

January, 2014

The Healthy San Benito Initiative

Final Report

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A copy of this summary and the full report with appendixes may be accessed online at:
www.benitolink.com

January 2, 2014

Healthy San Benito Initiative

Background

Is San Benito County (SBC) a healthy and thriving community; a land of opportunity? Do all residents and all groups throughout the county have access to opportunities every day so that the healthy choices are the easy choices for them? If not, what must change in San Benito in terms of our socioeconomic factors, our behaviors, our clinical care systems, and our physical environment for this to be so? Such questions form the basis for this initiative, titled the Healthy San Benito Initiative (HSBI).

To help with this, the challenge and goal of this initiative are to engage county public health system partners broadly, including key policy decision makers and the public, to dialogue about community health and its importance, to become more aware of the social and other factors that influence community health, to envision healthier communities in the county, and to collaborate to find ways to improve our collective community health. At the end of a several years process, we expect to have improved, broad and shared understanding of the health status, disparities, priorities, and agreed-to plans for improvement of the health of our various and diverse communities.

The word cloud on the cover is from the work done by Vision San Benito County (VSBC). As suggested by the big-sized words (mentioned by more people than the smaller ones) in the cloud, county residents are very interested in and envision health and healthy communities as critical to “... improve our community's quality of life” (from the VSBC mission statement). Thus, this HSBI is a natural, appropriate, and timely follow-up to that effort. It very much complements and supplements it.

This HSBI work will lead to being prepared to apply for national accreditation of our public health system when demonstration will have to be made that all county residents have access to quality public health services that meet national standards and can effectively prevent disease and injury, promote health and well-being, and protect from health hazards. Benefits of public health accreditation in many local health jurisdictions have included valuable feedback on public health system strengths and weaknesses, institutionalizing quality and performance improvement techniques, better leverage and value for funding, and higher visibility and credibility among elected officials and the public. Preparation for accreditation requires a community health assessment, a community health improvement plan, and a strategic plan. This initiative helps greatly to position SBC for that work over the next few years.

This report is of the first year of our collective effort and has two main sections:

Community outreach and input (qualitative, subjective information)

We convened a collaborative core planning group of key community leaders and stakeholders to oversee broad community engagement and public input into community health priorities and improvement solutions. We aimed to ensure an inclusive and culturally-competent process for community meetings so that all voices are heard and opinions considered when assessing the health status of our communities. This section has summary results of core planning group meetings and of community opinion input meetings and an online survey.

Baseline assessment of community health status (quantitative, objective information)

We searched for, compiled, and synthesized reports regarding community health status, or related, that had data for SBC. We focused on major causes of death and disease as outcomes and on the major factors leading to or influencing those outcomes, grouped by socioeconomic, behaviors, health care system, and physical environment. We also searched for and compiled community health assessments (CHA) and community health improvement plans done by other jurisdictions to make recommendations on a best-fit model for SBC. This section presents those results.

Community outreach and input

Background

The HSBI community outreach was conducted by VSBC, the civic engagement arm of the local Community Foundation for San Benito County (CFFSBC). VSBC Director Julie Morris acted as facilitator of a series of meetings held from May through September, 2013 throughout the County. The main tasks included: planning and conducting the Core Planning Group meetings every other month, community listening sessions, presentations to several civic groups, preparing and overseeing a bi-lingual, on-line survey and summarizing all the data.

Methodology

Core Planning Group

VSBC worked with the HSBI Core Planning Group in early 2013 to develop a list of community groups to target. Our goal was to speak with a variety of groups that would represent the county's multi-ethnic and socio-economically diverse population. HSBI Core Planning Group members signed a Member Agreement outlining their roles and responsibilities to the process (*See Appendix A*).

Community Input

Rather than hold large community meetings in the Veteran's Hall or other public venues that tend to be poorly-attended due to work schedules, commuters and other commitments, we opted for the facilitators to "go where people already are" and conduct listening sessions at their places of employment and/or meeting locations, such as the monthly meeting of First 5 members at a local elementary school. This proved to be an effective way to capture people's attention, as they had already scheduled the time into their week and were happy to participate in the process and answer many of our questions.

The format of the meetings followed a "listening session" procedure, used in a previous visioning process that proved to be effective. Participants sat in a circle and were each asked to do self-introductions. The facilitator asked a series of questions and went around the circle for responses in order to include all voices in the room. Participants were asked not to interrupt someone while he or she was speaking and to "listen with respect" to all the responses. (*See Appendix B*).

The Core Planning Group, led by Dr. Garza, developed a standard series of questions that were used with each community group and the online survey:

<https://www.surveymonkey.com/s/MakeSanBenitoHealthy>.

We decided to use an open-format on the questions asked (online and in person) in order to avoid influencing respondents' replies in a pre-conceived direction. We asked questions that would help us understand respondents' perspectives in specific categories we hope to measure in periodic community health assessments, such as a Healthy Community Indicators Dashboard, considering health outcomes (death & disease) and groupings of major factors that lead to or influence health outcomes. The categories included: *Health Outcomes, Social and Economic Factors that Impact Health, Behaviors that Influence Health, Health Care System Factors, and Physical Environment*. A few demographic questions followed these categories. All responses were kept anonymous, unless they chose to include their contact information. All names used in the reports were used with permission. We used Survey Monkey's analytical tools to compile and summarize the online survey data. (*See Appendix C*).

We had an interpreter at two meetings in order to capture Spanish-only speakers, as well as a Spanish version of the online survey: <https://es.surveymonkey.com/s/HagaSanBenitoSaludable>. Healthy snacks and refreshments were served at several of the community meetings, as well as Target store gift cards for

\$25 – \$100 given out at a raffle at the conclusion of meetings and survey. This encouraged participation and showed residents we valued their time.

Results

Core Planning Group

VSBC worked with members of the Core Planning Group, holding six meetings, with the intent to review the initiative, receive input and feedback on goals and objectives, monitor progress, and seek assistance for outreach through their respective networks in order to reach the largest possible and diverse communities.

We held the meetings at various locations in order to be as inclusive as possible and help with attendance, acceptance, and engagement. On average, about 20 partners participated regularly, with others giving feedback via telephone calls and e-mail. At early meetings, Dr. Garza reviewed the HSBI concepts, goals and objectives, and activities (*See Appendix D*). We reviewed development, marketing, and results of the survey.

One important meeting was about the desirability of joining together to launch a Healthy Community Indicator dashboard for SBC. The group agreed that such a dashboard would be a positive outcome of the initiative. It would keep relevant data current, accessible, and transparent for the community to use to monitor progress and inform policy development and future grant proposals for improving community health and wellbeing. VSBC raised \$30,000 to develop and launch the dashboard for one year, which will be managed by the Berkeley-based Healthy Communities Institute. We are hopeful that members of the HSBI will find value in it and provide ongoing support for the dashboard after its 2014 launch. The dashboard will be hosted on BenitoLink.com, the free news & information site in San Benito County.

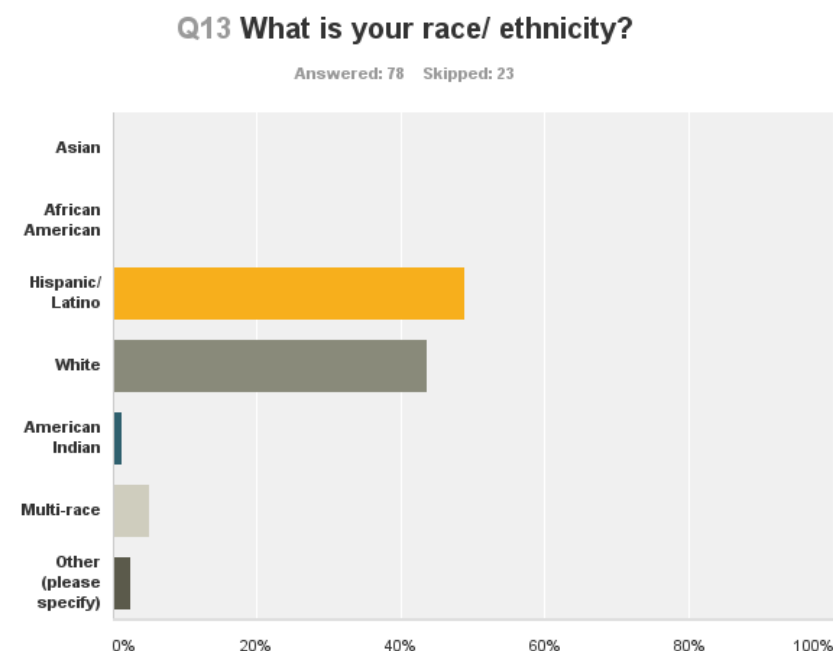
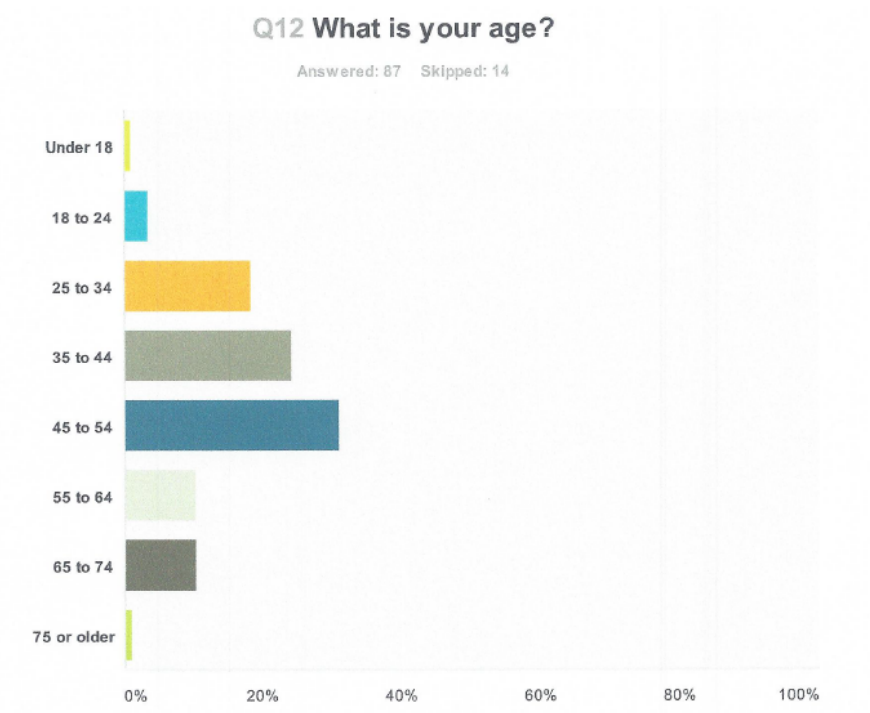
VSBC also promoted HSBI to local elected officials, speaking at the Hollister City Council meeting with County Health Officer Alvaro Garza, M.D., M.P.H. on March 4, 2013, (*See Appendix E*) and the SBC Board of Supervisors on April 2, 2013. County supervisors signed Resolution 2013-21 on April 2, 2013 (*See Appendix F*) supporting the effort and pledging their support and participation. Several news articles also appeared encouraging residents to participate in the survey.

Links to the stories are as follows:

- <http://benitolink.com/healthy-san-benito-initiative-launched-broad-based-group>
- <http://benitolink.com/healthy-san-benito-initiative-launches-countywide-survey>
- <http://benitolink.com/what-makes-san-benito-county-great-place-live>

Community Input: Survey Response & Common Themes

VSBC conducted 18 community meetings over 11 months with about 70 participants. The online survey gathered 100 responses, for a total of approximately 170 responses. The survey's open format questions gave us a wide variety of responses that we believe we would not have had with a multiple choice format. However, it also may have discouraged some people from taking the survey who are uncomfortable writing out responses. Some residents commented that the questions were confusing and worded in a way that made them difficult to respond to. The demographic make-up of survey respondents was largely female, age 45-54, and Latino (48.7%) or White (43.6%).



Many of the Spanish-speaking residents do not have access to, or are uncomfortable using, a computer. This proved to be a challenge and weakness in our online survey data. There were no respondents to the Spanish survey online, however we did receive written responses to the survey in Spanish, which were translated and included in our analysis.

We found that respondents in our listening sessions and to the online survey, regardless of socio-economic and cultural differences, often named similar concerns about the health of the county. Below are some of the most common responses.

Health Outcomes – Preventable or Premature Death and Disease:

- Alcohol and drugs are major concerns across communities. Obesity, diabetes and domestic abuse were also named by several groups as major contributors to poor health.

Social & Economic Factors that Impact Health:

- Lack of insurance, unemployment and housing were common themes in lower-income populations.

Behaviors that Influence Health:

- Poor diet and exercise, smoking, drinking, drug abuse and car accidents were concerns.

Health-Care System Factors that Impact Health:

- Lack of insurance, long waits in clinics and not enough access to specialists were named as concerns in several groups.

Physical Environment Supporting Health:

- Residents would like to see more outdoor activity options, particularly for youth and young adults. Several residents recalled a bowling alley and public swimming pool that are both now closed but used to be popular and healthy places for young people to hang out on weekends.
- Access to healthy food was named as a benefit to living here, although organics' price point is prohibitive to lower-income households. *(Complete notes from every community meeting are included in Appendix B, and survey questions & responses in Appendix C).*

The HSBI project was a natural follow-up to VSBC's 2011 visioning process and confirmed many of the same findings we learned then. Details of that project may be found at the Community Foundation's Vision San Benito page on its website: <http://www.cffsbc.org/communityvision.php>. In both outreach efforts, residents made it clear that they appreciate the area's many benefits, natural beauty and proximity to the coast and mountains. They also stated a desire for more access to recreational opportunities, public transportation, affordable and quality healthcare and safe neighborhoods.

Conclusions/Recommendations

Our work and process with the Core Planning Group appears to have been effective and efficient as demonstrated by the moderately good participation, considering the many competing interests that professionals have. One important success is the coming together of community stakeholder partners to soon launch a Healthy San Benito Dashboard on Benitolink.com.

The online survey completion was disappointing. Although responses may have been more numerous with a multiple choice format, we believe that the open-ended questions would give us the more in-depth responses we were looking for: residents' real-life and personal experiences. This could be interesting to research in the county, with future surveys possibly having both. We will also pilot-test future surveys.

Overall, SBC residents polled seem happy to live here. They enjoy the county's natural beauty, weather and proximity to the coast, valley and mountains. They like living in an agricultural area with access to a wide variety of fresh, healthy foods. They see lots of benefit in building more public spaces, such as bike trails, a River Parkway, expanded public parks and downtown social opportunities.

Areas that should be improved include: more access to recreational opportunities, better public transportation, both in the county and linking us to metropolitan areas, better and more health insurance

options (this will hopefully be addressed by the Affordable Care Act), youth activities and clean, public restrooms in parks and downtown. Access to free Wi-Fi was also mentioned as a way to improve quality of life in the county.

Baseline assessment of community health status

Background

While the HSBI is intended to lead to a County Health Assessment (CHA) for Public Health System accreditation, our priority aim is to bring more attention to issues such as: SBC's decreased scoring in the national County Health Rankings (CHR), public accountability for improving and protecting community life, and to help focus on what we, the public, need to do to improve the overall health and well-being of our communities. Essential to all of this is to create a "snap shot" baseline diagnosis of SBC community health issues by considering a variety of objective data that are indicative of health and well-being. Secondary data for select measures of mortality, morbidity, behaviors, healthcare systems, socioeconomic, and physical environment were collected, organized and analyzed. In addition, a comparative survey of various CHAs from other counties was instrumental in helping us identify ways to best demonstrate the findings.

Methodology

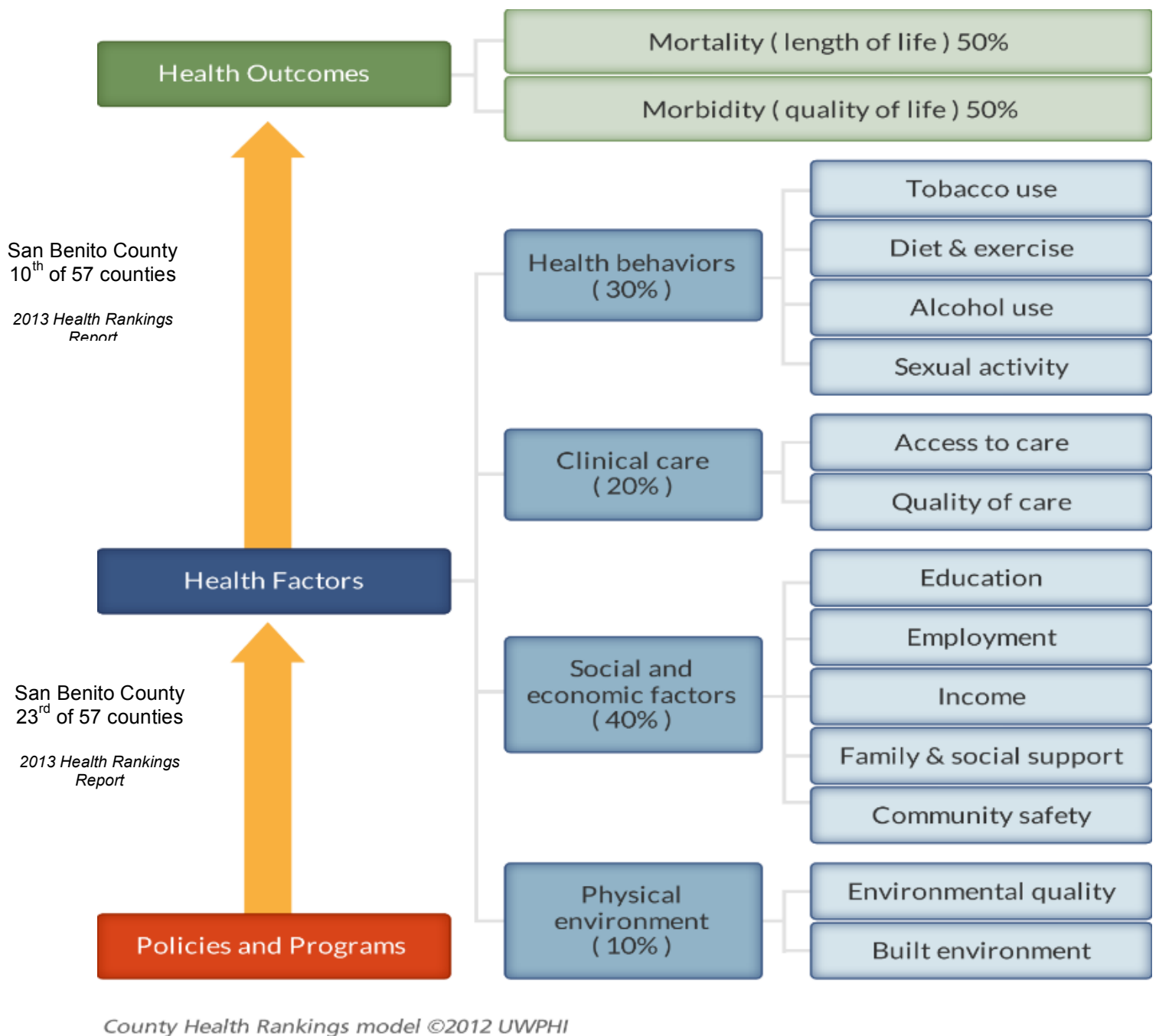
We researched and extracted data pertaining to SBC from over 45 secondary sources, including several locally-derived reports. Examples of data sources include: U.S. Census Bureau, CHR, Healthy Indicators Warehouse, California Department of Public Health (CDPH), California Health Interview Survey, California Healthy Kids Survey (CHKS), Gang Prevention Policy Committee report (*See Appendix G*).

To facilitate organizing, analyzing, and communicating this large volume of collected data, we used the CHR model (See Figure 1). The CHR is a national annual report based on a population health model that spotlights factors that, if improved, can help make communities healthier places to live in the major ways that influence health: physical environment, social and economic, clinical care, and health behaviors. The CHR model demonstrates how these factors directly influence health outcomes (mortality and morbidity) of a community and how policies and programs ultimately affect health. In addition, the CHR compares counties within a state, which allowed us to compare SBC using the CHR standardized, weighted methodology.

We organized all data in a 31-page spreadsheet comparing SBC to California and to Healthy People 2020 (HP2020) or CHR national benchmarks where available (*See Appendix H*). All data in the spreadsheet were referenced and consistent with the CHR categories. The data categories are: Demographics, Health Outcomes (Mortality, Morbidity), and Health Factors (Health Behaviors, Clinical Care/Health Systems, Economic/Social, and Physical Environment). By looking at this comparison, we could identify some areas where SBC significantly differed from California and/or other benchmarks. We then looked at these differences in Two-by-Two Squares (See Appendix I). These areas represent community health issues warranting deeper review, public awareness and dialogue for development of strategies for improvement.

Figure: 1

County Health Rankings Model



We also reviewed and collected example CHAs by other jurisdictions. These were organized into a spreadsheet for comparison and referenced (See Appendix J). The HSBI Steering Group then reviewed the example CHAs to identify elements or aspects of models that might be most useful for our county.

Results

Demographics

SBC is located in California's central coast region between the Santa Cruz and Diablo mountain ranges, 40 miles south of San Jose and 40 miles east of Monterey. At least one-third of SBC's population lives in rural areas and over 49% of the employed commute outside of the county for work. SBC, according to the 2010 US Census Bureau, has a total population of over 55,000 with 56.4% of Hispanic or Latino ethnicity and approximately 32% aged 19 and under. The American Community Survey shows 20.9% of our population speaks English "less than very well".

Health Outcomes

For the CHR model, the health outcomes score of a community is derived 50% from its mortality (deaths) profile and the other 50% from its morbidity (diseases) profile. Of course, mortality is an indicator of the length of life and morbidity is an indicator of the quality of life.

Mortality

The mortality rate (deaths per population per year) is one of the basic measures of the health of a population. Considering the rate and causes of death in a population can identify areas to be improved in order to reduce disease, injury and death.

In SBC, the age-adjusted death rate from all causes was 577 per 100,000 population. This was lower than the California rate of 654 and lower than our previous rate of 613. When compared to California, SBC had a lower death rate due to: all cancers, lung cancer, diabetes, and coronary heart disease. However, SBC had a higher death rate due to prostate cancer, stroke, and motor vehicle traffic crashes. The California Office of Traffic Safety gives SBC a collision rank of 3.5 (1=worst, 96=best) for total fatal and injury and 2.75 for alcohol-involved, average, between 2007 and 2010.

Morbidity

Our data collection included many indicators for morbidity. Low birth weight is a predictor for current and future health of the child. SBC had a better rate of low birth weight and beginning prenatal care in the 1st trimester when compared to California as well as to HP2020. Other morbidity data showed that while SBC had the same lifetime prevalence rate of asthma as California, we had significantly fewer children receiving asthma management plans when compared to both California and HP2020. Perhaps, at least in part, because of that, SBC had significantly higher rates of Emergency Room visits for asthma among 5 to 17 year olds and those older than 65. SBC showed a higher rate of high blood pressure and coronary heart disease among adults.

While it is important to monitor disease so we can identify areas that should be improved through various policies and programs, it is also important to consider mental and social well-being. Together, these indicators of physical, mental and social well-being make up the total "health" and, therefore, quality of life in our communities. As such, HP2020 has made "Improvement in Quality of Life" one of its central goals. One way this is assessed is through the Behavioral Risk Factor Surveillance System (BRFSS) survey which asks people questions such as "In general, would you say that your health is excellent, very good, good, fair or poor?" In SBC, 21% of adults reported fair or poor health.

The 2013 CHR report ranked SBC tenth in California for health outcomes. This represented a decline from a rank of third in the previous year. This decline may reflect the changes in the health factors that influence health outcomes in the county in the prior years.

Figure 2 summarizes select indicators in a typical year in SBC.

Health Factors

Health factors directly influence health outcomes and, thus, the health of a community. When these factors are improved, they help make a community a healthier place to live. The four health factor groups in the CHR model are social and economic, health behaviors, clinical healthcare system, and physical environment. We looked at a variety of indicators that fit into these categories. Of note, SBC was ranked 23rd out of 57 California counties for Health Factors in the 2013 CHR report. Specifically, SBC's scores for health behaviors and clinical healthcare system had decreased from the previous year. This decrease may reflect the changes in the policies and programs that influence health factors in the county in the prior years.

Economic/Social

Economic and social factors are generally considered to contribute about 40% to health outcomes in communities. In SBC, an ongoing concern is the rate of unemployment. The U.S. Bureau of Labor Statistics has reported that around 13% of SBC residents are unemployed. This remained higher than the rate for California (<10%). The SBC Community Action Board Needs Survey 2011 ranked employment as the #1 issue of importance to our community.

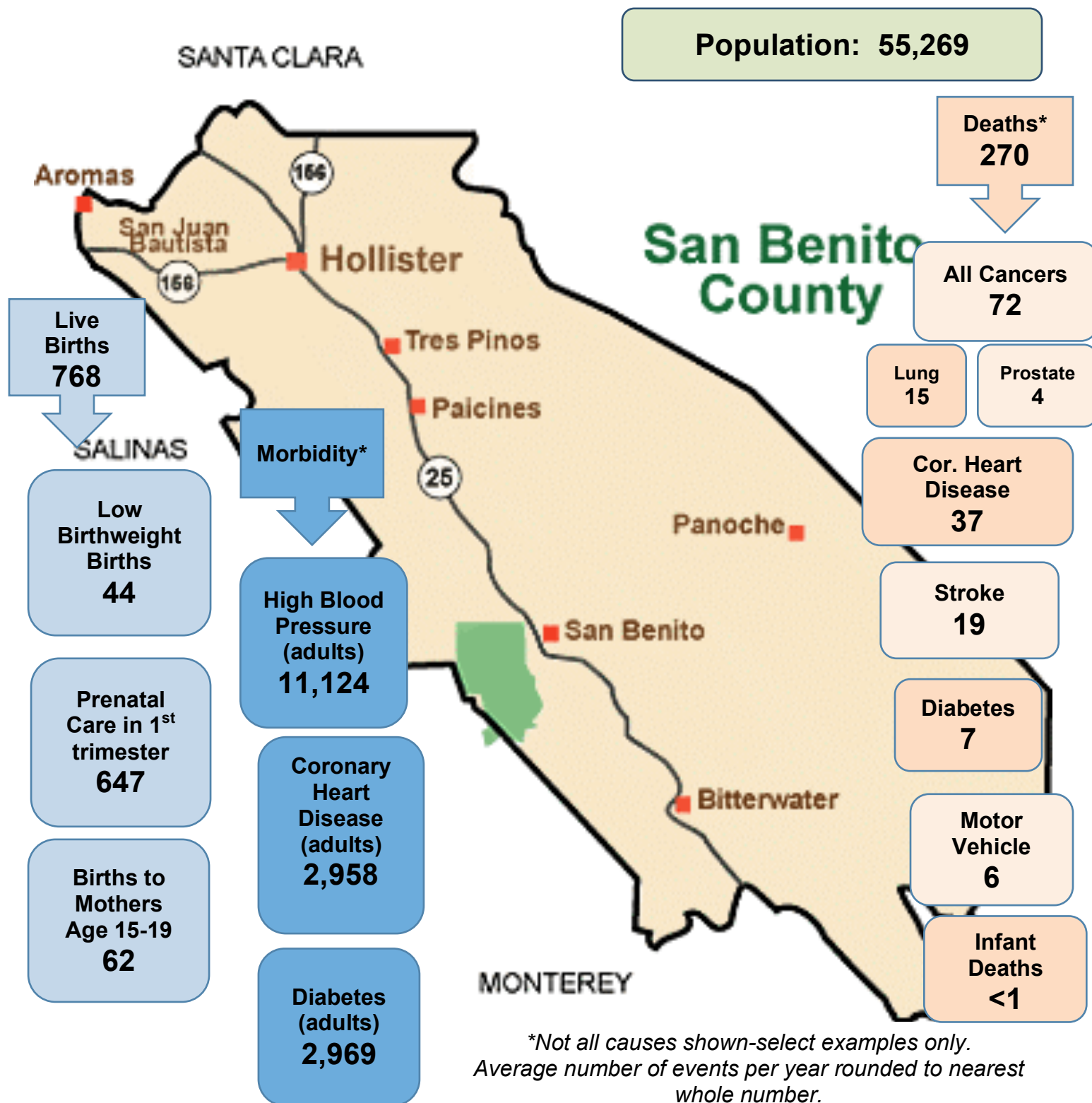
More than 11% of our population lives below the federal poverty level. Of those who are at 200% of the poverty level, at least 20% reported "difficulty reliably putting food on the table in the last year". More than half of SBC residents spend over 30% of their income on housing.

Approximately 75% of our population has graduated from high school compared with 81% for California, and only 18% has a Bachelor's degree compared with 30% for California. The Opportunity Index shows that almost 21% of our youth (16-24 years) are not in school and are also not working, compared with 15% for California. According to Scorecard. childrennow, 36% of SBC 3rd graders are reading at grade level compared with 46% for California and 36% of 7th graders are meeting math standards compared with 50% for California.

The San Benito County Gang Prevention Policy Committee noted that the Bullying Questionnaire (developed by Dr Dan Olweus) report showed that while 62% of 3rd-8th graders reported liking school, of concern is the 13.6% who reported disliking school and 7.6% who reported having no, or only one, friends. According to the CHKS, approximately one-third of 9th and 11th graders reported not being a part of club/sports team/church, or other group activities in SBC. The HP2020 benchmark is for 90.4% of adolescents to be involved in extracurricular activities. That same bullying questionnaire showed almost 20% of 3rd-8th graders as chronic victims of bullying. Of those students, 60% reported experiencing "sustained" (six months or longer) bullying. The CHKS found that approximately 9% of 9th and 11th graders considered themselves members of a gang. SBC had a lower rate for violent crime (427) compared with California (472) and a similar rate of homicide (5.6 versus 6).

Figure: 2

A Typical Year in San Benito County



Health Behaviors

Health behavior factors are generally considered to contribute about 30% to health outcomes in communities. While fewer of our adults smoke tobacco compared with California and HP2020, significantly more of our youth do. The CHKS revealed that only 78% of 9th graders and 84% of 11th graders “perceived harm from using cigarettes”. Data from CHKS also showed, when compared with California, a higher percentage of our 9th (32%) and 11th graders (46%) smoked marijuana and reported “ever being high from drugs” (27% 9th graders and 41% 11th graders). Of note, 34% of SBC adults reported binge drinking in the last 30 days compared with California (31%) and HP2020 (24%). While fewer of our youth reported alcohol use compared with California, fewer also reported “perceived harm from alcohol”.

Data showed SBC had much higher rates of obesity among adults (48%) and children (42%) compared with California (36% and 38%, respectively) and even much higher than the HP2020 benchmark (30.5% and 14.5%). Kidsdata.org reported approximately 17% of SBC 5th and 7th graders met “All Fitness Standards” compared with 25% and 32% of California 5th and 7th graders, respectively. The Youth Behavior Survey in Roadmap to Improve Health-YMCA, showed more than one-third of SBC children surveyed watch TV at least 3 hours/day (HP2020 benchmark is 19.4%).

CDPH reported the teen birth rate of 27.8 per 1000 15-19 year-olds in SBC represented a decrease from previous years (46.3). The overall rates for sexually-transmitted diseases, except chlamydia, have also decreased. These statistics may be different among sub-populations and, therefore, may warrant further analysis.

Clinical Healthcare System

Healthcare system factors are generally considered to contribute about 20% to health outcomes in communities. Obstacles to seeking and obtaining health care include cost and access to providers. Census Bureau data showed that 21% of SBC adults over 65 years and 10% of children under 18 years are uninsured. The HP2020 benchmark is 0% uninsured. According to BRFSS data, 13% of SBC adults reported they could not see a doctor due to cost. We hope that changes brought by the Affordable Care Act will greatly reduce our uninsured rate.

When compared with California (52) and CHR (47), SBC had a higher rate (58/1000) of preventable hospital stays among Medicare enrollees. We also have significantly higher ratios of population to healthcare providers (3,084 residents:1 physician, 2,658:1 dentist, 11,104:1 mental healthcare provider).

The CDPH reported SBC immunization rates (for those required for young children) were 95% or better, exceeding that of California (90%) and in line with HP2020 (95%). However, the California Health Interview Survey reported that less than half of surveyed SBC residents reported receiving a flu immunization in the last year. The HP2020 benchmark for flu immunization is 80-90%.

Physical Environment

Environmental factors are generally considered to contribute about 10% to health outcomes in communities. The physical and natural environment in which we live has a direct impact on the lifestyle choices we make. We need good water, air, food, safe roads and walking/bicycling paths available to us in order to make good choices every day.

Measures of ozone (2009-2011) and water quality (2012) showed SBC’s levels to be less than or equal to that of California. The Daily Fine Particulate Matter measure of 10.9 was less than California’s 11.7 but higher than the national benchmark of 8.8. We had zero days exceeding the state ozone one-hour

standard. Also, SBC had zero percent of the population exposed to water exceeding violation limits within the time period referenced in the Safe Drinking Water Information System 2012 report.

Scorecard.childrennow reported that only 50% of SBC children live near grocery stores or produce stands or farmers markets compared with 79% for California. Of note, 50% of restaurants in SBC are considered fast food compared with 48% for California and far above the national benchmark of 27%.

According to Walkscore.com, SBC has a walk score of 49, which is considered a “car dependent community.” This is also reflected in the measure of 49% of our population works outside of SBC and drives alone. Driving alone to work accounts for almost 74% of the daily commuters. The RoadMap to Improve Health YMCA Youth Behaviors Survey found that only 11% of students walk or bike to school. A Council of SBC Governments (COG) Bikeway and Pedestrian Master Plan and Gap Analysis Study have identified various needs for improvement in sidewalks and bicycling paths. For example, gaps in sidewalks near schools have been mapped. Also, there are only three miles of Class I bike paths (Class I = separate path from road) in SBC. The California Office of Traffic Safety gives us a collision rank for pedestrian-involved of 5.75 (1=worst, 96=best). Also, the Bikeway and Pedestrian Master Plan reported that the most common reasons for SBC residents not bicycling or walking are: lack of paths, too many cars/high speeds. There are many benefits to walking and bicycling. They promote exercise, decrease traffic, decrease pollution and most importantly, contribute to improving the quality of life.

Figure 3 is a visual summary of some of these Health Factor data.

Comparative Survey of County Health Assessments

A comparative review of various CHAs was also performed (See Appendix J). Eleven CHAs were reviewed and organized into a spreadsheet for easy comparison. The example CHAs were helpful in assessing “best practices” for methods, as well as for demonstration and communication of findings.

This baseline assessment of community health has demonstrated a “snapshot” of the broad health and well-being of SBC that is more comprehensive than prior efforts. The data came from a variety of, and most up-to date, sources available to us. The limitations of those data have been noted. One medium-term goal is to identify factors which, if improved, could make significant and measureable differences in improving the lives of the people of SBC. Some factors that stand out because of their differences with California or national comparisons, and are recommended to be addressed, include: tobacco use in our youth, adult alcohol drinking, obesity, births to teens, sufficient numbers of medical/dental/mental healthcare providers to meet needs, flu immunization, unemployment, access to healthy food, motor vehicle crashes, and improvement of roadways and paths to encourage walking and bicycling. This “snapshot” of objective information will better inform an ongoing dialogue and collaborative community effort to motivate changes that will have a powerful and lasting impact on health in our communities.









































HSBI Year One Conclusions

To our knowledge, this is the first such broad consideration of community health in SBC. We’ve only begun to get a sense of answers to the questions posed at the beginning of this report. It certainly appears that SBC is healthy in some ways and unhealthy in many others. One major concern is that we do not all have equal opportunities every day to make the easy healthy choices in SBC. As a consequence, we have much preventable disease and death in our residents.

We have made significant progress to improve that with this initiative. The core planning group members were very helpful in guiding our thinking and offering strategies, mechanisms, or resources for

Figure: 3 San Benito County Health Factors, in comparison, are:

 Better
  Similar
  Worse

	California	Healthy People 2020 or Health Rankings National
Economic/Social		
Unemployment		
Poverty, Children younger than 18 years		
Graduation High School on-time in 4 years		
High School degree or higher		n/a
Bachelor's degree or higher		n/a
Not in school and not working, 16- 24 years old		n/a
3rd Graders reading at grade level		n/a
7th Graders meeting/exceeding math standards		n/a
Violent Crime Rate		n/a
Homicide Rate		
Health Behaviors		
Tobacco use, Youth		
Tobacco use, Adult		
Alcohol binge drinking, Adult		
Obesity, Youth		
Obesity, Adult		
Teen Birth Rate		
STD		
Clinical Health Care Systems		
Uninsured		
Preventable Hospital Stays		
Ratio Provider to Population, primary, dental, mental health		n/a
Immunization, Flu in Adults Age 65 and older		
Immunization, Required for Kindergarteners		
Physical Environment		
Access to healthy food, Children		n/a
Percent of Restaurants that are Fast Food		

the effort. The survey respondents were insightful and their input very much confirmed our thoughts, concerns, and ideas for future directions.

Echoing the word cloud mentioned earlier, the subjective community opinions that we gathered and the objective baseline community health data analysis we did, independently of each other, resulted in fairly similar concerns about the issues and factors in SBC to lead to healthier communities. We'll have a clearer, more comprehensive, and detailed look at the major factors next year when we do a full community health assessment with careful consideration of all our subgroups (e.g., age, gender, race/ethnicity, geography, income, education, occupation, etc.).

There are some issues that seem to call for priority attention. These include, in the socioeconomic group: more education, less poverty, and more employment; in the behavior group: less alcohol, tobacco, and drugs, better nutrition, more exercise, less obesity (and its subsequent diabetes), and fewer motor vehicle injuries; in the healthcare system group: more healthcare insurance and healthcare providers; and in the physical environment group: more safe outdoor spaces to exercise. The community health assessment will inform a prioritization of these and other issues in a community health improvement plan next year.

In regards to the health care system in SBC, with the opportunities presented by the Affordable Care Act, perhaps we can soon come together to become an “accountable care community” (which goes beyond the accountable care organization) that takes a collaborative, integrated and measurable multi-institutional approach and emphasizes shared responsibility for the health of the community (borrowed from “Healthier by Design: Creating Accountable Care Communities; a Framework for Engagement and Sustainability”). The essential participants include primary care and specialty physicians, dentists, nurses, mental health care professionals, pharmacists, nutritionists, hospitals and health systems, home health and hospice providers, private and public insurance plans, public health officials, civic leaders, community business members, educational/academic institutions, consumers, social service professionals, and residents.

HSBI Recommendations

This prompts next steps. We intend to continue to work with the Core Planning Group and hope to broaden the collaborators as this work is by nature community-wide in effort and benefit. With the pending Healthy San Benito indicators dashboard we will regularly monitor our community health. We should be able to utilize it for the community health assessment (CHA) soon. Many partners should be able to utilize it for grant proposal development. And, we will work diligently to secure funding to produce a CHA, then a community health improvement plan, and then a strategic plan. With those requirements, and a few more, we look forward to having an accredited public health system in SBC.

SBC residents have a vision of and desire for healthy communities in the county. It's well known that health begins in the communities and neighborhoods where we live, learn, work, and play. Borrowing from the “Let's Get Healthy California; Task Force Report” (2012), maintaining a healthy population is key to SBC's future prosperity. Healthy children learn better, healthy adults are more productive, and healthy seniors can enjoy more active years. A healthy population attracts prospective employers looking to establish in a locale and ensures that local public and private budgets are not consumed by health care costs.

There are specific projects that would provide solutions to some of our county's most challenging health obstacles. Many of these are already underway. They include the River Parkway project begun by the Parks & Recreation Department, a regional county park, increased access to healthcare under the

Affordable Care Act, an active YMCA in downtown Hollister, and free WiFi on student shuttles to Gavilan College. Additional projects will need to be proposed and studied as they arise, with a focus on collaboration among stakeholders and funders.

Finally, the HSBI challenge and goal remain to engage more partners, to broaden the dialogue about community health along with awareness of the social and other factors that influence it, and to broaden the collaboration and commitment to improve our collective health and well-being. We find the CHR model conceptually very useful to help guide our consideration and efforts. In brief, the policies and programs we have in our local governments, schools, workplaces, and businesses influence our socioeconomic factors, behaviors, healthcare system, and physical environment which, in turn, strongly influence our disease and death outcomes. The time is now to together improve those factors to make the community life we want in SBC.

Appendices

- A – Core Planning Group Member Agreement
- B – Community Meetings Report Notes
- C – Online Survey Questions & Responses
- D – Dr. Garza Power Point Presentations
- E – Hollister City Council Transmittal
- F – HSBI BOS Resolution
- G – Resources for data collection spreadsheet
- H – Data Collection Sources
- I – Data 2x2 Squares
- J – CHA examples spreadsheet

