

Community Health Improvement Plan for San Joaquin County 2016-2019

Report Date: December 2016

Joint Letter from San Joaquin County Public Health Services and the Hospital Council of Northern & Central California

This Community Health Improvement Plan (CHIP) is intended to guide our collaborative and long-term efforts to address health problems throughout our County. The goals and strategies laid out in this plan are based on the health-related priorities identified in the 2016 Community Health Needs Assessment (CHNA). We hope that this plan is a resource for multiple partners and collaborators in our work to set priorities and coordinate and target resources.

Both the CHNA and this CHIP were jointly created by hundreds of collaborators from diverse sectors and perspectives throughout the county. They shared their knowledge and their experience and gave their time to assure a comprehensive process. Our partners were critical to the data collection activities, prioritization of health needs, as well as sharing their expertise and ideas to develop the plan. We are grateful for these contributions and hopeful that our ongoing partnership strengthens existing efforts, brings new ideas, and ultimately builds a healthier community in the future.

Additional copies of this document are available on line at <http://healthiersanjoaquin.org/download.htm>.

We look forward to working with you.



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Executive Summary

San Joaquin County is located in California's Central Valley, one of the most successful agricultural areas of the world; it is a county rich in history, culture, and diversity. It is also the fastest growing county in the state and that presents both opportunities and challenges.¹ In order for everyone to be healthier and enjoy an enhanced quality of life, challenges and disparities related to some of the key drivers of health, such as unemployment, poverty, and education must be addressed.

In the fall of 2015, a broad array of community partners came together to conduct San Joaquin County's triennial 2016 Community Health Needs Assessment (CHNA), which established the foundation for sustainable improvements in health in San Joaquin County. Building on the success of the CHNA, San Joaquin created its Community Health Improvement Plan (CHIP). The CHIP focuses on strategies that multiple partners and collaborators will use to set priorities and coordinate and target resources. As envisioned, it will drive efforts from late 2016 through 2019.

The CHIP process was again guided by the CHNA Core Planning Group made up of the not-for-profit hospitals, the two Medicaid Managed Care Plans, Community Medical Centers (federally qualified health centers), Public Health Services, First 5 San Joaquin, and Community Partnerships for Families. The CHIP process also engaged its broadly representative CHNA Steering Committee as well as additional subject matter experts, which altogether included health and social service providers, educators, behavioral health and affordable housing advocates, law enforcement officers, land use and transportation planners, and policymakers. The process identified three priority issues:

- Healthy Eating/Active Living
- High-quality Education
- Community Safety and Social Supports

With these issues serving as the foundation for the CHIP, the Core Planning Group and Steering Committee developed goals, objectives, strategies, and action items for each priority. The CHIP will be a living document that will be monitored and adjusted as the County moves forward and will continue to inform the efforts that follow through 2019 and beyond.

Because the CHIP is a county wide effort that belongs to all of us, the Core Planning Group and Steering Committee encourage residents and community organizations to participate in implementing the strategies that are set forth in the CHIP. If you, or your organization, would like to get involved in CHIP activities, please contact Barb Alberson at balberson@sjcphs.org or any other Core Planning Group member for more information.

¹ <http://www.centralvalleybusinesstimes.com/stories/001/?ID=30452>

Background of San Joaquin County

San Joaquin County lies in the midst of one of the most successful agricultural areas of the world, well known around the country for its specialty crops. It extends from the Delta to the foothills and includes seven vibrant cities, many small towns, and a number of scenic rural farm and ranching communities. It is celebrated for its grand old neighborhoods, its focus on culture, and its racial and ethnic diversity.

The County has its challenges. Stockton, its largest city, is still recovering from dramatic economic setbacks suffered during the recent recession. Some parts of the county have robust commuter neighborhoods with linkage to well-paying jobs in nearby counties, while residents in other areas struggle to find local jobs and must cope with high crime rates. Additional challenges include access to care for undocumented adult immigrants, the need for substance use treatment, and the ability to affect the high rates of asthma in the Central Valley. San Joaquin County also struggles with the same issues that are seen across the state and nationally such as obesity, poor oral health, and lack of services for residents who suffer from mental illness. Additionally, there is a big gap in health outcomes among racial and ethnic groups which is compounded by underlying social determinants of health including education, economic security and affordable housing. In summary, it is a county of contrasts, holding in one hand real challenges and in the other hand exciting new opportunities. The direction that is taken now to address these various needs will determine the future of the 726,000 residents who now make San Joaquin County their home.

Overview of the San Joaquin County Community Health Needs Assessment (CHNA)

In the Fall of 2015, an array of community partners came together to conduct San Joaquin County's triennial 2016 CHNA to identify top health priorities for the county. This process was a cross-sector endeavor, engaging diverse stakeholders in the work of planning, data collection, and prioritization of health issues. The CHNA process was led by a Core Planning Group made up of San Joaquin County Public Health Services, all of the area not-for-profit hospitals, the two Medi-Cal managed care plans, First 5 San Joaquin, Community Medical Centers, and Community Partnerships for Families. The Core Planning Group also worked closely with a strong Steering Committee made up of influential stakeholders from both the public and private sectors.

The goal of the CHNA was to obtain the data needed to inform a practical "to-do" list to drive collective action. It focused not only on gathering data regarding health needs but on gaining a better understanding of residents' health-related concerns. The assessment built upon existing resources by considering secondary data from national and statewide sources such as the U.S. Census and California Health Interview Survey, as well as a number of local San Joaquin County reports. First-hand information about the social, economic, and environmental conditions that impact health was also collected. The process reached out to residents in disadvantaged neighborhoods who often have no voice; thousands of residents and stakeholders offered their perspectives through key informant interviews, focus groups, and a community survey.

Cross-cutting themes emerged from community voices captured by the CHNA. Residents and stakeholders highlighted the need to address violence, opportunities to be active and eat healthy food, and barriers to accessing affordable and culturally competent health care. Community members also talked about social and economic determinants of health and broader considerations of community structure and cohesion. In working towards equal opportunities for people to lead safe, active, and healthy lifestyles, residents often cited challenges in their everyday surroundings, for example, garbage on the street and blight. At the same time, residents also emphasized important strengths, noting that they felt that a strong sense of community vibrancy and engagement with their neighbors, and they were proud of the diversity within their neighborhoods.

The CHNA identified the following 11 health-related needs as key issues in San Joaquin County. Although these are listed in rank order below, the differences in priority scores were minimal, and all were considered in the CHIP process:

1. Obesity and Diabetes
2. Education
3. Youth Growth and Development
4. Economic Security
5. Violence and Injury
6. Substance Use
7. Access to Housing
8. Access to Medical Care
9. Mental Health
10. Oral Health
11. Asthma/Air Quality

San Joaquin County used the results of this CHNA to drive the development of a joint CHIP, which identifies short- and long-term systematic strategies and actions that community partners across the county will use as the roadmap to coordinate and target resources.

In addition to the joint CHIP, each of the hospitals has developed an individualized implementation plan for their service area, with strategies tailored to build on a hospital's own assets and resources. Their Implementation Strategies will be filed with the Internal Revenue Service.

The full San Joaquin County Community Health Needs Assessment is available on the Healthier San Joaquin website: <http://healthiersanjoaquin.org/download.htm>.

Community Health Improvement Plan for San Joaquin County

What is the purpose of the CHIP?

A CHIP is a long-term, systematic effort to address health-related issues based on the results of the CHNA.² It serves as a resource for multiple partners and collaborators to develop new policies, align efforts with strategies and goals, as well as coordinate and target resources.

This CHIP is grounded in nationally-accepted definitions of health and a healthy community. According to the World Health Organization, health is a state of complete physical, mental, and social well-being and not merely the absence of infirmity.³ For our purposes, we also frame “health” to include the social and environmental conditions of everyday life, as well as individual factors that influence our ability to make healthy choices.

The vision for San Joaquin County is to fulfill the definition of a healthy community which includes those elements that enable people to maintain a high quality of life and productivity.⁴ For example, the Health in All Policies Framework⁵ describes healthy community as one that:

- Offers affordable, accessible, and high quality health care that focuses on both treatment and prevention
- Is safe
- Has affordable, high quality, housing options
- Has efficient infrastructure (e.g., safe, complete streets and roadways)
- Has a healthy and safe environment
- Has job opportunities for all and a thriving economy
- Has high-quality education

Ultimately, this CHIP is intended to focus on the root causes of health inequities and health disparities, and to promote equal opportunities for all people to be healthy and to seek the highest level of health possible.⁶

² <http://www.naccho.org/topics/infrastructure/accreditation/chip.cfm>

³ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

⁴ <http://www.healthypeople.gov/2010/publications/healthycommunities2001/healthycom01hk.pdf>

⁵ Rudolph, L., Ben-Moshe, K. & Dillon L. (2013). Health in All Policies: Guide for State and Local Governments. Washington DC and Oakland, CA: American Public Health Association and Public Health Institute.

⁶ <http://healthequity.sfsu.edu/content/defining-health-equity>

How was the CHIP developed?

In August 2016, following the review and formal adoption of the CHNA, the Core Planning Group worked collaboratively to identify overarching priority issues that were likely to encompass multiple root causes of health and health inequities to address through the CHIP.

Priority issues were refined and confirmed at the August Steering Committee meeting and were supported by the overwhelming majority of the group. During this meeting, the Steering Committee also broke into groups for each priority issue so that members could focus deeply on the issue where they had the most expertise and interest. Each group drafted goals that were presented to and confirmed by the full Steering Committee. In early September, the Core Planning Group refined and confirmed the goals that the Steering Committee developed.

The Steering Committee drafted strategies to address each goal at the September meeting. Based on the chosen priority issues, additional community subject matter experts, (e.g., from law enforcement, affordable housing, behavioral health, and education), were recruited to participate in this and future Steering Committee meetings. During the meeting, which was attended by approximately 50 stakeholders, the Steering Committee again broke into groups for each priority issue. Each group drafted strategies that promote equity, consider community assets, and are evidence-based, feasible to make progress on within five years, and can be sustained, and measured. Strategies drafted by each group were presented to and confirmed by the full Steering Committee.

The Core Planning Group and interested volunteers from the Steering Committee provided input to define objectives for each goal in October 2016. Objectives were selected to be specific, measurable, actionable, reasonable, and time-bound (SMART).

Action items were drafted at the October Steering Committee meeting.

With the instrumental support of the Steering Committee, the Core Planning Group refined and finalized the goals, objectives, and strategies of the CHIP.

In early December, a draft of the CHIP was provided to Steering Committee/ community experts and a group teleconference call was held to provide one last review and comment opportunity. Based on this input, the CHIP was then finalized.

A roster of members for the Core Planning Group, Steering Committee and the additional community experts can be found in Appendix A..

Developing and selecting the CHIP components, outlined below, was a systematic process that involved input from the Core Planning Group and Steering Committee at each step.

Step 1: The Core Planning Group reviewed results of the CHNA, considered social determinants of health and health equity, and developed priority issues to address in the CHIP.

Step 2: Priority issues that the Core Planning Group recommended were confirmed by the Steering Committee.

Step 3: Draft goals were developed and tested through Steering Committee and refined by the Core Planning Group.

Step 4: Draft strategies were developed and tested through Steering Committee and refined by the Core Planning Group.

Step 5: Draft objectives were developed, tested, and refined through the Core Planning Group.

Step 6: Goals, objectives, and strategies were finalized through input from the Steering Committee.

Step 7: The Steering Committee defined action items to incorporate into the CHIP.

How will the CHIP be used?

The CHIP will be used to develop and implement salient policies and programs across the county, and to direct the use of resources to support those efforts. These efforts will fall into three broad priority areas selected by the Steering Committee. They were created by consolidating issues in common among the eleven health needs identified in the CHNA:



Healthy Eating/Active Living



High-quality Education



Community Safety and Social Supports

The CHIP of San Joaquin County will be a living document, informing today's work as well as serving as the foundation for efforts in the future.

What policy changes are needed for the CHIP to be successful?

For San Joaquin County to achieve its vision for community health improvement and successfully implement the strategies highlighted in this document, there is a concomitant need to develop and promote policies that speak to systems/environmental changes. Therefore, each priority issue also lists policy recommendations designed to address collective community concerns, guide the implementation of the strategies proposed in this CHIP, and promote an integrated approach.

How does the CHIP align with other health improvement initiatives?

The CHIP priority issues align with and complement the *Let's Get Healthy California* initiative at the state level, and are directly in line with the Healthy People 2020 and the National Prevention Strategy at the national level. The following listing includes hyperlinks to the specific objectives and measures that most closely reflect CHIP priorities.

San Joaquin Priority Issues	STATE: Let's Get Healthy California Goals	FEDERAL: Healthy People 2020 & National Prevention Strategy Priorities
Healthy Eating / Active Living	Living Well Creating Healthy Communities California DPH California Wellness Plan	HP2020: Nutrition, Physical Activity, and Obesity NPS: Healthy Eating NPS: Active Living
High-quality Education	Healthy Beginnings: Early Reading Levels	HP 2020: Social Determinants
Community Safety and Social Supports	Living Well Creating Healthy Communities	HP 2020: Mental Health HP 2020: Injury and Violence NPS: Mental and Emotional Wellbeing NPS: Injury and Violence Free Living

Healthy Eating/Active Living



In San Joaquin County, many people suffer from chronic health conditions such as heart disease, obesity, diabetes, and cancer. These conditions can be prevented or at least improved through daily practices such as eating a healthy, balanced diet and getting regular physical activity.

However, the opportunity to make a healthy choice is not always easy or possible—particularly for San Joaquin County’s most vulnerable residents—as was repeatedly voiced by community members throughout the CHNA process. Socioeconomic factors, such as whether people can afford to buy nutritious foods, as well as environmental factors, such as whether healthy food options are locally available or there are places in their neighborhoods where residents can safely engage in physical activity, all impact what individuals can do to be healthier.

Statement of need

Like many communities, unhealthy eating and low levels of physical activity are prevalent in San Joaquin County. A large proportion of adults in San Joaquin County (77 percent) is overweight or obese,⁷ and 42 percent of fifth, seventh, and ninth graders were also overweight or obese.⁸ Data also indicate that 66 percent of adults⁹ and 46 percent of children¹⁰ in San Joaquin County reported consuming less than five servings of fruits and vegetables daily. Moreover, data indicate 38 percent of children age 2-11 reported consuming one or more sugar sweetened beverages on the previous day. Food insecurity is linked to nutrition; in San Joaquin County, 18 percent of resident experience food insecurity which is higher than the state average (16 percent).

Physical activity among adults and children in San Joaquin County is lower than the statewide average. While a majority of children age 12-17 (62 percent) are engaging in at least 60 minutes of vigorous activity at least three times per week, only 14 percent of adults report engaging in 20 minutes of vigorous physical activity at least three days per week.¹¹

Policy Recommendations

The following recommendations are designed to address our collective community concerns, guide the implementation of the strategies proposed in this CHIP, and promote an integrated legislative approach:

- Affordable healthy food and beverages policies in schools, workplaces and the community;

⁷ California Health Interview Survey, 2014

⁸ California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14

⁹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse, 2005-9

¹⁰ California Health Interview Survey, 2011-12

¹¹ California Health Interview Survey, 2014

- Health insurance and worksite wellness programs that offer employee health incentives for healthy eating and physical activity;
- Policies encouraging equitable access to healthy community design;
- Complete Streets policies; and
- School-based wellness policies.

Exhibit 1 presents the goals and objectives for Priority Issue #1, including corresponding performance measures, baseline data, and targeted improvements.

Please note that the objectives below serve as guideposts to monitor change over the long term. In many instances, the data sources used to supply baseline data are not updated frequently. As such, these data are not intended to be used to evaluate the success of activities implemented as part of the CHIP but rather as a guide to track changes in population health over time.

Exhibit 1. Priority Issue #1 Healthy Eating/Active Living Goals and Objectives

GOAL	OBJECTIVE	MEASURE	BASELINE (SOURCE)	TARGET
1-1. Increase healthy eating among San Joaquin residents.	1-1.1. By 2020, increase the proportion of adults consuming >5 servings of fruit and vegetables per day.	% adults consuming >5 servings of fruit and vegetables	65.6% (BRFSS, 2005- 09)	72%
	1-1.2. By 2020, decrease the proportion of children age 2-11 consuming 1+ sugar-sweetened beverages on previous day.	% children age 2-11 consuming 1+ sugar-sweetened beverages on previous day	38.3% (CHIS, 2011-2012)	27%
1-2. Increase physical activity among San Joaquin residents.	1-2.1. By 2020, increase the proportion of adults who engage in sufficient physical activity.	% of adults who engage in vigorous physical activity at least 3 days/week for 20 minutes	14.2% (CHIS 2007)	17%
	1-2.2. By 2020, increase the proportion of youth age 12-17 who engage in sufficient physical activity.	% of youth age 12-17 who engage in vigorous activity at least 3 days/week for 60 min/ day	62.1% (CHIS 2007)	65%

Exhibit 2 (shown across the following pages) presents the strategies associated with Priority Issue #1, including corresponding activities, performance measures, and responsible agencies. These strategies are cross-cutting as they simultaneously address multiple goals under Priority Issue #1.

Exhibit 2. Strategies for Priority Issue #1: Healthy Eating / Active Living

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S1. Ensure equitable access to healthy, affordable foods and beverages.	S1.A1. Work with disadvantaged communities to identify and address how they want to see food access gaps closed.	Number of people attending community meetings, number of other outreach events; number of ideas generated	Public Health Services and its SNAP Ed partners	<ul style="list-style-type: none"> • Businesses in these target areas (not just liquor stores but all businesses and business organizations); • Chambers of Commerce; • Community centers; • Community coalitions such as the Hunger Task Force, the Promise Zone backbone agencies and the Chronic Disease and Obesity Prevention Task Force; • Faith-based organizations; • Food banks; • Hospital Community Benefit programs; • Local farmers' cooperatives; • Local economic development and planning departments; • School Districts; • University of California Cooperative Extension (UCCE)
	S1.A2. Encourage conversion of convenience/liquor stores to sell fresh produce OR add more fresh foods to existing outlets	Number of stores selling fresh foods; Healthy Retail project observational surveys of retail stores around the county in particular zip codes	Public Health Services' Healthy Retail Project staff	
	S1.A3. Establish additional farmers markets, community edible gardens, mobile markets, etc.	Number of mobile markets, number of people served, number of vans, etc. Number of new permits issued	Public Health Services and the County Nutrition Action Plan partners	
S2. Implement mutually reinforcing educational and environmental activities that	S2.A1. School districts educate on health issues, including cooking and growing food	Number of school-based nutrition programs	County Office of Education (COE)	<ul style="list-style-type: none"> • Chambers of Commerce; • City Councils; • Community centers; • Community clinics; • Food banks;
	S2.A2. Expand and support community and school edible gardens	Number of community and school edible gardens	Public Health Services and its SNAP Ed partners	

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
improve nutrition.	S2.A3. Expand and support educational programs and policies that provide nutrition education and incentives for adults	Number of classes, class attendance	Public Health Services and its SNAP Ed partners	<ul style="list-style-type: none"> • Hospital Community Benefit programs; • Local farmers' cooperatives; • Master gardeners; • School Districts
S3. Build a culture that supports healthy eating.	S3.A1. Develop nutrition education for young children	Number of children served by evidence-based nutrition programs	Healthier Community Coalition (HCC) will initiate and seek community entity to assume leadership role	<ul style="list-style-type: none"> • Family Resource Center; • Funders; • Healthy San Joaquin; • Hospital Community Relations; • Marketing consultants; • Local public relations firms; • Local media outlets • Public Health Advocates; • Reinvent So. Stockton Coalition; • School Districts; • Youth-serving organizations and service clubs
	S3.A2. Model behavior in city leaders	Number of city leaders trained	Public Health Services and SNAP Ed partners, Public Health Advocates	
	S3.A3. Have an effective narrow cast media campaign (healthy eating and physical activity)	Monitoring of campaign activities	Public Health Services	
S4. Ensure equitable access to healthy community design to encourage opportunities for everyday physical activity.	S4.A1. Incorporate health-related language promoting everyday physical activity (e.g., walkability) in General Plans, Design Standards and Zoning Codes and related ordinances	Specific language regarding Physical Activity adopted in formal planning documents	Healthy Neighborhood Collaborative; Public Health Services	<ul style="list-style-type: none"> • Aging Network; • Community centers; • Healthcare providers; • Medical Society; • Parks and Recreation Departments; • School Districts; • Urban planners
	S4.A2. Institute Healthy Parks Prescription with providers	Number of providers who adopt Healthy Parks Prescriptions		
	S4.A3. Conduct park and playground cleanup events	Number of Events		
	S4.A4. Promote year-long Safe Routes to Schools activities in schools with 75% of students eligible for the free and Reduced Meals Programs	Number of Safe Routes to School ongoing activities instituted (e.g., walking school buses or bike trains)		

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S5. Implement mutually reinforcing educational and environmental activities that improve physical activity.	S5.A1. Continue to improve park environments; expand Safe Routes to School activities; incorporate Safe Neighborhoods for Seniors; Introduce residents to bike routes and bike trails, promote co-locating services	Monitoring policy change efforts	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Commute Connection programs; • Family Resource and Referral • First 5 San Joaquin; • Local policy makers; • Parks and Recreation Departments; • Public Health Advocates; • Public Health Department; • Reinvent So. Stockton Coalition; • Residents; • School Districts; • Youth-serving organizations and service clubs
	S5.A2. Promote joint use agreements among parks/ schools/ community centers for access to close by safe places to be physically active	Monitoring policy change efforts	HCC will initiate and seek expert lead	
	S5.A3. Reach out in advance of community meetings to help educate and mobilize communities to demand more opportunities for safe places to be physically active and build relationships with decision-makers	Number of meetings attended and community members reached	HCC will initiate and seek expert lead	
S6. Build a culture that supports physical activity.	S6.A1. Provide education for youth and families	Number of youth and parents educated	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Aging and Community Services (community centers); • Community Partnerships for Families; • Chambers of Commerce; • Employers; • Funders; • Healthcare workers; • Hospitals; • Local public relations firms; • Local media outlets; • Marketing consultants; • Parks and Rec. Depts. • Schools; • Youth-serving organizations and service clubs
	S6.A2. Support activities in senior/community centers	Number of expanded services	HCC will initiate and seek expert lead	
	S6.A3. Expand Workplace Wellness Programs	Number of sites that institute workplace wellness	HCC will initiate and seek expert lead	
	S6.A4. Have an effective ad campaign (healthy eating and physical activity)	Monitor campaign activities	Public Health Services	

High-quality Education



There is an important relationship between education and health. People with limited education tend to have much higher rates of disease and disability, whereas people with more education are likely to live longer, practice healthier behaviors, and experience better health outcomes for themselves and their children.¹² In San Joaquin County, graduation rates are lower than the California state average, as is reading proficiency among third graders. Community members and key stakeholders highlighted education as an important health-related need and suggested strategies such as affordable preschool and culturally responsive education to improve outcomes.

Statement of need

On average, 77 percent of San Joaquin County residents graduate from high school, compared to 81 percent in California.¹³ Upon high school graduation, 72 percent of high school graduates enroll in a postsecondary institution within 16 months of graduation, which is similar to the state average.¹⁴ Despite the high graduation rate and postsecondary enrollment, there appears to be a disconnect since only 34 percent of all public school students scored proficient or advanced on the English Language Arts California Standards Test.¹⁵ Moreover, roughly half of fourth graders in San Joaquin County (48 percent) read below the proficient level.¹⁶

Kindergarten readiness is an essential component of a child's education and being enrolled in an early childhood education program could increase academic performance and preparedness. In San Joaquin County, 39 percent of children age 3-4 are enrolled in Head Start, licensed child care, nurseries, Pre-K, registered child care, and other cares.¹⁷

Policy Recommendations

The following recommendations are designed to address our collective community concerns, guide the implementation of the strategies proposed in this CHIP, and promote an integrated legislative approach:

- Equitable access to affordable, high-quality early education;
- Policies and programs that support families in preparing their children for school; and
- Policies and programs that prepare schools to better meet the needs of diverse student bodies.

¹² "Exploring the Social Determinants of Health: Education and Health," Robert Wood Johnson Foundation, Accessed October 19, 2015, http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447.

¹³ California Department of Education, 2013-14

¹⁴ California Department of Education, 2009-13

¹⁵ California Department of Education, Standardized Testing and Reporting (STAR) Results, 2013.

¹⁶ California Department of Education, 2012-13

¹⁷ US Census Bureau, American Community Survey, 2014

Exhibit 3 presents the goals and objectives for Priority Issue #2, including corresponding performance measures, baseline data, and targeted improvements.

Please note that the objectives below serve as guideposts to monitor change over the long term. In many instances, the data sources used to supply baseline data are not updated frequently. As such, these data are not intended to be used to evaluate the success of activities implemented as part of the CHIP but rather as a guide to track changes in population health over time.

Exhibit 3. Priority Issue #2: High-quality Education Goals and Objectives

GOAL	OBJECTIVE	PERFORMANCE MEASURE	BASELINE (SOURCE)	TARGET 2020
2-1. Improve third grade reading proficiency	2-1.1. By 2020, increase the proportion of public school students who score proficient or advanced on the English Language Arts California Standards Test.	% of all public school students who scored proficient or advanced on the English Language Arts California Standards Test	34.0% <i>(California Dept. of Education, Standardized Testing and Reporting (STAR) Results, 2013)</i>	45%
	2-2.1. By 2020, increase the proportion of children age 4-5 who are Kindergarten-ready.	% of children age 4-5 who are Kindergarten-ready	TBD ¹⁸	TBD
2-2. Improve Kindergarten readiness	2-2.2. By 2020, increase the proportion of children age 3-4 enrolled in quality early childhood education.	% of children age 3-4 enrolled in Head Start, licensed child care, nurseries, Pre-K, registered child care, and other cares	38.6% <i>(US Census Bureau, American Community Survey, 2014)</i>	48%
	2-3. Increase high school graduation rate	2-3.1. By 2020, increase proportion of adults with a high school diploma or equivalent.	Percent of population age 25+ with high school diploma	77.3% <i>(US Census Bureau, American Community Survey, 2009-13)</i>
2-3.2. By 2020, increase proportion of students who graduate high school within 4 years.		Percent of students who graduate high school in 4 years	80.3% <i>(California Department of Education, 2013-14)</i>	85%

¹⁸ Kindergarten Student Entry Profile is a potential source.

Exhibit 4 (shown across the following pages) presents the strategies associated with Priority Issue #2, including corresponding activities, performance measures, and responsible agencies. These strategies are cross-cutting as they simultaneously address multiple goals under Priority Issue #2.

Exhibit 4. Strategies for Priority Issue #2: High-quality Education

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S7. Promote evidence based language and literature instruction throughout the year.	S7.A1. Increase the number of safe and accessible locations that provide programs throughout the year (not just summer)	Children served; Number of evidence-based programs that provide instruction throughout the year	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • First 5 funded programs; • Family Resource and Referrals; • Give Every Child a Chance; • Libraries; • Local Child Care Planning Council; • Parks and Recreation Departments; • University of the Pacific Beyond our Gates; • Youth-serving organizations and service clubs
	S7.A2. Expand and enhance tutoring and after school programs	Number of after school programs	HCC will initiate and seek expert lead	
	S7.A3. Expand summer bridge programs (take inventory of existing programs)	Inventory completed and tracking of number of expanded programs	First 5 San Joaquin	
S8. Promote universal screening by age six for school readiness.	S8.A1. Identify/research potential tools	Monitor research efforts	County Office of Education (COE)	<ul style="list-style-type: none"> • First 5 San Joaquin; • School Districts
	S8.A2. Promote use of tools	Monitor screening activities and tools used	COE	
	S8.A3. Use Kindergarten registration as an opportunity to do universal screening	Track efforts to conduct screening at Kindergarten registration	HCC will initiate and seek expert lead	
	S8.A4. Train the trainer to increase capacity of schools to conduct screening	Training activities	HCC will initiate and seek expert lead	
S9. Increase opportunities for early learning.	S9.A1. Outreach to new parents at the hospital	Outreach activities	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Books for Babes • County Office of Education; • Early Head Start Programs; • First 5 San Joaquin; • Preschool and Migrant preschool programs (including expansion of
	S9.A2. Use technology	Monitory technology efforts	HCC will initiate and seek expert lead	

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
	S9.A3. Expand evidence-based literacy activities	Number of evidence-based programs	Beyond Our Gates (University of Pacific – UOP)	<ul style="list-style-type: none"> programs with new sites at St. Georges and Casa de Esperanza; University of the Pacific Beyond Our Gates
S10. Promote successful transition to school among all children.	S10.A1. Provide education for parents about importance of Kindergarten and how to prepare	Number of parents educated	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> Child Abuse Prevention Council; Child Care Programs; Community Partnership for Families; County Office of Education; Family Resource & Referral; First 5 San Joaquin; Head Start; Help Me Grow Program; Public Health Services; School Readiness Programs (School Districts)
	S10.A2. Expand Parent Cafés	Number of new Parent Cafés	HCC will initiate and seek expert lead	
	S10.A3. Expand home visitation programs that focus on child development	Number of families served	HCC will initiate and seek expert lead	
S11. Improve student participation in academic and behavioral support.	S11.A1. Work with Community Based Organizations to do more outreach to parents regarding special needs laws/rights	Outreach activities conducted	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> Behavioral Health Services; Community Medical Centers; Delta Health Care; Everyday Counts! Program (UOP and partners); Mentoring Program for youth 7-19 at St. George & St. Gertrude’s Parish (Catholic Charities); Point Break (Adolescent Resources/Youth for Christ); Role Model Coaches/Mentoring Program (Office of Violence Prevention); Student Support Services (Stockton Unified)
	S11.A2. Provide more school-based support services (at clinics, school resource offices, etc.)	Number of school-based programs	HCC will initiate and seek expert lead	
	S11.A3. Enhance and expand behavioral health service for junior high and high school students	Number of students served	HCC will initiate and seek expert lead	
	S11.A4. Take inventory/assessment of after school programs; target at risk	Inventory activities	HCC will initiate and seek expert lead	

Community Safety and Social Supports



Community safety and social support encompasses multiple factors such as injury, access to affordable, safe housing, and mental health services for vulnerable populations. Injury is a broad topic that includes both unintentional injuries (e.g., that result from car crashes, poisoning, or drowning) and intentional violent injuries (e.g., assaults, suicides and homicides). Access to stable, affordable housing is a foundation for good health. A family that spends more than 30 percent of their household income on housing is considered “cost-burdened” and may have difficulty affording food, clothing, transportation, and medical care.¹⁹ Substandard

housing and homelessness can exacerbate health concerns, ranging from physical and mental health to substance abuse. Poor housing also makes it difficult to maintain education and employment, which are associated with being healthy. In addition to severe mental health disorders, mental health includes emotional, behavioral, and social well-being. Poor mental health—including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder (PTSD)—has profound consequences on health behavior choices and physical health.^{20,21}

Statement of need

San Joaquin County’s injury rates remain substantially higher than the California averages. Among unintentional injuries, the leading causes of death in San Joaquin County are poisoning, motor vehicle crashes, falls, and drowning/submersion. Among intentional injuries, core concerns are often associated with family and community violence. In San Joaquin County, the homicide rate (12.2 per 100,000) is much higher than California as a whole (5.2 per 100,000), particularly among men of color.²²

Access to safe and affordable housing is also an important health concern in San Joaquin County. During the foreclosure crisis, limited subsidized housing, rising rents, absentee landlords, and deteriorating housing stock were all significant contributing factors to the lack of safe and affordable housing. Moreover, a recent point-in-time count found that at least 2,641 individuals in the county are homeless.²³ Current data indicate that 58 percent of renters in San Joaquin County spend 30 percent or more of their household income on rent.²⁴ This financial burden could deprive renters from meeting their other basic needs.

Mental health was a key concern among surveyed community members in San Joaquin County. Twenty-nine percent of adults reported not having adequate social or emotional support.²⁵ The

¹⁹ US Department of Housing and Urban Development, accessed via http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/.

²⁰ Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. *Prev Chronic Dis* 2005; 2(1):A14.

²¹ Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) Study, *American Journal of Preventive Medicine* 1998; 14:245–258.

²² California, Department of Public Health, 2013 Death Records. Population denominator from State of California, Department of Finance, Race/Ethnic Population with Age and Sex/A Detail, 2010-2060. Sacramento, CA, December 2014.

²³ “San Joaquin County Point-In-Time Homeless Count,” Head Start Report: Assessing the Needs of Children & Families in San Joaquin County 2014. San Joaquin County Community Development Department, 2011.

²⁴ US Census Bureau, American Community Survey, 2009-13

²⁵ BRFSS, 2006-12

connection between social support and physical and psychological health have been well-documented.²⁶

In particular, the homeless population, foster youth, and lesbian, gay, bisexual, transgender and queer and/or questioning (LGBTQ) youth were noted as particularly high risk populations for behavioral health concerns. Despite these concerns, the rate of adults who need access to behavioral health providers in San Joaquin County is 90 per 100,000, which is substantially below the California average.

Policy Recommendations

The following recommendations are designed to address our collective community concerns, guide the implementation of the strategies proposed in this CHIP, and promote an integrated legislative approach:

- Equitable access to affordable housing;
- High-quality, affordable, and accessible behavioral healthcare services for all;
- Co-location of behavioral health services with other services; and
- Efforts that educate and train behavioral health professionals.

²⁶ Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social Support and Resilience to Stress: From Neurobiology to Clinical Practice. *Psychiatry (Edgmont)*, 4(5), 35–40.

Exhibit 5 presents the goals and objectives for Priority Issue #3, including corresponding performance measures, baseline data, and targeted improvements.

Please note that the objectives below serve as guideposts to monitor change over the long term. In many instances, the data sources used to supply baseline data are not updated frequently. As such, these data are not intended to be used to evaluate the success of activities implemented as part of the CHIP but rather as a guide to track changes in population health over time.

Exhibit 5. Priority Issue #3: Community Safety and Social Supports Goals and Objectives

GOAL	OBJECTIVE	PERFORMANCE MEASURE	BASELINE (SOURCE)	TARGET 2020
3-1. Reduce rate of intentional violence to promote a safe environment	3-1.1. By 2020, reduce the age-adjusted homicide rate per 100,000 population.	Age-adjusted homicide rate per 100,000 population	12.2 per 100,000 (among African Americans, rate is 35.8 per 100,000) <i>(California Department of Public Health, CDPH - Death Public Use Data 2010-12)</i>	5.2 per 100,000
	3-2.1. By 2020, reduce the proportion of renters spending 30% or more of household income on rent.	Percent of renters spending 30% or more of household income on rent	58.3% <i>(US Census Bureau, American Community Survey, 2009-13)</i>	55%
3-2. Increase availability of affordable, safe, quality housing	3-2.2. By 2020, reduce the proportion of occupied housing units with one or more substandard conditions.	Percent of occupied housing units with one or more substandard Conditions	47.5% <i>(US Census Bureau, American Community Survey, 2009-13)</i>	45%
	3-3. Increase access to culturally and linguistically appropriate behavioral health services for vulnerable populations	3-3.1. Increase the number of mental health and substance abuse services co-located at community sites or are located in non-traditional settings.	Number of mental health care providers and substance abuse services that are co-located or are located in non-traditional settings	TBD

Exhibit 6 (shown across the following pages) presents the strategies associated with Priority Issue #3, including corresponding activities, performance measures, and responsible agencies. These strategies are cross-cutting as they simultaneously address multiple goals under Priority Issue #3. Strategies addressing the prevention of unintentional injuries are integrated Under Goal 1, Strategies 4-5 (Safe Places). *Please note:* The strategies and activities listed in Exhibit 6 are those that the Steering Committee felt were best suited to initiate progress toward Community Safety and Social Supports goals at this point in time. Additional strategies and activities that can be implemented later to fully address the goals are provided in Appendix B.

Exhibit 6. Strategies for Priority Issue #3: Community Safety and Social Supports

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S12. Strengthen community engagement in violence prevention.	S12.A1. Expand neighborhood watch groups	Number of new groups	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Child-care centers • Local businesses; • Neighborhood Watch Groups; • Operation Ceasefire (Office of Violence Prevention/ Stockton Police Department and California Partnership for Safe Families); • Police Chief’s Community Advisory Board, known as the CAB (Stockton Police Department & Community Leaders); • School Districts
	S12.A2. Support evidence-based gang prevention programs	Number of people in evidence-based programs		
	S12.A3. Develop community outreach workers who are liaised with police	Number of community outreach workers		
S13. Increase availability of education, job training, and enrichment programs for the community.	S13.A1. Increase adult educational opportunities	Number of adults in education programs	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Business Council; • Educational Advocates; • Employment and Economic Development Department • South Stockton Schools Initiative; • Student Support Services (School Districts)
	S13.A2. Increase tutoring and after-school programs and link with social services	Number of tutoring programs		
	S13.A3. Increase vocational training for at-risk populations	Number of training programs		

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S14. Promote integration of data on community violence between the public health department, police department, and hospitals.	S14.A1. Identify data available around violence and share between disciplines; include associated unintentional data as well (e.g., opioid poisonings)	Monitor data activities	Public Health Services, Behavioral Health Services, Police	<ul style="list-style-type: none"> • Health Care Providers (SJC Medical Society) • Hospitals; • Law Enforcement; • School Districts
S15. Create additional low-cost (unsubsidized) housing options.	S15.A1. Augment the existing board and care facilities with additional supportive housing opportunities and publish and disseminate information	Track policy change efforts	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • County Homeless Taskforce; • Visionary Homebuilder (VHB)
	S15.A2. Partner with Homeless Task Force in policy efforts to increase affordable housing	Monitor partnership efforts		
	S15.A3. Develop a shared housing database	Monitor database development		
S16. Improve the quality of housing.	S16.A1. Support the creation of committees (including residents) in each city to gather data and identify poor quality housing and create an action plan	Track activities	HCC will initiate and seek expert lead	<ul style="list-style-type: none"> • Healthy Neighborhoods Collaborative; • Housing Developers
	S16.A2. Raise awareness of correlation between poor quality housing and health and well-being (gathering data, PR, tenant rights)	Track advocacy activities		
S17. Increase subsidized housing through maximizing use of state and federal funding.	S17.A1. Identify local funding source for subsidized housing to leverage and augment state and federal funding	Track policy change efforts	HCC will initiate and seek expert lead	HCC will seek collaborators

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS	ORGANIZATION(S) THAT CAN LEAD THE WORK	POTENTIAL COLLABORATORS
S18. Promote innovation in delivery of behavioral health services.	S18.A1. Support co-located, integrated and infiltrated services for behavioral health services	Track policy change efforts	HCC will initiate and seek expert lead	HCC will seek collaborators
	S18.A2. Promote behavioral health community education	Number of people served		
	S18.A3. Enhance funding mechanisms for behavioral health providers to be able to provide the whole spectrum of services (mild, moderate, severe)	Track policy change efforts		

Next Steps: From Planning to Action

San Joaquin County will begin to implement the CHIP in early 2017, guided by a Community Health Action Plan. This plan will be a practical and more detailed “to-do” list that builds on the CHIP goals, objectives and strategies associated with each priority area (Exhibits 2-7), including measurable activities, lead and partner agencies who formally voice their commitment to each activity, and deadlines for activity completion. Steering Committee members and community members will play an active role in this future work.

During the implementation process, San Joaquin County will:

- Continue to engage community stakeholders in evaluation activities;
- Oversee ongoing meeting structures; and
- Monitor and track progress of strategies and activities.

The CHIP, which reflects the coordinated health improvement efforts in San Joaquin County, will guide our community health improvements from 2017-2019. This CHIP will serve as a living document, as these efforts have the capacity to grow and evolve through 2020 and beyond.

In addition to the strategies and activities developed for each priority area, there are several collective actions needed to support cross-cutting activities, including:

- Identify leads or champions to support and advance collective action;
- Strengthen local data sources to understand health issues within and across specific communities and address health equity;
- Align efforts with other county-wide initiatives or transforming activities to advance the work and deepen impact; and
- Identify joint funding opportunities to expand support for local strategies and programs.

How Can You Help Improve Community Health in San Joaquin County?

As stated throughout this plan, the CHIP belongs to all of San Joaquin County's residents. The more people committed to action, the more likely it is that change will really happen. Granted, many of the strategies and actions described in the CHIP are complex and intersecting. However, even small steps forward will be significant steps in the right direction. If you or your organization would like to become more involved in CHIP activities, please do not hesitate to contact Barb Alberson at balberson@sjcphs.org or any other Core Planning Group member. Your support is always welcome!

Appendix A. CHIP Stakeholders: Steering Committee, Core Planning Group (*), and Community Subject Matter Experts (**)

The **Steering Committee** is comprised of 36 key stakeholders in San Joaquin County and includes a broad representation of health and social service providers, educators, governmental program staff, behavioral health and housing advocates, land uses and transportation planners, policymakers, and other entities across the county. The purpose of the Steering Committee was to provide direction as well as specific input into the comprehensive planning process of the Community Health Needs Assessment (CHNA) and the Community Health Improvement Plan (CHIP). The **Core Planning Group** facilitated CHIP decision-making and is comprised of the not-for-profit hospitals, the two Medicaid Managed Care Plans, Community Medical Centers (federally qualified health centers), Public Health Services, First 5 San Joaquin, and Community Partnerships for Families. Additional **community subject matter experts** joined the Steering Committee and Core Planning Group mid-process to guide the development of the CHIP's targeted strategies and actions.

Name	Title	Organization
John Acosta**	Director of Operations	St. Mary's Dining Room
Nahila Ahsan	Research Analyst	Business Forecasting Center, University of the Pacific
Barbara Alberson*	Senior Deputy Director	San Joaquin County Public Health Services
Tom Amato	Executive Director	PACT
Kim Anderson	Senior Planner	San Joaquin Council of Governments
Vanessa Anderson	Management Analyst III	San Joaquin County Health Care Services Agency
Alfonso Apu**	Director of Behavioral Health	Behavioral Health Specialist, Community Medical Centers, Inc.
Robina Asghar*	Executive Director	Community Partnership for Families
Kristi Bahr**	Administration, County Clinics and Ambulatory Care Services	San Joaquin General Hospital
Jamie Baiocchi**	Director III	San Joaquin County Office of Education, Early Education & Support
Anne Baird	District Director	Assemblyperson Susan Eggman
Leilani Barnett	Regional Manager, Community Development	Federal Reserve Bank of San Francisco
Sandra Beddawi*	Director of Health Education	Community Medical Centers, Inc.
Kathy L. Betts	Regional Director	SCAN Health Plan
Campbell Bullock	Director	San Joaquin County Community Data Co-Op
Ron Call	Interim Director	YMCA
Sheri Coburn, Ed.D., RN, MSN	Director, Comprehensive Health Programs	San Joaquin County Office of Education

Name	Title	Organization
Rena Damele**	Preschool Specialist	Lincoln Unified School District
Suzanne Devitt**	Senior Program Specialist- Early Childhood Education Department	Stockton Unified School District
Greg Diederich	Director	San Joaquin County Health Care Services Agency
Jenny Dominguez*	Director of Health Education	Health Plan of San Joaquin
Michael Donaghy	Executive Director	Emergency Food Bank
Gloria Donorio**	Coordinator IV-School Nurse	San Joaquin County Office of Education, Head Start
Cindy Edmiston	Coordinator of Health Services	Tracy Unified School District
Jo Ann Eggert**	Senior Program Specialist	Stockton Unified School District
Erica Esquer**	Community Health Worker	SCAN Health Plan
Tammy Evans	Director	San Joaquin County Public Health Services
Debora Ferreira**	REACH Staff	Public Health Advocates
Edward Figueroa	Chief Executive Officer	St. Mary's Dining Room
Dan Flores**	Vice President	California Retired Teachers Association, Division 20
Alvaro Garza, MD	Health Officer	San Joaquin County Public Health Services
Martha Geraty*	Director of Health Education	Health Net
Brandi Harrold**	Director I	San Joaquin County Office of Education, Early Childhood Education
Anita Harrold	Medical Management Specialist	SCAN Health Plan
LaCresia Hawkins	REACH Coordinator	Public Health Advocacy
Frances Hutchins	Assistant Director	San Joaquin County Behavioral Health Services
Sheila James	Public Health Advisor, Region IX	Office of Women's Health, Department of Health and Human Services
Annah Jarin-Bratton	Senior Public Affairs Representative	Kaiser-Permanente
David Jomaoas	Director, County Clinics and Ambulatory Care Services	San Joaquin General Hospital
Jennifer Jones	Acting Executive Director, Director of Operations	Women's Center-FYS
Cheryl Keckler**	Program Manager III- Education	San Joaquin County Office of Education, Head Start
Daniel Kim	Supervising Public Health Educator	San Joaquin County Public Health Services
Hector Lara	Coordinator	Reinvent South Stockton Coalition
Dennis Lee	President/CEO	Central Valley Asian-American Chamber of Commerce

Name	Title	Organization
Jill Lopez-Rabin*	Cultural and Linguistic Consultant	Health Net
Anna Martin	Nutrition, Family & Consumer Science Advisor	UC Cooperative Extension
Scott McFarland	Lead Minister	Journey Christian Church
Janelle Meyers	Director of Marketing and Community Relations	Lodi Health
Jeanie Miller	Executive Director	Boys & Girls Clubs, Lathrop and Manteca
Patricia Miller**	Community Liaison	Stockton Police Department
Bill Mitchell	Director (retired)	San Joaquin County Public Health Services
Christine Noguera	Chief Executive Officer	Community Medical Centers, Inc.
Lettie Ordone	Licensed Clinical Social Worker	Counseling and More in Tracy
Christina Peoples**	Community Outreach Coordinator	Public Health Advocacy
Andre Pichly	Director	San Joaquin County Parks & Recreation
Thomas Pogue	Associate Director	Business Forecasting Center, University of the Pacific
Peter Ragsdale	Executive Director	Housing Authority of County of San Joaquin
Paul Rains	President	St. Joseph's Behavioral Health Services
Elvira Ramirez	Executive Director	Catholic Charities Dioceses of Stockton
Denise Ranuio*	Community Benefit Specialist	St. Joseph's Medical Center
Leslie Reece**	Director of Program Services	Family Resource & Referral Center
Erin Reynolds**	REACH Staff	Public Health Advocates
Lisa Richmond**	Executive Director	San Joaquin Medical Society
Robert Rickman, JD	Councilmember	City of Tracy
Debbie Rinaldo*	Community Benefit Coordinator	Sutter Health
Jose Rodriguez	Chief Executive Officer	El Concilio
Kelly Rose	Lead Epidemiologist	San Joaquin County Public Health Services
Kay Ruhstaller	Executive Director	Family Resource & Referral Center
Raina Ruiz**	Health Educator	Health Net
Marie Sanchez*	Community Benefit Manager	Kaiser-Permanente
Tammy Shaff*	Community Benefit Manager	Sutter-Tracy Hospital
Lani Schiff-Ross*	Executive Director	First 5 San Joaquin Children and Families Commission
Carly Sexton**	Data Analyst	San Joaquin County Office of Education, Head Start
Fred Sheil**	Executive Director	STAND
Lety Sida**	Head Start San Joaquin Director	San Joaquin County Office of Education

Name	Title	Organization
Luisa Smith*	Executive Assistant	Health Plan of San Joaquin
Mary Ann Soria**	Director of Health Services	St. Mary's Dining Room
Petra Stanton*	Manager, Community Services	St. Joseph's Medical Center
Margaret Szczepaniak	Assistant Director	San Joaquin County Health Care Services Agency
Jennifer Torres Siders	Community Relations Director	Beyond our Gates Program, University of the Pacific
Michael Tubbs	Stockton City Councilmember	District 6
Jane Tunay*	Manager, Public Programs	Health Net
Lindy Turner-Hardin	Executive Director	Child Abuse Prevention Council of San Joaquin County
Sothea Ung	Program Manager	Asian Pacific Self-development and Residential Association
Ger Vang	Chief Executive Officer	Lao Family Community Empowerment, Inc.
Diane Vigil	Executive Director	Dameron Hospital Foundation
Lita Wallach	Director	Wallach & Associates
Jason Whitney*	Associate Vice President, Business Development and Integration	Lodi Memorial Hospital
Brent Williams	Executive Director	Delta Health Care
Robert Withrow-Clark	4-H Youth Development Advisor	4-H Youth Development Advisor
Joseph Wood	Neighborhood Services Manager	City of Lodi Community Development
Mai Xiong**	Project Support	Lao Family Community Empowerment, Inc.

*Core Planning Group Member

**Subject matter expert who attended CHIP planning meetings

Appendix B. Future Strategies for Priority Issue #3: Community Safety and Social Supports

Please note: Listed below are additional strategies and activities that the Steering Committee felt were best suited to be implemented later to fully address the goals of Priority Issue #3.

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS
S12. Strengthen community engagement in violence prevention.	S12.A1. Increase community policing	Expansion of community efforts
	S12.A2. Increase anti-bullying efforts	Track activities
S13. Increase availability of education, job training, and enrichment programs for the community.	S13. A1. Expand "hire me" program	Number of expanded program
	S13.A2. Develop an inventory of existing programs	Tracking of inventory activities
S14. Promote integration of data on community violence between the public health department, police department, and hospitals.	S.14.A1. Convene stakeholders to share details	Track meetings and stakeholder involvement
S15. Create additional low-cost (unsubsidized) housing options.	S15.A1. Seek opportunities for family and friends to be paid to provide care	Track policy change efforts
	S15.A2 Provide training and services to help people stay healthy and maintain their independence	Number of people trained.
	S15.A3. Advocate for policies that will increase the availability of affordable housing	Track advocacy activities
S16. Improve the quality of housing.	No activities delineated at this point in time	
S17. Increase subsidized housing through maximizing use of state and federal funding.	S17.A1. Engage robust participation in the Continuum of Care (CoC) Program	Track engagement activities

STRATEGY	ACTIVITY	HOW TO TRACK PROGRESS
S18. Promote innovation in delivery of behavioral health services.	S18.A1. Support implementation or usage of tele-mental health services	Track policy change efforts
	S18.A2. Expand access to new Medi-Cal funding behavioral health services at school and community sites	Track policy change efforts
	S18.A3. Support sharing of information among behavioral health, medical services, and public health	Track data sharing activities
S19. Expand and develop a diverse behavioral health workforce.*	S19.A1. Promote flexibility for students in the behavioral health field to further their education and funding or pursue additional training	Track policy change efforts
	S19.A2. Educate students about behavioral health careers	Number of students reached
	S19.A3. Hold a conference for youth regarding behavioral health careers	Track conference activities

*Additional strategy added to the initial list.