performs similar to the rest of the state when it comes to indicators of climate change and contributing factors.

Table 1: Climate and Health Related Health Outcomes and Contributing Factors

Related Health Outcomes				Factors that Contribute to Health Outcomes			
Indicator	San Joaquin County	State of California	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*	Indicator	SJC Performs Worse than CA	Ethnic Groups Experiencing Disparities*
Climate-Related Mortality Impacts	10%	8%		Disparities data not available	Public Transit Stops		Disparities data not available
Drinking Water Violations	1	1			Road Network Density		
Drought Severity	97%	93%			Tree Canopy Cover		
Flood Vulnerability	4%	4%					
Heat Index	5%	3%					

*Indicates ethnic group that is experiencing the greatest disparity from County averages

Source: CHNA data platform, 2018

Populations Disproportionately Impacted

- Data on disparities were not available.

Communities Disproportionately Impacted

- Most of the 10 identified Priority Neighborhoods have relatively high levels of air pollution, ozone, Particulate Matter 2.5, and diesel exposure. In addition, Census Tracts 44.03 (Lodi) and 51.09 (Manteca) have evidence of water contamination.

Primary Data: What Community Stakeholders Say About this Health Need

- 1 key informant mentioned air pollution from agriculture and traffic pollution as a top health need
- 2 focus groups mentioned water quality as a top (1) or medium (1) health need
 - One focus group highlighted the urgent need to fix unsafe drinking water
 - One focus group mentioned a strong chlorine smell from their water and stated that not everyone in the community can afford bottled/filtered water

Community Resident and Key Informant Voices

“The [air quality] is worse here than in Mexico City. Not just from traffic here and from the Bay Area, but also agricultural production.” – *Key Informant*

Appendix M. Community Resources

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Public Agencies										
San Joaquin County Human Services Agency	Provides State and federally-mandated public assistance and a variety of social service programs for SJC residents. Programs include: California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children’s Shelter.	X	X	X				X		
San Joaquin County Public Health Services	In partnership with the community, protects, promotes and improves health and well-being for all who live, work, and play in San Joaquin County. Programs and services include chronic disease prevention, nutrition and physical activity, family health, tobacco control, and environmental health.	X			X	X	X	X	X	
San Joaquin County Behavioral Health Services	Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of SJC residents.			X	X	X	X			

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
San Joaquin County Council of Governments	Joint-powers authority comprised of San Joaquin County and the cities of Stockton, Lodi, Manteca, Tracy, Ripon, Escalon, and Lathrop. Fosters intergovernmental coordination with local/regional jurisdictions, State and Federal agencies, the private sector, and community groups. Facilitates and administers regional programs, and advocates for regional/inter-regional strategies. Committees include transit, coordinated transportation and land use, climate, housing and economic security.		X							X
San Joaquin County and City Parks and Recreation Departments	Parks and Recreation Departments develop and maintain parks/open spaces, operate facilities including aquatic centers, playgrounds, athletic fields, camps, and community centers, and provide programming that supports physical activity, youth development, relaxation and social interaction.	X		X						X

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Mental/Behavioral Health/Substance Abuse Recovery										
National Alliance on Mental Illness, San Joaquin County	Raises community awareness of mental illness and provides support groups and a HelpLine to persons with mental illness and their families and friends, education and training, and advocacy.			X						
Community Medical Centers -- Recovery Center	Provides medical and behavioral assessment, sobering and treatment to individuals struggling with mental health and substance use issues.			X		X				
St. Joseph's Behavioral Health Center	Provides behavioral evaluations, mental/behavioral health screening, inpatient and day treatment programs, outpatient services, chemical recovery programs and referrals to community resources.			X		X				
Aegis Medical Systems, Inc.	Offers outpatient substance abuse treatment including detoxification, methadone maintenance, and methadone detoxification.					X				
The Wellness Center of San Joaquin County	Peer support program for people with or without a mental health diagnosis run by and for individuals with mental health challenges. Offers support groups, classes, meditation classes, one-on-one peer coaching, and substance abuse recovery groups.			X		X				

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Housing and Homelessness										
Homeless Services (e.g. St. Mary's Dining Room, St. Anne's Place: Women's Center Youth and Family Services, Stockton Shelter for the Homeless, Hope Harbor Family Shelter, Coalition of Tracy Citizens to Assist the Homeless, Gospel Center Rescue Mission, McHenry House Tracy Family Shelter, Tracy Community Connections Center, Tracy Interfaith Ministries)	Provide meals, health care, clothing, hygiene services, shelter and social services to homeless and working poor individuals and families.	X	X	X	X	X				
Affordable Housing Programs (e.g. Mercy Housing, Eden Housing, Valle Del Sol, Housing Authority County of San Joaquin, STAND, Visionary Homebuilders)	Provide housing for low income residents through subsidized housing and rental assistance, or affordable housing units.		X							
Grace and Mercy, Lodi Area	Offers a safety net to persons in need and the homeless by providing dry goods, refrigerated	X	X							

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	storage, clothing for job seekers, haircuts, a soup kitchen, and shelter from severe weather.									
Health Care										
Federally Qualified Health Centers (e.g. Community Medical Centers, Inc., San Joaquin General Hospital Look-alike clinics, Golden Valley Health Centers)	Outpatient clinics providing health services to low income, underinsured and high need populations.	X		X	X	X	X	X	X	
Hospitals/medical centers (e.g. San Joaquin General, Sutter Tracy Community Hospital, Kaiser Permanente Manteca, Adventist Health Lodi Memorial, Dignity Health St. Joseph’s Medical Center, Dameron Hospital)	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care.	X		X	X	X	X		X	
Education										
San Joaquin County School Districts (Fourteen including Lodi Unified School District, Manteca Unified School District, Stockton Unified School District, and Tracy Joint Unified School District)	The County’s 14 school districts promote a well-rounded education and ensure students have the knowledge/skills necessary for future success. The school districts set policy and performance standards, ensure compliance with laws/regulations, monitor finances, select curricula, and oversee intervention and support	X	X	X	X					

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	services (such as counseling and free and reduced price meals) for students and families.									
San Joaquin County Office of Education - Healthy Kids Resource Center	Supports education of more than 145,000 students enrolled in 14 school districts in the county. The HKRC provides access to educational resources, including health promotion resources, that can be borrowed at no cost.	X		X		X	X	X	X	
Higher Education (San Joaquin Delta College, University of the Pacific, Humphries University, Cal State University Stanislaus, Stockton Center)	Provide post-secondary educational opportunities and student services to build skills and enhance economic security.		X							
Manteca Give Every Child a Chance	Provides tutoring/homework assistance, science and technology programs, and healthy eating/active living opportunities for low-income students.	X	X				X			
Community, Families, and Children's Supports										
Family Resource and Referral Center	Clearinghouse for information on child care services, parenting, nutrition, and child safety. Provides child care referrals and administers child care and nutritional resources. Conducts	X	X	X	X		X			

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	workshops on effective practices of child rearing, child care, and child safety.									
Fathers & Families of San Joaquin	Works to address the needs of men, women, youth, their families and the community through socially and culturally-relevant services. FFSJ develops local leadership, unifies the efforts of existing groups and addresses institutional inequity, fatherless homes, poverty, employment disparities, inadequate access to public health services, community re-entry, and youth on youth violence.		X	X	X	X	X			
First 5 San Joaquin County	Provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to five years old.	X		X	X		X	X	X	
Child Abuse Prevention Council of San Joaquin County	Protects children and strengthens families through awareness and outcome driven programs including childcare, family supports and clinical services, delivered with compassion.			X	X	X	X			
Community Partnership for Families of San Joaquin	Provides tools, resources, and connections to help families improve their quality of life. Operates Family Resource Centers to build		X	X		X	X			

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	strong, resourceful and financially sufficient families.									
Amelia Ann Adams Whole Life Center	Empowers women, men and children by providing supportive services, resources, and other tools that create opportunities for individuals and families to overcome their current obstacles.		X	X		X	X			
Catholic Charities of the Diocese of Stockton	Provides direct social services and advocacy for adults, families and children including: programs for the elderly; a food bank in Stockton; supports for immigrants including family reunification, citizenship application and education; health insurance enrollment, short-term counseling services; youth engagement; Cal Fresh application assistance and environmental justice promotion.	X	X	X	X	X	X			X
Cultural/Ethnic/LGBTQ Communities										
Lao Family Community Empowerment Center	Provides direct service and advocacy programs to support individuals and families, and community engagement and outreach services on behalf of other agencies wanting to reach the Southeast Asian community. Preserves cultural traditions.		X	X						

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Little Manila Rising	Provides education and leadership development opportunities to preserve and revitalize the Filipino American community. Offers after school, martial arts, arts, dance and other programming.	X	X	X						
El Concilio	Empowers diverse communities to realize their greatest potential through comprehensive and compassionate programs and services that provide outreach, education, counseling, job training, classes, and awareness building of community resources and personal strengths and abilities.		X	X	X	X	X			
San Joaquin Pride Center	Serves the LGBTQ community by creating a safe and welcoming space, providing resources that enrich body, mind and spirit, and by educating the public on tolerance and respect for all people within the LGBTQ community.			X	X	X	X			
Asian Pacific Self Development and Residential Association	Provides a residential facility to over 200 Cambodian families as well as social services (including nutrition education, after school, mercury reduction, and recreational programs among others.)	X	X	X	X		X			
Youth Services										

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Boys and Girls Clubs (Tracy, Manteca, Lodi, Stockton)	Enable young people, especially those with high needs, to reach their full potential as productive, caring, responsible community members. Provide afterschool, academic and health programs, and character and leadership development opportunities for youth.		X	X		X	X			
YMCA of San Joaquin County	Builds youth social skills and relationships and improves health and educational achievement through programs such as youth sports, camp, aquatics, and high school enrichment.	X		X			X			
Lord's Gym City Center	Provides a safe and fun environment for youth to build their confidence, form friendships, engage in physical activity and games, and further their educations.	X		X			X			
180 Club	Safe place for teens for mentoring, relationship building, and support systems that promote positive youth development through meaningful activities, adolescent counseling, gang prevention, and life skills programs.	X	X	X						
Women's Center - Youth and Family Services	Offers a safe haven and place of healing for vulnerable populations in the community. Provides free, confidential services and shelters designed to meet the needs of homeless and		X	X	X	X	X			

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	runaway youth and victims of domestic violence, sexual assault and human trafficking.									
Food Security										
Emergency Food Bank of Stockton/San Joaquin	Families and individuals in need of emergency food assistance can visit the Emergency Food Bank's on-site food pantry. Other programs include: Mobile Farmer's Market, Nutrition on the Move Education Classes, CalFresh outreach, Partner Pantries, and job training.	X	X							
Women, Infant and Children's Program (WIC), Supplemental Nutrition Program, Tracy, Stockton, Lodi, Manteca	Offers food vouchers, nutrition education and counseling, and health care referrals to low-income pregnant or postpartum women, infants and children up to age 5.	X	X							
Older Adult Services										
Senior Centers in San Joaquin County, e.g. LOEL Senior Center (Lodi), Lolly Hansen Senior Center (Tracy), Manteca Senior Center, Oak Park Senior Citizens Center (Stockton), Stockton PACE Center, City Parks and Recreation Departments	Multi-purpose senior centers serve adults age 50 and above with a variety of programs to encourage social interaction, promote healthy eating and physical activity, and contribute to overall healthy aging.	X	X	X						

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Employment and Economic Assistance										
San Joaquin County WorkNet	Offers programs specifically designed for individuals seeking employment. At the Lodi and Stockton WorkNet Centers, orientations provide information about training, EDD services, and re-employment supports.		X							
Energy Assistance Programs (e.g. HEAP, REACH, PG & E)	Assist low income residents with paying utility bills.		X							
Oral Health										
San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative	Coalition composed of First 5 San Joaquin, San Joaquin County Public Health Services, dentists, nonprofit organizations, and other partners working together to prevent and treat oral diseases in children, increase awareness of the importance of dental health to overall health, and increase access to dental services.							X		
St. Raphael's Free Dental Clinic	Community-based dental center that provides free dental services and information/education on dental health and prevention for low-income people.							X		
Stockton Unified School-based Dental Program	Provides dental clinics at numerous school sites to students with or without insurance.							X		

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Child Health and Disability Prevention Program, San Joaquin County Public Health Services	Provides health assessments for early detection and prevention of disease and disabilities in children and youth including dental screenings. Assists families with finding dentists.							X		
Environment and Active Transportation										
San Joaquin Bike Coalition	Advocates for bicycle safety, holds bicycle related events and serves as a hub for the advancement of bicycles in the community. Works with local government to implement bicycle lanes and provides resources for motorists and cyclists.	X								X
Restore the Delta	Provides public education and outreach to raise awareness of the Sacramento-San Joaquin Delta as a valuable part of the natural environment. Fights for fishable, farmable, swimmable, and drinkable Delta waters. Advocates for water sustainability policies.	X								X
UC Cooperative Extension of San Joaquin County	Bridges local issues and UC research. Campus-based specialists and county-based farm, home and youth advisors work as teams to bring	X	X							X

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
	practical, unbiased, science-based answers to problems. Advocates for healthy communities, promotes nutritious foods and exercise for better health, and provides the 4-H Youth Development Program.									
Other										
California Human Development, San Joaquin County	Provides job training, affordable housing support, disabilities services, substance abuse treatment/sober living, and immigration and citizenship resources. The headquarters are located in Lodi.		X			X				
Disability Resource Agency for Independent Living (DRAIL)	Increases the independence of persons with disabilities through services such as housing and personal assistant referral, peer counseling, benefits advising, independent living skills training, and advocacy.		X	X	X					

Assets/Resources	Description	Obesity/HEAL/Diabetes	Economic Security	Mental Health	Access to Care	Substance Abuse/Tobacco	Violence/Injury Prevention	Oral Health	Asthma	Climate & Health
Public Health Advocates, Stockton Office	Helps neighborhoods and schools become places that nurture wellness by creating equitable physical, social, and economic conditions for health. The REACH project promotes healthy eating/physical activity and expanded access to healthy foods in neighborhoods and organizations serving Stockton’s African-American residents. Engages residents in working with city leaders to update the City of Stockton General Plan.	X								
LOVE, Inc. Manteca	Provides social services through faith-based organizations/churches. Supports ministries to respond to communities’ unmet needs including food, clothing, furniture, bicycles, transportation to medical appointments, and prescription assistance.	X	X		X					