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Introduction and Methodology



Photo source: Dale Goff, Lodi Wine & Visitor Center.

Introduction

Community Health Assessment Project Overview

The San Joaquin County Community Health Assessment Collaborative (SJC₂HAC) was first formed in 2004 in order to complete the Community Health Needs Assessment mandated by the State of California (SB697) which requires non-profit hospitals to document how they are serving their communities. The collaborative evolved from the 2001 Needs Assessment Group that was co-funded and composed of St. Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital, Kaiser Permanente and Health Plan of San Joaquin (Medi-Cal option HMO).

The 2008 report shares the purpose of the 2005 assessment which was to produce a functional and comprehensive community health profile of San Joaquin County. The collaborative hopes that this community profile will be used to inform and engage local stakeholders and community members to promote collaborative efforts based on data, community input and group consensus in order to improve the health of local residents.

Priority Goals:

- Utilize a process that will engage local stakeholders;
- Generate knowledge and findings that could lead to collaborative project development;
- Identify information and data that would be useful for policy and advocacy work;
- Establish “**A Call for Action**” that leads to ongoing collaboration;
- Assess both community needs and assets;
- Develop end products that are user-friendly and audience appropriate;
- Develop a comprehensive community dissemination plan; and
- Provide a mechanism for ongoing tracking and monitoring.

Desired Outcomes of the Project:

- I. The Healthier San Joaquin County Community Assessment will highlight community or geographic specific information, including:
 - Quantitative secondary data for selected indicators reflecting the county's population.
 - Qualitative and quantitative primary and secondary data and information for the three areas of focus:
 - Access to Health Care
 - Chronic Disease (Diabetes, Asthma and Obesity)
 - Early Entry into Pre-natal Care
 - Development/facilitation of community input process.
- II. Finalize and publish a Community Plan for distribution and/or presentation of the report during the spring of 2008.

III. Produce an Executive Summary summarizing analyses, key findings, comparisons to state and national health trends and defining priorities for collaborative work.

IV. Facilitate the development of a digital “Dashboard of Indicators” for:

- Ongoing tracking and monitoring.
- Evaluating project process, product and ongoing plans at completion.

New This Year

How We’re Making a Difference

New for 2008 are local stories of agencies in San Joaquin County who are making a difference to improve access to health care for local residents. These stories are inserted throughout each section in the report.

Methodology

Quality of Life Indicators

The community assessment model relies on quality of life indicators as the primary measures to illustrate the status of a system or issue that might otherwise be too large and complex to understand. As an example, we might ask ourselves, “Do people have adequate access to health care?” Increased use of the emergency department for non-emergency purposes could be an indicator that they do not.

For the purposes of this project, the San Joaquin County Community Health Assessment Collaborative met in September 2004 and developed over fifty-five quality-of-life indicators. The committee was represented by a rich mixture of professionals and advocates, all of whom were experts in the respective areas under review. The group used special criteria to develop the quality of life indicators used for this project. These criteria stipulated that indicators need to be understandable to the general user and the public, respond quickly and noticeably to real changes, relevant for policy decisions and available annually. In 2007, all of the original indicators were reviewed for relevancy and additional indicators and sources were added.

Primary Data

Measures of community progress depend upon consistent, reliable and scientifically accurate sources of data. One of the types of data gathered for this project is primary (original) data. The primary data were obtained from a telephone survey and a face-to-face survey of San Joaquin County residents. There is much to be learned from people’s perceptions of their community, especially when those perceptions contradict the empirical evidence about its conditions. For instance, crime rates may be going down while perceptions of danger are going up.

Telephone Survey

In November 2007, Applied Survey Research conducted a telephone survey, in both English and Spanish, with over 430 randomly selected County residents. The intent of the survey was to measure the opinions, attitudes, desires and needs of a demographically representative sample of the County’s residents.

Telephone Sample Selection and Data Weighting

Telephone contacts were attempted with a random sample of residents 18 years or older in San Joaquin County. Surveys were completed with 431 respondents in the County, and each completed survey took an average of 11 minutes.

Data from the survey were “weighted” to better reflect the number of male and female respondents. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the survey the sample was 67% female and 33% male, whereas the population in San Joaquin County is evenly split between the two genders. When the data are weighted to adjust for the over-sampling of females, answers given by each female respondent are weighted slightly downward, and answers given by each male respondent are weighted slightly upward, thus compensating for the disproportionate sampling. The ratio of males to females in the County is about 50/50.

Telephone Sample Representativeness

We are 95% confident that the opinions of survey respondents do not differ from those of the general population of San Joaquin County by more than +/- 5%. This “margin of error” is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in San Joaquin County if every resident were to be polled. For example, within the sample, 12.3% of respondents indicated that they used the emergency department as their primary source of care. Therefore, we are 95% confident that across all residents of San Joaquin County, the percentage of people using the emergency department for primary care is between 7.3% and 17.3% (12.3% +/- 5%).

Geographic quotas were established to ensure that each area of the County had a proportional amount of surveys based on their population.

Face-to-Face Community Survey

In addition to the telephone surveying, trained community volunteers and Applied Survey Research staff went into the community in December 2007 and distributed surveys to residents and selected groups and organizations throughout the County. Self-administered and face-to-face surveys were conducted, which averaged about five minutes in length. Face-to-face surveys enabled the project to reach those groups that may have been under-represented in the telephone survey including those who do not have a telephone, live in rural areas, may have disabilities, lower incomes and difficulty with their non-native language, including the Hmong community. Over 1,980 face-to-face surveys were collected at 37 different sites and community agencies throughout the County.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; federal, state and local government agencies; academic institutions; economic development groups; health care institutions; and computerized sources through online databases and the Internet.

Note on Population Terminology Found in Report

Unless otherwise noted, the term “child” indicates youth ages birth to 17, “adult” signifies an individual 18 years of age or older and the term “senior” encompasses an adult age 65 or older.

Note on Population Figures

Unless otherwise noted, population data were drawn from the California Department of Finance’s annual estimates for January of each year.

American Community Survey

The American Community Survey is a survey conducted by the U.S. Census Bureau in every county, American Indian and Alaska Native Area, and Hawaiian Home Land. It provides communities every year the same kind of detailed information previously available only when the U.S. Census Bureau conducted a population census every 10 years. This gives communities and population groups a dynamic picture of changes throughout the decade.

Behavior Risk Factor Surveillance System

Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly. BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more.

California Health Interview Survey for 2001, 2003 and 2005

Some responses from the California Health Interview Survey (CHIS) were included in this report. CHIS is the largest health survey of its kind in the nation and the largest telephone survey in California, interviewing one randomly selected adult in over 55,000 households. The survey reached over 5,000 adolescents (ages 12–17) and, through interviewing their parent, over 12,000 children under age 12. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions and access to health care services. To ensure diverse populations were included in the survey, telephone interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean and Khmer (Cambodian).

California Healthy Kids Survey

The California Healthy Kids Survey (CHKS) is an anonymous, confidential student and school staff report of attitudes, health risk behaviors, and protective factors. The survey gathers information on behaviors such as physical activity and nutritional habits; alcohol, tobacco, and other drug use; school safety; and environmental and individual strengths. Used by California schools since 1997, the CHKS consists of age-appropriate survey instruments for students in grades 5, 7, 9, and 11 and is designed in a flexible, modular format that can be customized to meet local district needs. The CHKS is intended for use in planning and evaluating student support programs, primarily alcohol, tobacco, other drug, and violence prevention programs.¹

Healthy People 2010 Objectives

The Healthy People 2010 Objectives are a set of health objectives for the nation to achieve over the first decade of the new century. Many different people, states, communities, professional organizations and others can use the objectives to help develop programs to improve health.

Healthy People 2010 goals build on initiatives pursued over the past two decades including *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* developed by the United States Department of Health and Human Services. The goals of these initiatives were to establish national health objectives and serve as the basis for the development of state and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

¹ California Department of Education, 2007.

Additional Data to Support or Refine Your Work

The information in this report is intended for use in your own services and products, including other reports and proposals, and as a baseline for performance systems. Data in this report can be mixed and matched to help agencies determine their clients' needs.

Data Legend



Denotes a telephone survey question, 2007.



Denotes a face-to-face survey question, 2007.



Indicates data from the California Health Interview Survey (CHIS), for 2001, 2003 and 2005.



Indicates U.S. Census Bureau, Census 2000 data.



Indicates American Community Survey 1999-2006 data.



Indicates State of California Department of Finance (DOF), Demographic Research Unit data.



Indicates California Healthy Kids Survey data.
Unless otherwise noted, "adults" are 18 years and older.



New data not available

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San Joaquin County Community Health Assessment Collaborative (SJC₂HAC) In-Kind Contributors

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INTRODUCTION AND METHODOLOGY

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Organizations

- Dameron Hospital
- First 5 San Joaquin
- Healthier Community Coalition
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Human Services Agency
- San Joaquin County Office of Education
- St. Joseph’s Medical Center
- Sutter Tracy Community Hospital

Agency Descriptions

Community Medical Centers, Inc.

Community Medical Centers, Inc. (CMC) began in the 1960's as a volunteer effort of the San Joaquin Medical Society, the San Joaquin Local Health District, and the Community Action Council. Local physicians, nurses, dentists and community activists who recognized the lack of health and social services programs formed service teams to address the needs of migrant farm workers and their families. The providers went out to the fields and worked from their cars to deliver medical care, to supply food and clothing, and to link families with available services. In 1967, the San Joaquin Medical Society received state and federal funding to support the development of two small facilities, as well as mobile clinics to provide services throughout the county.

From these early beginnings, CMC has grown to provide comprehensive primary and preventive care at 11 clinic sites in the counties of San Joaquin, Solano, and Yolo. In addition to primary medical care CMC also provides health education, prenatal services, family planning, homeless health care, WIC, and HIV prevention and case management. Today, CMC has medical clinics in Stockton, Tracy, Lodi, Dixon, Esparto, Vacaville, and a dental clinic in Stockton. CMC has over 300 bicultural and bilingual employees serving 62,000 patients.

Dameron Hospital

Dameron Hospital is a 188 bed, fully accredited, acute care hospital. Our mission is to support physicians and our employees in providing quality patient care in a safe and caring environment.

Both not-for-profit and non-sectarian, Dameron exists solely to serve the health care needs of the community of Stockton, providing our neighbors with advanced technology and state-of-the-art diagnostic and therapeutic equipment, and facilities for inpatient, outpatient and occupational patient care. Dameron Hospital provides patients with the highest quality health care in the finest physical, professional, and medical environment. To this end, we have dedicated ourselves. Since first opening our doors in 1912, we have seen a great many changes in medicine. Our service areas include Cardiology, Emergency/Urgent

Care, Home Health, Radiology, Catheterization Lab, Heart Surgery, and Occupational Health. Our Women's Health Services include a Start of Life Center and Neonatal and Pediatric units.

Keeping pace with the life-enhancing progress made over the years has been a challenge that our medical, nursing, and ancillary staffs have continually met. In addition to the full services of an acute care general hospital, we also offer the close-knit atmosphere of a community hospital.

First 5 San Joaquin

First 5 San Joaquin exists to serve and improve the community through our children. First 5 works in partnership with agencies and organizations under contract, and fosters the active participation of parents, care-givers, educators, and community members. Together, we develop programs benefiting our children, ages 0 to 5 years old.

Our Vision:

All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

First 5 San Joaquin provides financial support for programs and services, monitors progress, and evaluates results. Partner agencies manage the programs and provide the services to children and families. Ultimately, it is the agency contractors, our partners, and members of the community who will enable First 5 to realize our shared vision.

Health Plan of San Joaquin

Our Mission:

We provide access to high quality cost-effective health care to improve the health and well-being of the communities we serve in partnership with safety-net providers and our community partners.

Established in 1996, Health Plan of San Joaquin (HPSJ) is a publicly sponsored, not for profit, managed care health plan designed by and for the people of San Joaquin County. Licensed as a Health Maintenance Organization under the State of California Knox-Keene Act, HPSJ contracts with the State Department of Health Services (DHS) for care of persons on Medi-Cal in San Joaquin County, as well as the Healthy Families Program regulated by the California Managed Risk Medical Insurance Board (MRMIB).

In 2003 Health Plan partnered with First 5 San Joaquin Children & Families Commission to fund the Healthy Kids Program, an insurance program for uninsured children ineligible for Medi-Cal or Healthy Families. That same year HPSJ launched Healthy Connections, its first commercial product that provides medical and vision coverage to San Joaquin County's In-Home Support Services (IHSS) workers.

In July 2006, Health Plan began serving Healthy Families members in Stanislaus and Merced Counties. With currently over 75,000 members, people who choose HPSJ for medical benefits through Medi-Cal Managed Care, Healthy Kids, Healthy Families and Healthy Connections receive such services as:

- Over 180 Primary Care Physicians with access to most hospitals and area clinics and specialists referrals.
- Member service representatives fluent in Spanish and Cambodian.
- Health education programs that deal with common concerns like asthma, diabetes, obesity, and more.
- Member newsletters and brochures that provide tips and offer solutions to common health concerns.
- Case management and patient advocacy.
- Culturally diverse physicians and other providers who can assist members in over 30 languages.

Kaiser Permanente - Central Valley Area

Kaiser Permanente exists to provide affordable, high-quality health care services to improve the health of our members and the communities we serve. To further this mission, Kaiser Permanente extends its clinical care and total health focus through extensive medical and health services research programs and generous Community Benefit funding and services aimed at providing health care for vulnerable populations.

At Kaiser Permanente Central Valley Area we're dedicated to helping the people of San Joaquin and Stanislaus counties live happier, healthier lives. Not only do we help care for the people of the Central Valley area, we also employ many of them. Through partnerships with the community organizations and government entities, Kaiser Permanente strives to benefit the community by addressing issues and concerns that affect the overall community health. Many of these partnerships are created through grants that support community events, activities, projects, and programs, with an emphasis in underserved vulnerable populations.

St. Joseph's Medical Center

St. Joseph's Medical Center is a not-for-profit, fully accredited, regional hospital with 294 beds, a physician staff of over 400, and more than 2,400 employees. St. Joseph's specializes in cardiovascular care, comprehensive cancer services, and women and children's services including neonatal intensive care (NICU). St. Joseph's Medical Center is the largest hospital, as well as the largest private employer in Stockton and San Joaquin County. In addition to being nationally recognized as a quality leader, St. Joseph's is consistently chosen as the "most preferred hospital" by local consumers. Founded in 1899 by Fr. William O'Connor and administered by the Dominican Sisters of San Rafael, St. Joseph's continues to lead the region in medical innovation as well as ongoing clinical research, developing tomorrow's advancements, today. St. Joseph's Medical Center is committed to delivering compassionate, high-quality, affordable health care services with special attention to the poor and underserved. In 2007, St. Joseph's provided over \$41 million in charity care, community benefits, and unreimbursed patient care. St. Joseph's Medical Center is a member of Catholic Healthcare West (CHW), a system of 42 hospitals and medical centers in California, Arizona and Nevada. For more information, please visit our website at www.StJosephsCares.org.

San Joaquin County Public Health Services

San Joaquin County Public Health Services (PHS) was established as a Local Health District in 1923 and became part of the county government on July 1, 1989. Led by the Director of Public Health and the Public Health Officer, PHS is a division of the San Joaquin County Health Care Services agency, which also includes San Joaquin General Hospital, Behavioral Health Services, and Emergency Medical Services. Serving all residents of San Joaquin County, PHS is internally organized into three divisions: Administration and Health Promotion, Disease Control and Prevention, and Family Health.

The 2007-08 PHS operating budget is approximately \$33 million and includes 310 allocated positions.

Public Health Services, in partnership with the community, promotes a healthy future for San Joaquin County. Among the wide range of programs and services PHS provides to the community are:

- Programs to protect the health of individuals and the public from communicable diseases and other population-based threats
- Programs intended to address preventable morbidity and mortality among women and children by enhancing birth outcomes

- Preventing infant deaths
- Supporting safe homes and transport
- Furnishing nutrition education and food vouchers to eligible women and children
- Preventing repeat teen pregnancies and coordinating health and medical services to children and women
- Health education services for individuals
- Partnerships with communities and other service organizations

Sutter Tracy Community Hospital

Sutter Tracy Community Hospital is the area's only full-service, acute care hospital serving more than 100,000 people in the Tri-Central Valley region. Our state-of-the-art facility features the latest medical technology and diagnostic equipment and offers a comprehensive array of inpatient and outpatient services on par with many larger, urban hospitals. We are also fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the premier hospital licensing body in the country.

Our expert and caring medical team includes experienced nurses who work with highly skilled physicians representing nearly every medical specialty. Sutter Tracy puts patient care and safety first. As an affiliate of Sutter Health, one of the nation's leading not-for-profit health care networks, Sutter Tracy takes part in system-wide health initiatives covering heart health, pregnancy, and more. Our goal is to find better ways of caring for patients and improving clinical outcomes. We also continually invest in new technology and systems to improve patient safety, such as the eMAP medication system used to track drug orders.

During our recent \$24 million hospital expansion project, we remodeled and enlarged our Emergency Department and Family Birth Center and built a new high tech outpatient surgical center and state-of-the-art imaging center. We also opened Healthy Connections, Sutter Tracy's "one stop" health resource center located in the heart of downtown Tracy.

As a not-for-profit organization, Sutter Tracy is dedicated to meeting the health care needs of our community. We remain financially strong with a top-notch management team and high scores for employee and patient satisfaction.

About the Researcher



Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and the development of appropriate responses.

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