



2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Manteca

License number: 030000393

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente Northern California Region Community Benefit
CHNA Report for KFH Manteca

Contents

- I. Introduction/background 1
 - A. About Kaiser Permanente (KP) 1
 - B. About Kaiser Permanente Community Health 1
 - C. Purpose of the Community Health Needs Assessment (CHNA) report..... 2
 - D. Kaiser Permanente’s approach to Community Health Needs Assessment..... 2
- II. Community served 3
 - A. Kaiser Permanente’s definition of community served 3
 - B. Map and description of community served 4
 - i. Map 4
 - KFH Manteca Service Area..... 4
 - ii. Geographic description of the community served 5
 - iii. Demographic profile of the community served 5
- III. Who was involved in the assessment? 5
 - A. Identity of hospitals and other partner organizations that collaborated on the assessment 5
 - B. Identity and qualifications of consultants used to conduct the assessment..... 7
- IV. Process and methods used to conduct the CHNA 7
 - A. Secondary data 7
 - i. Sources and dates of secondary data used in the assessment 7
 - ii. Methodology for collection, interpretation, and analysis of secondary data..... 7
 - B. Community input..... 8
 - i. Description of who was consulted 8
 - ii. Methodology for collection and interpretation 8
 - C. Written comments..... 10
 - D. Data limitations and information gaps 10
- V. Identification and prioritization of the community’s health needs 11
 - A. Identifying community health needs 11
 - i. Definition of “health need” 11
 - ii. Criteria and analytical methods used to identify the community health needs 11
 - B. Process and criteria used for prioritization of health needs 12
 - C. Prioritized description of all the community needs identified through the CHNA..... 14

| | |
|--|----|
| D. Community resources potentially available to respond to the identified health needs ... | 16 |
| VI. KFH Manteca 2016 Implementation Strategy evaluation of impact | 16 |
| A. Purpose of 2016 Implementation Strategy evaluation of impact | 16 |
| B. 2016 Implementation Strategy evaluation of impact overview..... | 17 |
| C. 2016 Implementation Strategy evaluation of impact by health need | 20 |
| VII. Appendix | 22 |
| Appendix A. Secondary Data Sources and Dates | 23 |
| i. Secondary sources from the Kaiser Permanente CHNA Data Platform | 23 |
| ii. Additional sources..... | 24 |
| Appendix B. Community Input Tracking Form | 25 |
| Appendix C. Health Need Profiles..... | 29 |
| Appendix D. Community Resources | 50 |

I. Introduction/background

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with

medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at Kaiser Permanente or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 120 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH Manteca will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

II. Community served

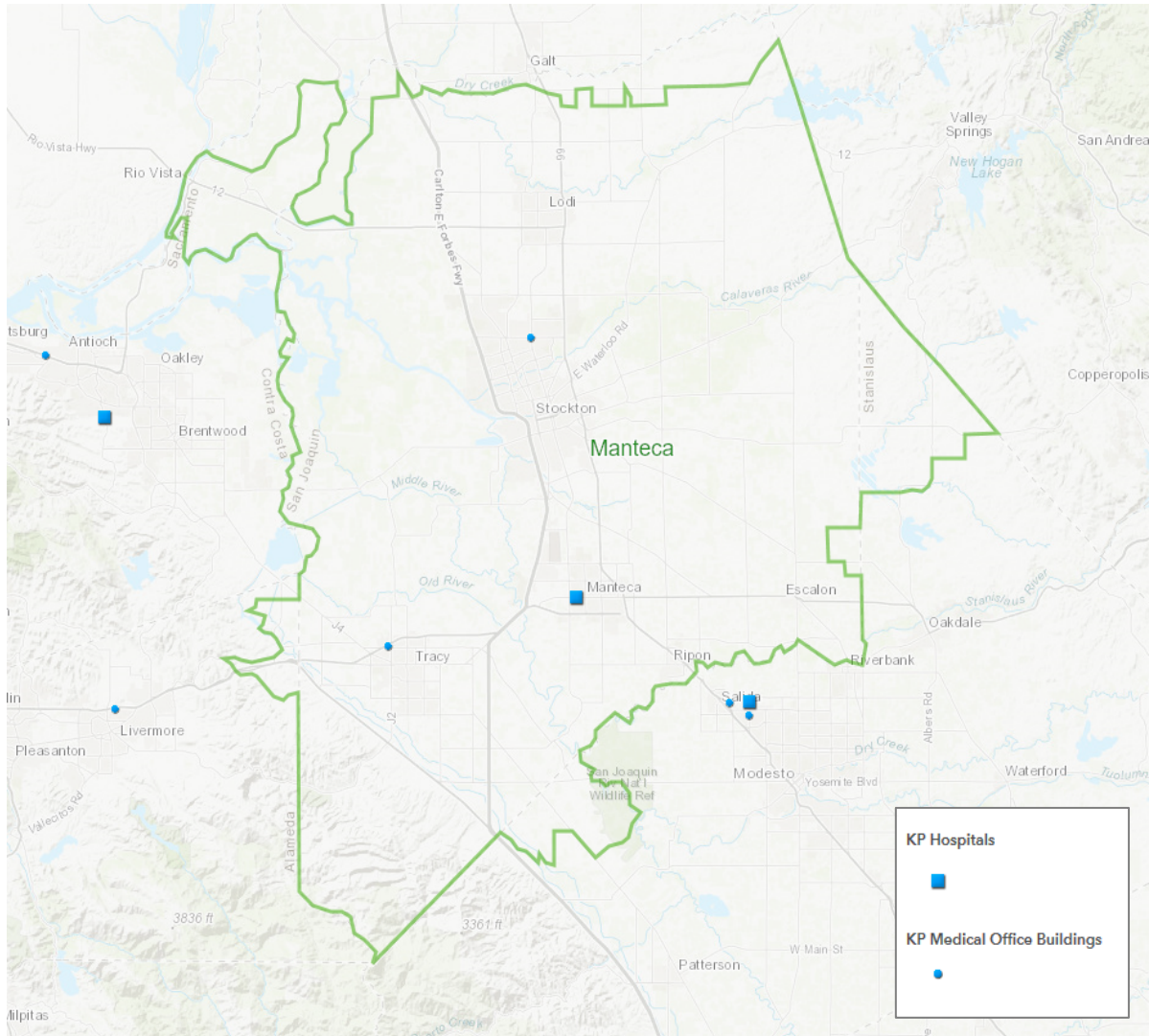
A. Kaiser Permanente's definition of community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and description of community served

i. Map

KFH Manteca Service Area



ii. *Geographic description of the community served*

KFH Manteca is located at 1777 W. Yosemite Avenue, Manteca, CA 95337 and the service area includes Ceres, Escalon, Farmington, French Camp, Hughson, Lathrop, Lockeford, Lodi, Manteca, Oakdale, Patterson, Ripon, Riverbank, Stockton, Tracy, and Waterford. The service area includes primarily San Joaquin County, making San Joaquin County a good proxy for data for the KFH Manteca Service Area.

iii. *Demographic profile of the community served*

Demographic profile: KFH Manteca Service Area

| Race/ethnicity | | Socioeconomic Data | |
|----------------------------------|---------|---|-------|
| Total Population | 715,653 | Living in poverty (<100% federal poverty level) | 17.8% |
| Asian | 14.9% | Children in poverty | 23.7% |
| Black | 7.0% | Unemployment | 6.2% |
| Native American/Alaska Native | 1.1% | Uninsured population | 11.7% |
| Pacific Islander/Native Hawaiian | 0.5% | Adults with no high school diploma | 22.0% |
| Some other race | 11.6% | | |
| Multiple races | 8.9% | | |
| White | 56.4% | | |
| Hispanic/Latino ¹ | 40.5% | | |

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

The KFH Manteca 2019 CHNA was part of a collaborative effort led by the Healthier San Joaquin Collaborative that included San Joaquin Public Health Services, San Joaquin’s hospitals as well as many partner organizations and individuals throughout the community. The CHNA was led by a Core Team that was responsible for planning and key decision-making, including providing input to developing data collection instruments, working alongside Ad Lucem Consulting to collect and analyze data, and reviewing and commenting on the CHNA report. The CHNA Steering Committee supported the process by collecting primary data and participating in data review and health need prioritization.

¹ Kaiser Permanente data sources reference “Hispanic” or “Hispanic/Latino” demographic populations. Latino was used throughout this report’s narrative to refer more broadly to all populations of Hispanic and/or Latino origin.

i. Core Team Members

Hospitals

- Adventist Health Lodi Memorial
- Dameron Hospital
- Dignity Health St. Joseph’s Medical Center
- Kaiser Permanente
- Sutter Health

Other Members

- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Community Medical Centers
- San Joaquin County Public Health Services



ii. Steering Committee Members

- | | |
|--|--|
| <ul style="list-style-type: none"> • Assembly Member Eggman’s District Office • Asian Pacific Self-development and Residential Association (APSARA) • Beyond our Gates, University of the Pacific • Business Forecasting Center, University of the Pacific • Catholic Charities Diocese of Stockton • Child Abuse Prevention Council • Delta Health Care • El Concilio • Emergency Food Bank Stockton/San Joaquin • Family Resource and Referral Center • Fathers & Families of San Joaquin • Golden Valley Health Center • Greenlining Institute • Lao Family Community Empowerment, Inc. • Little Manila • Office of the Mayor, City of Stockton • Office of Violence Prevention – City of Stockton • Public Health Advocates • Reinvent South Stockton Coalition | <ul style="list-style-type: none"> • San Joaquin Council of Governments • San Joaquin County Behavioral Health Services • San Joaquin County Data Co-Op • San Joaquin County Health Care Services Agency • San Joaquin County Housing Authority • San Joaquin County Office of Education • San Joaquin Delta College • San Joaquin Hispanic Chamber of Commerce • STAND • St. Mary's Dining Room • Stockton Chamber of Commerce • Stockton City Council • Stockton Police Department • The Amelia Ann Adams Whole Life Center • Third City Coalition • UC Cooperative Extension • United Cerebral Palsy of San Joaquin County • Wallach & Associates |
|--|--|

iii. KFH Manteca Service Area/San Joaquin County Community Residents

The 2019 CHNA would not have been possible without the support and engagement of service area residents. Many community residents volunteered their time as focus group participants, survey respondents or health need ranking meeting participants to provide the critical perspectives of residents living, working, and raising families in service area communities.

B. Identity and qualifications of consultants used to conduct the assessment

KFH Manteca contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

IV. Process and methods used to conduct the CHNA

A. Secondary data

i. Sources and dates of secondary data used in the assessment

KFH Manteca used the Kaiser Permanente CHNA Data Platform (<http://www.chna.org/kp>) to review approximately 120 indicators from publicly available data sources.

KFH Manteca also used additional data sources beyond those included in the CHNA Data Platform, including Healthy Places Index data and data compiled and analyzed by the San Joaquin County Public Health Services.

For details on specific sources and dates of the data used, please see Appendix A. Please see Appendix K for the secondary data table listing all indicators reviewed for KFH Manteca Service Area.

ii. Methodology for collection, interpretation, and analysis of secondary data

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

As described in section IV.A.i above, this CHNA leveraged additional data sources beyond the Kaiser Permanente CHNA Data Platform.

In order to understand the communities in San Joaquin County suffering the worst disparities and as a guide to future investments in community health, San Joaquin County Public Health Services identified ten Priority Neighborhoods (see Appendix J) and provided data on a range of indicators including demographics, birth outcomes, and death statistics. These indicators were compared to County averages to identify disparities experienced by residents of the Priority Neighborhoods. In addition, Healthy Places Index 2017 scores were reviewed and compared between the Priority Neighborhoods and the healthiest San Joaquin County communities to further describe disparities among factors associated with root causes of health.

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using key informant interviews, focus groups, and surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from local governmental and public health agencies as well as leaders, representatives, and members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise on local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

ii. Methodology for collection and interpretation

Key Informant Interview Methodology: Ad Lucem Consulting conducted key informant interviews with eleven individuals representing diverse sectors including: public health, health care, community based organizations, safety net, education and government. The key informants were identified by Healthier San Joaquin Collaborative Core Team members based on their knowledge of and experience working with the highest need communities throughout the KFH Manteca Service Area. The key informants represent agencies and organizations working on health and/or root causes of health who have insight into health priorities and the assets available to address them.

All interviews were conducted by telephone in English and took approximately 30-45 minutes to complete. The interviews followed a standard set of interview questions and the interviewer took detailed notes during the call. At the beginning of the interview, confidentiality was assured and the respondents were invited to skip questions which were not applicable to the respondent's experience.

Interview topics: Interview questions were developed by Ad Lucem Consulting with input from Core Team members. Questions addressed the following topics:

1. Top health issues in KFH Manteca Service Area/San Joaquin County
2. Factors that contribute to the top health issues
3. Impacts on specific populations (e.g. low income, racial/ethnic subpopulations)

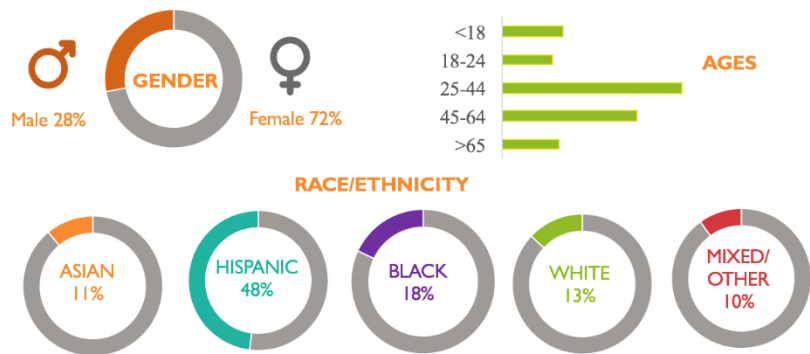
4. Successful strategies and community assets to address top health issues
5. Opportunities and roles for addressing the top health issues

Data Analysis: Upon completion of each interview, transcribed responses were grouped by interview question and then organized into health needs as defined by the Kaiser Permanente CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by key informants. The points for each health need were tallied across interviewees to develop an interview data score.

Focus Group Methodology

Thirty-one community resident focus groups were conducted in geographic areas within KFH Manteca Service Area, including Stockton, Lodi, Tracy and Manteca. Nineteen groups were conducted in English, ten were conducted in Spanish, one was conducted in Tagalog and one was conducted in Cambodian. Participants were teens, adults, and older adults, who represented underserved, low-income, and varied ethnic communities.

Figure 1. San Joaquin Focus Group Participant Profile
349 PARTICIPANTS TOTAL ACROSS 31 FOCUS GROUPS



Community based organizations (CBOs) and public agencies who are members of the CHNA Steering Committee were trained by Ad Lucem Consulting to conduct focus groups with community residents. This approach allowed for a large number of focus groups to capture the diverse perspectives of subpopulations and geographies across the KFH Manteca Service Area. CBOs/public agencies attending the training received instruction on a 10-step focus group process, including participant recruitment, focus group logistics, focus group facilitation, note taking and summarizing the focus group discussion. The training participants received a toolkit which included a focus group manual describing the 10 steps as well as the focus group guide and a self-addressed, stamped envelope to return focus group materials.

Participants were intentionally recruited from communities throughout the KFH Manteca Service Area to ensure primary data accurately reflected the perspectives of residents from across the Service Area. CBO/public agency staff recruited participants and organized logistics for the focus groups. Each focus group session averaged 60 minutes and was facilitated by a participating CBO/agency. During the focus group, CBO/public agency staff members took notes (either the focus group facilitator or a co-moderator); CBOs/public agencies were instructed to use the notes to prepare a focus group summary on a template provided in the toolkit. CBOs/public agencies emailed summaries to Ad Lucem Consulting and mailed hard copy focus group sign in sheets and demographic questionnaires.

Focus group question guide: A focus group guide ensured consistency across groups. The focus group questions were developed by Ad Lucem Consulting with input from the Core Team.

Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish by a native Spanish speaker experienced in translation. The guide was also translated into Tagalog and Cambodian by the CBOs/agencies conducting those groups. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules.

Questions addressed the following topics:

1. What is healthy about the community
2. What makes it difficult to be healthy in the community
3. Top health issues in community
4. Strategies to address top health issues

Data Analysis: Typed summaries of focus group notes prepared by the CBOs/agencies who facilitated the focus groups were submitted to Ad Lucem Consulting. The most prominent themes in the focus group summaries were identified. Health issues mentioned by focus group participants were organized into the health need categories defined by the KP CHNA data platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. The points for each health need were tallied across focus groups to develop a focus group data score.

C. Written comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This email address will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH Manteca had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The Kaiser Permanente CHNA data platform includes approximately 120 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

Primary data collection and health need ranking processes are also subject to limitations and information gaps:

- Themes identified during interviews, focus groups and surveys were likely dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of stakeholders sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meetings, and to how those individuals voted on that particular day.

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

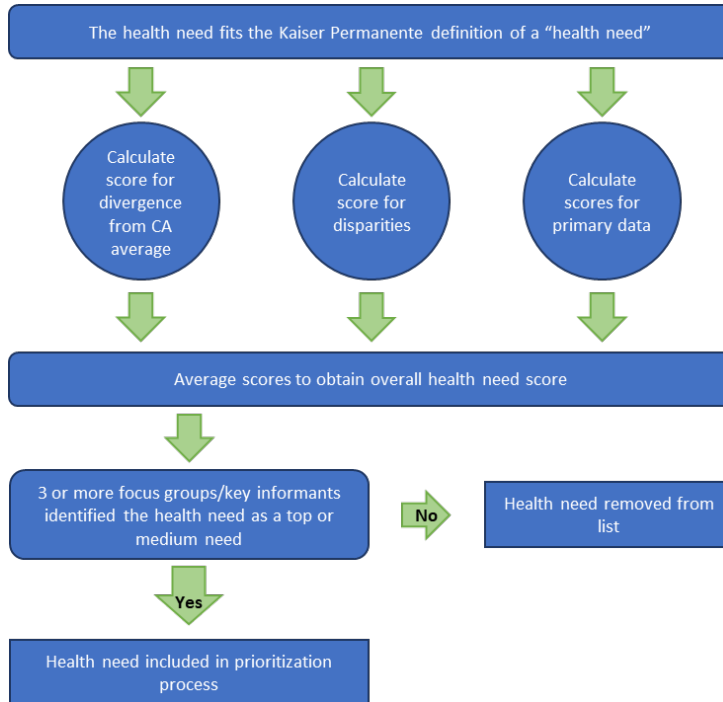
The following criteria were used to identify the community health needs for KFHM Manteca Service Area:

- The health need fits the Kaiser Permanente definition of a "health need" as described above.
- The health need was confirmed by multiple data sources (i.e., the health need was identified in both secondary and primary data).
- One or more Indicator(s) related to the health need performed poorly against a defined benchmark (e.g. state average).
- The community prioritized the health need. A health need was prioritized based on the frequency with which key informants and focus groups mentioned the need. A need was only included in the final list of health needs if at least three key informants and/or focus groups identified it as a need.

We reviewed the approximately 120 indicators in the KP CHNA data platform and integrated the secondary and primary data using numerical scores as described below and illustrated in Figure 2.

- Reviewed all indicators grouped by health need in the CHNA data platform.
- Reviewed z scores in the data platform to assess poor performance compared to CA average. If the z score was less than -1 then the performance was “worse” or “much worse”.
- Reviewed z scores for disparities among ethnic groups.
- Organized primary data themes by health need - matched health issues mentioned by Focus Groups/Key Informants to the topics represented by the indicators grouped for each health need in the CHNA data platform.
- Developed scores for divergence from the CA average, disparities and primary data
- Removed health needs not mentioned by 3 or more Focus Groups/Key Informants from the list of needs presented for prioritization.
- Presented needs for prioritization to community residents and leaders.

Figure 2. Health Need Prioritization Flow Chart



B. Process and criteria used for prioritization of health needs

Criteria:

Before beginning the prioritization process, KFH Manteca chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.

- **Community prioritizes the health need:** Community residents and leaders expressed that the health need is a top priority.
- **Existing attention/resources dedicated to the issue:** The inventory of assets/primary data identified existing service area programming/organizations to address the health need.
- **Effective and feasible interventions exist:** Evidence based or recognized best practices are available to address the health need.
- **Opportunity to intervene at the prevention level:** The health need can be addressed through upstream strategies.

Prioritization Process:

A multi-step process was conducted to rank the health needs into highest, medium and lower priority. First, priorities were collected from the community based on: 1) responses to a survey with older adults designed to capture their perspectives on priority health needs facing their communities; 2) a meeting was held with Tracy community residents to collect their input on priority health needs; 3) the results of the older adult survey and Tracy community meeting were shared with the CHNA Steering Committee, along with the primary and secondary data scoring. Final health need prioritization took place at this meeting. Details on each of these steps is described below.

Older Adult Survey: This survey was aimed at obtaining health need prioritization input from older adult residents, a subpopulation that was not included in the ranking meetings described below. This brief survey asked older adults who were congregate senior meal program and food pantry clients to select their priority health needs from the list of identified health needs. Surveys were conducted in English and Spanish in Lodi, Stockton and Manteca; 167 completed surveys were received. Frequencies were calculated to identify the top health needs and barriers to health.

Tracy Ranking Meeting: A 90-minute meeting was held with community residents of Tracy; the 22 participants were recruited by the Tracy Family Resource Center, which hosted the meeting. At the meeting, the primary and secondary data, organized by the nine health needs, were presented and discussed via a gallery walk format. The data scoring was also presented, and participants engaged in a multi-voting method (described below) to rank the health needs.

CHNA Steering Committee Ranking Meeting: This two-hour meeting was attended by 48 Steering Committee members. The meeting used the same format as the Tracy meeting described above. In addition to the primary and secondary data, the results of the Older Adult Survey and the Tracy ranking meeting were presented to inform participants' decisions in the multi voting process (described below) to determine the final highest, medium and lower priority health needs.

Multi-voting Process: At the ranking meetings, a multi-voting method was used to prioritize the nine identified health needs as highest, medium or lower priority; participants took part in two rounds of voting. Participants reviewed the prioritization criteria and were instructed to apply the criteria to vote for their top health needs. For the first round, the nine health needs were listed, and participants voted for their top three priority health needs. The three needs that received the

most votes were identified as highest priority health needs. The same voting process was used for round two: participants voted for their top three priority health needs among the remaining six health needs. The three health needs that received the most votes were identified as medium priority health needs. The remaining three needs were identified as lower priority health needs.

C. Prioritized description of all the community needs identified through the CHNA

As a result of this prioritization process, the health needs were grouped into highest, medium, and lower priority. (Detailed profiles of each health need are found in Appendix C.)

Highest Priority

- **Mental Health:** Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties, allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Deaths by suicide, drug or alcohol poisoning are higher in KFH Manteca Service Area when compared to the state, with suicide impacting Non-Hispanic Whites disproportionately. Primary data described limited access to mental providers, especially for low-income and immigrant populations, as well as stigma around mental health care and a lack of culturally competent services. Focus group participants and key informants talked about the link between mental health and stress associated with poverty, substance abuse, and homelessness. Key informants and focus group participants highlighted trauma as a major contributor to mental health issues across county residents and specifically for immigrants who experienced trauma in their home countries.
- **Economic Security:** Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing. KFH Manteca Service Area benchmarks poorly compared to the state on many economic security indicators and there are a significant number of ethnic/racial disparities within the service area. Black and Latino populations are among those most impacted by poverty. Unemployment is also higher in the service area relative to the state. Homelessness and housing instability, lack of employment, poor recovery post-recession, transportation access and substance abuse are connected with economic security and were mentioned as important issues by key informants and in the focus groups.
- **Obesity/HEAL/Diabetes:** A lifestyle that includes eating healthy and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity and diabetes. Obesity rates and diabetes prevalence were higher in KFH Manteca Service Area as compared to the state. Physical inactivity is higher among youth and adults in KFH Manteca Service Area compared to the state, and disparities are higher for Latino and Black youth in particular.

Poverty, lack of access to healthy food and safe places for physical activity, and easy access to unhealthy foods were frequently mentioned by the community as barriers in primary data and confirmed by secondary data.

Medium Priority

- **Violence/Injury Prevention:** Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development and provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. Non-Hispanic Whites and Blacks are disproportionately impacted by motor vehicle crash deaths. Injury deaths and violent crime rates are both higher in KFH Manteca Service Area compared to the state. Key informants and focus group participants mentioned issues related to crime and violence more frequently than injury prevention, but both were topics of discussion. Primary data linked violence to poor lighting and drug use and identified loose dogs and traffic as factors associated with injuries. Poverty and the economy's impact on jobs were also associated with violence and injury prevention in primary data.
- **Access to Care:** Access to high quality, culturally competent, affordable healthcare and health services is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. In KFH Manteca Service Area, residents are more likely to be enrolled in Medicaid or other public insurance, which is a factor related to overall poverty. Latinos are most likely to be uninsured. Secondary data revealed that poor access to affordable health insurance and the lack of high-quality providers, including urgent care and mental health, impact access to care. Primary data identified concerns around immigration documentation status and prejudice from healthcare providers as barriers to accessing care. Language and cultural barriers, including limited access to care in languages other than English, were also discussed by key informants and in the focus groups.
- **Substance Abuse/Tobacco:** Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death, with second hand smoke exposure putting people around smokers at risk for the same respiratory diseases as smokers. Substance abuse is linked with community violence, sexually transmitted infections, and teen pregnancies. Impaired driving deaths are higher in KFH Manteca Service Area than the state. Marijuana, methamphetamine, tobacco and alcohol use were frequently mentioned in primary data, as was the intersection of substance abuse, homelessness and poverty, and mental illness. Although opioids were not mentioned specifically in primary data, key informants discussed challenges associated with drug use in general.

Lower Priority

- **Asthma:** Prevention and management of asthma by reducing exposures to triggers such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care. Asthma prevalence and the asthma hospitalization rate are

greater in KFH Manteca Service Area than in the state. Focus group participants discussed allergies, unsafe air from farming, and bad smelling air as factors impacting this health need.

- **Oral Health:** Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care. KFH Manteca Service Area performs similarly to the rest of California when it comes to oral health outcomes. Insufficient insurance coverage and high out of pocket costs, as well as a lack of high quality dental care providers, were mentioned as key concerns by key informants and focus groups.
- **Climate and Health:** Climate change poses a threat for the health and well-being of current and future generations. Climate change has been linked to vector-borne disease, health related issues, and respiratory diseases. Clean air and water are necessary for health, but rapid climate change contributes to increased drought and poor air quality. Unsafe drinking water and poor air quality were mentioned in focus groups. Traffic pollution and farming are factors in KFH Manteca Service Area that contribute to this health need.

D. Community resources potentially available to respond to the identified health needs

The KFH Manteca Service Area contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Key resources available to respond to the identified health needs for the KFH Manteca Service Area are listed in Appendix D Community Resources.

VI. KFH Manteca 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH Manteca's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH Manteca's Implementation Strategy Report, including the health needs identified in the facility's 2016 Service Area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit www.kp.org/chna.

For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH Manteca in the 2016 Implementation Strategy Report.

1. Access to Care and Coverage
2. Healthy Eating Active Living
3. Behavioral Health

KFH Manteca is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH Manteca tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. Kaiser Permanente's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH Manteca had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH Manteca will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

KFH programs: From 2017-2018, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
- **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

- **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
- **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
- **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KFH Manteca awarded 202 grants amounting to a total of \$6,743,035.01 in service of 2016 health needs. Additionally, Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH Manteca Service Area. During 2017-2018, a portion of money managed by this foundation was used to award 1 grant totaling \$4,761.90 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH Manteca leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report below.

Collaborations and partnerships: Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KFH Manteca engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health

needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH Manteca Priority Health Needs

| Need | Summary of impact | Top 3-5 Examples of most impactful efforts. |
|------------------------------|---|---|
| Access to Care and Coverage | Kaiser Permanente awarded 60 grants totaling \$4,800,277.46 that address Access to Care in the KFH Manteca service area | <p><u>KP Medicaid and Charity Care:</u> In 2017 and 2018 KP served 5,221 and 13,412 Medi-Cal members respectively totaling \$32,008,237.77 worth of care. KP also provided a total of \$13,318,517.43 of Medical Financial Assistance (MFA) to 8,629 individuals in 2017 and 8,119 individuals in 2018.</p> <p><u>PHASE:</u> Over the course of three years (2017-2019), San Joaquin General Hospital (SJGH) is the recipient of a \$500K grant to support the successful use of PHASE among clinics, such as by educating providers on the use of evidence-based protocols to reduce the risk of CVD and building data infrastructure to support clinical workflows. SJGH is reaching over 4,500 patients through PHASE. 68% of their patients with diabetes and 62% of those with hypertension have their blood pressure controlled.</p> <p><u>Social Non-Medical Services:</u> Family Resource & Referral Center of San Joaquin was awarded a \$90,000 grant to support the 2-1-1 project, which provides referrals and access to social service programs 24/7 in San Joaquin County for more than 20,000 individuals who dial 211 from their phones or access the online database. To date, services have been provided to 11,671 people through calls, emails and texts. Over 1,200 referrals were provided to healthcare programs.</p> <p><u>Access to Health Care:</u> Catholic Charities Diocese of Stockton was awarded a \$37,500 grant (split between KFH Modesto and KFH Manteca) to assist 462 families eligible for Medi-Cal coverage with application assistance, enrollment, and retention efforts.</p> <p><u>Recuperative Care:</u> Gospel Rescue Mission was awarded \$75,000 to provide 150 homeless and indigent individuals discharged from local hospitals access to recuperative care.</p> |
| Healthy Eating Active Living | Kaiser Permanente awarded 38 grants totaling \$796,138.47 that address Healthy Eating Active Living in the KFH Manteca service area | <p><u>Access to healthy, affordable foods:</u> Catholic Charities Diocese of Stockton received a \$95,000 grant to increase CalFresh participation for eligible individuals and families, with a focus on addressing barriers for immigrants, seniors and students. To date, staff have provided outreach to 1,192 households. Among those who were reached, 870 were pre-screened for CalFresh eligibility, 74 households applied for benefits and 35 were enrolled in CalFresh.</p> <p><u>Access to physical activity:</u> Boys & Girls Club of Tracy received a \$40,000 grant to include 700 low-income youth in the evidenced-based Triple Play health program, on a year-round basis, to decrease their risk of obesity and diabetes.</p> |

| Need | Summary of impact | Top 3-5 Examples of most impactful efforts. |
|----------------------------|---|---|
| | | <p><u>Access to physical activity:</u> Give Every Child A Chance was awarded a \$45,000 grant to provide 1,350 students attending after-school programs at 12 school sites in Manteca, Ripon, Lathrop, French Camp, Banta, and Stockton with nutrition, health education, and physical activity programming.</p> <hr/> <p><u>Access to physical activity:</u> San Joaquin County Office of Education was awarded a \$70,000 grant to provide 1,000 students in after-school programs throughout San Joaquin County with nutrition, fitness programming, and access to healthy food.</p> |
| Mental Health and Wellness | Kaiser Permanente awarded 27 grants totaling \$831,254.81 that address Mental Health and Wellness in the KFH Manteca service area | <p><u>Stigma Reduction:</u> Delta Health Care and Management Services Corporation was awarded a \$90,000 grant to implement a teen-focused, campus-based informational campaign at Stockton’s Edison High School with the goal of reducing mental health stigma and increasing utilization of mental health services for more than 2,000 students.</p> <hr/> <p><u>Access:</u> Helping Others Provide Encouragement Ministries, Inc. was awarded a \$90,000 grant to build a children’s wellness center at its emergency homeless shelter site that will be staffed by mental health experts who will evaluate children residing at the shelter to identify needs and design treatment plans.</p> <hr/> <p><u>Access:</u> Delta Health Care and Management Services Corporation was awarded a \$98,000 grant to ensure trauma-informed mental health and wellness services are available and accessible for more than 1,800 students attending Stagg High School in Stockton.</p> <hr/> <p><u>Stigma Reduction:</u> Public Health Advocates was awarded a \$70,000 grant to provide 1,330 students, staff, and parents at two Stockton high schools with strategies to support healing and resilience, reduce stigma, and promote appropriate use of behavioral health services.</p> <hr/> <p><u>Prevention:</u> Sow a Seed Community Foundation was awarded a \$60,000 grant to provide 400 vulnerable youth attending schools in the Stockton and Tracy Unified school districts with mentoring and mental health services.</p> |

VII. Appendix

- A. Secondary Data Sources and Dates
 - i. Kaiser Permanente CHNA Data Platform secondary data sources
 - ii. “Other” data platform secondary data sources
- B. Community Input Tracking Form
- C. Health Need Profiles
- D. Community Resources

Appendix A. Secondary Data Sources and Dates

i. Secondary sources from the Kaiser Permanente CHNA Data Platform

| Source | Dates |
|---|--------------|
| 1. American Community Survey | 2012-2016 |
| 2. American Housing Survey | 2011-2013 |
| 3. Area Health Resource File | 2006-2016 |
| 4. Behavioral Risk Factor Surveillance System | 2006-2015 |
| 5. Bureau of Labor Statistics | 2016 |
| 6. California Department of Education | 2014-2017 |
| 7. California EpiCenter | 2013-2014 |
| 8. California Health Interview Survey | 2014-2016 |
| 9. Center for Applied Research and Environmental Systems | 2012-2015 |
| 10. Centers for Medicare and Medicaid Services | 2015 |
| 11. Climate Impact Lab | 2016 |
| 12. County Business Patterns | 2015 |
| 13. County Health Rankings | 2012-2014 |
| 14. Dartmouth Atlas of Health Care | 2012-2014 |
| 15. Decennial Census | 2010 |
| 16. EPA National Air Toxics Assessment | 2011 |
| 17. EPA Smart Location Database | 2011-2013 |
| 18. Fatality Analysis Reporting System | 2011-2015 |
| 19. FBI Uniform Crime Reports | 2012-14 |
| 20. FCC Fixed Broadband Deployment Data | 2016 |
| 21. Feeding America | 2014 |
| 22. FITNESSGRAM® Physical Fitness Testing | 2016-2017 |
| 23. Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America) | 2014 |
| 24. Health Resources and Services Administration | 2016 |
| 25. Institute for Health Metrics and Evaluation | 2014 |
| 26. Interactive Atlas of Heart Disease and Stroke | 2012-2014 |
| 27. Mapping Medicare Disparities Tool | 2015 |
| 28. National Center for Chronic Disease Prevention and Health Promotion | 2013 |
| 29. National Center for Education Statistics-Common Core of Data | 2015-2016 |
| 30. National Center for Education Statistics-EDFacts | 2014-2015 |
| 31. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2013-2014 |
| 32. National Environmental Public Health Tracking Network | 2014 |
| 33. National Flood Hazard Layer | 2011 |
| 34. National Land Cover Database 2011 | 2011 |
| 35. National Survey of Children's Health | 2016 |
| 36. National Vital Statistics System | 2004-2015 |
| 37. Nielsen Demographic Data (PopFacts) | 2014 |
| 38. North America Land Data Assimilation System | 2006-2013 |
| 39. Opportunity Nation | 2017 |
| 40. Safe Drinking Water Information System | 2015 |
| 41. State Cancer Profiles | 2010-2014 |
| 42. US Drought Monitor | 2012-2014 |
| 43. USDA - Food Access Research Atlas | 2014 |

ii. Additional sources

| Source | Dates |
|---|--------------|
| 1. Healthy Places Index | 2017 |
| 2. San Joaquin County Public Health Department Data | 2012 - 2016 |

Appendix B. Community Input Tracking Form

| | Data collection method | Title/name | Number | Target group(s) represented | Role in target group | Date input was gathered |
|---|-------------------------|--|--------|--|----------------------|-------------------------|
| 1 | Key Informant Interview | Director of Public Health, San Joaquin County Public Health Services | 1 | Health Department [Entire county, including minority, medically underserved and low income] | Leader | 8/23/18 |
| 2 | Key Informant Interview | CEO, Community Medical Centers, Inc. | 1 | Health Care Sector [Minority, medically underserved and low income] | Leader | 9/28/18 |
| 3 | Key Informant Interview | Director of Population Health, San Joaquin General Hospital | 1 | Health Care Sector [Entire county, specifically minority, medically underserved, and low income] | Leader | 9/26/18 |
| 4 | Key Informant Interview | Director, Healthy Kids Resource Center, San Joaquin County Office of Education | 1 | Education Sector [Youth in entire county, including minority, medically underserved and low income] | Leader | 09/05/18 |
| 5 | Key Informant Interview | Deputy Director for Aging and Community Services, Human Services Agency | 1 | Social Services Sector [Entire county, including older adults, adults with disabilities, family caregivers, and residents in long-term care facilities.] | Leader | 10/02/18 |
| 6 | Key Informant Interview | Director, San Joaquin County Behavioral Health Services | 1 | Social Services Sector [Entire county, including minority, medically underserved and low income individuals with mental health and substance use treatment needs] | Leader | 09/07/18 |
| 7 | Key Informant Interview | Executive Director, Family Resource and Referral Center | 1 | Social Services Sector [Entire county, especially child care for minority, medically underserved and low income families] | Leader | 8/30/18 |
| 8 | Key Informant Interview | Executive Director, First 5 San Joaquin County | 1 | Social Services Sector [Entire county, especially minority, medically underserved and low income children ages 0-5] | Leader | 9/19/18 |

| | Data collection method | Title/name | Number | Target group(s) represented | Role in target group | Date input was gathered |
|----|-------------------------------|--|---------------|--|-----------------------------|--------------------------------|
| 9 | Key Informant Interview | CEO, St Mary's Dining Room | 1 | Social Services Sector [Minority, medically underserved, low income and homeless] | Leader | 09/12/18 |
| 10 | Key Informant Interview | Executive Director, San Joaquin Pride Center | 1 | Community-Based Organization [LGBT community, including minority, medically underserved, and low income] | Leader | 9/25/18 |
| 11 | Key Informant Interview | Program Manager, Asian Pacific Self Development and Residential Association (APSARA) | 1 | Community-Based Organization [Asian Pacific community (primarily Cambodians), including medically underserved and low-income] | Leader | 11/07/18 |
| 12 | Focus group | UC Cooperative Extension/UC CalFresh Nutrition Education Program - Boys and Girls Club (Spanish) | 13 | Minority, medically underserved, and low income | Member | 08/28/18 |
| 13 | Focus group | Child Abuse Prevention Council - Hong Kingston School (Spanish) | 12 | Minority, medically underserved, and low income | Member | 09/19/18 |
| 14 | Focus group | Child Abuse Prevention Council - Monroe Elementary School (Spanish) | 26 | Minority, medically underserved, and low income | Member | 09/20/18 |
| 15 | Focus group | Child Abuse Prevention Council - South/West Park School (Spanish) | 5 | Minority, medically underserved, and low income | Member | 09/27/18 |
| 16 | Focus group | Amelia Ann Adams Whole Life Center - The Open Door House of Prayer Ministries (English) | 12 | Minority, medically underserved, and low income | Member | 09/16/18 |
| 17 | Focus group | Amelia Ann Adams Whole Life Center - TEAM Charter (English) | 9 | Minority, medically underserved, and low income | Member | 09/21/18 |
| 18 | Focus group | Amelia Ann Adams Whole Life Center - Edna May Graham (English) | 10 | Minority, medically underserved, and low income | Member | 09/23/18 |
| 19 | Focus group | El Concilio - Valle de Sol (Spanish) | 11 | Minority, medically underserved, and low income | Member | 09/25/18 |
| 20 | Focus group | El Concilio - Manteca Public Library (English) | 11 | Minority, medically underserved, and low income | Member | 10/04/18 |

| | Data collection method | Title/name | Number | Target group(s) represented | Role in target group | Date input was gathered |
|----|-------------------------------|---|---------------|---|-----------------------------|--------------------------------|
| 21 | Focus group | Public Health Advocates Office (English) | 7 | Minority, medically underserved, and low income | Member | 08/23/18 |
| 22 | Focus group | Public Health Advocates - Emerald Point Townhomes (English) | 8 | Minority, medically underserved, and low income | Member | 09/25/18 |
| 23 | Focus group | Public Health Advocates - Villa Monterey (English) | 10 | Minority, medically underserved, and low income | Member | 09/26/18 |
| 24 | Focus group | Public Health Advocates Office (English) | 11 | Minority, medically underserved, and low income | Member | 09/27/18 |
| 25 | Focus group | Fathers and Families of San Joaquin - Youth and Family Empowerment Center (English) | 13 | Minority, medically underserved, and low income | Member | 09/26/18 |
| 26 | Focus group | Fathers and Families of San Joaquin (Spanish) | 12 | Minority, medically underserved, and low income | Member | 09/18/18 |
| 27 | Focus group | Fathers and Families of San Joaquin (English) | 12 | Minority, medically underserved, and low income | Member | 09/20/18 |
| 28 | Focus group | Little Manila Rising - St George Catholic Church (English) | 6 | Minority, medically underserved, and low income | Member | 09/27/18 |
| 29 | Focus group | Little Manila Rising - Little Manilla Center (English) | 11 | Minority, medically underserved, and low income | Member | 09/20/18 |
| 30 | Focus group | San Joaquin County Public Health Services - First Presbyterian Church (English) | 6 | Minority, medically underserved, and low income | Member | 09/28/18 |
| 31 | Focus group | Catholic Charities Diocese of Stockton - St. Anne's Place (English) | 20 | Minority, medically underserved, and low income | Member | 10/01/18 |
| 32 | Focus group | Catholic Charities Diocese of Stockton - Wellness Center (English) | 15 | Minority, medically underserved, and low income | Member | 10/03/18 |
| 33 | Focus group | Catholic Charities Diocese of Stockton - Food Bank Clients (English) | 14 | Minority, medically underserved, and low income | Member | 10/04/18 |
| 34 | Focus group | St Joseph's Medical Center - Apostolic New Life Center (English) | 15 | Minority, medically underserved, and low income | Member | 10/03/18 |
| 35 | Focus group | St. Joseph's Medical Center - Manteca Senior Center (English) | 6 | Minority, medically underserved, and low income | Member | 10/05/18 |

| | Data collection method | Title/name | Number | Target group(s) represented | Role in target group | Date input was gathered |
|----|-------------------------------|--|---------------|---|-----------------------------|--------------------------------|
| 36 | Focus group | St. Joseph's Medical Center - Tracy Resource Center Group #1 (Spanish) | 7 | Minority, medically underserved, and low income | Member | 10/08/18 |
| 37 | Focus group | St. Joseph's Medical Center - Tracy Resource Center Group #2 (Spanish) | 6 | Minority, medically underserved, and low income | Member | 10/08/18 |
| 38 | Focus group | St. Joseph's Medical Center - Manteca Gospel Center Rescue Mission (English) | 8 | Minority, medically underserved, and low income | Member | 10/09/18 |
| 39 | Focus group | St. Joseph's Medical Center - Lodi WorkNet Center (Spanish) | 15 | Minority, medically underserved, and low income | Member | 10/09/18 |
| 40 | Focus group | St. Joseph's Medical Center - Lodi WorkNet Center (English) | 10 | Minority, medically underserved, and low income | Member | 10/11/18 |
| 41 | Focus group | St. Joseph's Medical Center - Filipino Plaza (English / Tagalog) | 11 | Minority, medically underserved, and low income | Member | 10/25/18 |
| 42 | Focus group | APSARA - Community Center (Cambodian) | 14 | Minority, medically underserved, and low income | Member | 10/18/18 |
| 43 | Focus group | Kaiser Permanente Leaders/ Business Leaders/ Local Elected Officials | 6 | Health Care Sector | Member | 9/18/18 |
| 44 | Prioritization Meeting | Tracy community residents and CBO/public agency staff | 22 | Minority, medically underserved, and low income | Member | 11/14/18 |
| 45 | Prioritization Meeting | SJC CHNA Steering Committee | 48 | SJC CBOs, public agencies and health care organizations | Leader | 12/10/18 |
| 46 | Survey | SJC older adult and food pantry client survey | 167 | Minority, medically underserved, and low income | Member | November and December 2018 |

Appendix C. Health Need Profiles

Health Needs Profiles Overview

Presented below are profiles of KFH Manteca Service Area health across 9 categories of key needs and indicators:

- Mental Health
- Economic Security
- Obesity/Healthy Eating Active Living/Diabetes
- Violence/Injury Prevention
- Access to Care
- Substance Abuse/Tobacco
- Asthma
- Oral Health
- Climate and Health

The health needs profiled meet the following criteria:

- Either a poor health outcome or a health factor associated with a poor health outcome.
- The health need is confirmed by multiple data sources.

Each profile contains a rationale for why each health need is critical; key findings that emerged from secondary (quantitative) and primary (qualitative) data analyses; as well as statements about populations and communities disproportionately impacted by each health need (where data were available). Specifically, the profiles include:

- Prevalence/incidence rates for health outcomes, disparity information, and comparison statistics for the State of California.
- Contributing factors related to each health need and associated ethnic disparities and differences from California averages. (Complete prevalence data for these factors can be found in Appendix B).
- Descriptions of how the 10 priority neighborhoods experience disparities related to the health needs.
- Key findings and quotes from interviews and focus groups conducted for the CHNA.

Data were provided by the Kaiser Permanente CHNA Data Platform, San Joaquin County Public Health Services, focus groups with KFH Manteca Service Area residents, and key informant interviews with community leaders. Health outcome and contributing factor data are color coded following the legend below to indicate where the KFH Manteca Service Area performs worse than state averages and where the data show disparities among ethnic populations. Data are only shaded when differences are statistically significant. Instances where findings that are not statistically significant but of interest and potentially indicative of emerging trends are noted. These findings should be interpreted with caution since the differences do not currently rise to the level of statistical significance.

- **Yellow**: Indicates disparity for particular ethnic group(s) as compared with KFH Manteca Service Area averages

- **Blue**: Indicates where KFH Manteca Service Area outcomes are notably worse than State of California averages (elevated z score)
- **Orange**: Indicates both presence of ethnic disparity and where KFH Manteca Service Area outcomes are notably worse than State of California averages (elevated z score)

Mental Health

Rationale: Why this is a Critical Health Need

Mental health and well-being provides people with the basis from which to cope with and manage life’s stressors and difficulties allowing for improved personal wellness, meaningful social relationships, and productive contributions to communities.

Key Findings Across KFH Manteca Service Area

- KFH Manteca Service Area residents have a rate of deaths related to suicide or substance abuse that is nearly one third greater than state averages.
- When compared with the rest of the state, more KFH Manteca Service Area residents report having inadequate social support systems.
- While the difference is not statistically significant, the KFH Manteca Service Area has fewer mental healthcare providers per capita than other parts of California.

| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|--|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Suicide Deaths (per 100,000) | 11 | 10 | Mental Health Providers (per 100,000) | 190 | 289 |
| Deaths by Suicide, Drug or Alcohol Poisoning (per 100,000) | 46 | 34 | Insufficient Social and Emotional Support | 29% | 25% |
| Poor Mental Health Days (past month) | 4 | 4 | Social Associations | 6 | 7 |
| Depression Among Medicare Beneficiaries | 14% | 14% | | | |
| Seriously Considered Suicide | 12% | 10% | | | |

| Legend | |
|---------------------------------------|---|
| ■ | Worse than state |
| ■ | Ethnic disparities |
| ■ | Worse than state and ethnic disparities |

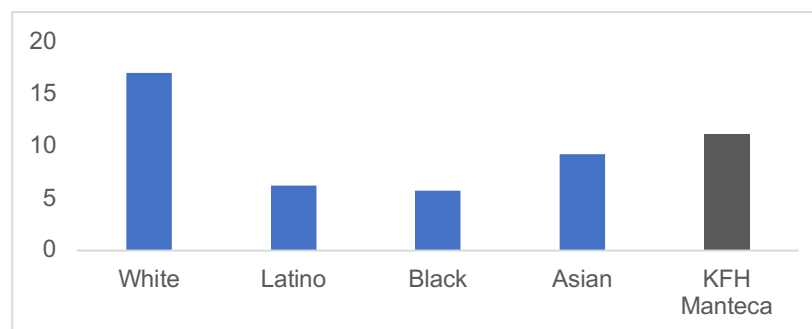
Populations Disproportionately Impacted

- White residents have a greater number of deaths by suicide (per capita) when compared to the rest of the KFH Manteca Service Area.

Communities Disproportionately Impacted

- Neighborhood level data on mental health were not available.

Suicide Death Rate (per 100,000)



Primary Data: What Community Stakeholders Say About this Health Need

- Over 2/3 of key informants mentioned Mental Health as a top (5) or medium (3) health need
- Just under half (14 out of 31) of focus groups mentioned Mental Health as a top (8) or medium (6) health need
- Mental health issues are perceived as impacting people at all economic levels and particularly low-income immigrant populations who struggle most with access to mental health services and stigma around mental health issues
- Key informants and focus group participants highlighted trauma as a major contributor to mental health issues across county residents and specifically for immigrants who experienced trauma in their home countries
- Key informants and focus group participants made the link between mental health, substance abuse, homelessness
- Factors contributing to Mental Health issues: lack of providers and access to mental health services in communities/schools; stigma, prejudice, and lack of understanding around mental health and obtaining mental health services; mental health providers don't understand community cultures; high rates of trauma (including childhood trauma); substance abuse; stress due to financial and political worries

Community Resident and Key Informant Voices

“Preventive behavioral health services have not been available... Our county went through a difficult time in the recession, we're definitely pulling out of it. But that doesn't mean the issues and trauma have been addressed.” – *Key Informant*

“Mental health is a huge challenge for our community... [This] results in a lot of trauma and self-coping. That manifests in alcoholism, drug addiction, tobacco smoking.” – *Key Informant*

Economic Security

Rationale: Why this is a Critical Health Need

Economic security and stability lays the foundation for good health. Having adequate income and financial resources facilitates access to education, healthcare, healthy foods, safe housing, and other necessities and services that are requisite for overall wellbeing.

Key Findings Across KFH Manteca Service Area

- Compared to state averages, the KFH Manteca Service Area has a lower percentage of adults with higher education and fewer children who attend preschool or read proficiently.
- KFH Manteca Service Area youth experience a higher rate of suspensions than other parts of the state.
- KFH Manteca Service Area unemployment rates slightly exceed state levels.

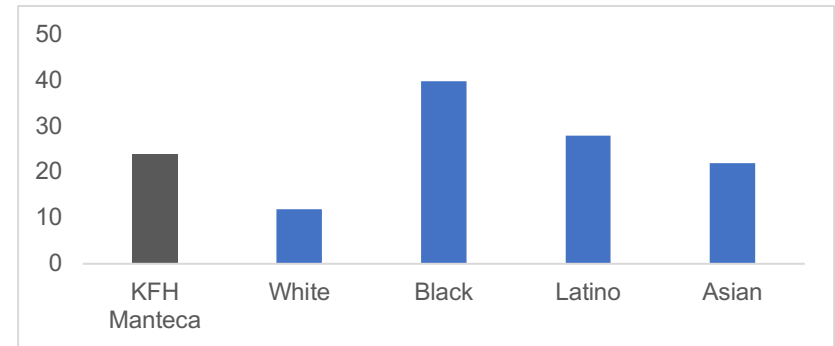
| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|--|--------------------------|---------------------|---|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Children Below 100% FPL | 24% | 22% | Adults with No High School Diploma | 22% | 18% |
| Population Below 100% FPL | 18% | 16% | Adults with an Associate's Degree or Higher | 28% | 40% |
| Unemployment | 6% | 4% | Adults with Some Post-Secondary Education | 52% | 64% |
| Income Inequality - 80/20 Ratio | 4 | 5 | Preschool Enrollment | 38% | 49% |
| Cost Burdened Households | 41% | 43% | Reading At/Above Proficiency, CA | 31% | 44% |
| Free and Reduced-Price Lunch | 62% | 59% | Suspensions (per 100) | 13 | 6 |
| Young People Not in School and Not Working | 8% | 8% | Children in Single-parent Households | 33% | 32% |
| Opportunity Index | 46 | 52 | Uninsured Children | 5% | 10% |
| | | | High Speed Internet | 95% | 95% |
| | | | Housing Problems | 43% | 46% |
| | | | On-Time High School Graduation | 82% | 83% |
| | | | Banking Institutions (per 10,000) | 2 | 3 |
| | | | Severe Housing Problems | 26% | 27% |

| Legend | |
|---------------------------------------|---|
| ■ | Worse than state |
| ■ | Ethnic disparities |
| ■ | Worse than state and ethnic disparities |

Populations Disproportionately Impacted

- There are more Black children living below the poverty line than is the case in other ethnic groups.
- A disproportionate number of Black and Latino residents are low income; the Black population comprises the largest segment of the low-income population.
- Latino adults have lower high school graduation rates when compared with the rest of the KFH Manteca Service Area.

Percent of Children in Poverty



Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County's largest cities – Stockton, Manteca, Tracy and Lodi. All have adverse economic conditions with extremely low levels of employment and household income; most fare worse than almost all (99%) other jurisdictions across the state.

Primary Data: What Community Stakeholders Say About this Health Need

- Almost all key informants mentioned Economic Security as a top (6) or medium (4) health need
- The majority (25 out of 31) of focus groups mentioned Economic Security as a top (14) or medium (11) health need
- Key informants and focus group participants made the link between housing instability, crime/safety, mental health and substance abuse
- Affordable housing/homelessness were identified as key issues within economic security that resulted from: no livable wages; housing shortage; rising rents; poor recovery after recession
- Key informants and focus group participants identified lack of money for adequate transportation as a barrier to getting to health appointments, grocery stores, and conducting other health related behaviors
- Education was a top economic security issue discussed, including the county's low high school graduation rates and few college graduates. Factors contributing to education needs included: realities of living in poverty result in a lack of emphasis on the importance of education; unsupportive school culture/environment (e.g., teachers not investing in children of color), few youth programs/centers and recreational opportunities; too few job opportunities and college/job readiness programs

Community Resident and Key Informant Voices

“If you’re not able to secure the basic necessity, housing...it’s bound to impact your [health]! When people live in those situations... it becomes a health and safety issue not only for the homeless individuals but for the entire community.” - *Key Informant*

“Education is core to so many of the other issues, from teachers not believing in kids that they can go far, often because they are children of color. So you’ve got the mindset of the educational system to workforce development where a small percentage of our residents have bachelor’s degrees. It’s so cyclical... We see data that shows the mother’s maternal educational attainment and child health outcomes are fully linked. Poverty and education are so linked together and set the stage for everything.” – *Key Informant*

Obesity/Healthy Eating, Active Living/Diabetes

Rationale: Why this is a Critical Health Need

A healthy lifestyle that includes good nutrition and regular physical activity improves overall physical and mental health, thus reducing risk of negative health outcomes such as obesity, diabetes, cardiovascular disease, cancer, and stroke.

Key Findings Across KFH Manteca Service Area

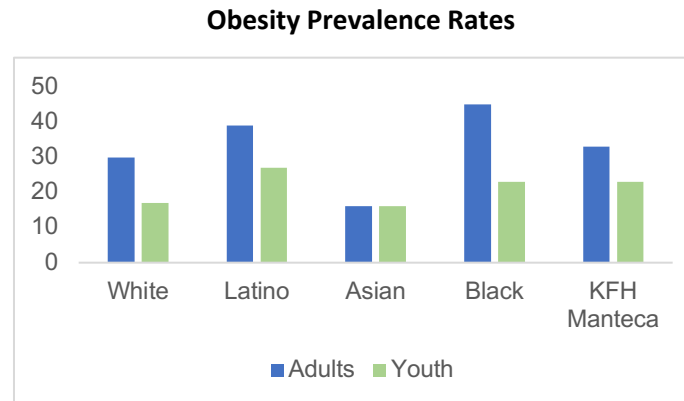
- Rates of diabetes in the KFH Manteca Service Area are slightly higher than state levels.
- When compared to the rest of the state, the KFH Manteca Service Area fares poorly on several indicators of healthy food access that have been shown to contribute to obesity and diabetes including food insecurity, quality of food environments, and participation in SNAP.
- The KFH Manteca Service Area has higher rates of physical inactivity among youth and adults, a smaller proportion of children that walk or bike to school, and fewer opportunities for physical activity as compared with state averages.

| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|---|--------------------------|---------------------|---|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Obesity (Adult) | 33% | 27% | Physical Inactivity (Youth) | 47% | 38% |
| Obesity (Youth) | 23% | 20% | SNAP Benefits | 14% | 9% |
| Diabetes Management (Hemoglobin A1c Test) | 80% | 82% | Food Environment Index | 7 | 8 |
| Diabetes Prevalence | 10% | 9% | Physical Inactivity (Adult) | 20% | 17% |
| | | | Children Walking or Biking to School | 29% | 39% |
| | | | Food Insecurity | 16% | 13% |
| | | | Exercise Opportunities | 83% | 94% |
| | | | Walkable Destinations | 21% | 29% |
| | | | Healthy Food Stores | 15% | 13% |
| | | | Grocery Stores and Produce Vendors (per 10,000) | 3 | 2 |
| | | | Driving Alone to Work | 77% | 73% |
| | | | Soft Drink Consumption | 18% | 18% |

| Legend | |
|---------------------------------------|---|
| ■ | Worse than state |
| ■ | Ethnic disparities |
| ■ | Worse than state and ethnic disparities |

Populations Disproportionately Impacted

- Obesity disproportionately affects Black and Latino adults and youth. In particular, Blacks have the highest obesity rate among the KFH Manteca Service Area’s adult population and Latinos have the highest rate among youth.
- Black residents have slightly worse rates of diabetes management when compared to the rest of the KFH Manteca Service Area.
- Black and Latino youth have lower rates of physical activity, with the lowest rates experienced by Blacks.
- Asian, Black and Latino residents have higher rates of SNAP participation, an indicator of poverty, with Blacks experiencing the greatest disparity.



Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County’s largest cities – Stockton, Manteca, Tracy and Lodi. Most of the 10 identified priority neighborhoods have relatively high rates of active commuting, which is associated with increased physical activity, with the exception of three Census Tracts in Stockton.
- Diabetes was one of the leading causes of death in Census Tract 22.01 (Stockton).

Primary Data: What Community Stakeholders Say About this Health Need

- Almost all key informants mentioned Obesity/HEAL/Diabetes as a top (8) or medium (2) health need
- Most (24 out of 31) focus groups mentioned Obesity/HEAL/Diabetes as a top (15) or medium (9) health need
- Obesity/HEAL/Diabetes affects all incomes, but low-income people struggle most with buying healthy food and access to physical activity
- Factors contributing to Obesity/HEAL/Diabetes: poverty; lack of access to healthy food (few grocery stores); easy access to cheap unhealthy food (fast food, liquor stores, unhealthy food at schools and food banks); few safe places for physical activity; little understanding of healthy lifestyle and how to prepare healthy foods

Community Resident and Key Informant Voices

“We have high rates of [chronic disease]. All of that stems from not eating healthy and getting enough exercise, especially in children.”-- Key Informant

Violence and Injury Prevention

Rationale: Why this is a Critical Health Need

Safe communities promote community cohesion and economic development, provide more opportunities to be active, and reduce the likelihood of untimely deaths, violent crimes, physical harm, and serious injuries.

Key Findings Across KFH Manteca Service Area

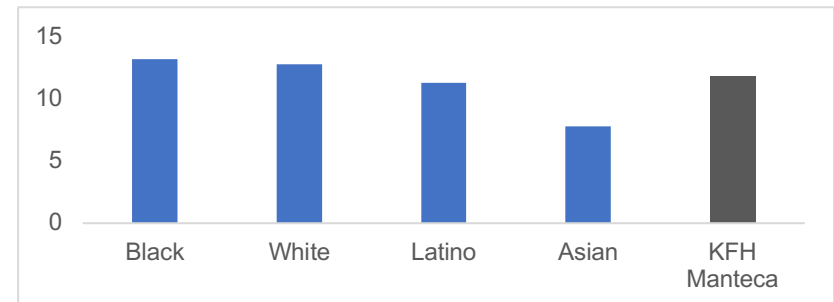
- KFH Manteca Service Area residents experience a rate of violent crimes that is almost double that of state averages.
- Injury related deaths occur one-third more often in the KFH Manteca Service Area as compared with other parts of California.
- While not statistically significant, the KFH Manteca Service Area experiences more fatal motor vehicle crashes per capita than the rest of the state.

| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|--|--------------------------|---------------------|---|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Motor Vehicle Crash Deaths (per 100,000) | 12 | 9 | Beer, Wine, and Liquor Stores (per 100,000) | 1 | 1 |
| Injury Deaths | 61 | 47 | | | |
| Violent Crimes (per 100,000) | 779 | 403 | | | |
| Domestic Violence Hospitalizations | 4 | 5 | | | |
| Pedestrian Accident Deaths (per 100,000) | 3 | 2 | | | |

Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Motor Vehicle Crash Death Rate (per 100,000)



Populations Disproportionately Impacted

- Black and White residents have higher rates of fatal motor vehicle crashes when compared to the rest of the KFH Manteca Service Area; Blacks have the highest rates.

Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County's largest cities – Stockton, Manteca, Tracy and Lodi. All 10 of the identified priority neighborhoods have a high concentration of alcohol outlets, which are often havens for crime activity. The most extreme disparities were found in Census Tract 6 (Stockton), which fares worse than most of the state in this regard.
- Homicide was one of the leading causes of death in Census Tract 7 (Stockton).

Primary Data: What Community Stakeholders Say About this Health Need

- Just over a third (4 out of 11) of key informants mentioned Violence/Injury Prevention as a top (3) or medium (1) health need
- 21 out of 31 focus groups mentioned Violence/Injury Prevention as a top (13) or medium (8) health need
- Key informant and focus group participants mentioned issues related to crime and violence (mostly attributed to homelessness and drug use) more frequently than injury prevention (such as traffic accidents, dog bites, or poor built environment re: lighting and sidewalks) but both were topics of discussion.
- Violence affects low-income populations most, but everyone feels the impact and fears crime
- Crime and safety concerns are linked to homelessness, drug use, and youth not in school
- Neighborhoods are unsafe due to poor sidewalks, poor lighting, and lax traffic rules
- Loose dogs add to unsafe neighborhood environments and decrease the amount of time community members spend outdoors
- Factors contributing to Violence/Injury Prevention: living in poverty; lack of education/not graduating from high school; impact of the recession on jobs; policing issues; homelessness
- Focus group members highlighted the need for more police and better relationships between police and communities

Community Resident and Key Informant Voices

“Crime comes from lack of hope, people seeing lack of options. They’re struggling at home so school is not a priority.” -- Key Informant

Access to Care

Rationale: Why this is a Critical Health Need

Access to high quality, culturally competent, and affordable healthcare services that provide a coordinated system of care is essential for good quality of life and the prevention and treatment of disease, especially for vulnerable communities.

Key Findings Across KFH Manteca Service Area

- Almost a third of KFH Manteca Service Area residents have public health insurance, which is a significantly higher rate than the rest of the state.
- While the difference is not statistically significant, the KFH Manteca Service Area has fewer primary care providers per capita than state averages.
- Over three quarters of KFH Manteca Service Area residents have seen a primary care provider in the last year.
- While not a statistically significant difference, more KFH Manteca Service Area residents are readmitted to the hospital within 30 days of a prior discharge than in other parts of California.

| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|---------------------------------------|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Medicaid/Public Insurance Enrollment | 30% | 22% | Uninsured Population | 12% | 13% |
| 30-Day Readmissions | 15% | 14% | Federally Qualified Health Centers | 3 | 3 |
| Primary Care Physicians (per 100,000) | 60 | 78 | | | |
| Recent Primary Care Visit | 78% | 73% | | | |

Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

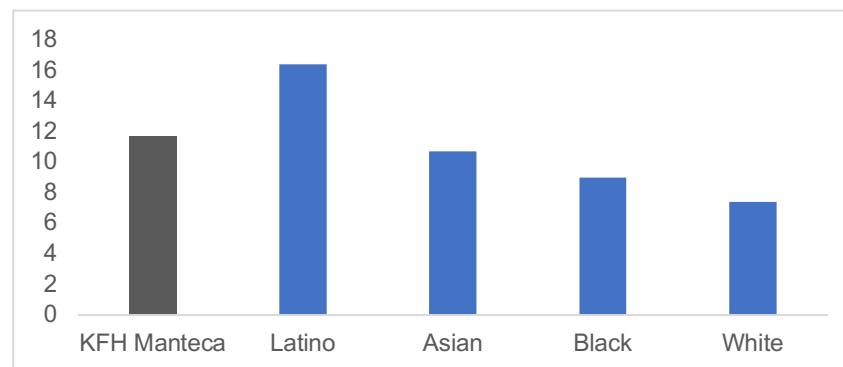
Populations Disproportionately Impacted

- More Latino residents lack health insurance coverage when compared to the rest of the KFH Manteca Service Area.

Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County’s largest cities – Stockton, Manteca, Tracy and Lodi. All of the 10 identified priority neighborhoods have extremely low rates of health insurance coverage for adults; the most striking disparities were found in the Lodi priority neighborhood, which has a lower rate of adults with health insurance than 99% of other communities across that state.

Percent of Residents that Don’t Have Health Insurance



Primary Data: What Community Stakeholders Say About this Health Need

- Most key informants identified lack of Access to Care as a top (5) or medium (3) health need
- 19 out of 31 focus groups mentioned Access to Care as a top (10) or medium (9) health need
- Low income populations have the biggest challenges around access to care
- Factors contributing to Access to Care issues: poor access to affordable health and dental insurance; few high-quality health care providers (including urgent care and mental health); living in rural areas; lack of transportation; lack of knowledge of available services; language and cultural barriers to health care, perception that doctors don't understand the community's culture, fear of prejudice from providers; inadequate interpretation services at clinics

Community Resident and Key Informant Voices

“With poverty, I think of the isolation, the lack of connectedness to know where to turn or get help to access services. Then lack of transportation.” – Key Informant

“The lack of access is probably the biggest challenge. The cost of treatment is so expensive! And if you don't get treatment it escalates into serious health issues very quickly.” – Key Informant

Substance Abuse/Tobacco

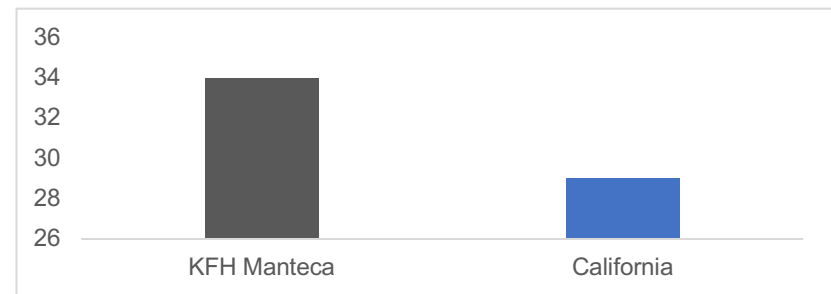
Rationale: Why this is a Critical Health Need

Reducing tobacco use and substance abuse improves quality of life for individuals and their communities. Tobacco use is the most preventable behavioral cause of death as it can lead to multiple diseases. Furthermore, second-hand smoke exposure puts non-smokers at risk for many of the same respiratory issues as smokers. Substance abuse is linked with mental and physical illness and mortality, community violence, sexually transmitted diseases, and teen pregnancies.

Key Findings Across KFH Manteca Service Area

- The rate of KFH Manteca Service Area deaths that are attributable to driving under the influence is five percentage points higher than the state average.
- While the differences are not statistically significant:
 - More KFH Manteca Service Area residents smoke cigarettes as compared with the rest of the state.
 - There are higher rates of binge drinking in the KFH Manteca Service Area than in other parts of California.

Percent of Deaths Caused by Impaired Driving



| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|-------------------------|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Impaired Driving Deaths | 34% | 29% | Beer, Wine, and Liquor Stores | 1 | 1 |
| Current Smokers | 13% | 12% | Opioid Prescription Drug Claims | 6% | 7% |
| Excessive Drinking | 35% | 33% | | | |

| Legend | |
|---------------------------------------|---|
| ■ | Worse than state |
| ■ | Ethnic disparities |
| ■ | Worse than state and ethnic disparities |

Populations Disproportionately Impacted

- Data on disparities were not available at this time.

Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County's largest cities – Stockton, Manteca, Tracy and Lodi. All 10 of the identified priority neighborhoods have a high concentration of alcohol outlets. One Stockton priority neighborhood (Census Tract 6) has more alcohol outlets than most communities in California.
- Liver disease was one of the leading causes of death in one Stockton priority neighborhood (Census Tract 1).

Primary Data: What Community Stakeholders Say About this Health Need

- Just under half of key informants identified Substance Abuse/Tobacco as a top (2) or medium (3) health need
- 19 out of 31 focus groups mentioned Substance Abuse/Tobacco as a top (16) or medium (3) health need
- Focus groups mentioned marijuana, methamphetamines, smoking tobacco, and alcohol as common abused substances
 - “Vaping” marijuana was reported as popular with youth; key informants and focus group participants were concerned about legal marijuana
 - Key informants stated that the type of substance abuse (e.g., opioids vs. marijuana) varies by economic level
- Both key informants and focus group participants made the link between substance abuse, mental health, homelessness and crime/safety, describing substance abuse as a method individuals use to cope with poor mental health
- Although opioids were not mentioned specifically in primary data, key informants discussed challenges associated with drug use in general
- Factors contributing to Substance Abuse/Tobacco: mental health issues; stress; trauma; poverty; feeling hopeless; easy access to a variety of drugs in the community and schools

Community Resident and Key Informant Voices

“There’s such a huge rise in different forms of substance abuse – vaping, marijuana usage, e-cigarettes, opioid use/prescription drug use is huge!” – *Key Informant*

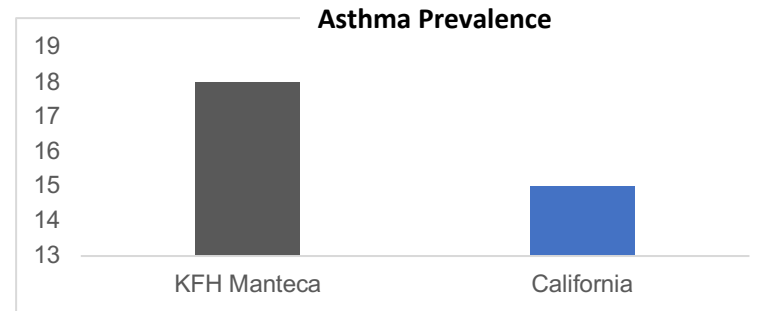
Asthma

Rationale: Why this is a Critical Health Need

Prevention and management of asthma, by reducing exposures to triggers and other risk factors that increase the severity of asthma (such as tobacco smoke and poor environmental air quality) improves quality of life as well as reduces the cost of care.

Key Findings Across KFH Manteca Service Area

- KFH Manteca Service Area residents face a 20% higher prevalence rate of asthma than other parts of California.
- When compared with state averages, the KFH Manteca Service Area has a higher rate of asthma related hospitalization.
- In terms of air quality, the KFH Manteca Service Area has comparable levels of pollution to other parts of the state.



| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|---------------------------------------|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Asthma Hospitalizations (per 100,000) | 3 | 2 | Ozone Levels | 42% | 42% |
| Asthma Prevalence | 18% | 15% | Particulate Matter 2.5 Levels | 10% | 11% |
| | | | Respiratory Hazard Index | 2 | 2 |

Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data on disparities were not available.

Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County's largest cities – Stockton, Manteca, Tracy and Lodi. Most of the 10 identified priority neighborhoods have relatively high levels of air pollution, ozone, Particulate Matter 2.5, and diesel exposure – contributing factors to asthma. The worst overall air quality was found in the Manteca priority neighborhood.
- Respiratory disease was one of the leading causes of death in four Stockton priority neighborhoods (Census Tracts 1, 3, 16, 33.12) as well as the Lodi and Tracy priority neighborhoods.

Primary Data: What Community Stakeholders Say About this Health Need

- 12 out of 31 focus groups mentioned Asthma/Air Quality as a top (4) or medium (8) health need
- No key informants mentioned Asthma as a health need
- Focus groups discussed the high amount of asthma and allergies in county communities
- Poor air quality from agriculture (chemicals, dust) and traffic pollution were identified as related to asthma
- Two focus groups mentioned an ongoing bad smell in the air in their communities, possibly from sewer treatment

Community Resident and Key Informant Voices

No quotes available on this topic.

Oral Health

Rationale: Why this is a Critical Health Need

Tooth and gum diseases are associated with poverty, an unhealthy diet that includes excessive sugar consumption, and oral tobacco use, and can lead to multiple health problems. Access to oral health services is a challenge for many vulnerable populations as it can be difficult to find affordable, convenient, and culturally/linguistically appropriate dental care.

Key Findings Across KFH Manteca Service Area

- Only one-third of KFH Manteca Service Area residents have dental insurance.
- A San Joaquin County oral health county wide needs assessment completed in November 2018 found that:
 - Child Health and Disability Prevention (CHDP) program providers who have included a dental assessment as part of their well-child visit identified dental conditions as the most common medical issue among children 0-5 years old.
 - In 2016, emergency department visits for Non-Traumatic Dental Conditions (NTDCs) were mostly among adults ages 21-34 years (44%); more than 70% of dental related emergency room visits were billed to Medi-Cal.
 - Pregnant women in San Joaquin County visit dentists at a lower rate (29%) than the statewide average (43%).

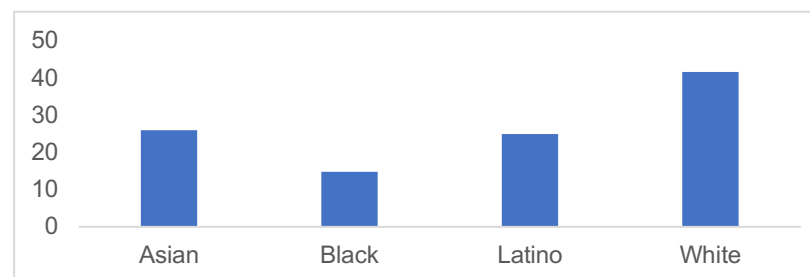
| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|--|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Dental Insurance Coverage | 34% | 39% | Soft Drink Consumption | 18% | 18% |
| % Residents Living in Area with Shortage of Dentists | 0% | 13% | | | |
| Recent Dental Exam (Youth) | 85% | 87% | | | |

| Legend | |
|---------------------------------------|---|
| ■ | Worse than state |
| ■ | Ethnic disparities |
| ■ | Worse than state and ethnic disparities |

Populations Disproportionately Impacted

- Asian/Pacific Islanders (API) and Blacks visit the dentist while pregnant less frequently than Whites (26.0%, 14.9%, and 41.7%, respectively) and Hispanic women visit the dentist during pregnancy at a lower rate than White women (25.0% and 41.7% respectively). [San Joaquin County oral health county wide needs assessment]

Percent of Pregnant Women Who See Dentist



Communities Disproportionately Impacted

- Neighborhood level data on oral health were not available.

Primary Data: What Community Stakeholders Say About this Health Need

- 3 out of 11 key informants mentioned Oral Health as a medium health need
- 9 out of 31 focus groups mentioned Oral Health as a top (1) or medium (8) health need
- Factors that contribute to Oral Health issues: Lack of transportation to dentists for children, students and older populations; lack of access to affordable dental insurance; dental care is very expensive; poor quality dentists/dental care, especially those serving low-income populations

Community Resident and Key Informant Voices

“The dental priority is huge. We don’t have a lot of access – much bigger lack of access issue than medical [care]. There is no dental ER!” – Key Informant

Climate and Health

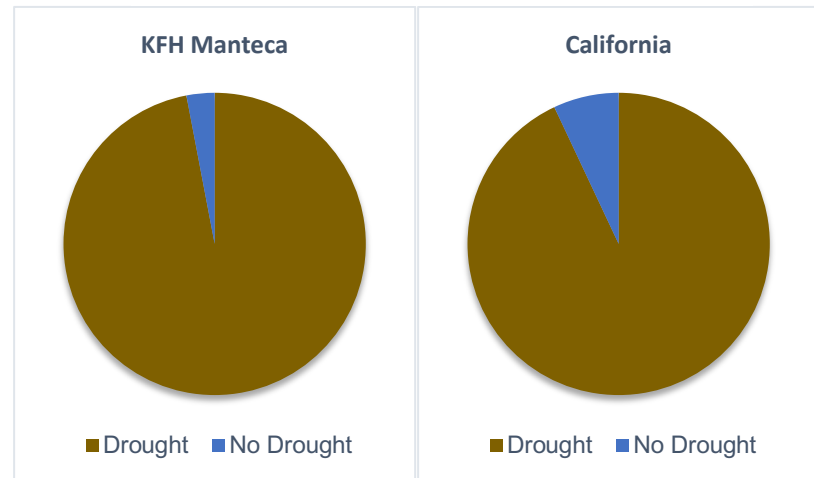
Rationale: Why this is a Critical Health Need

Climate change has public health consequences and has been linked to vector-borne diseases, heat related illnesses, and respiratory issues. Neighborhood attributes such as availability of public transit can both mitigate climate change as well as promote good health by increasing physical activity.

Key Findings Across KFH Manteca Service Area

- While the differences are not statistically significant:
 - The severity of recent droughts has been more extreme in the KFH Manteca Service Area than the rest of California.
 - The KFH Manteca Service Area has more potentially fatal impacts of climate change when compared with state averages.
 - High temperatures and heat conditions have been more intense in the KFH Manteca Service Area than in other parts of the state.

Percent of Time Spent in Drought (2012-14)



| Related Health Outcomes | | | Factors that Contribute to Health Outcomes | | |
|--|--------------------------|---------------------|--|--------------------------|---------------------|
| Indicator | KFH Manteca Service Area | State of California | Indicator | KFH Manteca Service Area | State of California |
| Climate-Related Mortality Impacts | 10% | 8% | Public Transit Stops | 24% | 17% |
| Drinking Water Violations | 1 | 1 | Road Network Density | 3 | 2 |
| Drought Severity (% time spent in drought) | 97% | 93% | Tree Canopy Cover | 11% | 8% |
| Flood Vulnerability | 4% | 4% | | | |
| Heat Index | 5% | 3% | | | |

Legend

- Worse than state
- Ethnic disparities
- Worse than state and ethnic disparities

Populations Disproportionately Impacted

- Data on disparities were not available.

Communities Disproportionately Impacted

- 10 priority neighborhoods (census tracts) were identified as the least healthy communities in San Joaquin County's largest cities – Stockton, Manteca, Tracy and Lodi. Most of the 10 identified priority neighborhoods have relatively high levels of air pollution, ozone, Particulate Matter 2.5, and diesel exposure. In addition, the Lodi and Manteca priority neighborhoods have evidence of water contamination.

Primary Data: What Community Stakeholders Say About this Health Need

- 1 key informant mentioned air pollution from agriculture and traffic pollution as a top health need
- 2 focus groups mentioned water quality as a top (1) or medium (1) health need
 - One focus group highlighted the urgent need to fix unsafe drinking water
 - One focus group mentioned a strong chlorine smell from their water and stated that not everyone in the community can afford bottled/filtered water

Community Resident and Key Informant Voices

“The [air quality] is worse here than in Mexico City. Not just from traffic here and from the Bay Area, but also agricultural production.” – Key Informant

Appendix D. Community Resources

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Public Agencies | | | | | | | | | | |
| San Joaquin County Human Services Agency | Provides State and federally-mandated public assistance and a variety of social service programs for SJC residents. Programs include: California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children’s Shelter. | X | X | X | | | | X | | |
| San Joaquin County Public Health Services | In partnership with the community, protects, promotes and improves health and well-being for all who live, work, and play in San Joaquin County. Programs and services include chronic disease prevention, nutrition and physical activity, family health, tobacco control, and environmental health. | X | | | X | X | X | X | X | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| San Joaquin County Behavioral Health Services | Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of SJC residents. | | | X | X | X | X | | | |
| San Joaquin County Council of Governments | Joint-powers authority comprised of San Joaquin County and the cities of Stockton, Lodi, Manteca, Tracy, Ripon, Escalon, and Lathrop. Fosters intergovernmental coordination with local/regional jurisdictions, State and Federal agencies, the private sector, and community groups. Facilitates and administers regional programs, and advocates for regional/inter-regional strategies. Committees include transit, coordinated transportation and land use, climate, housing and economic security. | | X | | | | | | | X |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| San Joaquin County and City Parks and Recreation Departments | Parks and Recreation Departments develop and maintain parks/open spaces, operate facilities including aquatic centers, playgrounds, athletic fields, camps, and community centers, and provide programming that supports physical activity, youth development, relaxation and social interaction. | X | | X | | | | | | X |
| Mental/Behavioral Health/Substance Abuse Recovery | | | | | | | | | | |
| National Alliance on Mental Illness, San Joaquin County | Raises community awareness of mental illness and provides support groups and a HelpLine to persons with mental illness and their families and friends, education and training, and advocacy. | | | X | | | | | | |
| Community Medical Centers -- Recovery Center | Provides medical and behavioral assessment, sobering and treatment to individuals struggling with mental health and substance use issues. | | | X | | X | | | | |
| St. Joseph's Behavioral Health Center | Provides behavioral evaluations, mental/behavioral health screening, inpatient and day treatment programs, outpatient services, chemical recovery | | | X | | X | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | programs and referrals to community resources. | | | | | | | | | |
| Aegis Medical Systems, Inc. | Offers outpatient substance abuse treatment including detoxification, methadone maintenance, and methadone detoxification. | | | | | X | | | | |
| The Wellness Center of San Joaquin County | Peer support program for people with or without a mental health diagnosis run by and for individuals with mental health challenges. Offers support groups, classes, meditation classes, one-on-one peer coaching, and substance abuse recovery groups. | | | X | | X | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Housing and Homelessness | | | | | | | | | | |
| Homeless Services (e.g. St. Mary’s Dining Room, St. Anne’s Place: Women’s Center Youth and Family Services, Stockton Shelter for the Homeless, Hope Harbor Family Shelter, Coalition of Tracy Citizens to Assist the Homeless, Gospel Center Rescue Mission, McHenry House Tracy Family Shelter, Tracy Community Connections Center, Tracy Interfaith Ministries) | Provide meals, health care, clothing, hygiene services, shelter and social services to homeless and working poor individuals and families. | X | X | X | X | X | | | | |
| Affordable Housing Programs (e.g. Mercy Housing, Eden Housing, Valle Del Sol, Housing Authority County of San Joaquin, STAND, Visionary Homebuilders) | Provide housing for low income residents through subsidized housing and rental assistance, or affordable housing units. | | X | | | | | | | |

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|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Grace and Mercy, Lodi Area | Offers a safety net to persons in need and the homeless by providing dry goods, refrigerated storage, clothing for job seekers, haircuts, a soup kitchen, and shelter from severe weather. | X | X | | | | | | | |
| Health Care | | | | | | | | | | |
| Federally Qualified Health Centers (e.g. Community Medical Centers, Inc., San Joaquin General Hospital Look-alike clinics, Golden Valley Health Centers) | Outpatient clinics providing health services to low income, underinsured and high need populations. | X | | X | X | X | X | X | X | |
| Hospitals/medical centers (e.g. San Joaquin General, Sutter Tracy Community Hospital, Kaiser Permanente Manteca, Adventist Health Lodi Memorial, Dignity Health St. Joseph's Medical Center, Dameron Hospital) | Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care. | X | | X | X | X | X | | X | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Education | | | | | | | | | | |
| San Joaquin County School Districts (Fourteen including Lodi Unified School District, Manteca Unified School District, Stockton Unified School District, and Tracy Joint Unified School District) | The County's 14 school districts promote a well-rounded education and ensure students have the knowledge/skills necessary for future success. The school districts set policy and performance standards, ensure compliance with laws/regulations, monitor finances, select curricula, and oversee intervention and support services (such as counseling and free and reduced price meals) for students and families. | X | X | X | X | | | | | |
| San Joaquin County Office of Education - Healthy Kids Resource Center | Supports education of more than 145,000 students enrolled in 14 school districts in the county. The HKRC provides access to educational resources, including health promotion resources, that can be borrowed at no cost. | X | | X | | X | X | X | X | |
| Higher Education (San Joaquin Delta College, University of the Pacific, Humphries University, | Provide post-secondary educational opportunities and student services to build skills and enhance economic security. | | X | | | | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Cal State University Stanislaus, Stockton Center) | | | | | | | | | | |
| Manteca Give Every Child a Chance | Provides tutoring/homework assistance, science and technology programs, and healthy eating/active living opportunities for low-income students. | X | X | | | | X | | | |
| Community, Families, and Children's Supports | | | | | | | | | | |
| Family Resource and Referral Center | Clearinghouse for information on child care services, parenting, nutrition, and child safety. Provides child care referrals and administers child care and nutritional resources. Conducts workshops on effective practices of child rearing, child care, and child safety. | X | X | X | X | | X | | | |
| Fathers & Families of San Joaquin | Works to address the needs of men, women, youth, their families and the community through socially and culturally-relevant services. FFSJ develops local leadership, unifies the efforts of existing groups and addresses institutional inequity, fatherless homes, poverty, employment disparities, inadequate access to public | | X | X | X | X | X | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | health services, community re-entry, and youth on youth violence. | | | | | | | | | |
| First 5 San Joaquin County | Provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to five years old. | X | | X | X | | X | X | X | |
| Child Abuse Prevention Council of San Joaquin County | Protects children and strengthens families through awareness and outcome driven programs including childcare, family supports and clinical services, delivered with compassion. | | | X | X | X | X | | | |
| Community Partnership for Families of San Joaquin | Provides tools, resources, and connections to help families improve their quality of life. Operates Family Resource Centers to build strong, resourceful and financially sufficient families. | | X | X | | X | X | | | |
| Amelia Ann Adams Whole Life Center | Empowers women, men and children by providing supportive services, resources, and other tools that create opportunities | | X | X | | X | X | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | for individuals and families to overcome their current obstacles. | | | | | | | | | |
| Catholic Charities of the Diocese of Stockton | Provides direct social services and advocacy for adults, families and children including: programs for the elderly; a food bank in Stockton; supports for immigrants including family reunification, citizenship application and education; health insurance enrollment, short-term counseling services; youth engagement; Cal Fresh application assistance and environmental justice promotion. | X | X | X | X | X | X | | | X |
| Cultural/Ethnic/LGBTQ Communities | | | | | | | | | | |
| Lao Family Community Empowerment Center | Provides direct service and advocacy programs to support individuals and families, and community engagement and outreach services on behalf of other agencies wanting to reach the Southeast Asian community. Preserves cultural traditions. | | X | X | | | | | | |
| Little Manila Rising | Provides education and leadership development opportunities to preserve and | X | X | X | | | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | revitalize the Filipino American community. Offers after school, martial arts, arts, dance and other programming. | | | | | | | | | |
| El Concilio | Empowers diverse communities to realize their greatest potential through comprehensive and compassionate programs and services that provide outreach, education, counseling, job training, classes, and awareness building of community resources and personal strengths and abilities. | | X | X | X | X | X | | | |
| San Joaquin Pride Center | Serves the LGBTQ community by creating a safe and welcoming space, providing resources that enrich body, mind and spirit, and by educating the public on tolerance and respect for all people within the LGBTQ community. | | | X | X | X | X | | | |
| Asian Pacific Self Development and Residential Association | Provides a residential facility to over 200 Cambodian families as well as social services (including nutrition education, after school, mercury reduction, and recreational programs among others.) | X | X | X | X | | X | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Youth Services | | | | | | | | | | |
| Boys and Girls Clubs (Tracy, Manteca, Lodi, Stockton) | Enable young people, especially those with high needs, to reach their full potential as productive, caring, responsible community members. Provide afterschool, academic and health programs, and character and leadership development opportunities for youth. | | X | X | | X | X | | | |
| YMCA of San Joaquin County | Builds youth social skills and relationships and improves health and educational achievement through programs such as youth sports, camp, aquatics, and high school enrichment. | X | | X | | | X | | | |
| Lord's Gym City Center | Provides a safe and fun environment for youth to build their confidence, form friendships, engage in physical activity and games, and further their educations. | X | | X | | | X | | | |
| 180 Club | Safe place for teens for mentoring, relationship building, and support systems that promote positive youth development through meaningful activities, adolescent | X | X | X | | | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | counseling, gang prevention, and life skills programs. | | | | | | | | | |
| Women's Center - Youth and Family Services | Offers a safe haven and place of healing for vulnerable populations in the community. Provides free, confidential services and shelters designed to meet the needs of homeless and runaway youth and victims of domestic violence, sexual assault and human trafficking. | | X | X | X | X | X | | | |
| Food Security | | | | | | | | | | |
| Emergency Food Bank of Stockton/San Joaquin | Families and individuals in need of emergency food assistance can visit the Emergency Food Bank's on-site food pantry. Other programs include: Mobile Farmer's Market, Nutrition on the Move Education Classes, CalFresh outreach, Partner Pantries, and job training. | X | X | | | | | | | |
| Women, Infant and Children's Program (WIC), Supplemental Nutrition Program, Tracy, Stockton, Lodi, Manteca | Offers food vouchers, nutrition education and counseling, and health care referrals to low-income pregnant or postpartum women, infants and children up to age 5. | X | X | | | | | | | |

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|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Older Adult Services | | | | | | | | | | |
| Senior Centers in San Joaquin County, e.g. LOEL Senior Center (Lodi), Lolly Hansen Senior Center (Tracy), Manteca Senior Center, Oak Park Senior Citizens Center (Stockton), Stockton PACE Center, City Parks and Recreation Departments | Multi-purpose senior centers serve adults age 50 and above with a variety of programs to encourage social interaction, promote healthy eating and physical activity, and contribute to overall healthy aging. | X | X | X | | | | | | |
| Employment and Economic Assistance | | | | | | | | | | |
| San Joaquin County WorkNet | Offers programs specifically designed for individuals seeking employment. At the Lodi and Stockton WorkNet Centers, orientations provide information about training, EDD services, and re-employment supports. | | X | | | | | | | |
| Energy Assistance Programs (e.g. HEAP, REACH, PG & E) | Assist low income residents with paying utility bills. | | X | | | | | | | |
| Oral Health | | | | | | | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative | Coalition composed of First 5 San Joaquin, San Joaquin County Public Health Services, dentists, non-profit organizations, and other partners working together to prevent and treat oral diseases in children, increase awareness of the importance of dental health to overall health, and increase access to dental services. | | | | | | | X | | |
| St. Raphael's Free Dental Clinic | Community based dental center that provides free dental services and information/education on dental health and prevention for low-income people. | | | | | | | X | | |
| Stockton Unified School-based Dental Program | Provides dental clinics at numerous school sites to students with or without insurance. | | | | | | | X | | |
| Child Health and Disability Prevention Program, San Joaquin County Public Health Services | Provides health assessments for early detection and prevention of disease and disabilities in children and youth including dental screenings. Assists families with finding dentists. | | | | | | | X | | |

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|--|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Environment and Active Transportation | | | | | | | | | | |
| San Joaquin Bike Coalition | Advocates for bicycle safety, holds bicycle related events and serves as a hub for the advancement of bicycles in the community. Works with local government to implement bicycle lanes and provides resources for motorists and cyclists. | X | | | | | | | | X |
| Restore the Delta | Provides public education and outreach to raise awareness of the Sacramento-San Joaquin Delta as a valuable part of the natural environment. Fights for fishable, farmable, swimmable, and drinkable Delta waters. Advocates for water sustainability policies. | X | | | | | | | | X |
| UC Cooperative Extension of San Joaquin County | Bridges local issues and UC research. Campus-based specialists and county-based farm, home and youth advisors work as teams to bring practical, unbiased, science-based answers to problems. Advocates for healthy communities, promotes nutritious foods and exercise for better health, and | X | X | | | | | | | X |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|---|---|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| | provides the 4-H Youth Development Program. | | | | | | | | | |
| Other | | | | | | | | | | |
| California Human Development, San Joaquin County | Provides job training, affordable housing support, disabilities services, substance abuse treatment/sober living, and immigration and citizenship resources. The headquarters are located in Lodi. | | X | | | X | | | | |
| Disability Resource Agency for Independent Living (DRAIL) | Increases the independence of persons with disabilities through services such as housing and personal assistant referral, peer counseling, benefits advising, independent living skills training, and advocacy. | | X | X | X | | | | | |

| Assets/Resources | Description | Obesity/HEAL/Diabetes | Economic Security | Mental Health | Access to Care | Substance Abuse/Tobacco | Violence/Injury Prevention | Oral Health | Asthma | Climate & Health |
|--|--|-----------------------|-------------------|---------------|----------------|-------------------------|----------------------------|-------------|--------|------------------|
| Public Health Advocates, Stockton Office | Helps neighborhoods and schools become places that nurture wellness by creating equitable physical, social, and economic conditions for health. The REACH project promotes healthy eating/physical activity and expanded access to healthy foods in neighborhoods and organizations serving Stockton’s African-American residents. Engages residents in working with city leaders to update the City of Stockton General Plan. | X | | | | | | | | |
| LOVE, Inc. Manteca | Provides social services through faith-based organizations/churches. Supports ministries to respond to communities’ unmet needs including food, clothing, furniture, bicycles, transportation to medical appointments, and prescription assistance. | X | X | | X | | | | | |

