RWJF Culture of Health
Community Portrait

Stockton, California
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Stockton, Calif., and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Stockton, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 15 unique respondents were interviewed during fall 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides, tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.”

Information collected through environmental scans includes program and organizational information available on Internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on rwjf.org/cultureofhealth.
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Introduction

Stockton, Calif., is a city that faces a wide variety of challenges related to ongoing poverty; violence; poor health outcomes in many neighborhoods; and the residual effects of its 2012 bankruptcy declaration. But it is also a city undertaking an ambitious effort to establish equity as a guiding principle of governance. A new generation of leadership is pursuing more effective collaboration between stakeholders and attempting to improve living standards despite modest resources and limited regional support. In this report, we examine Stockton’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems) within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Stockton is expanding the influence of grassroots organizations and working to address community trauma; concentrate health resources; and provide better opportunities in the face of difficult economic circumstances.

Stockton, the county seat of San Joaquin County, is situated in California’s Central Valley, roughly 80 miles west of the San Francisco...
Bay Area. A majority minority city, Stockton’s estimated 2016 population of about 300,000\(^1\) is spread mostly among four demographic groups: Hispanic (42\%), white (22\%), Asian (21\%), and black (11\%).\(^2\) The city’s origins and history are linked strongly to the transportation and exchange of goods, beginning with supplies for miners in the mid-19th century gold boom—continuing through to the 20th century, when the city’s San Joaquin River port was important to the expansion of Central Valley agriculture. The port remains one of the primary economic drivers in the city, although health care, social assistance, and retail sectors were the top employers for Stockton residents as of 2015. Proximity to agricultural communities has brought many transient and undocumented workers into the city, which has fostered a network of outreach organizations that build connections to historically underserved immigrant populations.

The financial crisis of 2008–2009, the inflation and subsequent collapse of the housing market, and insurmountable municipal deficits\(^3\) all contributed to Stockton’s bankruptcy in 2012. This crisis resulted in sharp layoffs in city and police services; a foreclosure rate second only to Las Vegas; an unemployment rate that peaked at 17 percent;\(^4\) and an increase in violent crime.\(^5\) Since the city emerged from bankruptcy in 2015, it has experienced improvements in many areas: it has regained sound financial footing;\(^6\) reduced its debt; elected a new mayor in 2017, Michael Tubbs, a Stockton native and the youngest mayor to lead a large U.S. city; and seen a steep increase in home values. However, skyrocketing real estate prices in the Bay Area have pushed many Californians into Stockton and other communities within commuting distance. These conditions contribute to spikes in Stockton home sale and rental prices in recent years\(^7\) and to a growing number of “super commuters” who travel long distances for work. A residual effect of this phenomenon is a chronic lack of affordable housing for many residents who are underemployed or earning modest salaries. Although hard data are difficult to obtain, San Joaquin County reports that homelessness increased\(^8\) in Stockton and the county at large between 2015 and 2017. A lack of active, influential anchor institutions within the city, such as universities; large health systems; or progressive, community-focused employers creates a barrier to increasing the number of local jobs that pay salaries commensurate with the rising cost of housing. The relative scarcity of foundations and other nonprofits restricts the funding and human resources available for long-term initiatives and planning.

Stockton is a destination for drug transactions, particularly involving methamphetamine, and an important link in drug trafficking\(^9\) between Mexico and Canada. Gang activity\(^10\) is still prevalent in many neighborhoods. The city’s police department has resumed its pre-bankruptcy staffing levels, and extensive efforts are underway to improve community policing; youth outreach programs; and trauma treatment for victims of violence and their relatives. Despite improvement in several indicators, crime and violence are cited\(^11\) by Stockton residents as their most serious community health problem.

The current mayoral administration, which began in 2017, received praise from many respondents interviewed for this report. Elected at age 26 after having served on the Stockton City Council, Mayor Michael Tubbs is seen as a standard-bearer for a new generation of leaders who understand the community’s strengths and its challenges. While serving in city council as a representative of South Stockton, one of the city’s most impoverished areas, Tubbs in 2015 founded the Reinvent South Stockton Committee (RSSC), which has become increasingly influential.

The organization played a central role in developing a plan for community improvement that informed three separate applications for designation as a Promise Zone;\(^12\) a federally funded program for improving economic, educational, and health indices in vulnerable communities. Although none of these applications has been successful, the Tubbs administration adopted a refined version of the final application as an unofficial statement of purpose and strategic blueprint for ongoing collaboration and city transformation. Although the South Stockton Promise Zone (SSPZ) includes only one-third of the city’s residents,\(^13\) currently it is viewed as an incubator for collaborations and strategies to improve the city’s overall economic development, education, and community health. The focus on South Stockton neighborhoods demonstrates an alignment between equity and the city’s prospects: by improving the health and livability of its most challenged communities—and including resident-led groups in decision-making—Stockton is attempting to counter and reverse its reputation as a dangerous, dysfunctional place.

One respondent from the nonprofit sector described Stockton’s bankruptcy as “the best thing that ever happened,” because it helped to.upend the existing political structure and allow a generation of young leaders and new ideas to become relevant quickly.

*NONPROFIT SECTOR RESPONDENT*

> “[STOCKTON’S BANKRUPTCY IS] THE BEST THING THAT EVER HAPPENED” BECAUSE IT HELPED TO UPEND THE EXISTING POLITICAL STRUCTURE AND ALLOW A GENERATION OF YOUNG LEADERS AND NEW IDEAS TO BECOME RELEVANT QUICKLY.

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community well-being, especially ones that address neighborhood safety, drug activity, and trauma in families. This grassroots focus has become more prominent since the current mayoral administration has adapted the SSPZ application as a strategy blueprint for the entire city and appointed key CBOs to important supporting roles. The police department and other city services, meanwhile, are attempting to bring an equity perspective to outreach and wraparound services.

HEALTH PROVIDERS COLLABORATE TO REACH UNDERSERVED POPULATIONS

The ACA’s expanded health coverage and access have helped health providers serve more of Stockton’s poorest residents. Following the law’s implementation and expansion of MediCal, California’s Medicaid program, the percentage of uninsured patients at one federally qualified health center (FOHC), Community Health Center, Inc. (CHC), dropped from 40 percent to 17 percent, according to one respondent from the health sector (Stockton’s uninsured population overall decreased from 17.4% in 2010 to 15.4% in 2015). The MediCal expansion has also helped health care providers communicate and share resources. For example, Dignity Health, a health care system that operates St. Joseph’s Medical Center in South Stockton, transferred administration of an urgent care clinic to CHC, since the health center had a more established history working with MediCal patients. CHC has since expanded to include primary care, and it has increased hours of operations at other sites to manage the influx of patients.

St. Joseph’s played a leading role in the creation of the ACA-mandated community health needs assessment (CHNA), including the refinement of data gathering and canvassing methods to better determine the concerns within the community. This helped provide the health care system with evidence that lack of safety, and the resulting trauma, remain as major barriers to community health. St. Joseph’s also served as a de facto leader of the CHNA coalition, drawing on its longstanding relationships between the county health department, Sutter Health (a northern California-based health system), Kaiser Permanente, and Dignity systems to facilitate data sharing and messaging. Respondents noted that collaborative efforts between these stakeholders encourages sharing best practices and resources. In another example of successful coordination, all San Joaquin County hospitals achieved designation by Baby Friendly USA, an accrediting body that promotes best practices in breastfeeding and infant care.

Developing a Culture of Health

Despite limited resources and funding streams, Stockton has developed working relationships, both formal and informal, that cut across the health, city, and community-based sectors. Many of the city’s efforts to promote and create well-being are in early stages, but there is evidence of renewed energy and purpose in the bankruptcy’s aftermath. Interviewed stakeholders reported progress in their efforts to improve overall well-being in many of Stockton’s most distressed neighborhoods. But they also described the challenges of attaining equity and full community engagement in a majority minority population, in which certain populations are subject to more crime and more gang activity and receive fewer services.
REBUILDING TRUST AND IMPROVING PUBLIC SAFETY

Through a combination of community action, recommitted police, and ongoing efforts to make the safety and well-being of Stockton’s neighborhoods a shared concern, Stockton has improved crime statistics. Although the city is now, by many measures, a safer place, law enforcement is still re-establishing trust in many neighborhoods, and genuine collaboration remains a work in progress.

The combination of ongoing drug trafficking, high foreclosure rates, and reduced policing led to a spike in the city’s already severe violent crime problem. A total of 1,331 violent crimes occurred (per 100,000 residents) in 2012, much higher than the county rate (839) and more than three times higher than the state rate (396). With roughly 25 percent of the pre-bankruptcy police force laid off, many residents in Stockton’s most disadvantaged neighborhoods believed they had been left to fend for themselves, according to several interview respondents.

The police and affiliated groups recognized that declining safety and trust compromised the health of many communities. The prevalence of violent crime, according to some respondents, pulled police activity away from less serious complaints. “In reality, we lost much more than one-third of all sworn officers because they got pulled into other duties, and they couldn’t be on the streets. They couldn’t be responding to calls,” says a nonprofit sector respondent.

Historically, organizations such as STAND, which formed in 1991, have been critical to efforts that broadly define community safety. STAND’s community policing arm, which includes both residents and police officers, has developed into a key part of the organization’s “community betterment” strategy, which identifies problem houses and drug trade hot spots. STAND has purchased more than 200 homes for renovation and either rents or sells them to low-income residents. In 2016, the group also attempted to buy a former South Stockton grocery store, which one respondent called “an open-air drug market,” and convert it into a low-cost medical center. Although the effort was not successful, community lobbying eventually led to the market being closed for violations of state health regulations.

STAND has established itself as an unofficial liaison between the Stockton Police and communities where mistrust of the police department still runs high. The police department’s attempts to collaborate with neighborhoods include participating in a federal Department of Justice–funded program, which is based on research that identifies respect and dialog as keys to effective law enforcement.9 The Stockton Police Department has developed a curriculum for cadets, officers, and community members that reframes the basis for police interactions and trains officers in language that emphasizes connection as a key to establishing authority. Some officers have worked with STAND to be trained in effective community policing procedures.

Outreach also is conducted through the city’s Office of Violence Prevention (OVP), formed in 2014, which deploys outreach workers called Peacekeepers who intervene with high-risk populations in the aftermath of shootings and other violent confrontations. “Peacekeepers are from this area. They live the life, they know what it’s like,” said a respondent who works for the city. “Families will come to the Peacekeepers because they know who they are. They calm the situation down to make work a lot easier for the police.” OVP also sends a community engagement coordinator to Stockton schools and community- and faith-based organizations to coordinate on anti-violence messaging and action plans. The violence prevention office is working to intertwine its agenda with these groups, but it also is “highlighting what others do, especially some of the smaller organizations doing great work,” says a city government respondent.

“FAMILIES WILL COME TO THE PEACEKEEPERS BECAUSE THEY KNOW WHO THEY ARE. THEY CALM THE SITUATION DOWN TO MAKE WORK A LOT EASIER FOR THE POLICE.”

CITY GOVERNMENT RESPONDENT

Community organizations, accustomed to an adversarial relationship with city managers, have noted a difference in recent attempts to develop a genuinely collaborative approach to neighborhood safety. “It’s greatly improved in the last four years,” said a nonprofit sector respondent. “Prior to that, partnership in the city wasn’t broad-based.”

Trust in law enforcement is a key improvement indicator of the current SSPZ-based city improvement strategy. The city’s 172 neighborhood watch groups are expected to interface regularly with police, both to coordinate on public safety issues and act as community “proxies” that can give voice to concerns about policing tactics.8 The plan emphasizes the continued need of community-oriented policing and procedural justice training for all police officers. In 2017, local organizations raised concerns over the policing methods in the Stockton Unified School District. The Stockton Educational Equity Coalition, a consortium of community and civil rights advocacy groups, including Fathers & Families and the ACLU, issued a “report card” on excessive police activity in Stockton schools, particularly affecting black students, who were arrested twice as often as white or Hispanic students, often for minor infractions. Ongoing community concern over gang activity and violence makes the issue of in-school punishment controversial, and an education sector respondent noted the difficulty in finding the balance between safety and implementing a nonpunitive discipline model: “We haven’t figured out how to do that yet.”

ENGAGING DIVERSE PARTNERS IN A LONG-TERM VISION OF THE CITY’S FUTURE

In 2015, a San Joaquin County Grand Jury, convened to evaluate reports of neglect in many neighborhoods, criticized Stockton’s leadership for neglecting the south side of the city and urged municipal government to
bring more resources to combat the longstanding blight. At the time, the RSSC questioned the report’s conclusion that “only city government has the resources...to effect real change.” The group argued that change depended on dynamic collaboration between city sectors, including community groups, municipal leaders, school districts, and business interests. The 2016 mayoral election created an opportunity to take the RSSC’s coalition-based principles to the municipal level. The newly elected mayor’s personal narrative—a local son who left for college and graduate school but returned to improve the community that raised him—generated positive national attention for Stockton that is being leveraged to create partnerships with federal authorities and private sector interests. Many respondents from different sectors expressed support for the administration and its nascent community-focused, collaborative approach.

RSSC’s steering committee includes representatives from the education sector, the city housing authority, public health, and the police department. “It’s not just figureheads,” says a respondent from the education sector. “They’re engaged in understanding what the data is saying, and how to communicate that more broadly.” RSSC surveyed hundreds of South Stockton residents to determine neighborhood priorities and appropriate metrics to monitor for signs of improvement. The organization also held summits to establish its immediate improvement priorities.

“PROMISE ZONE DESIGNATION REQUIRES THE COMMUNITY TO DEMONSTRATE THAT THERE IS STRONG COLLABORATION AND A COHERENT VISION. I’M EXPECTED TO WORK WITH NONPROFIT PARTNERS, AND THAT’S BUILT REALLY STRONG RELATIONSHIPS.”
EDUCATION SECTOR RESPONDENT

The South Stockton Promise Zone-based strategy establishes “mini-backbone” committees that report to the steering committee on each area of focus. Currently, the six priorities break out into one to three indicators to be monitored (e.g., preschool enrollment; violent and property crime incidents; 5th-grade obesity rates and high school graduation rates). Partnership with the education sector has been driven by city council members who have worked to organize local parents to attend meetings with school superintendents and within neighborhoods to help influence school decision-making. The parents’ group became sufficiently influential that they worked closely with recruiters when the school superintendent retired, according to a respondent from the nonprofit sector. “We ended up with an extremely good new superintendent. It’s a huge success for the community. He works very closely with RSSC.” A respondent from the education sector notes that “Promise Zone designation requires the community to demonstrate that there is strong collaboration and a coherent vision. I’m expected to work with nonprofit partners, and that’s built really strong relationships.” Several respondents noted that other convening groups, such as the Stockton Education Equity Coalition, have evolved as offshoots of the Promise Zone coalitions with tighter focus on homelessness, mental health, and the effect of school culture on students.

Improvements are noted in some strategic priority areas. For example, according to an education sector respondent, graduation rates increased by 2 percent by pursuing “simple interventions” with students who dropped out with credits just shy of the graduation requirement. There are also new collaborations underway with other sectors. For example, using connections made through the Promise Zone process, St. Joseph’s Medical Center approached the school district with an offer to fund a pilot that studies the effects of in-class movement on school performance. First 5 of San Joaquin has begun working to fund an oral health initiative to improve school attendance. “On average kids miss three days of school because of oral health issues,” says a respondent from the early childhood sector. “The superintendent gets it, you can’t separate health and school readiness.”

Beyond soliciting federal assistance for its Promise Zone-based strategy, Stockton’s government is engaging private interests to fund new strategies for community improvement. The most prominent experiment was announced in 2017 through a partnership called the Economic Security Project. In 2018, Stockton plans to launch an experiment in Universal Basic Income in which 100 residents will each receive $500 a month. The Stockton Economic Empowerment Demonstration will run for three years at a cost of $1.2 million, with all funds supplied through philanthropic sources. The mayor’s office has framed the experiment as an attempt to provide selected families with more time and resources to raise families and contribute to their communities. “I would push back...on the characterization as a handout,” the mayor said in February 2018. “I would say a hand up or an opportunity.”

MULTISECTOR COLLABORATIONS ADDRESS EQUITY AND LONGSTANDING TRAUMA

Community trauma is becoming a recognized, unifying concept among diverse stakeholders in Stockton. Because trauma is accepted as a debilitating by-product of life in violent families and communities, collaborations between the city’s nonprofits, medical community, and school districts are increasing. Recently formed coalitions have drawn attention to trauma as a reality for many of Stockton’s residents, children in particular. One prominent example is the Healthier Community Coalition, a consortium led by St. Joseph’s Medical Center that also includes RSSC and other key CBOs. The coalition won a $850,000 grant for trauma recovery initiatives, which is funded by the California Accountable Communities for Health Initiative. St. Joseph’s led the organizational and grant-writing process, but it will rely on coalition partners to implement and run the initiatives supported by the grant. “We can help drive efforts towards those identified community health needs, but we may not be the best implementers and we can have our local partners do that,” said a respondent from the medical community.

Trauma recovery has gained resonance in Stockton as the social justice movement has begun to overlap with social services. There are efforts by diverse stakeholders to administer treatment to populations disproportionately affected by violence, including low-income, racial and ethnic minorities, and non-English-speaking immigrant populations.
“Healing is political,” says a nonprofit sector respondent. “The more people heal, the more they’re paying attention to the sociopolitical realities that surround them and participate in democracy, which we feel is very important for a civil society and stabilization of our community.” Groups such as Fathers & Families, El Concilio, and Catholic Charities have spent years developing outreach and social services for victims of violence, those recently released from prison, and non-English speakers in Stockton. Those services at times overlap: El Concilio, for example, shares its legal team’s services with Catholic Charities because both attend town hall meetings where help is offered to students exploring the Deferred Action for Childhood Arrivals process. They also are closely aligned with the objective of easing trauma by working with underserved residents in a greater community. A respondent from the education sector notes, “In Stockton, there’s an emerging conversation around addressing adverse childhood experiences, and really building trauma-informed care at all levels of our work.”

**HEALING IS POLITICAL ... THE MORE THEY’RE PAYING ATTENTION TO THE SOCIOPOLITICAL REALITIES THAT SURROUND THEM AND PARTICIPATE IN DEMOCRACY, WHICH WE FEEL IS VERY IMPORTANT FOR A CIVIL SOCIETY AND STABILIZATION OF OUR COMMUNITY.”**

**NONPROFIT SECTOR RESPONDENT**

Fathers & Families in 2016 opened the Stockton Trauma Recovery Center, funded by the state’s Victim’s Compensation Government Claim Board, as a means to reach populations that historically have not had their trauma addressed. “For the last 30 years, over 90 percent of the victims of gun violence are young men of color,” says a nonprofit respondent. “Yet despite that, they’re rarely the ones that receive services from traditional programs.” The center, which also hosts family groups in Spanish and English and bereavement services, views healing and trauma recovery as better building blocks for communities than punishment models. “The number one indicator in any kind of unhealthy community is isolation, avoidance, and lack of access,” notes the same respondent.

In making equity a governing principle of its improvement strategy, the city has signaled its support for efforts to treat community trauma. However, gaps in this approach exist. Homelessness, an issue that overlaps with mental health and trauma, has not received much attention, even as the problem is exacerbated by increases in home and rental costs. Working groups that focus on the issue are being formed within Stockton, and various organizations provide temporary assistance for small numbers of homeless individuals. But a comprehensive strategy is lacking. “We’ve done a very poor job, historically, on our HUD applications,” says a medical sector respondent. “We also recognize that there’s just not enough housing and that there’s lots of prohibitions to building appropriate housing.”

San Joaquin County has convened a homelessness task force and in 2017, there was extensive discussion of appointing a county “homelessness czar,” an initiative supported by the mayor’s office. As of late 2016, the city’s Promise Zone application did not include initiatives that directly addressed the homelessness problem.

**REDEFINING COMMUNITY HEALTH TO MANAGE GAPS IN CARE AND COMMUNITY PRIORITIES**

Stockton’s capacity to provide for the health of its residents and promote a broad definition of community health is limited in terms of available financial resources and a historical lack of collaboration. St. Joseph’s Medical Center, part of the nonprofit Dignity Health system, is viewed both as an essential source of health care providers and as a hub that connects disparate pieces of the city’s health care network. “There’s not a lot of capacity in the community outside the hospital,” notes a medical sector respondent. “[St. Joseph’s] is kind of a backbone. There’s been a commitment from the hospital to say, ‘We will invest in community health. We will do our part and lead as needed.’” Although St. Joseph’s role remains critical, other partners are attempting to address some of the chronic capacity issues—such as recruitment and training of health service providers—through their own initiatives and collective measures, such as Stockton’s Community Health Improvement Plan (CHIP). Many stakeholders are working collaboratively to broaden the definition of community health and address problems that impact residents’ quality of life, including child care, physical activity, and safety.

“The number one indicator in any kind of unhealthy community is isolation, avoidance, and lack of access,” notes the same respondent. In preparing the 2013 report, according to a medical sector respondent, “we just [didn’t ask] the right questions. So, this time we said, ‘What are the needs in your community?’ We took out the word ‘health.’ That’s when we got the trauma piece to come through very strongly.” The data compiled in the CHNA process also helped to identify hot spots, such as zip codes with highest numbers of violent incidents. The data also provided evidence of community priorities, such as a lack of jobs, as one of the top three community problems.

The ACA-mandated community health needs assessment (CHNA) acted as a springboard for a redefined community vision of health in Stockton. A medical sector respondent noted that the 2013 CHNA did not reflect the community’s health issues. Instead, it was “a generic report that could have applied to any city, and here we were with one of the highest homicide rates in the country, especially for men and boys of color, and that wasn’t even addressed.” The 2016 CHNA, compiled by a broad coalition of community stakeholders and based on interviews with 3,000 residents, explicitly included assessments of social determinants of health. Violence, education, and access to housing are listed as primary community health needs in addition to treating obesity, substance abuse, asthma, and other chronic health problems.

The re-orientation reflected the research panels’ conviction that in preparing the 2013 report, according to a medical sector respondent, “we just [didn’t ask] the right questions. So, this time we said, ‘What are the needs in your community?’ We took out the word ‘health.’ That’s when we got the trauma piece to come through very strongly.” The data compiled in the CHNA process also helped to identify hot spots, such as zip codes with highest numbers of violent incidents. The data also provided evidence of community priorities, such as a lack of jobs, as one of the top three community problems.
Beyond the key messages in the CHNA and CHIP reports, the interactions between members of CHIP’s steering committee have helped generate small-scale promotion of healthy spaces and community assets. A respondent from the nonprofit sector noted that when several Stockton playgrounds burned down because of arson, rebuilding plans included not just municipal offices but also the medical community. “It’s great to be able to go to the hospitals and say, ‘this is one of the areas we’ve all identified, increased physical activity.’ Now I’ve got hospitals interested in helping to fund the rebuilding.”

ACA expansion has also required that sectors collaborate on services. Because many recent health care signups are based in immigrant communities where language barriers persist, nonprofits such as El Concilio and Catholic Charities are instrumental in providing information, transportation, and services. “Many of the people we serve are immigrants or first generation, and their knowledge of how the health care system works, or how the insurance system works, is minimal,” says a respondent from the nonprofit sector. El Concilio, which historically has served the Hispanic community, provides mental health services through a staff of social workers and a psychiatrist; it also provides legal services and community outreach. The group’s assistance to the health care sector is critical: it provides translators who can accompany non–English speakers to health care appointments and helps them navigate both the health care and insurance systems.

“MANY OF THE PEOPLE WE SERVE ARE IMMIGRANTS OR FIRST
GENERATION, AND THEIR KNOWLEDGE OF HOW THE HEALTH
CARE SYSTEM WORKS, OR HOW THE INSURANCE SYSTEM WORKS,
IS MINIMAL.”
NONPROFIT SECTOR RESPONDENT

Several respondents recognized a lack of health care providers, both in San Joaquin County generally, and Stockton specifically, as a problem that will require ongoing commitments from the city, health networks, and educational institutions. Currently, health workers can command higher salaries in the Bay Area, and regional universities are not recruiting a sufficient number of young local residents to meet demand. These pressures have required Stockton and San Joaquin County to take a long-range approach that relies on input from multiple stakeholders. “If we don’t collaborate, we will continue to be in the situation where we’re constantly having shortages, not only for the public sector but the private sector,” says a nonprofit sector respondent.

The Community Foundation of San Joaquin County in 2017 created a community health fund that will make grants to nonprofits that help to improve health care services and health outcomes and support medical education. Community sustainability is expected to be a component of the programs that are funded; initiatives can target the high school, undergraduate, and graduate levels. The University of the Pacific has formed a business-education alliance within Stockton that includes leaders in business, education, and health, which also is exploring how careers in health care can be promoted within the community. “There are efforts to create collaboration between local hospitals to develop a career pipeline that can help lead many of our residents into jobs,” says a respondent from the philanthropic sector. For example, Stockton Unified School District in 2011 opened a Health Careers Academy to help create stronger collaboration between the educational and medical sectors. Nonetheless, gaps in care are persistent problems within Stockton and the county.

Summary of Stockton’s Efforts to Build a Culture of Health

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in Stockton, the city has made progress in building a Culture of Health, particularly in the years since it emerged from bankruptcy. RSSC, the current mayoral administration, STAND, and other engaged CBOs have—through the Promise Zone-based strategy, the CHNA data accumulation process, and ongoing community activism—worked toward Making Health a Shared Value and Fostering Cross-Sector Collaboration to Improve Well-Being. Advocacy for underserved, marginalized populations are part of Stockton’s ongoing efforts to Create Healthier, More Equitable Communities. The communication between St. Joseph’s Medical Center with the FQHC network, and their willingness to share services, is evidence of Strengthening and Integrating Health Services and Systems. The CHNA process, although required by federal law, also demonstrates progress in this area.

Stockton demonstrates a commitment to renewal, with a new generation of leaders eager to make a difference in a city that, despite many problems, shows promise. The current mayoral administration is setting an agenda that is collaborative and which engages at the grassroots level to promote equity through better representation and community decision-making. Collaboration between stakeholders, in part, is a function of a need to pool a restricted supply of resources, but the strong relationships among governmental and community groups and individual residents is another important asset. Because many communities within the city endure obvious hardships, there is also a sense that motivated residents can effect change and play an important role in establishing new standards of community well-being. Activists are working with youth of color to create new models for keeping them away from gang culture.

However, Stockton’s ongoing challenges may restrict the effectiveness of these efforts. There is a growing sense that pressures from the affluent Bay Area are beginning to negatively affect living standards in Stockton. Although Stockton remains, for now, an affordable if distant residential option for many Bay Area workers, their increasing presence is making it more difficult for natives of Stockton to afford housing in their own neighborhoods. Although the Promise Zone-based
Motivated leadership with grassroots connections. Stockton’s current efforts to promote equity are enhanced by the strong connections between the mayor’s office, city council, community organizations, and residents. “I feel like there’s a change in the community,” says a respondent who works in law enforcement. “Not just CBOs, and safe space organizations, but just your regular, common folks are coming out, because they’re tired of violence. They’re ready for change, and they’re really getting a lot more involved.” The ongoing influence of RSSC and affiliated groups indicate sustainability of grassroots organization that exists independently of the current political administration.

ACA expansion, health care providers help neediest populations. Stockton’s history of serving transient and marginalized populations proved to be important when MediCal expansion occurred. The extended network that had long worked to find, serve, and enable transient residents and immigrants used the expansion to help more receive care and secure health insurance. A history of collaboration between health providers and social service organizations also has helped Stockton bring better care to more residents.

CBOs with strong social services and outreach. Groups such as Fathers & Families, El Concilio, and others have seen positive results from their work with disadvantaged groups and led efforts to address trauma for individuals and families. Recidivism rates in Stockton are low, and community groups are backing initiatives that help teens avoid gang life and strengthen families. They provide a foundation for community health that acknowledges systemic disadvantages facing boys and men of color.

Go-between groups facilitating police–community relations. Groups such as the Peacekeepers have played an important role in re-establishing ties between the police and neighborhoods, especially since the city’s bankruptcy. They provide residents who fear or mistrust the police with a means to seek solutions and protection from violence. The Office of Violence Prevention, which operates independently of the police, is another effective broker that can interface with enforcement and citizens.

FACILITATORS TO A CULTURE OF HEALTH

BARRIERS TO A CULTURE OF HEALTH

Economic pressure from Bay Area and other affluent regions. The “super commuter” reality shows no signs of abating, which means that the housing market in Stockton will be tight and expensive for the foreseeable future. Significantly higher wages in the Bay Area and other counties make it difficult for health care systems to attract a sufficient number of health care providers in Stockton. The city lacks established anchor institutions and profitable, growing industries, so it currently does not have a solution to its economic disadvantages.

Few anchor institutions to drive local economy. Several respondents noted that without strong industries that can create jobs, invest in communities, or provide education or training opportunities, Stockton is being held back in terms of economics and infusions of human capital.

A lack of funding sources for new initiatives. Initiatives such as the SSPZ plan are central to Stockton’s plans for an improved future. However, this plan’s steering committee currently operates on a meager budget, and many other collaborations and initiatives must make up in resourcefulness what they lack in funding. Stockton’s lack of philanthropic networks is “a huge component” of this disadvantage, according to a respondent from law enforcement. A respondent from the health sector noted that health systems in larger markets can invest more in grant writing and fundraising, which leaves Stockton providers at a competitive disadvantage.

Lingering distrust of police, ongoing violence impact community safety. Despite the fact that Stockton’s police department has recovered from staff cuts during the bankruptcy, years of reduced patrols and increased crime have made many residents fearful of engagement. “People are not reporting crimes,” says one law enforcement respondent. “People are still fearful someone is going to find out who they are if they report [a crime].” Service providers addressing community trauma, but the effects of the trauma are still negatively impacting community health and safety. The ongoing effects of drug activity and gang violence also impede recovery.

Whether Stockton can reduce the pressure created by super-commuters and an overheated housing market is an ongoing question with no clear answers. The increasing prevalence of homelessness and residents who cannot afford to rent or buy in their own neighborhoods may intensify if current trends continue, and the city’s response will have strong implications for the quality of life of many residents. It will also be valuable to monitor the quality of care provided to lower-income and underserved residents, especially if disruptions occur in the state’s MediCal program. Stakeholders are hopeful that attracting strong new candidates to health care and education networks, and new businesses to the city, will be easier as the city’s fortune and reputation improve. Successful recruitment and business development, or the lack of it, will be perhaps the most important means of evaluating current efforts to improve the city’s overall well-being.

strategy has expanded the definition of community health, it does not offer prescriptions for bringing what many respondents cited as the city’s greatest need: industries that provide jobs with competitive wages. The city’s focus on trauma and recovery are important to building a Culture of Health, yet the causes of trauma—notably poverty, violence, and lack of opportunity—remain intractable. Stockton continues to face the possibility of inequitable wellness improvements that bypass residents and neighborhoods disproportionately affected by trauma and its root causes.

Since the 2016 election, Stockton appears to have experienced a “honeymoon phase” of governance, during which a popular new mayor with a compelling life story has helped to bring attention to the city and its overlooked promise. The long-term effectiveness of this administration’s promotion of equity, community health, and collaboration will be tested over the next few years and will bear careful study. The results of the proposed 2018 experiment in providing a universal basic income to a small number of Stockton residents could offer valuable insights into the viability of such a concept. With the pressure created by drug traffic and gang activity continuing to restrict community improvement, it will be important to monitor efforts to combat these negative drivers in years to come.
References


