



























Health and Access to Health Care

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Health Summary

Indicator	Measurement	Data	Year	Recent Trend	Direction	Page
Health Insurance Coverage	Telephone survey respondents without health insurance	19%	2010	↑		54
Medi-Cal Enrollment	County residents enrolled in Medi-Cal	24%	2009	↑		57
Women, Infants, and Children (WIC) Participants' Feeding Choices for Infants	WIC enrollment	37,167	2011	NA		59
Feeding Choices for Infants	WIC mothers exclusively breastfeeding their infants	20%	2010	↑		60
Dental Insurance / Oral Health	Face-to-face survey respondents without dental insurance	43%	2010	↑		63
Health Care Access and Utilization	Telephone survey respondents who travel outside of the county for care	14%	2010	—		66
Physician Supply	Number of physicians	63	2008	NA		72
Preventive Care	Telephone survey respondents who do not receive preventative care	26%	2010	↑		74
Delays In Care – Medical Care	Face-to-face survey respondents who reported going without the care they needed	31%	2010	↑		76
Delays In Care – Prescription Medication	Telephone survey respondents who delayed getting prescription medicine they needed	18%	2010	↑		79
Emergency Department Use	Telephone survey respondents who reported using the ER as their primary source of medical care	18%	2010	↑		81
Emergency Department Diversion	Nurse center calls diverted from the emergency department	2%	2009	↓		83
Adequate Prenatal Care	Mothers receiving prenatal care in their first trimester	73%	2009	↑		84
Births	Number of county births	10,872	2009	↑		86
Low Birth Weight Babies	Births with low birth weights	7%	2009	—		87
Mental Health Services	Telephone survey respondents reporting fair or poor mental health	19%	2010	↑		89
Physical Activity – Adults	Telephone survey respondents who had not walked for more than ten minutes any time in the previous week	21%	2010	↓		93
Adult Nutrition	Telephone survey respondents who had not eaten fast food in the previous week	51%	2010	↑		96

Legend

Item	Description
	Indicates data moving in an upward direction over time.
	Indicates data moving in a downward direction over time.
	Indicates data remaining constant over time.
NA	Indicates trend data is not available.
	Indicates data with a combination of both challenges and successes.
	Indicates data moving in a negative direction.
	Indicates data moving in a positive direction.

Health Insurance Coverage

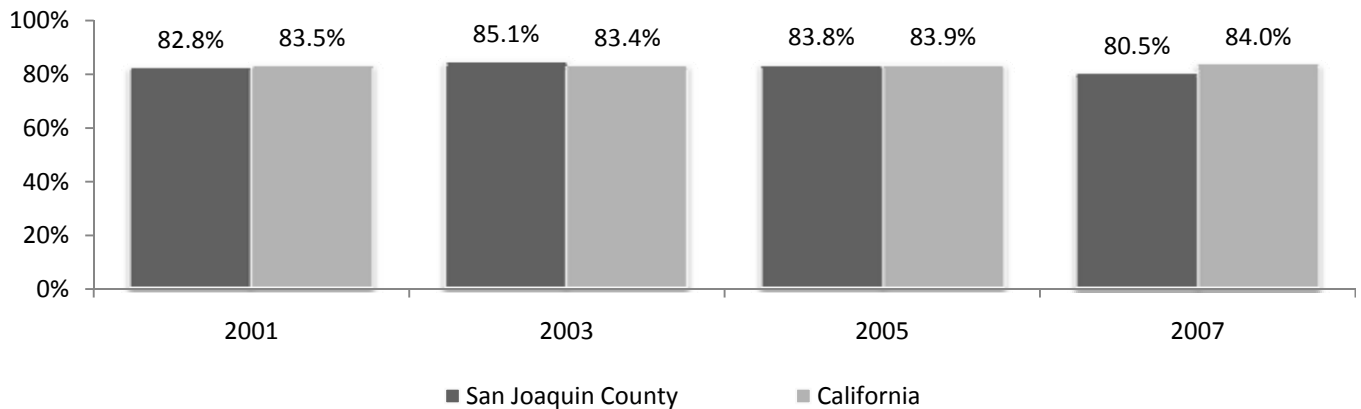
Lack of medical insurance coverage is a significant barrier to accessing quality health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventative services, experience delays in receiving appropriate care, and experience more hospitalizations that could have been prevented. Uninsured people are less likely to receive medical care, more likely to have poor health, and are more likely to die early.⁶



According to the California Health Interview Survey, 20% of San Joaquin County residents were uninsured in 2007, compared to 16% of residents across the state. In previous years, CHIS reported slightly higher rates of coverage throughout the county, ranging from 81% to 85%. Since 2001, neither California nor San Joaquin County met the 2010 Healthy People objective of having 100% health insurance coverage for the population under the age of 65.

In 2010, 81% of Healthier San Joaquin County telephone survey respondents reported having health insurance coverage. Of survey respondents with health insurance, 96% of telephone and 88% of face-to-face survey respondents indicated that their insurance covered at least a portion of their medical prescriptions. Ninety-four percent of telephone survey respondents and 76% of face-to-face respondents also indicated that their insurance covered preventative care and annual exams.

Adults Who Currently Have Health Insurance Coverage



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.

Note: 2009 rates are predicted estimates from a simulation model based on the 2007 California Health Interview Survey and 2007/2009 California Employment Development Department data.

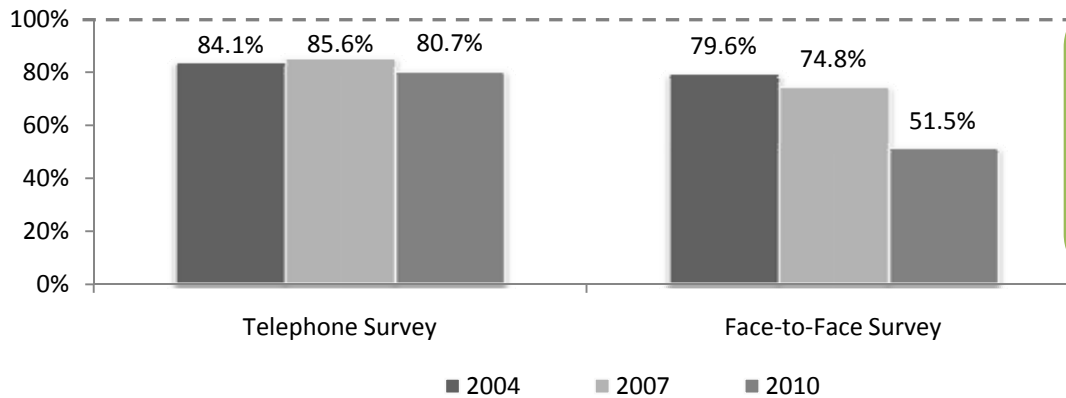
San Joaquin County 2001 N: 395,000; 2003 N: 422,000; 2005 N: 447,000; 2007 N: 443,000.

California 2001 N: 24,606,000; 2003 N: 25,597,000; 2005 N: 26,388,000; 2007 N: 26,874,000.

Note: New data not available.

⁶U.S. Department of Health and Human Services, Healthy People 2020, retrieved January 4, 2011. <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>.

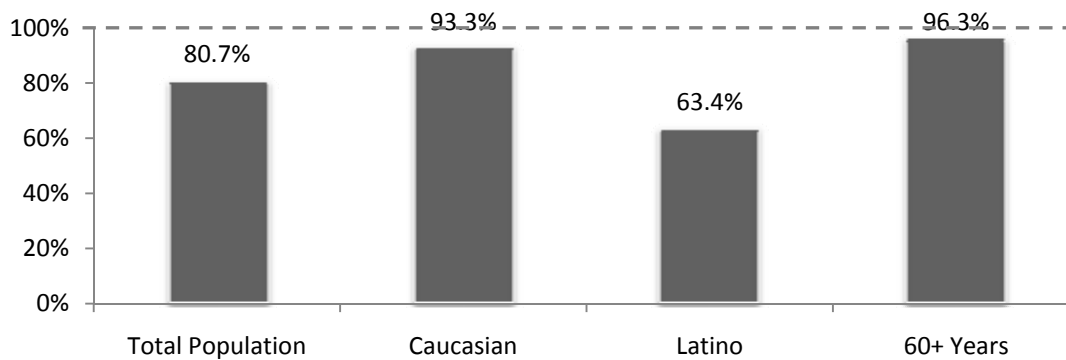
☎️ 👤 Do you have health insurance? (Respondents answering “Yes”)



HEALTHY PEOPLE 2010 OBJECTIVE:
100% of residents under 65 years will have health insurance.

Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.
Telephone Survey 2004 N: 429; 2007 N: 429; 2010 N: 430.
Face-to-Face Survey 2004 N: 2,001; 2007 N: 1,970; 2010 N: 1,930.

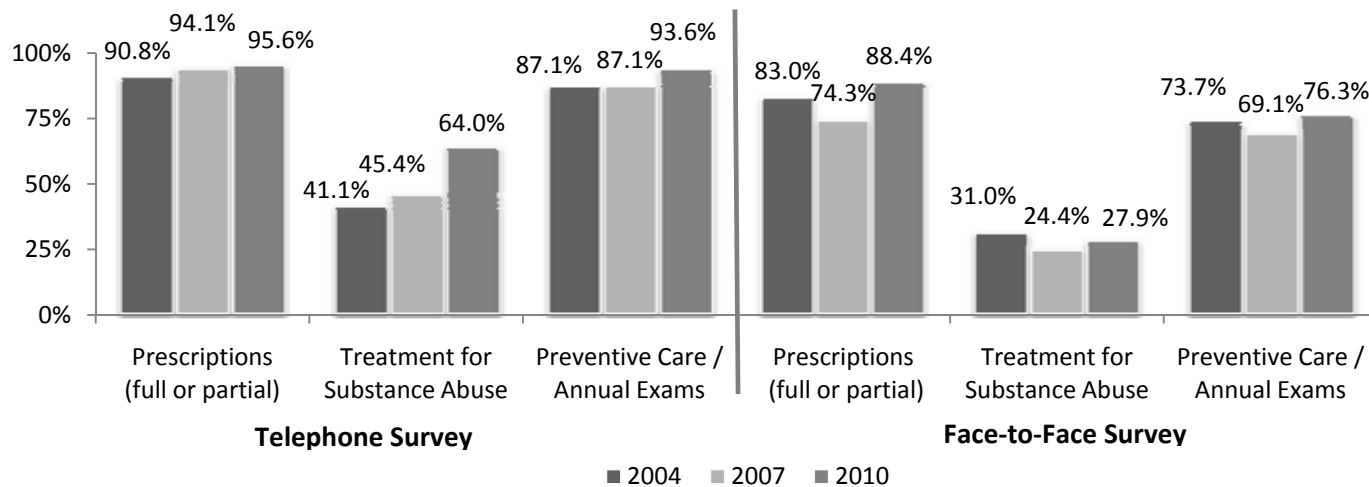
☎️ Respondents with Health Insurance by Selected Populations (2010)



HEALTHY PEOPLE 2010 OBJECTIVE:
100% of residents under 65 years will have health insurance.

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.
Telephone Survey 2010 Total Population N: 430; Caucasian N: 215; Latino N: 121, 60+ Years N: 142.

☎ 👤 Does your health insurance cover the following? (Respondents answering “Yes”)



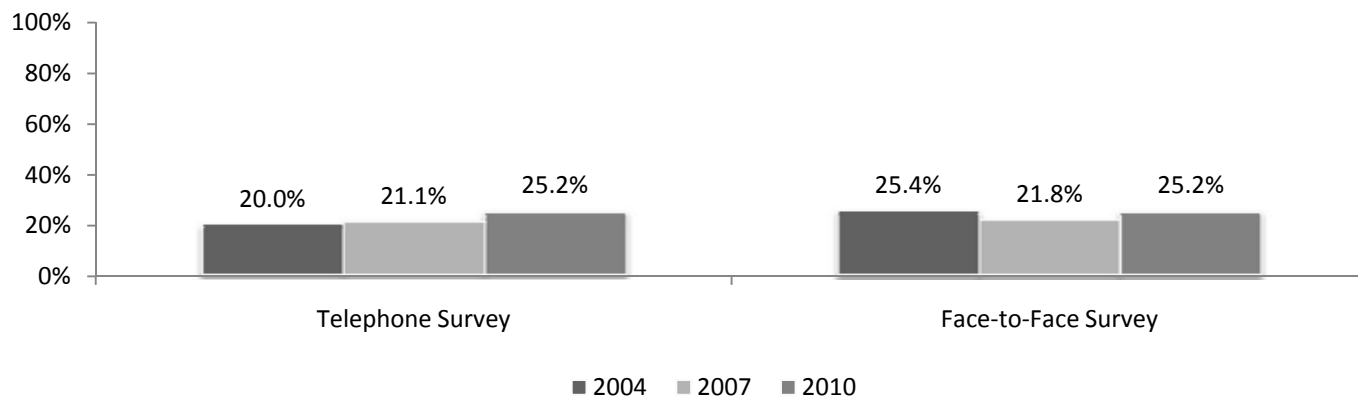
Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Note: The option “Don’t know” is not included in this chart and so the totals do not equal 100%.

Telephone Survey Prescriptions 2004 N: 361; 2007 N: 367; 2010 N: 341. Treatment for Substance Abuse 2004 N: 361; 2007 N: 367; 2010 N: 178. Preventive Care/Annual Exams 2004 N: 361; 2007 N: 366; 2010 N: 318.

Face-to-Face Survey Prescriptions 2004 N: 1,516; 2007 N: 1,336; 2010 N: 963. Treatment for Substance Abuse 2004 N: 1,547; 2007 N: 1,375; 2010 N: 953. Preventive Care/Annual Exams 2004 N: 1,493; 2007 N: 1,370; 2010 N: 959.

☎ 👤 Do you also have additional health insurance coverage for long-term care such as a nursing home? (Respondents answering “Yes”)



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Telephone Survey 2004 N: 361; 2007 N: 367; 2010 N: 309.

Face-to-Face Survey 2004 N: 1,547; 2007 N: 1,334; 2010 N: 950.

Medi-Cal Enrollment

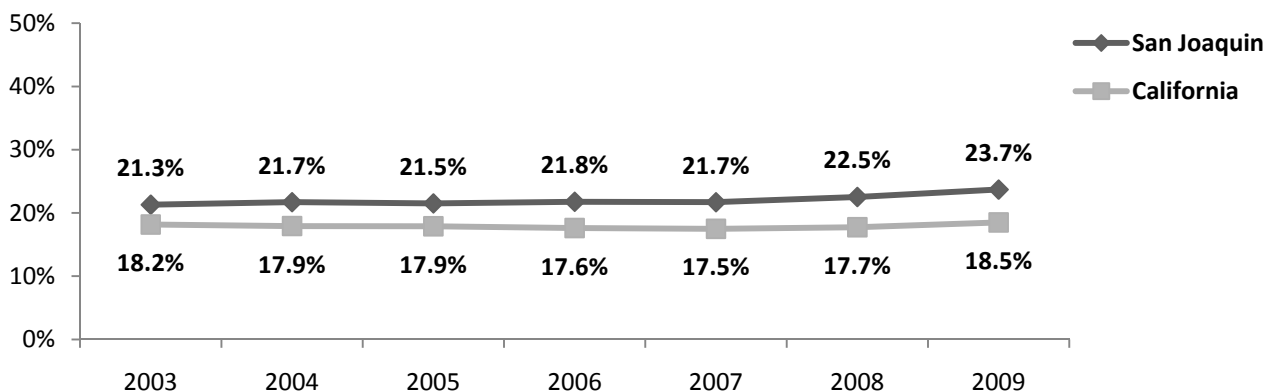
Medi-Cal is California's Medicaid program. It is a public health insurance program which provides needed health care services to low-income individuals including families with children, seniors, persons with disabilities, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. Medi-Cal is financed equally by the State and federal government.⁷



One in four San Joaquin County residents of all ages were enrolled in Medi-Cal compared to nearly 1 in 5 of California residents in 2009. San Joaquin County has had a consistently higher percentage of residents enrolled in Medi-Cal than the state of California overall since 2003. Overall there has been a slight increase in the percentage of San Joaquin County residents enrolled in Medi-Cal, from 21% in 2003 to 24% in 2009.

There were 212 primary care providers in San Joaquin County serving Medi-Cal patients in 2009; however 33% of those providers were not accepting new Medi-Cal patients, an increase from 18% in 2007. In addition, there were 1,076 specialists in San Joaquin County serving Medi-Cal patients in 2009, down from 1,970 specialists in 2007; however, the number of specialists not accepting new Medi-Cal patients is unknown.

Percent of Population Enrolled in Medi-Cal, All Ages



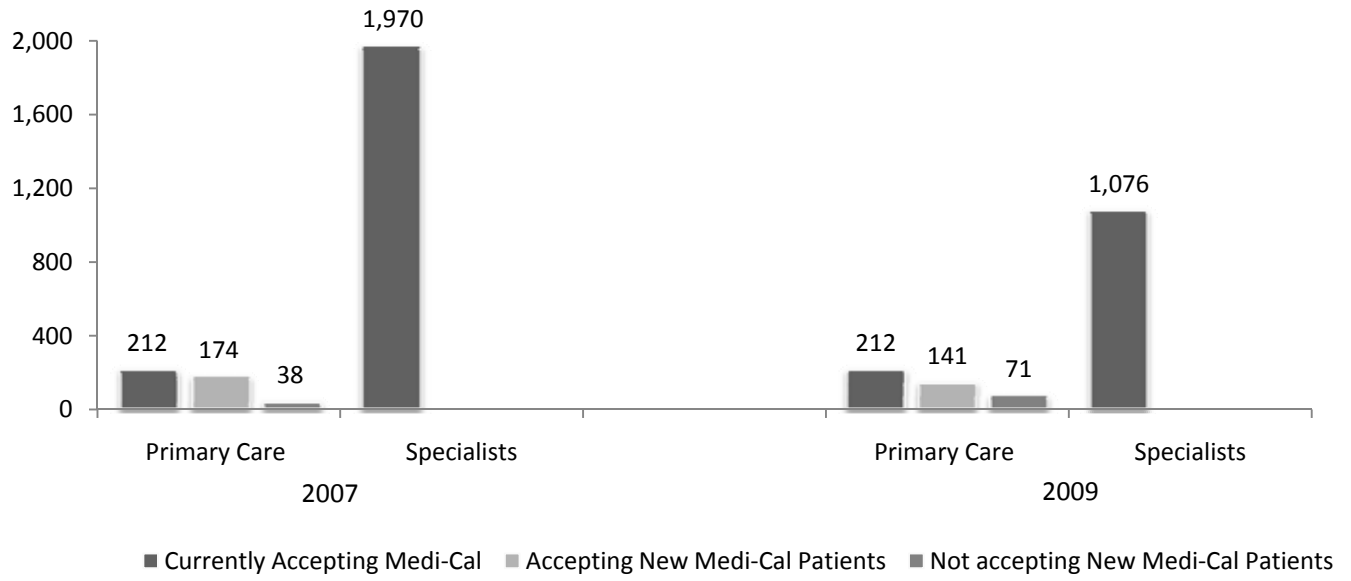
Source: California Healthcare Foundation, Medi-Cal Policy Institute, 2010; California Department of Finance, Demographic Research Unit, *E-4 Population Estimates for Cities, Counties, State, 2000–2007 with 2000 DRU Benchmark*, 2010.

San Joaquin County 2003 N: 616,824; 2004 N: 635,339; 2005 N: 652,339; 2006 N: 664,980; 2007 N: 674,253; 2008 N: 681,842; 2009 N: 687,854.

California 2003 N: 35,652,700; 2004 N: 36,199,342; 2005 N: 36,676,931; 2006 N: 37,087,005; 2007 N: 37,463,609; 2008 N: 37,871,509; 2009 N: 38,255,508.

⁷ California Department of Health Care Services, What is Medi-Cal, 2010.

Number of Medical Providers Serving Medi-Cal Patients, San Joaquin County



Source: Health Plan of San Joaquin County, Member Directory, 2010.
 Note: The number of specialists accepting new Medi-Cal patients is unavailable.

Women, Infants, and Children (WIC) Enrollment

The Women, Infants, and Children (WIC) Supplemental Nutrition Program is a federally funded health and nutrition program for low-income pregnant, breastfeeding, and postpartum women and children under age five. The purpose of WIC is to prevent poor birth outcomes and improve the health and nutrition of low-income participants. WIC provides nutrition education, breastfeeding promotion, medical care referrals and specific supplemental nutritious foods which are high in protein and/or iron. The specific nutritious foods provided to participants include peanut butter, beans, milk, cheese, eggs, breakfast cereal, whole grains, fruits and vegetables, and infant formula, food, and juices.⁸ It has been shown to be cost effective and a positive public health intervention in many scientific studies.



San Joaquin County had a total of 37,167 women and children enrolled in WIC during January 2011. Eighty-nine percent of those enrolled showed up to their appointment and received their WIC food vouchers. Slightly more than 4,000 women and children did not receive their vouchers in January 2011 as a result of missing their appointment.

San Joaquin County WIC Enrollment¹, January 2011

Agency	Participation	Unissued ²	Total Enrolled
Delta Health Care	13,649	1,524	15,173
CMC	7,653	878	8,531
Public Health	11,858	1,605	13,463
Total	33,160	4,007	37,167

Source: Dental Health Care, WIC program enrollment, 2011.

¹ This data reflects pregnant women, postpartum women, and infants and children.

² Unissued represents people who are enrolled in WIC but missed their appointments that month to pick up their WIC vouchers.

⁸ California Department of Public Health, Women, Infants and Children (WIC) Supplemental Nutrition Program, *About WIC*, retrieved January 4, 2011. <http://www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx>.

Feeding Choices for Infants

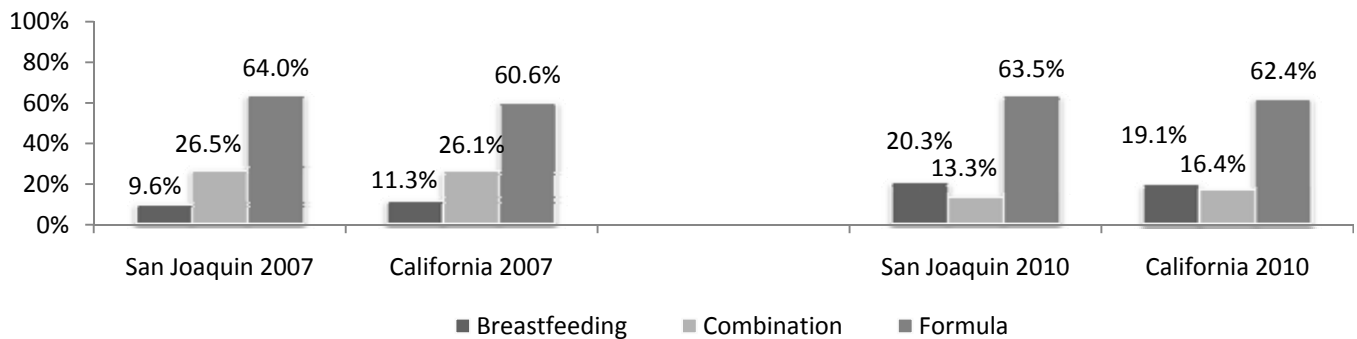
According to the American Academy of Pediatrics (AAP), breastfeeding has been shown to have a number of health advantages for infants, mothers, families, and society in general. There is strong evidence that children who are breastfed experience a decreased incidence of infectious disease, a decreased rate of sudden infant death syndrome, and enhanced cognitive development. Mothers who breastfeed their infants often have decreased postpartum bleeding and an earlier return to pre-pregnancy weight. Greater social benefits include decreased annual health care costs, decreased parental absenteeism from work, and a decreased environmental burden. Because of such benefits, the AAP recommends that infants should be exclusively breastfed for at least six months after birth.⁹



In September of 2010, approximately 1 in 5 San Joaquin County and California WIC infants were being fed solely breast milk (20% and 19%, respectively). More than half of San Joaquin County and California WIC participants used formula in 2010 (64% and 62%, respectively). This was similar to the percentage of both San Joaquin County and California participants who used formula in 2007 (64% and 61% respectively).

In-hospital breastfeeding data show the percentage of local residents that are breastfeeding was relatively high (85%) in 2009, but was lower than the state overall at 90%. Moreover, San Joaquin County had a lower percentage of residents who breastfed exclusively (37%) as compared to the state of California at 52%. Latino mothers had the highest incidence of any breastfeeding in 2008 (85%), yet, only 39% were exclusively breastfeeding, compared to half of white mothers.

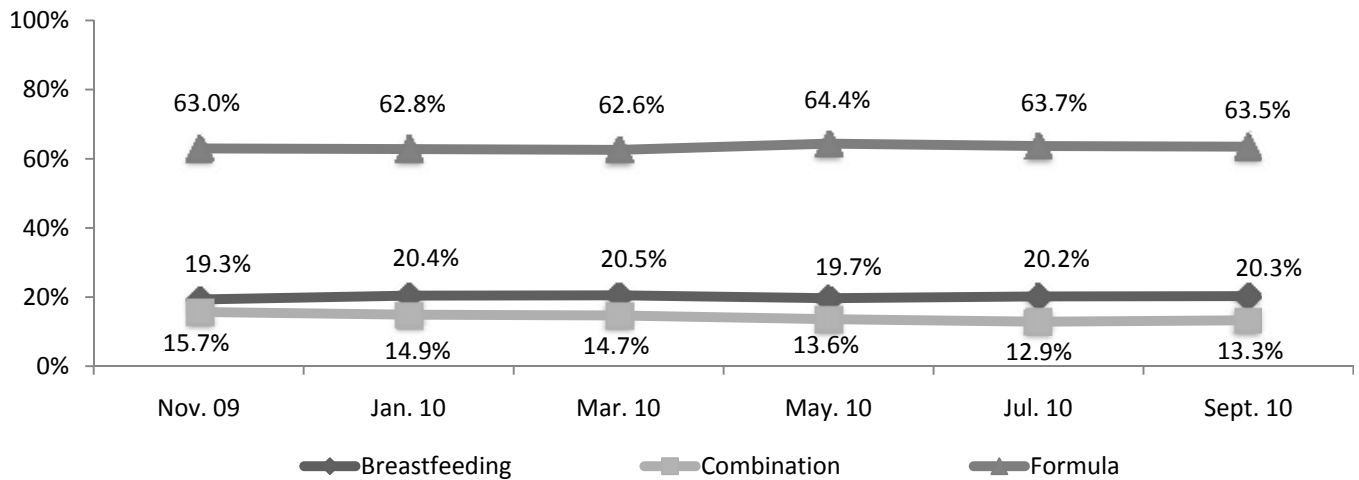
WIC Participants' Feeding Choices for Infants



Source: California WIC Extranet, September 2010.
 California 2007 N: California data report as percentage, 2010 N: 302,151.
 San Joaquin 2007 N: 7,326, 2010 N: 7,183.

⁹ American Academy of Pediatrics, *Breastfeeding and the Use of Human Milk*, retrieved January 14, 2011.
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>

San Joaquin County WIC Participants' Feeding Choices for Infants

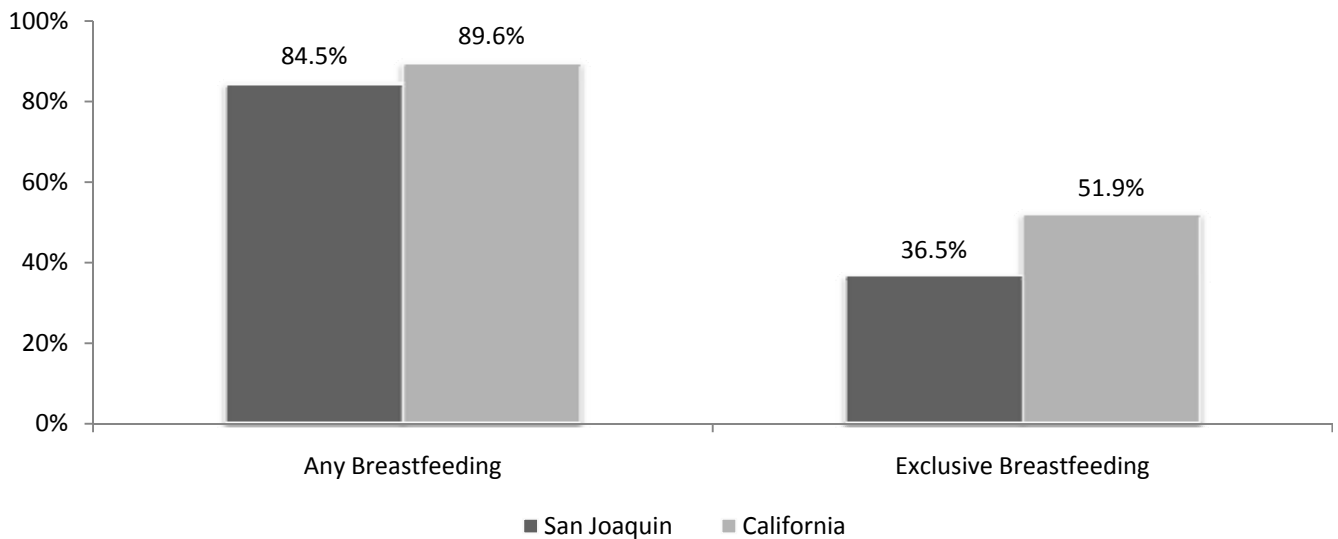


Source: California WIC Extranet, September 2010.

San Joaquin County: November '09 N: 7,178; January '10 N: 7,359; March '10 N: 7,406; May '10 N: 7,275; July '10 N: 7,299; September '10 N: 7,183.

Note: Data include participants from other counties who chose to come to WIC in San Joaquin County.

San Joaquin County In-Hospital Breastfeeding, 2009



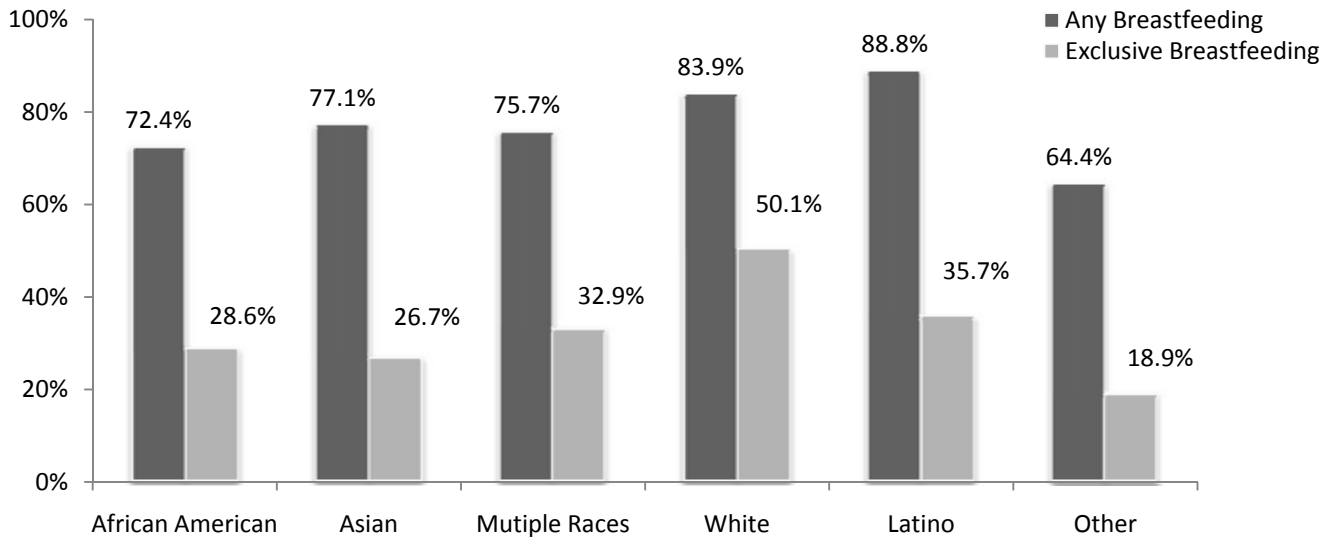
Source: California Department of Public Health, *Breastfeeding Statistics*, 2010.

Note: 2009 data presented cannot be compared to data published in prior years (2004-2008) due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology.

San Joaquin County 2008 N: 4,359.

California 2008 N: 335,435.

San Joaquin County In-Hospital Breastfeeding, by Ethnicity, 2009

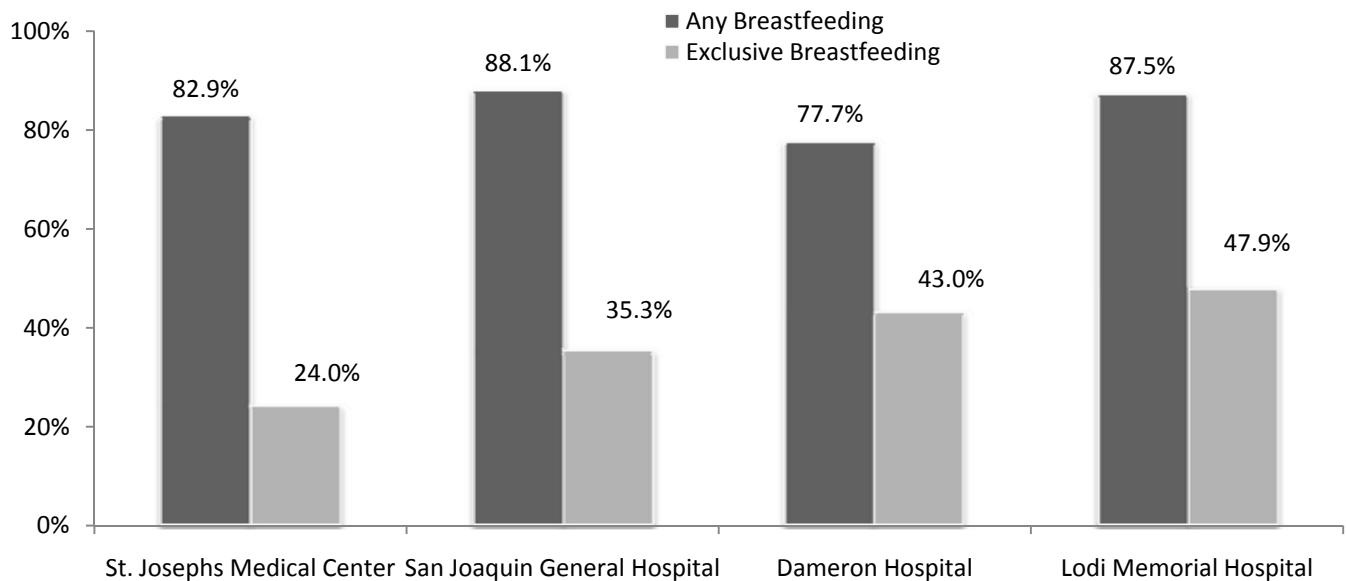


Source: California Department of Public Health, *Breastfeeding Statistics*, 2010.

Note: 2009 data presented cannot be compared to data published in prior years (2004-2008) due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology.

San Joaquin County 2009 African American N: 304; Asian N: 446; Multiple Races N: 152; White N: 801; Latino N: 2,409, Other N: 90.

San Joaquin County In-Hospital Breastfeeding, by Hospital, 2009



Source: California Department of Public Health, *Breastfeeding Statistics*, 2010.

Note: Only hospitals reporting more than 50% of births using the Newborn Screening Test Form Version NBS-I (D) (12/08) are reported here. Also, 2009 data presented cannot be compared to data published in prior years (2004-2008) due to recent revisions to the NBS data collection tool (NBS Form) as well as changes in their data analysis methodology.

Dental Insurance/Oral Health

Regular dental visits – at least once per year – are important for preventing, diagnosing, and treating oral diseases. Research has shown that periodontal (gum) disease can also impact overall health. The inflammation caused by periodontal disease is linked to other chronic conditions, such as diabetes, cardiovascular disease, and Alzheimer’s disease.¹⁰ However, having dental insurance makes getting regular, adequate dental care easier, and therefore decreases the health risk of developing gum disease.

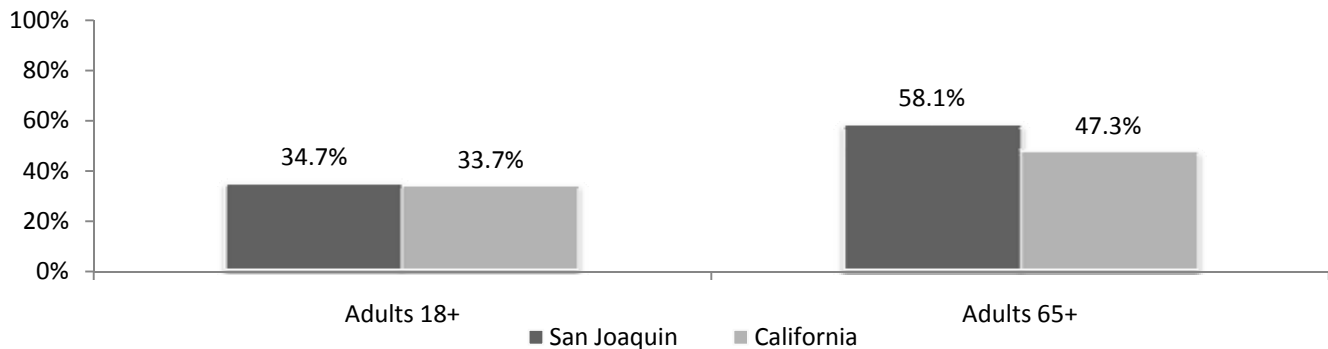


Fewer residents reported having dental insurance in 2010, 58%-60% of face-to-face and telephone survey respondents, compared to 61%-66% of respondents in 2007.

Additionally, one-half (52%) of 2010 telephone survey respondents had last visited a dentist, oral hygienist, or orthodontist between one and six months ago, down from 58% in 2007. Nearly 11% of 2010 telephone and face-to-face survey respondents had not seen a dentist for five or more years. While this percentage was the same for face-to-face survey respondents in 2007, there was a 4% increase for telephone survey respondents.

According to 2007 CHIS data, older adults had less dental insurance than younger adults. This was true in both San Joaquin County and California as a whole. More than 58% of San Joaquin County residents age 65 or older did not have dental insurance in 2007 compared to 35% of all adult residents over the age of 18.

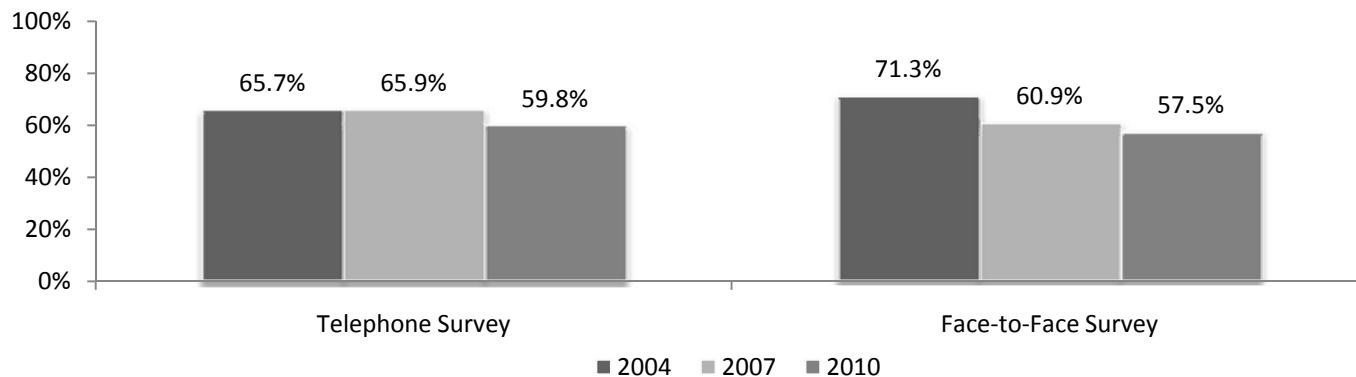
Adults without Dental Insurance in the Past Year, 2007



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2007.
 San Joaquin: Adults 18+ N: 443,000; Adults 65+ N: 63,000.
 California: Adults 18+ N: 26,874,000; Adults 65+ N: 3,901,000.
 Note: No new data available

¹⁰ American Academy of Periodontology, Gum Disease, *Mouth-Body Connection*, retrieved January 14, 2011. <http://www.perio.org/consumer/mbc.top2.htm>

☎ 👤 Do you also have additional health insurance coverage for dental care? (Respondents answering “Yes”)

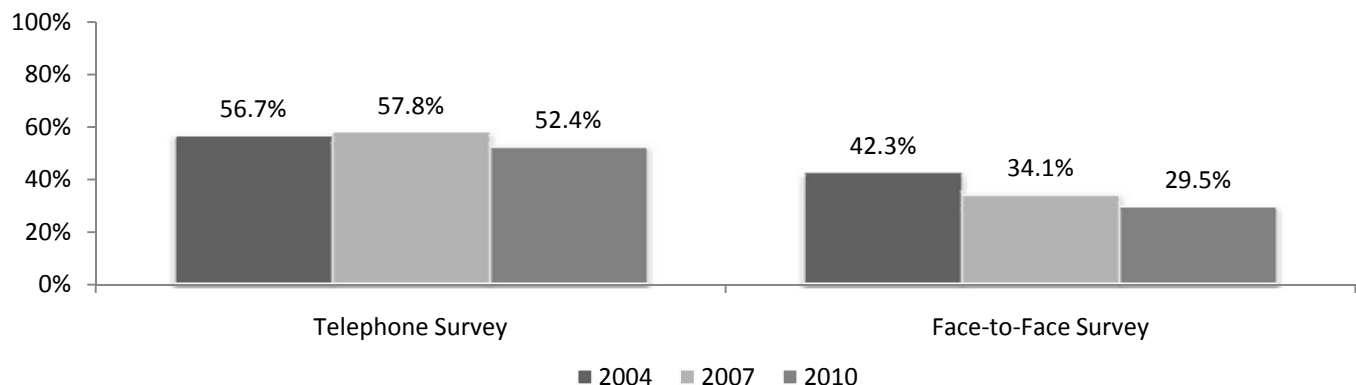


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Telephone Survey 2004 N: 361; 2007 N: 367; 2010 N: 341.

Face-to-Face Survey 2004 N: 1,535; 2007 N: 1,405; 2010 N: 963.

☎ 👤 How long has it been since you last visited a dentist, oral hygienist, or orthodontist? (Respondents answering “1 to 6 months ago”)

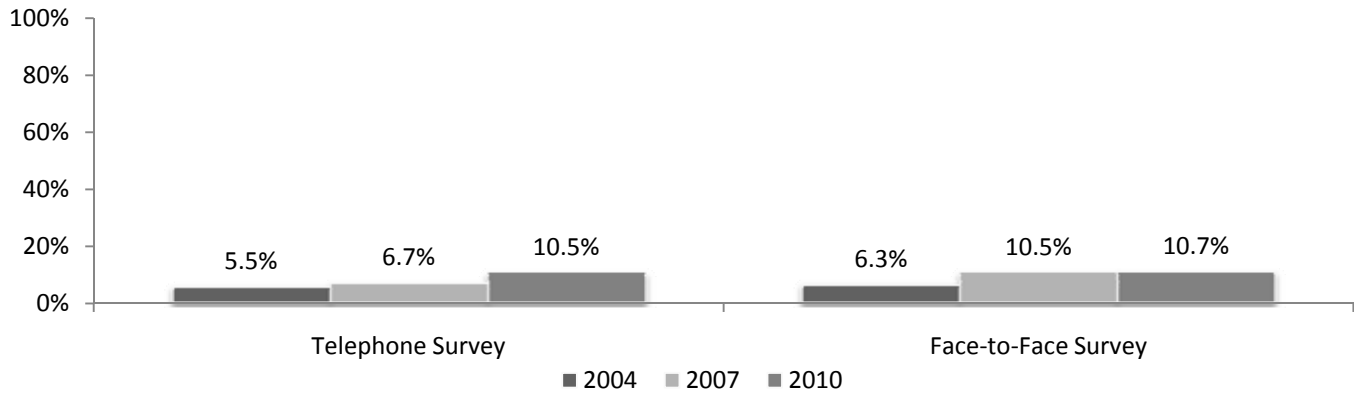


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Telephone Survey 2004 N: 429; 2007 N: 427; 2010 N: 429.

Face-to-Face Survey 2004 N: 1,978; 2007 N: 1,900; 2010 N: 1,849.

☎️ 👤 How long has it been since you last visited a dentist, oral hygienist, or orthodontist? (Respondents answering “More than 5 years ago”)

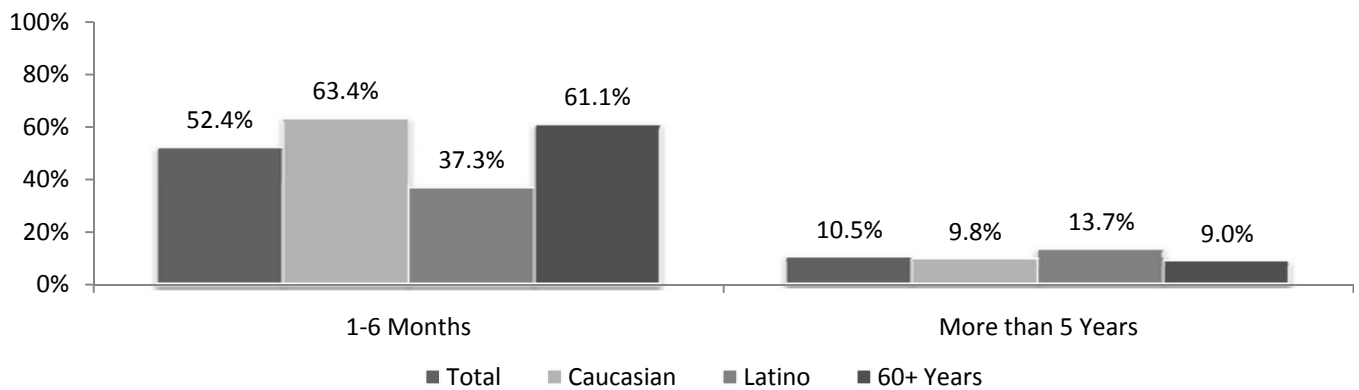


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Telephone Survey 2004 N: 429; 2007 N: 427; 2010 N: 429.

Face-to-Face Survey 2004 N: 1,978; 2007 N: 1,900; 2010 N: 1,849.

☎️ 👤 How long has it been since you last visited a dentist, oral hygienist, or orthodontist? (Selected Populations), 2010



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

2010 Total Population N: 429; Caucasian N: 214; Latino N: 122; 60+ N: 141.

Health Care Access and Utilization

Having a usual source of health care helps people to get into the health care system and have timely use of health services to achieve the best health outcomes. However, over 40 million Americans do not have a specific source of ongoing care, especially racial and ethnic minorities and people of low socioeconomic status. Individuals without a usual source of care report more difficulties obtaining needed services, and receive fewer preventive health services.¹¹



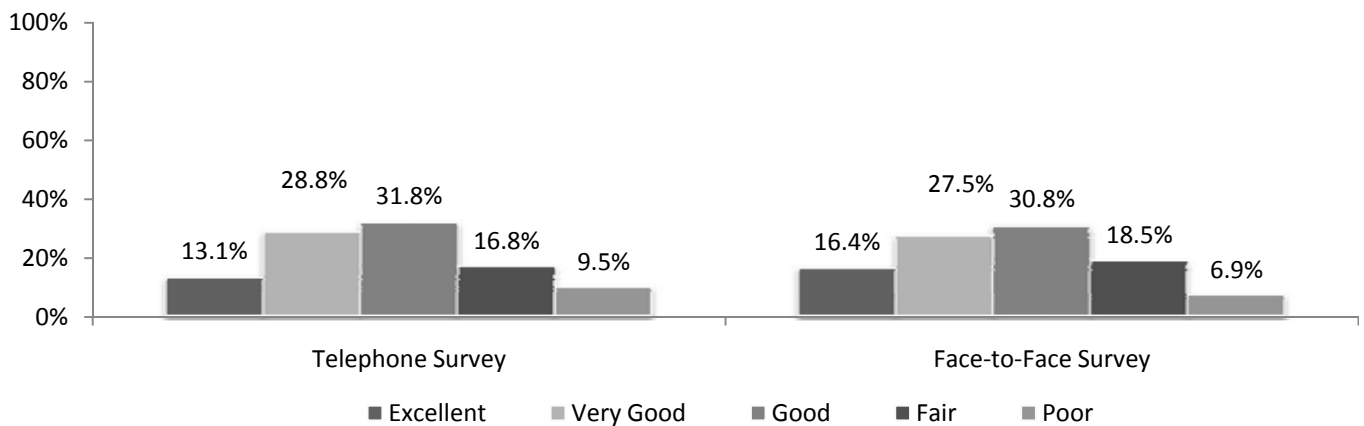
The majority of Healthier San Joaquin County telephone and face-to-face survey respondents reported their general health as good or better (74% and 75% respectively).

In 2010, 57%-58% of telephone and face-to-face survey respondents needed health care in the last 12 months. When these respondents were asked where they went for care, the majority of telephone survey respondents visited a “private doctor” (65%) and the largest percentage of face-to-face survey respondents visited “medical clinics/medical center/community health center” (52%). More than 54% of face-to-face survey respondents relied on a “private doctor” for medical care in 2004, but that percentage dropped down to 36% in 2010.

Additionally, in 2010 14% of telephone survey respondents and 10% of face-to-face survey respondents traveled out of San Joaquin County for health care, similar to 2007. Among the telephone survey respondents who traveled out of San Joaquin County for health care in 2010, 60% did so because they “preferred a doctor in another county” and 40% did so because they were “referred to another provider by their family doctor.”

In 2010, 71% of telephone survey respondents and 48% of face-to-face survey respondents received information about health care from a “doctor/nurse.” Thirty-eight percent (45%) of telephone survey respondents and 46% of face-to-face survey respondents got information about health care from their “friends or family.”

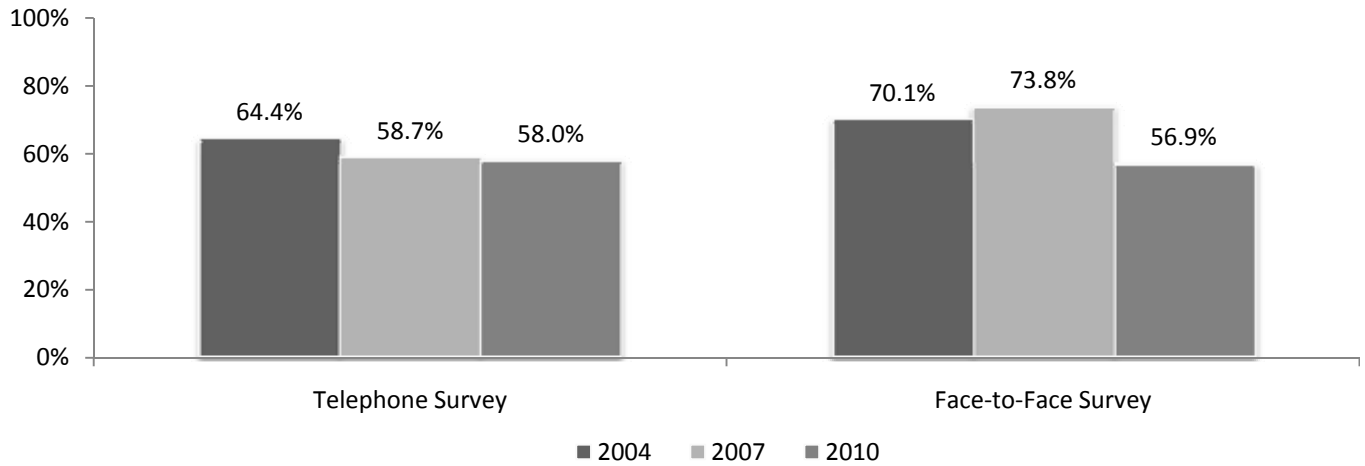
  **Would you say that in general, your overall health is: (2010)**



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.
 Telephone Survey 2010 N: 427.
 Face-to-Face Survey 2010 N: 1,927.

¹¹ United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities and Quality Report*, retrieved January 14, 2011.

☎️ 👤 Have you needed health care in the last 12 months? (Respondents answering “Yes”)

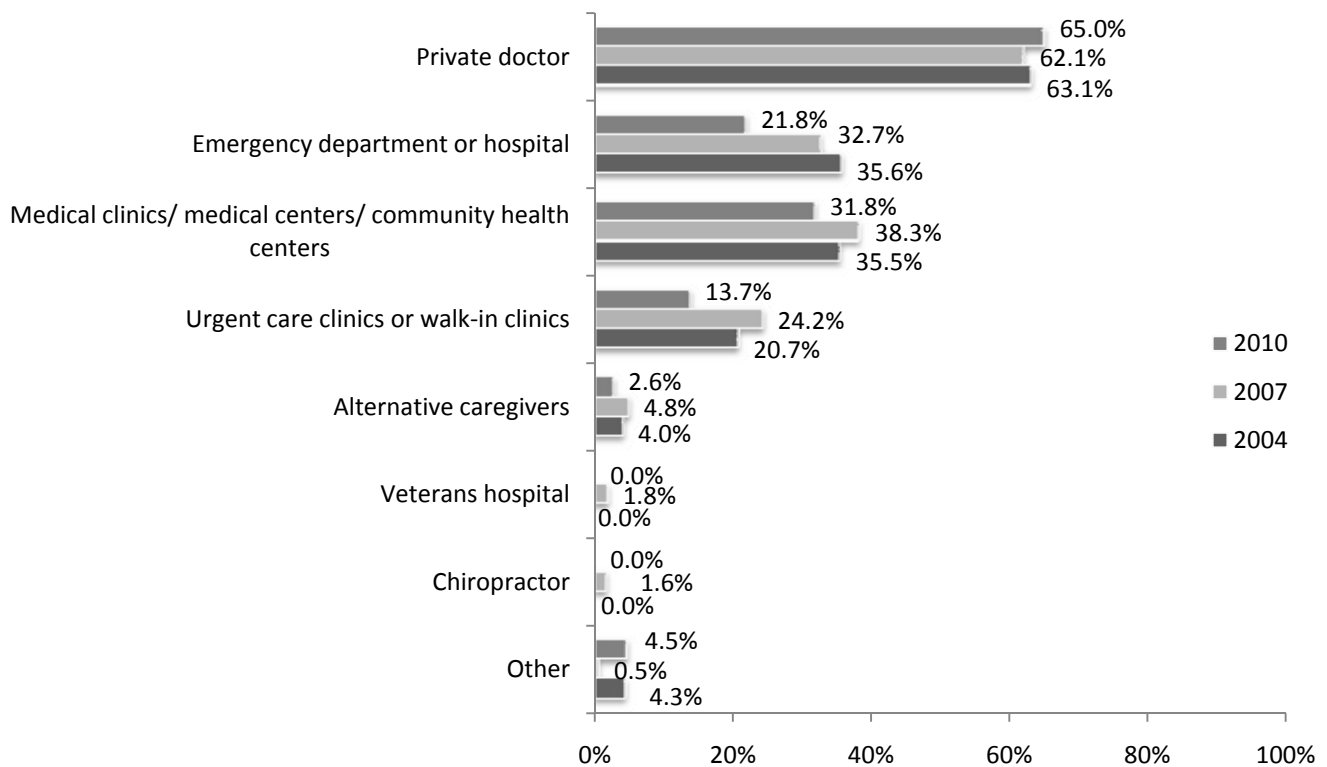


Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.

Telephone Survey 2004 N: 427; 2007 N: 431; 2010 N: 427.

Face-to-Face Survey 2004 N: 2,027; 2007 N: 1,985; 2010 N: 1,919.

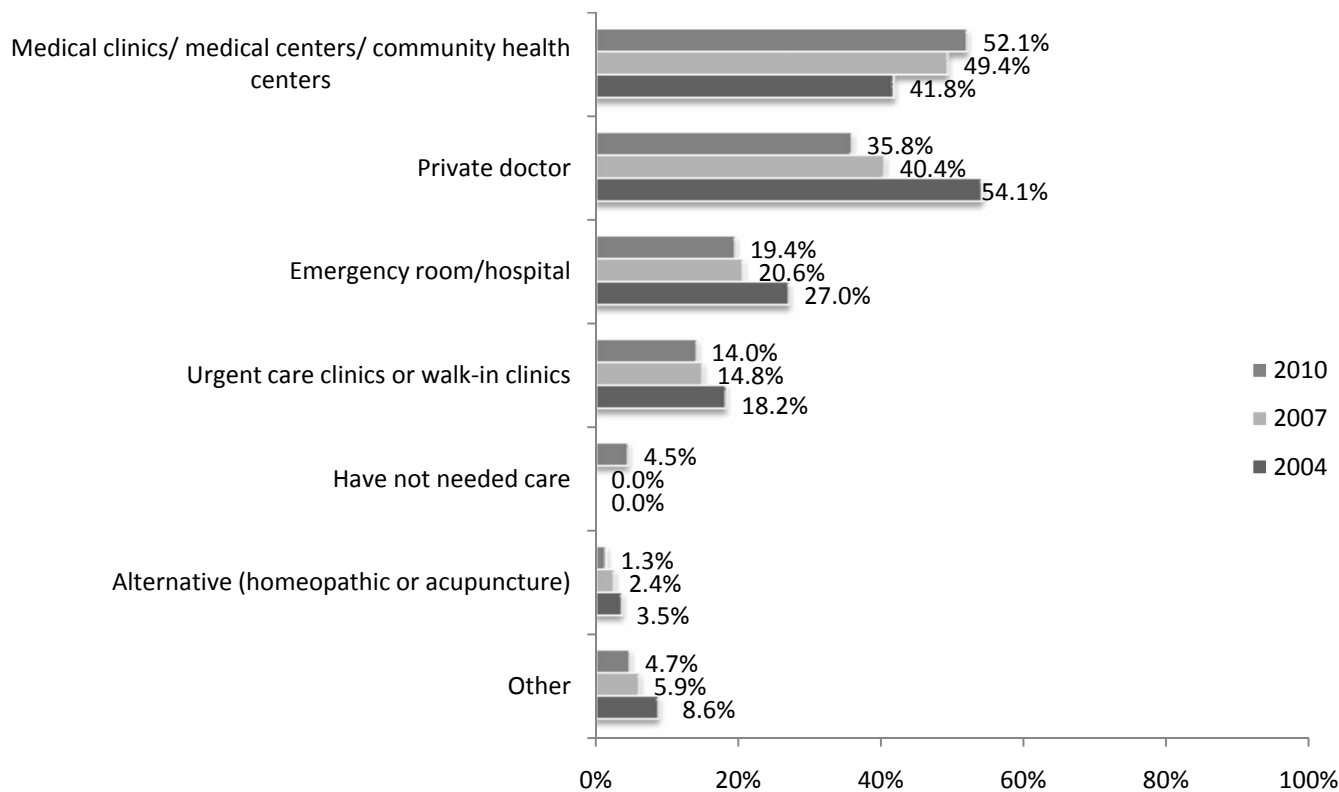
☎️ 🏠 When you need health care where do you go?



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

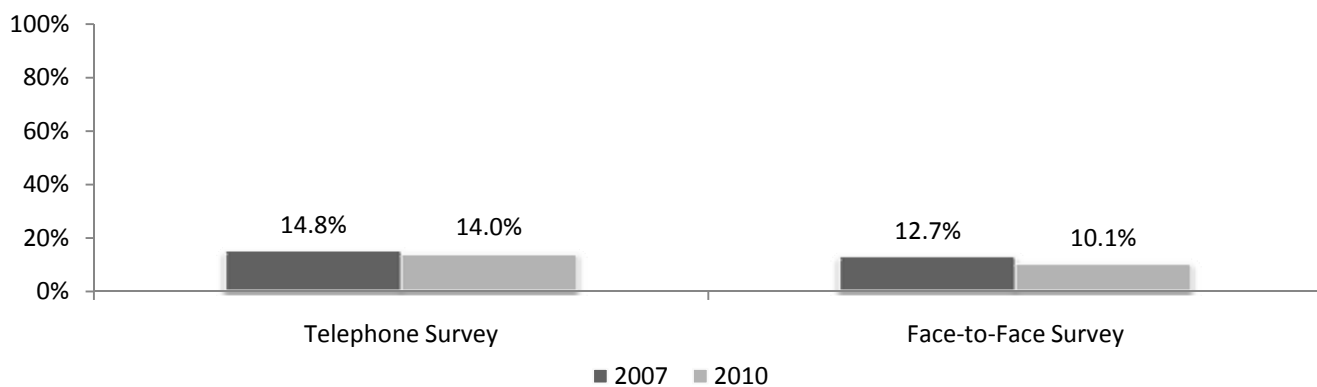
Telephone Survey 2004: 429 respondents, offering 711 responses; 2007: 422 respondents, 701 responses; 2010: 427 respondents, 603 responses.

When you need health care where do you go?



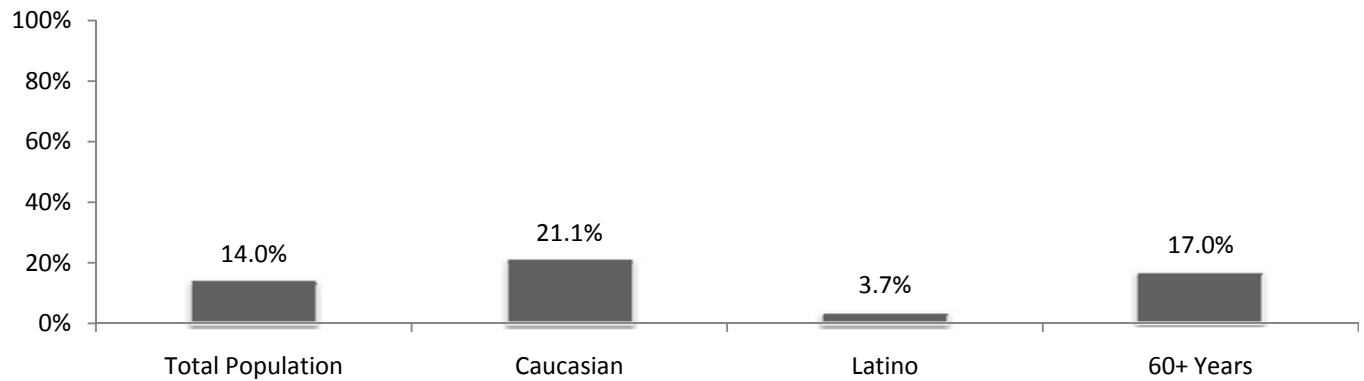
Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010. Face-to-Face Survey 2004: 1,937 respondents, 2968 responses; 2007: 1,808 respondents, 2,413 responses; 2010: 1,874 respondents, 2,469 responses.

Do you travel out of San Joaquin County for health care? (Respondents answering "Yes")



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010. Telephone Survey 2007 N: 426; 2010 N: 432. Face-to-Face Survey 2007 N: 1,911; 2010 N: 1,879.

☎ Do you travel out of San Joaquin County for health care? Selected Populations (Respondents answering “Yes”), 2010



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. 2010 Total Population N: 432; Caucasian N: 215; Latino N: 123; 60+ Years N: 142.

☎ If you traveled out of San Joaquin County for health care, was it because:

Response	2007	2010
You prefer a doctor in another county	27.4%	60.0%
Referred to another provider by your family doctor	19.1%	39.9%
Needed cardiology specialty care	13.1%	10.0%
Needed pediatric care	11.9%	19.8%
You use health care closer to your job	11.9%	16.1%
Needed orthopedic care	4.8%	18.8%
Needed mental health treatment	4.8%	15.0%
Needed diabetic treatment	6.0%	8.6%
Needed women's health treatment	6.0%	23.5%
Needed oncology treatment	4.8%	6.2%
Needed geriatric care	NA	1.2%
Needed substance abuse/alcohol treatment	1.2%	2.5%
Other	14.3%	8.8%
Total respondents	63	60
Total responses	92	139

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 **How do you get information about health care?**

Response	2007	2010
Doctor/nurse	73.1%	71.4%
Friends or family	37.6%	45.0%
Internet	30.2%	37.0%
Newspaper/magazine	32.8%	31.2%
TV or radio	28.2%	27.8%
Books	27.4%	25.3%
Child's school	14.9%	11.6%
Alternative health practitioner	10.5%	7.3%
Curandero(a)/healer/shaman	2.0%	1.4%
Other	4.6%	6.6%
Total respondents	408	422
Total responses	1,073	1,117

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 **How do you get information about health care?**

Response	2007	2010
Doctor/nurse	55.6%	48.4%
Friends or family	46.2%	46.1%
Internet	18.2%	19.2%
Newspaper/magazine	23.4%	13.3%
TV or radio	17.2%	20.1%
Books	12.7%	9.3%
Child's school	9.9%	13.9%
Alternative health practitioner	5.1%	5.8%
Curandero(a)/healer/shaman	1.1%	1.1%
Other	10.3%	16.7%
Total respondents	1,817	1,780
Total responses	3,630	3,450

Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.

HOW WE ARE MAKING A DIFFERENCE

Sutter Tracy Healthy Connections Resource Center

Sutter Tracy Healthy Connections Resource Center has been providing assistance to the greater Tracy community for the past six years. The resource and referral services provided are tailored to meet the identified needs of the community which are established from the Healthier San Joaquin County Community Assessment. As the economy continues to produce an increasing unemployment rate, the need to improve access to health care becomes more predominate. Therefore, in addition to the standard programs and services provided by the resource center, the improvement of health care access has become a major focus.

Ongoing programs of the resource center include health insurance enrollment assistance, Mommy & Me support group, Parent & Me playgroups, parenting classes, case management, cancer support services, prescription assistance (PAPrx) and resource referral for any personal need. As a department of Sutter Tracy Community Hospital, the resource center has developed a streamlined referral process with other hospital departments to assist uninsured patients with continuum of care. This process helps ensure that patients are provided with the needed health and social service assistance after their hospital visit. Through this process, 100% of the individuals referred to the resource center from the Emergency and Case Management Departments have received follow up services and several of those referrals have resulted in some great success stories.

One example is 57-year-old “Robert,” referred to the resource center by the emergency department. Robert is one of many who fall through the cracks of the current social service system. His employer went out of business leaving him dependent on unemployment, but most importantly out of medical insurance to assist him in managing his severe hypertension and Type I Diabetes. As a client of the resource center Robert was introduced to resources that he was not previously aware existed. He was referred to the Tracy Free Clinic for follow-up care along with ongoing medical attention and new prescriptions for his medications. Healthy Connections also provided resources for employment, diabetes support, and free prostate screening. Due to his income level, Robert qualified for the patient assistance programs (PAPrx) for his medications. The resource center assisted with completing all the applications and enrolling him to receive his life saving medications for just \$5 for a three month supply, and continues to provide support as needed to make sure he does not run out of his medicine. Robert’s medical conditions are stable, and although he continues to search for work in this difficult economy, he is comforted in knowing that his health and well-being needs are being met. Robert is grateful in knowing that he always has a place to turn for additional support.



In 2010, Sutter Tracy Healthy Connections met the needs of 1,769 local households. Through continuous building of partnerships and collaborations, the resource center strengthens its ability to provide services to the underserved community. The tireless efforts of the resource center staff are perfectly summarized by its mission statement; “to strengthen families’ ability to make healthy choices for themselves, to care for family members in need of support, and to promote the well-being of the community.”

For more information on Sutter Tracy Healthy Connections Resource Center visit www.suttertracy.org/resourcecenter.

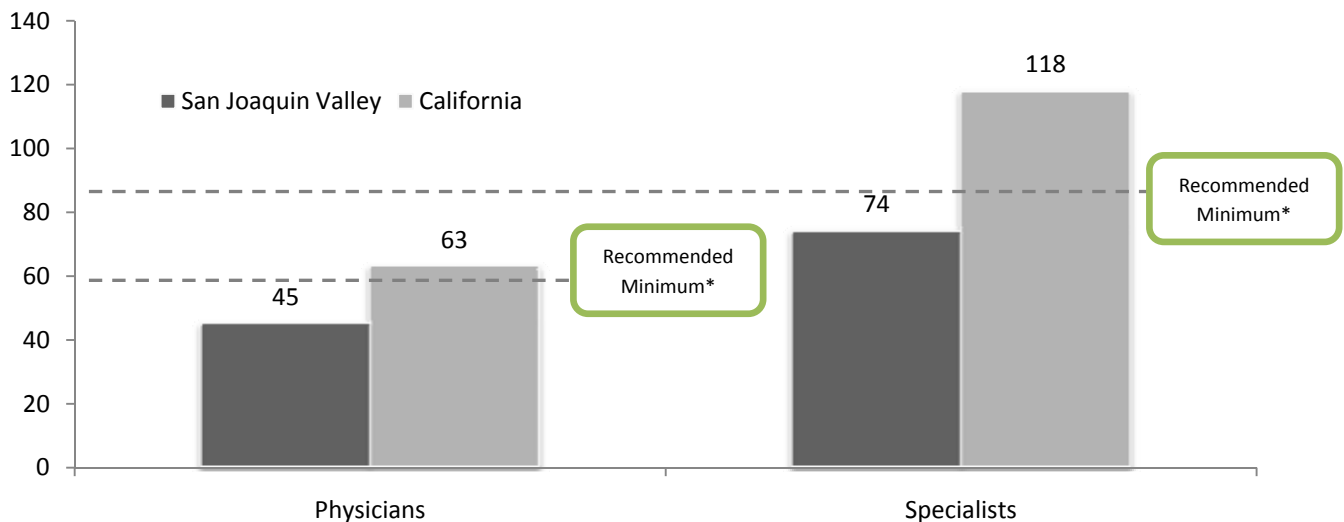
Physician Supply

There is great concern about the impending shortage of health care professionals at the national, state, and local level. The proportion of individuals enrolling in medical school compared to overall population growth continues to decline and one-third of the current physician workforce in the United States is over the age of 55.¹² If shortages continue to increase, difficulties accessing care will include longer waiting times for appointments, increased travel distances to get care, shorter visit times with physicians, expanded use of non-physicians for care, and higher prices. If shortages are extensive, in some cases it will lead to a loss of access altogether.¹³



San Joaquin County is a designated medically underserved community, an area in which the number of medical providers is already too small to meet the needs of the community. In 2008, the San Joaquin Valley failed to meet the recommended minimum number of physicians and specialists for their population area, while the state of California exceeded both minimums. However, there are new efforts in the community to address and compensate for this problem, including the new Program in Medical Evaluation (PRIME) in San Joaquin Valley. PRIME's focus is to aid medically underserved communities, by offering specialized training for medical school students who are from the state's underserved communities or strongly connected to them.¹⁴

Physician Supply per 100,000 Residents (2008)



Source: California- Medical Board of California, 2009. San Joaquin Valley- California HealthCare Foundation, *Fewer and More Specialized: A New Assessment of Physician Supply in California*, June 2009

*The Council on Graduate Medical Education (COGME), part of the U.S Department of Health and Human Services, studies physician workforce trends and needs. The latest COGME benchmarks are 60-80 physicians per 100,000 persons, and 85-105 specialists per 100,000 persons.

¹² California Chapter of the American Academy of Emergency Medicine, *Roadblock to Healthcare Access-The Physician Shortage*, Retrieved January 14, 2011. <http://www.calaaem.org/legislative.php>

¹³ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections Through 2025*, Retrieved January 14, 2011. <http://www.tht.org/education/resources/AAMC.pdf>

¹⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010.

Active Patient Care Physicians in California (By Specialty), (2008)

Specialty	San Joaquin County		California
	Number of Physicians	Ration per 100,000 Residents	Ration per 100,000 Residents
All Specialties	905	128.03	173.82
Allergy and Immunology	7	1.16	0.99
Anesthesia	43	6.08	9.29
Cardiology	22	3.11	4.26
Critical Care	2	0.28	0.48
Dermatology	13	1.84	3.18
Emergency Medicine	39	5.52	7.00
Endocrinology	5	0.71	1.02
Family Medicine	96	13.58	15.36
General Surgery	32	4.53	3.86
Geriatrics	4	0.57	1.11
General Practice	24	3.40	4.04
Infectious Diseases	4	0.57	0.95
Internal Medicine	120	16.98	23.32
Neonatal	3	0.42	1.00
Neurology	14	1.98	2.42
Obstetrics/ Gynecology	45	6.37	8.03
Oncology	6	0.85	1.98
Ophthalmology	28	3.96	4.29
Pediatrics	72	10.19	13.34
Psychiatry	42	5.94	10.53
Public Health	1	0.14	0.24
Pulmonology	8	1.13	1.91
Radiology	29	4.10	5.81
Surgical Oncology	0	0.00	0.35
Thoracic Surgery	0	0.00	0.92
Urology	14	1.98	2.22
Vascular Surgery	5	0.71	1.05

Source: Medical Board of California, 2008.

Spanish Language Proficiency Among County Medical Doctors

Language	2007	2008	2009	2010
Spanish Proficient Physicians	140	164	159	163
Total Number of Physicians	991	1,302	1,054	1,206


Source: Spanish Proficient: Medical Board of California, *Physician Survey*, 2010. Total number of physicians: Medical Board of California, *Annual Report*, 2010.
 Note: Total number of physicians is reported by fiscal year, and Spanish language proficiency is reported by physicians at the time of their license renewal.

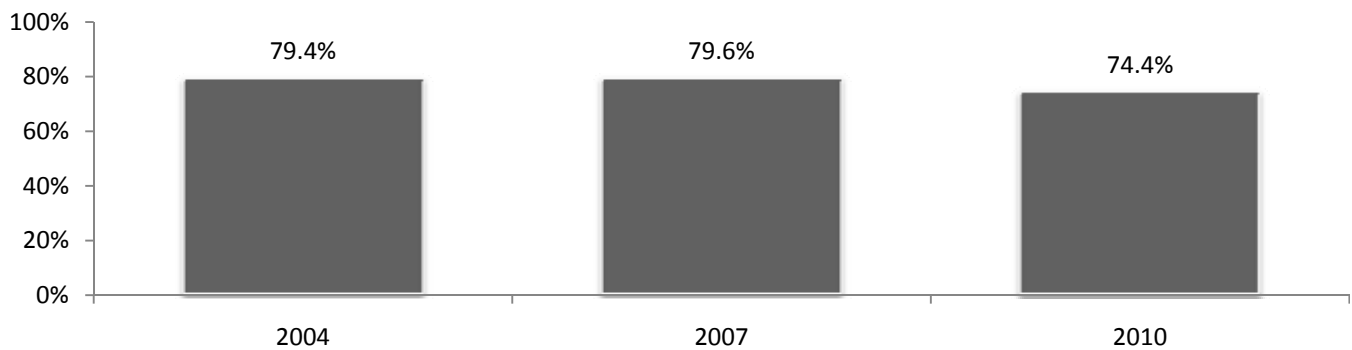
Preventive Care

Regular and timely medical screenings can identify health conditions in their early stages when they are most easily treated. They may also uncover potential risk factors for chronic disease that can be managed with lifestyle changes. Further, preventive care can reduce the impact of chronic diseases and conditions, which in turn can improve the quality of life for children and adults as they age. Overall in the United States, there is significant underuse of effective preventive care, resulting in the loss of lives, unnecessary poor health, and inefficient use of health care dollars.¹⁵



Fewer San Joaquin County residents received preventive medical care in 2010 (74%) than in 2007 (80%). The respondents who did not receive preventive care cited their primary reasons as lack of health insurance and costs. In 2010 the top reason for not receiving preventative care was “no insurance” (50%). This was higher than in 2004 when 29% of respondents reported “no insurance” as a reason for not receiving care.

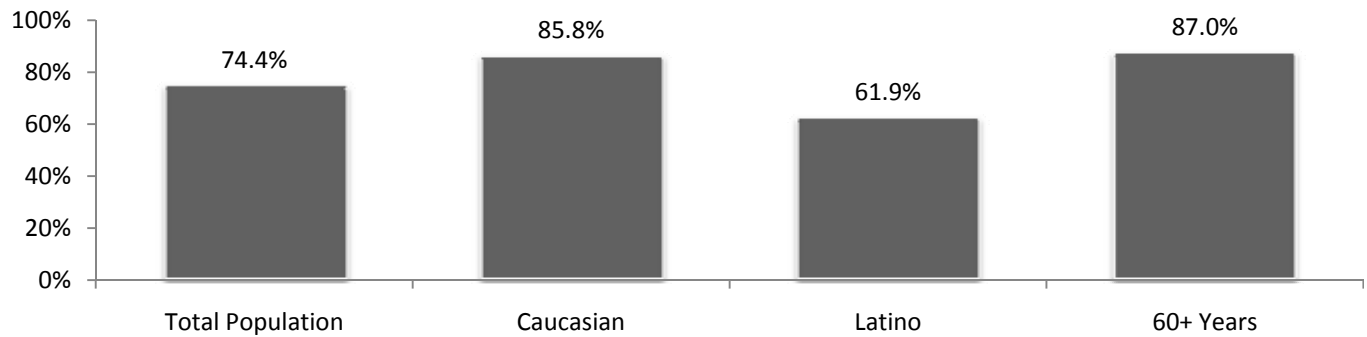
 **Do you receive preventive care such as annual exams? (Respondents answering “Yes”)**



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. Telephone Survey 2004 N: 424; 2007 N: 425; 2010 N: 426.

¹⁵ Partnership for Prevention, Improving Health—Preventive Care, *A National Profile on Use, Disparities, and Health Benefits* 2007, retrieved January 4, 2011. <http://www.prevent.org/Reports-and-Articles/Preventive-Care.aspx>.

☎ Do you receive preventive care such as annual exams? By Selected Populations (Respondents answering “Yes”) (2010)



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.
 Telephone Survey Total Population N: 426; Caucasian N: 213; Latino N: 123; 60+ Years N: 139.

☎ If you did not receive preventive care, why not?

Response	2004	2007	2010
No Insurance	28.8%	28.1%	49.5%
Could not afford it	18.2%	15.6%	10.4%
Insurance would not cover it	11.6%	6.3%	12.1%
Transportation issues	2.5%	0.0%	3.1%
Don't know where to go	7.4%	6.3%	2.4%
Unable to communicate through language differences/barriers	N/A	1.0%	0.8%
Could not afford the co-pay	N/A	2.1%	0.8%
Lack of services/ services unavailable	N/A	N/A	0.8%
Other	15.6%	8.3%	30.5%
Total respondents	88	72	95
Total responses	105	86	104

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

Delays in Care - Medical Care



When residents need medical care, it is important to get care in a timely fashion. Delaying medical care can exacerbate problems and even be life threatening. It can also add to the cost of care to the patient and the care provider. The high cost of medical care and being uninsured or underinsured can contribute to a delay in receiving medical care.¹⁶

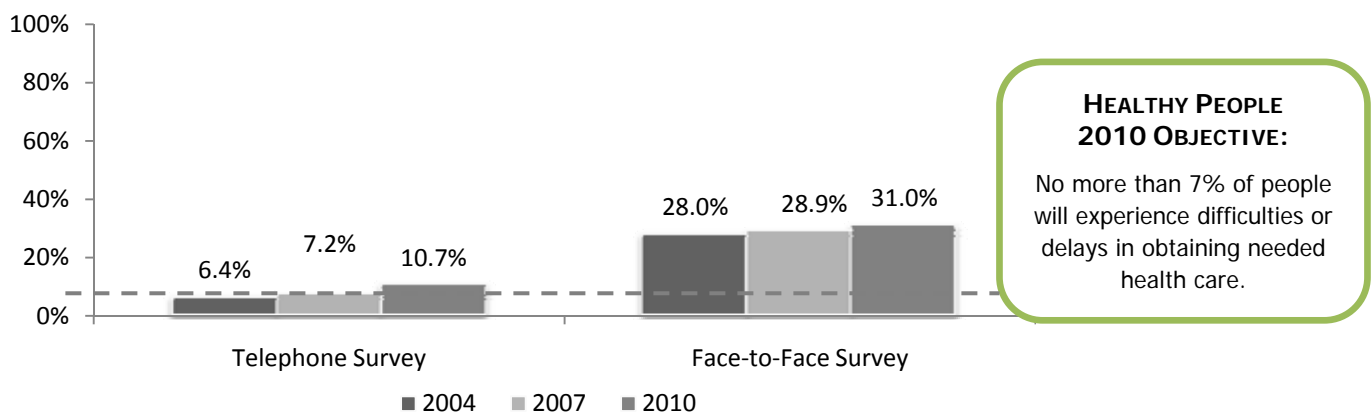


In the 2010 Healthier San Joaquin County surveys, residents were asked if they needed health care in the last 12 months and whether or not they were able to receive it. More telephone survey respondents were unable to obtain medical care they needed in 2010 (11%) than in 2007 (7%). The percentage of survey respondents who were not able to receive care exceeds the Healthy People 2010 Objective that no more than 7% of people will experience difficulties or delays in obtaining needed health care.

Among 2010 telephone survey respondents who went without health care, 53% went without “basic care, 50% went without “dental care,” and 44% went without “preventive care.” Among face-to-face survey respondents, 71% reported going without “basic care,” 62% reported going without “dental care” and 50% reported going without a “preventive care/annual exam.”


For those who could not get the care they needed, the greatest percentage of survey respondents indicated this was because they had “no insurance” (77% of telephone survey respondents and 64% of face-to-face survey respondents in 2010). The percentage of telephone and face-to-face survey respondents who reported that they didn’t get care because they had no insurance changed between 2007 and 2010, from 50% to 77% and from 69% to 64% respectively. Nearly 1 in 4 face-to-face survey respondents reported going without the care they needed because they were unable to communicate due to language differences.

  **If you needed health care in the last 12 months, were you able to receive the care you needed? (Respondents answering “No”)**




Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.
 Telephone Survey 2004 N: 274; 2007 N: 251; 2010 N: 246.
 Face-to-Face Survey 2004 N: 1,420; 2007 N: 1,418; 2010 N: 1,091.

¹⁶ The Commonwealth Fund, *Losing Ground: How the Loss of Adequate Health Insurance is Burdening Working Families* 2008, retrieved January 4, 2011. <http://www.commonwealthfund.org/Publications.aspx>.

 **This is a list of reasons why some people are unable to receive health care. Please tell me which reasons apply to you:**

Response	2007	2010
No insurance	50.0%	77.2%
Could not afford it	45.9%	39.8%
Insurance would not cover it	37.5%	28.3%
Could not afford co-pay	29.1%	34.0%
Could not find doctor to accept insurance	20.8%	22.7%
Did not know what steps to take to get health care	20.8%	8.5%
Changed employer/lost job	16.7%	22.8%
Transportation issues	12.4%	22.7%
Could not get a timely appointment	16.7%	17.0%
Did not know where to go	12.4%	17.0%
Lack of services or services unavailable	12.4%	28.5%
Unable to understand the telephone instructions to make an appointment	4.1%	2.8%
Unable to communicate due to language differences	0.0%	11.3%
Other	0.0%	0.0%
Total respondents	18	26
Total responses	50	87

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 **This is a list of reasons why some people are unable to receive health care. Please tell me which reasons apply to you:**

Response	2007	2010
No insurance	69.0%	63.6%
Could not afford it	33.9%	29.0%
Insurance would not cover it	13.9%	10.0%
Could not afford co-pay	12.9%	12.1%
Could not find doctor to accept insurance	8.3%	2.5%
Did not know what steps to take to get health care	13.9%	6.2%
Changed employer/lost job	9.3%	7.5%
Transportation issues	11.5%	28.0%
Could not get a timely appointment	5.1%	3.4%
Did not know where to go	16.3%	12.5%
Lack of services or services unavailable	N/A	N/A
Unable to understand the telephone instructions to make an appointment	5.1%	10.9%
Unable to communicate due to language differences	8.5%	24.3%
Other	11.2%	4.7%
Total respondents	410	321
Total responses	898	689

Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.

 **What type of health care did you go without?**

Response	2007	2010
Dental	37.5%	49.5%
Basic care	58.3%	52.8%
Preventive care/annual exam	25.0%	43.9%
Specialist	50.0%	38.1%
Other	0.0%	26.6%
Mental health (counseling or other help)	12.5%	14.6%
Alternative care (homeopathic or acupuncture)	12.5%	14.6%
Substance abuse treatment; drugs or alcohol	12.5%	N/A
Prenatal	4.1%	2.9%
Total respondents	18	25
Total responses	38	62

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 **What type of health care did you go without?**

Response	2007	2010
Dental	48.7%	62.0%
Basic care	55.6%	70.8%
Preventive care/annual exam	27.9%	49.8%
Specialist	18.2%	35.1%
Other	16.3%	12.5%
Mental health (counseling or other help)	12.8%	10.2%
Alternative care (homeopathic or acupuncture)	7.8%	4.9%
Substance abuse treatment; drugs or alcohol	6.1%	2.6%
Prenatal	9.5%	3.6%
Total respondents	423	305
Total responses	858	767

Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.


Delays in Care - Prescription Medication

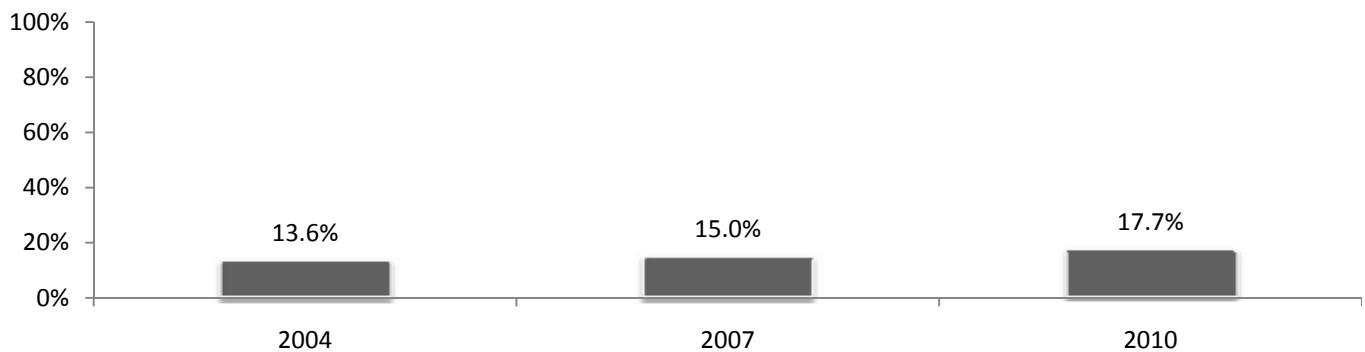
Delays in getting necessary prescription medication can interfere with treatment for common and chronic illness. Prescription drug costs are often a problem for many uninsured or underinsured residents, especially for older adults. The cost of prescription medication is the fastest growing component of medical expenses.¹⁷



According to a recent study by the National Center for Health Statistics, having a regular source of health care, health insurance, and prescription drug benefits were associated with increased use of prescribed medicines. People with a regular source for health care were almost three times more likely to have used prescription drugs in the past month than those without a regular source for health care. Among people with health insurance, those having a prescription drug benefit were 22% more likely to use prescription drugs than those who did not have this benefit. The study found that the most commonly used drugs included asthma medicines for children, and cholesterol lowering drugs for older Americans. Among children younger than age 6, penicillin antibiotics were the most frequently used prescription drugs. The use of prescribed medicine varied by population subgroups; women were more likely to use prescription drugs than men; Caucasians consumed the greatest number of prescription medications, and Mexican-Americans the lowest.¹⁸

In San Joaquin County, telephone survey data in 2010 showed that 18% of residents delayed or did not get medicine that a doctor prescribed, this was up from 15% of respondents in 2007. According to CHIS data, 8% of San Joaquin County adults and 13% of California adults delayed or did not get prescription medication in 2007.

 **During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you? (Respondents answering “Yes”)**

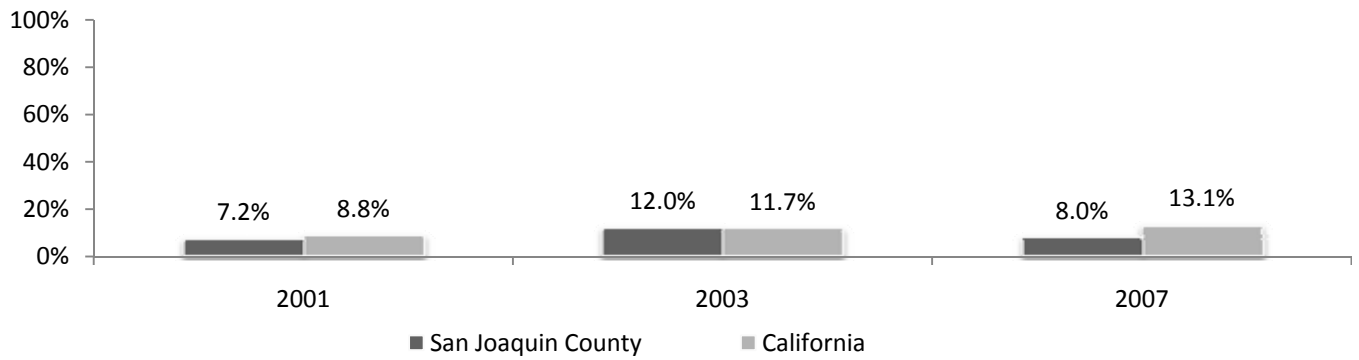


Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. Telephone Survey 2004 N: 427; 2007 N: 430; 2010 N: 428.

¹⁷ Kaiser Family Foundation, *Prescription Drug Trends* (September 2008), Retrieved January 4, 2011. http://www.kff.org/rxdrugs/upload/3057_07.pdf.

¹⁸ Qiuping Gu, M.D., Ph.D.; Charles F. Dillon, M.D., Ph.D.; and Vicki L. Burt, Sc.M., R.N. *Prescription Drug Use Continues to Increase: U.S. Prescription drug data 2007-2008*. U.S. Center for Disease Control and Prevention: Atlanta, Georgia.

Adults Who Delayed or Did Not Get Prescription Medication



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2001-2007.

San Joaquin County 2001 N: 394,000; 2003 N: 422,000; 2007 N: 380,000.

California 2001 N: 24,584,000; 2003 N: 25,597,000; 2007 N: 22,973,000.

Note: Includes adults ages 18-64 years.


Note: No new data available.

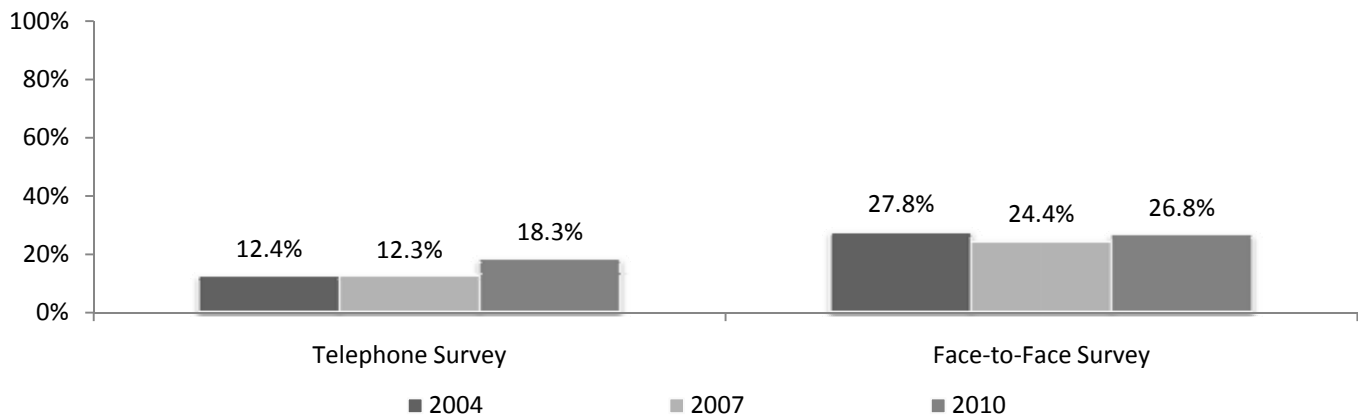
Emergency Department Use

Emergency department usage for primary care is often an indicator of a lack of access to care. Residents without health insurance or with limited provider choices often use the emergency department for their primary care as well as for emergencies. Delaying care until care is urgent often results in poorer health outcomes and increased health care costs.¹⁹



More residents relied on emergency departments as their main source of health care in 2010 than in previous years. The 2010 Healthier San Joaquin County survey revealed that 18% of telephone survey respondents and 27% of face-to-face survey respondents used the emergency department for their main source of health care, an increase since 2007.

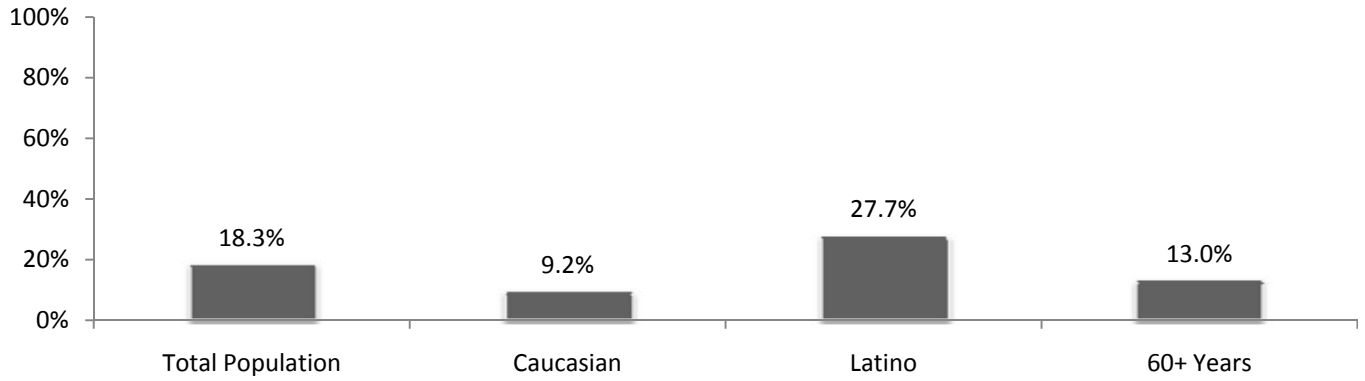
  **Do you use the emergency department for your main source of health care? (Respondents answering “Yes”)**



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010.
 Telephone Survey 2004 N: 425; 2007 N: 429; 2010 N: 427.
 Face-to-Face Survey 2004 N: 1,843; 2007 N: 1,856; 2010 N: 1,823.

¹⁹ United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities and Quality Report*, 2010.

**☎ Do you use the emergency department for your main source of health care?
Selected Populations (Respondents answering “Yes”)**



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.
Telephone Survey 2010 Total Population N: 427; Caucasian N: 214; Latino N: 122; 60+ Years N: 139.

Emergency Department Diversion

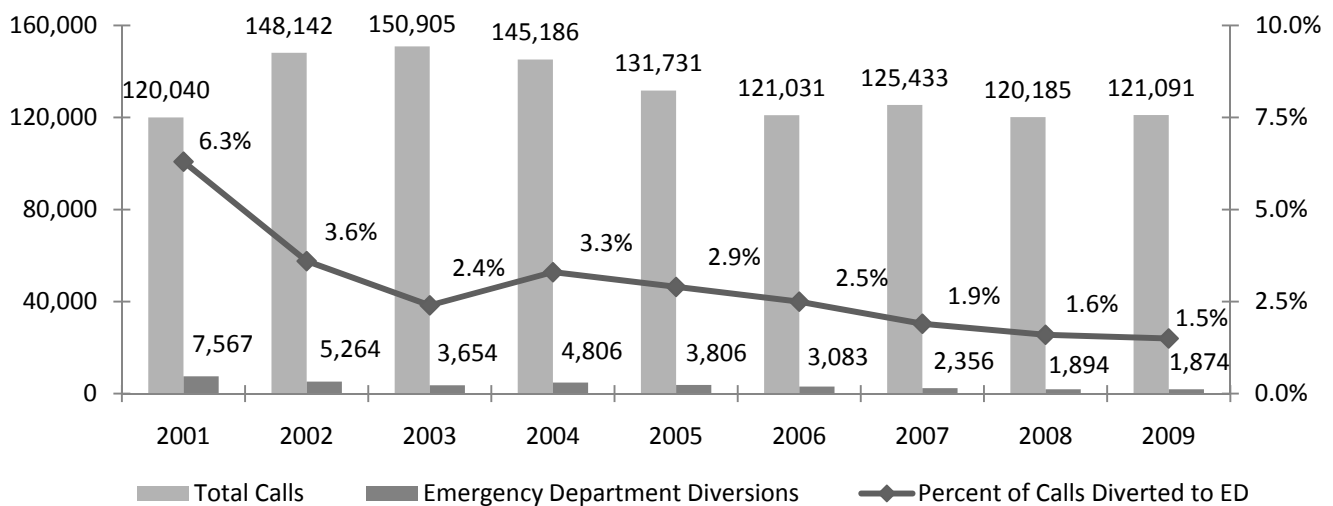
In San Joaquin County, St. Joseph’s Medical Center provides the community with a toll-free number to ask registered nurses medical questions. When a caller first speaks with a nurse, the caller is asked if his or her intention had been to call 911 or go to the emergency department. The nurse then assists the caller following a specific protocol. If the nurse determines that the caller does not need emergency assistance, the caller is asked if he or she will comply with the nurse’s recommendation to not go to the emergency department or call 911.



If a caller who had originally intended to seek emergency medical attention decides not to do so after that phone consultation, it is considered an emergency department diversion. This is an important service as emergency medical services can be quite costly to the consumer, the hospital and the community. Additionally, use of the emergency department for non-emergency purposes overburdens the emergency care system.

According to St. Joseph’s Medical Center, between 2001 and 2009, the number of calls to the nurse call center every year ranged from 120,040 to 150,905. Of these calls, the percentage of callers who were diverted from going to the emergency department steadily decreased from 6% in 2001 to barely 2% in 2009.

Total Calls to Nurse Call Center and Number and Percent of Resultant Emergency Department (ED) Diversions, San Joaquin County



Source: St. Joseph’s Medical Center, 2010.
 Note: Data are from July through June of each year.

Adequate Prenatal Care

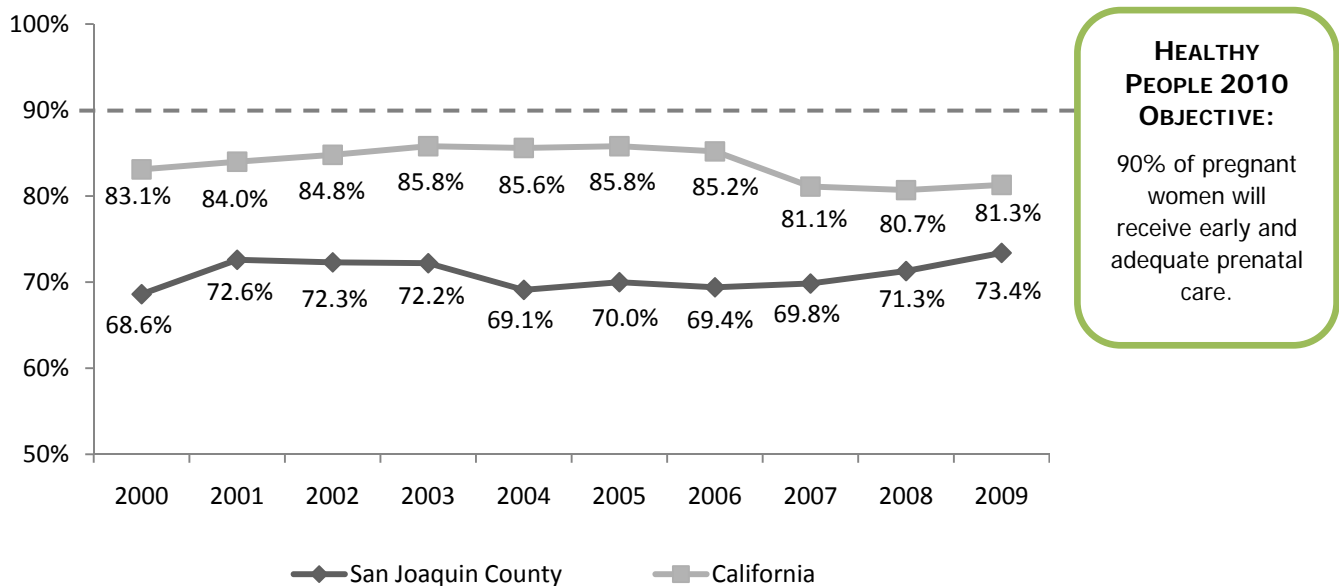
Prenatal care is comprehensive medical care provided for the mother and fetus, which includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.²⁰



The Healthy People 2010 goal was that 90% of pregnant women will receive early and adequate prenatal care; however both San Joaquin County and California failed to meet this goal.

While the percentage of San Joaquin County women who received prenatal care in their first trimester of pregnancy has been consistently lower than that of California, more San Joaquin County women (73%) received prenatal care in 2009 than in previous years. Caucasian women had higher percentages of first trimester prenatal care than Asian/Pacific Islanders, Latinas, or African Americans in San Joaquin County.

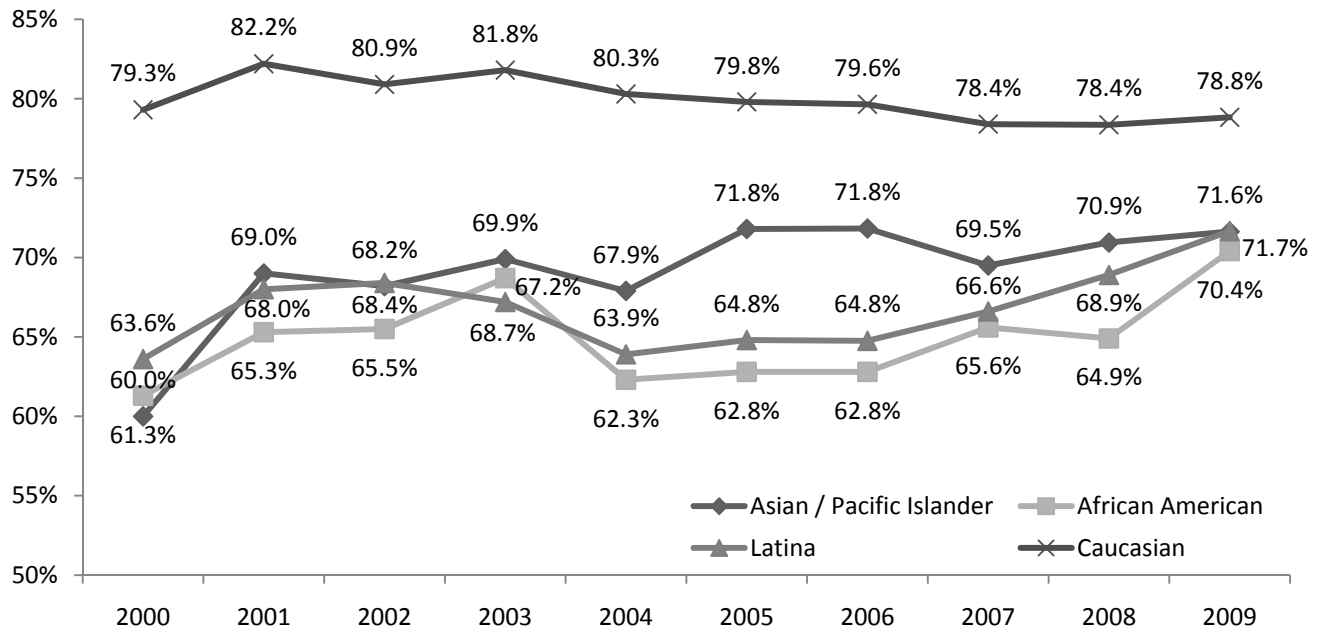
Percentage of Women Receiving Prenatal Care in the First Trimester



Source: 2000-2004 data: State of California, Department of Health Services, Birth Records, 2007.
2005-2009 data: California Department of Public Health, Center for Health Statistics, 2010.

²⁰ U.S. Department of Health and Human Services, The National Women’s Health Information Center, Office on Women’s Health, Prenatal Care FAQ’s. <http://womenshealth.gov/faq/prenatal-care.cfm>, accessed January 4, 2011.

Percentage of Women Receiving Prenatal Care in the First Trimester, (By Ethnicity), San Joaquin County



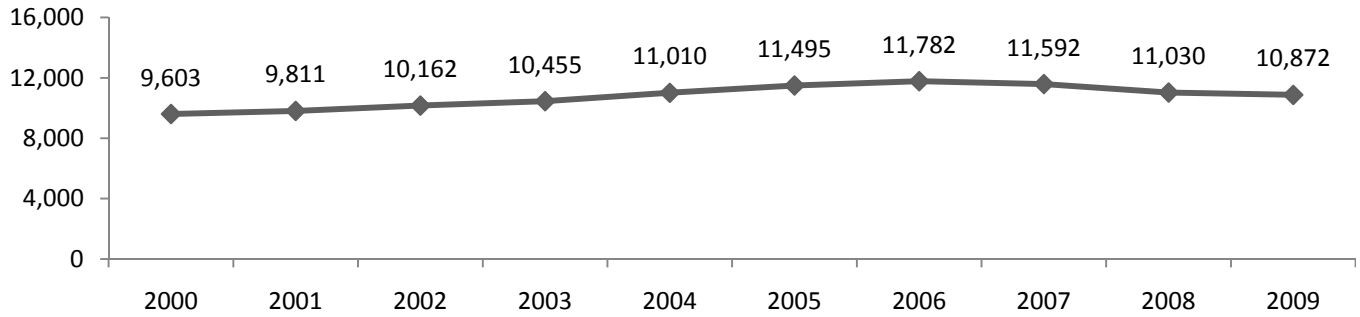
Source: 2000-2004 data: State of California, Department of Health Services, Birth Records, 2007.
 2005-2009 data: San Joaquin County Public Health Services, Birth Records, 2010.

Births

Births are an indication of population growth as well as a demand on a community’s infrastructure, such as hospitals and schools. There were 10,872 live births in San Joaquin County in 2009. The birth rate in San Joaquin County has been consistently higher than that of California since 1999. The birth rate was 74 per 1,000 women in San Joaquin County, compared to 66 per 1,000 in California in 2009.

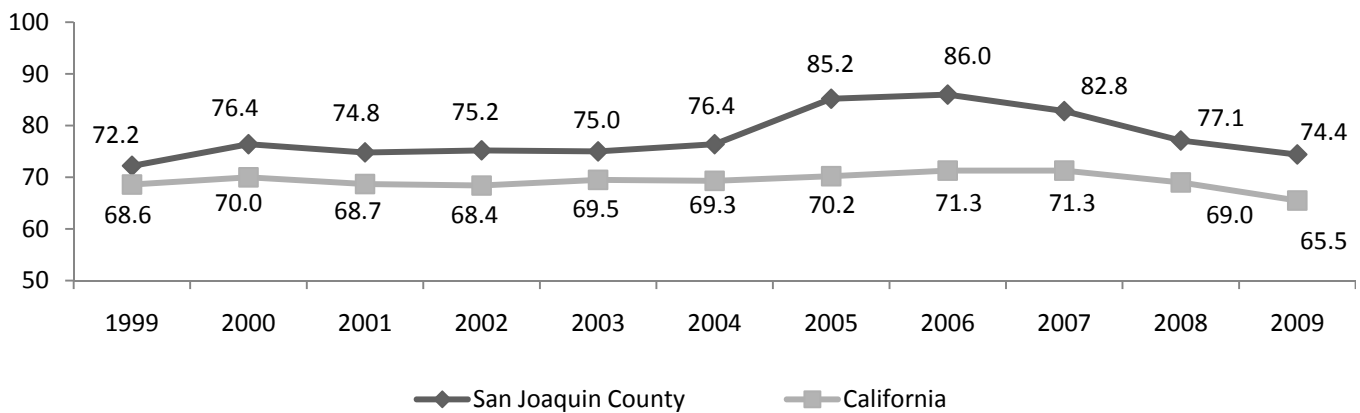


Total Births in San Joaquin County



Source: State of California, Department of Health Services, Birth Records, 2010.

Birth Rate per 1,000 Women, Ages 15–44



Source: State of California, Department of Health Services, Birth Records, 2010; 1999 population data: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1970–2040. Sacramento, CA, December 1999; 2000–2009 population data: California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, May 2004.

Note: There were a small number of births to women under age 15 and over age 44, but compared to other ages, the number of births to these age groups was small. Therefore, to avoid overly skewing the birth rate, the age range used to calculate the birth rate was limited to 15–44 years.

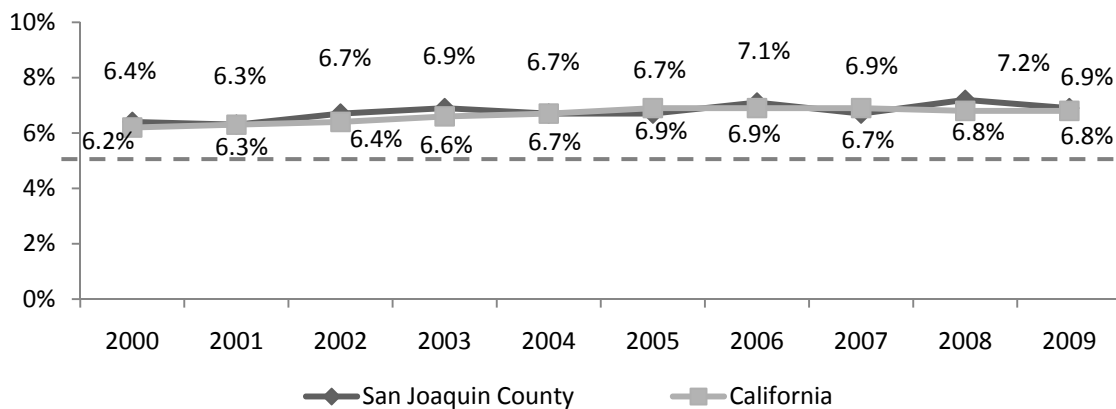
Low Birth Weight Babies

Low birth weight is defined as the percentage of infants born below 2,500 grams (<5.5 pounds). In contrast, the average newborn weighs about 7 pounds. The most common reason for low birth weight is premature birth, though the mother’s age, ethnicity, health and whether or not it is a multiple birth can also affect the baby’s birth weight. Infants born at low birth weight are at greater risk for complications including infections, breathing problems, neurological problems and Sudden Infant Death Syndrome (SIDS).²¹ Other studies have shown that low birth weight babies are also at a higher risk for developmental handicaps, such as learning disabilities and attention deficits, than babies with normal birth weights. Low birth weight babies also demonstrate higher rates of sub-average IQ (< 85) than their normal birth weight peers.²²



Nearly 7% percent of infants born in San Joaquin County and California in 2009 were at low birth weight, which is higher than the Healthy People 2010 Objective of no more than 5%. The percentage of babies born at low birth weight differed greatly by ethnicity in San Joaquin County. In 2009, the percentage of African American babies born at low birth weight was 12%, compared to 8% of Asian/Pacific Islander infants, 7% of Caucasian infants, and 6% of Latino infants.

Percentage of Babies Born at Low Birth Weight (<5.5 pounds)



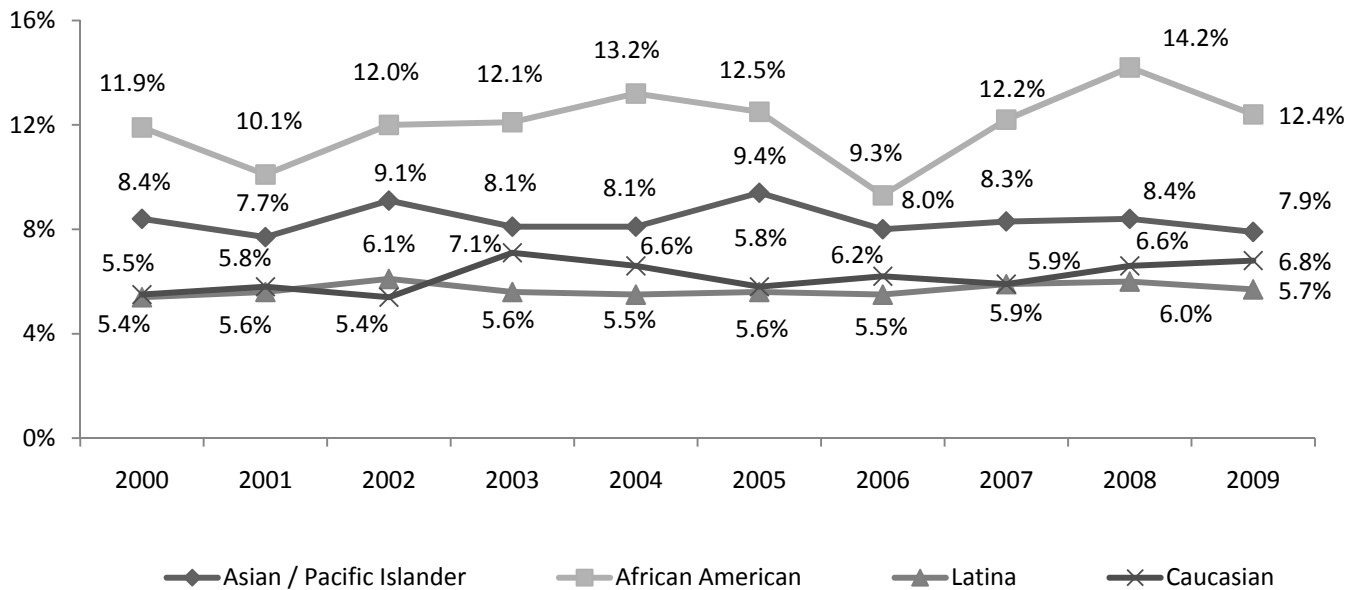
HEALTHY PEOPLE 2010 OBJECTIVE:
No more than 5% of infants will be born at low birth weight.

Source: State of California, Department of Health Services, Birth Records, 2010.

²¹ Community Health Network, High-Risk Newborn— Low Birth weight, retrieved January 4, 2011 from <http://www.ecommunity.com/health/index.aspx?pageid=P02382>.

²² Kessenich, Maureen, *Developmental Outcomes of Premature, Low Birth Weight and Medically Fragile Infants*, 2003, retrieved January 4, 2011 from <http://www.medscape.com/viewarticle/461571>.

Percentage of Babies Born at Low Birth Weight (<5.5 pounds), by Ethnicity, All Ages, San Joaquin County



Source: State of California, Department of Health Services, Birth Records, 2010.


Mental Health Services

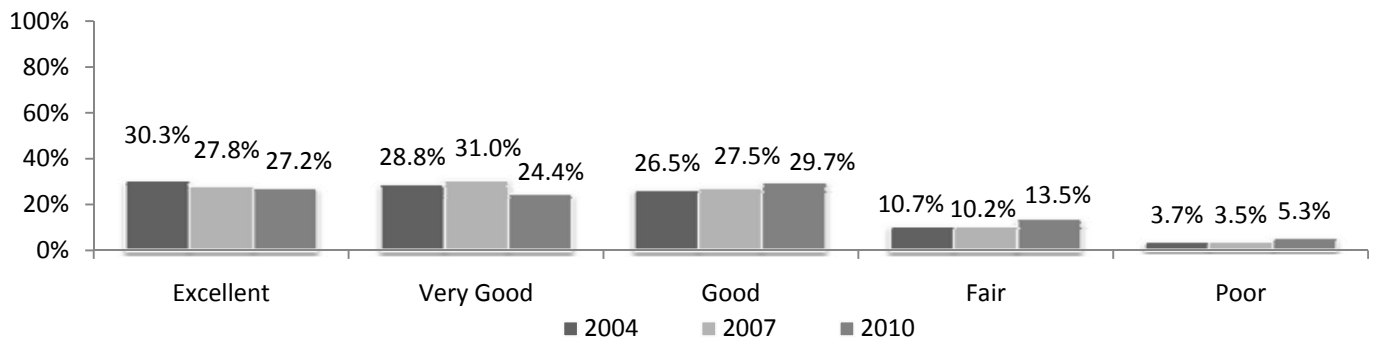
Mental health problems include depression, anxiety disorders, and psychotic disorders including schizophrenia, attention-deficit/hyperactivity disorders and conduct disorders. A recent study found that 7.6 million out of 32 million (about 1 in 4) hospital stays by Americans ages 18 and older involved mental illness or alcohol and drug disorders.²³ Access to quality mental health services is often difficult for many people, but often more so for people with low-incomes. Compared with coverage of physical health issues, private insurance has generally been more restrictive in coverage of mental health illness. Public insurance programs, such as Medicare and Medicaid, also impose limitations on mental health coverage.²⁴



While, 81% of San Joaquin County telephone survey respondents characterized their mental health status as “good” or better, more reported needing emotional or mental health services in 2010 (11%) than in 2007 (9%). Twenty-eight percent (28%) of the telephone survey respondents who needed treatment indicated that they were unable to receive it and 53% of face-to-face survey respondents indicated the same.

The greatest percentage of 2010 telephone survey respondents (50%) who were unable to receive care said it was because “insurance wouldn’t cover it.” Seventy-one percent of face-to-face survey respondent indicated going without care because of a lack of insurance.

 **Would you say that in general, your mental health, which includes stress, depression and problems with emotions, is:**

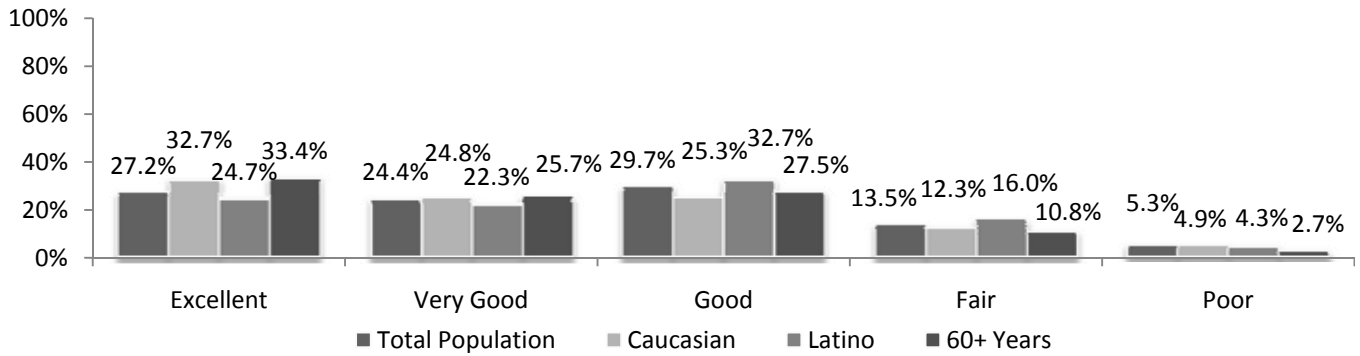


Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. Telephone Survey 2004 N: 424; 2007 N: 426; 2010 N: 430.

²³ Join Together: Advancing Effective Alcohol and Drug Policy, Prevention and Treatment, *Community Hospitals Hit Hard by Addiction, Mental Illness*, April 11, 2007.

²⁴ National Conference of State Legislature, *State Laws Mandating or Regulating Mental Health Benefits*, February 11, 2010. Retrieved from: <http://www.ncsl.org/default.aspx?tabid=14352>.

☎ Would you say that in general, your mental health, which includes stress, depression and problems with emotions, is: (Selected Populations), 2010



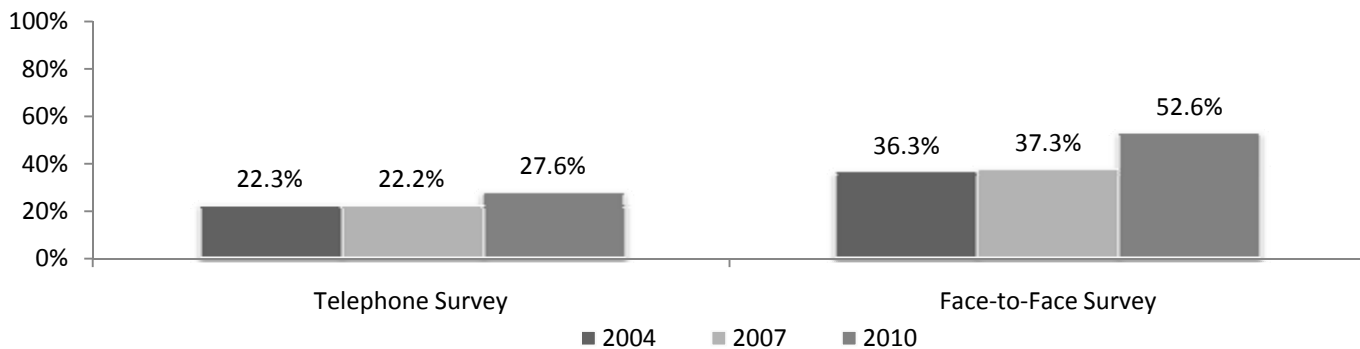
Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. Total Population N: 430; Caucasian N: 215; Latino N: 122; 60+ Years N: 140.

☎ 👤 Percentage of Residents that Needed Mental Health Treatment in the Last 12 Months



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010. Telephone Survey 2004 N: 425; 2007 N: 430; 2010 N: 432. Face-to-Face Survey 2004 N: 2,033; 2007 N: 1,985; 2010 N: 1,933.

☎ 👤 Percentage of Residents that were Unable to Receive the Mental Health Treatment that They Needed in the Last 12 Months



Source: Healthier San Joaquin County Community Assessment, Telephone and Face-to-Face Survey, 2010. Telephone Survey 2004 N: 34; 2007 N: 41; 2010 N: 49. Face-to-Face Survey 2004 N: 270; 2007 N: 263; 2010 N: 156. Note: Questions about treatment were asked only of those respondents who reported needing mental health treatment.

 **Why were you unable to receive mental health treatment?**

Response	2007	2010
No insurance	33.4%	31.4%
Insurance would not cover it	8.3%	50.0%
Couldn't afford it	16.7%	31.4%
Transportation issues	8.3%	6.2%
Couldn't afford co-pay	N/A	31.4%
Unable to communicate due to language differences/barriers	N/A	6.2%
Didn't know what steps to take to get health care	16.7%	0.0%
Unable to understand phone instructions to make an appointment	16.7%	0.0%
Waiting lists	16.7%	6.2%
Didn't know where to go	8.3%	6.2%
Lack of services/ services unavailable	8.3%	6.2%
Unable to find doctor to accept insurance	N/A	12.4%
Changed employer/lost job	N/A	19.0%
Other	8.3%	12.4%
Total respondents	9	12
Total responses	14	26

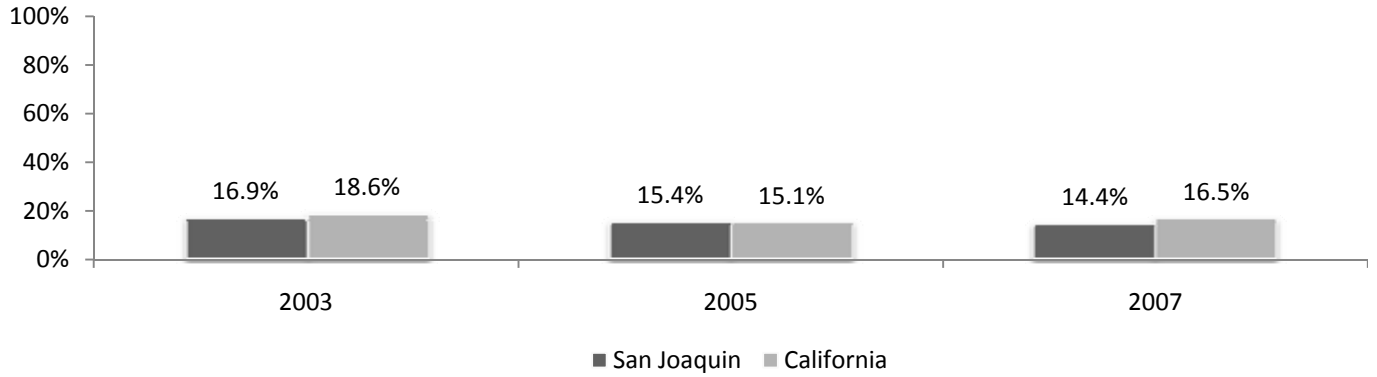
Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 **Why were you unable to receive mental health treatment?**

Response	2007	2010
No insurance	66.3%	71.3%
Insurance would not cover it	13.3%	11.3%
Couldn't afford it	25.5%	26.3%
Transportation issues	23.5%	8.8%
Couldn't afford co-pay	18.4%	11.3%
Unable to communicate due to language differences/barriers	17.3%	5.0%
Didn't know what steps to take to get health care	12.2%	16.3%
Unable to understand phone instructions to make an appointment	8.2%	3.8%
Waiting lists	9.2%	1.3%
Didn't know where to go	23.5%	18.8%
Lack of services/ services unavailable	20.4%	7.5%
Unable to find doctor to accept insurance	7.1%	5.0%
Changed employer/lost job	7.1%	8.8%
Other	5.1%	8.8%
Total respondents	98	80
Total responses	252	163

Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.

Percentage of Adults, Ages 18 Years and Older, Who Needed Help for Emotional or Mental Health Problems



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2003-2007.

San Joaquin County 2003 N: 395,000; 2005 N: 444,000; 2007 N: 441,000.

California 2003 N: 24,466,000; 2005 N: 26,291,000; 2007 N: 26,769,000.

Note: No new data available.

Physical Activity - Adults

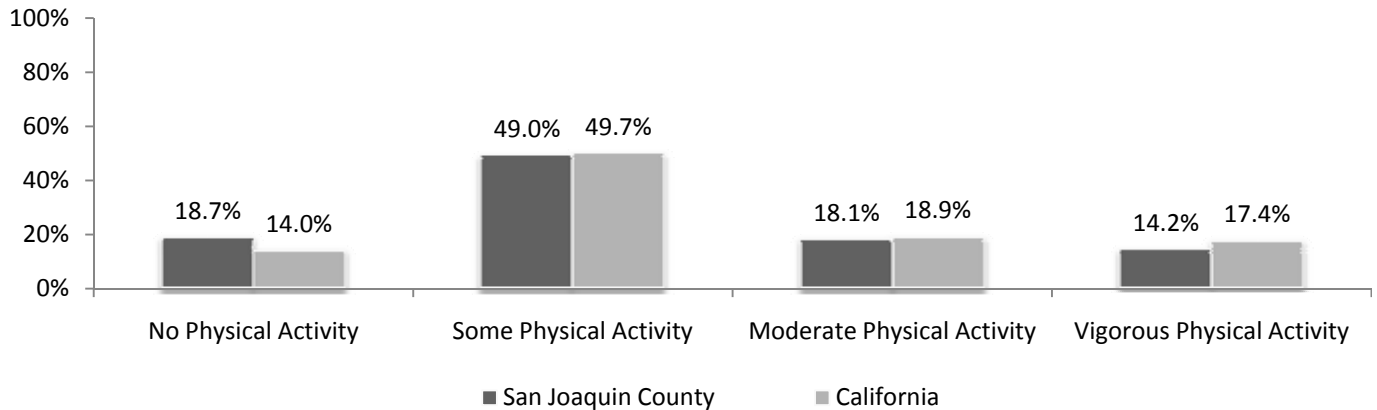
According to the Centers for Disease Control and Prevention (CDC), “regular physical activity substantially reduces the risk of coronary heart disease, the nation's leading cause of death and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is associated with fewer hospitalizations, physician visits and medications.” The CDC recommends 30-minutes of moderate-intensity physical activity five or more times a week.²⁵



CHIS survey data showed San Joaquin County residents were less physically active than California residents on the whole in 2007. Nineteen percent (19%) of San Joaquin County residents got no physical exercise in 2007 in comparison to 14% in California. One-half (49%) of San Joaquin County residents got “some” physical exercise and 18% got “moderate” physical exercise. Fourteen percent of residents got “vigorous” physical exercise, in comparison to 17% of California residents.


In the Healthier San Joaquin County telephone and face-to-face surveys, adults were asked to report how many times they walked for at least 10 minutes during the last 7 days. In both surveys, the highest percentage of respondents answered “seven or more times” (31% and 19%, respectively). Following this response, the remaining replies differed between the two surveys. In the telephone survey, the next most common reply was “never” (21%). In the face-to-face survey, the second most common response was “three times a week” (16%).

Level of Physical Activity of Adults, 2007




Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2007.
 San Joaquin County 2007 N: 443,000.
 California 2007 N: 26,874,000.
 Note: No new data available.

²⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2010.

 Sometimes you may walk for fun, relaxation, exercise or to walk the dog. How many times during the last 7 days did you walk for at least 10 minutes for any of these reasons?


Response	2007	2010
Never	24.4%	21.1%
One time	7.8%	7.4%
Two times	10.8%	10.9%
Three times	12.6%	13.3%
Four times	6.4%	6.6%
Five times	9.6%	7.9%
Six times	3.2%	1.6%
Seven or more times	25.4%	31.2%
Total respondents	424	421

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

 Sometimes you may walk for fun, relaxation, exercise or to walk the dog. How many times during the last 7 days did you walk for at least 10 minutes for any of these reasons?

Response	2007	2010
Never	19.7%	14.4%
One time	5.6%	8.6%
Two times	12.8%	15.0%
Three times	15.8%	16.3%
Four times	8.2%	10.7%
Five times	11.7%	13.1%
Six times	4.2%	2.5%
Seven or more times	22.1%	19.4%
Total respondents	1,747	1,704

Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.

 Sometimes you may walk for fun, relaxation, exercise or to walk the dog. How many times during the last 7 days did you walk for at least 10 minutes for any of these reasons? (By Selected Population), 2010

Response	Caucasian	Latino	60+ Years
Never	24.5%	14.6%	22.4%
One time	8.6%	5.1%	6.6%
Two times	11.8%	8.8%	10.4%
Three times	11.3%	18.4%	17.5%
Four times	7.4%	5.7%	5.9%
Five times	7.5%	9.5%	6.6%
Six times	1.1%	1.3%	2.2%
Seven or more times	27.8%	36.7%	28.5%
Total respondents	212	119	138

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

HOW WE ARE MAKING A DIFFERENCE

Dorothy L. Jones Family Resource Center

In south Stockton, the Dorothy L. Jones Family Resource Center (FRC) grew out of neighborhood concerns identified through organizing efforts led by congregants of the Open Door House of Prayer Church. As a response to health care and safety concerns identified during early public needs assessments, the Dorothy L. Jones center has purposely focused efforts on physical and mental health, well-being and neighborhood safety since its inception more than ten years ago.

The Dorothy L. Jones FRC's approach to transforming the health of the community starts with individual families. "If you don't have a healthy family, you can't have a healthy community," says Amelia Adams, Senior Deputy Director of Community Partnership for Families (CPF), the group who established and has operated a network of five family resource centers over the last decade to assist low-income and high-risk families in underserved neighborhoods.

The Dorothy L. Jones FRC engages individuals—both young and old—in making individual changes to elicit change on a larger level. A group of young leaders working out of the FRC under the name the Anti-Obesity Krew, or A-OK, have made impressive changes in a neighborhood widely known for blight and crime, abandoned vehicles, poorly maintained public spaces, vandalism, and obesity. To ensure that children have safe places to play, A-OK members spoke with policymakers about the number of dogs roaming the streets. They also adopted a park and are working with the community to ensure its upkeep. Members recently began working on a campaign to educate residents about the health dangers of drinking soda, Gatorade and sugary juices, beverages widely available in their neighborhood. To inform people about the connection between sugar-sweetened beverages and obesity, A-OK is developing brochures, creating public service announcements and encouraging elementary school children to choose water or no added sugar juices.

In addition to mobilizing the youth, the center engages elderly residents to take their health in their own hands by offering them the opportunity to exercise on a regular basis and become healthier along the way. The center has worked to fight the obesity epidemic by addressing the limited availability of fresh fruits and vegetables at existing neighborhood outlets under their work with the Central California Regional Obesity Prevention Program (CCROPP). Changes at a small corner store in the neighborhood indicate the positive influence of the work. Not only did the produce area improve, but there was also a significant decrease in outdoor signs advertising tobacco and unhealthy beverages.

The Dorothy L. Jones FRC has also worked to increase awareness to local decision makers regarding the need for policy and systems change to improve the social environment surrounding food in southeast Stockton. As a testament to their work, the City of Stockton proclaimed September 2010 as Childhood Obesity Awareness Month.

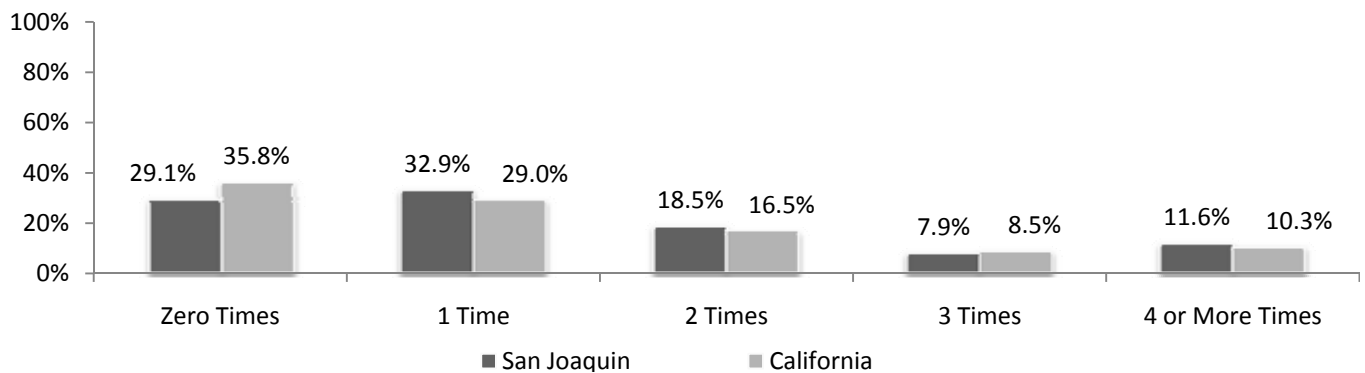
Adult Nutrition

Fruits and vegetables provide vitamins, minerals, fiber, and other nutrients important to good health. Diets rich in fruits and vegetables may help reduce the risk of chronic disease and cancer.²⁶ In contrast, people who frequently eat fast food often have fewer healthy meal choices and may consume too much sodium and saturated fat and too little fruits, vegetables and whole grains.



According to California Health Interview Survey (CHIS) data, more San Joaquin County residents had eaten fast food in the prior week than California residents in 2007. Half of 2010 Healthier San Joaquin County telephone survey respondents and 32% of face-to-face respondents reported not eating fast food in the past week. Half of telephone survey respondents lived less than one mile away from a fast food restaurant while only 41% lived less than one mile from a source of fresh fruits and vegetables.

Number of Times Fast Food was Consumed in the Past Week, 2007



Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2007.

2007 San Joaquin N: 632,000; California N: 35,596,000.

Note: No new data available.



How many times during the past 7 days have you eaten fast food?

Response	2007	2010
Never	46.6%	50.7%
One time	27.7%	27.9%
Two times	11.7%	9.3%
Three times	7.9%	6.0%
Four times	1.6%	2.5%
Five times	2.6%	1.2%
More than five times	1.9%	2.6%
Total respondents	429	430

Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010.

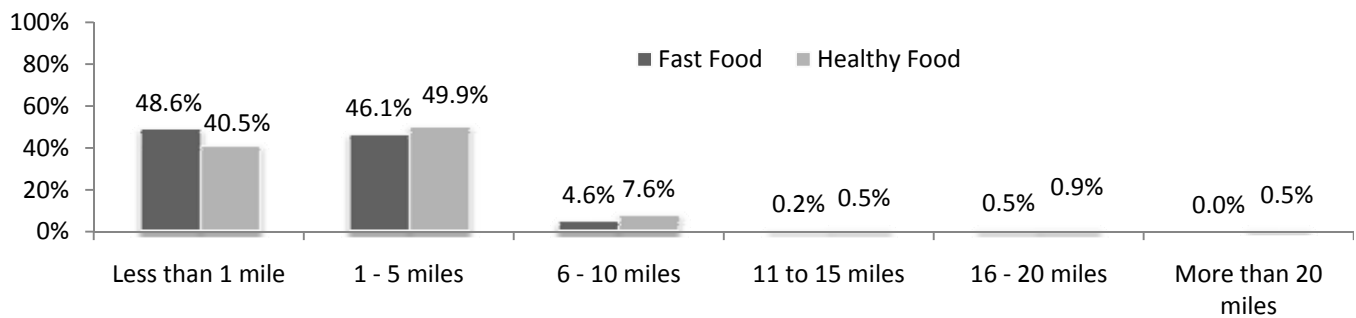
²⁶ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *5 A Day*, 2010.

How many times during the past 7 days have you eaten fast food?

Response	2007	2010
Never	35.8%	32.3%
One time	26.4%	33.4%
Two times	18.8%	19.8%
Three times	9.2%	7.0%
Four times	3.3%	2.6%
Five times	2.8%	1.9%
More than five times	3.9%	2.9%
Total respondents	1,647	1,664

Source: Healthier San Joaquin County Community Assessment, Face-to-Face Survey, 2010.

How many miles do you have to travel to get food? 2010



Source: Healthier San Joaquin County Community Assessment, Telephone Survey, 2010. Telephone Survey 2010 Fast Food N: 414, Healthy Food N: 424.

