# San Joaquin County 2016 Community Health Needs Assessment

**Acknowledgements**

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Sincerely,
Core Planning Group Members

The Community Health Assessment Core Planning Group

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

** Denotes financial contributor to this work.*

Research and report development by Harder+Company Community Research.

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**Executive Summary**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## I. INTRODUCTION/ BACKGROUND

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

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

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

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

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

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

### A. Description of the CHNA Process

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

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

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

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

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

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

### B. Who Was Involved in the Assessment

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

#### i. Core Planning Group Members

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

#### ii. Steering Committee Members

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

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

### iii. San Joaquin County Community Residents

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

### iv. Consultants

- Harder+Company Community Research
- MIG

For more information about consultant qualifications, see Appendix I.

## II. COMMUNITY SERVED

### A. Definition of Community Served

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

### B. Map and Description of Community Served

#### i. Map

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


#### ii. Geographic Description of the Communities Served

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

**Rural Areas**

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

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

**Urban Areas**

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

**Human Development by Neighborhood Cluster in Stockton Metro Area**

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

**Tracy and Manteca Area**

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

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

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

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

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

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

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

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

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

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

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

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

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

**South Stockton**

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

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

[7] 2008-2012 American Community Survey

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

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

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

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

### iii. **Demographic Profile**

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

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

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

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

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

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

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

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

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

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

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

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

### iv. Primary Data

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

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

### C. Findings from Community Survey Data (Quantitative)

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

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

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

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

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

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

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

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

## III. METHODS USED TO CONDUCT THE CHNA

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

### A. Secondary Data

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

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

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

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

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

### B. Primary Data - Community Input

#### i. Description of the Community Input Process

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

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

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

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

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

#### ii. Methodology for Collection and Interpretation

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

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

### C. Written Comments

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

### D. Data Limitations and Information Gaps

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

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

information was not available.

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

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

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

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

### A. Identifying Community Health Needs

#### i. Definition of "Health Need"

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

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

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

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

Potential health needs were included in the prioritization process if:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## V. ASSESSMENT FINDINGS: HEALTH NEEDS

### A. Overview of Community Health Needs Identified through 2016 CHNA

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

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

# Obesity & Diabetes

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

## Key Data

### Indicators

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


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


**Diabetes Mortality, Adult[40]**

*Age-adjusted; Rate per 100,000 population*


### Community Feedback

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

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

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

### Key Themes Expressed by Residents and Stakeholders

*Poor nutrition*

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

*Lack of physical activity*

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

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

# Obesity & Diabetes (continued)

## Related Health Outcomes

Adult Diabetes Prevalence
*Age- adjusted*[41]

10.4 | 8.1
San Joaquin | California

Adult Prediabetes Prevalence
*Estimate*†,[42]

47 | 46
San Joaquin | California

Prediabetes and Diabetes Prevalence (combined)
*% of adult pop*

57 | 55
San Joaquin | California

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

29.3 | 26.1
San Joaquin | California

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

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

45.8 | 37.4
San Joaquin | California

## Nutrition

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

65.6 | 71.5
San Joaquin | California

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

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

59.1 | 74.5
San Joaquin | California

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

38.3 | 27.0
San Joaquin | California

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

23.2 | 21.5
San Joaquin | California

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

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

# Obesity & Diabetes (continued)

## Additional Data and Trends

### Social and Economic Risks

**Food Insecurity**
*% population experiencing food insecurity*[49]

18.0 | 16.2
San Joaquin | California

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

4.6 | 3.4
San Joaquin | California

### Physical Activity

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

18.6 | 16.6
San Joaquin | California

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

42.5 | 35.9
San Joaquin | California

**Safe Active Places**

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

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

45.6 | 58.6
San Joaquin | California

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

5.0 | 8.7
San Joaquin | California

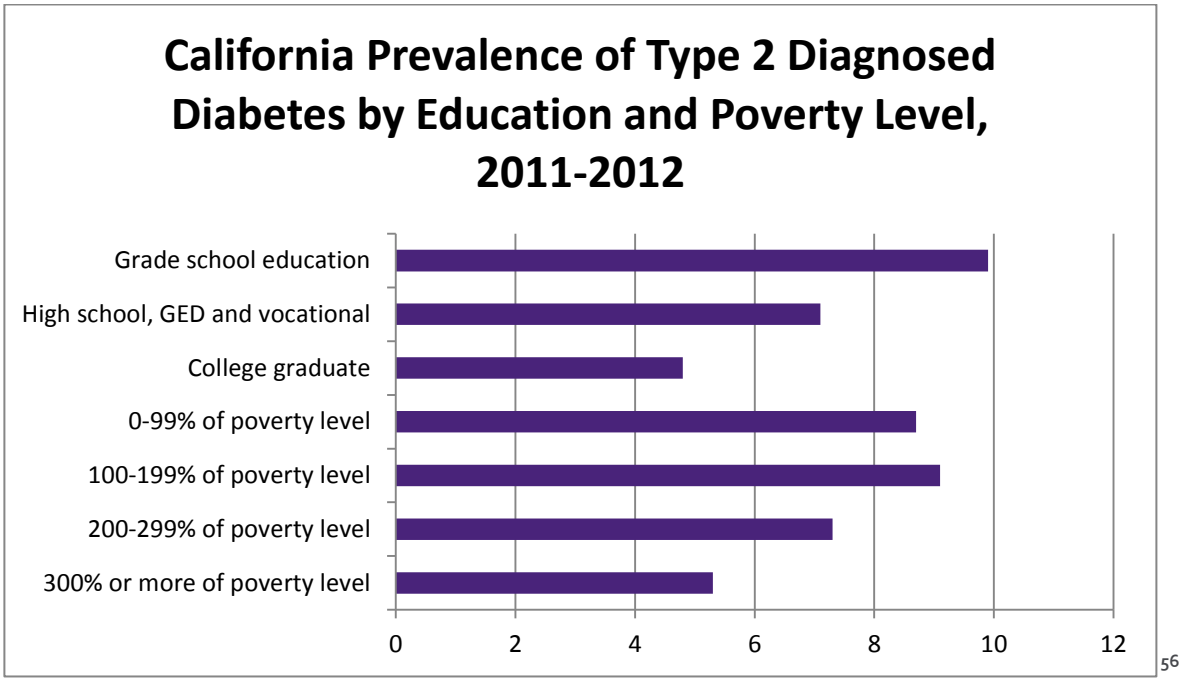
### Clinical Care

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

83.9 | 81.5
San Joaquin | California

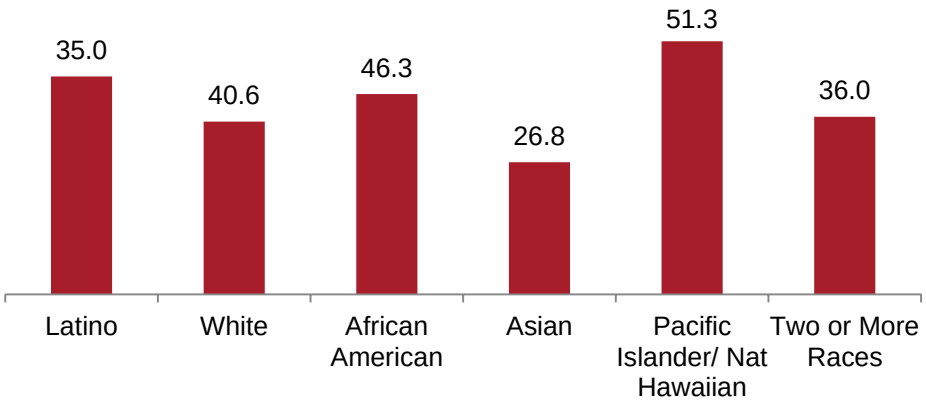
[49] Feeding America, Child Food Insecurity Data, 2012.
[50] U.S. Department of Agriculture, Economic Research Service, 2010.
[51] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[52] US Census Bureau, Decennial Census. ESRI Map Gallery,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

# Obesity & Diabetes (continued)



[56]

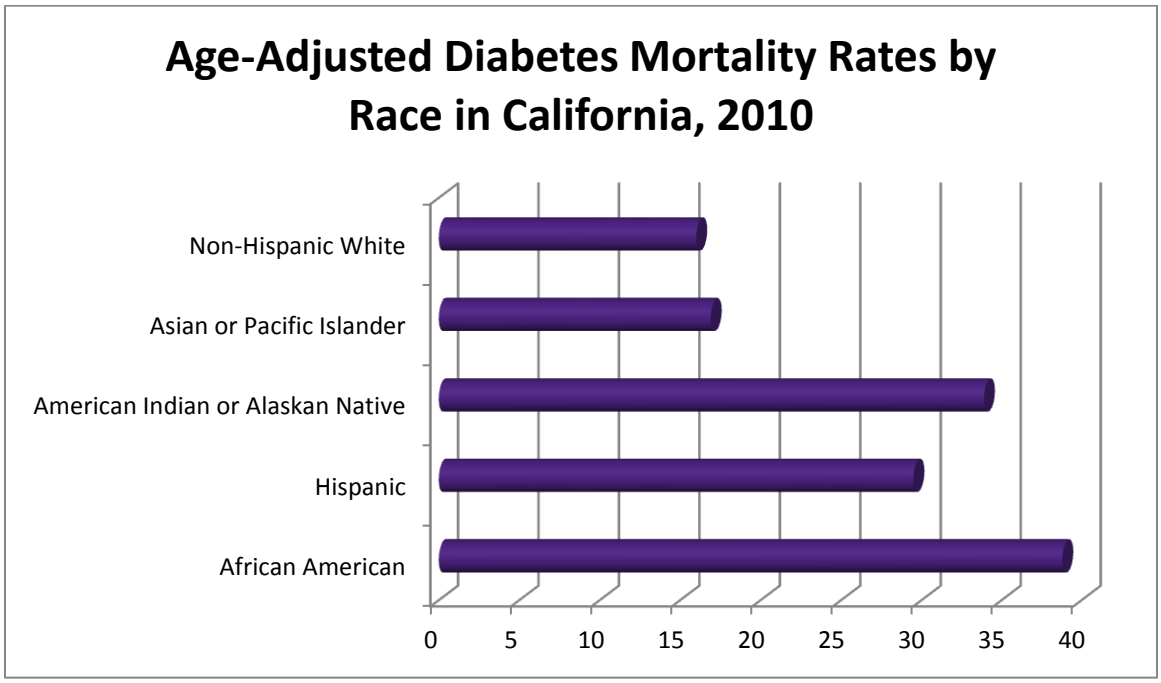
**Percent of Youth Overweight and Obese in San Joaquin County by Race/Ethnicity[57]**



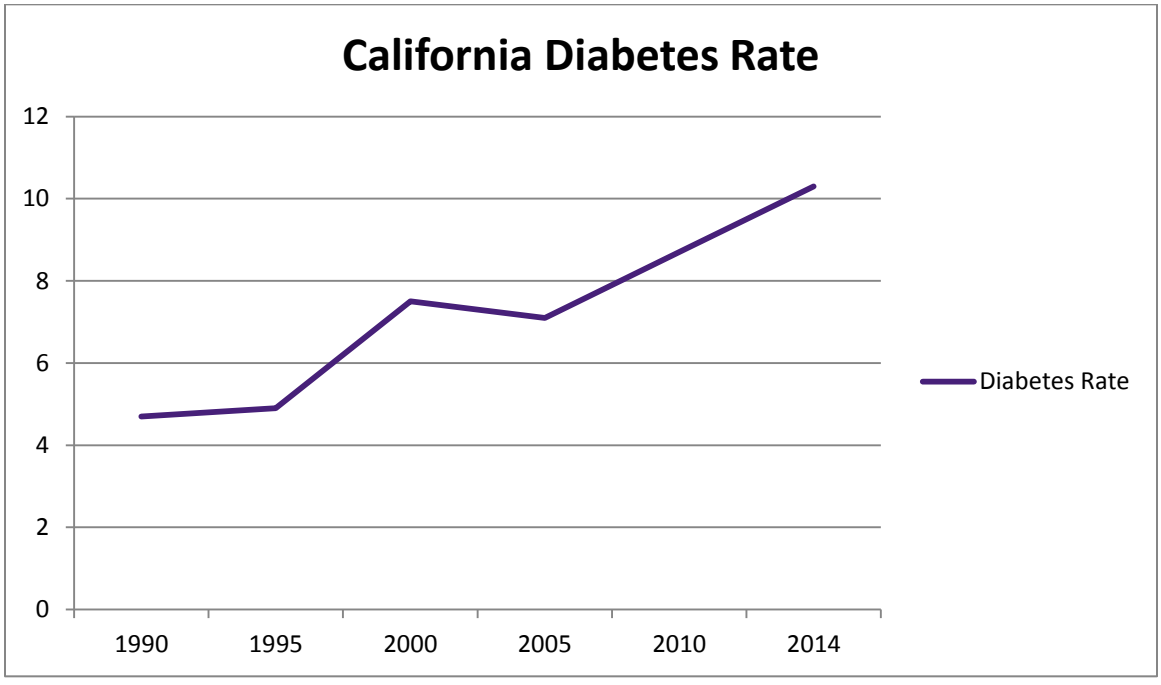

[56] California Health Information Survey (CHIS) 2011–2012 Adult Survey.

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

# Obesity & Diabetes (continued)




[58]

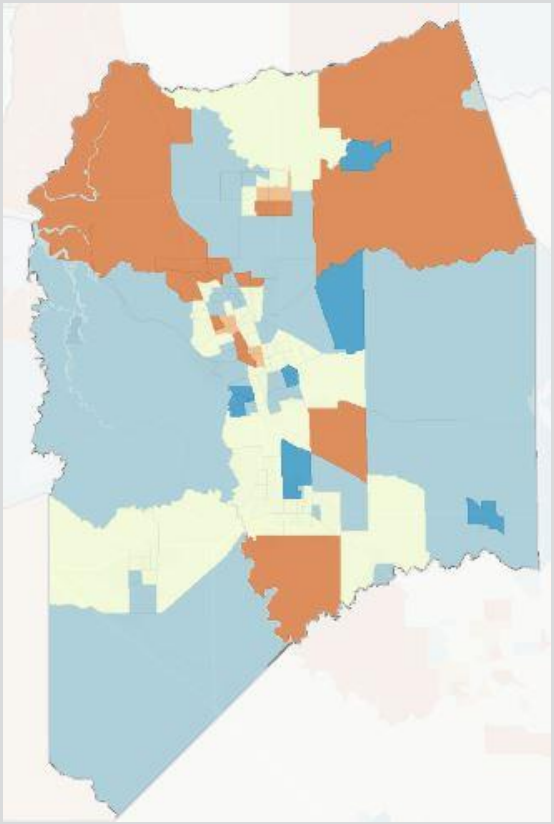



[59]

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

# Salient Disparities

**Geographic Distribution of Food Retailers in San Joaquin County**



*Modified Retail Food Environmental Index*[60]

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

**Key**

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

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

# Obesity & Diabetes (continued)

**Examples of Existing Community Assets**†

| Free Mobile Farmers' Markets | Health Education Programs | Public Health Department |
|---|---|---|
|  |  |  |

**Ideas from Focus Group and Interview Participants**†

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

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

# Education

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

## Key Data

### Indicators

**Third Grade Reading Level**[61]

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


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


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


### Community Feedback

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

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

### Key Themes Expressed by Residents and Stakeholders

*Lack of quality education and workforce support*

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

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

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

# Education (continued)

## Early Childhood Education

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

38.6 | 47.8
San Joaquin | California

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

10.1 | 6.3
San Joaquin | California

## English Language Learners

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

33.0 | 38.0
San Joaquin | California

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

56.0 | 54.0
San Joaquin | California

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

38.0 | 39.0
San Joaquin | California

## Retention

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

0.2 | 0.1
San Joaquin | California

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

7.9 | 3.8
San Joaquin | California

## Post-Secondary Education

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

27.0 | 41.9
San Joaquin | California

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

71.7 | 74.4
San Joaquin | California

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

# Education (continued)

## Salient Disparities

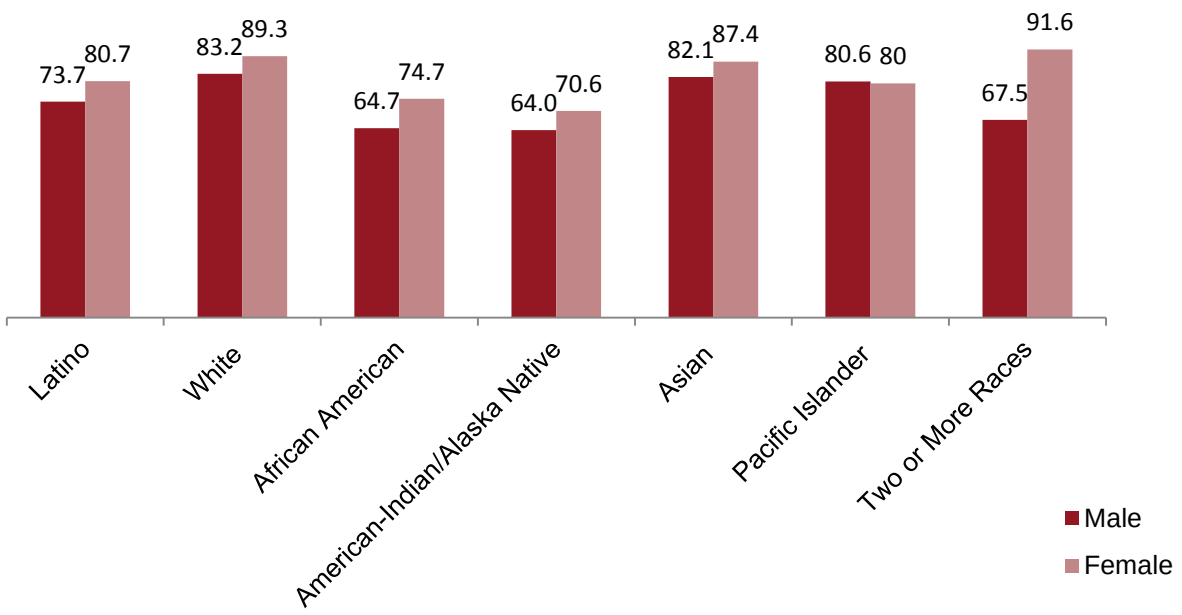
**High School Graduation[73]**

*% of students who graduate high school in 4 years*

80.3 | 81.0

San Joaquin | California

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

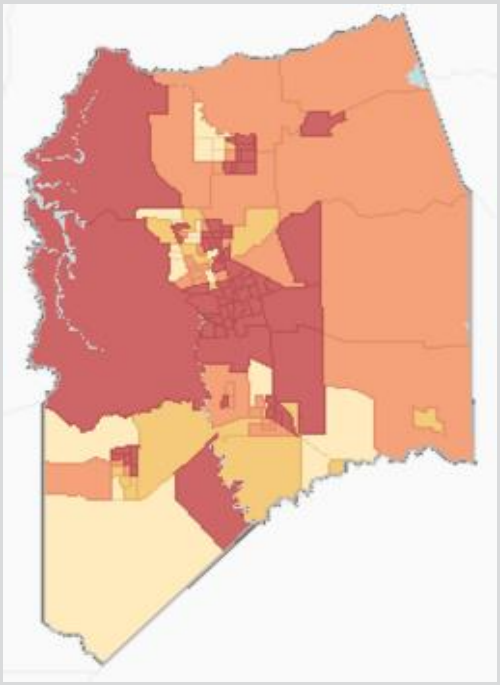



[73] California Department of Education, 2013-14.

# Education (continued)

## Salient Disparities

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

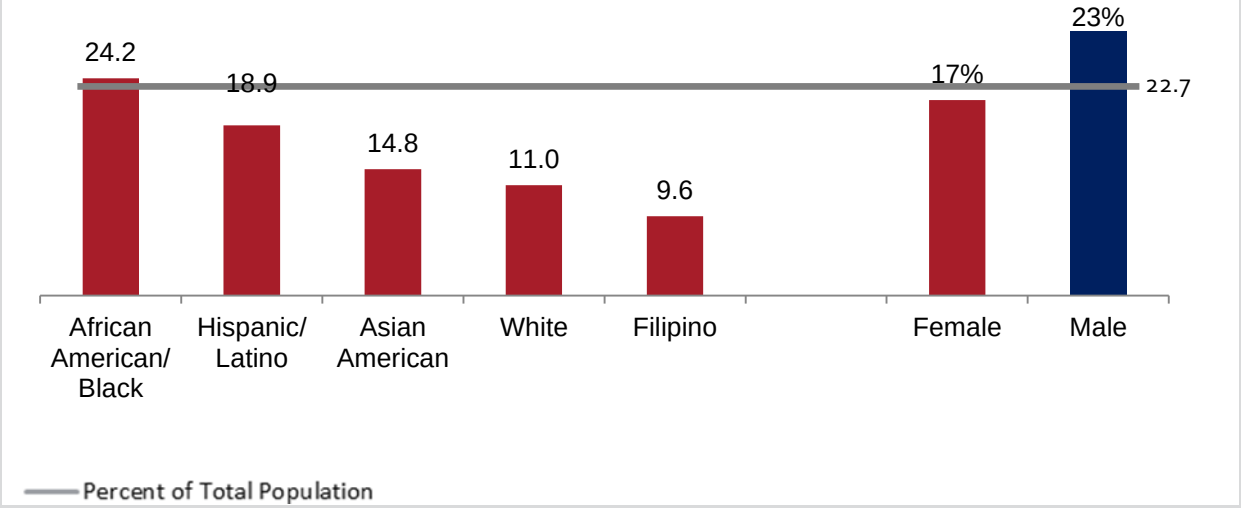


**Percent with No High School Diploma**

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

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

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




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

# Education (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets**†

| School Readiness Programs | Youth Enrichment Programs | School Districts |
|---|---|---|
|  |  |  |

**Ideas from Focus Group and Interview Participants**†

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

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

# Youth Growth and Development

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

## Indicators

### Juvenile Felony Arrest Rate[76]

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


## Community Feedback

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

– Interviewee

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

*Link between violence and health outcomes*

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

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

## Key Themes Expressed by Residents and Stakeholders

*Trauma, stress, and mental health/substance abuse*

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

*Education and economic opportunities*

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

*Social activity and support*

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

*Engagement with the criminal justice system*

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

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

# Youth Growth and Development (continued)

## Additional Data

### Education

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

7.9 | 3.8
San Joaquin | California

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

0.2 | 0.1
San Joaquin | California

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

33.0 | 38.0
San Joaquin | California

### Foster Care

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

84.7 | 86.6
San Joaquin | California

### Youth Activities

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

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

### Violence and Crime

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

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

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

15.0 | 8.0
San Joaquin | California

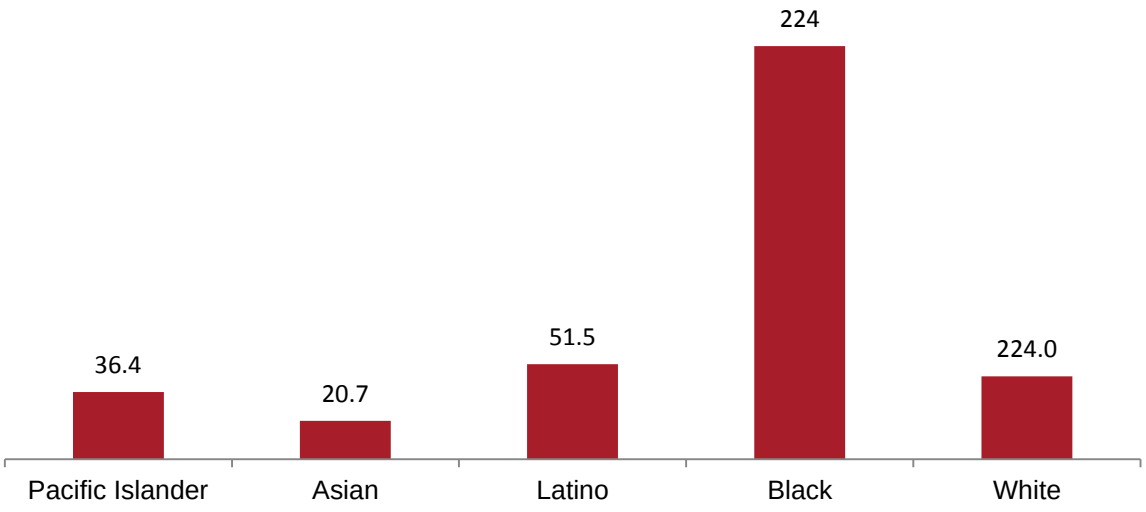
"Youth crime has dropped dramatically over last 10 years. However, those who do enter the system are at very high risk. More youth cases are being tried as adults even though they don't have previous experiences with the criminal system."
– Interviewee

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

# Youth Growth and Development (continued)

## Salient Disparities

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




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

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

# Youth Growth and Development (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets**†

| Youth Service Providers | School Districts | Community Mentors |
|---|---|---|
|  |  |  |

**Ideas from Focus Group and Interview Participants**†

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

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

# Economic Security

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

## Key Data

### Indicators

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


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


**Percent of Population Unemployed**[89]


**Percent of Households Receiving Public Assistance Income**[90]


### Community Feedback

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

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

### Key Themes Expressed by Residents and Stakeholders

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

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

-Interviewee

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

# Economic Security (continued)

## Economic Security

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

15.4 San Joaquin | 13.5 California

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

30.9† San Joaquin | 23.2 California

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

15.2 San Joaquin | 10.6 California

## Education

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

22.7 San Joaquin | 18.8 California

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

64.3 San Joaquin | 58.1 California

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

34.0 San Joaquin | 45.0 California

## Outcomes of Poverty

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

18.0 San Joaquin | 16.2 California

## Income and Living Wage

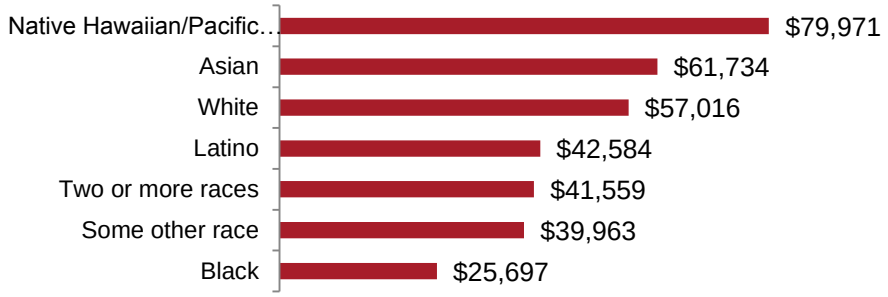
### Median Household Income[98]

$53k San Joaquin | $61k California

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

$42k† San Joaquin | $47k California

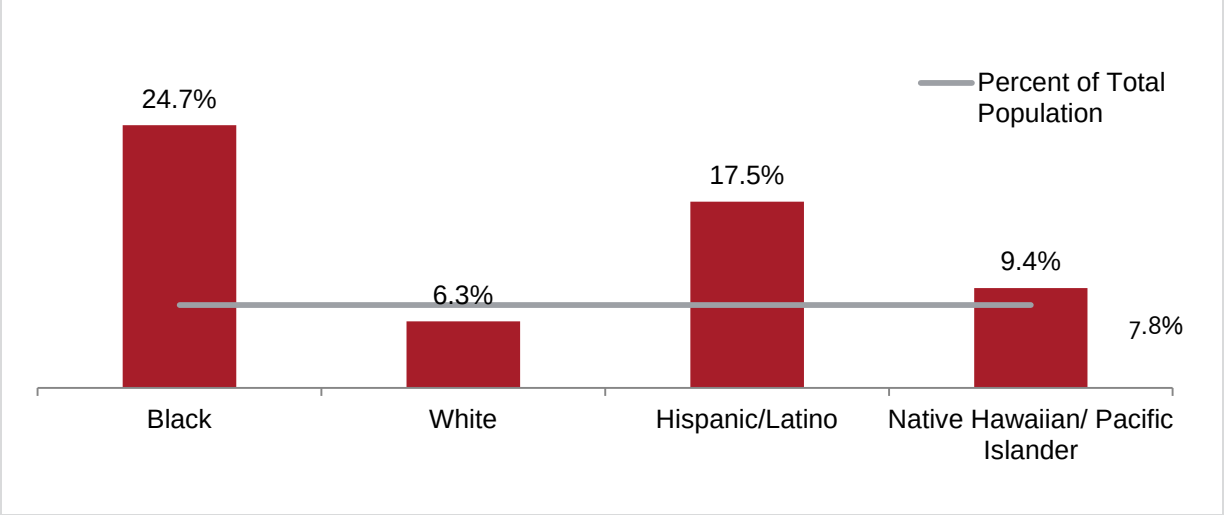
### Disparities in Median Household Income by Race/Ethnicity in San Joaquin County[100]



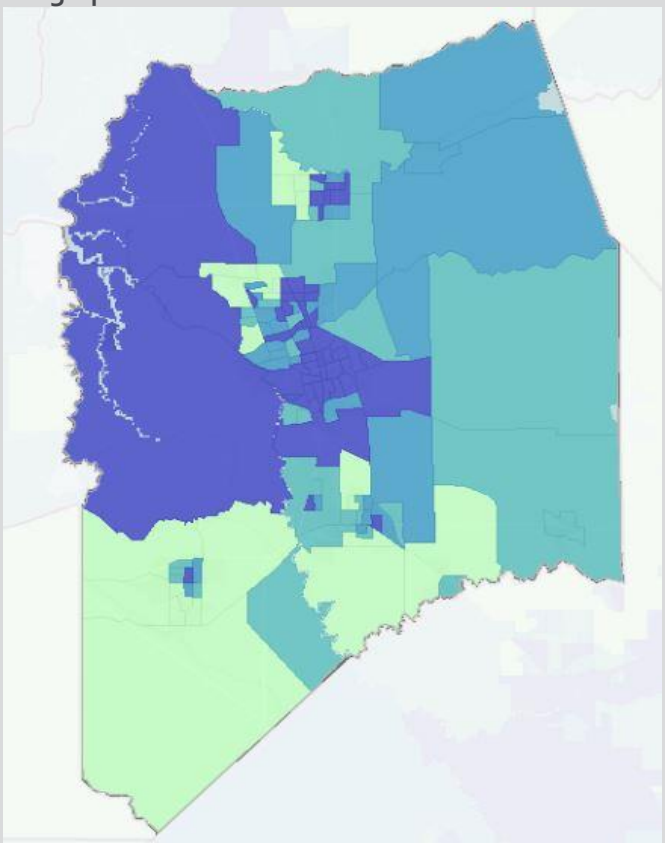

[91] Ibid.
[92] US Census Bureau, American Community Survey, 2014.
[93] US Census Bureau, Small Area Income & Poverty Estimates, 2011.
[94] US Census Bureau, American Community Survey, 2009-13.
[95] National Center for Education Statistics, NCES- Common Core of Data, 2013-14.
[96] California Department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

# Economic Security (continued)

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




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



*Population below 200% Federal Poverty Level, Percent by Tract*

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

**Key**

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

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

# Economic Security (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets**†

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

**Ideas from Focus Group and Interview Participants**†

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

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

# Violence and Injury

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

## Indicators

**All-Cause Unintentional Injury Mortality Rate**[103]

*Age-Adjusted; Rate per 100,000 population*


**Poisoning Mortality Rate**[104]

*All Ages; Rate per 100,000 population*


**Homicide Mortality Rate**[105]

*Age-Adjusted; Rate per 100,000 population*


**Suicide Rate**[106]

*Age-Adjusted; Rate per 100,000 population*


## Community Feedback

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

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

– Interviewee

"There is too much tolerance for violence."

– Interviewee

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

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

### Key Themes Expressed by Residents and Stakeholders

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

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

## Additional Data

### Additional Causes of Unintentional Death

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

1.8 | 1.0
San Joaquin | California

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

4.6 | 5.7
San Joaquin | California

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

2.3 | 2.0
San Joaquin | California

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

11.4 | 7.5
San Joaquin | California

### Domestic Violence and Child Maltreatment

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

8.2 | 6.0
San Joaquin | California

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

7.3 | 8.7
San Joaquin | California

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

699 | 611
San Joaquin | California

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

### Gang Involvement

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

15.0 | 8.0
San Joaquin | California

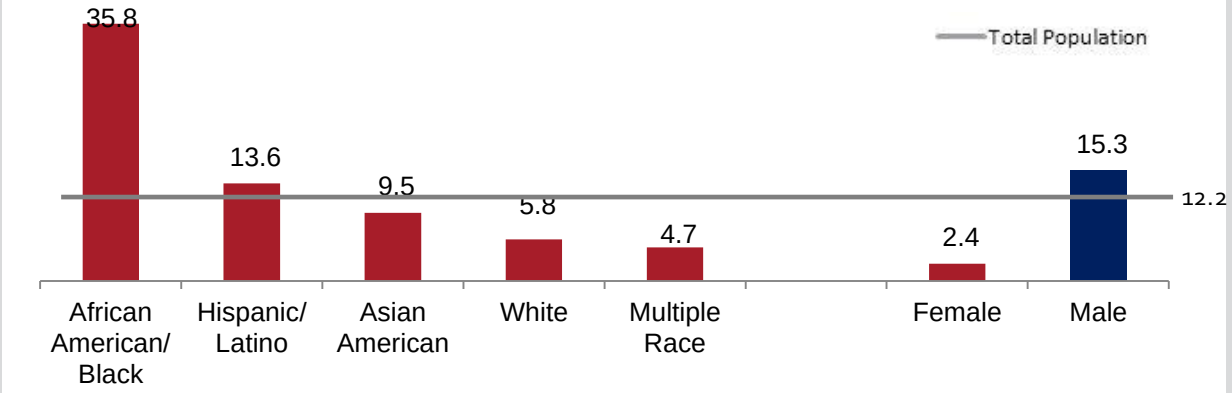
[108] California Department of Public Health, EpiCenter Overall Injury Surveillance, 2011-13.
[109] Ibid.
[110] University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data, 2010-12.
[111] "2013 County Health Status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

# Violence and Injury (continued)

## Populations Disproportionately Affected

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

*Age-Adjusted; Rate per 100,000 Population*




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

# Violence and Injury (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets**†

Domestic Violence and Child Abuse Service Agencies

Community-level Violence Prevention Activities

**Ideas from Focus Group and Interview Participants**†

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

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

–Interviewee

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

–Interviewee

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

# Substance Abuse

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

## Indicators

### Percent of Population Smoking Cigarettes[116]

*Age-adjusted*


### Alcohol Abuse, Youth[117]

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


### Alcohol Abuse , Adults[118]

*Age-adjusted percent of adults drinking excessively*


### Drug-induced Deaths[119]

*Age-adjusted; Rate per 100,000 population*


## Community Feedback

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

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

## Key Themes Expressed by Residents and Stakeholders

*Physical environment*

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

*Health outcomes and behaviors*

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

*Access to clinical care*

- Limited resources

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

# Substance Abuse (continued)

## Additional Data

### Tobacco Use

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

55.4 San Joaquin | 57.7 California

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

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

### Alcohol Use

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

3.4 San Joaquin | 3.6 California

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

1,569 San Joaquin | 1,203 California

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

17.1 San Joaquin | 11.7 California

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

### Drug Use

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

49.0 San Joaquin | 36.0 California

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

17.3 San Joaquin | 11.1 California

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

# Substance Abuse (continued)

**Behavioral Health**

Adults Needing Mental Health or Substance Abuse Treatment

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

| 14.0 | 14.3 |
|---|---|
| San Joaquin | California |

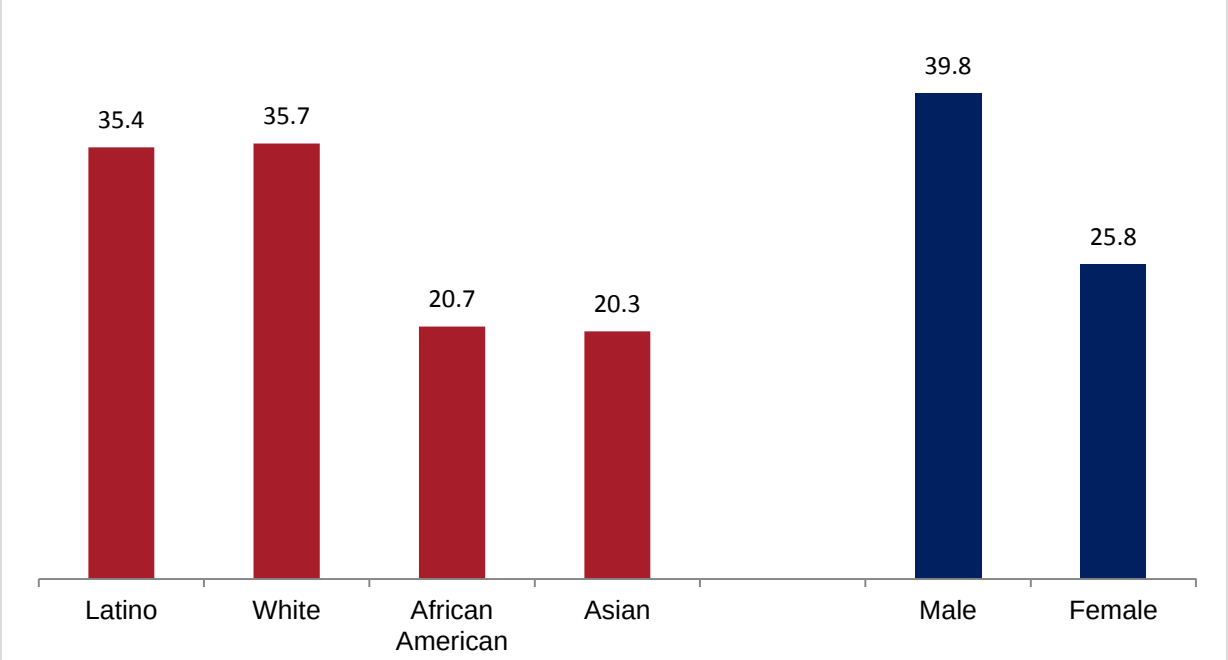
**Injury**

**1 in 4**

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

## Salient Disparities

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

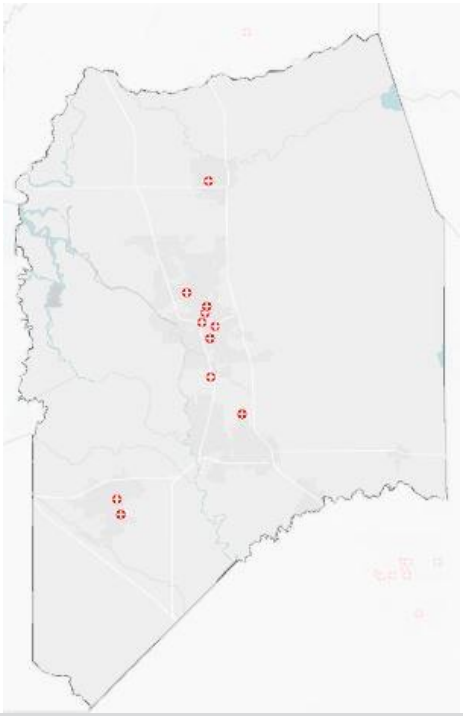



**Substance Abuse Treatment Facilities in San Joaquin County**[129]

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

# Substance Abuse (continued)

## Salient Disparities



**Key**

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

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

### Community Respondents' View of Disparities

*Gender disparities*

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

*Age disparities*

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

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

*Other disparities*

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

# Substance Abuse (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets†**

| Behavioral Health Services | Support Groups | Treatment Facilities/Programs |
|---|---|---|
|  |  |  |

**Ideas from Focus Group and Interview Participants†**

*Increase access to substance abuse treatment*

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

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

# Access to Housing

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

## Key Data

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

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

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

# Access to Housing (continued)

**Key Themes Expressed by Residents and Stakeholders**

*Lack of safe and affordable housing*

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

*Homelessness*

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

*Link to unemployment*

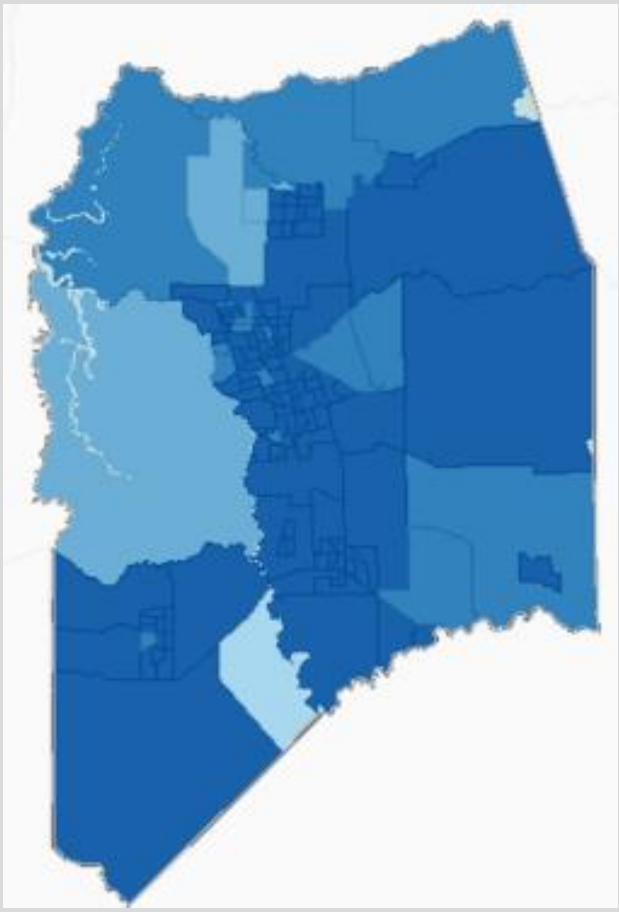
- High unemployment rates
- Lack of jobs with living wages

# Access to Housing (continued)

## Geographic Areas with Greatest Cost Burden

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

| 44.9 | 45.9 | 35.5 |
|---|---|---|
| San Joaquin | California | United States |



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

KEY

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

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

## Community Respondents' View of Disparities

*Age disparities*

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

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

*Other disparities*

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

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

# Access to Housing (continued)

## Assets and Suggestions for Change

**Examples of Existing Community Assets**†

Faith Organizations and Shelters

Local Government

Affordable Housing Providers

**Ideas from Focus Group and Interview Participants**†

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

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

# Access to Medical Care

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

## Key Data

### Indicators

**Access to Primary Care Physicians**[138]

*Rate per 100,000 population*


**Percent of Adults Without a Regular Doctor**[139]


**Lack of Primary Care Professionals**[140]

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


### Community Feedback

Emergency Department use in San Joaquin County has increased by

**18.8%**

over the last five years (2010-2014)

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

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

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

### Key Themes Expressed by Residents and Stakeholders

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

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

# Access to Medical Care (continued)

## Additional Data and Drivers

### Primary Care

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

| San Joaquin | California |
|---|---|
| 1.31 | 1.97 |

**25%**

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

### Insurance Coverage

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

| San Joaquin | California |
|---|---|
| 30.9† | 23.2 |

### Preventable Hospital Events

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

| San Joaquin | California |
|---|---|
| 97.3 | 83.2 |

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

| San Joaquin | California |
|---|---|
| 52.2 | 45.3 |

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

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

**Emergency Department Utilization in San Joaquin County**[145]

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

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

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

# Access to Medical Care (continued)

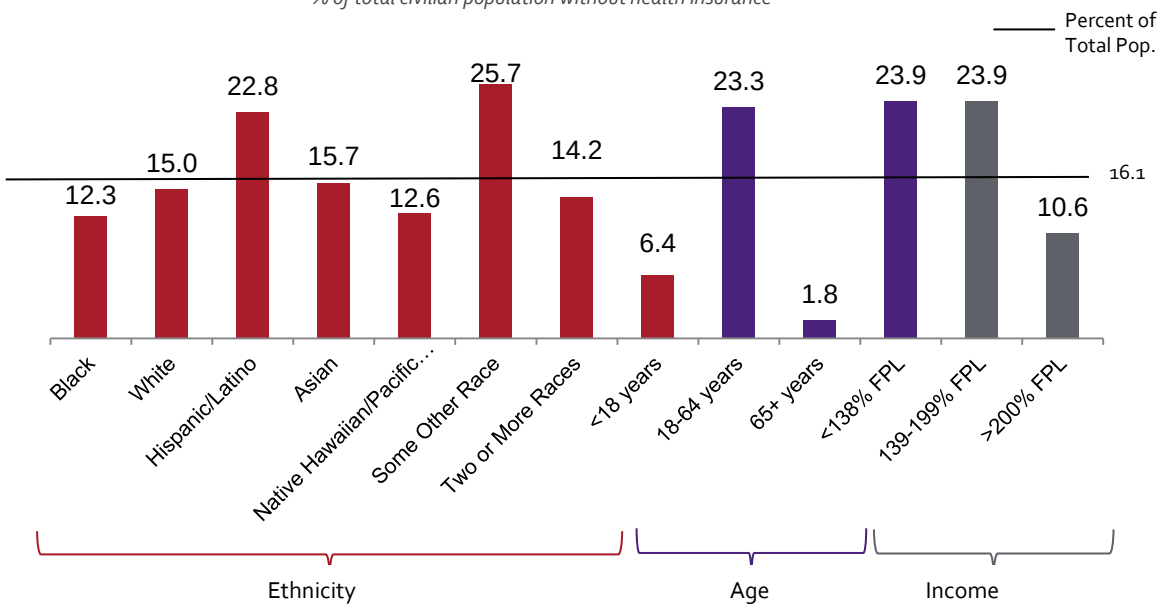
## Salient Disparities

### Geographic Disparities

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

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

*% of total civilian population without health insurance*[147]




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

# Access to Medical Care (continued)

## Assets and Residents' Suggestions for Change

**Examples of Existing Community Assets**†

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

**Ideas from Focus Group and Interview Participants**†

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

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

# Mental Health

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

## Key Data

### Indicators

**Suicide Rate**[148]

*Age-adjusted; Rate per 100,000 population*


**Mental Health Care Providers**[149]

*Rate of mental health providers per 100,000 population*


### Community Feedback

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

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

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

### Key Themes Expressed by Residents and Stakeholders

*Access to mental health care*

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

*Toxic stress prevalence in community*

- Stress of poverty; racism/discrimination
- Hopelessness

*Comorbidity: mental health and substance abuse*

- Self-medication
- Life stress and substance abuse linked

*Trauma/PTSD as a result of violence*

- Family violence/individual adverse events
- Community violence

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

# Mental Health (continued)

## Additional Data

### Access to Mental Health Care

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

| 18.2 | 15.9 |
|---|---|
| San Joaquin | California |

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

–Interviewee

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

### Social Support and Stress

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

| 29.1 | 24.6 |
|---|---|
| San Joaquin | California |

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

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

| 34.0 | 28.0 |
|---|---|
| San Joaquin | California |

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

–Interviewee

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

–Interviewee

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

| 12.2 | 5.2 |
|---|---|
| San Joaquin | California |

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

| 52.0 | 46.0 |
|---|---|
| San Joaquin | California |

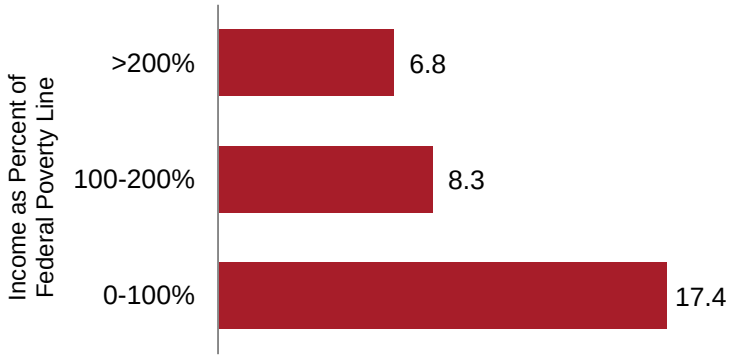
† Exposure to violence and poverty increases risk of poor mental health outcomes, including increased risk of depression. *("Adverse Childhood Experiences: Major Findings," Centers for Disease Control and Prevention, accessed November 2015, http://www.cdc.gov/violenceprevention/acestudy/findings.html.)*

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

# Mental Health (continued)

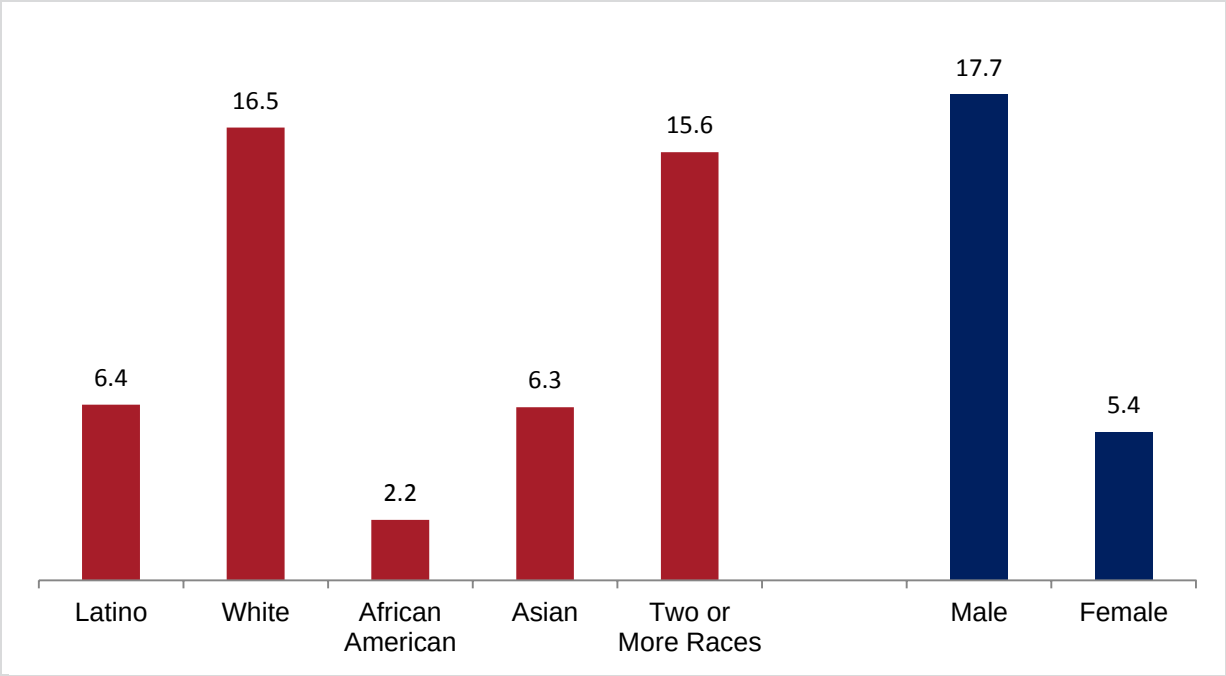
## Salient Disparities

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




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

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




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

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

# Mental Health (continued)

## Salient Disparities

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

| San Joaquin | California |
|---|---|
| 13.0 | 13.4 |

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

| San Joaquin | California |
|---|---|
| 17.7 | 16.0 |

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

| San Joaquin | California |
|---|---|
| 32.0 | 32.0 |

## Assets

**Examples of Existing Community Assets**†

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

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

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

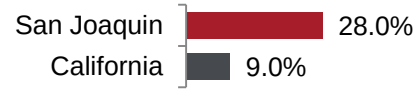
# Oral Health

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

## Key Data

### Indicators

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




**Percent of Adults Without Recent Dental Exam[162]**


**Percent of Youth Without Recent Dental Exam[163]**


**Children Visited Dentist in Past Year[164]**

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


### Community Feedback

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

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

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

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

# Oral Health (continued)

## Additional Data

### Access to Dental Care

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

| San Joaquin | California |
|---|---|
| 55.4 | 77.5 |

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

### Access to Dental – Adults

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

| San Joaquin | California |
|---|---|
| 41.7 | 40.9 |

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

| San Joaquin | California |
|---|---|
| 58.1 | 47.3 |

### Access to Care – Youth

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

| San Joaquin | California |
|---|---|
| 4.2 | 6.3 |

### Health Behaviors – Youth

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

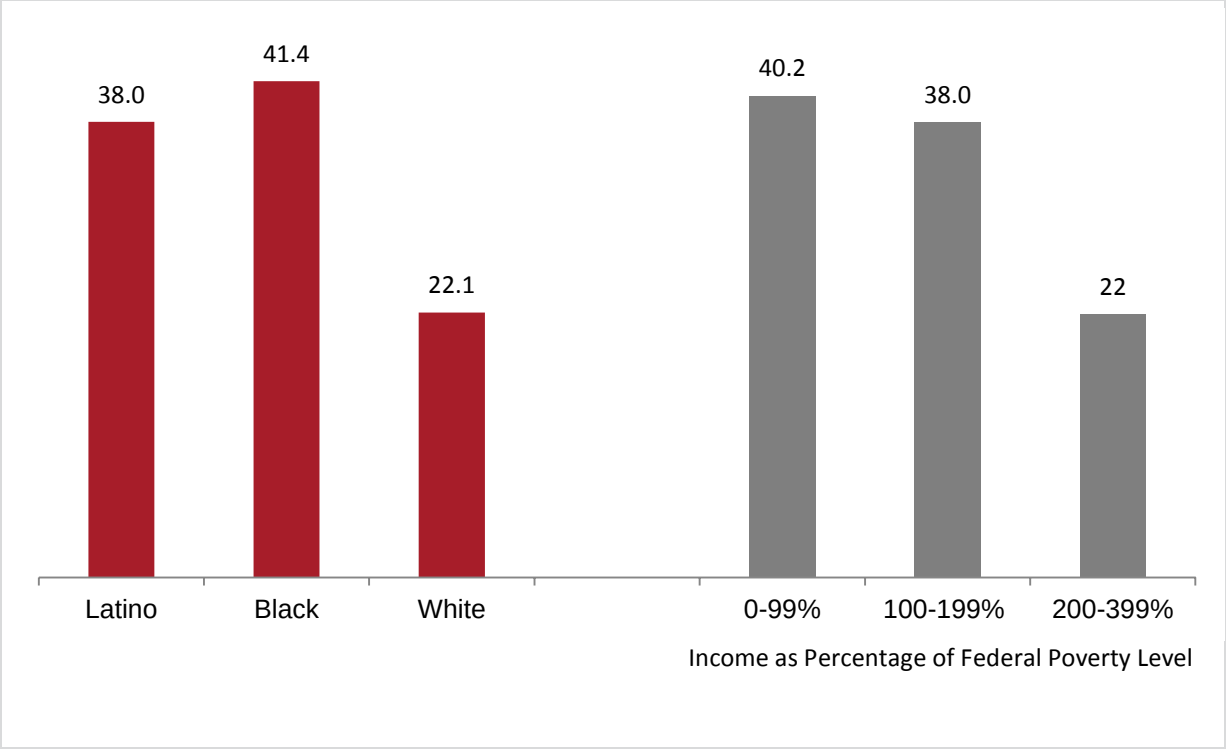
| San Joaquin | California |
|---|---|
| 38.3 | 27.0 |

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

# Oral Health (continued)

## Salient Disparities

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




*Geographic disparities*

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

*Racial disparities*

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

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

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

# Oral Health (continued)

## Assets

**Examples of Existing Community Assets**†

| Oral Health Prevention and Education Efforts | Pediatricians and Dental Clinics |
|---|---|
|  |  |

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

# Asthma/Air Quality

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

## Key Data

### Indicators

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

**Youth Ever Diagnosed with Asthma**[174]

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


**Adults Ever Diagnosed with Asthma**[176]

*Percent of adult population ever diagnosed with asthma*


### Community Feedback

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

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

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

### Key Themes Expressed by Residents and Stakeholders

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

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

# Asthma/Air Quality (continued)

## Additional Data and Key Drivers

### Related Health Outcomes

Chronic Lower Respiratory Disease Mortality Rate

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

| 44.4 | 37.5 |
|---|---|
| San Joaquin | California |

### Cigarette Smoke

Cigarette Smoking

*% population smoking cigarettes; age-adjusted*[178]

| 16.2 | 12.8 |
|---|---|
| San Joaquin | California |

### Community Feedback

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

### Air Quality

Pounds of Pesticides Used[179]

**11,017,592**

Pounds of pesticides applied in San Joaquin County

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

Pounds of pesticides used

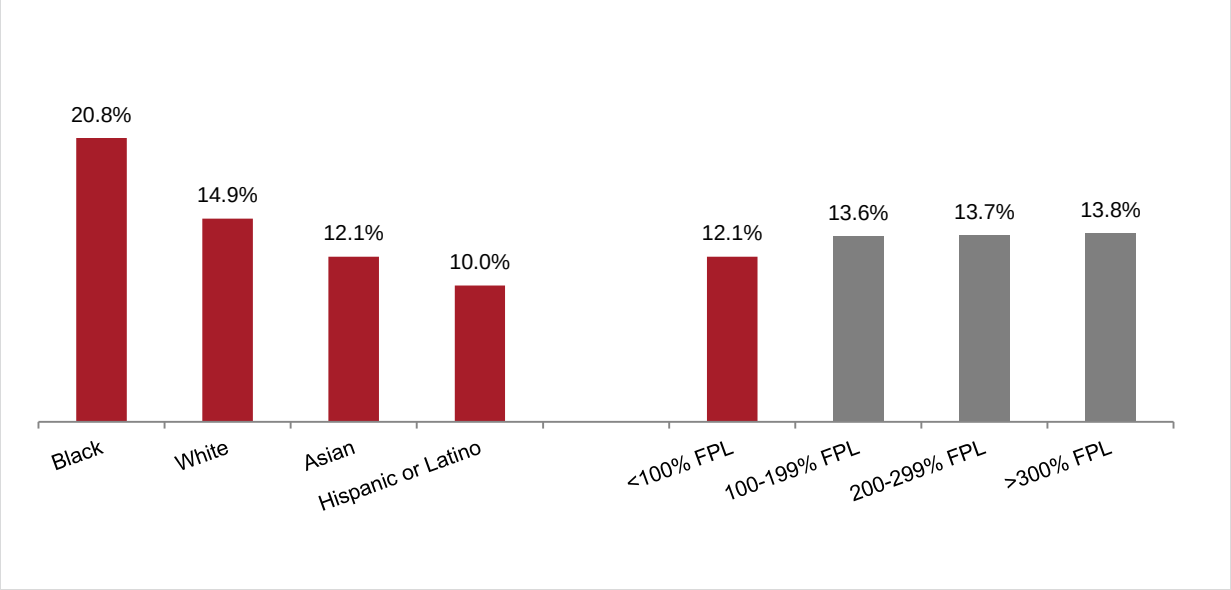
*Per square mile*

| 7,726 | 1,183 |
|---|---|
| San Joaquin | California |

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

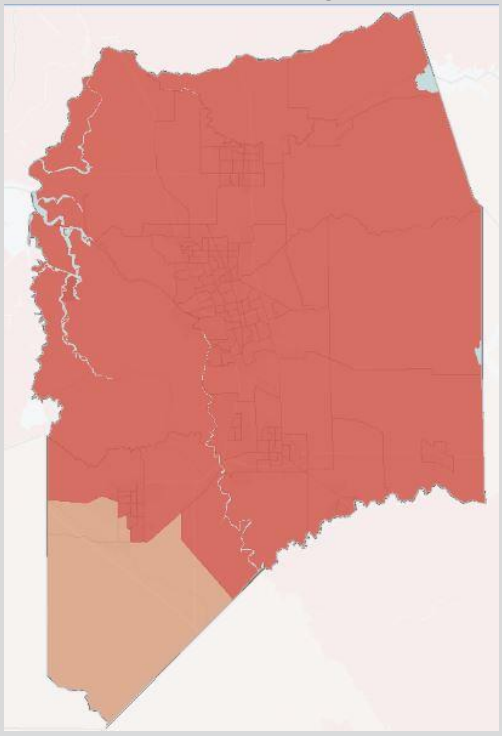
# Asthma/Air Quality (continued)

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




**Geographic Areas with Highest Particulate Levels**

Fine Particulate Matter (PM 2.5) Levels[182]



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

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

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

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

# Asthma/Air Quality (continued)

## Assets

**Examples of Existing Community Assets†**

| Hospitals and Health Organizations | Land Use and Transportation Planners |
|---|---|
|  |  |

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

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

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

## VI. CONCLUSION AND NEXT STEPS

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

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

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

## VII. APPENDICES

**A. Secondary Data, Sources, and Years**

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

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

**D. Summary of Community Survey Results**

**E. Summary of Focus Group and Key Informant Interview Results**

**F. Community Input Tracking Form**

**G. Primary Data Collection Tools**

**H. Prioritization Scoring Matrix**

**I. Qualifications of Consultants**

**J. Core Planning Group Member Websites**

**K. Sutter Tracy Community Hospital Impact Statement**

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Access to Care | | Primary Care Physicians, Rate per 100,000 population | Access to Primary Care | Clinical Care | Rate | 702,612 | n/a | 77.2 | 74.5 | State | Above benchmark | 60.6 | -16.6 | US Department of Health & Human Services,Health Resources and Services Administration,Area Health Resource File | 2012 | 2012 | 2012 |
| | | Percent of adults without any regular doctor | n/a | Clinical Care | Percentage | no data | n/a | 27.1% | 22.1% | State | Below benchmark | 24.8% | -2.30% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2011-12 | 2011-12 | 2011-12 |
| | | Mental Health Care Provider Rate Per 100,000 population | Access to Mental Health Providers | Clinical Care | Rate | 716,269 | n/a | 157 | 134.1 | State | Above benchmark | 90.1 | -66.9 | University of Wisconsin Population Health Institute, County Health Rankings | 2014 | 2014 | 2014 |
| | Related | Percent of child population without health insurance (<age 19) | n/a | Social and Economic Factors | Percentage | no data | n/a | 8.4% | 7.5% | State | Below benchmark | 8.2% | -0.20% | U.S. Census Bureau, Small Area Health Insurance Estimates | 2012 | 2012 | 2012 |
| | | Percent of adult population without health insurance (age 18-64) | n/a | Social and Economic Factors | Percentage | no data | n/a | 24.7% | 20.8% | State | Below benchmark | 25.2% | 0.50% | U.S. Census Bureau, Small Area Health Insurance Estimates | 2012 | 2012 | 2012 |
| | | Percent of Total Population Receiving Medicaid | n/a | Social and Economic Factors | Percentage | 625,408 | n/a | 23.2% | no data | State | n/a | 30.9% | | US Census Bureau, American Community Survey | 2014 | | 2014 |
| | | Percent of Insured Population Receiving Medicaid | n/a | Social and Economic Factors | Percentage | no data | n/a | 14.0% | no data | State | Below benchmark | 13.3% | -0.70% | US Census Bureau, American Community Survey | 2014 | | 2014 |
| | | Percent of women late to prenatal care (past first trimester) | n/a | Health Behaviors | Percentage | no data | <=22.1% | 16.5% | 29.2% | State | Below benchmark | 22.5% | 6.00% | California Department of Public Health / Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | 2011 | 2007 | 2011 |
| | | Percent of kindergarteners with all required immunizations | n/a | Clinical Care | Percentage | no data | n/a | 90.4% | no data | State | Above benchmark | 95.6% | 5.20% | California Department of Public Health Immunization Branch (data accessed through kidsdata.org) | 2014-15 | | 2014-15 |
| | | Percent of adults age 65+ who have ever received a pneumonia vaccin/ation | n/a | Clinical Care | Percentage | no data | n/a | 63.4% | 67.5% | State | Above benchmark | 63.9% | 0.50% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2006-12 | 2006-12 | 2006-12 |
| | | Percent Uninsured Population | Insurance - Uninsured Population | Social & Economic Factors | Percentage | 692,244 | n/a | 16.7% | 14.2% | State | Below benchmark | 16.1% | -0.60% | US Census Bureau, American Community Survey | 2014 | 2014 | 2014 |
| | | Federally Qualified Health Centers, Rate per 100,000 Population | Federally Qualified Health Centers | Clinical Care | Rate | 685,306 | n/a | 1.97 | 1.92 | State | Above benchmark | 1.31 | -0.66 | US Department of Health & Human Services,Center for Medicare & Medicaid Services,Provider of Services File. June 2014. | 2014 | 2014 | 2014 |
| | | Percentage of Population Living in a Primary Care HPSA | Health Professional Shortage Area - Primary Care | Clinical Care | Percentage | 685,306 | n/a | 25.2% | 34.1% | State | Below benchmark | 39.9% | 14.75% | US Department of Health & Human Services,Health Resources and Services Administration,Health Resources and Services Administration | 2015 | 2015 | 2015 |
| | | Age-Adjusted Discharge Rate (Per 10,000 population) | Preventable Hospital Events | Clinical Care | Rate | no data | n/a | 83.17 | no data | State | Below benchmark | 97.33 | 14.16 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | | Preventable hospitalization rate among Medicare enrollees / preventable hospital events per 1,000 population | n/a | Clinical Care | Rate | no data | n/a | 45.30 | 59.30 | State | Below benchmark | 52.2 | 6.9 | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care | 2012 | 2012 | 2012 |
| | | Percentage of Population Living in a Dental HPSA | Health Professional Shortage Area - Dental | Clinical Care | Percentage | 685,306 | n/a | 4.9% | 32.0% | State | Below benchmark | 0.0% | -4.93% | US Department of Health & Human Services,Health Resources and Services Administration,Health Resources and Services Administration | 2015 | 2015 | 2015 |
| | | Percent Female Medicare Enrollees with Mammogram in Past 2 Year | Cancer Screening - Mammogram | Clinical Care | Percentage | 3,518 | n/a | 59.3% | 63.0% | State | Above benchmark | 59.3% | 0.00% | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care | 2012 | 2012 | 2012 |
| | | Percent Adults Females Age 18+ with Regular Pap Test(Age-Adjusted) | Cancer Screening - Pap Test | Clinical Care | Percentage | 295,609 | n/a | 78.3% | 78.5% | State | Above benchmark | 78.9% | 0.60% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Percent decrease in uninsurance rate among non-elderly adults from 2013 to 2014 (ACA implementation) | n/a | Clinical Care | Percentage | no data | n/a | no data | no data | State | Above benchmark | 8.0% | n/a | Enroll America (www.enrollamerica.org) | | | 2013-14 |
| | | Percent Adults Screened for Colon Cancer (Age-Adjusted) | Cancer Screening - Sigmoid/Colonoscopy | Clinical Care | Percentage | 136,265 | n/a | 57.9% | 61.3% | State | Above benchmark | 54.7% | -3.20% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| Access to Housing | Core | Vacant Housing Units, Percent | Housing - Vacant Housing | Physical Environment | Percentage | 234,622 | n/a | 8.6% | 12.5% | State | Below benchmark | 8.1% | -0.51% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percentage of Households where Housing Costs Exceed 30% of Income | Housing - Cost Burdened Households | Physical Environment | Percentage | 215,563 | n/a | 45.9% | 35.5% | State | Below benchmark | 44.9% | -0.97% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Proportion of renters spending 30% or more of household income on rent | n/a | Social and Economic Factors | Percentage | no data | n/a | 56.9% | 52.3% | State | Below benchmark | 58.3% | 1.40% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Occupied Housing Units with One or More Substandard Conditions | Housing - Substandard Housing | Physical Environment | Percentage | 215,563 | n/a | 48.4% | 36.1% | State | Below benchmark | 47.5% | -0.88% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | HUD-Assisted Units, Rate per 10,000 Housing Units | Housing - Assisted Housing | Physical Environment | Rate | 233,755 | n/a | 368.30 | 384.30 | State | Below benchmark | 335.14 | -33.16 | US Department of Housing and Urban Development | 2013 | 2013 | 2013 |
| | Related | Total number of homeless individuals | n/a | Social and Economic Factors | Number | no data | n/a | no data | no data | n/a | n/a | 2,641 | n/a | Head Start Report: ASSESSING THE NEEDS OF CHILDREN & FAMILIES IN SAN JOAQUIN COUNTY 2014. San Joaquin County Community Development Department, "San Joaquin | | | 2011 |
| | | Percent renter occupied households | n/a | Social and Economic Factors | Percentage | no data | n/a | 44.7% | 35.1% | State | Below benchmark | 41.7% | -3.00% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Proportion of renter occupied households living in overcrowded environments (>1 persons/room) | n/a | Physical Environment | Percentage | no data | n/a | 12.2% | 4.2% | State | Below benchmark | 11.4% | -0.80% | US Census Bureau, American Community Survey | 2008-12 | 2008-12 | 2008-12 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Asthma and COPD | Core | Percent Adults Ever Diagnosed with Asthma (age 18+) | Asthma - Prevalence | Health Outcomes | Percentage | 501,000 | n/a | 13.8% | no data | State | Below benchmark | 20.8% | 7.00% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent Children Ever Diagnosed with Asthma (age <18) | n/a | Health Outcomes | Percentage | 162,000 | n/a | 14.5% | no data | State | Below benchmark | 34.3% | 19.80% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent of children diagnosed and currently experiencing asthma | n/a | Health Outcomes | Percentage | no data | n/a | 10.1% | 8.3% | State | Below benchmark | 15.1% | 5.00% | California Health Interview Survey / NHIS 2013 (from CDC website) | 2011-12 | 2013 | 2011-12 |
| | | Tuberculosis incidence (per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=1.0 | 6.4 | 3.0 | State | Below benchmark | 8.1 | 1.7 | California Department of Public Health / Centers for Disease Control and Prevention | 2009-11 | 2013 | 2009-11 |
| | | Age-Adjusted Hospital Discharge Rate for Asthma (Per 10,000 population) | Asthma - Hospitalizations | Health Outcomes | Rate | no data | n/a | 8.9 | no data | State | Below benchmark | 8.7 | -0.16 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | Related | Percent Occupied Housing Units with One or More Substandard Conditions | Housing - Substandard Housing | Physical Environment | Percentage | 215,563 | n/a | 48.4% | 36.1% | State | Below benchmark | 47.5% | -0.88% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Chronic lower respiratory disease morality rate (age adjusted; per 100,000) | n/a | Health Outcomes | Rate | no data | n/a | 37.5 | no data | State | Below benchmark | 44.4 | 6.9 | California Department of Public Health | 2009-11 | | 2009-11 |
| | | Percentage of Days Exceeding Ozone Standards, population Adjusted Average | Air Quality - Ozone (O3) | Physical Environment | Percentage | 685,306 | n/a | 2.5% | 0.5% | State | Below benchmark | 1.6% | -0.83% | Centers for Disease Control and Prevention,National Environmental Public Health Tracking Network | 2008 | 2008 | 2008 |
| | | Percent Population Smoking Cigarettes (Age-Adjusted) | Tobacco Usage | Health Behaviors | Percentage | 479,299 | n/a | 12.8% | 18.1% | State | Below benchmark | 16.2% | 3.40% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Cigarette Expenditures, Percentage of Total Household Expenditures | Tobacco Expenditures | Health Behaviors | Percentage | no data | n/a | 1.0% | 1.6% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percentage of Days Exceeding Particulate Matter Standards, population Adjusted Average | Air Quality - Particulate Matter 2.5 | Physical Environment | Percentage | 685,306 | n/a | 4.2% | 1.2% | State | Below benchmark | 10.1% | 5.95% | Centers for Disease Control and Prevention,National Environmental Public Health Tracking Network | 2008 | 2008 | 2008 |
| | | Percent Adults with BMI > 30.0 (Obese) | Obesity (Adult) | Health Outcomes | Percentage | 480,180 | <=30.5% | 22.3% | 27.1% | State | Below benchmark | 29.1% | 6.80% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent Adults Overweight | Overweight (Adult) | Health Outcomes | Percentage | 466,438 | n/a | 35.8% | 35.8% | State | Below benchmark | 31.0% | -4.80% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. additional data analysis by CARES | 2011-12 | 2011-12 | 2011-12 |
| | | Percent Youth Obese | Obesity (Youth) | Health Outcomes | Percentage | 30,139 | <=16.1% | 19.0% | no data | State | Below benchmark | 21.0% | 1.96% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent Youth Overweight | Overweight (Youth) | Health Outcomes | Percentage | 30,139 | n/a | 19.3% | no data | State | Below benchmark | 20.9% | 1.62% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | Core | Annual Breast Cancer Incidence Rate (Per 100,000 population) | Cancer Incidence - Breast | Health Outcomes | Rate | 341,182 | n/a | 122.4 | 122.7 | State | Below benchmark | 111.3 | -11.1 | National Institutes of Health,National Cancer Institute,Surveillance,Epidemiology,and End Results Program. State Cancer Profiles | 2007-11 | 2007-11 | 2007-11 |
| | | Colorectal cancer mortality rate (age-adjusted; per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=14.5 | 13.9 | no data | State | Below benchmark | 15.5 | 1.6 | California Department of Public Health | 2011-13 | | 2011-13 |
| | | Breast cancer mortality rate (age-adjusted; per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=20.7 | 20.7 | no data | State | Below benchmark | 21.7 | 1 | California Department of Public Health | 2011-13 | | 2011-13 |
| | | Lung cancer mortality rate (age-adjusted; per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 33.6 | no data | State | Below benchmark | 43.2 | 9.6 | California Department of Public Health | 2011-13 | | 2011-13 |
| | | Prostate cancer mortality rate (age-adjusted; per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=21.8 | 20.2 | no data | State | Below benchmark | 20.5 | 0.3 | California Department of Public Health | 2009-11 | | 2009-11 |
| | | Cancer, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Cancer | Health Outcomes | Rate | 685,306 | <= 160.6 | 157.1 | no data | State | Below benchmark | 174.9 | 17.79 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Annual Cervical Cancer Incidence Rate (Per 100,000 population) | Cancer Incidence - Cervical | Health Outcomes | Rate | 341,182 | <= 7.1 | 7.8 | 7.8 | State | Below benchmark | 6.4 | -1.4 | National Institutes of Health,National Cancer Institute,Surveillance,Epidemiology,and End Results Program. State Cancer Profiles | 2007-11 | 2007-11 | 2007-11 |
| | | Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 population) | Cancer Incidence - Colon and Rectum | Health Outcomes | Rate | 680,277 | <= 38.7 | 41.5 | 43.3 | State | Below benchmark | 41.2 | -0.3 | National Institutes of Health,National Cancer Institute,Surveillance,Epidemiology,and End Results Program. State Cancer Profiles | 2007-11 | 2007-11 | 2007-11 |
| | | Annual Prostate Cancer Incidence Rate (Per 100,000 population) | Cancer Incidence - Prostate | Health Outcomes | Rate | 339,095 | n/a | 136.4 | 142.3 | State | Below benchmark | 147.6 | 11.2 | National Institutes of Health,National Cancer Institute,Surveillance,Epidemiology,and End Results Program. State Cancer Profiles | 2007-11 | 2007-11 | 2007-11 |
| | | Annual Lung Cancer Incidence Rate (Per 100,000 population) | Cancer Incidence - Lung | Health Outcomes | Rate | 680,277 | n/a | 49.5 | 64.9 | State | Below benchmark | 60.7 | 11.2 | National Institutes of Health,National Cancer Institute,Surveillance,Epidemiology,and End Results Program. State Cancer Profiles | 2007-11 | 2007-11 | 2007-11 |
| | | Estimated Percentage Adults Drinking Excessively Age-Adjusted | Alcohol - Excessive Consumption | Health Behaviors | Percentage | 479,299 | n/a | 17.2% | 16.9% | State | Below benchmark | 15.5% | -1.70% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | Alcohol - Expenditures | Health Behaviors | Percentage | no data | n/a | 12.9% | 14.3% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Liquor Stores, Rate (Per 100,000 Population) | Liquor Store Access | Physical Environment | Rate | 685,306 | n/a | 10.0 | 10.4 | State | Below benchmark | 7.4 | -2.58 | US Census Bureau,County Business Patterns. Additional data analysis by CARES | 2012 | 2012 | 2012 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Cancers | Related | Percent Adults Overweight | Overweight (Adult) | Health Outcomes | Percentage | 466,438 | n/a | 35.8% | 35.8% | State | Below benchmark | 31.0% | -4.80% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. additional data analysis by CARES | 2011-12 | 2011-12 | 2011-12 |
| | | Percent Adults with BMI > 30.0 (Obese) | Obesity (Adult) | Health Outcomes | Percentage | 480,180 | <=30.5% | 22.3% | 27.1% | State | Below benchmark | 29.1% | 6.80% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent of women age 55+ with mammogram in past 2 years | n/a | Clinical Care | Percentage | no data | >=81.1% | 81.2% | no data | State | Above benchmark | 78.6% | -2.60% | California Health Interview Survey | 2007 | | 2007 |
| | | Percent Female Medicare Enrollees with Mammogram in Past 2 Year | Cancer Screening - Mammogram | Clinical Care | Percentage | 3,518 | n/a | 59.3% | 63.0% | State | Above benchmark | 59.3% | 0.00% | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care | 2012 | 2012 | 2012 |
| | | Percent Adults with In/adequate Fruit / Vegetable Consumption | Low Fruit/Vegetable Consumption (Adult) | Health Behaviors | Percentage | 462,249 | n/a | 71.5% | 75.7% | State | Below benchmark | 65.6% | -5.90% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2005-09 | 2005-09 | 2005-09 |
| | | Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures | Fruit/Vegetable Expenditures | Health Behaviors | Percentage | no data | n/a | 14.1% | 12.7% | State | Above benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percent Population with Low Food Access | Food Security - Food Desert Population | Social & Economic Factors | Percentage | 685,306 | n/a | 14.3% | 23.6% | State | Below benchmark | 15.1% | 0.78% | US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas | 2010 | 2010 | 2010 |
| | | Percent Population Smoking Cigarettes(Age-Adjusted) | Tobacco Usage | Health Behaviors | Percentage | 479,299 | n/a | 12.8% | 18.1% | State | Below benchmark | 16.2% | 3.40% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Percent of adults currently or formerly using tobacco | n/a | Health Behaviors | Percentage | no data | n/a | 37.0% | 44.2% | State | Below benchmark | 40.6% | 3.60% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2011-12 | 2008 | 2011-12 |
| | | Cigarette Expenditures, Percentage of Total Household Expenditures | Tobacco Expenditures | Health Behaviors | Percentage | no data | n/a | 1.0% | 1.6% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percent Adults Females Age 18+ with Regular Pap Test(Age-Adjusted) | Cancer Screening - Pap Test | Clinical Care | Percentage | 295,609 | n/a | 78.3% | 78.5% | State | Above benchmark | 78.9% | 0.60% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Percent Population with no Leisure Time Physical Activity | Physical inactivity (Adult) | Health Behaviors | Percentage | 480,591 | n/a | 16.6% | 22.6% | State | Below benchmark | 18.6% | 2.00% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent Adults Screened for Colon Cancer (Age-Adjusted) | Cancer Screening - Sigmoid/Colonoscopy | Clinical Care | Percentage | 136,265 | n/a | 57.9% | 61.3% | State | Above benchmark | 54.7% | -3.20% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Pounds of pesticides applied | n/a | Physical Environment | Number | n/a | n/a | 193,597,806 | no data | n/a | n/a | 11,017,592 | n/a | California Department of Pesticide Regulation | 2013 | | 2013 |
| | | Rank of pesticides use among California counties | n/a | Physical Environment | Number | n/a | n/a | n/a | n/a | n/a | n/a | 4 | n/a | California Department of Pesticide Regulation | | | 2013 |
| | | Percentage of Days Exceeding Particulate Matter Standards, Population Adjusted Average | Air Quality - Particulate Matter 2.5 | Physical Environment | Percentage | 685,306 | n/a | 4.2% | 1.2% | State | Below benchmark | 10.1% | 5.95% | Centers for Disease Control and Prevention,National Environmental Public Health Tracking Network | 2008 | 2008 | 2008 |
| Early Child Development | Core | Percent of children age 3-4 enrolled in school (includes Head Start, licensed child care, nurseries, Pre-K, registered child care, and other) | Education - School Enrollment Age 3-4 | Social and Economic Factors | Percentage | no data | n/a | 47.8% | 47.1% | State | Above benchmark | 38.6% | -9.20% | US Census Bureau, American Community Survey | 2014 | 2014 | 2014 |
| | | Head Start Programs Rate (Per 10,000 Children Under Age 5) | Education - Head Start Program Facilities | Social and Economic Factors | Rate | 54,228 | n/a | 6.3 | 7.6 | State | Above benchmark | 10.1 | 3.8 | US Department of Health & Human Services, Administration | 2014 | 2014 | 2014 |
| | | 3rd grade reading proficiency (Percentage of all public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts California Standards Test) | n/a | Social and Economic Factors | Percentage | no data | n/a | 45.0% | no data | State | Above benchmark | 34.0% | -11.00% | California Dept. of Education, Standardized Testing and Reporting (STAR) Results | 2013 | | 2013 |
| | | Percent of children in foster care system for more than 8 days but less than 12 months with 2 or less placements (placement stability) | n/a | Social and Economic Factors | Percentage | no data | n/a | 86.6% | no data | State | Above benchmark | 84.7% | -1.90% | California Child Welfare Indicators Project (CCWIP) | 2014 | | 2014 |
| | Related | Percent of children age 0-12 considered in excellent or very good health | n/a | Health Outcomes | Percentage | no data | n/a | 77.8% | no data | State | Above benchmark | 70.9% | -6.90% | California Health Interview Survey | 2013-14 | | 2013-14 |
| | | Percent of children 4 months-5 years at moderate or high risk of developmental delay | Percent of children 4 months-5 years at moderate or high risk of | Health Outcomes | Percentage | no data | n/a | 42.2% | no data | State | Below benchmark | 43.1% | 0.90% | California Health Interview Survey | 2007-09 | | 2007-09 |
| | | Rate of children in foster care (per 1,000 child population under age 18) | n/a | Social and Economic Factors | Rate | no data | n/a | 6.0 | no data | State | Below benchmark | 7.1 | 1.1 | California Child Welfare Indicators Project (CCWIP) | 2014 | | 2014 |
| | | Pounds of pesticides applied | n/a | Physical Environment | Number | no data | n/a | 193,597,806 | n/a | n/a | n/a | 11,017,592 | n/a | California Department of Pesticide Regulation | 2013 | | 2013 |
| | Core | Percentage of Days Exceeding Particulate Matter Standards, Population Adjusted Average | Air Quality - Particulate Matter 2.5 | Physical Environment | Percentage | 685,306 | n/a | 4.2% | 1.2% | State | Below benchmark | 10.1% | 5.95% | Centers for Disease Control and Prevention,National Environmental Public Health Tracking Network | 2008 | 2008 | 2008 |
| | | Percentage of Population Potentially Exposed to Unsafe Drinking Water | Drinking Water Safety | Physical Environment | Percentage | 443,414 | n/a | 2.7% | 10.2% | State | Below benchmark | 27.1% | 24.40% | University of Wisconsin Population Health Institute, County Health Rankings | 2012-13 | 2012-13 | 2012-13 |
| | | Percentage of Days Exceeding Ozone Standards, population Adjusted Average | Air Quality - Ozone (O3) | Physical Environment | Percentage | 685,306 | n/a | 2.5% | 0.5% | State | Below benchmark | 1.6% | -0.83% | Centers for Disease Control and Prevention,National Environmental Public Health Tracking Network | 2008 | 2008 | 2008 |
| | | Percentage of Weather Observations with High Heat Index Values | Climate & Health - Heat Index Days | Physical Environment | Percentage | 8,395 | n/a | 0.6% | 4.7% | State | Below benchmark | 0.3% | -0.33% | National Oceanic and Atmospheric Administration,North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. additional data analysis by CARES | 2014 | 2014 | 2014 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Climate and Health | Core | Percentage of Weeks in Drought (Any) | Climate & Health - Drought Severity | Physical Environment | Percentage | no data | n/a | 92.8% | 45.9% | State | Below benchmark | 96.9% | 4.10% | US Drought Monitor | 2012-14 | 2012-14 | 2012-14 |
| | | Heat-related Emergency Department Visits, Rate per 100,000 Population | Climate & Health - Heat Stress Events | Physical Environment | Rate | 885 | n/a | 11.1 | no data | State | Below benchmark | 16.8 | 5.7 | California Department of Public Health,CDPH - Tracking | 2005-12 | | 2005-12 |
| | | Age-Adjusted Asthma-related Discharge Rate for Asthma (Per 10,000 population) | Asthma - Hospitalizations | Health Outcomes | Rate | no data | n/a | 8.9 | no data | State | Below benchmark | 8.7 | -0.16 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | | Percent Adults with Asthma (Age 18+) | Asthma - Prevalence | Health Outcomes | Percentage | 501,000 | n/a | 13.8% | no data | State | Below benchmark | 20.8% | 7.00% | California Health Interview Survey | 2014 | | 2014 |
| | Related | Percent Low Birth Weight Births | Low Birth Weight | Health Outcomes | Percentage | 685,306 | n/a | 6.8% | no data | State | Below benchmark | 7.0% | 0.24% | California Department of Public Health,CDPH - Birth Profiles by ZIP Code | 2011 | | 2011 |
| | | Total Road Network Density (Road Miles per Acre) | Transit - Road Network Density | Physical Environment | Rate | 1,427 | n/a | 4.3 | 2.0 | State | Below benchmark | 2.7 | -1.52 | Environmental Protection Agency, EPA Smart Location Database | 2011 | 2011 | 2011 |
| | | Percentage of Population within Half Mile of Public Transit | Transit - Public Transit within 0.5 Miles | Physical Environment | Percentage | 685,306 | n/a | 15.5% | 8.1% | State | Above benchmark | 16.8% | 1.27% | Environmental Protection Agency, EPA Smart Location Database | 2011 | 2011 | 2011 |
| | | Population Weighted Percentage of Report Area Covered by Tree Canopy | Climate & Health - Canopy Cover | Physical Environment | Percentage | 685,306 | n/a | 15.1% | 24.7% | State | Above benchmark | 9.2% | -5.93% | Multi-Resolution Land Characteristics Consortium,National Land Cover Database 2011. additional data analysis by CARES | 2011 | 2011 | 2011 |
| | | Percentage of Housing Units with No Air Conditioning | Climate & Health - No Access to Air Conditioning | Physical Environment | Percentage | 233,755 | n/a | 33.8% | 11.4% | State | Below benchmark | no data | | US Census Bureau,American Housing Survey | 2011, 2013 | 2011, 2013 | |
| | | Pounds of pesticides applied | n/a | Physical Environment | Number | n/a | n/a | 193,597,806 | no data | n/a | n/a | 11,017,592 | n/a | California Department of Pesticide Regulation | 2013 | | 2013 |
| | | Rank of pesticide use among California counties | n/a | Physical Environment | Number | n/a | n/a | n/a | n/a | n/a | n/a | 4 | n/a | California Department of Pesticide Regulation | | | 2013 |
| | | Age-Adjusted Diabetes-related Discharge Rate (Per 10,000 population) | Diabetes Hospitalizations | Health Outcomes | Rate | no data | n/a | 10.4 | no data | State | Below benchmark | 12.0 | 1.55 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | | Average Number of Mentally Unhealthy Days per Month | Mental Health - Poor Mental Health Days | Health Outcomes | Rate | 479,299 | n/a | 3.6 | 3.5 | State | Below benchmark | 4.0 | 0.4 | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse | 2006-12 | 2006-12 | 2006-12 |
| | | Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Ischaemic Heart Disease | Health Outcomes | Rate | 685,306 | <= 100.8 | 163.2 | no data | State | Below benchmark | 179.9 | 16.67 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Percent Adults with BMI > 30.0 (Obese) | Obesity (Adult) | Health Outcomes | Percentage | 480,180 | <=30.5% | 22.3% | 27.1% | State | Below benchmark | 29.1% | 6.80% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent Youth Obese | Obesity (Youth) | Health Outcomes | Percentage | 30,139 | <=16.1% | 19.0% | no data | State | Below benchmark | 21.0% | 1.96% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | Core | Percent Adults with Heart Disease | Heart Disease Prevalence | Health Outcomes | Percentage | 486,000 | n/a | 6.3% | no data | State | Below benchmark | 6.2% | -0.10% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Ischaemic Heart Disease | Health Outcomes | Rate | 685,306 | <= 100.8 | 163.2 | no data | State | Below benchmark | 179.9 | 16.67 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Percent of Medicare fee-for-service population with ischaemic heart disease | n/a | Health Outcomes | Percentage | no data | n/a | 26.1% | 28.6% | State | Below benchmark | 29.3% | 3.20% | Centers for Medicare and Medicaid Services | 2012 | 2012 | 2012 |
| | | Percent of adults who have coronary heart disease (age 18+) | n/a | Health Outcomes | Percentage | no data | n/a | 3.5% | 4.4% | State | Below benchmark | 3.6% | 0.10% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2011-12 | 2005-08 | 2011-12 |
| | | Stroke, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Stroke | Health Outcomes | Rate | 685,306 | n/a | 37.4 | no data | State | Below benchmark | 45.8 | 8.43 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Percent Population with no Leisure Time Physical Activity | Physical inactivity (Adult) | Health Behaviors | Percentage | 480,591 | n/a | 16.6% | 22.6% | State | Below benchmark | 18.6% | 2.00% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent of Youth Physically Inactive | Physical inactivity (Youth) | Health Behaviors | Percentage | 30,139 | n/a | 35.9% | no data | State | Below benchmark | 42.5% | 6.60% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent Population Within 1/2 Mile of a Park | Park Access | Physical Environment | Percentage | 685,306 | n/a | 58.6% | no data | State | Above benchmark | 45.6% | -13.01% | US Census Bureau, Decennial Census. ESRI Map Gallery | 2010 | | 2010 |
| | | Percent Population Living in Car Dependent (Almost Exclusively) Cities | Transit - Walkability | Physical Environment | Percentage | no data | n/a | 1.7% | 2.0% | State | Below benchmark | no data | | Walk Score® | 2012 | 2012 | |
| | | Recreation and Fitness Facilities, Rate (Per 100,000 Population) | Recreation and Fitness Facility Access | Physical Environment | Rate | 685,306 | n/a | 8.7 | 9.44 | State | Above benchmark | 5.0 | -3.69 | US Census Bureau,County Business Patterns. Additional data analysis by CARES | 2012 | 2012 | 2012 |
| | | Percent Population Smoking Cigarettes (Age-Adjusted) | Tobacco Usage | Health Behaviors | Percentage | 479,299 | n/a | 12.8% | 18.1% | State | Below benchmark | 16.2% | 3.40% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Cigarette Expenditures, Percentage of Total Household Expenditures | Tobacco Expenditures | Health Behaviors | Percentage | no data | n/a | 1.0% | 1.6% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| CVD/Stroke | Related | Estimated Adults Drinking Excessively (Age-Adjusted Percentage) | Alcohol - Excessive Consumption | Health Behaviors | Percentage | 479,299 | n/a | 17.2% | 16.9% | State | Below benchmark | 15.5% | -1.70% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | Alcohol - Expenditures | Health Behaviors | Percentage | no data | n/a | 12.9% | 14.3% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Liquor Stores, Rate (Per 100,000 Population) | Liquor Store Access | Physical Environment | Rate | 685,306 | n/a | 10.0 | 10.35 | State | Below benchmark | 7.4 | -2.58 | US Census Bureau,County Business Patterns. Additional data analysis by CARES | 2012 | 2012 | 2012 |
| | | Percent Adults Overweight | Overweight (Adult) | Health Outcomes | Percentage | 466,438 | n/a | 35.8% | 35.8% | State | Below benchmark | 31.0% | -4.80% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. additional data analysis by CARES | 2011-12 | 2011-12 | 2011-12 |
| | | Percent Adults with BMI > 30.0 (Obese) | Obesity (Adult) | Health Outcomes | Percentage | 480,180 | n/a | 22.3% | 27.1% | State | Below benchmark | 29.1% | 6.80% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent Youth Overweight | Overweight (Youth) | Health Outcomes | Percentage | 30,139 | n/a | 19.3% | no data | State | Below benchmark | 20.9% | 1.62% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent Youth Obese | Obesity (Youth) | Health Outcomes | Percentage | 30,139 | n/a | 19.0% | no data | State | Below benchmark | 21.0% | 1.96% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent of adults (age 18+) who have ever been diagnosed with high blood pressure | n/a | Health Outcomes | Percentage | no data | n/a | 26.2% | 28.2% | State | Below benchmark | 30.1% | 3.90% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2006-12 | 2006-12 | 2006-12 |
| | | Percent of Medicare fee-for-service population diagnosed with high blood pressure | n/a | Health Outcomes | Percentage | no data | n/a | 51.5% | 55.5% | State | Below benchmark | 55.6% | 4.10% | Centers for Medicare and Medicaid Services | 2012 | 2012 | 2012 |
| | | Percent of adults (age 18+) who have ever been diagnosed with high cholesterol | n/a | Health Outcomes | Percentage | no data | n/a | 36.0% | 38.5% | State | Below benchmark | 39.6% | 3.60% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2011-12 | 2011-12 | 2011-12 |
| | | Percent of Medicare fee-for-service population diagnosed with high cholesterol | n/a | Health Outcomes | Percentage | no data | n/a | 42.1% | 44.8% | State | Below benchmark | 47.7% | 5.60% | Centers for Medicare and Medicaid Services | 2012 | 2012 | 2012 |
| | | Percent of adults not taking medication for their high blood pressure (self=report) | n/a | Clinical Care | Percentage | no data | n/a | 30.3% | 21.7% | State | Above benchmark | 39.9% | 9.60% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2006-10 | 2006-10 | 2006-10 |
| | | Percent Adults with Diagnosed Diabetes(Age-Adjusted) | Diabetes Prevalence | Health Outcomes | Percentage | 478,411 | n/a | 8.1% | 9.1% | State | Below benchmark | 10.4% | 2.35% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Age-Adjusted Diabetes-related Discharge Rate (Per 10,000 population) | Diabetes Hospitalizations | Health Outcomes | Rate | no data | n/a | 10.4 | no data | State | Below benchmark | 12.0 | 1.55 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | | Total Population (density per square mile) | n/a | Demographics | Rate | no data | n/a | 241.8 | 88.2 | n/a | n/a | 498.3 | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Change in Total Population | n/a | Demographics | Percentage | no data | n/a | 10.0% | 9.7% | n/a | n/a | 21.6% | n/a | U.S. Census Bureau | 2000-10 | 2000-10 | 2000-10 |
| | | Families with Children (% of total households) | n/a | Demographics | Percentage | no data | n/a | 36.5% | 32.7% | n/a | n/a | 43.4% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Male Population | n/a | Demographics | Percentage | no data | n/a | 49.7% | 49.2% | n/a | n/a | 49.7% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Female Population | n/a | Demographics | Percentage | no data | n/a | 50.3% | 50.8% | n/a | n/a | 50.3% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Population under Age 18 | n/a | Demographics | Percentage | no data | n/a | 24.2% | 23.5% | n/a | n/a | 28.5% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 0-4 | n/a | Demographics | Percentage | no data | n/a | 6.6% | 6.4% | n/a | n/a | 7.6% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 5-17 | n/a | Demographics | Percentage | no data | n/a | 17.6.% | 17.1% | n/a | n/a | 20.9% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 18-24 | n/a | Demographics | Percentage | no data | n/a | 10.5% | 10.0% | n/a | n/a | 10.4% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 25-44 | n/a | Demographics | Percentage | no data | n/a | 14.5% | 13.5% | n/a | n/a | 13.4% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 35-44 | n/a | Demographics | Percentage | no data | n/a | 13.6% | 13.0% | n/a | n/a | 13.0% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 45-54 | n/a | Demographics | Percentage | no data | n/a | 13.8% | 14.1% | n/a | n/a | 13.1% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 55-64 | n/a | Demographics | Percentage | no data | n/a | 11.1% | 12.3% | n/a | n/a | 10.5% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 65+ | n/a | Demographics | Percentage | no data | n/a | 12.1% | 13.8% | n/a | n/a | 11.0% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Demographics | n/a | Percent of Population 75y+ | n/a | Demographics | Percentage | no data | n/a | 5.4% | 6.2% | n/a | n/a | 4.8% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Median Age in Years | n/a | Demographics | Number | no data | n/a | 35.6 | 37.4 | n/a | n/a | 33.2 | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Veteran Population (% of total population) | n/a | Demographics | Percentage | no data | n/a | 6.7% | 9.0% | n/a | n/a | 7.2% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Population Rural | n/a | Demographics | Percentage | no data | n/a | 5.1% | 19.1% | n/a | n/a | 8.5% | n/a | U.S. Census Bureau | 2010 | 2010 | 2010 |
| | | Percent Population Urban | n/a | Demographics | Percentage | no data | n/a | 95.0% | 80.9% | n/a | n/a | 91.5% | n/a | U.S. Census Bureau | 2010 | 2010 | 2010 |
| | | Percent Population Hispanic | n/a | Demographics | Percentage | no data | n/a | 38.2% | 16.9% | n/a | n/a | 39.7% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Foreign-Born | n/a | Demographics | Percentage | no data | n/a | 27.0% | 13.0% | n/a | n/a | 23.1% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Population not a U.S. Citizen | n/a | Demographics | Percentage | no data | n/a | 14.3% | 7.1% | n/a | n/a | 12.7% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Population Geographic Mobility | n/a | Demographics | Percentage | no data | n/a | 4.9% | 6.0% | n/a | n/a | 5.4% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of the population that speak English less than "very well" | n/a | Demographics | Percentage | no data | n/a | 19.4% | 8.6% | n/a | n/a | 18.3% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of linguistically isolated households | n/a | Demographics | Percentage | no data | n/a | 9.6% | 4.5% | n/a | n/a | 9.2% | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Age 5+ with Limited English Proficiency | n/a | Demographics | Percentage | no data | n/a | 19.4% | 8.6% | n/a | n/a | 18.3% | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Median household income | n/a | Social and Economic Factors | Number | no data | n/a | $61,489 | $53,482 | n/a | n/a | $53,253 | n/a | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Living Wage - Annual income required to support household with two adults* | n/a | Social and Economic Factors | Number | no data | n/a | $34,798.40 | no data | n/a | n/a | $30,139.20 | n/a | calculated from livingwage.mit.edu | 2015 | | 2015 |
| | | Living wage - Annual income required to support one adult and one child* | n/a | Social and Economic Factors | Number | no data | n/a | $47,216.00 | no data | n/a | n/a | $41,724.80 | n/a | calculated from livingwage.mit.edu | 2015 | | 2015 |
| | | Voter turnout rate as a percent of eligible voters | n/a | Social and Economic Factors | Percentage | no data | n/a | 30.9% | no data | n/a | n/a | 27.8% | n/a | California Secretary of State | 2014 | | 2014 |
| | | Percent of population living within 1/2 mile of public transit | n/a | Physical Environment | Percentage | no data | n/a | 15.5% | 8.1% | n/a | n/a | 16.8% | n/a | US Census Bureau, American Community Survey | 2011 | 2011 | 2011 |
| | | Median year housing units builts | n/a | Physical Environment | Year | no data | n/a | 1974 | 1976 | n/a | n/a | 1980 | n/a | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | Core | Percent of children under age 18 living below 200% of Federal Poverty Level | n/a | Social and Economic Factors | Percentage | no data | n/a | 46.0% | 43.8% | State | Below benchmark | 52.0% | 6.00% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Population with Income at or Below 200% FPL | Poverty - Population Below 200% FPL | Social & Economic Factors | Percentage | 678,214 | n/a | 35.9% | 34.2% | State | Below benchmark | 41.3% | 5.38% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Population in Poverty | Poverty - Population Below 100% FPL | Social & Economic Factors | Percentage | 686,706 | n/a | 16.4% | 15.6% | State | Below benchmark | 19.4% | 3.00% | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Percent Population Under Age 18 in Poverty | Poverty - Children Below 100% FPL | Social & Economic Factors | Percentage | 678,214 | n/a | 22.2% | 21.6% | State | Below benchmark | 24.5% | 2.34% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent People 65 years or Older In Poverty | n/a | Social and Economic Factors | Percentage | no data | n/a | 9.9% | 9.4% | State | Below benchmark | 10.0% | 0.10% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Single Female Headed Households in Poverty | n/a | Social and Economic Factors | Percentage | no data | n/a | 13.5% | 13.0% | State | Below benchmark | 15.4% | 1.90% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of people living below 50% of Federal Poverty Line | n/a | Social and Economic Factors | Percentage | no data | n/a | 6.9% | 6.8% | State | Below benchmark | 7.2% | 0.30% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of Families Earning over $75,000/year | n/a | Social and Economic Factors | Percentage | no data | n/a | 46.8% | 42.8% | State | Below benchmark | 39.8% | -7.00% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Median household income | n/a | Social and Economic Factors | Number | no data | n/a | $61,489.00 | $53,482.00 | State | Above benchmark | $53,253.00 | -$8,236.00 | US Census Bureau, American Community Survey | 2010-14 | 2010-14 | 2010-14 |
| | | Per capita income | n/a | Social and Economic Factors | Number | n/a | n/a | $29,527.00 | $28,154.00 | State | Above benchmark | $22,589.00 | -$6,938.00 | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Economic Security | | Living wage - Annual income required to support one adult and one child* | n/a | Social and Economic Factors | Number | n/a | n/a | $47,216.00 | no data | State | n/a | $41,724.80 | -$5,491.20 | calculated from livingwage.mit.edu | 2015 | | 2015 |
| | | Percent of Insured Population Receiving Medicaid | n/a | Social and Economic Factors | Percentage | no data | n/a | 14.0% | no data | State | Below benchmark | 13.3% | -0.70% | US Census Bureau, American Community Survey | 2014 | | 2014 |
| | | Percent of households with public assistance income | n/a | Social and Economic Factors | Percentage | no data | n/a | 4.0% | 2.8% | State | Below benchmark | 6.6% | 2.60% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Unemployment Rate | Economic Security - Unemployment Rate | Social & Economic Factors | Percentage | 311,771 | n/a | 7.9% | 6.6% | State | Below benchmark | 10.6% | 2.70% | US Department of Labor,Bureau of Labor Statistics | 2015 | 2015 | 2015 |
| | | Percentage of civilian non-institutionalized population age 16 or older unemployed | n/a | Social and Economic Factors | Percentage | no data | n/a | 7.2% | 5.9% | State | Below benchmark | 10.7% | 3.50% | U.S. Department of Labor, Bureau of Labor Statistics | 2015 | 2015 | 2015 |
| | | Gini Index Value | Income Inequality | Social & Economic Factors | Proportion | 215,563 | n/a | 0.48 | 0.47 | State | Below benchmark | 0.44 | -0.04 | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | Related | Cohort Graduation Rate | Education - High School Graduation Rate | Social & Economic Factors | Rate | 10,389 | >= 82.4 | 81.0 | no data | State | Above benchmark | 80.3 | -0.7 | California Department of Education | 2013-14 | | 2013-14 |
| | | Percent of children age 3-4 enrolled in school (includes Head Start, licensed child care, nurseries, Pre-K, registered child care, and other) | Education - School Enrollment Age 3-4 | Social and Economic Factors | Percentage | no data | n/a | 47.8% | 47.1% | State | Above benchmark | 38.6% | -9.20% | US Census Bureau, American Community Survey | 2014 | 2014 | 2014 |
| | | Percentage of Grade 4 ELA Test Score Not Proficient | Education - Reading Below Proficiency | Social & Economic Factors | Percentage | 9,652 | <= 36.3% | 36.0% | n/a | State | Below benchmark | 48.0% | 12.00% | California Department of Education | 2012-13 | | 2012-13 |
| | | 3rd grade reading proficiency (Percentage of all public school students tested in 3rd grade who scored proficient or advanced on the English Language Arts California Standards Test) | n/a | Social and Economic Factors | Percentage | no data | n/a | 45.0% | no data | State | Above benchmark | 34.0% | -11.00% | California Dept. of Education, Standardized Testing and Reporting (STAR) Results | 2013 | | 2013 |
| | | Liquor Stores, Rate (Per 100,000 Population) | Liquor Store Access | Physical Environment | Rate | 685,306 | n/a | 10.0 | 10.4 | State | Below benchmark | 7.4 | -2.58 | US Census Bureau, County Business Patterns. Additional data analysis by CARES. | 2012 | 2012 | 2012 |
| | | Percent Students Eligible for Free or Reduced Price Lunch | Children Eligible for Free/Reduced Price Lunch | Social & Economic Factors | Percentage | 139,605 | n/a | 58.1% | 52.4% | State | Below benchmark | 64.3% | 6.15% | National Center for Education Statistics, NCES - Common Core of Data | 2013-14 | 2013-14 | 2013-14 |
| | | Percent Population Receiving SNAP Benefits | Children Eligible for Free/Reduced Price Lunch | Social & Economic Factors | Percentage | 682,863 | n/a | 10.6% | 15.2% | State | Below benchmark | 15.2% | 4.60% | US Census Bureau, Small Area Income & Poverty Estimates | 2011 | 2011 | 2011 |
| | | Dignity Community Need Index | n/a | Social and Economic Factors | Number | n/a | n/a | n/a | n/a | n/a | Below benchmark | 4.2 | | Dignity Health Community Need Index | | | 2015 |
| | | Percent Uninsured Population | Insurance - Uninsured Population | Social & Economic Factors | Percentage | 692,244 | n/a | 16.7% | 14.2% | State | Below benchmark | 16.1% | -0.60% | US Census Bureau, American Community Survey | 2014 | 2014 | 2014 |
| | | Average Daily School Breakfast Program Participation Rate | Food Security - School Breakfast Program | Social & Economic Factors | Percentage | no data | n/a | 3.9% | 4.2% | State | Below benchmark | no data | n/a | US Department of Agriculture, Food and Nutrition Service,USDA - Child Nutrition Program | 2013 | 2013 | |
| | | Percentage of the Population with Food Insecurity | Food Security - Food Insecurity Rate | Social & Economic Factors | Percentage | 687,036 | n/a | 16.2% | 15.9% | State | Below benchmark | 18.0% | 1.71% | Feeding America | 2012 | 2012 | 2012 |
| | | Vacant Housing Units, Percent | Housing - Vacant Housing | Physical Environment | Percentage | 234,622 | n/a | 8.6% | 12.5% | State | Below benchmark | 8.1% | -0.51% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percentage of Households where Housing Costs Exceed 30% of Income | Housing - Cost Burdened Households | Physical Environment | Percentage | 215,563 | n/a | 45.9% | 35.5% | State | Below benchmark | 44.9% | -0.97% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Occupied Housing Units with One or More Substandard Conditions | Housing - Substandard Housing | Physical Environment | Percentage | 215,563 | n/a | 48.4% | 36.1% | State | Below benchmark | 47.5% | -0.88% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | HUD-Assisted Units, Rate per 10,000 Housing Units | Housing - Assisted Housing | Physical Environment | Rate | 233,755 | n/a | 368.3 | 384.3 | State | Below benchmark | 335.1 | -33.16 | US Department of Housing and Urban Development | 2013 | 2013 | 2013 |
| | | Proportion of renter occupied households living in overcrowded environments (>1 persons/room) | n/a | Physical Environment | Percentage | no data | n/a | 12.2% | 4.2% | State | Below benchmark | 11.4% | -0.80% | US Census Bureau, American Community Survey | 2008-12 | 2008-12 | 2008-12 |
| | | Percentage of Workers Commuting More than 60 Minutes | Economic Security - Commute Over 60 Minutes | Social & Economic Factors | Percentage | 250,601 | n/a | 10.1% | 8.1% | State | Below benchmark | 15.2% | 5.06% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent renter occupied households | n/a | Social and Economic Factors | Percentage | no data | n/a | 44.7% | 35.1% | State | Below benchmark | 41.7% | -3.00% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Road network density (road miles per square mile) | n/a | Physical Environment | Rate | n/a | n/a | 0.0 | 0.0 | State | Below benchmark | 0.0 | -0.016 | Environmental Protection Agency | 2011 | 2011 | 2011 |
| | | Percentage of Households with No Motor Vehicle | Economic Security - Households with No Vehicle | Social & Economic Factors | Percentage | 215,563 | n/a | 7.8% | 9.1% | State | Below benchmark | 6.9% | -0.86% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent Population Age 25+ with High School Diploma | Education - Less than High School Diploma (or Equivalent) | Social & Economic Factors | Percentage | 420,689 | n/a | 81.2% | 86.0% | State | Above benchmark | 77.3% | -3.90% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of population age 25+ with Associate's degree or higher | n/a | Social and Economic Factors | Percentage | no data | n/a | 38.4% | 36.7% | State | Above benchmark | 27.0% | -11.40% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Education | Core | Percent of English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts (ELA) | n/a | Social and Economic Factors | Percentage | no data | n/a | 38.0% | n/a | State | Above benchmark | 33.0% | -5.00% | California Department of Education | 2014 | | 2014 |
| | | Percent of English language learners (grade 10) who passed the California High School Exit Exam in Math | n/a | Social and Economic Factors | Percentage | no data | n/a | 54.0% | n/a | State | Above benchmark | 56.0% | 2.00% | California Department of Education | 2014 | | 2014 |
| | | Percentage of Population Age 3-4 Enrolled in School | Education - School Enrollment Age 3-4 | Social & Economic Factors | Percentage | 22,915 | n/a | 49.1% | 47.7% | State | Above benchmark | 40.7% | -8.35% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Head Start Programs Rate (Per 10,000 Children Under Age 5) | Education - Head Start Program Facilities | Social & Economic Factors | Rate | 54,228 | n/a | 6.3 | 7.6 | State | Above benchmark | 10.1 | 3.8 | US Department of Health & Human Services, Administration for Children and Families. | 2014 | 2014 | 2014 |
| | | Percent of fourth grade children reading below the "proficient" level ("basic" or "worse") | ducation - Reading Below Proficiency | Social and Economic Factors | Percentage | no data | <= 36.3% | 36.0% | n/a | State | Below benchmark | 48.0% | 12.00% | California Department of Education | 2012-13 | | 2012-13 |
| | | Percent of students meeting UC or CSU course requirements | n/a | Social and Economic Factors | Percentage | no data | n/a | 41.9% | n/a | State | Above benchmark | 27.0% | -14.90% | California Department of Education | 2014 | | 2014 |
| | | Percent of English language learners (K-12) who met California English Language Development Test (CELDT) criteria for proficiency | n/a | Social and Economic Factors | Percentage | 28,282 | n/a | 39.0% | n/a | State | Above benchmark | 38.0% | -1.00% | California Department of Education | 2014-15 | | 2014-15 |
| | | Expulsion Rate (per 100 enrolled students) | Violence - School Expulsions | Social and Economic Factors | Percentage | 152,670 | n/a | 0.1 | n/a | State | Below benchmark | 0.2 | 0.1 | California Department of Education | 2014-15 | | 2014-15 |
| | | Percent of high school graduates enrolled in CA public postsecondary institution within 16 months after graduation | n/a | Social and Economic Factors | Percentage | no data | n/a | 51.3% | n/a | State | Above benchmark | 53.0% | 1.70% | California Department of Education | 2006-07 | | 2006-07 |
| | | Percent of high school graduates who complete at least 1 year of credits at CA public postsecondary institution within 2 years of postsecondary enrollment | n/a | Social and Economic Factors | Percentage | no data | n/a | 28.3% | n/a | State | Above benchmark | 26.2% | -2.10% | California Department of Education | 2006-07 | | 2006-07 |
| | | Percent of high school graduates enrolled in a postsecondary institution in the U.S. within 16 months after graduation | n/a | Social and Economic Factors | Percentage | no data | n/a | 74.4% | no data | State | Above benchmark | 71.7% | -2.70% | California Department of Education | 2008-09 | | 2008-09 |
| HIV/AIDS/STDs | Core | Chlamydia Infection Rate (Per 100,000 population) | STD - Chlamydia | Health Outcomes | Rate | 696,214 | n/a | 444.9 | 456.7 | State | Below benchmark | 528.1 | 83.2 | US Department of Health & Human Services,Health Indicators Warehouse. Centers for Disease Control and Prevention,National Center for HIV/AIDS,Viral | 2012 | 2012 | 2012 |
| | | Gonorrhea Incidence (rate of gonorrhea cases per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=251.9 | 152.8 | no data | State | Below benchmark | 264.8 | 112 | California Department of Public Health | 2011-13 | | 2011-13 |
| | | AIDS Incidence (newly *diagnosed* cases; per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=12.4 | 8.1 | no data | State | Below benchmark | 5.1 | -3 | California Department of Public Health | 2009-11 | | 2011-13 |
| | | Population with HIV / AIDS, Rate (Per 100,000 population) | STD - HIV Prevalence | Health Outcomes | Rate | 544,951 | n/a | 363.0 | 340.4 | State | Below benchmark | 217.0 | -146 | US Department of Health & Human Services,Health Indicators Warehouse. Centers for Disease Control and Prevention,National Center for HIV/AIDS,Viral | 2010 | 2010 | 2010 |
| | | Age-Adjusted Discharge Rate (Per 10,000 population) | STD - HIV Hospitalizations | Health Outcomes | Rate | no data | n/a | 2.0 | no data | State | Below benchmark | 1.7 | -0.26 | California Office of Statewide Health Planning and Development,OSHPD Patient Discharge Data. additional data analysis by CARES. 2011. | 2011 | | 2011 |
| | Related | Percent Adults Never Screened for HIV / AIDS | STD - No HIV Screening | Clinical Care | Percentage | 403,297 | n/a | 60.8% | 62.8% | State | Below benchmark | 66.7% | 5.82% | Centers for Disease Control and Prevention ,Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. | 2011-12 | 2011-12 | 2011-12 |
| Mental Health | Core | Suicide, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Suicide | Health Outcomes | Rate | 685,306 | <= 10.2 | 9.8 | no data | State | Below benchmark | 10.8 | 1.03 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Average Number of Mentally Unhealthy Days per Month | Mental Health - Poor Mental Health Days | Health Outcomes | Rate | 479,299 | n/a | 3.6 | 3.5 | State | Below benchmark | 4.0 | 0.4 | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. | 2006-12 | 2006-12 | 2006-12 |
| | | Percentage likely having had serious psychological distress in past year | n/a | Health Outcomes | Percentage | no data | n/a | 8.0% | n/a | State | Below benchmark | 9.3% | 1.30% | California Health Interview Survey | 2012-14 | | 2012-14 |
| | | Percentage of Medicare Beneficiaries with Depression | Mental Health - Depression Among Medicare Beneficiaries | Health Outcomes | Percentage | 55,640 | n/a | 13.4% | 15.4% | State | Below benchmark | 13.0% | -0.40% | Centers for Medicare and Medicaid Services | 2012 | 2012 | 2012 |
| | | Mental Health Care Provider Rate (Per 100,000 Population) | Access to Mental Health Providers | Clinical Care | Rate | 716,269 | n/a | 157.0 | 134.1 | State | Above benchmark | 90.1 | -66.9 | University of Wisconsin Population Health Institute, County Health Rankings | 2014 | 2014 | 2014 |
| | | Percent of adults with a physical, mental or emotional disability | n/a | Health Outcomes | Percentage | no data | n/a | 29.9% | n/a | State | Below benchmark | 34.2% | 4.30% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Percent of adults age 65+ with a physical, mental or emotional disability | n/a | Health Outcomes | Percentage | no data | n/a | 51.9% | n/a | State | Below benchmark | 54.0% | 2.10% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Percent of adults reporting needing treatment for emotional/mental problems or use of alcohol/drug | n/a | Clinical Care | Percentage | 496,000 | n/a | 15.9% | n/a | State | Below benchmark | 18.2% | 2.30% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent of 11th grade students who felt sad or hopeless almost everyday for 2 weeks or more so that they stopped doing some usual activities | n/a | Health Outcomes | Percentage | no data | n/a | 32.0% | n/a | State | Below benchmark | 32.0% | 0.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Suicide attempt rate (emergency room or hospitalization per 100,000 residents ages 12-24) | n/a | Health Outcomes | Rate | no data | n/a | 7.7 | no data | State | Below benchmark | 6.0 | -1.7 | California Department of Public Health | 2013 | | 2013 |
| | | Percentage of mothers reporting postpartum depression | n/a | Health Outcomes | Percentage | no data | n/a | 16.0% | n/a | State | Below benchmark | 17.7% | 1.70% | Maternal and Infant Health Assessment | 2012 | | 2012 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| | | Drug induced deaths (age-adjusted rate; Per 100,000 population) | n/a | Health Outcomes | Rate | no data | <= 11.3 | 11.1 | n/a | State | Below benchmark | 17.3 | 6.20 | California Public Health Department | 2011-13 | | 2011-13 |
| | | Percentage with Poor Mental Health | Mental Health - Needing Mental Health Care | Health Outcomes | Percentage | 496,000 | n/a | 15.9% | no data | State | Below benchmark | 18.2% | 2.30% | California Health Interview Survey | 2013-14 | | 2013-14 |
| | Related | Total number of homeless individuals | n/a | Social and Economic Factors | Number | no data | n/a | no data | no data | n/a | n/a | 2,641 | n/a | Head Start Report: Assessing The Needs Of Children & Families In San Joaquin County 2014. San Joaquin County Community Development Department, "San Joaquin County | | | 2011 |
| | | Substantiated allegations of child maltreatment per 1,000 children ages 0-17 | n/a | Health Outcomes | Rate | no data | <=8.5 | 8.7 | n/a | State | Below benchmark | 7.3 | -1.4 | California Child Welfare Indicators Project (CCWIP) | 2014 | | 2014 |
| | | Percent of 11th grade students who report they've been victims of cyber bullying in the past 12 months | n/a | Health Outcomes | Percentage | no data | n/a | 24.0% | n/a | State | Below benchmark | 15.0% | -9.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Percent of 11th grade students reporting harassment on school property related to their sexual orientation | n/a | Health Outcomes | Percentage | no data | n/a | 8.0% | n/a | State | Below benchmark | 6.0% | -2.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Percent of 11th grade students reporting harassment or bullying on school property within the past 12 months for any reason | n/a | Health Outcomes | Percentage | no data | n/a | 28.0% | n/a | State | Below benchmark | 34.0% | 6.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Percent Adults Without Adequate Social / emotional Support (Age-Adjusted) | Lack of Social or emotional Support | Social & Economic Factors | Percentage | 479,299 | n/a | 24.6% | 20.7% | State | Below benchmark | 29.1% | 4.50% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | Core | Percent Adults Overweight | Overweight (Adult) | Health Outcomes | Percentage | 466,438 | n/a | 35.8% | 35.8% | State | Below benchmark | 31.0% | -4.80% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. | 2011-12 | 2011-12 | 2011-12 |
| | | Percent Adults with BMI > 30.0 (Obese) | Obesity (Adult) | Health Outcomes | Percentage | 480,180 | <=30.5% | 22.3% | 27.1% | State | Below benchmark | 29.1% | 6.80% | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent Youth Overweight | Overweight (Youth) | Health Outcomes | Percentage | 30,139 | n/a | 19.3% | no data | State | Below benchmark | 20.9% | 1.62% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent Youth Obese | Obesity (Youth) | Health Outcomes | Percentage | 30,139 | <=16.1% | 19.0% | no data | State | Below benchmark | 21.0% | 1.96% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent Adults Overweight or Obese (BMI>25.0) | n/a | Health Outcomes | Percentage | 384,000 | n/a | 62.5% | no data | State | Below benchmark | 76.6% | 14.10% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent of low income (<200% FPL) preschool children (age 2-4) who are obese | n/a | Health Outcomes | Percentage | no data | <=9.6 | 17.2% | no data | State | Below benchmark | 16.8% | -0.40% | California Department of Public Health, Pediatric Nutrition Surveillance Survey | 2010 | | 2010 |
| | | Percent Adults with Diagnosed Diabetes(Age-Adjusted) | Diabetes Prevalence | Health Outcomes | Percentage | 478,411 | n/a | 8.1% | 9.1% | State | Below benchmark | 10.4% | 2.35% | Centers for Disease Control and Prevention,National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent of Medicare fee-for-service population with diabetes | n/a | Health Outcomes | Percentage | no data | n/a | 26.6% | 27.0% | State | Below benchmark | 28.8% | 2.20% | Centers for Medicare and Medicaid Services | 2012 | 2012 | 2012 |
| | | Diabetes mortality rate (age-adjusted; Per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 20.2 | no data | State | Below benchmark | 28.9 | 8.7 | California Department of Public Health | 2009-11 | | 2009-11 |
| | | Age-Adjusted Diabetes-related Discharge Rate (Per 10,000 population) | Diabetes Hospitalizations | Health Outcomes | Rate | no data | n/a | 10.4 | no data | State | Below benchmark | 12.0 | 1.55 | California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. | 2011 | | 2011 |
| | | Percent Adults with Inadequate Fruit / Vegetable Consumption | Low Fruit/Vegetable Consumption (Adult) | Health Behaviors | Percentage | 462,249 | n/a | 71.5% | 75.7% | State | Below benchmark | 65.6% | -5.90% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2005-09 | 2005-09 | 2005-09 |
| | | Percent Population Age 2-13 with Inadequate Fruit/Vegetable Consumption | Low Fruit/Vegetable Consumption (Youth) | Health Behaviors | Percentage | 110,000 | n/a | 47.4% | no data | State | Below benchmark | 46.4% | -1.00% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures | Fruit/Vegetable Expenditures | Health Behaviors | Percentage | no data | n/a | 14.1% | 12.7% | State | Above benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Soda Expenditures, Percentage of Total Food-At-Home Expenditures | Soft Drink Expenditures | Health Behaviors | Percentage | no data | n/a | 3.6% | 4.0% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percent of children age 2-11 drinking one or more sugar sweetened beverages on previous day | n/a | Health Behaviors | Percentage | no data | n/a | 27.0% | no data | State | Below benchmark | 38.3% | 11.30% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Percent of low-income population with low food access | n/a | Physical Environment | Percentage | no data | n/a | 3.4% | 6.3% | State | Below benchmark | 4.6% | 1.20% | U.S. Department of Agriculture, Economic Research Service | 2010 | 2010 | 2010 |
| | | SNAP-authorized retailers per 100,000 population | n/a | Physical Environment | Rate | no data | n/a | 63.9 | 78.4 | State | Above benchmark | 69.3 | 5.35 | U.S. Department of Agriculture, Food and Nutrition Service | 2014 | 2014 | 2012 |
| | | Fast Food Restaurants, Rate (Per 100,000 Population) | Food Environment - Fast Food Restaurants | Physical Environment | Rate | 685,306 | n/a | 74.5 | 72.0 | State | Below benchmark | 59.1 | -15.41 | US Census Bureau, County Business Patterns. Additional data analysis by CARES. | 2011 | 2011 | 2011 |
| | | Grocery Stores, Rate (Per 100,000 Population) | Food Environment - Grocery Stores | Physical Environment | Rate | 685,306 | n/a | 21.5 | 21.1 | State | Above benchmark | 23.2 | 1.69 | US Census Bureau,County Business Patterns. Additional data analysis by CARES | 2011 | 2011 | 2011 |
| | | WIC-Authorized Food Stores, Rate (Per 100,000 Population) | Food Environment - WIC-Authorized Food Stores | Physical Environment | Rate | 696,217 | n/a | 15.8 | 15.6 | State | Above benchmark | 16.4 | 0.60 | US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas | 2011 | 2011 | 2011 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Obesity/HEAL/ Diabetes | Related | Percent Population with Low Food Access | Food Security - Food Desert Population | Social & Economic Factors | Percentage | 685,306 | n/a | 14.3% | 23.6% | State | Below benchmark | 15.1% | 0.78% | US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas | 2010 | 2010 | 2010 |
| | | Percent Population with no Leisure Time Physical Activity | Physical inactivity (Adult) | Health Behaviors | Percentage | 480,591 | n/a | 16.6% | 22.6% | State | Below benchmark | 18.6% | 2.00% | Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion | 2012 | 2012 | 2012 |
| | | Percent youth in grades 5,7,9 with "high risk" or "needs improvement" aerobic capacity | Physical inactivity (Youth) | Health Behaviors | Percentage | 30,139 | n/a | 35.9% | no data | State | Below benchmark | 42.5% | 6.60% | California Department of Education, FITNESSGRAM® Physical Fitness Testing | 2013-14 | | 2013-14 |
| | | Percent of children under 18 consuming fast food at least once in past week | n/a | Health Behaviors | Percentage | no data | n/a | 70.9% | n/a | State | Below benchmark | 79.1% | 8.20% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Percent of 11th grade students who report eating breakfast on day of survey | n/a | Health Behaviors | Percentage | no data | n/a | 60.0% | n/a | State | Above benchmark | 53.0% | -7.00% | California Healthy Kids Survey | 2011-13 | | 2013-14 |
| | | Percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test administered by a health care Professional in the past year | n/a | Clinical Care | Percentage | no data | n/a | 81.5% | 84.6% | State | Above benchmark | 83.9% | 2.40% | Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care | 2012 | 2012 | 2012 |
| | | Percent Population Within 1/2 Mile of a Park | Park Access | Physical Environment | Percentage | 685,306 | n/a | 58.6% | no data | State | Above benchmark | 45.6% | -13.01% | US Census Bureau, Decennial Census. ESRI Map Gallery | 2010 | | 2010 |
| | | Percent Population Living in Car Dependent (Almost Exclusively) Cities | Transit - Walkability | Physical Environment | Percentage | no data | n/a | 1.7% | 2.0% | State | Below benchmark | no data | | Walk Score® | 2012 | 2012 | |
| | | Recreation and Fitness Facilities, Rate (Per 100,000 Population) | Recreation and Fitness Facility Access | Physical Environment | Rate | 685,306 | n/a | 8.7 | 9.4 | State | Above benchmark | 5.0 | -3.69 | US Census Bureau,County Business Patterns. Additional data analysis by CARES | 2012 | 2012 | 2012 |
| | | Percentage of Mothers Breastfeeding (Any) | Breastfeeding (Any) | Health Behaviors | Percentage | 8,392 | n/a | 93.0% | no data | State | Above benchmark | 89.1% | -3.90% | California Department of Public Health,CDPH - Breastfeeding Statistics | 2012 | | 2012 |
| | | Percentage of Mothers Breastfeeding (Exclusively) | Breastfeeding (Exclusive) | Health Behaviors | Percentage | 8,392 | n/a | 64.8% | no data | State | Above benchmark | 60.4% | -4.40% | California Department of Public Health,CDPH - Breastfeeding Statistics | 2012 | | 2012 |
| | | Average Daily School Breakfast Program Participation Rate | Food Security - School Breakfast Program | Social & Economic Factors | Percentage | no data | n/a | 3.9% | 4.2% | State | Below benchmark | no data | | US Department of Agriculture, Food and Nutrition Service,USDA - Child Nutrition Program | 2013 | 2013 | |
| | | Percentage of Workers Commuting More than 60 Minutes | Economic Security - Commute Over 60 Minutes | Social & Economic Factors | Percentage | 250,601 | n/a | 10.1% | 8.1% | State | Below benchmark | 15.2% | 5.06% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percentage of the Population with Food Insecurity | Food Security - Food Insecurity Rate | Social & Economic Factors | Percentage | 687,036 | n/a | 16.2% | 15.9% | State | Below benchmark | 18.0% | 1.71% | Feeding America | 2012 | 2012 | 2012 |
| | | Percentage of Population Potentially Exposed to Unsafe Drinking Water | Drinking Water Safety | Physical Environment | Percentage | 443,414 | n/a | 2.7% | 10.2% | State | Below benchmark | 27.1% | 24.40% | University of Wisconsin Population Health Institute, County Health Rankings | 2012-13 | 2012-13 | 2012-13 |
| | | Percentage Walking or Biking to Work | Commute to Work - Walking/Biking | Health Behaviors | Percentage | 261,485 | n/a | 3.8% | 3.4% | State | Above benchmark | 2.4% | -1.42% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of 5th graders who meet 6 of 6 fitness standards on physical fitness test | n/a | Health Behaviors | Percentage | no data | n/a | 26.6% | n/a | State | Above benchmark | 24.8% | -1.80% | California Department of Education | 2013-14 | | 2013-14 |
| | | Percent of 7th graders who meet 6 of 6 fitness standards on physical fitness test | n/a | Health Behaviors | Percentage | no data | n/a | 33.0% | n/a | State | Above benchmark | 30.0% | -3.00% | California Department of Education | 2013-14 | | 2013-14 |
| | | Percent of 9th graders who meet 6 of 6 fitness standards on physical fitness test | n/a | Health Behaviors | Percentage | no data | n/a | 38.1% | n/a | State | Above benchmark | 32.0% | -6.10% | California Department of Education | 2013-14 | | 2013-14 |
| | | Percentage of mothers obese at the beginning of pregnancy | n/a | Health Outcomes | Percentage | no data | n/a | no data | n/a | n/a | Below benchmark | 44.6% | | San Joaquin County Birth Statistical Master File (SJC PHS) | | | 2009 |
| | | Percentage Walking/Skating/Biking to School | Walking/Biking/Skating to School | Health Behaviors | Percentage | 162,353 | n/a | 43.0% | no data | State | Above benchmark | 42.5% | -0.50% | California Health Interview Survey | 2011-12 | | 2011-12 |
| Oral Health | Core | Percent Adults with Poor Dental Health | Poor Dental Health | Health Outcomes | Percentage | 472,748 | n/a | 11.3% | 15.7% | State | Below benchmark | 12.5% | 1.20% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. | 2006-10 | 2006-10 | 2006-10 |
| | | Percent Adults Without Recent Dental Exam | Dental Care - No Recent Exam (Adult) | Clinical Care | Percentage | 472,748 | n/a | 30.5% | 30.2% | State | Below benchmark | 31.8% | 1.30% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. additional data analysis by CARES | 2006-10 | 2006-10 | 2006-10 |
| | | Percent Youth Without Recent Dental Exam | Dental Care - No Recent Exam (Youth) | Clinical Care | Percentage | 107,000 | n/a | 18.5% | no data | State | Below benchmark | 44.0% | 25.50% | California Health Interview Survey | 2013-14 | | 2013-14 |
| | | Percent Adults Without Dental Insurance | Absence of Dental Insurance Coverage | Clinical Care | Percentage | 443,000 | n/a | 40.9% | no data | State | Below benchmark | 41.7% | 0.80% | California Health Interview Survey | 2009 | | 2009 |
| | | Dentists, Rate per 100,000 population | Access to Dentists | Clinical Care | Rate | 704,379 | n/a | 77.5 | 63.2 | State | Above benchmark | 55.4 | -22.10 | US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File | 2013 | 2013 | 2013 |
| | | Percentage of Population Living in a HPSA- Dental | Health Professional Shortage Area - Dental | Clinical Care | Percentage | 685,306 | n/a | 4.9% | 32.0% | State | Below benchmark | 0.0% | -4.93% | US Department of Health & Human Services,Health Resources and Services Administration,Health Resources and Services Administration | 2015 | 2015 | 2015 |
| | | Soda Expenditures, Percentage of Total Food-At-Home Expenditures | Soft Drink Expenditures | Health Behaviors | Percentage | no data | n/a | 3.6% | 4.0% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| | Related | Percent of adults with dental insurance for all or part of past year | n/a | Clinical Care | Percentage | no data | n/a | 66.3% | n/a | State | Above benchmark | 55.3% | -11.00% | California Health Interview Survey | 2007 | | 2007 |
| | | Percent of adults age 65+ without dental insurance for all or part of past year | n/a | Clinical Care | Percentage | no data | n/a | 47.3% | n/a | State | Below benchmark | 58.1% | 10.80% | California Health Interview Survey | 2007 | | 2007 |
| | | Percentage of Population Potentially Exposed to Unsafe Drinking Water | Drinking Water Safety | Physical Environment | Percentage | 443,414 | n/a | 2.7% | 10.2% | State | Below benchmark | 27.1% | 24.40% | University of Wisconsin Population Health Institute, County Health Rankings | 2012-13 | 2012-13 | 2012-13 |
| | | Percentage of children age 2-13 who self-report that they have visited a dentist, dental hygienist or dental clinic within the past year | n/a | Clinical Care | Percentage | no data | n/a | 90.1% | n/a | State | Above benchmark | 63.0% | -27.10% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent Population Age 5-17 Unable to Afford Dental Care | Dental Care - Lack of Affordability (Youth) | Clinical Care | Percentage | 202,000 | n/a | 6.3% | no data | State | Below benchmark | 4.2% | -2.10% | California Health Interview Survey | 2009 | | 2009 |
| Overall Health | Core | Percent Adults with Poor or Fair Health (Age-Adjusted) | Poor General Health | Health Outcomes | Percentage | 479,299 | n/a | 18.4% | 15.7% | State | Below benchmark | 22.0% | 3.60% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Percent of adults with a physical, mental or emotional disability | n/a | Health Outcomes | Percentage | no data | n/a | 29.9% | n/a | State | Below benchmark | 34.2% | 4.30% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Percent of adults age 65+ with a physical, mental or emotional disability | n/a | Health Outcomes | Percentage | no data | n/a | 51.9% | n/a | State | Below benchmark | 54.0% | 2.10% | California Health Interview Survey | 2011-12 | | 2011-12 |
| | | Years of Potential Life Lost, Rate per 100,000 Population | Mortality - Premature Death | Health Outcomes | Rate | 696,214 | n/a | 5594.0 | 6851.0 | State | Below benchmark | 7087.0 | 1493.00 | University of Wisconsin Population Health Institute,County Health Rankings. Centers for Disease Control and Prevention,National Vital Statistics System. Accessed via | 2008-10 | 2008-10 | 2008-10 |
| | | Percent Population with a Disability | Population with Any Disability | Demographics | Percentage | 684,141 | n/a | 10.1% | 12.1% | State | Below benchmark | 11.7% | 1.58% | US Census Bureau, American Community Survey | 2009-13 | 2009-13 | 2009-13 |
| | | Percent of children age 0-12 considered in excellent or very good health | n/a | Health Outcomes | Percentage | no data | n/a | 77.8% | n/a | State | Above benchmark | 70.9% | -6.90% | California Health Interview Survey | 2013-14 | | 2013-14 |
| | | Age adjusted death rate, all causes (Per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 654.9 | 821.5 | State | Below benchmark | 758.5 | 103.60 | California Department of Public Health / US from CDC Deaths: final data for 2013 | 2013 | 2013 | 2013 |
| | | Child mortality, 1-4 years (Per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=25.7 | 21.4 | n/a | State | Below benchmark | 24.4 | 3.00 | California Department of Public Health (via Kidsdata.org) | 2010-12 | | 2010-12 |
| | | Child mortality, 5-14 years (Per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 10.3 | n/a | State | Below benchmark | 9.0 | -1.30 | California Department of Public Health (via Kidsdata.org) | 2010-12 | | 2010-12 |
| | | Alzheimer's disease mortality rate (age-adjusted; Per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 30.5 | n/a | State | Below benchmark | 37.5 | 7.00 | California Department of Public Health | 2009-11 | | 2009-11 |
| Pregnancy and Birth Outcomes | Core | Percent Low Birth Weight Births | Low Birth Weight | Health Outcomes | Percentage | 685,306 | n/a | 6.8% | no data | State | Below benchmark | 7.0% | 0.24% | California Department of Public Health,CDPH - Birth Profiles by ZIP Code | 2011 | | 2011 |
| | | Infant Mortality Rate (Per 1,000 Births) | Infant Mortality | Health Outcomes | Rate | 55,530 | <= 6.0 | 5.0 | 6.5 | State | Below benchmark | 5.8 | 0.80 | Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention,Wide-Ranging Online Data | 2006-10 | 2006-10 | 2006-10 |
| | | Percent Mothers with Late or No Prenatal Care | Lack of Prenatal Care | Clinical Care | Percentage | 685,306 | n/a | 3.1% | no data | State | Below benchmark | no data | | California Department of Public Health,CDPH - Birth Profiles by ZIP Code | 2011 | | |
| | | Percent of women late to prenatal care (past first trimester) | n/a | Health Behaviors | Percentage | no data | <=22.1% | 16.5% | 29.2% | State | Below benchmark | 22.5% | 6.00% | California Department of Public Health / Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | 2011 | 2007 | 2011 |
| | | Percent of pre-term births (< 37 weeks gestation) | n/a | Health Outcomes | Percentage | no data | <=11.4% | 9.8% | 12.7% | State | Below benchmark | 10.0% | 0.20% | California Department of Public Health/ Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | 2011 | 2007 | 2011 |
| | | Percent of newborns with very low birth rates | n/a | Health Outcomes | Percentage | no data | <=1.4% | 1.1% | 1.5% | State | Below benchmark | 1.3% | 0.20% | California Department of Public Health/ Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | 2011 | 2007 | 2011 |
| | | Percentage of mothers reporting postpartum depression | n/a | Health Outcomes | Percentage | no data | n/a | 16.0% | n/a | State | Below benchmark | 17.7% | 1.70% | Maternal and Infant Health Assessment | 2012 | | 2012 |
| | Related | Pounds of pesticides applied | n/a | Physical Environment | Number | n/a | n/a | 193,597,806 | no data | n/a | n/a | 11,017,592 | n/a | California Department of Pesticide Regulation | 2013 | | 2013 |
| | | Proportion of births by C-section to low risk women giving birth for the first time | n/a | Health Outcomes | Percentage | no data | <=23.9% | 26.3% | 26.5% | State | Below benchmark | 25.2% | -1.10% | California Department of Public Health/ Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | 2011 | 2007 | 2011 |
| | | Percentage of Mothers Breastfeeding (Any) | Breastfeeding (Any) | Health Behaviors | Percentage | 8,392 | n/a | 93.0% | no data | State | Above benchmark | 89.1% | -3.90% | California Department of Public Health,CDPH - Breastfeeding Statistics | 2012 | | 2012 |
| | | Percentage of Mothers Breastfeeding (Exclusively) | Breastfeeding (Exclusive) | Health Behaviors | Percentage | 8,392 | n/a | 64.8% | no data | State | Above benchmark | 60.4% | -4.40% | California Department of Public Health,CDPH - Breastfeeding Statistics | 2012 | | 2012 |
| | | Percentage of mothers obese at the beginning of pregnancy | n/a | Health Outcomes | Percentage | no data | n/a | no data | no data | State | Below benchmark | 44.6% | | San Joaquin County Birth Statistical Master File (SJC PHS) | | | 2009 |
| | | Percentage of the Population with Food Insecurity | Food Security - Food Insecurity Rate | Social & Economic Factors | Percentage | 687,036 | n/a | 16.2% | 15.9% | State | Below benchmark | 18.0% | 1.71% | Feeding America | 2012 | 2012 | 2012 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Substance Abuse/Tobacco | Core | Percent Population Smoking Cigarettes(Age-Adjusted) | Tobacco Usage | Health Behaviors | Percentage | 479,299 | n/a | 12.8% | 18.1% | State | Below benchmark | 16.2% | 3.40% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Cigarette Expenditures, Percentage of Total Household Expenditures | Tobacco Expenditures | Health Behaviors | Percentage | no data | n/a | 1.0% | 1.6% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percent of adults reporting needing treatment for emotional/mental problems or use of alcohol/drug | n/a | Clinical Care | Percentage | 496,000 | n/a | 15.9% | n/a | State | Below benchmark | 18.2% | 2.30% | California Health Interview Survey | 2014 | | 2014 |
| | | Percent of 12-17 year olds binge drinking at least once in month prior | n/a | Health Behaviors | Percentage | no data | <=8.6% | 3.6% | 9.5% | State | Below benchmark | 3.4% | -0.20% | California Health Interview Survey / NSDUH 2008 / HP2020 | 2011-12 | 2008 | 2011-12 |
| | | Percent of 11th grade students reporting driving after drinking (respondent or by friend) | n/a | Health Behaviors | Percentage | no data | <=25.5% | 25.0% | n/a | State | Below benchmark | 18.0% | -7.00% | California Healthy Kids Survey | 2011-13 | | 2013-14 |
| | | Percent of 11th grade students using cigarettes any time within last 30 days | n/a | Health Behaviors | Percentage | no data | <=21% | 12.0% | n/a | State | Below benchmark | 5.0% | -7.00% | California Healthy Kids Survey | 2011-13 | | 2013-14 |
| | | Percent of 11th grade students reporting marijuana use within the last 30 days | n/a | Health Behaviors | Percentage | no data | <=10% | 24.0% | n/a | State | Below benchmark | 14.0% | -10.00% | California Healthy Kids Survey | 2011-13 | | 2013-14 |
| | | Percent of 11th grade students who report they've been "high" from using drugs | n/a | Health Behaviors | Percentage | no data | n/a | 36.0% | n/a | State | Below benchmark | 49.0% | 13.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Drug induced deaths (age-adjusted rate; Per 100,000 population) | n/a | Health Outcomes | Rate | no data | <= 11.3 | 11.1 | n/a | State | Below benchmark | 17.3 | 6.20 | California Public Health Department | 2011-13 | | 2011-13 |
| | | Estimated Adults Drinking Excessively (Age-Adjusted Percentage) | Alcohol - Excessive Consumption | Health Behaviors | Percentage | 479,299 | n/a | 17.2% | 16.9% | State | Below benchmark | 15.5% | -1.70% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | Alcohol - Expenditures | Health Behaviors | Percentage | no data | n/a | 12.9% | 14.3% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | Related | Rate of arrests for alcohol related offenses among persons age 10 to 69 years (Per 100,000 population) | n/a | Social and Economic Factors | Rate | no data | n/a | 1,203 | no data | State | Below benchmark | 1,569 | 366.00 | CA-Community Prevention Initiative (CPI) | 2008 | | 2008 |
| | | Percent of adult smokers who attempted to quit for at least one day in the past year | n/a | Health Behaviors | Percentage | no data | n/a | 57.7% | 60.0% | State | Above benchmark | 55.4% | -2.30% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2011-12 | 2008 | 2011-12 |
| | | Chronic liver disease and cirrhosis mortality rate (Per 100,000 population) | n/a | Health Outcomes | Rate | no data | <=8.2 | 11.7 | no data | State | Below benchmark | 17.1 | 5.40 | California Department of Public Health | 2011-13 | | 2011-13 |
| | | Total number of homeless individuals | n/a | Social and Economic Factors | Number | no data | n/a | no data | no data | n/a | n/a | 2,641 | n/a | Head Start Report: ASSESSING THE NEEDS OF CHILDREN & FAMILIES IN SAN JOAQUIN COUNTY 2014. San Joaquin County Community Development Department, "San Joaquin | | | 2011 |
| | | Liquor Stores, Rate (Per 100,000 Population) | Liquor Store Access | Physical Environment | Rate | 685,306 | n/a | 10.0 | 10.4 | State | Below benchmark | 7.4 | -2.58 | US Census Bureau, County Business Patterns. Additional data analysis by CARES. | 2012 | 2012 | 2012 |
| Vaccine Preventable Infectious Disease | Core | Percent of kindergarteners with all required immunizations | n/a | Clinical Care | Percentage | no data | n/a | 90.4% | n/a | State | Above benchmark | 95.6% | 5.20% | California Department of Public Health Immunization Branch (data accessed through kidsdata.org) | 2014-15 | | 2014-15 |
| | | Percentage of adults age 65+ who have ever received a pneumonia vaccination | n/a | Clinical Care | Percentage | no data | n/a | 63.4% | 67.5% | State | Above benchmark | 63.9% | 0.50% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System | 2006-12 | 2006-12 | 2006-12 |
| | | Influenza and pneumonia incidence (per 100,000 population) | n/a | Health Outcomes | Rate | no data | n/a | 17.3 | n/a | State | Below benchmark | 16.9 | -0.40 | California Department of Public Health | 2009-11 | | 2009-11 |
| | | Homicide, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Homicide | Health Outcomes | Rate | 685,306 | <= 5.5 | 5.2 | no data | State | Below benchmark | 12.2 | 7.01 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Suicide, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Suicide | Health Outcomes | Rate | 685,306 | <= 10.2 | 9.8 | no data | State | Below benchmark | 10.8 | 1.03 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Motor Vehicle Accident | Health Outcomes | Rate | 685,306 | <= 12.4 | 5.2 | no data | State | Below benchmark | 4.6 | -0.57 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Motor vehicle crash death rate (age-adjusted; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | n/a | 7.5 | no data | State | Below benchmark | 11.4 | 3.90 | 2013 County Health Status Profiles, California Department of Public Health | 2009-11 | | 2009-11 |
| | | Pedestrian motor vehicle death rate (per 100,000 Population) | n/a | Health Outcomes | Rate | no data | <=1.3 | 2.0 | no data | State | Below benchmark | 1.7 | -0.30 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population) | Mortality - Pedestrian Accident | Health Outcomes | Rate | 685,306 | <= 1.3 | 2.0 | no data | State | Below benchmark | 2.3 | 0.34 | University of Missouri,Center for Applied Research and Environmental Systems. California Department of Public Health,CDPH - Death Public Use Data | 2010-12 | | 2010-12 |
| | | Intentional Injuries, Rate per 100,000 Population (Youth Age 13 - 20) | Violence - Youth Intentional Injury | Social & Economic Factors | Rate | 92,936 | n/a | 738.7 | no data | State | Below benchmark | 891.7 | 153.00 | California Department of Public Health, California EpiCenter for Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Unintentional injuries (accidents; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | <=36 | no data | 50.8 | State | Below benchmark | 46.3 | | California Department of Public Health / Centers for Disease Control and Prevention, National Vital Statistics System / HP2020 | | 2005-11 | 2005-11 |
| | | Unintentional injury mortality rate (age-adjusted; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | <=36.0 | 27.6 | no data | State | Below benchmark | 43.1 | 15.50 | 2013 County Health Status Profiles, California Department of Public Health | 2009-11 | | 2009-11 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Violence and Injury | Core | Assault Injuries (Rate per 100,000 Population) | Violence - Assault (Injury) | Social & Economic Factors | Rate | 699,392 | n/a | 290.3 | no data | State | Below benchmark | 413.5 | 123.20 | California Department of Public Health, California EpiCenter for Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Domestic Violence Injuries, Rate per 100,000 Population (Females Age 10+) | Violence - Domestic Violence | Social & Economic Factors | Rate | 298,247 | n/a | 9.5 | no data | State | Below benchmark | 7.6 | -1.90 | California Department of Public Health, California EpiCenter for Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Assault Rate (Per 100,000 population) | Violence - Assault (Crime) | Social & Economic Factors | Rate | 693,779 | n/a | 249.4 | 246.9 | State | Below benchmark | 538.5 | 289.10 | Federal Bureau of Investigation,FBI Uniform Crime Reports. Additional analysis by the National Archive of Crimin/al Justice Data. Accessed via the Inter-university Consortium | 2010-12 | 2010-12 | 2010-12 |
| | | Substantiated allegations of child maltreatment per 1,000 children ages 0-17 | n/a | Health Outcomes | Rate | no data | <=8.5 | 8.7 | n/a | State | Below benchmark | 7.3 | -1.40 | California Child Welfare Indicators Project (CCWIP) | 2014 | | 2014 |
| | | Drowning/Submersion mortality rate (age-adjusted; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | n/a | 1.0 | | State | Below benchmark | 1.8 | 0.80 | California Department of Public Health, EpiCenter Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Fall mortality rate (age-adjusted; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | n/a | 5.7 | | State | Below benchmark | 4.6 | -1.10 | California Department of Public Health, EpiCenter Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Poisoning mortality rate (age-adjusted; per 100,000 Population) | n/a | Health Outcomes | Rate | no data | n/a | 10.1 | | State | Below benchmark | 15.9 | 5.80 | California Department of Public Health, EpiCenter Overall Injury Surveillance | 2011-13 | | 2011-13 |
| | | Non-fatal emergency department visits for intentional injuries among youth age 13-20 (Per 100,000) | n/a | Health Outcomes | Rate | no data | n/a | 738.7 | n/a | State | Below benchmark | 891.7 | 153.00 | California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data | 2011-13 | | 2011-13 |
| | | Percent of adults reporting experiencing physical or sexual violence by an intimate partner in past year | n/a | Social and Economic Factors | Percentage | no data | n/a | 3.8% | n/a | State | Below benchmark | 2.0% | -1.80% | California Health Interview Survey | 2007, 2009 | | 2007, 2009 |
| | | Percent of adults reporting ever experiencing physical or sexual violence by an intimate partner since age 18 | n/a | Social and Economic Factors | Percentage | no data | n/a | 14.8% | n/a | State | Below benchmark | 13.1% | -1.70% | California Health Interview Survey | 2009 | | 2009 |
| | | Robbery Rate (Per 100,000 population) | Violence - Robbery (Crime) | Social & Economic Factors | Rate | 693,779 | n/a | 149.5 | 116.4 | State | Below benchmark | 267.3 | 117.80 | Federal Bureau of Investigation,FBI Uniform Crime Reports. Additional analysis by the National Archive of Crimin/al Justice Data. Accessed via the Inter-university Consortium | 2010-12 | 2010-12 | 2010-12 |
| | Related | Number of domestic violence calls for assistance and rate per 1,000 population | n/a | Social and Economic Factors | Rate | no data | n/a | 6.0 | n/a | State | Below benchmark | 8.2 | 2.20 | California Department of Justice, Criminal Justice Statistics Center (via Kidsdata.org) | 2014 | | 2014 |
| | | Violent Crime Rate (Per 100,000 population) | Violence - All Violent Crimes | Social & Economic Factors | Rate | 693,779 | n/a | 425.0 | 395.5 | State | Below benchmark | 839.2 | 414.20 | Federal Bureau of Investigation,FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium | 2010-12 | 2010-12 | 2010-12 |
| | | Percentage of 11th grade students reporting current gang involvement | n/a | Social and Economic Factors | Percentage | no data | n/a | 8.0% | n/a | State | Below benchmark | 15.0% | 7.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Estimated Adults Drinking Excessively(Age-Adjusted Percentage) | Alcohol - Excessive Consumption | Health Behaviors | Percentage | 479,299 | n/a | 17.2% | 16.9% | State | Below benchmark | 15.5% | -1.70% | Centers for Disease Control and Prevention,Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human | 2006-12 | 2006-12 | 2006-12 |
| | | Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures | Alcohol - Expenditures | Health Behaviors | Percentage | no data | n/a | 12.9% | 14.3% | State | Below benchmark | suppressed | | Nielsen, Nielsen Site Reports | 2014 | 2014 | |
| | | Percent of 11th grade students reporting driving after drinking (respondent or by friend) | n/a | Health Behaviors | Percentage | no data | <=25.5% | 25.0% | n/a | State | Below benchmark | 18.0% | -7.00% | California Healthy Kids Survey | 2011-13 | | 2013-14 |
| | | Liquor Stores, Rate (Per 100,000 Population) | Liquor Store Access | Physical Environment | Rate | 685,306 | n/a | 10.0 | 10.4 | State | Below benchmark | 7.4 | -2.58 | US Census Bureau, County Business Patterns. Additional data analysis by CARES. | 2012 | 2012 | 2012 |
| | | Percent Population Living in Car Dependent (Almost Exclusively) Cities | Transit - Walkability | Physical Environment | Percentage | no data | n/a | 1.7% | 2.0% | State | Below benchmark | no data | | Walk Score® | 2012 | 2012 | |
| | | Rape Rate (Per 100,000 population) | Violence - Rape (Crime) | Social & Economic Factors | Rate | 693,779 | n/a | 21.0 | 27.3 | State | Below benchmark | 21.9 | 0.90 | Federal Bureau of Investigation,FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium | 2010-12 | 2010-12 | 2010-12 |
| | | Suspension Rate (per 100 enrolled students) | Violence - School Suspensions | Social & Economic Factors | Rate | 152,670 | n/a | 3.8 | no data | State | Below benchmark | 7.9 | 4.10 | California Department of Education | 2014-15 | | 2014-15 |
| | | Juvenile felony arrest rate per 100,000 youth ages 10-17 | n/a | Social and Economic Factors | Rate | no data | n/a | 878.0 | n/a | State | Below benchmark | 1140.0 | 262.00 | Center on Juvenille and Criminal Justice | 2012 | | 2012 |
| | | Robbery rate (per 100,000 population) | n/a | Social and Economic Factors | Rate | no data | n/a | 149.5 | 116.4 | State | Below benchmark | 267.3 | 117.83 | Federal Bureau of Investigation, FBI Uniform Crime Reports | 2010-12 | 2010-12 | 2010-12 |
| | | Expulsion Rate (per 100 enrolled students) | Violence - School Expulsions | Social & Economic Factors | Rate | 152,670 | n/a | 0.1 | no data | State | Below benchmark | 0.2 | 0.10 | California Department of Education | 2014-15 | | 2014-15 |
| | Core | Cohort Graduation Rate | Education - High School Graduation Rate | Social & Economic Factors | Percentage | 10,389 | >= 82.4 | 81.0% | no data | State | Above benchmark | 80.3% | -0.70% | California Department of Education | 2013-14 | | 2013-14 |
| | | Percent of English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts (ELA) | n/a | Social and Economic Factors | Percentage | no data | n/a | 38.0% | n/a | State | Above benchmark | 33.0% | -5.00% | California Department of Education | 2014 | | 2014 |
| | | Percent of English language learners (grade 10) who passed the California High School Exit Exam in Math | n/a | Social and Economic Factors | Percentage | no data | n/a | 54.0% | n/a | State | Above benchmark | 56.0% | 2.00% | California Department of Education | 2014 | | 2014 |
| | | Suspension Rate (per 100 enrolled students) | Violence - School Suspensions | Social & Economic Factors | Rate | 152,670 | n/a | 3.8 | no data | State | Below benchmark | 7.9 | 4.10 | California Department of Education | 2014-15 | | 2014-15 |

| Health Indicators | | | | | | | | | | Needs Score | | | | Data Details | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Potential Health Needs | Core/ Related | Indicator | Kaiser Indicator name | MATCH Category | Measure Type | Population Denominator | HP 2020 Value | State Benchmark | National Benchmark | Benchmark used in scoring | Desired Direction | Value for San Joaquin County | Difference from the Benchmark Value | Data Source | State Data Year | National Data Year | County Area Year |
| Youth Growth and Development | Related | Expulsion Rate (per 100 enrolled students) | Violence - School Expulsions | Social & Economic Factors | Rate | 152,670 | n/a | 0.1 | no data | State | Below benchmark | 0.2 | 0.10 | California Department of Education | 2014-15 | | 2014-15 |
| | | Teen Birth Rate (Per 1,000 Female population Under Age 20) | Teen Births (Under Age 20) | Social & Economic Factors | Rate | 108,619 | n/a | 8.5 | no data | State | Below benchmark | 9.9 | 1.40 | California Department of Public Health,CDPH - Birth Profiles by ZIP Code | 2011 | | 2011 |
| | | Percentage of 11th grade students reporting current gang involvement | n/a | Social and Economic Factors | Percentage | no data | n/a | 8.0% | n/a | State | Below benchmark | 15.0% | 7.00% | California Healthy Kids Survey | 2009-11 | | 2009-11 |
| | | Percent of children in foster care system for more than 8 days but less than 12 months with 2 or less placements (placement stability) | n/a | Social and Economic Factors | Percentage | no data | n/a | 86.6% | n/a | State | Above benchmark | 84.7% | -1.90% | California Child Welfare Indicators Project (CCWIP) | 2014 | | 2014 |
| | | Juvenile felony arrest rate (per 100,000 youth ages 10-17) | n/a | Social and Economic Factors | Rate | no data | n/a | 878.0 | n/a | State | Below benchmark | 1140.0 | 262.00 | Center on Juvenille and Criminal Justice | 2012 | | 2012 |

# San Joaquin County
# Community Health Needs Assessment
## Appendix B. Health Data by Race/Ethnicity, Age, Income, and Gender

**KEY**
N/A: Data not available
DS: Data suppressed

| Indicator | Age | | | Gender | | Race | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Access to Medical Care** | | | | | | | | | | | | | | | | | |
| Percent of population with medical home (usual place to go when sick or need health advice) | 99.4%* | 88.8% | 85.4%* | 87.3* | 95.7* | 92.4%* | 91.7%* | 71.4%* | 100%* | 99.2%* | NA | 100%* | N/A | 96.9%* | 90.4%* | 89.4%* | California Health Interview Survey, 2014. |
| Percent of Youth Uninsured (0-18) | See below | | | N/A | N/A | 5.5% | 1.9% | 4.4% | DS | 3.5% | DS | 4.1% | N/A | N/A | N/A | N/A | US Census Bureau, American Community Survey, 2014. |
| Percent of population uninsured | 6.4% | 23.3% | 1.8% | 18.1% | 14.2% | 22.8% | 15.0% | 12.3% | 19.8% | 15.7% | 12.6% | 14.2% | 25.7% | N/A | N/A | N/A | US Census Bureau, American Community Survey, 2010-14. |
| **Asthma/Air Quality** | | | | | | | | | | | | | | | | | |
| Percent of population ever diagnosed with asthma | 34.3% | 20.1% | 24.2%* | 23.5% | 24.9% | 15.0* | 32.6 | 44.7* | DS | 0.9* | DS | 83.4* | NA | 0.0%* | 30.1% | 26.7%* | California Health Interview Survey, 2014. |

| Indicator | Age | | | Gender | | Race | | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Asthma/Air Quality (continued)** | | | | | | | | | | | | | | | | | |
| Chronic lower respiratory disease mortality rate (Age-adjusted, per 100,000 population) | N/A | N/A | N/A | 46.8 | 39.9 | 16.5 | 60.0 | 28.8 | 44.9 | 17.7 | 90.7 | 20.7 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records.† |
| **Economic Security** | | | | | | | | | | | | | | | | | |
| Percent of Population with Income at or Below 100% of the Federal Poverty Level | 24.5% | 16.6% | 10.0% | 16.6% | 19.7% | 24.1% | 15.3% | 27.9% | 28.0% | 17.8% | 17.5% | 19.3% | 25.8% | N/A | N/A | N/A | US Census Bureau, American Community Survey, 2009-13. |
| Percent of Population Unemployed | N/A | 34.5% | 89.3%* | 28.6% | 60.3% | 38.8%* | 47.8% | 28.7%* | 100.0%* | 43.6%* | DS | 100.0%* | NA | 40.7%* | 49.9% | 36.0% | California Health Interview Survey, 2014. |
| Median Income (In 2014 inflation-adjusted dollars) | 25,397 (age 15-24) | 56,464 (age 25-64) | 38,148 | 39,651 | 23,049 | 42,584 | 57,016 | 25,697 | 46,981 | 61,734 | 79,971 | 41,559 | 39,963 | N/A | N/A | N/A | US Census Bureau, American Community Survey, 2014. |
| **Education** | | | | | | | | | | | | | | | | | |
| Percent of Population Age 25+ with High School Diploma | N/A | N/A | N/A | 26.4% | 25.1% | 26.2% | 27.2% | 24.1% | 26.8% | 20.0% | 23.1% | 28.9% | 24.8% | 15.6% | N/A | N/A | US Census Bureau, American Community Survey, 2009-13. |

| Indicator | Age | | | Gender | | Race | | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Education (continued)** | | | | | | | | | | | | | | | | | |
| Percent of Population 25+ with Some College or Higher | N/A | N/A | N/A | 25.6% | 28.1% | 32.9% | 53.2% | 62.1% | 45.8% | 55.1% | 59.9% | 51.1% | 29.3% | 15.6% | N/A | N/A | US Census Bureau, American Community Survey, 2009-13. |
| Percent of High School Students Graduating in 4 Years | N/A | N/A | N/A | 77.1 | 83.4 | M: 80.7 F: 73.7 | M: 89.3 F: 83.2 | M: 74.7 F: 64.7 | M: 70.6 F: 64.0 | M: 87.4 F: 82.1 | M: 80.0 F: 80.6 | M: 91.6 F: 67.5 | N/A | N/A | N/A | N/A | California Department of Education, 2013-14. |
| **Injury and Violence** | | | | | | | | | | | | | | | | | |
| All-Cause Unintentional Injury Mortality Rate (Per 100,000 Population) | 8.4 (age 0-19) | 46.7 (age 20-64) | 75.6 | 51.4 | 24.1 | 25.0 | 58.0 | 57.8 | DS | 20.0 | | N/A | N/A | N/A | N/A | N/A | California Department of Public Health, Vital Statistics Death Statistical Master Files, 2011-13. |
| Unintentional Poisoning Mortality Rate (Per 100,000 Population) | 0.8 (age 0-19) | 24.8 (age 20-64) | 13.1 | 20.3 | 11.5 | 7.6 | 28.1 | 31.6 | DS | DS | DS | N/A | N/A | N/A | N/A | N/A | California Department of Public Health, Vital Statistics Death Statistical Master Files, 2011-13. |
| Homicide Mortality Rate (Age-adjusted, per 100,000 Population) | N/A | N/A | N/A | 15.3 | 2.4 | 13.6 | 5.8 | 35.8 | 7.2 | 9.5 | DS | 4.7 | N/A | N/A | N/A | N/A | California, Department of Public Health, 2013 Death Records.† |

| Indicator | Age | | | Gender | | Race | | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Injury and Violence (continued)** | | | | | | | | | | | | | | | | | |
| Suicide Rate (Age-adjusted, per 100,000 population) | N/A | N/A | N/A | 17.7 | 5.4 | 6.4 | 16.5 | 2.2 | 0 | 6.3 | 0 | 15.6 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records. † |
| Motor Vehicle Crash Mortality Rate (Age-adjusted, per 100,000 population) | N/A | N/A | N/A | 19.6 | 5.2 | 12.7 | 11.7 | 11.2 | 22.1 | 9.5 | 24.4 | 10.5 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records. † |
| **Mental Health** | | | | | | | | | | | | | | | | | |
| Suicide Rate (Age-adjusted, per 100,000 population) | N/A | N/A | N/A | 17.7 | 5.4 | 6.4 | 16.5 | 2.2 | 0 | 6.3 | 0 | 15.6 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records. † |
| Percent of adults who report needing treatment for mental health, or use of alcohol/drugs | N/A | 16.3% | 9.8%* | 13.0% | 17.8% | 10.0%* | 19.1% | 21.2%* | DS | DS | DS | 77.0%* | N/A | 12.8%* | 17.5% | 13.7% | California Health Interview Survey, 2013-14. |
| **Obesity** | | | | | | | | | | | | | | | | | |
| Percent of adults obese | N/A | 42.8% | 51.6% | 51.9% | 35.5% | 57.1% | 43.1% | 12.0%* | DS | 38.8%* | N/A | DS | N/A | 30.0%* | 50.4% | 42.9% | California Health Interview Survey, 2014. |

| Indicator | Age | | | Gender | | Race | | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Obesity (continued)** | | | | | | | | | | | | | | | | | |
| Percent of overweight or obese youth in grades 5, 7, and 9 | N/A | N/A | N/A | 41.9% | 39.7% | 44.2% | 35.0% | 40.6% | 46.3% | 26.8% | 51.3% | 36.0% | N/A | N/A | N/A | N/A | California Department of Education, Physical Fitness Testing Research Files (Dec. 2015). |
| Diabetes Mortality (Age-adjusted, per 100,000 population) | N/A | N/A | N/A | 37.2 | 27.3 | 41.8 | 25.8 | 65.1 | 0 | 32.3 | 23.0 | 34.1 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records. † |
| Percent of population experiencing food insecurity | DS | 49.3% | 40.5% | 41.5% | 56.6% | 49.3% | 50.3% | 25.9%* | DS | DS | DS | DS | N/A | 57.5% | 41.6% | DS | California Health Interview Survey, 2012-14. |
| Percent of adults ever diagnosed with Diabetes | N/A | 9.2% | 21.9% | 12.8% | 10.1% | 15.5% | 7.6% | 4.5%* | 23.8%* | 15.1%* | 0%* | 0%* | N/A | 9.1%* | 11.9% | 11.3% | California Health Interview Survey, 2012-14. |
| **Oral Health** | | | | | | | | | | | | | | | | | |
| Percent of adults without dental exam in past year | N/A | 31.0% | 32.5% | 28.2% | 34.6% | 24.7%* | 28.5% | 85.5%* | 87.3%* | 10.5%* | DS | 100%* | N/A | 15.1%* | 33.5% | 36.4% | California Health Interview Survey, 2014. |

| Indicator | Age | | | Gender | | Race | | | | | | | | Income (as % of Federal Poverty Level) | | | Data Source |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | 18-64 | 65+ | Male | Female | Latino | White | African American | American Indian/ Alaska Native | Asian | Native Hawaiian / Pacific Islander | Two or More Races | Other race | 0-99% | 100-299% | 300% | |
| **Oral Health (continued)** | | | | | | | | | | | | | | | | | |
| Percent of children that visited dentist in past year | N/A | N/A | N/A | 57.2%* | 63.6%* | 59.1% | 54.3%* | DS | DS | 46.8%* | DS | 76.9%* | N/A | 81.1%* | 63.4%* | 42.1%* | California Health Interview Survey, 2013-14. |
| **Substance Abuse** | | | | | | | | | | | | | | | | | |
| Percent of population smoking cigarettes | DS | 22.2% | 3.3%* | 12.8% | 21.2% | 11.2%* | 20.1% | 11.9%* | DS | 27.2%* | DS | 44.2%* | N/A | 27.8%* | 13.1%* | 16.8% | California Health Interview Survey, 2013-14. |
| Percent of adults drinking excessively | N/A | 37.% | 8.7% | 39.8% | 25.8% | 35.4% | 35.7% | 20.7% | 37.1% | 20.3% | DS | DS | N/A | 27.8% | 32.0% | 34.9% | Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via US Dept. of Health & Human Services, Health Indicators Warehouse, 2006-12. |
| Drug-induced deaths | N/A | N/A | N/A | 0.5 | 2.6 | 0.3 | 3.0 | 0 | 0 | 1.0 | 0 | 0 | N/A | N/A | N/A | N/A | California Department of Public Health, 2013 Death Records.† |

† Population denominator State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2010-2060. Sacramento, CA, December 2014.

# San Joaquin County
# Community Health Needs Assessment
## Appendix C. Health Data in Zip Codes of Concern

| | Manteca: 95336 | Manteca: 95337 | Tracy: 95304 | Tracy: 95376 | Tracy: 95377 | Lathrop: 95330 | Tracy-Mountain-house: 95391 | Year & Data Source |
|---|---|---|---|---|---|---|---|---|
| DIABETES: mortality (n/percent) | 11/3.3% | 3/1.9% | 0 | 8/2.7% | 5/5.7% | 7/7.0% | 1/3.6% | 2012, California Department of Public Health |
| DIABETES: mortality rate per 10,000 | 2.54 | 0.92 | 0 | 1.59 | 1.63 | 3.75 | 0.97 | 2012, California Department of Public Health |
| DIABETES: hospitalization rate per 100,000 | 193.8 | 107.0 | 58.6 | 174.4 | 65.0 | 150.1 | 9.7 | 2012, Office of Statewide Health Planning and Development |
| HEART DISEASE: mortality (n/percent) | 89/26.5% | 44/28.4% | 15/25.0% | 68/22.8% | 12/13.8% | 13/13.0% | 6/21.4% | 2012, California Department of Public Health |
| HEART DISEASE: mortality rate per 10,000 | 20.53 | 13.45 | 9.77 | 13.48 | 3.90 | 6.97 | 5.79 | 2012, California Department of Public Health |
| HEART DISEASE: hospitalization rate per 100,000 | 479.8 | 385.0 | 201.9 | 309.2 | 185.4 | 369.8 | 115.8 | 2012, Office of Statewide Health Planning and Development |
| STROKE: mortality (n/percent) | 15/4.5% | 9/5.8% | 1/1.7% | 11/3.7% | 8/9.2% | 10/10.0% | 0 | 2012, California Department of Public Health |
| STROKE: mortality rate per 10,000 | 3.46 | 2.75 | 0.65 | 2.18 | 2.60 | 5.36 | 0.00 | 2012, California Department of Public Health |
| CEREBROVASCULAR (including stroke): hospitalization rate per 100,000 | 240.5 | 138.5 | NA | 137.8 | 139.9 | 130.6 | 119.6 | 2009, Office of Statewide Health Planning and Development |

| | Manteca: 95336 | Manteca: 95337 | Tracy: 95304 | Tracy: 95376 | Tracy: 95377 | Lathrop: 95330 | Tracy-Mountain-house: 95391 | Year & Data Source |
|---|---|---|---|---|---|---|---|---|
| MENTAL HEALTH (OVERALL): hospitalization rate per 100,000 | 297.6 | 195.6 | 169.4 | 269.6 | 162.6 | 294.7 | 347.5 | 2012, Office of Statewide Health Planning and Development |
| ASTHMA ALONE: hospitalization rate per 100,000 | 120.0 | 82.5 | 32.6 | 115.0 | 71.5 | 42.9 | 48.3 | 2012, Office of Statewide Health Planning and Development |
| UNINTENTIONAL INJURY: mortality rate per 10,000 | 3.00 | 2.44 | 0.65 | 2.38 | 2.60 | 5.89 | 0.97 | 2012, California Department of Public Health |
| TEEN BIRTH RATE: births per 1,000 females age 15-19 | 17 | 21 | 21 | 23 | 10 | 17 | 13 | 2012, California Department of Public Health<br><br>2008-12, US Census Bureau, American Community Survey. |
| OVERALL DEATH RATE: mortality rate per 1,000 | 7.75 | 4.74 | 3.91 | 5.91 | 2.83 | 5.36 | 2.70 | 2012, California Department of Public Health |
| LIFE EXPECTANCY (years) | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 2014, Measure of America |
| INFANT MORTALITY (n/rate per 1,000 births) | 3/5.6 | 3/6.8 | 0/0.0 | 2/3.0 | 0/0.0 | 1/3.3 | 0/0.0 | 2012, California Department of Public Health |

| Biggest health problems | Valid percent |
|---|---|
| **Youth violence (like gang fights, murders)** | **30.3** |
| **Diabetes** | **30.0** |
| **Breathing problems/asthma** | **27.7** |
| **Mental health issues (e.g., depression)** | **26.7** |
| **Obesity** | **26.6** |
| Tooth problems | 20.3 |
| Age-related health problems (like arthritis) | 19.6 |
| Alcoholism | 19.3 |
| Cancer | 17.7 |
| Heart disease | 13.3 |
| Domestic violence | 13.2 |
| Teens getting pregnant | 11.2 |
| Motor vehicle injuries (including pedestrian and bicycle accidents) | 9.1 |
| Other (please specify) | 7.3 |
| Child abuse or neglect | 6.7 |
| Sexually transmitted disease | 4.5 |
| Poor birth outcomes (e.g., baby underweight) | 4.4 |
| Stroke | 3.7 |
| Infectious diseases (e.g., hepatitis or TB) | 3.6 |
| Suicide | 2.4 |

| Biggest behaviors affecting health | Valid percent |
|---|---|
| **Drug abuse** | **41.4** |
| **Alcohol abuse (drinking too much)** | **38.0** |
| **Poor eating habits** | **35.2** |
| **Lack of exercise** | **34.6** |
| **Life stress/not able to deal with life stresses** | **27.5** |
| Smoking/tobacco use | 24.8 |
| Not getting regular check-ups by the doctor | 21.7 |
| Driving while drunk/on drugs | 21.3 |
| Using weapons/guns | 19.2 |
| Talking/texting and driving | 16.4 |
| Not getting "shots" (vaccines) to prevent disease | 8.0 |
| Unsafe sex (e.g., not using condom or birth control) | 6.7 |
| Teenage sex | 6.5 |
| Other | 3.5 |

| Participant opinion of store window advertising (tobacoo, alcohol) | Valid percent |
|---|---|
| A big problem | 42.5 |
| I don't know | 15.7 |
| Not a problem | 14.9 |
| A medium problem | 14.8 |
| A small problem | 10.7 |
| Other | 1.4 |

| Participant health insurance status | Valid percent |
|---|---|
| Yes | 79.7 |
| No | 17.9 |
| Don’t know | 2.4 |

| Biggest obstacles to health care | Valid percent |
|---|---|
| **Waiting time to see the doctor is too long** | **34.2** |
| **High co-pays and deductibles** | **28.8** |
| **Can't afford medicine** | **28.2** |
| **It is not hard to get health care** | **20.8** |
| **No health insurance** | **20.1** |
| ER only option | 16.8 |
| Medi-Cal is too hard to get | 16.1 |
| Can't get off work to see a doctor | 15.7 |
| No night/weekend health care | 15.5 |
| Not enough doctors here | 13.7 |
| No transportation | 12.7 |
| Other (please specify) | 12.3 |
| Covered California/Obama Care is too hard to get | 9.3 |
| Doctors and staff don’t speak my language | 7.7 |
| Medi-Cal is too hard to use | 7.2 |
| Covered California/Obama Care is too hard to use | 6.3 |

| Biggest social and economic problems | Valid percent |
|---|---|
| **Not enough local jobs** | **61.3** |
| **Homelessness** | **39.5** |
| **Poverty** | **34.6** |
| **Not enough interesting activities for youth** | **31.7** |
| **Fear of crime** | **28.8** |
| Not enough education/high school drop-outs | 20.1 |
| No health insurance | 19.4 |
| Racism and discrimination | 15.2 |
| Not enough healthy food | 12.9 |
| Overcrowded housing | 10.8 |
| Schools | 6.7 |
| No police and firefighters | 6.6 |
| Can't pay for transportation | 6.4 |
| Other | 4.6 |

| Biggest environmental problems | Valid percent |
|---|---|
| **Air pollution (dirty air)** | **39.0** |
| **Not enough safe places to be physically active** | **34.3** |
| **Poor housing conditions** | **29.3** |
| **Cigarette smoke** | **28.6** |
| **Trash on streets and sidewalks** | **27.3** |
| Not enough places nearby to buy healthy and affordable foods | 22.9 |
| Speeding/traffic | 18.2 |
| Pesticide use | 18.0 |
| Not enough public transportation | 14.7 |
| Home is too far from shops, work, school | 14.5 |
| Not enough sidewalks and bike paths | 12.6 |
| Too many hot days | 11.3 |
| Unsafe drinking water | 10.2 |
| Other | 4.9 |
| Flooding problems | 2.7 |

| Most important parts of a thriving community | Valid percent |
|---|---|
| **Safe place to raise kids** | **51.3** |
| **Jobs** | **49.8** |
| **Good air quality** | **12.5** |
| **Access to health care** | **18.2** |
| **Access to healthy food** | **13.4** |
| Parks and recreation facilities | 14.5 |
| Affordable housing | 26.4 |
| Low crime and violence | 36.3 |
| Good schools | 27.4 |
| Green/open spaces | 5.3 |
| People know how to stay healthy | 6.2 |
| Support agencies | 9.8 |
| Community involvement | 11.2 |
| Time for family | 14.0 |
| Services for elders | 6.4 |
| Inexpensive childcare | 6.8 |
| Diversity is respected | 5.4 |
| Other | 2.4 |

# San Joaquin County
# Community Health Needs Assessment
## Appendix E. Summary of and Focus Group and Key Informant Interview Results

| Qualitative Data Supporting Identified Health Needs | | | | |
|---|---|---|---|---|
| | Key Informant Interviews (n=34) | | Focus Groups (n=29) | |
| **Health Need** | **Number** | **Key Themes** | **Number** | **Key Themes** |
| 1. Obesity and Diabetes | 24 | - Lack of safe physical activity<br>- Easy access to unhealthy food leads to overeating and obesity | 9 | - Safe areas for kids to be active<br>- Access to healthy food<br>- More local farmers markets to walk to |
| 2. Education | 6 | - Absence of skilled and educated workforce<br>- Education is not preparing our students for the global marketplace | 7 | - Literacy programs<br>- College workshops<br>- More relevant courses |
| 3. Youth Growth and Development | 9 | - Notion that young men of color have no future in our society<br>- Teen pregnancy | 7 | - More after school programs free of charge<br>- Teen centers to help teens stay out of trouble<br>- Affordable summer programs |
| 4. Economic Security | 6 | - Lack of jobs that pay a living wage<br>- Poverty | 5 | - Poverty<br>- More jobs<br>- Increase transportation at night |
| 5. Violence and Injury | 14 | - Family violence<br>- Community violence | 16 | - Community partnership with law enforcement for neighborhood watch<br>- Stronger police presence<br>- Talk about issues as a community<br>- Shootings, drugs, racism |
| 6. Substance Use | 21 | - Limited resources for substance abuse treatment<br>- No detox program for drugs or alcoholism | 2 | - Excessive liquor stores<br>- Drugs on school campuses |
| 7. Access to Housing | 11 | - Not enough affordable housing in safe locations<br>- Homelessness | 6 | - Affordable housing<br>- Homeless population<br>- Senior Facilities<br>- Lack of jobs and housing resources |
| 8. Access to Care | 8 | - Lack of health insurance<br>- Lack of access to mental health services and knowledge about services | 8 | - Culturally competent care<br>- Shorter wait times<br>- More organizations to help with addiction<br>- Longer appointment hours for doctors<br>- More access to dentists and eye doctors |
| 9. Mental Health | 24 | -Stressors in life<br>- Trauma<br>- Not enough mental health access for students<br>- Behavioral issues<br>- PTSD<br>- Postpartum depression | 2 | - Bullying<br>- Less drugs<br>- More community support<br>- More suicide prevention |
| 10. Oral Health | 5 | - No dental care<br>- No dental health education | 0 | |
| 11. Asthma/Air Quality | 16 | - Poor air quality | 0 | |

# San Joaquin County
# Community Health Needs Assessment
## Appendix F. Community Input Tracking Form

| Data Collection Method | Title/Name | Number | Target Group(s) Represented (interviewee or at least one participant in the focus group self-identified as a leader, member, or representative of the following populations) | | | | | Date Input Was Gathered |
|---|---|---|---|---|---|---|---|---|
| **Meeting, focus group, interview, survey, written correspondence, etc.** | **Respondent's title/role and name or focus group population** | **Number of participants** | **Health Department representative** | **Chronic Condition*** | **Minority*** | **Medically underserved*** | **Low-income*** | **Date of data collection** |
| Interview | President and CEO, El Concilio Council for the Spanish Speaking | 1 | | X | X | X | X | 8/20/2015 |
| Interview | Retired Director, San Joaquin County Public Health Services | 1 | X | | | | | 8/27/2015 |
| Interview | Director, San Joaquin General Hospital Clinics and Ambulatory Care Services | 1 | | X | X | X | X | 8/10/2015 |
| Interview | Director, San Joaquin County Behavioral Health Services | 1 | X | | | | | 8/27/2015 |
| Interview | District Attorney, San Joaquin County | 1 | | | | | | 8/20/2015 |
| Interview | Director, Community Partnership for Families | 1 | | | X | X | X | 8/31/2015 |
| Interview | Executive Director, San Joaquin County Worknet | 1 | | | | | | 8/25/15 |
| Interview | CEO, St. Mary's Dining Hall | 1 | | X | | X | X | 8/25/2015 |
| Interview | Administrator, Stocktonians Taking Action to Neutralize Drugs (STAND) | 1 | | | X | | X | 8/20/2015 |

# San Joaquin County
# Community Health Needs Assessment
## Appendix F. Community Input Tracking Form

| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health Department representative | Chronic Condition* | Minority* | Medically underserved* | Low-income* | Date of data collection |
|---|---|---|---|---|---|---|---|---|
| Interview | REACH Program Manager, California Center of Public Health Advocacy | 1 | | | X | | | 8/19/2015 |
| Interview | President, Tracy Community Connections Center | 1 | | X | X | X | X | 8/20/2015 |
| Interview | Executive Director and Intervention Specialist, San Joaquin Valley Youth for Christ | 2 | | | | | | 8/19/2015 |
| Interview | Chief Probation Officer, San Joaquin County Probation Department | 1 | | | X | | X | 8/21/2015 |
| Interview | Executive Director, Family Resource and Referral Center | 1 | | | | | | 9/2/2015 |
| Interview | Executive Director, First 5 San Joaquin | 1 | | X | X | X | X | 8/31/2015 |
| Interview | Representative, San Joaquin County Commission on Aging Long Term Care Services | 1 | | | | X | X | 8/20/2015 |
| Interview | Recreation Services Supervisor and Recreation Leader III, Lolly Hansen Senior Center – City of Tracy | 2 | | X | X | | X | 8/27/2015 |
| Interview | Social Worker, Environmental Alternatives Foster Family Agency | 1 | | X | X | X | X | 8/26/2015 |

# San Joaquin County
# Community Health Needs Assessment
## Appendix F. Community Input Tracking Form

| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health Department representative | Chronic Condition* | Minority* | Medically underserved* | Low-income* | Date of data collection |
|---|---|---|---|---|---|---|---|---|
| Interview | CASA Program Coordinator, Child Abuse Prevention Council | 1 | | X | | X | X | 9/2/2015 |
| Interview | CEO, Lao Family Community Empowerment | 1 | | X | X | X | X | 8/18/2015 |
| Interview | CEO, Women's Center Youth & Family Services | 1 | | X | | | | 9/10/2015 |
| Interview | Deputy Director for Aging & Community Services, Human Services Agency | 1 | | X | X | X | X | |
| Interview | Executive Director, San Joaquin Pride Center | 1 | | | X | X | X | 8/26/2015 |
| Interview | Director, Visionary Homebuilders | 1 | | | X | | X | 8/10/2015 |
| Focus Groups | County-wide; Adult population | 12 | | | | | | 3/16/2015 |
| Focus Groups | Stockton; Adult population | 17 | | X | | X | X | 3/13/2015 |
| Focus Groups | Stockton; Adult population | 25 | | X | | X | X | 3/25/2015 |
| Focus Groups | County-wide; Adult population | 8 | | | | | | 3/19/2015 |
| Focus Groups | County-wide; Adult population | 12 | | | X | | | 3/19/2015 |
| Focus Groups | County-wide; Women experiencing homelessness | 16 | | X | X | X | X | 3/24/2015 |
| Focus Groups | Unknown population | 8 | | | | | | 3/24/2015 |
| Focus Groups | Tracy; Adult population | 8 | | | | | | 3/31/2015 |
| Focus Groups | County-wide; Older adult population | 4 | | | | | | 4/2/2015 |
| Focus Groups | Stockton; Latino population | 4 | | | X | | X | 4/7/2015 |
| Focus Groups | County-wide; Adult population | 4 | | | X | | X | 4/8/2015 |

# San Joaquin County
# Community Health Needs Assessment
## Appendix F. Community Input Tracking Form

| Meeting, focus group, interview, survey, written correspondence, etc. | Respondent's title/role and name or focus group population | Number of participants | Health Department representative | Chronic Condition* | Minority* | Medically underserved* | Low-income* | Date of data collection |
|---|---|---|---|---|---|---|---|---|
| Focus Groups | County-wide; Adult population | 12 | | | X | X | X | 3/26/2015 |
| Focus Groups | County-wide; Youth population | 26 | | | X | | X | 3/28/2015 |
| Focus Groups | County-wide; Women | 12 | | | X | | X | 4/3/2015 |
| Focus Groups | County-wide; Homeless population | 7 | | | | X | X | 4/9/2015 |
| Focus Groups | County-wide; Older adult population | 21 | | | | | | 4/14/2015 |
| Focus Groups | County-wide; Adult population | 5 | | | X | | X | 4/17/2015 |
| Focus Groups | Stockton; Youth population | 15 | | | X | | X | 4/16/2015 |
| Focus Groups | Stockton; Youth and adult population | 23 | | | X | | | 4/25/2015 |
| Focus Groups | County-wide; Adult population | 14 | | X | X | X | X | 4/8/2015 |
| Focus Groups | Stockton; Youth and adult population | 13 | | | X | | X | 4/9/2015 |
| Focus Groups | Stockton; Older adult population | 8 | | X | X | | X | 3/10/2015 |
| Focus Groups | County-wide; Adult population | 8 | | | X | | | 3/31/2015 |
| Focus Groups | County-wide; Adult population | 17 | | X | X | X | X | 4/16/2015 |
| Focus Groups | Unknown population | 10 | | | X | | | 4/13/2015 |
| Focus Groups | Thornton; Adult population | 9 | | X | | X | X | 3/30/2015 |
| Focus Groups | County-wide; Older adult population | 6 | | | | | | 4/8/2015 |
| Focus Groups | Unknown population | 10 | | | | | | 4/13/2015 |
| Focus Groups | County-wide; Adult population | 14 | | | | | X | 4/13/2015 |

* Indicates self-identification of interviewees or focus group participants as a leader, member, or representative of each specified population. In some cases, individuals did not self-identify as a representative of any of the listed groups.

# San Joaquin County
# Community Health Needs Assessment
## Appendix G. Primary Data Collection Protocols
## Key Informant Interviews: Instructions to Interviewees

1. Prepare for the interview:
    a. Review relevant information about the participant and his/her organization.
    b. Thoroughly review the interview protocol.
    c. Review Interviewing Tips document.
    d. Schedule adequate time for the interview and additional questions that might be asked from the interviewee. Plan time additional time afterwards to clean up your notes and write an interview summary.

2. Complete the interview, using attached protocol:
    a. Begin the interview by reminding the interviewee about the intended purpose of the interview, confidentiality, and how long the interview will take, and by asking whether they have any questions.
    b. As the interviewee responds to each question, write notes directly in the saved protocol document under that question if possible. If handwritten notes are easier, print out the protocol in advance to write directly below each question and type the summary notes at the end. Take notes and focus on key words and key concepts. Try to write down a few key quotes verbatim when possible. Abbreviating common words used during the interview can help keep up with typing.
    c. Use probes (provided in italics after the question) as needed to get more in-depth answers or to focus to interviewee's response on the desired topic.

3. After the interview:
    a. As soon as possible, review your notes from the interview. Fill in any main ideas that you missed, and clarify any words that were abbreviated during the interview.
    b. Using your notes, fill out the Key Points summary box provided at the end of the interview protocol. Be sure to include any key concepts or key quotes that you wrote down.
    c. Enter the interviewee's information and the date of the interview on the Primary Data Collection Tracking Form.

# San Joaquin County
# Community Health Needs Assessment
## Appendix G. Primary Data Collection Protocols
## Key Informant Interviews: Interview Protocol

Interviewee: _____ Date: _____

Organization: _____

Interviewer: _____

### Introduction

Hello, my name is _____ and I work for _____. You have been identified as an individual with extensive and important knowledge of the *[San Joaquin County / _____ community in San Joaquin County]* that can help us with the CHNA -- to help ensure that we get a clear picture of health-related issues that impact our San Joaquin County residents. We are very interested in having you share thoughts and ideas that go beyond access to medical care, taking into consideration social, economic, and environmental factors that impact health. Your input will inform the development of the CHNA as well as a community health implementation plan for all of San Joaquin County.

I have several important questions I'd like to ask over the next 45 minutes or so. Please feel free to respond openly and candidly. We may use a few quotes in the writing of the final report. If anything you share with me should be kept confidential, please let me know.

### Questions

1. a) Would you give me a brief description of your organization, and your role there?

b) Within San Joaquin County, what geographic area do you primarily serve?

- ☐ Escalon
- ☐ Lathrop
- ☐ Lodi
- ☐ Manteca
- ☐ Ripon
- ☐ Stockton
- ☐ Tracy
- ☐ All of San Joaquin County
- ☐ Other: _____

2. What are the biggest health issues that face your clients? (or "your community" if not service provider)

3. a) What are the specific populations adversely affected by these health problems?

   b) The following data are from preliminary community survey findings:
      i. Most Important Health Issues:
         1. Youth violence (29%)
         2. Diabetes (29%)
         3. Breathing problems/asthma (27%)
         4. Mental health issues (26%)
         5. Obesity (25%)

   Can you tell me your thoughts on this?

   c) What existing community resources could be used to address these health issues and inequities? (Resources could include community organizations, religious and cultural organizations, characteristics of the community such as community cohesiveness, physical or built community characteristics such as parks, markets, or health centers, or other resources.)

4. a) What health behaviors do you think have the biggest influence on these issues for your clients/your community?

   b) The following data are from preliminary community survey findings:
      i. Most Important Health Behaviors:
         1. Drug abuse (40%)
         2. Alcohol abuse (38%)
         3. Poor eating habits (34%)
         4. Lack of exercise (33%)
         5. Life stress/not able to deal with life stresses (26%)

   Can you tell me your thoughts on this?

   c) What existing community resources could be used to address these health issues and inequities? (Resources could include community organizations, religious and cultural organizations, characteristics of the community such as community cohesiveness, physical or built community characteristics such as parks, markets, or health centers, or other resources.)

5. a) What social factors do you think have the biggest influence on these issues for your clients/your community?

   b) What economic factors do you think have the biggest influence on these issues for your clients/your community?

c) The following data are from preliminary community survey findings:

i. Biggest Social and Economic Problems:
    1. Not enough local jobs (58%)
    2. Homelessness (37%)
    3. Poverty (33%)
    4. Not enough interesting activities for youth (30%)
    5. Fear of crime (27%)

Can you tell me your thoughts on this?

d) What existing community resources could be used to address these health issues and inequities? (Resources could include community organizations, religious and cultural organizations, characteristics of the community such as community cohesiveness, physical or built community characteristics such as parks, markets, or health centers, or other resources.)

6. a) What <u>environmental factors</u> do you think have the biggest influence on these issues for your clients/your community?

b) The following data are from preliminary community survey findings:

i. Biggest Environmental Problems:
    1. Air pollution (36%)
    2. Not enough safe places to be physically active (32%)
    3. Poor housing (27%)
    4. Cigarette smoke (27%)
    5. Trash on streets and sidewalks (25%)

Can you tell me your thoughts on this?

c) What existing community resources could be used to address these health issues and inequities? (Resources could include community organizations, religious and cultural organizations, characteristics of the community such as community cohesiveness, physical or built community characteristics such as parks, markets, or health centers, or other resources.)

7. a) Do you have suggestions for changes that could help to address the inequities that exist because of these influences?

b) Looking across all sectors, who are some current or potential community partners that we have not yet engaged who could help to impact these issues? (These partners may overlap with resources you have listed previously, but are not limited to these. Partners could refer to individuals or organizations that are presently engaged in this work, or potential partners.)

8. Are there any specific health issues or needs that you foresee emerging in the near future, but that you have not listed as an immediate concern today?

9. Imagine a future five years from now. What would success look like to you?

10. What race do you most identify with?

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Asian (if checked, please select a choice below):
  - o Cambodian
  - o Chinese
  - o Korean
  - o Hmong
  - o Pakistani
  - o Laotian
  - o Vietnamese
  - o Japanese
  - o East Indian
  - o Filipino
  - o Thai
  - o Native Hawaiian or Pacific Islander
  - o Other: _____

11. What is your current gender identity? (Check one that best describes your current gender identity.)

- ☐ Male
- ☐ Female
- ☐ Trans man
- ☐ Trans woman
- ☐ Genderqueer / Gender non-conforming
- ☐ Another gender identity (Fill in the blank) _____
- ☐ Declined to answer

12. Do you identify as a leader, representative, or member of any of the following communities? Please select all that apply.

- ☐ Individuals with chronic conditions
- ☐ Minorities
- ☐ Medically underserved
- ☐ Low-income

Those are all the questions I have for you today. Do you have anything else you would like to add?

Thank you for taking the time to have this conversation! The information that you provided will be very helpful not only for the needs assessment but also in crafting actions to address those needs.

# San Joaquin County
# Community Health Needs Assessment
## Appendix G. Primary Data Collection Protocols
## Key Informant Interviews: Interview Notes Form

Please complete the following summary box (using your notes for reference) after the conclusion of the interview:

**Key Points**

**Area of expertise:** *(e.g. homeless, youth, county-wide perspective)*

**Top health issues identified:**

**Top health behaviors identified:**

**Top social problems identified:**

**Top economic problems identified:**

**Top environmental problems identified:**

**Key Points**

**Suggestions for change:**

**Potential community partners:**

**Key quotes:**

## Tracking Information

**(Q10.)** What race do you most identify with?

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Asian (if checked, please select a choice below):
  - o Cambodian
  - o Chinese
  - o Korean
  - o Hmong
  - o Pakistani
  - o Laotian
  - o Vietnamese
  - o Japanese
  - o East Indian
  - o Filipino
  - o Thai
  - o Native Hawaiian or Pacific Islander
  - o Other: _____

**(Q11.)** What is your current gender identity? (Check one that best describes your current gender identity.)

- ☐ Male
- ☐ Female
- ☐ Trans man
- ☐ Trans woman
- ☐ Genderqueer / Gender non-conforming
- ☐ Another gender identity (Fill in the blank) _____
- ☐ Declined to answer

**(Q12.)** Do you identify as a leader, representative, or member of any of the following communities? Please select all that apply.

- ☐ Individuals with chronic conditions
- ☐ Minorities
- ☐ Medically underserved
- ☐ Low-income

## San Joaquin County MAPP Community Health Survey

Make your voice heard! **We would like to hear your opinions about health issues in San Joaquin County. The San Joaquin County "*Mobilizing for Action through Planning and Partnerships*" (MAPP)** project will use this survey and other information to work with the community to help make the county a healthier place to live, work, and play.

**Your opinion is important!** If you have already completed a survey, please don't fill out another one but ask your family and friends to do so. Thank you for your participation!

### * 1. In what city do you live? Choose one:

- ◯ Escalon
- ◯ Lathrop
- ◯ Lodi
- ◯ Manteca
- ◯ Ripon
- ◯ Stockton
- ◯ Tracy
- ◯ Unincorporated San Joaquin County (please specify):
- ◯ Other (please specify)

### * 2. What is your home Zip Code?

### 3. Would you say your health in general is excellent, very good, good, fair, or poor? Choose one.

| Excellent | Very Good | Good | Fair | Poor | Don't know |
|---|---|---|---|---|---|
| ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

# San Joaquin County MAPP Community Health Survey

## 4. What are the three biggest health problems in your community? Choose three:

- ☐ Age-related health problems (like arthritis)
- ☐ Cancer
- ☐ Tooth problems
- ☐ Heart disease
- ☐ Infectious diseases (e.g., hepatitis or TB)
- ☐ Mental health issues (e.g., depression)
- ☐ Motor vehicle injuries (including pedestrian and bicycle accidents)
- ☐ Poor birth outcomes (e.g., baby underweight)
- ☐ Breathing problems/asthma
- ☐ Sexually transmitted disease
- ☐ Youth violence (like gang fights, murders)
- ☐ Domestic violence
- ☐ Stroke
- ☐ Teens getting pregnant
- ☐ Suicide
- ☐ Alcoholism
- ☐ Diabetes
- ☐ Child abuse or neglect
- ☐ Obesity
- ☐ Other (please specify)

## 5. What are the three behaviors that most affect health in your community? Choose three:

- ☐ Alcohol abuse (drinking too much)
- ☐ Driving while drunk/on drugs
- ☐ Drug abuse
- ☐ Lack of exercise
- ☐ Poor eating habits
- ☐ Not getting "shots" (vaccines) to prevent disease
- ☐ Smoking/tobacco use
- ☐ Using weapons/guns
- ☐ Not getting regular check-ups by the doctor
- ☐ Life stress/not able to deal with life stresses
- ☐ Unsafe sex (e.g., not using condom or birth control)
- ☐ Teenage sex
- ☐ Talk/texting and driving
- ☐ Other (please specify)

## 6. What are the three biggest social and economic problems in your community? Choose three:

- ☐ Not enough local jobs
- ☐ Poverty
- ☐ Overcrowded housing
- ☐ Homelessness
- ☐ Not enough education/high school drop-outs
- ☐ Schools
- ☐ Racism and discrimination
- ☐ No health insurance
- ☐ Not enough interesting activities for youth
- ☐ Fear of crime
- ☐ Not enough healthy food
- ☐ Can't pay for transportation
- ☐ No police and firefighters
- ☐ Other (please specify)

## 7. What are the three biggest problems to having a healthy environment in your community? Choose three:

- ☐ Air pollution (dirty air)
- ☐ Pesticide use
- ☐ Poor housing conditions
- ☐ Home is too far from shops, work, school
- ☐ Too many hot days
- ☐ Cigarette smoke
- ☐ Not enough sidewalks and bike paths
- ☐ Trash on streets and sidewalks
- ☐ Flooding problems
- ☐ Unsafe drinking water
- ☐ Not enough safe places to be physically active
- ☐ Not enough places nearby to buy healthy and affordable foods
- ☐ Not enough public transportation
- ☐ Speeding/Traffic
- ☐ Other (please specify)

## 8. In your opinion, is store window advertising of tobacco, alcohol, and sugary beverages a problem in San Joaquin County? Choose one:

- ◯ Not a problem
- ◯ A medium problem
- ◯ A small problem
- ◯ A big problem
- ◯ I don't know
- ◯ Other (please specify)

## 9. Do you have health insurance?

- ◯ Yes
- ◯ No
- ◯ Don't know

## 10. What three things make it hard to get health care in your community? Choose three:

- ☐ It is not hard to get health care
- ☐ No health insurance
- ☐ Medi-Cal is too hard to get
- ☐ Medi-Cal is too hard to use
- ☐ No health care available at night or weekends
- ☐ Can't get off work to see a doctor
- ☐ The only place to go is the emergency room
- ☐ Can't afford medicine
- ☐ Covered California/Obama Care is too hard to get
- ☐ Covered California/Obama Care is too hard to use
- ☐ No transportation
- ☐ Not enough doctors here
- ☐ Waiting time to see the doctor is too long
- ☐ Doctors and staff don't speak my language
- ☐ High co-pays and deductibles
- ☐ Other (please specify)

## 11. What are the three most important parts of a healthy, thriving community? Choose three:

- ☐ Safe place to raise kids
- ☐ Jobs
- ☐ Good air quality
- ☐ Access to health care
- ☐ Access to healthy food
- ☐ Parks and recreation facilities
- ☐ Affordable housing
- ☐ Low crime and violence
- ☐ Good schools
- ☐ Green/open spaces
- ☐ People know how to stay healthy
- ☐ Support agencies (e.g., social workers, churches and temples)
- ☐ Community involvement
- ☐ Time for family
- ☐ Services for elders
- ☐ Inexpensive childcare
- ☐ Diversity is respected
- ☐ Other (please specify)

# San Joaquin County MAPP Community Health Survey

**12. Please rate your family's health and the overall health of your community. Choose one answer for each row:**

| | Excellent | Good | Ok | Poor | Very Poor | Don't know |
|---|---|---|---|---|---|---|
| Family | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| My Community | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

**13. Please rate how well your neighbors and your county work together to help solve community problems? Choose one answer for each row:**

| | Excellent | Good | Ok | Poor | Very Poor | Don't know |
|---|---|---|---|---|---|---|
| My Neighbors | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |
| San Joaquin County | ◯ | ◯ | ◯ | ◯ | ◯ | ◯ |

**14. What are two things that make you most proud of your community?**

1. _____
2. _____

**15. What are the two things you would like to improve in your community?**

1. _____
2. _____

**16. What activities would excite you enough to become involved (or more involved) in building a healthier community?**

1. _____
2. _____

Please answer the following questions about yourself so we can see how different types of people feel about these local health issues.

**17. What is your age group?**

- ◯ Under 18 years
- ◯ 18 to 25 years
- ◯ 26 to 39 years
- ◯ 40 to 54 years
- ◯ 55 to 64 years
- ◯ 65 to 80 years
- ◯ Over 80 years

**18. What language(s) do you speak at home? Choose one:**

- ☐ English
- ☐ Spanish
- ☐ Other (please specify)

_____

### 19. How well do you speak English? Choose one:

- ◯ Very well
- ◯ Well
- ◯ Not well
- ◯ Not at all

### 20. What race do you most identify with? Check all that apply:

- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ Cambodian
- ☐ Hmong
- ☐ Vietnamese
- ☐ Filipino
- ☐ Chinese
- ☐ Pakistani
- ☐ Japanese
- ☐ Thai
- ☐ Korean
- ☐ Laotian
- ☐ East Indian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other (please specify)

### 21. Please indicate your gender. Choose one:

- ◯ Female
- ◯ Male
- ◯ Other (please specify)

### 22. What is your annual household income? Choose one:

- ◯ Less than $10,000
- ◯ $10,000 to $14,999
- ◯ $15,000 to $24,999
- ◯ $25,000 to $34, 999
- ◯ $35,000 to $49,999
- ◯ $50,000 to $74,999
- ◯ $75,000 to $99,999
- ◯ $100,000 to $149,000
- ◯ $150,000 to $199,999
- ◯ $200,000 or more
- ◯ Don't know

### 23. How many people live in your household? Choose one:

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ Other (please specify)

### 24. What is your educational level? Choose one:

- ◯ Less than high school
- ◯ High school diploma
- ◯ GED
- ◯ Some college
- ◯ College degree
- ◯ Graduate/professional degree
- ◯ Other (please specify)

# San Joaquin County
# Community Health Needs Assessment
## Appendix H. Prioritization Scoring Matrix

**Instructions:** For each health need, write down a score between 1 to 7 for each criterion (1 being the lowest and 7 being the highest score possible). For example, if an issue is nearly impossible to prevent, it could be assigned a 1 in "Prevention" but may receive a score of 6 in "Severity". You will then use the clickers to indicate your score for each health need and criterion. Once each member scores the health needs, the scores will be averaged and multiplied by the weighting value and an overall score will be calculated for each health need.

| Health Need | Severity | Disparities | Impact | Prevention |
|---|---|---|---|---|
| | The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected. | The health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations | Solution could impact multiple problems. Addressing this issue would impact multiple health issues. | There is an opportunity to intervene at the prevention level and impact overall health outcomes. |
| *Weighting* | *1.5* | *1.5* | *1.4* | *1.3* |
| **Access to Care** | | | | |
| **Access to Housing** | | | | |
| **Economic Security** | | | | |
| **Education** | | | | |
| **Injury and Violence Prevention** | | | | |
| **Mental Health** | | | | |
| **Substance Use** | | | | |
| **Youth Development** | | | | |
| **Obesity/Diabetes/HEAL** | | | | |
| **Oral Health** | | | | |
| **Asthma/Air Quality** | | | | |

# San Joaquin County
# Community Health Needs Assessment
## Appendix I. Qualification of Consultants

**Harder+Company Community Research:** Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to both healthcare reform and the CHNA process in particular. Harder+Company is also the consulting partner on several other CHNAs throughout the state including in Napa, Marin, and Sonoma Counties.

**MIG:** Since it was founded in 1982, MIG has focused on planning, designing and sustaining environments that support human development. MIG embraces inclusivity and encourages community and stakeholder interaction in all of its projects. For each endeavor — in planning, design, management, communications or technology — MIG's approach is strategic, context-driven and holistic, addressing social, political, economic and physical factors to ensure clients achieve the results they want.

# San Joaquin County
# Community Health Needs Assessment
## Appendix J. Core Planning Group Member Websites

**Dameron Hospital Association**
http://www.dameronhospital.org/

**Community Medical Centers**
http://www.communitymedicalcenters.org/

**Community Partnerships for Families**
http://www.cpfsj.org/

**First 5 San Joaquin**
http://www.sjckids.org/

**Health Net**
http://newsroom.healthnet.com/

**Health Plan of San Joaquin**
http://www.hpsj.com/

**Kaiser Permanente-Manteca**
https://healthy.kaiserpermanente.org

**San Joaquin County Public Health Services**
http://www.sjcphs.org/

**St. Joseph's Medical Center**
http://www.stjosephscares.org/

**Sutter Tracy Community Hospital**
http://www.suttertracy.org/

# Sutter Health
# Sutter Tracy Community Hospital

## Community Health Needs Assessment Impact Report

Responding to the 2013 Community Health Needs Assessment

Sutter Tracy Community Hospital
1420 N. Tracy Blvd.
Tracy, CA 95376
www.suttertracy.org

This document serves as a report of the impact from community benefit programs, initiatives and activities put in place to address the needs identified by the 2013 – 2015 Community Benefit Plan for Sutter Tracy Community Hospital.

### Implementation Plan Impact Highlights

Sutter Tracy Community Hospital has made great strides in coordinating meaningful community benefit strategies in the last three years. This impact report will summarize all Implementation Plan efforts from 2013 – 2015, but the following activities are the most notable of accomplishments that have transformed the hospital's future ability to work collaboratively, and successfully collect measurable data.

- Community Health Advisory Council: Established in 2014, this advisory group is comprised of a minimum of 10 active community members and leaders selected to represent the diverse populations of the hospital's service area. Members help voice the concerns and needs of various public sectors and are key contributors to the Community Grants Program by evaluating and rating the grant applications. Members are informed on the hospital's implementation plan and become well-versed on the findings of the San Joaquin County Community Health Needs Assessment (CHNA). Additionally, all are encouraged to participate in the CHNA process and a few are active members in the Community Stakeholder Steering Committee.
- Community Grants Program: In an effort to strategically invest in programs and services that could directly impact the identified priority needs in the community, the hospital in partnership with the Tracy Hospital Foundation, established a formal and competitive request for proposal process. Applications were accepted, evaluated and processed in late 2014 and services commenced in February 2015. This program has been the primary strategy to effectively collect qualitative and quantitative data and successfully measure impact, and therefore the grant results referenced throughout the following report will be primarily from 2015 efforts.

## 2013 – 2015 Implementation Strategy

In accordance with the regulations proposed by the Internal Revenue Service (IRS) and pursuant to the Patient Protection and Affordable Care Act of 2010, the implementation strategy was approved by the Governing Board of Sutter Tracy Community Hospital on October 24, 2013. Since that date, STCH has been working in partnership with various other stakeholders to effectively address the health needs of the hospital's service area which include the cities of Tracy (zip codes 95376, 95377, 95378), Mountain House (95391), Banta (95304), Manteca (95336, 95337), and Lathrop (95330).

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Community Partnership for Families of San Joaquin (CPFSJ) Healthy Connections Family Resource Center** | A one stop location that provides the community with needed resources related to access to health care along with other health and social service resources. The center is focused on improving access to health care and improving family self-sufficiency to help break the cycle of generational poverty, a root cause of many health issues. Through a streamlined referral process with the hospital's emergency and case management departments, the Family Resource Center intercepts uninsured and underinsured individuals upon discharge and works directly with them to connect them with the local Federally Qualified Health Center (FQCH) for immediate follow-up. They also offer prescription assistance, health insurance enrollment assistance, and/or other resources and referrals needed for individuals or families. STCH provides funding to CPFSJ for operational expenses. | In the last three years, the Resource Center has been a valuable resource for residents within the hospital's service area. Clients of the center have obtained increased access to health care as well as supportive services to improve both their health and social well-being.<br><br>Due to the limited statistics provided during 2013, the following metrics are related to the last two years.<br><br>The number of people served by the center increased an average 19% overall and the number of referrals related to access to care increased as well.<br><br>Health Insurance Enrollment Assistance = 169% increase from the 133 of individuals served in 2014 versus the 358 provided with assistance in 2015.<br><br>Behavioral Health Referrals = 347% increase in the number of people connected to mental health services. 17 in 2014 and 76 in 2015. |
| **Diversified Healthcare Resources (DHR)** | DHR provides uninsured hospital patients with no charge insurance enrollment assistance. They help individuals apply for both primary and secondary insurance coverages in order to reduce the burden of medical debt, and allow them the opportunity to seek ongoing medical care in an outpatient setting. | **2013 – 2015 Impact:**<br>Patients served: 4,681<br>Patients approved for insurance: 1,070<br>Total cost savings for those approved: over $27 million of debt deferred for the patients |

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Family Resource & Referral Center (FRRC)** | FRRC has been a longtime partner of STCH, and has removed transportation barriers for Tracy residents needing to apply for Medi-Cal, Cash Aid and Food Stamps for the last 10 years. They continue to offer insurance enrollment assistance to local residents 2 days per week, helping individuals avoid a 20 mile drive and long wait times at the San Joaquin County's Human Services Agency. Since the inception of the Sutter Tracy Community Grants Program in 2015, our hospital has been able to capture appropriate data justifying the investment for FRRC services. Prior to that data was very minimal. | 2015 Grant Metrics: 865 individuals were served.<br>Covered CA = 184<br>Medi-Cal = 670<br>Kaiser = 11<br><br>The primary populations served are comprised of the following:<br>Hispanic 80%<br>White 8%<br>Black 1%<br>Asian 2%<br>American Indian 9%<br><br>In addition to application assistance, FRRC also offers follow-up phone calls to ensure that individuals are utilizing their coverage. In 2015, they conducted 1,099 follow-up calls and 502 individuals have confirmed eligibility and access to medical care, meaning that approximately 58% of the individuals, who obtained health insurance and were successfully contacted by phone, confirmed that they obtained medical care. |
| **Behavioral Health Taskforce** | The investment of community benefit staff time was made to coordinate discussions with key stakeholders on topic of expanding behavioral health services to Tracy residents. Through the formation of the Behavioral Health Services Taskforce comprised of representatives from San Joaquin County Behavioral Health Services (SJCBHS), Tracy Police Department (TPD), Emergency Department (ED) Management, Hospital Administration, and Leadership from the Community Partnership for Families Resource Center, there have been great strides with trying to address this community need. | Established in 2014, the results have included:<br>- Increased communication between TPD and ED staff while prior to that there was no personal/professional connections made between management. This has resulted with reaching common ground on certain operational issues effecting patient through-put and hospital staff safety.<br>- Direct transfer of non-medical, 5150 cases directly to SJCBHS services. Prior to the creation of the Taskforce, TPD would transport individuals to the ED causing unnecessary wait times for mental health evaluations and delay in care for those individuals.<br>- Ongoing, regular meetings continue to occur to develop strategies to increase local access of behavioral health services. |

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Holistic Approach to Recovery and Transition (HART)** | Grant to support no cost parenting classes, counseling, and Life Coaching for parents/families who are unable to pay for services. | 2015 Grant Metrics: 49 parents served, and 24 (16 by Life Coach, 8 by therapist) of those parents were provided with 320 hours of counseling. Out of all those parents surveyed, 100% were able to pass the post verbal test showing their understanding of the parenting styles and goals to address misbehaviors. |
| **Sow a Seed Community Foundation** | Grant to support Tracy youth by providing various evidence-based programs to increase self-confidence, improve leadership skills and learn intervention techniques to address emotional and behavioral health concerns. | 2015 successes include: 100% of participants experienced positive use of extracurricular time. 100% of youth found to be in need of mental health assessment, referrals, and or counseling were served with appropriate resources. |
| **McHenry House Family Shelter** | Grant funding provided to support the operation of Tracy's only family shelter that provides quality crisis intervention services for homeless families. | 2015 Grant Metrics: 100% of adult clients residing at the shelter attended the Stress Management Workshop, which is a 2 hour class, twice monthly, in order to learn how to cope with stress. 100% of clients that are case managed are provided with counseling, medical, and social service resources as needed. |
| **Patient Assistance Program for Medications (PAPrx)** | Staff supported program that provides qualifying individuals with assistance in applying for available, no cost, prescription programs. | PAPrx has experienced a rapid decrease in patient volume with the deployment of the Affordable Care Act. The owner of the PAPrx software had referenced in 2013 that it would be just a matter of time before the service became a non-viable resource. Inevitably, that has been the case. Since PAPrx is no longer active and the subscription to the service has been cancelled, below are merely outputs that can be shared as valid data.<br>2013 – 21 persons served<br>2014 – 10 persons served<br>2015 – 0 persons served<br><br>There is no longer a need for this program, and therefore has been sunset. |

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Outpatient Prescription Program** | The subsidizing of prescription costs for community members who do not have the ability to pay for medications. | **2013 – 2015 Data:**<br>The Outpatient Prescription Program has acted as a safety net for many residents. In collaboration with the Tracy Resource Center and several referring partners, including the local Federally Qualified Health Clinic (FQHC), the hospital positively impacted the lives of 171 individuals by saving them over $35,000 in prescription costs as well as maintaining their medication compliance. The reality is that the individuals that benefitted from this program would have ultimately gone without the prescribed medication and although it is uncertain how they would have fared, it is safe to assume that the program provided the necessary assistance during a critical time. |
| **Catholic Charities – Homecoming Project** | Grant providing hospital to home transitional care services to help ensure high-risk, chronically ill individuals a safe and successful transition from the hospital to health. A Transitional Care Specialist provides support, resources and referrals to assist with the patient reaching optimal health. | Contract for service was finalized in the fourth quarter of 2015 so the totals below reflect services rendered from November 1, 2015 through December 31, 2015.<br><br># of encounters: 11<br># of persons connected to PCP: 6<br># connected to mental health services: 2<br># connected to social services: 8<br># of transportation vouchers: 3<br># of rides provided: 6<br># of persons case managed: 8<br>% of program patients not re-admitted into the hospital: 91%<br>% of program patients that have established a medical home and have received post-discharge care from a primary care provider: 83% |
| **Community Medical Centers, Inc. (CMC)** | Grant to support this Federally Qualified Health Center assisted with the *There is no "I" in Team Training Program* which was focused on improving clinic throughput and patient satisfaction. Objective: By November 2015, 100% of CMC Tracy providers and staff will be oriented, trained, and supported in working as a collaborative, interdisciplinary, patient-centered care team. | 2015 Grant Success: Although the total % of trained staff was not supplied, the clinic has reduced patient wait times and improved patient cycle times by training staff and implementing best practice methods in day-to-day operations. |

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Gospel Center Rescue Mission** | Grant to support Homeless Respite Care Program. | 2015 Grant Metrics:<br>Metric — Outputs<br># of persons served — 83<br>Average days (LOS) at homeless shelter — 90<br># Enrolled in insurance — 83<br># Connected to social services — 73<br># of prescriptions filled — 395<br># of rides provided — 1,220<br># of persons case managed — 73 |
| **St. Mary's Dining Room** | Grant to provide medical and dental care to uninsured homeless and working poor individuals and families with a focus on the communities of Tracy, Banta, Mountain House, Lathrop and Manteca. | 2015 Grant Results: Patients are demonstrating increased knowledge about their health issues. They have begun participating in their own health care by making and keeping appointments, participating in education classes and being proactive rather than reactive about their health.<br>Outputs:<br># of encounters: 431<br># of diabetes education classes: 36<br># of individuals who received free dental care: 103<br># of individuals who received free medical care: 256 |

**Community Health & Wellness Fair**

This free community health fair allows the opportunity to target several community members at one time and provides them with access to various health screenings and resources (like flu vaccines) that they may not consider receiving otherwise. Additionally, at the health fairs people of all ages and cultures are provided fitness and nutritional information that may improve obesity, chronic conditions and overall general health. Follow-up on any out of range screening results are provided for those at the Community Health & Wellness Fair and appropriate resources and referrals given as needed.

In the last three years the Community Health & Wellness Fair has delivered over 9,300 services to area residents.

| Fair Stats | 2015 | 2014 | 2013 |
|---|---|---|---|
| *Flu Shots (11 Peds)* | 625 | 809 | 669 |
| Nutrition & Diabetes Education | 406 | 302 | |
| | 250 | 336 | 400 |
| | 231 | 232 | 383 |
| | 199 | 219 | 135 |
| | 184 | 128 | 152 |
| | | NA | 98 |
| | 148 | 177 | 151 |
| | 135 | 210 | 191 |
| | 114 | 177 | 151 |
| *Physician Consultations* | 97 | 130 | 151 |
| | 79 | 132 | 151 |
| | 78 | 94 | 75 |
| | 45 | 66 | 65 |
| Rehab- Assessments | | NA | 35 |
| | NA | NA | 35 |
| | 35 | NA | NA |
| | 30 | 83 | 111 |
| | 12 | 15 (ortho) | 124 |
| *Pneumo (4) & Tdap (1) Vaccines* | 5 | NA | NA |
| *Event Surveys Collected* | *148* | *154* | *122* |
| *Vision Vouchers given* | 0 | 270 | 240 |
| | | | |
| **Total Services=** | **2673** | **3365** | **3317** |

In addition to the event offerings, those individuals with out of range results are provided with a courtesy phone call or a reminder letter by mail, to ensure that they understand that their results warrant a follow-up visit with their doctor and that low cost local resources are available to help. Those needing access to medical and/or social services are provided with resources during that call, and the letter also references a list of the local community clinics for contacting. Over 800 calls were made.

With the implementation of the Affordable Care Act, our surveys note an increase of attendees with health insurance, yet statistics continue to validate the need

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| | | of residents to access health screenings from this type of event.<br><br><u>Insurance Status of Fair Attendees</u><br>2015 2014 2013<br>Insured 74% 65% 43%<br>Not insured 26% 35% 57%<br><br>Additionally, this event was successful in impacting the knowledge of health education and resource awareness with those surveyed.<br><br><u>*Event made me aware of ways to improve health:*</u><br>*Agree (31%)*<br>*Somewhat Agree (10%)*<br>*Strongly Agree (57%)*<br>*Strongly Disagree (1%)*<br>*Somewhat Disagree (1%)*<br>*No Answer (3%)*<br><br><u>*I will use what I learned today:*</u><br>*Agree (28%)*<br>*Somewhat Agree (9%)*<br>*Strongly Agree (60%)*<br>*Somewhat Disagree (1%)*<br>*Strongly Disagree (1%)*<br>*No Answer (3%)* |

| Lack of Access to Primary and Preventive Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Rural Community Access Improvement Project** | The Rural Communities Access Improvement Project was a joint venture between Sutter Tracy Community Hospital, the Tracy Hospital Foundation, and other Central Valley area affiliates of Memorial Medical Center Modesto, Sutter Gould Medical Foundation and Memorial Hospital Los Banos. The intent of the project was to increase access, information, and resources in order to improve health in communities with barriers to care in the tri-county area of San Joaquin, Merced and Stanislaus. In the fourth quarter of 2014, the Sutter Health Mobile Clinic Van was purchased and in 2015, dedicated personnel was hired to further implement a solid strategy that would directly serve the most vulnerable populations.<br><br>With the full implementation of the Affordable Care Act, and California's expansion of Medi-Cal, it became clear that the initial strategy for the Mobile Clinic Van required reevaluation to ensure that the services would meet the needs of the community under the current health climate as well as guarantee sustainability. Therefore, in the fourth quarter of 2015, Sutter Health gifted the mobile unit to WellSpace, a Federally Qualified Health Center (FQHC) which can expand services to a larger demographic, and serve additional underserved communities within the Sutter Health service area. | 2013 – 2015:<br>A successful memorandum of understanding was executed for the transfer of the fully-equipped mobile health van to begin delivering primary health services to the underserved and connecting them to resources for ongoing care. In a joint effort between two Federally Qualified Health Clinics, WellSpace and Golden Valley Health Centers will deliver care to the most vulnerable residents of Sacramento and Stanislaus Counties. Beginning in June 2016 initial services in will include pediatric health and dental screenings, and women's health services and will serve a minimum of 1,000 people per year. This innovative approach to health care is built on a sustainable model, and Sutter Health is delighted to have been able to provide the gift to the community. |

| Lack of Health Education | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Children at Risk Resources (CARR)** | Grant to support community based diabetes education classes. With a specific target on reaching the Hispanic community, this bilingual health education class teaches the importance of management and prevention of diabetes in easy to understand terms. | 2015 Grant Results:<br>Objective: By December 31, 2015, a minimum of 250 individuals in the Tracy community will have received education on diabetes and obesity prevention.<br>Outputs: 485 individuals<br>Outcomes: The participants in the classes demonstrated and increase in knowledge of an average of 85%. This was measured by a pre and post-test evaluations. |
| **Second Harvest Food Bank of San Joaquin** | Grant to support the Mobile Fresh program that delivers a supplemental supply of fresh fruits and vegetables to low-income, and at risk individuals, children, and seniors in underserved neighborhoods. Along with the food supply, nutritional information is given to increase knowledge of recommended daily consumption and other health topics. | 2015 Grant Results:<br>Objective: In 10 months, 65% participants will demonstrate an increase in health and nutrition knowledge.<br>Method/Activities: Participants will receive nutrition tips, health messages, and USDA guidelines<br><br>Outputs Achieved:<br>7,119 nutritional hand outs were shared to strengthen health awareness and nutrition knowledge at the sites.<br><br>Outcomes: Survey Results from a sample of 300 surveys: 97% of participant's knowledge of healthy eating has improved. |
| **St. Mary's Dining Room** | A portion of the grant provided, supports the Diabetes Health Education offered to patients of the free medical clinic. | 2015 Grant Results:<br>Outputs Achieved:<br>72 patients have attended the classes. This is 17 more than we anticipated at the start of the grant period.<br><br>Outcomes:<br>Patients are demonstrating increased knowledge of their disease, including how to test glucose levels, how to self-administer medications and recommended changes to their diets. In one notable case, the patient was able to eliminate one of her medications due to the change in her diet and a better understanding of her condition. |

| Lack of Health Education | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Disease Management Clinic** | Sutter Tracy provides professional health education through the Pharmacy's – Outpatient, Subsidized Disease Management Program which educates chronically ill individuals on how to best manage their disease state, particularly; diabetes, COPD, and CHF. | 2015 Data: Community benefit staff will work with Pharmacy to develop methods of measuring results of the program. Currently, pharmacy is only reporting the amount of staff time and number of patients served.<br>Persons served: 75 |
| **Lammersville Unified School District** | The grant helps support three main goals for the school district.<br>Goal one: In order to support student achievement in all K-12 students, administrators and teachers will receive professional development to promote healthy lifestyle. Goal two: Fitness will be used to support the district's academic content standards to improve learning in core curricular areas. Goal three: Health and nutrition content will be used to support the district's academic content standards to improve learning in core curricular areas. | 2015 Grant Results:<br>Reported successes:<br>Goal One:<br>- All administrators and teachers became aware of the LUSD Wellness Policy and learned health/fitness activities.<br>- Students became physically fit by participating in physical education activities.<br>- Students were aware of the nutritional content of the food they eat in the cafeteria.<br><br>Goal Two:<br>- K-3 students received 200 minutes of PE and 4-8 students receive 270 minutes every 10 days, which met the state requirement.<br><br>Goal three:<br>- Students developed healthy eating habits by consuming healthy food during lunch since the salad bar was made available.<br><br>Students developed healthy eating habits by learning about fresh vegetables and fruits. The "Caught Eating Good" campaign incentivized students to eat more fruits and vegetables. |

| Lack of Health Education | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| River Islands Tech Academy | Grant supports physical fitness education for students in the City of Lathrop. | 2015 Grant Results:<br>1. First Objective: Develop an afterschool Running Club<br>Successfully completed Year One Run Club in April<br>Running Club Year Two Started in October 2015.<br>Established a new Run Course at New School Site<br>Created a new Run Club T-shirt Design<br>Outputs: 200 registered members.<br>Outcomes: 195 students, staff, and family members attending Run Days<br>26 Run Days – 1 mile each day<br><br>Second Objective: Further develop the Sparks PE program providing K-8 students with daily inclusive, active, fun PE lessons.<br>Method/Activities: Sparks PE Program and Equipment for all students K-8<br>Outputs Achieved to Date: Curriculum and Equipment for 18 classes K- 8th grade<br>Outcomes: In review of the pre and post survey data, the percentage of students who engage in 30-60 minutes of daily outside activity increased from 33%-39%.<br><br>Third Objective: Provide teachers and students with classroom materials and equipment to incorporate quick mini-lessons and activities centered around nutrition and fitness that can be utilized throughout the school day.<br>Method/Activities: Professional Development on the value of Brain Breaks, Brain Break Resources, Brain Break Materials<br>Outputs Achieved: Brain Break activities and materials for K-8th grade students were purchased. |

| Lack of Dental Care | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **St. Mary's Dining Room** | A portion of the grant provided, offers homeless and low-income individuals with dental care. | 2015 Results: 103 individuals from the hospital's service area received free dental care. |
| **University of the Pacific (UOP) – Virtual Dental Home** | A grant provided to the UOP School of Dentistry, helps to support an innovative way to deliver dental care to children in the Tracy Unified School District. The Virtual Dental Home delivers Dental Hygienists to school sites for oral health screenings, and allows Dentists to virtually assess treatment plans for direct service onsite or referral to a local dental clinic. | 2015 Results: Successful meeting with Tracy Unified School District leadership. Planning for the launch of services in the 2016-17 school year. |
| **San Joaquin County (SJC) Dental Taskforce** | Sutter Tracy Community Hospital provided staff time to participate in this taskforce that focuses on providing opportunities to increase access to dental care for uninsured and underserved individuals in San Joaquin County. | 2013 – 2015 Taskforce results:<br>- Increased oral health programs at school and after-school programs.<br>- Increased the number of pediatricians who provide fluoride varnish, oral health screening, and dental referrals routinely for their patients.<br>- Ongoing collaboration to increase the resources for dental care for San Joaquin residents.<br>- CDA Cares event scheduled for October 2016 in Stockton, which will provide dental care to thousands of area residents. |

| Limited Transportation Options | | |
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| **Program** | **Program Description** | **Impact** |
| **Taxi Vouchers** | Sutter Tracy Community Hospital subsidizes the cost of taxi fares for indigent patients needing transportation assistance. | 2013 – 2015: 211 persons served (an undetermined number may be duplicated since patient names are not provided when reported.) |
| **Tracy Volunteer Caregivers** | Grant that provides transportation services for disabled and senior citizens in Tracy. | 2015 Grant results:<br>First Objective: 22 trips per month for medical appointments, outpatient/hospital visits, and medication pick-up at local pharmacy Average medical related trips per month=19<br>Outputs: 45 clients per month serviced. (Total unduplicated undetermined.)<br>Health maintenance needs for client are met.<br>Examination and diagnosis needs are fulfilled.<br>Clients are not completely home-bound.<br>Clients experience some social interaction.<br>Outcomes: 33% of program activity related to health sustainability;<br>At peak, 62 clients served this year; 49 at year –end.<br><br>Second Objective: 28 trips per month to deliver food to home-bound clients. Average food trips per month=10<br>Outputs: 45 clients per month serviced.<br>Nutritional needs of the clients are fulfilled.<br>Decreased health issues related to dietary needs.<br>Clients are enabled to maintain independence.<br>Outcomes: Individual self-reliance bolstered. Control of household finances maintained. Client self-esteem improved by ability to continue to conduct their own affairs and lifestyle.<br><br>Third Objective: 24 escorted trips per month for client shopping<br>Average shopping trips per month= 11<br>Outputs: At peak, 62 clients served this year; 49 at year –end.<br>Outcomes: 34% of program activity related to improving the stability and independence of our clients; Individual self-reliance bolstered. Control of household finances maintained. Client self-esteem improved by ability to continue to conduct their own affairs and lifestyle. |

| Limited Access to Healthy Food | | |
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| **Program** | **Program Description** | **Impact** |
| **Boys & Girls Club of Tracy** | Included in the grant provided to this organization is the goal to provide access to free healthy snacks, meals, fruits, vegetables and clean water year round for all participants. | 2015 Grant Results: In 10 months 80% (140/175) of participants will be given access to 2 or more fruits and vegetables per day through the following programs, Food for Thought, Healthy Habits, and Free daily hot & healthy suppers (provided in collaboration with Tracy Unified School District)<br>Outputs Achieved:700 youth served<br>- Daily free healthy snacks and supper for 10 months.<br>- Bi-weekly free bags of groceries for 10 months.<br>Outcomes: Food For Thought program reports the following bags were provided to families:<br>Total bags distributed (Nov &Dec): 1,780 bags<br>Total pounds distributed (Nov & Dec) : 35,221 at a value of $60,580.12<br><br>TUSD Reports the following Snacks/lunches/Suppers have been provided to BGC members:<br>17,703 (Nov- Dec) free, hot & healthy meals were provided, including fresh fruits and vegetables.<br><br>Youth Outcome Intuitive Survey asking members to report on Objective has been administered to members.<br><br>**Fruits 2 or more** — **Total Response**<br>Boys & Girls Club of Tracy - [Site] 68 %<br>Central School Unit - [Site] 62 %<br>McKinley Unit - [Site] 72 %<br>North Unit - [Site] 69 %<br>South/West Park - [Site] 69 %<br>Villalovoz Boys & Girls Club - [Site] 83 %<br><br>**Vegetables 3 or more** — **Total Response**<br>Boys & Girls Club of Tracy - [Site] 31 %<br>Central School Unit - [Site] 49 %<br>McKinley Unit - [Site] 47 %<br>North Unit - [Site] 33 %<br>South/West Park - [Site] 39 %<br>Villalovoz Boys & Girls Club - [Site] 34 % |

| Limited Access to Healthy Food | | |
|---|---|---|
| **Program** | **Program Description** | **Impact** |
| **Second Harvest Food Bank of San Joaquin** | Grant to support the Mobile Fresh program that delivers a supplemental supply of fresh fruits and vegetables to low-income, and at risk individuals, children, and seniors in underserved neighborhoods. | 2015 Grant Results:<br>First Objective: In 10 months, 75 % of participants will demonstrate a positive change in access to fresh fruits and vegetables<br>Method/Activities: Decrease barriers to access to fresh fruits and vegetables by providing a Mobile Pantry in at risk areas in the cities of Lathrop, Manteca, and Tracy<br>Outputs Achieved: 3 sites, 10 months, serving 1,460 unduplicated participants per year.<br>Outcomes Achieved: 3 sites<br>Survey Results from a sample of 300 surveys: 100% increased access to fresh fruits and vegetables<br><br>Second Objective: In 10 months, 70% of participants will increase consumption of fresh fruits and vegetables.<br>Method/Activity: Mobile Pantry will provide a bag of 20 pounds of fresh fruits and vegetables to low-income participants<br>Outputs Achieved: Participants had access to a total of 223,066 pounds of fresh fruits and vegetables.<br>Outcomes: Survey Results from a sample of 300 surveys: 99% of participants have increased their consumption of fresh fruits and vegetables. |

| Limited Access to Healthy Food | | |
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| **Program** | **Program Description** | **Impact** |
| **Tracy Interfaith Ministries** | A portion of the grant provided, helps to supply nutritious food including peanut butter, milk, eggs and fresh produce to low-income families. | 2015 Grant Results:<br>Objective: Low-income families in the Tracy community with children of all ages will be given an ample amount of nutritious food in the bags of groceries we distribute to them. Each food order will contain fresh produce, peanut butter, tuna, milk, beans, eggs and other healthy food along with the, so readily available, bakery products, snacks and cereals.<br><br>Method/Activities: Clients may come every 2 weeks for groceries. The homeless may come weekly. Food is distributed by the size of the household. A household of 4 people typically receives 45 pounds of food per visit. The goal is to provide healthy food, however if there is a shortage of any nutritious products, preference is given to families with children and the elderly.<br>Outputs Achieved: (portion of grant funds represents a small, undetermined amount of overall outputs and outcomes)<br>Duplicated numbers<br>36,978 adults<br>23,948 children<br>17,863 times food distributed |
| **Lammersville Unified School District** | Part of the grant provided is to support the Farmers Market event that helps deliver fresh produce to children and their families. | 2015 Grant Results:<br>Supplied k – 8 grade students and their families with a Farmer's Market event where every student selected fruits and vegetables to take home, and learned various health and nutrition related information. |

| Lack of Safe and Affordable Places to be Active | | |
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| **Program** | **Program** | **Program** |
| **Boys and Girls Club of Tracy** | A portion of the grant provided helps to address the health, wellness and fitness needs of youth through the Triple Play program and the Inclusion Program for disabled youth in a safe, controlled environment. | 2015 Grant Results:<br>- In 10 months 80% (140/175) of participants will engage in physical activity for 5 days per week.<br><br>Method/Activities: Triple Play: Fitness Programing, Year-Round sports Leagues; Soccer, Basketball, Volleyball and Flag Football.<br>Outputs: Five (60min) Triple Play sessions per week for 10 months.<br>700 participants were served in this program<br><br>Outcomes:<br>Physical Activity Total Responses %<br>Physical Activity 5+<br>Boys & Girls Club of Tracy - [Site] 72 %<br>Central School Unit - [Site] 74 %<br>McKinley Unit - [Site] 70 %<br>North Unit - [Site] 67 %<br>South/West Park - [Site] 72 %<br>Villalovoz Boys & Girls Club - [Site] 77 %<br><br>Objective: In 10 months 80% (12/15) of regular attending Inclusion youth will increase the distance peddled on a stationary bike during a 3 minute period, increasing physical strength, endurance and coordination.<br><br>Method/Activity: Weekly bike activities, Triple Play Fitness Activities<br>Outputs: Once a week (3min) sessions for 10 months.<br>Minimum 3 (45 min) Triple Play sessions per week for 10 months. 1 game per week for 9 weeks, 60 youth served in this program.<br><br>Outcomes:<br>Inclusion Program Stationary Cycling:<br>19 sessions in November<br>21 sessions in December<br>14 out of 15 Inclusion members have increased their time on the stationary bike. |

| Limited Cultural Competence in Health Care System | | |
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| **Program** | **Program** | **Program** |
| **Language Line** | Language Line provides three way communication by phone so that patients and staff are connected to a certified interpreter in order to deliver care and instructions in a cultural diverse manner. | 2013 – 2015: The hospital has always provided the Language Line service for patients during the last three years; however in 2015 the hospital significantly increased the accessibility of interpreter services for patients and visitors.<br>In June of 2015, clinical staff was trained on the Language Line service. All clinical and clerical staff is required to complete competency training on the three way calling phone system on an annual basis.<br>In August of 2015, Language Lines were installed in every patient room. As a result of the training and the installation of new phones, the number of calls doubled in frequency in the second half of the year providing a greater delivery of culturally sensitive care to the community.<br>January 2015 – June 2015 = 7,170 minutes and 569 calls<br>July 2015 – December 2015= 12,849 minutes and 1,158 calls |