



HEALTHIER San Joaquin County

COMMUNITY HEALTH NEEDS ASSESSMENT 2013



EXECUTIVE SUMMARY

healthiersanjoaquin.org

“People who want to make changes and get healthy struggle because they continue to live in unhealthy and non-supportive environments.”



San Joaquin County CHNA

EXECUTIVE SUMMARY



Project Overview

Every three years federal and state laws require that nonprofit hospitals conduct a community health needs assessment (CHNA) to identify priority health needs in the communities the hospitals serve. In accordance with these legislative requirements, members of the San Joaquin County Community Health Needs Assessment Collaborative (SJC2HAC) completed a CHNA that encompasses all of San Joaquin County. Between June 2012 and February 2013 Valley Vision, Inc., a nonprofit



community consulting organization dedicated to improving the quality of life for residents across Northern California, completed the CHNA using a participatory process.

For the purposes of this CHNA, a health need was defined as: “a poor health outcome and its associated driver.” A health driver was defined as: “a behavioral, environmental, and/or clinical factor, as well as more upstream social economic factors, that impact health.”

The objective of the CHNA was:

To provide necessary information for participating members of the San Joaquin County Community Health Assessment Collaborative to create implementation plans, identify communities and specific groups within these communities which experience health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.

Demographics/Socioeconomic Info: San Joaquin County

San Joaquin County is located in the Central Valley of Northern California and is home to approximately 700,000 residents. The largest incorporated city in the county is Stockton, which is home to almost half of the county’s residents. The racial and ethnic makeup of county residents includes Whites (68.7%), African American (8.2%), Native American (2.0%), Asian (15.5%), Pacific Islander (0.7%), and two or more races (4.9%). Residents of Hispanic or Latino origin (any race) included 39.4% of all residents.

Central California was hit hard in the recent recession, and San Joaquin County fared worse than the state average on many measures of economic distress. Unemployment for the county was 14.4% compared to the state rate of 10.1%. The County earned a nation-wide reputation for its high number of home foreclosures, and as of March 2013, 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%. Like other counties in California’s fertile central valley, San Joaquin relies heavily on agriculture.

According to the US Census (2011), almost 40% of all county residents spoke a language other than English at home, and nearly one in four over the age of 25 did not have a high school diploma. Median household income was almost \$53,764 compared to the state at \$61,632. In some areas of the county, nearly 46% of adults did not have health insurance.

Data

A community-based participatory research design was used to conduct the assessment, which involved collecting both primary and secondary data. Primary data included input from more than 180 members of community, which included expert interviews with 45 key informants, and focus group interviews with 137 community members. Input was also gathered at meetings of the Healthier San Joaquin Community Coalition and the annual Community Health Forum, held in November 2012. In addition, a community health assets survey collected basic information for more than 300 assets in the greater San Joaquin County area.

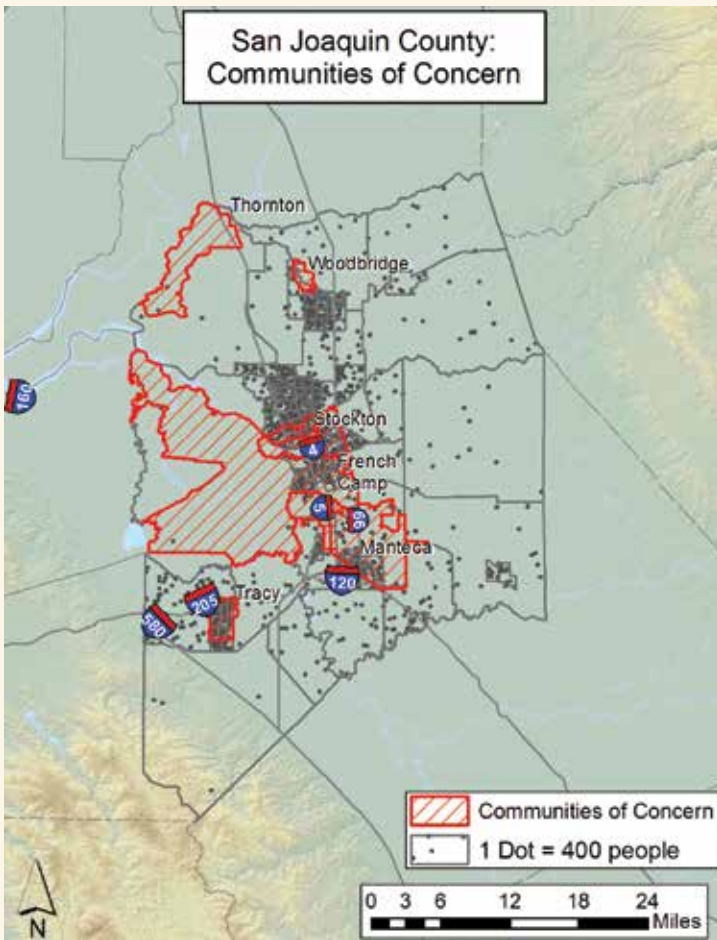
Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included emergency department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, accidents and mental health conditions. Socio-demographic data included race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), education attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe general living conditions.

Communities of Concern

ZIP codes that consistently fell in the top 20% highest rates for poor health outcomes and mortality were identified and then triangulated with primary and socio-demographic data to identify specific Communities of Concern. The 10 Communities of Concern in San Joaquin County, listed below, are home to more than 257,000 county residents. The ZIP code Communities of Concern in Stockton, Manteca, and Tracy were more densely populated urban areas. The ZIP code communities in French Camp, Thornton, and Woodbridge all had smaller populations and represent rural communities.

ZIP Code	Community/Area	Population*
95202	Stockton/Downtown	6,934
95203	Stockton/Downtown	17,137
95204	Stockton/Central	27,786
95205	Stockton/Southeast	38,069
95206	Stockton/Southwest	65,004
95231	French Camp	4,374
95258	Woodbridge	4,018
95336	Manteca	42,675
95376	Tracy	49,859
95686	Thornton	1,405
Total Population		257,261

(Source: US Census Bureau, 2010)



The figure above shows a map of each community of concern. Red lines denote each ZIP code listed above. To help display where the majority of residents live within each ZIP code, a population density map is included."

The table below notes the socio-demographic characteristics of each Community of Concern, and compares these to state and national benchmarks where applicable.

	% Households in poverty over 65 headed	% Families in poverty w/ kids	% Families in poverty female headed	% over 25 with no high school diploma	% Non-White Hispanic	% pop over age 5 with limited Eng	% Unemployed	% No health insurance	% Residents Renting
95202	31.8	56.2	69.7	50.9	85.3	21.3	32.8	45.5	93.9
95203	19.6	30.9	44.4	35.3	78.0	15.8	17.9	40.6	57.4
95204	11.8	21.1	41.8	18.3	60.2	5.0	12.4	29.2	42.8
95205	13.7	34.3	53.9	51.6	86.3	19.0	23.7	41.6	49.0
95206	16.2	25.5	46.9	36.4	88.3	16.5	22.9	25.8	31.2
95231	15.0	37.5	27.4	44.7	70.2	10.9	37.2	34.0	46.6
95258	7.0	6.2	12.9	17.6	34.6	4.4	8.5	16.3	22.8
95336	4.7	8.8	21.5	18.6	48.7	3.7	9.7	16.1	36.9
95376	12.0	6.8	19.1	17.0	62.0	6.5	8.2	13.8	31.0
95686	-	-	-	-	-	-	-	-	-
State	-	-	-	19.4¹	-	-	9.8²	21.63	-
National	8.74	15.15	31.26	12.97	-	8.78	7.99	16.310	-

(Source: Dignity Health Community Benefit, CNI data, 2011)

Health Outcomes

Age-adjusted rates of ED visits and hospitalizations for several chronic health conditions were analyzed. Visits due to heart disease, diabetes, stroke, and hypertension were consistently higher in the Communities of Concern compared to other ZIP codes in the health service area. In general, African Americans and Whites had the highest rates for these health conditions compared to other racial and ethnic groups. Mortality data for each of these health conditions consistently showed rates in the Communities of Concern above county and state benchmarks.

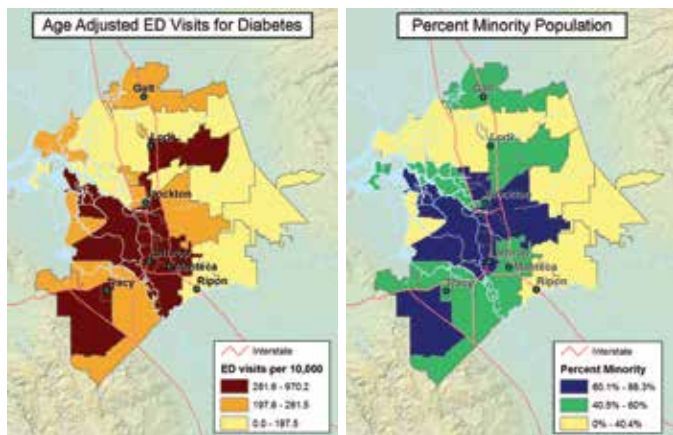
Environmental and Behavioral – Health Drivers

Analysis of environmental indicators showed that many of the Communities of Concern had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was often limited, while the concentration of fast food and convenience stores was high. Analysis of the health behaviors of these residents also showed many behaviors that correlated to poor health, such as having a diet that was limited in fruit and vegetable consumption and limited physical activity.

The figure below provides an example of social characteristics for residents living in Communities of Concern and how these relate to health in San Joaquin County. The ZIP code map on the left displays the frequency in which community residents visited any emergency department due to diabetes for all of 2011. In the

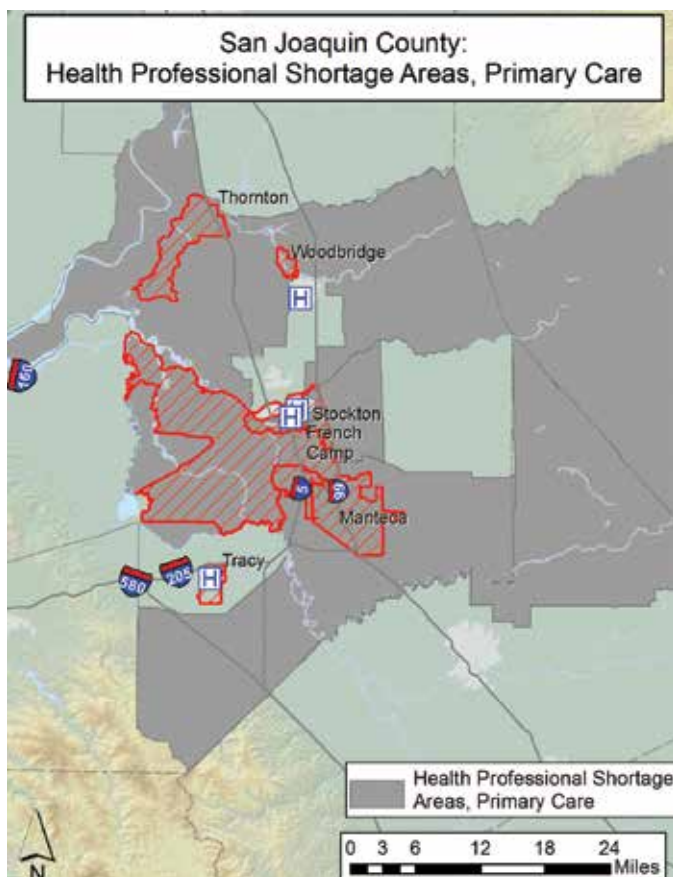


map each ZIP code is assigned a color to show frequency; darker colors note that residents of these ZIP codes visited the emergency department due to diabetes more frequently



than residents living in the lighter colored ZIP codes. The ZIP code map on the right uses the same color ramping to show the distribution of people of color in the County. By examining the map one can see the relationship between emergency department visits due to diabetes and one's race or ethnicity.

Further, the map below displays portions of the County that have been designated a "Health Professional Shortage Area" by the Bureau of Health Professionals in 2011. Note that each ZIP code community of concern was also a Health Professional Shortage Area. Community residents often spoke of difficulty in finding a physician when needed.



Priority Health Needs

Priority health needs were determined through in depth analysis of qualitative and quantitative data, and then confirmed by socio-demographic data. As noted earlier, a health need was defined as a poor health outcome and its associated driver. A health need was included as a priority if it was represented by rates exceeding established quantitative benchmarks or was consistently mentioned in the qualitative data. After examining key findings from all data sources, a consolidated list of priority health needs for the Communities of Concern in San Joaquin County emerged:



- Lack of access to primary and preventative health care services
- Lack of or limited access to health education
- Lack of or limited access to dental care
- Limited cultural competence in health and related systems
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Limited transportation options
- Lack of safe and affordable places to be active

What's Next?

To fulfill state and federal requirements, each of the participating hospitals will use the information gathered through the CHNA to develop implementation plans that address some or all of the community's priority health needs. The CHNA is also intended to provide information to the community at large in the hope that individuals and organizations can work together to help all residents of San Joaquin County lead healthier lives.



a c k n o w l e d g e m e n t s

The community health assessment research team is thankful to all who contributed to the CHNA. We are deeply grateful for the key informants who offered their time and expertise to inform both the direction and outcomes of the study. Additionally, many community residents volunteered their time as focus group participants to give our research team a first-hand perspective of living in communities of San Joaquin County with limited access to basic healthcare services. We also wish to acknowledge the members of the San Joaquin County Community Health Assessment Collaborative (SJC2HAC):

Community Medical Centers, Inc.
Dameron Hospital
First 5 San Joaquin
Health Plan of San Joaquin
Kaiser Permanente
Lodi Memorial Hospital
San Joaquin County Public Health
St. Joseph's Behavioral Health Center
St. Joseph's Medical Center
Sutter Tracy Community Hospital

To get a copy of the full CHNA report, visit <http://healthiersanjoaquin.org>