

2022 Community Health Needs Assessment



Kaiser Permanente Manteca Medical Center

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

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Kaiser Permanente Manteca Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Manteca Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Manteca Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Manteca Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Income & employment
3. Mental & behavioral health
4. Education
5. Housing

To address those needs, Kaiser Permanente Manteca Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente’s and the community’s assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

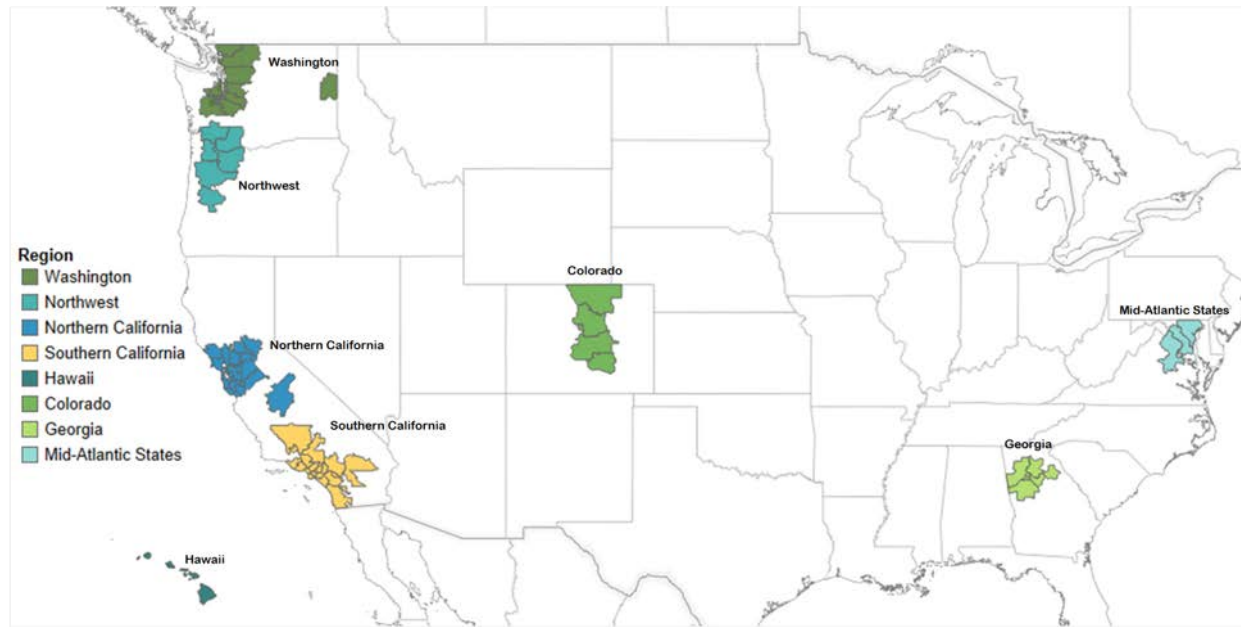
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

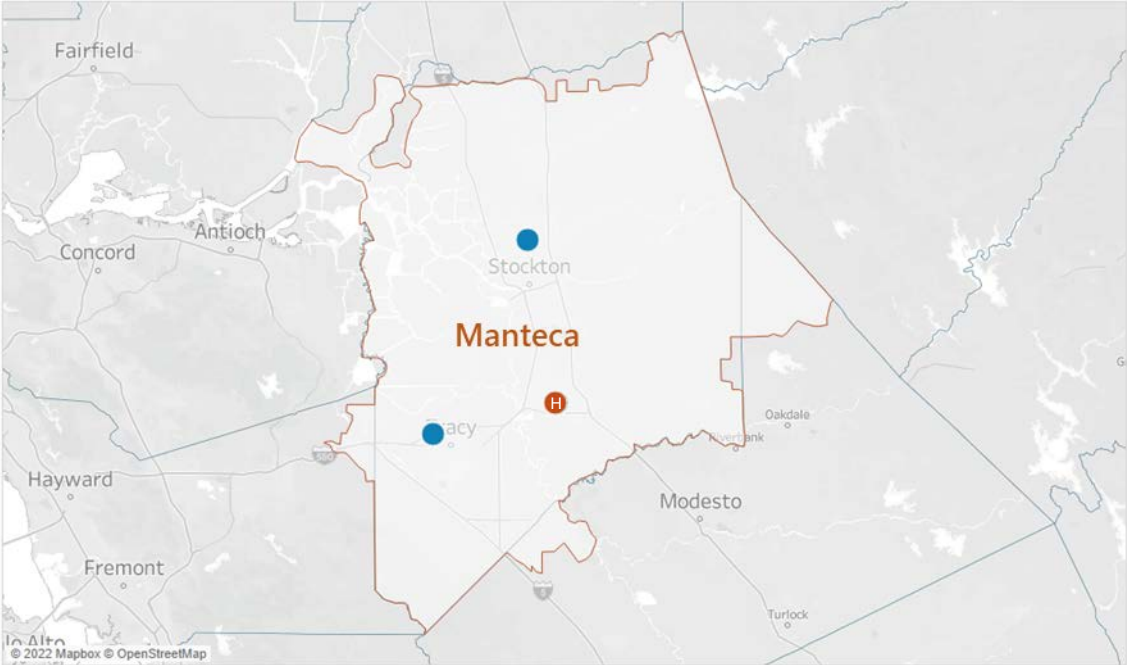
The Kaiser Permanente Manteca Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Manteca service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Manteca service area demographic profile

Total population:	768,535
American Indian/Alaska Native	0.4%
Asian	15.6%
Black	7.0%
Hispanic	42.6%
Multiracial	3.8%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	29.8%
Under age 18	27.3%
Age 65 and over	12.6%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, the pandemic has also brought troubling reports of bias and discrimination against Asian Americans and others.

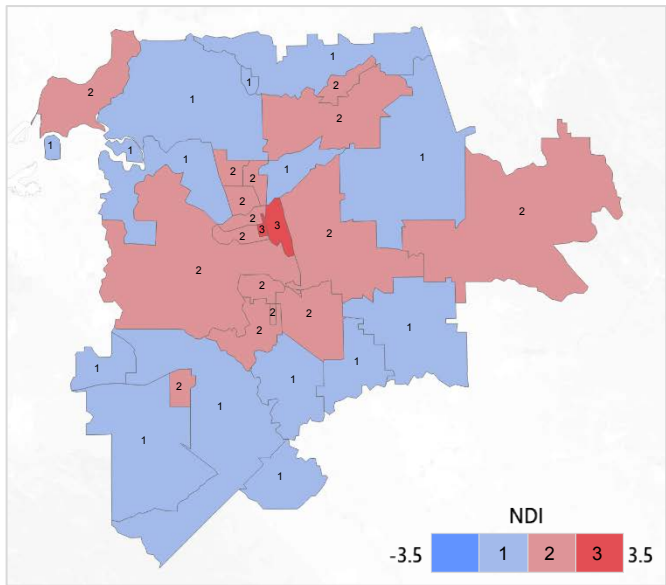
Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

Neighborhood disparities in the Manteca service area

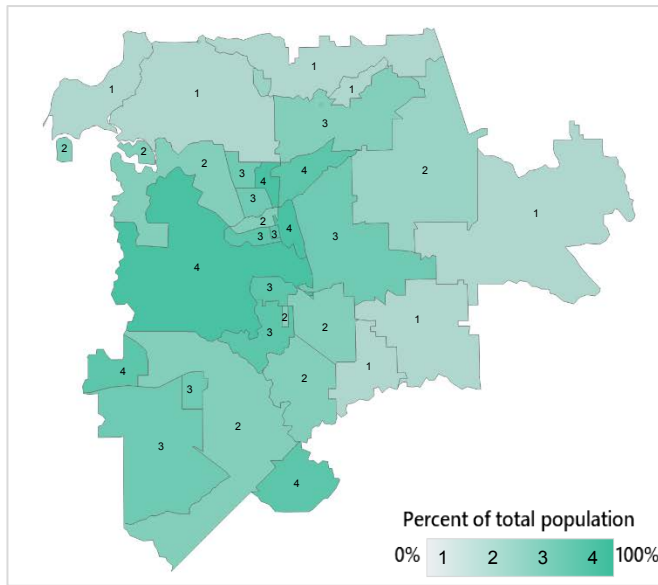
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the Manteca service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

MANTECA SERVICE AREA
Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

The Kaiser Permanente Manteca Medical Center 2022 CHNA was part of a collaborative effort by the Healthier San Joaquin Collaborative, led by a CHNA Core Team whose members include:

Hospitals

Adventist Health Lodi Memorial, Dameron Hospital, Dignity Health St. Joseph's Medical Center, San Joaquin General Hospital, Sutter Health Tracy

Other organizations

San Joaquin County Public Health Services, Community Foundation of San Joaquin, Community Medical Centers, First 5 San Joaquin, Health Net, Health Plan of San Joaquin, San Joaquin County Office of Education, University of the Pacific

Consultants who were involved in completing the CHNA

Ad Lucem Consulting, the consultant for this CHNA, specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to position clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting has developed CHNA reports and Implementation Plans for individual hospitals and collaboratives, including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies. To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on

local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

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

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Manteca Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Manteca service area

Before beginning the prioritization process Kaiser Permanente Manteca Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Manteca Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the five significant health needs.

Description of prioritized significant health needs in the Manteca service area.

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system is strained in the Manteca service area, as evidenced by provider shortages. Key informants stated that even with health insurance, access to care is a problem for service area residents when it comes to specialty care of all kinds, pediatric and adult oral health and hormone replacement therapy. Numerous barriers to receiving care were cited by key informants, including: few local specialists, inadequate appointment availability, lack of adequate insurance, and language/cultural barriers. Access to culturally responsive care is of particular concern for the Black population in the Manteca service area, who experience higher rates of infant mortality. Transportation to health care services was identified as a common barrier to accessing care, particularly for residents in rural communities who have limited transportation options and/or few nearby health clinics. Most key informants agreed that the pandemic complicated residents' ability to access routine healthcare, as the switch to telehealth proved difficult for seniors, Non-English speakers, and low-income communities with limited access to technology needed for online communication.

2. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Income and employment challenges in the Manteca service area are apparent from the higher child poverty and unemployment rates as compared to the CA average. According to key informants interviewed, income and employment are consistently unstable in the Manteca service area, particularly for historically underserved or marginalized populations. Key informants described how income and employment challenges influenced service area residents' health behaviors, exacerbating chronic disease, disability, mental health and substance use. Income and employment needs are illustrated by the food insecurity rate in the Manteca service area, which is higher than the state average; key informants emphasized the need for food insecurity noting the food purchasing challenges faced in low-income communities, even when residents are working multiple jobs in order to pay rent, bills, and provide food for their families. In addition, key informants noted the pandemic's negative impact on families' financial security, resulting in more residents relying on food banks.

3. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Manteca service area. Immediate action is needed to address access to mental and behavioral health services and the provider shortage, which is substantially worse in the service area than the state average and disproportionately impacts communities with large Hispanic populations. Key informants said children, adolescents, the elderly, those who identify as LGBTQ+, unhoused people, people of color, immigrants, rural communities, and low-income residents have the greatest needs for accessible mental health services. They mentioned a number of barriers to accessing services: cost, lack of insurance coverage, transportation, language and cultural or social stigma. Key informants linked mental and behavioral health concerns to trauma, Adverse Childhood Experiences (ACEs),

income and employment, homelessness, and substance use. They described residents often cope with life challenges by using substances. In addition, key informants said mental health concerns and challenges to accessing mental and behavioral health services were significantly amplified by the pandemic.

4. Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. A high-quality education, especially the foundational K-12 education, is crucial to the health of individuals and communities. Education is a major concern in the Manteca service area, with lower preschool enrollment and a substantially higher percentage of the adult population without a high school degree as compared to the California average. Key informants connected poor health to low high-school graduation rates in the Manteca service area, citing this as an important predictor of students' future employability, earning potential, and access to healthcare later in life. Key informants mentioned that education intersects with many other health needs: oral health, asthma, income and employment, and mental health. Children and adolescents of color were identified by key informants as particularly at risk during the pandemic because of school closures and shift to virtual classes. Students' education suffered immensely and social isolation exacerbated mental health challenges, which were left unaddressed as closed school campuses could not provide in-person support.

5. Housing: Having a safe place to call home is essential for the health of individuals and families. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. According to several key informants, the housing and rental inventory in the Manteca service area is at historic lows, and available housing is often unaffordable for most residents. Key informants linked housing challenges to a variety of health needs, including chronic disease and disability, food insecurity, Healthy Eating Active Living opportunities, mental health and substance use. Struggles related to housing, such as affording rent, housing instability and multi-generation or crowded households, cause many residents significant anxiety, leading to mental and behavioral health difficulties and interpersonal issues, sometimes escalating to domestic violence. Housing is an elevated issue in communities of color: severe housing cost burden and overcrowded housing rates are disproportionately higher among communities with larger Black and Hispanic populations. According to several key informants, in spite of targeted federal assistance and eviction moratoriums during the pandemic, housing instability and homelessness increased in the Manteca service area.

Health need profiles

Detailed descriptions of the significant health needs in the Manteca service area follow.

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

The capacity of the health care system is strained in the Manteca service area compared to the state overall, as evidenced by provider shortages. There are approximately 26 percent fewer primary care providers (59 per 100,000 people) and almost 34 percent fewer dentists (58 per 100,000 people) than the state average. This disproportionately affects access for residents identifying as Hispanic, who make up 43 percent of the service area population, and underscores the need for culturally appropriate/sensitive providers when working with residents of varied cultural backgrounds, a common theme expressed during key informant interviews. Key informants also emphasized the need for provider training in patient care for LGBTQ residents and those with diverse gender expressions.

In the Manteca service area, the rate of infant deaths is almost 40 percent higher than the state average. Neighborhoods in the service area with a relatively high Black population compared to the service area average also have higher rates of infant mortality. One key informant identified lack of access to care as a factor influencing birth outcomes among Black women in the service area.

Insurance coverage is widespread in the Manteca service area—only 7 percent of residents are without health insurance, 13 percent lower than the state average. However, there are disparities in insurance coverage among Hispanic residents, as the percentage of uninsured individuals is higher in areas with Hispanic populations greater than the service area average. Key informants also stated that even with health insurance, access to care is a problem when it comes to specialty care of all kinds, including pediatric and adult oral health and hormone replacement therapy. Numerous barriers to receiving care were cited by key informants, including: few local specialists, inadequate appointment availability, lack of adequate insurance, and language/cultural barriers. Transportation to health care services was identified as a common barrier to accessing care, particularly for residents in rural communities who have limited transportation options and/or few nearby health clinics.

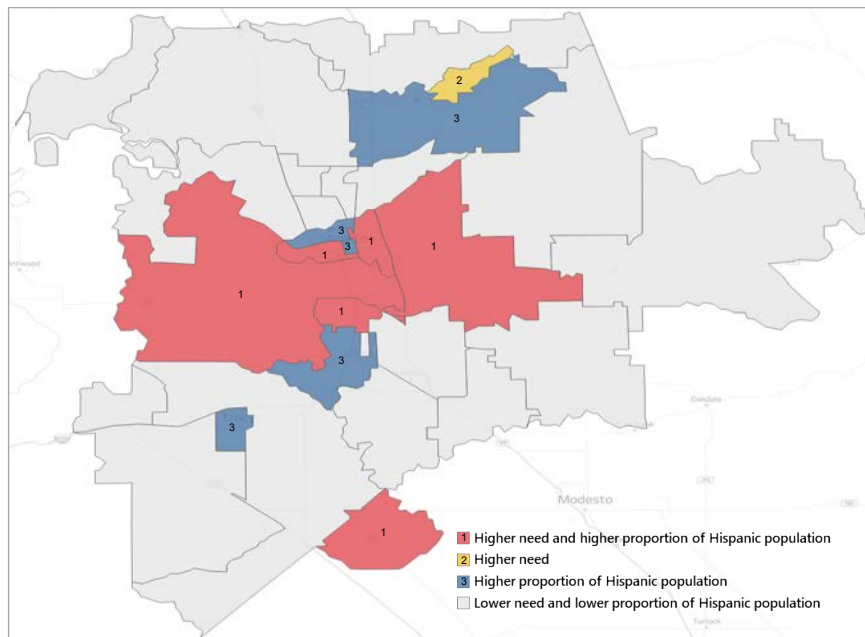
Key informants identified healthcare workforce shortages as major barriers to health care access for service area Medi-Cal recipients, describing the impact of the COVID-19 pandemic, job burnout, and insufficient compensation as reasons providers exit the healthcare workforce.

Most key informants agreed that the pandemic complicated residents' ability to access routine health care during the pandemic. Service area residents feared catching the virus during in-person visits and seniors, non-English speakers, and lower-income communities had limited access to the technological tools required for the shift to virtual care.

Key informants identified a number of barriers to accessing COVID-19 care: missed work due to time off for treatment, testing, or vaccination; limited after-hours availability for vaccine appointments; and political and historical factors influencing vaccination decisions. These factors likely contributed to a low overall COVID-19 vaccination rate in the service area (54%), which is substantially lower than the state average (72%) and may exacerbate racial/ethnic disparities in vaccination rates as Hispanic (38%), Black (40%), and White (42%) populations all have lower vaccination rates than the County average (vaccination data accessed 9/27/21).

PERCENT UNINSURED, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Hispanic population greater than 43%** (the service area average) and a **higher percent uninsured** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

My own personal friends and [other folks who identify as LGBT] have to deal with the impact of having a provider who is not knowledgeable or LGBT-friendly. This type of healthcare is absolutely detrimental to their mental health.

– Community-based organization leader

The way healthcare is going, people who were already struggling with their day-to-day, they don't have the time to find out what they need to do, or they may not have the tools to get there, or they're afraid of the costs.... People are apprehensive. In my experience working with families, they'll tell you horror stories about how they got stuck with a bill that they didn't expect. Those things really make people more afraid to take care of themselves.

– Community-based organization leader

INFANT DEATHS, MANTECA SERVICE AREA, 2020

	INFANT DEATHS*
Manteca service area	5.5
California	4.0

*Deaths of infants less than 1 year of age per 1,000 births
Source: HRSA Area Resource File, 2020

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Income and employment challenges in the Manteca service area are clearly illustrated through data on children and youth, with almost 1 in 5 living in poverty (19 percent), which is 18 percent worse than the California average. Childhood poverty is especially elevated for residents of color: ZIP Codes in the Manteca service area with a larger than average proportion of Black and Hispanic residents had higher percentages of children living in poverty. According to the key informants, income and employment challenges exacerbate chronic disease and disability, food security, food and physical activity choices, mental health, and substance use.

Unemployment rates and the jobs proximity index (measuring geographic proximity to jobs) in the service area are 6 percent and 9 percent worse, respectively, than the state average. The median household income is about 15 percent lower than state average and the percent of youth (ages 16-19) who are not in school or not employed is 29 percent worse than the state average. These income and employment conditions create a food security concern for many families. For example, the percent of public-school students eligible for free and reduced-price lunches – a proxy for low income - is almost 30 percent higher in the Manteca service area compared to the state average. According to key informants, targeted investments and strategic multi-sector planning are needed for the economy to equally benefit all residents.

Key informants reported that income and employment are consistently unstable in the Manteca service area, particularly for historically underserved or marginalized populations. One key informant discussed how young men of color in the service area are particularly at risk for experiencing low income and unemployment. Several key informants said elevated high-school drop-out rates, insufficient vocational training opportunities, and limited jobs that pay living wages contribute to this challenge.

Income and employment are closely tied to food security. The rate of food insecurity in the Manteca service area is 17 percent worse than the state average. Key informants discussed the disproportionate impact of food insecurity on low-income and rural populations, describing that these residents often only have access to liquor stores that stock limited amounts of fresh produce and other healthy foods.

Enrollment in CalFresh, the Supplemental Food Assistance Program (SNAP) in California, is 52 percent higher in the service area than the state average and disproportionately impacts Hispanic residents who make up 43 percent of the service area population. These higher enrollment rates indicate that many service area residents' need financial support. Key informants noted food purchasing challenges among low-income families despite working multiple jobs in order to pay rent, bills, and provide food for their families.

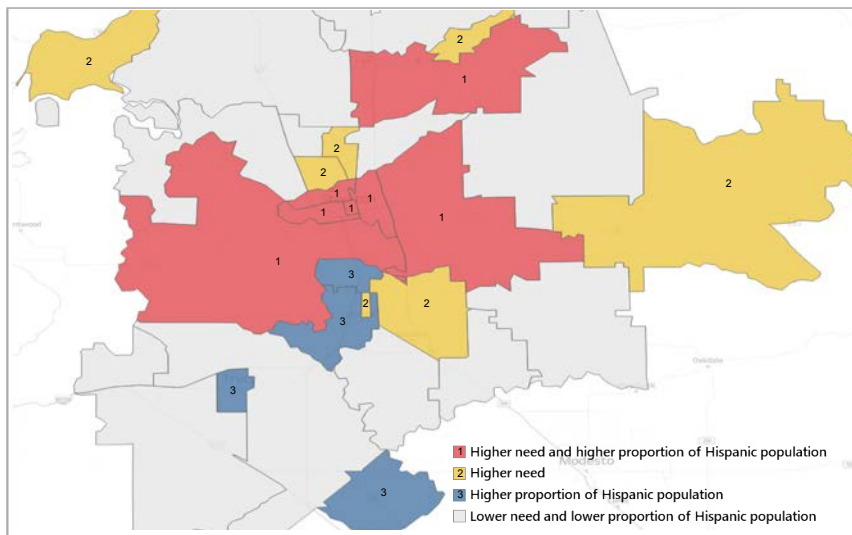
Key informants described how the COVID-19 pandemic impacted families' financial security, resulting in more low-income residents relying on food banks during the height of the pandemic. Key informants said people of color in the Manteca service area were disproportionately affected by the economic insecurity caused by the pandemic. These inequities were made more apparent during the pandemic, which resulted in widespread acknowledgement and public discussion about these economic disparities.

There is a lack of jobs that actually pay household wages. For lack of a better word, it's a domino effect if you don't have enough income to support yourself or your family. Then the choices you make are poor: from the location where you live, adequate housing, appropriate foods, as well.

– Community-based organization leader

CHILDREN IN POVERTY, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Hispanic population greater than 43%** (the service area average) and a **higher percent of childhood poverty** than the CA average.



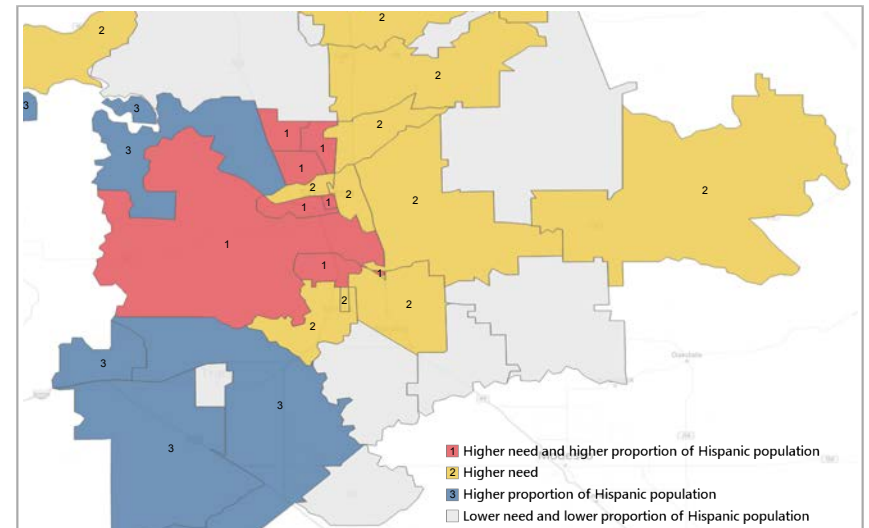
Source: [Kaiser Permanente Community Health Data Platform](#)

To be food insecure, housing insecure—these are still issues in our County, in some of our low-income areas, that you may not see in other parts of the state. You can't expect a child to learn in school if they're hungry at baseline or don't know where they're going to sleep at night. There are so many things that are tied into a basic notion that you're going to have a place to sleep and food to eat that some people take for granted.

– Community-based organization leader

SNAP ENROLLMENT, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Black population greater than 7%** (the service area average) and a **higher percent SNAP enrollment** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health is a critical and urgent health need in the Manteca service area. The rate of deaths of despair (due to suicide, alcohol-related disease, and drug overdoses) per 100,000 population, is 25 percent higher than the state average. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations. Mental health concerns and challenges to accessing services have been significantly amplified by the COVID-19 pandemic.

In the service area, the inadequate capacity of mental health providers is a persistent problem. There are 32 percent fewer providers per 100,000 population than the California average and 4 percent fewer providers than the US average. The mental and behavioral health provider shortage disproportionately impacts Hispanic residents, who make up 43 percent of the service area population.

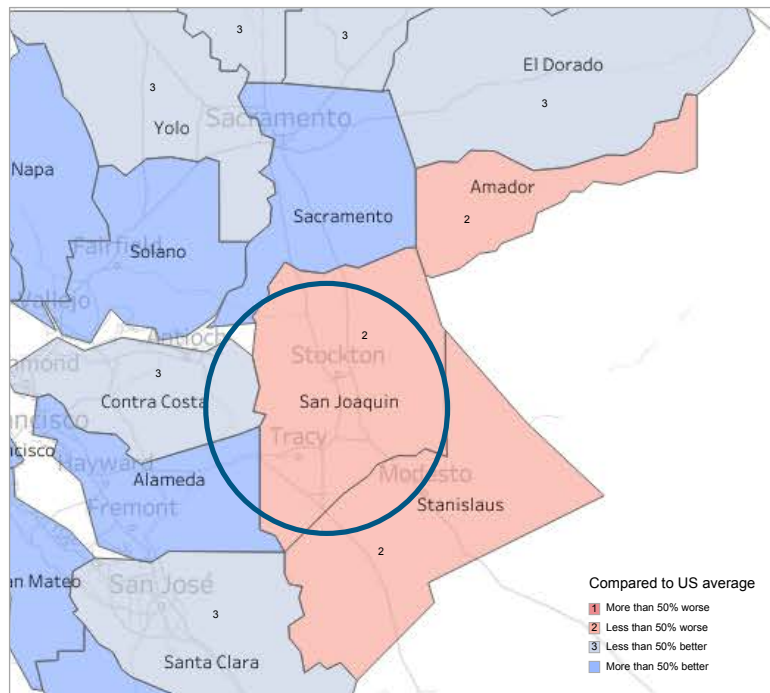
Key informants linked mental/behavioral health to trauma, Adverse Childhood Experiences (ACEs), income and employment, homelessness, and substance use. In particular, key informants discussed substance use within the broader context of mental/behavioral health, describing how residents of the Manteca service area often cope with life challenges by using substances. Although the percent of adults aged 18 years and older who self-report heavy alcohol use in the service area is the same as the state average, it is notable that 1 in 5 residents in the service area are heavy alcohol users. Alcohol consumption was the primary cause of approximately 30 percent of motor vehicle crash fatalities in the service area.

Key informants described how every vulnerable or underserved population in the Manteca service area has been disproportionately impacted by the insufficient availability of mental health services. Key informants said that children, adolescents, the elderly, those who identify as LGBTQ, unhoused people, people of color, immigrants, rural communities, and low-income residents have the greatest needs for mental health services. They mentioned that cost, lack of insurance coverage, transportation, language and cultural or social stigma were all barriers to receiving mental health care. A lack of mental/behavioral health specialty care, in particular, for LGBTQ residents who desperately need affirming providers in their communities, was mentioned and informants suggested that provider cultural-sensitivity training is specifically needed for LGBTQ patients.

Existing resources for mental health care, like the San Joaquin County Pride Center, El Concilio, and other local, small non-profit organizations, are under resourced and in need of additional support. Moreover, key informants discussed the service area’s inadequate treatment center capacity for individuals with substance use disorders. Several key informants emphasized the importance of treating substance use while concurrently addressing mental health issues and homelessness, which are often co-occurring problems.

MENTAL HEALTH PROVIDERS, SAN JOAQUIN COUNTY, 2019

San Joaquin County (which makes up the majority of the Manteca service area) is shaded in **light red (1)**, indicating that there are fewer mental health providers per 100,000 at a rate **less than 50% worse** compared to the **national average**.



Note: ZIP code level data unavailable.

Source: [Kaiser Permanente Community Health Data Platform](#)

When I say mental health, I’m not saying people with schizoaffective disorder or bipolar. I’m talking about depression and anxiety, and some of the more common mental health issues that so many people face in regular life. Mental health encompasses Adverse Childhood Experiences (ACEs) and toxic stress...that shapes you as a person and your ability to deal with something anxiety-provoking. Even where you live, ZIP Codes, can be predictive of how long you’re going to live.

– Community-based organization leader

Anything that we can do to get more mental health services in pre-K to 12th grade is going to be a great thing. And even in childcare facilities. There’s not a lot of this happening locally, except in Early Head Start where mental health services are available to children and families at a very young age. That’s the model that is going to set a child up in such a better way because you’re dealing with childhood trauma right then and there and working with the family to let them know it’s okay to receive services when you need them for mental health.

– Community-based organization leader

MENTAL HEALTH INDICATORS, MANTECA SERVICE AREA, 2014-2020

	Mental health providers ¹	Deaths of despair ²	Heavy alcohol use ³	Impaired driving deaths ⁴
Manteca service area	238	43	20%	29%
California	352	34	20%	29%

¹ Number of mental health providers per 100,000 population.

² Age-adjusted rates of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population

³ Percent of adults aged 18 years and older that self-report heavy alcohol consumption

⁴ Percent of motor vehicle crash deaths in which alcohol played a role

Sources: CMS National Provider Identification; National Center for Health Statistics; Behavioral Risk Factor Surveillance System; NHTSA Fatality Analysis Reporting System

Health need profile: Education

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low-income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

A high-quality education, especially the foundational K-12 education, is crucial to the health of individuals and communities. High school graduation rates, preschool enrollment, and scores on the elementary school proficiency index are worse in the Manteca service area when compared to the state average. Key informants stressed the importance of addressing systemic barriers related to education to lift families out of poverty and improve overall health because education intersects with many health needs, including: oral health, asthma, and mental health.

Key informants said low high-school graduation rates in the Manteca service area are important predictors of students' future employability, earning potential, and access to health care later in life. Over one fifth (21%) of the service area population over age 25 has less than a high school degree and this is over 20 percent worse than the state average. This particularly impacts Hispanic residents who make up approximately 43 percent of the service area population. Several key informants noted that high school dropout rates are worse among Black and Hispanic residents. One key informant said that children from impoverished families with limited access to technology or social supports face compounding challenges in school settings, reducing their likelihood of graduation.

Preschool and elementary school outcomes are important predictors of students' future high school completion. Preschool enrollment is 14 percent worse in the Manteca service area than the state average, with only 44 percent of 3- and 4-year olds enrolled in preschools. Low preschool enrollment disproportionately impacts service area ZIP Codes with higher percentages of Black residents. Not surprisingly, data on service area elementary school achievement shows deficits; scores on the elementary school proficiency index are substantially worse in the Manteca service area, with fourth-graders obtaining an average index score of 30 - almost 40 percent worse than the state average. Several key informants also described how mental health concerns among elementary age children, such as exposure to Adverse Childhood Experiences (ACEs), negatively impact children's behavior, relationships, and learning in school.

Key informants identified children and adolescents of color as a particular subgroup of concern with respect to education, especially within the context of the COVID-19 pandemic. Due to school closures and the shift to virtual classes, students' education and social connectedness at school suffered immensely. Key informants discussed students' social isolation and the associated mental health challenges stemming from not having access to in-person support on school campuses.

The fact that [the Manteca Service Area] has one of the most dismal graduation rates...it all speaks to: How well are the kids? If the kids aren't doing well, then the whole economy is doomed. And the kids are doing terribly, with their mental health, with their outcomes in school.

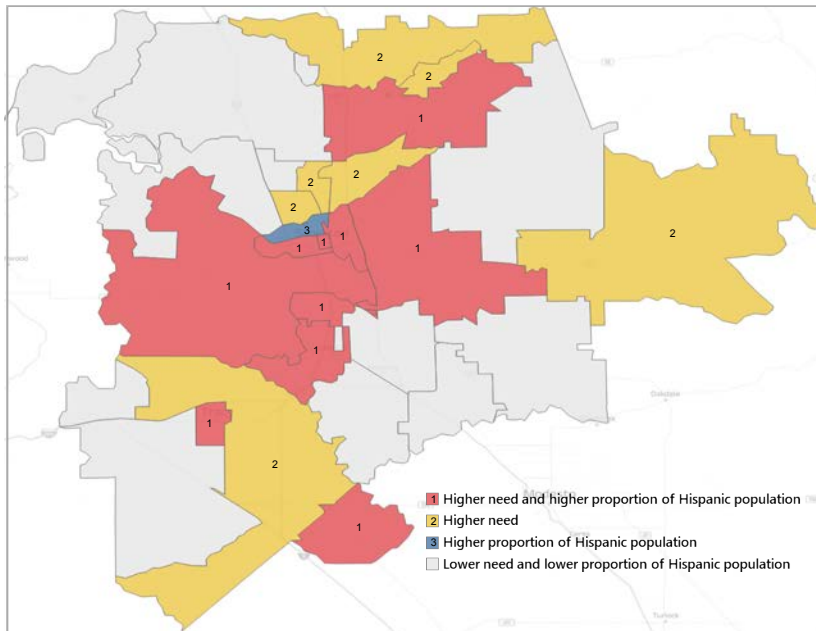
– Community-based organization leader

Economic security is certainly tied to education, making it through with a high school diploma, and then any kind of post-high-school (whether that's trade school, junior college, some college) which translates to an ability to earn higher wages in our community.

– Community-based organization leader

ADULTS WITH NO HIGH SCHOOL DIPLOMA, MANTECA SERVICE AREA, 2015-2019

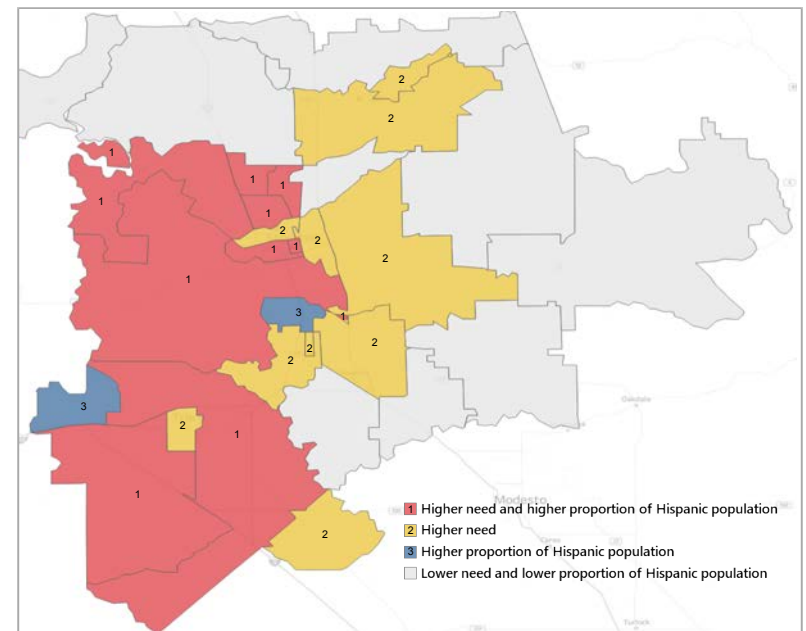
Areas in red (1) are ZIP codes with a **Hispanic population greater than 43%** (the service area average) and a **higher percentage of adults with no high school diploma** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

PRESCHOOL ENROLLMENT, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Black population greater than 7%** (the service area average) and a **lower percentage of preschool enrollment** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California as a state has some of the most expensive real estate in the country. But while the housing costs are less in the Manteca service area, so are the incomes among some residents, resulting in housing cost burdens, particularly among Black and Hispanic residents.

Compared to the national average, overcrowded housing in the Manteca service area is 118 percent worse and the severe housing cost burden in the service area is 26 percent worse than the national average. The housing affordability index in the Manteca service area, the ability of a typical resident to purchase a home in the area, is 23 percent worse and the home ownership rate in the service area is over 10 percent worse than the national average.

Housing cost burden disproportionately impacts communities of color: ZIP Codes in the Manteca service area with larger populations of Black and Hispanic residents had higher percentages of severe housing cost burden. Additionally, most ZIP codes with Hispanic populations larger than the service area average exceeded the state average for overcrowded housing.

According to several key informants, the Manteca service area has many "housing deserts." Housing and rental inventory in the service area is at historic lows, which some key informants attribute to Bay Area residents moving to and purchasing more affordable homes in the Central Valley.

Key informants linked housing challenges to health needs, with housing challenges negatively influencing health behaviors that exacerbate chronic disease and disability; food security; HEAL opportunities; mental health and substance use. Struggles related to housing, such as affording rent, housing instability and multigeneration or crowded households, cause many residents significant anxiety, leading to mental/behavioral health difficulties and interpersonal issues, sometimes escalating to domestic violence.

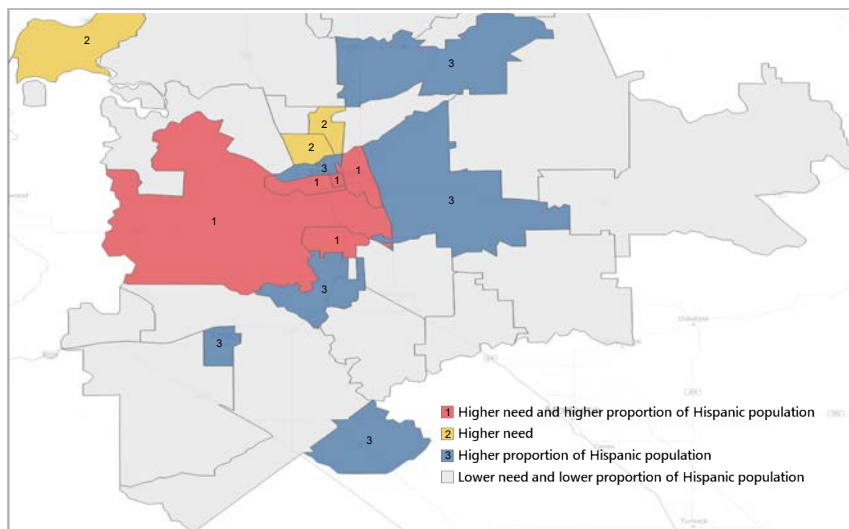
According to several key informants, in spite of targeted federal assistance and eviction moratoriums during the COVID-19 pandemic, housing instability and homelessness increased in the Manteca service area. Homelessness is a persistent problem within the service area. Key informants said barriers to addressing homelessness include: a lack of political will; zoning and permitting impeding the construction of affordable, multi-unit housing complexes; lack of treatment options for mental illness and substance abuse; residents opposing the construction of affordable or supportive housing in their neighborhoods; and limited funding and resources for transitional and permanent supportive housing.

Housing is the reason why people are homeless. The reason why people are homeless in our county in such large numbers is because over half of citizens are rent-burdened. Even if they can find and maintain stable housing, they can't afford it. They're struggling to even buy necessities like food. The high cost and low availability of housing is a major problem that reverberates in people's lives in so many fundamental ways that are all interconnected. I really cannot overemphasize how much housing is the root of a lot of our issues in the community.

– Community-based organization leader

SEVERE HOUSING COST BURDEN, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Hispanic population greater than 43%** (the service area average) and a **higher percent experiencing severe housing cost burden** than the CA average.



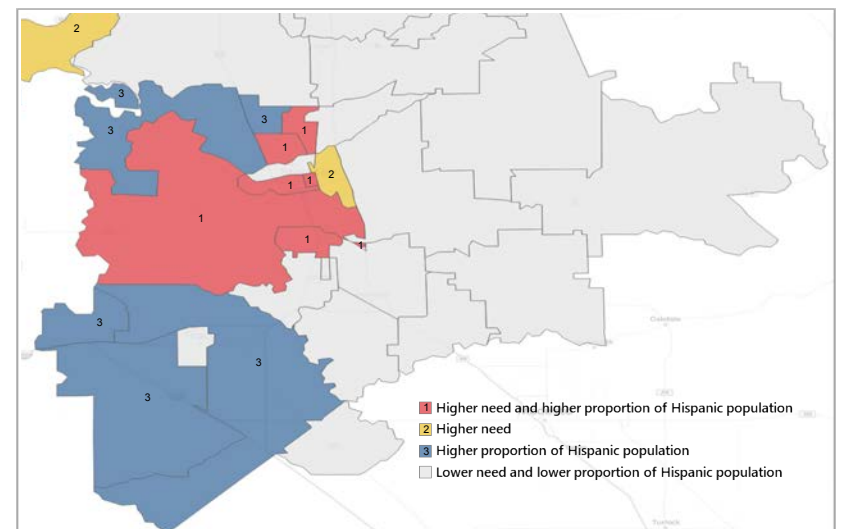
Source: [Kaiser Permanente Community Health Data Platform](#)

The price of real estate has definitely gone up, which makes it more difficult for folks from lower-middle class to acquire housing that they can call their own. So, they resort to rentals. Then rental vacancy is much lower now... You see a lot of people from the Bay Area purchasing homes in the Central Valley, so that's another driving factor for the housing prices going up, and rentals going up, as well. That complicates this issue of homelessness. It puts people who have mental illness at more of a disadvantage because landlords become very selective about who they rent to.

– Community-based organization leader

SEVERE HOUSING COST BURDEN, MANTECA SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a **Black population greater than 7%** (the service area average) and a **higher percent experiencing severe housing cost burden** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Manteca service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Manteca Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Manteca Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Manteca Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Mental Health
3. Economic Security
4. Obesity/HEAL/Diabetes

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Manteca Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Manteca Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 16 grants totaling \$1,363,363 in service of 2019 IS health needs in the Manteca service area.

One example of a key accomplishment in response to our 2019 IS includes a \$150,000, 24-month grant to Delta Health Care’s Resiliency Education and Community Healing (REACH) project to support Stockton Unified School District high school students’ access to mental health services and supportive community resources. The program is expected to reach 7800 teens from underserved communities, with a goal of improving psychosocial health and decreasing risky or self-harming behaviors. In addition, the program builds the capacity of school staff to support mental health and provides a training ground for future mental health counselors through the implementation of campus-based, trauma-informed counseling experiences.

As the health and economic toll of the pandemic continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$810,000 in the Manteca Medical Center service area to deploy grassroots strategies to increase uptake of COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$75,000 grant, Family Resource and Referral bridged technology and language barriers for 67,000 individuals attempting to make a COVID-19 vaccine appointment by making appointments on [MyTurn.org](https://www.myturn.org) for community members and translating information for monolingual individuals as well as creating required email accounts for individuals attempting to make appointments via [MyTurn.org](https://www.myturn.org).

Kaiser Permanente Manteca Medical Center 2019 IS priority health needs and strategies

Access to Care

Care and coverage: Kaiser Permanente Manteca Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	16,269	16,800	\$13,864,030	\$5,889,012
Charitable Health Coverage	237	200	N/A	\$329
Medical Financial Assistance	13,592	9,931	\$12,257,679	\$10,774,767
Total care & coverage	30,098	26,931	\$26,121,709	\$16,664,108

Other access to care strategies: During 2020-2021, 32 grants were awarded to community organizations, for a total investment of \$1,325,587 to address access to care in the Manteca service area.

Examples and outcomes of most impactful other strategies

Community Network Development

Catholic Charities of the Diocese of Stockton was awarded \$25,000 to serve as a Thrive Local Champion, engaging community organizations to join the Unite Us platform that connects available healthcare and social service resources to those who need them. The program is expected to reach 300 individuals with community resources/services to address poverty, social isolation and healthcare access.

211 San Joaquin Maximizing Thrive Local Network

Family Resource & Referral Center of San Joaquin was awarded \$150,000 over 2 years to connect residents to health and human services. The program is expected to reach about 18,000 individuals in the San Joaquin County, providing referrals and improving access to services addressing a broad spectrum of health and social service needs.

COVID-19 Vaccine Equity in San Joaquin County

San Joaquin County-Public Health Services was awarded \$95,000 to increase vaccination rates among the communities hardest hit by the pandemic and address equitable access barriers that prevent timely vaccination. The program is expected to reach 190,000 individuals in San Joaquin County and result in a 25 percent increase in the rate of vaccinated San Joaquin County youth over 3 months.

Mental Health

During 2020-2021, 12 grants were awarded to community organizations, for a total investment of \$514,281 to address mental health in the Manteca service area.

Examples and outcomes of most impactful strategies

Resiliency Education and Community Healing

Delta Health Care was awarded \$150,000 over 2 years to advocate for and provide mental health services, referrals, and support for Stockton Unified School District. This program is expected to reach 7,800 individuals with counseling services and health fair/outreach events, resulting in decreased adolescent/teen risky behaviors (e.g. substance abuse, self-harm).

Full Circle Mental Health Connects

Sow A Seed Community Foundation was awarded \$100,000 over 2 years to integrate in-person and virtual mentoring and mental health services into school, community and community center settings. The program is expected to reach 150 youth with skill building services and mental health treatment referrals, resulting in mental health self-care skills and increased sense of being supported.

Economic Security

During 2020-2021, 20 grants were awarded to community organizations, for a total investment of \$367,429 to address economic security in the Manteca service area.

Examples and outcomes of most impactful strategies

Improving Economic Security Through Training Leaders 4 Tomorrow

The African American Chamber of San Joaquin Foundation was awarded \$25,000 to provide hands-on job training, mentoring and counseling, and professional development services. The program is expected to support up to 125 women's shelter residents, high school students, and at-risk youth/young adults to secure and maintain living wage employment, enhancing economic security for individuals and the community overall.

Connect2Work

San Joaquin County Hispanic Chamber of Commerce Foundation was awarded \$25,000 to: 1) connect workers to employers that will assist in developing skills needed for meaningful employment; 2) provide businesses with assistance navigating mandated pandemic regulations and adapting business operating strategies to meet current challenges. The program is expected to reach 100 individuals, resulting in enhanced economic opportunities and security for individuals and businesses.

Growing Unity Inclusion Diversity & Equity (GUIDE Program)

Greater Stockton Chamber of Commerce was awarded \$25,000 to enhance and recognize diversity, equity and inclusion among local businesses and the workforce. The program is expected to reach 500 individuals through established workforce and economic development programs.

Obesity/HEAL/Diabetes

During 2020-2021, 24 grants were awarded to community organizations, for a total investment of \$650,577 to address obesity/HEAL/diabetes in the Manteca service area.

Examples and outcomes of most impactful strategies

Williams Brotherhood Park Playground Rebuild

This \$25,000 award to the Tides Center will support rebuilding Williams Brotherhood Park Playground following an arson incident that destroyed half of the playground. This project is expected to serve 50,000 residents with a variety of park amenities; it is the only park of significant size serving the historically disinvested community of southeast Stockton.

CalFresh Outreach

Catholic Charities of the Diocese of Stockton was awarded \$95,000 over 12 months to provide CalFresh outreach, application and retention services to low-income households throughout San Joaquin County, especially those impacted by COVID 19. This program is expected to reach 8,400 individuals, resulting in more eligible individuals and families accessing CalFresh benefits.

Healthy Food RX

The Emergency Food Bank was awarded \$25,000 to provide medically tailored food boxes and accompanying nutrition education to Stockton residents diagnosed with high blood pressure. The program is expected to reach 50 low/very low income Hispanic and African American residents, resulting in dietary behaviors that facilitate blood pressure management.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	California Department of Public Health, California for All. Vaccination Progress Data. Coronavirus COVID-19 Response	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	San Joaquin County Continuum of Care	1	Communities experiencing homelessness	Leader	8/17/2021
2	Key informant interview	El Concilio Council for the Spanish Speaking	1	Low-income, communities of color	Leader	8/17/2021
3	Key informant interview	San Joaquin Pride Center	1	LGBTQ+ communities	Leader	8/17/2021
4	Key informant interview	First 5 San Joaquin County	1	Children in their first five years, and their families	Leader	8/19/2021
5	Key informant interview	Community Medical Centers, Inc.	1	Medically underserved communities	Leader	8/25/2021
6	Key informant interview	San Joaquin County Department of Aging and Community Services	1	Older adults	Leader	9/13/2021
7	Key informant interview	Family Resource and Referral	1	Low-income, communities of color	Leader	9/24/2021
8	Key informant interview	San Joaquin Behavioral Health Services	1	General public, individuals with mental health disorders	Leader	9/24/2021
9	Key informant interview	Sow A Seed Community Foundation	1	Youth and their families	Leader	9/29/2021
10	Key informant interview	Public Health Services of San Joaquin County	1	Public health	Leader	10/4/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	San Joaquin County Public Health Services	In partnership with the community, protects, promotes and improves health and well-being for all who live, work, and play in San Joaquin County. Programs and services include chronic disease prevention, nutrition and physical activity, family health, tobacco control, and environmental health.
	2-1-1 San Joaquin	An online and phone database for referrals to health and social services. Available 24 hours a day, 7 days a week with assistance provided in over 200 languages.
	San Joaquin County Human Services Agency	Provides State and federally-mandated public assistance and a variety of social service programs for SJC residents. Programs include: California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children's Shelter.
	Homeless Services	Provide meals, health care, clothing, hygiene services, shelter and social services to homeless and working poor individuals and families. Providers include (but not limited to) St. Mary's Dining Room, St. Anne's Place: Women's Center Youth and Family Services, Stockton Shelter for the Homeless, Hope Harbor Family Shelter, Coalition of Tracy Citizens to Assist the Homeless, Gospel Center Rescue Mission, McHenry House Tracy Family Shelter, Tracy Community Connections Center, Tracy Interfaith Ministries
Access to care	COVID-19 general information, diagnostic testing and vaccination information/events	A variety of resources (SJCRReady.com, Myturn.ca.gov, etc.) provide information on COVID-19 symptoms and care services, prevention, current policies, and accessing vaccinations and booster shots.
	Federally Qualified Health Centers	Outpatient clinics (e.g. Community Medical Centers, Inc., San Joaquin General Hospital Look-alike clinics, Golden Valley Health Centers) providing health services to low income, underinsured and high need populations.
	Hospitals/medical centers	Multiple facilities (e.g. San Joaquin General, Sutter Tracy Community Hospital, Kaiser Permanente Manteca, Adventist Health Lodi Memorial, Dignity Health St. Joseph's Medical Center, Dameron Hospital) dedicated to comprehensive outpatient and inpatient services including primary care and specialty care.

Identified need	Resource provider name	Summary description
Income & employment	Energy Assistance Programs	A variety of programs (e.g. HEAP, REACH, PG & E) assist low income residents with paying utility bills.
	San Joaquin County WorkNet	Offers programs specifically designed for individuals seeking employment. At the Lodi and Stockton WorkNet Centers, orientations provide information about training, EDD services, and re-employment supports.
	Emergency Food Bank of Stockton/San Joaquin	Families and individuals in need of emergency food assistance can visit the Emergency Food Bank's on-site food pantry. Other programs include: Mobile Farmer's Market, Nutrition on the Move Education Classes, CalFresh outreach, Partner Pantries, and job training.
Mental & behavioral health	San Joaquin County Behavioral Health Services	Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of SJC residents.
	National Alliance on Mental Illness, San Joaquin County	Raises community awareness of mental illness and provides support groups and a Help Line to persons with mental illness and their families and friends, education and training, and advocacy.
	St. Joseph's Behavioral Health Center	Provides behavioral evaluations, mental and behavioral health screening, inpatient and day treatment programs, outpatient services, chemical recovery programs and referrals to community resources.
Education	San Joaquin County School Districts	The County's 14 school districts promote a well-rounded education and ensure students have the knowledge/skills necessary for future success. The school districts set policy and performance standards, ensure compliance with laws/regulations, monitor finances, select curricula, and oversee intervention and support services (such as counseling and free and reduced-price meals) for students and families.
	San Joaquin County Office of Education Healthy Kids Resource Center	Supports education of more than 145,000 students enrolled in 14 school districts in the county. The HKRC provides access to educational resources, including health promotion resources, that can be borrowed at no cost.
	Manteca Give Every Child a Chance	Provides tutoring/homework assistance, science and technology programs, and healthy eating/active living opportunities for low-income students.

Identified need	Resource provider name	Summary description
Housing	Affordable Housing Programs	Provide housing for low income residents through subsidized housing and rental assistance, or affordable housing units. Providers include (but not limited to) Mercy Housing, Eden Housing, Valle Del Sol, Housing Authority County of San Joaquin, STAND, Visionary Homebuilders.
	Grace and Mercy, Lodi Area	Offers a safety net to persons in need and the homeless by providing dry goods, refrigerated storage, clothing for job seekers, haircuts, a soup kitchen, and shelter from severe weather.
	Homelessness Prevention - Rapid Re-Housing	Federally funded program providing short-term, one-time rental and/or deposit assistance to qualifying households that meet all federal and local eligibility requirements.