



Community Health Improvement Plan for San Joaquin County

2023 - 2025

PREPARED AUGUST 2022 BY:



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consulting

Letter from the Healthier San Joaquin Collaborative CHNA/CHIP Core Team

This Community Health Improvement Plan (CHIP) guides collective efforts to address health throughout San Joaquin County, with a focus on Priority Neighborhoods, communities experiencing the greatest health disparities. The approach laid out in this plan builds on the priority health needs identified in the 2022 Community Health Needs Assessment (CHNA) and continues momentum on the priorities and strategies initiated with the 2019 CHIP.

This CHIP acknowledges the intersectionality of health needs and addresses two priority areas through one comprehensive goal and a select set of strategies designed to be implemented collectively. Foundational to this approach is the desire to “dive deep” on work with and within our Priority Neighborhoods, coordinating efforts and resources to make a real difference. We hope that this plan will help local decision makers, key stakeholders, and the community-at-large work together to improve health and address inequities.

The CHNA and this CHIP are the products of a collaborative effort that engaged hundreds of individuals from diverse sectors and perspectives throughout San Joaquin County. County residents were essential to the process; they shared their knowledge and experience and played a key role in ranking health needs and strategies. Agency and organizational partners were critical to data collection, prioritization of health needs and building the plan, guided by residents’ expressed priorities.

We are grateful for these contributions and looking forward to our ongoing partnership which strengthens existing efforts, brings new ideas and ultimately builds a healthier community moving forward.

This CHIP report, as well as the 2022 CHNA are available online at <https://www.healthiersanjoaquin.org/>.

We look forward to working with you.



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Executive Summary

As the northernmost county in the Central Valley, San Joaquin bridges northern and central California and is among the fastest growing counties in the state. San Joaquin is home to seven cities, many small towns, and a number of rural farm and ranching communities. County residents are diverse, including Latino, African American, Caucasian and Asian/Pacific Islander populations. San Joaquin's geographic position makes it well situated for business and industry, and the county has many growth opportunities and a variety of assets and resources to support health; at the same time, many San Joaquin residents face significant challenges in terms of economic security, educational inequities, and poor health outcomes when compared to California overall as well as health disparities among racial/ethnic groups within the county.

From August 2021 through May 2022, the San Joaquin County 2022 Community Health Needs Assessment (CHNA) was conducted to present a comprehensive picture of community health, encompassing the conditions that impact health in the county. The CHNA was designed to inform and engage local decision makers, key stakeholders, and community members in efforts to improve the health and wellbeing of all San Joaquin County residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report was an inclusive and comprehensive process guided by a Core Team planning group and broadly representative Steering Committee, with input from hundreds of county residents. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community.

The 2022 CHNA report placed particular emphasis on the health issues and contributing factors that impact historically marginalized populations that disproportionately have poor health outcomes across multiple health needs. It explored disparities for populations residing in specific geographic areas, referred to as "Priority Neighborhoods", as well as disparities among the county's diverse ethnic populations. These analyses were helpful for identifying intervention strategies that promote health equity.

Building on the 2022 CHNA, San Joaquin County created its Community Health Improvement Plan (CHIP) with an approach aimed at achieving maximum collective impact. The CHIP focuses on two prioritized health needs and presents a select list of key strategies aimed at working at the intersection of these needs. CHIP strategies will be implemented jointly by multiple collaborators. Public agencies, hospital/health care systems, and community organizations will be encouraged to coordinate and target resources in the Priority Neighborhoods identified in the CHNA.

The CHIP process was a function of the Healthier San Joaquin Collaborative and was guided by the Core Team, who engaged the Steering Committee. The Core Team included San Joaquin County Public Health Services, San Joaquin County's nonprofit hospitals, health insurers including Medi-Cal managed care plans, federally qualified health centers as well as representatives from the philanthropic and education sectors and First 5 San Joaquin, a county-wide partner organization. The Core Team was

responsible for planning and key decision making, including providing review and input into the CHIP report. The broadly representative Steering Committee assisted with collecting survey data, selecting priorities, and building out the CHIP.

The CHIP process identified **two priority health needs and one overarching goal** for strategic attention.

Health Needs:

- Chronic Disease/Healthy Eating, Active Living (HEAL)
- Mental/Behavioral Health (including substance use)

Goal: Make parks in priority neighborhoods appealing and easy to use to create equitable and safe opportunities to improve physical, mental and community well being

The 2023-2025 CHIP builds on the previous CHIP and continues momentum on creating safe, accessible park space as an upstream, prevention-oriented approach to both chronic disease and mental/behavioral health. Maximizing the accessibility and use of parks presents a solution to multiple physical and mental health concerns.

With these health needs selected, the Core Team and Steering Committee identified outcomes, strategies, activities, and partners to address the needs, which are included in this CHIP report. A year 1 implementation plan was also developed and is included. The CHIP will be a living document, with progress monitored and plans adjusted as San Joaquin County moves forward in implementing the CHIP through 2025 and beyond.

The CHIP is an inclusive, county-wide effort. The Core Team and Steering Committee encourage community members and community organizations to participate in implementing the priority strategies in the Priority Neighborhoods. There are a variety of opportunities for collaboration, including outreach to and engagement of community members, implementing specific interventions, or collecting feedback and data to support tracking and

How Parks Address Chronic Disease and Mental Health

- Promote physical activity to contribute to weight management, diabetes prevention/control and prevention of cancers, dementias, and many other chronic illnesses
- Aid in anxiety management by providing a space for relaxation, interacting with nature, and physical activity to reduce stress
- Address isolation by facilitating social interaction
- Build community cohesion by providing a space for community gathering and events
- Enhance community safety by creating safe, well lit, clean community spaces that encourage community members to be out in their neighborhoods
- Provide welcoming and inclusive programming that embraces community members of all races, cultures, ages, identities, and abilities

evaluation of CHIP progress. If the selected strategies and activities are not part of an organization's/agency's core mission, it is hoped they can find ways to complement CHIP efforts.

Organizations, public agencies, or San Joaquin County community members seeking to contribute to the CHIP activities should contact Barb Alberson at balberson@sjcphs.org or any other Core Team member for more information.

Community Health Improvement Plan for San Joaquin County

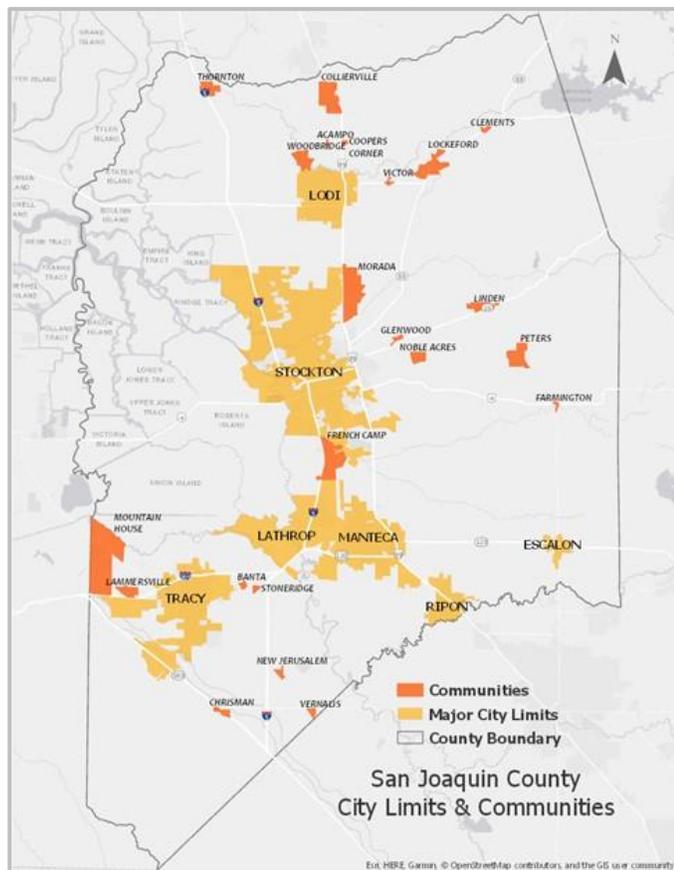
I. Background: San Joaquin County

San Joaquin County is the northernmost county in the Central Valley; its geographic position places the county within a dynamic growth corridor for business and industry, and San Joaquin County has a history of and continues to be a highly productive agricultural center. The county is mostly rural, with one large urban core (Stockton) and several smaller cities (Tracy, Manteca, Lodi, Lathrop, Ripon and Escalon) as well as many ranching and farming communities (Figure 1). Communities and cities maintain their unique geographic identities, separated by agriculture and open space lands.

Among the fastest growing counties in California, San Joaquin’s diverse population is primarily Hispanic and White, with substantial Asian and African American populations. While noteworthy progress has been made, a number of health disparities and economic/social inequities are experienced by county residents of color.

San Joaquin County’s growth brings opportunities and challenges. Some neighborhoods have links to well-paying jobs in nearby counties, while residents in other neighborhoods struggle to find local living wage jobs and cope with high crime rates. Many San Joaquin County residents face challenges around economic security which impact physical and mental health; compared to California overall, San Joaquin County has higher unemployment and lower average income, especially among people of color; this limits access to health promoting community assets and exacerbates chronic disease and disability while also eroding mental health. As described in the San Joaquin County 2022 Community Health Needs Assessment, San Joaquin County residents are more likely to be enrolled in Medi-Cal or other public insurance, which is beneficial but related to overall poverty. People of color, especially Latinx children and adults, are the most likely to be uninsured. A health care provider shortage within the county can lead to poor health outcomes and residents

Figure 1: San Joaquin County Map



experience a number of disease related challenges and health disparities. Obesity rates and diabetes prevalence were higher in San Joaquin County as compared to California overall, with children and adults of color having significantly higher rates of obesity than their White neighbors. County residents experience significant disparities related to hospitalization and deaths from cardiovascular diseases and asthma. In terms of mental/behavioral health, county residents experience more days of poor mental health per month and have a higher rate of deaths by suicide, drug overdose, and alcohol poisoning combined than the California average, with significantly fewer mental health care providers available.

II. Overview of the San Joaquin County Community Health Needs Assessment (CHNA)

The San Joaquin County community has a long tradition of working collaboratively and has conducted a joint triennial CHNA for many years. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community. The 2022 CHNA report is available at www.healthiersanjoaquin.org.

The 2022 CHNA meets federal requirements and fulfills one of San Joaquin County Public Health Service's requirements for national Public Health Accreditation. From data collection and analysis to the identification of prioritized needs and implementation strategies, the development of the 2022 CHNA report was an inclusive and comprehensive process guided by a Core Team planning group and a broadly representative Steering Committee (See Appendix A). As many community members as possible were engaged in the process. Opinions were sought from decision makers and key stakeholders and—more importantly—from community members whose voices are not often heard.

A social determinants of health framework was employed for the CHNA and guided examination of San Joaquin County's social, environmental and economic conditions that impact health in addition to exploring factors related to diseases, clinical care and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the county.

A. Priority Neighborhoods: CHNA focus on inequities and disparities

A particular emphasis of the 2022 CHNA was the health issues and contributing factors with greatest impact among vulnerable populations with disproportionately poor health outcomes across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to as Priority Neighborhoods¹ as well as disparities among the county's diverse ethnic populations. In the 2022 CHNA, there are 14 Priority Neighborhoods: 10 from the previous CHNA (2019) for continued work and comparisons, and four new Priority Neighborhoods for better geographical

¹ San Joaquin County 2022 Community Health Needs Assessment, May 2022.

representation. The new Priority Neighborhoods were chosen based on the following criteria: (a) considered a Census Designated Place (CDP), (b) larger population estimate compared to other CDPs, and (c) lower Healthy Places Index percentile than other CDPs. Figure 2 lists and describes the Priority Neighborhoods.

Figure 2: Priority Neighborhood List

Census Tract	City	Neighborhood Street Boundaries
1	Stockton	Union/Aurora on the east, Park on the north, Hazelton on the south, and Madison/El Dorado on the west.
3	Stockton	Madison/El Dorado on the east, Park on the north, Hazelton/Scotts on the south, and I-5 on the west.
6	Stockton	Union/Aurora on the west, Charter on the south, Main on the north, and Wilson on the east.
7	Stockton	I-5 on the west, Charter on the south, Hazelton/Scotts on the north, and Union/Aurora on the east.
16	Stockton	Wilson on the west, Weber/Miner on the south, Harding/Cherokee on the north, and D/E St. on the east.
22.01	Stockton	Union/Aurora on the west, Duck Creek Levee on the south, Charter on the north, and Scribner/Bieghle on the east.
27.01	Stockton (Garden Acres)	Highway 99 on the west, Main on the south, Stokes/Cardinal on the north, and Del Mar on the east.
33.12	Stockton	El Dorado on the west, Bianchi on the south, Woodstock/Camanche on the north, and Colebrook/Burnham on the east.
38.03	French Camp	San Joaquin River on the west, Bowman and Roth on the south, French Camp on the north, and Highway 99 on the east.
40.01	Thornton	Mokelumne River on the west and north, White Slough on the south, and I-5 on the east.
44.03	Lodi	Sacramento/Stockton on the west, Kettleman on the south, Lodi on the north, and Central on the east.
47.01	Lockeford	Tretheway on the west, Brandt on the south, Mokelumne River on the north, and Disch on the east.
51.09	Manteca	Main on the west, Moffat on the south, Edison on the north, and Powers on the east.
53.03	Tracy	Tracy on the west, 11th on the south, Grant Line on the north, and Holly on the east.

B. Mixed-methods approach for 2022 CHNA

Secondary/Quantitative Data: A review and analysis of community health indicators provided understanding of the drivers of health outcomes in San Joaquin County, including understanding racial/ethnic disparities and comparing local indicators with

state benchmarks. County Public Health Services epidemiologists used the Kaiser Permanente Community Health Data Platform “Health Topics” as a framework for the 2022 CHNA indicators, using the platform’s data sources as well as sources from the Healthy Places Index to pull data for California and San Joaquin County, including county data stratified by race/ethnicity.

Primary/Qualitative Data: Key informant interviews and focus groups were conducted to gather a wide range of opinions on health needs with greatest impact on community members, examples of existing resources that address those health needs, and suggestions for continued progress in addressing the needs.

C. CHNA health need prioritization

The analyzed quantitative and qualitative data were triangulated to identify the top health needs in the county and summary health need profiles were created.

A multi-step ranking process categorized the health needs into highest, medium, and lower priority, using the health need profiles developed for the CHNA which provided in depth data on each health need.

At the March 2022 Steering Committee meeting, the health need profiles containing secondary and primary data were presented and discussed during small group breakouts to foster in depth discussion of the data. Participants engaged in a multi-voting process to reach consensus on the highest, medium, and lower priority health needs based on criteria identified by the Core Team.

The prioritization process resulted in the nine ranked health needs presented in Figure 3.

Figure 3: 2022 CHNA Prioritized Health Needs

Highest Priority
Mental/Behavioral Health Including Substance Use
Access to Care
Income and Employment
Medium Priority
Housing
Chronic Disease/Healthy Eating, Active Living (HEAL)
Community Safety
Lower Priority
Family and Social Support
Education
Transportation

For the previous CHNA (2019) and CHIP (2020-2022), community members identified Chronic Disease/Healthy Eating Active Living as their top health issue. There has been progress on this health need but there is much more to do. As a result, it remains a priority and is addressed in this CHIP.

The CHNA health need profiles and health need prioritization were presented at a series of meetings with community residents. Meeting attendees provided input and concurred that Chronic Disease/HEAL remains a top need and that each of the nine health needs was important and that these issues are interrelated.

San Joaquin County used the results of the 2022 CHNA to drive the development of a joint CHIP. In addition, each of the county nonprofit hospitals will develop an individualized implementation plan for their service area, with strategies tailored to build on a hospital's individual assets and resources. Their Implementation Strategies will be filed with the Internal Revenue Service.

III. Purpose of the CHIP

The CHIP is a systematic plan to address the health needs emerging from the CHNA process.² It serves as a guide for collaborators county-wide to align efforts, coordinating and focusing resources on agreed upon intervention objectives and strategies. The aim of the CHIP is to have a collective impact, improving the health and wellness of county residents.

Like the San Joaquin County CHNA, this CHIP takes a holistic view of health, in line with the World Health Organization definition which states that health is complete physical, mental and social wellbeing and not the mere absence of infirmity.³ The CHIP embodies a public health framework that defines the goal of health promotion as a combination of approaches for addressing the social determinants of health with the commitment to facilitate and encourage individuals and communities to take an active approach to achieving health.^{4,5}

Ultimately, this CHIP is intended to focus on the root causes of health inequities and health disparities, and to promote equal opportunities for all community members to be healthy and to seek the highest level of health possible.⁶

² <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

³ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

⁴ World Health Organization. Global conferences on health promotion – charters, declarations and other documents: Available at: <http://www.who.int/healthpromotion/conferences/en>.

⁵ Tulchinski T, Varavikova EA. The new public health. 3rd ed. San Diego: Elsevier Academic Press; 2014. p. 884.

⁶ <http://healthequity.sfsu.edu/content/defining-health-equity>

IV. CHIP Process

The CHIP process was a function of the Healthier San Joaquin Collaborative and was guided by the Core Team, which engaged the Steering Committee (Appendix A). The Core Team included San Joaquin County Public Health Services, San Joaquin County's nonprofit hospitals, health insurers including Medi-Cal managed care plans, federally qualified health centers as well as representatives from the philanthropic and education sectors and First 5 San Joaquin, a county-wide partner organization. The Core Team was responsible for planning and key decision making, including providing review and input into this CHIP report. The broadly representative Steering Committee (which included public agencies, community organizations, organizations representing county residents disproportionately impacted by conditions leading to poor health outcomes, educational institutions and local leaders) assisted with collecting survey data, selecting priorities based on data collected and building out the CHIP. (Figure 4)

In May 2022, following the completion of the CHNA, the Core Team initiated the CHIP process. The methods for the 2022 CHIP focused on:

- Garnering substantial county resident input into the CHIP via a survey.
- Achieving maximum impact by building on the 2019 CHIP to sustain momentum while adding an additional focus on the 2022 CHNA top priority health need and working strategically at the intersection of the needs through a carefully selected set of strategies and activities designed to address inequities.
- Planning for CHIP implementation in the Priority Neighborhoods (identified in the CHNA) to improve health and reduce health disparities and inequities experienced by community members.

Figure 4: CHIP Process Steps

Developing the CHIP was a systematic process that involved input from county community members, the Core Team and the Steering Committee.

Step 1: The Core Team developed a community member survey to capture a) the most important strategy to address Chronic Disease/HEAL and b) identify the top priority health need emerging from the 2022 CHNA and best strategy to address the need. Steering Committee members conducted the survey with county residents.

Step 2: The Steering Committee convened to affirm the priorities resulting from the community member survey and to develop one overarching goal; Steering Committee members identified outcomes and activities for addressing the selected needs and key organizations to lead activities.

Step 3: A draft CHIP was developed, including outcomes, strategies, activities, and lead and partner organizations. The Core Team reviewed and further refined the CHIP, adding a timeline for activities. A Year 1 Implementation Plan was developed as a companion to the CHIP to facilitate the initiation of CHIP activity.

Step 4: The CHIP was sent out for comment.

Step 5: The CHIP was revised based on input and finalized.

- Creating a plan to align county funders, public agencies and community organizations to have a collective impact on a narrowly defined set of interventions in the Priority Neighborhoods.

V. CHIP Community Resident Survey

A. Methods

The purpose of the nine-item multiple-choice CHIP Community Resident Survey was to capture a) the most important strategy to address Chronic Disease/HEAL and b) identify the top priority health need emerging from the 2022 CHNA and best strategy to address the need. The survey gathered input on the following topics: 1) chronic disease/healthy eating and active living, 2) mental health, 3) income and employment, 4) access to health care, 5) demographics (age, ethnicity, language, county of residence), and 6) preferred mechanism for receiving health information. See Appendix B for detailed survey findings.

Community organizations that participate in the CHNA/CHIP Steering Committee conducted the survey with county residents. Surveys were completed via paper and pencil (n=622) and online (n=186) in English and Spanish for a total of 808 respondents. Over half of surveys were completed in Spanish. Descriptive analyses were conducted to summarize results.

B. Limitations

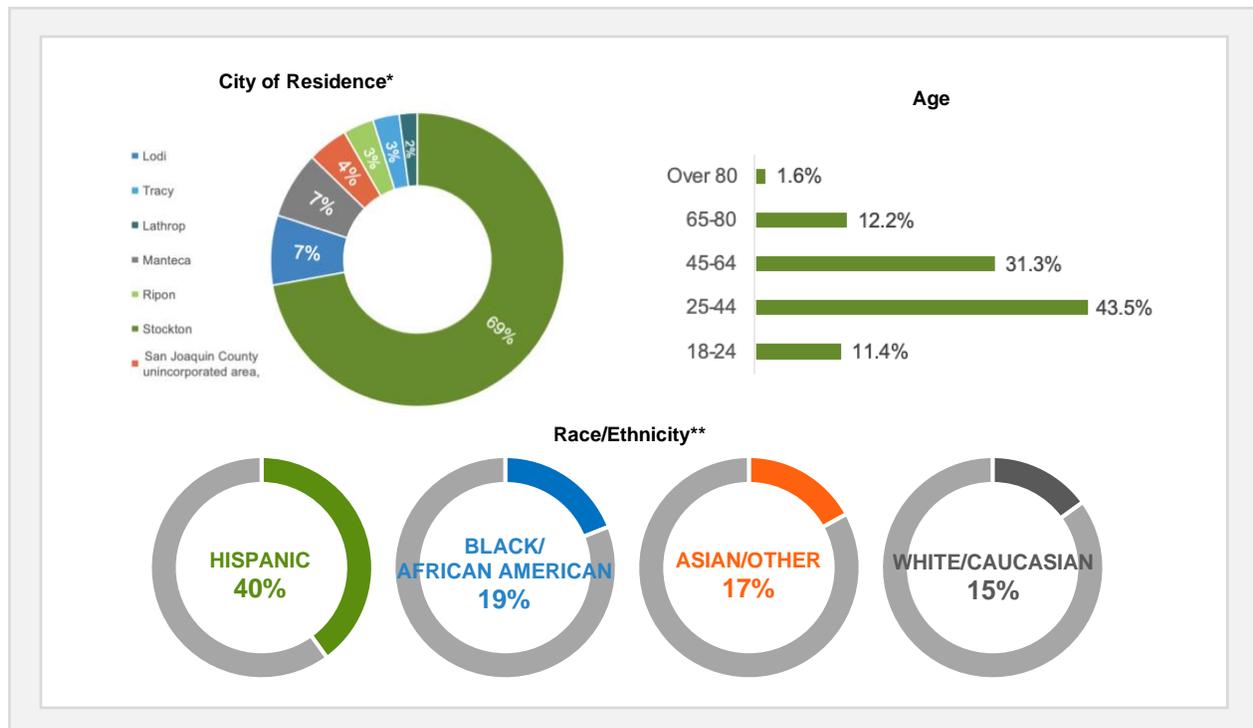
While the survey was successful in reaching a large number of county residents, a few limitations can be noted. The survey was only offered in English and Spanish, not any Asian languages. Residents of rural communities and those not served by community organizations/public agencies were underrepresented among survey respondents. The survey employed only a small number of multiple-choice questions for ease of completion; a more in-depth survey may have gleaned additional data. Although the number of survey responses received was sufficient to inform the CHIP process, the ability to engage with residents was affected by COVID-19 safety precautions; by comparison, the 2019 CHIP survey garnered over 2,500 survey respondents.

C. Survey Participant Demographics

- Geographic representation:
 - Nearly 70% of respondents reside in Stockton.
 - Seven percent of respondents reside in Manteca and Lodi with smaller percentages residing in other communities.
- Racial/ethnic representation:
 - Forty percent of respondents were Hispanic/Latino.
 - Black/African American residents comprised 19% of respondents.

- White/Caucasian residents represented 15% of respondents.
- Thirteen percent of respondents identified as Asian, South Asian or South East Asian; 2% identified as American Indian/Alaskan Native and 2% identified as Other.
- Age representation:
 - Most respondents were between the ages of 25-44 (44%) and 45-64 (31%).

Figure 5: 2022 CHIP Survey Respondents Demographics



* 5% of Survey Respondents Did Not Provide Usable Data

** 9% of Survey Respondents Did Not Provide Usable Data

D. Survey Results

- **Chronic Disease/HEAL:** The largest percentage of respondents (32%) selected *Help residents of all ages get more physical activity, including programs that facilitate physical activity and meet language and culture needs* as their preferred intervention. In addition, one quarter (25%) of participants indicated they would like to *improve parks and open spaces, so they are safe and clean for all ages and provide activities people want, such as walking paths and playgrounds*.
- **Mental Health** emerged as the top priority need to address in addition to Chronic Disease/HEAL, selected by 40% of respondents. *Help all ages feel happy and healthy by making it easier to exercise, eat healthy food and connect with other people* emerged as the preferred intervention (29%).

VI. Building Out the CHIP

A. Selecting the Health Needs and Goal

To continue momentum gained during implementation of the 2019 CHIP and to honor the priority need emerging from the CHNA and CHIP survey, **Chronic Disease/HEAL** (with a focus on park access) and **Mental/Behavioral health** were confirmed as the needs to address for the 2023-2025 San Joaquin County CHIP via Steering Committee discussions (at the initial May 26, 2022 CHIP meeting and through email communication). The May 2022 Steering Committee meeting included approximately 42 participants, who reviewed progress made on the 2019 CHIP, discussed the efficacy of continued work on park access as an effective approach to addressing Chronic Disease/HEAL and Mental/Behavioral health, and identified strategies suited to working at the intersection of parks and mental health.

The Core Team, guided by the criteria in Figure 6, developed the overarching goal guiding all CHIP strategies (Figure 7), ensuring the goal spoke to Chronic Disease/HEAL and Mental/Behavioral Health as well as inclusion and equity. In addition, the Core Team updated the outcomes and key strategies included in the previous CHIP to integrate mental health, sharpen the focus on equity, and reflect the progress made and emerging needs of the Priority Neighborhoods.

Figure 6: Criteria Guiding CHIP Development

- Clear disparities or inequities exist
- Community prioritizes the issue
- Effective, feasible, evidence informed interventions exist
- SJC has existing efforts/resources addressing the issue that can be leveraged/built upon
- Opportunity to intervene at the prevention level
- Opportunity for collaboration to address the need

Figure 7: CHIP Health Needs and Goal

Health Needs:

- Chronic Disease/Healthy Eating, Active Living (HEAL)
- Mental/Behavioral Health (including substance use)

Goal: Make parks in priority neighborhoods appealing and easy to use to create equitable and safe opportunities to improve physical, mental and community well being

The 2023-2025 CHIP continues momentum on creating safe, accessible park space as an upstream, prevention-oriented approach to addressing both chronic disease and mental/behavioral health. Maximizing the accessibility and use of parks presents a solution to multiple physical and mental health concerns (Figure 8).

B. CHIP Strategies

At the second CHIP meeting (June 7, 2022), 34 Steering Committee members broke into small groups to review and refine activities to implement each key strategy and achieve each identified outcome, including progress measures and key organizations to engage in implementing the strategies. This discussion placed an emphasis on policy, systems and environmental change strategies that would effectively enhance park access to address Chronic Disease/HEAL and Mental/behavioral health; these strategies have the greatest potential for sustained change and reach to the largest number of Priority Neighborhood residents. By design, all strategies and activities included in the CHIP simultaneously address Chronic Disease/HEAL and Mental/Behavioral Health and the focus on Priority Neighborhoods ensures the CHIP is addressing equity.

At a third Steering Committee meeting (June 21, 2022), 33 attendees developed a Year 1 implementation plan for the CHIP, specifying the initial action steps needed to implement the CHIP, the Year 1 timeline for implementation, and the lead public agencies/community organizations responsible for implementation.

The themes from the three CHIP meetings were synthesized by Ad Lucem Consulting, the consultants facilitating the CHIP process, to develop a cohesive draft CHIP and Year 1 implementation Plan. Drafts were reviewed by the Core Team, who further refined the CHIP and Implementation Plan, adding specificity and refining the timelines for feasibility. The revised CHIP and Implementation Plan were sent to select Steering Committee members for input, which was incorporated into the final CHIP (Appendix C, D).

VII. CHIP Implementation

The CHIP will be used to align efforts, especially to encourage funders, public agencies and community organizations to have a collective impact on a narrowly defined set of interventions in the Priority Neighborhoods, addressing equity in the county as the Priority Neighborhoods are the communities experiencing the greatest inequities and disparities. The CHIP aims to guide development and implementation of policies, systems and environmental changes as well as programs that achieve measurable changes and prevent chronic disease and improve mental health for San Joaquin residents.

Figure 8: How Parks Address Chronic Disease and Mental Health

- Promote physical activity to contribute to weight management, diabetes prevention/control and prevention of cancers, dementias and many other chronic illnesses
- Aid in anxiety management by providing a space for relaxation, interacting with nature, and physical activity to reduce stress
- Address isolation by facilitating social interaction
- Build community cohesion by providing a space for community gathering and events
- Enhance community safety by creating safe, well lit and clean community spaces that encourage community members to be out in their neighborhoods
- Provide welcoming and inclusive programming that embraces community members of all races, cultures, ages, identities and abilities

Appendix E lists potential assets that can be mobilized for CHIP implementation. The assets are organized by health need and assets associated with any of the health needs add value to work at the intersection of parks and mental health. This CHIP is inclusive and provides a broad spectrum of roles for all community partners from implementing specific CHIP strategies to outreach and engagement of San Joaquin's diverse community members.

VIII. Policies to Support Successful CHIP Implementation

For San Joaquin County to successfully implement the strategies highlighted in this document, there is a need to develop and promote policies that drive systems and environmental changes. The CHIP includes policy strategies (Appendix C) that are aimed at improving administrative structures to facilitate the CHIP strategies.

The CHIP policy strategies include:

- Institutional level policy work that facilitates park use and improvements:
 - Changes to the permitting system for park use to make it easier for community organizations to conduct programming and events at parks
 - Changes to park funding streams to ensure an equitable flow of resources to Priority Neighborhood parks for maintenance and beautification
 - Enhanced park staffing to improve safety
- Joint use policies to open school yards/grounds for community use during non-school hours
- Subsidized cost for youth and adult park programming (e.g., athletic leagues, classes) to ensure that cost does not exclude Priority Neighborhood residents from participating

San Joaquin Public Health Services will support policy strategy implementation through the following actions:

- Convene stakeholders to:
 - Further define policy strategies
 - Identify specific, effective mechanisms for policy improvement
- Facilitate change to policies that are within the PHS purview
- Employ technical evaluation to inform policy advocacy with data and lessons learned

IX. SJC CHIP Alignment with Other Health Improvement Initiatives

The CHIP priority health needs align with and complement a number of California and Federal initiatives aimed at increasing physical activity, enhancing parks and park programming, addressing community safety and improving mental and overall

wellbeing. Figure 9 describes state and federal initiatives that reflect the San Joaquin County CHIP priority health needs and key strategies.

Figure 9: Aligned San Joaquin County, State and Federal Priority Placed on Chronic Disease/HEAL and Mental/Behavioral Health

		State	Federal
San Joaquin County Priority Health Need	Chronic Disease/HEAL	<p>CalFresh Healthy Living https://cachampionsforchange.cdph.ca.gov/en/Pages/default.aspx In partnership with CalFresh Healthy Living, the CA Department of Public Health promotes HEAL via public health communication campaigns focused on daily small actions to improve health. The campaign includes a park locator, tips on creating safe places to exercise outdoors and other creative ways to be active at work, school and home.</p> <p>Let's Get Healthy California (LGHC) https://letsgethealthy.ca.gov/goals/living-well/increasing-adult-physical-activity/ https://letsgethealthy.ca.gov/goals/creating-healthy-communities/increasing-neighborhood-safety/ LGHC is California's health assessment and improvement plan aimed at creating healthy communities. Increasing adult physical activity is among the goals of the initiative for chronic disease prevention. Improving neighborhood safety is important to LGHC to facilitate increased physical activity among Californians.</p>	<p>U.S. Department of Health and Human Services - National Youth Sports Strategy https://health.gov/sites/default/files/2019-10/National_Youth_Sports_Strategy.pdf The National Youth Sports Strategy aims to increase physical activity for youth as a chronic disease prevention strategy. By leveraging community resources, including parks and recreational agencies, youth sports leagues and activities can be increased.</p> <p>Active People, Healthy Nation (CDC) https://www.cdc.gov/physicalactivity/activepeoplehealthynation/about-active-people-healthy-nation.html With the goal of increasing physical activity for 27 million Americans by 2027, this initiative is working to improve health while reducing chronic disease and healthcare costs; strategies encouraged by the initiative include safe streets and parks, shared-use agreements, youth programs, and campaigns to encourage HEAL and social support for diverse populations.</p> <p>Healthy People 2030 - Physical Activity https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity Healthy People 2030 aims to improve physical activity for disease prevention.</p>
	Mental/Behavioral Health	<p>CA Department of Public Health Climate Change and Health Equity https://www.cdph.ca.gov/Programs/OHE/Pages/CCHEP.aspx Action Strategies of this program focus on equitable distribution of economic and social power by increasing access to green spaces.</p> <p>California Department of Public Health All Children Thrive https://act-ca.org/our-approach/ This initiative promotes cities designed for child wellbeing to foster healing and resilience so that all children, of all backgrounds, can thrive.</p>	<p>Healthy People 2030: Social Cohesion https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/social-cohesion Healthy People 2030 addresses the social determinants of health, specifying built environment and social/community context, acknowledging the importance of community and physical activity to wellbeing to overall health.</p>

X. Statement of Need

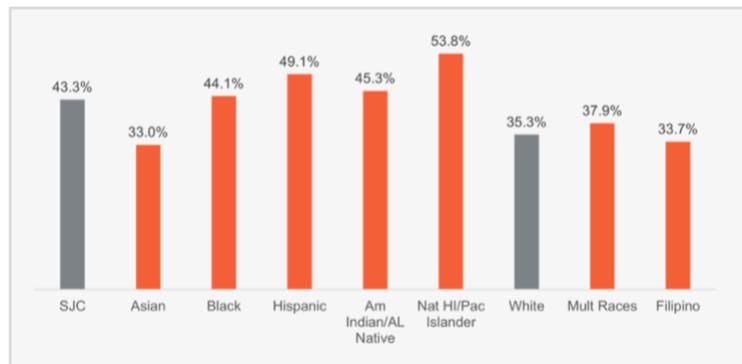
Chronic Disease/HEAL

Six in ten Americans live with at least one chronic disease, which are the primary causes of poor health outcomes and death and a leading driver of health care costs. Those who have limited access to healthy foods have a higher risk of developing a chronic disease, such as obesity, heart disease, diabetes or asthma. Along with a healthy diet, physical activity is key to preventing and reducing complications from chronic diseases. The data presented below (Figure 11) focuses on the most common chronic conditions causing illness and death and does not include many other chronic conditions, including autoimmune diseases.

Key Findings and disparities (based on health data)

- SJC residents have significantly (20%) more days per month of poor physical health than the CA average.
- The heart disease death rate in SJC is 10% higher than CA overall, and death from stroke is 38% higher. Black SJC residents have the highest rates of hospitalization for cardiovascular disease and are more likely to be admitted to the hospital for heart disease and stroke than White residents.

Figure 10: Overweight and Obesity in Grades 5, 7 and 9



- Heart disease is one of the top five leading causes of death across all 14 Priority Neighborhoods.
- Pediatric emergency department (ED) visits and hospitalizations for asthma are higher in SJC than the CA average. Black SJC residents with asthma visit the ED at a significantly (almost 300%) higher rate than White residents, and are hospitalized at a significantly (370%) higher rate.
- Diabetes is among the top five causes of death for SJC Asian and Native Hawaiian/Pacific Islander residents.
- Approximately 34% of adults in SJC experience obesity, compared to only 27% within CA overall; American Indian/Alaskan Native SJC adults have a significantly higher rate of obesity than White adults.
- Adults in SJC have a significantly (nearly 50%) higher rate of physical inactivity than adult Californians overall.

Figure 11: Chronic Disease/HEAL Measures

Chronic disease*	SJC	CA	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Poor physical health (days per month)	4.7	3.9	Yes	NA
Heart disease hospitalizations	37.3	34.9	Yes	Yes
Heart disease deaths	153.7	139.8	Yes	Yes
Stroke hospitalizations	10.6	10.4	No	Yes
Stroke deaths	51.5	37.3	Yes	Yes
Diabetes prevalence (ages 18+ years)	13.9%	10.0%	Yes	No
Asthma ED visits (all ages)	57.9	42.6	Yes	Yes
Asthma Hospitalizations (all ages)	5.0	4.5	No	Yes
Asthma ED visits (ages 0-17 years)	76.0	63.4	Yes	NA
Asthma Hospitalizations (ages 0-17 years)	9.5	8.3	Yes	NA
HEAL opportunities*				
Obesity (ages 18+ years)	34.2%	27.4%	Yes	Yes
Overweight/obesity (grades 5,7,9)	43.3%	39.7%	Yes	Yes
Physical inactivity (ages 18+ years)	26.2%	17.8%	Yes	NA
Exercise opportunities	85.7%	93.1%	Yes	NA
Food security*				
Food insecure	12.4%	10.6%	Yes	NA
SNAP enrollment	14.4%	8.9%	Yes	Yes

*Table includes selected indicators that are worse than CA average or illustrate disparities

What Community Stakeholders Say About Chronic Disease/HEAL (based on key informant interviews and focus groups)

- Key informants cited HEAL challenges: lack of access to healthy food (few grocery stores); easy access to cheap unhealthy food (fast food, liquor stores, unhealthy food at schools and food banks); few safe places for physical activity; and little understanding of healthy lifestyle and how to prepare healthy foods.
- Focus group participants cited the rapidly increasing price of food as a concern, especially for high quality foods, such as fresh or organic products.
- Key informants stated that high chronic disease rates among low income communities are symptoms of larger societal problems, describing that residents living in poverty do not have the luxury of time or money to prioritize physical health; stress resulting from poverty and discrimination, untreated mental illnesses, and care access issues were cited as contributing to chronic disease rates.

Mental/Behavioral Health

Mental health affects all areas of life, including a person’s physical wellbeing, ability to work and perform well in school and to participate fully in family and community activities. Community members facing challenges related to reduced 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. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health and substance use treatment services. Health measures (Figure 13) and findings from interviews and focus groups presented below illustrate the mental/behavioral health challenges present in San Joaquin County.

Key Findings and disparities (based on health data)

- Residents of SJC have access to significantly fewer mental health care providers than CA overall. SJC has 33% fewer mental health practitioners than the state.
- Rates of deaths of despair (death due to suicide, alcohol-related disease, and drug overdoses) are 25% higher among SJC residents than CA as a whole; Asian and Hispanic SJC residents have significantly lower rates of deaths of despair and fewer suicides than White residents.
- SJC residents experience significantly more poor mental health days per month than the CA average.

Figure 12: Mental Health Providers per 100,000 Population

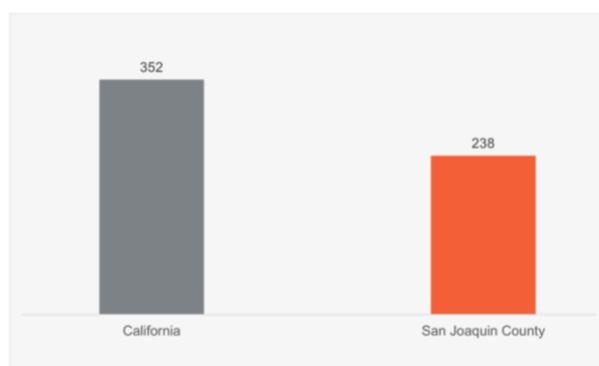


Figure 13: Mental/Behavioral Health Measures

Mental/Behavioral Health	SJC	CA	SJC Performs Significantly Worse than CA	Ethnic/Racial Disparities Present in SJC
Mental health providers per 100,000 population	237.6	352.3	Yes	NA
Deaths of despair per 100,000 population	42.9	34.3	Yes	No
Suicide deaths	10.5	10.5	No	No
Poor mental health (days per month)	4.4	3.7	Yes	NA
Substance use				
Current smokers	15%	11%	Yes	NA
Opioid-related overdose deaths per 100,000 population	11.1	13.5	No	NA
Alcohol-impaired driving deaths	28%	29%	No	NA
Excessive drinking	18%	18%	No	NA

What Community Stakeholders Say About Mental/Behavioral Health (based on key informant interviews and focus groups)

- Existing resources for mental health care, such as the San Joaquin County Pride Center, El Concilio, and other local, small non-profit organizations, need support. Key informants discussed the county's inadequate treatment capacity for substance use disorders; several key informants emphasized the importance of treating substance use while concurrently addressing mental health issues and homelessness, often co-occurring problems.
- Focus group participants frequently linked substance use with a threat to community health and safety, expressing frustration with drug-related activities in public spaces that result in trash/blight and prevent spaces being used for recreation and physical activity.
- Key informants described how every vulnerable or underserved population in San Joaquin County has been disproportionately impacted by the insufficient availability of mental health services, listing children, adolescents, the elderly, those who identify as LGBTQ+, unhoused people, people of color, immigrants, rural communities, and low-income residents as having the greatest needs around accessible mental health services. Barriers to access included cost, lack of insurance coverage, transportation, language and cultural or social stigma.
- Focus group participants stated that more needs to be done to reduce stigma around seeking mental health care, especially for people of color, non-English speakers, LGBTQ+ and unhoused individuals.

XI. CHIP Priority Issues and Strategies

Figure 14 presents the goal and objectives for the CHIP priority health needs, **Chronic Disease/HEAL** and **Mental/Behavioral Health**, including corresponding performance measures, baseline data and targeted improvements. Note that the goal positions improved park access as a strategy to enhance 1) physical activity for overall physical and mental wellness, and 2) social interaction for improved community cohesion. These objectives provide a framework for monitoring long-term change in population health over time and not the success of specific CHIP activities. The baseline data sources are not necessarily updated frequently and are not appropriate to evaluate the success of CHIP activities. In addition, changes in these measures may not be realized at the county level; tracking changes at the census tract level in the Priority Neighborhoods receiving interventions may be more informative.

Figure 14: Chronic Disease/HEAL and Mental/Behavioral Health Goal and Objectives

Goal	Objective	Measure	Baseline (Source)	Target
Make parks in priority neighborhoods appealing and easy to use to create equitable and safe opportunities to improve physical, mental and community well being	1.1 By 2025, increase the proportion of adults who engage in sufficient ⁷ physical activity.	% of adults who engage in physical activity for at least 30 minutes 5 days per week.	27% (CHIS 2017)	28%
	1.2. By 2025, increase the proportion of youth age 12–17 who engage in sufficient ⁹ physical activity.	% of youth age 12–17 who engage in physical activity for at least 1 hour every day.	30% (CHIS 2016)	31%
	1.3. By 2025, increase the proportion of children age 5–11 who engage in sufficient ⁹ physical activity.	% of children age 5–11 who engage in physical activity for at least 1 hour every day.	51% (CHIS 2017)	52%
	1.4 By 2025, decrease the number of reported poor mental health days per month for adults.	Average number of mentally unhealthy days reported in past 30 days (age-adjusted, adults).	4.4 County Health Ranking/ Roadmaps 2021	4.2
	1.5 By 2025, increase the proportion of respondents perceiving neighborhood parks as safe for children ages 1 and up during the day.	Perceived safety of nearby park or playground during the day for children 1 year or older (2020)	84.8% strongly agree or agree (CHIS, 2020)	86%
	1.6 By 2025, increase the proportion of respondents perceiving neighborhood parks as safe for teens during the day.	Perceived safety of nearby park or playground during the day (teens, 2019)	81.9% strongly agree or agree (CHIS, 2019)	84%

Appendix C presents the 2023–2025 CHIP matrix for Chronic Disease/HEAL and Mental/Behavioral Health, including strategies, activities, outcomes, progress measures and responsible organizations. These strategies are cross-cutting, simultaneously addressing the selected priority health needs and Objectives 1.1–1.6 (Figure 14). Appendix D includes the Year 1 Implementation Plan identifying action steps for initiating CHIP implementation.

⁷ <https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html>

XII. Tracking CHIP Progress

The CHIP includes measures for each Outcome Area, and a number of actions will be undertaken to assure progress on the CHIP. While specific tracking mechanisms are to be developed, the following outlines plans for progress tracking:

- Lead organizations responsible for specific CHIP activities will agree to track their implementation progress and impact of their efforts according to the CHIP measures associated with their activity(ies).
 - The Core Team will develop an online progress tracking survey for completion by the lead organizations and partners. The survey will be in an easy to complete, checklist or multiple-choice format to enhance response rates.
- At quarterly Steering Committee meetings, lead organizations and Core Team members will report progress on the CHIP measures.
- The scope of work included in grant proposals to fund CHIP strategies will include tracking activities in an effort to ensure that resources are available for progress tracking.
- Public Health Services will prepare CHIP progress reports as required for public health accreditation.

XIII. Next Steps: From Planning to Action

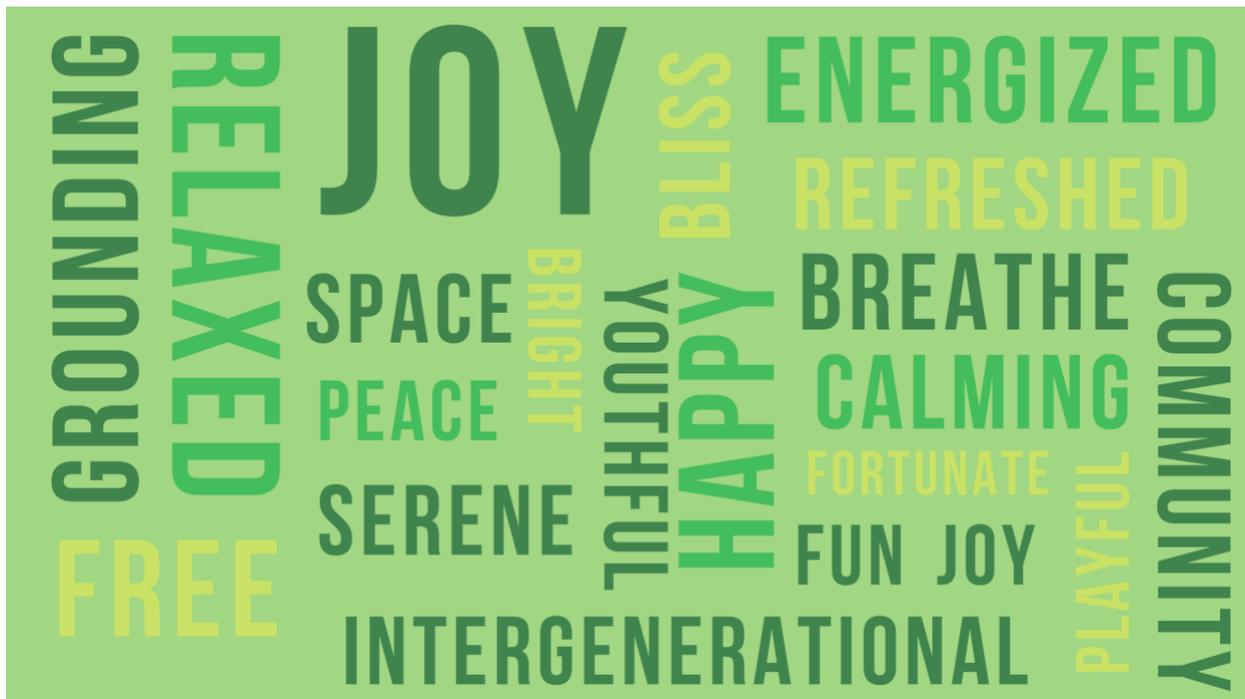
The CHIP will guide community health improvements from 2023–2025. This CHIP will serve as a living document, as these efforts grow and evolve to take advantage of emerging opportunities. Next steps include:

- Build out a funding plan for the activities and align funder investments around specific activities and Priority Neighborhoods.
- Engage Priority Neighborhood community members in implementing Year activities in their neighborhoods.
- Build relationships with public agencies with jurisdiction over parks.
- Identify how Steering Committee organizations/agencies will contribute. There are a variety of opportunities for collaboration, including outreach and engagement for community members, implementing specific interventions, collecting feedback and data to support progress tracking and evaluation of CHIP progress.
- Convene the Steering Committee quarterly to review accomplishments, develop solutions to challenges and review and revise timelines and workplans.
- Put in place an ongoing process to ensure efforts are aligned and progress is tracked.

XIV. Working Together to Improve Community Health in San Joaquin County

The CHIP belongs to all of San Joaquin County; the more public agencies, community organizations and community members engaged in CHIP implementation, the more likely it is that CHIP outcomes—and visible improvements in Priority Neighborhoods—will be achieved. Figure 15 illustrates the Steering Committee’s perspectives on the mental health impacts of parks, capturing the positive benefits that a broad cross section of county organizations and agencies value. Organizations, public agencies or San Joaquin County residents seeking to contribute to the CHIP activities should contact Barb Alberson at balberson@sicphs.org or any other Core Team member for more information.

Figure 15: Wordcloud capturing Steering Committee perspectives on park impacts on mental health



Appendix A. Steering Committee, Core Team

The Steering Committee member organizations are listed below. Organizations that are also part of the Core Team, which guided the CHIP process, are indicated with an asterisk.

- 211 San Joaquin
- Adventist Health, Lodi Memorial and Dameron Hospitals*
- Amelia Adams Whole Life Center
- Asian Pacific Self-Development and Residential Association (APSARA)
- Boys and Girls Club
- Catholic Charities Stockton Diocese
- Child Abuse Prevention Council
- City of Stockton
 - Office of the Mayor
 - Office of Violence Prevention
- Community Foundation of San Joaquin*
- Community Medical Centers*
- Data Co-op, Interim Director
- Delta Health Care
- Department of Health and Human Services, Region 9
- Dignity Health, St. Joseph's Medical Center and Behavioral Health Center*
- El Concilio
- Emergency Food Bank
- Faith in the Valley
- First 5 San Joaquin*
- Health Force Partners
- Health Net*
- Health Plan of San Joaquin*
- Hispanic Chamber of Commerce
- Kaiser Permanente*
- Little Manila Rising
- LOVE Inc. Manteca
- Mary Magdalene Community Services Public Health Advocates
- Reinvent South Stockton Coalition
- San Joaquin PRIDE Center
- Sierra Vista Homes, Residents Council
- SJC Behavioral Health Services
- SJC Children's Alliance
- SJC Clinics/San Joaquin General Hospital *
- SJC Council of Governments
- SJC Office of Education*
 - Early Childhood Education
 - Comprehensive Health Programs
- SJC Health Care Services Agency and Whole Person Care Program
- SJC Human Services Agency: Aging and Community Services
- SJC Public Health Services*
- St. Mary's Dining Room
- Stocktonians Taking Action to Neutralize Drugs (STAND)
- Stockton NAACP
- Sutter Health Valley Area*
- Third City Coalition
- University of the Pacific, School of Health Sciences*
- Visionary Home Builders
- Women's Center and Youth Services Agency

Appendix B. CHIP Community Survey and Results

San Joaquin County Community Health Survey

How can we make San Joaquin County a healthy place for all to live, work and play? We want to hear from you!

Please fill out this survey to tell us your thoughts. The survey does not ask for your name and your answers cannot be linked to you. If you have already filled out this survey, please don't fill out another.

1) In 2019, the last time we asked, community members said CHRONIC DISEASE/HEALTHY EATING ACTIVE LIVING was their top health issue to work on. There has been progress on this health issue but there is much more to do. Let us know what you think should be done to make it easier for you, your family, friends and neighbors to be healthier. Check only 1 box.

- a) Help all ages get more physical activity, including programs (like walking clubs, exercise classes and youth activities) that meet language/culture needs
- b) Improve parks and open spaces so they are safe and clean for all ages and provide the activities people want (like fields, playgrounds, and walking paths)
- c) Make it easier to get healthy, affordable food, including fruits and vegetables
- d) Teach nutrition and cooking to all ages in ways that meet language/culture needs
- e) Help people to get into programs that help them prevent and manage diabetes and other chronic diseases

In 2021, when we looked at health data and other information on what makes it hard to stay healthy, and also talked to residents and leaders, we heard about these 3 other health-related issues:

- **Mental health**
- **Income and employment**
- **Access to health care**

2) Tell us the top thing that should be done to make it easier for you, your family, friends and neighbors to have good MENTAL HEALTH. Mental health issues include stress, anxiety, depression, loneliness and problems with drug and alcohol use. Check only 1 box.

- a) Help all ages feel happy and healthy by making it easier to exercise, eat healthy food and connect with other people
- b) Provide mental health services where people already get other services, including schools
- c) Make sure mental health services meet language and cultural needs so people trust and use them
- d) Make sure that public and community services help people heal from trauma and/or violence
- e) Make it easy to get drug and alcohol abuse help

3) Having enough INCOME AND EMPLOYMENT makes it easier for people to be healthy. INCOME AND EMPLOYMENT includes training, jobs, pay, and benefits. Tell us the top thing that should be done for you, your family, friends and neighbors to improve INCOME AND EMPLOYMENT. Check only 1 box.

- a) Provide more job training for adults
- b) Put programs in place in schools to get kids ready for jobs
- c) Work with employers to make sure jobs pay a living wage
- d) Help adults get education, including a high school diploma or college
- e) Support childcare/afterschool programs to make it easier for parents to work

4) Having good ACCESS TO HEALTH CARE makes it easier to be healthy. ACCESS TO HEALTH CARE includes making appointments easily, seeing the kind of doctor you want to see, not having to pay a lot for the care you need, and trusting your health care provider. Tell us the top thing that should be done for you, your family, friends and neighbors to improve ACCESS TO HEALTH CARE. Check only 1 box.

- a) Make sure health services meet language and culture needs so people trust and use them
- b) Bring health services to communities so they are easy to get to
- c) Help all ages get regular check ups to avoid emergency room visits
- d) Help people with chronic diseases/disabilities (for example: diabetes, asthma) to take care of their health so they don't have to go to the hospital

5) In addition to CHRONIC DISEASE/HEALTHY EATING ACTIVE LIVING, if we could work on one more health issue, which one should it be? Check only 1 box.

- Mental health
- Income and employment
- Access to health care

6) Ethnicity. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

7) What is your age? Please check only one.

- 18-24 25-44 45-64 65-80 Over 80

8) Where do you live? Check only 1 box.

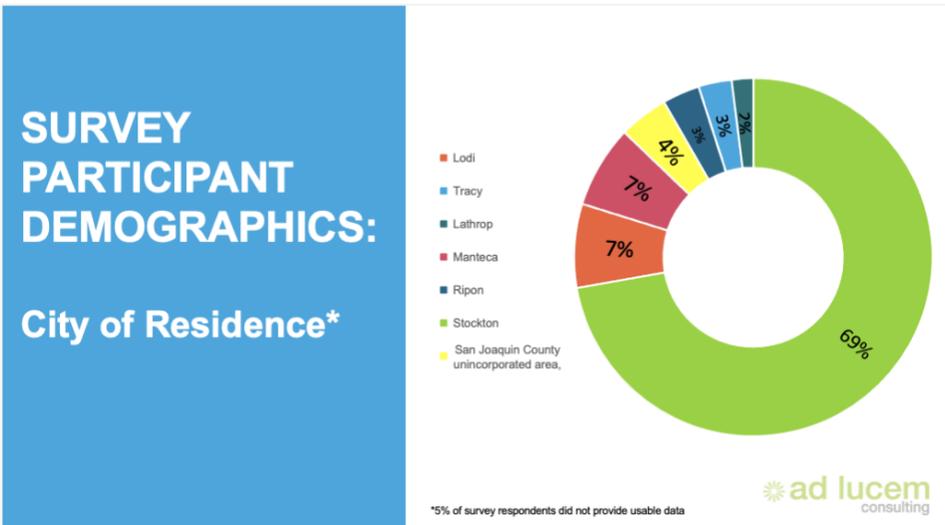
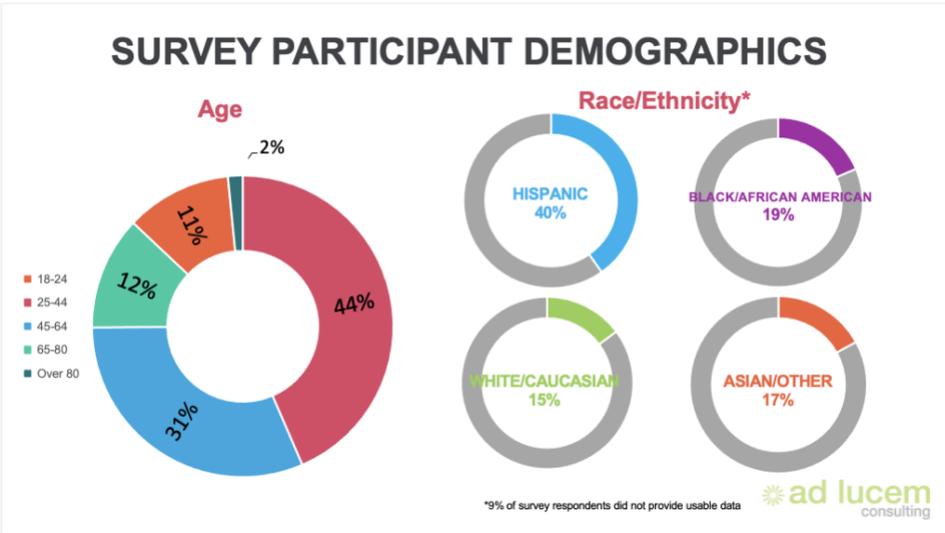
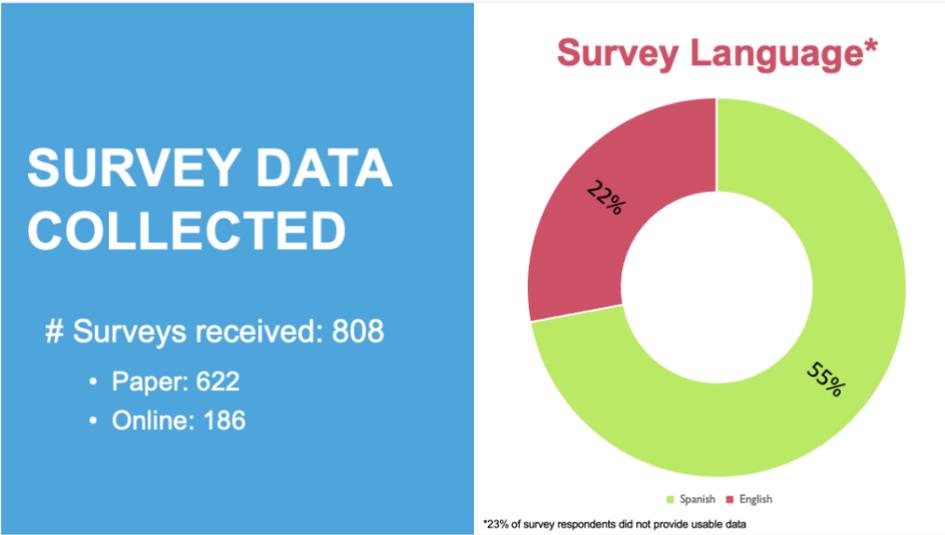
- | | | |
|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Lodi | <input type="checkbox"/> Escalon | <input type="checkbox"/> San Joaquin County
unincorporated area,
please specify:
_____ |
| <input type="checkbox"/> Tracy | <input type="checkbox"/> Ripon | |
| <input type="checkbox"/> Lathrop | <input type="checkbox"/> Stockton | |
| <input type="checkbox"/> Manteca | | |

9) What is the best way for you to get health information? Check only 1 box.

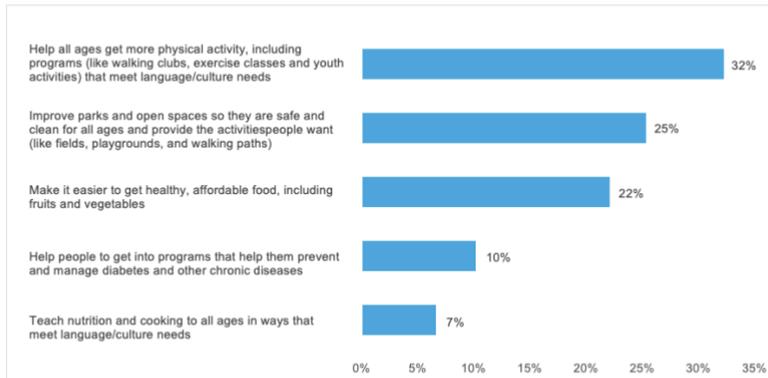
- | | | |
|--|--|---|
| <input type="checkbox"/> Phone text messages | <input type="checkbox"/> Social Media (Facebook, WhatsApp,
Instagram, TikTok, Snapchat) | <input type="checkbox"/> Newspapers |
| <input type="checkbox"/> Email | <input type="checkbox"/> U.S. Mail | <input type="checkbox"/> Radio |
| | | <input type="checkbox"/> Family/friends |



2022 CHIP Community Resident Survey Results



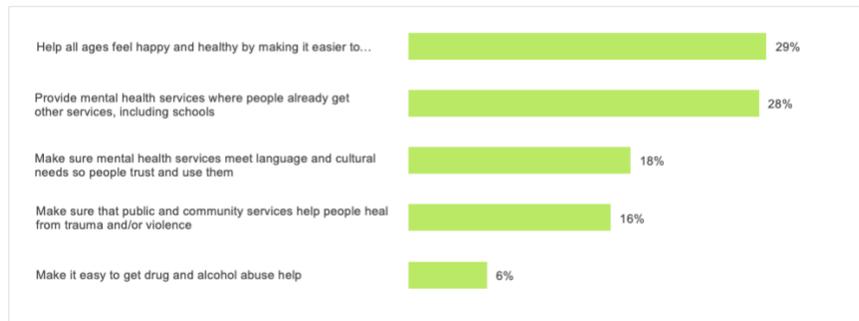
Priority Chronic Disease/Healthy Eating Active Living Strategy*



*3% of survey respondents did not provide usable data

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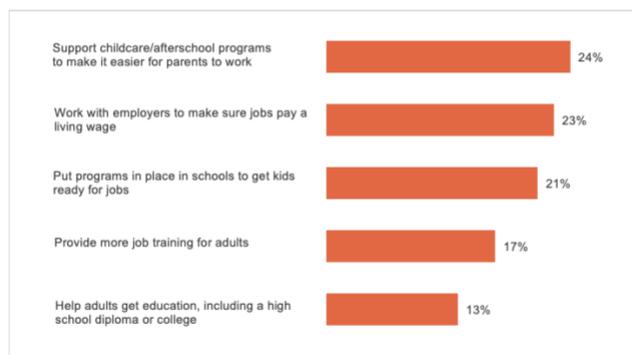
Priority Mental/Behavioral Health Strategy*



*3% of survey respondents did not provide usable data

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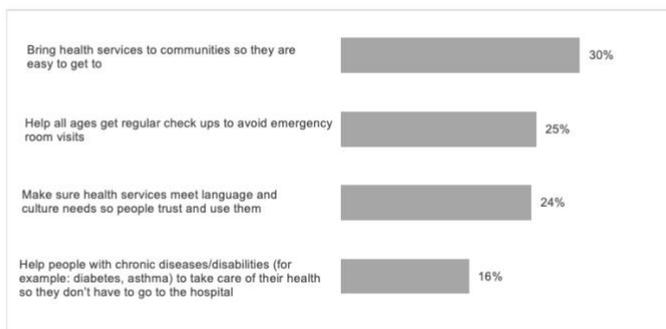
Priority Income and Employment Strategy*



*3% of survey respondents did not provide usable data

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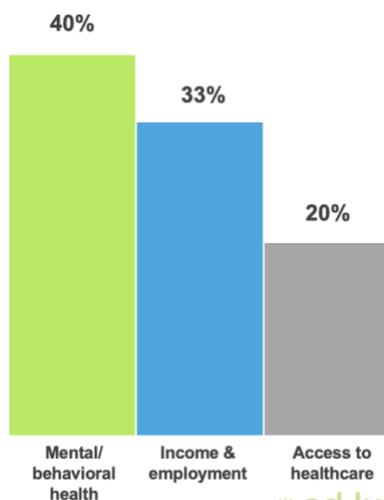
Priority Access to Health Care Strategy*



*5% of survey respondents did not provide usable data

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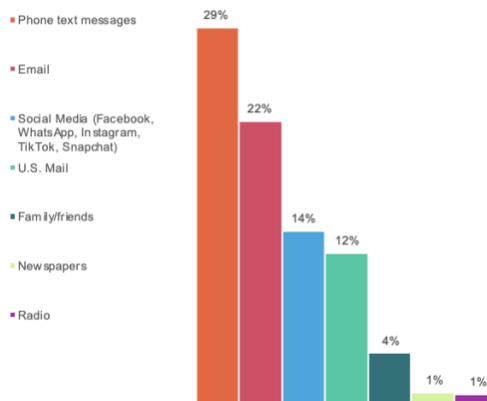
PRIORITY HEALTH ISSUE*



*6% of survey respondents did not provide usable data

ad lucem consulting

PREFERRED HEALTH COMMUNICATIONS METHOD*



*17% of survey respondents did not provide usable data

ad lucem consulting

Appendix C. 2023–2025 CHIP Matrix

OVERALL GOAL: MAKE PARKS IN PRIORITY NEIGHBORHOODS APPEALING AND EASY TO USE TO CREATE EQUITABLE AND SAFE OPPORTUNITIES TO IMPROVE PHYSICAL, MENTAL AND COMMUNITY WELL BEING

Outcome A: Improved or enhanced implementation of at least 1 county/city policy or public agency practice to improve park access and use and direct park funding to Priority Neighborhoods

Key Strategy A: Change or enhance implementation of existing county and city park policies and systems to increase park usage in Priority Neighborhoods

Timeline	Activities	Measures	Responsible Organizations	Partners
Year 1-3	<p>A1 Engage community members and organizations to advocate for equitable park policy/practice implementation in Priority Neighborhoods to achieve A2-A5</p> <ul style="list-style-type: none"> • Convene and activate a park advocacy community taskforce • Advocate to municipalities to adopt plans to increase park investment for enhanced staffing and maintenance • Advocate for increased or reallocation of resources to address park safety • Encourage policy makers to pledge to work towards a 10 minute walk to parks in Priority Neighborhoods 	<p>Changes made to county/city public agency park permission/permitting systems and practices</p> <p>Increased number of organizations applying to and holding events at parks in Priority Neighborhoods</p>	<ul style="list-style-type: none"> • Trust for Public Land • STAND • Public Health Advocates • CBOs/nonprofits in the Priority Neighborhoods • City/County leadership, Planning and Public Works, Parks and Recreation Departments 	<ul style="list-style-type: none"> • Priority Neighborhood community members • Council of Governments • SJC Public Health Services • Civic and faith-based organizations • Local elected officials • Office of Violence and Injury Prevention • Philanthropic organizations
Year 1-3	<p>A2 Streamline the process for obtaining permission/permits to use parks for community events</p> <ul style="list-style-type: none"> • Organization outside of county/city government conducts legal analysis of park permitting systems to understand rationale for current systems • Develop recommendations to make park permitting equitable and easier <ul style="list-style-type: none"> ○ Include a recommendation to waive or institute sliding scale costs • Advocate for county/city adoption of recommendations • CBOs test improved park permitting/permission systems 	<p>County/city governments adopt criteria and system for equitable park resource allocation</p> <p>Increased resources/funding directed to Priority Neighborhood parks</p>	<ul style="list-style-type: none"> • School districts and schools • Job training organizations • Community Safety Officers (law enforcement)/STAR Community Policing/Police Activity Leagues 	<ul style="list-style-type: none"> • Transformative Climate Communities grant partners • School districts and schools • Asian Chamber of Commerce • Faces of Resilience

Year 3	<p>A3 Drive resources to Priority Neighborhoods by setting up systems for equitable park resource distribution within county/city public agencies</p> <ul style="list-style-type: none"> • Use data to prioritize funding allocations for park construction, renovation, beautification and maintenance • Develop criteria for equitable distribution of park resources • Combine county and city funding to adequately resource parks • Support county/city officials to seek funding for prioritized improvements and draw down available state/federal funds 	Joint use policies cover selected Priority Neighborhoods and selected Priority Neighborhood schools have active joint use agreements		<ul style="list-style-type: none"> • University of the Pacific
Year 1-3	<p>A4 Provide regular staffing at parks in Priority Neighborhoods (e.g., a park host) to enhance safety</p> <ul style="list-style-type: none"> • Engage job training organizations to include park jobs in their employment offerings; ensuring youth employment programs are engaged and that park jobs are paid • Engage Community Safety Officers/law enforcement in park staffing, building relationships/trust with community members and enhancing park safety 			
Year 2-3	<p>A5 Joint use</p> <ul style="list-style-type: none"> • Review and assess existing joint use agreements in Priority Neighborhoods • Engage parents, youth and community members in selected Priority Neighborhoods to work for joint use policy adoption/activation among school districts and parks and recreation departments • Provide community members training on advocacy and leadership • Public agencies/community organizations provide technical assistance and expertise for developing policy language • Work to activate joint use agreements in selected Priority Neighborhoods 			

OVERALL GOAL: MAKE PARKS IN PRIORITY NEIGHBORHOODS APPEALING AND EASY TO USE TO CREATE EQUITABLE AND SAFE OPPORTUNITIES TO IMPROVE PHYSICAL, MENTAL AND COMMUNITY WELL BEING

Outcome B: Minimum of 1 new or improved park infrastructure feature as identified by community residents in 2-4 Priority Neighborhoods (including at least one outside of Stockton) and designed for inclusivity (race, culture, identity, age and ability)

Key Strategy B: Implement park beautification and infrastructure improvements prioritized by community members to increase park safety and use in 2-4 Priority Neighborhoods

Timeline	Activities	Measures	Responsible Organizations	Partners
Year 1	B1 Develop process and criteria to select Priority Neighborhoods/parks for interventions	<p>Assessment conducted to identify community member priorities for park infrastructure improvements</p> <p>Park improvements (e.g., new/repaired equipment or infrastructure such as bathrooms) or beautifications (e.g., trash cleaned up, landscaping refreshed, benches painted) in selected Priority Neighborhoods</p> <p>Park infrastructure sustainability plan prepared and adopted</p>	<ul style="list-style-type: none"> • CBOs/nonprofits in the Priority Neighborhoods • City/County leadership, Planning and Public Works, Parks and Recreation Departments 	<ul style="list-style-type: none"> • Priority Neighborhood community members • SJC Public Health Services • Council of Governments • Community, civic, and faith-based organizations • Local elected officials • Community centers/senior programs • Business sector • Philanthropic organizations
Year 1	B2 Assess selected Priority Neighborhood park infrastructure needs and county/city park plans to identify gaps and inform community engagement			
Year 2-3	<p>B3 Park improvement/beautification</p> <ul style="list-style-type: none"> • Conduct community engagement in selected Priority Neighborhoods to identify priorities for park improvement/beautification and build volunteer base • Guide park improvement processes with best practices and existing models/plans to serve all races, cultures, identities, ages and abilities • Work with public agencies to establish park maintenance protocols to enhance park safety and use • Engage local businesses, civic/service organizations and philanthropy to adopt parks, supporting improvements and beautification with resources and person power • Obtain grants to fund park infrastructure improvements • Engage communities through events, volunteer days and skills training (landscaping, clean ups) • Implement park infrastructure improvements and beautification projects 			
Year 3	<p>B4 Sustaining park infrastructure improvements</p> <ul style="list-style-type: none"> • Create and implement a sustainability plan to maintain park infrastructure improvements 			

OVERALL GOAL: MAKE PARKS IN PRIORITY NEIGHBORHOODS APPEALING AND EASY TO USE TO CREATE EQUITABLE AND SAFE OPPORTUNITIES TO IMPROVE PHYSICAL, MENTAL AND COMMUNITY WELL BEING

Outcome C: Minimum of 1 new or improved park program as identified by community residents in 2-4 Priority Neighborhoods (including at least one outside of Stockton) and designed for inclusivity (race, culture, identity, age and ability)

Key Strategy C: Implement park programming improvements prioritized by community members to increase park safety and use in 2-4 Priority Neighborhoods

Timeline	Activities	Measures	Responsible Organizations	Partners
Year 1	C1 Include park programming in the process and criteria to select Priority Neighborhoods/parks (B1)	Assessment conducted to identify community member priorities for park programming improvements	<ul style="list-style-type: none"> • County/City Parks and Recreation Departments 	<ul style="list-style-type: none"> • Priority Neighborhood community members
Years 1-3	<p>C2 Improve/enhance park programming/youth athletic leagues and events</p> <ul style="list-style-type: none"> • Engage parents, youth and community members in selected Priority Neighborhoods to assess desired park programming/events for different ages, abilities and cultural groups (e.g., dance classes, meditation sessions, cultural events, walking groups, food distribution, mental/behavioral health outreach activities) • Work with organizations providing mental/behavioral health, physical health, and cultural/social programming to expand offerings to parks within selected Priority Neighborhoods to reduce social isolation and enhance community cohesion • Provide free enrollment/equipment for Priority Neighborhood community members participating in park programs/youth athletic leagues <ul style="list-style-type: none"> ○ Create a funding stream to support free park programming ○ Engage local businesses, civic/service organizations and philanthropy to support programming • Employ community members and youth to staff programs • Encourage Priority Neighborhood schools to use parks on a regular basis for outdoor education, recess and events 	<p>New/expanded programming/events/school activities in selected Priority Neighborhoods as identified by community members</p> <p>Youth from selected Priority Neighborhoods enrolled in programs/athletic leagues at no cost</p> <p>Park programming sustainability plan prepared and adopted</p>	<ul style="list-style-type: none"> • CBOs/nonprofits in the Priority Neighborhoods • YMCA and other programming providers • Youth sports leagues • Police Activity Leagues • School districts and schools 	<ul style="list-style-type: none"> • First 5 SJ • Public Health Services • Civic and faith-based organizations • Local elected officials • Community centers/senior programs • Businesses • Philanthropic organizations • Mental/behavioral health and healthcare providers • Health insurance plans • Office of Violence and Injury Prevention • Faith in the Valley
Year 3	<p>C3 Sustain park programming improvements</p> <ul style="list-style-type: none"> • Create and implement a sustainability plan to maintain park programming improvements <ul style="list-style-type: none"> ○ Improve park calendar/scheduling system to ensure that there is adequate space and time for concurrent programming and events 			<ul style="list-style-type: none"> • University of the Pacific

OVERALL GOAL: MAKE PARKS IN PRIORITY NEIGHBORHOODS APPEALING AND EASY TO USE TO CREATE EQUITABLE AND SAFE OPPORTUNITIES TO IMPROVE PHYSICAL, MENTAL AND COMMUNITY WELL BEING

Outcome D: Increased awareness and appreciation of parks/programming as an essential resource for physical and mental wellbeing among community members, nonprofits, faith-based, civic and local business organizations in 2-4 Priority Neighborhoods (including at least one outside of Stockton)

Key Strategy D: Conduct effective, narrowly cast outreach and communications to promote parks and programming for physical, mental and community wellbeing in selected Priority Neighborhoods that are the focus of improvements and new/enhanced programming

Timeline	Activities	Measures	Responsible Organizations	Partners
Year 1-3	<p>D1 Create and implement outreach and communications strategies that promote park usage for physical activity, stress relief, social interaction, community cohesion, and equity and inclusion</p> <ul style="list-style-type: none"> • Identify most effective communication modes and messages for reaching diverse community members <ul style="list-style-type: none"> ○ Messaging topics: park safety, transportation to/from parks • Develop and implement a plan for using existing community organization communication platforms to push out park messaging (e.g., mass texting, social media, flyers, central calendar, in person) • Engage youth and community advocates to lead communications efforts including message creation and dissemination • Educate and engage healthcare providers to promote park usage (such as Park RX) 	<p>Outreach and communications activities conducted</p> <p>Community member surveys assess changes in awareness of parks/programming</p>	<ul style="list-style-type: none"> • Parks and Recreation Departments • CBOs/nonprofits in the Priority Neighborhoods • First 5 • Public Health Services • Parks RX 	<ul style="list-style-type: none"> • Priority Neighborhood community members • Office of Violence and Injury Prevention • Reinvent South Stockton Coalition • City governments • Local elected officials • School districts and schools
Years 2-3	<p>D2 Create a parks media kit to distribute to community organizations</p> <ul style="list-style-type: none"> • Develop messages/visuals for organizations to disseminate through existing social media and other outreach channels 	<p>Increased number of organizations offering events and programming at parks</p>		<ul style="list-style-type: none"> • Civic and faith-based organizations • Health care providers, hospitals, clinics
Years 2-3	<p>D3 Conduct promotional events and engagement activities in selected Priority Neighborhoods to ensure community members of all ages and abilities are aware of available parks and programming</p> <ul style="list-style-type: none"> • Invest in trusted, established CBOs to: <ul style="list-style-type: none"> ○ Celebrate park improvements with special events ○ Institute culturally and linguistically welcoming park events/programming ○ Lead park outreach efforts and cement resident park ownership • Increase awareness among nonprofits, faith-based, civic, and local business organizations that parks are a community space for events 	<p>Observational studies of park use conducted</p> <p>Feelings of wellbeing associated with parks tracked</p>		<ul style="list-style-type: none"> • Visit Stockton and city visitor centers • Friends of Seniors • El Concillio • YMCA • Boys and Girls Clubs • 211 • Libraries • Senior services organizations
Year 3	<p>D4 Conduct park observations to document usage and types of activities to inform further park improvements and park communications</p> <ul style="list-style-type: none"> • Train/engage youth and community members as park observers • Provide incentives to youth/community members conducting observations • Conduct brief surveys of park users to assess feelings of wellbeing (e.g., social connection, stress levels) 			

Appendix D. Year 1 Implementation Plan

Outcome A: Improved or enhanced implementation of at least 1 county/city policy or public agency practice to improve park access and use and direct park funding to Priority Neighborhoods			
Key Strategy A: Change or enhance implementation of existing county and city park policies and systems to increase park usage in Priority Neighborhoods			
CHIP Activities Initiated Year 1	Action Steps	Timeline (calendar year)	Potential Lead Organizations
A1 Engage community members and organizations to advocate for equitable park policy/practice implementation in Priority Neighborhoods	<ul style="list-style-type: none"> • Develop plan to form a community member task force(s) to advocate for park equity policies and practices <ul style="list-style-type: none"> ○ Identify the coordinating agency to initiate and facilitate activity ○ Assess funding needs ○ Convene key partners to develop the plan ○ Identify roles and responsibilities ○ Plan to include: <ul style="list-style-type: none"> ▪ Framework for the park advocacy approach ▪ Clear mechanisms for community advocates driven policy agenda 	Q1-Q2	<ul style="list-style-type: none"> • Public Health Advocates • Eckerd Connects (WorkStart YES) • Little Manila Rising
	<ul style="list-style-type: none"> • Recruit community members (trained advocates and others interested in parks) to serve on the park advocacy task force(s) • Conduct training to build community member park advocacy capacity 	Q3-Q4	
A2 Streamline the process for obtaining permission/permits to use parks for community events <ul style="list-style-type: none"> • Conduct legal analysis of park permitting systems to understand rationale for current systems and barriers, and areas for improvement • Develop recommendations to make park permitting equitable and easier • Advocate for county/city adoption of recommendations 	<ul style="list-style-type: none"> • Develop plan for legal analysis of county/city park use permitting systems <ul style="list-style-type: none"> ○ Identify the coordinating agency to initiate and facilitate activity ○ Identify and obtain funding for legal analysis ○ Convene key partners to develop the plan ○ Identify roles and responsibilities 	Q1	<ul style="list-style-type: none"> • Reinvent South Stockton • Trust for Public Land • Public Health Advocates • STAND
	<ul style="list-style-type: none"> • Select municipalities for park permitting improvements (county/cities) <ul style="list-style-type: none"> ○ Develop criteria to identify the municipalities that are most “ready” 	Q2	
	<ul style="list-style-type: none"> • Hire consultant to conduct legal analysis and lead advocacy efforts 	Q2	
	<ul style="list-style-type: none"> • Conduct legal analysis, including insurance requirements 	Q2-Q4	
	<ul style="list-style-type: none"> • Develop recommendations for creating an equitable and accessible permitting process, including easy to complete online applications <ul style="list-style-type: none"> ○ Vet recommendations with stakeholders and refine as needed 	Q4-Year 2	
A3 Provide regular staffing at parks in Priority Neighborhoods (e.g., a park host) to enhance safety <ul style="list-style-type: none"> • Engage job training organizations to include park jobs in their employment offerings; ensure youth employment programs are engaged and that park jobs are paid 	<ul style="list-style-type: none"> • Develop plan to address park staffing through job training programs <ul style="list-style-type: none"> ○ Identify the coordinating agency to initiate and facilitate activity ○ Assess funding needs ○ Convene key partners to develop the plan ○ Identify roles and responsibilities 	Q1-Q2	<ul style="list-style-type: none"> • Worknet • Eckerd Connects (WorkStart YES) • Edge Collaborative (Reinvent South Stockton will approach)
	<ul style="list-style-type: none"> • Meet with job training programs (youth and adults) to present rationale for including park jobs in their offerings 	Q3-Q4	

Outcome B: Minimum of 1 new or improved park feature as identified by community residents in 2-4 Priority Neighborhoods (including at least one outside of Stockton) and designed for inclusivity (race, culture, identity, age and ability)

Key Strategy B: Implement park beautification and infrastructure improvements prioritized by community members to increase park safety and use in 2-4 Priority Neighborhoods

CHIP Activities Initiated Year 1	Action Steps	Timeline (calendar year)	Potential Lead Organizations
<p>B1 Develop process and criteria to select Priority Neighborhoods/parks for interventions</p>	<ul style="list-style-type: none"> • Develop plan to address park infrastructure improvements <ul style="list-style-type: none"> ○ Identify the coordinating agency to initiate and facilitate activity ○ Assess funding needs ○ Convene key partners to develop the plan ○ Identify roles and responsibilities • Develop criteria to rank Priority Neighborhoods on park need and readiness for infrastructure improvements/beautification • Review Priority Neighborhood data and other sources to identify 2-4 Priority Neighborhoods for park infrastructure improvements /beautification. 	<p>Q1-Q2</p>	<ul style="list-style-type: none"> • Reinvent South Stockton • Trust for Public Land • Public Health Advocates
<p>B2 Assess selected Priority Neighborhood park infrastructure needs and county/city park plans to identify gaps and inform community engagement</p>	<ul style="list-style-type: none"> • Review previously collected community member information on park priorities (e.g., information gathered for Prop 68 grants) • Develop park infrastructure assessment questions and tools to fill knowledge gaps on existing infrastructure and community member priorities <ul style="list-style-type: none"> ○ Have tools available in languages appropriate for Priority Neighborhood residents • Develop and implement strategy for recruiting youth and community members to conduct park infrastructure assessments <ul style="list-style-type: none"> ○ Train youth, community members and community health workers to conduct park infrastructure assessments ○ Conduct infrastructure assessments and analyze findings ○ Present findings to youth and community members as well as other stakeholders 	<p>Q2</p> <p>Q3-Q4</p> <p>Q4 and ongoing</p>	<ul style="list-style-type: none"> • Reinvent South Stockton • Trust for Public Land • Public Health Advocates

Outcome C: Minimum of 1 new or improved park program as identified by community residents in 2-4 Priority Neighborhoods (including at least one outside of Stockton) and designed for inclusivity (race, culture, identity, age and ability)

Key Strategy C: Implement park programming improvements prioritized by community members to increase park safety and use in 2-4 Priority Neighborhoods

CHIP Activities Initiated Year 1	Action Steps	Timeline (calendar year)	Potential Lead Organizations
<p>C1 Develop process and criteria to select Priority Neighborhoods/parks for programming enhancements</p>	<ul style="list-style-type: none"> Integrate park programming into the Priority Neighborhoods selection and assessment work described in the Outcome B workplan 	<p>Q1-Q4 and ongoing</p>	<ul style="list-style-type: none"> Reinvent South Stockton Trust for Public Land Public Health Advocates
<p>C2 Park programming/youth athletic leagues and events</p> <ul style="list-style-type: none"> Engage parents, youth and community members in selected Priority Neighborhoods to assess desired park programming for different ages, abilities and cultural groups (e.g., dance classes, meditation sessions, cultural events, walking groups, food distribution, mental/behavioral health outreach activities) Provide free enrollment/equipment for Priority Neighborhood community members participating in park programs/youth athletic leagues <ul style="list-style-type: none"> Create a funding stream to support free park programming Engage local businesses, civic/service organizations and philanthropy to support programming 	<ul style="list-style-type: none"> Convene a park programming taskforce <ul style="list-style-type: none"> Identify the coordinating agency to initiate and facilitate activity Convene key partners (include business sector representatives, philanthropy, local municipality representatives) Identify roles and responsibilities 	<p>Q1-Q2</p>	<ul style="list-style-type: none"> Reinvent South Stockton Trust for Public Land Public Health Advocates Amelia Ann Adams Whole Life Center Little Manila Rising Trust Builders
	<ul style="list-style-type: none"> Identify park programming elements to integrate into the Priority Neighborhoods selection and assessment work described in the Outcome B workplan 	<p>Q3-Q4</p>	
	<ul style="list-style-type: none"> Identify mechanisms to fund free programming/equipment 	<p>Q4 and ongoing</p>	

Outcome D: Increased awareness and appreciation of parks/programming as an essential resource for physical and mental wellbeing among community members, nonprofits, faith-based, civic, and local business organizations in 2-4 Priority Neighborhoods (including at least one outside of Stockton)

Key Strategy D: Conduct effective, narrowly cast outreach and communications to promote parks and programming for physical, mental and community wellbeing in selected Priority Neighborhoods that are the focus of improvements and new/enhanced programming

CHIP Activities Initiated Year 1	Action Steps	Timeline (calendar year)	Responsible Organization
<p>D1 Create and implement outreach and communications strategies that promote park usage for physical activity, stress relief, social interaction, community cohesion, and equity and inclusion</p> <ul style="list-style-type: none"> • Identify most effective communication modes and messages for reaching diverse community members <ul style="list-style-type: none"> ○ Messaging topics include: park safety, transportation to/from parks • Develop and implement a plan for using existing community organization communication platforms to push out park messaging (e.g., mass texting, social media, flyers, central calendar, in person) 	<ul style="list-style-type: none"> • Convene a communications taskforce <ul style="list-style-type: none"> ○ Identify the coordinating agency to initiate and facilitate activity ○ Convene key partners with communications expertise and capacity ○ Identify roles and responsibilities 	Q2-Q3	<ul style="list-style-type: none"> • SJC Public Health Services (Chronic Disease Taskforce) • Little Manila Rising • Third City (The Amelia Ann Adams Whole Life Center will reach out) • Women’s Center-Youth and Family Services (SJC Healthcare Services will reach out)
	<ul style="list-style-type: none"> • Develop communications plan <ul style="list-style-type: none"> ○ Assess existing communications resources and additional funding needs ○ Ensure funds available to compensate participating youth/community members 	Q3-Q4	
	<ul style="list-style-type: none"> • Develop communications strategies that specify youth and community member leadership 	Q4-Year 2	

E: CHIP Infrastructure

Key Strategy: Develop infrastructure needed to support CHIP Year 1 implementation

CHIP Activities Initiated Year 1	Action Steps	Timeline (calendar year)	Responsible Organization
E1 Convene quarterly Steering Committee meetings	• Identify dates for quarterly meetings	Q1	• Core Team
	• Recruit additional Steering Committee members that represent key organizational partners for CHIP implementation (include public agencies and local governments)	Q1 and ongoing	
	• Develop quarterly meeting agendas to: <ul style="list-style-type: none"> ○ Review progress made ○ Identify challenges and develop solutions ○ Celebrate accomplishments ○ Refine CHIP as needed to respond to emerging opportunities and context 	Q1 and ongoing	
	• Convene quarterly meetings	Q1 and ongoing	
E2 Convene Core Team Meetings	• Identify frequency/dates for meetings	Q1	• SJC Public Health Services • Core Team
	• Develop meeting agendas	Q1 and ongoing	
	• Convene meetings	Q1 and ongoing	
E3 Develop CHIP funding streams	• Regularly convene SJC funders to align funding in support of CHIP <ul style="list-style-type: none"> ○ Track funding commitments 	Q1 and ongoing	• Community Foundation of San Joaquin • Core Team • Lead organizations
	• Identify grant opportunities that align with the CHIP goal <ul style="list-style-type: none"> ○ Prepare and submit grant applications as opportunities arise ○ Apply to foundation and federal/state funding opportunities 	Ongoing	
	• Identify and obtain approval for in-kind resources that Steering Committee members can provide in support of CHIP implementation	Ongoing	
E4 Enlist CHIP coordinating entity (as feasible dependent on funding)	• Obtain funding for an organization to serve as the CHIP coordinator	Q1	• Core Team leads • Coordinating organization
	• Recruit coordinating organization	Q1	
	• Meet with organizations/agencies identified as leads for Year 1 activities	Ongoing	
	• Conduct regular communications with lead organizations	Ongoing	
E5 Strengthen relationships with local governments/agencies	• Identify public agency and local elected partners to champion park equity improvements	Q2-3 and ongoing	• Lead organizations
E6 Develop progress tracking plan	• Develop a plan for tracking the CHIP matrix progress measures <ul style="list-style-type: none"> ○ Create a template for regularly collecting tracking data, designed for minimal burden on respondents 	Q2	• Core Team • Coordinating organization
	• Identify Steering Committee members responsible for reporting progress	Q2	
	• Collect and report tracking data for Year 1	Q2, Q3, Q4	

Appendix E. Assets for CHIP Implementation

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
San Joaquin County and City Parks and Recreation Departments	Parks and Recreation Departments develop and maintain parks/open spaces, operate facilities including aquatic centers, playgrounds, athletic fields, camps, and community centers, and provide programming that supports physical activity, youth development, relaxation and social interaction.	X	X
San Joaquin County Behavioral Health Services	Provides integrated, culturally and linguistically competent mental health and substance abuse services to meet the prevention, intervention, treatment and recovery needs of SJC residents.		X
San Joaquin County Council of Governments	Joint-powers authority comprised of San Joaquin County and the cities of Stockton, Lodi, Manteca, Tracy, Ripon, Escalon, and Lathrop. Fosters intergovernmental coordination with local/regional jurisdictions, State and Federal agencies, the private sector, and community groups. Facilitates and administers regional programs, and advocates for regional/inter-regional strategies. Committees include transit, coordinated transportation and land use, climate, housing and economic security.		
San Joaquin County Human Services Agency	Provides State and federally-mandated public assistance and a variety of social service programs for SJC residents. Programs include: California Work Opportunity and Responsibility to Kids (CalWORKs), Foster Care, CalFresh, General Assistance, Medi-Cal, Adoptions, Child Protective Services, Adult Protective Services, In-Home Supportive Services (IHSS), Refugee Assistance, and the Mary Graham Children's Shelter.	X	X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
San Joaquin County Public Health Services	In partnership with the community, protects, promotes and improves health and wellbeing for all who live, work, and play in San Joaquin County. Programs and services include chronic disease prevention, nutrition and physical activity, family health, tobacco control, and environmental health.	X	
Aegis Medical Systems, Inc.	Offers outpatient substance abuse treatment including detoxification, methadone maintenance, and methadone detoxification.		X
Community Medical Centers -- Recovery Center	Provides medical and behavioral assessment, sobering and treatment to individuals struggling with mental health and substance use issues.		X
National Alliance on Mental Illness, San Joaquin County	Raises community awareness of mental illness and provides support groups and a HelpLine to persons with mental illness and their families and friends, education and training, and advocacy.		X
St. Joseph's Behavioral Health Center	Provides behavioral evaluations, mental/behavioral health screening, inpatient and day treatment programs, outpatient services, chemical recovery programs and referrals to community resources.		X
The Wellness Center of San Joaquin County	Peer support program for people with or without a mental health diagnosis run by and for individuals with mental health challenges. Offers support groups, classes, meditation classes, one-on-one peer coaching, and substance abuse recovery groups.		X
Affordable Housing Programs (e.g. Mercy Housing, Eden Housing, Valle Del Sol, Housing Authority County of San Joaquin, STAND, Visionary Homebuilders, Central Valley Low Income Housing Corp.)	Provide housing for low income residents through subsidized housing and rental assistance, or affordable housing units.		

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
Grace and Mercy, Lodi Area	Offers a safety net to persons in need and the homeless by providing dry goods, refrigerated storage, clothing for job seekers, haircuts, a soup kitchen, and shelter from severe weather.	X	
Homeless Services (e.g. St. Mary's Dining Room, St. Anne's Place: Women's Center Youth and Family Services, Stockton Shelter for the Homeless, Hope Harbor Family Shelter, Coalition of Tracy Citizens to Assist the Homeless, Gospel Center Rescue Mission, McHenry House Tracy Family Shelter, Tracy Community Connections Center, Tracy Interfaith Ministries)	Provide meals, health care, clothing, hygiene services, shelter and social services to homeless and working poor individuals and families.	X	X
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.		
San Joaquin Continuum of Care	Provides information, resources, and leadership on evidence-based methods to end homelessness in San Joaquin County utilizing the "Continuum of Care" program developed by U.S. HUD.		X
COVID-19 general information, diagnostic testing and vaccination information/events	A variety of resources (SJCRReady.com, Myturn.ca.gov, etc.) providing information on COVID-19 symptoms and care services, prevention, current policies, and accessing vaccinations and booster shots.		
Federally Qualified Health Centers (e.g. Community Medical Centers, Inc., San Joaquin Community Clinics, Golden Valley Health Centers)	Outpatient clinics providing health services to low income, underinsured and high need populations.	X	X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
Hospitals/medical centers (e.g. San Joaquin General, Sutter Tracy Community Hospital, Kaiser Permanente Manteca, Adventist Health Lodi Memorial and Dameron Hospital, Dignity Health St. Joseph's Medical Center)	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care.	X	X
Higher Education (San Joaquin Delta College, University of the Pacific, Humphries University, Cal State University Stanislaus, Stockton Center)	Provide post-secondary educational opportunities and student services to build skills and enhance economic security.		
Manteca Give Every Child a Chance	Provides tutoring/homework assistance, science and technology programs, and healthy eating/active living opportunities for low-income students.	X	
San Joaquin County School Districts (Fourteen including Lodi Unified School District, Manteca Unified School District, Stockton Unified School District, and Tracy Joint Unified School District)	The County's 14 school districts promote a well-rounded education and ensure students have the knowledge/skills necessary for future success. The school districts set policy and performance standards, ensure compliance with laws/regulations, monitor finances, select curricula, and oversee intervention and support services (such as counseling and free and reduced price meals) for students and families.	X	X
San Joaquin County Office of Education - Healthy Kids Resource Center	Supports education of more than 145,000 students enrolled in 14 school districts in the county. The HKRC provides access to educational resources, including health promotion resources, that can be borrowed at no cost.	X	X
Amelia Ann Adams Whole Life Center	Empowers women, men and children by providing supportive services, resources, and other tools that create opportunities for individuals and families to overcome their current obstacles.	X	X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
Catholic Charities of the Diocese of Stockton	Provides direct social services and advocacy for adults, families and children including: programs for the elderly; a food bank in Stockton; supports for immigrants including family reunification, citizenship application and education; health insurance enrollment, short-term counseling services; youth engagement; Cal Fresh application assistance and environmental justice promotion.	X	X
Child Abuse Prevention Council of San Joaquin County	Protects children and strengthens families through awareness and outcome driven programs including childcare, family supports and clinical services, delivered with compassion.		X
Community Partnership for Families of San Joaquin	Provides tools, resources, and connections to help families improve their quality of life. Operates Family Resource Centers to build strong, resourceful and financially sufficient families.		X
Family Resource and Referral Center	Clearinghouse for information on child care services, parenting, nutrition, and child safety. Provides child care referrals and administers child care and nutritional resources. Conducts workshops on effective practices of child rearing, child care, and child safety.	X	X
First 5 San Joaquin County	Provides financial support for health, preschool and literacy programs, and fosters the active participation of parents, caregivers, educators and community members in the lives of young children, prenatal to five years old.	X	X
Asian Pacific Self Development and Residential Association	Provides a residential facility to over 200 Cambodian families as well as social services (including nutrition education, after school, mercury reduction, and recreational programs among others.)	X	X
El Concilio	Empowers diverse communities to realize their greatest potential through comprehensive and compassionate programs and services that provide outreach, education,		X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
	counseling, job training, classes, and awareness building of community resources and personal strengths and abilities.		
Lao Family Community Empowerment Center	Provides direct service and advocacy programs to support individuals and families, and community engagement and outreach services on behalf of other agencies wanting to reach the Southeast Asian community. Preserves cultural traditions.		X
Little Manila Rising	Provides education and leadership development opportunities to preserve and revitalize the Filipino American community. Offers holistic, culturally rooted community healing and after school, environmental justice, martial arts, dance and other programming. Conducts social justice advocacy.	X	X
San Joaquin Pride Center	Serves the LGBTQ community by creating a safe and welcoming space, providing resources that enrich body, mind and spirit, and by educating the public on tolerance and respect for all people within the LGBTQ community.		X
The One Eighty	Safe place for teens for mentoring, relationship building, and support systems that promote positive youth development through meaningful activities, adolescent counseling, gang prevention, and life skills programs.	X	X
Boys and Girls Clubs (Tracy, Manteca, Lodi, Stockton)	Enable young people, especially those with high needs, to reach their full potential as productive, caring, responsible community members. Provide afterschool, academic and health programs, and character and leadership development opportunities for youth.	X	X
Lord's Gym City Center	Provides a safe and fun environment for youth to build their confidence, form friendships, engage in physical activity and games, and further their educations.	X	X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
Women's Center - Youth and Family Services	Offers a safe haven and place of healing for vulnerable populations in the community. Provides free, confidential services and shelters designed to meet the needs of homeless and runaway youth and victims of domestic violence, sexual assault and human trafficking.		X
YMCA of San Joaquin County	Builds youth social skills and relationships and improves health and educational achievement through programs such as youth sports, camp, aquatics, and high school enrichment.	X	X
Emergency Food Bank of Stockton/San Joaquin	Families and individuals in need of emergency food assistance can visit the Emergency Food Bank's on-site food pantry. Other programs include: Mobile Farmer's Market, Nutrition on the Move Education Classes, CalFresh outreach, Partner Pantries, and job training.	X	
Women, Infant and Children's Program (WIC), Supplemental Nutrition Program, Tracy, Stockton, Lodi, Manteca	Offers food vouchers, nutrition education and counseling, and health care referrals to low-income pregnant or postpartum women, infants and children up to age 5.	X	
Senior Centers in San Joaquin County, e.g. LOEL Senior Center (Lodi), Lolly Hansen Senior Center (Tracy), Manteca Senior Center, Oak Park Senior Citizens Center (Stockton), Stockton PACE Center, City Parks and Recreation Departments	Multi-purpose senior centers serve adults age 50 and above with a variety of programs to encourage social interaction, promote healthy eating and physical activity, and contribute to overall healthy aging.	X	X
Energy Assistance 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.		

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral Health
Child Health and Disability Prevention Program, San Joaquin County Public Health Services	Provides health assessments for early detection and prevention of disease and disabilities in children and youth including dental screenings. Assists families with finding dentists.	X	X
San Joaquin Treatment & Education for Everyone on Teeth & Health (SJ TEETH) Collaborative	Coalition composed of First 5 San Joaquin, San Joaquin County Public Health Services, dentists, nonprofit organizations, and other partners working together to prevent and treat oral diseases in children, increase awareness of the importance of dental health to overall health, and increase access to dental services.	X	
St. Raphael's Free Dental Clinic	Community-based dental center that provides free dental services and information/education on dental health and prevention for low-income people.		
Stockton Unified School-based Dental Program	Provides dental clinics at numerous school sites to students with or without insurance.		
Restore the Delta	Provides public education and outreach to raise awareness of the Sacramento-San Joaquin Delta as a valuable part of the natural environment. Fights for fishable, farmable, swimmable, and drinkable Delta waters. Advocates for water sustainability policies.	X	
San Joaquin Bike Coalition	Advocates for bicycle safety, holds bicycle related events and serves as a hub for the advancement of bicycles in the community. Works with local government to implement bicycle lanes and provides resources for motorists and cyclists.	X	
UC Cooperative Extension of San Joaquin County	Bridges local issues and UC research. Campus-based specialists and county-based farm, home and youth advisors work as teams to bring practical, unbiased, science-based answers to problems. Advocates for healthy communities, promotes nutritious foods and exercise for better health, and provides the 4-H Youth Development Program.	X	X

Assets/Resources	Description	Chronic Disease/HEAL	Mental/Behavioral 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.	X	X
California Human Development, San Joaquin County	Provides job training, affordable housing support, disabilities services, substance abuse treatment/sober living, and immigration and citizenship resources. The headquarters are located in Lodi.	X	X
Disability Resource Agency for Independent Living (DRAIL)	Increases the independence of persons with disabilities through services such as housing and personal assistant referral, peer counseling, benefits advising, independent living skills training, and advocacy.	X	X
LOVE, Inc. Manteca	Provides social services through faith-based organizations/churches. Supports ministries to respond to communities' unmet needs including food, clothing, furniture, bicycles, transportation to medical appointments, and prescription assistance.	X	X
Public Health Advocates, Stockton Office	Helps neighborhoods and schools become places that nurture wellness by creating equitable physical, social, and economic conditions for health. The REACH project promotes healthy eating/physical activity and expanded access to healthy foods in neighborhoods and organizations serving Stockton's African-American residents. Engages residents in working with city leaders to update the City of Stockton General Plan.	X	X