

# Table of Contents

<b>Introduction and Methodology</b> .....	<b>1</b>
Introduction .....	3
Methodology.....	5
Acknowledgements .....	9
<b>Demographics and Populations</b> .....	<b>17</b>
Population .....	19
Population – Ethnicity.....	22
Population – Age.....	25
Population by Area and Ethnicity .....	27
Languages Spoken at Home.....	29
Languages Spoken by Youth .....	30
Educational Attainment.....	32
Commute Time .....	33
<b>Economy</b> .....	<b>37</b>
Household Income .....	39
Family Income by Area .....	42
Economic Well-Being .....	43
Self-Sufficiency Income .....	45
Poverty .....	47
Basic Needs.....	50
Income Spent On Housing .....	53
Foreclosures .....	55
<b>Health and Access to Health Care</b> .....	<b>57</b>
Health Insurance Coverage .....	59
Medi-Cal Enrollment .....	64
Women, Infants and Children (WIC) Enrollment.....	66
Women, Infants and Children (WIC) Participants’ Feeding Choices for Infants .....	67
Dental Insurance / Oral Health .....	70
Health Care Access and Utilization .....	73
Preventive Care .....	78
Delays In Care – Medical Care.....	81
Delays In Care – Prescription Medication.....	85
Emergency Department Use.....	86
Emergency Department Diversion.....	88
Adequate Prenatal Care .....	89
Births .....	92
Low Birth Weight Babies .....	93
Mental Health Services .....	95
Physical Activity – Adults .....	99
Adult Nutrition .....	101
<b>Tobacco, Alcohol and Drug Use</b> .....	<b>103</b>
Tobacco Use.....	105
Alcohol Consumption.....	107
Adult Drug and Alcohol Related Arrests .....	110
<b>Chronic Disease</b> .....	<b>113</b>
Asthma .....	115
Diabetes.....	119
Obese Adults .....	124

**Children and Adolescents ..... 127**

- Poverty ..... 129
- Children’s Health Insurance ..... 130
- Healthy Families Enrollment ..... 133
- Annual Health Assessments ..... 134
- Access and Utilization ..... 136
- Dental Insurance ..... 137
- Births to Teens ..... 139
- Teens – Low Birth Weight Babies and Adequate Prenatal Care ..... 140
- Overweight and Underweight Youth ..... 142
- Youth Physical Activity ..... 144
- Child and Adolescent Nutrition ..... 147
- Free and Reduced Cost Meals ..... 150
- Asthma ..... 152
- Childhood Diabetes ..... 154
- Youth Tobacco Use ..... 157
- Youth Drug Use ..... 159
- Youth Alcohol Consumption ..... 160
- Youth Drug and Alcohol Related Arrests ..... 162
- Youth Suicide ..... 164
- Teen Relationship Violence ..... 166
- Homeless Youth ..... 167

**Appendices ..... 169**

- Appendix I: Telephone Survey Results, 2007 ..... 171
- Appendix II: Telephone Survey Results Comparisons – 2004, 2007 ..... 189
- Appendix III: Face-to-Face Survey Results, 2007 ..... 207
- Appendix IV: Face-to-Face Survey Results Comparisons – 2004, 2007 ..... 219
- Appendix V: Telephone Survey Results - Adult Asthma by ZIP Code, 2007 ..... 231

# How We're Making a Difference

Community Partnership for Families of San Joaquin .....	21
People and Congregations Together .....	24
Dorothy L. Jones Neighborhood Service Center (CUFF) .....	28
Sutter Tracy Healthy Connections Resource Center .....	44
Hunger Task Force .....	49
Emergency Food Bank .....	52
The Breastfeeding Coalition of San Joaquin County .....	69
Improving Access to Health Care for Muslim Women .....	77
St. Joseph's Medical Center Mobile Mammography Unit.....	80
Improving Access to Early Prenatal Care: Barriers to Care Form.....	84
St. Joseph's Medical Center CareVan .....	87
Early Prenatal Care Work Groups .....	91
Black Infant Health (BIH).....	112
Adult Asthma Management Clinic .....	118
Community Medical Centers, Inc. ....	123
Steps to a Healthier San Joaquin Coalition.....	126
Go Before You Show .....	141
Healthy San Joaquin Collaborative .....	146
Community Medical Centers, Inc. ....	149
Give Every Child a Chance .....	156



# Table of Figures

Figure 1:	Population Estimates, All Ages.....	19
Figure 2:	How Long Have You Lived in the County? 2007 .....	20
Figure 3:	Ethnic Distribution and Projections, San Joaquin County, All Ages .....	22
Figure 4:	Ethnic Distribution and Projections, California, All Ages .....	23
Figure 5:	Population and Projections, San Joaquin County, by Age .....	25
Figure 6:	Population and Projections, California, by Age .....	26
Figure 7:	Number and Percentage of Overall San Joaquin County Ethnic Population by Area, 2000 .....	27
Figure 8:	Languages Spoken at Home, Ages 5 Years and Over, 2006 .....	29
Figure 9:	Languages Spoken at Home, Youth Ages 5-17 Years, 2006.....	30
Figure 10:	Top Ten Languages Spoken Other Than English, San Joaquin County Schools, 2006-07.....	30
Figure 11:	Number of Bilingual Aides, San Joaquin County Schools, 2006-07 .....	31
Figure 12:	Educational Attainment, Ages 25 Years and Older .....	32
Figure 13:	Travel Time to Work for Workers, Ages 16 Years and Older, Who Did Not Work at Home, 2006 .....	33
Figure 14:	Workers Commuting From San Joaquin County To Other Counties, 2000 .....	34
Figure 15:	Workers Commuting To San Joaquin County From Other Counties, 2000 .....	34
Figure 16:	Per Capita Personal Income .....	39
Figure 17:	Median Household Income.....	39
Figure 18:	Population by Household Income, San Joaquin County.....	40
Figure 19:	Population by Household Income, California .....	40
Figure 20:	Number and Percentage of Families at Each Income Bracket, by Area, 2006 .....	42
Figure 21:	Do You Feel You Are Economically Better Off This Year as Compared to Last Year? .....	43
Figure 22:	Why Do You Feel That You Are Not Economically Better Off This Year Compared to Last Year? .....	43
Figure 23:	Monthly Costs and Income Required to be Self-Sufficient in San Joaquin County for a Single Adult ..	45
Figure 24:	Monthly Costs and Income Required to be Self-Sufficient in San Joaquin County for a Family of Two Adults, One Preschooler and One School-age Child .....	46
Figure 25:	Percent of Households with Incomes Below 300% of the Federal Poverty Level (FPL) .....	47
Figure 26:	Federal Poverty Guidelines, by Family Size .....	48
Figure 27:	Percent Below Poverty Level by Age .....	48
Figure 28:	In Any Given Month, Do You Find You or Your Family Having to Go Without Basic Needs Such as Food, Housing, Child Care, Health Care or Clothing? Those Responding "Yes." .....	50
Figure 29:	What Did You Go Without? (Asked of Those Going Without Basic Needs.) .....	50
Figure 30:	Households Participating in the Federal Food Stamp Program During the Past 12 Months, 2006.....	51
Figure 31:	How Much of Your Total Household Take-Home Pay, That is Income After Taxes, Goes to Rent/Housing Costs? Those Responding a Third or More. ....	53
Figure 32:	How Much of Your Total Household Take-Home Pay, That is Income After Taxes, Goes to Rent/Housing Costs? .....	53
Figure 33:	Monthly Housing Costs that are 30% or more of Household Income by Percent of Occupied Housing Units, San Joaquin County .....	54
Figure 34:	Monthly Housing Costs that are 30% or more of Household Income by Percent of Occupied Housing Units, California.....	54
Figure 35:	Notices of Default, Houses and Condos.....	55

TABLE OF FIGURES

Figure 36: Percent of Adults Without Health Insurance .....60

Figure 37: Adults Who Currently Have Health Insurance Coverage .....61

Figure 38: Do You Have Health Insurance? .....61

Figure 39: Does Your Health Insurance Cover the Following? Those Responding “Yes.” .....62

Figure 40: Do You Also Have Additional Health Insurance Coverage for Long-Term Care Such as a Nursing Home? Those Responding “Yes.” .....62

Figure 41: Do You Also Have Additional Health Insurance Coverage for Dental Care? Those Responding “Yes.” .....63

Figure 42: Percent of Population Enrollment in Medi-Cal, All Ages .....64

Figure 43: Number of Medical Providers Serving Medi-Cal Patients, San Joaquin County, 2007 .....64

Figure 44: Percentage of Low Income Adult Mothers\* Currently Enrolled in WIC .....66

Figure 45: WIC Participants’ Feeding Choices for Infants Ages 0-1 Year, February, 2008.....67

Figure 46: San Joaquin County WIC Participants’ Feeding Choices for Infants Ages 0-1 Year .....67

Figure 47: Percentage of Adults with Dental Insurance .....70

Figure 48: How Long Has it Been Since You Last Visited a Dentist Oral Hygienist or Orthodontist? Those Responding “1 To 6 Months Ago.” .....71

Figure 49: How Long Has it Been Since You Last Visited A Dentist Oral Hygienist or Orthodontist? Those Responding “More Than 5 Years Ago.” .....71

Figure 50: Adults Who Have a Usual Place to go to When They Are Sick or Need Health Advice .....73

Figure 51: Type of Clinic Used as Usual Source of Care, Adults 18 and Older, 2005 .....73

Figure 52: Have You Needed Health Care in the Last 12 Months? Those Responding “Yes.” .....74

Figure 53: When You Needed Health Care, Where Did You Go? .....74

Figure 54: Do You Travel Out of San Joaquin County for Health Care? Those Responding “Yes.” 2007 .....75

Figure 55: If You Traveled Out of San Joaquin County for Health Care, Was It Because: .....75

Figure 56: How Do You Get Information About Health Care? .....76

Figure 57: Do You Receive Preventive Care Such as Annual Exams? Those Responding “Yes.” .....78

Figure 58: If You Did Not Receive Preventive Care, Why Not?.....79

Figure 59: If You Needed Health Care in the Last 12 Months, Were You Able to Receive the Care You Needed? Those Responding “No.” .....81

Figure 60: If You Did Not Receive the Care You Needed, Why Not? .....82

Figure 61: What Type of Health Care Did You Go Without? .....82

Figure 62: Adults Who Delayed or Did Not Get Prescription Medication.....85

Figure 63: During the Past 12 Months, Did You Either Delay or Not Get a Medicine That a Doctor Prescribed For You? Those Responding “Yes.” .....85

Figure 64: Do You Use the Emergency Department For Your Main Source of Health Care? Those Responding “Yes.” .....86

Figure 65: Total Calls to Nurse Call Center and Number and Percent of Resultant Emergency Department (ED) Diversions, San Joaquin County .....88

Figure 66: Percentage of Women Receiving Prenatal Care in the First Trimester, All Ages .....89

Figure 67: Percentage of Women Receiving Prenatal Care in the First Trimester, by Ethnicity, All Ages, San Joaquin County .....90

Figure 68: Birth Rate per 1,000 Women, Ages 15–45 .....92

Figure 69: Percentage of Babies Born at Low Birth Weight (<5.5 pounds) .....93

Figure 70: Percentage of Babies Born at Low Birth Weight (<5.5 pounds), by Ethnicity, All Ages, San Joaquin County .....94

Figure 71: Percentage of Adults, Ages 18 Years and Older, Who Needed Help for Emotional or Mental Health Problems .....95

Figure 72: Percentage of Adults, Ages 18 Years and Older, Whose Mental Health Treatment is Covered by Insurance, 2005.....96

Figure 73: Would You Say That in General, Your Mental Health, Which Includes Stress, Depression and Problems With Emotions, is: .....96

Figure 74: Percentage of Residents that Needed Mental Health Treatment in the Last 12 Months .....96

Figure 75: Percentage of Residents that were Unable to Receive the Mental Health Treatment that They Needed in the Last 12 Months.....97

Figure 76: Why Were You Unable to Receive Mental Health Treatment? .....97

Figure 77: Level of Physical Activity of Adults, 2005 .....99

Figure 78: Sometimes You May Walk for Fun, Relaxation, Exercise or to Walk the Dog. How Many Times During the Last 7 Days Did You Walk for at Least 10 Minutes for Any of These Reasons?..... 100

Figure 79: Percentage of Adults Who Eat Five or More Servings of Fruits or Vegetables Daily .....101

Figure 80: How Many Times During the Past 7 Days Have You Eaten Fast Food? ..... 101

Figure 81: Percent of Adults Ages 18 and Older Who Currently Smoke ..... 105

Figure 82: Do You Now Smoke Cigarettes or Use Smokeless Tobacco Everyday, Some Days or Not At All? Those Responding “Not At All.” .....106

Figure 83: Percentage of Adults Ages 18 and Older Who Drank Alcohol in the Past Month..... 107

Figure 84: Percentage of Adults Ages 18 and Older Who Engaged in Binge Drinking in the Past Month, 2005 ..... 108

Figure 85: Percent of Respondents Who Had More Than 5 drinks on One Occasion During the Past 30 Days? ..... 108

Figure 86: Adult Misdemeanor Drug Arrest Rate per 1,000 Adults, Ages 18–69 ..... 110

Figure 87: Adult Felony Drug Arrest Rate per 1,000 Adults, Ages 18–69 ..... 110

Figure 88: Adult Misdemeanor Driving Under the Influence Arrest Rate per 1,000 Adults, Ages 18–69 ..... 111

Figure 89: Adults Who Have Been Diagnosed with Asthma ..... 115

Figure 90: Percentage of Respondents Diagnosed with Asthma, Percentage Receiving Treatment for Their Asthma and Percentage Whose Doctor Gave a Management Plan or Instructions on How to Treat Their Asthma ..... 116

Figure 91: Age-Adjusted Asthma Hospitalization Rate per 10,000 Residents, All Ages, 2000-2005 Aggregated ..... 116

Figure 92: Adults Who Have Been Diagnosed with Diabetes ..... 119

Figure 93: Percentage of Respondents Diagnosed with Diabetes, Percentage Receiving Treatment for Their Diabetes and Percentage Whose Doctor Gave a Management Plan or Instructions on How to Treat Their Diabetes..... 120

Figure 94: How Old Were You When a Doctor First Told You That You Have Diabetes?..... 120

Figure 95: Number of Sweet Success Clients Seen in Past Year ..... 121

Figure 96: Sweet Success Clients by Ethnicity ..... 121

Figure 97: Age-Adjusted Percentage of Adults Who Are Obese ..... 125

Figure 98: Body Mass Index of Adult Respondents, 2007 ..... 125

Figure 99: Estimated Percentage of Children Living in Poverty ..... 129

Figure 100: Children Who Currently Have Health Insurance Coverage, 0-4 ..... 130

Figure 101: Children Who Currently Have Health Insurance Coverage, 0-17 ..... 130

Figure 102: Do Your Children Have Health Insurance? Those Responding “Yes.” ..... 131

Figure 103: Percent of Children Without Health Insurance ..... 131

TABLE OF FIGURES

Figure 104: Current Enrollment in Healthy Families, San Joaquin County ..... 133

Figure 105: Current Enrollment in Healthy Families, California ..... 133

Figure 106: Last Time Teens Ages 12–17 Saw a Doctor for a Routine Physical/Check-up ..... 134

Figure 107: Do Your Children Get Annual Health Exams? Those Responding “Yes.” ..... 134

Figure 108: Children Who Have a Usual Place to go to When They Are Sick or Need Health Advice..... 136

Figure 109: Percentage of Children with Dental Insurance, Ages 2-11 ..... 137

Figure 110: Do Your Children Have Dental Insurance? Those Responding “Yes.” ..... 137

Figure 111: Percentage of Births to Teens, Ages 15–19 Years ..... 139

Figure 112: Percentage of Low Weight Births (<5.5 pounds) to Teens Ages 15–19 and Percentage of Teen Mothers Who Received Prenatal Care in the First Trimester, San Joaquin County..... 140

Figure 113: Percentage of Youth Ages 5-19 Who Are Overweight and Underweight, 2005 ..... 142

Figure 114: Percentage of San Joaquin County Children Who Are Overweight (≥95<sup>th</sup> Percentile for Body Mass Index), by Ethnicity and Age, 2005 ..... 143

Figure 115: Percentage of San Joaquin County Children Who Are Underweight (<5<sup>th</sup> Percentile for Body Mass Index), by Ethnicity and Age, 2005 ..... 143

Figure 116: Percentage of Students Achieving 5 or more out of 6 Fitness Standards, by Grade ..... 144

Figure 117: Percentage of San Joaquin County Students Who Exercised or Did a Physical Activity for at Least 20 Minutes that Made Them Sweat and Breathe Hard in the Last 7 Days, by Grade..... 145

Figure 118: Percentage of San Joaquin Students Who Reported Consuming 5 or More Portions of Fruits or Vegetables in the Past 24 Hours, by Grade..... 147

Figure 119: How Many Times During the Past 7 Days Have Your Children Eaten Fast Food? ..... 148

Figure 120: Percentage of Students Enrolled in Free or Reduced Cost Meals ..... 150

Figure 121: Percentage of Students Receiving Free or Reduced Cost Meals ..... 151

Figure 122: Children Who Have Been Diagnosed with Asthma ..... 152

Figure 123: Percentage of Children Diagnosed with Asthma, Percentage Receiving Treatment for Their Asthma and Percentage Whose Doctor Gave a Management Plan or Instructions on How to Treat Their Asthma ..... 153

Figure 124: Youth Who Have Been Diagnosed with Diabetes, Ages 12–17 ..... 154

Figure 125: Percentage of Children Diagnosed with Diabetes or Sugar Diabetes..... 154

Figure 126: Percent of Students who have Ever Used Cigarettes or Smokeless Tobacco by Grade ..... 157

Figure 127: Percent of Students who have Used Cigarettes or Smokeless Tobacco in the past 30 Days by Grade ..... 158

Figure 128: Percent of Students who have Ever Used Drugs, by Grade and Substance ..... 159

Figure 129: Percent of Students who have Ever Used Alcohol by Grade..... 160

Figure 130: Percent of Students who have Used Alcohol in the Past 30 Days by Grade ..... 160

Figure 131: Youth Drug and Alcohol Related Felony Arrest Rates per 1,000 Youth Ages 10-17 ..... 162

Figure 132: Youth Drug and Alcohol Related Misdemeanor Arrest Rates per 1,000 Youth Ages 10-17 ..... 162

Figure 133: Number of Suicides for Youths, Ages 5–15 ..... 164

Figure 134: Number and Rate of Suicides per 100,000 Teens, Ages 16–20 ..... 164

Figure 135: Number and Rate of Nonfatal Intentional Self-Inflicted Hospitalizations per 1,000 Teens, Ages 13-15 and 16–20..... 165

Figure 136: Percentage of San Joaquin County Teens Who Experienced Relationship Violence in the Past 12 Months, by Grade..... 166

Figure 137: Homeless Students Enrolled in San Joaquin County Schools, 2003-04 ..... 167



# Introduction and Methodology

---



Photo source: Dale Goff, Lodi Wine & Visitor Center.



# Introduction

## Community Health Assessment Project Overview

The San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC) was first formed in 2004 in order to complete the Community Health Needs Assessment mandated by the State of California (SB697) which requires non-profit hospitals to document how they are serving their communities. The collaborative evolved from the 2001 Needs Assessment Group that was co-funded and composed of St. Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital, Kaiser Permanente and Health Plan of San Joaquin (Medi-Cal option HMO).

The 2008 report shares the purpose of the 2005 assessment which was to produce a functional and comprehensive community health profile of San Joaquin County. The collaborative hopes that this community profile will be used to inform and engage local stakeholders and community members to promote collaborative efforts based on data, community input and group consensus in order to improve the health of local residents.

### Priority Goals:

- Utilize a process that will engage local stakeholders;
- Generate knowledge and findings that could lead to collaborative project development;
- Identify information and data that would be useful for policy and advocacy work;
- Establish “**A Call for Action**” that leads to ongoing collaboration;
- Assess both community needs and assets;
- Develop end products that are user-friendly and audience appropriate;
- Develop a comprehensive community dissemination plan; and
- Provide a mechanism for ongoing tracking and monitoring.

### Desired Outcomes of the Project:

- I. The Healthier San Joaquin County Community Assessment will highlight community or geographic specific information, including:
  - Quantitative secondary data for selected indicators reflecting the county's population.
  - Qualitative and quantitative primary and secondary data and information for the three areas of focus:
    - Access to Health Care
    - Chronic Disease (Diabetes, Asthma and Obesity)
    - Early Entry into Pre-natal Care
  - Development/facilitation of community input process.
- II. Finalize and publish a Community Plan for distribution and/or presentation of the report during the spring of 2008.

III. Produce an Executive Summary summarizing analyses, key findings, comparisons to state and national health trends and defining priorities for collaborative work.

IV. Facilitate the development of a digital “Dashboard of Indicators” for:

- Ongoing tracking and monitoring.
- Evaluating project process, product and ongoing plans at completion.

## New This Year

### How We’re Making a Difference

New for 2008 are local stories of agencies in San Joaquin County who are making a difference to improve access to health care for local residents. These stories are inserted throughout each section in the report.

# Methodology

## Quality of Life Indicators

The community assessment model relies on quality of life indicators as the primary measures to illustrate the status of a system or issue that might otherwise be too large and complex to understand. As an example, we might ask ourselves, “Do people have adequate access to health care?” Increased use of the emergency department for non-emergency purposes could be an indicator that they do not.

For the purposes of this project, the San Joaquin County Community Health Assessment Collaborative met in September 2004 and developed over fifty-five quality-of-life indicators. The committee was represented by a rich mixture of professionals and advocates, all of whom were experts in the respective areas under review. The group used special criteria to develop the quality of life indicators used for this project. These criteria stipulated that indicators need to be understandable to the general user and the public, respond quickly and noticeably to real changes, relevant for policy decisions and available annually. In 2007, all of the original indicators were reviewed for relevancy and additional indicators and sources were added.

## Primary Data

Measures of community progress depend upon consistent, reliable and scientifically accurate sources of data. One of the types of data gathered for this project is primary (original) data. The primary data were obtained from a telephone survey and a face-to-face survey of San Joaquin County residents. There is much to be learned from people’s perceptions of their community, especially when those perceptions contradict the empirical evidence about its conditions. For instance, crime rates may be going down while perceptions of danger are going up.

### Telephone Survey

In November 2007, Applied Survey Research conducted a telephone survey, in both English and Spanish, with over 430 randomly selected County residents. The intent of the survey was to measure the opinions, attitudes, desires and needs of a demographically representative sample of the County’s residents.

### Telephone Sample Selection and Data Weighting

Telephone contacts were attempted with a random sample of residents 18 years or older in San Joaquin County. Surveys were completed with 431 respondents in the County, and each completed survey took an average of 11 minutes.

Data from the survey were “weighted” to better reflect the number of male and female respondents. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the survey the sample was 67% female and 33% male, whereas the population in San Joaquin County is evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling. The ratio of males to females in the County is about 50/50.

## Telephone Sample Representativeness

We are 95% confident that the opinions of survey respondents do not differ from those of the general population of San Joaquin County by more than +/- 5%. This “margin of error” is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in San Joaquin County if every resident were to be polled. For example, within the sample, 12.3% of respondents indicated that they used the emergency department as their primary source of care. Therefore, we are 95% confident that across all residents of San Joaquin County, the percentage of people using the emergency department for primary care is between 7.3% and 17.3% (12.3% +/- 5%).

Geographic quotas were established to ensure that each area of the County had a proportional amount of surveys based on their population.

## Face-to-Face Community Survey

In addition to the telephone surveying, trained community volunteers and Applied Survey Research staff went into the community in December 2007 and distributed surveys to residents and selected groups and organizations throughout the County. Self-administered and face-to-face surveys were conducted, which averaged about five minutes in length. Face-to-face surveys enabled the project to reach those groups that may have been under-represented in the telephone survey including those who do not have a telephone, live in rural areas, may have disabilities, lower incomes and difficulty with their non-native language, including the Hmong community. Over 1,980 face-to-face surveys were collected at 37 different sites and community agencies throughout the County.

## Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; federal, state and local government agencies; academic institutions; economic development groups; health care institutions; and computerized sources through online databases and the Internet.

### Note on Population Terminology Found in Report

Unless otherwise noted, the term “child” indicates youth ages birth to 17, “adult” signifies an individual 18 years of age or older and the term “senior” encompasses an adult age 65 or older.

### Note on Population Figures

Unless otherwise noted, population data were drawn from the California Department of Finance’s annual estimates for January of each year.

## American Community Survey

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land. It provides communities every year the same kind of detailed information previously available only when the U.S. Census Bureau conducted a population census every 10 years. This gives communities and population groups a dynamic picture of changes throughout the decade.

## Behavior Risk Factor Surveillance System

Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly. BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more.

### California Health Interview Survey for 2001, 2003 and 2005

Some responses from the California Health Interview Survey (CHIS) were included in this report. CHIS is the largest health survey of its kind in the nation and the largest telephone survey in California, interviewing one randomly selected adult in over 55,000 households. The survey reached over 5,000 adolescents (ages 12–17) and, through interviewing their parent, over 12,000 children under age 12. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions and access to health care services. To ensure diverse populations were included in the survey, telephone interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean and Khmer (Cambodian).

### California Healthy Kids Survey

The California Healthy Kids Survey (CHKS) is an anonymous, confidential student and school staff report of attitudes, health risk behaviors, and protective factors. The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths. Used by California schools since 1997, the CHKS consists of age-appropriate survey instruments for students in grades 5, 7, 9, and 11 and is designed in a flexible, modular format that can be customized to meet local district needs. The CHKS is intended for use in planning and evaluating student support programs, primarily alcohol, tobacco, other drug, and violence prevention programs.<sup>1</sup>

## Healthy People 2010 Objectives

The Healthy People 2010 Objectives are a set of health objectives for the nation to achieve over the first decade of the new century. Many different people, states, communities, professional organizations and others can use the objectives to help develop programs to improve health.

Healthy People 2010 goals build on initiatives pursued over the past two decades including *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* developed by the United States Department of Health and Human Services. The goals of these initiatives were to establish national health objectives and serve as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

---

<sup>1</sup> California Department of Education, 2007.

## Additional Data to Support or Refine Your Work

The information in this report is intended for use in your own services and products, including other reports and proposals, and as a baseline for performance systems. Data in this report can be mixed and matched to help agencies determine their clients' needs.

## Data Legend



Denotes a telephone survey question, 2007.



Denotes a face-to-face survey question, 2007.



Indicates data from the California Health Interview Survey (CHIS), for 2001, 2003 and 2005.



Indicates U.S. Census Bureau, Census 2000 data.



Indicates American Community Survey 1999-2006 data.



Indicates State of California Department of Finance (DOF), Demographic Research Unit data.



Indicates California Healthy Kids Survey data.  
Unless otherwise noted, "adults" are 18 years and older.



New data not available



# Acknowledgements

## San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC) In-Kind Contributors

Name	Title	Agency
Mark Almanza	Field Manager	Anthem Blue Cross
Carol Almanza	Health Promotions Consultant	Anthem Blue Cross
Alyssa Arismendi	Project Manager	Dameron Hospital
Robina Asghar	Executive Director	Community Partnership for Families of San Joaquin
Dale Bishop, MD	Medical Director	Health Plan of San Joaquin
Campbell Bullock	Executive Director	San Joaquin Community Data Cooperative
Sheri Coburn, Ed.D.	Director, Health Services	San Joaquin County Office of Education
Terry Crockett	Program Manager	San Joaquin County Human Services Agency, In-Home Supportive Services
Dawn Custer	Adolescent Programs Coordinator	San Joaquin County Public Health Services
Mariela DeLeon	Program Manager, Community Quality	Kaiser Permanente
Susan DeMontigny	Senior Deputy Director	San Joaquin County Public Health Services
Dixie Evans	Director, Community Health & Chair SJC <sub>2</sub> HAC	St. Joseph's Medical Center Community Health
Karen Furst, MD	Health Officer	San Joaquin County Public Health Services
Benjamin Gamez	Health Educator	El Concilio
LaCresia Hawkins	Health Education and Outreach Coordinator, Health Access Program	Community Partnership for Families of San Joaquin, CUFF Family Resource Center
David B. Jomaoas	Chief Operations Officer	Community Medical Centers
Staci Johnson	Coordinator, Black Infant Health Program	San Joaquin County Public Health Services
Bruce Johnston	Grant Coordinator	St. Joseph's Medical Center Community Health
Becky Knodt	Community Benefit Manager	Kaiser Permanente
Anna Martin	Nutrition, Family and Consumer Sciences Advisor	University of California Cooperative Extension
William Mitchell, MPH	Director of Public Health Services	San Joaquin County Public Health Services
Robin Morrow	Senior Health Educator	Health Plan of San Joaquin
Olivia Ortiz	Migrant Education Coordinator	San Joaquin County Office of Education
Barbara Parish	Aging Program Coordinator	San Joaquin County Commission On Aging
Karen Pfister	Supervising Epidemiologist	San Joaquin County Public Health Services
Kelly Pleskunas	Director of Community Research	Applied Survey Research
Robert Reinarts	Ombudsman , Commissioner, San Joaquin County Commission on Aging	Community Stakeholder

INTRODUCTION AND METHODOLOGY

Name	Title	Agency
Pamela Roderick	Program Manager	San Joaquin County Family Ties / Alcohol and Drug Alternative Program
Lani Schiff-Ross	Executive Director	First 5 San Joaquin
Michelle Scott	Coordinator, Adolescent Services	San Joaquin County Public Health Services
Tammy Shaff	Community Benefit Program Manager	Sutter Tracy Community Hospital
Steve Shetzline	Director of Health Education	Community Medical Centers
Jeff Slater	Grant Administrator	Health Plan of San Joaquin
Olivia Sosa	Director, Migrant Education	San Joaquin County Office of Education
Sandra Stoddard	Executive Director	American Cancer Society
Angela Tipsey	Community Organizer	People & Congregations Together (PACT)
Ginger Wick	Nursing Program Manager for Maternal, Child, and Adolescent Health	San Joaquin County Public Health Services
Julie Whitehouse	Executive Director	American Heart Association
Joseph Woelfel, Ph.D.	Director of Pharmaceutical Care Clinics, Assistant Professor	University of the Pacific, Thomas J. Long School of Pharmacy

## Financial Contributors

### Organizations

- Dameron Hospital
- First 5 San Joaquin
- Healthier Community Coalition
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Human Services Agency
- San Joaquin County Office of Education
- St. Joseph’s Medical Center
- Sutter Tracy Community Hospital

## Agency Descriptions

### *Community Medical Centers, Inc.*

Community Medical Centers, Inc. (CMC) began in the 1960's as a volunteer effort of the San Joaquin Medical Society, the San Joaquin Local Health District, and the Community Action Council. Local physicians, nurses, dentists and community activists who recognized the lack of health and social services programs formed service teams to address the needs of migrant farm workers and their families. The providers went out to the fields and worked from their cars to deliver medical care, to supply food and clothing, and to link families with available services. In 1967, the San Joaquin Medical Society received state and federal funding to support the development of two small facilities, as well as mobile clinics to provide services throughout the county.

From these early beginnings, CMC has grown to provide comprehensive primary and preventive care at 11 clinic sites in the counties of San Joaquin, Solano, and Yolo. In addition to primary medical care CMC also provides health education, prenatal services, family planning, homeless health care, WIC, and HIV prevention and case management. Today, CMC has medical clinics in Stockton, Tracy, Lodi, Dixon, Esparto, Vacaville, and a dental clinic in Stockton. CMC has over 300 bicultural and bilingual employees serving 62,000 patients.

### *Dameron Hospital*

Dameron Hospital is a 188 bed, fully accredited, acute care hospital. Our mission is to support physicians and our employees in providing quality patient care in a safe and caring environment.

Both not-for-profit and non-sectarian, Dameron exists solely to serve the health care needs of the community of Stockton, providing our neighbors with advanced technology and state-of-the-art diagnostic and therapeutic equipment, and facilities for inpatient, outpatient and occupational patient care. Dameron Hospital provides patients with the highest quality health care in the finest physical, professional, and medical environment. To this end, we have dedicated ourselves. Since first opening our doors in 1912, we have seen a great many changes in medicine. Our service areas include Cardiology, Emergency/Urgent

Care, Home Health, Radiology, Catheterization Lab, Heart Surgery, and Occupational Health. Our Women's Health Services include a Start of Life Center and Neonatal and Pediatric units.

Keeping pace with the life-enhancing progress made over the years has been a challenge that our medical, nursing, and ancillary staffs have continually met. In addition to the full services of an acute care general hospital, we also offer the close-knit atmosphere of a community hospital.

### ***First 5 San Joaquin***

First 5 San Joaquin exists to serve and improve the community through our children. First 5 works in partnership with agencies and organizations under contract, and fosters the active participation of parents, care-givers, educators, and community members. Together, we develop programs benefiting our children, ages 0 to 5 years old.

Our Vision:

*All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.*

First 5 San Joaquin provides financial support for programs and services, monitors progress, and evaluates results. Partner agencies manage the programs and provide the services to children and families. Ultimately, it is the agency contractors, our partners, and members of the community who will enable First 5 to realize our shared vision.

### ***Health Plan of San Joaquin***

Our Mission:

*We provide access to high quality cost-effective health care to improve the health and well-being of the communities we serve in partnership with safety-net providers and our community partners.*

Established in 1996, Health Plan of San Joaquin (HPSJ) is a publicly sponsored, not for profit, managed care health plan designed by and for the people of San Joaquin County. Licensed as a Health Maintenance Organization under the State of California Knox-Keene Act, HPSJ contracts with the State Department of Health Services (DHS) for care of persons on Medi-Cal in San Joaquin County, as well as the Healthy Families Program regulated by the California Managed Risk Medical Insurance Board (MRMIB).

In 2003 Health Plan partnered with First 5 San Joaquin Children & Families Commission to fund the Healthy Kids Program, an insurance program for uninsured children ineligible for Medi-Cal or Healthy Families. That same year HPSJ launched Healthy Connections, its first commercial product that provides medical and vision coverage to San Joaquin County's In-Home Support Services (IHSS) workers.

In July 2006, Health Plan began serving Healthy Families members in Stanislaus and Merced Counties. With currently over 75,000 members, people who choose HPSJ for medical benefits through Medi-Cal Managed Care, Healthy Kids, Healthy Families and Healthy Connections receive such services as:

- Over 180 Primary Care Physicians with access to most hospitals and area clinics and specialists referrals.
- Member service representatives fluent in Spanish and Cambodian.
- Health education programs that deal with common concerns like asthma, diabetes, obesity, and more.
- Member newsletters and brochures that provide tips and offer solutions to common health concerns.
- Case management and patient advocacy.
- Culturally diverse physicians and other providers who can assist members in over 30 languages.

### ***Kaiser Permanente - Central Valley Area***

Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve. To further this mission, Kaiser Permanente extends its clinical care and total health focus through extensive medical and health services research programs and generous Community Benefit funding and services aimed at providing health care for vulnerable populations.

At Kaiser Permanente Central Valley Area we're dedicated to helping the people of San Joaquin and Stanislaus counties live happier, healthier lives. Not only do we help care for the people of the Central Valley area, we also employ many of them. Through partnerships with the community organizations and government entities, Kaiser Permanente strives to benefit the community by addressing issues and concerns that affect the overall community health. Many of these partnerships are created through grants that support community events, activities, projects, and programs, with an emphasis in underserved vulnerable populations.

### ***St. Joseph's Medical Center***

St. Joseph's Medical Center is a not-for-profit, fully accredited, regional hospital with 294 beds, a physician staff of over 400, and more than 2,400 employees. St. Joseph's specializes in cardiovascular care, comprehensive cancer services, and women and children's services including neonatal intensive care (NICU). St. Joseph's Medical Center is the largest hospital, as well as the largest private employer in Stockton and San Joaquin County. In addition to being nationally recognized as a quality leader, St. Joseph's is consistently chosen as the "most preferred hospital" by local consumers. Founded in 1899 by Fr. William O'Connor and administered by the Dominican Sisters of San Rafael, St. Joseph's continues to lead the region in medical innovation as well as ongoing clinical research, developing tomorrow's advancements, today. St. Joseph's Medical Center is committed to delivering compassionate, high-quality, affordable health care services with special attention to the poor and underserved. In 2007, St. Joseph's provided over \$41 million in charity care, community benefits, and unreimbursed patient care. St. Joseph's Medical Center is a member of Catholic Healthcare West (CHW), a system of 42 hospitals and medical centers in California, Arizona and Nevada. For more information, please visit our website at [www.StJosephsCares.org](http://www.StJosephsCares.org).

### ***San Joaquin County Public Health Services***

San Joaquin County Public Health Services (PHS) was established as a Local Health District in 1923 and became part of the county government on July 1, 1989. Led by the Director of Public Health and the Public Health Officer, PHS is a division of the San Joaquin County Health Care Services agency, which also includes San Joaquin General Hospital, Behavioral Health Services, and Emergency Medical Services. Serving all residents of San Joaquin County, PHS is internally organized into three divisions: Administration and Health Promotion, Disease Control and Prevention, and Family Health.

The 2007-08 PHS operating budget is approximately \$33 million and includes 310 allocated positions.

Public Health Services, in partnership with the community, promotes a healthy future for San Joaquin County. Among the wide range of programs and services PHS provides to the community are:

- Programs to protect the health of individuals and the public from communicable diseases and other population-based threats
- Programs intended to address preventable morbidity and mortality among women and children by enhancing birth outcomes

- Preventing infant deaths
- Supporting safe homes and transport
- Furnishing nutrition education and food vouchers to eligible women and children
- Preventing repeat teen pregnancies and coordinating health and medical services to children and women
- Health education services for individuals
- Partnerships with communities and other service organizations

### *Sutter Tracy Community Hospital*

Sutter Tracy Community Hospital is the area's only full-service, acute care hospital serving more than 100,000 people in the Tri-Central Valley region. Our state-of-the-art facility features the latest medical technology and diagnostic equipment and offers a comprehensive array of inpatient and outpatient services on par with many larger, urban hospitals. We are also fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the premier hospital licensing body in the country.

Our expert and caring medical team includes experienced nurses who work with highly skilled physicians representing nearly every medical specialty. Sutter Tracy puts patient care and safety first. As an affiliate of Sutter Health, one of the nation's leading not-for-profit health care networks, Sutter Tracy takes part in system-wide health initiatives covering heart health, pregnancy, and more. Our goal is to find better ways of caring for patients and improving clinical outcomes. We also continually invest in new technology and systems to improve patient safety, such as the eMAP medication system used to track drug orders.

During our recent \$24 million hospital expansion project, we remodeled and enlarged our Emergency Department and Family Birth Center and built a new high tech outpatient surgical center and state-of-the-art imaging center. We also opened Healthy Connections, Sutter Tracy's "one stop" health resource center located in the heart of downtown Tracy.

As a not-for-profit organization, Sutter Tracy is dedicated to meeting the health care needs of our community. We remain financially strong with a top-notch management team and high scores for employee and patient satisfaction.

## About the Researcher



Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and the development of appropriate responses.

### Contact:

Susan Brutschy or Kelly Pleskunas

P.O. Box 1927

Watsonville, CA 95077

Tel: 831-728-1356 - Fax: 831-728-3374

[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

A special thank you to all of the agencies who contributed data for this report.

