AT THE 2/3 MARK!

2016 CCHIP HNA Done…

2016 in Process

Barb Alberson and Ashley Lewis
San Joaquin County 2016 Community Health Needs Assessment
Complementary “To Do” List for Both Hospitals and Public Health

Triennial Community Health Needs Assessment (CHNA) and Implementation Plan **REQUIRED** under State (SB 697) and Federal law (ACA)

CHNA and Community Health Improvement Plan (CHIP) **REQUIRED** for Public Health Accreditation (Prerequisites)
County Medi-Cal Managed Care Plans Also Benefit

- Health Net
- Health Plan of San Joaquin

• Group Needs Assessment (profile of county needs) required by Dept. of Health Care Services
It’s all about collaboration and partnerships!
Collaborating Since 1994

- Over 25 organizations participate
  - Community-based Organizations, Health Plans, Hospitals, Public Health, FQHCs, Safety Net Organizations

- Community Health Needs Assessment
  - HCC Sub-committee
  - HCC Group Follow-up
Building on successes as a result of 2013 CHNA
2013 CHNA:
Partnership Impact on Community Health
Collaborative Funding

Hospitals focused on awarding funds to programs where multiple agencies are involved.

- **Virtual Dental Pilot** – Increase access to dental care.
  - Community Medical Centers, Inc., University of the Pacific – School of Dentistry,
  - St. Joseph's Medical Center, Sutter Tracy, and Kaiser Permanente

- **Respite Care** – Increase access to health care services.
  - Gospel Rescue Mission

- **ED Navigators** – Reduce recidivism by helping ED patients to establish a “medical home” with a PCP for ongoing care
  - St. Joseph’s Medical Center, Community Medical Centers (FQHCs)

- **Community Promotoras/Community Connectors** – Increase access to health care and preventative services.
  - Catholic Charities, Community Partnership for Families, Fathers and Families
# 2016 Core Team Composition

## Project Leadership

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petra Stanton</td>
<td>Manager, Community Health Services</td>
<td>Dignity Health, St. Joseph’s Medical Center</td>
</tr>
<tr>
<td>Tammy Shaff</td>
<td>Community Benefits Program Manager</td>
<td>Sutter Tracy Community Hospital</td>
</tr>
<tr>
<td>Barbara Alberson</td>
<td>Senior Deputy Director, Policy and Planning</td>
<td>San Joaquin County Public Health Services</td>
</tr>
<tr>
<td>Marie Sanchez</td>
<td>Community Benefits Manager</td>
<td>Kaiser Permanente Central Valley</td>
</tr>
<tr>
<td>Lani Schiff-Ross</td>
<td>Executive Director</td>
<td>First 5 San Joaquin</td>
</tr>
<tr>
<td>TBD</td>
<td>TBD</td>
<td>Community Partnership for Families</td>
</tr>
<tr>
<td>Denise Ranuio</td>
<td>Financial Analyst, Community Health Dept.</td>
<td>St. Joseph’s Medical Center</td>
</tr>
<tr>
<td>Sandra Beddawi</td>
<td>Director, Health Education</td>
<td>Community Medical Centers, Inc.</td>
</tr>
<tr>
<td>Jenny Dominguez</td>
<td>Director, Health Education</td>
<td>Health Plan of San Joaquin</td>
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<tr>
<td>Jason Whitney</td>
<td>AVP, Business Development/Integration</td>
<td>Lodi Health</td>
</tr>
<tr>
<td>Martha Geraty</td>
<td>Health Education Specialist</td>
<td>Health Net of California</td>
</tr>
<tr>
<td>Jane Rachel Tunay</td>
<td>Manager, Public Programs</td>
<td>Health Net of California</td>
</tr>
<tr>
<td>Sheri Coburn</td>
<td>Director, Comprehensive Health Programs</td>
<td>San Joaquin County Office of Education</td>
</tr>
<tr>
<td>Diane Vigil</td>
<td>Director, Foundation &amp; Community Benefit</td>
<td>Dameron Hospital Association</td>
</tr>
<tr>
<td>David Jomaoas</td>
<td>Dir., County Clinics &amp; Ambulatory Care Services</td>
<td>San Joaquin General Hospital</td>
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</tbody>
</table>
S.J. County Community Health Needs Assessment Collaborative (est. 2014)

**Core Team**
Oversee all communications and strategic planning; produce goals and objectives; review workgroup recommendations

**Steering Committee**
Provide draft vision and goals; frame planning process

**Community Stakeholders**
Provide input on existing conditions, community needs, and potential solutions to inform the CHNA and CHIP
2016 CHNA = Shared Vision: Community-led with focus on Health-related Concerns
What Makes Us Healthy?

20 %  Health Care

10 %  Environmental Factors

30 %  Lifestyle + Personal Habits

40 %  Social + Economic Conditions
Data Collection Methods

Secondary Data - publicly available data sources, and special reports [e.g., demographics, health status indicators, social, economic, and environmental conditions that impact health (social determinants)]

Where available, SJC data were considered alongside relevant benchmarks (e.g., CA state averages)

Primary Data - Community Input through on-line and paper issued surveys, focus groups facilitated by community partners, and key informant interviews with experts and champions; focused on issues/problems that impact health and ability to thrive.
Health Equity Lens

We made sure all outreach materials, survey instruments, and indicators considered root causes; health impacts of inequities.

Aligned well with IRS requirement to reach out to medically underserved, low-income, and minority populations.
Example (Published Data): Human Development Composite Score (Life Expectancy + Education + Income)

<table>
<thead>
<tr>
<th></th>
<th>HD Index</th>
<th>Life Expectancy at Birth (Years)</th>
<th>Less than High School (%)</th>
<th>At Least Bachelor's Degree (%)</th>
<th>Graduate or Professional Degree (%)</th>
<th>School Enrollment (%)</th>
<th>Median Earnings (2012 dollars)</th>
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<tbody>
<tr>
<td>California</td>
<td>5.39</td>
<td>81.2</td>
<td>18.5</td>
<td>30.9</td>
<td>11.3</td>
<td>78.5</td>
<td>30,502</td>
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<tr>
<td><strong>Stockton Metro Area</strong></td>
<td><strong>4.34</strong></td>
<td><strong>78.6</strong></td>
<td><strong>22.9</strong></td>
<td><strong>18.3</strong></td>
<td><strong>5.7</strong></td>
<td><strong>77.1</strong></td>
<td><strong>26,689</strong></td>
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<tr>
<td>Tracy, Manteca and Lathrop Cities</td>
<td>5.05</td>
<td>79.7</td>
<td>18.5</td>
<td>19.3</td>
<td>5.1</td>
<td>78.8</td>
<td>32,198</td>
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<tr>
<td>Stockton City North</td>
<td>4.62</td>
<td>78.4</td>
<td>17.3</td>
<td>22.8</td>
<td>7.2</td>
<td>79.1</td>
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<tr>
<td>Lodi, Ripon and Escalon Cities</td>
<td>4.42</td>
<td>79.5</td>
<td>23.4</td>
<td>19.4</td>
<td>6.7</td>
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<tr>
<td>Stockton City South</td>
<td>2.86</td>
<td>75.9</td>
<td>35.4</td>
<td>9.9</td>
<td>3.7</td>
<td>75.0</td>
<td>19,698</td>
</tr>
</tbody>
</table>
What Does a Healthy San Joaquin County Mean to You?

Q. What do you like about your neighborhood or community? Why?
Q. What don’t you like about your neighborhood or community? Why?
Q. What would make life better for you, your family, and your neighborhood or community? Why?
Q. What three things that we discussed today would improve your life the most?
Accomplishments

Surveys completed
(2,907 total, 30% in Spanish)

34 Focus Groups conducted

29 Key Informant Interviews
Residents’ Feedback

Themes emerged quickly!

Residents “got it” and wanted changes to help improve the health and vitality of their communities (e.g., community gardens, afterschool activities for youth, jobs creation, violence prevention, etc.)
The 11 Health Priorities ("Health Needs")

1. Obesity / 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
Health Profile
Created for Each Identified Health Need

Here are some examples to show types of data display on these . . .
Economic Security

Percent of Children Under Age 18 Living Below 200% of Federal Poverty Level

San Joaquin 52.0%
California 46.0%

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

-Interviewee
Asthma/Air Quality

Youth Ever Diagnosed With Asthma

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

<table>
<thead>
<tr>
<th></th>
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<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>22.9%</td>
<td>15.4%</td>
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</table>

Cigarette Smoking

*% population smoking cigarettes; age-adjusted*

<table>
<thead>
<tr>
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<th>California</th>
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</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>16.2%</td>
<td>12.8%</td>
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</tbody>
</table>

28.6% of Community Survey respondents report that cigarette smoke is a major environmental concern in their community.
Access to Medical Care

Lack of Primary Care Professionals

Percentage of population living in a Primary Care Health Professional Shortage Area

<table>
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<th>39.9%</th>
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<td>25.2%</td>
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</table>

Emergency Department use in San Joaquin County has increased by 18.8% over the last five years (2010-2014)

“We need to create something so that everyone will know where to go to get help – so that no one will say ‘If only I had known.’”

– Interviewee

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

Preschool Enrollment
% of children age 3-4 enrolled in Head Start, licensed child care, nurseries, Pre-K, registered child care, etc.

38.6 | 47.8
San Joaquin       California

College Preparation
% of students meeting UC or CSU course requirements

27.0 | 41.9
San Joaquin       California
San Joaquin County 2016 Community Health Needs Assessment

June 2016

www.healthiersanjoaquin.org
At the 2/3 mark!

2016 CHNA done…
2016 CHIP in process
Partners also committed to a Joint CHIP

- Broad ownership with participation from all sectors
- Complementary funding opportunities

Work in progress!
3 Priority “Buckets” Selected

- Healthy Eating, Active Living
- High-quality Education
- Community Safety and Social Supports
Next Step: Completing the CHIP
July – November 2016

Craft CHIP objectives, strategies, and action steps (2-3 evidence-based practices that address root causes)

Identify and support community coalitions that can lead (or already lead) efforts in the priority areas that are not selected for joint action.
Final Chapter

Take concerted action (Healthier Community Coalition and many others)
www.healthiersanjoaquin.org

end.

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