

# Health and Access to Health Care

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The health care system is in crisis with close to 46 million Americans currently living without health insurance. Limits to public programs and gaps in employer coverage leave millions of people uninsured and create substantial barriers to obtaining timely and appropriate health care (The Kaiser Commission on Medicaid and the Uninsured, 2007).

# Health Insurance Coverage

## Why It Is Important

Health insurance facilitates entry into the health care system. The uninsured are more likely to die early and have poor health status; the costs of early death and poor health among the uninsured total \$65 billion to \$130 billion. The financial burden of having no insurance is also great for uninsured individuals; almost 50% of personal bankruptcy filings are due to medical expenses. The uninsured report more problems getting care, are diagnosed at later disease stages and get less therapeutic care. They are sicker when hospitalized and more likely to die during their stay.<sup>7</sup>

Families without health insurance often receive less preventative health screenings, immunizations or prenatal care and may avoid or delay medical treatment when problems arise.<sup>8</sup> Without medical insurance, families often lack a regular health care provider or clinic and are more likely to use emergency departments as their primary source of medical treatment.

In 2004, 46 million people or nearly one in five nonelderly adults and children lacked health insurance in the United States, an increase of 6 million since 2000.<sup>9</sup> The recent increase in the number of uninsured people has been attributed to a number of factors, including rising health care costs, the economic downturn, an erosion of employer-based insurance and public program cutbacks.

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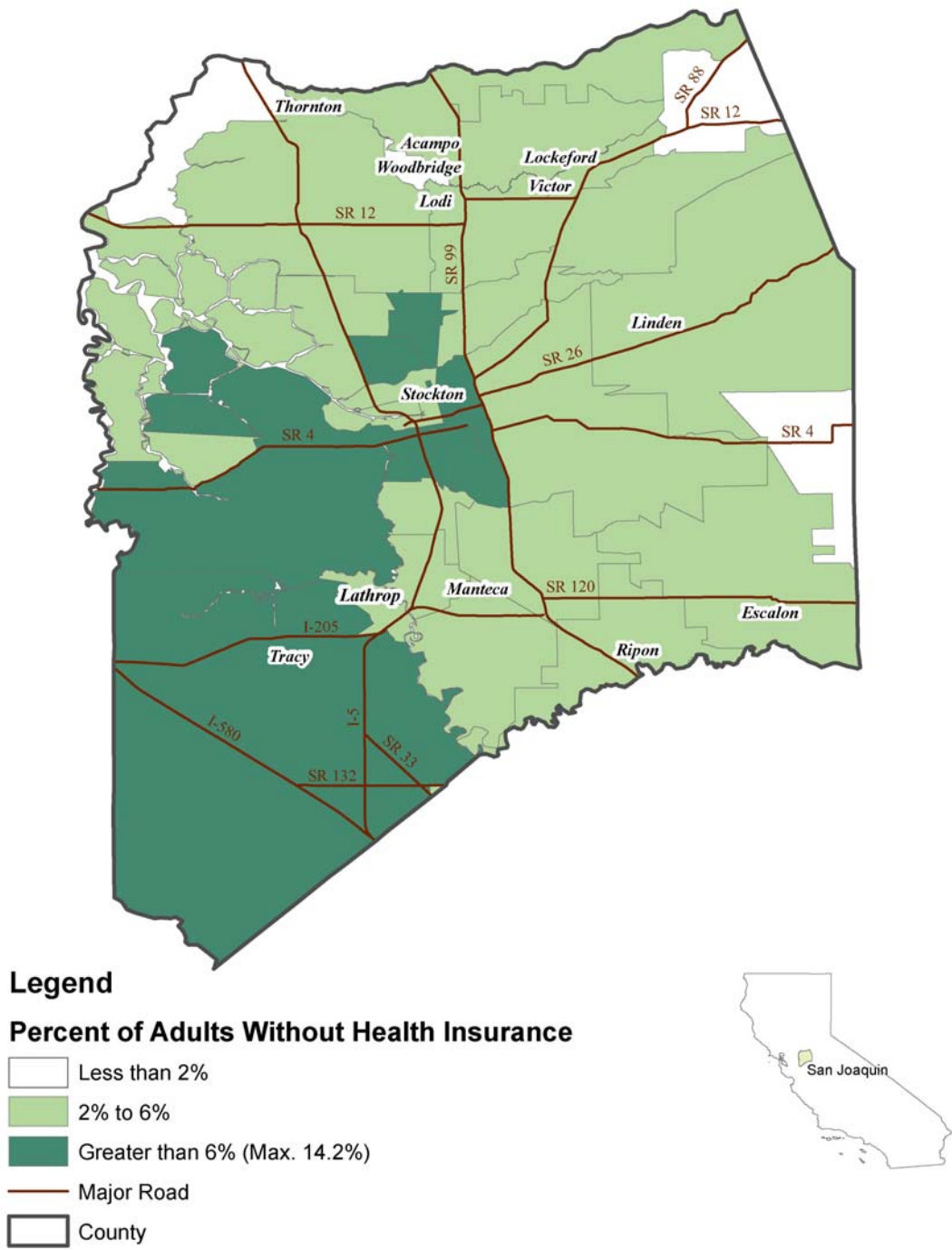
<sup>7</sup>U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

<sup>8</sup>U.S. Department of Health and Human Services, *Healthy People 2010*. Retrieved August 5, 2004 from [http://www.healthypeople.gov/Document/html/uih/uih\\_bw/uih\\_4.htm#accesshealth](http://www.healthypeople.gov/Document/html/uih/uih_bw/uih_4.htm#accesshealth).

<sup>9</sup>Urban Institute, John Graves and Sharon K. Long, *Why Do People Lack Health Insurance?* May 2006.

# Health Insurance Coverage (cont.)

Figure 36:   Percent of Adults Without Health Insurance



1 inch equals 8 miles

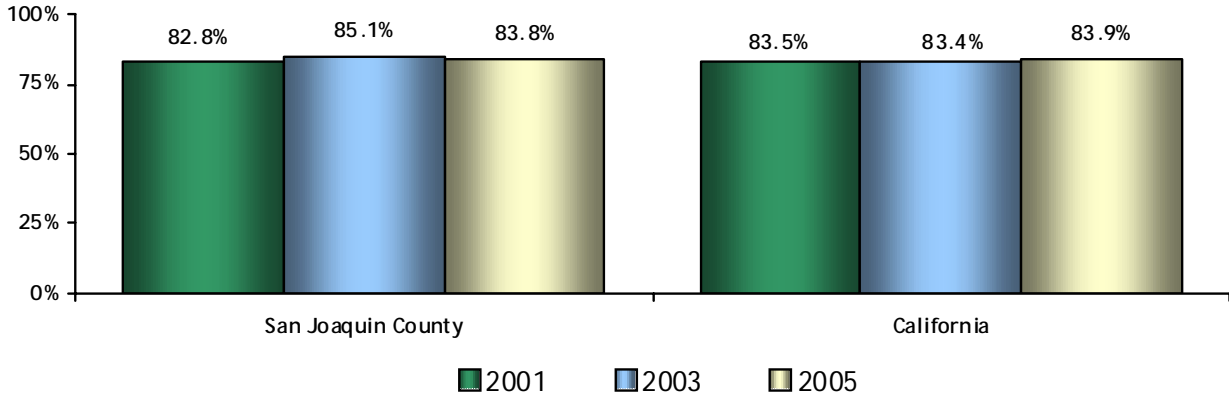


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2007; U.S. Census Bureau, 2000.



N = 534.

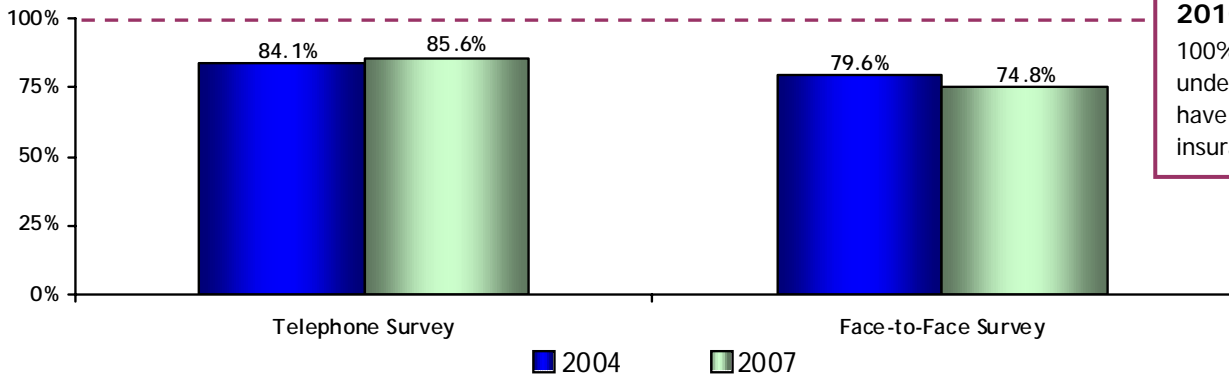
# Health Insurance Coverage (cont.)

Figure 37:  Adults Who Currently Have Health Insurance Coverage





Source: 2001, 2003 and 2005 California Health Interview Survey.  
San Joaquin County 2001 N: 395,000; 2003 N: 422,000; 2005 N: 447,000.  
California 2001 N: 24,606,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

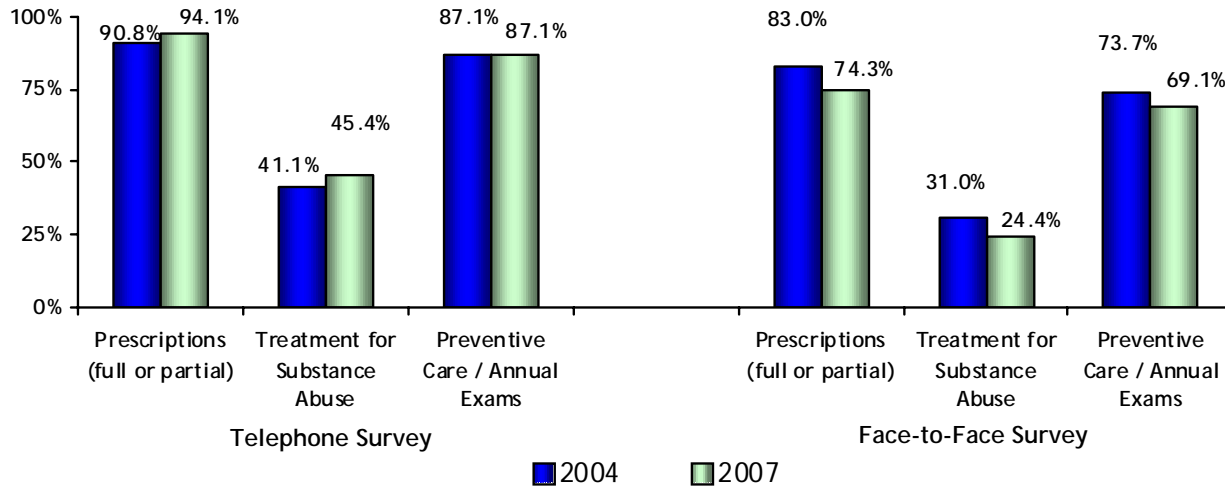
Figure 38:   Do You Have Health Insurance?



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
Telephone Survey 2004 N: 429; 2007 N: 429.  
Face-to-Face Survey 2004 N: 2,001; 2007 N: 1,970.

# Health Insurance Coverage (cont.)



**Figure 39:**   **Does Your Health Insurance Cover the Following? Those Responding "Yes."**

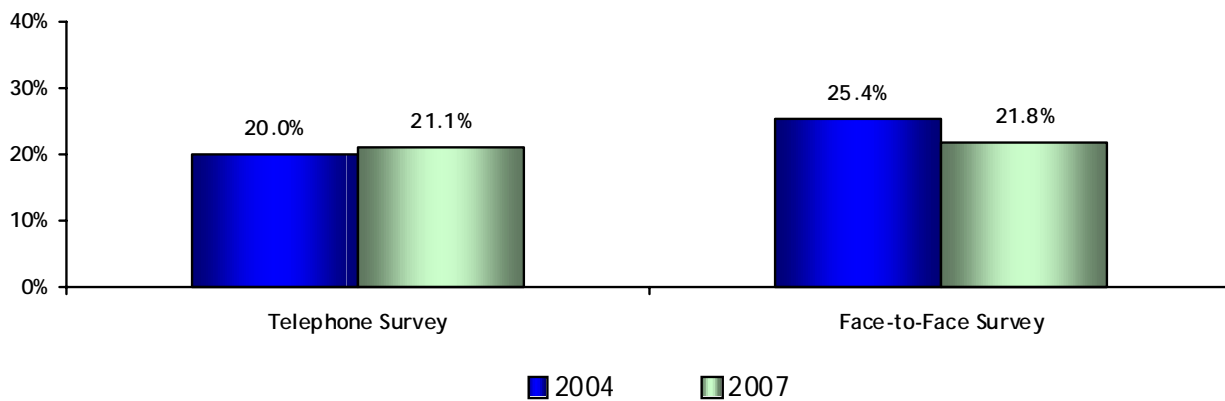


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey Prescriptions 2004 N: 361; 2007 N: 367; Treatment for Substance Abuse 2004 N: 361; 2007 N: 367; Preventive Care/Annual Exams 2004 N: 361; 2007 N: 366.

Face-to-Face Survey Prescriptions 2004 N: 1,516; 2007 N: 1,336; Treatment for Substance Abuse 2004 N: 1,547; 2007 N: 1,375; Preventive Care/Annual Exams 2004 N: 1,493; 2007 N: 1,370.

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





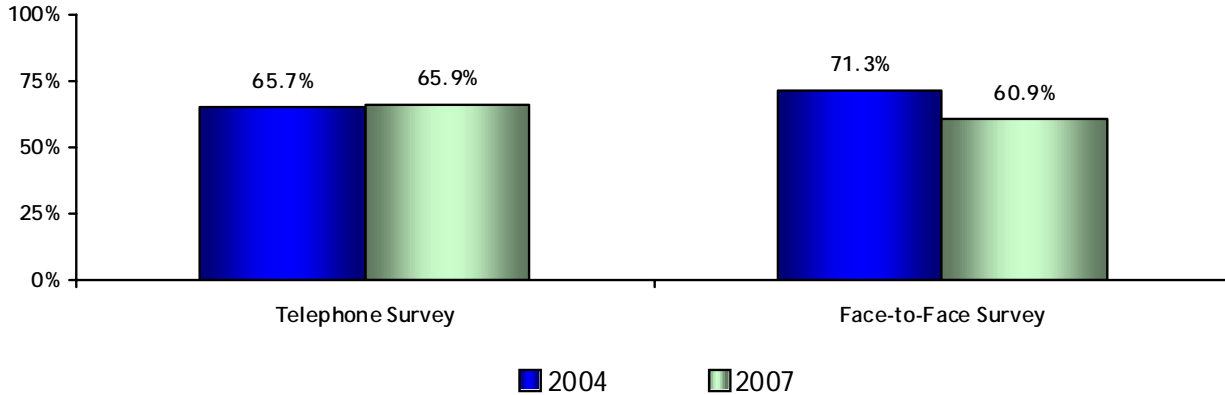
Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey 2004 N: 361; 2007 N: 367.

Face-to-Face Survey 2004 N: 1,547; 2007 N: 1,334.

# Health Insurance Coverage (cont.)

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey 2004 N: 361; 2007 N: 367.

Face-to-Face Survey 2004 N: 1,535; 2007 N: 1,405.

## What The Data Tell Us

According to CHIS, 84% of adults in both San Joaquin County and California had health insurance in 2005. This percentage has stayed relatively level since 2001. In the 2007 Healthier San Joaquin County telephone survey, 86% of adults reported having health insurance coverage, compared to 75% of face-to-face survey respondents. Between 2004 and 2007, the percentage of face-to-face survey respondents with health insurance decreased from 80% to 75%, emphasizing the fact that by 2007, 25% of face-to-face survey respondents did not have any health insurance coverage.

This disparity between telephone survey respondents and face-to-face survey respondents continued in all remaining questions regarding health insurance coverage. In 2007, a higher percentage of telephone respondents than face-to-face survey respondents reported having health insurance that covered prescriptions (94% vs. 74%), treatment for substance abuse (45% vs. 24%), and preventive care/annual exams (87% vs. 69%). Between 2004 and 2007, there was little change in the percentage of telephone survey respondents with this coverage, whereas there was a decrease in the percentage of face-to-face survey respondents who had this coverage, with the greatest decrease occurring in the percentage of face-to-face respondents with coverage for prescriptions (from 83% in 2004 to 74% in 2007).

In 2007, a slightly higher percentage of telephone survey respondents than face-to-face survey respondents had insurance for dental care (66% vs. 61%). Between 2004 and 2007, there was no change in the percentage of telephone survey respondents with this coverage, whereas there was a decrease in the percentage of face-to-face survey respondents who reported having dental coverage (from 71% in 2004 to 61% in 2007).

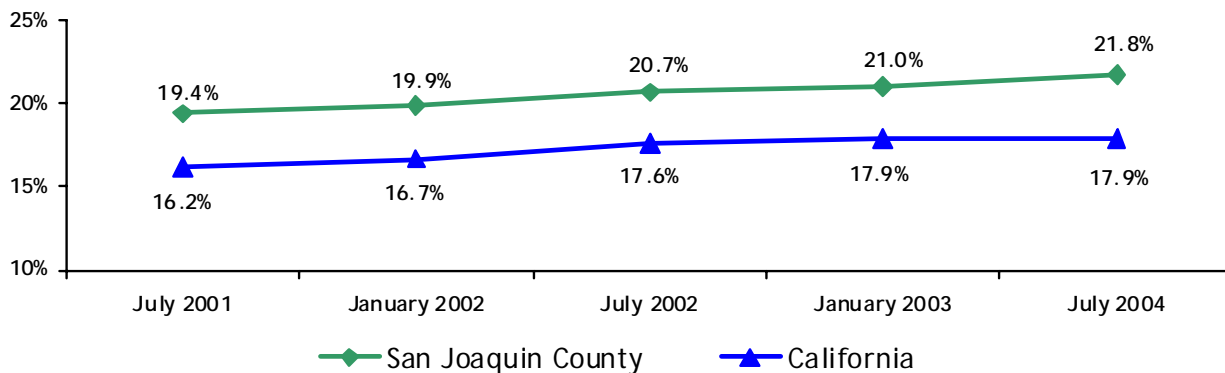
In 2007, almost one quarter of all survey respondents had health insurance coverage for long term care such as a nursing home. The Healthy People 2010 goal is that 100% of all residents under 65 years of age will have health insurance. Neither San Joaquin County nor California have met that goal.

# Medi-Cal Enrollment

## Why It Is Important

The federal Medicaid program, administered as Medi-Cal in California, is available to low-income children and adults. Medi-Cal eligibility is based on narrowly defined categories such as medical need and resource level. There are a large number of families whose resources require them to share in the cost of services and, for many, this share of cost is too high, making Medi-Cal services basically unaffordable. However, Medi-Cal does offer low or no cost insurance to those who might otherwise be uninsured.

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



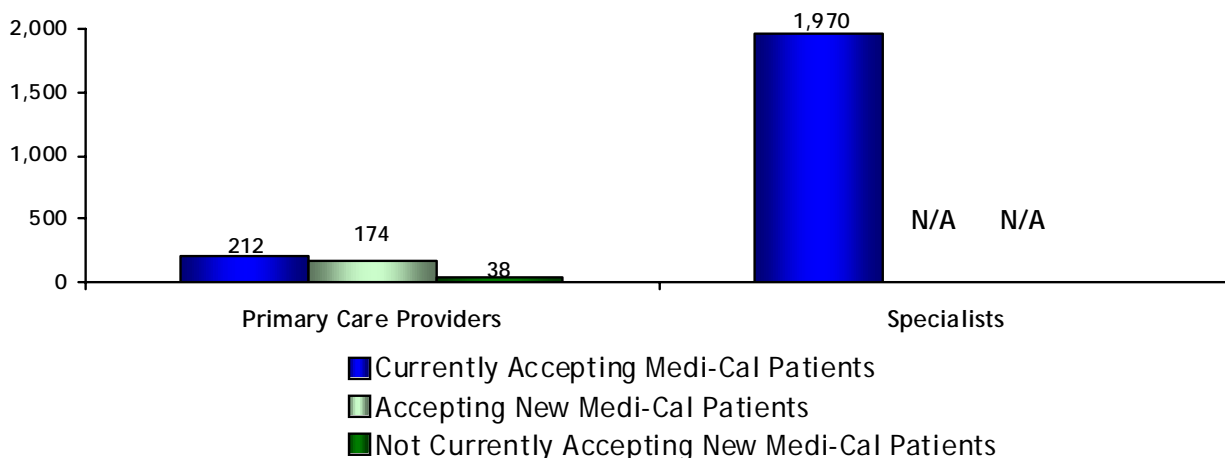
Source: California Healthcare Foundation, Medi-Cal Policy Institute, 2007; California Department of Finance, Demographic Research Unit, *E-4 Population Estimates for Cities, Counties, State, 2000-2007 with 2000 DRU Benchmark*, 2007.

San Joaquin County July 2001 N: 580,082; Jan. 2002 N: 599,840; July 2002 N: 599,840; Jan. 2003 N: 617,474; July 2004 N: 636,100. California July 2001 N: 34,441,561; Jan. 2002 N: 35,088,671; July 2002 N: 35,088,671; Jan. 2003 N: 35,691,534; July 2004 N: 36,252,878.

Note: Population data are January counts.

New data not available

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



Source: Health Plan of San Joaquin County, 2007.

Note: In 2007, there were 138 primary care providers who were accepting new patients and 38 providers who were accepting existing new patients. An existing new patient means that should an individual have a certain health plan (ex. Blue Cross) and then switch plans, their current primary care provider will accept them under the new health plan.

# Medi-Cal Enrollment (cont.)

## What The Data Tell Us

In July 2004, 22% of San Joaquin County residents of all ages were enrolled in Medi-Cal compared with 18% of California residents. Between 2001 and 2004, San Joaquin County consistently had higher percentages of residents enrolled in Medi-Cal than California. During this period, there was a slight increase in the percentage of San Joaquin County residents enrolled in Medi-Cal, from 19% in 2001 to 22% in 2004.

In 2007, there were 212 primary care providers in San Joaquin County serving Medi-Cal patients, with 38 of those providers (18%) not accepting new Medi-Cal patients. In addition, there were 1,970 specialists in San Joaquin County accepting Medi-Cal but the number of specialists not accepting new Medi-Cal patients is unknown.

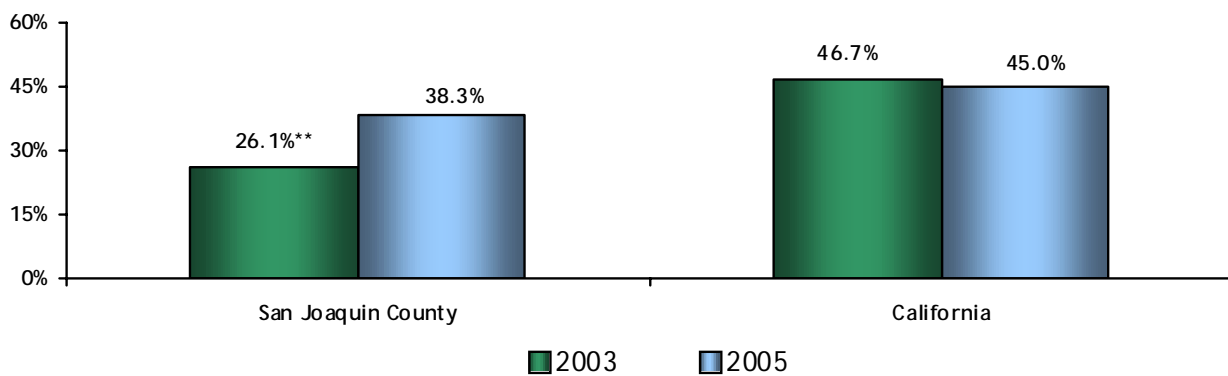


# Women, Infants and Children (WIC) Enrollment

## Why It Is Important

The Women, Infants and Children (WIC) Supplemental Nutrition Program is a federally administered supplemental food and nutrition program for low-income pregnant, breastfeeding and postpartum women and children under age five who have a nutritional deficiency. The purpose of WIC is to prevent poor birth outcomes and improve the health and nutrition of low-income participants. WIC provides nutrition education, breastfeeding promotion, medical care referrals and specific supplemental nutritious foods which are high in protein and/or iron. The specific nutritious foods provided to participants include peanut butter, beans, milk, cheese, eggs, iron-fortified cereal, iron-fortified infant formula and juices.<sup>10</sup> It has been shown to be cost effective and a positive public health intervention in many scientific studies.

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



Source: 2003 and 2005 California Health Interview Survey.

San Joaquin County 2003 N: 30,000; 2005 N: 58,000.

California 2003 N: 1,843,000; 2005 N: 1,798,000.

\* Asked of adult women whose total annual household income is equal to or less than 300% of the Federal Poverty Level and who have a child under age 7 or who are pregnant.

\*\* Statistically unstable due to low number of respondents. Caution should be used with these data.

## What The Data Tell Us

In both 2003 and 2005, the percentage of adult women currently enrolled in WIC was greater in California than in San Joaquin County. In 2005, 45% of California women and 38% of San Joaquin County women were enrolled in WIC. For San Joaquin County, this percentage increased from 26% in 2003.

<sup>10</sup> California Department of Health Services, Women Infants and Children (WIC) Supplemental Nutrition Program, *About WIC - Detailed Description*, retrieved February 28, 2005, from <http://www.wicworks.ca.gov/about/detailed.html>.

# Women, Infants and Children (WIC) Participants' Feeding Choices for Infants

## Why It Is Important

According to the American Academy of Pediatrics (AAP), breastfeeding has a number of health benefits to infants and mothers. Namely, children who breastfeed are thought to have a decreased rate of sudden infant death syndrome, a decreased incidence of infectious disease, and experience enhanced cognitive development. Mothers who breastfeed their infants often have decreased postpartum bleeding, decreased menstrual blood loss as well as an earlier return to pre-pregnancy weight. Because of such benefits, the AAP recommends that infants should be breastfed for at least one year after birth.<sup>11</sup>

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

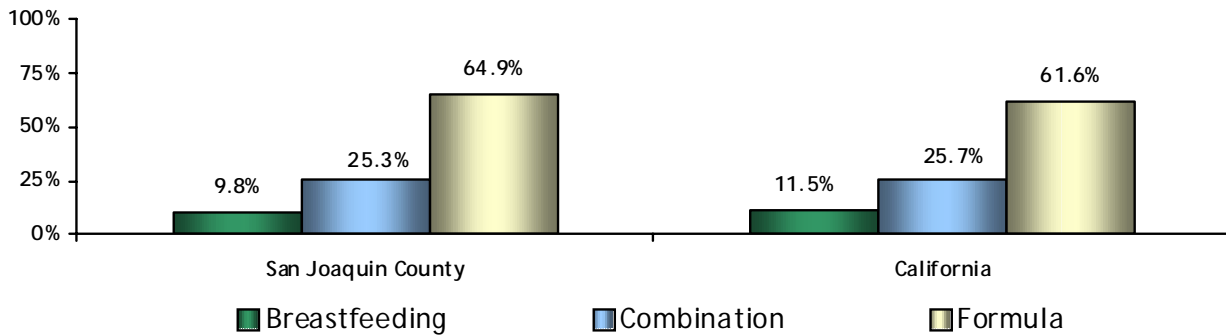
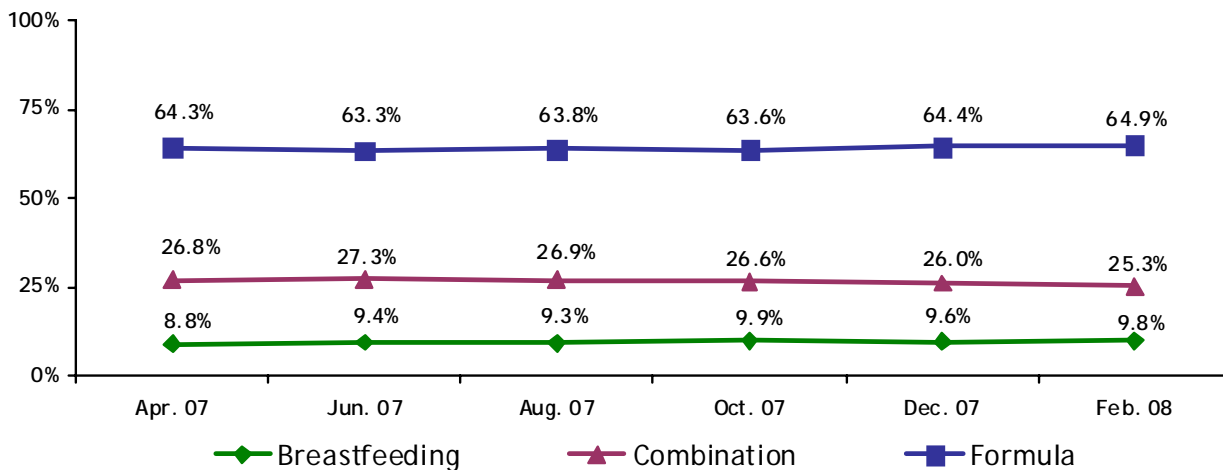


Figure 46: San Joaquin County WIC Participants' Feeding Choices for Infants Ages 0-1 Year



Source: California WIC Extranet, 2008.

San Joaquin County April N: 6,995; June N: 7,121; August N: 7,470; October N: 7,456; December N: 7,044; February N: 7,253.

Note: Data include participants from other counties who chose to come to WIC in San Joaquin County.

<sup>11</sup> American Academy of Pediatrics, *Breastfeeding and the Use of Human Milk*, 2005.

# Women, Infants and Children (WIC) Participants' Feeding Choices for Infants (cont.)

## What The Data Tell Us

In February of 2008, over half of San Joaquin County and California WIC participants used formula (65% and 62%, respectively). About a fourth of participants were using a combination of baby formula and breast milk (25% for San Joaquin County and 26% for California) and approximately one in ten San Joaquin County and California WIC infants were being fed solely breast milk (10% and 12%, respectively). These February percentages were consistent with earlier data from April to December, 2007; there were no clear increases or decreases in breastfeeding throughout this time period.

## *How We're Making a Difference*

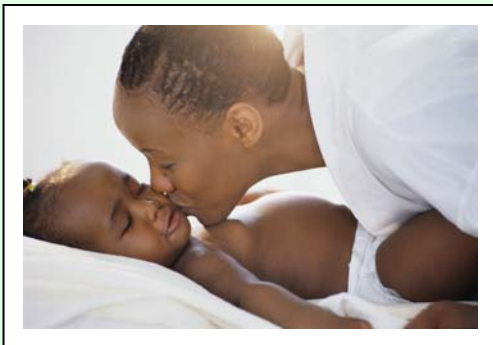
### **The Breastfeeding Coalition of San Joaquin County**

The mission of The Breastfeeding Coalition of San Joaquin County is to organize local efforts to improve the health of our community by promoting, educating, and providing support for breastfeeding. Created in 1996 as a sub-committee of the Healthier Community Coalition, the Coalition is made up of representatives from local hospitals, WIC programs, community groups, non-profit organizations, health plans, San Joaquin County government agencies, and interested individuals.

The California Department of Public Health states that “exclusive breastfeeding during the first six months of life is the most important nutrition intervention a mother can do to improve the immediate and long-term health of her infant.” The Breastfeeding Coalition serves as a catalyst for improving breastfeeding services in San Joaquin County so that mothers receive the information and support they need to succeed at breastfeeding.

Coalition activities include:

- Continuing education conferences for physicians, nurses, clinic staff members, and community health workers
- Creating a directory of breastfeeding support services and a website ([www.breastfeedingcoalition.org](http://www.breastfeedingcoalition.org))
- Awards for businesses which provide workplace support for their breastfeeding employees
- World Breastfeeding Week celebrations



The Breastfeeding Coalition was instrumental in the formation of the BEST (Breastfeeding Education, Support, and Training) Program. Funded by First 5 San Joaquin, the Program provided a 24 hour breastfeeding Help Line, lactation consultant services, breast pump loans, and breastfeeding training programs for hundreds of San Joaquin county health professionals.

A new First 5 San Joaquin breastfeeding initiative will focus on systems change in our county's hospitals. The Breastfeeding Coalition will work with the Maternal Child and Adolescent Health Program of


San Joaquin County Public Health Services and special teams from each hospital in this new project. Together we will identify hospital policies which help mothers and babies get off to the best start breastfeeding and then work towards instituting these “best practices” in our county's hospitals.

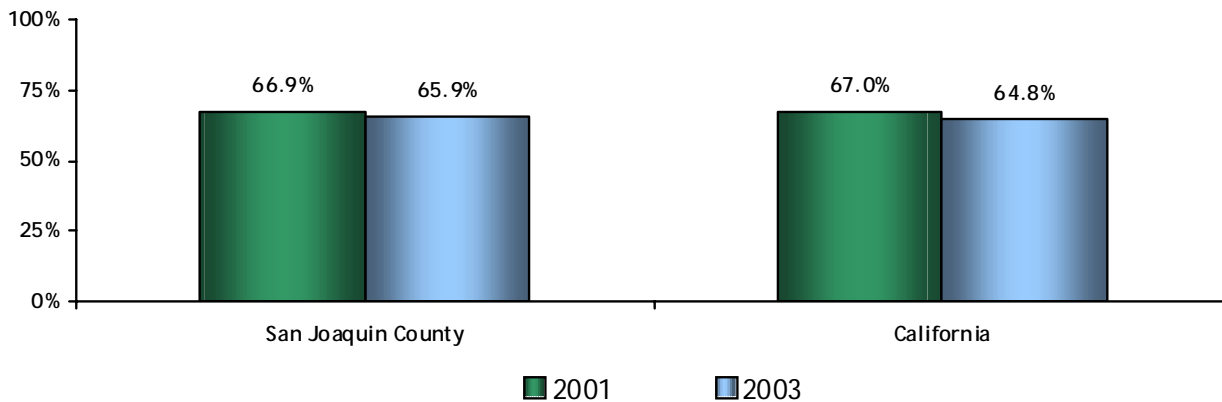
When the Breastfeeding Coalition was formed, San Joaquin County had the fifth lowest breastfeeding initiation rate in California. Since then, breastfeeding initiation rates in San Joaquin County have risen from 69% to 84%. San Joaquin County mothers want to breastfeed; the Breastfeeding Coalition is committed to making sure they receive the support they need in our hospitals and in our community to succeed at breastfeeding once they start.

# Dental Insurance / Oral Health

## Why It Is Important

Regular dental visits – at least once per year – are important for preventing, diagnosing and treating oral diseases. Having dental insurance makes getting regular, adequate dental care easier. Further, recent research suggests that periodontal disease or gum disease can impact overall health; periodontal bacteria can enter the blood stream and infect major organs. This may contribute to the development of heart disease, increase the risk of stroke and increase a woman’s risk of having a preterm or low birth weight baby. Periodontal bacteria may also be more dangerous for those with compromised health due to respiratory diseases, diabetes or osteoporosis.<sup>12</sup>

Figure 47:  Percentage of Adults with Dental Insurance



Source: 2001 and 2003 California Health Interview Survey.

San Joaquin County 2001 N: 395,000; San Joaquin County 2003 N: 422,000.

California 2001 N: 24,606,000; California 2003 N: 25,597,000.

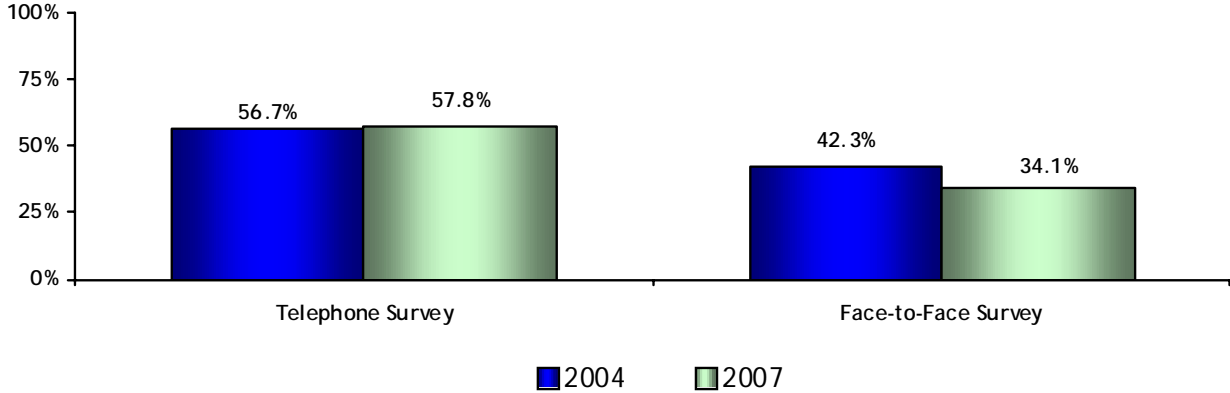
Note: Please see Health Insurance Coverage section for San Joaquin County Community Assessment, Telephone and Face-to-Face Survey dental insurance data.

 **New data not available**

<sup>12</sup> American Academy of Periodontology, *Mouth Body Connection*, 2004.

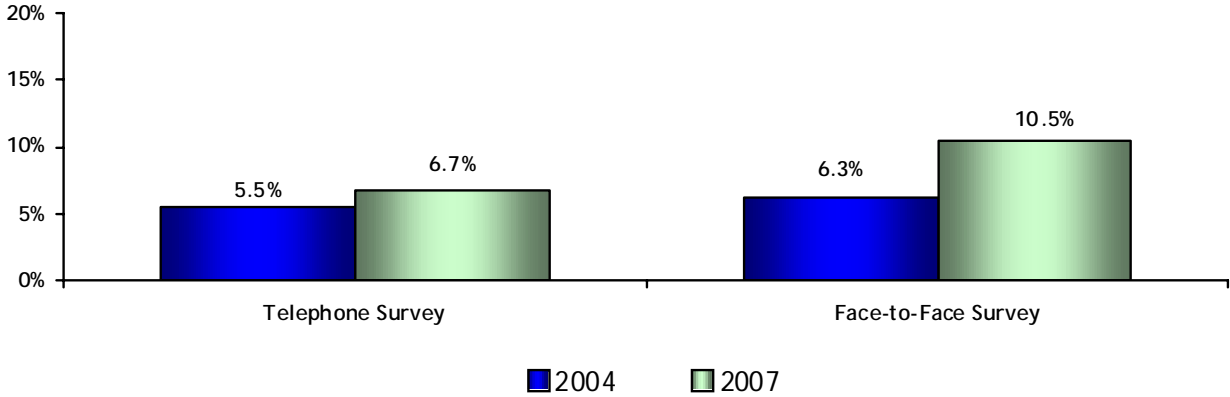
# Dental Insurance / Oral Health (cont.)

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
Telephone Survey 2004 N: 429; 2007 N: 427.  
Face-to-Face Survey 2004 N: 1,978; 2007 N: 1,900.

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
Telephone Survey 2004 N: 429; 2007 N: 427.  
Face-to-Face Survey 2004 N: 1,978; 2007 N: 1,900.

## Dental Insurance / Oral Health (cont.)

### What The Data Tell Us


In 2003, CHIS data showed that 66% of San Joaquin County residents and 65% of California residents had dental insurance, with little change since 2001. In the 2007 Healthier San Joaquin County survey, a larger percentage of telephone survey respondents than face-to-face survey respondents were current in their dental care. Fifty-eight percent (58%) of telephone survey respondents had last visited a dentist, oral hygienist, or orthodontist one to six months ago, compared to 34% of face-to-face survey respondents. For face-to-face survey respondents, the percentage who had visited a dentist one to six months ago decreased from 42% in 2004 to 34% in 2007.

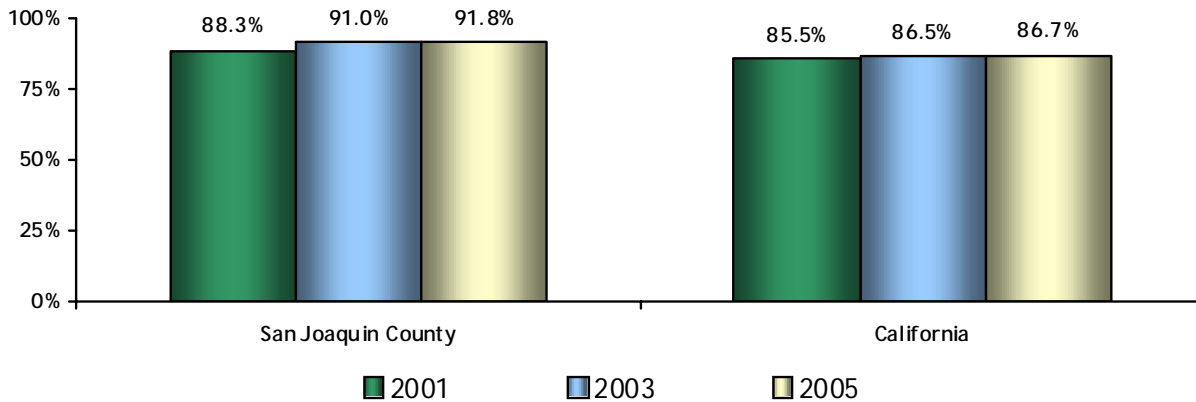
In 2007, 7% of telephone survey respondents had not seen a dentist for five or more years, compared to 11% of face-to-face survey respondents. For face-to-face survey respondents, the percentage who had not seen a dentist for five or more years increased from 6% in 2004 to 11% in 2007.

# Health Care Access and Utilization


## Why It Is Important

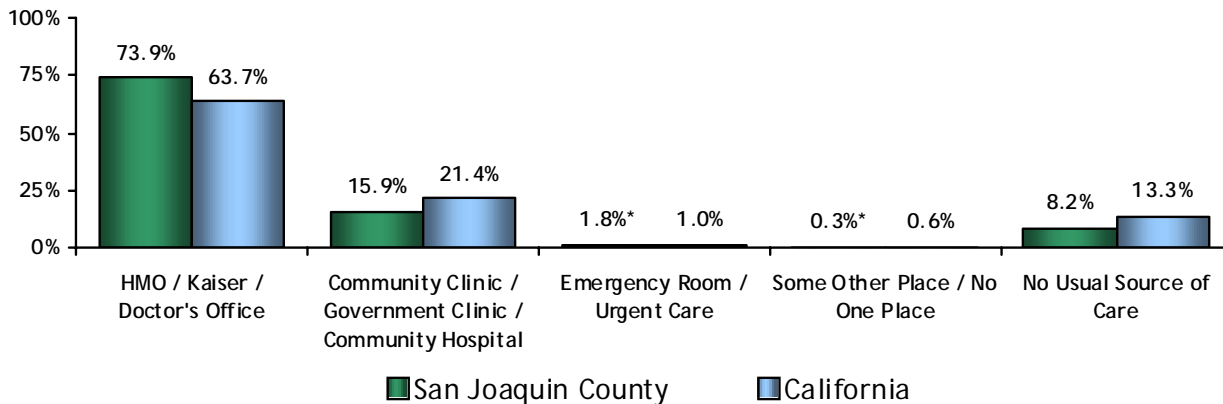
Having a usual source of care (a facility where one regularly receives care) helps people get into the health care system yet over 40 million Americans do not have a specific source of ongoing care. Individuals without a usual source of care report more difficulties obtaining needed service and fewer preventive services including blood pressure monitoring, flu shots, prostate exams, Pap tests and mammograms.<sup>13</sup>

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



Source: 2001, 2003 and 2005 California Health Interview Survey.  
 San Joaquin County 2001 N: 394,000; 2003 N: 422,000; 2005 N: 447,000.  
 California 2001 N: 24,565,000; 2003 N: 25,597,000; 2005 N: 26,388,000.

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





Source: 2005 California Health Interview Survey.  
 San Joaquin County N: 448,000.  
 California N: 26,387,000

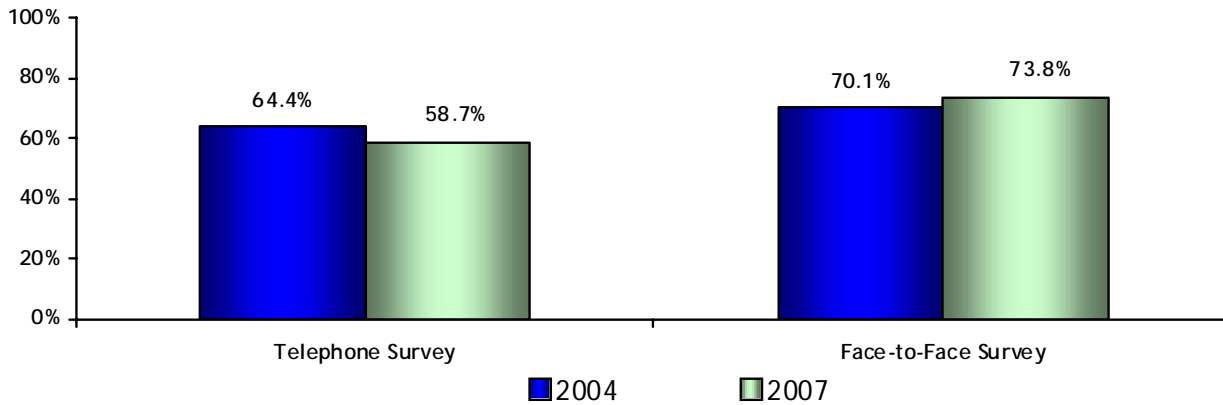
\* Statistically unstable due to low number of respondents. Caution should be used with these data.

<sup>13</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.



# Health Care Access and Utilization (cont.)

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




Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
 Telephone Survey 2004 N: 427; 2007 N: 431.  
 Face-to-Face Survey 2004 N: 2,027; 2007 N: 1,985.

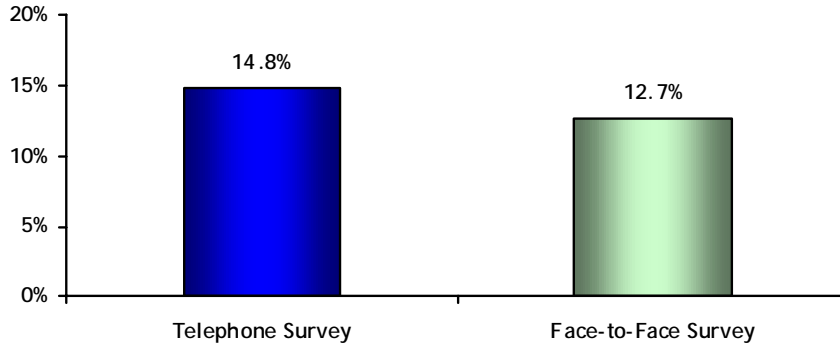
**Figure 53:**   **When You Needed Health Care, Where Did You Go?**

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Private doctor	63.1%	62.1%	54.1%	40.4%
Emergency department or hospital	35.6%	32.7%	27.0%	20.6%
Medical clinics/medical center/community health center	35.5%	38.3%	41.8%	49.4%
Urgent care clinics or walk-in clinics	20.7%	24.2%	18.2%	14.8%
Alternative caregivers	4.0%	4.8%	3.5%	2.4%
Veteran’s hospital	N/A	1.8%	N/A	N/A
Chiropractor	N/A	1.6%	N/A	N/A
Other	4.3%	0.5%	8.6%	5.9%
Total respondents	429	422	1,937	1,808
Total responses	711	701	2,968	2,413

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

## Health Care Access and Utilization (cont.)

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2007.

Telephone Survey N: 426.

Face-to-Face Survey N: 1,911.

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

Response	Frequency	Percent
You prefer a doctor in another county	17	27.4%
Referred to another provider by your family doctor	12	19.1%
Needed cardiology specialty care	8	13.1%
Needed pediatric care	7	11.9%
You use health care closer to your job	7	11.9%
Outside care covered by insurance	6	9.5%
Needed other specialty treatment not listed here	5	8.3%
Needed diabetic treatment	4	6.0%
Needed woman's health treatment	4	6.0%
Needed mental health treatment	3	4.8%
Needed oncology treatment	3	4.8%
Needed orthopedic care	3	4.8%
Needed specialty care not available in SJC	2	3.6%
Needed substance abuse/alcohol treatment	1	1.2%
Other	9	14.3%
Total respondents	63	N/A
Total responses	92	N/A

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2007.

# Health Care Access and Utilization (cont.)

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

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Doctor/nurse	72.5%	73.1%	59.6%	55.6%
Friends or family	38.6%	37.6%	43.9%	46.2%
Newspapers/magazines	35.5%	32.8%	20.8%	18.2%
TV or radio	32.9%	28.2%	23.2%	23.4%
Internet	30.0%	30.2%	16.8%	17.2%
Books	30.0%	27.4%	13.5%	12.7%
Child's school	14.0%	14.9%	16.1%	9.9%
Alternative health practitioner	11.0%	10.5%	7.6%	5.1%
Advertising: brochures/mail/newsletters	6.0%	2.0%	N/A	N/A
Through work	2.8%	2.0%	N/A	N/A
Through insurance/HMO/Medicare	N/A	2.0%	N/A	N/A
Curandero(a)/healer/shaman	2.0%	2.0%	0.6%	1.1%
Other	1.8%	0.6%	13.7%	10.3%
Total respondents	429	408	1,897	1,817
Total responses	1,189	1,073	4,093	3,630

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

## What The Data Tell Us

According to CHIS, in 2005, the majority of adults ages 18 and older had a usual place to access health care in both San Joaquin County (92%) and California (87%). In San Joaquin County, this represented a small increase from 88% in 2001. In 2005, survey respondents were asked which type of clinic they used as their usual source of care. In San Joaquin County, 74% of residents used an HMO/Kaiser/Doctor's Office, 16% used a community clinic/government clinic/community hospital, 2% used emergency departments/urgent care, and 8% had no usual source of care. Compared to California, a slightly higher percentage of San Joaquin County adults used an HMO/Kaiser/Doctor's Office (74% vs. 64%), and a slightly lower percentage used a community clinic/government clinic/community hospital (16% vs. 21%).

In 2007, in San Joaquin County, 59% of Healthier San Joaquin County telephone survey respondents and 74% of face-to-face survey respondents were in need of health care in the last 12 months. When these respondents were asked where they went for care, the majority of telephone survey respondents visited a "private doctor" (62%) and the largest percentage of face-to-face survey respondents visited "medical clinics/medical center/community health center" (47%).

Additionally, in 2007 15% of telephone survey respondents and 13% of face-to-face survey respondents traveled out of San Joaquin County for health care. Among the telephone survey respondents who traveled out of San Joaquin County for health care, 27% did so because they "preferred a doctor in another county" and 19% did so because they were "referred to another provider by their family doctor."

In 2007, 73% of telephone survey respondents and 56% of face-to-face survey respondents received information about health care from a "doctor/nurse." Thirty-eight percent (38%) of telephone survey respondents and 46% of face-to-face survey respondents got information about health care from their "friends or family."

## *How We're Making a Difference*

### **Improving Access to Health Care for Muslim Women**

In 2004, Robina Asghar, Executive Director of Community Partnership for Families (CPF), started an effort to develop leadership and improve access to health care among Pakistani and Muslim women in east Lodi. She recognized that many of these women in the community faced very significant barriers in obtaining health care, including cultural, financial, and educational barriers. Many had not received any formal education beyond elementary school, had not worked outside their homes, had limited language skills, and had powerful cultural norms that prevented them from discussing health issues with providers. Additional community research identified other key barriers to health care that included lack of culturally competent services and transportation issues.

Ms. Asghar developed a survey that was the first step in a plan to identify the health priorities in this community and begin the process of organizing these women to advocate for themselves. Initially 80 Muslim women were surveyed regarding health care and other needs, and it was found that 75 had not had gynecological exams or regular medical homes.

In response, Ms. Asghar worked with St. Joseph Medical Center to provide linguistically and culturally competent services to the community. St. Joseph's brought in their mammography van and their women's health unit and set up a clinic in east Lodi on a yearly basis. CPF Lodi Family Resource Center staff connected this community to St. Joseph's women's health clinic and other preventive services in San Joaquin County.



In 2007, the 80 original survey participants were given a follow-up survey to see if their use of the health care system had improved. Every participant reported receiving preventive medical care, using a medical home, and demonstrated knowledge about preventive medicine.

The effort has been more successful than anticipated. These women, previously deeply isolated, are coming together to advocate for themselves and their families on a neighborhood and community level, and are appearing in increasingly large groups to represent themselves at City hearings and community meetings.

Currently CPF is working with the Muslim community to establish a charitable nonprofit focusing on access to health care, financial self sufficiency, and youth development. Tom Amato of People and Congregations Together (PACT) has also been instrumental in helping Ms. Asghar develop the group.

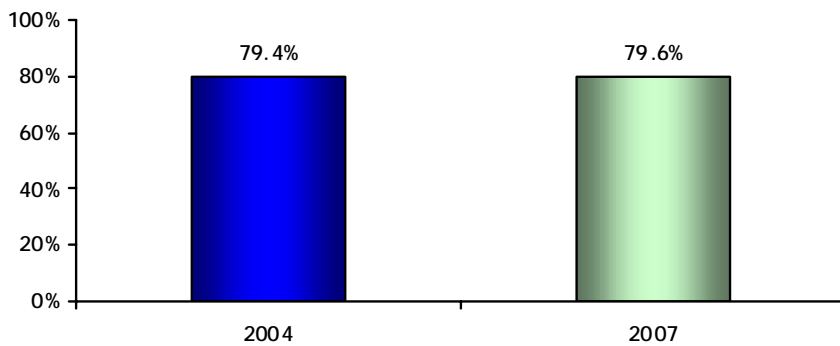
Recently, women from this group helped to develop a proposal for a Mental Health Services grant, which was awarded to the Partnership, and they are helping recruit staff for the proposed mental health outreach and services program. Additionally, the group would like to begin using ethnic media for job development within the Muslim community, around careers such as nursing, mental health counseling, radiologic technology, and other health professions, and has recently met with the SJC Mental Health Director Vic Singh to talk about their community's needs.

# Preventive Care

## Why It Is Important

Regular and timely screenings can identify health conditions at their early stages when they are most easily treated. They may also uncover potential risk factors for chronic disease that can be managed with lifestyle changes. Further, early care of chronic conditions can reduce the impact of chronic diseases such as cancer, diabetes, heart disease or hypertension, which in turn can improve the quality of life for children and adults as they age.<sup>14</sup>

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



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.  
Telephone Survey 2004 N: 427; 2007 N: 424.

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<sup>14</sup> U.S. Department of Health and Human Services, Administration on Aging, *Promoting Healthy Lifestyles – Health Screenings*, 2004, retrieved Feb. 28, 2005, from [http://www.aoa.gov/eldfam//Healthy\\_Lifestyles/Screenings/screenings.asp](http://www.aoa.gov/eldfam//Healthy_Lifestyles/Screenings/screenings.asp).

## Preventive Care (cont.)

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

Response	Telephone Survey '04	Telephone Survey '07
Don't need it	N/A	29.2%
No insurance	28.8%	28.1%
Only go to the doctor when sick	18.3%	N/A
Couldn't afford it	18.2%	15.6%
Too lazy/haven't gotten around to it	12.5%	N/A
Don't go to the doctor/ don't like it	N/A	8.3%
Doctor hasn't requested annual exams	N/A	6.3%
Insurance would not cover it	11.6%	6.3%
Didn't know where to go	7.4%	6.3%
Didn't know what steps to take to get health care	N/A	4.2%
Transportation issues	2.5%	0.0%
Unable to understand the telephone instructions to make an appointment	0.8%	0.0%
Could not find a doctor to accept your insurance	0.8%	2.1%
Couldn't afford co-pay	N/A	2.1%
Unable to communicate due to language differences / barriers	N/A	1.0%
Other	15.6%	8.3%
Total respondents	88	72
Total responses	105	86

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.

### What The Data Tell Us

In 2007, 80% of Healthier San Joaquin County telephone survey respondents received preventative care, which has stayed relatively unchanged since 2004. In 2004 the top reasons for not receiving preventative care were “no insurance” (29%), “only go to the doctor when sick” (18%), and “couldn't afford it” (18%). In 2007, the top reasons were “don't need it” (29%), “no insurance” (28%) and “couldn't afford it” (16%).

## *How We're Making a Difference*

### **St. Joseph's Medical Center Mobile Mammography Unit**

#### **Improving Access to Care**

Maria is 55 years old and hadn't had a mammogram in over 10 years when she came to St. Joseph's Mobile Mammography Unit (MMU) for a breast exam. In fact, it had been so long, she couldn't remember when she had her last exam. She said that money was tight and without medical insurance, she didn't have the means to get regular check-ups. Financial difficulties that left her without a car, further straining her ability to access medical care.



Fortunately for Maria and hundreds of women like her, St. Joseph's Mobile Mammography Unit is providing access to high-quality breast and cervical cancer screening to underserved women in their communities. The MMU offers state-of-the-art digital mammography to 22 Northern and Central California counties, offering pap smears and pelvic exams, and breast health education. This education, along with the screening exams, is very important to the early detection of cancer, and the earlier cancer is detected, the more lives will be saved.

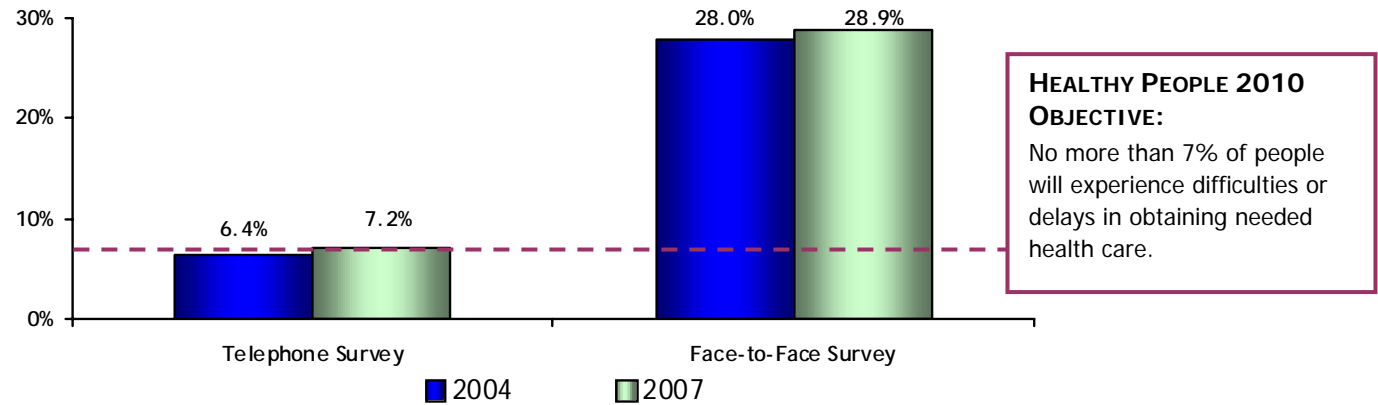
St. Joseph's Medical Center offers a variety of breast cancer outreach programs in addition to Mobile Mammography, including the "Every Woman Counts" Cancer Detection program, Latina and Southeast Asian Breast Cancer Navigators, and Shades of Survivorship for African-American women.

# Delays In Care - Medical Care

## Why It Is Important

When residents need medical care, it is important to get care in a timely fashion. Delaying medical care can exacerbate problems and even be life threatening. It can also add to the cost of care to the patient and the care provider. The high cost of medical care and being uninsured or underinsured can contribute to a delay in receiving medical care.

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.  
Telephone Survey 2004 N: 274; 2007 N: 251.  
Face-to-Face Survey 2004 N: 1,420; 2007 N: 1,418.





## Delays In Care - Medical Care (cont.)

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

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
No insurance	82.6%	50.0%	52.8%	69.0%
Could not afford it	73.3%	45.9%	30.8%	33.9%
Insurance would not cover it	21.6%	37.5%	15.8%	13.9%
Could not afford co-pay	N/A	29.1%	N/A	12.9%
Could not find doctor to accept insurance	17.4%	20.8%	6.2%	8.3%
Did not know what steps to take to get health care	N/A	20.8%	N/A	13.9%
Changed employer/lost job	17.4%	16.7%	10.1%	9.3%
Transportation issues	21.1%	12.4%	16.8%	11.5%
Could not get a timely appointment	N/A	16.7%	N/A	5.1%
Did not know where to go	34.7%	12.4%	17.9%	16.3%
Lack of services or services unavailable	N/A	12.4%	N/A	N/A
Unable to understand the telephone instructions to make an appointment	13.1%	4.1%	11.4%	5.1%
Unable to communicate due to language differences	8.5%	0.0%	16.6%	8.5%
Other	8.5%	0.0%	24.4%	11.2%
Total respondents	17	18	386	410
Total responses	52	50	783	898

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

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

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Basic care	77.9%	58.3%	59.6%	55.6%
Preventive care/annual exam	65.3%	25.0%	25.1%	27.9%
Mental health (counseling or other help)	39.0%	12.5%	11.1%	12.8%
Specialist	34.7%	50.0%	19.5%	18.2%
Alternative care (homeopathic or acupuncture)	12.7%	12.5%	9.2%	7.8%
Dental	N/A	37.5%	N/A	48.7%
Substance abuse treatment; drugs or alcohol	N/A	12.5%	N/A	6.1%
Prenatal	N/A	4.1%	N/A	9.5%
Other	8.5%	0.0%	34.0%	16.3%
Total respondents	17	18	379	423
Total responses	42	38	601	858

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

# Delays In Care - Medical Care (cont.)

## What The Data Tell Us

In the 2007 Healthier San Joaquin County surveys, residents were asked if they needed health care in the last 12 months and whether or not they were able to receive it. Seven percent (7%) of telephone survey respondents and 29% of face-to-face survey respondents reported that they were not able to receive the care that they needed. The percentage of face-to-face survey respondents who were not able to receive care exceeds the Healthy People 2010 Objective limit that no more than 7% of people will experience difficulties or delays in obtaining needed health care.

In 2007, for those who could not get the care they needed, the greatest percentage of telephone survey respondents (50%) indicated this was because they had “no insurance” followed by “could not afford it” (46%). Among face-to-face survey respondents, the greatest percentage also indicated this was because they had “no insurance” (69%) followed by “could not afford it” (34%). The percentage of telephone survey respondents who reported that they didn’t get care because they had no insurance decreased between 2004 and 2007 (from 83% to 50%), whereas the percentage of face-to-face survey respondents increased (from 53% to 69%).

Further, among 2007 telephone survey respondents who went without health care, 58% reported going without “basic care,” 50% went without a “specialist” and 38% went without “dental care.” Among face-to-face survey respondents, 56% reported going without “basic care,” 49% reported going without “dental care” and 28% reported going without a “preventive care/annual exam.”

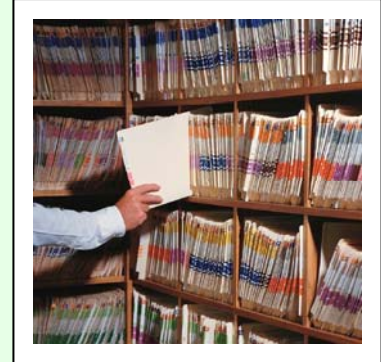
## *How We're Making a Difference*

### **Improving Access to Early Prenatal Care: Barriers to Care Form**

The Barriers to Care form evolved out of the Prenatal Summit of January 2006. When clients have difficulty in accessing services, and the nurse or outreach worker encounters difficulty assisting them, a Barriers to Care form is completed. The deputy director, program manager, or supervising public health nurse will contact the administrative staff in agencies where barriers are identified. They will work with those supervisors to ensure that the client's issues and system problems are resolved.

The following are two examples:


1. One patient experienced repeated difficulty in getting appointments at a particular clinic. She was always placed on hold, and her calls were never returned. The Maternal, Child, and Adolescent Health (MCAH) coordinator contacted the clinic administration to report the problem. They thanked the MCAH coordinator and informed them that they were in the process of hiring a 2<sup>nd</sup> Spanish-speaking clerical worker for that clinic. The patient is now in care.
2. A teenager wasn't keeping her prenatal care appointments because she couldn't afford to pay and had difficulty with her eligibility worker getting her Medi-Cal. The administration at Human Services Agency needed to intervene, assigned her a different eligibility worker, and expedited the application. The teen then went to her appointments.

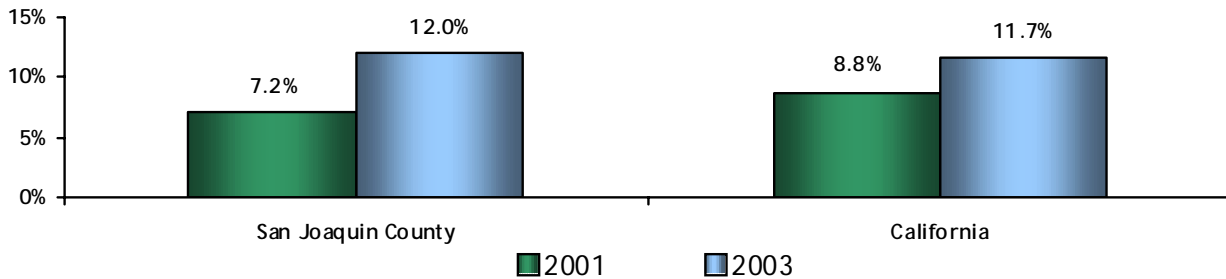


# Delays In Care - Prescription Medication

## Why It Is Important


Delays in getting necessary prescription medication can interfere with treatment for common and chronic illness. Prescription drug cost is often a problem for many uninsured or underinsured residents of all ages and especially for older adults. The cost of prescription medication is the fastest growing component of medical expenses.<sup>15</sup>

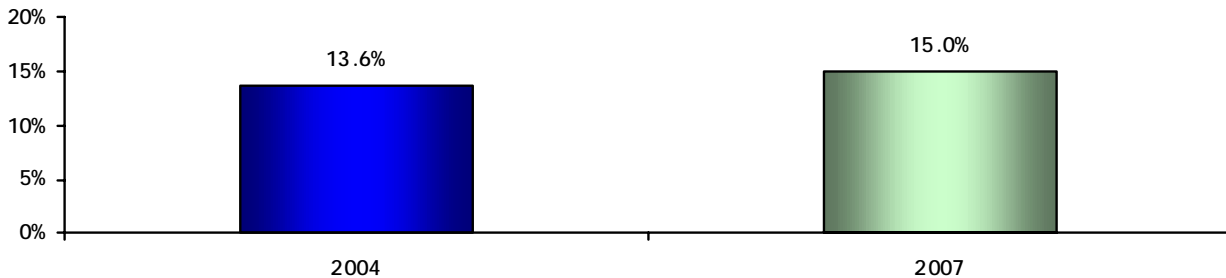
**Figure 62:**  **Adults Who Delayed or Did Not Get Prescription Medication**



Source: 2001 and 2003 California Health Interview Survey.  
 San Joaquin County 2001 N: 394,000; 2003 N: 422,000.  
 California 2001 N: 24,584,000; 2003 N: 25,597,000.

 **New data not available**

**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."**



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.  
 Telephone Survey 2004 N: 427; 2007 N: 430.

## What The Data Tell Us

According to CHIS, in 2003, 12% of both San Joaquin County adult residents and California adult residents delayed or did not get prescription medication. Telephone survey data were similar in showing that 14% of San Joaquin County residents delayed or did not get a medicine that a doctor prescribed in 2004. In 2007, this percentage increased to 15%.

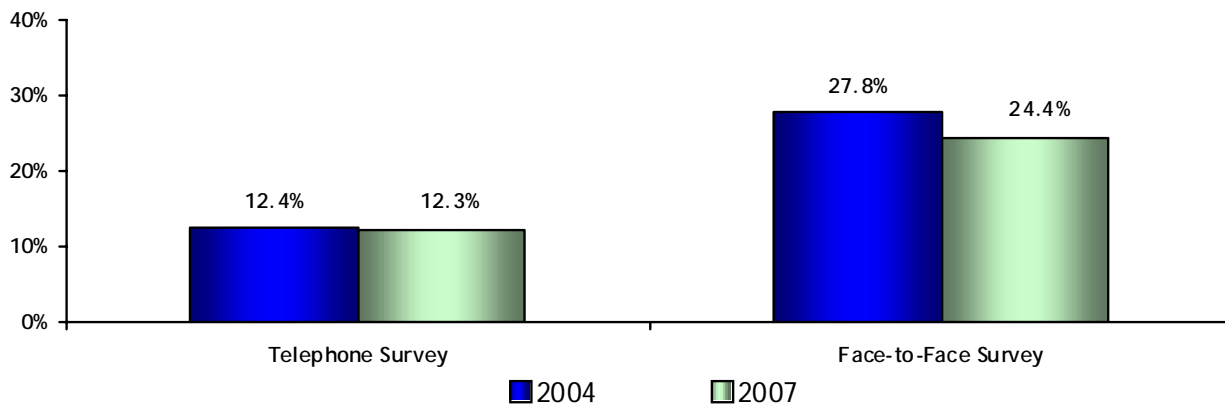
<sup>15</sup> Center for Medicare and Medicaid Services, Office of the Actuary, *Table 2: National Health Expenditure Amounts and Average Annual Percent Change by Type of Expenditure: Selected Calendar Years 1980-2011, 2007.*

# Emergency Department Use

## Why It Is Important

Emergency department usage for primary care is often an indicator of a lack of access to care. Residents without health insurance or with limited provider choices often use the emergency department for their primary care as well as for emergencies. Delaying care until care is urgent often results in poorer health outcomes and increased health care costs.<sup>16</sup>

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



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey 2004 N: 425; 2007 N: 429.

Face-to-Face Survey 2004 N: 1,843; 2007 N: 1,856.

## What The Data Tell Us

The 2007 Healthier San Joaquin County survey revealed that 12% of telephone survey respondents and 24% of face-to-face survey respondents used the emergency department for their main source of health care. In comparison to 2004 data, the percentage did not change for telephone survey respondents but decreased slightly from 28% to 24% for face-to-face survey respondents.

<sup>16</sup> United States Department of Health and Human Services, Agency for Healthcare Research and Quality, National Healthcare Disparities Report, 2005.

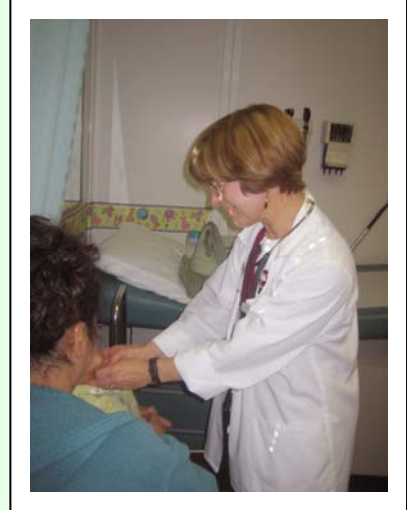
## *How We're Making a Difference*

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

Hortencia was concerned when she started experiencing dark vertical lines in her vision. Now 44, Hortencia has had diabetes since she was 23 years of age. With no health insurance and very limited resources, she relies on St. Joseph's Medical Center CareVan for the health care so often needed with a chronic disease like diabetes. The initial CareVan exam did not show any abnormalities but as a precautionary measure, she was scheduled with a retinal specialist the next day. Hortencia was diagnosed with diabetic retinopathy and received the necessary laser treatment, which saved her vision.



St. Joseph's CareVan is a 48-foot mobile health clinic that provides free health services to people in the community who do not have health insurance and primary access to health care. Services include screenings, health education, referral services, medical diagnoses, and treatment. The CareVan treats acute problems such as fever, earache, upper respiratory infections, infections, sore throat and other illnesses, and chronic problems such as allergies, high blood pressure, diabetes and joint pain.

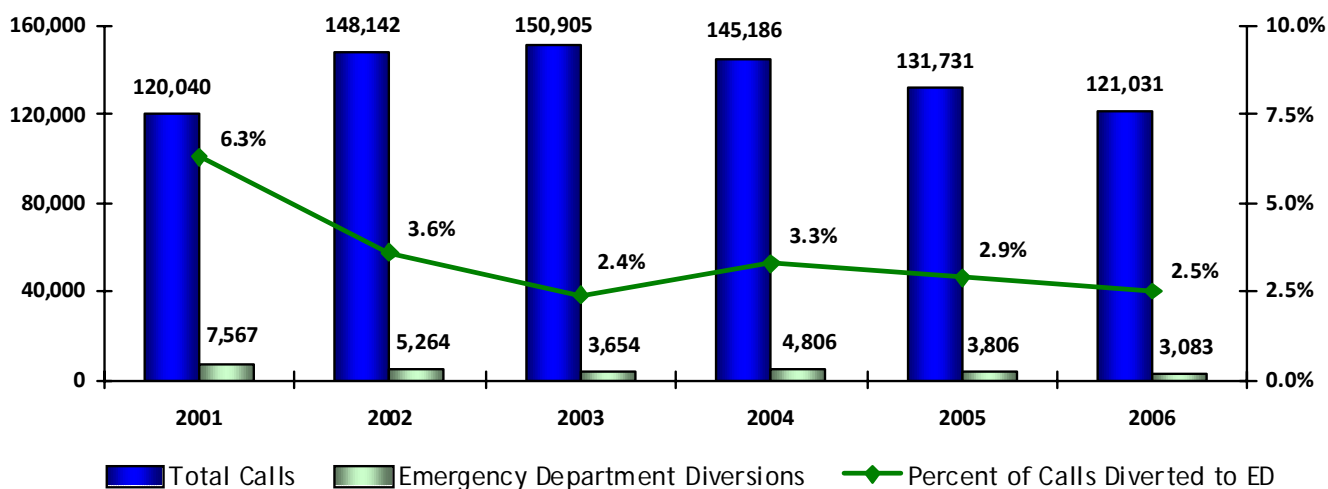


# Emergency Department Diversion

## Why It Is Important

In San Joaquin County, St. Joseph’s Medical Center provides the community with a toll-free number to ask registered nurses medical questions. When a caller first speaks with a nurse, the caller is asked if his or her intention had been to call 911 or go to the emergency department. The nurse then assists the caller following a specific protocol. If the nurse determines that the caller does not need emergency assistance, the caller is asked if he or she will comply with the nurse’s recommendation to not go to the emergency department or call 911. If a caller who had originally intended to seek emergency medical attention decides not to do so after that phone consultation, it is considered an emergency department diversion. This is an important service as emergency medical services can be quite costly to the consumer, the hospital and the community. Additionally, use of the emergency department for non-emergency purposes overburdens the emergency care system.

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



Source: St. Joseph’s Medical Center, 2007.

Note: Data are from July through June of each year.

## What The Data Tell Us

According to St. Joseph’s Medical Center, between 2001 and 2006, the number of calls to the nurse call center every year ranged from 120,040 to 150,905. Of these calls, the percentage of callers who were diverted from going to the emergency department decreased from 6% in 2001 to 3% in 2006.

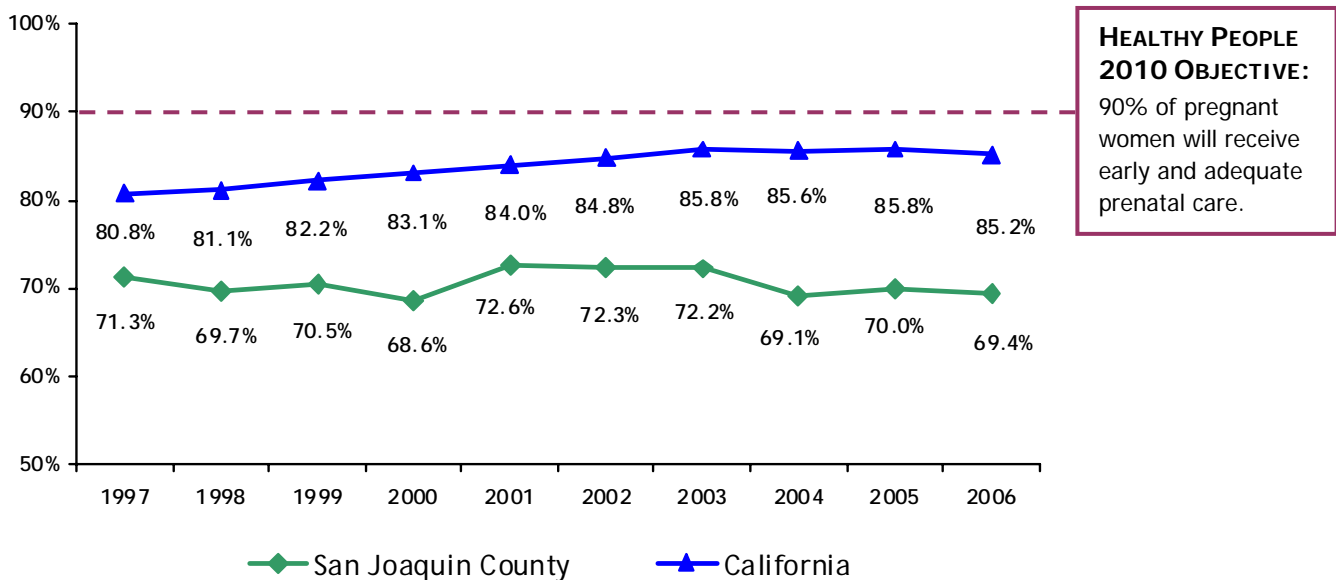
# Adequate Prenatal Care

## Why It Is Important

Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.<sup>17</sup> Prenatal care can provide health risk assessments for the mother and fetus, early intervention for medical conditions and education to encourage healthy habits during pregnancy, such as the avoidance of tobacco, alcohol and substance use.

Adequate prenatal care is measured by the percentage of women who receive prenatal care in the first trimester of their pregnancy. According to a study by The National Public Health and Hospital Institute, financial barriers including cost of care were often reasons women did not get adequate prenatal care.<sup>18</sup>

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



Source: 1997-2004 data: State of California, Department of Health Services, Birth Records, 2007. 2005-2006 data: San Joaquin County Public Health Services, Birth Records, 2006.

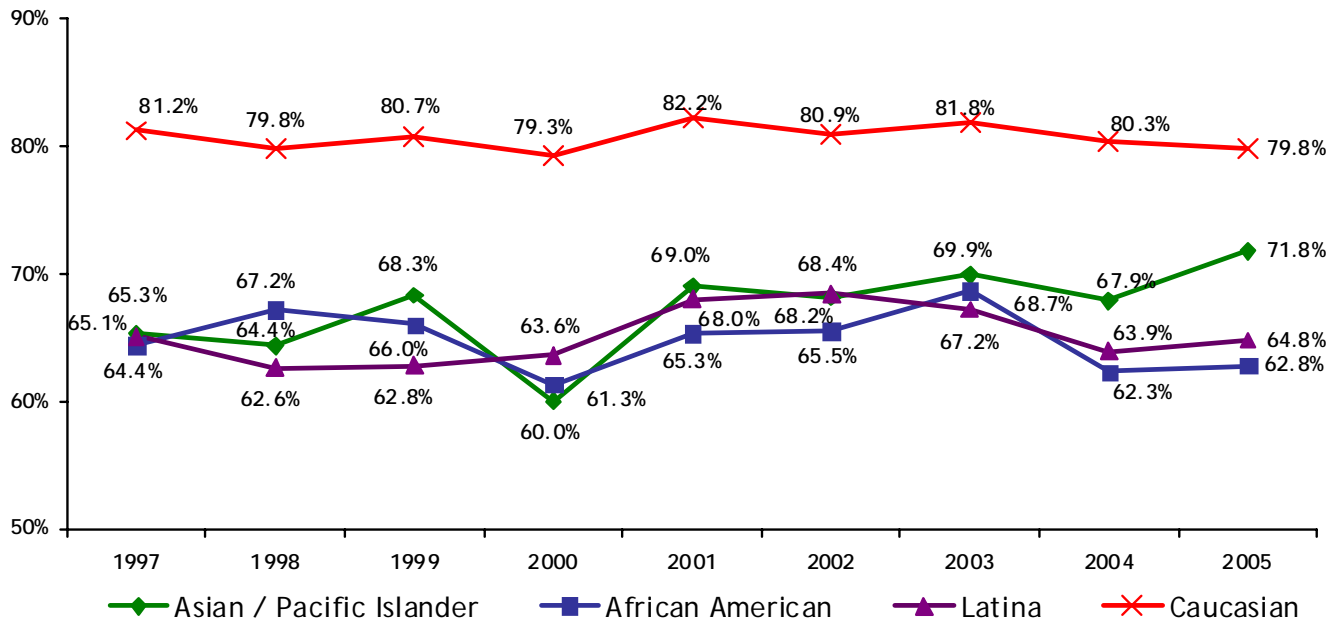
<sup>17</sup> Kids in Common, Cross-Systems Evaluations County of Santa Clara, Public Health Department Santa Clara Valley Health & Hospital System and Applied Survey Research, *Santa Clara County Children's Report: Key Indicators of Well-being*, 2005.

<sup>18</sup> The National Public Health and Hospital Institute, *Barriers to Prenatal Care Study: A Survey of Women Who Deliver at Public Hospitals*, 2003.



# Adequate Prenatal Care (cont.)

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



Source: 1997-2004 data: State of California, Department of Health Services, Birth Records, 2007. 2005 data: San Joaquin County Public Health Services, Birth Records, 2006.

 New data not available

## What The Data Tell Us

From 1997 to 2006, the percentage of San Joaquin County women receiving prenatal care in the first trimester stayed relatively level, and each year the San Joaquin County percentage was lower than that of California. In 2006, 69% of pregnant women in San Joaquin County received first trimester prenatal care compared with 85% in California.

When looking at the percentage of women with adequate prenatal care by ethnicity for San Joaquin County, Caucasian women had higher percentages of first trimester parental care than Asian/Pacific Islanders, Latinas or African Americans. It is likely that there are many complex reasons for these differences; however, these percentages may indicate disparities in access to adequate prenatal care.

The Healthy People 2010 goal is that 90% of pregnant women will receive early and adequate prenatal care. Both San Joaquin County and California are below this goal.

## *How We're Making a Difference*

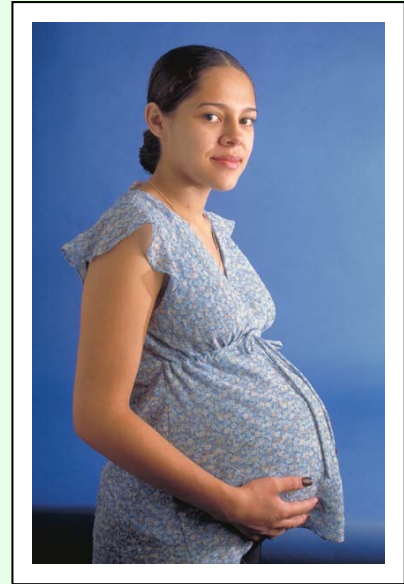
### **Early Prenatal Care Work Groups**

In January, 2006 a one-day Prenatal Summit was held in San Joaquin County to address the lack of entry into prenatal care for women within the first trimester of pregnancy. Agencies and organizations from all over San Joaquin County attended the summit to gain knowledge and understanding of the importance of prenatal care in the first trimester, and the barriers that exist. Participants examined how county agencies could work together to spread the word about the importance of early entry and access, and how to eliminate some of the barriers.

Out of the summit, work groups were formed. The Collapsing Cultural Barriers work group and the Navigating the Health Care System work group are currently looking at the barriers that were identified, and are coming up with realistic goals and expectations. Both groups have met regularly for two years to develop strategies for improving access and educating the community about the importance of early prenatal care.

The Navigating the Health Care system work group has targeted clinics and providers to work on better appointment scheduling and providing a supportive front office staff. They have also worked with Human Services Agency to improve the insurance process for women who think they might be pregnant by minimizing the wait times for application processing, so that they can be seen by a provider as soon as possible.

The Collapsing Cultural Barriers work group has developed a social marketing campaign that includes posters, pamphlets and radio announcements targeting all women of child bearing age to seek prenatal care early. The social marketing campaign "Go Before You Show" has been funded by St Joseph's Medical Center, First 5 of San Joaquin, and Health Plan of San Joaquin, along with in kind donations from Blue Cross, Catholic Charities, Community Medical Centers Inc., San Joaquin County Public Health Services, San Joaquin General Hospital and other agencies.

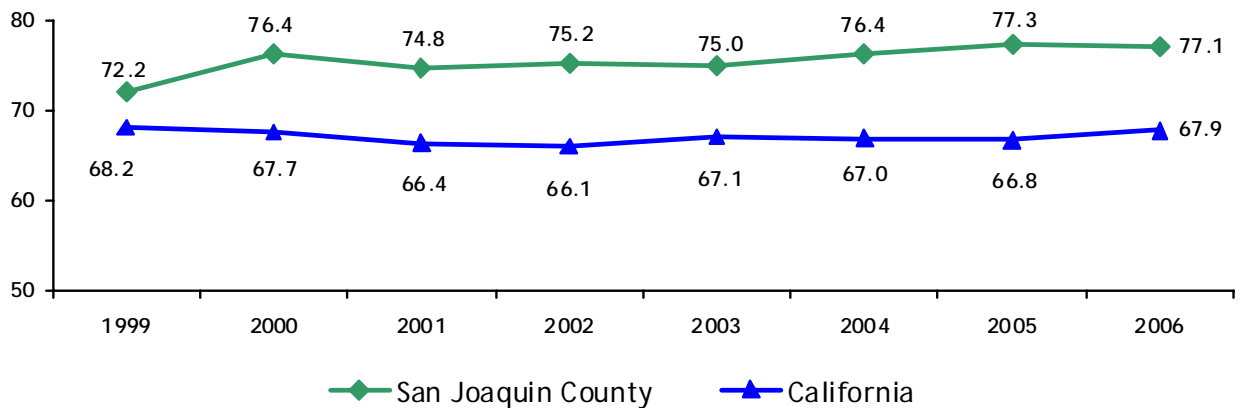


# Births

## Why It Is Important

Births are an indication of population growth as well as a demand on a community’s infrastructure, such as hospitals and schools. Areas with high birth rates can have a larger percentage of the population in younger age groups compared with areas with lower birth rates. Understanding this trend can help communities plan where to best allocate resources.

**Figure 68: Birth Rate per 1,000 Women, Ages 15-45**



Source: State of California, Department of Health Services, Birth Records, 2007; 1999 population data: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1970-2040. Sacramento, CA, December 1999; 2000-2004 population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, May 2004. Data from 2000-2003 include 2000 Census results.

Note: There were a small number of births to women under age 15 and over age 45, but compared to other ages, the number of births to these age groups was small. Therefore, to avoid overly skewing the birth rate, the age range used to calculate the birth rate was limited to 15-45 years.

## What The Data Tell Us

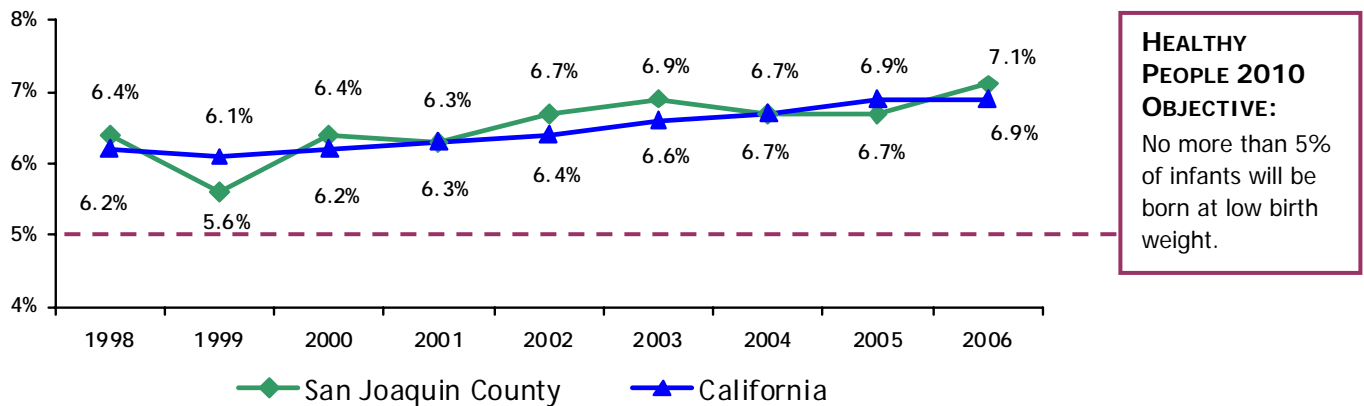
From 1999 to 2006, the birth rate in San Joaquin County was consistently higher than that of California. In 2006, the birth rate was 77 per 1,000 women in San Joaquin County, compared to 68 per 1,000 in California. In both San Joaquin County and California, the birth rates stayed relatively level between 1999 and 2006.

# Low Birth Weight Babies

## Why It Is Important

Low birth weight is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. In contrast, the average newborn weighs about 7 pounds. The most common reason for low birth weight is premature birth, though the mother's age, ethnicity, health and whether or not it is a multiple birth can also affect the baby's birth weight. Infants born at low birth weight are at greater risk for complications including infections, breathing problems, neurological problems and Sudden Infant Death Syndrome (SIDS).<sup>19</sup> Other studies have shown that low birth weight babies are also at a higher risk for developmental handicaps, such as learning disabilities and attention deficits, than babies with normal birth weights. Low birth weight babies also demonstrate higher rates of sub-average IQ (< 85) than their normal birth weight peers.<sup>20</sup>

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



**HEALTHY PEOPLE 2010 OBJECTIVE:**  
No more than 5% of infants will be born at low birth weight.

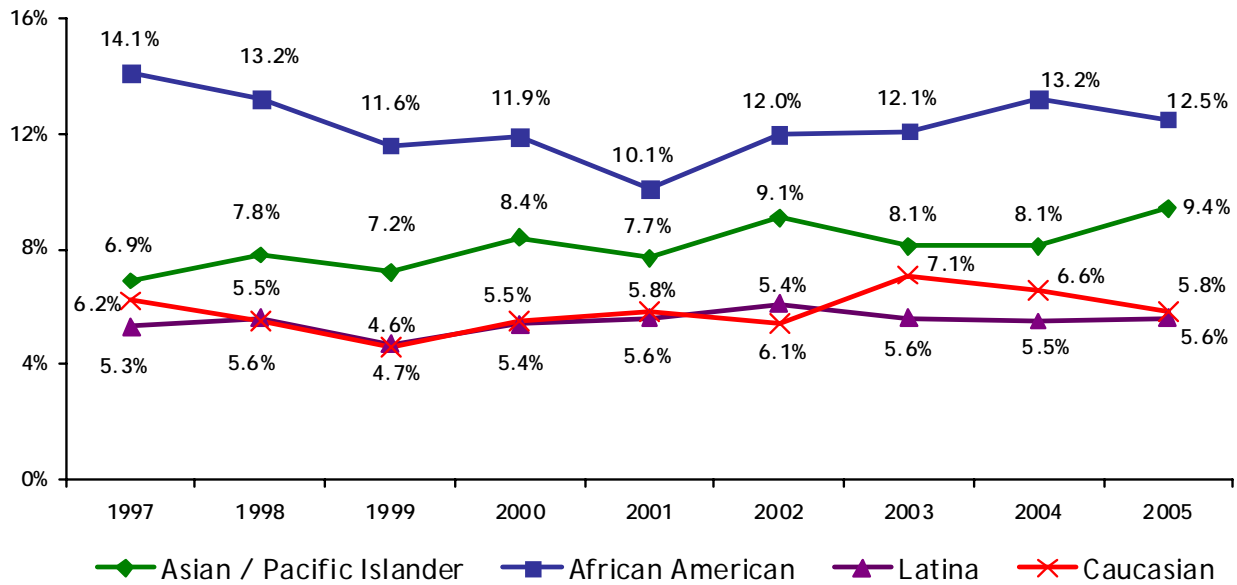
Source: State of California, Department of Health Services, Birth Records, 2005.

<sup>19</sup> Lucile Packard Children's Hospital, *High-Risk Newborn: Low Birthweight*, 2005, retrieved February 28, 2005 from <http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/hrnewborn/lbw.html>.

<sup>20</sup> Kessenich, Maureen, The Triplet Connection, *Developmental Outcomes of Premature, Low Birth Weight and Medically Fragile Infants*, 2003, retrieved April 15, 2005 from <http://www.tripletconnection.org/medical/premie.html>.

# Low Birth Weight Babies (cont.)

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



Source: State of California, Department of Health Services, Birth Records, 2007.

 New data not available

## What The Data Tell Us

In 2006, 7% percentage of infants born in San Joaquin County and California were at low birth weight, which is higher than the Healthy People 2010 Objective limit of 5%. For both San Joaquin County and California, this percentage has stayed relatively level since 1998.

The percentage of babies born at low birth weight differed greatly by ethnicity in San Joaquin County. In 2005, the percentage of African American babies born at low birth weight was 13%, compared to 9% of Asian/Pacific Islander infants, 6% of Caucasian infants, and 6% of Latino infants. However, the percentage of African American babies born at low birth weight did decline from 14.1% in 1997 to 10.1% in 2001 but then rose to 13% by 2005.

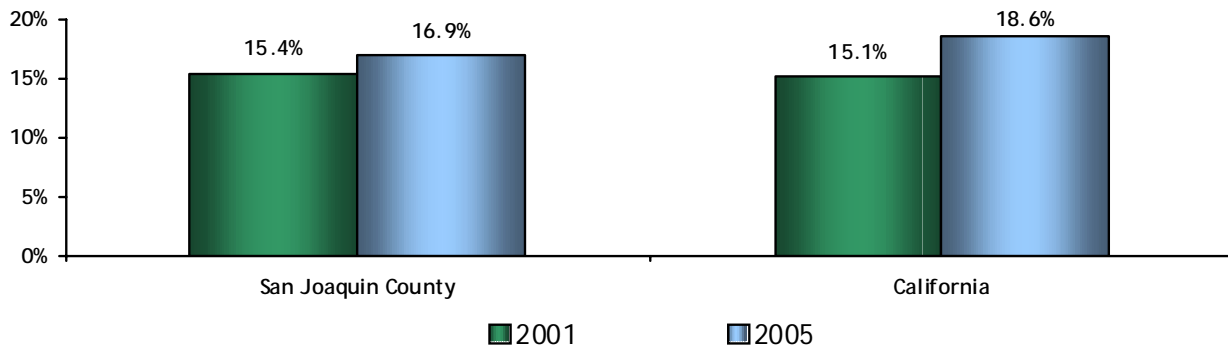
# Mental Health Services

## Why It Is Important

Mental health problems include depression, anxiety disorders, and psychotic disorders including schizophrenia, attention-deficit/hyperactivity disorder and conduct disorder. A recent study found that 7.6 million out of 32 million (about 1 in 4) hospital stays by Americans ages 18 and older involved mental illness or alcohol or other drug disorders.<sup>21</sup> Access to quality mental health services is often difficult for many people, but often more so for people with low-incomes. Compared with coverage of physical health issues, private insurance has generally been more restrictive in coverage of mental health illness and public insurance programs such as Medicare and Medicaid also impose limitations on mental health coverage.<sup>22</sup>

Timely and appropriate treatment for mental health issues can sometimes shorten the duration of symptoms or lessen the impact of the illness on the person's quality of life. Depression is the most common mental health disorder, affecting more than 19 million adults in the United States.<sup>23</sup> In any given year, about one in ten American adults suffer from a depressive disorder.<sup>24</sup> It is estimated that more than two-thirds of those who commit suicide each year suffered from depression.<sup>25</sup> Often, health professionals, such as primary care physicians, are the first to discuss and diagnose mental health issues.

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



Source: 2001 and 2005 California Health Interview Survey.

San Joaquin County 2001 N: 395,000; 2005 N: 444,000.

California 2001 N: 24,466,000; 2005 N: 26,291,000.

Note: Comparable data not available for 2003.

<sup>21</sup> Join Together: Advancing Effective Alcohol and Drug Policy, Prevention and Treatment, "Community Hospitals Hit Hard by Addiction, Mental Illness," April 11, 2007.


<sup>22</sup> The Office of the Surgeon General, *Mental Health: A Report of the Surgeon General*, 1997.

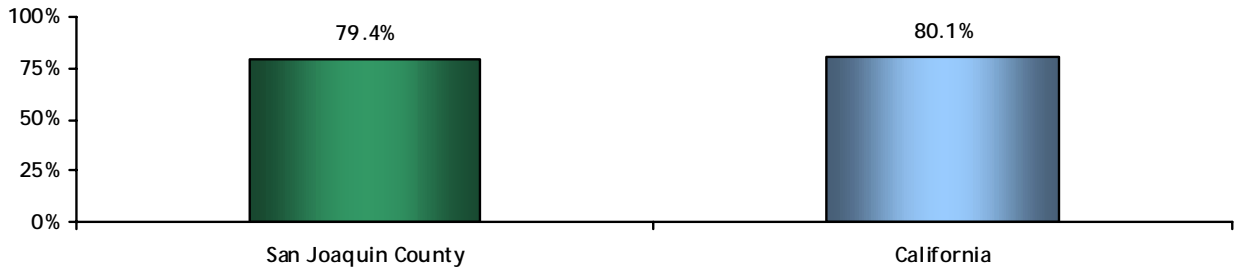
<sup>23</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>24</sup> U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Mental Health, *Depression*, 2002.

<sup>25</sup> U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

# Mental Health Services (cont.)

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




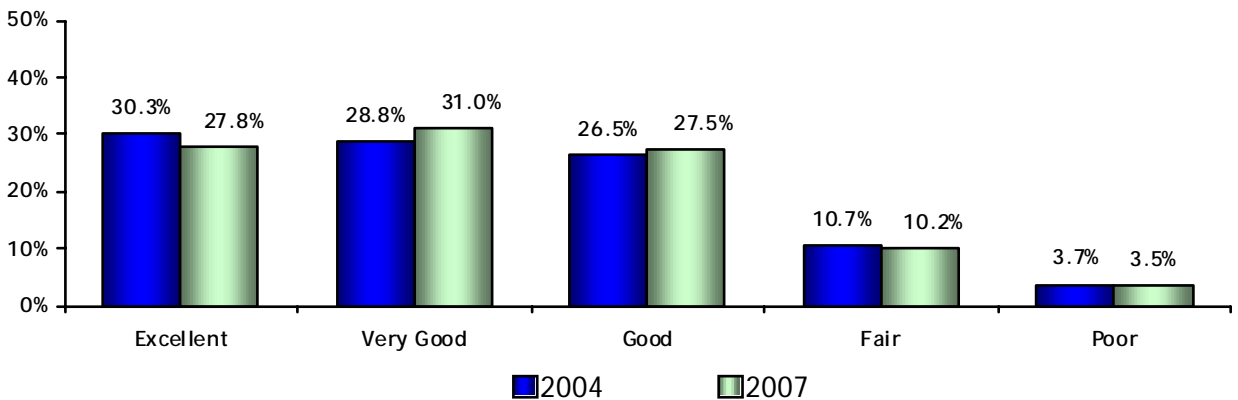
Source: 2005 California Health Interview Survey.

San Joaquin County 2005 N: 67,000.

California 2005 N: 4,523,000.



Note: Comparable data not available for prior years.

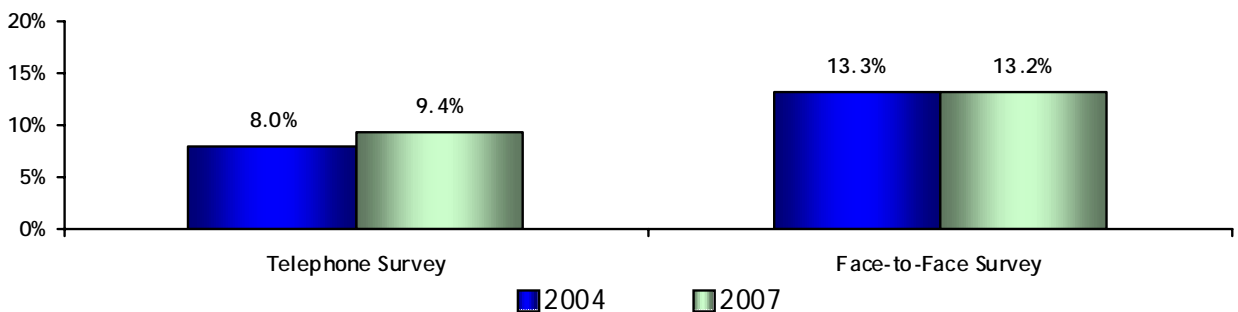
**Figure 73:**  Would You Say That in General, Your Mental Health, Which Includes Stress, Depression and Problems With Emotions, is:



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2004 and 2007.

Telephone Survey 2004 N: 424; 2007 N: 426.

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





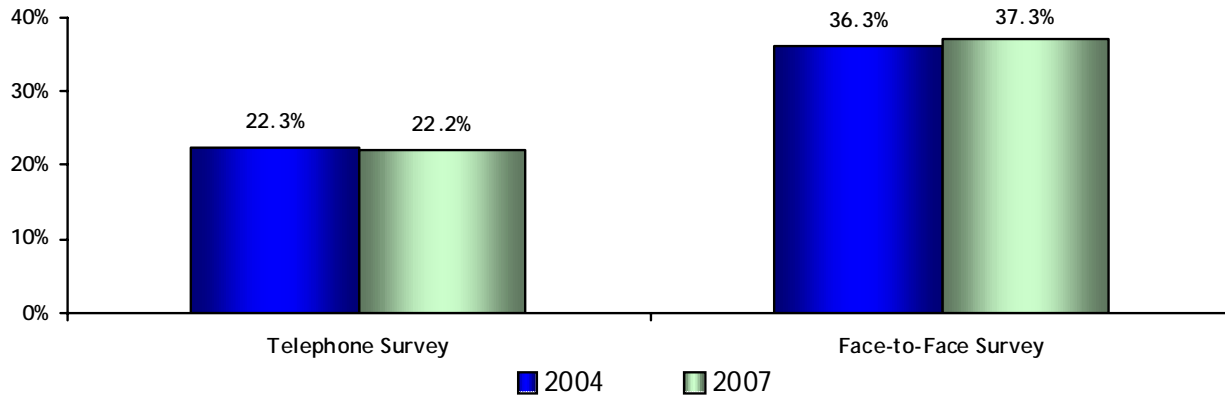
Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey 2004 N: 425; 2007 N: 430.

Face-to-Face Survey 2004 N: 2,033; 2007 N: 1,985.

## Mental Health Services (cont.)

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





Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

Telephone Survey 2004 N: 34; 2007 N: 41.

Face-to-Face Survey 2004 N: 270; 2007 N: 263.

Note: Questions about treatment were asked only of those respondents who reported needing mental health treatment.

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

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
No insurance	29.4%	33.4%	43.9%	66.3%
Insurance would not cover it	20.6%	8.3%	13.3%	13.3%
Couldn't afford it	20.6%	16.7%	33.7%	25.5%
Transportation issues	9.8%	8.3%	21.4%	23.5%
Couldn't afford co-pay	N/A	N/A	N/A	18.4%
Unable to communicate due to language differences/barriers	N/A	N/A	14.3%	17.3%
Didn't know what steps to take to get health care	N/A	16.7%	N/A	12.2%
Unable to understand phone instructions to make an appointment	0.0%	16.7%	9.2%	8.2%
Waiting lists	N/A	16.7%	9.2%	9.2%
Didn't know where to go	40.2%	8.3%	25.5%	23.5%
Lack of services or services unavailable	N/A	8.3%	N/A	20.4%
Unable to find doctor to accept insurance	N/A	N/A	11.2%	7.1%
Changed employer/lost job	N/A	N/A	N/A	7.1%
Other	0.0%	8.3%	19.4%	5.1%
Total respondents	8	9	98	98
Total responses	9	14	197	252

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.



# Mental Health Services (cont.)

## What The Data Tell Us

According to CHIS, in 2005, 17% of San Joaquin County adults and 19% of California adults were in need of help for an emotional or mental health problem, which was an increase from 15% since 2001 for both regions. During this same year, 79% of San Joaquin County residents and 80% of California residents had insurance that covered mental health treatment.

Among Healthier San Joaquin County telephone survey respondents, the percentage of those who rated their mental health in general as “excellent,” from 2004 to 2007, decreased from 30% to 28%. However, the percentage of those rating their mental health as “very good” and “good” increased slightly (29% to 31% and 27% to 28%, respectively). Only 4% of respondents each year rated their mental health as “poor.”

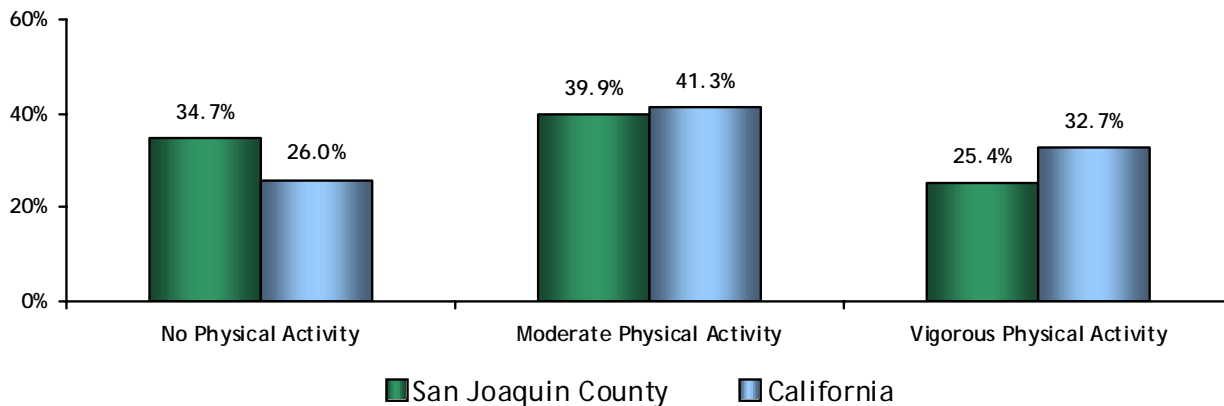
In 2007, 9% of Healthier San Joaquin County telephone survey respondents indicated they needed mental health treatment in the last year and 13% of face-to-face respondents indicated the same. Twenty-two percent (22%) of the telephone survey respondents who needed treatment indicated that they were unable to receive the mental health treatment that they needed and 37% of face-to-face survey respondents indicated the same. In 2007, the greatest percentage of telephone survey respondents (33%) indicated they were unable to receive care due to “no insurance.” This was also the top reason for face-to-face survey respondents (66%), which was an increase from 44% in 2004.

# Physical Activity - Adults

## Why It Is Important

According to the Centers for Disease Control and Prevention (CDC), “Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation's leading cause of death and decreases the risk for stroke, colon cancer, diabetes and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression and is associated with fewer hospitalizations, physician visits and medications.”<sup>26</sup> The CDC recommends 30-minutes of moderate-intensity physical activity five or more times a week.

Figure 77:  Level of Physical Activity of Adults, 2005





Source: 2005 California Health Interview Survey.

San Joaquin County 2005 N: 203,000.

California 2005 N: 11,424,000.

<sup>26</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2004.

## Physical Activity - Adults (cont.)

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?

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Never	27.3%	24.4%	20.7%	19.7%
One time	7.6%	7.8%	6.8%	5.6%
Two times	12.5%	10.8%	14.5%	12.8%
Three times	12.5%	12.6%	14.6%	15.8%
Four times	7.5%	6.4%	8.1%	8.2%
Five times	5.5%	9.6%	10.3%	11.7%
Six times	1.4%	3.2%	2.8%	4.2%
Seven times	21.3%	21.1%	10.3%	13.9%
Over seven times	4.4%	4.3%	11.9%	8.2%
Total respondents	412	424	1,840	1,747

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

### What The Data Tell Us

In 2005, based on CHIS survey data, San Joaquin County residents were less physically active than California residents on the whole. Thirty-five percent (35%) of San Joaquin County residents got no physical exercise in 2005 in comparison to 26% in California. However, 40% of San Joaquin County residents got “moderate” physical exercise and 25% got “vigorous” physical exercise.

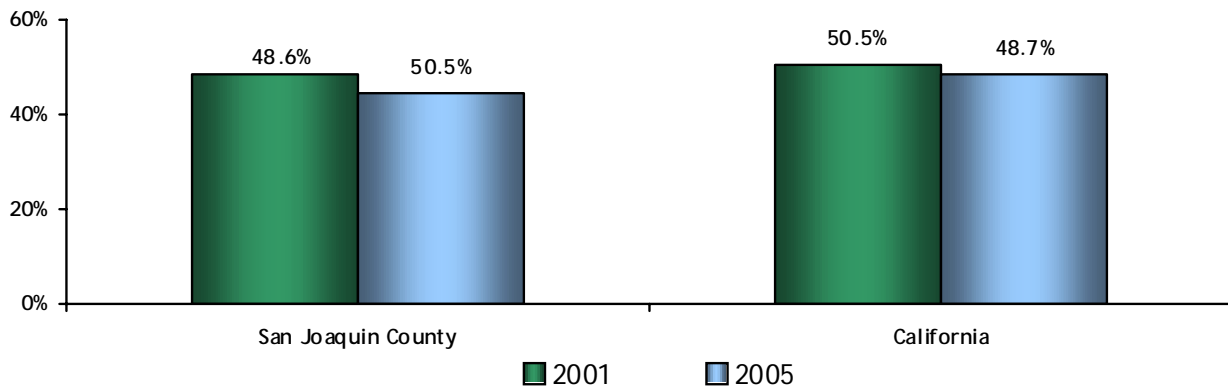
In the Healthier San Joaquin County telephone and face-to-face surveys, adults were asked to report how many times they walked for at least 10 minutes during the last 7 days. In both surveys, the highest percentage of respondents answered “never” (24% and 20%, respectively). Following this response, the remaining replies differed between the two surveys. In the telephone survey, the next most common reply was “7 times” (21%) and “3 times” (13%). In the face-to-face survey, after the top response of “never,” the remaining common replies were “3 times” (16%) and “7 times” (14%).

# Adult Nutrition

## Why It Is Important

Fruits and vegetables provide vitamins, minerals, fiber and other nutrients important to good health. Diets rich in fruits and vegetables may help reduce the risk of chronic disease and cancer.<sup>27</sup> In contrast, people who frequently eat fast food often have fewer healthy meal choices and may consume too much sodium and saturated fat and too little fruit, vegetables and whole grains.

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





Source: 2001 and 2005 California Health Interview Survey.

San Joaquin County 2001 N: 386,000; 2005 N: 447,000.

California 2001 N: 23,884,000; 2005 N: 26,174,000.

Note: Comparable data not available for 2003.

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

Response	Telephone Survey '04	Telephone Survey '07	Face-to-Face Survey '04	Face-to-Face Survey '07
Never	41.0%	46.6%	34.0%	35.8%
One time	27.2%	27.7%	25.9%	26.4%
Two times	15.7%	11.7%	19.5%	18.8%
Three times	7.3%	7.9%	8.8%	9.2%
Four times	4.0%	1.6%	3.7%	3.3%
Five times	2.4%	2.6%	3.3%	2.8%
More than five times	2.5%	1.9%	4.8%	3.9%
Total respondents	427	429	1,854	1,647

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2004 and 2007.

<sup>27</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *5 a Day*, 2004.

## Adult Nutrition (cont.)

### What The Data Tell Us

When adults were asked by CHIS in 2005 whether or not they eat five or more servings of fruits or vegetables daily, 45% of adults in San Joaquin County and 49% of adult Californians reported doing so.

The Healthier San Joaquin County surveys asked adults to report the number of times that they had eaten fast food during the past seven days. In the 2007 telephone and face-to-face surveys, the most common response among adults was “never” (47% and 36%, respectively), followed by “1 time” (28% and 26%, respectively) and “2 times” (12% and 19%, respectively). In the telephone survey, over 14% of adults reported eating fast food 3 or more times in the last 7 days, compared to 19% of adults in the face-to-face survey.