Adventist Health

Lodi Health

2016 Community Health Needs Assessment

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Executive Summary

LODI HEALTH

Collaborating to achieve whole-person health in our communities

Lodi Health invites you to partner to help improve the health and well-being of the greater Lodi community. Whole-person health—optimal well-being in mind, body and spirit—reflects the hospital heritage and informs our future approach to care. Lodi Health is part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. Community has always been at the center of Adventist Health's mission—to share God's love by providing physical, mental and spiritual healing with those that we serve.

The Community Health Needs Assessment is one way the faith-based mission is put into action in a tangible way. With the passing of the Patient Protection and Affordable Care Act (PPACA) of 2010, not-for-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years. A 501(c) (3) organization, as defined by the IRS, is a not-for-profit entity that reinvests economic value back into the communities it serves. In contrast, for-profit entities return earnings to shareholders. Not-for-profit hospitals must also develop measurable Implementation Strategies (i.e., a Community Health Plan, or CHP) to address the needs defined by the assessment and outline their community benefit strategies.

The IRS and court system consider an investment to qualify as a **Community Benefit** if:

1. It pays for relief of poverty, research, education, health promotion, or religious purposes;
2. It benefits a class of people who are broad enough to be considered a community; and
3. Its benefit does not inure to private profit or advantage.

Specifically, community benefit activities can include:

1. Charity care on a cost basis
2. Medicaid shortfalls on a cost basis
3. Medicare shortfalls above the national average of loss on a cost basis
4. Clinical or non-clinical programs that meet at least one of the following criteria:
   a. Generates a low or negative margin
   b. Responds to needs of special populations, such as minorities, frail elderly, poor persons with disabilities, chronically mentally ill, and other disenfranchised persons
   c. Supplies services or programs that would likely be discontinued (or would need to be provided by another not-for-profit or government provider) if the decision were made on a purely financial basis
   d. Responds to public health needs
   e. Involves education or research that improves overall community health
5. Education of health professionals

6. Subsidized (negative margin) health services such as Emergency Departments, NICUs and Trauma Centers
7. Non-funded clinical and community health research
8. Community-building activities and community improvements such as housing initiatives
9. Economic development
10. Costs of internal community benefit operations

Source: Internal Revenue Service, 2012 http://www.irs.gov/uac/About-Schedule-H-Form-990

The health of a community is determined by the physical, mental, environmental, spiritual, social well-being, and subjective quality of life of the residents in the community. The community health needs assessment process involves input and representation from community organizations, providers, educators, businesses, parents, and the often marginalized—low-income, minority, elderly and other underserved populations.

The Community Health Needs Assessment is used to achieve these goals:

- Learn about the community's most pressing health needs
- Understand the health behaviors, risk factors and social determinants that impact the local community's health
- Identify community resources
- Prioritize needs
- Collaborate with community partners to create collective strategies for maximum impact

This community health needs assessment and supplemental findings will be presented and approved by the Lodi Hospital board. Upon approval, a targeted community health plan based best practice benchmarks will be crafted to address the findings in this needs assessment.

This community health needs assessment report and related documents are publicly available on the Lodi Health hospital website at www.LodiHealth.org .

About the Collaborative

2016 COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

Partnering with our communities for better health – About the Collaborative

Lodi Health began the health needs assessment process by partnering with **Harder+Company Community Research** along with a full consortium of partners in the San Joaquin County area. This collaboration allowed for a more comprehensive assessment, along with the opportunity for synergy between health systems to more fully address key issues impacting the shared community.

Harder+Company Community Research is known for excellence in conducting and facilitating community health needs assessments. By facilitating the process, clients are aided in the gathering of information that provides necessary information to enable the creation and implementation of plans designed to make positive change in their community. Through collaboration, the consortium was informed of common themes throughout the global area service area as well as disparities existing within local communities. Using this data enables the collaborative to work together to achieve social impact through meaningful program evaluation and strategic planning efforts.

While Harder+Company Community Research led the process, the Core Planning Group included representatives from:

- Dameron Hospital Association
- Community Medical Centers
- Community Partnerships for Families
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Kaiser Permanente
- Lodi Health
- San Joaquin County Public Health Services
- St. Joseph's Medical Center
- Sutter Tracy Community Hospital

Working in collaboration with other health systems, insurance companies, non-hospital health providers broadened the perspective and provided a more informed process for the work group.

Interviews and secondary data collection was completed by the Harder+Company Community Research team. To evalutate both the global and local findings related to the Lodi Health PSA and SSA, two committees were formed and utilized at the hospital level, the:

- Hospital Health Needs Assessment Committee (HHNAC) – an internal team of employees at Lodi Health; and the
- Community Health Needs Assessment Committee (CHNAC) – External stakeholders with some HHNAC representation. The CHNAC consists of key public health and community leaders representing needs of the community at large as well as minority and other at risk segments.

The Community Health Needs Assessment Committee consisted of community leaders with demonstrated connections within the community. These leaders also brought the ability to identify opportunities for change based on population health data, and an intimate working knowledge of the market. The CHNAC met twice and provided additional input via e-survey on this CHNA.

Members of the committee included:

- Daniel Wolcott, CEO of Lodi Health
- Jason Whitney, AVP of Business Development
- Valerie Cronin, Director of Case Management
- Chris Hagen, Spiritual Care Services
- Desiree Magnant, Lodi Health Community Health Needs Assessment Coordinator
- Barbara Alberson, Chief, State/Local Injury Control Section at CA Dept of Public Health
- Jeff Hood, City of Lodi Parks and Recreation Director
- Taj Khan, California Islamic Center President
- Sally Snyde, WOW Science Museum
- John Gordon, Galt School Board Member
- Inez Kiriu, City of Galt
- Joseph Woelfel, Director of Patient Care Clinic, University of the Pacific

A complete list of committee participants is located in the Appendix.

Public Health

Barbara Alberson, San Joaquin County Public Health Services represented the Public Health sector during the needs assessment process. With her Masters of Public Health and years of experience in the field she brings a wealth of knowledge to the Lodi Health CHNA process.

Ms. Alberson has been a driving force at not only the county level, but also taken personal interest in Lodi and its health service area. We would like to recognize her leadership in the overall process.

Data Sources

Data utilized in this CHNA assessment includes both primary data through interviews and focus groups, as well as secondary data sources, including local health, county, and state, federal as well as from nationally recognized data sources. Key health indicators, morbidity, mortality, and various social determinants of health from the Census, Centers for Disease Control and Prevention, and various other state and federal databases has been incorporated into this report.

To validate data and ensure a broad representation of the community, Lodi Health contracted with Harder+Company Community Research firm as a part of their oversite of the CHNA to conduct key interviews and focus groups. Questions focused on access to, and use of, health care services; vision of a healthy community; and top community health needs and barriers to accessing resources.

A document of all the interviewees and focus group details and listing of data sources is included in the appendix.

About Lodi Health

Lodi Health is dedicated to enhancing the health and wellness of the community and patients we serve through a commitment to compassion and distinction in health care services.

With doors open since 1952, Lodi Health began as a community funded hospital, offering comprehensive care to local residents, and growing to become one of the most advanced facilities in its service area. Home to an innovative surgical program, Lodi Health offers such cutting-edge technology as the xi and si DaVinci® Robots. In addition to surgery, the facility offers comprehensive inpatient rehab, complex diagnostic imaging services and numerous other services, all close to home.

Lodi Health employs a broad range of primary care and specialty physicians through its Lodi Health Physician Group and offers a network of eight convenient multi-specialty clinics and a total of 20 outpatient service locations for ease of patient access.

Lodi Health is home to a medical staff comprised of over 260 physicians; employs nearly 1,400 caregivers and has 175 volunteers dedicated to providing outstanding medical care when you need it.

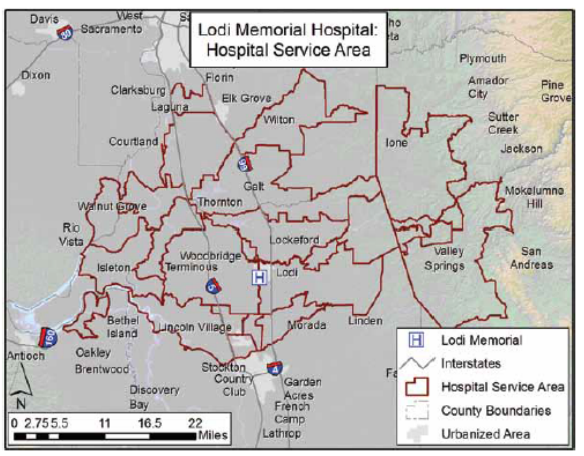
The Adventist Health Network

Lodi Health is now part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. This alignment allows for increased financial stability, cutting-edge clinical systems and care processes that are imperative to the way we provide care. These benefits of the network are designed to improve overall patient care and experience. And attract the most advanced providers to practice in our communities.

Overview of Key Findings

COMMUNITY PROFILE

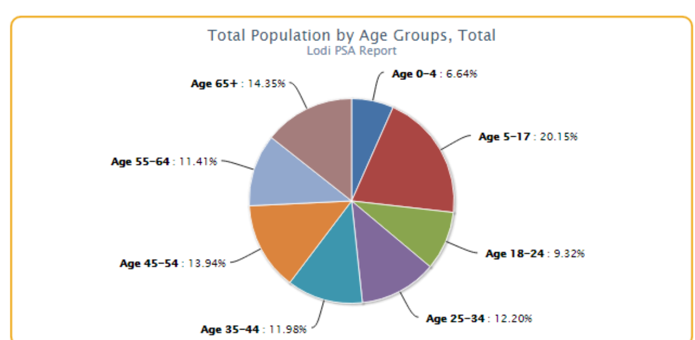
Overview of Key Findings – Community Profile



Overview of Key Findings – Community Profile

Lodi Health's primary geographical service area spans three counties, San Joaquin, Sacramento and Amador. The hospital primary service area includes over 122,000 residents, and the community represents a span of ethnic and economic diversity.

This community health needs assessment process included the global community as well as input from underserved populations. The assessment highlights health as whole, as well as health disparities in the greater Lodi area.

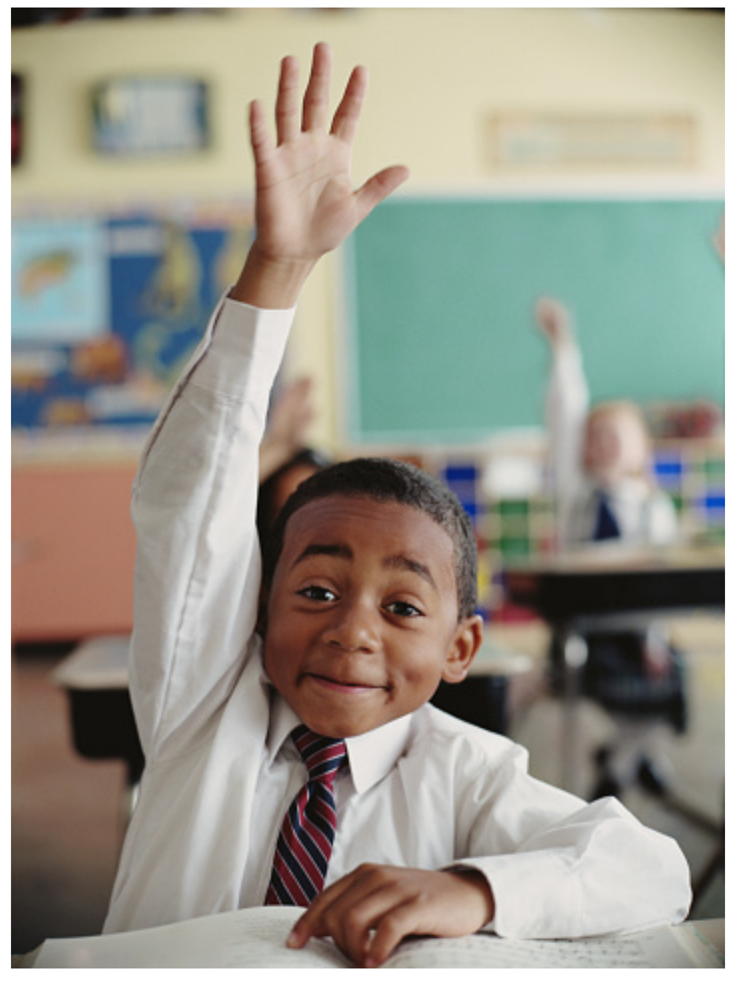


Here are some helpful statistics:

- The median age is 35 years old. Nearly 27% of the population is under the age of 18 and 14% is greater than 65 years of age.
- Roughly 48% of the population is male and 51% female.
- 66% of the population is White, 8% Asian and 1% Black. Ethnicity is broken down with Hispanic at 40% and non-Hispanic at 60%.
- The median household income for the area is $48,600 with over 19% of the population considered extreme poverty level.
- 19% of the population under 65 is uninsured.
- Within the service area, 83.47% of residents have attained a high school diploma and 18% a bachelor's degree or higher.

Economics

The unemployment rate in the greater Lodi area is 7.7% which is greater than the state at 5.7% and national figure of 5.1%. These rates correlate with the other social and economic factors impacting the region. Poverty as a driver of overall health and well-being is pivotal, and in the Lodi PSA 40% of the population are living in poverty at or below 200% of the Federal Poverty Level (FPL). Housing costs and food insecurity also play a role in the overall picture.



Education

Within the Lodi PSA area 83.47% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg & Ruglis, 2007). This performance is less than the state and national benchmarks for graduation, and one of note as it relates to the issue areas of health and youth development.

Public Safety

Violent crimes are an impediment to overall growth and development, health and well-being and are often tied to socio-economic factors as are outlined above. In the greater Lodi PSA the indicator shows the incidence of violent crimes at 763.9 per 100,000 population. These findings are significantly above the state and federal levels of 425/100,000 and 329/100,000 respectively. Homicide and suicide rates are significant in the county, with common themes tied to violence in schools, chronic exposure to violence or abuse, and overall community safety. Juvenile felony arrests per 100,000 aged 10-17 are at 1,140 with the state at 878 – indicating the problem developing from a very young age.

Environment

Air quality is a major concern within the county, and areas surrounding the Lodi PSA report increased asthma and breathing concerns. Of note, San Joaquin ranks 4th in agricultural pesticide use in California, and Lodi and Stockton have the highest percentage of days with levels above the Particulate Matter (PM 2.5), which is a negative indicator of air quality tracked and reported by the National Ambient Air Quality

Standard. Additional factors related to environment that includes heavy cigarette smoking, poor living conditions (e.g. housing quality), and heavy traffic.

Mortality

Cancer and heart disease are the top causes of mortality in San Joaquin County, with lung and colorectal representing the largest types of cancer deaths.

Morbidity

Obesity and Diabetes are the most prevalent co-morbidities in the county. Nearly 30% of residents are considered obese, and approximately 9% of the adult population is currently diagnosed with diabetes which is higher than state and national norms. These conditions lead to chronic disease, increased utilization of health resources and can result in premature death.

Health Risk Behaviors

Vegetable and fruit consumption appears to be improving in the Lodi PSA area, however as a percentage of food expenditures these items are purchased less than both state and national levels. This could be an indication of more coordinated integration of vegetables and fruits in the school system through breakfast and lunch programs. Other behaviors which contribute to overweight and obese conditions are the number of sugary beverages consumed and the use of tobacco and alcohol consumption. Combine these factors with an overall sedentary lifestyle higher than the state, and there is opportunity for improvement in our market.

Health Factors

Routinely reported health factors indicate that the San Joaquin area has consistently poorer outcomes than the state and top US performers in terms of the key health indicators below:

Health Data

	San Joaquin County	California	Top US Performers
Average self-reported poor mental health days per month	4.0	3.6	2.4
Percent of children born with low birthweight	7%	7%	6%
Percent of adults who smoke	16%	13%	14%
Percent of adults who are obese	31%	23%	25%
Percent of adults who regularly drink heavily or binge drink alcohol	18%	17%	10%
Proportion of driving deaths with alcohol involvement	35%	32%	14%
Births to teenagers within the past year per 1,000 females age 15-19	45	36	20
Ratio of population to primary care providers	1,698:1	1,183:1	1,051:1
Ratio of population to dentists	1,834:1	1,326:1	1,392:1
Ratio of population to mental health care providers	1,089:1	623:1	521:1
Percent of population potentially exposed to drinking water violations	27%	2%	0%
Percent of population with diabetes	10%	8%	
Percent of households experiencing food insecurity	20%	17%	
Homicide deaths per 100,000 population	8	6	

Source: Robert Wood Johnson Foundation (RWJ), County Health Rankings & Roadmaps, 2014

Many of these indicators will be addressed in our prioritized issues and Community Health Planning process.

Introduction

COMMUNTY HEALTH NEEDS ASSESSMENT PROCESS

The CHNA Framework and Prioritization process

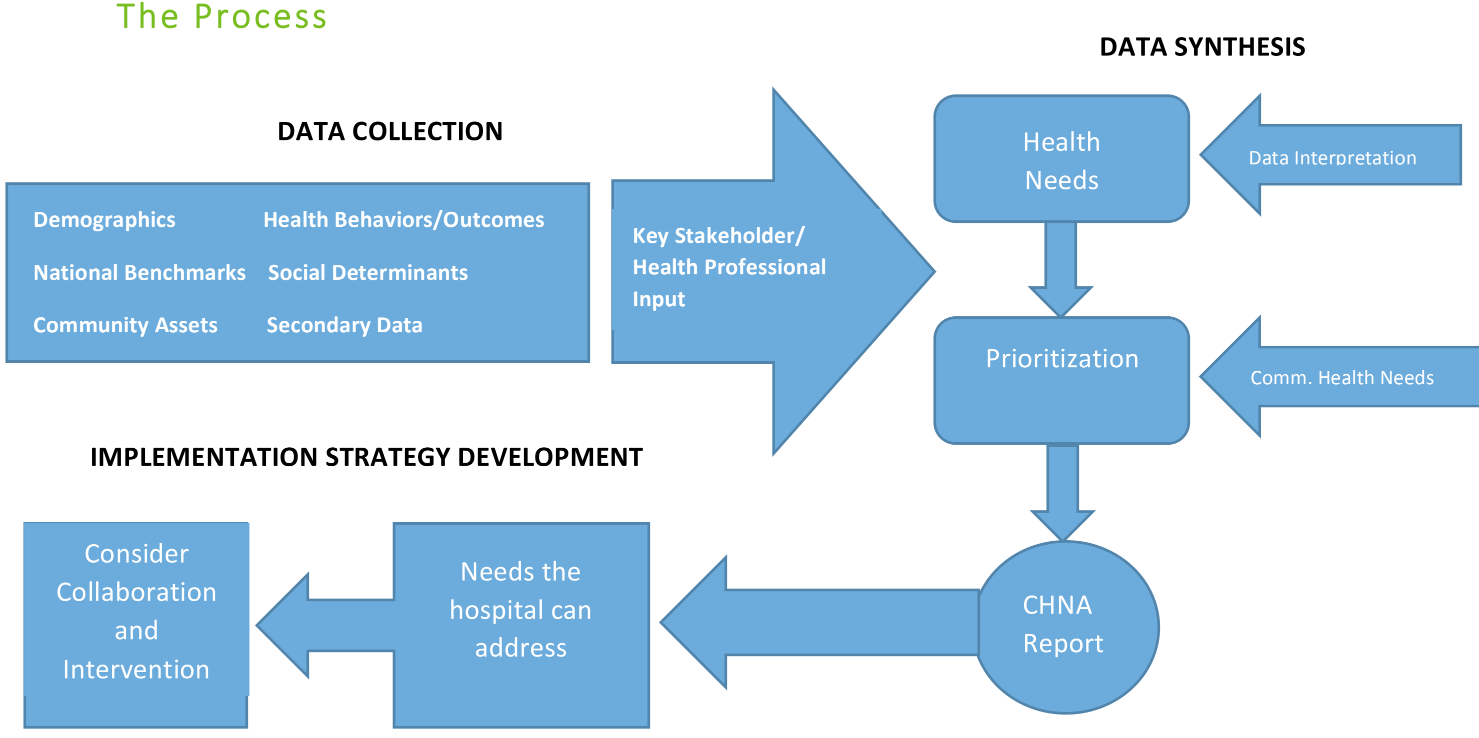
While the federal requirements mandating a community health needs assessment are relatively new, healthcare organizations have long been implementing plans to improve the communities served and also engaged in reporting those outcomes. In recent years, the process for conducting a community health needs assessment has evolved and is more formalized. CHNAs identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet health concerns. Through collaboration with community partners, this community-driven process has a greater potential to enhance program effectiveness, leverage limited resources, and strengthen the public health system.

Lodi Health, through the HHNAC and the CHNAC evaluated the data put forth by Harder+Company Community Research in a thorough review process. The team undertook the following steps:

1. Reviewed the prior CHNA assessment from 2013 against the new findings to determine the sustained issue areas.
2. Reviewed the prior Community Health Plan from 2015 put forth by Lodi Health to address the 2013 CHNA assessment.
3. Considered the specific Qualitative Data from the focus group and key informant interview results.
4. Reviewed the social determinants report and community health profiles
5. During the prioritization process , the group considered not only the input from the key audiences, but the potential for:
    a. Opportunity for partnership
    b. Existing resources in both the community and via the hospital
    c. Continued issue area from prior CHNA

The goal of the CHNA process is to provide community members with the opportunity to attain optimal health outcomes. The flow chart on the following page is a visual representation of the process employed in creating this report.

The Process



Making a difference: Results from our 2013 CHNA/CHP

Lodi Health/Adventist Health wants to ensure that health outreach efforts are making the necessary impact on the communities we serve. In 2013, Lodi Health conducted a CHNA and the identified needs were:

1. Access to Primary, Specialty, and Preventive Care
2. Culturally Appropriate Care
3. Health Literacy and Education
4. Access to Mental Health Services
5. Safe and Affordable Places to Exercise

From the comprehensive CHNA, a 2014 Community Benefits Plan was crafted, and priority areas identified and addressed. Subsequently a 2015 Community Health Plan was crafted, and below you will find a summary of the accomplishments that resulted from those efforts.

The below Priority Summaries provide a snapshot at the tactics used and outcomes experienced for a systematic approach to our community's health needs in the 2015 CHP.

Priority 1 – Access to Primary, Specialty, and Preventive Care

Objective: Increase access to health services through provision of health care at our practices and developing partnerships with community organizations.

Goals:

- Utilize resources to their utmost capacity to address health needs of the community's most vulnerable populations.
- Support community partners in developing or delivering services that assist Lodi Health in addressing priority health needs.
- Support Covered California.
- Objective: Increase access to health services through provision of health care at our practices and developing partnerships with community organizations

Interventions:

1. Provide ongoing primary care and referrals through Lodi Health's free outreach, primary care, and pediatric practices.
2. Provide urgent care and emergency services to community members through the urgent care clinic and emergency room, and referral to ongoing primary care services. 3. Provide financial support for faith-based nursing programs, which provide health outreach and education to congregations in the Lodi Health service area.
3. Adopt needy school in Lodi Unified School District and using established models, conduct events to improve health of students and families.
4. Donate hours, equipment, financial resources, and space to community partners.
5. Develop plan based on examination of asset mapping.
6. Provide enrollment services/assistance to individuals and families for Covered California.

Outcomes:

1. 110,069 patients were seen at Lodi Health's free outreach, primary care, and pediatric practices, which was an increase from 2014 of 105,436 patients. Patients continue to receive referrals.
2. The emergency department and urgent care visits were up from last year, with a combined 62,108 patients seen. In 2014, a combined 52,741 patients were seen. Patients continue to receive referrals.
3. Invited Jeff Hood, Director of Lodi's Parks and Recreation & Cultural Services to participate on the Lodi Health Community Advisory Board to strengthen relationships and improve health of students and families.
4. 25 staff members provided 42 hours at local health fairs, which was more than double the prior year. Clinicians provided free blood pressure checks, balance testing, hand hygiene education,

preventative screenings and distributed various other information and products. This was valued at $5,070.

5. Lodi Health provided meeting room/space for many community groups, valued at $17,800.
6. GEHC Camden Group provided Lodi Health with a Physician Assessment in February 2016. It is a comprehensive outline of the needs of physicians in the service area, and has informed the 2016 Physician Recruitment strategy.
7. Covered California registration has been completed. There are currently 3,420 patients participating in Covered California plans, which is an increase of 1,425 from the prior year.

Priority 2 – Culturally Appropriate Care

Goal: Provide culturally appropriate care for our patients.

Objective: Ensure culturally appropriate care through policy and workforce development

Interventions:

1. Ensure that trained, dedicated interpreters are available in person and by telephone to work with staff and patients who speak Spanish, Urdu/Hindi, Pashtu, and Punjabi. 2. Develop a plan to recruit and retain Spanish-speaking physicians, nurses and clinicians.
2. Provide education to physicians and hospital staff focused on culturally appropriate care, i.e., diversity and cultural sensitivity training.
3. Examine patient care policies with an eye toward cultural appropriateness.

Outcomes:

1. Two full-time certified interpreters served Lodi Health patients throughout the hospital. There are 129 certified interpreters in the ancillary departments that provide interpretation iin four different languages. Two computerized sign language interpreter modules have also been incorporated into the business practice.
2. Lodi Health currently has four employed physicians that speak Spanish and is continuing to recruit Spanish speaking physicians.
3. Annually, Lodi Health staff receive diversity and cultural sensitivity training/education through an online training module.

Priority 3 – Health Literacy Education

Goal: Improve health and well-being for community members

Objective:

Deliver health education that positively affects health behaviors leading to improved health and increased knowledge about when and how to seek care

Interventions:

1. Participate in community health fairs and events that help maintain healthy communities.
2. Provide health education, chronic disease management, and nutrition classes to the public at low or no cost.
3. Provide information about general health, nutrition, chronic disease management, and available classes to the community through the Lodi Health website.
4. Provide culturally and education-level appropriate health information to the community through the Lodi Health resource library, medical library, health fairs, and classes.
5. Lodi Health conducted or participated in 21 health fairs, over three times as many as last year, providing education for diabetes, nutrition, exercise, and many other areas of education.
6. Lodi Health provides over monthly educational classes to the public for little to no cost.
7. The hospital website averaged 24,028 monthly visits with a total of 288,339 for the year. In 2014, we had 205,249 website visits.
8. The medical library had 15 requests for specific information with 86% satisfaction, this is less than the prior year.

Priority 4 – Access to Mental Health Care

Goal: Utilize resources to their utmost capacity to address mental health needs of the community's most vulnerable populations

Objective:

Increase access to mental health services through increasing internal capacity and building partnerships with existing programs

Interventions:

1. Conduct an internal assessment and use results of CHNA asset analysis to develop linkages with existing programs and organizations and leverage these to achieve goals.

2. Continue to allow support groups access to hospital for meeting locations.

Outcome:

1. Lodi Health recruited Dr. Walter Lampa, Psychiatrist, in 2014 and will continue to help him manage and grow his practice.

Priority 5 – Safe and Affordable Places to Exercise

Goal: Promote a healthier and more physically active community

Objective:

Provide opportunities for community members to safely engage in physical activity

Interventions:

1. Provide access to the West Fitness Center for elderly and other interested community members.
2. Provide sports and physical activity options at Camp Hutchins program.
3. Sponsor free access to community pool for youth during the summer time.
4. Explore feasibility of building a facility that would offer access to the community, exercise equipment and classes, and sponsor scholarships and reduced rates.

Outcomes:

1. Average daily attendance at West Fitness was 140, an 8% decrease over 2014.
2. Visits to Camp Hutchins increased from 13,217 in 2014 to 13,300 in 2015. Plans to increase the physical activity programs are ongoing.
3. Community pool was closed for renovations, so Lodi Health was unable to partner there as planned.
4. The opening of three new health clubs in the community changed the focus of the plan to build a new "wellness" facility. Plans are ongoing.

Background

DATA COLLECTION METHODS

Data Collection & Analysis

A community-based participatory research method was used to conduct the assessment, which included both primary and secondary data. Primary data collection included, expert interviews with 26 key informants, focus group interviews with 348 community members, and input gathered from members of the Lodi Health community advisory board.

PRIMARY DATA

Conducting interviews is a strong method for collecting community data. Interviews facilitated by a third party can uncover information that people may be reluctant to share in a more public setting. These data points reveal the thoughts and perceptions of key stakeholders and provide an understanding of the pressing issues facing the community. Harder+Company conducted the stakeholder interviews.

In addition, a community health asset survey collected information about 50 community assets in the greater hospital service area.

SECONDARY DATA

Secondary data use includes health outcome data, socio-demographic data, and behavioral and environmental data in many cases at the service area level. Health outcome data included Emergency Department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, COPD, and asthma, and safety and mental health conditions.

Socio-demographic data included data on race and ethnicity, poverty, educational attainment, health insurance status, and housing. Further, behavioral and environmental data helped describe general living conditions of the service area, such as crime rates, access to parks, availability of healthy food, and leading causes of death.

A significant number of data for this Community Health Needs Assessment (CHNA) was gathered using the **Community Commons** online collaborative tool. This customizable web-based community dashboard, delivers access to high-quality data and decision support. The tool provides health indicator tracking, best practice sharing, and community development to help improve the health and environmental sustainability of communities participating in the collaborative.

Data Sources

Agency for Healthcare Research and Quality (AHRQ)
American Heart Association
Area Health Resource File (AHRF)
California Department of Public Health, CDPH – Birth Profiles by Zip codes
California Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data,
CDC Behavioral Risk Factor Surveillance System (BRFSS)
CDC Wonder
Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention, Diabetes Data & Trends: Frequently Asked Questions (FAQ). (2012).
Diabetes Association
US Census (2015)
US Census Bureau County Business Patterns
US Census Bureau, Decennial Census, ESRI Map Gallery
US Department of Health & Human Services
Vital Stats

See the appendix for additional info on the data set

SUMMARY OF COMMUNITY INPUT

What do you feel are the major health issues facing your community?

Youth violence (like gang fights, murders)
Diabetes
Breathing problems/asthma
Mental health issues (e.g., depression)
Obesity

What do you feel are the biggest factors affecting health?

Drug abuse
Alcohol abuse (drinking too much)
Poor eating habits
Lack of exercise
Life stress/not able to deal with life stresses

What do you feel are the biggest obstacles to health care?

Waiting time to see the doctor is too long
High co-pays and deductibles
Can't afford medicine
It is too hard to get health care
No health insurance

What do you feel are the biggest social and economic problems?

Not enough local jobs
Homelessness
Poverty
Not enough interesting activities for youth
Fear of crime

What do you feel are the most important parts of a thriving community?

Safe place to raise kids
Jobs
Good air quality
Access to health care
Access to healthy food

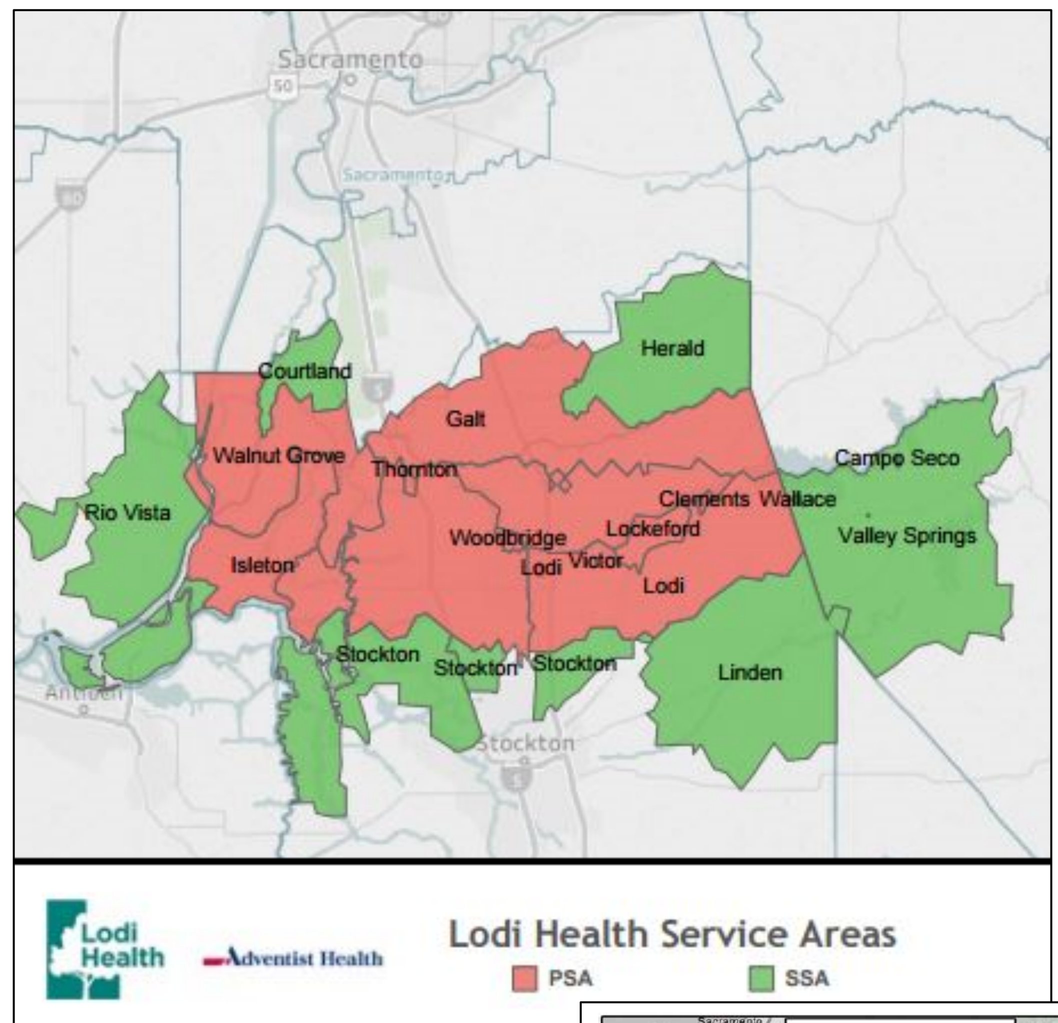
See selected priority area detail reports in Appendix D.

Definition

LODI HEALTH COMMUNITY SERVED

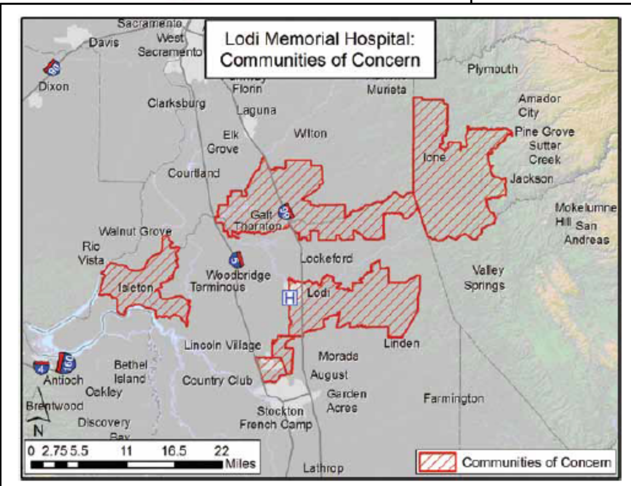
Definition of the Community Served by the Hospital

Lodi, California is wedged between the two metropolitan cities of Sacramento and Stockton. The population in the primary service area is just over 122,000 and covers nearly 500 square miles. The secondary service area has a broader reach.



Within the service area of the hospital, there exist six communities of concern. These continue to be areas that are identified has having consistently higher rates of negative health outcomes that frequently exceed the county, state and national benchmarks.

Special attention will be paid to crafting tactics to address these demographic zones.



Overarching Categories

HEALTH NEEDS OF THE COMMUNITY

Overarching Categories

Data for the CHNA were gathered using the Community Commons online Health Community Network (HCN) tool. The CHNA included county-level indicators for chronic health conditions, morbidity and mortality, years of potential life lost, access to care issues, behavioral risk factors, health screenings, maternal and child health, substance abuse, mental health, and social determinants of health.

Chronic Disease

Chronic Disease is defined as a condition that is long lasting, recurrent, and not easily cured. Typically originating from lifestyle and/or genetic factors, chronic diseases are among the most common and costly health problems Americans face but many are preventable and can be reversed with lifestyle modification. In the United States, poor nutrition, limited physical activity and tobacco use are lead contributors to chronic conditions. The Centers for Disease Control and Prevention (CDC), reports that chronic diseases are the leading cause of death and disability in the United States.

Morbidity

Obesity and Diabetes are the most prevalent co-morbidities in the county and the nation. These conditions lead to chronic disease, increased utilization of health resources and can result in premature death. Additionally obesity has been proven as a contributing cause to some cancers.

Mortality

Mortality is the public health term that refers to death and its related causes. The "rate of mortality" is the term for how researchers measure the impact of or quantify death. In the United States each year, chronic disease accounts for 70% of all deaths, or the mortality rate. The most common causes of mortality in the country and in our service area are: cancer, heart disease and stroke and diabetes. The impact of these diseases will be discussed in this section.

In San Joaquin County, for every 100,000 persons residing in the county, 168 died of cancer in the most recent measurement period. This provides a cancer specific mortality rate of 168/100,000 (more specifically, 168.1). The following chart describes four causes of death tied to our CHNA outcomes in order by their mortality rate. In addition to the mortality rate, also listed in the charts on the following page, and many other charts in this section, is the Healthy People 2020 goal set by the Department of Health and Human Services, and a trend icon.

Cause of Death	Age- Adjusted Death Rate/100,000	**Healthy People 2020 Target**	County Trend
All Cancers	170.3	160.6	*
Coronary Heart Disease	106.3	100.8	*
Chronic Lower Respiratory Disease	46.6		*
Stroke	45.8	33.8	*

Social Determinants

It was once thought that health outcome was tied to genetics, but it has been long thought and now scientifically proven that social determinants feature heavily in health outcomes for individuals. Both the World Health Organization (WHO) and Healthy People 2020 agree that factors such as where people '..are born, grow, live, work, and age,' explain why some Americans are healthier than others.

Examples of social determinants of health outlined by Healthy People 2020 include, but are not limited to:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to healthcare services
- Quality of education and job training
- Availability of community-based resources in support of community living
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence and social disorder
- Socioeconomic conditions (e.g., concentrated poverty)
- Residential segregation
- Access to mass media and emerging technologies
- Culture
- Environmental pollutants

The Health Needs of the Community – Overarching Areas of Concern

The HHNAC and CHNAC working duly through the process, selected to focus on **obesity/diabetes**, **youth development** and **health access** including a secondary supportive role in mental health as focus areas for developing the community health plan. The areas have an underlying common theme tied to the promotion of health and well-being. These areas were selected for inclusion in the community health plan for several reasons, including:

1. Continued need for focus
2. Existing programs for partnership within the community; or
3. A direct ability to impact through programs and services at lodi health

Priority 1: Obesity and Dia

Obesity and diabetes treatment and prevention are naturally aligned with a healthcare provider. Lodi Health has long been committed to helping the community address healthful living through prevention education, lifestyle modification, and services such as support groups, and the Lodi Health Fitness Center. Additionally, Lodi Health has partnered with community and governmental organizations to offer opportunities for individuals seeking lifestyle modification through exercise, nutrition education/counseling and overall improved mental well-being through community lectures, classes, chaplaincy resources and more.

Priority 2: Youth

The CHNAC was intently focused on youth development as a part of addressing many of the overarching health and well-being concerns. The consensus was that many of the behavioral issues identified in adults begin when there is a lack of education, programming and intervention at a younger age. Several themes were identified through the focus groups and key informant interviews under Youth Development, including:

- Obesity
- Teen pregnancy
- Notion that minority men have no future in our society

The HHNAC and CHNAC believe that there programs within the market that need alignment and further support. Lodi Health in particular will have a concerted focus on teen pregnancy through outreach education provided by Maternal and Child Services. Additional tactics will center on support of after-school youth programming, scholarships to sports leagues, assistance with transportation services and alignment with many of the faith-based community strategies could bring about a real impact in this priority focus.

Priority 3: Access to

Access to care remains an issue of concern voiced in both the focus groups and informant interviews. Despite a heavy push within the last CHNA action plan period to enroll at risk community members into MediCal, there continues a group that lack coverage. The chart below provides a snapshot of the current insurance coverage profile for the Lodi PSA area:

AGE	Age Category	Percentage Uninsured
	Under 18	6.98%
	18-64	24.13%
	65 and Up	1.24%

For many this is likely a lack of knowledge and coupd also be a factor of undocumented status. A concerted push for MediCal should help to address this gap. Lodi Health currently offers free clinic services, and a further promotion of those services within identified at risk zones should be undertaken.

Another key item noted related to Access to Care was a shortage of providers in the service area. This data is driving the informed recruitment process at the hospital, and Lodi Health has been working diligently to recruit more providers within the care network, including those that speak additional languages to enhance the culturally competent care currently being provided.

Access to Mental Health continues as an ongoing concern in the service area, with particular concerns raised around:

- Life stress and inability to cope
- Trauma
- Student mental health
- Behavioral issues
- Post-Traumatic Stress Disorder (PTSD); and
- Postpartum depression

As a part of the CHNA, the committees determined to treat mental health as a subset of the Access to Care focus area.

Lodi Health did recruit a Psychiatrist in 2014, and continues to manage his practice, but it is clear that there is a broader need than current resources support. In discussion, the CHNAC felt that alignment with established mental health networks should be a consideration as the hospital does not have services within this specialty area beyond the employed provider, and it is not in their core focus. One of the

particular concern areas outlined above that the hospital will address is postpartum depression, which can be offered through the existing Lodi Health - Maternal and Child Services program.

Focus

Based on the data presented in this needs assessment, reduced mortality and morbidity rates may be attained in targeted population groups by increasing community health education, participation in health screenings for early disease detection and modifying risk behaviors that directly affect the health factors responsible for the growing prevalence of chronic diseases.

Coordinated community planning and communication is needed to ensure all residents have access to appropriate services when care is needed. Building strategic partnerships can leverage limited financial resources, improve program effectiveness, and strengthen the role of the hospital as it works to address community health needs.

Leveraging the hospital, the public health system, local governments, health services providers and the faith-based community can provide residents with the opportunity to attain more optimal health outcomes.

Lodi Health is poised to create an impact on the indicators outlined in this plan through the Community Advisory Board. The group represents a broad cross-section of community players who working in collaboration can help to impact at the policy and grassroots level with targeted action plans.

Prioritization

HEALTH NEEDS OF THE COMMUNITY

Top priorities identified in partnership with our communities

Between March and August 2015, community input through interviews and surveys was gathered and summarized through the San Joaquin CHNA Collaborative. Of all the indicators reviewed, the following 11 health and environmental priorities were identified as concerns for our community:

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

Taking the priorities identified by the collaborative, they were combined with additional priorities that were outlined with both secondary and internal criteria for the full consideration in creation of the CHNA for Lodi Health as noted in the below **2016 Priority Selection Report**.

List the top 8-10 priorities determined by Primary (local) data collected from local community/multi hospital health assessments, interviews, surveys, etc.			
1	Obesity	6	Substance Use
2	Education	7	Access to Housing
3	Youth Development	8	Access to Care
4	Economic Security	9	Mental Health
5	Violence and Injury		
List the top 8-10 priorities determined by Secondary Data from the CDC, BRFSS, Health Department and other publicly available sources.			
1	Access to Care	6	Mental Health
2	Asthma and COPD	7	Obesity/Diabetes
3	Cancers	8	Pregnancy and Birth Outcomes
4	CVD/Stroke	9	Substance Abuse/Tobacco
5	HIV/AIDS/STDS	10	Vaccine Preventable Infectious Disease
List the top 8-10 priorities determined by internal Hospital Data (ER & Inpatient by condition by payer)			
1	Cardiovascular Disease	6	
2	Metabolic/Diabetes Conditions	7	
3	Appropriate ER Utilization	8	
4	Teen Pregnancy	9	
5	Access to Care		

In the initial HHNAC and CHNAC meetings, all 11 indicators were reviewed and compared against the prior CHNA, and in conjunction with the specific qualitative input and secondary data provided by the assessment committee's summary findings and report. The HHNAC voted to put forth the below outlined priority areas on May 26, 2016 and it was ratified by the CHNAC on May 27, 2016.

Prioritization Grid

The **2017 Community Health Plan** will be centered on these selected priorities, and some suggested tactics will be outlined later in this document based on the **Community Asset Survey.**

Priority		Focus	
Promote Health and Well-being	Obesity	1	Safe areas to be physically active
		2	Access to healthy food
		3	Education outreach to all ages
	Diabetes	1	Access to education
		2	Risk Factor reduction
	Youth Development	1	Access to Youth programming (after-school and summer)
		2	Youth Literacy
		3	Demographic focus: young men of color programming
		4	Teen Pregnancy prevention
	Access to Care	1	Lack of health insurance
Supporting Role	Mental Health	1	Work with providers to increase education on access points
		2	Consider space utilization access for third party provider

Priority Area Summaries

HEALTH NEEDS OF THE COMMUNITY

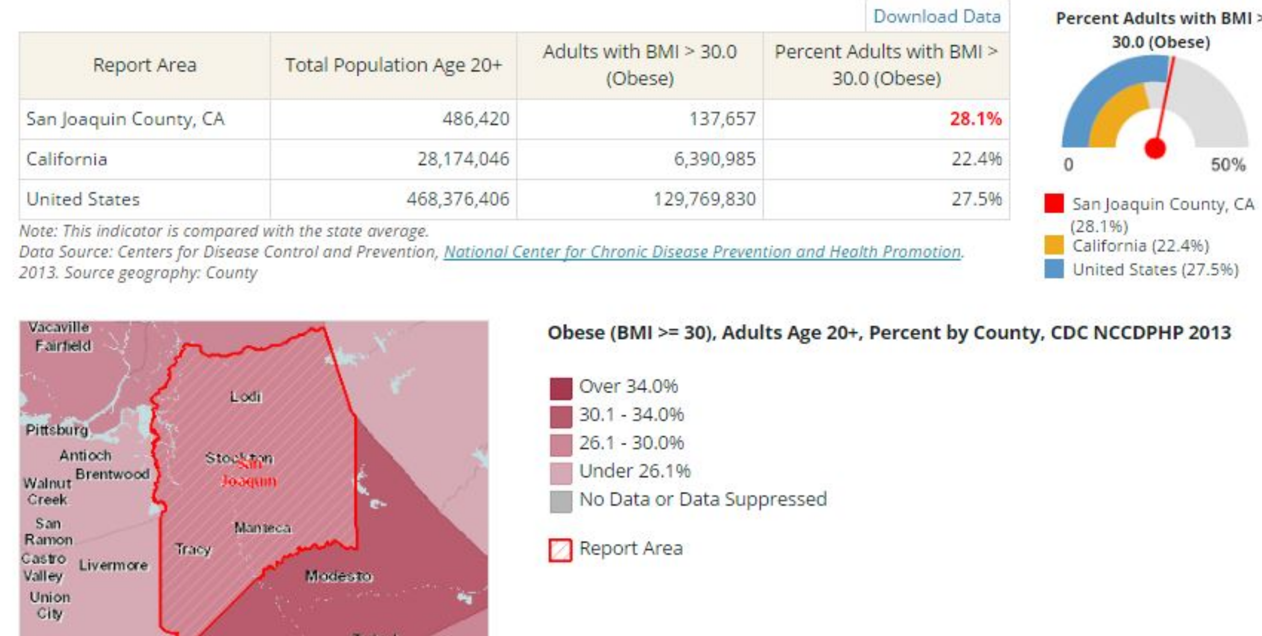
Priority Selection Area Summaries

Priority 1: Chronic Disease -

There is no single solution to the obesity epidemic spreading across the United States. Nearly a third of adults and 17 percent of youth in the United States are obese. By the numbers, that equates to 78 million adults and 12 million children nationwide. In the state of California, 22.4% of adults are considered obese, and closer to home, 28% of adults and 21% of youth living in the greater Lodi area are obese, an outcome which is greater than both the state and national figures.

Obesity

28.1% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.



Download Data

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
San Joaquin County, CA	486,420	137,657	28.1%
California	28,174,046	6,390,985	22.4%
United States	468,376,406	129,769,830	27.5%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

View larger map

We can acknowledge that obesity is a complex condition to address. Driven primarily by behavior and genetics, additional causes that can lead to obesity include food and physical activity environment, education and skills, and food marketing and access. With 18.6% of adults in the San Joaquin area reporting that they do not have leisure time needed to exercise compared to 16.6% at the state level, it's critical that we change the mentality around the importance of exercise on lifestyle. Programs designed to help impact and enable behavior modification will be critical to turn the tide.

Based on the input from the focus groups and surveys, some key themes that emerge for Lodi Health and the greater Lodi area to address are:

POOR NUTRITION

- Healthy foods are too expensive
- Education needed about health foods and the effects of nutrition
- People are too busy to eat healthy!

LACK OF PHYSICAL ACTIVITY

- Not enough safe, green space
- Lack of safe places to bike, walk or hike
- Lack of affordable exercise options
- Community violence and traffic safety constraints inhibit playing outside.

Unaddressed, obesity can wreak havoc on the body and cause other health conditions:

- Hypertension
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- Heart disease
- Stroke
- Gallbladder disease
- Sleep apnea and respiratory problems
- Some cancers (pancreas, kidney, prostate, endometrial, breast, and colon)

Healthy behaviors include a balanced diet and consistent physical activity. Behavior is best molded from a young age, so our efforts spent in the schools will have the longest term impact on societal obesity. Currently in the greater Lodi area, youth in grades 5, 7 and 9 with "high risk" or "needs improvement" aerobic capacity is **6.6 percent above** the state benchmark according to California Department of Education, FITNESSGRAM®.

Other nutrition and activity indicators where Lodi falls outside the benchmark include:

- Percent population within 1/2 mile of a park - 13.01% less access than the state.
- Children ages 2-11 drinking one or more sugar sweetened beverages daily - 11.3% higher than the state.
- Percent of children under 18 consuming fast food at least once in the past week - 8.2% higher than the state.

Populations Disproportionately Affected by Obesity

The assessment identified some specific sub-populations at a greater risk for obesity as follows:

GENDER DISPARITIES

Obesity was reported more frequently among female respondents at 30.1% compared to 19.9% of male counterparts.

AGE DISPARITIES

Obesity was reported less often among seniors (65 and up) at 21% compared to 26.6% of all respondents.

Community Recommendations for Change

Increase safe areas for children to play
Create urban community gardens
Offer healthy cooking classes
Offer daily Meals on Wheels service versus frozen food for the week
Support walkable communities in City Plan
Provide alternative recreation options on poor air quality days

Priority 2: Chronic Disease -

Though the rate of newly diagnosed diabetes cases has begun to fall nationally, the global number of Americans living with diabetes is staggering at 29 million. Factor in the 86 million more considered pre-diabetic and that's one-in-three Americans impacted. Diabetes is the 7th cause of death for the people of the United States.

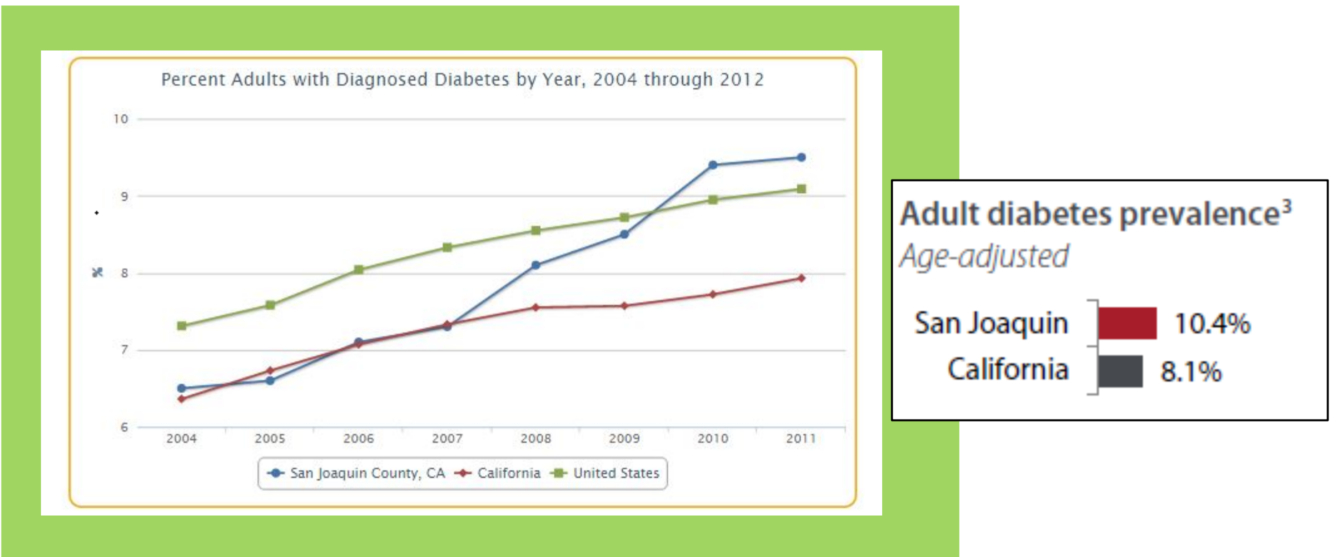
Trends in Incidence and Prevalence of Diagnosed Diabetes Among Adults Aged 20-79, United States, 1980-2014

Source: National Diabetes Surveillance System, 2016.

Additionally, the cost of caring for diabetes is an amazing drain on the health care system. The annual figure is $322 billion in diabetic and pre-diabetic medical costs.

National trends reflected through 2014 from the National Diabetes Surveillance System shows a continued prevalence of the condition, with incidence rates declining. However, in the greater Lodi area, we are seeing the percentage of adults diagnosed with diabetes each year continue to climb, and must put action plans in place to address this concerning trend.

Lodi area differs from national trend:



Additionally, the most recent adult age adjusted prevalence figure for San Joaquin shows a further climb to 10.4% compared to California's 8.1%.

It's also important to take some time and consider what is behind the prevalence of diabetes in our services area, and in part it's due our demographic make-up. The Lodi area has 46% of its population comprised of Hispanic, Asian and Black consumers, and because these populations carry a greater risk for the disease, it is clear that there is a need for focused programs around diabetes prevention designed with culturally appropriate tactics.

In fact, those populations demonstrated a higher risk for diabetes:

U.S. HISPANICS ARE 66% MORE LIKELY TO BE DIAGNOSED WITH DIABETES COMPARED TO NON-HISPANIC WHITES

MORE THAN 90% (9-IN-10) OF U.S. HISPANICS WITH DIABETES OR AT RISK, HAVE NOT VISITED A PODIATRIST

Source: American Podiatric Medical Association

- **All minorities**, except Alaska Natives, **have a prevalence of type 2 diabetes that is two to six times greater** than that of the white population.
- Different studies found that **African Americans are from 1.4 to 2.2 times more likely** to have diabetes than white persons.
- **Hispanic Americans have a higher prevalence of diabetes than non-Hispanic people**, with the highest rates for type 2 diabetes among Puerto Ricans and Hispanic people living in the Southwest and the lowest rate among Cubans.
- Major groups within the Asian and Pacific Islander communities (Japanese Americans, Chinese Americans, Filipino Americans, and Korean Americans) **all had higher prevalence's** than those of whites.

Living with this chronic condition can cause additional health complications for the individual, including poor circulation, blindness and potentially amputation and death. It's important to understand the types of diabetes and they are:

Types of diabetes:

- **Type 2** diabetes results from a combination of resistance to the action of insulin and insufficient insulin production.
- **Type 1** diabetes results when the body loses its ability to produce insulin.
- **Gestational diabetes** is a common complication of pregnancy. It can lead to perinatal complications in mother and child and substantially increases the likelihood of cesarean section. Also a risk factor for subsequent development of Type 2 diabetes after pregnancy.

Education around the condition and also creating programs for change will help impact the Diabetes Mortality rate in the county, which is **8.7% higher with 28.9 in San Joaquin and 20.2 in the state of California**, and diabetes related discharges are 2% higher.

A significant proportion of mortality and morbidity related diabetes could be prevented by addressing:

- Exercise
- Weight control
- Smoking prevention and cessation
- Hypertension
- Glycemic control
- Elimination of barriers to preventative care and treatment

Lodi Health is known for wellness initiatives and community screenings and lectures. **Live Well Lodi** is a wellness product currently deployed and could potentially be expanded for a broader community impact.

Priority 3: Youth Development

In the San Joaquin county and greater Lodi area, youth development continues to be a high priority issue. Statistics and community input from surveys and focus groups indicates that the outlook for many of the community youth holds limited prospects. The category of youth development encompasses physical, social and emotional development of our youth so that they can reach their fullest potential as adults.

Teen Birth Rate (Per 1,000 Population)

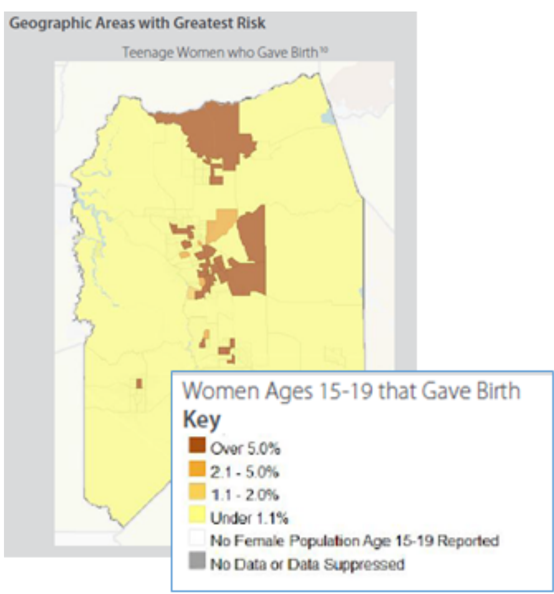
0 100

San Joaquin County, CA (42.3)
California (34.2)
United States (36.6)

The major factors affecting youth in their pursuit of full potential are:

- Exposure to trauma
- Educational attainment
- Engagement with the foster care system; and
- Delinquency
- Teen pregnancy

For Lodi area residents the outcome of these factors that was their most pressing concern **was teenage pregnancy**. When comparing our county against the state we are over 8 percent higher for teen birth rates. The cities of Lodi, Stockton, Tracy, and Manteca have the highest teen births in San Joaquin County.



At Lodi Health the trend in teen pregnancy was 81 births in 2014, 73in 2015 and year-to-date 2016 55 teens delivering babies.

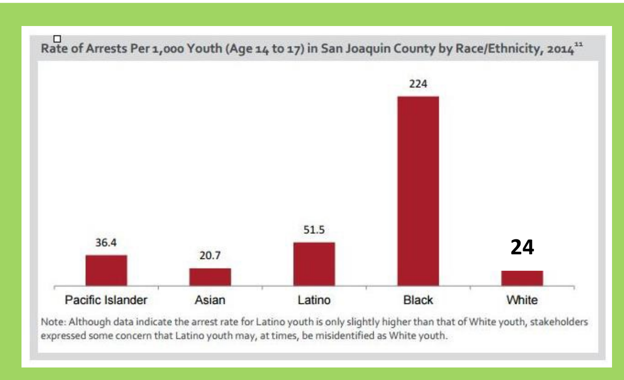
The importance of educating young girls in body image, self-esteem and the importance of furthering themselves through an education and choice around relationships is very important.

Economic status is one of the largest factors on teen pregnancy. When individuals can see that they can rise out of poverty with an education and better themselves they are less likely to become pregnant in their teens. If their surroundings are such where their prospect of advancement is so obscure that they can't see a way out of their circumstance, they are more likely to become pregnant.

Intentional programs designed to empower young girls are needed in the school systems, integrated with after-care programs, and conducted through community centers and faith-based community outreach endeavors to show these children a glimpse of what life can be if they strive to better themselves actively.

Top Contributors to Teen Pregnancy

INDIVIDUAL RISK FACTORS	SOCIAL RISK FACTORS	FAMILY RISK FACTORS
Drug and alcohol use Lack of knowledge about sex or contraception Lack of goals for the future Low self-esteem Poor school performance Having sex at a young age Being the victim of sexual abuse Negative attitude towards using contraception Ambivalence about having a child	Pressure from peers to have sex Dating at an early age Dating older guys Friends who are sexually active Poor peer relationships	Poor parental supervision Limited communication between parents and teen Negative family interactions Single-parent families Significant unresolved conflict between family members Family history of teenage pregnancies



Additional factors impeding youth development include: High school dropout rates for the county **are nearly 4% higher than the county at 22.35%.** Without an education, our youth are less likely to find and maintain jobs that will help them rise out of poverty, and prepare them for life in the workforce. This limits them to a smaller pool of jobs and lower wages. With school being a guaranteed resource for youth, encouragement needs to be given for youth to complete the training and go on to further their educational development.

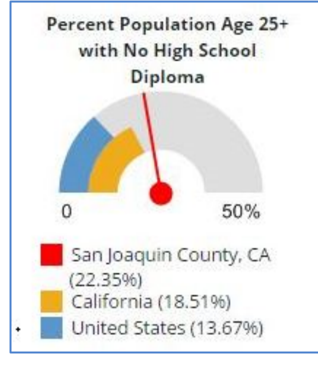
Many at risk children get caught up in gang life, for many reasons due to family or friend involvement, fear, peer pressure and other reasons. This gang involvement can result in an increase in arrests within the school system, which perpetuates the cycle of violence and incarceration of youth before they ever have a chance.

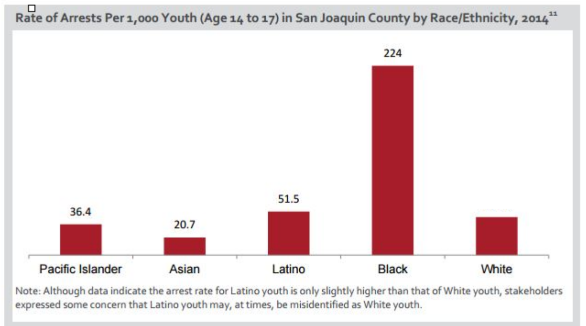
Looking at the arrests of youth ages 14-17 on this graphic, there is a clear disparity of race, with Black youths significantly higher than counterparts. This statistic appears to support the feedback received in the focus groups that young men of color feel no hope of a future, and therefore get caught up in the cycle of gangs and violence, even from a young age.

Building a Stronger Future Begins With Our Youth

Many of the priority focus areas that we are addressing as a part of this community health needs assessment stem from the lack of strong support systems in the formative years, healthful habits and youth development. If these basic building blocks were strengthened within a community, more youth would be well on their way to attain their highest potential as an adult.

Programs are already underway in the greater Lodi service area, but they could be better leveraged if unified on some consistent community-wide impact goals. Intentional programs need to be supported and developed to address youth development, utilizing community assets.

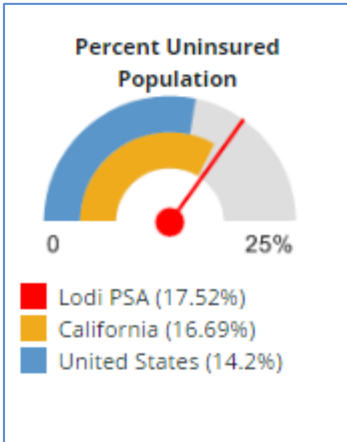




Working together we can:

- Connect youth to role models
- Provide scholarships to youth sports leagues

- Encourage Faith-based connections providing the youth a connection and believe in a higher power
- Fund community center and faith-based outreach to help students thrive with school work support
- Address basic family needs such as food, clothing, support for single parent families
- Provide parenting classes and support groups
- Connect youth to support at a young age to prevent repeated cycle of violence, gang-involvement, incarceration



Priority 4: Access to Care

Access to health care is critical to early detection/prevention, consistent medical care and chronic disease management. Key themes that surfaced in focus groups and interviews in our community are:

- Providers lack availability; often not accepting new patients or have long appointment wait times
- Need for culturally appropriate care
- Residents lack knowledge about how to access care
- Integration of primary care and mental health care not strong enough
- Undocumented population and agricultural workers face unique barriers to access health insurance and care.

Currently in the Lodi PSA, the percent of uninsured is at 17.52% which is higher than both the state and the US. Efforts were undertaken after the last CHNA to enroll community members in the MediCal program, and while this concerted effort made an impact, there continues to be a significant uninsured population.

Over the last two and a half years, Lodi Health has seen its share of uninsured visits with 836 in 2014, 701 in 2015 and 1537 year-to-date 2016. Education regarding levels of care, and education on self-care with targeted messages on the top non-emergency reasons the community use our ER will be important.

Barriers to education must be overcome with ethnic specific communication strategies, including the importance of consistent well care, tips on caring for sick children and guidelines for when to use various levels of care.

Physician Recruitment has been a big priority at Lodi Health in light of the shortage of primary care health providers in the service area. As you can see from the indicator, we are still underserved. In fact Lodi Health completed a physician needs analysis with a third party vendor and it was noted that the largest need related to primary care in 2016 and beyond was family practice, internal medicine, OB/GYN, and pediatrics.

In 2015, Lodi Health recruited 4 primary care physicians to its employed group and is committed to continue recruiting to fill the gap to access. A concerted focus will be placed on recruiting primary care physicians that speak Spanish and other languages that are in demand.

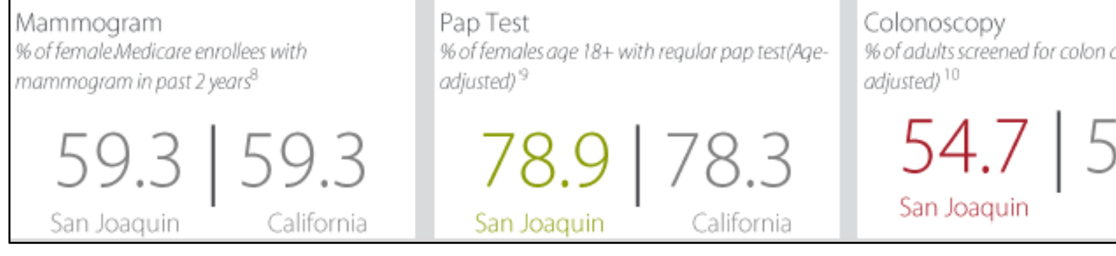
One of the concerns expressed by survey and focus group respondents was the need to cluster services in one location when possible. Currently, Lodi Health has eight multi-specialty and primary care clinics located across its service area.

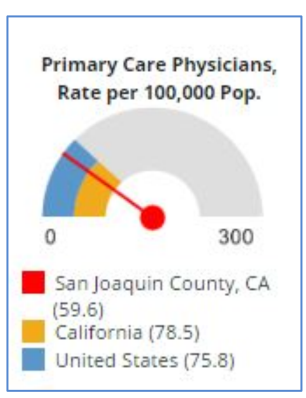
Accessibility is an issue, and a likely contributor to the statistic of adults with no regular doctor.

Screenings as an Indicator of Health Care Service Access

Preventable Hospital Events, Total Population
Age-Adjusted Discharge Rate per 10,000 population[14]

97.3 | 83.2
San Joaquin | California





Based on additional data, it is good to see a more proactive approach to health care screenings, which is a leading edge indicator on access. For San Joaquin, we were flat with the state for mammograms, ahead in the routine well-woman Pap smear screening and colonoscopy fell just shy of the state stat.

Patient Education

As noted above patient education and empowerment are a key strategy to ensuring the patient receives care at the appropriate care level, preventing unnecessary hospitalization. Lodi Health offers a free clinic, and large number of MediCal providers to ensure utilization at lesser levels of care occurs versus accessing the emergency room which can be costly. Ongoing tactics will be undertaken to enroll uninsured into the

Percent of Adults Without a Regular Doctor[2]

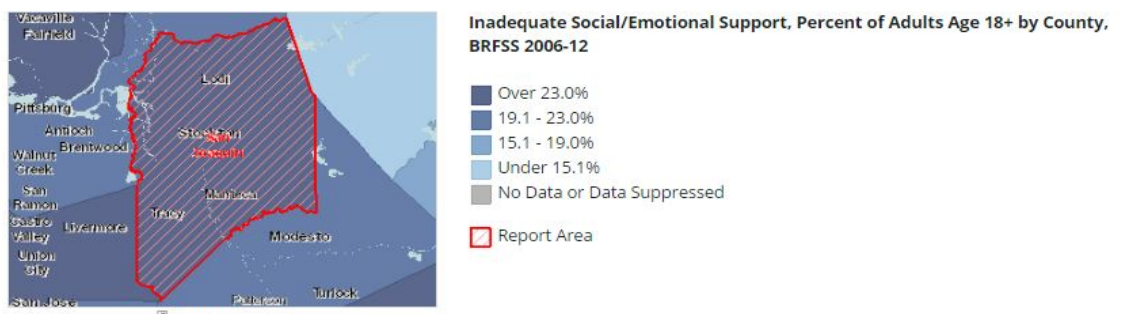
San Joaquin	24.8%
California	27.1%

MediCal program, and determine how we can better care manage within our community clinics and other health resources.

Community health screenings, health fairs and other prevention focused initiatives will also be used to attempt to educate targeted populations known for high utilization.

Supporting Priority: Mental

Mental Health continues on as a concern for those interviewed as a part of the 2016 CHNA process. The emotional, behavioral and social well-being of the community was on the mind of 26.7% of those interviewed as they emphasized the need for stronger programs in place to address needs. Conditions such as chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, have a profound consequence on health behavior choices and physical health according to the CHNA findings.



29.1% of adults over the age of 18 feel an inadequate social/emotional support,and adolescents in California have seen a rise in recent years of mental health concerns with 9.1% of them experiencing a mental health episode annually. Once again poverty can be an underlying factor of depression and lack of hope in the future. Data indicated higher than state outcomes on both:

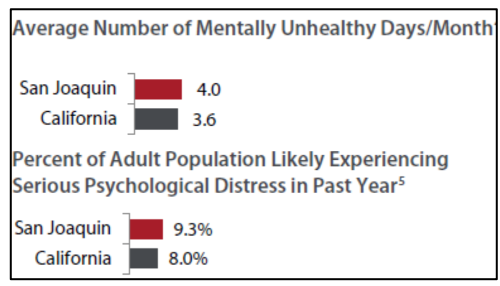
- The average number of unhealthy days a month; and;

- Percent of adult population likely experiencing serious psychological distress in the past year.

Key feedback themes in our service area include:

MENTAL HEALTH SURVEY RESPONSES
Toxic stress prevalence in community - Stress of poverty; racism/discrimination - Hopelessness **Co-morbidity: mental health and substance abuse** - Self-medication - Life stress and substance abuse linked **Trauma/PTSD as a result of violence** - Family violence/individual adverse events - Community violence

Lodi Health recruited a mental health specialist into the market in 2014, and works within community networks and resources available in the county for care. Assets available to the greater Lodi area include:



Behavior Wellness for Adults – Stockton
Crisis Intervention (24 hours) – Stockton
San Joaquin County Behavioral Health Services – Lodi
Walter Lampa, MD – Lodi Health Psychiatry - Lodi
David Robinson, DO – Psychology – Stockton

Discussion is underway for how to find and partner with additional mental health resources potentially locating to hospital space, leveraging local family therapists, and working to help people cope with stress and other contributors to depression through education as mental health is not a core service line for Lodi Health.

Market Asset Inventory

HEALTH NEEDS OF THE COMMUNITY

Asset Inventory

Once the priority areas were identified the committees set aside time to conduct an asset inventory of existing community-wide programs and services that could potentially serve as partnerships to address the identified priorities. Additionally, the HHNAC completed an internal review of programs, services and support groups at Lodi Health to determine where needs could be met from within.

A listing of the asset inventory is below:

Lodi Health Asset Inventory – Year 2016

PRIORITY AREA	CURRENT COMMUNITY PROGRAM	EXISTING HOSPITAL PROGRAM/SERVICE
Chronic Disease: Obesity - Nutrition	CalFresh Lodi Farmers Market Galt Farmers Market Lodi Family Resource Center – Mobile Farmers Market Fairsite Readiness Center – Parenting Classes	Lodi Fitness Center Nutritional Counseling Childbirth Education Bariatric Surgery Program
Chronic Disease: Obesity - Fitness	Lodi Boys and Girls Club Lodi Community Center Community Gardens Consumnes Preserve	Lodi Fitness Center
Chronic Disease: Diabetes	Prevention Screenings/Health Fairs Medical Offices	Lodi Fitness Center Living with Diabetes Support Group Lodi Health – Diabetes Education Classes Living Well Lodi – Wellness Screenings/Program Nutritional Counseling Wound Care Center Bariatric Surgery Program
Youth Development	4-H After-school programs Boy Scouts Civic Group Scholarships Lodi Unified School District – HUGS (helping us grow successfully) First Five San Joaquin Galt PD Explorers (Cadets) Galt Youth Commission Girl Scouts Junior Giants – Joseph Wood Summer Baseball Lodi Boys and Girls Club Lodi Family Resource Center	Lodi Health - Camp Hutchins Lodi Health Physicians – Pediatrics Lodi Health – Pediatric Express Lodi Health – Maternal and Child Services Lodi Health Fitness Center Community Lectures Health Fairs

	Lodi House Lodi Summer Reading Program Parks and Recreation Galt Parks and Recreation Lodi Police Activities League (PAL) – Galt Pregnancy Resource Center TeenLead – Youth Leadership Lodi The One Eighty Group – Care Lodi, Mobile Unit Upward Sports – Faith-based Vacation Bible Schools Inventory Youth Crisis Line – 800.769.4357 Youth Outreach Unit – Gang Alternative Unit	
Access to Care	Cottage Oaks Medical Outreach – Manteca Hearing, Vision, Development screenings via Fairsite Readiness Center L'Chayim of Galt – Services to Homeless Lawrence Family Clinic Lodi Public Health Center Pregnancy Resource Center Salvation Army Medical Clinic South County Services, Galt – Transportation to medical appointment, basic needs (i.e. meals) for families Tracy Free Clinic UOP Pharmacy – Annual MC Sign-up Woodbridge Medical Group	Lodi Health Center – 387 Civic Drive – Galt Lodi Health Community Clinics WeROC Free Clinic – Lodi – 300 W. Oak Street - Lodi
Access to Care – Mental Health	Behavior Wellness for Adults – Stockton Crisis Intervention (24 hrs) – Stockton Crisis Services for Children and Youth – Stockton Local Family Therapists San Joaquin County Behavioral Health Services – 1209 W. Tokay Street #5, Lodi, CA 95240	Walter Joseph Lampa, MD – Psychiatry – 1930 Tienda Drive, Suite 204 – Lodi, CA 95242 David Robinson, DO – Psychology – 2522 Grand Canal Blvd. #1 Stockton, CA 95207

Next Steps

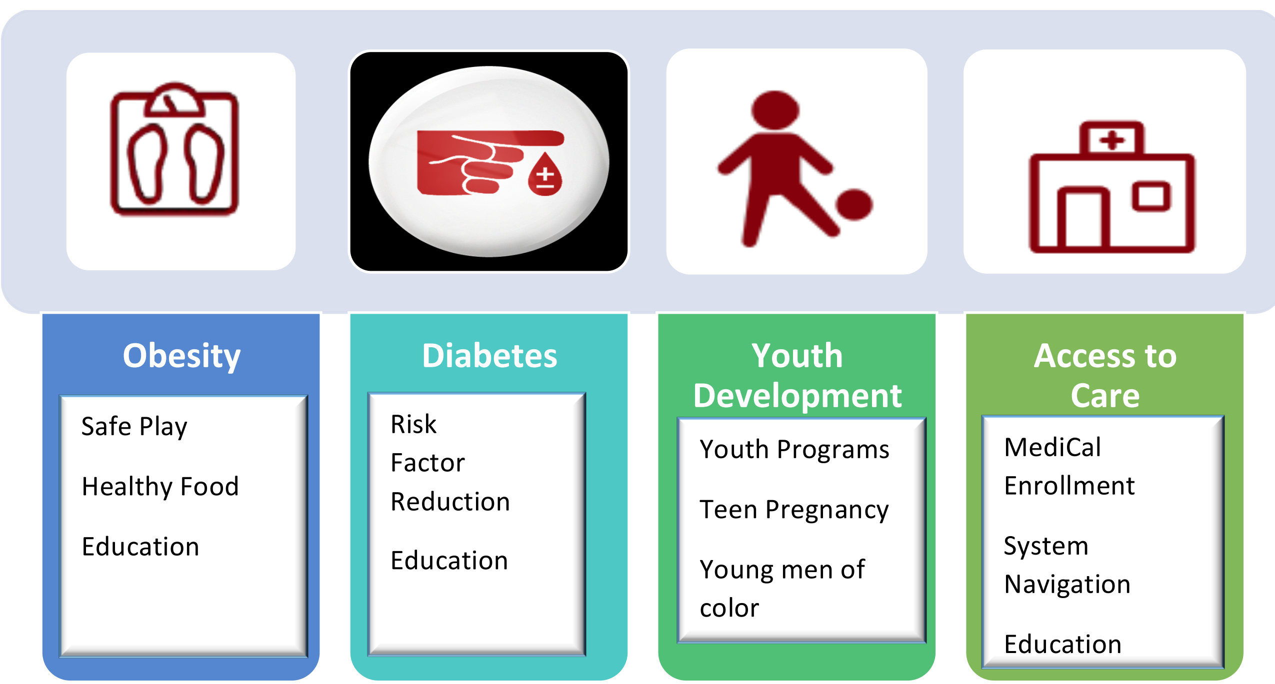
HEALTH NEEDS OF THE COMMUNITY

Next Steps

The 2017 Community Health Plan for Lodi Health will be crafted to address the four main health priorities and supportive tactics for mental health access.

The next steps in creating the action plan include reconvening the HHNAC and the CHNAC in the form of the Community Advisory Board, and discussing the detail of which current projects to continue, which new ones to create specific to Lodi Health, and which programs may result from partnering with existing community programs. The decisions resulting from those two groups meeting will then be crafted into our **2017 Community Health Plan**.

The subcategory issue areas of focus are outlined below:



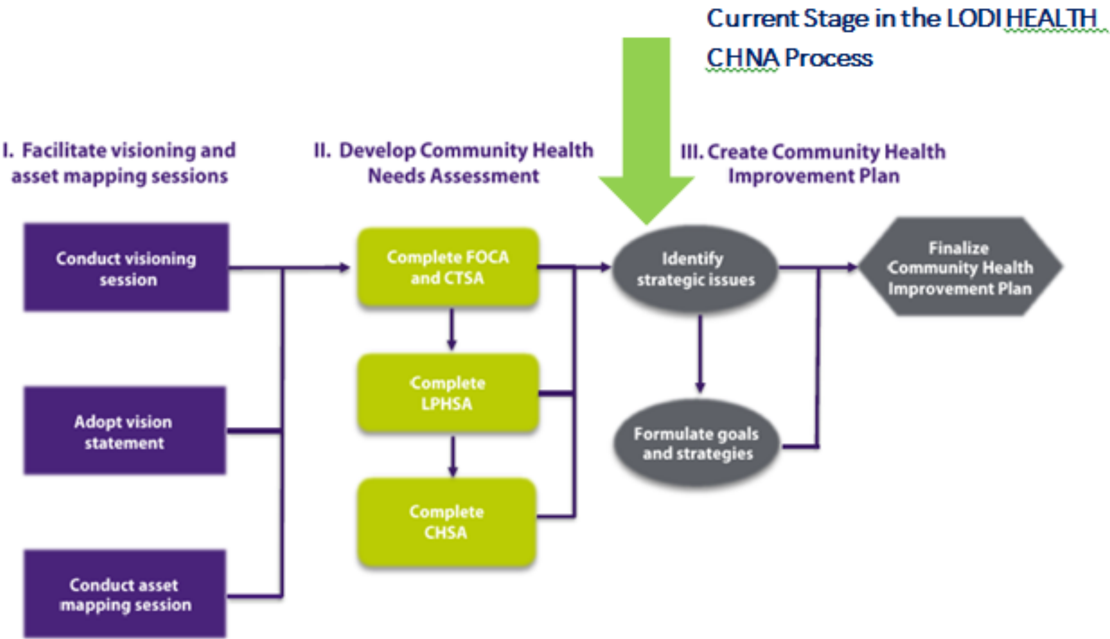
Health Priorities, Indicators and Data Sourcing

Health Issue	Health Indicator(s)	Value	Data Source
Chronic Disease: Obesity	Percent adults with BMI >30	San Joaquin – 29.1 State – 22.3 National – 27.1	Center for Chronic Disease Prevention and Health Promotion
	Percent of Youth Physically Inactive	San Joaquin – 42.5 State – 35.9	California Department of Education, FITNESSGRAM®
Chronic Disease: Diabetes	Adults with diagnosed diabetes	San Joaquin – 10.5 State – 8.1 National – 9.1	Center for Chronic Disease Prevention and Health Promotion
	Diabetes mortality rate (age-adjusted; Per 100,000 population)	San Joaquin – 28.9 State – 20.2	California Department of Public Health
Youth Development	Teen Birth Rate – per 1,000 population	San Joaquin – 9.9 State – 8.5	California Department of Public Health,CDPH - Birth Profiles by ZIP Code
	Juvenile felony arrest rate (per 100,000 youth ages 10-17)	San Joaquin – 1140 State – 878	Center on Juvenile and Criminal Justice
Access to Care			
	Primary Care Physicians, Rate per 100,000 population	San Joaquin – 60.6 State – 77.2 National – 74.5	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File

Appendices

HEALTH NEEDS OF THE COMMUNITY

Appendix A: Community Health Need Assessment Process Flow



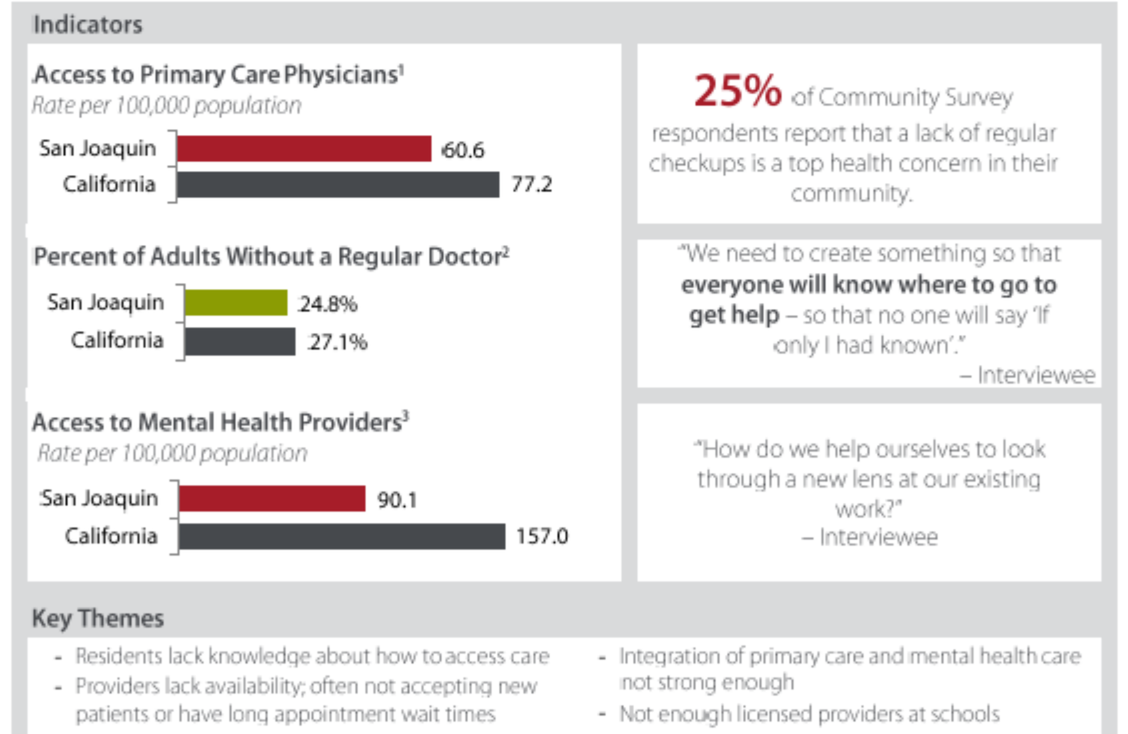
Appendix B: Community Health Need Profiles – Related Priorities in Alpha Order

San Joaquin County Community Health Needs Assessment

Access to Care

Access to comprehensive, affordable, quality physical and mental health care is critical to the prevention, early intervention, and treatment of health conditions. With implementation of the Affordable Care Act (ACA), the uninsurance rate among adults in San Joaquin County has decreased eight percent from 2013 to 2014, though primary and secondary data indicate that challenges remain with access to insurance and health care providers that accept Medi-Cal. In addition, residents in Thornton express disproportionate concern about access to insurance and health care providers relative to other areas of the county.

Key Data



Additional Data and Key Drivers

Driver: Insurance

Uninsured population
% of population without health insurance, prior to ACA implementation[4]
17.1 | 17.8
San Joaquin | California

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

Percent Insured Population Insured by Medicaid
% of insured population receiving Medicaid[5]
29.4 | 23.4
San Joaquin | California

Additional Data: Primary Care

Federally Qualified Health Centers
Rate per 100,000 population[6]
1.31 | 1.97
San Joaquin | California

Lack of Primary Care Professionals
% of population living in a primary care health professional shortage area[7]
39.9 | 25.2
San Joaquin | California

Additional Data: Cancer Screenings *(as indicator of access to health care services)*

Mammogram
% of female Medicare enrollees with mammogram in past 2 years[8]
59.3 | 59.3
San Joaquin | California

Pap Test
% of females age 18+ with regular pap test (Age-adjusted)[9]
78.9 | 78.3
San Joaquin | California

Colonoscopy
% of adults screened for colon cancer (Age-adjusted)[10]
54.7 | 57.9
San Joaquin | California

Additional Data: Vaccinations

Immunized Kindergarteners
% of kindergarteners with all required immunizations[11]
95.6 | 90.4
San Joaquin | California

Pneumonia Vaccination, Older Adults
% of adults age 65+ who have ever received a pneumonia vaccination[12]
63.9 | 63.4
San Joaquin | California

Additional Data: Prenatal Care

Women Late to Prenatal Care
% of women who do not begin receiving prenatal care until after the first trimester[13]
22.5 | 16.5
San Joaquin | California

Additional Data: Preventable Hospital Events

Preventable Hospital Events, Total Population
Age-Adjusted Discharge Rate per 10,000 population[14]
97.3 | 83.2
San Joaquin | California

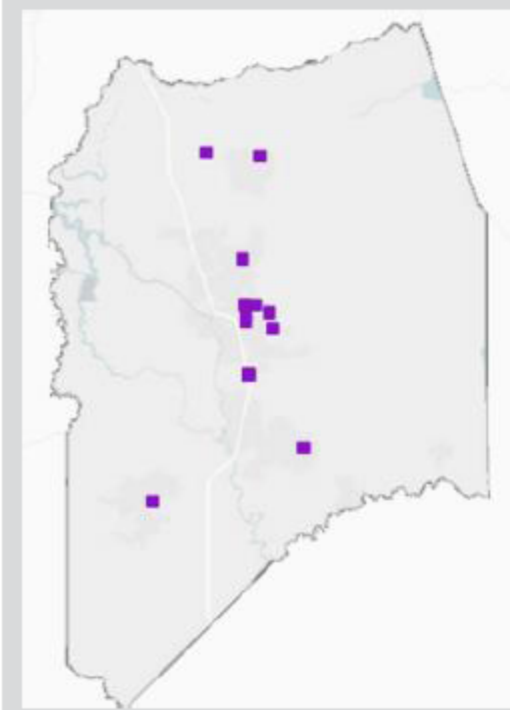
Preventable Hospital Events, Medicare enrollees only
Preventable hospitalization per 1,000 Medicare enrollees[15]
52.2 | 45.3
San Joaquin | California

San Joaquin County Community Health Needs Assessment

Access to Care (continued)

Populations Disproportionately Affected

Geographic Areas with Greatest Risk



Federally Qualified Health Centers[16]

Key

Location of Federally Qualified Health Center

The map displays geographic disparities in the location of Federally Qualified Health Centers across San Joaquin County.

Geographic Disparities in Health Insurance Status

Although existing data is not available on geographic disparities in health insurance status since the implementation of the Affordable Care Act, the San Joaquin Community Survey provided some information about insurance status and care access in different regions of the county. Respondents from Thornton were more likely to report that a lack of health insurance (26.5% compared to 19.4% of all respondents) and a lack of regular checkups (30.6% compared to 21.7% of all respondents) were top concerns in their community.

Populations with Greatest Risk

Age disparities

In 2012, adults ages 28-64 were less likely to be insured than children under age 19 (25.2% adults uninsured compared to 8.2% of children).[17]

Other disparities

Interview respondents noted that the undocumented population and agricultural workers face unique barriers in accessing health insurance and care.

San Joaquin County Community Health Needs Assessment

Access to Care (continued)

Assets and Recommendations

Examples of Existing Community Assets

Health Insurance Agencies

Hospitals and Health Organizations

Community Resource Centers

Community Recommendations for Change

- Promote existing services
- Strengthen collaboration and service coordination/referrals among county, city, and social service agencies
- Provide multiple services in one location when possible
- Utilize technology to provide remote access to health screenings and services
- Ensure community members are aware of resources and are encouraged to access them (e.g., via health navigator)
- Integrate primary and mental health care services

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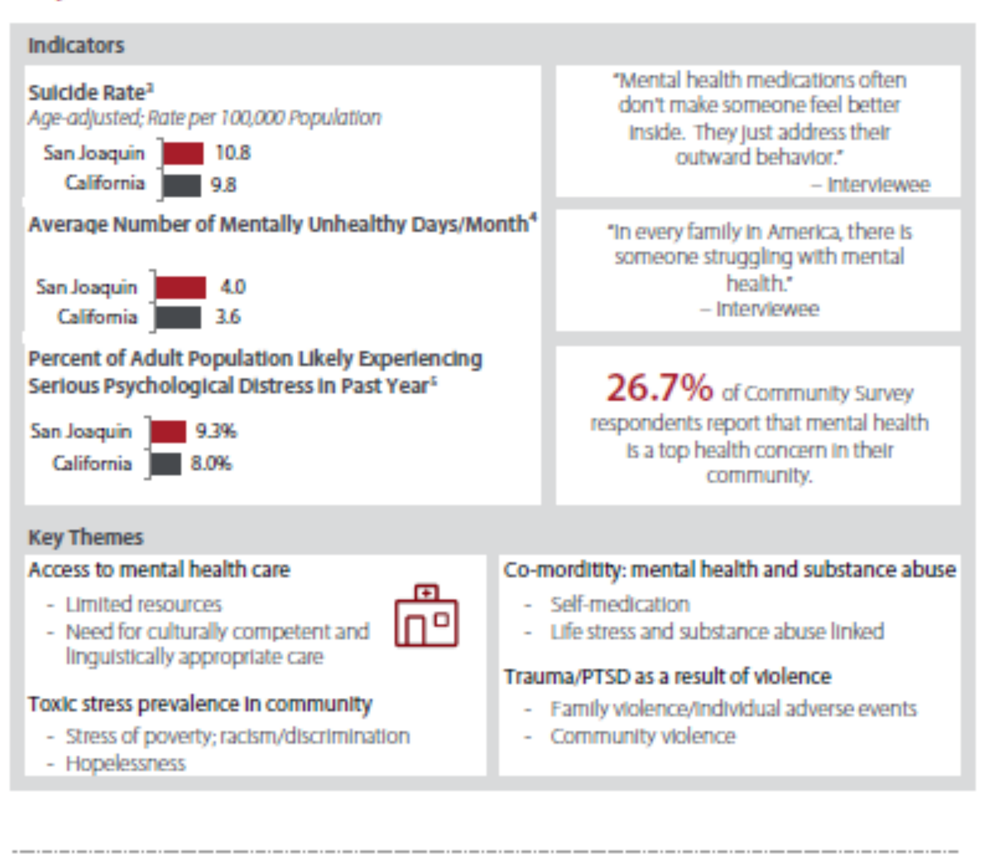
[1] US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.
[2] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12.
[3] University of Wisconsin Population Health Institute, County Health Rankings, 2014.
[4] US Census Bureau, American Community Survey, 2009-13.
[5] Ibid.
[6] US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, June 2014.
[7] US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, March 2015.
[8] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012.
[9] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the US Department of Health & Human Services, Health Indicators Warehouse, 2006-12.
[10] Ibid.
[11] California Department of Public Health Immunization Branch, Immunization Branch, Kindergarten Assessment Results, 2015.
[12] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-12.
[13] California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2011.
[14] California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011.
[15] Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012.
[16] CMS Providers of Service Database (POS), September 2015.
[17] US Census Bureau, Small Area Health Insurance Estimates, 2012.

San Joaquin County Community Health Needs Assessment

Mental Health

Mental health includes emotional, behavioral, and social well-being. Poor mental health, including the presence of chronic toxic stress or psychological conditions such as anxiety, depression or Post-Traumatic Stress Disorder, has profound consequences on health behavior choices and physical health.[1,2] While key mental health outcomes in San Joaquin County are similar to California benchmarks, mental health was a key concern among community members and other key stakeholders. Interviewees noted that the psychology of poverty, including living day to day and struggling to provide basic needs, can negatively impact one's ability to make long-term plans, and can interfere with parenting abilities. Poor mental health frequently co-occurs with substance use and abuse. Youth, notably foster youth and LGBT youth, and residents experiencing homelessness, were noted as particularly high risk populations for mental health concerns.

Key Data



Prepared by Harder+Company Community Research: Mental Health Profile 1

San Joaquin County Community Health Needs Assessment

Mental Health (continued)

Additional Data

Related Health Outcomes

Depression, Older Adults
% of Medicare beneficiaries with depression[6]
13.0 | 13.4
San Joaquin | California

Depression, New Mothers
% of new mothers experiencing post-partum depression[7]
17.7 | 16.0
San Joaquin | California

Depression, Youth
% of 11th grade students who felt sad or hopeless almost every day for 2 weeks or more[8]
32.0 | 32.0
San Joaquin | California

Driver: Access to Mental Health Care

Adults Needing Treatment
% of adults reporting need for treatment for mental health, or use of alcohol/drug[9]
14.0 | 14.3
San Joaquin | California

Mental Health Care Providers
Rate of mental health providers per 100,000 population[10]
90.1 | 157.0
San Joaquin | California

"People with mental illness live **25 years less than the general population and die from the same causes** as the general population."
–Interviewee

Driver: Social Support and Stress

Social Support, Adult
% adults without adequate social/emotional support (age-adjusted)[11]
29.1 | 24.6
San Joaquin | California

27.5% of Community Survey respondents indicated that life stress is a high concern in their community.

Bullying, Youth
% of 11th grade students reporting harassment or bullying on school property within the past 12 months for any reason[12]
34.0 | 28.0
San Joaquin | California

"Society says, 'Pull yourself up by your bootstraps.' This is not very empathetic."
–Interviewee

"Families do not provide the support that they used to. When this support is missing it is very hard to compensate for that through service providers."
–Interviewee

Driver: Social and Economic Risks

Exposure to Violence
Age-adjusted homicide mortality rate; per 100,000 population)[13]
12.2 | 5.2
San Joaquin | California

Exposure to Poverty
% population with income at or below 200% Federal Poverty Line[14]
52.0 | 46.0
San Joaquin | California

Homelessness
2,641
Estimated homeless population at a point-in-time in San Joaquin County[15]

San Joaquin County Community Health Needs Assessment

Mental Health (continued)

Populations Disproportionately Affected

Geographic Areas with Greatest Risk

Mental Health Treatment Facilities[16]

Primary data indicate a lack of available and accessible mental health care services. Secondary data corroborates this finding. The map (pictured left) displays the location of the few mental health treatment facilities in the county; almost all are concentrated around the Stockton area. This map does not include newly mobile clinics.

Community Survey respondents in Tracy and Manteca were more likely to report that life stress was a significant health concern compared to other geographic areas (34.1% and 32.3%, respectively, compared to 27.5% of all respondents). Residents in Manteca were also more likely to report suicide as a major health problem (4.3% compared to 2.4% of all respondents).

Interviewees noted that rural communities in San Joaquin County experience greater social isolation.

Populations with Greatest Risk

Percent of Adult Population Likely Experiencing Serious Psychological Distress in Past Year, By Income[17]

Poverty was identified across interviews as a source of stress in San Joaquin County. Toxic stress, often induced by individual adverse events or chronic stressful life conditions, can have permanent and profound effects on physical and emotional health. The graph to the left demonstrates that lower income level is correlated with a higher risk of poor mental health. Struggling to meet basic needs on a daily basis may increase risk of chronic toxic stress exposure, and decrease mental health.

Community Assets and Recommendations for Change

Among Community Survey respondents, **youth** were more likely than other age groups to report suicide as a significant health concern (4.3%, compared to 2.4% of all respondents). Some interviewees cited mental health concerns among **older adults**, as well.

Interviewees noted other populations with high risk of poor mental health, including **people experiencing homelessness, foster youth, LGBT youth, and Hmong residents.**

San Joaquin County Community Health Needs Assessment

Obesity & Diabetes

Overweight and obesity are strongly related to stroke, heart disease, some cancers, and type 2 diabetes. These chronic diseases represent some of the leading causes of death nationwide. Obesity and diabetes are health needs in San Joaquin County as marked by high prevalence of diabetes in adults, and of overweight/obesity in adults and youth. Primary and secondary data indicate that access to affordable healthy food is limited, and lack of physical activity may be driven in part by concerns of community safety and a lack of affordable, safe exercise options. Additionally, access to healthy food is a concern, particularly in key areas of the county. Community residents in Tracy and Manteca express disproportionate concern about this health concern relative to other areas of the county.

Key Data

Indicators

Percent of adults obese (BMI > 30.0)[1]

San Joaquin	29.1%
California	22.3%

Percent of youth obese (BMI > 30.0)[2]

San Joaquin	21.0%
California	19.0%

Adult diabetes prevalence[3]
Age-adjusted

San Joaquin	10.4%
California	8.1%

"These issues [health behaviors] are all **interconnected**. There is a ripple effect which may be direct or indirect (e.g., it's not safe so children don't go out and play)."
– Interviewee

"Lifelong habits are very hard to break – our new technology is creating a paradigm shift with new hard to break habits that increasingly interfere with healthy behaviors."
– Interviewee

30% of Community Survey respondents report that diabetes is a top health concern in their community.

Key Themes

Poor nutrition

- Healthy foods are too expensive
- Education needed about healthy foods and the effects of nutrition
- Too busy to eat healthy

Lack of physical activity

- Not enough safe, green space
- Lack of safe places to bike, walk, or hike
- Lack of affordable exercise options
- Community violence and traffic safety constraints inhibit playing outside

San Joaquin County Community Health Needs Assessment

Obesity & Diabetes (continued)

Additional Data

Additional Data: Related Health Outcomes

Indicator	San Joaquin	California
Diabetes Mortality (adult) *Age-adjusted mortality rate per 100,000 pop.*[4]	28.9	20.2
Heart Disease Prevalence (adult) *% of adults with any kind of heart disease*[5]	6.2	6.3
Overweight Adults *% of adults with BMI Between 25.0 and 30.0*[6]	31.0	35.8
Stroke Mortality (adult) *Age-adjusted mortality rate per 100,000 pop.*[7]	45.8	37.4
Ischaemic Heart Disease Prevalence (Medicare enrollees) *% of Medicare fee-for-service pop*[8]	29.3	26.1
Overweight Youth *% of 5,7,9 grade with "Needs Improvement" for body composition*[9]	20.9	19.3

Driver: Nutrition

Indicator	San Joaquin	California
Low Fruits and Vegetables Consumption *% adults consuming <5 servings of fruit and vegetables*[10]	65.6	71.5
Fast Food *Fast food establishments per 100,000 pop.*[11]	59.1	74.5
Sweetened Beverages *% children 2-11 consuming 1+ sugar-sweetened beverages on previous day*[12]	38.3	27.0
Grocery Stores *Grocery stores per 100,000 pop.*[13]	23.2	21.5

35.2% of Community Survey respondents indicated poor eating habits is a high concern in their community.

San Joaquin County Community Health Needs Assessment

Obesity & Diabetes (continued)

Driver: Physical Activity

Health Behaviors

% adults with no leisure time activity[14]

18.6 | 16.6

San Joaquin | California

% youth in grades 5,7,9 with "high risk" or "needs improvement" aerobic capacity[16]

42.5 | 35.9

San Joaquin | California

Safe Active Places

34.3%

of Community Survey respondents indicated that there are not enough safe active places in their community.

Physical Environment

% pop. living ½ mile from a park[13]

45.6 | 58.6

San Joaquin | California

Recreation and fitness centers per 100,000 pop.[17]

5.0 | 8.7

San Joaquin | California

Driver: Clinical Care

Diabetes Management

% diabetic Medicare patients with HbA1c test[18]

83.9 | 81.5

San Joaquin | California

Driver: Social and Economic Risks

Food Insecurity

% population experiencing food insecurity[19]

18.0 | 16.2

San Joaquin | California

Poverty and Food Access

% of low-income pop. with low food access[20]

4.6 | 3.4

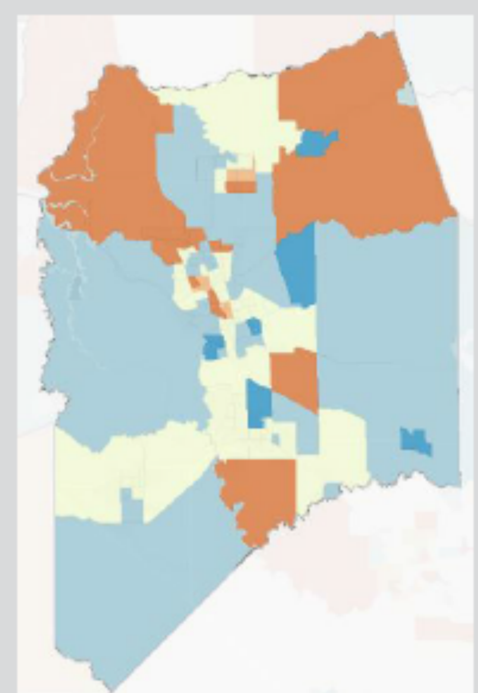
San Joaquin | California

San Joaquin County Community Health Needs Assessment

Obesity & Diabetes (continued)

Populations Disproportionately Affected

Geographic Areas with Greatest Risk



Modified Retail Food Environmental Index[21]

The Modified Retail Food Environmental Index (mRFEI) measures the number of healthy and less healthy food retailers in an area. The mRFEI represents the percentage of food retailers that are healthy. This map displays geographic disparities in access to healthy foods across San Joaquin County.

Interviewees noted that healthy food options are lacking South of Harding, and in South Stockton.

Community Survey respondents from Manteca and Tracy were more likely to cite poor eating habits as a significant health problem than respondents in other areas (50.5% and 44.8%, respectively, compared to 35.2% of all respondents). Manteca and Tracy residents were also more likely to report obesity as a significant health problem (33.7% and 32.7%, respectively, compared to 26.6% of all respondents).

Key

- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)

Populations with Greatest Risk

Gender disparities

Obesity was reported more frequently among female Community Survey respondents (30.1% compared to 19.9 percent of men; 27.2% of total respondents).

Racial disparities

Interviewees noted high prevalence of diabetes among African Americans.

Age disparities

Obesity was reported less often among Community Survey respondents 65 years of age and older (21% compared to 26.6% of all respondents).

San Joaquin County Community Health Needs Assessment

Obesity & Diabetes (continued)

Examples of Existing Community Assets

Food Banks

YMCA/Youth Athletics Departments

Parks and Recreations

Community Recommendations for Change

- Increase safe areas for children to play
- Create urban community gardens
- Offer healthy cooking classes and support groups for overeaters
- Offer daily Meals on Wheels service, not frozen food for the week
- Support walkable communities in the city's General Plan
- Provide alternative recreation options during poor air quality days

[1] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[2] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[3] California Department of Public Health, 2009-2011.
[4] California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES, 2011.
[5] California Health Interview Survey, 2011-12.
[6] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12.
[7] California Health Interview Survey, 2011-12.
[8] Centers for Medicare and Medicaid Services, 2012.
[9] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[10] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse, 2005-09.
[11] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011.
[12] California Health Interview Survey, 2011-12.
[13] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2011.
[14] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012.
[15] US Census Bureau, Decennial Census. ESRI Map Gallery, 2010.
[16] California Department of Education, FITNESSGRAM® Physical Fitness Testing, 2013-14.
[17] US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2012.
[18] Dartmouth College Institute for Health Policy and Clinical Practice, Dartmouth Atlas of Health Care, 2012.
[19] Feeding America, Child Food Insecurity Data, 2012.
[20] U.S. Department of Agriculture, Economic Research Service, 2010.
[21] Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity (DNPAO), 2011.

San Joaquin County Community Health Needs Assessment

Youth Growth and Development

Youth development refers to the physical, social, and emotional development of young people in order for them to reach their full potential as adults. Primary and secondary data indicate that factors affecting youth development such as exposure to trauma, educational attainment, engagement with the foster care system, and delinquency are important concerns in San Joaquin County. Interview participants noted disparities in these concerns among youth of color, in particular boys, and Lesbian, Gay, Bisexual, and Transgender (LGBT) youth. In addition, Stockton residents were more likely to report youth violence relative to other areas of the county (40.5% compared to 30.3% among all respondents), Thornton residents were more likely to indicate a lack of activities for youth (59.2% compared to 31.7% among all respondents), and Lodi residents were more likely to note that teenage pregnancy was a top health concern (15% compared to 11.2% among all respondents).

Key Data

Indicators

High School Graduation[1]
Percent of Students Receiving High School Diploma Within 4 Years

San Joaquin	80.3
California	80.4

School Expulsion Rate[2]
Rate Per 100 Enrolled Students

San Joaquin	0.1
California	0.05

Teen Birth Rate[3]
Per 1,000 Females Under Age 20

San Joaquin	9.9
California	8.5

"When youth meet with their case manager, it's often the first time that the world opens-up to them with opportunities and someone says to them, 'You can do it'."
– Interviewee

11.2% of Community Survey respondents indicated that teenage pregnancy is a top concern in their community.

Key Themes

Trauma, stress, and mental health
- Exposure to violence
- Improper diagnoses and insufficient treatment
- Substance use as a coping mechanism
- Suicide

Education and economic opportunities
- Poverty
- Education not preparing students for workforce
- Lack of employment opportunities and low wages

Social activity and support
- Lack of social skills and healthy peers
- Lack of free and affordable activities for youth
- Lack of family and community support

Engagement with the criminal justice system
- Violence
- Early and consistent law enforcement interaction
- Probation and/or criminal record limits work opportunities

San Joaquin County Community Health Needs Assessment

Youth Growth and Development (continued)

Additional Data

Education

School Suspension Rate[4]
Rate of suspension per 100 enrolled students

8.8 San Joaquin | 4.0 California

English Performance among English Language Learners (Grade 10)[5]
% of English language learners (grade 10) who passed the California High School Exit Exam in English Language Arts

33.0 San Joaquin | 38.0 California

Math Performance among English Language Learners (Grade 10)[6]
of English language learners (grade 10) who passed the California High School Exit Exam in Math

56.0 San Joaquin | 54.0 California

Foster Care

Foster Care Placement Stability[7]
% of children in foster care system for more than 8 days but less than 12 months with 2 or less placements

84.7 San Joaquin | 86.6 California

Youth Activities

31.7% of Community Survey respondents indicated that a lack of activities for youth is a high concern in their community.

"There are a lot of youth activities, but there is often a cost to participate and many families cannot afford it. There needs to be innovative strategies to deal with this."

– Interviewee

Violence and Crime

30.3% of Community Survey respondents reported that youth violence is an important health concern in their community.

Gang Involvement, Youth[8]
% of 11th grade students reporting current gang involvement

15.0 San Joaquin | 8.0 California

Juvenile Felony Arrest Rate[9]
Felony arrest rate per 100,000 youth ages 10-17

1,140 San Joaquin | 878 California

"Youth crime has dropped dramatically over last 10 years. However, those who do enter the system are at very high risk. More youth cases are being tried as adults even though they don't have previous experiences with the criminal system."

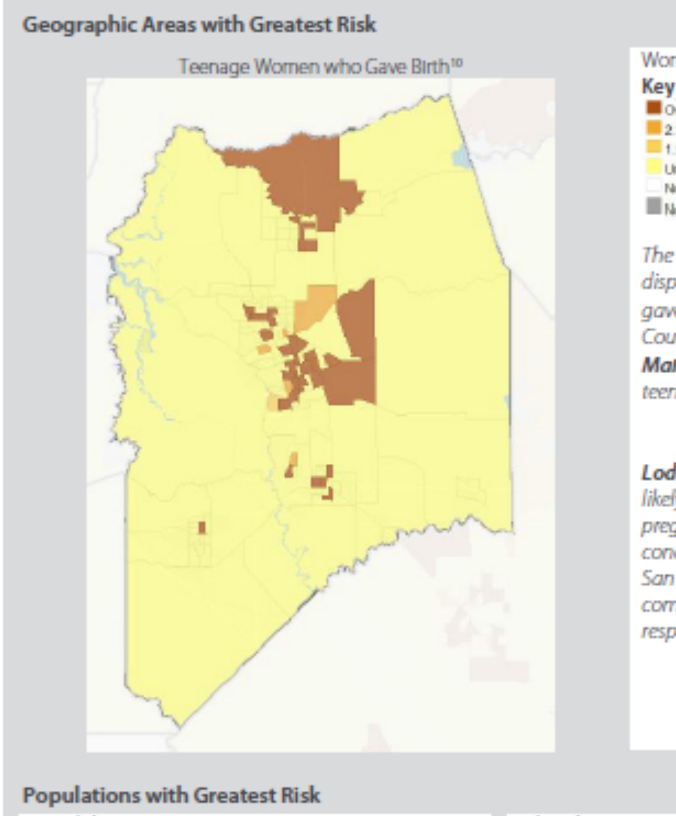
– Interviewee

San Joaquin County Community Health Needs Assessment

Youth Growth and Development (continued)

Populations Disproportionately Affected

Geographic Areas with Greatest Risk



Women Ages 15-19 that Gave Birth

Key

- Over 5.0%
- 2.1 - 5.0%
- 1.1 - 2.0%
- Under 1.1%
- No Female Population Age 15-19 Reported
- No Data or Data Suppressed

The map displays geographic disparities in teenage women that gave birth across San Joaquin County. ***Lodi*****,** ***Stockton*****,** ***Tracy*****,** *and* ***Manteca*** *have the highest rates of teen births in San Joaquin County.*

Lodi *residents were slightly more likely to note that teenage pregnancy was a top health concern relative to other areas in San Joaquin County (15% compared to 11.2% of all respondents).*

Populations with Greatest Risk

Racial disparities
Interview respondents noted that boys and men of color are the most vulnerable.

Other disparities
Interview respondents reported that lesbian, gay, bisexual, and transgender youth are at greater risk in regards to healthy development.

"Reducing racial disparities is important. There is a disproportionate amount of bookings, suspensions, and expulsions with the school to prison pipeline."

– Interviewee

San Joaquin County Community Health Needs Assessment

Youth Growth and Development (continued)

Assets and Recommendations

Examples of Existing Community Assets

Health Plans (e.g., Health Net, Kaiser, Blue Shield)	School Districts	Community Partners (e.g., San Joaquin Pride Center, YMCA)

Community Recommendations for Change

- Partner with San Joaquin Pride Center and implement early interventions in school to address LGBT concerns, bullying, and feelings of isolation
- Decriminalize general youth behavior
- Provide counselors for kids and families (e.g., at school-based health centers)
- Connect youth to role models
- Provide trainings about trauma-based care
- Provide more opportunities for parenting classes. Teach motivational interviewing techniques for parents of teens who are asking for help
- Address substance abuse among teens
- Provide education, internship, entertainment, recreation, sports, and mentoring opportunities to youth
- Provide youth-friendly nutrition information

[1] California Department of Education, 2013.
[2] California Department of Education, California Longitudinal Pupil Achievement Data System, 2013-14.
[3] California Department of Public Health, CDPH - Birth Profiles by ZIP Code, 2011.
[4] California Department of Education, California Longitudinal Pupil Achievement Data System, 2013-14.
[5] California Department of Education, 2014.
[6] Ibid.
[7] California Child Welfare Indicators Project (CCWIP), 2014.
[8] Healthy Kids Survey, 2009-11.
[9] Center on Juvenile and Criminal Justice, 2012.
[10] US Census Bureau, American Community Survey, 2009-13.

Appendix C: Key Stakeholder Questionnaire

Appendix D: Key Stakeholder Responses

Appendix D. Summary of Community Survey Results

Biggest health problems	Valid percent
Youth violence (like gang fights, murders)	**30.3**
Diabetes	**30.0**
Breathing problems/asthma	**27.7**
Mental health issues (e.g., depression)	**26.7**
Obesity	**26.6**
Tooth problems	20.3
Age-related health problems (like arthritis)	19.6
Alcoholism	19.3
Cancer	17.7
Heart disease	13.3
Domestic violence	13.2
Teens getting pregnant	11.2
Motor vehicle injuries (including pedestrian and bicycle accidents)	9.1
Other (please specify)	7.3
Child abuse or neglect	6.7
Sexually transmitted disease	4.5
Poor birth outcomes (e.g., baby underweight)	4.4
Stroke	3.7
Infectious diseases (e.g., hepatitis or TB)	3.6
Suicide	2.4

Biggest behaviors affecting health	Valid percent
Drug abuse	**41.4**
Alcohol abuse (drinking too much)	**38.0**
Poor eating habits	**35.2**
Lack of exercise	**34.6**
Life stress/not able to deal with life stresses	**27.5**
Smoking/tobacco use	24.8
Not getting regular check-ups by the doctor	21.7
Driving while drunk/on drugs	21.3
Using weapons/guns	19.2
Talking/texting and driving	16.4
Not getting "shots" (vaccines) to prevent disease	8.0
Unsafe sex (e.g., not using condom or birth control)	6.7
Teenage sex	6.5
Other	3.5

Participant opinion of store window advertising (tobacoo, alcohol)	Valid percent
A big problem	42.5
I don't know	15.7
Not a problem	14.9
A medium problem	14.8
A small problem	10.7
Other	1.4

Appendix D. Summary of Community Survey Results Prepared by Harder+Company Community Research

Participant health insurance status	Valid percent
Yes	79.7
No	17.9
Don't know	2.4

Biggest obstacles to health care	Valid percent
Waiting time to see the doctor is too long	**34.2**
High co-pays and deductibles	**28.8**
Can't afford medicine	**28.2**
It is not hard to get health care	**20.8**
No health insurance	**20.1**
ER only option	16.8
Medi-Cal is too hard to get	16.1
Can't get off work to see a doctor	15.7
No night/weekend health care	15.5
Not enough doctors here	13.7
No transportation	12.7
Other (please specify)	12.3
Covered California/Obama Care is too hard to get	9.3
Doctors and staff don't speak my language	7.7
Medi-Cal is too hard to use	7.2
Covered California/Obama Care is too hard to use	6.3

Biggest social and economic problems	Valid percent
Not enough local jobs	**61.3**
Homelessness	**39.5**
Poverty	**34.6**
Not enough interesting activities for youth	**31.7**
Fear of crime	**28.8**
Not enough education/high school drop-outs	20.1
No health insurance	19.4
Racism and discrimination	15.2
Not enough healthy food	12.9
Overcrowded housing	10.8
Schools	6.7
No police and firefighters	6.6
Can't pay for transportation	6.4
Other	4.6

Biggest environmental problems	Valid percent
Air pollution (dirty air)	**39.0**
Not enough safe places to be physically active	**34.3**
Poor housing conditions	**29.3**
Cigarette smoke	**28.6**
Trash on streets and sidewalks	**27.3**
Not enough places nearby to buy healthy and affordable foods	22.9
Speeding/traffic	18.2
Pesticide use	18.0
Not enough public transportation	14.7
Home is too far from shops, work, school	14.5
Not enough sidewalks and bike paths	12.6
Too many hot days	11.3
Unsafe drinking water	10.2
Other	4.9
Flooding problems	2.7

Most important parts of a thriving community	Valid percent
Safe place to raise kids	**51.3**
Jobs	**49.8**
Good air quality	**12.5**
Access to health care	**18.2**
Access to healthy food	**13.4**
Parks and recreation facilities	14.5
Affordable housing	26.4
Low crime and violence	36.3
Good schools	27.4
Green/open spaces	5.3
People know how to stay healthy	6.2
Support agencies	9.8
Community involvement	11.2
Time for family	14.0
Services for elders	6.4
Inexpensive childcare	6.8
Diversity is respected	5.4
Other	2.4

Appendix E: Health Indicator Data Book

The data book is available at www.LodiHealth.org/CHNA

Appendix F: Community Input Tracking Form

San Joaquin County
Community Health Needs Assessment
Appendix F. Community Input Tracking Form

Data Collection Method	Title/Name	Number	Target Group(s) Represented (interviewee or at least one participant in the focus group self-identified as a leader, member, or representative of the following populations)					Date Input Was Gathered
Meeting, focus group, interview, survey, written correspondence, etc.	**Respondent's title/role and name or focus group population**	**Number of participants**	**Health Department representative**	**Chronic Condition***	**Minority***	**Medically underserved***	**Low-income***	**Date of data collection**
Interview	President and CEO, El Concilio Council for the Spanish Speaking	1		X	X	X	X	8/20/2015
Interview	Retired Director, San Joaquin County Public Health Services	1	X					8/27/2015
Interview	Director, San Joaquin General Hospital Clinics and Ambulatory Care Services	1		X	X	X	X	8/10/2015
Interview	Director, San Joaquin County Behavioral Health Services	1	X					8/27/2015
Interview	District Attorney, San Joaquin County	1						8/20/2015
Interview	Director, Community Partnership for Families	1			X	X	X	8/31/2015
Interview	Executive Director, San Joaquin County Worknet	1						8/25/15
Interview	CEO, St. Mary's Dining Hall	1		X		X	X	8/25/2015
Interview	Administrator, Stocktonians Taking Action to Neutralize Drugs (STAND)	1			X		X	8/20/2015

Appendix F. Community Input Tracking Form Prepared by Harder+Company Community Research

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San Joaquin County
Community Health Needs Assessment
Appendix F. Community Input Tracking Form

Meeting, focus group, interview, survey, written correspondence, etc.	Respondent's title/role and name or focus group population	Number of participants	Health Department representative	Chronic Condition*	Minority*	Medically underserved*	Low-income*	Date of data collection
Interview	REACH Program Manager, California Center of Public Health Advocacy	1			X			8/19/2015
Interview	President, Tracy Community Connections Center	1		X	X	X	X	8/20/2015
Interview	Executive Director and Intervention Specialist, San Joaquin Valley Youth for Christ	2						8/19/2015
Interview	Chief Probation Officer, San Joaquin County Probation Department	1			X		X	8/21/2015
Interview	Executive Director, Family Resource and Referral Center	1						9/2/2015
Interview	Executive Director, First 5 San Joaquin	1		X	X	X	X	8/31/2015
Interview	Representative, San Joaquin County Commission on Aging Long Term Care Services	1				X	X	8/20/2015
Interview	Recreation Services Supervisor and Recreation Leader III, Lolly Hansen Senior Center – City of Tracy	2		X	X		X	8/27/2015
Interview	Social Worker, Environmental Alternatives Foster Family Agency	1		X	X	X	X	8/26/2015

Appendix F. Community Input Tracking Form Prepared by Harder+Company Community Research F2

San Joaquin County
Community Health Needs Assessment
Appendix F. Community Input Tracking Form

Meeting, focus group, interview, survey, written correspondence, etc.	Respondent's title/role and name or focus group population	Number of participants	Health Department representative	Chronic Condition*	Minority*	Medically underserved*	Low-income*	Date of data collection
Interview	CASA Program Coordinator, Child Abuse Prevention Council	1		X		X	X	9/2/2015
Interview	CEO, Lao Family Community Empowerment	1		X	X	X	X	8/18/2015
Interview	CEO, Women's Center Youth & Family Services	1		X				9/10/2015
Interview	Deputy Director for Aging & Community Services, Human Services Agency	1		X	X	X	X	
Interview	Executive Director, San Joaquin Pride Center	1			X	X	X	8/26/2015
Interview	Director, Visionary Homebuilders	1			X		X	8/10/2015
Focus Groups	County-wide; Adult population	12						3/16/2015
Focus Groups	Stockton; Adult population	17		X		X	X	3/13/2015
Focus Groups	Stockton; Adult population	25		X		X	X	3/25/2015
Focus Groups	County-wide; Adult population	8						3/19/2015
Focus Groups	County-wide; Adult population	12			X			3/19/2015
Focus Groups	County-wide; Women experiencing homelessness	16		X	X	X	X	3/24/2015
Focus Groups	Unknown population	8						3/24/2015
Focus Groups	Tracy; Adult population	8						3/31/2015
Focus Groups	County-wide; Older adult population	4						4/2/2015
Focus Groups	Stockton; Latino population	4			X		X	4/7/2015
Focus Groups	County-wide; Adult population	4			X		X	4/8/2015

Appendix F. Community Input Tracking Form Prepared by Harder+Company Community Research

F3

San Joaquin County

Community Health Needs Assessment

Appendix F. Community Input Tracking Form

Meeting, focus group, interview, survey, written correspondence, etc.	Respondent's title/role and name or focus group population	Number of participants	Health Department representative	Chronic Condition*	Minority*	Medically underserved*	Low-income*	Date of data collection
Focus Groups	County-wide; Adult population	12			X	X	X	3/26/2015
Focus Groups	County-wide; Youth population	26			X		X	3/28/2015
Focus Groups	County-wide; Women	12			X		X	4/3/2015
Focus Groups	County-wide; Homeless population	7				X	X	4/9/2015
Focus Groups	County-wide; Older adult population	21						4/14/2015
Focus Groups	County-wide; Adult population	5			X		X	4/17/2015
Focus Groups	Stockton; Youth population	15			X		X	4/16/2015
Focus Groups	Stockton; Youth and adult population	23			X			4/25/2015
Focus Groups	County-wide; Adult population	14		X	X	X	X	4/8/2015
Focus Groups	Stockton; Youth and adult population	13			X		X	4/9/2015
Focus Groups	Stockton; Older adult population	8		X	X		X	3/10/2015
Focus Groups	County-wide; Adult population	8			X			3/31/2015
Focus Groups	County-wide; Adult population	17		X	X	X	X	4/16/2015
Focus Groups	Unknown population	10			X			4/13/2015
Focus Groups	Thornton; Adult population	9		X		X	X	3/30/2015
Focus Groups	County-wide; Older adult population	6						4/8/2015
Focus Groups	Unknown population	10						4/13/2015
Focus Groups	County-wide; Adult population	14					X	4/13/2015

* Indicates self-identification of interviewees or focus group participants as a leader, member, or representative of each specified population. In some cases, individuals did not self-identify as a representative of any of the listed groups.

Appendix G: Hospital Healthcare Needs Assessment Committee

Adventist Health

2016 Hospital Health Needs Assessment Committee – May 26, 2016

Hospital Name: Lodi Health
Community Benefit Manager: Jason Whitney/Desiree Magnant

Name	Title
Wolcott, Daniel	CEO/President
Deak, Terry	CFO
Moreno, Debbe	CNO
Whitney, Jason	AVP/Business Development
Cronin, Valerie	Director of Case Management
Meyers, Janelle	Marketing & PR
Hagen, Chris	Spiritual Care Svcs.
Schulz, Donna	Director of Education
Magnant, Desiree	Community Benefit Report Manager
Meyers, Janelle	Director of Marketing

(HHNAC) Roster

Appendix H: Community Healthcare Needs Assessment Committee (CHNAC) Roster

Appendix I. 2016 CHNA Approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

CHNA/CHP contact:

Janelle Meyers
Director of Marketing & Public Relations

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx