



CALIFORNIA  
BLACK HEALTH NETWORK

The  
BLACK  
HEALTH  
AGENDA

# SAN JOAQUIN COUNTY

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THE STATE OF BLACK HEALTH



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# Executive Summary

[The Black Health Agenda](#) (BHA) is a flagship project of the California Black Health Network (CBHN). The goals of the BHA are to identify key issues that negatively impact life expectancy and devise actionable solutions to improve the health and well-being of Black Californians. A critical part of creating the BHA is collaboration with community stakeholders, organizations, as well as local, regional, and state lawmakers.

CBHN is in the process of developing the next iteration of the BHA that will utilize CBHN's Health Equity Framework - Racial Justice, Social Justice, and Environmental Justice - to better understand the critical issues that lie at the forefront of improving health outcomes and life expectancy of Black Californians.

CBHN launched the [BHA process in San Joaquin County](#) in February 2022, convening over 100 local key stakeholders to discuss the issues with the greatest degree of health disparities and dive deeper into the root causes, systemic issues, and barriers that contribute to poor health outcomes in the Black community. This virtual Stakeholder Meeting was designed to better understand the local demographics, the needs of the San Joaquin community, how to address those needs, the barriers that impede access to equitable, quality healthcare, and the social determinants of health that impact the well-being and life expectancy of the Black community.

The Stakeholder Meeting was organized in two parts. Part one consisted of presentations on health data and the state of Black health; part two consisted of in-depth discussions and breakout sessions on Social Determinants of Health, Mental Health, the Impact of COVID-19, Cancer, and Black Maternal Health in San Joaquin County. The breakout sessions were led by community health leaders and focused on identifying effective solutions, policies, services, and strategies to improve the health and well-being of the Black community for these major health issues.

The Stakeholder Meeting aimed to engage and empower local experts, who led and facilitated the event, and community members to further identify conditions detrimental to the health of the Black community.



# Executive Summary

Some of the key learnings from the BHA San Joaquin Stakeholder Meeting are summarized by health issue below:

- **Social Determinants of Health:** Where we work, live, learn, and play dictate our quality of life and our longevity. The health of the environment, access to healthy foods, disease prevention, and unity within the community all contribute to the health of Black communities in San Joaquin County.
- **Mental Health:** The past four years have added new dimensions to racial trauma and stress resulting from the isolation and grief associated with COVID-19 and violence against the Black community in the United States. Existing mental health stigma, the lack of Black therapists, and increased difficulty in accessing mental health services all impact mental wellness within the Black communities of San Joaquin County.
- **The Impact of COVID-19:** The COVID-19 pandemic impacted the United States in multiple, unfathomable ways. The pandemic not only hit vulnerable communities disproportionately, but also exacerbated the deep-rooted disparities that have existed for centuries. The pandemic has had a substantial economic impact, has increased the inherent distrust in the healthcare system, and has highlighted the lack of culturally competent messaging for the Black community.
- **Cancer:** In Black populations, there are higher cancer death rates, less frequent cancer screening, and high rates of cancer diagnosis. These are major health disparities in cancer management caused by implicit bias in healthcare, poor racial representation in clinical trials, and much more in San Joaquin County.
- **Black Maternal Health:** There are obvious gaps in how Black birthing people receive prenatal, perinatal, and postnatal care. Birthing outcomes, poor birth outcomes, and breastfeeding practices all stem from lack of funding, systemic racism, and implicit bias in Black maternal healthcare. In San Joaquin County, it is imperative to address the lack of doula education programs and the disparities that lead to very preventable, poor birth outcomes.

This report analyzes the State of Black Health in San Joaquin County in the context of the above key focus areas. This report also highlights the key factors that contribute to health disparities and offers potential solutions for community members and stakeholders to implement in order to advance health equity for the Black community in San Joaquin County.





# THE BLACK HEALTH AGENDA



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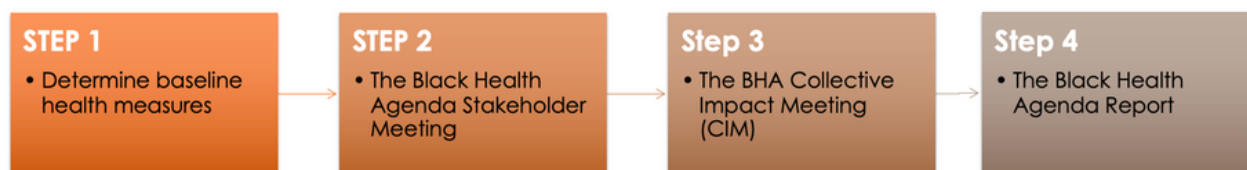
# The Black Health Agenda Process

The California Black Health Network (CBHN) published the first edition of the Black Health Agenda (BHA) in 2019. The [2019 edition](#) was a compilation of CBHN's health and policy priorities that were derived from the outcome of a series of statewide community convening events and listening sessions that included a diverse cross-section of community stakeholders.

CBHN began the process to create the next edition of the BHA in 2022, which will be the first-ever, comprehensive statewide plan to close the gap in health disparities for Black Californians. The plan will be developed based on primary and secondary evidence-based research with input from diverse groups of stakeholders, academicians, government agencies, policymakers, community-based non-profit organizations and healthcare centers, community health advocates, and individuals impacted by inequities at the community and system level, as well as social determinants of health.

The BHA is now a core component of the Campaign for Black Health Equity and will be aligned with CBHN's health equity framework - Racial Justice, Social Justice, and Environmental Justice. The BHA aims to decrease health disparities for Black Californians and improve life expectancy.

The BHA will aim to create a comprehensive, culturally relevant strategy and plans to reduce disparities, improve health outcomes, and dismantle inequities at the individual, community, and system level. Below is a schematic of the four phases of the BHA process:



This report is based on Steps 1 and 2 and has been published in preparation for Step 3 of the BHA, the Collective Impact Meetings. Please register for the Collective Impact Meetings [here](#).



# San Joaquin County Black Health Agenda

On February 2, 2022, the California Black Health Network hosted the first Stakeholder Meeting in San Joaquin County. The goals of that meeting were to build trust amongst CBHN and key stakeholders, spotlight the high concern disparities in the county, and identify the specific factors that contribute to these disparities. Based on stakeholder and community input and data, five focus areas were identified: Social Determinants of Health, Mental Health, COVID-19, Cancer, and Maternal Health. Each focus area identifies the most mentioned issues in the community. While these five focus areas do not cover all health disparities, they act as a catalyst to form committed partnerships and collaborative efforts to drive long-awaited change and improve the well-being of the Black community.

**What can you, our stakeholders and community members, do to get involved? Read on to find out!**

1. **Join** the San Joaquin County Slack [here](#). Slack is a way to stay connected, collaborate, and start forming action-driven solutions to disparities. [Join today](#).
2. **Read this report before the Collective Impact Meetings**: Feel free to **skip** to the focus area(s) you will attend for the Collective Impact Meetings. Each focus area section will have next instructions, guidance, and questions for you to consider.
3. **The Collective Impact Meetings\***: Come to the table with 2-4 concrete partnership opportunities or collaborative ideas during each Collective Impact Meeting you attend based on your knowledge and this report. This can include, but is not limited to:
  - Identifying key potential partnerships within or outside your group
  - Utilizing your role or programs to target one of the key issues
  - Engaging youth to brainstorm grassroots programs
  - Collaborating with CBHN
  - Sharing grant and funding opportunities
  - and more!
4. **Take action** on your ideas. You will have the opportunity to connect with other stakeholders and community members in real-time during the Collective Impact Meetings. Share your contact information, your goals, and your background. Notes will be taken during the Collective Impact Meetings. This means in the final San Joaquin County BHA report, we will solidify what partnerships and actions are going to take place. This will be updated over time.

**\*The Collective Impact Meetings will be recorded but not distributed. The recordings are for internal use only.**



# SAN JOAQUIN COUNTY HISTORY AND CULTURE



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# San Joaquin County History and Culture

**San Joaquin County, named after the San Joaquin River, is not only known for its prime agricultural land, but also its rich cultural community. Public health mavericks in the Black community represent a bright future in public health and play a defining role in San Joaquin County's identity. They are ready to have their voices heard.**



San Joaquin County holds a rich story in California's historical landscape. This is the land of the Yokuts and Miwok native peoples. Acorns, Valley Oak trees, and salmon represented the flora and fauna surrounding the [San Joaquin River](#), named in the 19th century when the county was incorporated as the Valley's first permanent county.

During the Gold Rush, Stockton became a major mining hub for the San Joaquin Valley which allowed populations to rise in the late-19th century. Hundreds of Southerners traveled to California with enslaved peoples, transplanting economic and social practices that sustained [Southern enslavement to the Gold Rush](#) - despite California's status as a "free" state in 1850. Although it was not officially approved by state legislature, African American enslavement was an established feature of the Gold Rush landscape. However, the [structure of slavery](#) present in the South did not maintain intact in California. Census figures for 1852 show 81 Black people in all of San Joaquin County. Many adult men were free, while most of the women and girls were enslaved or servants. Black residents were active in the liberation of their people in San Joaquin County, uniting efforts to free enslaved people whenever it was conducted on their land.

Early Stockton was an economic wild-west, offering many employment opportunities to the first Black settlers. The majority worked for others. Some were barbers, laborers, business owners, or self-employed.



## A NOTE ON DATA AVAILABILITY

San Joaquin County cities with the highest Black population: Stockton (11%), Lathrop (6.33%), and Tracy (4.53%). Due to limited data availability, this report will focus primarily on Stockton.

When the gold economy diminished, the county became well known as a national agricultural center. To this day, the cities of San Joaquin County, including Lodi, Stockton, and Tracy, are leading entities in the dynamic industrial engineering and agricultural sectors statewide.

San Joaquin County has seven cities, approximately 921,600 acres of land – 88% of which is rural land – and is located in Northern California's Central Valley, just East of the San Francisco Bay Area. It is known as one of the smaller counties in California; however, it has a high population density given its proximity to the Bay Area. This county contains both urban and rural areas - 8.3% of the population live in rural areas.

As of 2021, San Joaquin's population is 762,148, accounting for 1.93% of the total California population. The county ranks in the lower-middle range of 58 counties in California for both health factors and health outcomes (within 25-50%). See the San Joaquin County racial composition, health factors, and health outcomes below (Figure 1 and 2).

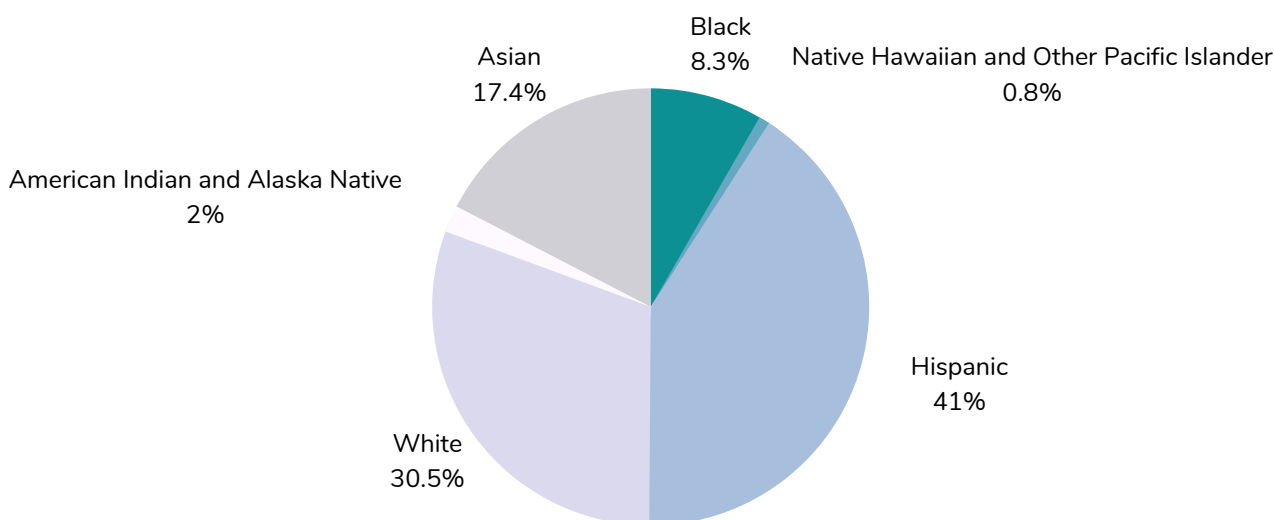
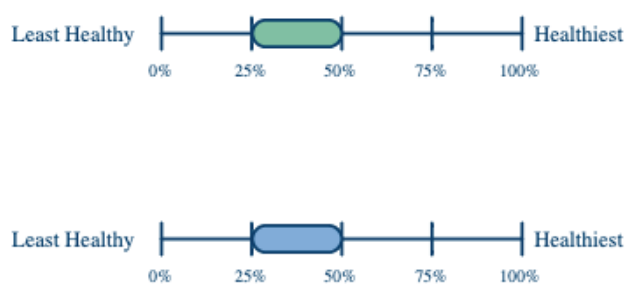


FIGURE 1: SAN JOAQUIN COUNTY RACE/ETHNICITY POPULATION (%), COUNTY HEALTH RANKINGS 2018 - 2020



### Health Outcomes

San Joaquin (SJ) is ranked in the lower middle range of counties in California (Lower 25%-50%)

### Health Factors

San Joaquin (SJ) is ranked in the lower middle range of counties in California (Lower 25%-50%)

FIGURE 2: SAN JOAQUIN COUNTY HEALTH OUTCOMES & FACTORS - COUNTY HEALTH RANKINGS 2018 - 2020





# THE STATE OF BLACK HEALTH



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# SOCIAL DETERMINANTS OF HEALTH



THE STATE OF BLACK HEALTH



# Social Determinants of Health: Key Factors Impacting Disparities

"We perish for lack of knowledge... Knowledge is power and we get more done in numbers. If we keep allowing them to keep us separate, we will continue to be in this state."

- Anonymous, February 2, 2022

Where we work, live, learn, and play dictate our quality of life and our longevity. The San Joaquin County Public Health Services published the [Community Health Needs Assessment](#) (CHNA) in 2019. In this assessment, 10 priority neighborhoods were mentioned: 7 in Stockton, 1 in Lodi, 1 in Manteca, and 1 in Tracy. Stockton is the home to the least healthy neighborhoods in San Joaquin County, according to the CHNA. Four Social Determinants of Health (SDoH) priorities have been identified based on the community's input. What actions can we take on the community level to address these priorities?



## Environmental Health

Given San Joaquin County's location and the presence of large commercial buildings and factories, there are multiple air and water quality threats to the community. **How can we mitigate these threats?**



## Food Access & Nutrition

Food access is linked to your zip code, as Dr. Adubofour aptly described during our [BHA Stakeholder event](#) in February. Chronic disease has a large association to home address due to this. **Are there ways to bring fresh food to these zip codes?**



## Preventative Health & Education

Cancer screening, immunizations, and regular check ups are the gold standard in preventative medicine. **Are we utilizing health resources and education in the best way possible to reach our communities and mitigate preventable deaths?**



## No Community without Unity

There is a lack of a shared cause that was communicated in the breakout sessions. Let's take advantage of this moment to show our community how we can get out of our own way to collectively organize. **How do we show up together with a unified message?**

# Social Determinants of Health: General Metrics

Below are general social determinants of health metrics including socioeconomic factors, education, incarceration rates, and more by race/ethnicity (Tables 1 and 2).

## ECONOMIC DEVELOPMENT

	Black	White	Hispanic	Asian	Pacific Islander	American Indian/Alaska Native
Employment rate (%)	48.5	53.8	58.1	54.6		56.1
Median Household Income (\$)	46,119	74,162	-	-	-	-
Poverty (%)	26.8	13.8	-	-	-	-
Children in Poverty (%)	31.0	10.0	24.0	16.0	15.9	15.0
Business Ownership (per 100,000)	280	1320	280	1550		-
Denied Mortgage Application (%)	17.8	9.6	13.7	15.0	13.4	8.2
Employment as officials or managers (per 100,000)	2,690	6,180	1,900	3,530	-	-
Home Ownership (%)	32.9	55.6	45.8	61.6	51.5	21.1

TABLE 1: SOCIOECONOMIC METRICS IN SAN JOAQUIN COUNTY, [COUNTY HEALTH RANKINGS 2018 - 2020](#)

## URBANICITY & HEALTH METRICS

	Black	White	Hispanic	Asian	Pacific Islander	American Indian/Alaska Native
Incarceration (per 100,000)	1,760	260	380	-	-	-
Homicide Mortality rate (per 100,000)	35.80	5.8	13.6	9.5	-	-
Average of civilians involved in law enforcement use of force (per 100,000)	9.0	2.2	2.6	1.2		-
Number of firearm related deaths per 100,000 children & youth (ages 0-24) per 100,000	36	5	10.7	-	-	-
High School Graduation (%)	75.0	86.6	82.5	90.3	90.1	66.7
Life Expectancy (years)	72.0	77.3	81.8	75.1	83.2	-
Disability (%)	16.5	14	9.6	9.5	9.2	-
Asthma (%)	35.1	19.1	17.5	-	-	-

TABLE 2: URBANICITY AND HEALTH METRICS IN SAN JOAQUIN COUNTY, [COUNTY HEALTH RANKINGS 2018 - 2020](#)

# Social Determinants of Health: Environmental Health

	Black	White	Hispanic	Asian	Pacific Islander	American Indian/Alaska Native
Drinking Water Contaminants (contaminant score)	577.3	646.9	585.8	632.5	663.9	593.4
Toxin Releases from Facilities (contaminant score)	648.2	1,727.7	1,026.8	677.5	586.2	813

TABLE 3: DRINKING WATER AND TOXIN RELEASE CONTAMINATE SCORES IN SAN JOAQUIN COUNTY, [COUNTY HEALTH RANKINGS 2018 - 2020](#)

San Joaquin County is a bustling agricultural hub. While this is a thriving economical sector, there are environmental health outcomes that can cause chronic disease in the Black community. Agricultural pollutants (pesticides, chemicals, dust), traffic pollution, and sewer treatment can cause poor air quality. The county ranks 9<sup>th</sup> in the nation for the most polluted air, making Asthma and respiratory problems health focuses.

Within the [2019 San Joaquin County Public Health Services Community Health Needs Assessment](#), most of the 10 priority neighborhoods had high levels of air pollution, ozone, PM2.5, and diesel exposure. The worst air and water quality were in Manteca and Lodi neighborhoods. There are also multiple manufactured gas plants in San Joaquin County; studies show that more than 1 million Black people live within a half-mile of natural gas facilities in the United States and face a cancer risk above EPA's level of concern due to unclean air. This can lead to chronic conditions, such as asthma, and increased cancer risk.

The higher the contaminant score the more release exposure within that racial group (Table 3). Drinking water and toxin release exposure is lower within Black populations. Air quality, however, impacts all populations, particularly young Black children. So what measures can we take now?

## Key Learnings and Potential Solutions:

- Push for clean technologies: Are there ways we can support legislation that encourages power plants and factories to install modern pollution control technology?
- Recycling and Compost Programming: What recycling/composting education programs exist? Are they reaching our communities? This could be a great opportunity at the grade school level (K-12).
- Building parks and recreational spaces with trees, gardens, and play areas that are accessible by public transportation.
- Urban gardening: City gardening and community gardens can be a sustainable way to use your compost and have produce right at your doorstep.
  - [Puentes](#) is a non-profit based in California whose vision is to build equity through sustainable methods, including urban gardening! They fight for environmental justice and help communities thrive by educating on sustainable food choices.



# Social Determinants of Health: Food Access & Nutrition

	Black	White	Hispanic	Asian	Pacific Islander	American Indian Alaskan Native
Food access (%)	7.1	4.4	7.1	4.7	4	6
Food secure Adults (%)	58.7	55.7	60.5	44.6	-	-

TABLE 4: PERCENT OF FOOD ACCESS AND FOOD SECURE ADULTS BY RACE/ETHNICITY IN SAN JOAQUIN COUNTY, COUNTY HEALTH RANKINGS 2018 - 2020

Food access is the percentage of low-income persons that lack access to food. In urban areas that percentage is measured by grocery stores within a one-mile radius and for rural it is measured within a 10-mile radius. As we see above, 7.1 percent of low-income Black individuals lack access to a grocery store in San Joaquin County (1.6x more than their White counterparts). Adults in San Joaquin County, across the board, are not adequately food secure, including in Black communities. Dr. Adubofour aptly phrased on February 2, 2022, during the [first BHA Stakeholder meeting](#) that "your zip code is more important than your genetic code," and in terms of food security that rings true. Dr. Adubofour highlighted that the higher the rate of diabetes in a Stockton zip code, the less number of well-stocked grocery stores. He specifically points out zip codes 95205, 95206, 95219, and 90210, in which the diabetes rate within the Black community is 2-3x higher than their White counterparts. Click [here](#) to listen to Dr. Adubofour's presentation.

## Key Learnings and Potential Solutions:

- Demand the construction of grocery stores in the following zip codes: 95205, 95206, 95219, and 90210. Who do we talk to and how do we come together with a collective message?
- Urban gardening: It can look like an apartment balcony or rooftop garden. Growing your own crops on your property improves food sources and provides fresh vegetables where none are directly available. Is there potential for an educational program?
- Preparing our Kids: Streamline local youth into holistic health and medical sectors to become Doctor's of Osteopathic medicine and preventative health professionals.
  - We have partnered with [Health Careers Academy](#), an organization that links health-related organizations and entities to 9-12 grade students who wish to learn about healthcare professions first-hand. Connect to them today to motivate ambitious students in Stockton to be the future of patient-centered healthcare and wellness.

# Social Determinants of Health: Preventable Health and Health Education

	Black	White	Hispanic	Asian	Pacific Islander	American Indian Alaskan Native
Preventable Hospital Stays (per 100,000 Medicare enrollees)	5,953	3,766	3,281	3,825	2,335	66.7
Uninsured (%)	6.0	4.5	10.7	6.1	8.6	-
Premature death (years of potential life lost rate)	14,500	84,00	6,500	5,600	-	9,600

TABLE 5: NUMBER OF PREVENTABLE HOSPITAL STAYS, PERCENT OF UNINSURED ADULTS, AND YEARS OF POTENTIAL LIFE LOST BY RACE/ETHNICITY IN SAN JOAQUIN COUNTY, COUNTY HEALTH RANKINGS 2018 - 2020

During the February 2 Stakeholder Meeting, many voiced concerns about disease prevention and lack of health education. Black individuals accrue almost 1.6x the amount of preventable hospital stays compared to White individuals. Premature death is measured by Years of Potential Life Lost (YPLL) before 75 per 100,000 people. YPLL is a measure used internationally to indicate the rate of premature mortality; measuring premature mortality focuses on deaths that may have been prevented rather than the overall death rate. It is calculated by accounting for the number of years of potential life lost from premature death among San Joaquin County residents (under age 75) over a three-year period. Black individuals have lost over 13,800 years from 2018-2022 - 1.7x more than their White counterparts and 2x more compared to other races. The higher the YPLL, the more lives lost due to premature death.

**Key Learnings and Potential Solutions:** In the section we will use the statements and questions from the Stakeholder Meeting that must be addressed:

- "We have to find a way to have that village mindset and make changes... people do not know the basics - eating to live, bad eating habits, not moving. How do we spread and implement better health choices?"
  - Another individual responded with the importance of being "politically active with local members in Black communities." Which council members and political entities can we call upon to integrate healthy living, health education, and more in the community?
- "How are our older adult population included (or not) in the community in every aspect?"
- "How can we increase the amount of MediCal providers to serve the population?"



- "Invite youth on the ground to have a seat at the table."
  - We have partnered with [Health Careers Academy](#), a group that links health organizations entities to 9-12 grade students who wish to learn about healthcare professions first-hand. By connecting with them, we can motivate ambitious Stockton youth to be the future of patient-centered healthcare and wellness. Students and representatives of Health Careers Academy will be at the Collective Impact Meetings to engage with stakeholders! Please come prepared to come with ideas on how you can involve students in your efforts. Ideas include: shadowing opportunities, internships, volunteer positions, and more to involve Stockton youth!
- "How can we share where the resource centers are in the community?"
  - CBHN offers its services in creating tailored community resource flyers, pamphlets, or one-pagers based on the focus area at hand. Do you want to partner with us?
  - Health Careers Academy would also like to involve students in making resources and sharing them in the community. [Connect with them today!](#)
- "No matter how many frameworks... We are still failing them... no matter how much we educate consistently... the system is failing. Systems on systems on systems. How do we collectively get through this blockage?"
- "Funding can pigeonhole us in work that was not what was intended. How do we get clear funding? State or federal [funding] that is sustainable."
- **Partnership opportunity - San Joaquin County Health Services (SJCHS):**

SJCHS released a [5-year Strategic Plan](#) to address health equity. Their goals include:

  - "Maintain effective partnerships with a broad array of community leaders and organizations to promote health equity, maximize PHS reach and impact, and address community health improvement priorities."
  - "Facilitate community members' active role in shaping environmental and policy changes that impact individual and community health."
  - "Implement innovative, data-driven, evidence-based approaches to create equitable conditions for all county communities."

### **Contact Information**

Email: [phs-info@sjcphs.org](mailto:phs-info@sjcphs.org)

[Nutrition and Physical Activity Program \(NEOP\)](#): (209) 468-8637

[Health Promotion and Chronic Disease Prevention Programs \(HPCDP\)](#): (209) 953-7309

[Community Services Program](#)

# Social Determinants of Health: No Community Without Unity

The purpose of this section is to echo the concerns of community members when it comes to addressing Black health issues and social determinants of health. This was repeated in multiple listening sessions during our Stakeholder Meeting on February 2. There was a consensus during these sessions that Black communities of San Joaquin County are not collaborating enough with each other. What are the collective goals and messages needed for Black population of San Joaquin County? This will be a major question during the Collective Impact Meetings. Below are the comments and concerns of stakeholders and community members:

- "We must be at the table, if nothing else, to get the knowledge. We perish for lack of knowledge. Let's stop perishing and get intentional and save ourselves. Knowledge is power and we get more done in numbers. If we keep allowing them to keep us separate, we will continue to be in our same state."
- "Collaboration over competition. The only way to move forward is by working together!"
- "Getting our of our own way is the 'elephant in the room' and we have to do better with our advocacy mixed with community organizing. When done together it brings results."
- "There's a preconceived notion that we aren't gonna show up to help ourselves. [We] must unify... and properly represent and advocate for what we need."
- "They're counting on us to NOT show up."
- "It's about how we show up! Not down for burning down, not down for opportunists... But when you mix protest and disobedience in the right way with organizing that's the sweet spot... the home run swing. You cannot have one without the other. It takes TV optics for advocacy. At the same time... these messages can get distorted... You need the right people in the right spaces."

## Key Learnings and Potential Solutions:

- The big question for the Social Determinants Collective Impact Meeting: Who are the right people? Who can we call upon to raise noise and advocate for the Black communities of San Joaquin County? What is our message? Please come with suggestions.



# MENTAL HEALTH



THE STATE OF BLACK HEALTH

# Mental Health: Key Factors Impacting Disparities

"Mental Health is not a priority when the focus is surviving."

- Anonymous, February 2, 2022

The Black experience and generational trauma weigh heavily on the current state of Black mental health in this country. Generational trauma and violence have impacted the physical, emotional, and mental well-being of Black adults and youth - from slavery to present-day racism on structural, historical, and institutional levels.

The past four years have added new dimensions to racial trauma and stress resulting from the isolation and grief associated with COVID-19 and its disproportionate impact on the Black population. This paired with collective social distress has heightened the need for greater attention to Black mental health.



## Mental Health Stigma

In addition to lack of access, there is a reluctance to seek mental health services in the Black community due to distrust in the healthcare system. Seeking help can also be seen as a weakness. **How can we destigmatized mental health?**



## Lack of Black Providers

Many individuals seek help to address their mental health; however, help-seeking actions are often thwarted by the lack of access to culturally appropriate mental health resources. **Can we push for hiring and supporting more Black therapists?**



## Access to Resources and Services

Resources are not always available in the communities of San Joaquin County, which may require additional barriers retrieving MHC. This could include: transportation, internet access, and not going to work. **Are there ways we can bring mental health services closer to home?**



# Mental Health: Stigma

There exists multiple reasons why one may fear seeking mental health services. Two that are prevalent in the Black community are a lack of trust in the mental health system and the cultural stigma associated with mental illness. We all heard folks talk about that "crazy" uncle, who simply may have been someone who needed the support from loved ones and access to culturally competent mental health services. Experiencing symptoms or seeking out mental health services do not indicate spiritual or personal weakness.

However, even if we get past this point, there are some that truly distrust the mental health system and the potential consequences of seeking services. Institutions and individuals have dismissed, abused, or simply did not believe Black people's pain due to racism within the life course and generational trauma. How do we find culturally competent care and even take matters into our own hands to find mental wellness techniques that work for us?

## **Key Learnings and Potential Solutions:**

- How can we de-stigmatize mental health issues in the Black community?
  - Change the language about how we are supposed to take care of ourselves - "your mental state is part of your wellness."
  - Encouraging leaders in faith-based organizations and churches to be more vulnerable and inspire people to rest, take care of themselves, and find wellness practices that work for them.
- Spread the word:
  - Get the resources out into the community through flyers in libraries, gyms, yoga studios, barber shops, hair salons, churches, parks, etc.
  - We have partnered with Health Careers Academy, an organization that links health-related organizations and entities to 9-12 grade students who wish to learn about healthcare professions first-hand. Connect to them today to motivate ambitious Stockton to be the future of patient-centered healthcare and wellness. Health Careers Academy would like to involve students in making resources and sharing them in the community. Connect with them today!
- Normalize mental wellness in your own circles:
  - Check-in regularly with your friends and family using statements like... "How are you feeling today?" and "It is okay to not be okay."

# Mental Health: Lack of Black Professionals and Providers

There is good news about Black mental health. Now more than ever, Black individuals in California are seeking mental health services, especially in response to the collective anxiety and pain we have experienced due to violence against brothers and sisters and the impact of the COVID-19 pandemic. But, are there enough Black therapists to support this high demand? Unfortunately, even though Black people make up 13% of the United States population, we only make up 2% of psychiatrists. Empathy is an essential tool in therapy, and without it, healing cannot exist.

## Key Learnings and Potential Solutions:

- Many mental health providers can now offer and get reimbursed for telehealth services. Although it may not be ideal for some, telehealth therapy can be a great option to address mental health issues and sustain wellness practices.
  - Are there access issues in areas with no broadband or W-Fi services?
- [Therapy for Black Girls](#) is a podcast and website dedicated to sharing how to become a balanced Black woman and helping Black women find culturally competent therapists near them. Visit their website to find therapists in your area that are covered by your insurance.
- [Psychology Today](#): On Psychology Today, one can search for a therapist by race and location. [Here](#) is a list of Black therapists in San Joaquin County, featuring those who facilitated the Mental Health panel during the February Stakeholder Meeting, Dr. Ayesha Hunter and Lecia Harrison.
- [Alma](#): A free search tool to locate providers. Find individual, therapy, child, and family therapy at the click of a button. Individuals can filter by race, gender identity, and sexuality.



# Mental Health: Access to Resources and Services

While San Joaquin County Mental Health Services has been supportive, the demand for mental health resources outweighs the supply.

In some cases, providers tell patients they must pay out of pocket if they choose to seek care outside of their healthcare provider - a common occurrence for those seeking Black therapists and mental health professionals.

There is also confusion as to what the first steps are in one's mental health journey. Where does one start to initiate treatment? And even if the resources are out there, are they communicated properly to the Black community. This is the perfect setting to outline the road to mental wellness.

## **Key Learnings and Potential Solutions:**

- Teach the community that there are actions you can take to strengthen mental wellness.
  - When it's hard to access services or when there is a long wait period, Black Health Agenda facilitator and mental health clinician, Lecia Harrison, has multiple recommendations: be outside, listen to music, deep breathing, meditation, and self-affirmation are all tools you can master to get through times of anxiety or poor mental health days. Read more about Lecia Harrison's viewpoint about the State of Black Health in our latest CBHN report [here](#).
- A San Joaquin County Step by Step Guide
  - Can we use collective knowledge and resources to create a step-by-step guide that can be distributed to all San Joaquin County residents? Or perhaps this can be done on the city level?





# THE IMPACT OF COVID-19



THE STATE OF BLACK HEALTH

# COVID-19 Key Disparities and Impact on the Black Community

"We need to come together for a common message... We all have different messages, but we need to be united."

- Anonymous, February 2, 2022

The COVID-19 pandemic impacted the United States in multiple, unfathomable ways. The pandemic not only hit vulnerable communities disproportionately but also highlighted the deep-rooted disparities that have existed for centuries. The CDC measures threats to community health during disasters and infectious diseases via the Social Vulnerability Index (SVI). High SVI indicates the community is especially at risk during a public health crisis due to factors like socioeconomic status, household income, housing type, and transportation access. According to the CDC, San Joaquin County has a high SVI, meaning the community's ability to thrive and survive during the COVID-19 pandemic was at high risk. How has this impacted San Joaquin County and what can we do now to mitigate the pandemic's impact on the Black community?



## Social & Economic Impact

The COVID-19 pandemic impacted already vulnerable workforce groups, many of which are dominated by people of color. **How can we take care of our workforce after the fact and put protections in place to ensure financial stability for families?**



## Lack of Unity

In San Joaquin County, there is not a shared message about COVID-19 precautions. When and where can masks come off? How safe is the vaccine? **How can we form a collective voice that folks can trust to answer these questions in a culturally competent way?**



## Systemic Racism & Hesitancy



There is vaccine hesitancy in the Black community of San Joaquin County. The vaccine process and general COVID-19 messaging was not constructive for everyone, leading to distrust. How can we communicate vaccine efficacy while understanding community concerns? How can we use the platforms in place now to properly share information within our communities?

# COVID-19 Metrics

## Cases relative to percentage of population in San Joaquin County

Compare each race and ethnicity's share of cases in San Joaquin County to their percentage of San Joaquin County's population.

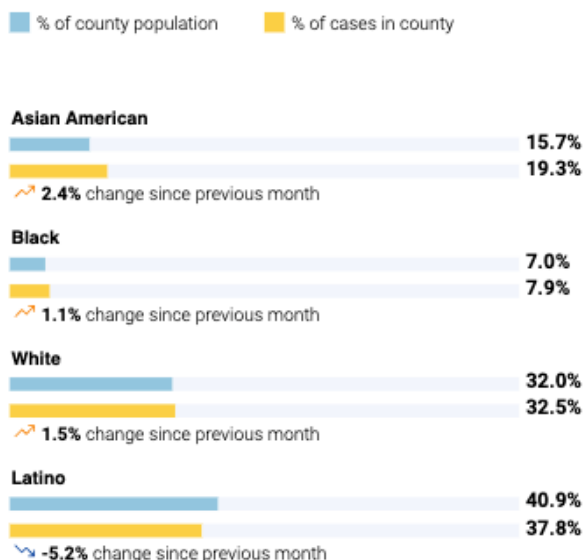


FIGURE 6: APRIL, 2022 CASE RATE RELATIVE TO POPULATION SIZE BY RACE/ETHNICITY IN SAN JOAQUIN COUNTY, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

## Case rate per 100K by race and ethnicity group in San Joaquin County

Compare cases adjusted by population size across each race and ethnicity.

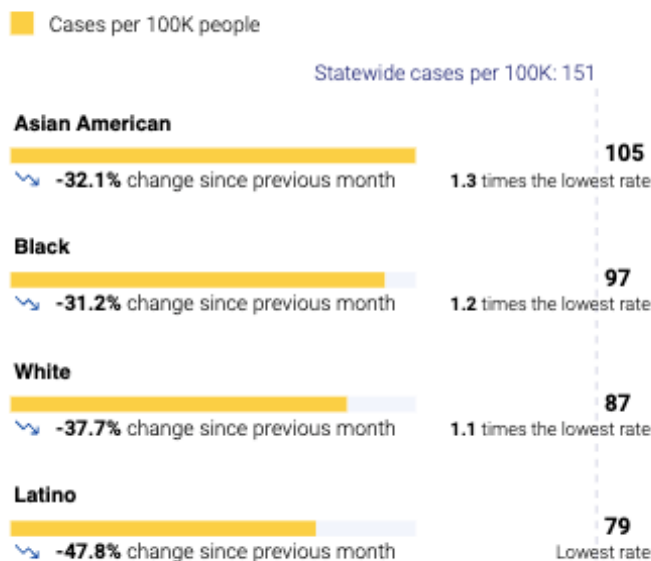


FIGURE 6: APRIL, 2022 CASE RATE PER 100,000 BY RACE/ETHNICITY IN SAN JOAQUIN COUNTY, THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

The following COVID-19 case metrics from the [California Department of Public Health](https://www.cdph.ca/Programs/CID/DCDC/Pages/Immunization/COVID-19/Pages/COVID-19-Vaccination-Rates.aspx) reflects 30 days prior to April 29, 2022 in San Joaquin County:

- Black individuals account for 7.9% of all cases in the county - 0.9% more than the Black population of the county (Figure 7)
- 97 per 100,000 Black individuals were diagnosed with COVID-19 (Figure 6)

The following metrics from the [California Department of Public Health](https://www.cdph.ca/Programs/CID/DCDC/Pages/Immunization/COVID-19/Pages/COVID-19-Vaccination-Rates.aspx) reflect the cumulative vaccination rates in San Joaquin County as of May 2, 2022:

- 43.1% of the Black population is fully vaccinated
- 49.5% of the Black population is unvaccinated
- 7.4% of the Black population is partially vaccinated

Learn more at [covid19.ca.gov](https://covid19.ca.gov)

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**California's commitment to health equity**  
COVID-19 has highlighted existing inequities in health. California is identifying communities most impacted.



# COVID-19: Social and Economic Impact

Over 75% of Californians behind on rent are people of color, with Latinx and Black people constituting 80% of that total. [In April 2021](#), 44% of Black Americans said they or someone in the household had experienced wage and/or job loss due to COVID-19 (compared to 38% of the White population). The current economic volatility triggered by the pandemic is negatively impacting our Black workforce.

Inequities already existed in the California workforce landscape. Heightened unemployment, unsafe workplace conditions, systemic racism within the workplace, and [disparities in eviction](#) (along with many factors) were present before the pandemic (40% of Californians of color were economically insecure and/or rent burdened in 2019).

What can we do now to support the Black workforce of San Joaquin County and push for a more supportive COVID-19 recovery program? There must be measures to safeguard workers and engage companies in creating long-term, quality jobs and protections.

## **Key Learnings and Potential Solutions:**

- "Professionals need to do better at keeping their employees safe, rather than just worrying about money and the bottom line. Factory and warehouse workers tend to be more people of color. Are these employees being valued to ensure that when they come to work they are being kept safe? Are those conversations taking place at the corporate level? "
- Transportation: "We need to consider how these individuals are getting to work. If they are taking the bus, then they are also at an increased risk."
- "The salary and work protections that were put in place previously if you got COVID are no longer in place. While we are doing the work of saying getting your vaccine, we are not safeguarding to ensure that people are able to maintain being able to put food on the table."
- How do we show our Black frontline workers we appreciate them? What wellness support exists or is there potential for a better support system?
- Can we teach people how to advocate for themselves through direct workforce rights trainings and development programming?

# COVID-19: Lack of Unity

There was a general consensus during the COVID-19 Stakeholder breakout discussion on February 2, 2022: How do we unify to lead the Black community into a healthier future post-pandemic? While organizations and stakeholders may have different methods of answering this question, they all have the same intention of being the voice of the Black community in San Joaquin County. This quotation from the Stakeholder meeting puts it well:

"We have to start at home; the more we are visible in the community (to say that we know where [people are] coming from and [to share] their story) the people need to have something to fall back on to provide education to the people. We need to spread education to people who do not know and encourage them to get tested."

## **Key Learnings and Potential Solutions:**

- "We have an opportunity to bolster the communities of color, but we are not able to spend the money and provide the resources. What is a way to get the resources out to the Black community?"
- A major feedback point during the February session was there is a lack of community organization in order to protect the San Joaquin County community. How can we involve NAACP, African American Sororities/Fraternities, The Ujoma Table, faith-based organizations, and more to be organized in our community? Before even considering disseminating information?
- What are the key issues, barriers, and challenges in mitigating the impact of COVID-19 and closing the gaps?
  - "The lack of common messaging. The lack of organizing in our community. The civic and grassroots organizations need to share a common message."
- "Black people have had to advocate for ourselves, and create our own bubbles of knowledge to get information to us. We had to take our own steps to get information to our community. Other communities were given more resources than our community. We had to overcome so many footholds, how would Black individuals know that we are targeting them if we cannot use educational materials without pictures that look like them?"
  - What avenues can we take to create and disseminate material just for the Black community?
  - What will be our common message? "When we are looking for money, we need to come together on a common request. We all have different messages, but we need to be united."
- How do we ensure we work together on the above issues rather than working in silos?

# COVID-19: Systemic Racism and Vaccine Hesitancy

The life expectancy of Black Californians fell by 1.5 years from 2019 to 2020 and has remained so into 2021. Nationally, 3.25 years were lost in the Black population. Preventable hospital stays from 2019 to 2020 increased from 5,202 to 6,050 per 100,000 individuals in the Black community. Black individuals have a higher burden of chronic disease associated with poor outcomes from contracting COVID-19. The CDC reported that 90% of people of color hospitalized with severe COVID-19 had at least one of these underlying medical conditions: heart disease, diabetes, or lung disease.

Racism, inherent historical distrust in the healthcare system, lack of culturally competent educational materials, and unclear messaging about COVID-19 and the accompanying vaccine resulted in the virus disproportionately impacting Black people. However, it isn't too late to change the narrative in our favor. How can we encourage and bolster existing COVID-19, community-level initiatives?

## **Key Learnings and Potential Solutions:**

- "We need people to open up more about their feelings about the vaccine in order to give them more information based on what they believe."
  - Can we form a listening session and platform with the intention to normalize feeling wary and unsure about the vaccine and answer any questions?
- "Disinformation and social media are contributing to the spread of myths, and people are drowning out the good information that is going out. That is extremely damaging."
  - This may be an opportunity for Health Careers Academy to make resources for the Black communities of San Joaquin County. Health Careers Academy is an organization that links health-related organizations and entities to 9-12 grade students who wish to learn about healthcare professions first-hand. [Connect with them today](#). Students and representatives of Health Careers Academy will be at the Collective Impact Meetings to engage with stakeholders! Be prepared to come with ideas on how you can involve students in your efforts. Offer shadowing opportunities, internships, volunteer positions, and more to involve Stockton youth!
  - Do you or someone you know have existing resources we can distribute?
- Can you identify any community-based organizations tackling COVID-19's impact on the Black community? If so, reference them in your action plan and invite them to the Collective Impact meetings.



# CANCER



THE STATE OF BLACK HEALTH

# Cancer: Key Factors Impacting Disparities

"Your entire life you're facing disparity - it changes your biology. Trauma exists in our community... which becomes the new normal for many people."

- Anonymous, February 2, 2022

There has been immense progress in cancer treatment and prevention over the past 50 years; however, this progress has not kept pace with the needs of the Black community. Higher death rates, less frequent screening, high rates of cancer diagnosis, and limited treatment options are all examples of the presence of health disparities in cancer management.



## Social Determinants and Stigma

Socioeconomics, environment, and biology all play a role in developing cancer during your lifetime. A part of environment is cultural exposure, which may cause fear and misunderstanding about cancer. **How can we be culturally competent in educating communities about cancer misconception?**



## Representation in Clinical Research

There is an underrepresentation of Black individuals in clinical trials and treatment guideline development. **How do we push for accurate representation in clinical trials? How can cancer guidelines be adjusted to account for disparities?**



## Cancer Diagnosis and Treatment Options



Overall, cancer screening is lower among Black populations compared to White populations. Additionally, the COVID-19 pandemic contributed to delays in cancer screening. Racial disparities in cancer care, including diagnostic and treatment delays, contribute to worse survival outcomes. **How do we address the systemic issues in cancer care?**

# Cancer: Social Determinants & Stigma

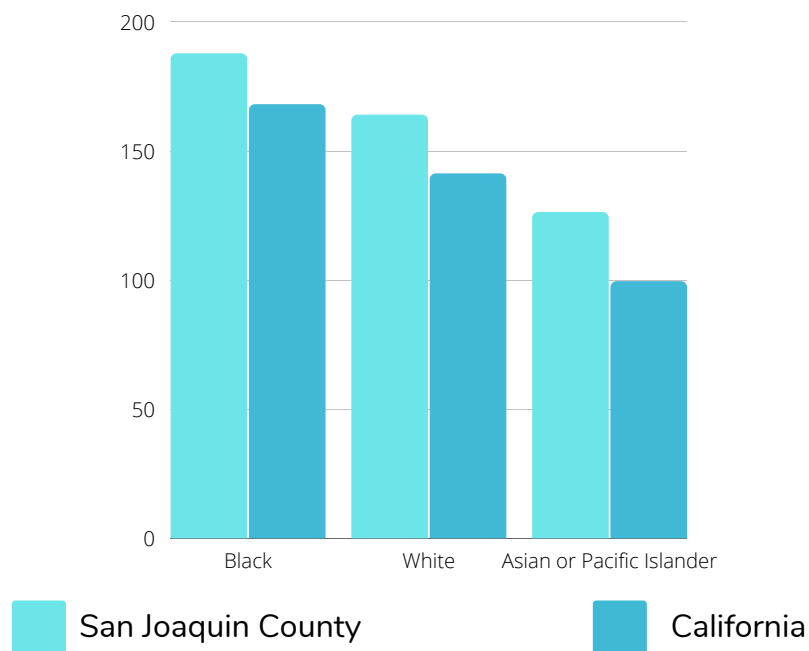


FIGURE 8: CANCER DEATHS PER 100,000 BY RACE (2018), [LIVE STORIES SAN JOAQUIN COUNTY CANCER DEATH STATISTICS](#)

Many individuals may experience fear associated with cancer screening, most notably breast and prostate. Some may think it's taboo to discuss in their families and circles, or it is culturally out of the norm to share information about genetic cancer risk. It is time to consistently share that cancer is not a death sentence and early detection is key to a healthy life.

## **Key Learnings and Potential Solutions:**

- How can we bring the cancer conversation to the forefront in Black communities? What cultural norms impact screening rates, preventative health, and check-ups?
- In some cultures, it is "not a badge of honor to survive cancer." How can we change this narrative?
- It can be difficult to explain cultural and community beliefs. This is an issue of implicit bias. Are there measures to take to involve Black or marginalized health professionals in the cancer care process (second opinions, advocacy, etc).



# Cancer: Representation in Clinical Research

Whatever progress that has been made in the Black community - in terms of cancer diagnosis, treatment, and prognosis - it has not been properly measured, reported, or included in the clinical research sector. Clinical trials provide security and high-level evidence in evaluating the safety of new cancer therapies and treatments. [Studies](#) show lack of representation in clinical trials is associated with worse survival outcomes. Nationally, the death rate from cancer is most common in Black individuals - particularly from prostate, stomach, and uterine cancers and multiple myeloma (MM). In MM, for example, Black people, nationally, account for 22% of yearly cases, but only account for 4.5% of clinical trials.

Additionally, even when attempting to find data on the county level, time and time again Black population data is unavailable due to small sample size. Black individuals in San Joaquin County have the highest rate of cancer mortality compared to all other races (15% higher than white people in the county).

## **Key Learnings and Potential Solutions;**

- The Black community is not represented in clinical research and medical trials. Can we pipeline doctors, nurses, and healthcare providers to represent the community? Who can these people be? Identify 1-2 people.
  - [American Association for Cancer Research](#) - Minorities in Cancer Research membership group is committed to preventing and treating cancer and pushes to increase the number of minority scientists in cancer research. They do so through policy, advocacy, developing programs to meet the professional needs of minority scientists, and more.
  - [National Cancer Institute](#) - The Continuing Umbrella of Research Experiences (CURE) offers career development opportunities to increase diversity in cancer research. They offer assistance from middle school to junior investigator levels. Would [Health Careers Academy](#) be interested?
- What organizations can we directly contact to engage San Joaquin County residents in clinical research? Are there local professionals that specialize in cancer research we can call upon?

# Cancer: Cancer Diagnosis and Treatment Options

Overall, cancer screening is lower among Black populations compared to White populations. Additionally, the COVID-19 pandemic contributed to delays in cancer screening. Racial disparities in cancer care, including diagnostic and treatment delays, contribute to worse survival outcomes. People of color are more likely to be uninsured and have financial barriers that prevent adequate cancer management; this is tied to lower treatment adherence, delays in diagnosis and treatment, and lower screening. How can we better prepare people to advocate for their cancer management - including second opinions, treatment options, and wellness techniques.

Research shows that implicit racial bias are drivers to health disparities, which likely contributed to barriers in diagnosis, treatment decisions, and prognosis. There is also a lack of cultural competency and diversity within healthcare that can contribute to inadequate care.

## **Key Learnings and Potential Solutions:**

- We have civil rights and there are laws in place to protect our health. How do we educate people of their rights and what organizations exist to protect us?
  - Cancer Legal Resources Center (CLRC) provides free legal information and free webinars for those with cancer. Please register [here](#).



# BLACK MATERNAL HEALTH



THE STATE OF BLACK HEALTH



# Black Maternal: Key Factors that Contribute to Disparities

"We need advocates. Mothers are often tired postpartum, they need folks to assist them. It's hard to fight back during that time."

- Anonymous, February 2, 2022

From 2014 to 2016, Black birthing people in California were six times more likely to die from pregnancy-related complications compared to White birthing people (56.2 and 9.4 deaths per 100,000 respectively). This indicates that pregnancy-related deaths, birthing, and postnatal factors significantly impact Black birthing people. In San Joaquin County, preterm delivery, infant mortality, and low birthweight are all indicators that are higher in the Black community compared to other races. What initiatives can we uplift and what resources can we engage with to change this narrative?



## Doula Care and Education

Research shows that when minority women were provided care from a doula they had zero infant and maternal health deaths. However, there are not enough Black doulas in San Joaquin. **How can we increase funding and training to give more people access to doula training?**



## Breastfeeding Practices

Black women are less likely to breastfeed compared to white women. Education, return to work, food insecurity, and housing stability all play a role in breastfeeding practices. **How do we work within communities to promote breastfeeding?**



## Birth Outcomes



There exists a need in San Joaquin County and California for approaches to prevent poor birth outcomes for Black birthing people and infants. Within this, there is lack of access to prenatal care and health education. **How can we address these determinants to improve birth experiences for Black birthing people?**



# Maternal Health: Doula Care and Education

Doulas are trained individuals that provide support for individuals before, during labor, and after birth. [Research shows](#) that doulas can improve birth outcomes - 4 times less likely to have a low birth weight baby, two times less likely to experience a birth complication, and more likely to initiate breastfeeding. Doulas can provide holistically throughout the entire pregnancy, including postnatal care. Holistic practices include nutrition, child care, financial factors, and familial support. Doulas are, ultimately, the best advocates for Black birthing people.

See our community members Tamesha Valverde and Ericka Dorsey advocating for themselves and all Black birthing people receiving doula care [here](#).

## Key Learnings and Potential Solutions:

- Support and partner with organizations and services dedicated to doula resources and maternal health advocacy in San Joaquin County.
  - [Flourishing Families](#)
  - [Black Women Birthing Justice](#)
  - [San Joaquin County Public Health Services](#)
- Resources & Grants Opportunities
  - [Healthy Start Supplement: Community Based Doulas](#): The Health Resources and Services Administration announced the availability of \$4.5 million for hiring, training, certifying, and compensating community-based doulas in locations with high rates of adverse maternal and infant health programs. The application deadline is May 31, 2022. [Apply here](#).
  - [Black Birth Equity Fund: Action for Black Maternal Health](#): Baby Dove launched the "Black Birth Equity Fund, which provides pregnant people with a one-time direct grant of \$1,300 to cover the cost of doula services. [Apply here](#).
  - [Frontline Doulas](#): A "warm line" that allows callers to schedule a call back time with a Doula. Share this with Black pregnant or postpartum persons that would like to speak to a doula for FREE.
- Postpartum time: "Doulas access to home visiting services will lower infant mortality, improve lactation support, and postpartum support for Black mothers – this is essential for the first 18 months to 2 years of life." How do we normalize postpartum care?

# Maternal Health: Breastfeeding Practices

Breastfeeding is one of the most effective practices to bolster the health of both mother and infant. Only 46.1 percent of Black newborns are breastfed exclusively during hospitalization in San Joaquin County, the lowest rate of all races and ethnicities (Table 6). This is the result of inadequate, culturally-competent health education, stigma around breastfeeding in the Black community, and systemic issues that do not support or listen to Black birthing people.

Race/Ethnicity	Exclusive Breastfeeding (%)	Any Breastfeeding (%)
African American/Black	46.1	74.3
Asian American	59.0	88.6
Hispanic/Latino	69.8	93.0
White	74.8	91.7

TABLE 6: PERCENTAGE OF NEWBORNS FED BREAST MILK DURING THEIR HOSPITALIZATION, BY TYPE OF BREASTFEEDING AND RACE/ETHNICITY, SAN JOAQUIN COUNTY, 2018, PRB. EXCLUSIVE BREASTFEEDING INCLUDES NEWBORNS WHO RECEIVED BREAST MILK ONLY AND "ANY BREASTFEEDING INCLUDES NEWBORNS WHO WERE BREASTFED EXCLUSIVELY AND THOSE WHO RECEIVED BOTH BREAST MILK AND FORMULA.

In addition, the Black body has historically been portrayed as overly "promiscuous"; this paired with the over-sexualization of breasts in Western society has negatively impacted the sexual rights of Black women. It's time for us to take charge in highlighting the true narrative of breastfeeding Black women and empower the Black body to provide nourishment to the next generation.

See our community members Tamesha Valverde and Ericka Dorsey advocating for breastfeeding practices in the Black community [here](#).

## Key Learnings and Potential Solutions:

- How do we provide safe spaces for Black mothers to breastfeed and cultivate a community that supports lactation? How can we highlight the joy, beauty and resilience of breastfeeding in Black communities?
- Are the providers in the community that are openly supportive of successful lactation journeys? If so, please identify.
- Can we increase access to breast pumps? If you have first-hand experience, please share.
- Support and partner with organizations dedicated to doula resources and maternal health advocacy in San Joaquin County.
  - [BreastfeedSJC](#)
  - [California Breastfeeding Coalition](#)
  - [Flourishing Families](#)
  - [Black Women Birthing Justice](#)

# Maternal Health: Birth Outcomes

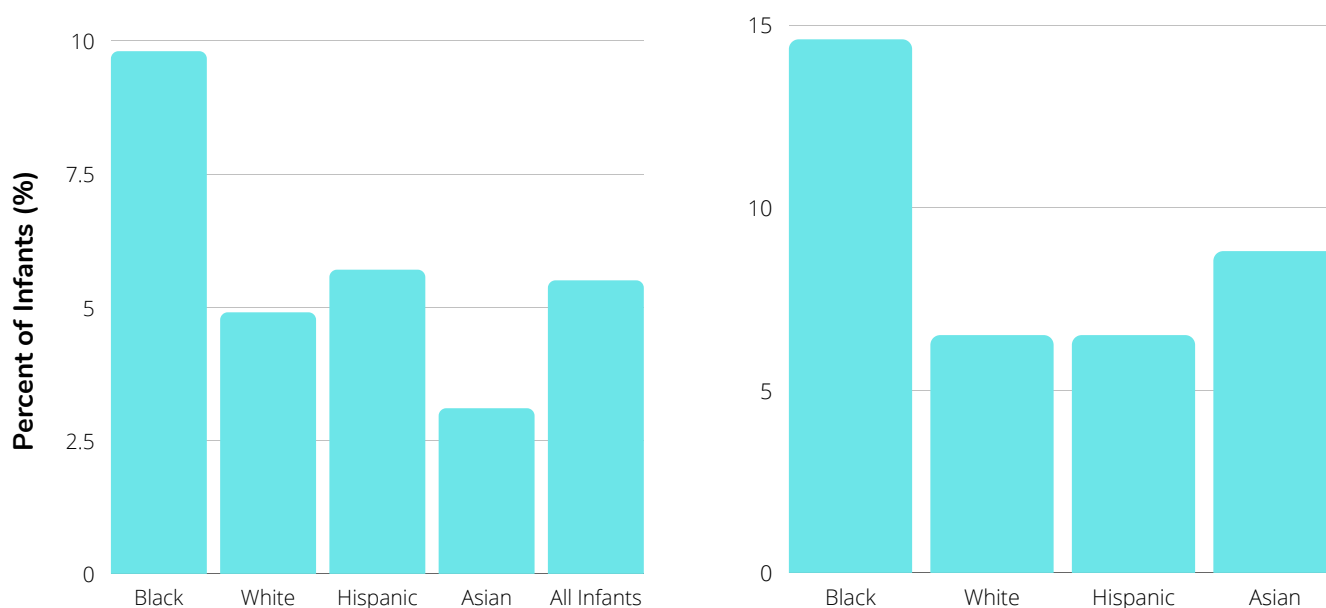


FIGURE 9: INFANTS BORN AT LOW BIRTHWEIGHT, BY MOTHER'S RACE/ETHNICITY (LEFT), SAN JOAQUIN COUNTY, 2016, PRB & INFANTS MORTALITY RATE, BY RACE/ETHNICITY (RIGHT), SAN JOAQUIN COUNTY, 2012 - 2016, PRB

A 2018 survey, *Listening to Black Mothers in California*, shows that our healthcare system does not listen to mothers and Black mothers are among the least listened to. A study investigating racial inequities while treating perinatal mental health challenges drew from this same survey. In one of the most progressive states in the United States, Black maternal outcomes have not improved over the past 20 years. The California Department of Public Health has [released data](#) describing pregnancy-related deaths in California by race. Pregnancy-related deaths are defined as deaths while pregnant or within the year after the end of pregnancy or birth. This includes all causes related to or magnified by a pregnancy regardless of the outcome. From 2014 to 2016, Black birthing people in California were six times more likely to die from pregnancy-related complications than White birthing people – 56.2 vs. 9.4 pregnancy-related deaths per 100,000, respectively. This has only increased from 2011-2013, in which the number of pregnancy-related deaths was 45.3 per 100,000 for Black birthing people.

Amongst this, data and progress tracking in the state are lacking. Pregnancy-related deaths and maternal mortality data is unavailable for San Joaquin County. However, indicators such as infant mortality and infants born at low birthweight are available (see graphs above) and align with the narrative of racial disparities in maternal healthcare.

# Maternal Health: Birth Outcomes cont.

## Key Learnings and Potential Solutions:

- Support and partner with organizations dedicated to doula resources and maternal health advocacy in San Joaquin County.
  - [BreastfeedSJC](#)
  - [California Breastfeeding Coalition](#)
  - [Flourishing Families](#)
  - [Black Women Birthing Justice](#)
- Educate women about the rights they have to better advocate for themselves and their loved ones. Is there an opportunity to create two policy and advocacy factsheets: one about the individual maternal health rights in San Joaquin County and another with legislative efforts we can support?
- "We need advocates. Mothers are often tired postpartum, they need folks to assist them, it's hard to fight back during that time." Who can we call upon to advocate for Black mothers? Tamesha Valverde and Ericka Dorsey are dedicated to the Black Maternal Health movement in San Joaquin County and Stockton. What resources can we provide them to uplift them and their messages to the Black community and the county?
- Navigating prenatal, perinatal, and postnatal benefits is confusing and difficult. Are there experts in maternal health benefits that we can call upon to educate us and the community?
- "There needs to be more visibility for those who are working to address disparities. Advocates, providers, and the community really being unified." Does this call for a San Joaquin County maternal health summit? This can also be on the city level.





# Conclusion

We need your help and input to devise a plan for [San Joaquin County](#) and this report aims to begin the planning process. This is just the beginning of healing the Black communities of San Joaquin County. Next are the Collective Impact Meetings.

The Black Health Agenda Collective Impact Meetings are the follow-up to the February 2, 2022, Black Health Agenda Stakeholder Meeting and breakout sessions. These meetings will be a solutions-driven approach to address the health disparities specific to San Joaquin County discussed at the Black Health Agenda session last month. At the various sessions for the Collective Impact Meetings, we will identify solutions to resolve the barriers that were identified for Black Maternal Health, COVID-19, Social Determinants of Health, Cancer, and Mental Health that have long plagued Black residents in San Joaquin County. Please come ready to collaborate, strategize, and formulate a plan to improve the health and well-being of the Black community in San Joaquin County.

After the Collective Impact Meetings, CBHN will distribute a master plan that addresses the factors that influence negative health outcomes for Black San Joaquinians. This master plan will be an extension of this report and will include action plans from all the Black Health Agenda events and health experts. Please stay connected by joining the [San Joaquin County BHA Slack](#), a collaboration resource specifically for all you San Joaquinians! Slack is a way you can all stay connected, collaborate, and start forming action-driven solutions to disparities.

Thank you to all of those who participated in the BHA process and have dedicated themselves to making San Joaquin County a welcoming and equitable place for all Black people. CBHN recognizes you as valued members and voices of the San Joaquin community.



For questions and to inquire about partnership opportunities with CBHN please email Brittney Butler, Research & Programs Manager.

Email: [bbutler@cablackhealthnetwork.org](mailto:bbutler@cablackhealthnetwork.org)



CBHN would like to acknowledge the contributions of the stakeholders and community members of San Joaquin County who participated in the February Stakeholder Meeting. We appreciate your time and commitment to doing the work and fostering healing in the Black community.

CBHN would like to personally thank the following individuals for helping to make the Black Health Agenda and the February Stakeholder Meeting possible:

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Lawonda Brown-Lucas  
Lecia Harrison  
Leslie Ferreira  
Monica White  
Tamesha Valverde  
Tashante McCoy  
Toni McNeil

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**CALIFORNIA BLACK HEALTH NETWORK  
BLACK HEALTH AGENDA**