JOHN MUIR HEALTH

2022 Community Health Needs Assessment

Acknowledgments

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EXECUTIVE SUMMARY

Background

Every three years, John Muir Health conducts a Community Health Needs Assessment (CHNA). The CHNA process is driven by a commitment to health equity, and is intended to be transparent, rigorous and collaborative. This CHNA identifies and prioritizes needs unique to our service area, based on community-level secondary data and input from key informants and community residents representing the broad interests of the community.

The 2022 CHNA presents a comprehensive picture of community health that encompasses the conditions that impact health in the John Muir Health service area. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve health and well-being for all John Muir Health service area residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been a comprehensive process with input from diverse community stakeholders and residents.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for over 20 years (Senate bill 697). The federal Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals that wish to maintain their tax-exempt status to conduct a CHNA every three years and hospitals must make the CHNA report widely available to the public. The CHNA must include input from experts in public health, local health departments, and the community, including representatives of minority, low-income, medically underserved, and other high-need populations.

Process

The 2022 CHNA was a collaborative effort shared by a number of nonprofit hospitals serving Contra Costa and Alameda Counties. In addition, Contra Costa Health Services and Alameda County Public Health were essential partners in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for John Muir Health's service area. This CHNA report explored inequities and disparities and placed particular emphasis on the health issues and contributing factors that impact historically underserved populations that disproportionately have poorer health outcomes across multiple health needs. These analyses will inform intervention strategies to promote health equity.

Primary data (community input) was obtained during the summer and fall of 2021 through:

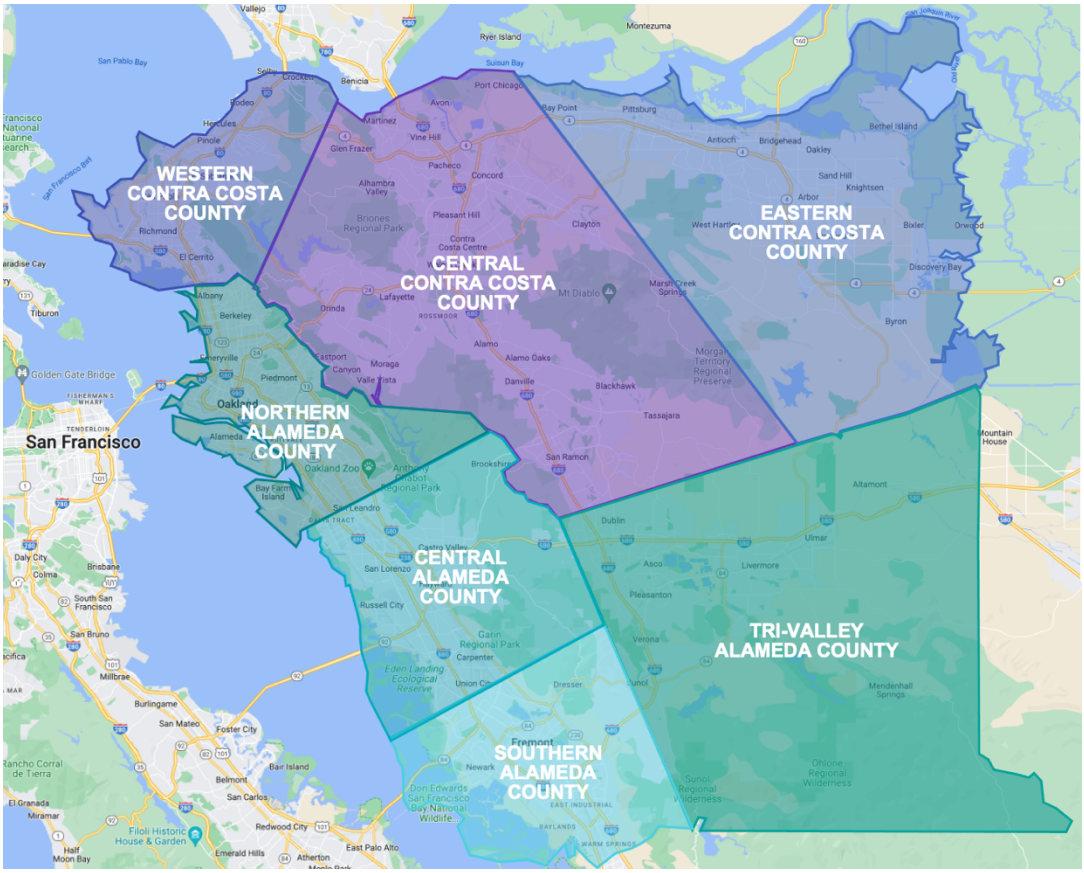
- Key informant interviews with local health experts, community leaders and community organizations
- Focus groups with community residents

Secondary data were obtained from a variety of sources. (See Appendix D: CHNA Secondary Data Indicator Definitions, Sources and Dates) and were collected for Contra Costa and Alameda

Counties with a focus on John Muir Health's service area in Eastern, Central and Western Contra Costa County, Northern Alameda County and the Tri-Valley region.

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for John Muir Health's service area. In December 2021, John Muir Health participated in meetings with key leaders in Contra Costa and Alameda Counties where meeting participants individually ranked the health needs according to a set of criteria and rankings were then averaged across all participants to obtain a final rank order for the health needs for each region in the John Muir Health service area. The map below defines the county regions used for the ranking process and the following table lists the health need ranking results by region. Brief descriptions are provided for the top priority health needs across John Muir Health's Contra Costa County and Alameda County service areas.

Contra Costa and Alameda County Regions



CHNA Health Needs in Priority Order by John Muir Health Service Area Region

HEALTH NEED RANK	EASTERN CONTRA COSTA	CENTRAL CONTRA COSTA	WESTERN CONTRA COSTA	NORTHERN ALAMEDA	TRI-VALLEY
1	Behavioral Health (tied for first)	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health
2	Housing and Homelessness (tied for first)	Healthcare Access and Delivery	Economic Security (tied for second)	Housing and Homelessness	Structural Racism
3	Economic Security	Housing and Homelessness	Housing and Homelessness (tied for second)	Community and Family Safety (tied for third)	Economic Security (tied for third)
4	Healthcare Access and Delivery (tied for third)	Structural Racism	Community and Family Safety	Economic Security (tied for third)	Housing and Homelessness (tied for third)
5	Structural Racism (tied for third)	Economic Security	Healthcare Access and Delivery	Healthcare Access and Delivery (tied for third)	Healthcare Access and Delivery
6	Community and Family Safety (tied for fourth)	Food Security	Food Security	Structural Racism	Community and Family Safety (tied for fifth)
7	Food Security (tied for fourth)	Community and Family Safety	Education	Food Security	Food Security (tied for fifth)
8	Transportation	Transportation	Transportation	Transportation	Transportation

Top Priority Health Need Descriptions

Behavioral Health: Behavioral health—which includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life—affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Among Contra Costa County key informants and focus group participants identifying behavioral health as a priority, most reported that behavioral health was often linked to other health needs such as trauma, community safety (over-policing and over-incarceration in communities of color), substance use, economic security challenges, and homelessness. Mental

health providers are less available in Contra Costa County when compared to the CA average (339 versus 352 per 100,000 population). In Alameda County, almost all key informants identified behavioral health as a top priority health need with some stating that the situation is at crisis level. Alameda County focus group participants identified a need to uplift behavioral health among immigrant communities, where language and other cultural barriers prevent immigrant residents from understanding behavioral health terminology or usefulness.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 % of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death. Contra Costa County key informants and focus group participants who identified housing and homelessness as a priority health need discussed how housing challenges influence other health needs by increasing economic and food insecurity, and unhealthy behaviors that exacerbate chronic disease and disability. The high cost of housing reflects these housing challenges, where the median rental cost per month in Contra Costa County ($2,025) is notably higher than the CA average ($1,689). Both key informants and focus group participants perceived Latinx and Black/African American Contra Costa County residents, and individuals experiencing mental illness or addiction as most affected by homelessness. Alameda County key informants and focus group participants echoed concerns about housing vulnerability among the same populations in Alameda County, and identified additional populations as at high risk for becoming unhoused: LGBTQIA+ community members, immigrants, women fleeing domestic violence, people with disabilities, and seniors. Alameda County has high housing costs, with the median rental cost 17% higher than the CA average ($1,972 versus $1,689).

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time. Factors contributing to economic security challenges identified in Contra Costa County key informant interviews and focus groups included: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports. They reported that these economic security challenges exacerbate a variety of issues for Contra Costa County residents, such as housing, access to healthcare, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use. Moreover, the Jobs Proximity Index rating (physical distance residents commute from their neighborhoods to job opportunities) is worse in Contra Costa County (37) than the CA average (48). Similar concerns and vulnerable populations

were cited by Alameda County key informants and focus group participants, with reports of Latinx and Black/African American populations in Alameda County facing significant income and employment disparities. Many economic security measures are worse than the CA average in Alameda County zip codes with large populations of color including: free and reduced-price lunch eligibility, high speed internet access, median household income, unemployment rate, young people not in school and not working, children living in poverty, and poverty rate.

Structural Racism: Structural racism refers to social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms. Structural racism is embedded in many health needs. Centuries of structural racism have fueled enduring health inequities. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, Latino/Latinx, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap further. Structural racism was a major need identified by key informants and focus group participants in Contra Costa and Alameda Counties. In Contra Costa County, several key informants and focus group participants described how structural racism results in limited healthcare access and delivery, worse quality of services received, decreased sense of community and family safety, and higher rates of trauma and mental health disorders for people of color compared to White residents. The need for accurate data disaggregated by race and implicit bias training for healthcare and social service providers was mentioned in several Contra Costa County key informant interviews. Alameda County key informants voiced similar concerns about structural racism as a contributor to other health needs, adding education, housing, economic security, and food security to the list identified in Contra Costa County. Alameda County key informants also described how structural racism is a driver that affects healthcare access and delivery because care received is often not culturally or linguistically competent.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include: insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency, multi-linguistic capacity, and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. Contra Costa County key informants and focus group participants identifying healthcare access and delivery as a priority emphasized limited services available to Medi-Cal recipients, with extremely long wait-times for appointments. They reported that Medi-Cal recipients struggle to navigate the complicated Medi-Cal system in Contra Costa County, which delays preventive appointments and results in emergency room visits as health issues go untreated. The need for culturally-aligned providers was a common theme in both Contra Costa County and Alameda County key informant interviews and focus groups, highlighting the need for providers representing the diversity of communities they serve.

Inequities in healthcare access and delivery are apparent in the birth data, where infant mortality is 80% higher for Black/African American infants (6.3 per 1,000 live births) and 120% higher for multiracial infants (7.7 per 1,000 live births) compared to all Contra Costa County births (3.5 per 1,000 live births). Alameda County key informants and focus group participants discussed the need for specialized training for healthcare providers working with specific populations, particularly LGBTQIA+ residents, people with disabilities, non-English speakers, and undocumented residents. Medicaid/public insurance enrollment is a need in Alameda County with enrollment 21% below the CA average (30% versus 38%).

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability and death. Many Contra Costa County key informants and focus group participants stated that community crime and violence is a symptom of trauma and unmet needs, linking community and family safety with residents' challenges maintaining housing, accessing healthcare (including behavioral healthcare services), and finding living wage employment. The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme discussed across several key informant interviews and focus groups. There were 50% more incidents of deadly force used by police in Contra Costa County as compared to police departments across CA; of the 6 incidents documented between 2013-2020, 3 were Black/African American deaths. Gun violence was a concern among Alameda County key informants. Two key measures of community safety, violent crime and injury deaths, were substantially higher in Alameda County than the CA average. Key informants in Contra Costa and Alameda Counties identified systemic racism as negatively impacting community safety.

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and mental health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. Several Contra Costa County focus group participants stated that accessing fresh produce and healthy food options is difficult throughout the county, reporting that stores stocking healthy foods are not in walking distance for most residents and require a car or public transportation to access. The percent of population with low grocery store access in Contra Costa County is 65% higher than the CA average (19% versus 12%). According to Alameda County key informants, many families experienced an increase in food insecurity

because of the COVID-19 pandemic. Even though the response to the need has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.), key informants were concerned that not all populations are being reached. Food insecurity among children is a concern, as secondary data indicate that almost 1 in 10 children (9.9%) in Alameda County live in food insecure households.

Education: The link between education and health is well-known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures than high school dropouts: income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement. A few Contra Costa County key informants emphasized the importance of ensuring quality education for all children as essential to ensuring their adult employment opportunities. They also highlighted the benefits of vocational training programs as important avenues to economic independence for individuals who did not complete high school or college. Elementary School Proficiency Score data indicate 30% lower performance on 4th grade state exams in Contra Costa County as compared to CA overall (School Proficiency Index score of 34 versus 49, with a lower score indicating lower student performance). In Alameda County, a few key informants noted disparities in educational attainment for children of color, which they linked to lack of education support services for these children. Moreover, the education levels of adults in Alameda County highlight education needs; adults attaining some college education is 24% lower in Alameda County than the CA average (17% versus 21%).

Transportation: Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion. Contra Costa County key informants and focus group participants identifying transportation as a health need described how inadequate transportation presents barriers to accessing healthcare and a number of health related activities of daily living, including: access to grocery stores selling healthy food, ability to get children to/from school, access to community events, and ability to commute to a living wage job. Secondary data reflect commuting concerns: the percent of workers driving alone with long commutes is worse in Contra Costa County than the CA average (20% versus 11%). The

percentage of workers driving alone with long commutes in Alameda County is also higher than the CA average (13% versus 11%). Alameda County key informants and focus group participants noted that many low-income families are dependent on public transportation, and safety on public transportation was a concern voiced by Alameda County focus group participants; this concern was further exacerbated by the COVID-19 pandemic, as county residents feared public transportation use would increase their risk of virus exposure.

Conclusion

John Muir Health's Implementation Strategy (IS) report will describe strategies to address selected priority needs based on health system assets, community resources and stakeholder expertise, and will guide Community Health Improvement programming from 2023-2025. This CHNA report and the three-year IS report are publicly available at https://www.johnmuirhealth.com/about-john-muir-health/community-commitment.html.

I. Introduction/Background

The John Muir Health 2022 Community Health Needs Assessment presents a comprehensive picture of community health. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large around the conditions that impact health and equity in the John Muir Health service area in efforts to improve the health and well-being of all residents.

In 2021/2022, seven local hospitals in Contra Costa and Alameda Counties, all members of the Alameda and Contra Costa Counties Hospital CHNA Group (see section IIIA), collaborated for the purpose of identifying critical health needs for their service areas. John Muir Health worked with its partners to conduct an extensive CHNA. This 2022 CHNA builds upon earlier assessments conducted by the hospitals. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone residing in the communities served. These CHNA results will drive plans for strategic investments to address the priority health needs, with each hospital involved in the CHNA developing an Implementation Strategy (IS) to outline how they will address the priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. The IS will be filed with the Internal Revenue Service. Both the CHNA and the IS, once finalized, will be posted publicly on each of the hospitals' websites. John Muir Health's 2022 CHNA report and IS will be available at https://www.johnmuirhealth.com/about-john-muir-health/community-commitment.html.

A. About John Muir Health

John Muir Health is a tax-exempt organization that includes two of the largest medical centers in Contra Costa County: John Muir Health Walnut Creek Medical Center, a 554-licensed bed medical center that serves as Contra Costa County's only designated trauma center; and John Muir Health Concord Medical Center, a 244-licensed bed medical center in Concord. Together, they are recognized as preeminent centers for neurosciences, orthopedics, cancer care, cardiovascular care and high-risk obstetrics.

John Muir Health also offers complete inpatient and outpatient behavioral health programs and services at its Behavioral Health Center, a fully accredited, 73-bed psychiatric hospital located in Concord.

Other areas of specialty include general surgery, robotic surgery, weight-loss surgery, rehabilitation and critical care. All hospitals are accredited by The Joint Commission, a national surveyor of quality patient care. In addition, John Muir Health provides a number of primary care and outpatient services throughout the community and urgent care centers in Berkeley, Brentwood, Concord, San Ramon and Walnut Creek.

John Muir Health serves patients in Contra Costa, Alameda, and southern Solano counties. The health system comprises a network of over 1,000 primary care and specialty physicians and more than 6,000 employees. John Muir Health also has partnerships with San Ramon Regional Medical Center, Stanford Children's Health, and University of California, San Francisco (UCSF)

Medical Center to expand capabilities, increase access to services, and better serve patients. More information is available on our website: https://www.johnmuirhealth.com/about-john-muir-health.html

Mission, Vision, and Values

John Muir Health is guided by its charitable mission, which serves as the foundation for directing the organization's Community Benefit activities. *We are dedicated to improving the health of the communities we serve with quality and compassion.*

John Muir Health's eight core values that guide its board of directors, management, and employees in all efforts are: Excellence, Honesty and Integrity, Mutual Respect and Teamwork, Caring and Compassion, Commitment to Patient Safety, Continuous Improvement, Stewardship of Resources, and Access to Care.

Community Commitment

John Muir Health's mission reflects community health efforts as a corporate leader and community partner. The community health leadership role is rooted in John Muir Health's excellence as a healthcare provider and commitment to building partnerships with organizations that also exemplify excellence.

John Muir Health views its commitment to community service initiatives as core to its mission. This commitment is seen through every facet of the organization from volunteers to physicians and in emergency departments and outpatient centers. Most clinical service lines lead and operate a community service initiative. For example, the Cancer Institute leads the La Clínica Specialty Care and Every Woman Counts programs. John Muir Health received Magnet® recognition honoring nursing services and quality nursing care, the highest recognition in nursing, and are leaders in community services through initiatives to promote health and wellness outside the hospital. Employees contribute when they participate in departmental programs, volunteer for John Muir Health–sponsored community events and programs, or volunteer in their own communities to make them better places to live and work.

B. About John Muir Health Community Health

The Community Health Improvement department serves as a steward for John Muir Health's charitable purposes by assisting the community in achieving optimal health through education, collaboration, and health/wellness programs and services. Community Health Improvement works in partnership with local communities, other health systems, public health providers, community clinics, community-based organizations, and school districts to identify and address unmet health needs among vulnerable populations. Community Health Improvement's main role is to coordinate the John Muir Health Community Benefit planning process and to act as the liaison to the community-at-large, which enables John Muir Health to align resources and strategies to better impact the goal of creating healthy communities.

The Community Benefit Oversight Committee (CBOC) provides governance for all Community Benefit activities. The CBOC is composed of executive leaders from across the health system and key community leaders. Additionally, John Muir Health's administration and board of directors oversee Community Benefit investments through frequent reporting. The Community Benefit

Guiding Principles, approved by the board of directors in 2015, include John Muir Health's vision for creating healthy communities. The principles also provide a framework for current and future community health priorities and initiatives, as follows:

- Provide subsidized care to patients served at John Muir Health facilities, according to the Patient Assistance/Charity Care Program Policy.
- Engage in activities that align with John Muir Health Community Benefit focus areas as defined in the triennial Community Health Improvement Plan.
- Focus investments in the John Muir Health Community Benefit service area.
- Engage in and create activities targeted to vulnerable populations, defined as those meeting one or more of the following characteristics: economically disadvantaged, evidenced-based disparities in health outcomes, significant barriers to care.
- Conduct long-term sustained activities with trusted partners.
- Partner with organizations that have expertise and specific capabilities to better leverage John Muir Health resources.
- Invest in activities with demonstrated outcomes in achieving community health improvement.
- Invest in activities that emphasize quality and continuity of care.
- Engage the community to gain broad support of activities.

In addition to direct delivery of care and Community Benefit programs, John Muir Health provides broad financial and technical support to promote community wellness. John Muir Health contributes $1 million each year to the John Muir/Mt. Diablo Community Fund, which works to bring systemic change that improves the health of people in central and east Contra Costa County who are most likely to experience healthcare disparities.

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 20 years (Senate bill 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals must conduct a CHNA and develop an IS every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

This 2022 John Muir Health CHNA has been designed to reflect federal requirements. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been a comprehensive process guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the John Muir Health service area were captured through key informant interviews and focus groups. Opinions were sought from key informants serving communities experiencing health inequities

and disparities; focus groups gave voice to community members who are low income and/or from communities of color and historically marginalized communities.

D. Description of the CHNA Process

The CHNA was a collaborative examination of health in the John Muir Health service area, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied a social determinants of health framework that examined the service area's social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the service area.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among underserved populations that disproportionately have worse health outcomes across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to in this report as "Priority Communities," as well as disparities among John Muir Health service area's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

This CHNA utilized a mixed-methods approach. The Alameda and Contra Costa Counties Hospital CHNA Group, community partners, and consultants reviewed secondary data available through Kaiser Permanente's Community Health Data Platform and compiled additional data from national, statewide, and local sources to provide a descriptive picture of health in the John Muir Health service area. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, primary data collected via key informant interviews conducted by Applied Survey Research (ASR) and focus groups conducted by Contra Costa Health Services and Alameda County Public Health offered a wide range of perspectives on the issues with the greatest impact on the health of the service area communities, as well as examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated to identify the top health needs in the service area and a health need profile summarizing key data points and findings was created for each health need.

A multi-step process was conducted to rank the health needs. The key findings from the CHNA primary and secondary data analysis were shared with 14 representatives from organizations serving diverse low-income populations experiencing health inequities. A series of meetings was held to review data and prioritize the health needs. Final health need prioritization was reached through a voting process conducted with meeting attendees. These methods, the data collected and the resulting prioritized community health needs are presented in this report and in the appendices.

II. Community Served

A. Definition of Community Served

The Internal Revenue Service defines the "community served" as individuals residing within the hospital's service area. A hospital service area comprises all the inhabitants of a defined geographic area and does not exclude low-income or underserved populations.

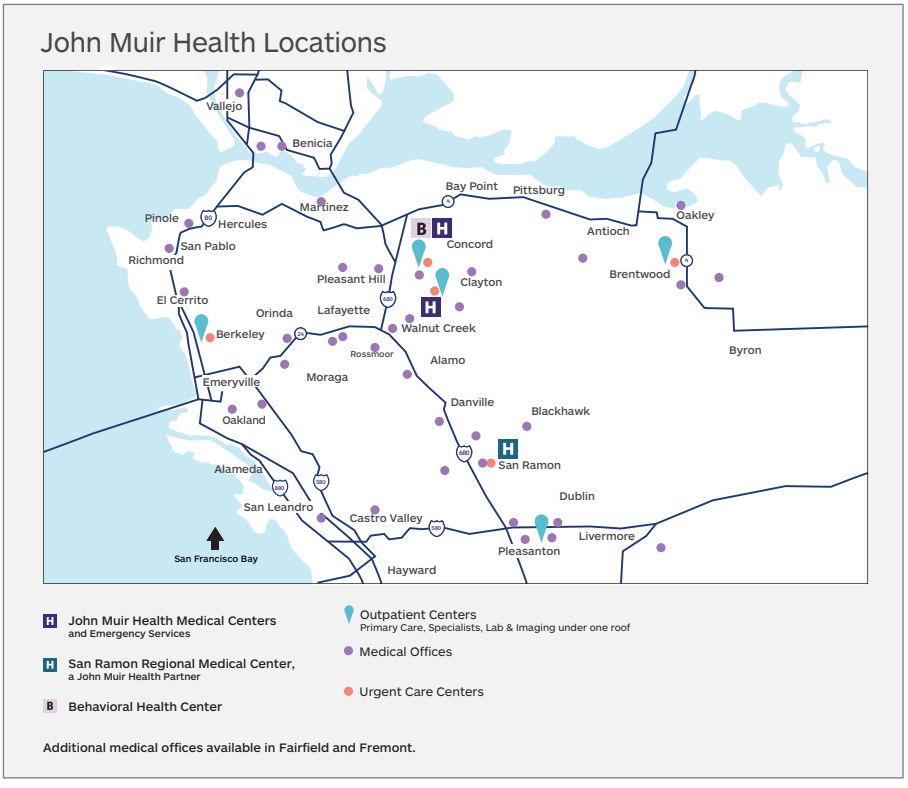
John Muir Health collaborated on the 2022 CHNA with other hospitals in Contra Costa and Alameda counties. Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its hospital service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda and Contra Costa Counties were the overall service area, with each hospital adding additional focus on their specific service areas.

John Muir Health's primary and secondary service area (Figure 1) extends from southern Solano County into Eastern Contra Costa County and south to San Ramon in Contra Costa County. John Muir Health's Trauma Center serves all of Contra Costa County, Solano County, and Marin County. It is also the backup trauma center for Alameda County. John Muir Health also serves eastern Alameda County in joint venture with San Ramon Regional Medical Center and serves northern Alameda County in joint venture with University of California, San Francisco.

John Muir Health's Community Benefit programs primarily focus on the needs of vulnerable populations in Contra Costa County, the Tri-Valley, and Northern Alameda County. Vulnerable populations are defined as experiencing evidenced-based disparities in health outcomes, significant barriers to care, and economic inequities.

B. Map of Community Served

Figure 1: Service Area Map



C. Demographics of Community Served

Table 1: Demographic Profile - Contra Costa County and Alameda County

Race/ethnicity	Contra Costa	Alameda
Total Population		
% age 65+	16%	14%
% under age 19	25%	23%
Race		
White	52%	39%
Black/African American	9%	11%
Asian	18%	31%
Other	14%	11%
Multiracial	6%	6%
American Indian/Alaskan Native	<1%	<1%
Native Hawaiian/Other Pacific Islander	<1%	<1%
Ethnicity		
Hispanic	26%	22%
Non-Hispanic	74%	78%

Socioeconomic Data	Contra Costa	Alameda
Living in poverty (<100% federal poverty level)	9%	9%
Children in poverty	12%	10%
Senior (>65) in poverty	6%	10%
Unemployment	6%	4%
Uninsured population	6%	5%
Adults with no high school diploma	12%	12%

For more in depth information describing demographics and other characteristics of selected geographies in the service area, please see the Priority Community Profiles, Section V and Appendix F.

III. Who Was Involved in the Assessment?

A. Identity of Hospitals and Other Partner Organizations Collaborating on the Assessment

John Muir Health was part of the Alameda and Contra Costa Counties Hospital CHNA Group that worked with the following partners:

Figure 2: CHNA Partners

Alameda and Contra Costa Counties Hospital CHNA Group
John Muir Health
Sutter Health
St. Rose Hospital
Stanford Health Care ValleyCare
UCSF Benioff Children's Hospitals

Partners
Kaiser Permanente
Alameda County Public Health Department
Contra Costa Health Services

B. Identity and Qualifications of Consultants Used to Conduct the Assessment

John Muir Health contracted with Ad Lucem Consulting, a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed numerous CHNA reports and Implementation Strategies for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

ASR, www.appliedsurveyresearch.org, conducted key informant interviews for CHNAs covering Alameda and Contra Costa counties. Secondary data charts/tables and interview data were generously shared with members of the Alameda and Contra Costa Counties Hospital CHNA Group and are included in this CHNA report. ASR also convened community stakeholders and hospital representatives to review service area data and participate in a health need ranking process. ASR is a social research organization dedicated to helping people build better communities through measuring and improving organizational impact and services and quality of life. ASR has a strong history of working with vulnerable populations and extensive experience

working with public and private agencies, federal and local government, health and human service organizations, cities and county offices, school districts, institutions of higher learning and charitable foundations.

IV. Process And Methods Used to Conduct the CHNA

A. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members via key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from public health and other public agencies, community organizations, and leaders, representatives, and members of medically underserved, low-income, and racial/ethnic populations. For a complete list of individuals who provided input, see Appendix A.

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

ASR conducted 32 key informant interviews with representatives from organizations serving Contra Costa County and 43 key informant interviews with individuals from organizations serving Alameda County. Those organizations represent diverse sectors (see Figure 3). The key informants were identified collaboratively by Kaiser Permanente, the public health agencies and members of the Alameda and Contra Costa Counties Hospital CHNA Group.

Figure 3: Sectors Represented by Key Informants

- Children/youth/families
- Communities of color
- Formerly incarcerated
- Immigrants/undocumented
- LGBTQIA+
- Older adults
- People with disabilities
- Unhoused
- Violence survivors

All interviews were conducted in English and followed a standard set of interview questions. Confidentiality was assured at the beginning of each interview and interviewers took detailed notes during the conversation.

Interview topics: Interview questions were developed by ASR (see Appendix B for the key informant interview guide) and addressed the following topics:

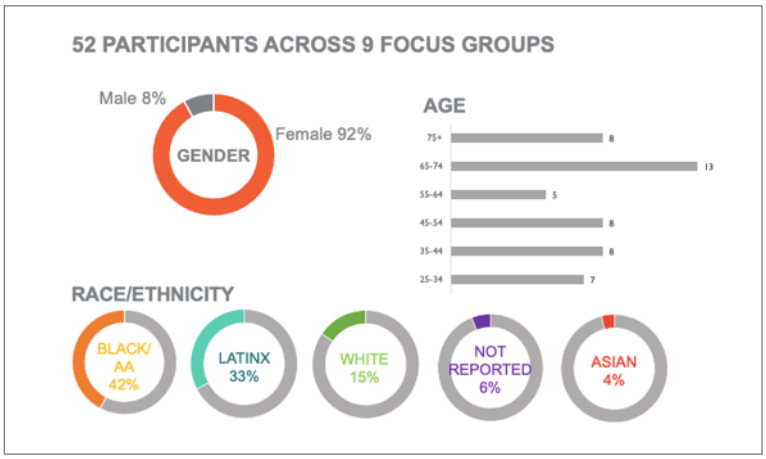
- Priority placed on 2019 health needs
- Other priority health needs
- Impact of COVID-19 on priority health needs
- Challenges to addressing priority health needs
- Sources of information on health needs
- Strategies to address priority health needs
- Health inequities and disparities
- Strategies to address inequities/disparities
- Existing community resources to address priority health needs

Data Analysis: ASR delivered to Ad Lucem Consulting a spreadsheet containing individual interviewee responses and key themes. The themes were further organized by Ad Lucem Consulting into the health needs defined by the Kaiser Permanente Community Health Data Platform, then the number of mentions for all themes related to a particular health need were tallied to develop an interview data score. Health needs were assigned points based on the frequency of mentions of the health need by key informants. Points for each health need were tallied across interviewees to develop interview scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

Focus Group Methodology

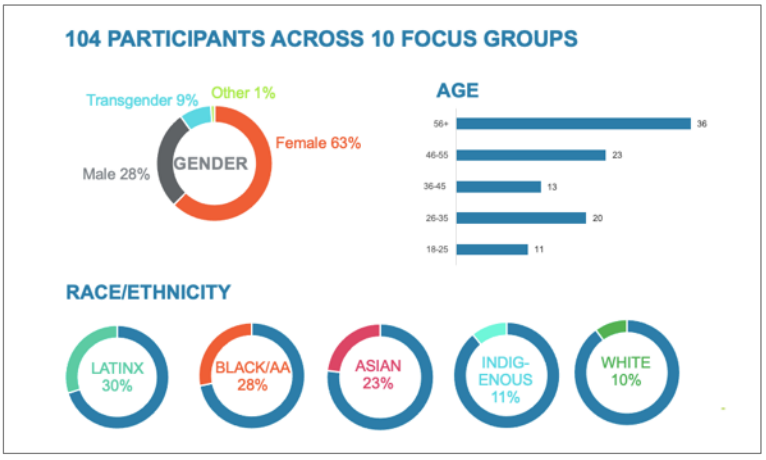
Nine community resident focus groups were conducted in geographic areas within Eastern, Central, and Western Contra Costa County. Seven groups were conducted in English, and two were conducted in Spanish. Participants were Black/African American and Latinx community members, and adults over the age of 65 from underserved, low-income, and diverse racial/ethnic communities. (See Figure 4a).

Figure 4a: Contra Costa County Focus Group Participant Profile



Ten community resident focus groups were conducted in geographic areas within Northern and Central Alameda County and the Tri-Valley area. Three groups were conducted in English, four were conducted in Spanish, one in Vietnamese, one in Cantonese, and one in a combination of English and Spanish. Participants were from underserved, low-income, senior, unhoused, LGBTQIA+, and diverse racial/ethnic communities (Vietnamese, Cantonese, Black/African American, Indigenous, and Latinx). (See Figure 4b).

Figure 4b: Alameda County Focus Group Participant Profile



Contra Costa Health Services and the Alameda County Public Health Department conducted the focus groups. In Contra Costa County, Community Ambassadors were trained by Ad Lucem Consulting to conduct focus groups with community residents. Community Ambassadors attending the virtual training received detailed instruction on a virtual or in person focus group process including: focus group logistics, focus group facilitation, note taking and recording the

focus group. Training participants received an electronic toolkit that included a focus group manual, the focus group guide with detailed instructions, a tip sheet for overcoming common facilitation challenges, and other supporting materials. Contra Costa Health Services publicized the focus groups widely to recruit participants. Alameda County Public Health staff recruited participants in partnership with community organizations, organized logistics and facilitated the focus groups. Each focus group session averaged 60 minutes and was recorded for later transcription.

Contra Costa Health Services and Alameda County Public Health staff collected focus group participant demographics through a screener survey. Ad Lucem Consulting was provided with analyzed screener survey results for inclusion in the CHNA report. Focus group recordings were translated into English as needed and all recordings were transcribed. Focus group transcripts were delivered to Ad Lucem Consulting for analysis. Ad Lucem Consulting provided both health departments with a $25 gift card for each participant as a thank you for their time and engagement.

Focus group question guide: A focus group guide ensured consistency across groups. The focus group questions were developed by the Alameda and Contra Costa Counties Hospital CHNA Group based on focus group questions designed by Ad Lucem Consulting for previous CHNAs. Questions were open-ended and additional probing questions were used as needed to elicit in-depth responses and rich details. The questions were translated into Spanish. Focus group facilitators adjusted the questions as needed to ensure participant comprehension and maximize interaction.

At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete focus group guide, see Appendix C. Questions addressed the following topics:

- Facilitators and barriers to health in the community
- Priority health needs facing community and why they are important
- Priority given to behavioral health, economic security, and access to care
- COVID impact on health needs
- Strategies that are working to address health issues and new strategies needed
- Health inequities and disparities and strategies to reduce inequities and disparities

Data Analysis: Focus group transcripts were reviewed and coded to identify prominent themes. Health topics discussed by focus group participants were organized into the health need categories defined by the Kaiser Permanente Community Health Data Platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. Points for each health need were tallied across focus groups to develop scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

B. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

John Muir Health used the Kaiser Permanente Community Health Data Platform (https://public.tableau.com/app/profile/kp.chna.data.platform/viz/CommunityHealthNeedsDashboard-AllCountiesinKPStates/Starthere) to review a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. This platform allows users to view, map and analyze indicators, understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

In addition, John Muir Health used data sources beyond those included in the Kaiser Permanente Community Health Data Platform to inform the health need prioritization and health need profiles, including the Healthy Places Index (https://healthyplacesindex.org/), data from the Contra Costa Health Services, California Health Interview Survey, California Healthy Kids Survey, the Bay Area Equity Atlas, KidsKata.org, Contra Costa Health, Housing and Homeless Services data, and data from the Alameda County Public Health Department.

The Priority Community Profiles included in this report were developed in 2021 and used the Healthy Places Index (HPI) 2.0 data/website, prior to the release of HPI 3.0 in 2022. Identification and prioritization of health needs were based on the multiple primary and secondary data sources described in this report.

Specific sources and dates for secondary data are listed in Appendix D. Appendix E presents data from the Kaiser Permanente Community Health Data Platform.

C. Written Comments

John Muir Health provided the public an opportunity to submit written comments on the facility's previous CHNA Report via email (Community.Benefit@johnmuirhealth.com). This email will continue to allow for written community input on the hospital's most recent CHNA Report.

As of the time of this CHNA report development, John Muir Health had not received written comments about the previous CHNA report. John Muir Health will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff. Comments on the CHNA can be submitted to Community.Benefit@johnmuirhealth.com.

D. Data Limitations and Information Gaps

The Kaiser Permanente Community Health Data Platform includes approximately 100 secondary indicators that provide comprehensive data to identify the broad health needs faced by a community. The supplemental indicators included in this CHNA provide additional measures of factors influencing health. However, there are limitations with regard to these measures, as is true with any secondary data:

- Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs.
- Data illustrating racial/ethnic disparities in the Kaiser Permanente Community Health Data Platform was only available based on population composition for a given geography.
- A number of indicators reported rely on the Census/American Communities Survey which may be based on small sample sizes and are estimates rather than actual measures.
- Data are not always collected on a yearly basis, and some data are several years old.

Primary data collection and the health need ranking processes are also subject to the following limitations and information gaps:

- Themes identified during interviews and focus groups were dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of key informants and focus group participants sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meeting, and to how those individuals voted on that particular day.

V. Priority Communities

The 2022 CHNA for John Muir Health placed particular emphasis on the health issues and contributing factors that impact populations with disproportionately poor health outcomes. Priority Community Profiles were developed to present local data as a complement to the John Muir Health service area data reported elsewhere in the CHNA. The profiles include demographics, data on root causes of health, and additional statistics.

Priority Community Profiles can be found in Appendix F.

VI. Identification and Prioritization of the Community's Health Needs

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, health needs are defined as including the elements essential to improving or maintaining health status in the community at large and in particular parts of the community, such as particular geographies or populations experiencing health inequities. Essential elements may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

Measures in the Kaiser Permanente Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in the John Muir Health service area.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower, 0: no need) based on how many measures were worse than the California average by 20% or more.

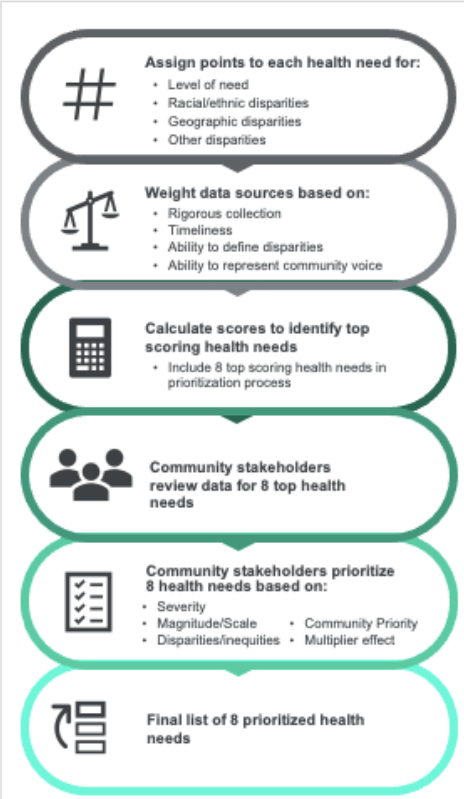
Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on a 0-4 point scale based on the number of times the theme was mentioned. Both the Data Platform and primary data informed scores for geographic, racial/ethnic and other disparities.

Each data collection method was assigned a weight, based on rigor of the data collection method, timeliness, and ability to describe inequities/disparities. Primary data (key informant interviews and focus groups) were weighted significantly more than the secondary data given the timeliness of this data and the representation from community members from and service providers to diverse, underserved communities. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest.

After analyzing and scoring the primary and secondary data, the eight highest scoring health needs were presented at meetings attended by the Alameda and Contra Costa Counties Hospital CHNA Group, Kaiser Permanente and community partners.

Data were explored for a number of health needs (cancer, chronic disease and disability, climate and environment, family and social support, Healthy Eating Active Living opportunities, substance use, sexual health) that were scored, but not discussed at the health need ranking meetings due to their low scores.

Figure 5: Health Need Identification and Prioritization Process



B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were employed to prioritize the list of health needs for the John Muir Health service area:

- **Severity:** How severe the health need is (potential to cause death or disability)
- **Magnitude or scale:** The number of people affected by the health need
- **Clear disparities or inequities:** Differences in health outcomes by subgroups (based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others)
- **Community priority:** The community prioritizes the issue over other issues
- **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems

ii. Prioritization Process

A process was conducted to rank the health needs and identify the top four priority health needs during virtual meetings. In partnership with Kaiser Permanente, ASR contacted community leaders including county health, partner hospitals, and community organization leaders to attend county-level group meetings to rank top health needs for service areas within Contra Costa and Alameda Counties. The meeting for Contra Costa County was attended by 12 participants serving diverse low income populations experiencing health inequities, including: hospital representatives, Contra Costa County Health Services, the Community Clinic Consortium of Contra Costa and Solano Counties, the Contra Costa County Office of Education and The California Endowment (a health funder). The meeting for Alameda County was attended by 14 participants serving diverse low-income populations experiencing health inequities, including: hospital representatives, Alameda County Public Health Department, Community Health Center Network, Alameda County Office of Education and The California Endowment (a health funder). ASR presented qualitative and quantitative findings for the top scoring eight health needs identified through the scoring process described above. One representative from each organization affiliated with each service area ranked the health needs on a scale of 0-4, with 0 being “not a priority” to 4 being a “very high priority”. Vote values (0-4) from each voting attendee were averaged.

C. Prioritized Description of Health Needs

The prioritization resulted in the following final rank ordered health needs for each region in the John Muir Health service area, listed from highest to lowest per the process described in section Bii above. The results of the prioritization and brief descriptions of the top priority health needs across John Muir Health’s Contra Costa and Alameda County service areas are provided below. The map below defines the county regions used for the ranking process and the following table lists the health need ranking results by region. Brief descriptions are provided for the top priority health needs across John Muir Health’s Contra Costa County and Alameda County service areas.

A map of the John Muir Health Service Area Region (Figure 6) is provided below, as well as the results of the prioritization (Table 2) and brief descriptions of the top priority health needs across John Muir Health’s Contra Costa County and Alameda County service areas.

Figure 6: Contra Costa and Alameda County Regions

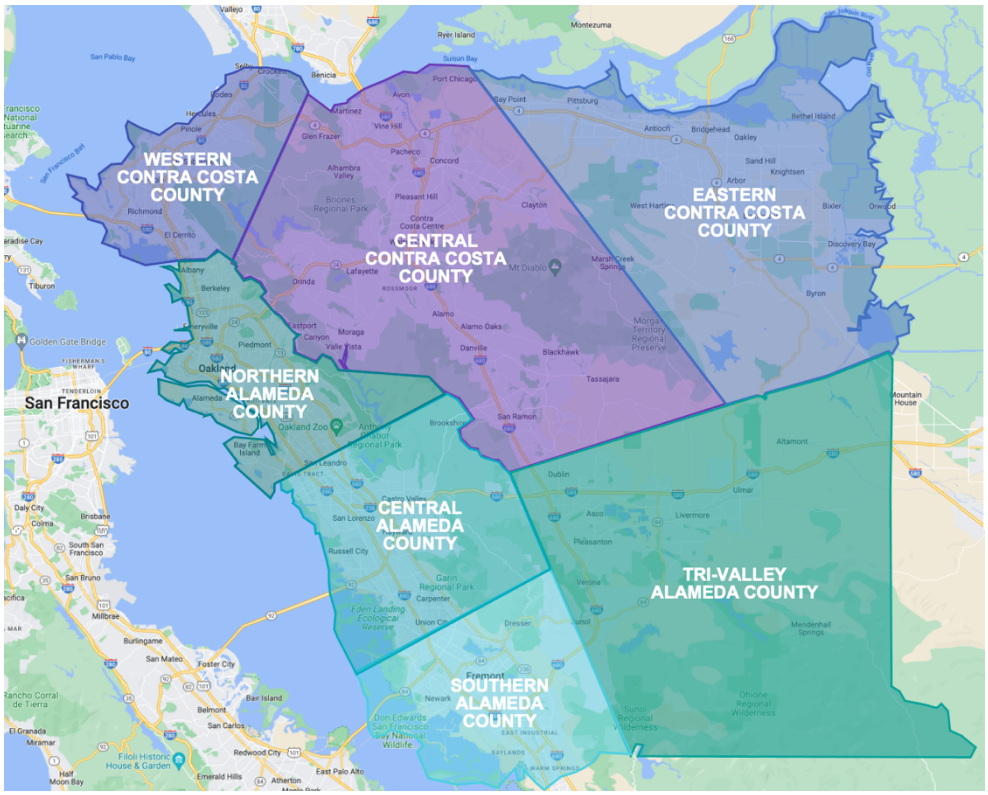


Table 2: CHNA Health Needs in Priority Order by Service Area Region

Health Need Rank	Eastern Contra Costa	Central Contra Costa	Western Contra Costa	Northern Alameda	Tri-Valley
1	Behavioral Health (tied for first)	Behavioral Health	Behavioral Health	Behavioral Health	Behavioral Health
2	Housing and Homelessness (tied for first)	Healthcare Access and Delivery	Economic Security (tied for second)	Housing and Homelessness	Structural Racism
3	Economic Security	Housing and Homelessness	Housing and Homelessness (tied for second)	Community and Family Safety (tied for third)	Economic Security (tied for third)
4	Healthcare Access and Delivery (tied for third)	Structural Racism	Community and Family Safety	Economic Security (tied for third)	Housing and Homelessness (tied for third)
5	Structural Racism (tied for third)	Economic Security	Healthcare Access and Delivery	Healthcare Access and Delivery (tied for third)	Healthcare Access and Delivery
6	Community and Family Safety (tied for fourth)	Food Security	Food Security	Structural Racism	Community and Family Safety (tied for fifth)
7	Food Security (tied for fourth)	Community and Family Safety	Education	Food Security	Food Security (tied for fifth)
8	Transportation	Transportation	Transportation	Transportation	Transportation

Detailed profiles for each health need are found in Appendix G.

Behavioral Health: Behavioral health—which includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life—affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Among Contra Costa County key informants and focus group participants identifying behavioral health as a priority, most reported that behavioral health was often linked to other health needs such as trauma, community safety (over-policing and over-incarceration in communities of color), substance use, economic security challenges, and homelessness. Mental health providers are less available in Contra Costa County when compared to the CA average (339 versus 352 per 100,000 population). In Alameda County, almost all key informants identified behavioral health as a top priority health need with some stating that the situation is at crisis level. Alameda County focus group participants identified a need to uplift behavioral health among immigrant communities, where language and other cultural barriers prevent immigrant residents from understanding behavioral health terminology or usefulness.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 % of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death. Contra Costa County key informants and focus group participants who identified housing and homelessness as a priority health need discussed how housing challenges influence other health needs by increasing economic and food insecurity, and unhealthy behaviors that exacerbate chronic disease and disability. The high cost of housing reflects these housing challenges, where the median rental cost per month in Contra Costa County ($2,025) is notably higher than the CA average ($1,689). Both key informants and focus group participants perceived Latinx and Black/African American Contra Costa County residents, and individuals experiencing mental illness or addiction as most affected by homelessness. Alameda County key informants and focus group participants echoed concerns about housing vulnerability among the same populations in Alameda County, and identified additional populations as at high risk for becoming unhoused: LGBTQIA+ community members, immigrants, women fleeing domestic violence, people with disabilities, and seniors. Alameda County has high housing costs, with the median rental cost 17% higher than the CA average ($1,972 versus $1,689).

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the

presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time. Factors contributing to economic security challenges identified in Contra Costa County key informant interviews and focus groups included: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports. They reported that these economic security challenges exacerbate a variety of issues for Contra Costa County residents, such as housing, access to healthcare, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use. Moreover, the Jobs Proximity Index rating (physical distance residents commute from their neighborhoods to job opportunities) is worse in Contra Costa County (37) than the CA average (48). Similar concerns and vulnerable populations were cited by Alameda County key informants and focus group participants, with reports of Latinx and Black/African American populations in Alameda County facing significant income and employment disparities. Many economic security measures are worse than the CA average in Alameda County zip codes with large populations of color including: free and reduced-price lunch eligibility, high speed internet access, median household income, unemployment rate, young people not in school and not working, children living in poverty, and poverty rate.

Structural Racism: Structural racism refers to social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms. Structural racism is embedded in many health needs. Centuries of structural racism have fueled enduring health inequities. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, Latino/Latinx, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap further. Structural racism was a major need identified by key informants and focus group participants in Contra Costa and Alameda Counties. In Contra Costa County, several key informants and focus group participants described how structural racism results in limited healthcare access and delivery, worse quality of services received, decreased sense of community and family safety, and higher rates of trauma and mental health disorders for people of color compared to White residents. The need for accurate data disaggregated by race and implicit bias training for healthcare and social service providers was mentioned in several Contra Costa County key informant interviews. Alameda County key informants voiced similar concerns about structural racism as a contributor to other health needs, adding education, housing, economic security, and food security to the list identified in Contra Costa County. Alameda County key informants also described how structural racism is a driver that affects healthcare access and delivery because care received is often not culturally or linguistically competent.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include: insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency, multi-linguistic capacity, and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. Contra Costa County key informants and focus group participants identifying healthcare access and delivery as a priority emphasized limited services available to Medi-Cal recipients, with extremely long wait-times for appointments. They reported that Medi-Cal recipients struggle to navigate the complicated Medi-Cal system in Contra Costa County, which delays preventive appointments and results in emergency room visits as health issues go untreated. The need for culturally-aligned providers was a common theme in both Contra Costa County and Alameda County key informant interviews and focus groups, highlighting the need for providers representing the diversity of communities they serve. Inequities in healthcare access and delivery are apparent in the birth data, where infant mortality is 80% higher for Black/African American infants (6.3 per 1,000 live births) and 120% higher for multiracial infants (7.7 per 1,000 live births) compared to all Contra Costa County births (3.5 per 1,000 live births). Alameda County key informants and focus group participants discussed the need for specialized training for healthcare providers working with specific populations, particularly LGBTQIA+ residents, people with disabilities, non-English speakers, and undocumented residents. Medicaid/public insurance enrollment is a need in Alameda County with enrollment 21% below the CA average (30% versus 38%).

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability and death. Many Contra Costa County key informants and focus group participants stated that community crime and violence is a symptom of trauma and unmet needs, linking community and family safety with residents' challenges maintaining housing, accessing healthcare (including behavioral healthcare services), and finding living wage employment. The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme discussed across several key informant interviews and focus groups. There were 50% more incidents of deadly force used by police in Contra Costa County as compared to police departments across CA; of the 6 incidents documented between 2013-2020, 3 were Black/African American deaths. Gun violence was a concern among Alameda County key informants. Two key measures of community safety, violent crime and injury deaths, were substantially higher in Alameda County than the CA average. Key informants in Contra Costa and Alameda Counties identified systemic racism as negatively impacting community safety.

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and mental health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. Several Contra Costa County focus group participants stated that accessing fresh produce and healthy food options is difficult throughout the county, reporting that stores stocking healthy foods are not in walking distance for most residents and require a car or public transportation to access. The percent of population with low grocery store access in Contra Costa County is 65% higher than the CA average (19% versus 12%). According to Alameda County key informants, many families experienced an increase in food insecurity because of the COVID-19 pandemic. Even though the response to the need has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.), key informants were concerned that not all populations are being reached. Food insecurity among children is a concern, as secondary data indicate that almost 1 in 10 children (9.9%) in Alameda County live in food insecure households.

Education: The link between education and health is well-known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures than high school dropouts: income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement. A few Contra Costa County key informants emphasized the importance of ensuring quality education for all children as essential to ensuring their adult employment opportunities. They also highlighted the benefits of vocational training programs as important avenues to economic independence for individuals who did not complete high school or college. Elementary School Proficiency Score data indicate 30% lower performance on 4th grade state exams in Contra Costa County as compared to CA (School Proficiency Index score of 34 versus 49, with a lower score indicating lower student performance). In Alameda County, a few key informants noted disparities in educational attainment for children of color, which they linked to lack of education support services for these children. Moreover, the education levels of adults in Alameda County highlight education needs; adults attaining some college education is 24% lower in Alameda County than the CA average (17% versus 21%).

Transportation: Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion. Contra Costa County key informants and focus group participants identifying transportation as a health need described how inadequate transportation presents barriers to accessing healthcare and a number of health related activities of daily living, including: access to grocery stores selling healthy food, ability to get children to/from school, access to community events, and ability to commute to a living wage job. Secondary data reflect commuting concerns: the percent of workers driving alone with long commutes is worse in Contra Costa County than the CA average (20% versus 11%). The percentage of workers driving alone with long commutes in Alameda County is also higher than the CA average (13% versus 11%). Alameda County key informants and focus group participants noted that many low-income families are dependent on public transportation, and safety on public transportation was a concern voiced by Alameda County focus group participants; this concern was further exacerbated by the COVID-19 pandemic, as county residents feared public transportation use would increase their risk of virus exposure.

D. Community Resources Potentially Available to Respond to the Identified Health Needs

The John Muir Health service area contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community organizations engaged in addressing many of the health needs prioritized by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix H Community Resources.

VII. John Muir Health 2019 Implementation Strategy Evaluation of Impact

The final hospital CHNA regulations issued by the Department of Treasury (December 29, 2014) require that each hospital's CHNA report include an impact evaluation for actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) and selected to address in the hospital's Implementation Strategy (IS) report.

Prior to this report, John Muir Health adopted its most recent CHNA and IS in 2019.

The 2019 Implementation Strategy (IS) identified programs/activities to address significant health needs prioritized in the 2019 CHNA report. Programs/activities were developed in response to the 2019 Community Health Needs Assessment, internal data and community partner input.

John Muir Health, guided by its mission and capacity, selected the following 2019 Implementation Strategy priority needs:

1. Access to care, including primary and specialty care
2. Behavioral and mental health services
3. Economic Security, to include
    a. Housing
    b. Food
    c. Community and family safety

Programs/activities to address these needs include initiatives and community-based programs operated or substantially supported by John Muir Medical Center, Walnut Creek, John Muir Medical Center, Concord and John Muir Health Behavioral Health Center.

The following year end results are outlined by each of three identified needs, and their associated long-term and intermediate goals. Select program outcomes from 2020-2021, inclusive, are provided.

Community Health Need: Access to care, including primary and specialty care	
Long Term Goal:	Increase access to culturally and linguistically appropriate healthcare and healthcare support services for low-income children, adults, and seniors.
Intermediate Goals:	1. Increase access to comprehensive primary care for vulnerable adults. 2. Increase access to specialty care services for vulnerable adults. 3. Increase access to healthcare support services for vulnerable individuals.

Selected high impact strategy examples and outcomes

JMH Mobile Health Clinic: Provide comprehensive primary care for vulnerable adults unable to access care due to inadequate insurance coverage, availability of services, timeliness of appointments or accessibility.

- Total unique patients served during Saturday Clinic and JMH Family Residency Clinic: 684
- Total encounters during Saturday Clinic and JMH Family Residency Clinic: 961
- Mobile Health Clinic patients served through partnership programs (RotaCare and Healthcare for the Homeless): 2,189
- 84% of patients served were non-English speaking and 100% of services met their linguistic needs (primarily Spanish).
- Total number of Covid-19 Vaccine clinics: 21
- Total number of Covid-19 Vaccines administered: 3,634

La Clínica Specialty Care Program: Provide specialty care services for vulnerable adults unable to access care due to lack of coverage.

- Providers were recruited to meet the needs of referred patients, which included gynecological oncologist, gynecologist, medical oncologist, radiation oncologist, diagnostic imaging, gastroenterologist, surgeon, cancer geneticist, urologist, and others.

- Total patients served: 553
- Total encounters: 1,705
- Total cancer diagnoses: 20
- 95% of patients completed treatment or received/scheduled follow-up appointments.

Operation Access: Provide specialty care services for vulnerable adults unable to access care due to lack of coverage.

- Total patients who received surgical services: 387
- Total active volunteer physicians from John Muir Health who provided at least one surgical service: 61 providers
- Prior to utilizing Operation Access services, 17% of patients reported that they visited the Emergency Room.

Every Woman Counts Program: Provide free breast cancer screening for low-income women unable to access care due to lack of coverage.

- Total patients served: 460
- 98% of breast cancer patients were provided with same day "one stop" services, including: breast exams, diagnostic mammograms, ultrasounds and biopsies.
- Total cancer diagnoses: 9
- 100% of patients diagnosed were enrolled in the Breast and Cervical Cancer Treatment Program.

Nineteen additional Access to Care funded programs and partnerships:

- Community School Nurse Program
- Contra Costa CARES
- Diabetes Education and Empowerment Program
- Independent Living Resources
- Inspiring Communities
- La Clínica de la Raza
- LifeLong Medical Care
- Lung Cancer Screening Program
- Meals on Wheels of Diablo Region
- Mobility Matters
- Monument Crisis Center
- Monument Impact
- Mt. Diablo Unified School District
- Order of Malta Clinic
- Ronald McDonald Mobile Dental Clinic and Dental Collaborative of Contra Costa
- RotaCare Concord and RotaCare Pittsburg
- St. Vincent de Paul
- Village Community Resource Center
- Walnut Creek Seniors Club Transportation Program

Community Health Need: Behavioral and mental health services	
Long Term Goal:	Increase access to behavioral and mental health support for vulnerable communities.
Intermediate Goals:	1. Increase access to behavioral and mental health prevention and intervention support for vulnerable individuals and families. 2. Increase youth-centric behavioral and mental health support. 3. Increase supportive services for individuals directly impacted by community violence.

Selected high impact strategy examples and outcomes

Restorative Justice (RJ) Initiative: In collaboration with Planting Justice, provide RJ training series and community building model for schools throughout Contra Costa County.

- Total number of school staff, teachers and administrators that received training: 196
- Total number of school staff selected as Summer Cohort RJ Ambassadors: 24
- Number of schools that held trainings: 9
- 100 % of schools have ongoing implementation of RJ Community Circles.

Fred Finch Youth and Family Services: Provide linguistically appropriate direct mental and behavioral health services at no cost to low-income and uninsured individuals at Mobile Health Clinic's Brentwood Saturday Clinic, Antioch High School, Deer Valley High School, and Beyond Violence partner organizations Center for Human Development and One Day at a Time.

- Total unduplicated clients served: 207
- Total number of visits: 3,250
- 90% of services are for 1:1 sessions.
- Primary reason for referral was anxiety/stress.

Putnam Clubhouse: Support and/or provide behavioral health intervention services to vulnerable adults with severe mental health illness through education and vocational rehabilitation support services.

- Total members: 1,004
- Total hours spent participating in activities: 116,378
- Total members who secured employment: 65
- Total members who returned to school: 36
- 82 % improved emotional well-being
- John Muir Health provided health education materials and workshops on a variety of topics including: COVID-19 prevention, aging and health, sleep management, stress management.

Mentes Positivas en Accion (Positive Minds in Action) Promotores Program: Trained promotores (community health workers) provide support for stress and depression prevention and/or improvement for vulnerable communities; offered by Monument Impact.

- Total Promotores trained for Mentes Positivas en Accion: 22
- Total Mentes Positivas en Accion: 29
- Total community member participants: 175
- 100% of classes conducted in Spanish.

Six additional Behavioral and Mental Health funded programs and partnerships:

- Antioch Unified School District
- Monument Crisis Center
- Complex Community Care Coordination
- Village Community Resource Center
- Meals on Wheels of Diablo Region
- Women's Cancer Resource Center

Community Health Need: Economic Security, to include housing, food, community and family safety	
Long Term Goal:	Improve health outcomes by addressing socio-economic factors that directly impact the social determinants of health.
Intermediate Goals:	1. Increase access to housing resources to provide unsheltered individuals and families with adequate housing and support services. 2. Increase access to workforce training opportunities for youth and low-income individuals. 3. Increase access to healthy food and exercise opportunities for low-income families. 4. Reduce community violence in vulnerable communities by promoting holistic community and family healing.

Selected high impact strategy examples and outcomes: Economic Security (Workforce Development)

Junior Achievement of Northern California Young Healers Program: A high school internship program for students interested in pursuing health careers, focusing on underrepresented youth.

- Total number of unique students participating in Spring or Summer internships: 120
- Total number of participants for the career speaker series: 917
- Total scholarships awarded: 33
- Total number of John Muir Health Mentors/Volunteers: 45

One additional Workforce Development funded program and partnership:

- Health Career Connections

Selected high impact strategy examples and outcomes: Community and Family Safety

Beyond Violence Program: Provide intervention and referrals to trauma victims ages 15-25 to prevent recidivism and retaliation.

- Total clients: 108
- Total support service interventions provided: 427
- 99 % remained alive.
- Total clients that worked with a mental health provider = 67

Contra Costa Family Justice Center: Provide navigation and mental health services to victims and survivors of interpersonal violence in Central and East Contra Costa County. (Partnership began in 2021).

- Total number of clients served in Eastern and Central Contra Costa County: 1,898
- Total number of clients connected to mental health services: 223
- 90% of clients report an increase in safety.
- 89% of clients demonstrated an increase in mental health and wellness knowledge.

11 additional Community and Family Safety funded programs and partnerships:

- Antioch Unified School District
- Brentwood Union School District
- Bike East Bay
- Center for Human Development
- Health and Active Before 5
- KidPower
- Planting Justice Restorative Justice Initiative
- Rise Up Against Racism
- RYSE Center
- One Day at a Time
- Pittsburg Unified School District

Selected high impact strategy examples and outcomes: Food Security

Alameda County Community Food Bank: Provide access to fresh produce for low-income families in Alameda County. (Partnership began in 2021).

- Total pounds of food distributed by 90 partners across 100 locations: 7,454,586
- Number of mini-grants awarded to partner agencies in Northern Alameda County to investment in and improve their food distribution capacity: 5

Food Bank of Contra Costa and Solano County's Community Produce Program: Provide access to fresh produce for low-income families in Contra Costa County.

- Total people served: 26,000
- Total pounds of fresh fruits and vegetables distributed: over 10.2 million
- Clients overall reported increased consumption of fresh fruits and vegetables and more balanced diets since receiving food from the program.

White Pony Express: Food rescue program in Eastern and Central Contra Costa County. (partnership began in 2021) that obtains high-quality, surplus fresh food from grocers, farmers markets, restaurants, and wholesalers and delivers it to organizations serving those in need.

- Total clients (including unhoused, low-income seniors, new immigrant families, students and their families, and other vulnerable, low/no-income populations) receiving healthy, fresh food: 80,000+
- Total infants and children receiving fresh, nutritious food: 25,000+

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3 additional Food Security funded programs and partnerships:

- 18 Reasons
- Fresh Approach
- Monument Crisis Center

Selected high impact strategy examples and outcomes: Housing Security

Hope Solutions: Support permanent affordable housing and supportive services for homeless and at-risk families and individuals. (Partnership began in 2021).

- Total number of households newly housed: 393
- Total number of people newly housed: 748
- Total number of people receiving support services: 1,450

Support4Recovery: Provide housing grants allowing people leaving treatment programs to go to sober living environments, preventing many from living on the streets and becoming unsheltered.

- Total number of participants placed in sober living environment: 59
- Average length of stay for sober living residencies: 37 days
- 79% of individuals were successfully discharged from the program.
- 100% of individuals who relapsed were referred to a treatment program.

Trinity Center: Provide support services to homeless and working poor adult men, adult women and transitional age youth in Walnut Creek and Central Contra Costa County. (Partnership began in 2021).

- Total number of unique individuals served: 1,092
- Total number of member visits: 16,086
- Total number of items distributed from the clothing closet: 16,437
- Total number of unique individuals who utilized the emergency overnight shelter: 38
- Total number of unique individuals who utilized the substance use program: 159

One additional Housing Security funded program and partnership:

- Philip Dorn Respite Center, Contra Costa Health, Housing & Homeless Services

VIII. Conclusion

John Muir Health collaborated with partners to meet the requirements of the federally mandated CHNA by pooling expertise, guidance, and resources to produce this 2022 CHNA report. By gathering secondary data and conducting primary research with other healthcare facilities and the local public health departments, the hospitals gained a shared understanding of how health indicator data for the John Muir Health service area compared to state benchmarks as well as the community's perception of health needs. This rich base of information informed the hospital's prioritization of health needs.

Next Steps for John Muir Health:

- Ensure the 2022 CHNA is adopted by the hospital board and made publicly available on John Muir Health's website (https://www.johnmuirhealth.com/about-john-muir-health/community-commitment.html)
- Monitor community comments on the CHNA report submitted to Community.Benefit@johnmuirhealth.com (ongoing).
- Select priority health needs to address.
- Develop an IS to address priority health needs.
- Ensure the IS Plan is adopted by the hospital board and filed with the IRS.

APPENDICES

A. Contra Costa and Alameda Counties Community Input Lists
B. Key Informant Interview Guide
C. Focus Group Screeners and Guide
D. CHNA Secondary Data Indicator Definitions, Data Sources and Dates
    i. Kaiser Permanente Community Health Data Platform
    ii. Other Secondary Data
E. Contra Costa and Alameda Counties CHNA Secondary Data Table
F. Priority Community Healthy Places Index Scores/Profiles
G. Health Need Profiles
H. Contra Costa and Alameda Counties Community Resources

Appendix A: Contra Costa and Alameda Counties Community Input Lists

Contra Costa County

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date input gathered
1	Key Informant Interview	Association of Bay Area Governments	1	Local governments	Leader	8/4/21
2	Key Informant Interview	Antioch/Brentwood/Pittsburg Unified School Districts	2	Schools	Leader	8/6/21
3	Key Informant Interview	Asian Pacific Environmental Nework & Greenlining	1	Communities of color, low-income	Leader	8/12/21
4	Key Informant Interview	Contra Costa County Employment and Human Services	1	Older adults, individuals with disabilities	Leader	8/17/21
5	Key Informant Interview	Contra Costa Health Services - Health Care for the Homeless	1	Medically underserved	Leader	8/6/21
6	Key Informant Interview	CoCoKids	1	Children	Leader	8/4/21
7	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/FQHCs (+La Clinica de la Raza, Lifelong, Axis Community Health Center)	2	Medically underserved	Leader	8/18/21
8	Key Informant Interview	Contra Costa County Transportation Commission	2	Transportation	Leader	8/17/21
9	Key Informant Interview	Contra Costa Family Justice Center	1	Victims of interpersonal violence	Leader	8/9/21
10	Key Informant Interview	Department of Conservation and Development	1	Community development and transportation	Leader	8/5/21
11	Key Informant Interview	East Bay Asian Local Development Corporation/Berkeley Food and Housing Project/Bay Area Community Services	3	Housing insecure, individuals with mental illness	Leader	8/24/21
12	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Housing and food insecure, low-income	Leader	8/17/21
13	Key Informant Interview	Ensuring Opportunity	1	Low-income	Leader	8/19/21
14	Key Informant Interview	Food Bank of Contra Costa & Solano	1	Food insecure	Leader	7/16/21
15	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Schools, youth	Leader	7/29/21
16	Key Informant Interview	Healthy Richmond	1	Low-income, communities of color, medically underserved	Leader	8/3/21

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date input gathered
17	Key Informant Interview	Latina Center	1	Latina community	Leader	8/16/21
18	Key Informant Interview	Loaves & Fishes of Contra Costa	1	Food insecure	Leader	8/11/21
19	Key Informant Interview	Monument Crisis Center	1	Food insecure, low-income, older adults, youth	Leader	8/25/21
20	Key Informant Interview	National Alliance on Mental Illness	2	Individuals with mental illness	Leader	7/30/21
21	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults	Leader	8/23/21
22	Key Informant Interview	Opportunity Junction	1	Low-income, unemployed	Leader	8/6/21
23	Key Informant Interview	Partnership for Trauma Recovery	1	Individuals with mental illness, refugees, asylum seekers	Leader	8/18/21
24	Key Informant Interview	Rainbow Community Center	1	LGBTQI+	Leader	8/20/21
25	Key Informant Interview	Rubicon	1	Low-income, unemployed	Leader	7/26/21
26	Key Informant Interview	Shelter Inc	2	Housing insecure	Leader	8/5/21
27	Key Informant Interview	Sparkpoint	3	Economically insecure	Leader	8/6/21
28	Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Medically underserved	Leader	8/10/21
29	Key Informant Interview	Contra Costa County Behavioral Health	6	Individuals with mental illness and/or developmental disabilities	Leader	8/19/21
30	Key Informant Interview	STAND!	1	Victims of interpersonal violence	Leader	8/18/21
31	Key Informant Interview	Unity Council	1	Low income, housing insecure, older adults	Leader	9/1/21
32	Key Informant Interview	Village Community Resource Center (families)	1	Low-income families, children, youth	Leader	8/3/21
33	Focus group	West Contra Costa County	6	African American	Member	9/27/21
34	Focus group	West Contra Costa County	1	Latinx	Member	9/27/21
35	Focus group	West Contra Costa County	8	Adults 65+	Member	10/7/21

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date input gathered
36	Focus group	Central Contra Costa County	2	African American	Member	9/29/21
37	Focus group	Central Contra Costa County	10	Latinx	Member	9/23/21
38	Focus group	Central Contra Costa County	9	Adults 65+	Member	9/28/21
39	Focus group	East Contra Costa County	8	African American	Member	9/24/21
40	Focus group	East Contra Costa County	6	Latinx	Member	9/30/21
41	Focus group	East Contra Costa County	2	Adults 65+	Member	9/30/21
42	Prioritization Meeting	CBOs, county Health Services, funders and healthcare organizations serving Contra Costa County	18	Low income and communities of color; underserved and disinvested communities	Leader	12/09/21

Alameda County

	Data collection method	Organization	# Participants	Group(s) represented	Role in group	Date input gathered
1	Key Informant Interview	Association of Bay Area Governments	1	Alameda County residents and local governments	Leader	8/4/21
2	Key Informant Interview	Adobe Services	1	Unhoused	Leader	8/20/21
3	Key Informant Interview	Alameda County Public Health Department	1	Pregnant people and people with young families	Program Manager	8/9/21
4	Key Informant Interview	Afghan Coalition	1	Afghan community and refugees	Leader	8/17/21
5	Key Informant Interview	Alameda County Community Food Bank	1	Food insecure	Leader	7/27/21
6	Key Informant Interview	Alameda County Sheriff's Dept.	1	Professionals in community safety	Leader	8/19/21
7	Key Informant Interview	Alameda County Transportation Commission	1	Public transportation providers/users	Leader	7/14/21
8	Key Informant Interview	ALL in Alameda County	1	Residents experiencing poverty	Leader	8/26/21
9	Key Informant Interview	Asian Pacific Environmental Network (APEN) and Greenlining	1	Underserved communities experiencing inequities	Leader	8/12/21
10	Key Informant Interview	Asian Health Services	1	Asian	Leader	8/20/21

	Data collection method	Organization	# Participants	Group(s) represented	Role in group	Date input gathered
11	Key Informant Interview	Bay Area Community Health Center/Tiburcio Vasquez Health Center	4	Medically underserved	Program Managers	8/26/21
12	Key Informant Interview	Building Opportunities for Self-Sufficiency (BOSS)	1	Unhoused, (formerly) incarcerated	Leader	8/10/21
13	Key Informant Interview	Castro Valley/Hayward/San Leandro/Fremont Unified School Districts	2	K-12 students/families	Program Managers	7/19/21
14	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/Federally Qualified Health Centers (La Clínica de la Raza, Lifelong, Axis Community Health Center)	2	Medically underserved	Leader and Program Manager	8/18/21
15	Key Informant Interview	Daily Bowl	1	Food insecure	Leader	8/12/21
16	Key Informant Interview	Day Break Adult Day Center and Alameda County Age-friendly Coalition	2	Seniors and care givers	Leaders	8/3/21
17	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project (BFHP)/Bay Area Community Services (BACS)	3	Asians, unhoused	Leaders	8/24/21
18	Key Informant Interview	East Oakland Collective	1	East Oakland residents	Leader	8/20/21
19	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Low-income seniors, families, and persons with disabilities	Program Manager	8/17/21
20	Key Informant Interview	Family Support Services	1	Care givers of children	Leader	8/12/21
21	Key Informant Interview	Fred Finch Youth Center and Lincoln	5	Youth	Leaders and Program Managers	7/29/202
22	Key Informant Interview	Health Care Services Agency (HCSA) Office of Homeless Care and Coordination and Everyone Home	2	Unhoused	Leader and Program Manager	8/19/21
23	Key Informant Interview	HOPE Collaborative	1	Schools, youth, food vendors	Leader	7/26/21
24	Key Informant Interview	Horizon Services, Project Eden	1	Youth	Leader	8/13/2021
25	Key Informant Interview	Latina Center	1	Latina/domestic violence survivors	Leader	8/16/21

	Data collection method	Organization	# Participants	Group(s) represented	Role in group	Date input gathered
26	Key Informant Interview	Livermore Valley Unified School District	2	K-12 students/families	Leader and Nurse	8/27/21
27	Key Informant Interview	National Alliance on Mental Illness (NAMI)	2	Caregivers and people with mental illness	Leaders	7/30/21
28	Key Informant Interview	Oakland Unified School District	1	K-12 students/families	Leader	8/19/21
29	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults	Leader	8/23/21
30	Key Informant Interview	Open Heart Kitchen	1	Food insecure (seniors, students, families)	Leader	7/22/21
31	Key Informant Interview	Pacific Center for Human Growth	1	Trans, LGBTQ, HIV+	Program Manager	9/29/21
32	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees, asylum seekers	Leader	8/18/21
33	Key Informant Interview	Planting Justice	1	Incarcerated and those experiencing intergenerational poverty	Leader	7/22/21
34	Key Informant Interview	Rubicon	1	Adults seeking employment	Leader	7/26/21
35	Key Informant Interview	Roots Health Center	1	African American	Leader	7/23/21
36	Key Informant Interview	Side by Side (TAY)	1	Transition age youth	Program Manager	8/31/21
37	Key Informant Interview	Sparkpoint	3	Low-income	Program Managers	8/6/21
38	Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Residents with chronic health conditions	Leaders and Program Managers	8/10/21
39	Key Informant Interview	Tri-Valley Haven	2	Unhoused, food insecure, DV and sexual assault survivors	Leader and Director	8/4/21
40	Key Informant Interview	Union City Family Center and Fremont Family Resource Center	3	Families	Leaders	8/6/21
41	Key Informant Interview	Unity Council	1	Unhoused, food insecure, low-income, seniors	Leader	9/1/21
42	Key Informant Interview	Urban Peace Movement	1	Communities of color	Program Manager	9/1/21
43	Key Informant Interview	Youth Alive!	1	Youth	Leader	8/16/21

	Data collection method	Organization	# Participants	Group(s) represented	Role in group	Date input gathered
44	Focus group	Mujeres Unidas y Activas (MUA)	8	Latinx women with children	Member	9/8/2021
45	Focus group	La Familia	9	Seniors	Member	9/24/2021
46	Focus group	Allen Temple	12	Seniors	Member	9/24/2021
47	Focus group	La Familia	13	Young adults/Adults	Member	9/30/2021
48	Focus group	Street Level Health	11	Indigenous families with young children	Member	9/30/2021
49	Focus group	Oakland LGBTQ Center	9	LGBTQ	Member	10/1/2021
50	Focus group	Goodness Village	9	Formerly unhoused	Member	10/6/2021
51	Focus group	Asian Health Services	13	Cantonese adults	Member	10/6/2021
52	Focus group	Asian Health Services	8	Vietnamese adults	Member	10/7/2021
53	Focus Group	Oakland LGBTQ Center	10	Trans Women	Member	10/28/21
54	Prioritization Meeting	Hospital representatives, Alameda County Public Health Department, the Community Health Center Network, the Alameda County Office of Education and The California Endowment.	14	Healthcare and public health organizations/agencies serving low-income and communities of color; underserved and disinvested communities	Leader	12/8/21

Appendix B: Key Informant Interview Guide

CHNA 2021 Interview Questions

INTRODUCTION

Thank you for agreeing to do this interview today. My name is [NAME] with Applied Survey Research (ASR). I will be conducting the interview today on behalf of Kaiser Permanente and additional partner hospitals, [NAME PARTNER HOSPITALS]. I am leading the Community Health Needs Assessment process for Kaiser in Alameda and Contra Costa Counties.

Kaiser Permanente is conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in a Kaiser Permanente area that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

We expect this interview to last approximately 60 minutes. The information you provide today will not be reported in a way that would identify you.

[Optional: To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.

Do we have your permission to record the interview? YES / NO

Do you have any questions before we get started?

KEY INFORMANT BACKGROUND INFORMATION

Ms./Mr./Dr. [KEY INFORMANT NAME], how would you like me to address you [first name, full name, nickname]? Now, I would like to ask a few questions about you.

1. What is your role at [organization] and how long have you been there?

2. Tell me in a few sentences what [organization] does and how it serves the community?

3. How would you describe the geographic areas and populations you serve or represent?

HEALTH NEEDS

Next, I would like to ask a few questions about the health needs and strategies to address them in your community. This will be followed by questions about inequities in your community that have an impact on these health needs.

4. In 2019, Kaiser Permanente and its hospital partners identified access to health, economic security (such as jobs and housing), and mental/behavioral health as priority health needs in the Community Health Needs Assessment (CHNA) in [service area/region]. Are these health needs still a priority? If no, what changed? If yes, what does it mean to experience [insert health need] in [service area/region]?

5. Are there any other health-related needs that were not identified in the 2019 CHNA that are of growing concern in your community??

6. Is there anything about these significant health needs you mentioned that changed due to the COVID-19 pandemic? If so, in what ways?

7. You indicated that [RESTATE THE significant health needs mentioned above, either those identified as still a need or those identified as a new need area] are significant health needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

8. Has your organization conducted any recent surveys or written any reports that can speak more to the significant health needs in your community? Have you come across any other surveys or reports in your area further demonstrating those health needs? If so, can you please share those with us?

9. How would you like to see healthcare organizations invest in community health programs or strategies to address these needs? What would those investments be?

EQUITY

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, and other factors.

10. Are there certain people or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways? [Probe: Are there any subgroups of the population we should focus on to reduce disparities and inequities (racism or other factors)?]

11. What are effective strategies to reduce health disparities and inequities in your community? [Probe: Is there work underway that is promising?]

COMMUNITY RESOURCES

12. What are key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today?

CLOSING

13. Are there any other thoughts or comments you would like to share that we have not discussed?

Thank you <KEY INFORMANT NAME>. That is all that I have for you today. Kaiser Permanente will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2022.

Contra Costa County Focus Group Screener

Focus Group Survey

Thank you for joining our focus group. To learn more about you, we'd like you to fill out this survey. All information is confidential and will be used only for our research.

1) How long have you lived in Contra Costa County? (Select one)

- ☐ Less than 5 years
- ☐ 6 – 10 years
- ☐ 11 - 20 years
- ☐ 21 years or more

2) Ethnicity (check all that apply):

- ☐ Black/African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Other
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/ Caucasian

3) How old are you? (Select one)

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65-74 years old
- ☐ 75 years or older

4) Gender Identification

- ☐ Female
- ☐ Male
- ☐ Other

THANK YOU!

Alameda County Focus Group Screener

Alameda County Public Health

Focus Group Participant Information 2021

1) In what city do you live? _____

2) What is your age group?

( ) Less than 18 years ( ) 18-25
( ) 26-35 ( ) 36-45
( ) 46-55 ( ) 56 and older

3) What is your gender?

[ ] Female [ ] Male
[ ] Transgender [ ] Other _____

4) What is your race/ethnicity?

[ ] White [ ] Black
[ ] Asian [ ] Pacific Islander
[ ] Latino/a/x [ ] Middle Eastern
[ ] South East Asian [ ] Indigenous
[ ] Other - Write In (Required): ____

Thank You!

Community Health Needs Assessment 2021
Focus Group Questions

Virtual: As participants get onto the Zoom say hello and tell them we are waiting for everyone to arrive. At 3 minutes past the start time put up the Focus Group Survey poll and ask everyone to complete it. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey poll.

In Person: As participants gather say hello and tell them we are waiting for everyone to arrive. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey.

Welcome and Introductions (*Say each of these points)*

- Hello everyone, thank you for joining our focus group today.
- My name is (Leader).
    a. Leader Note: Let the group know your name and why you wanted to do this focus group. Share your interest in the focus group discussion.
- As the focus group leader, I'll be asking you questions, asking follow up questions and keeping track of time and keeping the discussion moving so we can get through all of the questions.
- This is (Notetaker) who will be taking notes during our conversation.
- Our discussion today will take about 1 ½ hours.
- We want you to know that your participation is voluntary and you can leave the group at any time.
- We are recording the session today so we do not miss any of your thoughts. During the focus group, feel free to ask that we turn off the recording if you do not want to be recorded for a specific comment. Is anyone NOT OK to start recording?
    a. Leader Note: START RECORDING
    - IN PERSON – start recording on iPad using the VoiceMemo app.
    - VIRTUAL – press the Zoom record button.
- Now I'd like to have each of you introduce yourself. IN PERSON: Please introduce yourself by telling us your first name. VIRTUAL: I'll call on you by your first name and please wave and say hi so the group knows who you are.

Notetaker Note: Write down the name of each participant.

- Thanks for these introductions, now we will talk about the purpose of the focus group.

Purpose of Focus Group (*Read to the group*)
Public Health is conducting focus groups to learn more about what you, as a community member, feel are the most important health issues in [region of county]. Public Health is conducting these focus groups with nonprofit hospitals in the area, which are required by the IRS to conduct a Community Health Needs Assessment -- which we call the CHNA -- every three years. Hospitals working together on the East Bay CHNA include: John Muir Health, Kaiser

Permanente, St. Rose Hospital, Stanford Health Care -- ValleyCare, Sutter Health, and UCSF Benioff Children's Hospital-Oakland.

Public Health, nonprofit hospitals, and others will use the information gathered during the focus group to identify important health issues in our community and come up with a plan to address the major health issues affecting people in the County. We are interested in hearing your thoughts about what makes it easy or difficult to be healthy in your community and what services and resources are available and needed in the community to promote health.

Ground Rules (Say each of these points)
Now I would like to share the ground rules we'll use to make sure our discussion is meaningful and comfortable for everyone. (*Read the list of ground rules to the group.*)

1. There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.
    - Please, feel free to share your opinions even though it's not what others have said.
    - If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer.
    - All input will be welcomed and valued.
2. Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.
    - Please speak loudly and clearly since we are recording and we don't want to miss anything you say.
    - Let's also remember to turn off or silence our cell phones.
    - If you absolutely must take an urgent call, please step away from the focus group.
3. The last guideline is about protecting your privacy.
    - Your name will not be used in any reports, and your name will not be linked to comments you make.
    - Transcripts will go to the hospitals and the consultants working with the hospitals.
    - When we are finished with all of the focus groups, the transcripts will be read by the consultants, who will then summarize the things we learn. Some quotes will be used so that the hospitals can read your own words. Your name will not be used when we use quotes.
    - I'd also like for all of us to agree that what is said in this focus group stays in this focus group.
4. <u>VIRTUAL</u> - Stay on video the whole time so you can fully participate.
5. Are there other ground rules you would like us to add?

Consent and Incentive

- Before we start, we would like to get your consent to participate in this focus group (***say the consent statement provided by Public Health***).
    - Leader Note: Ask for a thumbs up to signal consent. If someone doesn't agree to the consent nicely ask them to leave the focus group.

- As a thank you for your participation, we will be providing a $25 gift card.

Discussion Questions
Facilitators and barriers to health in the community
We would like to discuss what is healthy and not so healthy about your community. Things that make a community healthy can include the environment -- examples are sidewalks, clean streets, parks; social/emotional factors -- examples include feeling safe, access to behavioral or mental health services; opportunities for healthy behaviors -- for example, places to buy healthy food, places to exercise; community services and events such as low cost or free activities for families; and access to healthcare services.

1. Think about how your community is right now. What is healthy about your community?
2. What makes it difficult to be healthy in your community?

Leader Note: *if examples are needed, you can say this* - For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care.

Three most important health issues facing the community and why important (asking about behavioral health, economic security, and access to care, if not addressed)
Part of our task today is to find out which health issues you think are most important. We have a list of the health issues, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2019.
Leader Note: Read all of the issues aloud and define where needed (e.g., "Healthcare Access and Delivery" means insurance, having a primary care physician, preventive care instead of emergency room, being treated with dignity and respect, wait times, etc.).

- Climate/Natural Environment
- Community and Family Safety
- Economic Security
- Education and Literacy
- Healthcare Access and Delivery
- Healthy Eating/Active Living
- Housing and Homelessness
- Behavioral Health (includes Mental Health and Substance Use)
- Transportation and Traffic

3. Please think about the three health issues on the list you personally believe are the most important to address here in the next few years.

IN PERSON – What we would like you to do is vote for three health issues that you think are the most important to address in the next few years. Make a check mark next to each of the three health needs you think are most important. We really want your personal perspective and

opinion; it's totally OK if it's different from others' here in the room. Then we will discuss the results of your votes.

VIRTUAL – What we would like you to do is vote for **three health issues** that you think are the most important to address in the next few years. We will put up a poll that lists the health issues and select only 3 you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others'. Then we will discuss the results of your votes.

If there is a tie:
IN PERSON and VIRTUAL – If there is a tie for the third health need, ask participants to think about which of the tied health needs is most important. Read off the first health need and ask participants to raise their hand if that is the health need they select. Read off the second health need and count the number of raised hands.

Leader Note: Write down and then say the three health issues with the most votes. Explain that we will spend the rest of our time reflecting on the three top priorities. You will need to bring up each of the three top health issues during the following questions.
Notetaker Note: Write down the top 3 health issues.

4. When you think about [health issue 1]…
    a. What makes this an important health issue? An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, or impacts County residents' ability to have a high quality of life.
    b. In your opinion, what are the specific needs related to [health issue 1] in our community?

5. When you think about [health issue 2]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 2] in our community?

6. When you think about [health issue 3]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 3] in our community?

[Only If *Not* Voted a Top Need: (top 2019 health need 1]
    a. What about (top 2019 health need 1)? This was one of the top health issues last time.
    b. In your opinion, what are the specific (top 2019 health need 1) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 2]
    a. What about (top 2019 health need 2? This was another top health issue last time.

b. In your opinion, what are the specific (top 2019 health need 2) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 3]

a. What about healthcare access and delivery? This was also a top health issue last time.
b. In your opinion, what are the specific (top 2019 health need 3) issues in our community? *Prompt, if needed.*

Anything about top health issues that changed due to COVID

7. Is there anything about the most important health issues you mentioned that changed because of the COVID-19 pandemic? If so, in what ways did COVID change these important health issues?
    a. Let's start with [Health issue 1].
    b. In what ways, if any, did COVID change [Health issue 2]?
    c. In what ways, if any, did COVID change [Health issue 3]?

Strategies that are working well and new strategies that are needed

8. What are some <u>available</u> resources, services, or strategies that are working well in the community to address the 3 most important health issues? *Prompts, if needed:* We are looking for your ideas on specific community-based organizations or their programs/ services, specific social services, or healthcare programs/services.

9. Thinking about the health issues you said are most important, what are <u>new</u> resources, services, or strategies that are needed to address these issues? Some examples could be new or more services or services available in your preferred language or changes in your neighborhood (for example, more parks, more markets for fresh, healthy foods, or more economic opportunities).

Health inequities/disparities and strategies to reduce inequities/disparities

10. Which groups, if any, are experiencing these important health issues more than other groups? For example, are there certain ethnic/racial groups, residents living in specific neighborhoods, age or gender groups that are more impacted by these health issues than others?

    a. Let's start with [Health issue 1]. Which groups, if any, are experiencing [Health issue 1] more than other groups? In what ways?
    b. Which groups, if any, are experiencing [Health issue 2] more than other groups? In what ways?
    c. Which groups, if any, are experiencing [Health issue 3] more than other groups? In what ways?

11. What resources, services, or strategies would help address these important health issues for the groups just mentioned?
    a. Let's start with [Health issue 1].

b. What would help address [Health issue 2] for [the group(s) discussed]?
c. What would help address [Health issue 3] for [the group(s) discussed]?

Anything else important to know about health in the community
13. We're just about ready to wrap up. Are there any other health issues that you think are of high importance that we haven't talked about?

14. Is there anything else you feel is important for us to know about health in your community?

Wrap Up and Gift Cards
Thank you so much for joining the focus group today. That was a really good discussion and gave us lots of information.
IN PERSON: Now we will hand out gift cards as our thank you for taking the time to join the focus group. Please stick around for a few more minutes to get your gift card.
Leader Note: Hand one gift card to each participant.

VIRTUAL: You will be receiving your $25 gift card shortly by (describe how the participants will get gift cards for example in the mail or by email).

Appendix D: CHNA Secondary Data Indicator Definitions, Data Sources and Dates

i. Kaiser Permanente Community Health Data Platform

Health Topic	Measure	Definition	Year	Source
Access to care	Dentists per 100,000 population	Licensed dentists (including DDSs and DMDs) per 100,000 population.	2019	HRSA Area Resource File
	Infant deaths	Deaths of infants less than 1 year of age per 1,000 births	2020	HRSA Area Resource File
	Low birth weight births	Percent of total births are under 2,500 grams	2016-2018	HRSA Area Resource File
	Medicaid/public insurance enrollment	Percent of population enrolled in Medicaid or another public health insurance program	2015-2019	American Community Survey
	Percent uninsured	Percent of total population without health insurance coverage	2015-2019	American Community Survey
	Pre-term births	Percent of total births that occur before 37 weeks of pregnancy	2016-2018	HRSA Area Resource File
	Primary care physicians per 100,000 population	Number of primary care physicians practicing general family medicine, general practice, general internal medicine, and general pediatrics per 100,000 population	2018	HRSA Area Resource File
	Uninsured children	Percent of children under age 18 without health insurance coverage	2015-2019	American Community Survey
Cancer	Breast cancer incidence	Average age-adjusted incidence of female breast cancer per 100,000 female population	2013-2017	NCI State Cancer Profiles
	Cancer deaths	Average age-adjusted deaths due to malignant neoplasm (cancer) per 100,000 population	2013-2017	NCI United States Cancer Statistics
	Colorectal cancer incidence	Age-adjusted incidence of colon and rectum cancer cases per 100,000 population	2013-2017	NCI State Cancer Profiles
	Lung cancer incidence	Average age-adjusted incidence of lung cancer per 100,000 population	2013-2017	NCI State Cancer Profiles
	Prostate cancer incidence	Average age-adjusted incidence of prostate cancer per 100,000 male population	2013-2017	NCI State Cancer Profiles
Chronic disease & disability	Adults reporting poor or fair health	Percent of adults that report having poor or fair health	2020	Behavioral Risk Factor Surveillance System
	Asthma prevalence	Percent of the Medicare fee-for-service population with a diagnosis of asthma	2018	Center for Medicare & Medicaid Services

Health Topic	Measure	Definition	Year	Source
	Diabetes prevalence	Percent of adults age 20 years and older that have ever been told by a doctor that they have diabetes	2017	Center for Medicare & Medicaid Services
	Heart disease deaths	Annual average age-adjusted deaths due to coronary heart disease per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Heart disease prevalence	Percent of adults age18 and older that have ever been told by a doctor that they have coronary heart disease or angina	2018	Center for Medicare & Medicaid Services
	Poor physical health (days per month)	Age-adjusted average number of self-reported physically unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Population with any disability	Percent of population with any disability	2015-2019	American Community Survey
	Stroke deaths	Annual average age-adjusted deaths due to cerebrovascular disease (stroke) per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Stroke prevalence	Percent of the Medicare fee-for-service population diagnosed with stroke	2017	Center for Medicare & Medicaid Services
Climate & environment	Air pollution: PM2.5 concentration	The average modeled particulate matter 2.5 concentration in PM2.5 in $\mu g/m^3$	2018	Harvard University Project (UCDA)
	Coastal flooding risk	Risk of water inundating or covering normally dry coastal land as a result of high or rising tides or storm surges	2020	FEMA National Risk Index
	Drought risk	Risk of deficiency of precipitation over an extended period of time resulting in a water shortage	2020	FEMA National Risk Index
	Heat wave risk	Risk of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical average	2020	FEMA National Risk Index
	Respiratory Hazard Index	Index estimating the non-cancer respiratory risk for adverse health effects over a lifetime	2014	EPA National Air Toxics Assessment
	River flooding risk	Risk of streams and rivers exceeding the capacity of their natural or constructed channels and overflowing banks, spilling into adjacent low-lying, dry land	2020	FEMA National Risk Index
	Road network density	Road miles per square mile of area	2013	EPA Smart Location Mapping

Health Topic	Measure	Definition	Year	Source
	Tree canopy cover	Percent of land within the report area that is covered by tree canopy	2016	US Geological Survey; National Land Cover Database
Community safety	Injury deaths	Number of deaths from intentional and unintentional injuries per 100,000 population	2020	NCHS National Vital Statistics System
	Motor vehicle crash deaths	Age-adjusted number of deaths due to motor vehicle crashes per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Pedestrian accident deaths	Number of deaths due to pedestrian accidents per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Violent crimes	Number of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population	2014-2018	FBI Uniform Crime Reports
Demographics	% American Indian/Alaska native population	Percent of the total population that identify as American Indian/Alaska native, non-Hispanic	2020	Esri Demographics
	% Asian population	Percent of the total population that identify as Asian, non-Hispanic	2020	Esri Demographics
	% Black/African American population	Percent of the total population who identify as Black or African American, non-Hispanic	2020	Esri Demographics
	% Hispanic population	Percent of the total population that identify as ethnically Hispanic	2020	Esri Demographics
	% Multiracial population	Percent of the total population that identify as multiple races, non-Hispanic	2020	Esri Demographics
	% Native Hawaiian/other Pacific Islander population	Percent of the total population that identify as Native Hawaiian/other Pacific Islander, non-Hispanic	2020	Esri Demographics
	% Some other race population	Percent of the total population that identify as some other race, non-Hispanic	2020	Esri Demographics
	% White population	Percent of the total population that identify as White, non-Hispanic	2020	Esri Demographics
	Life expectancy	The average number of years a person can expect to live at birth	2010-2015	NCHS US Small-area Life Expectancy Estimates Project
	Median age	Population median age	2015-2019	American Community Survey
	Population age 65+	Percent of total population age 65 and older	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
	Population density	Population per square mile	2020	Esri Demographics
	Population under age 18	Percent of the population aged 5 to 17 years	2015-2019	American Community Survey
	Total population	Total population	2020	Esri Demographics
Disparity measure	Neighborhood Deprivation Index	Standardized Neighborhood Deprivation Index (NDI)	2019	UCDA calculation with ACS data
Education	Adults with no high school diploma	Percent of the population over age 25 with less than a high school degree	2015-2019	American Community Survey
	Adults with some college education	Population of the population over age 25 with some college education	2015-2019	American Community Survey
	Elementary school proficiency index	Performance of 4th grade students on state exams	2020	HUD Policy Development and Research
	On-time high school graduation	Percentage of 9th grade cohort receiving their high school diploma within four years	Varies	Dept of Education ED Facts & state data sources
	Preschool enrollment	Percent of the population age 3 to 4 years that is enrolled in preschool	2015-2019	American Community Survey
Family & social support	Children in single-parent households	Percent of children that live in households with only one parent present	2015-2019	American Community Survey
	Limited English Proficiency	Percent of the population age 5 years and older that speak a language other than English at home and speak English less than "very well"	2015-2019	American Community Survey
	Percent over age 75 with a disability	Percent of the population age 75 years and older with a disability	2015-2019	American Community Survey
	Population 65 & older living alone	Percent of total households with someone 65 and older living alone	2015-2019	American Community Survey
Food security	Convenience stores per 1,000 pop	Number of convenience stores per 1,000 population	2016	USDA Food Environment Atlas
	Food insecure	Estimated percentage of the total population in food-insecure households	2018	Feeding America

Health Topic	Measure	Definition	Year	Source
	Grocery stores per 1,000 pop	Number of grocery stores per 1,000 population	2020	USDA Food Environment Atlas
	Low access to grocery store	Percent of population with low access to a grocery store	2015	USDA Food Environment Atlas
	SNAP enrollment	Estimated percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	2015-2019	American Community Survey
	Supercenters & club stores per 100,000 pop	Number of supercenters and club stores per 100,000 population	2016	USDA Food Environment Atlas
HEAL opportunities	Exercise opportunities	Percent of the population that live in close proximity to a park or recreational facility	2020	Esri, Business Analyst
	Food Environment Index	An index of affordable, close, and nutritious food retailers in a community	2020	USDA Food Environment Atlas
	Obesity (Adult)	Percentage of adults 20 years and older that self-report having a Body Mass Index (BMI) greater than 30.0	2018	National Center for Chronic Disease Prevention and Health Promotion
	Physical inactivity (Adult)	Percent of adults aged 20 years and older that self-report not participating in physical activities or exercise	2018	National Center for Chronic Disease Prevention and Health Promotion
	Walkability index	Index scores walkability depending upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel	2012	EPA Smart Location Mapping
Housing	Home ownership rate	Percent of population that owns a home	2015-2019	American Community Survey
	Housing affordability index	Index of the ability of a typical resident to purchase an existing home in the area	2020	Esri Business Analyst
	Median rental cost	Median gross rent plus estimated cost of utilities and fuels	2015-2019	American Community Survey
	Moderate housing cost burden	Percent of households with housing costs greater than 30% but less than 50% of monthly income	2015-2019	American Community Survey
	Overcrowded housing	Percentage of housing units with more than 1 occupant per room	2015-2019	American Community Survey
	Percent of income for mortgage	Percent of income spent on home mortgage	2020	Esri Business Analyst

Health Topic	Measure	Definition	Year	Source
	Severe housing cost burden	Percentage of households with housing costs are greater than 50% of income	2015-2019	American Community Survey
Income & employment	Children living in poverty	Percent of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)	2015-2019	American Community Survey
	Free and reduced price lunch	Percent of public school students eligible for free or reduced price school meals	2017-2018	National Center for Education Statistics
	High speed internet	Percent of population with access to high-speed internet	2015-2019	American Community Survey
	Income inequality - Gini index	Measure of statistical dispersion representing the degree of income inequality or wealth inequality in an area	2015-2019	American Community Survey
	Jobs Proximity Index	Index of geographic access to job opportunities	2014	HUD Policy Development and Research
	Median household income	Median inflation-adjusted household income	2015-2019	American Community Survey
	Poverty rate	Percent of households with income in the past 12 months below the Federal Poverty Level	2015-2019	American Community Survey
	Unemployment rate	Percent of population age 16 years and older that is unemployed and seeking work	2020	Esri Demographics
	Young people not in school and not working	Percent of youth age 16 to 19 years who are not currently enrolled in school or employed	2015-2019	American Community Survey
Mental/ behavioral health	Deaths of despair	Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population	2018	National Center for Health Statistics
	Mental health providers per 100,000 pop	Number of mental healthcare providers per 100,000 population	2019	CMS National Provider Identification
	Poor mental health (days per month)	Age-adjusted average number of self-reported mentally unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Suicide deaths	Age-adjusted rate of death due to intentional self-harm per 100,000 population	2020	NCHS National Vital Statistics System
Sexual health	Chlamydia incidence	Incidence rate of chlamydia cases per 100,000 population per year	2018	National Center for HIV/AIDS, Viral

Health Topic	Measure	Definition	Year	Source
				Hepatitis, STD, and TB Prevention
	HIV/AIDS deaths	Rate of death due to HIV and AIDS per 100,000 population	2016-2018	HRSA Area Resource File
	HIV/AIDS prevalence	Prevalence of HIV infection per 100,000 population	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	Teen births	Estimated teen birth rates per 1,000 females aged 15–19	2018	National Center for Health Statistics
Substance use	Current smokers	Percent of adults aged 18 years and older that self-report smoking cigarettes some days, most days or every day	2020	Behavioral Risk Factor Surveillance System
	Excessive drinking	Percent of adults aged 18 years and older that self-report heavy alcohol consumption	2020	Behavioral Risk Factor Surveillance System
	Impaired driving deaths	Percent of motor vehicle crash deaths in which alcohol played a role	2014-2018	NHTSA Fatality Analysis Reporting System
	Opioid overdose deaths	Age-adjusted opiate Death Rate per 100,000 population	2015-2019	NCHS National Vital Statistics System
Transport-ation	Workers commuting by transit, biking or walking	Percent of population age 16 and older who use public transit, bike or walk to work	2015-2019	American Community Survey
	Workers driving alone to work	Percent of population age 16 years and older who drive alone to work via car, truck, or van	2015-2019	American Community Survey
	Workers driving alone with long commutes	Percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes	2015-2019	American Community Survey

ii. Other secondary data sources

Data Source	Date	Link
Alameda County Health Department	2021	Data emailed from source
Bay Area Equity Atlas	2019	https://bayareaequityatlas.org/
California Health Interview Survey (CHIS)	2020	https://healthpolicy.ucla.edu/chis/about/Pages/about.aspx

California Healthy Kids Survey (CHKS)	2017-2019	https://calschls.org/
California Vital Records Business Information System	2020	Data emailed from source
City of Oakland Department of Race and Equity	2018	https://cao-94612.s3.amazonaws.com/documents/2018-Equity-Indicators-Full-Report.pdf
Contra Costa Health Services	2021	Data emailed from source
Contra Costa Health, Housing and Homeless Services	2021	Data emailed from source
Everyone Home	2019	https://everyonehome.org/wp-content/uploads/2019/07/2019_HIRDReport_Alameda_FinalDraft_8.15.19.pdf https://everyonehome.org/wp-content/uploads/2019/09/2019HIRDReport_Berkeley_2019-Final.pdf
Public Health Alliance of Southern California.	2021	https://map.healthyplacesindex.org/
Richmond Health Equity Partnership	2021	http://www.ci.richmond.ca.us/2574/Richmond-Health-Equity-Partnership-RHEP
UCLA LPPI Census Analysis Shows California has 11 Majority-Latino Counties	2020	https://latino.ucla.edu/
United States Census Bureau	2019	https://data.census.gov/cedsci/table?q=acs
www.kidsdata.org, a program of Population Reference Bureau.	2021	https://www.kidsdata.org/topic/764/food-insecurity/table#fmt=2955&loc=2,127,171&tf=124&sortType=asc https://www.kidsdata.org/topic/742/calfresh/table - fmt=2261&loc=127,2,171&tf=110&sortType=asc

Appendix E: Contra Costa and Alameda Counties CHNA Secondary Data Table from the Kaiser Permanente Community Health Data Platform

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for Contra Costa and Alameda Counties in comparison to statistics for the State of California. Indicators (percentage of county population or a rate per designated number of residents) are presented for 15 health need categories.

Health Need	Indicator	Contra Costa County (# or %)	Alameda County (# or %)	California (# or %)
Access to Care	Low birth weight births	7%	7%	7%
	Pre-term births	9%	9%	9%
	Dentists per 100,000 population	89	96	87
	Infant deaths	4	4	4
	Primary care physicians per 100,000 population	103	110	80
	Uninsured children	3%	2%	3%
	Percent uninsured	5%	4%	8%
	Medicaid/public insurance enrollment	32%	30%	38%
Cancer	Breast cancer incidence	129	122	121
	Colorectal cancer incidence	36	34	35
	Cancer deaths	139	135	143
	Lung cancer incidence	41	41	41
	Prostate cancer incidence	104	92	93
Chronic disease & disability	Asthma prevalence	6%	6%	5%
	Diabetes prevalence	23%	27%	28%
	Heart disease deaths	110	112	144
	Stroke deaths	42	40	37
	Heart disease prevalence	11%	13%	15%
	Poor physical health (days per month)	3	3	4
	Adults reporting poor or fair health	12%	12%	16%
	Population with any disability	11%	9%	11%
	Stroke prevalence	3%	4%	4%
Climate & environment	Tree canopy cover	6	3	4
	Coastal flooding risk	2	5	0.2
	Drought risk	27	27	3
	Heat wave risk	10	9	8
	Air pollution: PM2.5 concentration	10	9	12
	River flooding risk	14	16	6
	Respiratory Hazard Need Rating	0.4	0.4	1
	Road network density	17	23	18
	Violent crimes	336	629	418

Health Need	Indicator	Contra Costa County (# or %)	Alameda County (# or %)	California (# or %)
Community safety	Injury deaths	46	42	50
	Motor vehicle crash deaths	8	6	10
	Pedestrian accident deaths	2	2	3
Education	Education - Preschool enrollment	56%	58%	51%
	Education - On-time high school graduation	88%	87%	84%
	Education - Elementary school proficiency index	56	53	49
	Education - Adults with some college education	22%	17%	21%
	Education - Adults with no high school diploma	11%	12%	18%
Family & social support	Children in single-parent households	27%	26%	32%
	Limited English Proficiency	6%	9%	10%
	Percent over age 75 with a disability	50%	49%	51%
	Population 65 & older living alone	2%	2%	2%
Food security	SNAP enrollment	7%	7%	10%
	Convenience stores per 1,000 pop	0.2	<1	0.2
	Food Environment Need Rating	9	8	8
	Grocery stores per 1,000 pop	0.2	0.2	0.2
	Low access to grocery store	19%	7%	12%
	Supercenters & club stores per 1,000 pop	0.4	<1	1
	Food insecure	9%	9%	11%
HEAL opportunities	Obesity (Adult)	24%	23%	25%
	Exercise opportunities	97%	100%	93%
	Physical inactivity (Adult)	15%	15%	18%
	Walkability index	11	14	11
Housing	Overcrowded housing	5%	8%	8%
	Moderate housing cost burden	20%	20%	21%
	Severe housing cost burden	16%	17%	19%
	Median rental cost	$2,025	$1,972	$1,689
	Home ownership rate	66%	54%	55%
	Housing affordability index	94	77	88
	Percent of income for mortgage	26%	33%	31%
Income & employment	High speed internet	92%	89%	86%
	Children living in poverty	10%	11%	17%
	Poverty rate	9%	10%	13%
	Unemployment rate	15%	14%	16%
	Income inequality - Gini index	0.4	0.4	0.4
	Young people not in school and not working	1%	2%	2%
	Jobs Proximity Index	37	46	48
	Median household income	$110,978	$107,216	$82,053

Health Need	Indicator	Contra Costa County (# or %)	Alameda County (# or %)	California (# or %)
	Free and reduced price lunch	37%	33%	44%
Mental/ behavioral health	Deaths of despair	29	27	34
	Suicide deaths	10	9	11
	Poor mental health (days per month)	4	3	4
	Mental health providers per 100,000 population	339	614	352
Sexual health	Teen births	8	7	13
	Chlamydia incidence	539	583	585
	HIV/AIDS deaths	13	23	74
	HIV/AIDS prevalence	276	427	390
Substance use	Current smokers	10%	10%	11%
	Impaired driving deaths	32%	26%	29%
	Opioid overdose deaths	6	4	6
	Excessive drinking	20%	20%	20%
Transportation	Workers driving alone to work	68%	62%	74%
	Workers driving alone with long commutes	20%	13%	11%
	Workers commuting by transit, biking or walking	13%	20%	8%

Appendix F: Priority Community Profiles

Introduction to Priority Community Profiles

John Muir Health has identified Antioch/Pittsburg (Eastern Contra Costa), Concord (Central Contra Costa), Richmond (Western Contra Costa), Berkeley/Oakland (Northern Alameda) and Livermore (Tri-Valley) as Priority Communities in the John Muir Health service area. The 2022 Community Health Needs Assessment (CHNA) for John Muir Health placed particular emphasis on the health issues and contributing factors that impact populations within these geographies experiencing disproportionately poor health outcomes. Priority Community Profiles were developed to present local data as a complement to the countywide data reported elsewhere in the CHNA. The tables the Priority Community Profiles compare data for the priority community to county level data to illustrate how the population in the priority community differs from the county.

The profiles include a map, demographics, data on root causes of health, and additional statistics on homelessness. The profiles highlight disparities experienced by populations residing in these geographies and aim to guide development of intervention strategies to address identified health needs and promote health equity.

The Priority Community Profiles include tables that examine root causes of health through the Healthy Places Index (HPI), which scores the overall health of California cities and counties using 25 indicators. Certain indicators appear to be non-health related; according to the social determinants of health, however, well being is made up of more than just physical health. The HPI compares all California communities to create scores for individual geographies. Within the Priority Community Profiles, priority communities are compared to the healthiest communities in their respective county to identify disparities. The higher the HPI score, the healthier the community is for that indicator. Definitions for the HPI indicators included in the Profiles are provided below.

The Priority Community Profiles were developed in 2021 and used the Healthy Places Index (HPI) 2.0 data/website, prior to the release of HPI 3.0 in 2022. Identification and prioritization of health needs were based on multiple primary and secondary data sources, including the Kaiser Permanente Community Health Data Platform.

HPI Indicator	Definition
Economic	
Employed	Percentage of people aged 25-64 who are employed
Income	Median annual household income
Housing	
Homeownership	Percentage of homeowners
Housing Habitability	Percent of households with basic kitchen facilities and plumbing
Low-Income Homeowner Severe Housing Cost Burden	Percentage of low-income homeowners who pay more than 50% of their income on housing costs

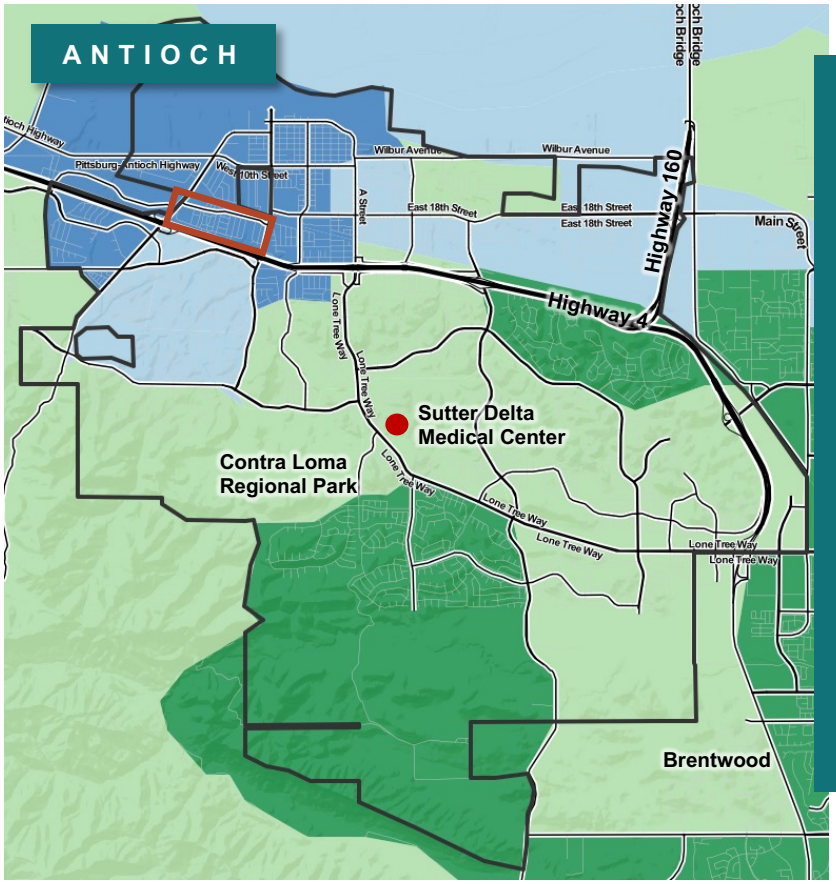
Low-income Renter Severe Housing Cost Burden	Percentage of low-income renters who pay more than 50% of their income on housing costs
Uncrowded Housing	Percentage of households with 1 or less occupant per room
Education	
Bachelor's Education or Higher	Percentage of people over age 25 with a bachelor's education or higher
High School Enrollment	Percentage of 15-17 year olds in school
Preschool Enrollment	Percentage of 3 and 4 year olds in school
Social	
Two Parent Household	Percentage of children with two married or partnered parents/caregivers
Voting	Percentage of registered voters who voted in the 2012 general election
Healthcare Access	
Insured Adults	Percentage of adults aged 18 to 64 years with health insurance
Transportation	
Automobile Access	Percentage of households with access to an automobile
Active Commuting	Percentage of workers (16 years and older) who commute to work by transit, walking, or cycling
Neighborhood	
Alcohol Access	Percentage of people who live more than ¼ mile of a store that sells alcohol
Park Access	Percentage of the population living within walkable distance (half-mile) of a park, beach, or open space greater than 1 acre
Retail Density	Number of retail, entertainment and education jobs per acre. Communities with mixed land use, and easy access to jobs, schools, shops, and essential services.
Supermarket Access	Percentage of people in urban areas who live less than a half mile from a supermarket/large grocery store, or less than 1 mile in rural areas
Tree Canopy	Percentage of land with tree canopy (weighted by number of people per acre)
Clean Environment	
Diesel Particulate Matter	Average daily amount of particulate pollution (very small particles) from diesel sources (during July)
Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations
Ozone	Average amount of ozone in the air during the most polluted 8 hours of summer days
Particulate Matter 2.5	Yearly average of fine particulate matter concentration from various sources

East Contra Costa County Priority Communities: **Antioch/Pittsburg**

The two cities with the largest populations in Eastern Contra Costa County are Antioch and Pittsburg. These cities reflect the diverse population and geographic disparities existing in Contra Costa County. This profile presents demographic and root causes of health data for each city, a high poverty Census Tract within in each city, and Contra Costa County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

Antioch is home to 111,200 people and is a growing city that has become significantly more diverse over the last few decades.[1]



This map[2] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in ANTIOCH, highlighting inequities among Antioch's neighborhoods. While many areas in Antioch receive an HPI score better than 50% of CA communities, Census Tracts in North Antioch receive low HPI scores. Census Tract 3072.02, outlined in red, has the lowest HPI score in Antioch.

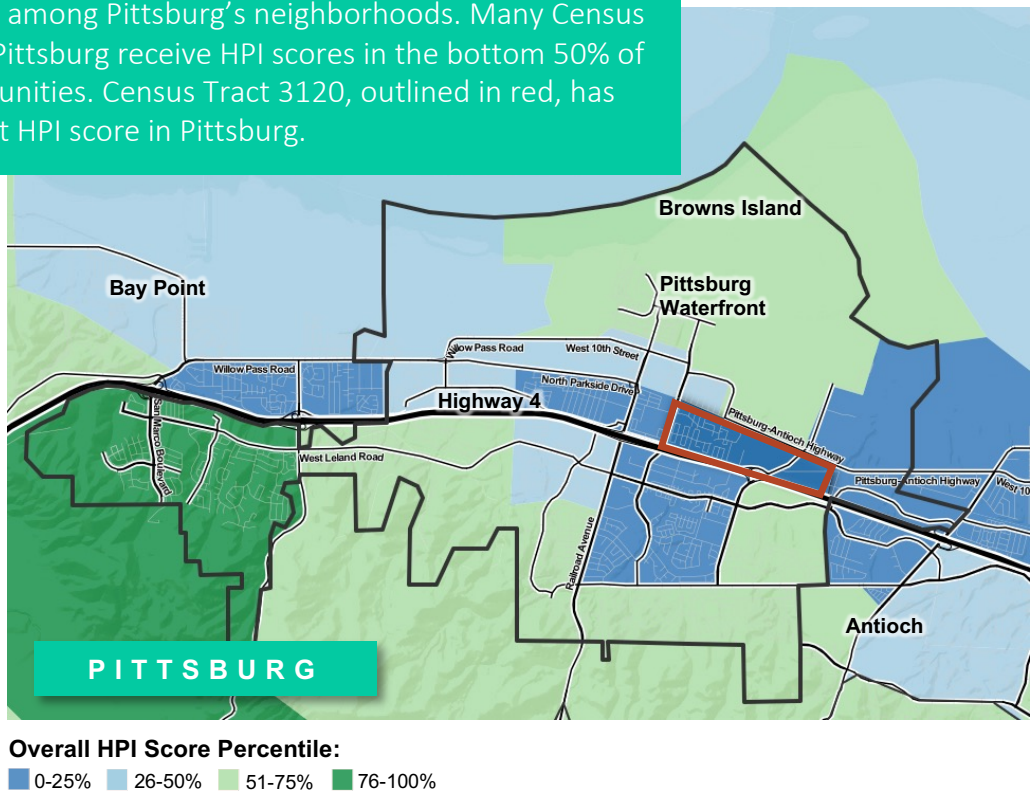
Overall HPI Score Percentile:
0-25% 26-50% 51-75% 76-100%

Antioch has a diverse population; 37% of residents are White followed by Hispanics, who make up just under one third (32%) of the population; there is significant representation

from Black (21%), Other (17%) and Asian (16%) residents (Table 1). The racial/ethnic make up of Antioch's lowest HPI Census Tract is different than the City overall, with a Black population at 40% and smaller but substantial Hispanic (35%), Other (27%) and White (21%) populations. Antioch's lowest HPI Census Tract has a high percentage of children (0-18) living in poverty (37%) – three times the County percentage (12%) and 11% more than Antioch overall (26%) (Table 2), but the City overall has double the proportion of seniors (>65) in poverty (10%) when compared with the County (6%) and the lowest HPI Census Tract (6%). The proportion of adults without a high school diploma is higher in the lowest HPI Census Tract (23%) when compared to Antioch (13%) or the County (12%) overall, and there is also a high unemployment rate in the lowest HPI Census Tract (21%), over double the unemployment rate for Antioch (9%) and over triple the rate for Contra Costa County (6%).

Pittsburg is home to 72,569 people.[1] It is an industrial suburb located on the San Joaquin River Delta.[3]

This map[4] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in PITTSBURG, highlighting inequities among Pittsburg's neighborhoods. Many Census Tracts in Pittsburg receive HPI scores in the bottom 50% of CA communities. Census Tract 3120, outlined in red, has the lowest HPI score in Pittsburg.



Just under half of the Pittsburg population is Hispanic (46%); 37% identify as White and another 25% identify as Other. Pittsburg is also home to Asian (15%), Black (13%), and Multiracial (9%) residents (Table 1).

Pittsburg's lowest HPI Census Tract has a similar percentage of Hispanic residents (46%), a higher percentage of Black residents (33%) and smaller White (24%) and Asian populations (7%) compared to the City. In terms of socioeconomic status (Table 2), Pittsburg has a higher percentage of residents living in poverty (12%) compared to the County as a whole (9%), while the percentage of Pittsburg older adults (>65) living in poverty is more than double the County percentage (15% versus 6%). Poverty is higher in the lowest HPI Census Tract compared to the City and County with over a quarter of residents (26%) living in poverty. A third of children live in poverty – nearly three times higher than the County average for childhood poverty (33% versus 12%). One fifth of Pittsburg residents (20%) and just under one third of Census Tract residents (29%) do not have a high school diploma compared to 12% for the County. Given the lower high school graduation rates in Pittsburg and its lowest HPI Census Tract, it follows that the unemployment rate is higher in these areas: 8% for Pittsburg overall and 12% for the Census Tract, compared with 6% for the County.

Table 1: Antioch and Pittsburg Demographic Characteristics[5,6,7,8,9]

Category	Group	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Contra Costa County
Race	White	37%	21%	37%	24%	52%
	Black	21%	40%	13%	33%	9%
	Asian	16%	2%	15%	7%	18%
	Other	17%	27%	25%	23%	14%
	Multiracial	7%	9%	9%	10%	6%
	American Indian/ Alaska Native	1%	<1%	1%	2%	<1%
	Native Hawaiian/ Pacific Islander	1%	1%	<1%	<1%	<1%
Ethnicity	Hispanic	32%	35%	46%	46%	26%
	Non-Hispanic	68%	65%	54%	54%	74%
Gender	Female	55%	52%	51%	54%	51%
	Male	45%	48%	49%	46%	49%
Age	Under 5	3%	12%	8%	8%	6%
	5-9	5%	8%	5%	8%	7%
	10-19	16%	20%	12%	13%	12%
	20-44	33%	39%	39%	36%	32%
	45-64	28%	17%	24%	20%	27%
	>65	15%	4%	12%	15%	16%

Table 2: Antioch and Pittsburg Socioeconomic Status [10,11,12,13,14]

Indicator	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Contra Costa County
Living in poverty (<100% Federal Poverty Level)	15%	33%	12%	26%	9%
Children (0-18) in poverty	26%	37%	13%	33%	12%
Seniors (>65) in poverty	10%	6%	15%	17%	6%
Unemployment	9%	21%	8%	12%	6%
Uninsured population	7%	11%	10%	8%	6%
Adults with no high school diploma	13%	23%	20%	29%	12%

Root Causes of Health

Antioch's overall Healthy Places Index score is slightly above average for CA, ranking better than 57% of CA communities; Antioch ranks well below the healthiest Contra Costa County communities which score better than most CA communities (93%) (Table 3). Antioch's lowest HPI Census Tract performs much worse, scoring better than 11% of CA communities. Factors related to economics, social conditions, education, housing and healthcare access score low in Antioch overall and in the lowest HPI Census Tract when compared to Contra Costa County's healthiest communities. Antioch's lowest HPI Census Tract scores distinctly lower in the economic category. Antioch and the lowest HPI Census Tract perform slightly better than the County's healthiest communities in the neighborhood category.

Pittsburg's overall Healthy Places Index rating (41%) is in the bottom half of CA communities and substantially lower than Contra Costa County's healthiest communities (93%) (Table 3). Pittsburg's lowest HPI Census Tract scores in the bottom fifth of of all CA communities (16%). Factors related to economics, social conditions, education, housing and healthcare access score low in Pittsburg compared to Contra Costa's healthiest communities. Pittsburg's lowest HPI Census Tract scores markedly lower for a number of categories, particularly economics and transportation. Pittsburg and the lowest HPI census tract score higher than two thirds of CA communities and the County's healthiest communities in the neighborhood category and the lowest HPI Census Tract scores better than 90% of CA communities on clean environment.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health [15]

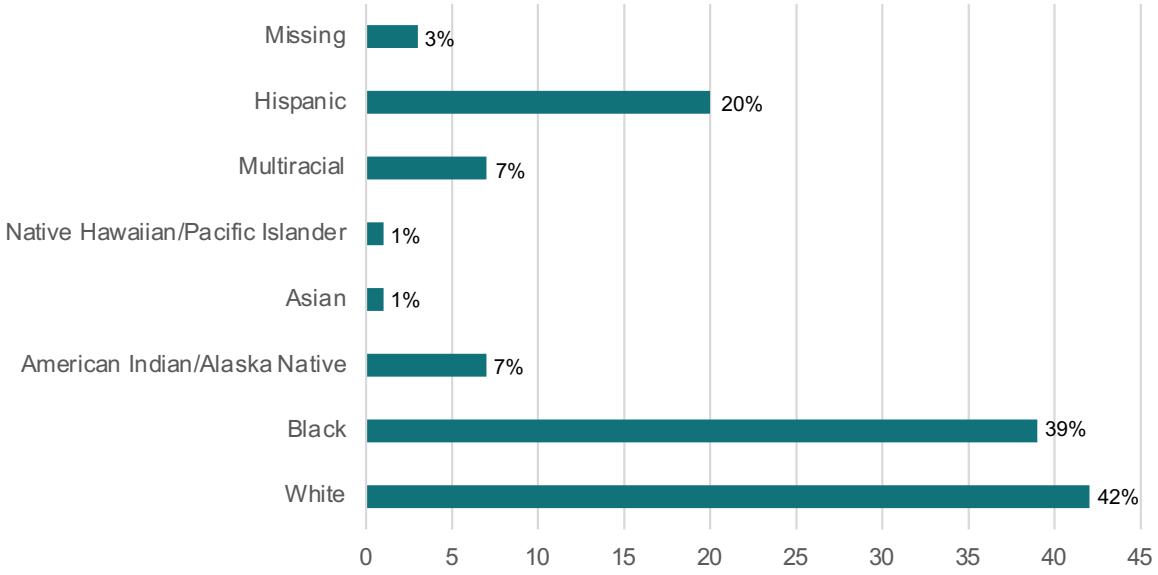
Category	Antioch	Lowest HPI CT (3072.02)	Pittsburg	Lowest HPI CT (3120)	Healthiest Contra Costa County Communities	Indicators
Overall HPI Score	57	11	41	16	**93**	
Economic	54	2	40	9	93	• Employment • Median Income
Housing	37	17	21	29	71	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	55	25	35	27	93	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	38	13	27	22	75	• Two Parent Households • Voting in 2012
Healthcare Access	66	46	40	32	88	• Insured
Transportation	69	82	70	6	88	• Automobile Access • Active Commuting
Neighborhood	63	63	68	68	61	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	83	91	82	90	87	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

Contra Costa's Continuum of Care Access in Antioch and Pittsburg[16]

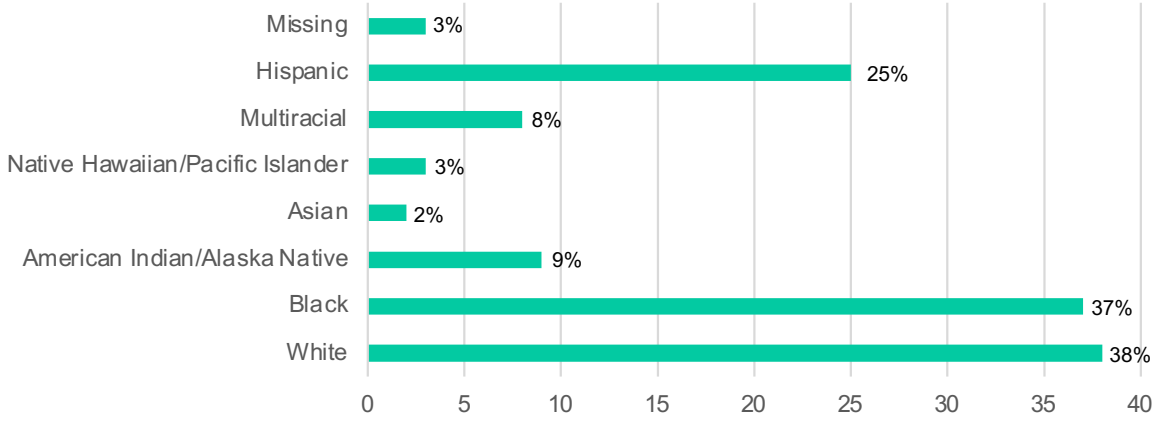
Antioch had 1,119 unhoused residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. Most participants were either White (42%) or Black (39%) and one fifth were Hispanic (20%) (Figure 1). There was also an appreciable American Indian/Alaska Native population accessing services at 7%, especially since this racial group only makes up 1% of the City's population.

Figure 1: Consumers Accessing Crisis Response Who Lost Housing in Antioch (%)



Pittsburg had 630 unhoused residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. Just under 40% of participants were either White (38%) or Black (37%) though one quarter were Hispanic (20%) (Figure 2). There was also a disproportionate American Indian/Alaska Native population accessing services at 9% given that the racial group only makes up 1% of the City's total population.

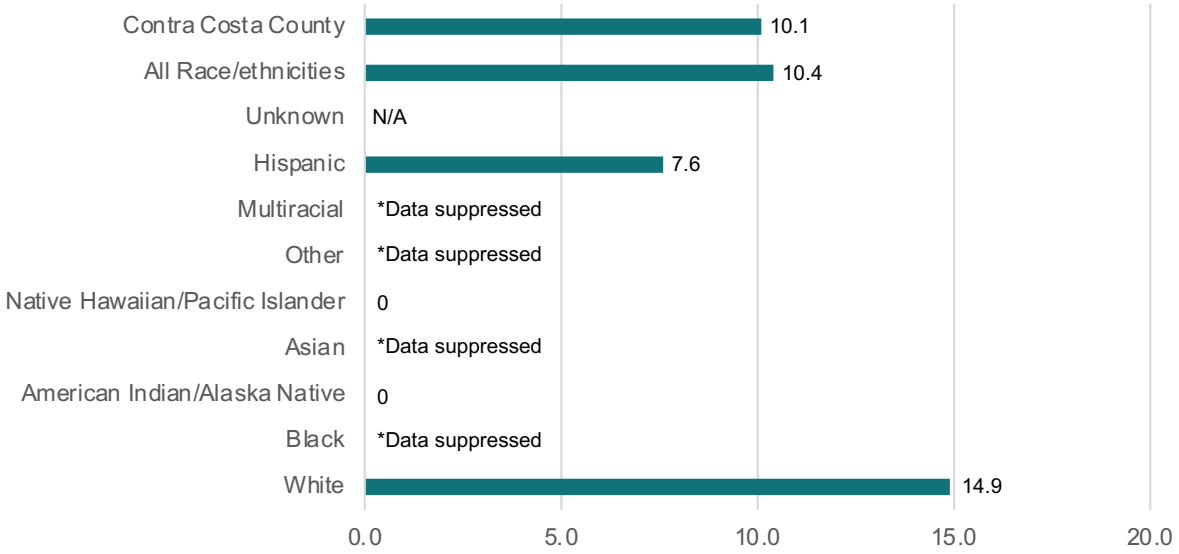
Figure 2: Consumers Accessing Crisis Response Who Lost Housing in Pittsburg (%)



Suicide Rates in Antioch and Pittsburg

Antioch's overall suicide rate is at a little more than 10 per 100,000 persons (10.4) and similar to Contra Costa County's suicide rate of 10 per 100,000 people (10.1) (Figure 3). White residents have a higher than average suicide rate of just under 15 per 100,000 persons (14.9). Hispanics have a lower suicide rate at just under 8 per 100,000 people (7.6). Data is suppressed or at 0 per 100,000 people for all other races/ethnicities in the City.

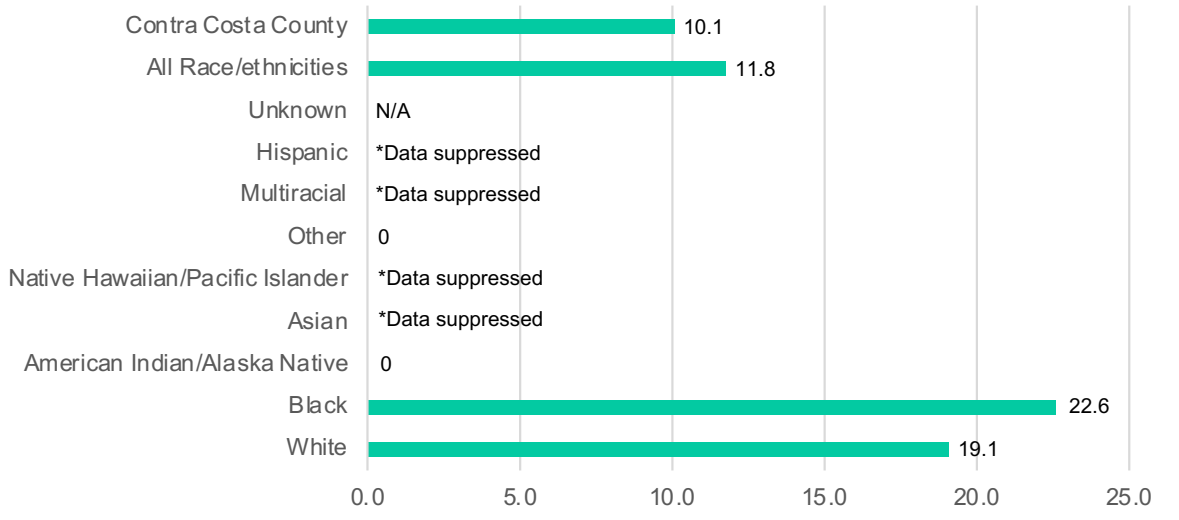
Figure 3: Antioch Age Adjusted Suicide Rate per 100,000 Population[17]



* Values are suppressed for confidentiality

Pittsburg has a suicide rate of just under 12 per 100,000 people (11.8), slightly higher than Contra Costa County's suicide rate 10 per 100,000 persons (10.1) (Figure 4). The highest suicide rate is among Black residents at just under 23 per 100,000 people (22.6), a larger proportion than the total population of Black residents in the City (13%). White residents also have a higher suicide rate than the City overall at 19 per 100,000 people (19.1) . Data is suppressed or at 0 per 100,000 persons for all other races/ethnicities in the City.

Figure 4: Pittsburg Age Adjusted Suicide Rate per 100,000 Population[18]



* Values are suppressed for confidentiality

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[10] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Antioch%20city%20ca%20acs&tid=ACSDP1Y2019.DP05

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Antioch Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Antioch	Lowest HPI CT (3072.02)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**57**	**11**	**93**
Economic	**Total Score**	54	2	**93**
	Employed	48	3	75
	Income	67	8	95
Housing	**Total Score**	**37**	**17**	**71**
	LI Renter Cost Burden	20	52	54
	LI Homeowner Cost Burden	42	12	57
	Housing Habitability	44	81	80
	Uncrowded Housing	51	20	55
	Homeownership	43	4	79
Education	**Total Score**	**55**	**25**	**93**
	Preschool Enrollment	55	25	93
	High School Enrollment	82	100	87
	Bachelor's Education or Higher	40	15	89
Social	**Total Score**	**38**	**13**	**75**
	Two Parent Households	24	12	73
	Voting in 2012	46	23	75
Healthcare Access	**Total Score/Insured**	**66**	**36**	**88**
Transportation	**Total Score**	**69**	**82**	**88**
	Automobile Access	29	9	55
	Active Commuting	82	94	88
Neighborhood	**Total Score**	**63**	**63**	**61**
	Retail Density	70	75	80
	Park Access	79	81	71
	Tree Canopy	40	59	55
	Supermarket Access	70	33	55
	Alcohol Outlets	42	67	48
Clean Environment	**Total Score**	**83**	**91**	**87**
	Ozone	75	76	82
	Particulate Matter 2.5	62	85	43
	Diesel Particulate Matter	25	43	18
	Water Contaminants	96	94	98

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Pittsburg Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Pittsburg	Lowest HPI CT (3120)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**41**	**16**	**93**
Economic	**Total Score**	**40**	**9**	**93**
	Employed	38	10	75
	Income	46	7	95
Housing	**Total Score**	**21**	**29**	**71**
	LI Renter Cost Burden	18	41	54
	LI Homeowner Cost Burden	25	55	57
	Housing Habitability	64	16	80
	Uncrowded Housing	25	37	55
	Homeownership	29	23	79
Education	**Total Score**	**35**	**27**	**93**
	Preschool Enrollment	35	28	93
	High School Enrollment	64	100	87
	Bachelor's Education or Higher	25	15	89
Social	**Total Score**	**27**	**22**	**75**
	Two Parent Households	16	8	73
	Voting in 2012	40	52	75
Healthcare Access	**Total Score/Insured**	**40**	**32**	**88**
Transportation	**Total Score**	**70**	**6**	**88**
	Automobile Access	24	7	55
	Active Commuting	85	82	88
Neighborhood	**Total Score**	**68**	**68**	**61**
	Retail Density	74	63	80
	Park Access	87	62	71
	Tree Canopy	35	63	55
	Supermarket Access	82	45	55
	Alcohol Outlets	34	59	48
Clean Environment	**Total Score**	**82**	**90**	**87**
	Ozone	78	80	82
	Particulate Matter 2.5	62	85	43
	Diesel Particulate Matter	21	39	18
	Water Contaminants	93	91	98

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

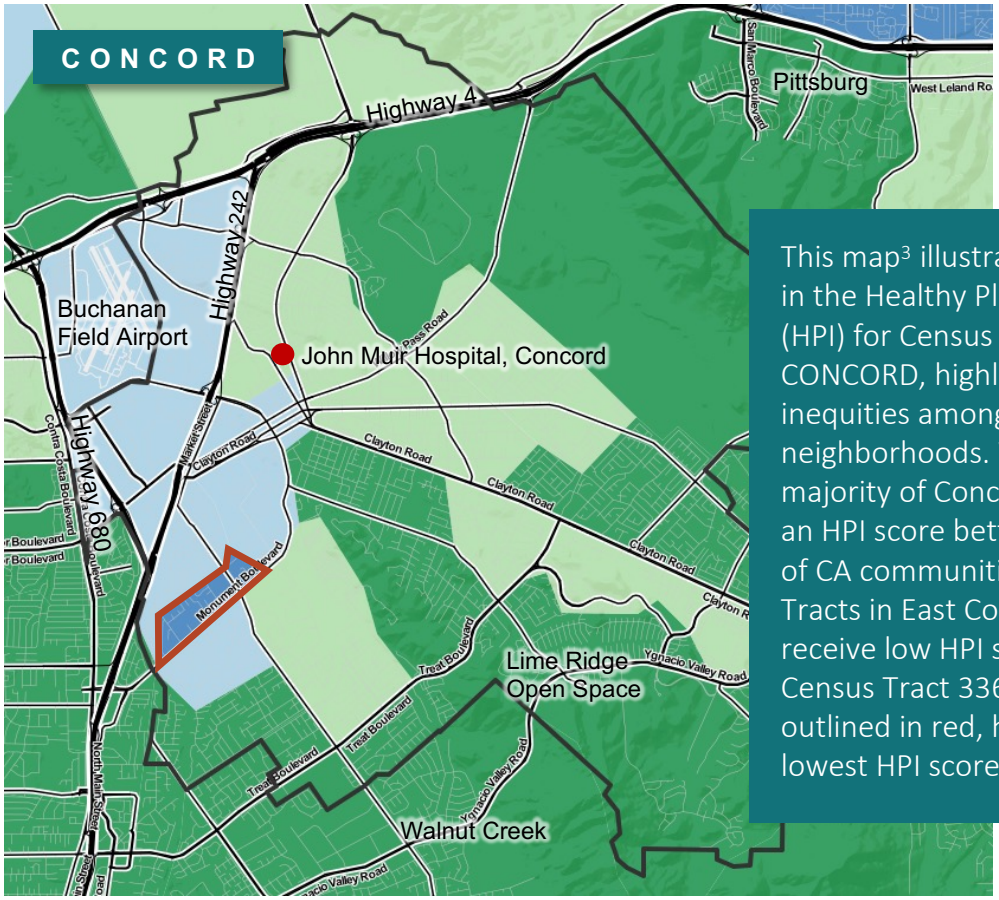
* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Central Contra Costa County Priority Community: **Concord**

Concord has the largest population of all cities in Contra Costa County. This profile presents demographic and root causes of health data for the City, a high poverty Census Tract, and Contra Costa County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

Concord is home to 129,183 people and is a residential and business center in the County.[1]



This map[3] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in CONCORD, highlighting inequities among Concord's neighborhoods. While the majority of Concord receives an HPI score better than 50% of CA communities, Census Tracts in East Concord receive low HPI scores. Census Tract 3362.02, outlined in red, has the lowest HPI score in Concord.

Overall HPI Score Percentile:
0-25% 26-50% 51-75% 76-100%

Concord's residents are majority White (63%), 30% identify as Hispanic and there is significant representation from Other (13%) and Asian (13%) residents (Table 1); 7% of Concord residents are Multiracial and 3% are Black. Concord's lowest HPI Census Tract has a very different population make up, where just under three quarters of residents identify as Hispanic (72%) and just under half identify as Other (46%), though there is significant

representation from White (36%) and Asian residents (12%). The overall poverty rate is the same for Concord and the County (9%) although Concord's (0-18) children (18%) and seniors (>65) (9%) have higher poverty rates when compared with the County. The lowest HPI Census Tract has higher rates of poverty across all age groups when compared to the County and Concord overall. The Census Tract has three times the percentage of children (0-18) in poverty (35%) as compared with the County and double that of Concord. Just under a quarter of the overall population (24%) and over one in five seniors (>65) (21%) live in poverty in the Census Tract. In addition, Concord's lowest HPI Census Tract has just under four times the percentage of uninsured residents (22%), substantially higher than the County and City overall, and approximately three times the percentage of residents do not have a high school diploma (35%) compared to the County and City.

Table 1: Concord Demographic Characteristics[4,5,6]

Category	Group	Concord	Lowest HPI CT (3362.02)	Contra Costa County
Race	White	63%	36%	52%
	Black	3%	2%	9%
	Asian	13%	12%	18%
	Other	13%	46%	14%
	Multiracial	7%	4%	6%
	American Indian/Alaska Native	<1%	<1%	<1%
	Native Hawaiian/Pacific Islander	1%	0%	<1%
Ethnicity	Hispanic	30%	72%	26%
	Non-Hispanic	70%	28%	74%
Gender	Female	50%	46%	51%
	Male	50%	54%	49%
Age	Under 5	6%	11%	6%
	5-9	6%	11%	7%
	10-19	10%	11%	12%
	20-44	35%	48%	32%
	45-64	28%	16%	27%
	>65	15%	3%	16%

Table 2: Concord Socioeconomic Status [7,8,9]

Indicator	Concord	Lowest HPI CT (3362.02)	Contra Costa County
Living in poverty (<100% Federal Poverty Level)	9%	24%	9%
Children (0-18) in poverty	18%	35%	12%
Seniors (>65) in poverty	9%	21%	6%
Unemployment	4%	5%	6%
Uninsured population	6%	22%	6%
Adults with no high school diploma	11%	35%	12%

Root Causes of Health

Concord's overall Healthy Places Index rating is better than 72% of CA communities but lower than Contra Costa County's healthiest communities which rank above 93% of CA communities (Table 3). Concord's lowest HPI Census Tract is in the bottom quarter of CA communities and substantially worse than both the City and County. Factors related to economics, education, housing and healthcare access score low in Concord and the lowest HPI Census Tract compared to Contra Costa's healthiest communities, though the lowest HPI Census Tract fares substantially worse. Concord performs similar to the County's healthiest communities in the neighborhood, transportation and clean environment categories, while the lowest HPI Census Tract performs worse on transportation than both the County and City and slightly better on neighborhood and clean environment indicators.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health [10]

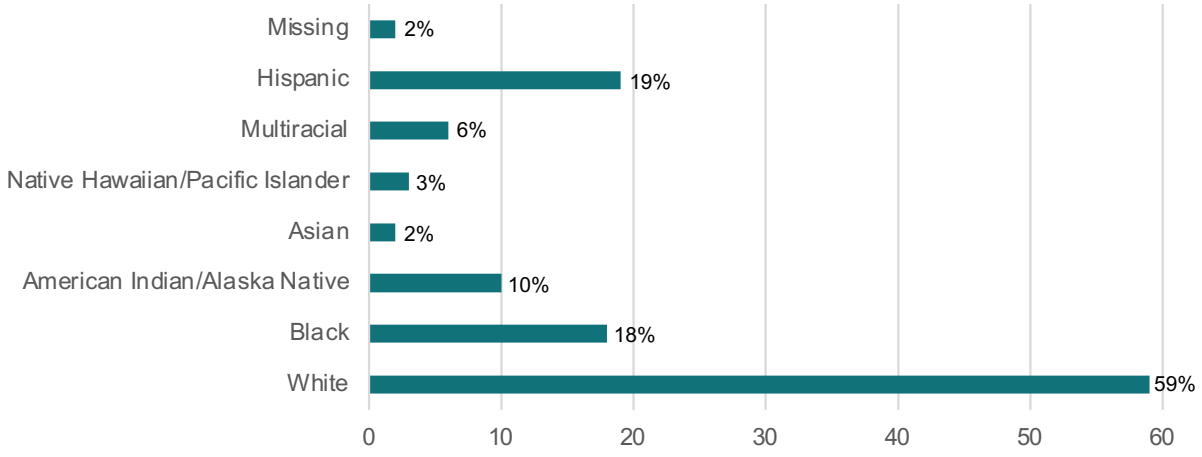
Category	Concord	Lowest HPI CT (3362.02)	Healthiest Contra Costa County Communities	Indicators
Overall HPI Score	72	23	**93**	
Economic	68	17	93	• Employment • Median Income
Housing	41	4	71	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	67	29	93	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	61	58	75	• Two Parent Households • Voting in 2012
Healthcare Access	54	4	88	• Insured
Transportation	87	60	88	• Automobile Access • Active Commuting
Neighborhood	62	64	61	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	89	93	87	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

Concord Continuum of Care Access

Concord had 862 residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. The majority of the Concord residents accessing services were White (59%) though just under one fifth were Hispanic (19%) and Black (18%) (Figure 1). A disproportionate percentage of American Indian/Alaska Natives (10%) and Pacific Islanders (3%) accessed these crisis services given that these racial groups each account for 1% or less of Concord's overall population.

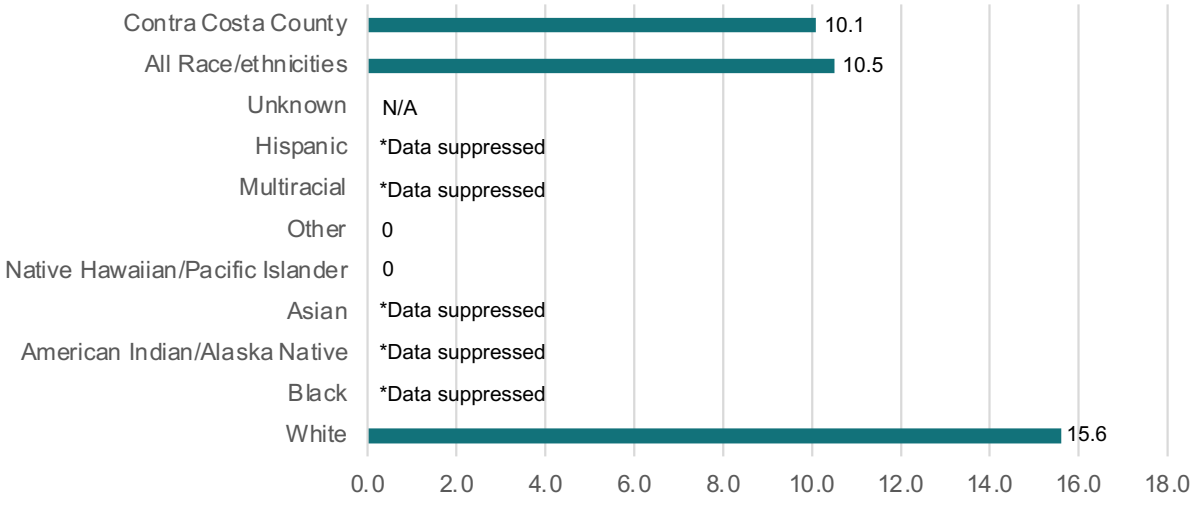
Figure 1: Consumers Accessing Crisis Response Who Lost Housing in Concord (%)[11]



Suicide Rate in Concord

Concord's suicide rate is just under 11 per 100,000 population and similar to Contra Costa County's suicide rate of 10.1 (Figure 2). The suicide rate for the White population (15.6) is higher than the City's overall rate. Data is suppressed or at 0 per 100,000 people for all other races/ethnicities in the City.

Figure 2: Concord Age Adjusted Suicide Rate per 100,000 Population [12]



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[12] California Vital Records Business Information System (2020). Deaths California Comprehensive Death File and Death Reallocation File 2016-2020.

Concord Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Concord	Lowest HPI CT (3362.02)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**72**	**23**	**93**
Economic	**Total Score**	68	17	**93**
	Employed	71	49	75
	Income	71	16	95
Housing	**Total Score**	**41**	**4**	**71**
	LI Renter Cost Burden	38	22	54
	LI Homeowner Cost Burden	46	6	57
	Housing Habitability	64	81	80
	Uncrowded Housing	38	2	55
	Homeownership	38	6	79
Education	**Total Score**	**67**	**29**	**93**
	Preschool Enrollment	63	28	93
	High School Enrollment	61	100	87
	Bachelor's Education or Higher	63	21	89
Social	**Total Score**	**61**	**58**	**75**
	Two Parent Households	54	71	73
	Voting in 2012	62	43	75
Healthcare Access	**Total Score/Insured**	**54**	**4**	**88**
Transportation	**Total Score**	**87**	**60**	**88**
	Automobile Access	36	28	55
	Active Commuting	90	79	88
Neighborhood	**Total Score**	**62**	**64**	**61**
	Retail Density	85	75	80
	Park Access	73	81	71
	Tree Canopy	51	63	55
	Supermarket Access	74	94	55
	Alcohol Outlets	30	14	48
Clean Environment	**Total Score**	**89**	**93**	**87**
	Ozone	80	80	82
	Particulate Matter 2.5	62	85	43
	Diesel Particulate Matter	29	48	18
	Water Contaminants	97	95	98

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

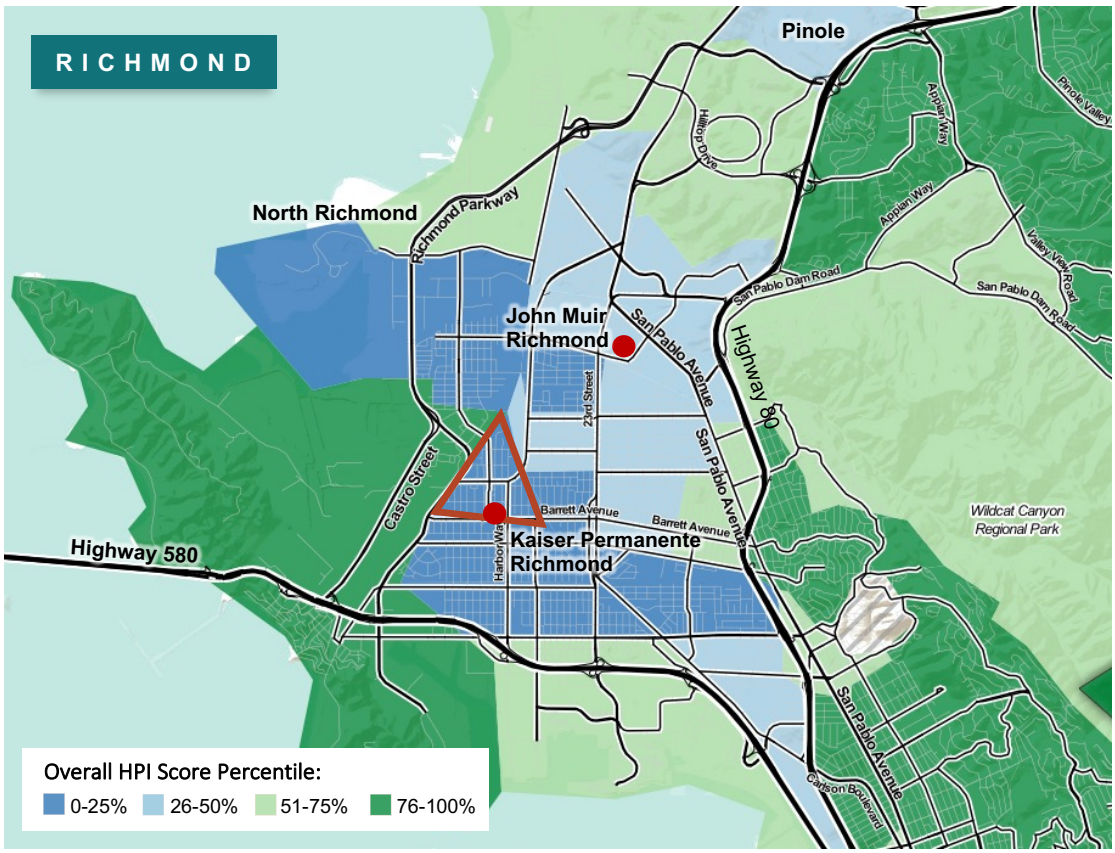
* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

West Contra Costa County Priority Community: **Richmond**

Richmond is one of Contra Costa County's largest cities, reflecting the diversity and geographic disparities existing in the County. This profile presents demographic and root causes of health data for the City, a high poverty Census Tract, and Contra Costa County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

Richmond is home to 109,884 people.[1] Richmond's residents experience inequities related to socioeconomics, historical injustices for racial/ethnic groups and disparities in health outcomes.[2]



This map[4] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in RICHMOND, highlighting inequities among Richmond's neighborhoods. While some areas in Richmond receive an HPI score better than 50% of CA communities, many Richmond Census Tracts have low HPI scores. Census Tract 3760, outlined in red, has the lowest HPI score in Richmond.

Almost half of Richmond's population is Hispanic (48%) and Other is the next largest racial category (38%) (Table 1). Richmond is also home to White (24%), Black (18%) and Asian residents (13%). In the lowest HPI Census Tract, nearly three quarters of the population is Hispanic (73%) and over half identify as Other (52%). In terms of socioeconomic status (Table 2), Richmond (25%) and its lowest HPI Census Tract (30%) have more than double the percentage of children (0-18) living in poverty compared to Contra Costa County (12%) as well as higher overall poverty rates. The percentage of seniors (>65) living in poverty is substantially higher in the lowest HPI Census Tract and Richmond overall compared to the County: 23%, 11%, and 6% respectively. In addition, 22% of Richmond adults and 40% of the lowest HPI Census Tract adults do not have a high school diploma as compared to 12% for the County overall.

Table 1: Richmond Demographic Characteristics[5,6,7]

Category	Group	Richmond	Lowest HPI CT (3760)	Contra Costa County
Race	White	24%	20%	52%
	Black	18%	13%	9%
	Asian	13%	12%	18%
	Other	38%	52%	14%
	Multiracial	6%	3%	6%
	American Indian/Alaska Native	1%	<1%	<1%
	Native Hawaiian/Pacific Islander	<1%	<1%	<1%
Ethnicity	Hispanic	48%	73%	26%
	Non-Hispanic	52%	27%	74%
Gender	Female	50%	54%	51%
	Male	50%	46%	49%
Age	Under 5	7%	8%	6%
	5-9	8%	8%	7%
	10-19	11%	16%	12%
	20-44	37%	44%	32%
	45-64	25%	18%	27%
	>65	12%	6%	16%

Table 2: Richmond Socioeconomic Status [8,9,10]

Indicator	Richmond	Lowest HPI CT (3760)	Contra Costa County
Living in poverty (<100% Federal Poverty Level)	13%	22%	9%
Children (0-18) in poverty	25%	30%	12%
Seniors (>65) in poverty	11%	23%	6%
Unemployment	3%	7%	6%
Uninsured population	10%	14%	6%
Adults with no high school diploma	22%	40%	12%

Root Causes of Health

Richmond's overall Healthy Places Index rating is average -- better than 50% of CA communities, but poor compared to Contra Costa County's healthiest communities which rank above 93% of CA communities (Table 3). The lowest HPI Census Tract in Richmond is in the lowest fifth of all CA communities and ranks significantly lower in most indicator categories when compared with the City and County. Factors related to economics, social conditions, education, housing and healthcare access score low in Richmond and the lowest HPI Census Tract compared to Contra Costa County's healthiest communities. The lowest HPI Census Tracts also scores substantially lower in transportation and neighborhood indicators compared to the City and County although Richmond as a whole performs similar to the County's healthiest communities on many neighborhood and clean environment measures.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health [11]

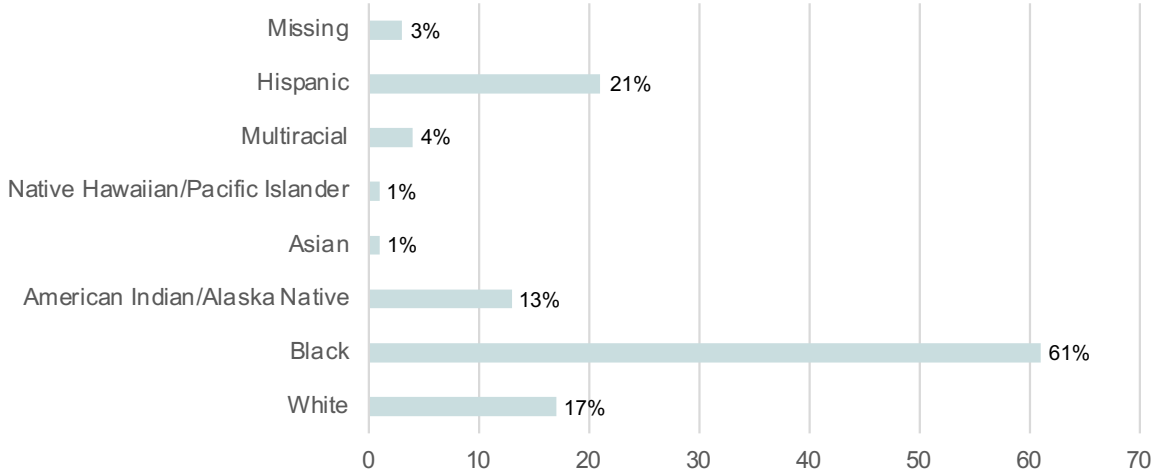
Category	Richmond	Lowest HPI CT (3760)	Healthiest Contra Costa County Communities	Indicators
Overall HPI Score	50	16	93	
Economic	47	14	93	• Employment • Median Income
Housing	25	33	71	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	56	9	93	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	38	38	75	• Two Parent Households • Voting in 2012
Healthcare Access	29	11	88	• Insured
Transportation	81	12	88	• Automobile Access • Active Commuting
Neighborhood	52	33	61	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	83	87	87	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

Contra Costa's Continuum of Care Access in Richmond

Richmond had 1,268 unhoused residents that accessed Contra Costa County's Continuum of Care program for crisis response and housing support in Fiscal Year 2020-2021. The majority of residents accessing services were Black (61%) followed by Hispanic (21%) and White (17%) (Figure 1). There was also a significant American Indian/Alaska Native population (13%) accessing services, especially since this racial group makes up only 1% of Richmond's population.

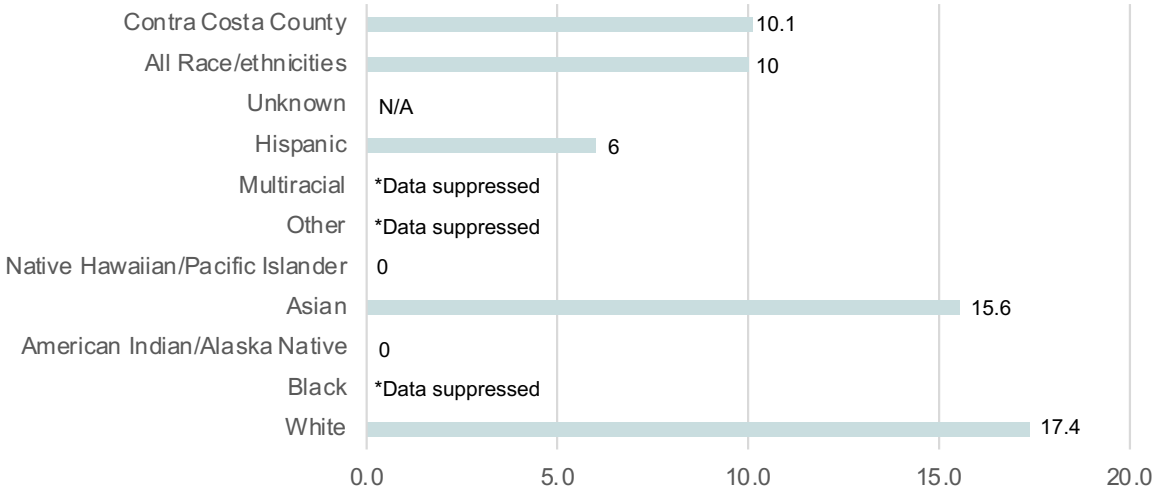
Figure 1: Consumers Accessing Crisis Response Who Lost Housing in Richmond (%) [12]



Suicide Rate in Richmond

Richmond's suicide rate is 10 per 100,000 population for the overall population, similar to Contra Costa County's suicide rate (10.1) (Figure 2). The suicide rate is higher for the White (17.4) and Asian (15.6) populations. Hispanics have a lower suicide rate at 6 per 100,000 population. Data is suppressed or at 0 per 100,000 population for all other races/ethnicities in Richmond.

Figure 2: Richmond Age Adjusted Suicide Rate per 100,000 Population [13]



*Data is suppressed for confidentiality

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[12] Contra Costa Health, Housing and Homeless Services (2021). Contra Costa Health, Housing and Homeless Services Data Summary: Contra Costa County Race and Ethnicity Among Consumers Accessing the Homeless System of Care, FY 2020-2021.

[13] California Vital Records Business Information System (2020). Deaths California Comprehensive Death File and Death Reallocation File 2016-2020.

Richmond Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Contra Costa County Communities*

Category	Indicator	Richmond	Lowest HPI CT (3760)	Healthiest Contra Costa County Communities
Overall	**HPI Total Score**	**50**	**16**	**93**
Economic	**Total Score**	47	14	**93**
	Employed	56	22	75
	Income	44	10	95
Housing	**Total Score**	**25**	**38**	**71**
	LI Renter Cost Burden	41	44	54
	LI Homeowner Cost Burden	33	57	57
	Housing Habitability	67	81	80
	Uncrowded Housing	24	27	55
	Homeownership	17	21	79
Education	**Total Score**	**56**	**9**	**93**
	Preschool Enrollment	60	4	93
	High School Enrollment	55	100	87
	Bachelor's Education or Higher	47	18	89
Social	**Total Score**	**38**	**38**	**75**
	Two Parent Households	20	39	73
	Voting in 2012	54	37	75
Healthcare Access	**Total Score/Insured**	**29**	**11**	**88**
Transportation	**Total Score**	**81**	**12**	**88**
	Automobile Access	9	7	55
	Active Commuting	94	87	88
Neighborhood	**Total Score**	**52**	**33**	**61**
	Retail Density	81	58	80
	Park Access	84	81	71
	Tree Canopy	53	29	55
	Supermarket Access	63	62	55
	Alcohol Outlets	14	16	48
Clean Environment	**Total Score**	**83**	**87**	**87**
	Ozone	96	96	82
	Particulate Matter 2.5	56	81	43
	Diesel Particulate Matter	3	6	18
	Water Contaminants	97	97	98

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

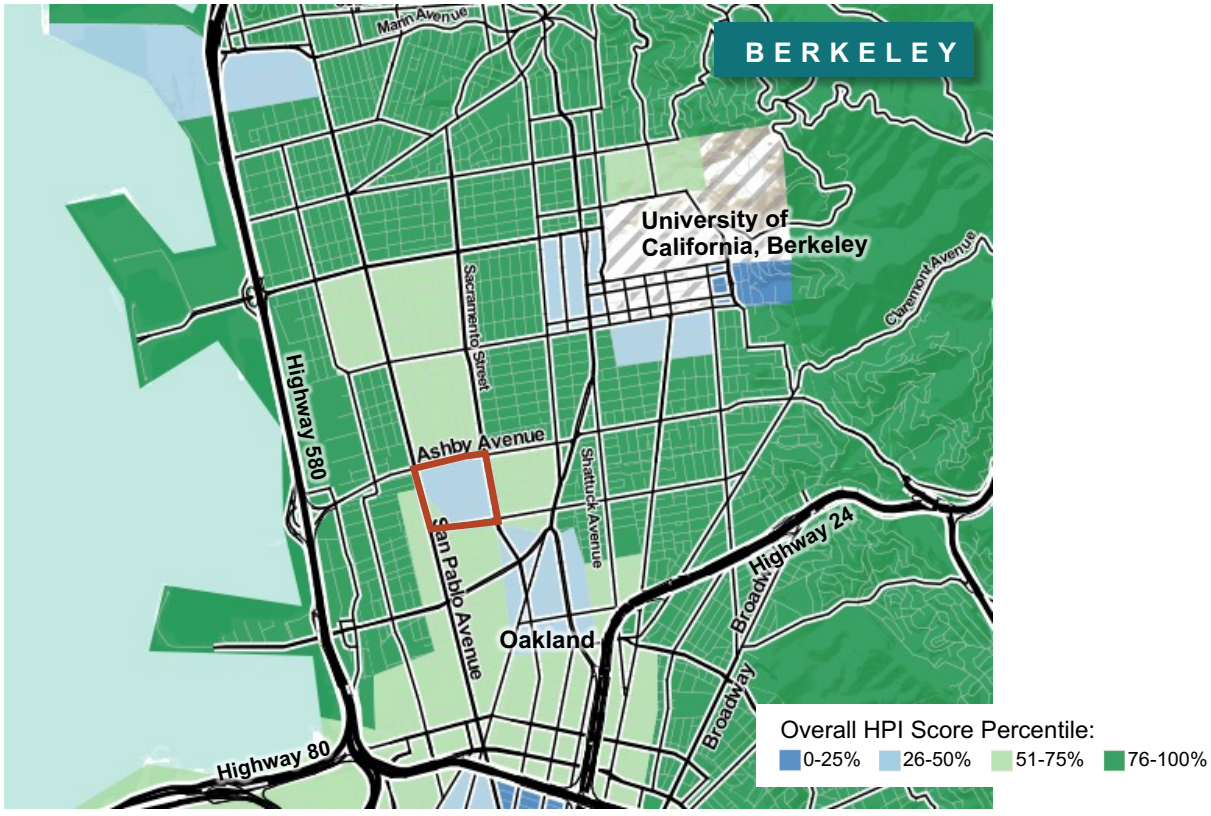
* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

North Alameda County Priority Communities: **Berkeley/Oakland**

Berkeley and Oakland are the largest cities in North Alameda County. These cities reflect the diverse population and geographic disparities existing in Alameda County. This profile presents demographic and root causes of health data for each city, a Census Tract in each city, and Alameda County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps of each city illustrates health disparities and inequities between neighborhoods within each city, where areas shaded in light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

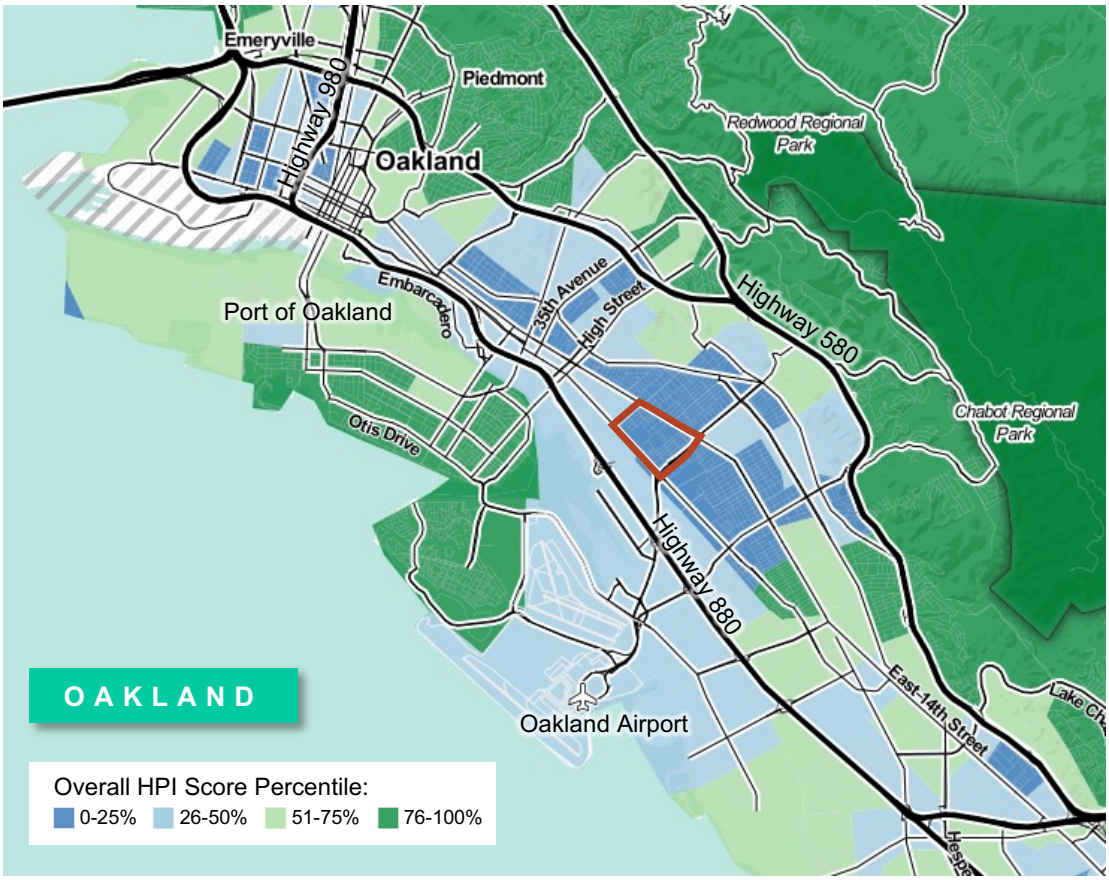
Berkeley is home to 121,353 people as well as UC Berkeley with a large student population and this population makes Berkeley's data different from other cities; due to the university, Berkeley is a City with a highly educated population.



This map[1] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in BERKELEY, highlighting inequities among Berkeley's neighborhoods. While most of Berkeley receives a high HPI score, Census Tracts in South Berkeley and around the UC Berkeley campus have low HPI scores, including Berkeley's lowest HPI Census Tract, 4240.02, outlined in red on the map.

Berkeley's overall racial and ethnic composition is majority White (60%) and Non-Hispanic (88%), with just under a quarter of residents identifying as Asian (22%) and smaller population segments identifying as Hispanic (12%), Multiracial (8%) and Black (6%). In comparison, Berkeley's lowest HPI Census Tract has a larger proportion of Black (34%) and Other (16%) residents and a lower percentage of Asian (11%) residents (Table 1). Table 2 shows that Berkeley has a higher percentage of residents living in poverty than Alameda County (19% versus 9%) while Berkley's lowest HPI Census Tract has a smaller percentage of residents living in poverty (8%) than the County. When compared to Alameda County overall, Berkeley has a smaller percentage of children (0-18) in poverty (6% versus 10%) and a higher education level with only 4% of adults without a high school diploma. Berkeley's lowest HPI Census Tract has similar poverty rates for children (0-18) (7%) and less poverty for seniors (>65) (4%) when compared to both Berkeley and the County and less than 10% of residents from Berkeley's lowest HPI Census Tract are without a high school diploma.

Oakland is home to 425,097 people. Oakland's 2018 Equity Report describes many health disparities and inequities among Oakland's racial/ethnic groups.[2]



This map[3] illustrates variation in the HPI for Census Tracts in OAKLAND, highlighting inequities among Oakland's neighborhoods. Many Census Tracts in Central and East Oakland have HPI scores among the bottom half of CA communities. The lowest HPI Census Tract in Oakland is 4088, outlined in red on the map.

While Oakland has significant representation from several racial groups, White is the largest racial group at 35%; Black (25%) and Hispanic (27%) populations each account for approximately a quarter of Oakland residents and Asian residents represent 14% of the Oakland population (Table 1). Oakland's lowest HPI Census Tract population make up differs from the City overall with 47% Hispanic and 38% Black residents and smaller White (10%) and Asian (4%) populations. Table 2 shows that Oakland residents fair worse than the County's average on almost all socioeconomic indicators, including one quarter of Oakland children (0-18) (25%) living in poverty compared to 10% of children living in poverty County wide; on the other end of the age spectrum, Oakland's seniors (>65) also fair worse than the County average, with 16% living in poverty in Oakland compared to 10% of seniors living in poverty County wide. Oakland's lowest HPI Census Tract has 35% of the population living in poverty line and just under half of children (0-18) (49%) and approximately one in five seniors (>65) (19%) living in poverty. The proportion of adults without a high school diploma (43%) in the lowest HPI Census Tract is close to three times the Oakland percentage (15%) and near four times the Alameda County percentage (12%).

Table 1: Berkeley and Oakland Demographic Characteristics[4,5,6,7,8]

Category	Group	Berkeley	Lowest HPI Census Tract (4240.02)	Oakland	Lowest HPI Census Tract (4088)	Alameda County
Race	White	60%	31%	35%	10%	39%
	Black	6%	34%	25%	38%	11%
	Asian	22%	11%	14%	4%	31%
	Other	3%	16%	19%	40%	11%
	Multiracial	8%	8%	6%	2%	6%
	American Indian/ Alaska Native	<1%	<1%	<1%	<1%	<1%
	Native Hawaiian/ Pacific Islander	<1%	<1%	<1%	5%	<1%
Ethnicity	Hispanic	12%	23%	27%	47%	22%
	Non-Hispanic	88%	77%	73%	53%	78%
Gender	Female	51%	51%	58%	54%	51%
	Male	49%	49%	42%	46%	49%
Age	Under 5	4%	7%	6%	10%	6%
	5-9	2%	6%	5%	10%	5%
	10-19	15%	9%	10%	15%	12%
	20-44	45%	44%	42%	40%	38%
	45-64	19%	23%	23%	16%	25%
	>65	15%	11%	14%	9%	14%

Table 2: Berkeley and Oakland Socioeconomic Status [9,10,11,12,13]

Indicator	Berkeley	Low HPI Census Tract (4240.02)	Oakland	Low HPI Census Tract (4088)	Alameda County
Living in poverty (<100% Federal Poverty Level)	19%	8%	17%	35%	9%
Children (0-18) in poverty	6%	7%	25%	49%	10%
Seniors (>65) in poverty	9%	4%	16%	19%	10%
Unemployment	3%	4%	4%	9%	4%
Uninsured population	3%	9%	7%	10%	5%
Adults with no high school diploma	4%	9%	15%	43%	12%

Root Causes of Health

Berkeley's overall Healthy Places Index rating is higher than 88% of CA, similar to Alameda County's healthiest communities which rank above 89% of CA communities (Table 3). Berkeley scored lower than the County's healthiest communities on economic indicators. Berkeley performs similar on education measures, overall transportation, housing and overall clean environment. Berkeley scores high (better than 80% of CA communities) on neighborhood indicators overall. Berkeley's lowest HPI Census Tract receives lower scores than the City overall, indicating a variety of inequities; this Census Tract's overall HPI score is average compared to the majority of CA communities (50%) and the tract has economic and housing indicators in the bottom half of scores for the state – substantially lower than Berkeley overall and the healthiest Alameda County communities.

Oakland's overall Healthy Places Index rating is better than 57% of CA communities but poor compared to Alameda County's healthiest communities (89%) (Table 3). Oakland ranks substantially worse than the healthiest Alameda County communities on economics, education, healthcare access, and housing indicators. Oakland's lowest HPI Census Tract has an overall Healthy Places Index score of 6%--in the bottom 10% of all CA communities. Oakland's lowest HPI Census Tract scores below the majority of CA communities in most categories and substantially worse than Oakland overall; this Census Tract scores in the bottom 10% of CA communities for transportation (2%), economic (5%) and social (6%) indicators. The clean environment score is similar when the lowest HPI Census Tract is compared to Oakland overall, with the Census Tract performing better (88% versus 76%).

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health [14]

Category	Berkeley	Lowest HPI Census Tract (4240.02)	Oakland	Lowest HPI Census Tract (4088)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	**88**	**50**	**57**	**6**	**89**	
Economic	**65**	**29**	**54**	**5**	89	• Employment • Median Income
Housing	44	**40**	**14**	**16**	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	97	83	**69**	**31**	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	45	25	28	**6**	43	• Two Parent Households • Voting in 2012
Healthcare Access	88	**42**	**48**	**22**	86	• Insured
Transportation	99	93	88	**2**	95	• Automobile Access • Active Commuting
Neighborhood	**80**	39	60	**29**	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	82	89	76	88	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

Homeless Point in Time (PIT)Counts

Berkeley has a large homeless population that accounts for just under 14% of Alameda County's unhoused residents despite Berkeley representing approximately 8% of the County's overall population (Table 4). The Black unhoused population (57%) is strikingly overrepresented given that Black residents are 6% of the City's total population. In addition, there are significant White (29%), Hispanic (12%) and Other/Multiracial racial (10%) homeless populations, similar to Alameda County's racial breakdown for the unhoused population.

Oakland accounts for more than half (59%) of Alameda County's homeless population while only making up 25% of the County's total population (Table 4). Seventy percent of the homeless population in Oakland is Black, illustrating major housing inequities given that one quarter of Oakland residents are Black. Hispanic (13%) and Other/Multiracial (13%) populations account for smaller but significant proportions of unhoused Oakland residents.

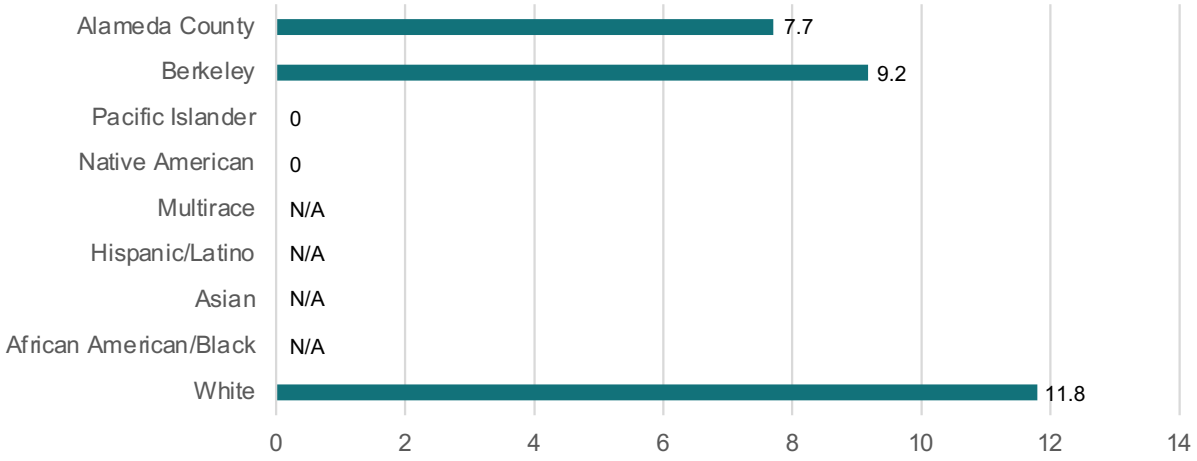
Table 4: Point in Time Counts by Race and Ethnicity

Category	Race/Ethic Group	Berkeley	Oakland	Alameda County
Homeless PIT Count in 2019[15,16]		1,108	4,701	8,022
PIT Count by Race and Ethnicity	White	29%	11%	31%
	Black	57%	70%	47%
	Asian	1%	1%	2%
	Other/Multiracial	10%	13%	14%
	American Indian/Alaska Native	3%	4%	2%
	Native Hawaiian/Pacific Islander	<1%	<1%	2%
	Hispanic	12%	13%	17%

Suicide Rate

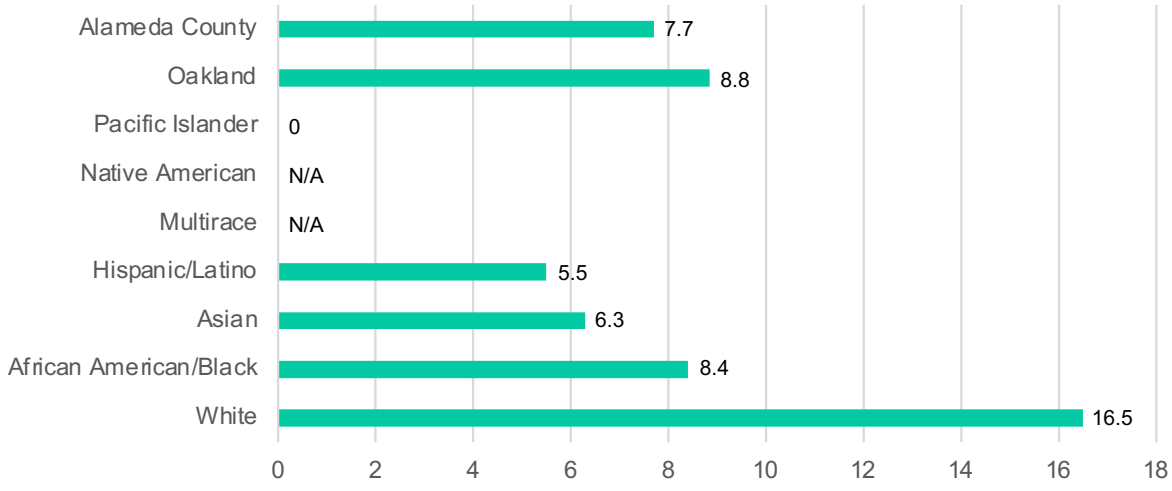
Berkeley has a suicide rate of just over 9 per 100,000 population (Figure 1), with White residents (11.8) having a higher rate than the City's average. Berkeley's suicide rate is higher than that of Alameda County overall (7.7 per 100,000)). Data is unavailable or at 0 per 100,000 persons for all other races/ethnicities in the Berkeley.

Figure 1: Berkeley Age-Adjusted Suicide Rate per 100,000 population [17]



Oakland's suicide rate is just under 9 per 100,000 population (Figure 2). The suicide rate is higher for the White population (16.5 per 100,000) than any other racial or ethnic group. The suicide rate for Black residents is similar to the Oakland average (8.4 per 100,000) and the rate is lower for Asian (6.3 per 100,000) and Hispanic (5.5 per 100,000) residents. Oakland's suicide rate is higher than Alameda County overall (7.7 per 100,000). Data is unavailable or at 0 per 100,000 for Multiracial, Native American/Alaska Native and Native Hawaiian/Pacific Islander populations.

Figure 2: Oakland Age-Adjusted Suicide Rate per 100,000 people [18]



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[17] Alameda County Health Department Community Assessment Planning and Evaluation, with data from CCDF 2016-2021.

[18] Alameda County Health Department Community Assessment Planning and Evaluation, with data from CCDF 2016-2021.

Berkeley Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Berkeley	Lowest HPI Census Tract (4240.02)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**88**	**50**	**89**
Economic	**Total Score**	65	45	**89**
	Employed	64	18	86
	Income	70	24	91
Housing	**Total Score**	**44**	**40**	**50**
	LI Renter Cost Burden	31	49	61
	LI Homeowner Cost Burden	82	77	73
	Housing Habitability	69	13	58
	Uncrowded Housing	70	47	39
	Homeownership	10	29	16
Education	**Total Score**	**97**	**83**	**91**
	Preschool Enrollment	90	87	89
	High School Enrollment	83	100	60
	Bachelor's Education or Higher	97	68	93
Social	**Total Score**	**45**	**25**	**43**
	Two Parent Households	37	10	55
	Voting in 2012	47	52	41
Healthcare Access	**Total Score/Insured**	**88**	**42**	**86**
Transportation	**Total Score**	**99**	**93**	**95**
	Automobile Access	1	8	4
	Active Commuting	100	96	96
Neighborhood	**Total Score**	**80**	**39**	**55**
	Retail Density	99	54	96
	Park Access	92	81	93
	Tree Canopy	69	44	38
	Supermarket Access	94	77	93
	Alcohol Outlets	5	4	5
Clean Environment	**Total Score**	**82**	**90**	**70**
	Ozone	99	96	91
	Particulate Matter 2.5	51	75	36
	Diesel Particulate Matter	2	11	2
	Water Contaminants	99	97	100

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Oakland Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Oakland	Lowest HPI Census Tract (4088)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**57**	**6**	**89**
Economic	**Total Score**	**54**	**5**	**89**
	Employed	65	5	86
	Income	55	5	91
Housing	**Total Score**	**14**	**16**	**50**
	LI Renter Cost Burden	29	23	61
	LI Homeowner Cost Burden	25	27	73
	Housing Habitability	26	33	58
	Uncrowded Housing	28	87	39
	Homeownership	9	7	16
Education	**Total Score**	**69**	**31**	**91**
	Preschool Enrollment	72	47	89
	High School Enrollment	35	100	60
	Bachelor's Education or Higher	77	2	93
Social	**Total Score**	**28**	**6**	**43**
	Two Parent Households	13	3	55
	Voting in 2012	45	27	41
Healthcare Access	**Total Score/Insured**	**48**	**22**	**86**
Transportation	**Total Score**	**88**	**2**	**95**
	Automobile Access	2	3	4
	Active Commuting	98	85	96
Neighborhood	**Total Score**	**60**	**29**	**55**
	Retail Density	97	82	96
	Park Access	87	81	93
	Tree Canopy	60	27	38
	Supermarket Access	87	35	93
	Alcohol Outlets	3	30	5
Clean Environment	**Total Score**	**76**	**88**	**70**
	Ozone	98	96	91
	Particulate Matter 2.5	51	75	36
	Diesel Particulate Matter	1	75	2
	Water Contaminants	97	97	100

Legend: Scores worse by 20+ points than healthiest communities; Scores better by 20+ points than healthiest communities

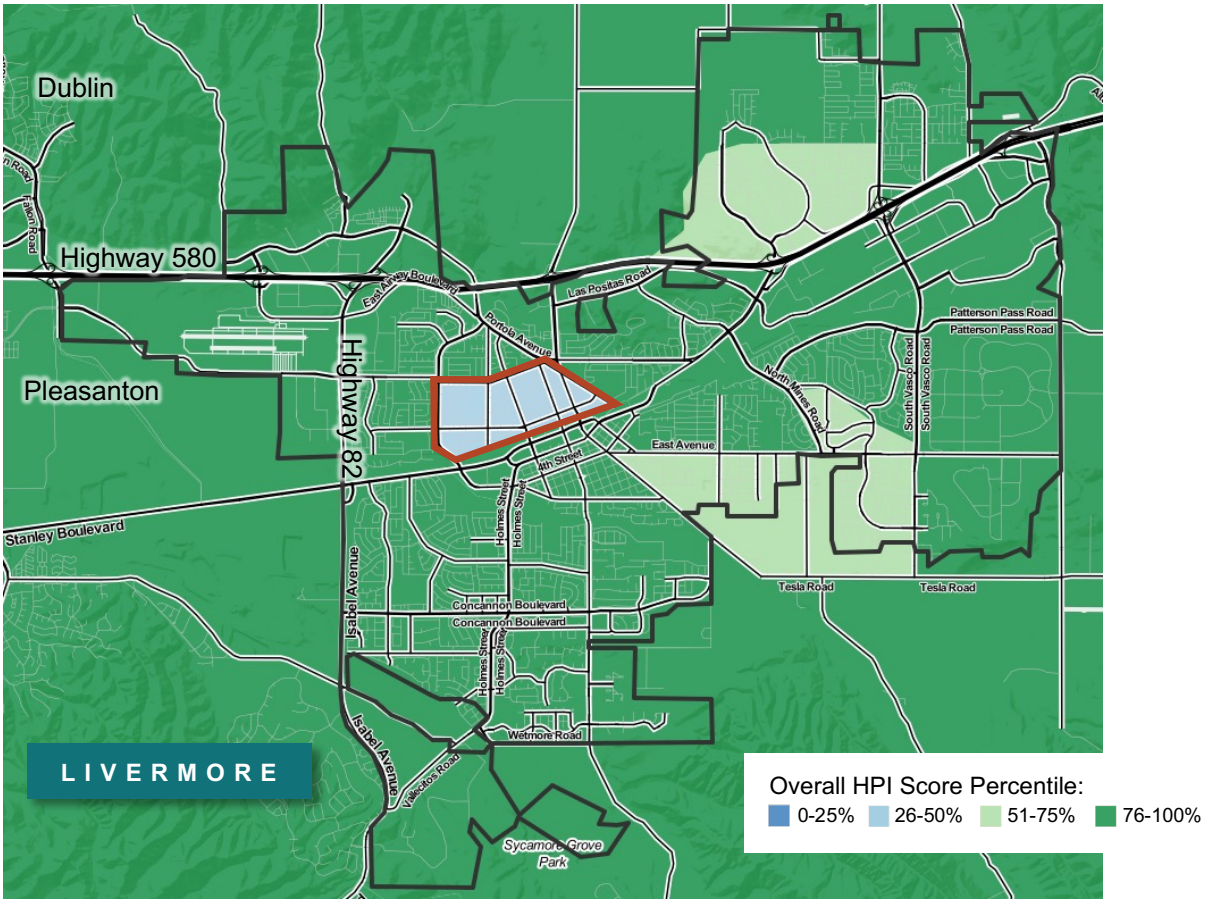
* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Alameda County Tri Valley Priority Community: **Livermore**

Livermore is home to both science and technology centers as well as an agricultural wine producing region. This profile presents demographic and root causes of health data for Livermore, a Census Tract within Livermore, and Alameda County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

Livermore is home to 89,699 people and the largest city in the Tri Valley region in Alameda County.



This map[1] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in LIVERMORE, highlighting inequities among Livermore's neighborhoods. While most of Livermore receives an HPI score better than 75% of CA communities, Census Tract 4514.04, outlined in red, has the lowest HPI score in Livermore and ranks below 50% of CA communities.

Nearly three-quarters of the Livermore population is White (72%) and there is a substantial Hispanic community (23%) (Table 1), with Asian (12%), Multiracial (8%), and Black (2%) populations accounting for smaller percentages of the population. Livermore's lowest HPI Census Tract has a larger percentage of Hispanic residents (48%), while the rest of the ethnic/racial representation in this Census Tract is similar to the City overall. Livermore and its lowest HPI Census Tract have lower percentages of residents living in poverty than Alameda County (4% and 5% versus 9%). The lowest HPI Census Tract in Livermore has just under one in five adult residents (19%) without a high school diploma, double the percentage without a high school diploma in Livermore overall (9%) (Table 2). Livermore and its lowest HPI Census Tract have approximately double the percentage of uninsured residents as compared to the County (9%, 10%, 5% respectively).

Table 1: Livermore Demographic Characteristics[2,3,4]

Category	Group	Livermore	Lowest HPI Census Tract (4514.04)	Alameda County
Race	White	72%	70%	39%
	Black	2%	5%	11%
	Asian	12%	7%	31%
	Other	5%	8%	11%
	Multiracial	8%	10%	6%
	American Indian/Alaska Native	<1%	<1%	<1%
	Native Hawaiian/Pacific Islander	<1%	<1%	<1%
Ethnicity	Hispanic	23%	48%	22%
	Non-Hispanic	77%	52%	78%
Gender	Female	49%	50%	51%
	Male	51%	50%	49%
Age	Under 5	8%	7%	6%
	5-9	6%	8%	5%
	10-19	13%	13%	12%
	20-44	31%	42%	38%
	45-64	26%	22%	25%
	>65	16%	8%	14%

Table 2: Livermore Socioeconomic Status [5,6,7]

Indicator	Livermore	Lowest HPI CT (4514.04)	Alameda County
Living in poverty (<100% Federal Poverty Level)	4%	5%	9%
Children (0-18) in poverty	8%	7%	10%
Seniors (>65) in poverty	6%	5%	10%
Unemployment	3%	5%	4%
Uninsured population	9%	10%	5%
Adults with no high school diploma	9%	19%	12%

Root Causes of Health

Livermore scores higher on the Healthy Places Index than 86% of CA communities, similar to Alameda County's healthiest communities (89%) (Table 3). Livermore's lowest HPI Census Tract scores in the bottom half of CA communities at 48%. Livermore scores lower than Alameda County's healthiest communities in education and transportation while the lowest HPI Census Tract scores lower on economics, education and healthcare access. Livermore scores significantly above the County's healthiest communities on housing.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health [8]

Category	Livermore	Lowest HPI Census Tract (4514.04)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	**86**	**48**	**89**	
Economic	91	**52**	89	• Employment • Median Income
Housing	**79**	40	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	**69**	**43**	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	61	25	43	• Two Parent Households • Voting in 2012
Healthcare Access	82	**35**	86	• Insured
Transportation	**71**	78	95	• Automobile Access • Active Commuting
Neighborhood	60	68	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	53	70	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

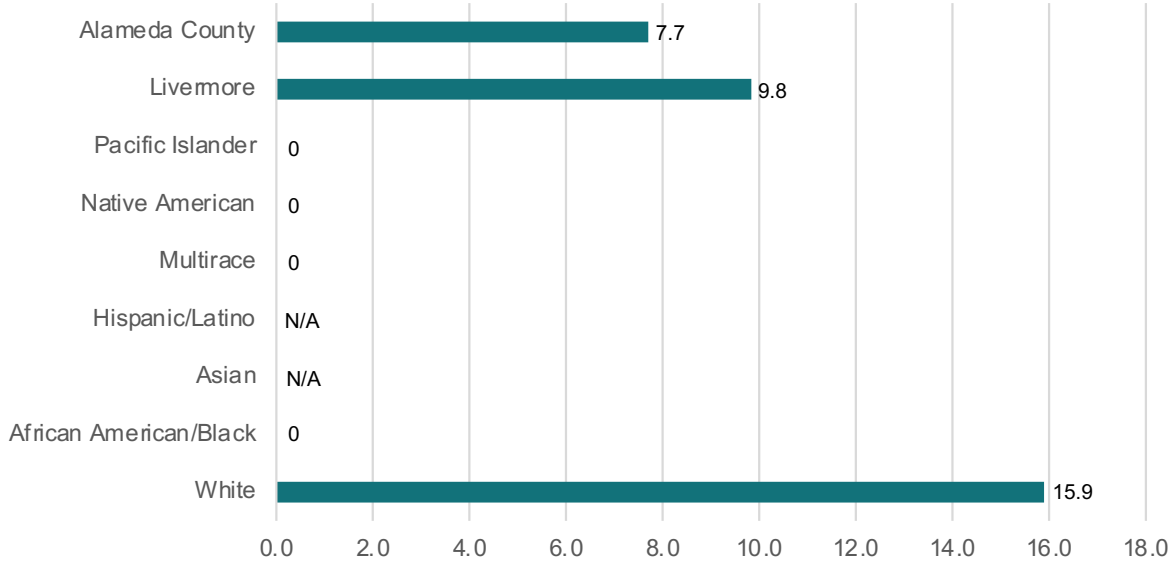
Homeless Point in Time Counts in Livermore

Livermore's unhoused population of 264 individuals makes up 3% of Alameda County's unhoused population.[9] There is no information available on the racial/ethnic makeup of Livermore's unhoused population.

Suicide Rate in Livermore

Livermore's suicide rate is just under 10 per 100,000 people (rate of 9.8) (Figure 1). The suicide rate is higher for the White population (15.9 per 100,000 population) than the City overall. Livermore's suicide rate is higher than Alameda County's suicide rate of 7.7 per 100,000 population. Data is unavailable or at 0 per 100,000 persons for all other races/ethnicities in the city.

Figure 1: Livermore Age-Adjusted Suicide Rate per 100,000 Population[10]



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[10] Alameda County Health Department Community Assessment Planning and Evaluation, with data from CCDF 2016-2021.

Livermore Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Livermore	Lowest HPI Census Tract (4514.04)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**86**	**48**	**89**
Economic	**Total Score**	91	52	**89**
	Employed	97	84	86
	Income	89	42	91
Housing	**Total Score**	**79**	**40**	**50**
	LI Renter Cost Burden	73	56	61
	LI Homeowner Cost Burden	80	45	73
	Housing Habitability	76	48	58
	Uncrowded Housing	53	27	39
	Homeownership	59	31	16
Education	**Total Score**	**69**	**43**	**91**
	Preschool Enrollment	56	68	89
	High School Enrollment	50	17	60
	Bachelor's Education or Higher	76	40	93
Social	**Total Score**	**61**	**25**	**43**
	Two Parent Households	57	18	55
	Voting in 2012	62	38	41
Healthcare Access	**Total Score/Insured**	**82**	**35**	**86**
Transportation	**Total Score**	**71**	**78**	**95**
	Automobile Access	61	42	4
	Active Commuting	67	76	96
Neighborhood	**Total Score**	**60**	**68**	**55**
	Retail Density	68	42	96
	Park Access	88	81	93
	Tree Canopy	36	39	38
	Supermarket Access	61	94	93
	Alcohol Outlets	41	25	5
Clean Environment	**Total Score**	**53**	**70**	**70**
	Ozone	76	76	91
	Particulate Matter 2.5	46	75	36
	Diesel Particulate Matter	10	38	2
	Water Contaminants	63	56	100

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Appendix G: Health Need Profiles

John Muir Health Service Area Regions:

- Eastern Contra Costa County
- Central Contra Costa County
- Western Contra Costa County
- Northern Alameda County
- Tri-Valley Area

Eastern Contra Costa County Health Needs (In Rank Order)

Behavioral Health (tied for first)
Housing and Homelessness (tied for first)
Economic Security
Healthcare Access and Delivery (tied for third)
Structural Racism (tied for third)
Community and Family Safety (tied for fourth)
Food Security (tied for fourth)
Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members.

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified behavioral health as a top priority health need for Contra Costa County.
- Key informants and focus group participants linked poor mental health to substance use, trauma, community safety (over-policing and over-incarceration in communities of color), income and employment, and homelessness.
- Both key informants and focus group participants identified behavioral health services as a critical need among children and adolescents. They discussed that locating and accessing pediatric behavioral health services has been challenging, and called for more supports to integrate behavioral health care with routine pediatric medical visits.
- Eastern Contra Costa County focus group participants perceived there to be more behavioral health services available in the prison system than in their community. These participants expressed the need for more early intervention behavioral health services to prevent later justice involvement.

Inequities

- Key informants described that vulnerable/underserved populations have been disproportionately impacted by insufficient availability of behavioral health services in Contra Costa County, identifying children/adolescents, the elderly, LGBTQIA+ individuals, unhoused individuals, people of color, immigrants, and lower-income residents as having the greatest unmet needs around behavioral health services.
- Key informants and focus group participants reported long wait times for behavioral health services, especially for Medi-Cal patients. Additional barriers to accessing care include: cost, inadequate insurance coverage, few providers, transportation issues, lack of linguistic/cultural competence and social stigma (especially for Latinx communities).
- Several focus group participants discussed the need for more behavioral health providers from diverse cultural and ethnic backgrounds to facilitate patients' comfort with their provider. According to focus group participants, when there is cultural and ethnic familiarity, then there is more understanding between patient and provider and less time spent explaining context.
- Eastern Contra Costa County key informants and focus group participants emphasized the critical need for a diverse, bilingual, equitable behavioral health workforce in the County.

Focus group participant thoughts on BEHAVIORAL HEALTH inequities:

"I've had two Nigerian therapists, I've had a White male therapist, and it was not until I met with a Black woman, that there…things that I didn't have to explain. They just knew, when I gave them a look, they knew what I was talking about, and I didn't have to give the context to explain myself, or filter myself."

Behavioral Health

- Eastern Contra Costa County focus group participants described a high prevalence of trauma among undocumented communities, yet also hesitancy in accessing behavioral health services due to fears about Immigration and Customs Enforcement.

Impact of COVID-19

- Most key informants and focus group participants perceived behavioral health issues as an extremely urgent need within Contra Costa County, stating that this need predates the pandemic, but COVID-19 made it much worse, especially for youth and older adults. COVID-19 exacerbated anxiety and depression due to financial/housing concerns and social isolation.
- According to several key informants, more people are struggling with mental health concerns due to the pandemic and it has been even more challenging to find providers who have open practices or accept Medi-Cal.
- Focus group participants also highlighted the challenges for residents struggling with substance use disorders. A major source of support in the recovery process is access to support groups, such AA. Due to the pandemic, these groups have transitioned to virtual platforms, which have not provided the same level of support as in-person groups.
- Eastern Contra Costa County focus group participants described increased stress, anxiety, and isolation in their community, which they attributed to COVID-19, as well as pandemic media coverage stoking residents' fears.

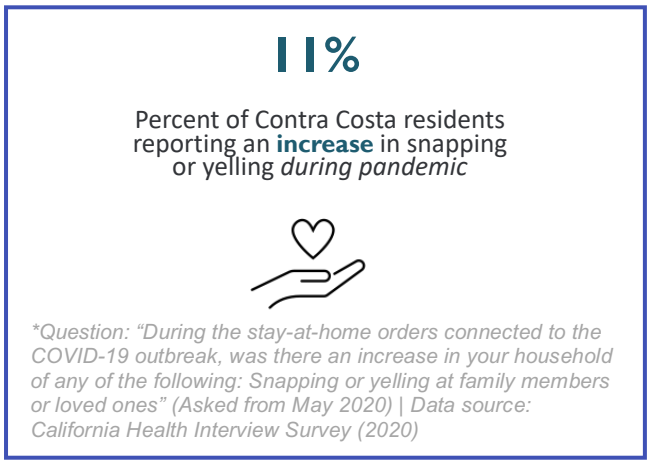
Key informant thoughts on BEHAVIORAL HEALTH and COVID-19:

"Getting in to see a therapist or psychiatrist is very limited. There are organizations like NAMI who try to spread the word on mental health, but there's a lack of service providers. COVID brought these issues to the forefront because so many people were experiencing such hard times."

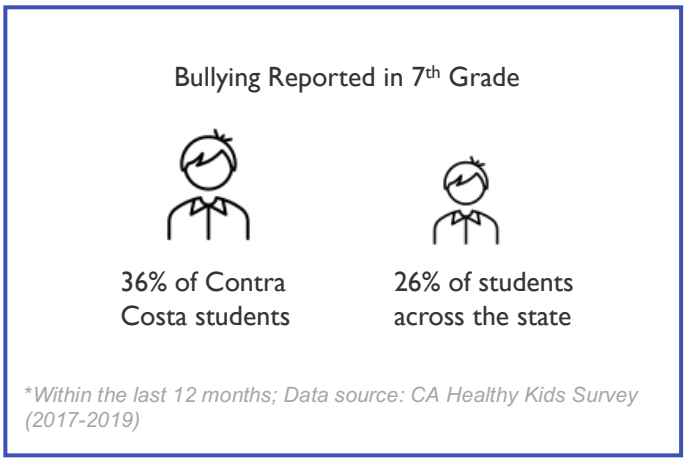
Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In 2020, 11% of Contra Costa County residents reported an increase in snapping or yelling during the pandemic.
- Contra Costa County 7th graders reported more bullying than the CA average.
- Contra Costa County's percentage of impaired driving deaths is 11% worse than the CA average (32% versus 29%).
- The behavioral health provider shortage is 4% worse in Eastern Contra Costa County (339 per 100,000 population) when compared to the state (352 per 100,000 population).



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- 91% of key informants and 6 of 9 focus groups identified housing and homelessness as a top priority health need for Contra Costa County.
- Key informants and focus group participants described that housing challenges influence health needs by increasing economic and food insecurity and unhealthy behaviors that exacerbate chronic disease and disability.
- Housing struggles experienced by County residents, such as affording rent, housing instability and crowded households, cause anxiety, lead to mental health difficulties and interpersonal issues, sometimes escalating to domestic violence.
- Eastern Contra Costa County focus group participants noted that homelessness in their community not only involves individuals living in encampments or on the streets, but also includes low-wage workers who cannot afford rent and have to live out of their cars.
- Key informants from Eastern Contra Costa County emphasized the need for trauma-informed care and resources for unhoused residents, as well as additional sober living environments.

Inequities

- Key informants and focus group participants perceived Latinx and Black/African American County residents as most affected by homelessness.
- Focus group participants described that for Contra Costa County's Latinx communities, homelessness does not mean living on the streets; unhoused Latinx residents may live in cars, a garage, or in overcrowded apartments.
- Key informants described that short-term housing and temporary shelters are helpful and needed (especially for domestic violence survivors) in Contra Costa County, but do not provide the sufficient or permanent solution that comes with investment in permanent, supportive housing, especially for residents with severe mental illness.
- Key informants described how residents with mental health disorders are especially impacted by housing issues. The lack of affordable housing options further exacerbate mental health concerns. In order to provide successful treatment and case management to these residents, affordable housing in combination with employment supports are essential, according to one key informant.

Key informant thoughts on HOUSING AND HOMELESSNESS inequities:

"This is always the hardest case management need to support because affordable housing is so limited. We see case management needs such as job training and housing as intimately linked to mental health."

Housing and Homelessness

- Eastern Contra Costa focus group participants expressed particular concern about housing conditions for undocumented residents. Focus group participants noted that residents who do not speak English experience discrimination in obtaining housing, and often end up living in unsafe conditions, such as units without heating or air conditioning.

Impact of COVID-19

- While some focus group participants perceived the COVID-19 response as increasing resources (homeless services and temporary shelters), most participants voiced concerns continuing COVID-19 hardships will impact residents' ability to pay for housing, utilities, and other bills.
- Some focus group participants and key informants expressed concern specifically for low-income families with children on the brink of homelessness, citing the negative impact housing instability would have on children's health and development.
- Eastern Contra Costa focus group participants noted increases in homelessness in their community and attributed this to the economic impacts of COVID-19. They expressed particular concern about the end of the eviction moratorium.

Focus group participant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"In the beginning of the pandemic…folks moved into hotels. I don't feel like it made a huge difference, but it was definitely…a little bit of a band-aid. [Government] spends all this money on other things, why can't you just purchase something that can give stable housing to those that don't have it? People have been going by on credit for a really long time. The fact that our government has not been willing to either wipe out the debt or find a way to remediate that, it is going to be a windfall when all these things come due. How are people going to pay for them?"

Communities Disproportionately Impacted

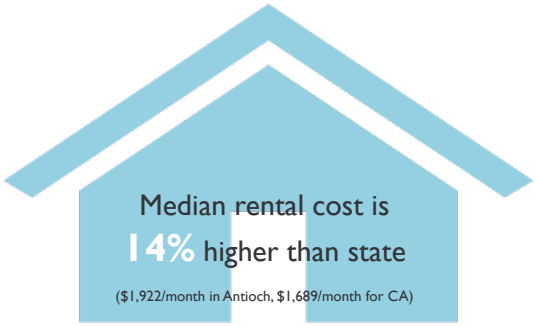
Based on Priority Community Profiles

- Antioch's housing quality/affordability ranks in the lower half of all CA communities at 37% (according to the Healthy Places Index), much lower than Contra Costa County's Healthiest communities (71%). Antioch's least healthy Census Tract (according to the Healthy Places Index), home to 40% of residents identifying as Black/African American and 27% identifying as Other, is in the bottom fifth (17%) of all CA communities for housing quality/affordability.
- Pittsburg's housing quality/affordability (according to the Healthy Places Index) ranks near the bottom fifth of CA communities (21%) while Contra Costa County's Healthiest communities rank in the top third (71%). Pittsburg's least healthy Census Tract (according to the Healthy Places Index), where a third of residents are Black/African American (33%) and half are Latinx (46%), is in the bottom third of CA communities (29%) for housing affordability and quality.

Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Antioch and Pittsburg ZIP codes, where the proportion of Black/African American residents is higher than the service area average, there are also higher percentages of households experiencing moderate housing cost burden as compared to the CA average (21%).
- In Antioch and Pittsburg ZIP codes with higher proportions of Latinx residents than the service area average, there are also higher percentages of households experiencing moderate housing cost burden when compared to the CA average (21%).



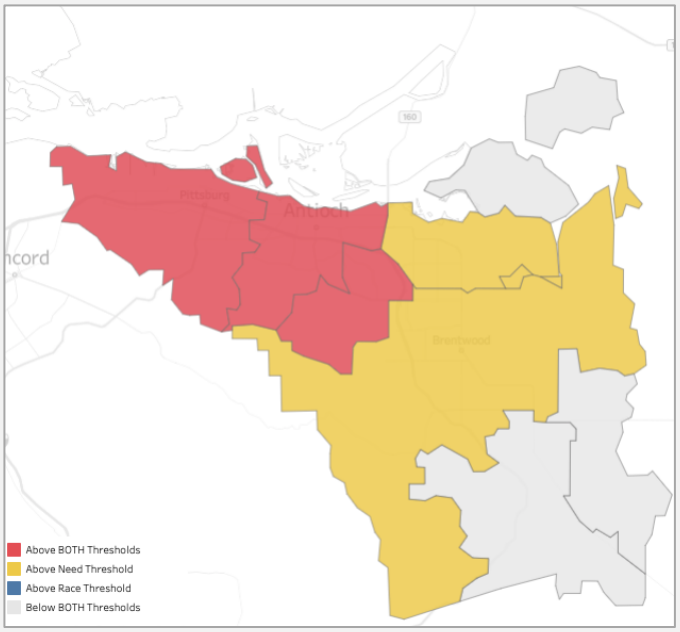
**Data source: American Community Survey 2015-2019 (median rent) | KP Platform*

Data visuals created by ASR, 12/2021

Housing and Homelessness

MODERATE HOUSING COST BURDEN, EASTERN CONTRA COSTA COUNTY, 2015-2019

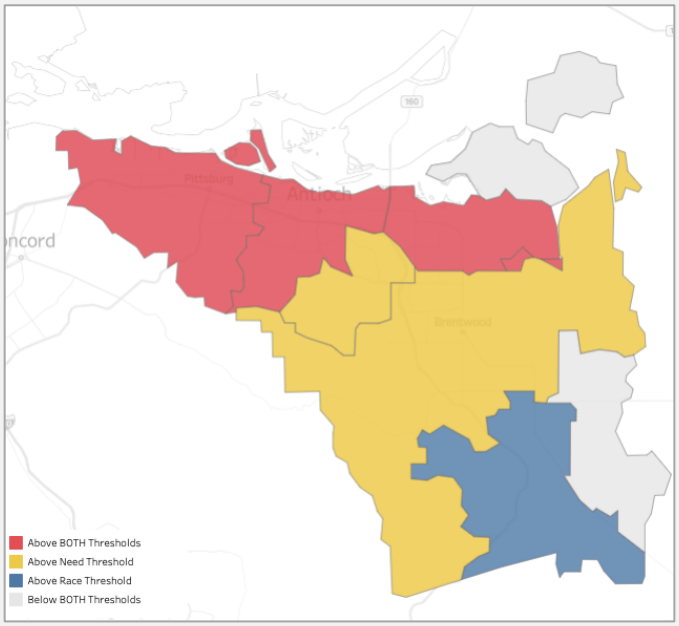
Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher percentage of households experiencing moderate housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

MODERATE HOUSING COST BURDEN, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage of households experiencing moderate housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- 75% of key informants and 3 of 9 focus groups listed economic security as a top priority health need for Contra Costa County.
- Key informants and focus group participants identified consistent factors contributing to income and employment challenges in Contra Costa County: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports.
- According to key informants and focus group participants, economic security challenges exacerbate a variety of issues including: housing, access to health care, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use.
- Both key informants and focus group participants in Eastern Contra Costa County described limited availability of jobs, particularly jobs that pay living wages or offer comprehensive health insurance. They noted that in order to access higher paying jobs, Eastern Contra Costa County residents usually have longer commutes.

Focus group thoughts on ECONOMIC SECURITY overall:

"If we do not have a stable financial situation, I will not be able to pay for my house and will end up homeless, or will not have anything to eat, my health will take a toll. The whole time I am thinking I can't pay rent; I don't have a job and all that comes with stress and depression…Not being able to provide for our children is something hard as a parent, so you sacrifice yourself so your children are well but if you aren't well who will keep them well in the future?"

Inequities

- Key informants perceived structural racism as a root cause of economic security disparities experienced by communities of color in Contra Costa County.
- Focus group participants and key informants discussed the need for collaborative partnerships between a variety of service providers to bring information and resources on income and employment supports into neighborhoods that are struggling.
- Key informants serving residents in Eastern Contra Costa County noted the economic security challenges faced by residents with mental health concerns. They identified the need for integrating behavioral health services into job training opportunities.

Key informant thoughts on ECONOMIC SECURITY inequities:

"There are systems level issues [relating to] the lack of employment and inadequate salary levels. The Latino population was one of the hardest hit populations due to COVID. They had to go into work, with increased risk of exposure, or they lost their jobs and source of income."

Impact of COVID-19

- Key informants and focus group participants reported that COVID-19 exacerbated existing economic security challenges, particularly for communities of color and lower-wage workers.

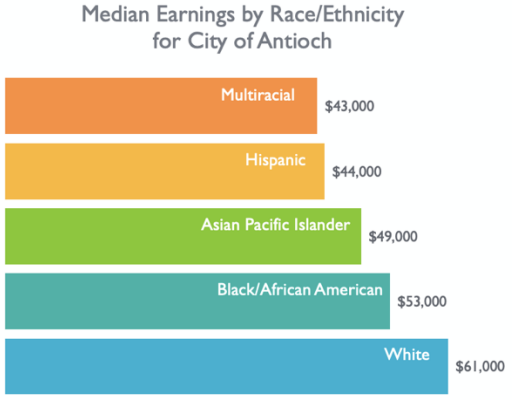
Economic Security

- Key informants identified the low availability of childcare as a major challenge, especially since the start of the pandemic.
- Eastern Contra Costa County focus group participants highlighted how Black/African American and Latinx communities in historically work in public facing, minimum-wage jobs. Because of these types of jobs, these communities were not only at increased risk of contracting COVID-19, but also experienced income and employment challenges due to the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Antioch's least healthy Census Tract (according to the Healthy Places Index) performs worse than 98% of CA communities on economic security measures.
- Pittsburg's least healthy Census Tract (according to the Healthy Places Index) performs worse than 91% of all CA communities on economic security measures.
- The least healthy Census Tracts in Antioch and Pittsburg have child (age 0-18) poverty rates nearly double the County average (37% and 33% versus 12%).
- Unemployment in Antioch's least healthy Census Tract, where 40% of residents are Black/African American, is more than three times the Contra Costa County average (21% versus 6%).



MEDIAN EARNINGS

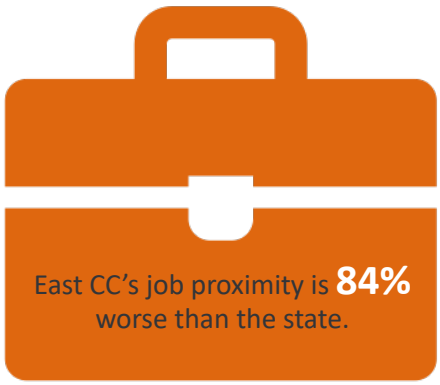
Earnings calculated for full-time workers for City of Antioch. Data source: American Community Survey; GeoLytics, Inc. 2019 | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

Economic Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- For the City of Antioch, there are significant disparities in median annual earnings by race. The median earning for Mixed/Other Race residents is $18,000 less than that of White residents ($43,000 versus $61,000).
- Geographic access to job opportunities (i.e., physical distance residents commute from their neighborhoods to job opportunities) is limited in Contra Costa County. The Jobs Proximity Index rating is lower in Contra Costa County (37) than the CA average (48).
- In Pittsburg and Antioch ZIP codes with a larger proportion of Latinx residents than the service area average, the unemployment rate is higher than the CA averages.
- In Antioch and Pittsburg ZIP codes with a larger proportion of Black/African American residents than the service area average, the percentage of public school children enrolled in free and reduced price lunch is higher than the CA average. The same is true for ZIP codes with a large proportion of Latinx residents.



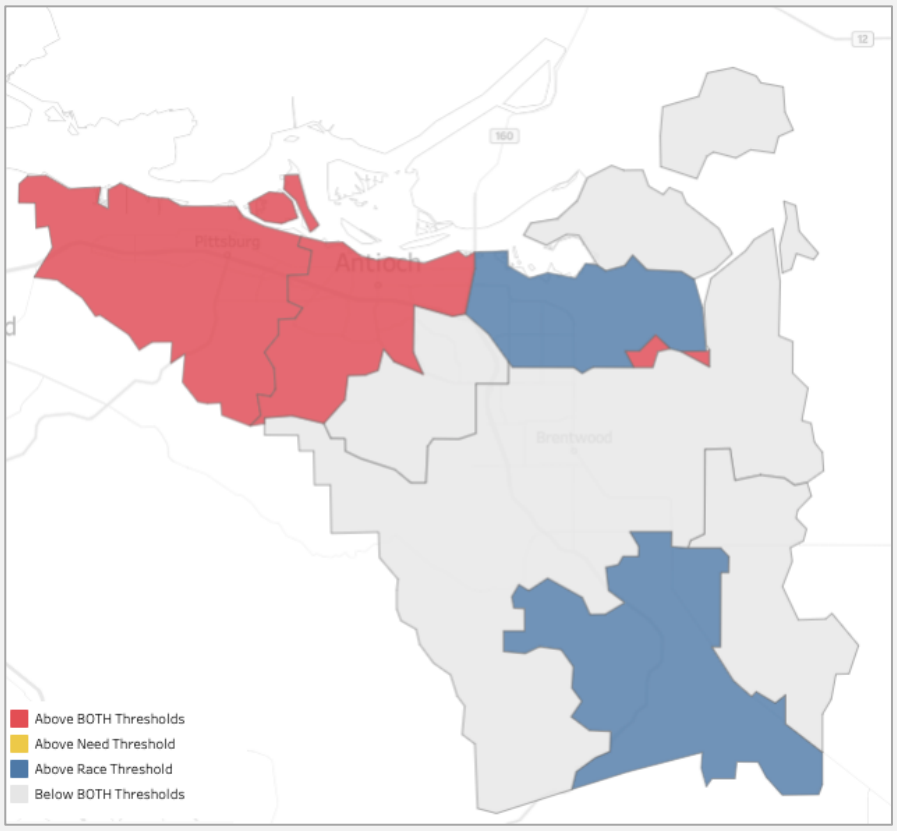
**Job Proximity Score: Accessibility of an area as a function of its distance to all jobs. Index score = 8 for Eastern CC, 46 for CC County, 48 for CA. Data sources: HUD Policy Development and Research (2014) | KP Data Platform*

Data visuals created by ASR, 12/2021

Economic Security

PERCENT UNEMPLOYMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage unemployment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include: insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified healthcare access and delivery as a top priority health need in Contra Costa County.
- Key informants and focus group participants emphasized limited services available to Medi-Cal recipients in Contra Costa County, with extremely long wait-times for appointments. Medi-Cal recipients struggle to navigate the complicated Medi-Cal system, which delays preventive appointments and results in emergency room visits as health issues go untreated.
- Several focus group participants discussed that middle-income individuals who do not qualify for Medi-Cal struggle to afford the Covered CA premiums.
- Eastern Contra Costa County key informants and focus group participants identified access to dental care as a major need in their community.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:

"Some of the nonprofits…have people working for a nonprofit that's supposed to help the community, but they're not in the community, they're not connected, so they're not understanding what's really going on…I think that that needs to be addressed at some point, because it doesn't make sense, it's not right."

Inequities

- Key informants and focus group participants emphatically stated that language, racial/ethnic, and cultural barriers persist within healthcare settings, disincentivizing many residents from seeking needed healthcare. Healthcare organizations need culturally-sensitive providers that represent the diversity of the community they serve.
- LGBTQIA+ communities face challenges accessing affirming primary care and behavioral health services and individuals with disabilities find it difficult to find primary care providers and dentists who are trained to work with them.
- Focus group participants highlighted undocumented residents' unique access to healthcare issues, describing that taking time off from work and losing income results in undocumented residents opting out of preventive visits, which are typically available weekdays during business hours.
- Eastern Contra Costa County key informants emphasized the challenges of telehealth for some groups who don't have access to computers or internet, or who lack computer literacy skills.
- Key informants serving Eastern Contra Costa County described specific access challenges for middle-income families who do not qualify for Medi-Cal. For those patients who do qualify for Medi-Cal, key informants noted the limited number of Medi-Cal providers and long wait-times.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY inequities:

"We work with communities of color: low-income and those impacted "first and worst." Health insurance and access to health is so connected to employment, and the communities we serve don't have access to insurance because of employment. People want the healthcare, but their money is being prioritized for food, housing, etc."

Healthcare Access and Delivery

Impact of COVID-19

- Not all Contra Costa County residents can access a computer or the Internet; key informants and focus group participants expressed concern that the COVID-19 related increased reliance by healthcare on online communication, appointments, and information impedes access, especially for vulnerable populations like seniors, those with certain disabilities, non-English speakers and undocumented residents.
- Key informants identified a number of barriers to accessing COVID-19 care for County residents: missed work due to time off for treatment, testing, or vaccination; limited after-hours availability for vaccine appointments; misinformation; and political and historical factors influencing vaccination decisions.
- In Eastern Contra Costa County, the vaccination rates were below average among Multiracial, Black/African American, and Latinx residents.
- In Eastern Contra Costa County, Latinx residents had a 13% higher COVID-19 death rate compared to the service area average.

Communities Disproportionately Impacted

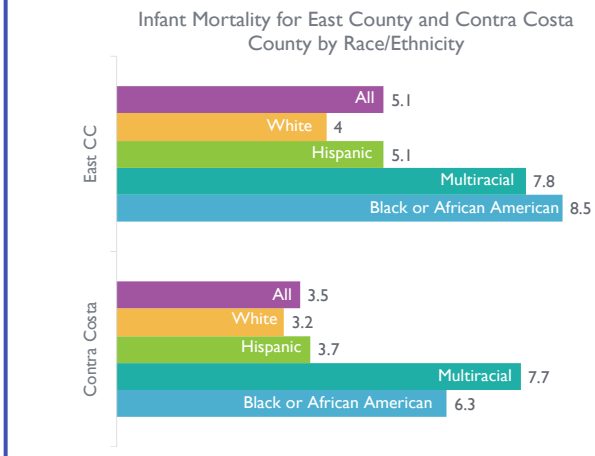
Based on Priority Community Profiles

- The percentage of uninsured residents in Antioch's least healthy Census Tract (according to the Healthy Places index) is nearly double (11%) the Contra Costa County average (6%).

Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Infant mortality is 67% higher for Black/African American infants in Eastern Contra Costa County compared to the total Eastern Contra County population (8.5 per 1,000 live births) and 54% higher for multiracial infants (7.8 per 1,000 live births).
- Infant mortality rate for Eastern Contra Costa County is 43% higher than for Contra Costa County (5.1 versus 3.5 per 1,000 live births).
- In ZIP codes surrounding Antioch and Pittsburg, where there is a population of Black/African American residents greater than the County average, there is also a higher percentage of the total population without health insurance, as compared to the CA average.
- In ZIP codes surrounding Pittsburg, Discovery Bay, and Byron, where there is a population of Latinx residents greater than the County average, there is also a higher percentage of children without health insurance, as compared to the CA average.



INFANT MORTALITY

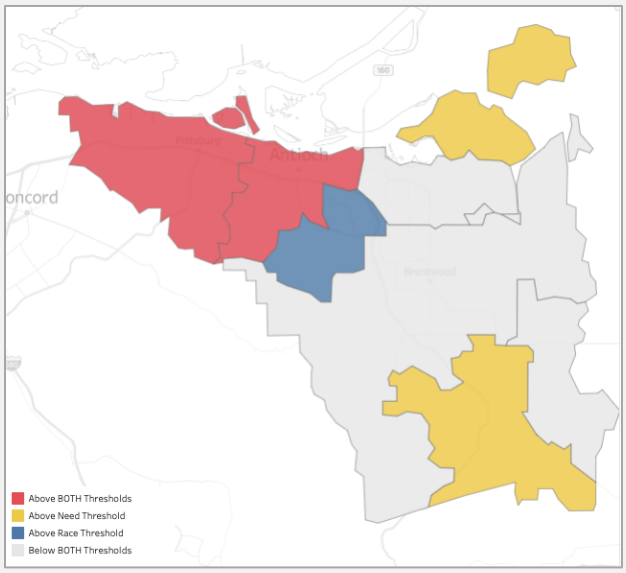
**Per 1,000 live births; Data source: California Comprehensive Birth/Death Files (2016-2020) | Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Healthcare Access and Delivery

PERCENT UNINSURED, EASTERN CONTRA COSTA COUNTY, 2015-2019

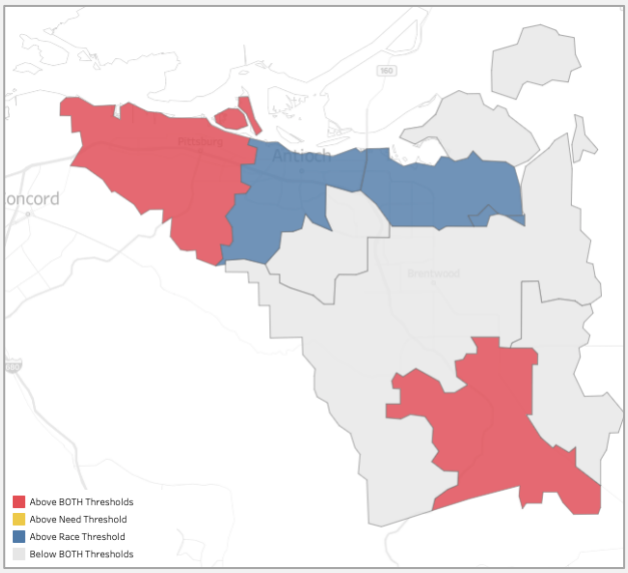
Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher percentage uninsured than the CA average.



Source: Kaiser Permanente Community Health Data Platform

PERCENT UNINSURED CHILDREN, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage uninsured children than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Structural Racism

What is the Health Need?

Structural racism refers to social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap further.

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- A number of key informants (13%) and focus groups (5 of 9) identified structural racism as a priority health need in Contra Costa County.
- Both key informants and focus group participants identified structural racism as a major element of health in their communities. Respondents described how people of color in Contra Costa County often have limited access to health care, poor quality of services received, and decreased sense of community and family safety compared to White residents.
- Eastern Contra Costa County key informants identified structural racism as the primary driver of poverty in their communities and suggested universal basic income as a key strategy in addressing structural racism.

Focus group participant thoughts on STRUCTURAL RACISM inequities:

"I think the majority of people in our society, in our cities who are disenfranchised are people of color. The root of it all is racism."

Inequities

- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community and family safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma and heightening economic stress experienced by families who have incarcerated family members.
- Some key informants noted concerns about the impact of structural racism on law enforcement's interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.
- One key informant identified the need for improvements in community health data collection, specifically the disaggregation of these data by race/ethnicity in order to inform appropriate institutional/policy changes and meaningful improvements in health outcomes for communities of color.
- Key informants and focus group participants underscored the need for more implicit bias training for health care, behavioral health, and other service providers to better serve communities of color and provide quality services. One key informant described how crucial this anti-racist work is for Black/African American birthing people because of the impact of structural racism on adverse birth outcomes and obstetric services.

Structural Racism

- Some key informants linked current workforce issues with structural racism. According to key informants, health care organizations and other service providers should recruit and train employees that come from the communities they serve. Moreover, these employees must be equitably compensated.
- Eastern Contra Costa County focus group participants specifically discussed the ways in which structural racism contributes to the lack of safety felt by Black/African American residents with respect to their relationships with law enforcement.

Impact of COVID-19

- Accessing behavioral health services with a qualified clinician who is also a person of color has always been difficult in Contra Costa County, according to key informants. Because COVID-19 has contributed to substantial increases in mental health diagnoses, especially among youth, access to a culturally diverse therapist has become even more difficult.
- Communities of color in Contra Costa County experienced disparities with respect to physical health outcomes, including contracting COVID at higher rates, key informants noted. Key informants discussed the influence of structural racism on the increased COVID-19 exposure risk faced by residents of color who do not have the luxury to call in sick to work, work in the service sector, and/or live in overcrowded housing.
- Several key informants described lower rates of vaccinations among communities of color and connected this to barriers embedded in structural racism. One key informant explained that some residents of color are hesitant to be vaccinated due to historical injustice and oppression perpetrated by the medical science community. Another key informant identified access to testing and vaccination sites as a barrier in some communities of color with limited transportation options. Respondents encouraged hospitals and clinics to bring more mobile clinics into these communities and to staff mobile vaccination and testing efforts with employees of color to create trust with community members.

Key informant thoughts on STRUCTURAL RACISM and COVID-19:

"The COVID pandemic laid bare, amplified, and worsened the pre-existing reality that black/brown people, [those] suffering before pandemic, just got crushed by the pandemic. Plus the racial reckoning highlights the very unjust system where people die unnecessarily. Racism and capitalism need [to be] addressed."

- Several Eastern Contra Costa County key informants highlighted the intersection of structural racism and COVID-19, noting the ways in which COVID-19 exacerbated existing inequalities experienced by communities of color. These key informants shared how communities of color were the first groups to experience the economic and employment instability caused by the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- In Antioch's least healthy Census Tract (according to the Healthy Places index), 40% of residents are Black (40%). This Census Tract experiences double the poverty rate (33%) as compared to Antioch (15%) overall and more than triple the County rate (9%).
- Pittsburg's least healthy Census Tract (according to the Healthy Places index), has over double the percentage of Black/African American residents (33%) compared to the City overall (13%) and more than double the child (age 0-18) poverty rate as compared to the Pittsburg average (33% versus 13%).
- American Indian/Alaska Native residents were overrepresented among users of Contra Costa's Continuum of Care for crisis and housing support services, representing 7% of Antioch and 9% of Pittsburg users although this group is only 1% of the total population of each city.

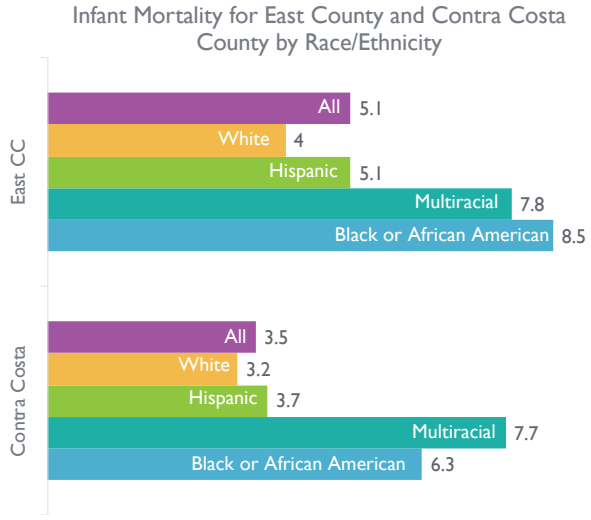
Structural Racism

- While Black/African American residents are 21% of Antioch's and 13% of Pittsburg's overall population, 39% of Antioch and 37% Pittsburg users of Contra Costa's Continuum of Care for crisis and housing support identified as Black/African American.

Structural Racism Data

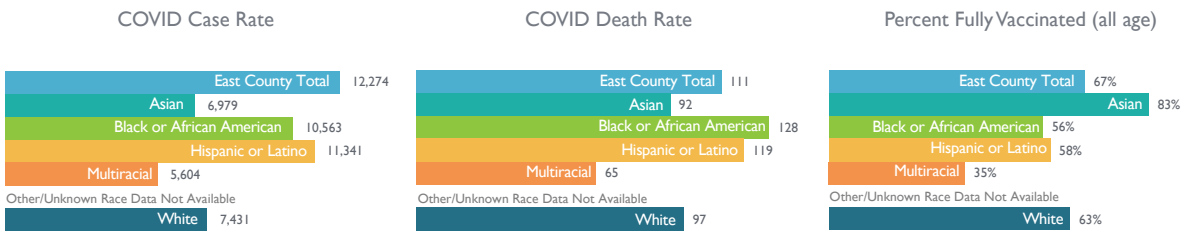
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Infant mortality is 67% higher for Black/African American infants in Antioch compared to the total Antioch population (8.5 per 1,000 live births) and 54% higher for multiracial infants (7.8 per 1,000 live births).
- As of Oct 31, 2021, the percentage of multiracial residents in Eastern Contra Costa County who were fully vaccinated was 35%. Latinx and Black/African American vaccination rates were also behind the general population, at 58% and 56%, respectively.



**Per 1,000 live births; Data source: California Comprehensive Birth/Death Files (2016-2020) | Contra Costa Health Services*

Data visuals created by ASR, 12/2021



COVID IMPACT IN EASTERN CONTRA COSTA COUNTY

**Data as of 10/31/21 for Eastern County only; Infection & Death Rate per 100,000 population, Vaccination % of total population (all ages) | ACS 2019 5-year estimates used + 2020 COVID data | Data source: Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and behavioral health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral health outcomes. In addition, the physical and behavioral health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 19% of key informants and 3 of 9 focus groups listed community and family safety as a top priority health need for Contra Costa County.
- Many key informants and focus group participants stated that community crime/violence is a symptom of trauma and unmet needs. Respondents linked community and family safety to residents' challenges maintaining housing, accessing healthcare (including behavioral health services) and finding living wage employment.
- Key informants emphasized the need for improved legal services, especially for low-income and vulnerable populations, to increase community knowledge about residents' rights, including restraining orders and other issues pertaining to domestic violence and family law.
- Eastern Contra Costa County key informants noted increases in shootings in their community, particularly shootings on Highway 4.
- Eastern Contra Costa County focus group participants connected increases in crime to the lack of housing and healthcare in their communities.

Inequities

- Key informants and focus group participants described that individuals of color, particularly Black/African American and Asian/Pacific Islanders, experience a disproportionate impact of crime and violence in their communities.
- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma, police shootings, and heightening economic stress experienced by families who have incarcerated family members.
- Key informants noted concerns about the impact of structural racism on law enforcement interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY inequities:

"I hope I never have to call the police. I have a Black son, he has a lot of friends, and I hope I never have to call the police because I don't know what the outcome will be for my son."

Community and Family Safety

- Eastern Contra Costa County focus group participants emphasized the lack of safety in relationships between the police and Black/African American residents. They noted that improving these relationships is an urgent issue in order for Black/African American residents to feel safe with the police.
- Key informants in Eastern Contra Costa County discussed the need for alternatives for police involvement, especially when responding to behavioral health crises.

Impact of COVID-19

- According to key informants and focus group participants, interpersonal violence is rising in the County due to COVID-19 related anxiety about income and social isolation.
- Several key informants emphasized the need for more temporary shelters for survivors of domestic violence and their children, especially in Eastern Contra Costa County.
- One key informant noted the rising number of transportation-related fatalities during the COVID-19 pandemic.
- Eastern Contra Costa County key informants anecdotally shared increases in child maltreatment, and linked these increases with shelter-in-place mandates.

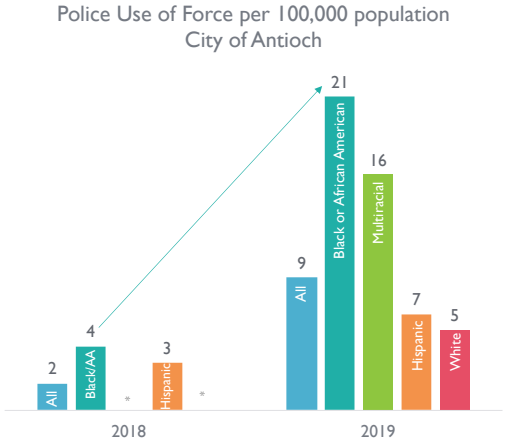
Key informant thoughts on COMMUNITY AND FAMILY SAFETY and COVID-19:

"Domestic violence was increasing- we got news from journalists, big news outlets, etc. There was more domestic violence because people couldn't do their normal outlets. Interpersonal and gender-based violence was more intense; there was no place to go, and there was no place for the person causing harm to go. People couldn't even call [for services] because they couldn't get away from their offender. People were trapped with their kids, partners, etc."

Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In the City of Antioch, the use of police force incidents per 100,000 people by race/ethnicity of civilians involved has increased from 2 to 9 overall, but that rate has increased more dramatically for certain groups.
- In 2018, the rate of police use of force was 2 per 100,000 population for all races but 4 per 100,000 for Black/African American residents. In 2019, police use of force increased to 9 per 100,000 for all races but jumped to 21 per 100,000 for Black/African American residents.



Data unavailable for multiracial and white (2018) / Rate for Asian Pacific Islander at 2019 county level only – 0.5 per 100,000 | Data source: California Department of Justice; American Community Survey | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

WHAT'S NEW?

1 in 5

people in Contra Costa reported an **INCREASE** in interpersonal conflict *during pandemic*

Interpersonal Conflict Statistic: Question: "During the stay-at-home orders connected to the COVID-19 outbreak, was there an increase in your household of any of the following: Interpersonal conflict with family members or loved ones" (Asked from May 2020) Data value = 19% | Data source: California Health Interview Survey 2020 (data collected during pandemic 2020)

Data visuals created by ASR, 12/2021

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, disrupted eating patterns, and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- While no focus groups and only 28% of key informants listed food security as a top priority health need for Contra Costa County, 8 of 9 focus groups and just over a quarter of key informants mentioned food security as a need.
- Focus group participants identified how accessing fresh produce and healthier food options is difficult in parts of Contra Costa County. Stores that carry healthier options are not in walking distance for most residents, requiring the use of a car or public transportation.
- Key informants and focus group participants suggested utilizing schools to tackle food security. One key informant suggested locating food distribution and food pantry services on school campuses to improve access to healthy food options for students and their families.
- Eastern Contra Costa County focus group participants noted a lack of grocery stores that carry healthy food options in the region, which often require residents to travel outside of their neighborhoods to access fresh produce.

Focus group participant thoughts on FOOD SECURITY overall:

"I think it's expensive to buy healthy food, so that's a real deterrent for people living in my community from eating healthy. They can't afford it. They have to go to two stores, then there are some grocery stores/liquor stores that supposedly sell some fresh produce, but not really. The Farmer's Market has moved to another part of the city supposedly for next year, so they really don't have any fresh fruits and vegetables that they can access, except those two stores and those two stores are nowhere near them."

Inequities

- Key informants and focus group participants reported that low income residents in Contra Costa County lack access to supermarkets and have access to liquor stores that stock limited fresh produce and healthy food options.
- According to focus group participants, low income residents that travel to supermarkets or farmer's markets selling a variety of fresh produce find the expensive price point for these fresh foods a deterrent.
- Key informants also shared how LGBTQIA+ and transitional-aged youth (ages 18-24) are struggling with food insecurity due to economic instability and lack of familial support.
- Eastern Contra Costa County key informants and focus group participants perceived how some local, low-income families who could benefit from food banks opt out due to stigma. They suggested bringing food to places where residents already gather, such as at schools or clinics, to address this stigma.

Key informant thoughts on FOOD SECURITY inequities:

"What we're hearing from community members, and those that identify as LGBTQ, is the need for critical services for food insecurity. We deliver food to homes, we used to have food pantries, and we see a pattern of the identities of those who seek these services."

Food Security

Impact of COVID-19

- Key informants and focus group participants stated that COVID-19 impacted families' financial security, resulting in decreased ability to purchase food. Several key informants reported that local food banks saw an increase in utilization of services; one food bank went from serving 600 meals/day pre COVID-19 to 1,400-1,600 meals/day during the pandemic.
- One focus group participant emphasized how COVID-19 economic challenges impacted her decision-making at the grocery store, where purchases were limited to items to keep her family fed rather than the healthier, more expensive items she would have preferred.
- Eastern Contra Costa key informants noted that impoverished families living in Antioch and Pittsburg were particularly impacted by school closures. Many families relied on the schools for food distribution, so when the schools closed, low-income families lacking transportation struggled to make it to the drive-through food distribution services.

Communities Disproportionately Impacted

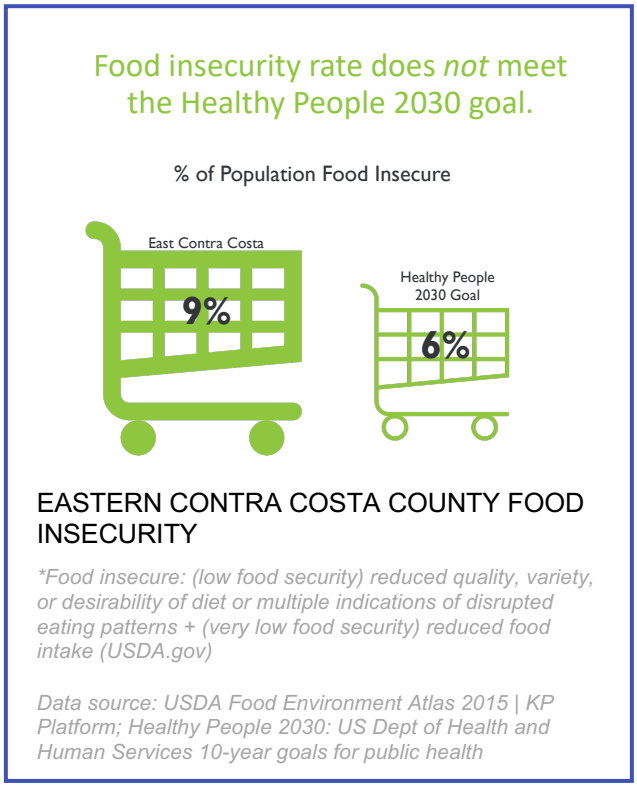
Based on Priority Community Profiles

- Supermarket access in Antioch's least healthy Census Tract (according to the Healthy Places index) is in the bottom third of CA communities (33%), substantially worse than the City overall which ranks better than 70% of CA communities.

Food Security Data

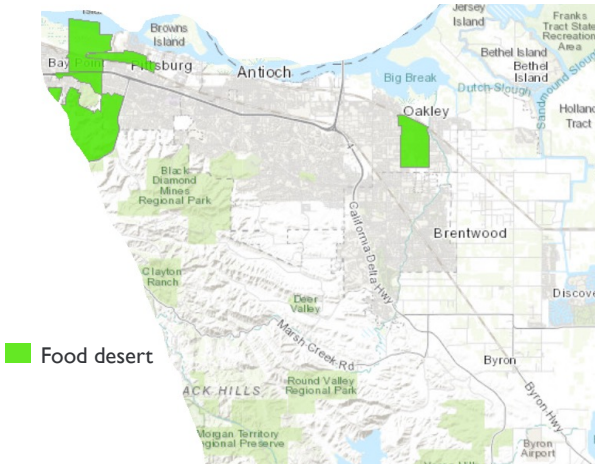
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Eastern Contra Costa County food insecurity rate is 9%, which fails to meet the Healthy People 2030 goal of 6%.
- Low access to grocery stores is 65% worse than the CA average (19% low access for Eastern County versus 12% low access for CA).
- Several ZIP codes encompassing Pittsburg and Antioch with a proportion of Black/African American residents larger than the service area average have high percentages of households enrolled in SNAP when compared to the CA average, indicating that these residents are disproportionately impacted by food insecurity.
- There is a similar disproportionate high SNAP enrollment among the larger than service area average proportion of Latinx residents in ZIP codes encompassing Pittsburg, and Antioch.



Data visuals created by ASR, 12/2021

Food Security

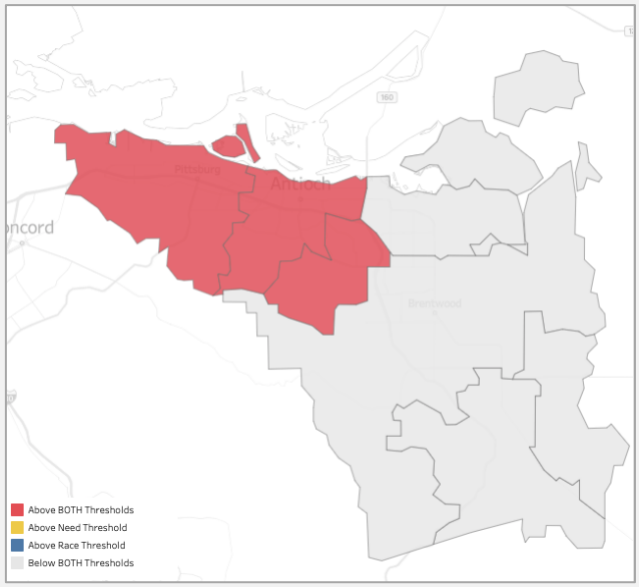


EASTERN CONTRA COSTA COUNTY FOOD DESERTS (left)

**Food desert: Census tracts with both low income and low access to food. Low income: tract with poverty rate greater than 20% or median family income less than 80% median family income for state or metro area. Low access: more than 1 mile away from a grocery store in urban areas and more than 10 miles from grocery store in rural areas | Data source: USDA Food Environment Atlas 2015*

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

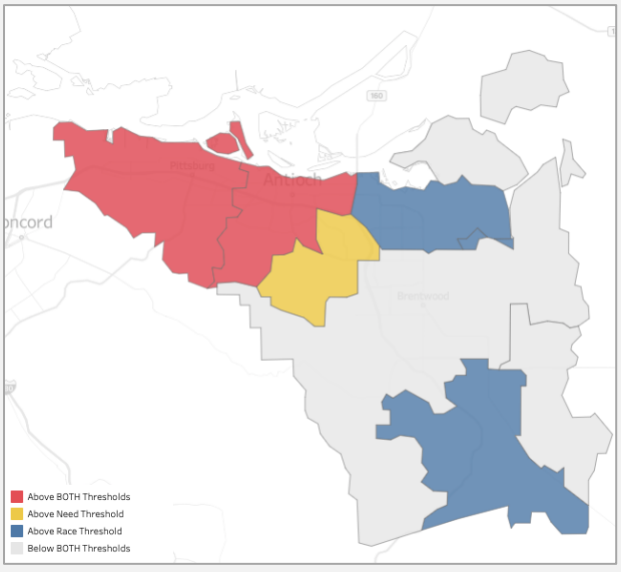
Areas shaded in red are ZIP codes with a Black/African American population greater than 12% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 28% of key informants and 1 of 9 focus groups identified transportation as a top priority health need for Contra Costa County and a crucial factor in healthcare access and delivery.
- According to key informants and focus group participants, transportation impacts a variety of community wellness related activities, including: ability to commute to a living wage job, access to grocery stores selling healthy food, ability to get children to/from school, and access to community events.
- To improve the transportation dimensions related to accessing care, key informants in Eastern Contra Costa County described a need for cross-sector collaboration, involving transit systems, healthcare, and community-based organizations.

Inequities

- Key informants and focus group participants said that cars are residents' preferred transportation mode due to convenience. Low-income residents, older adults, and individuals with disabilities are the least likely to be able to afford/access automobile transportation.
- Key informants and focus group participants identified dangerous road conditions throughout the County for drivers and pedestrians, citing road construction concerns and noting insufficient sidewalks, streetlights and reports of children being killed by vehicles while walking to school.
- Several key informants identified geographic disparities, describing the limited transportation options available in rural parts of the County. These transportation disparities are long standing problems, but little has been done to ameliorate the problem.
- Focus group participants and key informants noted poor public transportation options in Eastern Contra Costa County. They described the negative impact this has for low-income individuals and others without car access, especially with respect to attending health appointments or accessing other needed resources.

Key informant thoughts on TRANSPORTATION inequities:

"It's pretty frightening how far people have to go to get services. There is such a huge amount of space between services and really poor transportation... Very little has changed, and change happened slowly at the policy level for transportation."

Transportation

Impact of COVID-19

- Key informants and focus group participants described an increase in risky driving since the start of the COVID-19 pandemic, as well as an increase in traffic fatalities.
- COVID-19 influenced residents' transportation patterns due to concerns around COVID-19 exposure on public transit and limited bus/BART schedules.
- Parents of school-age children that participated in the focus groups noted challenges with transportation to and from COVID testing centers. This was particularly challenging for parents of children who were required to test after an exposure at school.

Focus group participant thoughts on TRANSPORTATION and COVID-19:

"People were a lot more afraid to take public transportation because of the [COVID-19} exposure. Even when they wanted to, I've had friends who've cancelled their appointments because they did not want to risk being out in public."

- Key informants noted that at the beginning of the pandemic, several food pick-up locations were "drive-through only". This posed a challenge for families that did not have access to a vehicle and limited their access to much needed food.
- Eastern Contra Costa County key informants noted how residents of color were less likely to have the option to work remotely during the pandemic. When public transit options were reduced, this greatly impacted these residents' abilities to get to work.

Communities Disproportionately Impacted

Based on Priority Community Profiles

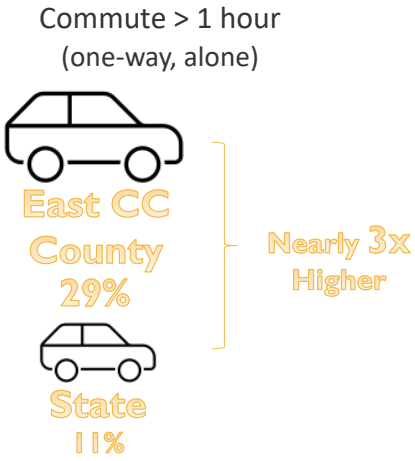
- Pittsburg's least healthy Census Tract (according to the Healthy Places index) ranks below the 94% of CA communities on transportation measures (active commuting, automobile access).

Transportation Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

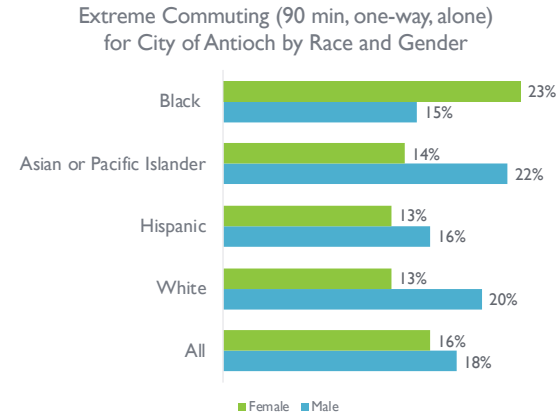
- In Eastern Contra Costa County, workers driving with long commutes (defined as the percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes) is 166% worse than for the state (29% versus 11%).
- In 2019, Black/African American women and Asian Pacific Islander men in the City of Antioch experienced the highest rates of extreme commuting.
- In Antioch and Pittsburg ZIP codes, where the proportion of Latinx residents is larger than the service area average, there is a higher percentage of workers driving alone with long commutes, as compared to the CA average.

Transportation



% of population over 16 driving alone with commutes greater than 1 hour; Data source: American Community Survey 2015-19 | KP Platform

Data visuals created by ASR, 12/2021



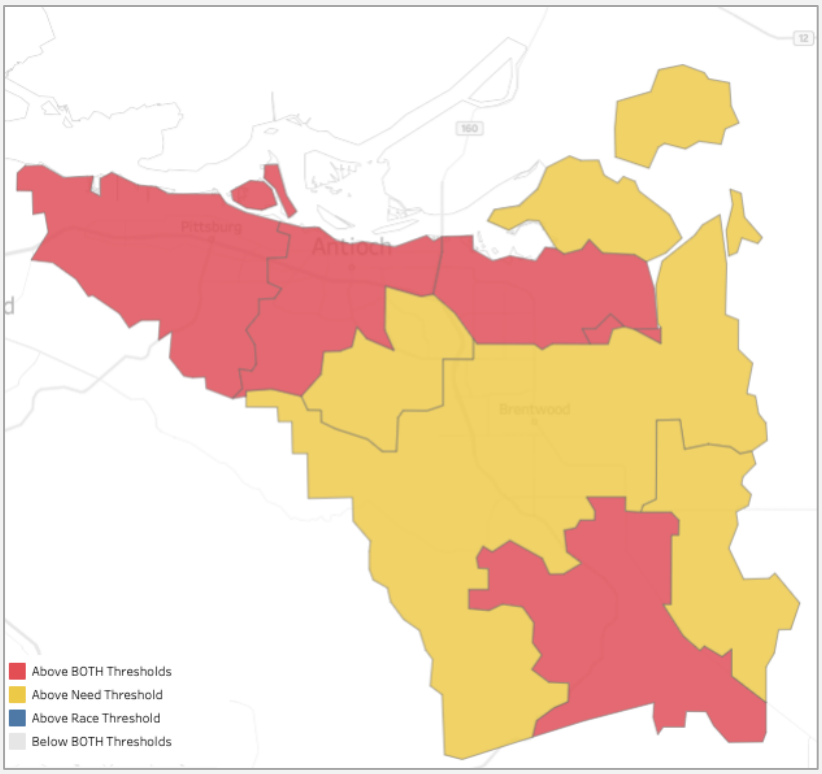
EXTREME COMMUTING

% of population 16 years and older driving alone with commutes greater than 90 minutes one-way; Data source: 2019 IPUMS USA | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

WORKERS DRIVING ALONE WITH LONG COMMUTES, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 37% (the service area average) and a higher percentage of long commutes than the CA average.



Source: [Kaiser Permanente Community Health Data Platform]

Central Contra Costa County Health Needs (In Rank Order)

Behavioral Health

Healthcare Access and Delivery

Housing and Homelessness

Structural Racism

Economic Security

Food Security

Community and Family Safety

Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members.

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified behavioral health as a top priority health need for Contra Costa County.
- Key informants and focus group participants linked poor mental health to substance use, trauma, community safety (over-policing and over-incarceration in communities of color), income and employment, and homelessness.
- Both key informants and focus group participants identified behavioral health services as a critical need among children and adolescents. They discussed that locating and accessing pediatric behavioral health services has been challenging, and called for more supports to integrate behavioral health care with routine pediatric medical visits.
- Central Contra Costa County focus group participants perceived the influence of technology and social media as negatively impacting residents' mental health. They noted how social media exacerbated feelings of isolation and loneliness, which was particularly concerning in their communities given the limited access to behavioral health services.

Inequities

- Key informants described that vulnerable/underserved populations have been disproportionately impacted by insufficient availability of behavioral health services in Contra Costa County, identifying children/adolescents, the elderly, LGBTQIA+ individuals, unhoused individuals, people of color, immigrants, and lower-income residents as having the greatest unmet needs around behavioral health services.
- Key informants and focus group participants reported long wait times for behavioral health services, especially for Medi-Cal patients. Additional barriers to accessing care include: cost, inadequate insurance coverage, few providers, transportation issues, lack of linguistic/cultural competence and social stigma (especially for Latinx communities).
- Several focus group participants discussed the need for more behavioral health providers from diverse cultural and ethnic backgrounds to facilitate patients' comfort with their provider. According to focus group participants, when there is cultural and ethnic familiarity, then there is more understanding between patient and provider and less time spent explaining context.

Focus group participant thoughts on BEHAVIORAL HEALTH and inequities:

"It is very sad that in an affluent community, we have people living in the street and unable to get the basic mental health that they need. Because mental health is also a big disease like diabetes or high blood pressure. I feel that there is a disparity in this medical condition that's not being recognized. [We need to] make it affordable to people to access these mental health treatment facilities."

Behavioral Health

- Central Contra Costa County focus group participants emphasized the critical importance of increasing the affordability of and access to behavioral health services, particularly among residents who may need inpatient care and lack adequate insurance to cover costs.

Impact of COVID-19

- Most key informants and focus group participants perceived behavioral health issues as an extremely urgent need within Contra Costa County, stating that this need predates the pandemic, but COVID-19 made it much worse, especially for youth and older adults. COVID-19 exacerbated anxiety and depression due to financial/housing concerns and social isolation.
- According to several key informants, more people are struggling with mental health concerns due to the pandemic and it has been even more challenging to find providers who have open practices or accept Medi-Cal.

Key informant thoughts on BEHAVIORAL HEALTH and COVID-19:

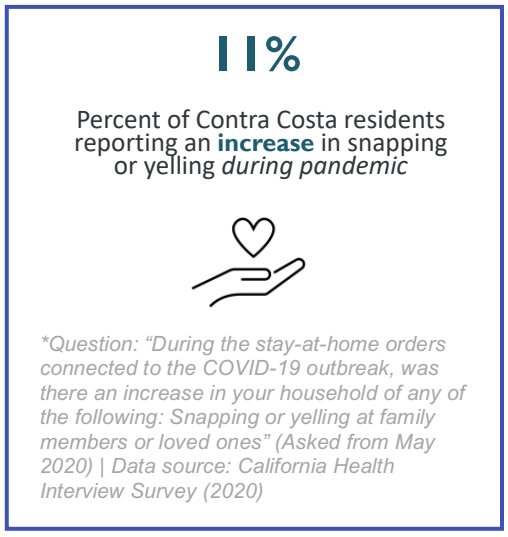
"It can be hard to get qualified clinicians (people of color and bilingual), across the county, programs are understaffed. There are not enough clinical staff to meet the rising cases and needs since COVID."

- Central Contra Costa County focus group participants highlighted challenges for residents struggling with substance use. A major piece of the recovery process is access to support groups, such as AA. Due to the pandemic, these groups have transitioned to virtual platforms, which have not provided the same level of support as in-person groups.
- Central Contra Costa key informants identified youth mental health as reaching crisis levels, especially during the transition back to in-person school after COVID-19 shut downs. One key informant reported increased stress, depression, and suicidality among youth in Concord.

Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Contra Costa County's percentage of impaired driving deaths is 11% worse than the CA average (32% versus 29%).
- Contra Costa County residents reported an increase in snapping or yelling during the COVID-19 pandemic.
- The percentage of the population that has had at least one visit with a professional for mental health/drug/alcohol issues in Contra Costa County increased from 13% in 2019 to 16% in 2020.



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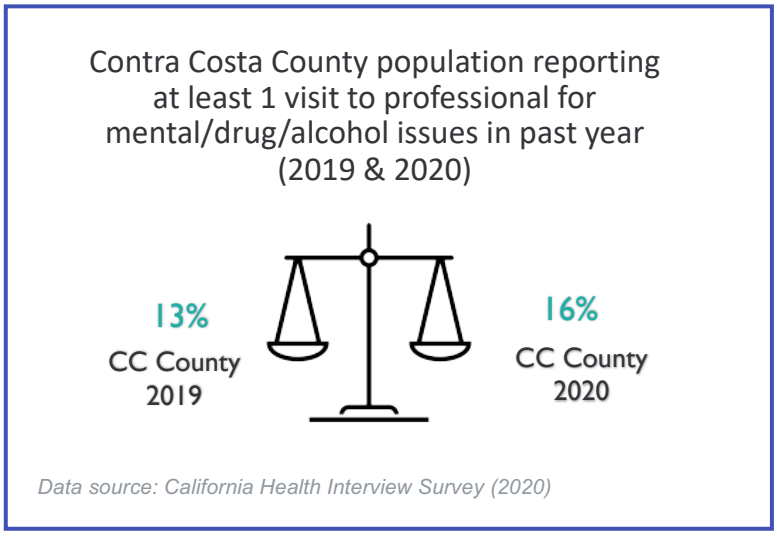


Data visuals created by ASR, 12/2021

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include: insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified healthcare access and delivery as a top priority health need in Contra Costa County.
- Key informants and focus group participants emphasized limited services available to Medi-Cal recipients in Contra Costa County, with extremely long wait-times for appointments. Medi-Cal recipients struggle to navigate the complicated Medi-Cal system, which delays preventive appointments and results in emergency room visits as health issues go untreated.
- Several focus group participants discussed that middle-income individuals who do not qualify for Medi-Cal struggle to afford the Covered CA premiums.
- Central Contra Costa County key informants pointed out that residents' access to healthcare services is impeded by the region's inadequate transit system.

Inequities

- Key informants and focus group participants emphatically stated that language, racial/ethnic, and cultural barriers persist within healthcare settings, disincentivizing many residents from seeking needed healthcare. Healthcare organizations need culturally-sensitive providers that represent the diversity of the community they serve.
- LGBTQIA+ communities face challenges accessing affirming primary care and behavioral health services and individuals with disabilities find it difficult to find primary care providers and dentists who are trained to work with them.
- Focus group participants highlighted undocumented residents' unique access to healthcare issues, describing that taking time off from work and losing income results in undocumented residents opting out of preventive visits, which are typically available weekdays during business hours.
- Central Contra Costa County focus group participants emphasized the challenges of telehealth for residents who lack computer literacy skills, particularly older adults.
- Central Contra Costa County focus group participants described a specific need for more affordable care, including access to caretakers or long-term care, for individuals with disabilities and older adults in their community.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:

"[LGBTQI+] end up hurting themselves for not being heard (e.g., putting off appointments that shouldn't be because their identities aren't being affirmed or they're treated differently for their identity). In the transgender community, 50% haven't been able to seek healthcare."

Healthcare Access and Delivery

Impact of COVID-19

- Not all Contra Costa County residents can access a computer or the Internet; key informants and focus group participants expressed concern that the COVID-19 related increased reliance by healthcare on online communication, appointments, and information impedes access, especially for vulnerable populations like seniors, those with certain disabilities, non-English speakers and undocumented residents.
- Key informants identified a number of barriers to accessing COVID-19 care for County residents: missed work due to time off for treatment, testing, or vaccination; limited after-hours availability for vaccine appointments; misinformation; and political and historical factors influencing vaccination decisions.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY and COVID-19:

"A lot of our health has been put on hold because of the COVID. You can't just go into the doctor now. You have to make an appointment, and a lot of times, they don't even want you to come in. You have to talk to them on the phone…It's kind of hard. It's all new. Everything is new."

Communities Disproportionately Impacted

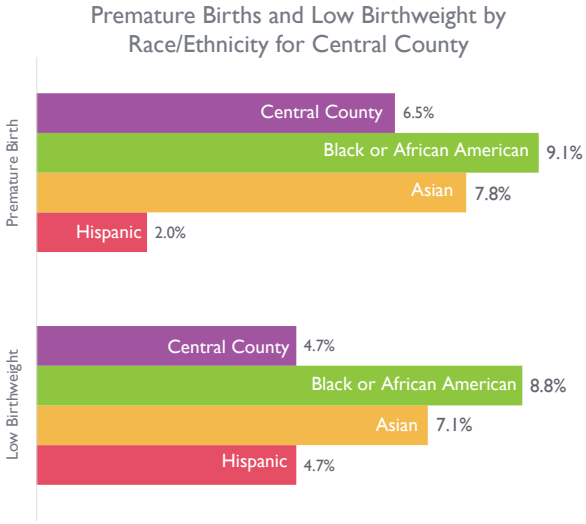
Based on Priority Community Profiles

- The percentage of uninsured residents in Concord's least healthy Census Tract (according to the Healthy Places index) is nearly four times the Contra Costa County average (225 versus 6%).

Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The percentage of all live births that are premature are 40% higher for Black/African American infants (9.1%) and 20% higher for Asian infants (8.8%) in Central Contra Costa County compared to the total population in this region (6.5%).
- The percentage of all live births that are low birthweight are 87% higher for Black/African American infants (8.8%) and 51% higher for Asian infants (7.1%) in Central Contra Costa County compared to the Central Contra Costa population overall (4.7%).
- In the Central Contra Costa County ZIP codes with a greater proportion of Latinx residents than the service area average, the percentage of the population without health insurance is higher than the CA average.
- In the Central Contra Costa County ZIP codes with a greater proportion of Black/African American residents than the service area average, the percentage of children without health insurance is higher than the CA average.
- In Central Contra Costa County, the COVID-19 vaccination rates were below average among Multiracial and Latinx (Hispanic or Latino) residents.



PREMATURE AND LOW BIRTHWEIGHT BIRTHS

** Terms Defined: low birthweight (<2,500 grams) as a % of all live births / preterm birth defined as < 37 weeks as a % of all live births | Data sources: CCHS & CA Comprehensive Birth File through Vital Registry Business Information System 2016-2020*

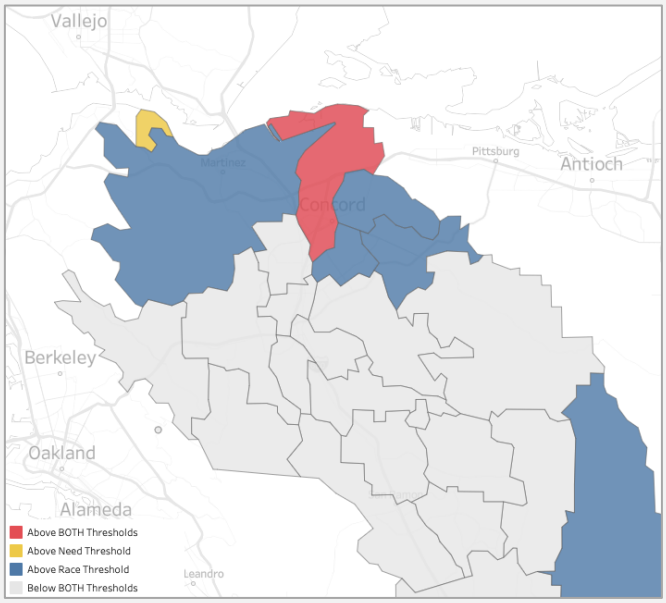
Data visuals created by ASR, 12/2021

- In Central Contra Costa County, Black/African American residents had a COVID-19 death rate nearly 3 times higher than the Central Contra Costa County average.

Healthcare Access and Delivery

PERCENT UNINSURED, CENTRAL CONTRA COSTA COUNTY, 2015-2019

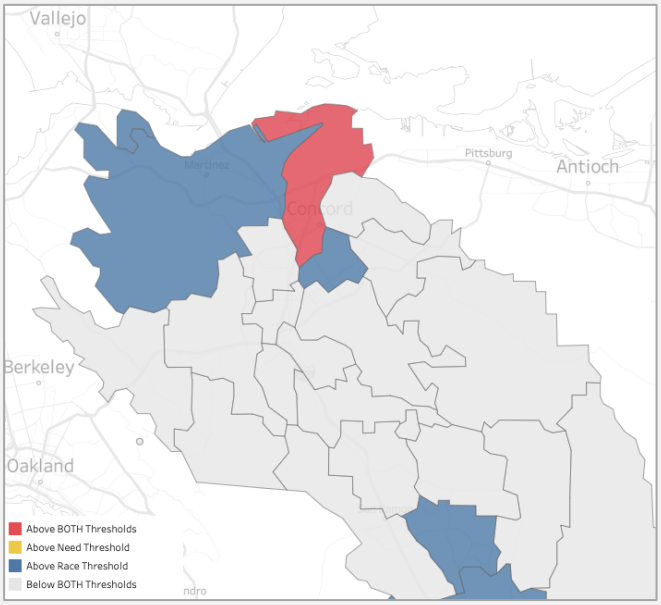
Areas shaded in red are ZIP codes with a Latinx population greater than 16% (the service area average) and a higher percentage uninsured than the CA average.



Source: [Kaiser Permanente Community Health Data Platform]

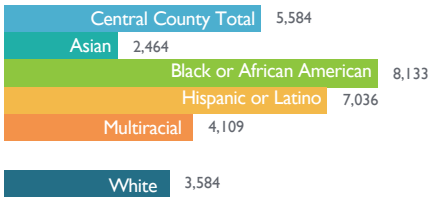
PERCENT UNINSURED CHILDREN, CENTRAL CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 3% (the service area average) and a higher percentage uninsured children than the CA average.

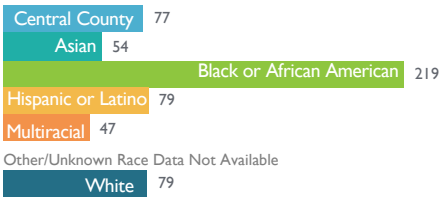


Source: [Kaiser Permanente Community Health Data Platform]

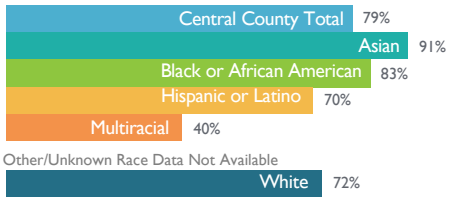
COVID Case Rate



COVID Death Rate



Percent Fully Vaccinated (all age)



COVID IMPACT IN CENTRAL CONTRA COSTA COUNTY

**Data as of 10/31/21 for Central County only; Infection & Death Rate per 100,000 population, Vaccination % of total population (all ages) | ACS 2019 5-year estimates used + 2020 COVID data | Data source: Contra Costa Health Services*

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- 91% of key informants and 6 of 9 focus groups identified housing and homelessness as a top priority health need for Contra Costa County.
- Key informants and focus groups participants reported how housing struggles experienced by county residents, such as affording rent, housing instability and crowded households, cause anxiety, lead to mental health difficulties and interpersonal issues, sometimes escalating to domestic violence.
- Key informants and focus group participants described that housing challenges influence health needs by increasing food insecurity and unhealthy behaviors that exacerbate chronic disease and disability. Focus group participants reported that families in Central Contra Costa County are often faced with a choice between accessing/paying for health care services and paying rent, and most choose paying rent.
- Central Contra Costa County focus group participants noted that homelessness in their community is directly linked to unemployment and economic insecurity.
- To overcome housing challenges and housing-related health outcomes, key informants from Central Contra Costa County emphasized the importance of investment in permanent housing solutions over short-term housing, which they viewed as a band-aid solution.

Inequities

- Key informants and focus group participants perceived Latinx and Black/African American County residents as most affected by homelessness.
- Focus group participants described that for Contra Costa County's Latinx communities, homelessness does not mean living on the streets; unhoused Latinx residents may live in cars, a garage, or in overcrowded apartments.
- Key informants described that short-term housing and temporary shelters are helpful and needed (especially for domestic violence survivors) in Contra Costa County, but do not provide the sufficient or permanent solution that comes with investment in permanent, supportive housing, especially for residents with severe mental illness.
- Key informants described how residents with mental health disorders are especially impacted by housing issues. The lack of affordable housing options further exacerbate mental health concerns. In order to provide successful treatment and case management to these residents, affordable housing in combination with employment supports are essential, according to one key informant.

Key informant thoughts on HOUSING AND HOMELESSNESS inequities:

"Housing and primary housing with wraparound support services are needed, especially for seniors and those with disabilities. Homelessness is a problem."

Housing and Homelessness

- Central Contra Costa County key informants voiced housing concerns for the older adult population, as well as for residents with disabilities.

Impact of COVID-19

- While some focus group participants perceived the COVID-19 response as increasing resources (homeless services and temporary shelters), most participants voiced concerns continuing COVID-19 hardships will impact residents' ability to pay for housing, utilities, and other bills.
- Some focus group participants and key informants expressed concern for low-income families with children living on the brink of homelessness, citing the negative impact housing instability has on children's health and development.
- Central Contra Costa focus group participants noted recent increases in homelessness in their community and attributed this to the economic impacts of COVID-19 and difficulty paying rent.

Focus group participant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"In as far as housing is concerned, of course COVID is a factor, because there is an element of people falling behind in rent, which is due to the fact that people have lost jobs."

Communities Disproportionately Impacted

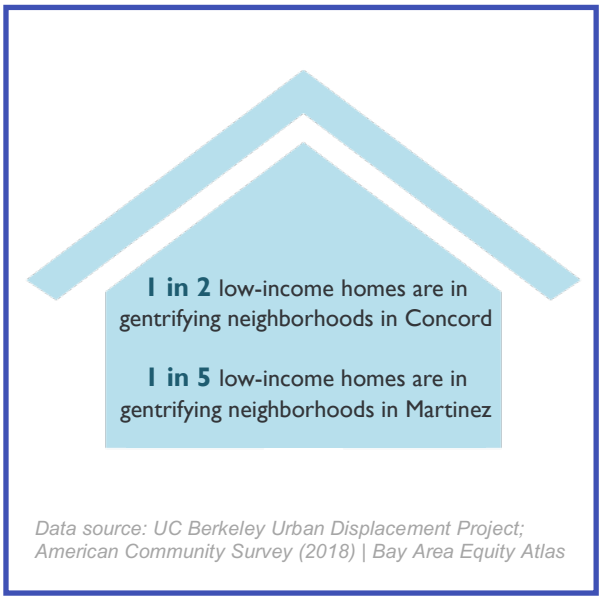
Based on Priority Community Profiles

- Concord's housing quality/affordability ranks in the bottom half of all CA communities at 41% (according to the Healthy Places Index), while Contra Costa County's Healthiest communities rank nearly in the top third (70%). Concord's least healthy Census Tract (according to the Healthy Places Index), where 72% of residents are Latinx (72%), ranks at the bottom (4%) of CA communities for housing quality/affordability.

Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The median rental cost per month is 32% higher in Central Contra Costa County as compared to the CA average ($2,237 versus $1,689).
- Half of low-income homes in Concord are in gentrifying neighborhoods, indicating rapidly rising rents if rent controls are not in place.
- In the Central Contra Costa County ZIP codes with a higher proportion of Latinx residents than the service area average, there is a lower percentage of households owning homes (35%) as compared to the CA average (55%).
- In the Central Contra Costa County ZIP codes with a higher proportion of Black/African American residents than the service area average, there is a higher percentage of households experiencing severe housing cost burden (23%) as compared to the CA average (19%).

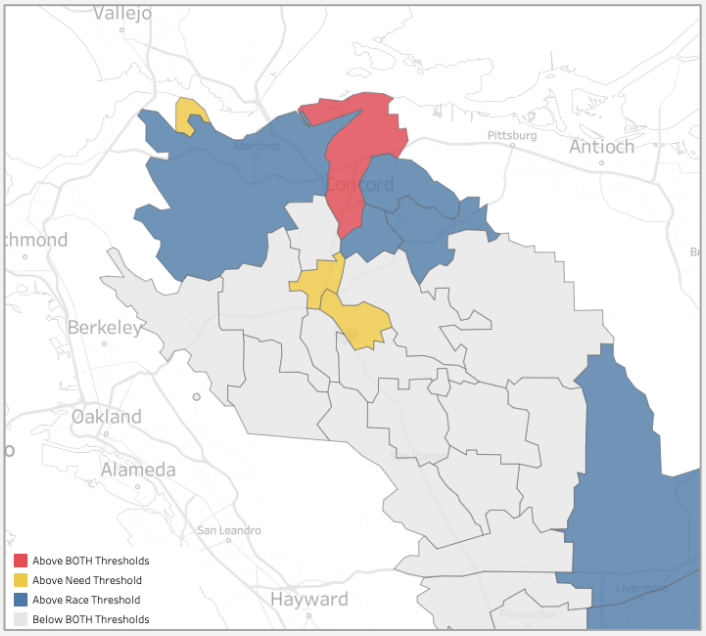


Data visuals created by ASR, 12/2021

Housing and Homelessness

HOME OWNERSHIP RATE, CENTRAL CONTRA COSTA COUNTY, 2015-2019

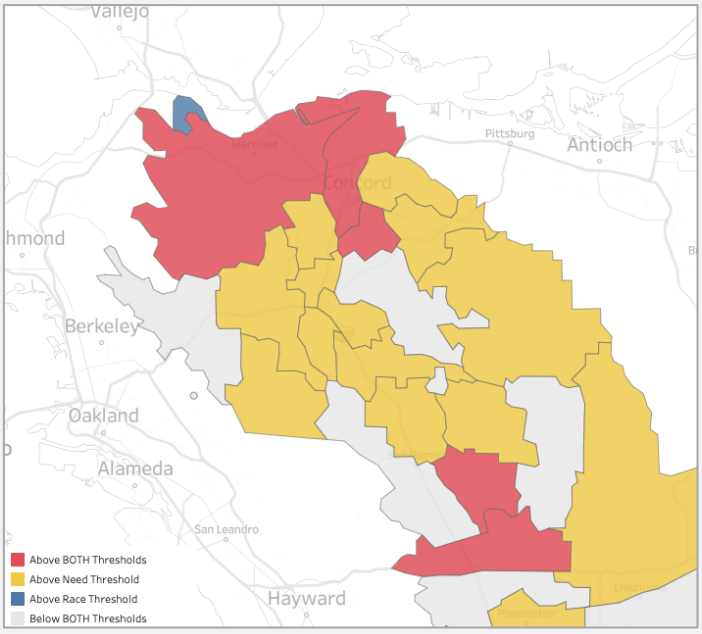
Areas shaded in red are ZIP codes with a Latinx population greater than 16% (the service area average) and a lower percentage of households owning homes than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SEVERE HOUSING COST BURDEN, CENTRAL CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 3% (the service area average) and a higher percentage of households experiencing severe housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Structural Racism

What is the Health Need?

Structural racism refers to social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap further.

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- A number of key informants (13%) and focus groups (5 of 9) identified structural racism as a priority health need in Contra Costa County.
- Both key informants and focus group participants identified structural racism as a major element of health in their communities. Respondents described that people of color in Contra Costa County often have limited access to health care, poor quality of services received, and decreased sense of community and family safety compared to White residents.
- Central Contra Costa County focus group participants identified structural racism as the primary driver of educational and income disparities impacting communities of color, describing that low-income residents of color face more barriers than White residents in adapting to and accessing swiftly-changing technology, which further widens disparities.

Focus group participant thoughts on STRUCTURAL RACISM:

"Beyond the conventional strains of racism and minority based discriminations…we're now facing the challenge of standing up to modernization…If you're going to be looking back five years, how things were and how they are right now… things are going to be extremely different. What do we do so as not to leave some people behind? That's a big question."

Inequities

- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community and family safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma and heightening economic stress experienced by families who have incarcerated family members.
- Some key informants noted concerns about the impact of structural racism on law enforcement's interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.
- One key informant identified the need for improvements in community health data collection, specifically the disaggregation of these data by race/ethnicity in order to inform appropriate institutional/policy changes and meaningful improvements in health outcomes for communities of color.
- Key informants and focus group participants underscored the need for more implicit bias training for health care, behavioral health, and other service providers to better serve communities of color and provide quality services. One key informant described how crucial this anti-racist work is for Black/African

American birthing people because of the impact of structural racism on adverse birth outcomes and obstetric services.

- Some key informants linked current workforce issues with structural racism. According to key informants, health care organizations and other service providers should recruit and train employees that come from the communities they serve. Moreover, these employees must be equitably compensated.
- Central Contra Costa County key informants described the intersection of structural racism, mental health and the criminal justice system, reporting that African American residents with mental illness are disproportionately incarcerated and that treatment within the justice system is not culturally responsive.

Impact of COVID-19

- Accessing behavioral health services with a qualified clinician who is also a person of color has always been difficult in Contra Costa County, according to key informants. Because COVID-19 has contributed to substantial increases in mental health diagnoses, especially among youth, access to a culturally diverse therapist has become even more difficult.
- Communities of color in Contra Costa County experienced disparities with respect to physical health outcomes, including contracting COVID at higher rates, key informants noted. Key informants discussed the influence of structural racism on the increased COVID-19 exposure risk faced by residents of color who do not have the luxury to call in sick to work, work in the service sector, and/or live in overcrowded housing.
- Several key informants described lower rates of vaccinations among communities of color and connected this to barriers embedded in structural racism. One key informant explained that some residents of color are hesitant to be vaccinated due to historical injustice and oppression perpetrated by the medical science community. Another key informant identified access to testing and vaccination sites as a barrier in some communities of color with limited transportation options. Respondents encouraged hospitals and clinics to bring more mobile clinics into these communities and to staff mobile vaccination and testing efforts with employees of color to create trust with community members.

Key informant thoughts on STRUCTURAL RACISM and COVID-19:

"The COVID pandemic laid bare, amplified, and worsened the pre-existing reality that black/brown people, [those] suffering before pandemic, just got crushed by the pandemic. Plus the racial reckoning highlights the very unjust system where people die unnecessarily. Racism and capitalism need [to be] addressed."

- A few Central Contra Costa County key informants highlighted the intersection between structural racism, behavioral health, and COVID-19, noting that COVID-19 exacerbated existing behavioral health issues disproportionately in communities of color. They also emphasized the shortage of qualified, culturally-congruent clinicians to adequately meet the rising behavioral health needs of the region.

Communities Disproportionately Impacted

Based on Priority Community Profiles

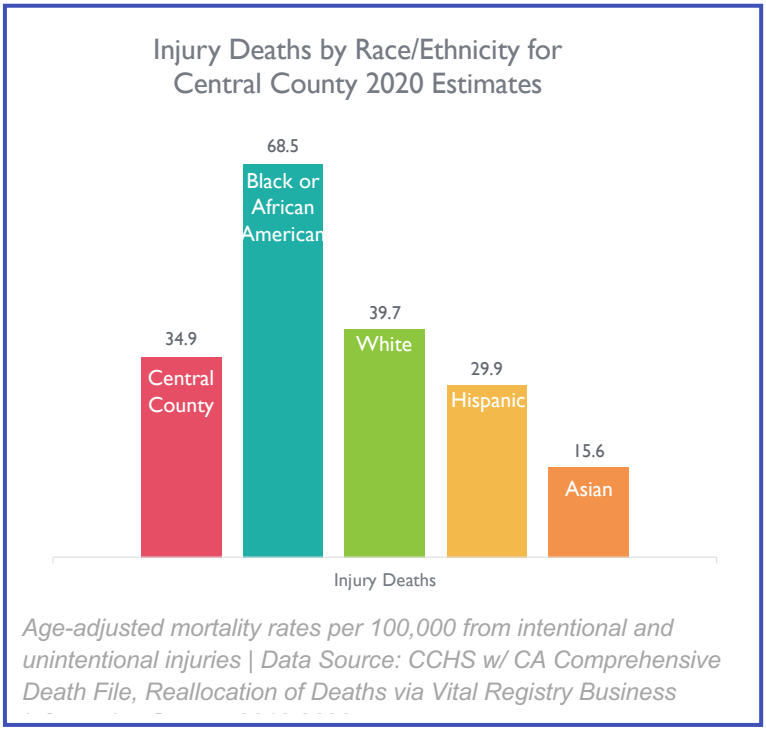
- In Concord's least healthy Census Tract (according to the Healthy Places index), nearly two thirds of residents are Latinx (72%) and this Census Tract experiences more than double the poverty rate (24%) as compared to Concord overall (9%) and the County average (9%).
- American Indian/Alaska Native residents were overrepresented among Concord users of Contra Costa's Continuum of Care for crisis and housing support services, representing 10% of Concord users although this group makes up less than 1% of the total Concord population.

Structural Racism

Structural Racism Data

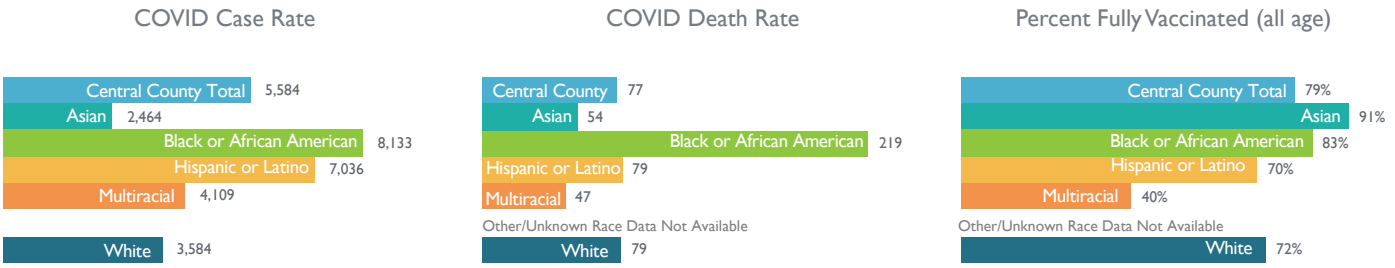
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Injury deaths for Black/African American residents are 2 times higher than injury deaths for the overall Central Contra Costa County population.
- In Central Contra Costa County as of Oct 31, 2021, the COVID case rate was 45% higher among Black/African American residents and 26% higher among Latinx (Hispanic or Latino) residents than the Central County total case rate.
- As of Oct 31, 2021, the COVID death rate for Black/African American residents of Central Contra Costa County was nearly 3 times higher than the Central County total COVID death rate.



Age-adjusted mortality rates per 100,000 from intentional and unintentional injuries | Data Source: CCHS w/ CA Comprehensive Death File, Reallocation of Deaths via Vital Registry Business

Data visuals created by ASR, 12/2021



COVID IMPACT IN CENTRAL CONTRA COSTA COUNTY

**Data as of 10/31/21 for Central County only; Infection & Death Rate per 100,000 population, Vaccination % of total population (all ages) | ACS 2019 5-year estimates used + 2020 COVID data | Data source: Contra Costa Health Services*

Data visuals created by ASR, 12/2021

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- 75% of key informants and 3 of 9 focus groups listed economic security as a top priority health need for Contra Costa County.
- Key informants and focus group participants identified consistent factors contributing to income and employment challenges in Contra Costa County: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports.
- According to key informants and focus group participants, economic security challenges exacerbate a variety of issues including: housing, access to health care, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use.
- Focus group participants in Central Contra Costa County discussed how economic insecurity changes residents' priorities. When finances are strained, families choose to pay for rent over health care, including medications and dental care.
- Key informants in Central Contra Costa County described limited availability of jobs in their community, particularly living wage jobs, noting that to access higher paying jobs, residents often have long commutes.

Focus group thoughts on ECONOMIC SECURITY overall:

"There are other bills…you are able to get enough for the rent but then you lack other necessities such as food, medications because those are expensive. Dental emergencies because those are expensive, as well. You do get the money together for rent but then do not have enough for the rest of the necessities."

Inequities

- Key informants perceived structural racism as a root cause of economic security disparities experienced by communities of color in Contra Costa County.
- Focus group participants and key informants discussed the need for collaborative partnerships between a variety of service providers to bring information and resources on income and employment supports into neighborhoods that are struggling.
- Key informants serving Central Contra Costa County noted the economic security challenges faced by residents with disabilities, pointing out that families that lack economic resources do not have the same access to essential services for their children with disabilities.

Key informant thoughts on ECONOMIC SECURITY and inequities:

"Continuing to build the workforce that is reflective of the community and paying workers well (e.g., those with cultural experience should be paid more). We need to look at the working wages for our staff of color, otherwise we are replicating [the inequity].

Economic Security

Impact of COVID-19

- Key informants and focus group participants reported that COVID-19 exacerbated existing economic security challenges, particularly for communities of color and lower-wage workers.
- Key informants identified the low availability of childcare as a major challenge, especially since the start of the pandemic.
- Central Contra Costa County key informants highlighted the severe impact of the COVID-19 pandemic on Latinx residents, reporting that many Latinx residents work in low-wage, public-facing, service sector jobs. Because of this employment type, Latinx communities were not only at increased risk of contracting COVID-19, but also experienced income and employment challenges if they lost their jobs due to the pandemic.

Communities Disproportionately Impacted

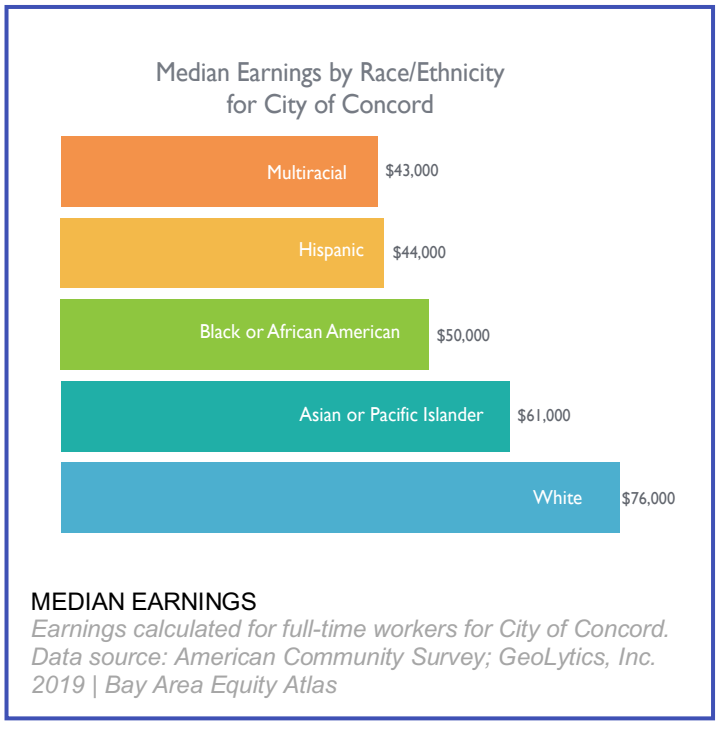
Based on Priority Community Profiles

- The least healthy Census Tract in Concord (according to the Healthy Places index) has child (age 0-18) poverty rates nearly triple the County average (35% versus 12%).
- Concord's least healthy Census Tract (according to the Healthy Places Index) performs in the bottom fifth (17%) of CA communities on measures of income and employment.

Economic Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Geographic access to job opportunities - the physical distance residents commute from their neighborhoods to job opportunities - is limited in Contra Costa County. The Jobs Proximity Index rating is lower in Contra Costa County (37) than the CA average (48).
- For the City of Concord, there are significant disparities in median annual earnings by race. The median earning for Mixed/Other Race residents is $33,000 less than that of White residents ($76,000 versus $43,000).
- In Central Contra Costa County ZIP codes with a larger proportion of Black/African American residents than the service area average, the percentage of public school children enrolled in free and reduced price lunch (52%) is higher than the CA average (44%).
- In Central Contra Costa County ZIP codes with a larger proportion of Latinx residents than the service area average, the unemployment rates (17%) are higher than the CA average (16%).



MEDIAN EARNINGS

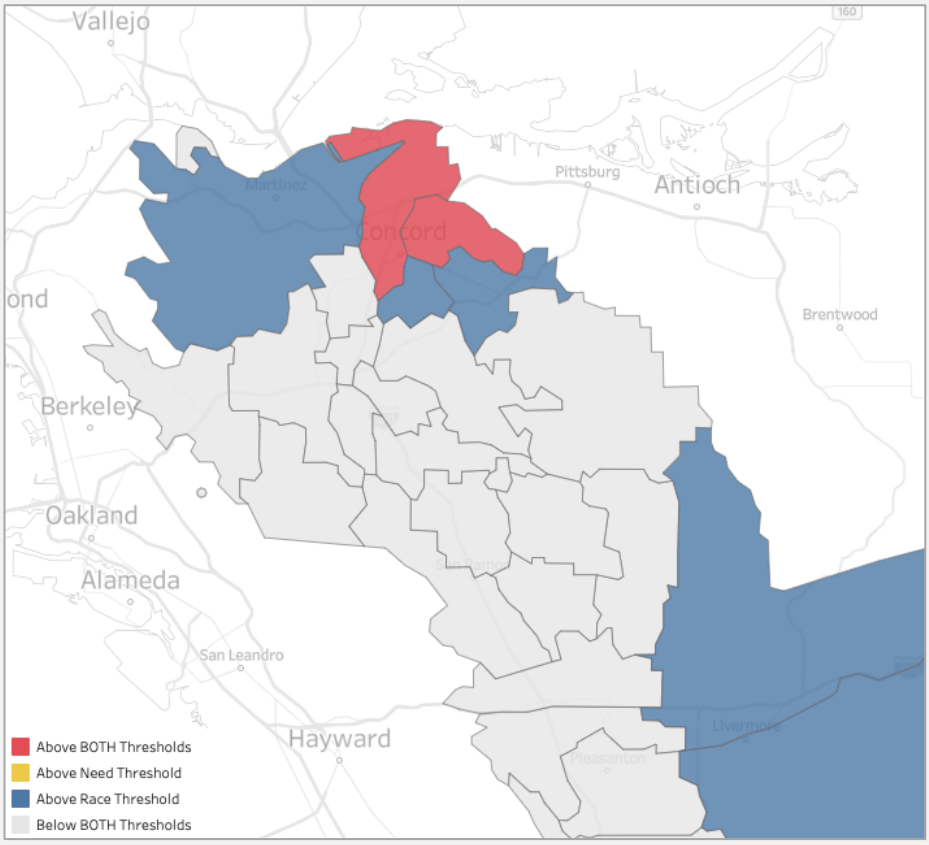
Earnings calculated for full-time workers for City of Concord. Data source: American Community Survey; GeoLytics, Inc. 2019 | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

Economic Security

PERCENT UNEMPLOYMENT, CENTRAL CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 16% (the service area average) and a higher percentage unemployment than the CA average.

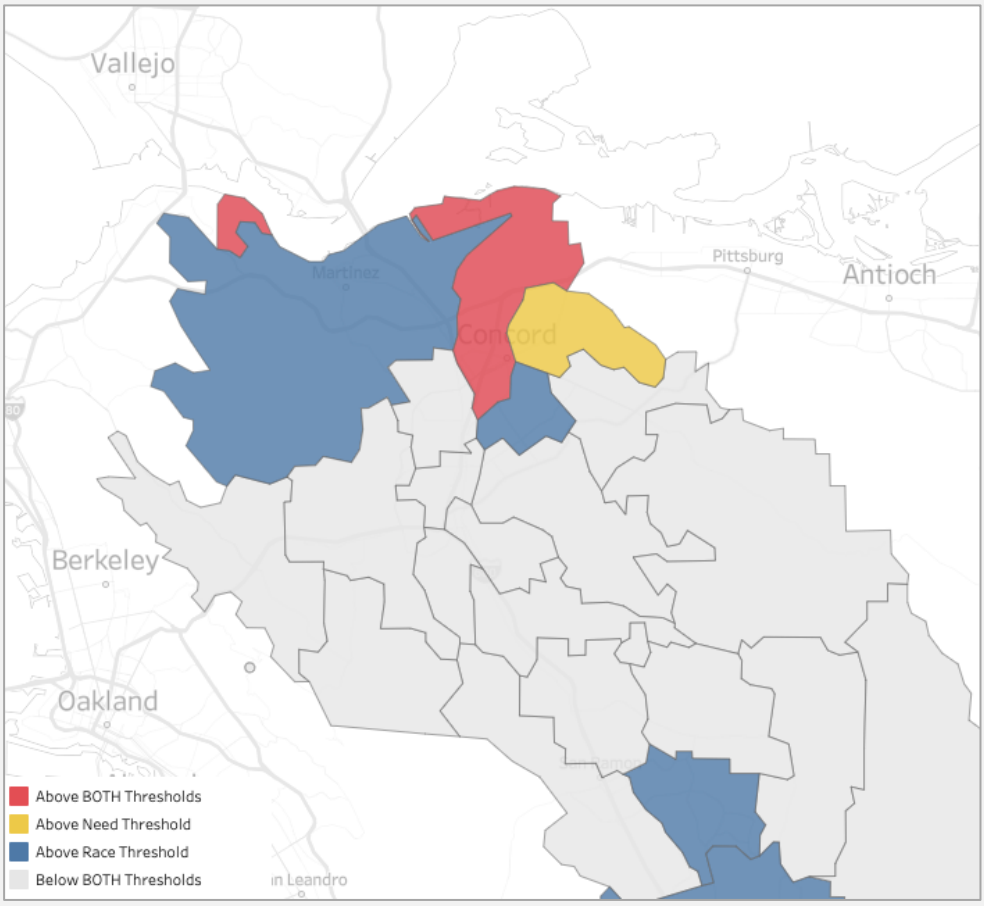


Source: Kaiser Permanente Community Health Data Platform

Economic Security

FREE AND REDUCED PRICE LUNCH, CENTRAL CONTRA COSTA COUNTY, 2017-2018

Areas shaded in red are ZIP codes with a Black/African American population greater than 3% (the service area average) and a higher percentage of public school students eligible for free or reduced price school meals than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, disrupted eating patterns, and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- While no focus groups and only 28% of key informants listed food security as a top priority health need for Contra Costa County, 8 of 9 focus groups and just over a quarter of key informants mentioned food security as a need.
- Focus group participants identified how accessing fresh produce and healthier food options is difficult in parts of Contra Costa County. Stores that carry healthier options are not in walking distance for most residents, requiring the use of a car or public transportation.
- Key informants and focus group participants suggested utilizing schools to tackle food security. One key informant suggested locating food distribution and food pantry services on school campuses to improve access to healthy food options for students and their families.
- Central Contra Costa County focus group participants noted that many of the region's residents utilize food bank services and expressed concern about the nutritional value of the food available.
- Central Contra Costa County key informants voiced concerns about food insecurity among school-age children, linking childhood food insecurity to numerous health issues. Key informants pointed out that providing higher reimbursements to child care providers for healthy meals is an effective strategy for promoting health and addressing food insecurity.

Inequities

- Key informants and focus group participants reported that low income residents in Contra Costa County lack access to supermarkets and have access to liquor stores that stock limited fresh produce and healthy food options.
- According to focus group participants, low income residents that travel to supermarkets or farmer's markets selling a variety of fresh produce find the expensive price point for these fresh foods a deterrent.
- Key informants also shared how LGBTQIA+ and transitional-aged youth (ages 18-24) are struggling with food insecurity due to economic instability and lack of familial support.
- Central Contra Costa County focus group participants identified unemployed or underemployed individuals and their families as particularly at risk for food insecurity challenges. They noted that families will often prioritize rent over obtaining nutritious foods.

Key informant thoughts on FOOD SECURITY and inequities:

"What we're hearing from community members, and those that identify as LGBTQ, is the need for critical services for food insecurity. We deliver food to homes, we used to have food pantries, and we see a pattern of the identities of those who seek these services."

Food Security

Impact of COVID-19

- Key informants and focus group participants stated that COVID-19 impacted families' financial security, resulting in decreased ability to purchase food. Several key informants reported that local food banks saw an increase in utilization of services; one food bank went from serving 600 meals/day pre COVID-19 to 1,400-1,600 meals/day during the pandemic.
- One focus group participant emphasized how COVID-19 economic challenges impacted her decision-making at the grocery store, where purchases were limited to items to keep her family fed rather than the healthier, more expensive items she would have preferred.

Focus group participant thoughts on FOOD SECURITY and COVID-19:

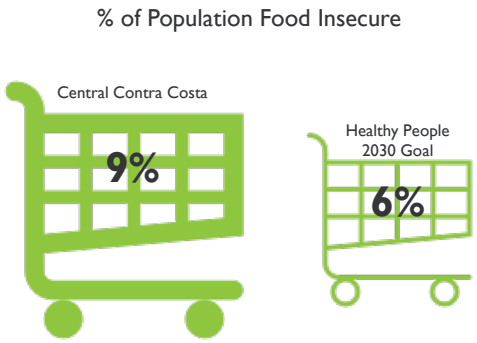
"I volunteer at the food bank, there is a lot of need for people who need daily food to be provided for them, they don't have the resources… You see them lining up in long lines to get some food."

Food Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The Central Contra Costa County food insecurity rate is 9%, which fails to meet the Healthy People 2030 goal of 6%.
- Access to grocery stores is worse in Central Contra Costa County as compared with the CA average; 15% of Central County residents have low grocery store access versus 12% for CA overall.
- The Central Contra Costa County ZIP codes with a proportion of Black/African American and Latinx residents larger than the service area average have higher percentages of households enrolled in SNAP (food assistance) (13%) as compared to the CA average (10%), indicating that these residents are disproportionately impacted by food insecurity.

Food insecurity rate does *not* meet the Healthy People 2030 goal.

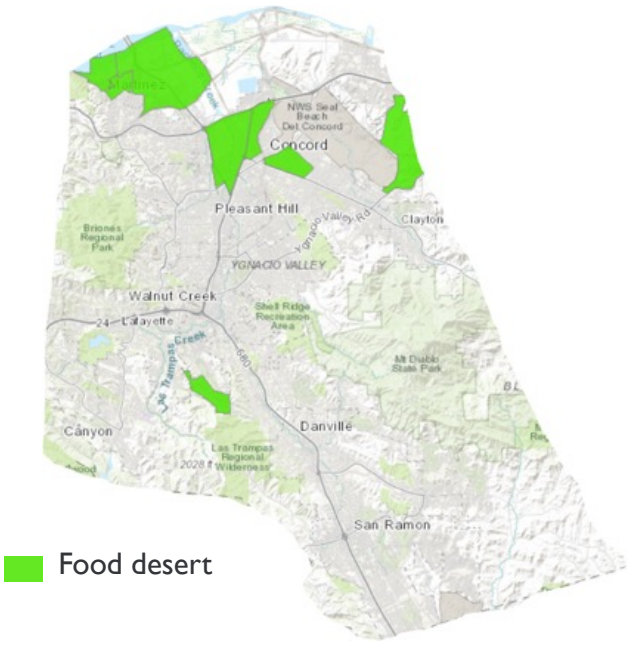


CENTRAL CONTRA COSTA COUNTY FOOD INSECURITY

*Includes Tri-Valley (based on KP definition of region) | *Food insecure: (low food security) reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns + (very low food security) reduced food intake (USDA.gov) | Data source: USDA Food Environment Atlas 2015 | KP Platform; Healthy People 2030: US Dept of Health and Human Services 10-year goals for public health*

Data visuals created by ASR, 12/2021

Food Security



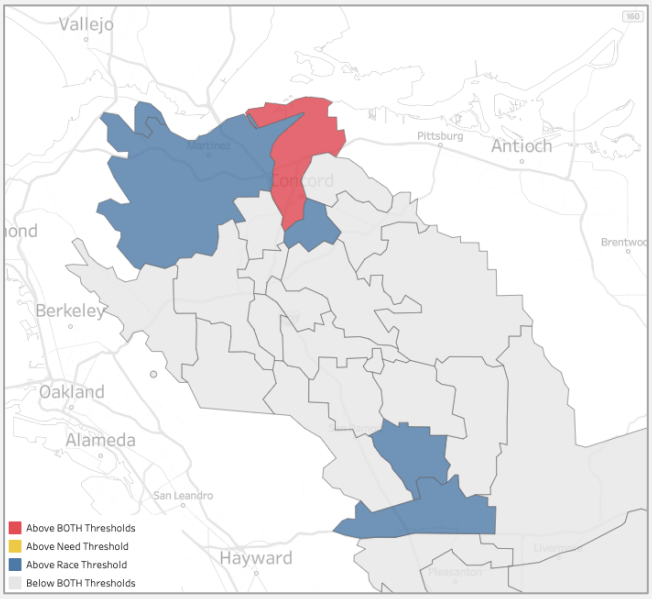
CENTRAL CONTRA COSTA COUNTY FOOD DESERTS (left)

**Food desert: Census tracts with both low income and low access to food. Low income: tract with poverty rate greater than 20% or median family income less than 80% median family income for state or metro area. Low access: more than 1 mile away from a grocery store in urban areas and more than 10 miles from grocery store in rural areas | Data source: USDA Food Environment Atlas 2015*

Data visuals created by ASR, 12/2021

SNAP ENROLLMENT, CENTRAL CONTRA COSTA COUNTY, 2015-2019

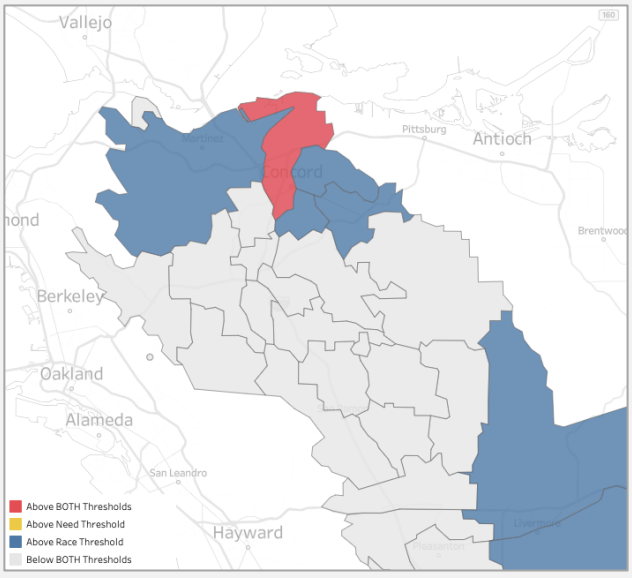
Areas shaded in red are ZIP codes with a Black/African American population greater than 3% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, CENTRAL CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 16% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and behavioral health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral health outcomes. In addition, the physical and behavioral health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 19% of key informants and 3 of 9 focus groups listed community and family safety as a top priority health need for Contra Costa County.
- Many key informants and focus group participants stated that community crime/violence is a symptom of trauma and unmet needs. Respondents linked community and family safety to residents' challenges maintaining housing, accessing healthcare (including behavioral health services) and finding living wage employment.
- Key informants emphasized the need for improved legal services, especially for low-income and vulnerable populations, to increase community knowledge about residents' rights, including restraining orders and other issues pertaining to domestic violence and family law.
- Central Contra Costa County focus group participants identified the Monument Corridor neighborhood as an area with high crime, gun violence, and substance use, which makes residents feel unsafe in their neighborhood. One participant relayed that substance use at a local park discourages parents from taking their children out to play.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY overall:

"Something has been happening on Detroit Ave [where they're] using those streets to do car racing. They do it during the day and I can hear all the way here how the tires sound. Sometimes there are children on their bicycles and I feel like that is dangerous. Another thing is at Meadow Homes Park some people gather and smoke or drink alcohol and then it is no longer safe for the children."

Inequities

- Key informants and focus group participants described that individuals of color, particularly Black/African American and Asian/Pacific Islanders, experience a disproportionate impact of crime and violence in their communities.
- Key informants and focus group participants emphasized the lack of safety in relationships between the police and Black/African American residents. They discussed the need for alternatives for police involvement, especially when responding to behavioral health crises.
- Key informants noted concerns about the impact of structural racism on law enforcement interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.

Community and Family Safety

- The impact of over-policing and high rates of incarceration in communities of color in Central Contra Costa County was an important theme across key informants, who pointed to the intersection of structural racism and community safety (or lack thereof) as negatively impacting residents' mental health due to exposure to community trauma, police shootings, and economic distress experienced by families with incarcerated family members.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY inequities:

"Trauma is very real, and we are struggling to get those services for people who don't really trust or believe in counseling. Trauma induced from community safety, [like] over-policing, overincarceration. Family [members] getting incarcerated puts an economic strain on families."

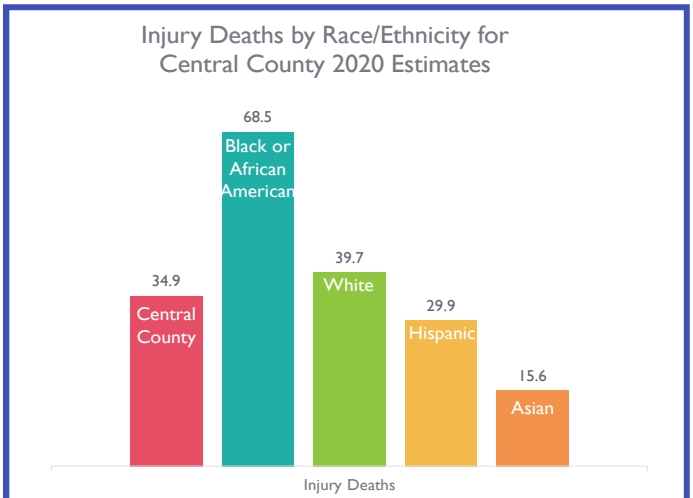
Impact of COVID-19

- According to key informants and focus group participants, interpersonal violence is rising in the County due to COVID-19 related anxiety about income and social isolation.
- Several key informants emphasized the need for more temporary shelters for survivors of domestic violence and their children.
- Key informants in Central Contra Costa County discussed the linkage between community safety, trauma and mental health and how these challenges were exacerbated by the pandemic. One key informant described the community-level trauma from COVID-19 deaths and how that decreased feelings of community safety during the pandemic.

Community and Family Safety Data

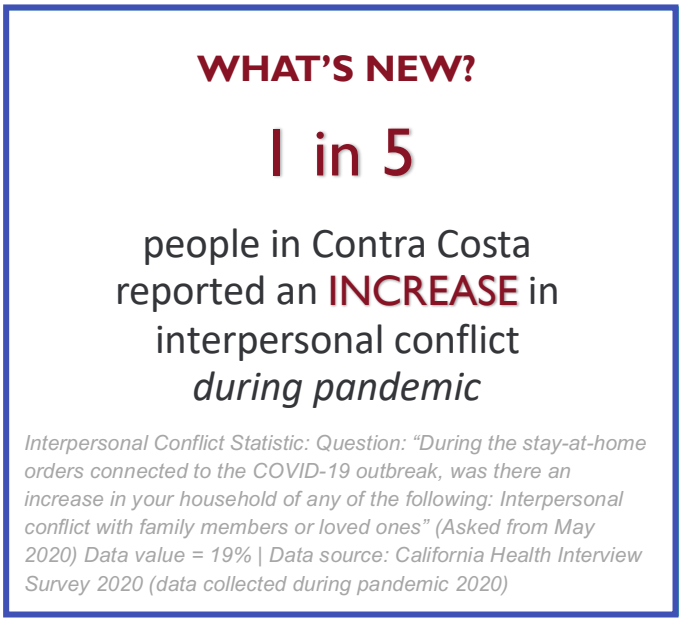
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Injury deaths for Black/African American residents are 2 times higher than injury deaths for the overall Central Contra Costa County population.
- Almost 20% of Contra Costa County residents reported an increase in interpersonal conflict during the stay-at-home orders connected to the pandemic.



Age-adjusted mortality rates per 100,000 from intentional and unintentional injuries | Data Source: CCHS w/ CA Comprehensive Death File, Reallocation of Deaths via Vital Registry Business Information System 2016-2020

Data visuals created by ASR, 12/2021



Interpersonal Conflict Statistic: Question: "During the stay-at-home orders connected to the COVID-19 outbreak, was there an increase in your household of any of the following: Interpersonal conflict with family members or loved ones" (Asked from May 2020) Data value = 19% | Data source: California Health Interview Survey 2020 (data collected during pandemic 2020)

Data visuals created by ASR, 12/2021

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 28% of key informants and 1 of 9 focus groups identified transportation as a top priority health need for Contra Costa County and a crucial factor in healthcare access and delivery.
- According to key informants and focus group participants, transportation impacts a variety of community wellness related activities, including: ability to commute to a living wage job, access to grocery stores selling healthy food, ability to get children to/from school, and access to community events.
- To improve the transportation dimensions related to accessing care, key informants described a need for cross-sector collaboration, involving transit systems, healthcare, and community-based organizations.
- Focus group participants in Central Contra Costa County described how construction on major roads near health care facilities contributed to transportation and access challenges, especially for residents with complex health needs and frequent medical appointments.

Inequities

- Key informants and focus group participants said that cars are residents' preferred transportation mode due to convenience. Low-income residents, older adults, and individuals with disabilities are the least likely to be able to afford/access automobile transportation.
- Key informants and focus group participants identified dangerous road conditions throughout the County for drivers and pedestrians, citing road construction concerns and noting insufficient sidewalks, streetlights and reports of children being killed by vehicles while walking to school.
- Several key informants identified geographic disparities, describing the limited transportation options available in rural parts of the County. These transportation disparities are long standing problems, but little has been done to ameliorate the problem.
- Central Contra Costa County key informants described transportation challenges for older adult residents, noting inadequate funding for paratransit transportation has been a problem for decades.

Key informant thoughts on TRANSPORTATION and inequities:

"If you're an older adult or [have a] disability but aren't able to provide your own transportation, how do you get there? Maybe a bus, but in this County it's not great. Drivers don't go door to door [to peoples' homes/doorsteps], just curbside. And who can help them go in office or in doctor's room/appointment? In this system, we've been fighting hard for transportation, but not much has changed."

Transportation

Impact of COVID-19

- Key informants and focus group participants described an increase in risky driving since the start of the COVID-19 pandemic, as well as an increase in traffic fatalities.
- COVID-19 influenced residents' transportation patterns due to concerns around COVID-19 exposure on public transit and limited bus/BART schedules.
- Parents of school-age children that participated in the focus groups noted challenges with transportation to and from COVID testing centers. This was particularly challenging for parents of children who were required to test after an exposure at school.

Focus group participant thoughts on TRANSPORTATION and COVID-19:

"The thing that I noticed the most about how COVID-19 changed transportation systems is that people don't ride BART anymore."

- Key informants noted that at the beginning of the pandemic, several food pick-up locations were "drive-through only". This posed a challenge for families that did not have access to a vehicle and limited their access to much needed food.

Communities Disproportionately Impacted

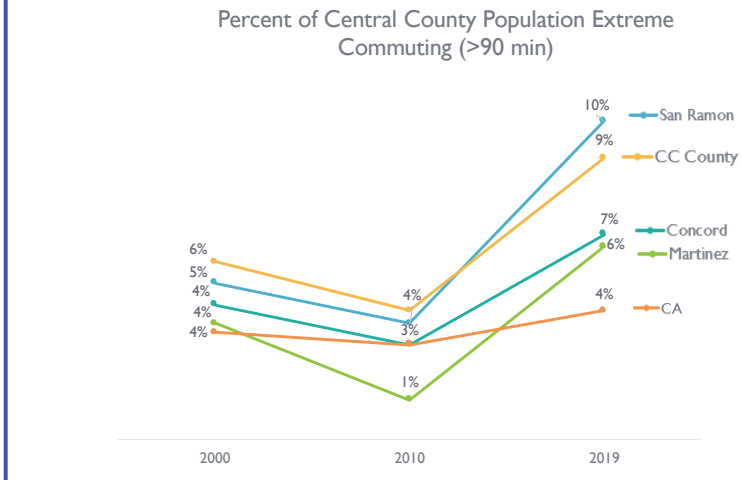
Based on Priority Community Profiles

- Concord's least healthy Census Tract (according to the Healthy Places index) ranks in the bottom third of CA communities (28%) on transportation measures (active commuting, automobile access).

Transportation Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The percentage of the population (age 16 years and older) who drive alone to work with a commute time longer than 90 minutes is significantly higher for residents in Central Contra Costa County than the CA average.
- In the Central Contra Costa County ZIP codes with a higher proportion of Latinx residents than the service area average, there is a higher percentage of workers driving alone with long commutes (14-19%), as compared to the CA average (11%).



EXTREME COMMUTING

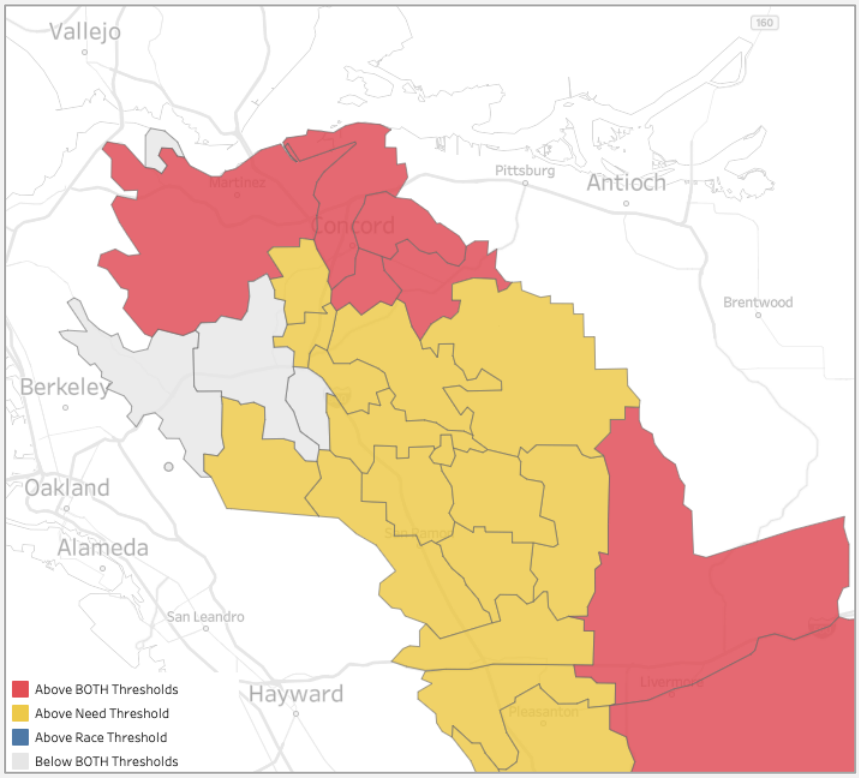
Data source: American Community Survey (2000-2019); GeoLytics, Inc. | Bay Area Equity Atlas

Data visuals created by ASR, 12/2021

Transportation

WORKERS DRIVING ALONE WITH LONG COMMUTES, CENTRAL CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 16% (the service area average) and a higher percentage of long commutes than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Western Contra Costa County Health Needs (In Rank Order)

Behavioral Health

Economic Security (tied for second)

Housing and Homelessness (tied for second)

Community and Family Safety

Healthcare Access and Delivery

Food Security

Education

Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American, Latinx community members.

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified behavioral health as a top priority health need for Contra Costa County.
- Key informants and focus group participants linked poor mental health to substance use, trauma, community safety (over-policing and over-incarceration in communities of color), income and employment, and homelessness.
- Both key informants and focus group participants identified behavioral health services as a critical need among children and adolescents. They reported that locating and accessing pediatric behavioral health services has been challenging, and called for more supports to integrate behavioral health care with routine pediatric medical visits.
- West Contra Costa County key informants noted the "criminalization" of mental illness. They described county jails as mental health hospitals filled mostly with Black/African American individuals, who are not receiving culturally responsive treatment.

Focus group participant thoughts on BEHAVIORAL HEALTH and inequities:

"The inequity in how we hand out services, it's apparent in any community of color. A little Black boy in middle school who's having a post-pandemic breakdown, he's going to be shoved someplace in special ed and left to sit. He's not going to have access to the same services that kids in La Mirada are going to have. There's a huge inequity in how we provide those services. The health department really needs to take a stronger position on making sure the mental health services are equitable for every resident in the County, not just the ones who are White."

Inequities

- Key informants described that vulnerable/underserved populations have been disproportionately impacted by insufficient availability of behavioral health services in Contra Costa County, identifying children/adolescents, the elderly, LGBTQIA+ individuals, unhoused individuals, people of color, immigrants, and lower-income residents as having the greatest unmet need around behavioral health services.
- Key informants and focus group participants reported long wait times for behavioral health services, especially for Medi-Cal patients. Additional barriers to accessing care include cost, inadequate insurance coverage, few providers, transportation issues, lack of linguistic/cultural competence and social stigma (especially for Latinx communities).
- Several focus group participants discussed the need for more behavioral health providers from diverse cultural and ethnic backgrounds to facilitate patients' comfort with their provider. According to focus group participants, when there is cultural and ethnic familiarity, then there is more understanding between patient and provider and less time spent explaining context.

Behavioral Health

- West Contra Costa County focus group participants perceived that many residents, particularly people of color, do not seek out or use available behavioral health services because doing so means you're "crazy" or "loco".

Impact of COVID-19

- Most key informants and focus group participants perceived behavioral health issues as an extremely urgent need within Contra Costa County, stating that this need predates the pandemic, but COVID-19 made it much worse, especially for youth and older adults. COVID-19 exacerbated anxiety and depression due to financial/housing concerns and social isolation.
- According to several key informants, more people are struggling with mental health concerns due to the pandemic and it has been even more challenging to find providers who have open practices or accept Medi-Cal.
- Focus group participants also highlighted the challenges for residents struggling with substance use disorders. A major source of support in the recovery process is access to support groups, such AA. Due to the pandemic, these groups have transitioned to virtual platforms, which have not provided the same level of support as in-person groups.
- One West Contra Costa County senior focus group participant described conflicted feelings brought about by the pandemic, relating to mental health needs and community safety. Many older adults wanted to exercise or commute outdoors to combat social isolation, but felt hindered and depressed by the increased drug use they witnessed in their neighborhoods.

Key informant thoughts on BEHAVIORAL HEALTH and COVID-19:

"Getting in to see a therapist or psychiatrist is very limited. There are organizations like NAMI who try to spread the word on mental health, but there's a lack of service providers. COVID brought these issues to the forefront because so many people were experiencing such hard times."

Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In 2020, 11% of Contra Costa County residents reported an increase in snapping or yelling during the pandemic.
- Contra Costa County 7th graders reported more bullying than the CA average.
- West Contra Costa County is experiencing higher rates of deaths of despair (deaths due to suicide, alcohol-related disease and drug overdoses) compared to the Contra Costa County average (32 versus 30 per 100,000 population).
- The rates of deaths of despair for White residents (48 per 100,000 population) and Black/African American residents in West Contra Costa County (38 per 100,000) is substantially higher than the area average (32 per 100,000).

Behavioral Health

11%

Percent of Contra Costa residents reporting an **increase** in snapping or yelling *during pandemic*

**Question: "During the stay-at-home orders connected to the COVID-19 outbreak, was there an increase in your household of any of the following: Snapping or yelling at family members or loved ones" (Asked from May 2020) | Data source: California Health Interview Survey (2020)*

Data visuals created by ASR, 12/2021

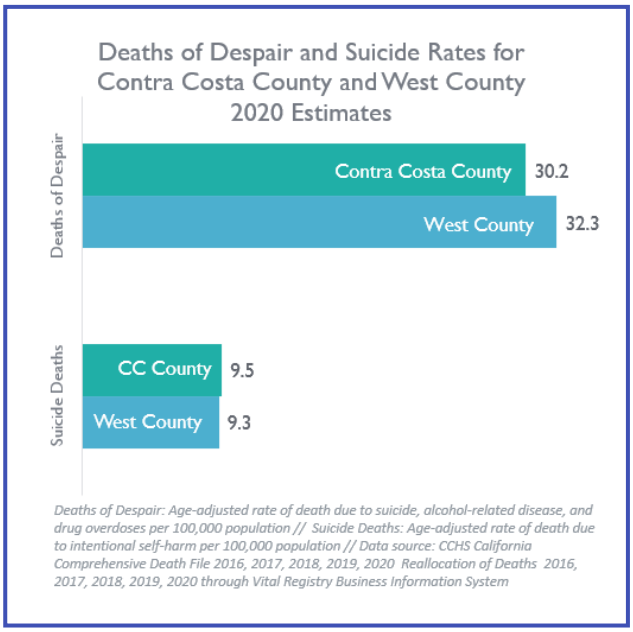
Bullying Reported in 7th Grade

36% of Contra Costa students

26% of students across the state

**Within the last 12 months; Data source: CA Healthy Kids Survey (2017-2019)*

Data visuals created by ASR, 12/2021



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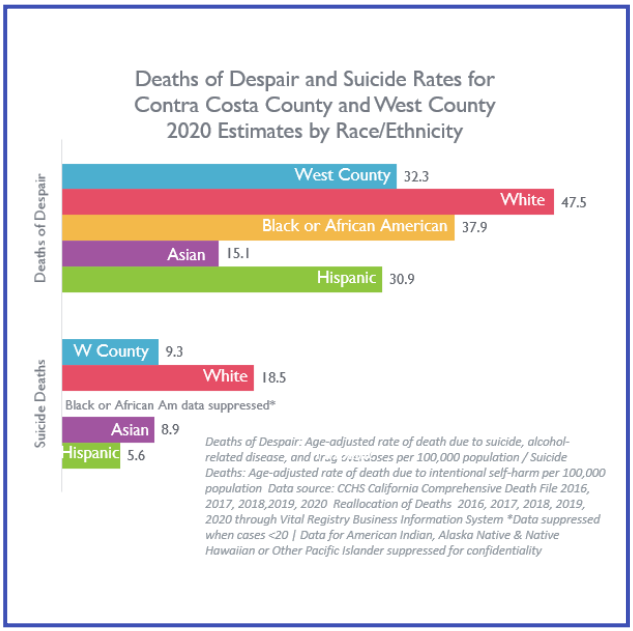


Data visuals created by ASR, 12/2021

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- 75% of key informants and 3 of 9 focus groups listed economic security as a top priority health need for Contra Costa County.
- Key informants and focus group participants identified consistent factors contributing to income and employment challenges in Contra Costa County: insufficient vocational training, limited living wage jobs, and lack of clear communication on availability of/registration for existing income/employment supports.
- According to key informants and focus group participants, economic security challenges exacerbate a variety of issues including housing, access to health care, unhealthy behaviors that promote chronic disease and disability, food insecurity, mental health issues and substance use.
- Key informants serving West Contra Costa County perceived a pronounced need around economic mobility and opportunities, specifically with access and transportation to safe jobs. They reported that residents of the Richmond area have higher economic stress than others.

Key informant thoughts on ECONOMIC SECURITY overall:

"The geography and the emotional borders make it hard to navigate this County successfully if you do not have cash and a car."

Inequities

- Key informants described structural racism as a root cause of economic security disparities experienced by communities of color in Contra Costa County.
- Focus group participants and key informants discussed the need for collaborative partnerships between a variety of service providers to bring information and resources on income and employment supports into neighborhoods that are struggling.
- West Contra Costa County key informants and focus group participants reported that undocumented residents consistently face challenges related to employment and financial support. They stated that legal status is a barrier to accessing many of the available jobs and economic assistance programs in the area.

Focus group thoughts on ECONOMIC SECURITY and inequities:

"Folks, I think especially, 50 maybe to 60, if they lose their jobs, they're really going to be in a hard spot, because there's that age discrimination. It's going to be a lot harder to get another job. I think if you look at whatever age coming out of the criminal justice system, it's going to be difficult for them, because of course with COVID and no jobs and everything."

Economic Security

Impact of COVID-19

- Key informants and focus group participants reported that COVID-19 exacerbated existing economic security challenges, particularly for communities of color and lower-wage workers.
- Key informants identified the low availability of childcare as a major challenge, especially since the start of the pandemic.
- One West Contra Costa County focus group participant pointed out the connection between economic security, education and food security during pandemic-related school closures. Children lost access to school-provided meals and snacks, which many households struggled to pay for in their absence.

Communities Disproportionately Impacted

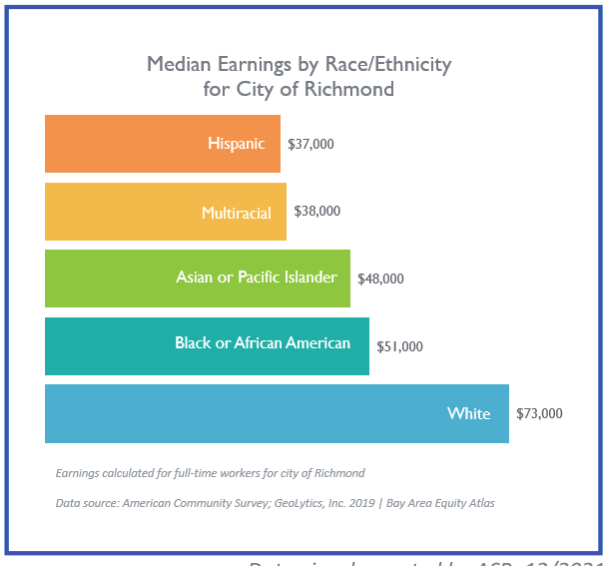
Based on Priority Community Profiles

- Richmond's least healthy Census Tract (according to the Healthy Places Index) performs worse than 86% of CA communities on measures of income and employment.
- The least healthy Census Tract in Richmond (according to the Healthy Places index) has rates of child (age 0-18) poverty nearly triple the County average (30% versus 12%).
- The least healthy Census Tract in Richmond (according to the Healthy Places index) has rates of senior (age >65) poverty nearly four times the County average (23% versus 6%).

Economic Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- For the City of Richmond, there are substantial disparities in income by race/ethnicity. The median earnings for Latinx (Hispanic) and multiracial residents is nearly half of that of White residents ($37,000 and $38,000, respectively, versus $73,000).
- Geographic access to job opportunities (i.e., physical distance residents commute from their neighborhoods to job opportunities) is limited in West Contra Costa County. The Jobs Proximity Index rating is lower in West Contra Costa County (27) and Contra Costa County as a whole (46) than the CA average (48).
- In Richmond and San Pablo ZIP codes with a larger proportion of Latinx residents than the service area average, the unemployment rate is higher than the CA average.



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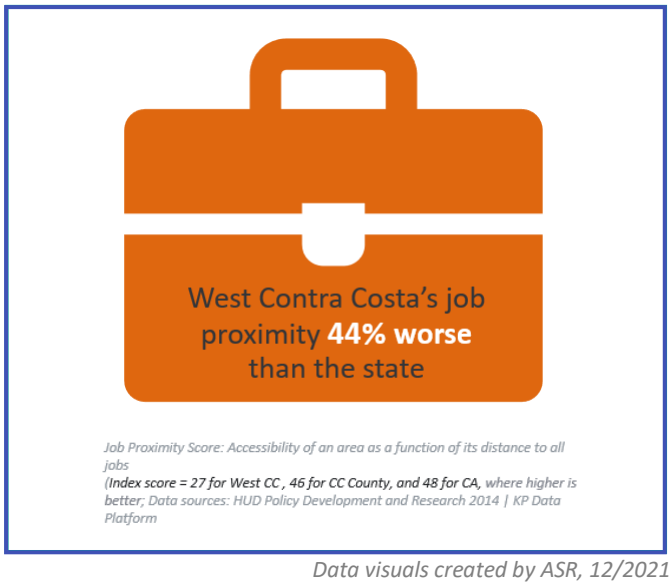
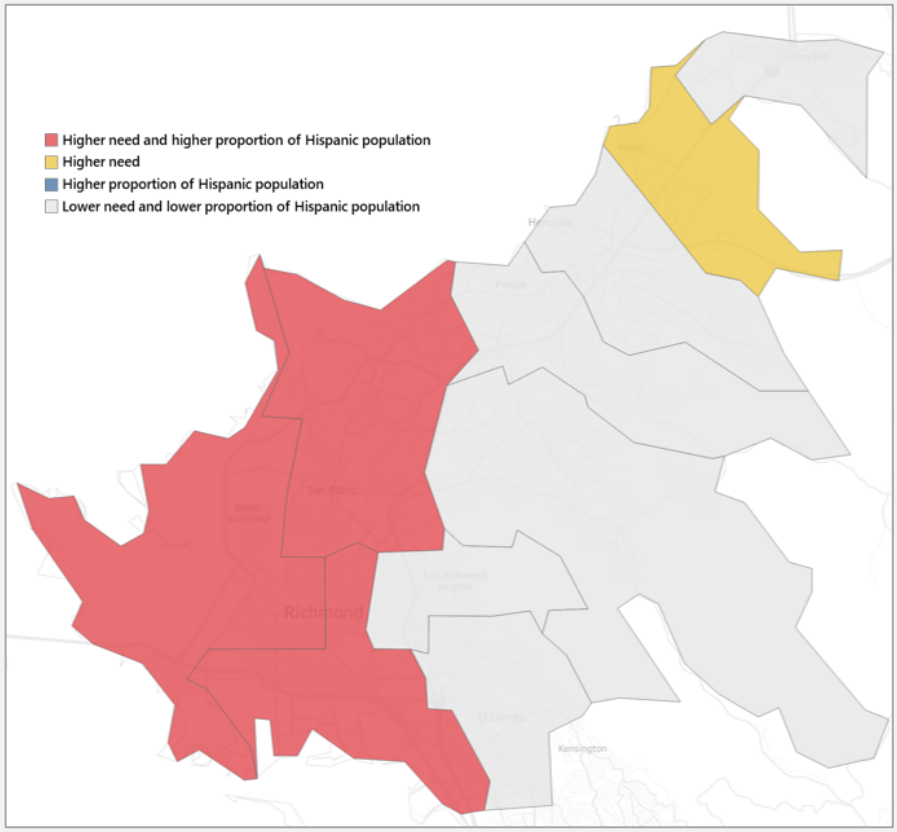


Data visuals created by ASR, 12/2021

Economic Security

PERCENT UNEMPLOYMENT, WEST CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage unemployment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- 91% of key informants and 6 of 9 focus groups identified housing and homelessness as a top priority health need for Contra Costa County.
- Key informants and focus group participants described that housing challenges influence health needs by increasing economic and food insecurity and unhealthy behaviors that exacerbate chronic disease and disability.
- Housing struggles experienced by County residents, such as affording rent, housing instability and crowded households, cause anxiety, lead to mental health difficulties and interpersonal issues, sometimes escalating to domestic violence.
- Some key informants stated that West Contra Costa County lacks adequate shelters and support for residents experiencing domestic violence, leaving them few options but to stay with their abuser or become unhoused.

Focus group participant thoughts on HOUSING AND HOMELESSNESS overall:

"What concerns me also are the children, the fact that I've never seen so many homeless children. As the years have gone by we've seen more and more homelessness, but what breaks my heart even more than anything are the amount of children I was seeing that were homeless."

Inequities

- Key informants and focus group participants perceived Latinx and Black/African American County residents as most affected by homelessness.
- Focus group participants described that for Contra Costa County's Latinx communities, homelessness does not mean living on the streets; unhoused Latinx residents may live in cars, a garage, or in overcrowded apartments.
- Key informants noted that short-term housing and temporary shelters are helpful and needed (especially for domestic violence survivors) in Contra Costa County, but do not provide the sufficient or permanent solution that comes with investment in permanent, supportive housing, especially for residents with severe mental illness.
- Key informants described how residents with mental health disorders are especially impacted by housing issues. The lack of affordable housing options further exacerbates mental health concerns. In order to provide successful treatment and case management to these residents, affordable housing in combination with employment supports are essential, according to one key informant.
- Focus group participants who live in West Contra Costa County perceived that many of the unhoused residents in their area are young men of color who are unemployed and cannot afford housing.

Housing and Homelessness

Impact of COVID-19

- While some focus group participants perceived the COVID-19 response as increasing resources (homeless services and temporary shelters), most participants voiced concerns continuing COVID-19 hardships will impact residents' ability to pay for housing, utilities, and other bills.
- Some focus group participants and key informants expressed concern specifically for low-income families with children on the brink of homelessness, citing the negative impact housing instability would have on children's health and development.
- Key informants and focus group participants in West Contra Costa County expressed concern about the end of the eviction moratorium leading to an increase in homelessness.

Key informant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"When a person applies for affordable housing, they are working and the determination is made based on their income -- so they are coming into our housing with a job. We've had residents lose their jobs because of COVID, and it has impacted housing because they are not able to pay their rent or they become in arrears for their rent."

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Richmond's housing quality/affordability ranks in the bottom quarter of all CA communities at 25% (according to the Healthy Places Index), while Contra Costa County's Healthiest communities rank nearly in the top third (70%).
- While Black/African American residents only make up 18% of Richmond's population, 61% of Richmond residents accessing Contra Costa's Continuum of Care for crisis and housing support were Black/African American.
- Thirteen percent of Richmond users of Contra Costa's Continuum of Care for crisis and housing support were American Indian/Alaska Native, although this group accounts for 1% of the Richmond's population.

Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Housing affordability in West Contra Costa County is the lowest in Contra Costa County.
- Gentrification is a measure of who is at risk of displacement from their home, often from fast and steep increases in rent prices. In Richmond, 80% of Black/African American residents live in low-income housing in neighborhoods at risk of gentrifying, followed by 76% of multiracial residents and 71% of Latinx (Latino) residents.
- In Richmond and San Pablo ZIP codes with higher proportions of Latinx residents than the service area average, there are also higher percentages of households experiencing moderate housing cost burden when compared to the CA average (21%).

Housing and Homelessness

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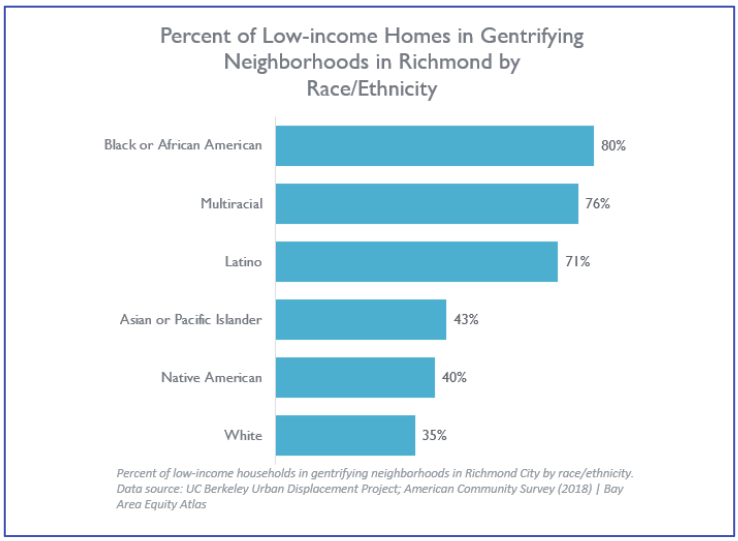
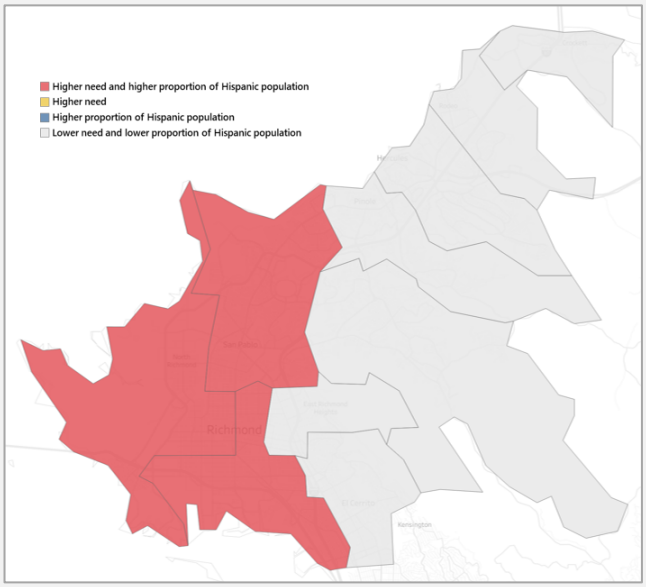


Data visuals created by ASR, 12/2021

MODERATE HOUSING COST BURDEN, WEST CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage of households experiencing moderate housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and behavioral health outcomes. Children and adolescents exposed to violence are at risk for poorer long-term behavioral health outcomes. In addition, the physical and behavioral health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 19% of key informants and 3 of 9 focus groups listed community and family safety as a top priority health need for Contra Costa County.
- Many key informants and focus group participants stated that community crime/violence is a symptom of trauma and unmet needs. Respondents linked community and family safety to residents' challenges maintaining housing, accessing healthcare (including behavioral health services) and finding living wage employment.
- Key informants emphasized the need for improved legal services, especially for low-income and vulnerable populations, to increase community knowledge about residents' rights, including restraining orders and other issues pertaining to domestic violence and family law.
- Some key informants and focus group participants noted the spread of increased gun violence and drug-related activities to areas beyond Richmond, into greater West Contra Costa County.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY:

"In this specific community…we see the prostitution up the street on 23rd Street. We see the drugs in the neighborhood. You can't even walk to the nearest grocery store."

Inequities

- Key informants and focus group participants described that individuals of color, particularly Black/African American and Asian/Pacific Islanders, experience a disproportionate impact of crime and violence in their communities.
- The impact of over-policing and higher rates of incarceration in communities of color in Contra Costa County was an important theme echoed across key informant interviews and focus groups. Respondents described how the intersection of structural racism with community safety (or lack thereof) influenced residents' health in critical ways, negatively impacting mental health through exposure to community trauma, police shootings, and heightening economic stress experienced by families who have incarcerated family members.
- Key informants noted concerns about the impact of structural racism on law enforcement interactions with unhoused residents struggling with mental illness, many of whom are Black/African American men disproportionately represented in criminal justice systems.
- One elderly focus group participant from West Contra Costa County described feelings of isolation and fear related to pervasive bullying behavior toward older adults in the community.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY:

"A lot of [our immigrant] clients are victims of violent crimes, and 1/3 of our clients experience violent crimes when they enter the U.S. These instances can impact mental health."

Community and Family Safety

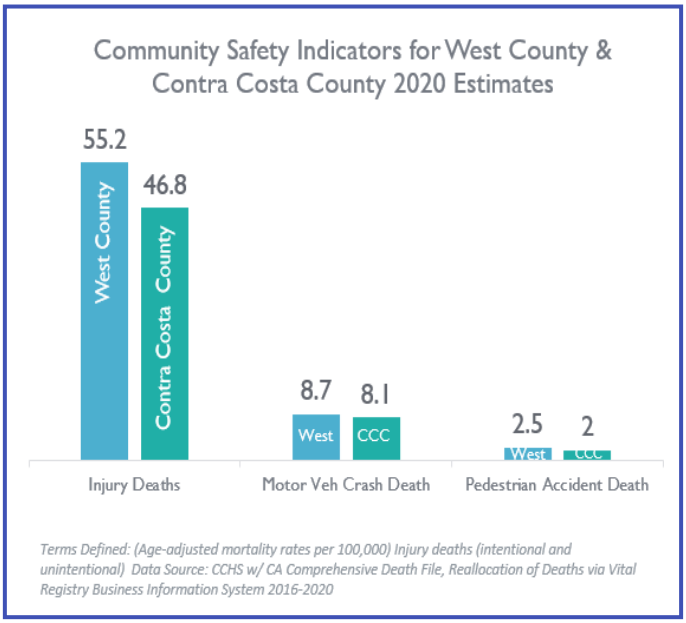
Impact of COVID-19

- According to key informants and focus group participants, interpersonal violence is rising in the County due to COVID-19 related anxiety about income and social isolation.
- Several key informants emphasized the need for more temporary shelters for survivors of domestic violence and their children, especially in Eastern Contra Costa County.
- One key informant noted the rising number of transportation-related fatalities during the COVID-19 pandemic.
- Some West Contra Costa County focus group participants perceived that interpersonal violence has increased since the pandemic began, and that offenders may be emboldened by the anonymity provided by mask wearing.

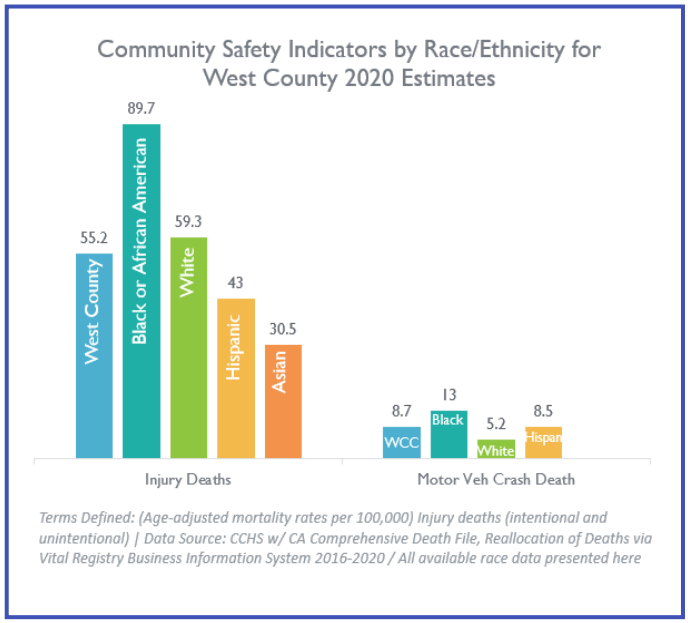
Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The rates of accidents deaths in West Contra Costa County are higher than the County as a whole, most notably the rate for injury deaths (55 per 100,000 population), which is 18% higher than the County (47 per 100,000).
- Black/African American residents of West Contra Costa County have a 63% higher rate of injury deaths than the West Contra Costa County average (90 versus 55 per 100,000 population) and 49% higher rate of motor vehicle crash deaths (13 versus 9 per 100,000).



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound effect on health and quality of life. Components of access to and delivery of care include insurance coverage, adequate numbers of primary and specialty care providers, healthcare timeliness, quality and transparency and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- The majority of key informants (88%) and focus groups (5 of 9) identified healthcare access and delivery as a top priority health need in Contra Costa County.
- Key informants and focus group participants emphasized limited services available to Medi-Cal recipients in Contra Costa County, with extremely long wait-times for appointments. Medi-Cal recipients struggle to navigate the complicated Medi-Cal system, which delays preventive appointments and results in emergency room visits as health issues go untreated.
- Several focus group participants discussed that middle-income individuals who do not qualify for Medi-Cal struggle to afford the Covered CA premiums.
- One key informant serving West Contra Costa described the workarounds used by residents who experience barriers to accessing traditional clinic or hospital-based care, including mobile and pop-up clinics funded by philanthropic organizations or seeking medical advice from family members or friends who work in healthcare.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:

"There are more and more people who really need these services, that maybe didn't even need them before, and even if you did have the access, you want to see a face like you. You don't want to go to a White person, who doesn't really know what's going on with you as a Black person…. Someone who looks like you, who might understand some of the things you might be going through."

Inequities

- Key informants and focus group participants emphatically stated that language, racial/ethnic, and cultural barriers persist within healthcare settings, disincentivizing many residents from seeking needed healthcare. Healthcare organizations need culturally-sensitive providers that represent the diversity of the community they serve.
- LGBTQIA+ communities face challenges accessing affirming primary care and behavioral health services and individuals with disabilities find it difficult to find primary care providers and dentists who are trained to work with them.
- Focus group participants highlighted undocumented residents' unique access to healthcare issues, describing that taking time off from work and losing income results in undocumented residents opting out of preventive visits, which are typically available weekdays during business hours.
- Residents of the area surrounding Richmond's Chevron plant experience higher rates of asthma and other chronic conditions due to pollution exposure, according to key informants. Because West Contra Costa County lacks an area hospital, community members often struggle to access the urgent and emergency care they need to manage these illnesses.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:

"Hospitals need to own their own biases, and they have the data, and they have to do the internal anti-racism work in addition to partnering with the community. If they do not do the anti-racism work, then they are going to perpetuate the current issues."

Healthcare Access and Delivery

Impact of COVID-19

- Not all Contra Costa County residents can access a computer or the Internet; key informants and focus group participants expressed concern that the COVID-19 related increased reliance by healthcare on online communication, appointments, and information impedes access, especially for vulnerable populations like seniors, those with certain disabilities, non-English speakers and undocumented residents.
- Key informants identified a number of barriers to accessing COVID-19 care for Contra Costa County residents: missed work due to time off for treatment, testing, or vaccination; limited after-hours availability for vaccine appointments; misinformation; and political and historical factors influencing vaccination decisions.
- Key informants serving West Contra Costa County felt that older adults and immigrants were particularly impacted by the changes in healthcare provision caused by the pandemic, due to their geographic isolation from healthcare services that tend to be located on the eastern side of the County and their challenges in adapting to online/telehealth models.

Communities Disproportionately Impacted

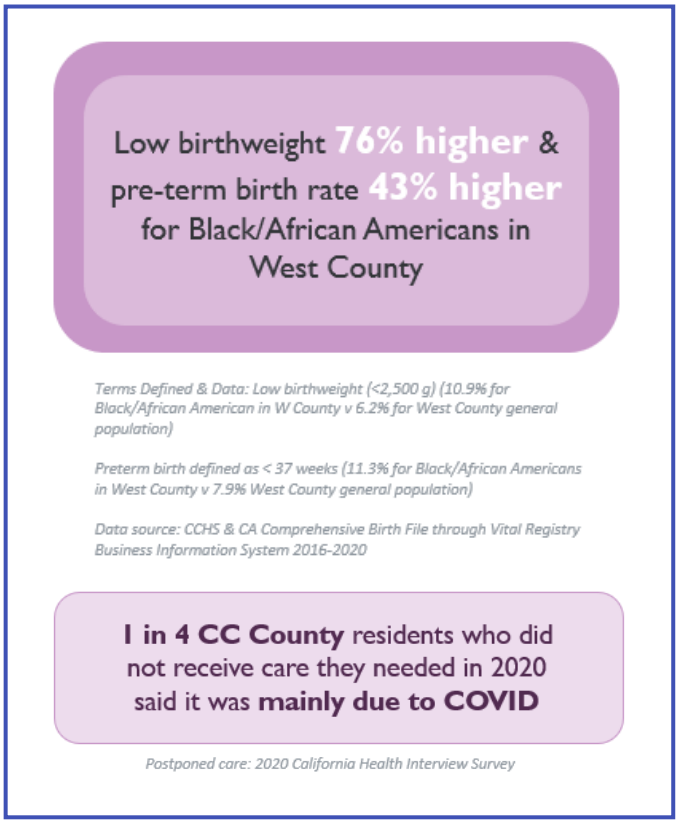
Based on Priority Community Profiles

- The percentage of uninsured residents in Richmond's least healthy Census Tract (according to the Healthy Places index) is more than double the Contra Costa County average (14% versus 6%).

Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Black/African American mothers in West Contra Costa County experience 43% higher rates of preterm births and 76% higher rate of low birthweight than the West Contra Costa County average.
- 25% of Contra Costa County residents who needed healthcare in 2020 but did not receive it stated that the delay was mainly due to the COVID-19 pandemic.
- ZIP code areas surrounding Richmond and North Richmond, which have higher Black/African American populations than the Contra Costa County average, have a higher percentage of uninsured residents than the CA average.
- ZIP code areas surrounding Richmond and San Pablo, which have higher Latinx (Hispanic) populations than the County average, have a higher percentage of uninsured residents than the CA average.

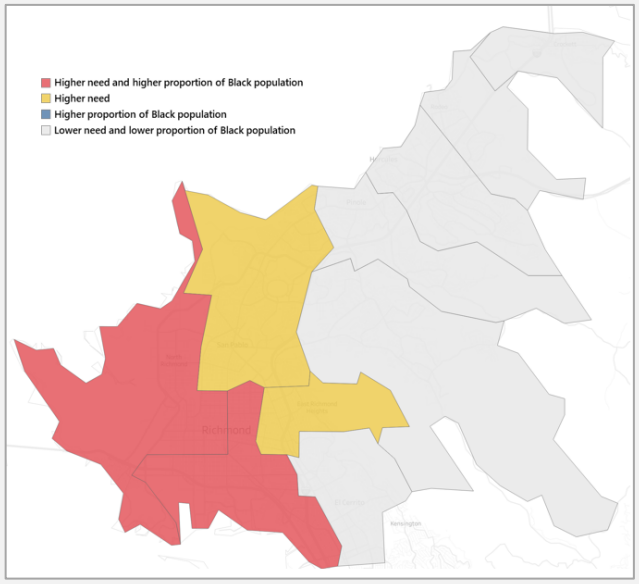


Data visuals created by ASR, 12/2021

Healthcare Access and Delivery

PERCENT UNINSURED, WEST CONTRA COSTA COUNTY, 2015-2019

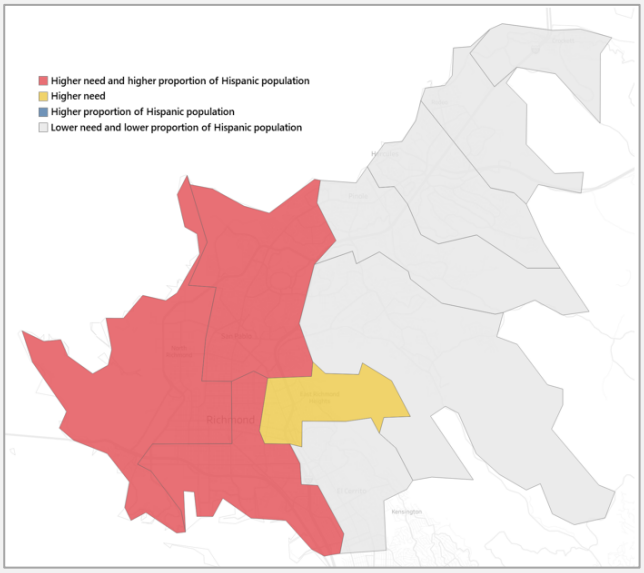
Areas shaded in red are ZIP codes with a Black/African American population greater than 18% (the service area average) and a higher percentage uninsured than the CA average.



Source: Kaiser Permanente Community Health Data Platform

PERCENT UNINSURED, WEST CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage uninsured than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, disrupted eating patterns, and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- While no focus groups and only 28% of key informants listed food security as a top priority health need for Contra Costa County, 8 of 9 focus groups and just over a quarter of key informants mentioned food security as a need.
- Focus group participants identified how accessing fresh produce and healthier food options is difficult in parts of Contra Costa County. Stores that carry healthier options are not in walking distance for most residents, requiring the use of a car or public transportation.
- Key informants and focus group participants suggested utilizing schools to tackle food security. One key informant suggested locating food distribution and food pantry services on school campuses to improve access to healthy food options for students and their families.
- Many focus group participants living in West Contra Costa County stated that healthier foods in their neighborhoods are prohibitively expensive and the one accessible farmer's market in the area recently relocated farther away.

Focus group participant thoughts on FOOD SECURITY overall:

"I think it's expensive to buy healthy food, so that's a real deterrent for people living in my community from eating healthy. They can't afford it. They have to go to two stores, then there are some grocery stores/liquor stores that supposedly sell some fresh produce, but not really. The Farmer's Market has moved to another part of the city supposedly for next year, so they really don't have any fresh fruits and vegetables that they can access, except those two stores and those two stores are nowhere near them."

Inequities

- Key informants and focus group participants reported that low-income residents in Contra Costa County lack access to supermarkets and have access to liquor stores that stock limited fresh produce and healthy food options.
- According to focus group participants, low-income residents that travel to supermarkets or farmer's markets selling a variety of fresh produce find the expensive price point for these fresh foods a deterrent.
- Key informants also shared how LGBTQIA+ and transitional-aged youth (ages 18-24) are struggling with food insecurity due to economic instability and lack of familial support.
- One West Contra Costa County key informant pointed out that many immigrant families are not able to apply for food stamps/EBT.

Key informant thoughts on FOOD SECURITY and inequities:

"What we're hearing from community members, and those that identify as LGBTQ, is the need for critical services for food insecurity. We deliver food to homes, we used to have food pantries, and we see a pattern of the identities of those who seek these services."

Food Security

Impact of COVID-19

- Key informants and focus group participants stated that COVID-19 impacted families' financial security, resulting in decreased ability to purchase food. Several key informants reported that local food banks saw an increase in utilization of services; one food bank went from serving 600 meals/day pre COVID-19 to 1,400-1,600 meals/day during the pandemic.
- One West Contra Costa County focus group participant emphasized how COVID-19 economic challenges impacted her decision-making at the grocery store, where purchases were limited to items to keep her family fed rather than the healthier, more expensive items she would have preferred.
- West Contra Costa County seniors struggled with accessing food after the start of the pandemic, according to a key informant. Older adults were reluctant to visit food banks and grocery stores due to concerns about disease transmission.

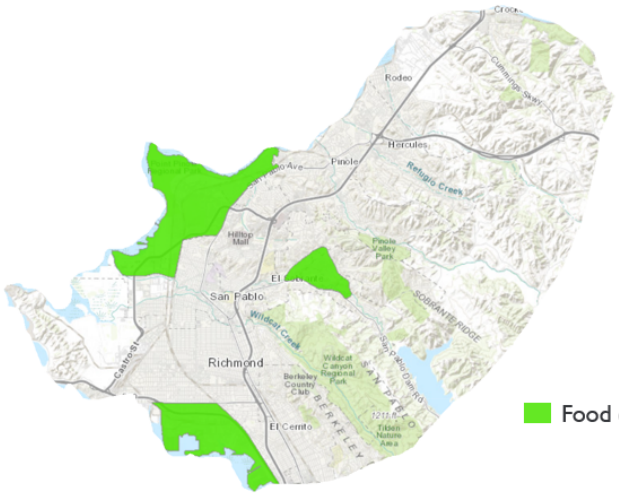
Food Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The West Contra Costa County food insecurity rate is 9%, which fails to meet the Healthy People 2030 goal of 6%.
- Several populous areas throughout West Contra Costa County qualify as food deserts, which is defined by the presence of poverty and the relative absence of grocery stores.
- Two ZIP codes encompassing the Richmond area with a proportion of Black/African American residents larger than the service area average have high percentages of households enrolled in SNAP when compared to the CA average, indicating that these residents are disproportionately impacted by food insecurity.
- A similarly disproportionately high SNAP enrollment is present within ZIP codes with a higher Latinx population than the service area average which encompass Richmond and San Pablo.

Data visuals created by ASR, 12/2021

Food Security



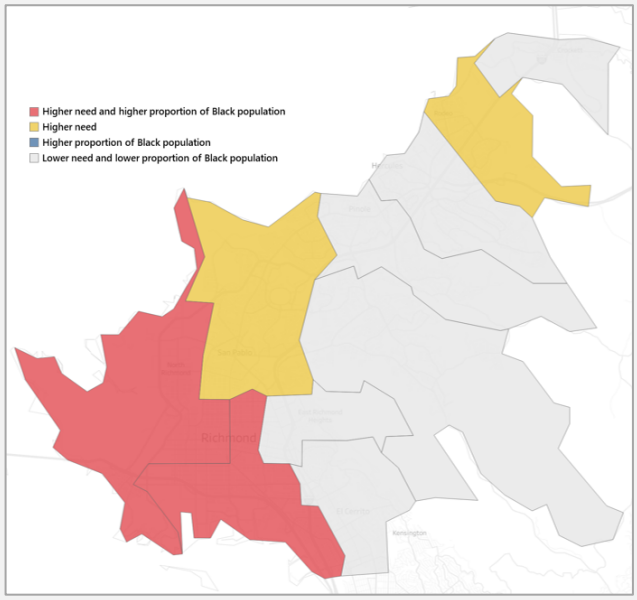
West Contra Costa Food Deserts

Food desert: Census tracts with both low income and low access to food. Low income: tract with poverty rate greater than 20% or median family income less than 80% median family income for state or metro area, Low access: more than 1 mile away from a grocery store in urban areas and more than 10 miles from grocery store in rural areas | Data source: USDA Food Environment Atlas 2015

Data visuals created by ASR, 12/2021

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

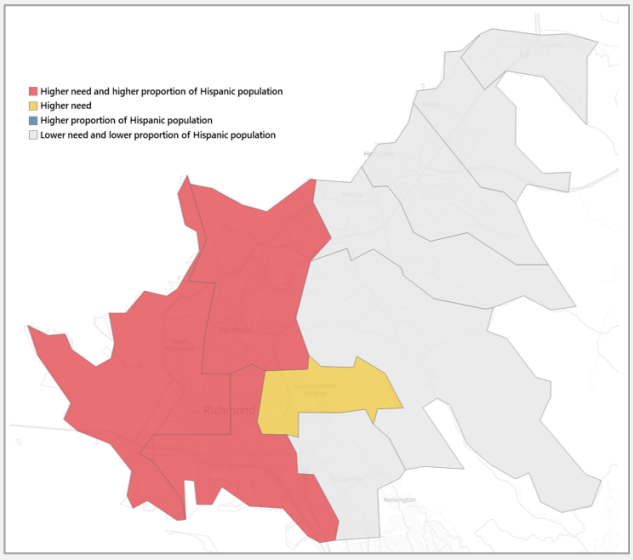
Areas shaded in red are ZIP codes with a Black/African American population greater than 18% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, EASTERN CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Education

What is the Health Need?

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures than high school dropouts, including income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement.

What Community Stakeholders Say About Education

Based on key informant interviews and focus groups

Overall

- While no key informants identified education as a top priority health need, 6 out of 32 key informants identified it as a health need. Similarly, only 1 of 9 focus groups identified education as a top priority health need, and 3 of 9 mentioned it.
- Key informants and focus group participants frequently discussed education within the context of other, intersecting health needs, particularly economic security and mental health.
- Key informants stressed the importance of ensuring quality education for all children as essential to ensuring their adult employment opportunities. Several key informants suggested developing workforce pipeline programs, especially for health care careers.
- Several West Contra Costa focus group participants highlighted the benefits of existing vocational education programs as important avenues to economic independence for individuals who did not complete high school or college; key informants emphasized the need for additional funding for vocational training to expand residents' educational opportunities.

Inequities

- Key informants and focus group participants discussed geographic, income, and racial disparities in young people's pursuit of education. Students from low income and/or rural communities, particularly young men of color, often drop out of school because they need an income, but the lack of a high school or college degree limits opportunities for living wage jobs.
- Focus groups and key informants emphasized the need for health and social services—and staff to assist navigating services—to be co-located on school campuses in low-income communities.
- Several focus group participants highlighted the challenges undocumented families face with education, especially monolingual Spanish speaking Latinx families. Participants described how these parents, unfamiliar with the U.S. education system, struggle to advocate for learning supports for their children.
- West Contra Costa County focus group participants described the need for parent education on and engagement in their children's educational progress. Many parents, especially those from cultures speaking non-English languages, do not understand the importance of strong English proficiency and high grades to their children's potential to be successful at applying for and attending college.

Key informant thoughts on EDUCATION and inequities:

"40-50% of African American and Latino boys are not graduating from the public education system. We aren't getting the young people that we need into these jobs. There aren't enough people to provide the services that folks need."

Education

Impact of COVID-19

- Key informants identified children and adolescents of color as a particular subgroup of concern with respect to education, especially within the context of COVID-19. Due to school closures and the shift to virtual classes, students' education and social connectedness at school suffered immensely. Key informants discussed students' social isolation and the associated mental health challenges stemming from not having access to in-person social support on school campuses. Students continue to feel the emotional reverberations of the lockdowns even as they return to in-person learning.
- Due to school shutdowns, students and families had a hard time accessing resources normally available at schools, including school meal programs and school-based mental health services. Mental health services, which were sometimes hard to access pre-pandemic, became even more challenging for students and families to access during the pandemic.
- According to West Contra Costa County focus group participants and key informants, students were distracted during online learning. One focus group participant stated that "acting out" behaviors among adolescents increased during lockdown, describing that students were out in the neighborhood with their peers when they should have been online during school hours.

Focus group participant thoughts on EDUCATION and COVID-19:

"I think it made it worse in a sense that parents weren't even made aware how to use a laptop before being sent home with their kids with a computer. I can't imagine how many other parents were getting stressed over those phone calls of your kid missed class or they didn't have money to pay for Wi-Fi…. Even if you're provided a Wi-Fi hotspot, it's all in English."

Communities Disproportionately Impacted

Based on Priority Community Profiles

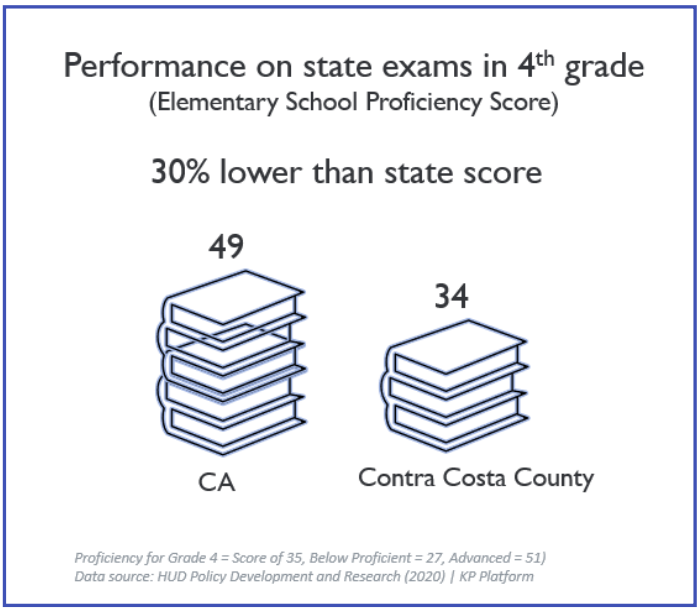
- The percentage of adult without a high school diploma in Richmond's least healthy Census Tract (according to the Healthy Places Index) (40%) is nearly double the City's average (22%) and more than triple the County's percentage (12%).
- Richmond's least healthy Census Tract (according to the Healthy Places Index) ranks in the bottom tenth of CA communities (9%) on education measures.

Education Data

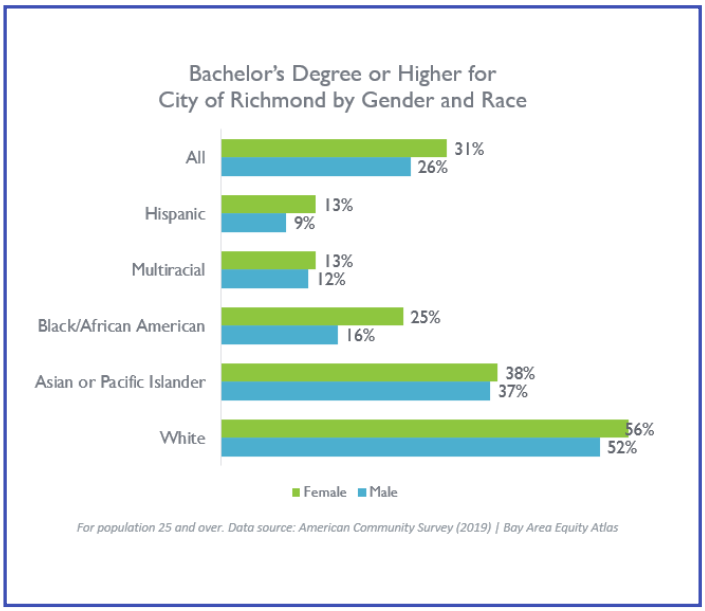
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- 4th grade students in Contra Costa County have a 30% lower average Elementary School Proficiency Score (34) than the CA average (49).
- In Richmond, men of all races/ethnicities are less likely than women to have completed a Bachelor's degree or higher. Latinx (Hispanic), multiracial and Black/African American men and women all have lower percentages of Bachelor's degree attainment than the Richmond area averages for men and women.
- ZIP code areas surrounding Richmond and San Pablo, which have a higher percentage of Latinx (Hispanic) residents than the County average, have higher rates of adults with no high school diploma than the CA average.

Education



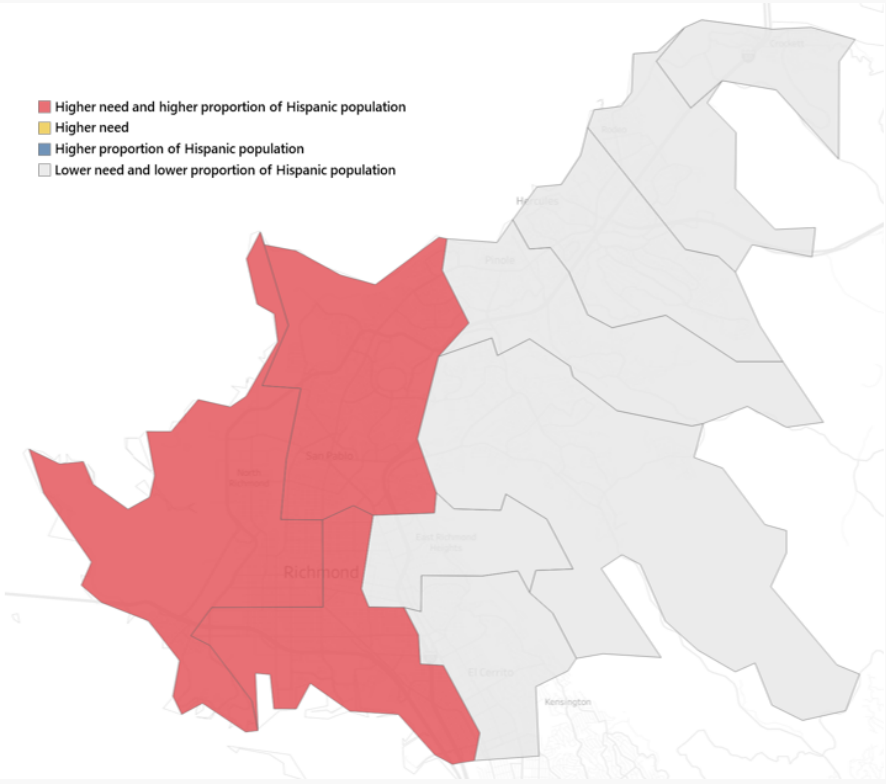
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

ADULTS WITH NO HIGH SCHOOL DIPLOMA, WEST CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage of adults with no high school diploma than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 28% of key informants and 1 of 9 focus groups identified transportation as a top priority health need for Contra Costa County and a crucial factor in healthcare access and delivery.
- According to key informants and focus group participants, transportation impacts a variety of community wellness related activities, including the ability to commute to a living wage job, access to grocery stores selling healthy food, ability to get children to/from school, and access to community events.
- Key informants stated that after the closure of Doctors Medical Center in San Pablo, many West Contra Costa County residents struggled with finding transportation to other healthcare centers. They noted that transit systems within the County aren't adequately connected, so residents without a car (especially those with disabilities) may spend hours traveling to appointments.

Inequities

- Key informants and focus group participants said that cars are residents' preferred transportation mode due to convenience. Low-income residents, older adults, and individuals with disabilities are the least likely to be able to afford/access automobile transportation.
- Key informants and focus group participants identified dangerous road conditions throughout the County for drivers and pedestrians, citing road construction concerns and noting insufficient sidewalks, streetlights and reports of children being killed by vehicles while walking to school.
- Several key informants identified geographic disparities, describing the limited transportation options available in rural parts of the County. These transportation disparities are long standing problems, but little has been done to ameliorate the problem.
- Focus group participants living in West Contra Costa County reported that older adults in their area struggle with using the available public transportation options for accessing grocery stores and healthcare, due to the distance between transit stops/hubs, adverse weather and/or safety concerns.

Focus group participant thoughts on TRANSPORTATION and inequities:

"Even though the buses are not that far from a lot of the senior housing in town, it's too hot and it's too far to go if you're going to try and buy a week's worth or even a few days' worth of groceries. Transportation is definitely an issue, even though it appears that it's fairly decent. I don't think it meets the needs of seniors in any way, shape or form."

Transportation

Impact of COVID-19

- Key informants and focus group participants described an increase in risky driving since the start of the COVID-19 pandemic, as well as an increase in traffic fatalities.
- COVID-19 influenced residents' transportation patterns due to concerns around COVID-19 exposure on public transit and limited bus/BART schedules.
- Parents of school-age children that participated in the focus groups noted challenges with transportation to and from COVID testing centers. This was particularly challenging for parents of children who were required to test after an exposure at school.
- Key informants noted that at the beginning of the pandemic, several food pick-up locations were "drive-through only". This posed a challenge for families that did not have access to a vehicle and limited their access to much needed food.
- One key informant noted that West Contra Costa County residents rely heavily on public transit to commute to their jobs, so transit reductions due to the pandemic severely impacted residents' employment.

Key informant thoughts on TRANSPORTATION and COVID-19:

"The western and eastern ends of our County are the two areas that are more diverse (more people of color), and for the last two years, these are also the groups of people that do not have the ability to work remotely. These are the core users of public transit, and when these were reduced during Covid-19, they couldn't get to their jobs…. Many of those folks that have essential jobs are usually low-income, so many of them couldn't even afford a car."

Communities Disproportionately Impacted

Based on Priority Community Profiles

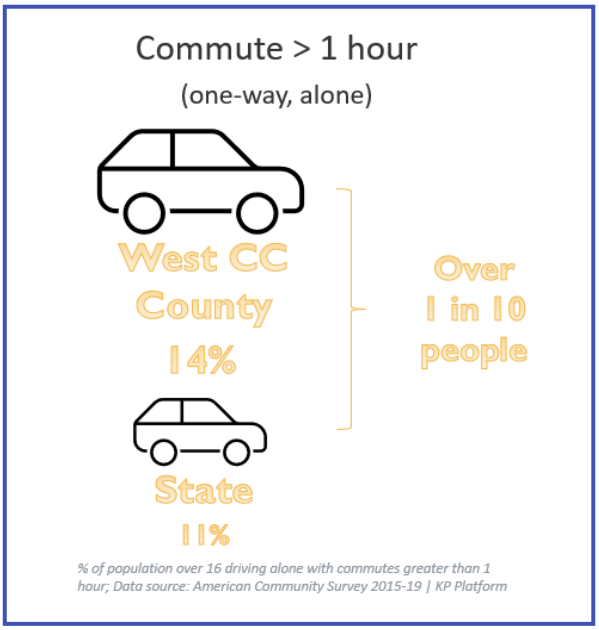
- Richmond's least healthy Census Tract (according to the Healthy Places index) ranks below most CA communities (12%) on transportation measures (active commuting, automobile access).

Transportation Data

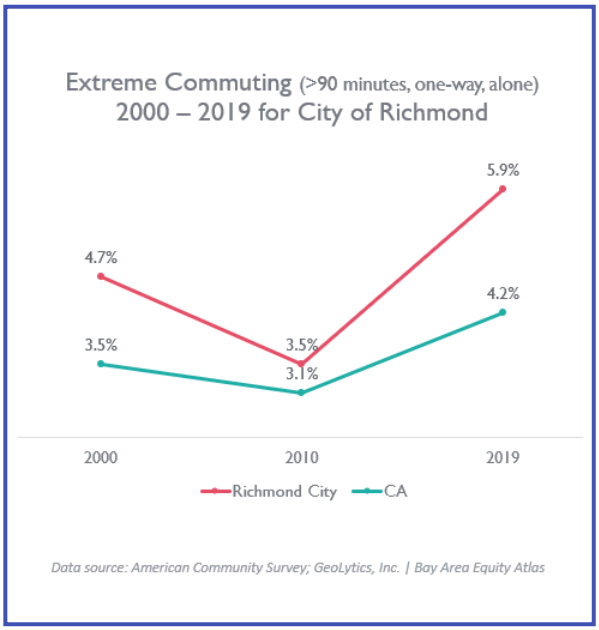
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In West Contra Costa County, workers driving with long commutes (defined as the percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes) is 27% worse than for the state (14% versus 11%).
- In 2019, Richmond residents (5.9%) had a 40% higher rate of extreme commuting than the CA average (4.2%).
- In Richmond and San Pablo ZIP codes, where the proportion of Latinx residents is larger than the service area average, there is a higher percentage of workers driving alone with long commutes, as compared to the CA average.

Transportation



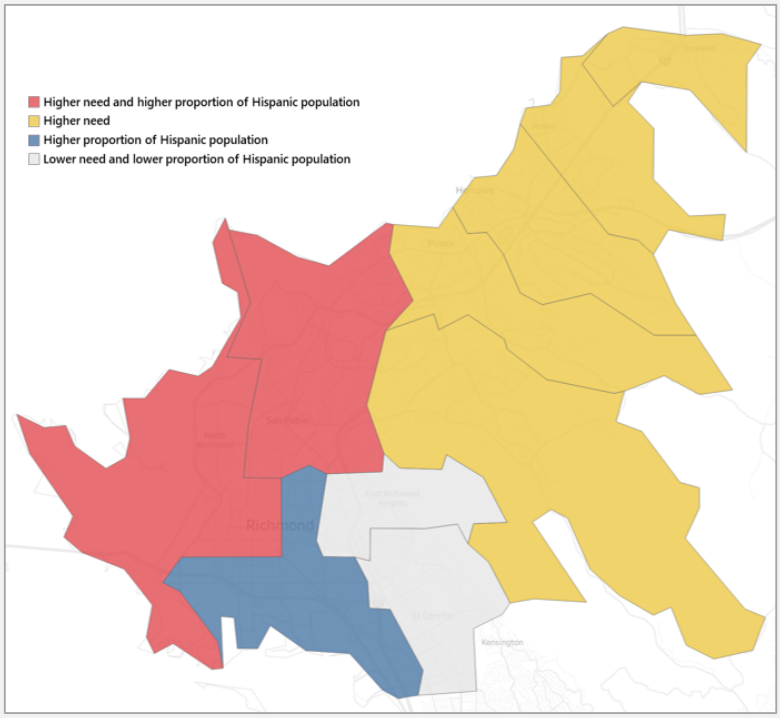
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

WORKERS DRIVING ALONE WITH LONG COMMUTES, WEST CONTRA COSTA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage of long commutes than the CA average.



Source: [Kaiser Permanente Community Health Data Platform]

Northern Alameda County Health Needs (In Rank Order)

Behavioral Health

Housing and Homelessness

Community and Family Safety (tied for third)

Economic Security (tied for third)

Healthcare Access and Delivery (tied for third)

Structural Racism

Food Security

Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American, Latinx community members.

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- Almost all key informants (93%; 40 of 43) and 2 of 9 focus groups identified behavioral health as a top priority health need in Alameda County.
- Many key informants stated that behavioral health concerns are the number one health issue for the communities they serve in Alameda County. They described intense distress about the level of need among their clients, especially as much of the current need is going untreated.
- Focus group participants and key informants reported a high need for behavioral health services for Alameda County children and that there are long wait times for services. According to key informants, school-based behavioral health services, described as the most convenient and cost-effective way to reach children, were largely unavailable during the pandemic and have yet to return fully to many schools.
- North Alameda County key informants noted high levels of intergenerational trauma in their community, yet significant stigma around accessing behavioral healthcare creates a barrier to healing.

Key informant thoughts on BEHAVIORAL HEALTH inequities:

"In the Black community, people of color, especially women, have real, emotional, traumatizing events that occur on a daily basis (the micro-aggressions) and there is no outlet for them to express how they feel."

Inequities

- Many focus group participants of color or from immigrant communities have experienced or continue to experience trauma due to racially or culturally motivated violence.
- Key informants described a lack of bilingual and bicultural behavioral health providers in Alameda County, stating that patients prefer and feel more comfortable with a racially or culturally congruent provider. Focus group participants expressed frustration with long waitlists for behavioral health services for those who do not speak English or need a provider with specialist training.
- Key informants pointed to a shortage of trained Alameda County providers for LGBTQIA+ residents; LGBTQIA+ focus group participants spoke of the intense trauma that many within their community have experienced and continue to live with, and the significant barriers to receiving the behavioral health services needed to recover and heal.
- North Alameda County focus groups specifically cited insufficient availability of behavioral health services for low-income families.

Focus group participant thoughts on BEHAVIORAL HEALTH inequities:

"It is very frustrating for children, adults, people of all ages who are always on waiting lists because there are not enough Spanish-speaking therapists."

Behavioral Health

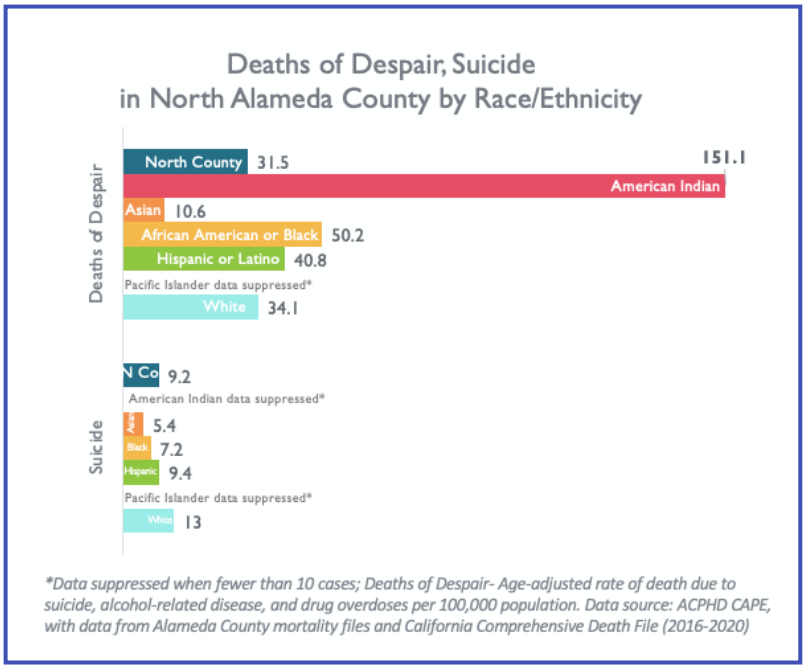
Impact of COVID-19

- The COVID-19 pandemic exacerbated existing behavioral health issues among Alameda County residents, according to many key informants and focus group participants, and caused feelings of depression, anxiety, fear, boredom, isolation, and despair.
- Many key informants noted mixed results from the switch to phone/online behavioral health services during the pandemic, describing that some patients preferred remote care, which reduced COVID-19 exposure and removed transportation barriers. Key informants reported that other Alameda County residents, who lacked privacy, a computer/phone with a reliable Internet connection, or the technological know-how to navigate e-visits, were effectively cut off from receiving behavioral health services.
- North Alameda County focus groups discussed that teens are suffering due to social isolation caused by COVID-19 are experiencing increased rates of anxiety, depression, and fear.

Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- North Alameda County is experiencing substantially higher rates of deaths of despair compared to the county average (28 versus 32 per 100,000).
- North Alameda County American Indians are facing disproportionately high rates of deaths of despair, three times as high as other races/ethnicities.
- Whites and Latinx (Hispanic) populations in North Alameda County are experiencing rates of suicide higher than the Service Area average.



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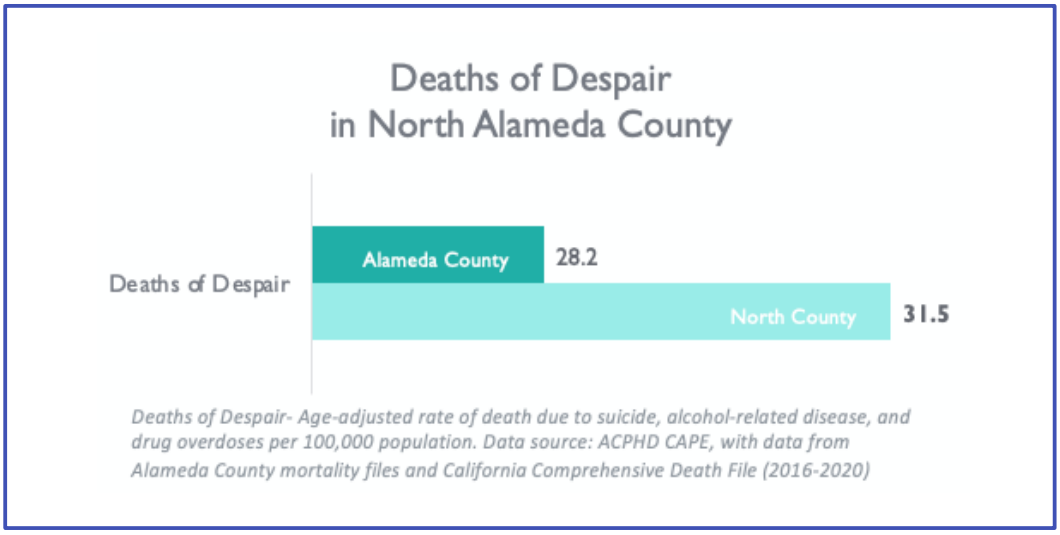

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Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- Almost all key informants (91%; 39 of 43) and nearly half of focus groups (4 of 9) identified housing and homelessness as a top priority health need in Alameda County.
- Alameda County key informants and focus group participants concurred that housing challenges negatively impact residents' ability to obtain other basic needs (food, employment, healthcare, and childcare) and result in poor mental and physical health.
- County residents needing assistance with housing often need assistance in other areas, which makes for complex case management, according to key informants. Agencies assisting residents with these needs are overwhelmed and unable to meet demand for services.
- Key informants stated that housing costs are prohibitively high for many residents of Alameda County and that there are insufficient affordable housing units; this results in limited neighborhood choice and forces some residents to tolerate unhealthy, overcrowded, or unsafe living conditions.
- Key informants stated that a high rate of unstable housing, particularly in Oakland, is impacting residents' overall health, access to care, behavioral health, and substance use.
- Key informants noted a shortage of affordable homes, specifically in West Oakland, and stated that even upper-middle class residents struggle to find affordable housing.

Focus group participant thoughts on HOUSING AND HOMELESSNESS inequities:

"When trans people show up for housing it doesn't matter if we have all the papers and meet all the requirements. People see that, they're not going to rent it to you… There's housing discrimination that happens toward trans people, especially Black trans people."

Inequities

- Specific Alameda County populations are more likely to become unhoused, and key informants expressed concern that not enough housing support is available for these vulnerable groups: Black/African American, Latinx, immigrants, LGBTQIA+, seniors, people fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction.
- According to key informants, Alameda County seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors.
- Focus group participants from North Alameda County noted that housing discrimination is prevalent, particularly towards Black/African American and trans people.

Housing and Homelessness

Impact of COVID-19

- Key informants reported that the pandemic has caused data collection on the unhoused population to all but cease, making it difficult to thoroughly understand current needs.
- According to focus group participants, many Alameda County residents living on the edge of homelessness have been pushed into overcrowded living conditions. They believe this led to increased transmission of the COVID-19 virus.
- The end of the COVID-19 eviction moratorium, which protected many Alameda County residents from losing their housing, was a pressing issue for key informants who expressed fear about the potentially devastating impact for residents living on the edge of homelessness.
- Key informants serving North Alameda County described that housing and COVID-19 stressors resulted in behavioral health crises when unhoused residents simultaneously felt unprotected from the virus and had no viable shelter.

Key informant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"Clients are in crisis mode in that they are very concerned and frantic. It went from "Hey I'm a little behind in rent" to "If I don't get help for this, I'm going to kill myself."

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Oakland's housing quality/affordability ranks in the bottom fifth of all CA communities at 14% (according to the Healthy Places Index), while Alameda County's Healthiest communities rank substantially higher (50%).
- The percentage of uninsured residents in Berkeley (9%) and Oakland's (10%) least healthy Census Tract (according to the Healthy Places index) is double the Alameda County average (6%).

North Alameda County Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the median rental cost is 17% higher than the state average ($1,972 versus $1,689).
- Alameda County rates worse on the housing affordability index than the state average (77 versus 88).
- Homeownership rates in North Alameda County are lowest among Latinx (Hispanic) and Black/African American populations.
- In a number of ZIP codes with a larger Black/African American population (West Berkeley, Oakland) than the county average, the homeownership rate, housing cost burden, housing affordability index, percent of income spent on mortgage, and overcrowded housing are all worse than the state average.
- In ZIP codes with larger Latinx populations than the county average (West Oakland, West Berkeley), housing cost burden, overcrowded housing, and homeownership rate are all worse than the state average.

Housing and Homelessness

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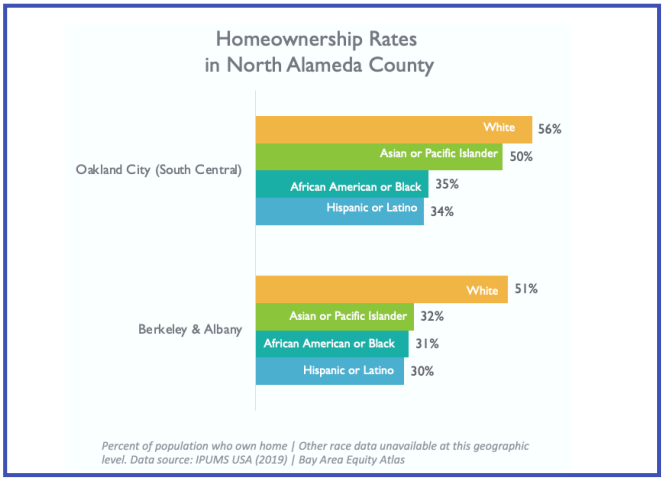

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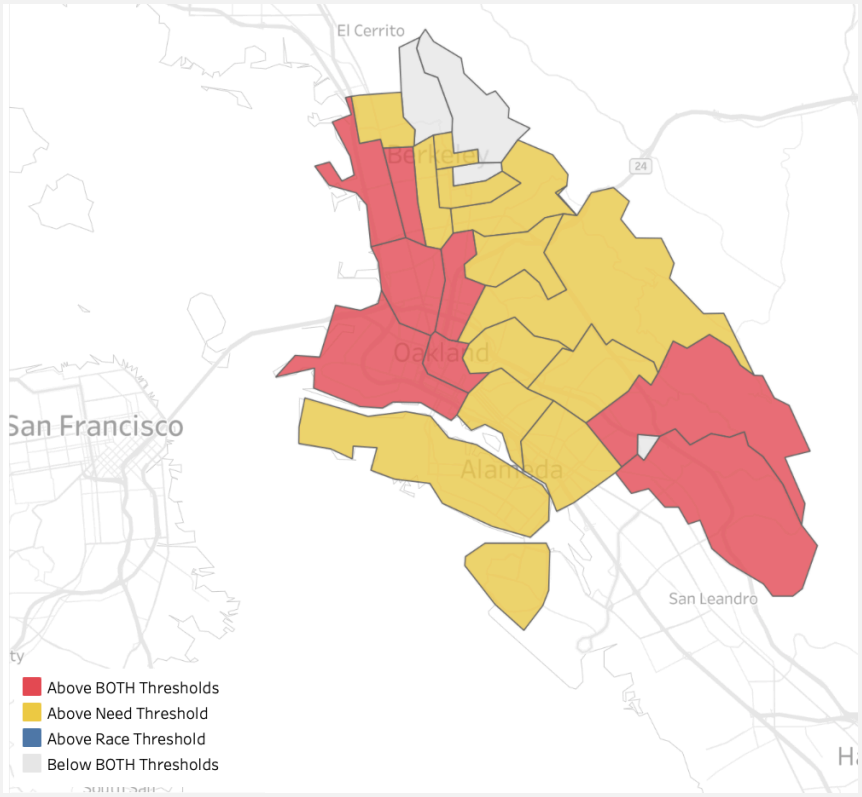
HOUSING AFFORDABILITY INDEX, NORTH ALAMEDA COUNTY, 2020, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 15% (the service area average) and a lower housing affordability index than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 26% of key informants (11 of 43) and 4 of 9 focus groups listed community and family safety as a top priority health need in Alameda County.
- Focus group participants linked mental illness, domestic violence, and neighborhood blight to community crime and violence in Alameda County.
- Key informants noted a recent dramatic rise in gun violence in East and West Oakland, causing physical and mental trauma, causing fear of gun-related crime that prevents residents from accessing medical care.
- Key informants in North Alameda County described violence in their community as a symptom and a cause of behavioral health issues.

Inequities

- Many Alameda County key informants perceived community and family violence as a symptom of trauma due to racism and stated that eliminating racism across all sectors will promote healing and safety, preventing trauma before it happens.
- Key informants pointed to a rise in violent crime directed at Alameda County's Asian communities.
- Focus group participants and key informants reported that Alameda County's Black/African American communities suffered more threatening behavior and targeted attacks than other racial/ethnic groups, likely a result of the social and political upheaval in 2020 and 2021.
- Key informants in North Alameda County stated that violence disproportionately affects young men of color (teens-30s).

Key informant thoughts on COMMUNITY AND FAMILY SAFETY inequities:

"Violence disproportionately affects young men (upper teens, 20s, 30s), African American men the most, though also Black/Brown."

Impact of COVID-19

- Many focus group participants felt that Alameda County communities had become less safe during the COVID-19 pandemic. LGBTQIA+, seniors, and Black/African American focus group participants expressed fear of violence while out in public, and perceived law enforcement as not adequately present or effective in managing crime.
- Key informants in North Alameda County perceived that domestic violence was underreported during the pandemic as some residents felt forced to stay with abusers due to shelter in place requirements.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and COVID-19:

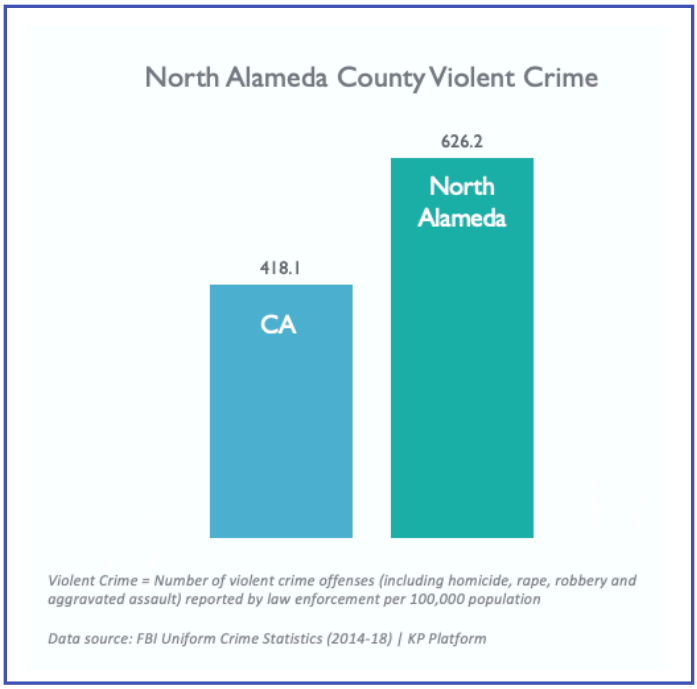
"Because the administration was painting COVID with terms like "kung flu" our community [Asian] became scared to come out. So many attacks, assaults, and shootings, that people don't want to come in for services."

Community and Family Safety

Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- The number of violent crimes is 50% higher in North Alameda County than the state average (626 versus 418 per 100,000 population).
- Rates of death by all injuries are highest among Black/African Americans compared to the North Alameda County average (96 versus 46 per 100,000 population).



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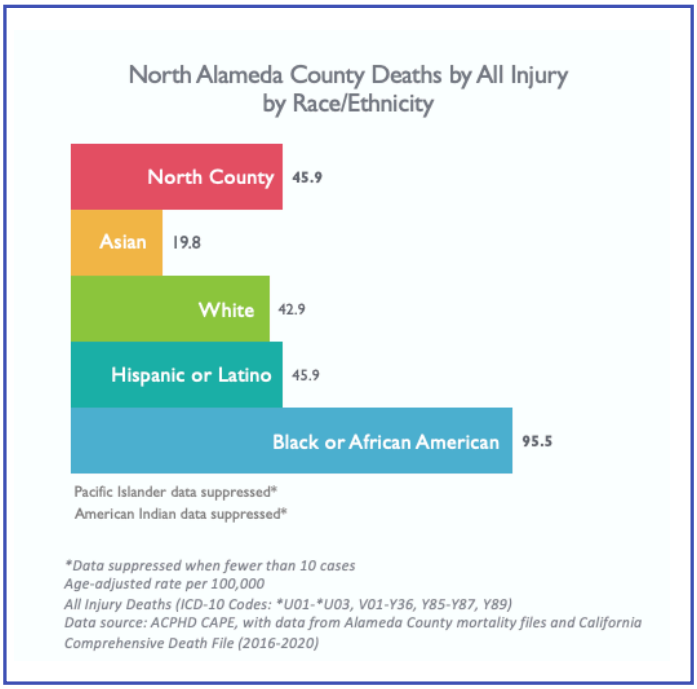

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Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include: insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- 79% of the key informants (34 of 43) and 4 of 9 focus groups identified healthcare access and delivery as a top priority health need for Alameda County.
- Key informants described inadequate partnership between healthcare and community organizations that has limited information and data sharing, failed to capitalize on existing trust-based community relationships, and hindered innovation around care provision models that reach underserved communities such as mobile, or pop-up clinics.
- Several key informants mentioned that the cost of care and insurance is a barrier to accessing quality healthcare in the County.
- Key informants discussed the lack of hospitals in East Oakland as being problematic. Though clinics exist in the area, the community lacks pharmacies, dentists and specialty care.

Inequities

- Key informants reported an urgent need for more access to dental care in County areas with underserved populations.
- Focus group participants and key informants perceived Alameda County healthcare providers' increasing reliance on online communications/appointments as helpful for many, increasing the likelihood that needed care was received and eliminating transportation challenges. At the same time, there were concerns that the pivot to online services impeded healthcare access and delivery for populations that lack reliable internet or an understanding of how to use technology, especially seniors, those with certain disabilities, non-English speakers, and undocumented residents.
- Focus group participants and key informants emphatically stated that language and cultural barriers persist within healthcare settings in Alameda County, specifically citing a lack of interpreters for diverse languages, which disincentivizes many residents from seeking needed care.
- Key informants said that partnerships between Alameda County health care and community-based organizations can be particularly useful when serving populations requiring specific skills or expertise, such as migrants or refugees, people who identify as LGBTQIA+, those who are unhoused, and adolescents and teens. Individuals in these group may be more likely to seek out necessary healthcare when an entity representing their perspective is involved.

Key Informant thoughts on HEALTHCARE ACCESS AND DELIVERY inequities:

"The issue is more about access to healthcare people would choose for themselves. For example, community clinics, although there is cultural congruency in these community clinics, folks do not have the capacity to access specialty care."

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY inequities:

"People don't go to the doctor unless they really have to, and if they have to, they don't want to go because people don't have healthcare. If you are under Medi-Cal, you might have a really sh&*! Provider. People don't have coverage for dental care and get bare minimum services. "

Healthcare Access and Delivery

- Focus group participants discussed how a lack of Alameda County healthcare providers with specialized training for working with specific populations serves as a barrier to care. LGBTQIA+ focus group participants described interactions with providers who misgendered them, identified them by former names, and seemed unaware of appropriate LGBTQIA+ terminology, leaving patients feeling judged, discriminated against, and less likely to continue care.
- Key informants and focus group participants in North Alameda County discussed inequities in care provided citing that people of color are more likely to be on Medi-Cal and have access to fewer high quality services that those with other types of insurance.

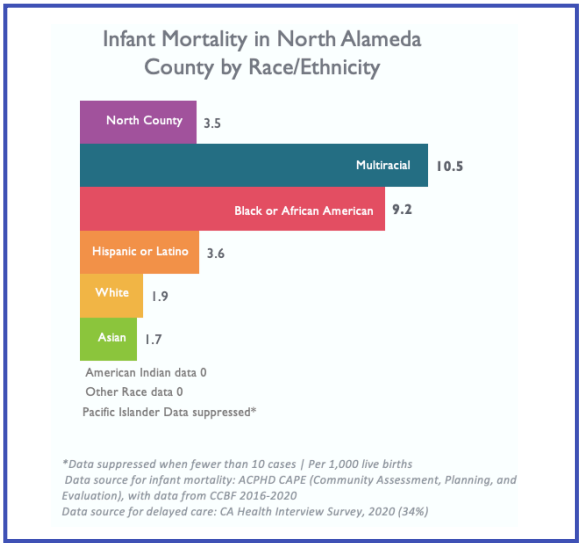
Impact of COVID-19

- A number of key informants described County residents' continuing resistance to COVID-19 vaccines, due in part to mistrust of medical professionals, suggesting that work is necessary to build trust and overcome vaccine hesitancy.

Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- A number of ZIP Codes in Alameda County with large Black/African American populations have low Medicaid enrollment compared to the CA average.
- Infant mortality is substantially higher for North Alameda County multiracial residents (11%) and Black/African Americans (9%) than the County average (4%).
- Black/African American and multiracial residents had a substantially higher rate of death from COVID-19 than the North Alameda County average (161 and 140 deaths per 100,000 respectively versus 84). Multiracial residents have much lower vaccination rates than the North Alameda County average (34 versus 74%).



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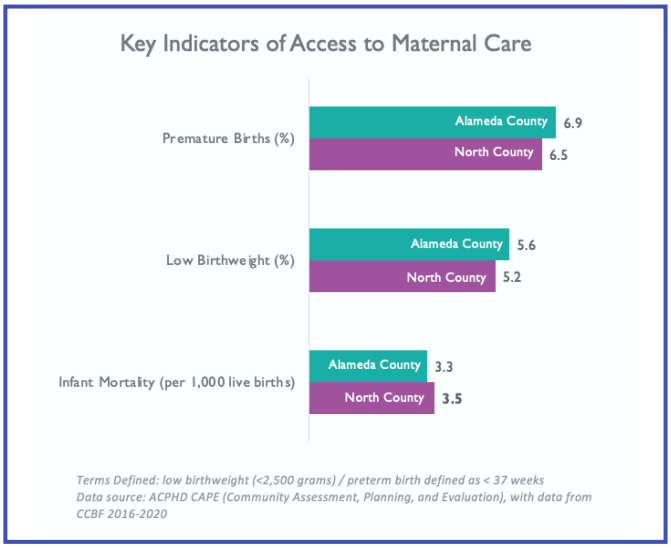

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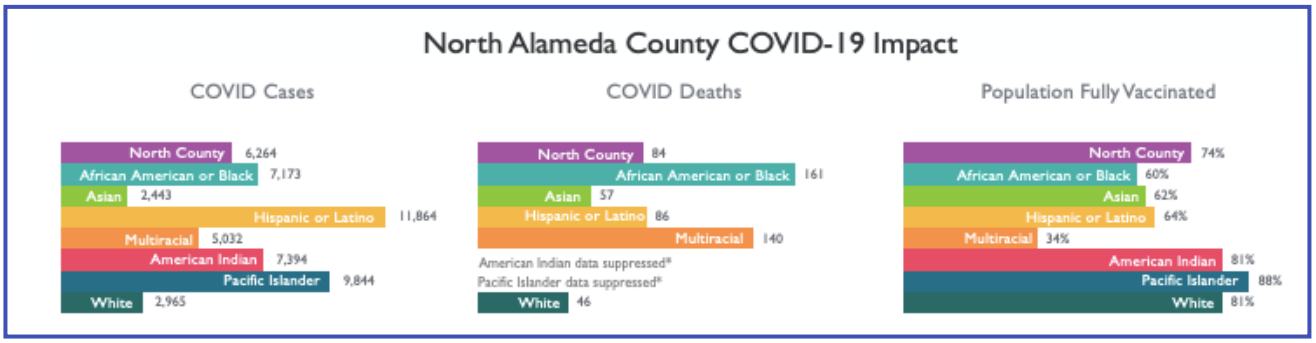

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Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further.

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- 28% (12 of 43) of key informants listed structural racism as a top priority health need for Alameda County and reported that structural racism is a contributor to other health needs.
- Structural racism has a profound effect on health, according to key informants. Race-based inequalities in access to and provision of healthcare keep many children and adults of color from receiving necessary physical or behavioral health treatment, and the care they do receive is often not culturally or linguistically competent.
- Key informants in North Alameda County reported that systemic policies have created intentional barriers for marginalized groups to access health care, basic needs, and economic opportunity.

Key informant thoughts on STRUCTURAL RACISM overall:

"Addressing root causes and equity go hand in hand. … How can [hospitals] invest in those social enterprises where that dollar can stay in the local economy and benefit those creating the products?"

Inequities

- Key informants described how racial, social, and economic inequalities have led to housing insecurity in Alameda County. When people of color become unhoused, they face barriers to accessing and receiving services and housing support. A few key informants pointed out that trans people of color, especially trans women of color, are particularly vulnerable to becoming unhoused.
- Several key informants expressed concern about inequitable practices within the educational system in Alameda County that create a disconnect between schools and communities of color, particularly for Black/African American communities.
- Key informants perceived that people of color in Alameda County are more likely to experience violence through crime, interpersonal aggression, and/or police brutality, reporting that violence disproportionately affects young men of color (teens-30s).
- Key informants in North Alameda County noted that housing discrimination is prevalent in the community, particularly towards Black/African American residents.

Key informant thoughts on STRUCTURAL RACISM inequities:

"Systemic policy violence has created intentional barriers for certain groups of people to access almost anything."

Structural Racism

Impact of COVID-19

- Key informants in North Alameda County noted that the Latino population was hardest hit by COVID-19, with many choosing between continuing to work and risking virus exposure or losing their jobs and their source of income.

Communities Disproportionately Impacted

Based on Priority Community Profiles

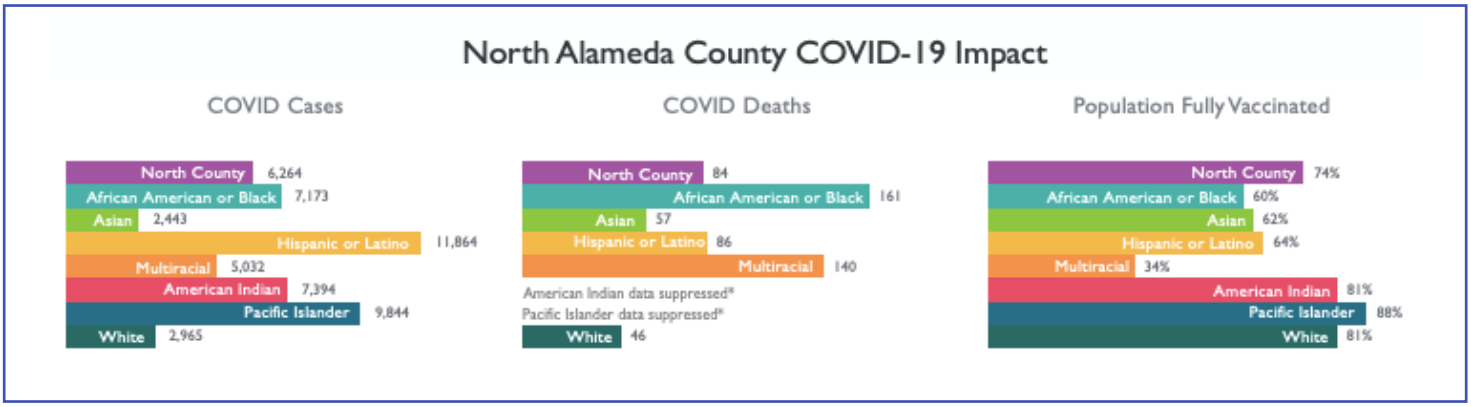
- In Oakland's least healthy Census Tract (according to the Healthy Places index), where the majority of residents identify as Latinx (47%), Other race (40%), and Black/African American (38%), has nearly double the poverty rate (35%) of Oakland overall (17%) and four times the Alameda County rate (9%).
- Black/African American residents are overrepresented among Oakland's unhoused population, representing 70% of homeless residents but accounting for 25% of the total Oakland population.
- Black/African American residents are overrepresented among Berkeley's unhoused population, representing 57% of homeless residents but accounting for 6% of the total Berkeley population.

Structural Racism Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- As of November 2021, multiracial COVID-19 vaccination rates were half the rate of the general population of North Alameda County (34 versus 74%).
- Black/African American and multiracial residents had substantially higher rates of COVID-19 deaths than the North Alameda County average (161 and 140 deaths per 100,000 respectively versus 84).
- Black/African American, Latinx (Hispanic), Asians, and multiracial residents in North Alameda County all have lower median incomes than their white counterparts.
- Homeownership rates in North Alameda County are lowest among Latinx (Hispanic) and Black/African Americans (30-35% versus 51-56% for Whites).
- In 2020, infant mortality was 3 times higher for multiracial residents and more than twice as high for Black/African American residents than for the rest of North Alameda County.
- Rates of death by all injury are highest among Black/African Americans compared to the North Alameda County average (96 versus 46 per 100,000 population).

Structural Racism



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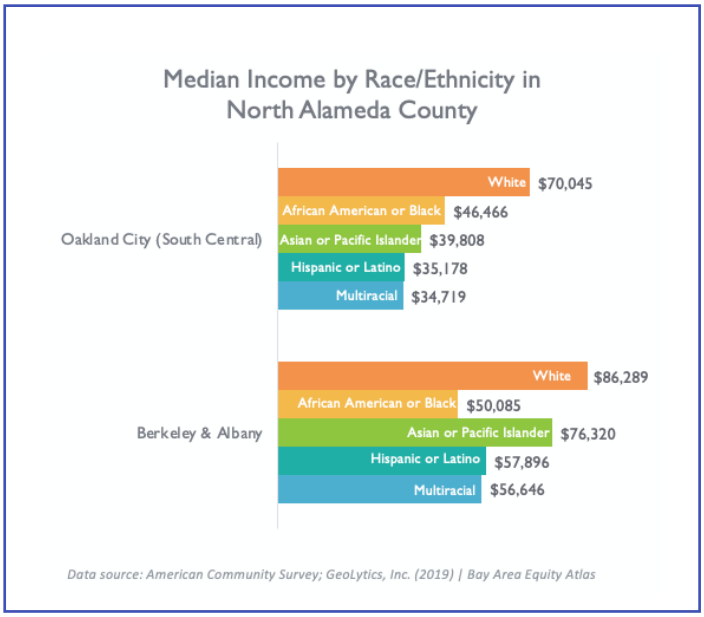

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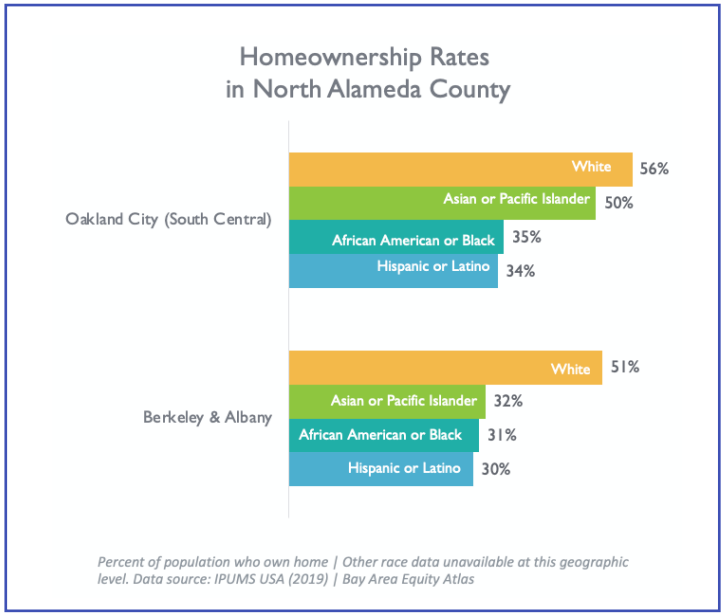


Data visuals created by ASR, 12/2021

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns, and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- 40% of key informants (17 of 43) identified food security as a top priority health need in Alameda County. Food security was discussed in 6 of the 9 focus groups, though none identified it as a top need.
- Many key informants spoke of a burgeoning "food as medicine" movement in Alameda County. This cross-sector approach links food distribution, healthcare, nutrition programming, agriculture, and employment to address multiple needs concurrently.
- Food banks provided food to many of the focus group participants, but focus group participants noted that much of the available food is canned or non-perishable rather than preferred fresh produce and meat, and few food banks offered culturally specific items such as tortillas or corn flour.
- Key informants in North Alameda County believe that CalFresh is an underutilized resource.

Focus group participant thoughts on FOOD SECURITY overall:

"I've been seeing folks having to make a conscious decision of staying housed, buying groceries, or paying their copay."

Inequities

- Key informants expressed particular concern for Alameda County populations at highest risk for food insecurity, including unhoused county residents and populations who may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families).
- Focus group participants in North Alameda County noted that undocumented residents experience disproportionately high rates of food insecurity, as they are often unable to utilize government resources.

Impact of COVID-19

- According to key informants, many Alameda County families experienced an increase in food insecurity due to the COVID-19 pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached.
- Key informants described the difficulty many Alameda County residents experienced trying to access food distribution services during the pandemic due to the switch from in-person to online registration and communication, which was difficult for residents already more likely to experience food insecurity (seniors, non-English speakers, visually impaired).
- Focus group participants reported that many small Alameda County grocery/convenience stores closed because of the pandemic, and remaining stores raised food prices, especially for fresh produce.

Focus group participant thoughts on FOOD SECURITY and COVID-19:

"During the epidemic, many food shops have closed. Now the price is so high that we can't afford it."

Food Security

- Key informants in North Alameda County noted that many residents (even those with moderate income) experienced food insecurity during the pandemic because of job loss or reduced work hours.

Communities Disproportionately Impacted

Based on Priority Community Profiles

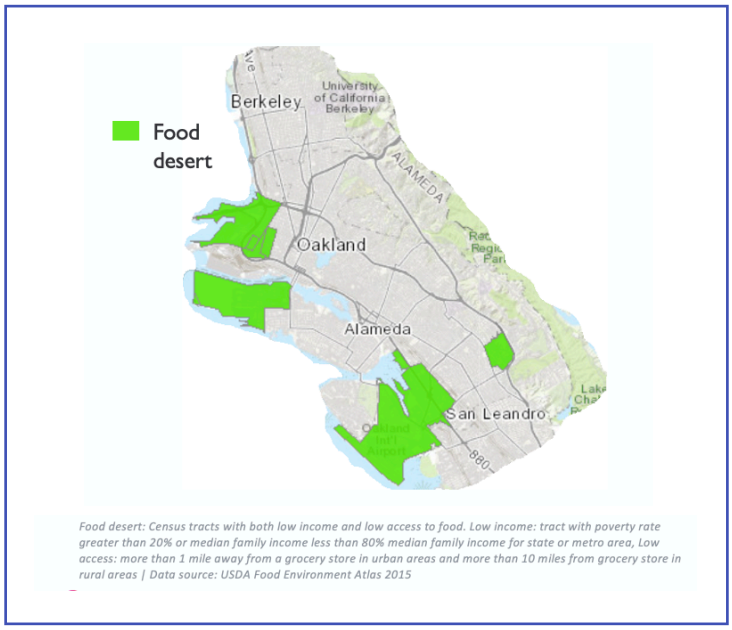
- Supermarket access in Oakland's least healthy Census Tract (according to the Healthy Places index) is nearly in the bottom third of CA communities (35%), substantially worse than the city overall which ranks better than 87% of CA communities.

Food Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, 10% of children live in food insecure households.
- Alameda County has just under 140,000 adults and children receiving CalFresh food assistance.
- In North Alameda County, 9% of residents are food insecure.
- A number of Oakland neighborhoods are food deserts with low access to grocery stores.
- A number of ZIP Codes with Black/African American and Latinx (Hispanic) populations larger than the county average (Oakland) have SNAP enrollment higher than the CA average.

Data visuals created by ASR, 12/2021

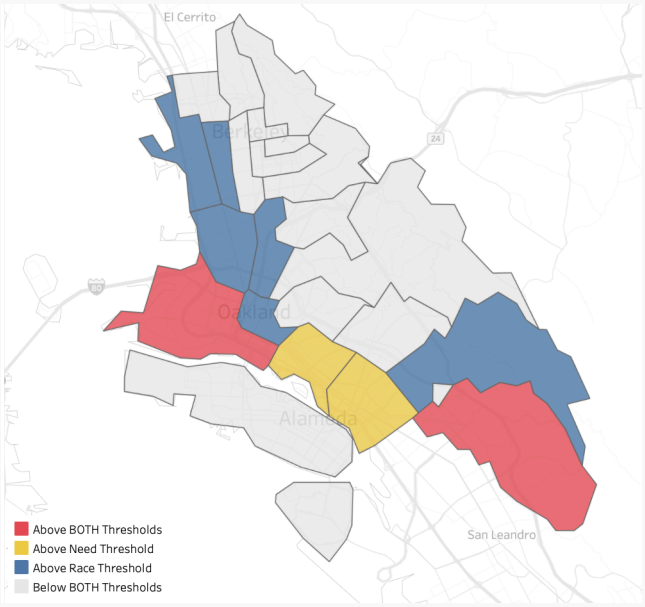


Data visuals created by ASR, 12/2021

Food Security

SNAP ENROLLMENT, NORTH ALAMEDA COUNTY
2015-2019

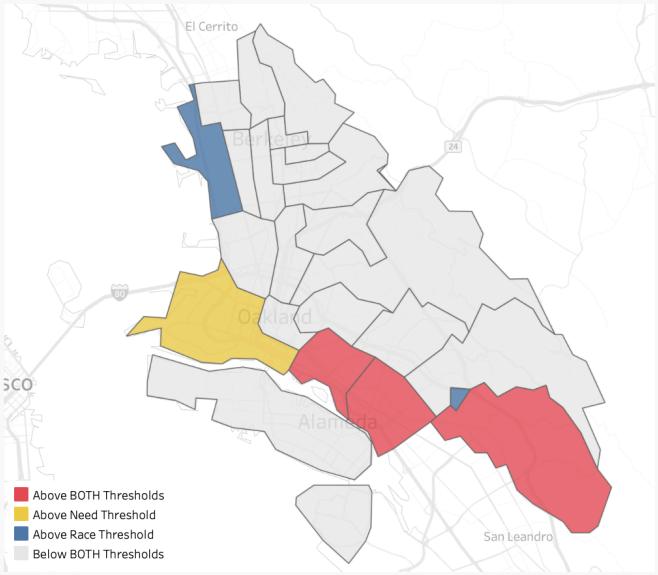
Areas shaded in red are ZIP codes with a Black /African American population greater than 15% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, NORTH ALAMEDA COUNTY
2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 17% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 14% of key informants (6 of 43) and 2 of 9 focus groups identified transportation as a top priority health need for Alameda County.
- According to key informants, public transit in Alameda County needs improvement and expansion, especially to underserved neighborhoods where residents are less likely to own/have access to reliable vehicles.
- Focus group participants described transportation as prohibitively expensive in Alameda County.
- Many focus group participants reported using public transit, especially buses, but noted safety concerns.
- Key informants from North Alameda County noted that lack of reliable, accessible, and affordable transportation is a barrier to accessing healthcare.

Key informant thoughts on TRANSPORTATION inequities:

"Transit operations were significantly impacted (cut off services); transit agencies are relying on COVID-relief federal funding."

Inequities

- Key informants frequently mentioned that Alameda County agencies/clinics should consider mobile or door-to-door services for those who are homebound or have difficulty traveling to appointments.
- Key informants linked transportation to increased air pollution particularly in underserved areas of the County, describing that pollution exacerbates acute and chronic conditions (specifically asthma) that are disproportionately experienced by these communities.
- Key informants from North Alameda County noted that public transit in West Oakland in particular is inadequate.
- Key informants in North Alameda County noted that seniors often have difficulty accessing healthcare because they may not have reliable or accessible transportation.

Key informant thoughts on TRANSPORTATION inequities:

"East Oakland is typically a resource desert, not a lot of jobs, transportation is hard in terms of it being more expensive and taking longer to take folks from east Oakland to other parts of town."

Transportation

Impact of COVID-19

- A number of key informants noted that the pandemic necessitated a switch to drive-through services (e.g., food banks, medical clinics, COVID-19 vaccinations), but this presented an access barrier for Alameda County residents without a car.
- Many focus group participants reported that their reliance on public transit enhanced concerns about COVID-19 exposure.
- Key informants in North Alameda County noted that due to COVID-19, public transit services were cut and relied on federal relief funding to stay operational.

Communities Disproportionately Impacted

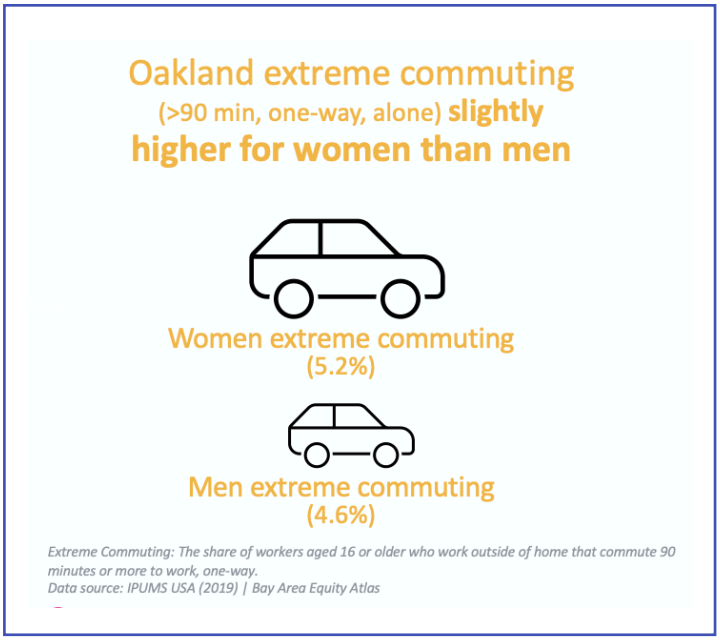
Based on Priority Community Profiles

- Oakland's least healthy Census Tract (according to the Healthy Places index) ranks in the bottom 2% of CA communities on transportation measures (active commuting, automobile access).

Transportation Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the percentage of workers driving alone with long commutes is higher than the state average (11 versus 13%).
- In Oakland, extreme commuting (90 minutes or more, one way) was slightly higher for women than men (5.2 versus 4.6%) and highest among Whites versus any other race.



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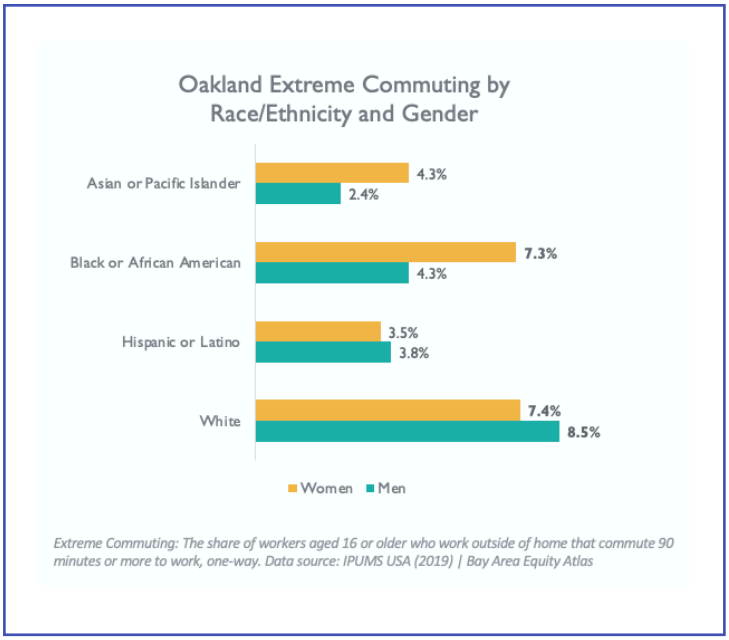

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Tri-Valley Area Health Needs (In Rank Order)

Behavioral Health

Structural Racism

Economic Security (tied for third)

Housing and Homelessness (tied for third)

Healthcare Access and Delivery

Community and Family Safety (tied for fifth)

Food Security (tied for fifth)

Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American, Latinx community members.

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- Almost all key informants (93%; 40 of 43) and 2 of 9 focus groups identified behavioral health as a top priority health need in Alameda County.
- Many key informants stated that behavioral health concerns are the number one health issue for the communities they serve in Alameda County. They described intense distress about the level of need among their clients, especially as much of the current need is going untreated.
- Focus group participants and key informants reported a high need for behavioral health services for Alameda County children and that there are long wait times for services. According to key informants, school-based behavioral health services, described as the most convenient and cost-effective way to reach children, were largely unavailable during the pandemic and have yet to return fully to many schools.
- Key informants serving Tri-Valley stated that behavioral health does not discriminate based on age, race, or socio-economic status, and that, especially after the trauma of the pandemic, behavioral health is a crisis across all populations.

Key informant thoughts on BEHAVIORAL HEALTH inequities:

"[The] biggest concern is suicidal ideation. There is no follow-up from 5150s when a kid is sent back to school. Students don't have access to quality psychiatric care."

Inequities

- Many focus group participants of color or from immigrant communities have experienced or continue to experience trauma due to racially or culturally motivated violence.
- Key informants described a lack of bilingual and bicultural behavioral health providers in Alameda County, stating that patients prefer and feel more comfortable with a racially or culturally congruent provider. Focus group participants expressed frustration with long waitlists for behavioral health services for those who do not speak English or need a provider with specialist training.
- Key informants pointed to a shortage of trained Alameda County providers for LGBTQIA+ residents; LGBTQIA+ focus group participants spoke of the intense trauma that many within their community have experienced and continue to live with, and the significant barriers to receiving the behavioral health services needed to recover and heal.

Focus group participant thoughts on BEHAVIORAL HEALTH inequities:

"[The] LGBT community doesn't have good resources for them to access care…Fremont has a center but not one in our area."

Behavioral Health

- Focus group participants in the Tri-Valley area explained that there is often a long waiting list to see a mental health provider, specifically citing a shortage of Spanish-speaking therapists.
- Key informants noted disparities based on geography, explaining that many mental health providers are centralized in Oakland and San Francisco, and not in the Tri-Valley area.

Impact of COVID-19

- The pandemic exacerbated existing behavioral health issues among Alameda County residents, according to many key informants and focus group participants, and caused feelings of depression, anxiety, fear, boredom, isolation, and despair.
- Many key informants noted mixed results from the switch to phone/online behavioral health services during the pandemic, describing that some patients preferred remote care, which reduced COVID-19 exposure and removed transportation barriers. Key informants reported that other Alameda County residents, who lacked privacy, a computer/phone with a reliable Internet connection, or the technological know-how to navigate e-visits, were effectively cut off from receiving behavioral health services.
- According to key informants in the Tri-Valley area, mental health, already poor, is now at a critical level after the fear, anxiety, stress, job loss, isolation, and lack of trust that resulted from the pandemic.
- Focus group participants in the Tri-Valley area stated that the pandemic had a negative impact on mental health from fear of being out in public, using public transportation, and stigma about mask wearing. Participants felt that children faced significant stress and anxiety because of the pandemic.
- Tri-Valley key informants stated that the pandemic had a major impact on the mental health of youth, citing an increase in suicide attempts, suspensions, and behavioral issues. Key informants believed that Social and Emotional Learning strategies need to be better integrated into school curricula, that training for staff on what to do if they encounter someone who is suicidal could be beneficial, and that both students and parents need resources to help them develop coping mechanisms.

Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- No secondary data were available specific to the Tri-Valley area.

Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further.

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- 28% (12 of 43) of key informants listed structural racism as a top priority health need for Alameda County and reported that structural racism is a contributor to other health needs.
- Structural racism has a profound effect on health, according to key informants. Race-based inequalities in access to and provision of healthcare keep many children and adults of color from receiving necessary physical or behavioral health treatment, and the care they do receive is often not culturally or linguistically competent.
- Key informants serving the Tri-Valley area pointed out the importance of considering the social determinants of health, and the need for providers to look at factors like housing, job stability, and food security, rather than a simply medical approach, in order to address structural racism's impact on health.
- Structural racism was mentioned by Tri-Valley key informants as contributing to concerns of community and family safety. Comments and incidents of "Asian hate" were specifically mentioned, as well as students and parents of color not feeling like schools are safe and welcoming places for them.

Focus group participant thoughts on STRUCTURAL RACISM overall:

"People of color, especially African Americans, have a disproportionate economic standing."

Key informant thoughts on STRUCTURAL RACISM overall:

"There is a lot of hate in the community right now that is being fanned, racist and homophobic comments."

Inequities

- Key informants described how racial, social, and economic inequalities have led to housing insecurity in Alameda County. When people of color become unhoused, they face barriers to accessing and receiving services and housing support. A few key informants pointed out that trans people of color, especially trans women of color, are particularly vulnerable to becoming unhoused.
- Several key informants expressed concern about inequitable practices within the educational system in Alameda County and that school systems are not adequately supporting students of color. They believe this creates a disconnect between schools and communities of color, particularly for Black/African American communities, and work needs to be done to make schools more welcoming, inclusive, and safe places for children.
- Key informants perceived that people of color in Alameda County are more likely to experience violence through crime, interpersonal aggression, and/or police brutality, reporting that violence disproportionately affects young men of color (teens-30s).

Structural Racism

- Tri-Valley Key informants pointed to inequities in access to care in low-income, underserved, Black/African American populations and called for diverse and culturally competent providers.
- Multiple key informants serving the Tri-Valley area pointed to a disparity in infant mortality in the Black/African American community and cited factors like a lack of culturally competent care, having to choose between significant others and doulas in the delivery room due to the pandemic, shortcomings in post-natal care, and racial tension and anxiety due to the pandemic.
- Key informants in the Tri-Valley area stated that communities of color faced disparities in accessing affordable transportation, acting as a barrier to accessing healthcare.
- Focus group participants in Tri-Valley stated that communities of color faced barriers to living a healthy lifestyle, specifically citing the lack of parks in urban areas.

Impact of COVID-19

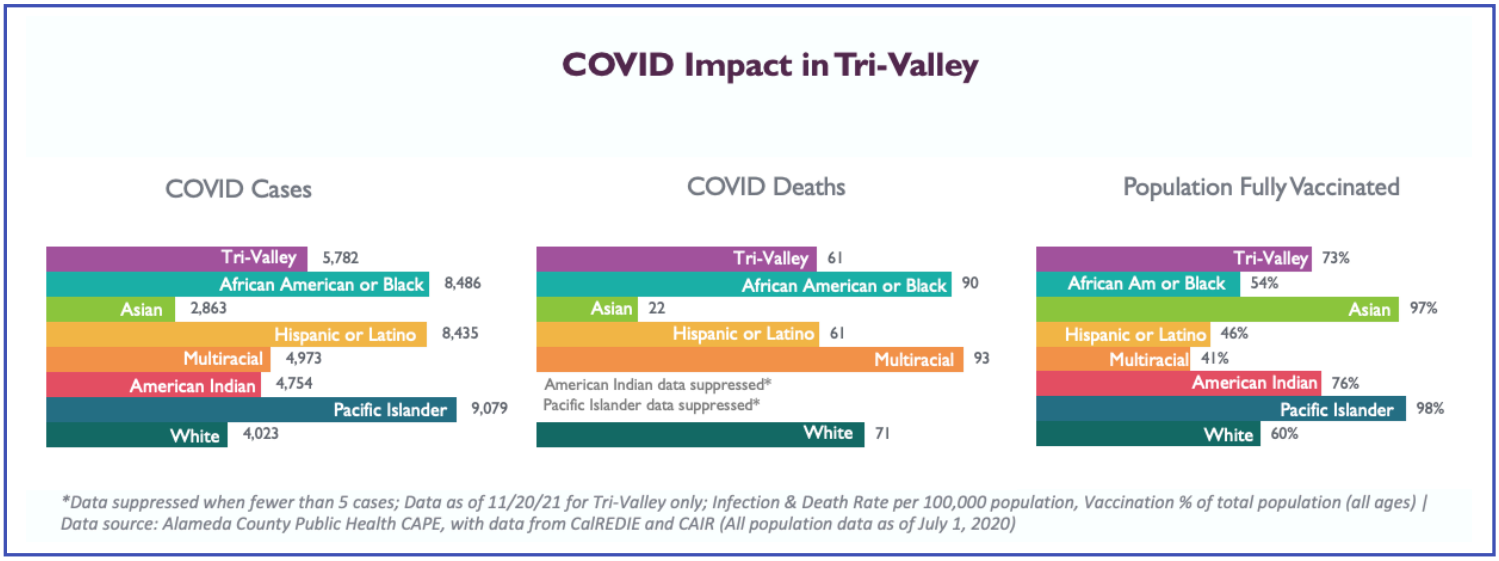
- Tri-Valley focus group participants felt that communities of color were disproportionately impacted by the COVID-19 pandemic.

Structural Racism Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In the Tri-Valley cities of Pleasanton, Livermore and Dublin, median income is highest among Asians ($91,000-$130,000) and lowest among Latinx (Hispanic) populations ($52,000-$74,000).
- As of Nov 2021, COVID death rates for Multiracial and Black/African American residents of Tri-Valley were 1.5 times higher than the Tri-Valley general population.
- In the Tri-Valley area, premature births are highest among Black/African American women (8%) and lowest among White women (6%).
- In the Tri-Valley area, white women have the lowest incidence of low-birth weight births (4%). This indicator is highest among Asian and multi-racial women (7% and 8% respectively).

Structural Racism



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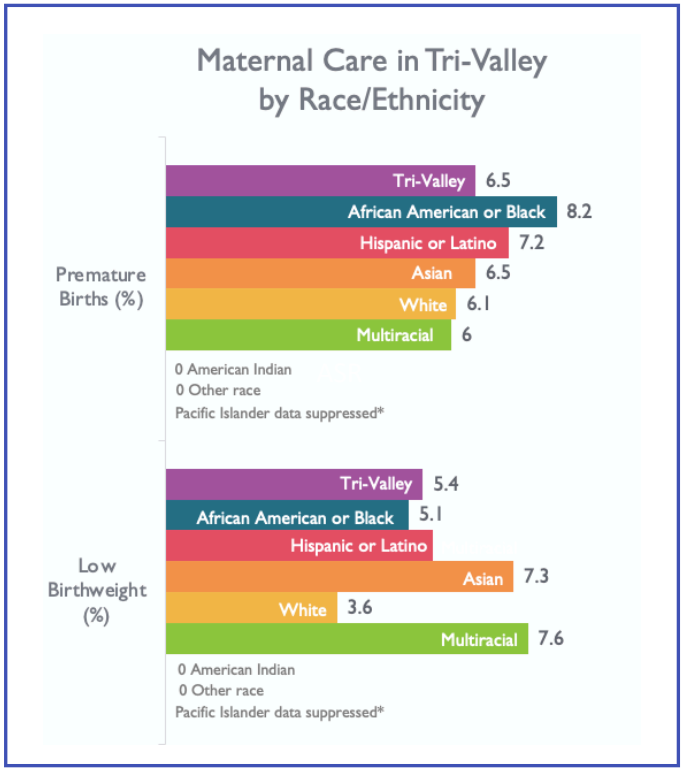


Data visuals created by ASR, 12/2021

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- Most key informants (74%; 32 of 43) and 6 of 9 focus groups identified economic security as a top priority health need in Alameda County.
- Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living.
- Several focus group participants described the challenge of having income too high to qualify for assistance (e.g. Medi-Cal) but not making enough money to cover basic needs.
- A number of key informants highlighted the interconnected nature of employment and behavioral and physical health. For many people, health insurance is tied to employment – job loss threatens access to healthcare for a whole family. Alameda County residents working at jobs without healthcare benefits or with limited sick time are particularly vulnerable to stress, anxiety, and poor health outcomes.
- Focus group participants identified two major Alameda County employment challenges: 1) low-wage jobs requiring lengthy commutes and 2) the need to work multiple jobs simultaneously to afford basic needs.
- Focus group participants believed there were not enough employment opportunities in the Tri-Valley area that paid enough to be able to afford the expensive rents in the area. They said that residents are moving away from the Tri-Valley because of housing prices.
- Key informants serving the Tri-Valley area pointed to an income gap impacting the ability of many to access care: those making too much to be eligible for Medi-Cal yet not enough to afford private insurance. They also mentioned gentrification leaving families unable to afford life in their changing communities, yet simultaneously not having the means to move.

Focus group participant thoughts on ECONOMIC SECURITY overall:

"I'd be working 12 hours a day, 13, 14 hours a day and then commuting three hours each way, so that's like a 20-hour day. I did that for six years and it almost killed me."

Focus group participant thoughts on ECONOMIC SECURITY inequities:

"People of Color, especially African Americans have a disproportionate economic standing, and most of them do not have health insurance because of costs (can't afford it), especially if they come from an immigrant community (because they are ineligible or because they are scared)."

Inequities

- People of color, undocumented residents, youth, seniors, formerly incarcerated individuals, "lower-skilled" workers, parents without childcare and LGBTQIA+ individuals, were mentioned by focus group participants as most likely to face employment roadblocks in Alameda County and the Tri-Valley area.
- Key informants promoted the idea of universal basic income for Alameda County residents as a strategy (with evidence of success) for ending the cycle of poverty and the potential to address wrongs instigated by structural racism.

Economic Security

- Key informants pointed to significant disparities in income in Pleasanton, Dublin, and Livermore, with many residents having significant means and others having little. They stated that many families are struggling to stay in the area for jobs and school, despite it being difficult to afford the cost of living.

Impact of COVID-19

- Key informants and focus group participants reported extensive job loss due to the pandemic, reporting that despite a strong job market, many Alameda County residents are not working and are experiencing increased food insecurity, homelessness, and significant mental health issues.
- Focus group participants in the Tri-Valley area said that small businesses struggled to survive the pandemic. This had a ripple effect throughout the economy, leading to loss of income and unemployment and subsequently housing.

Communities Disproportionately Impacted

Based on Priority Community Profiles

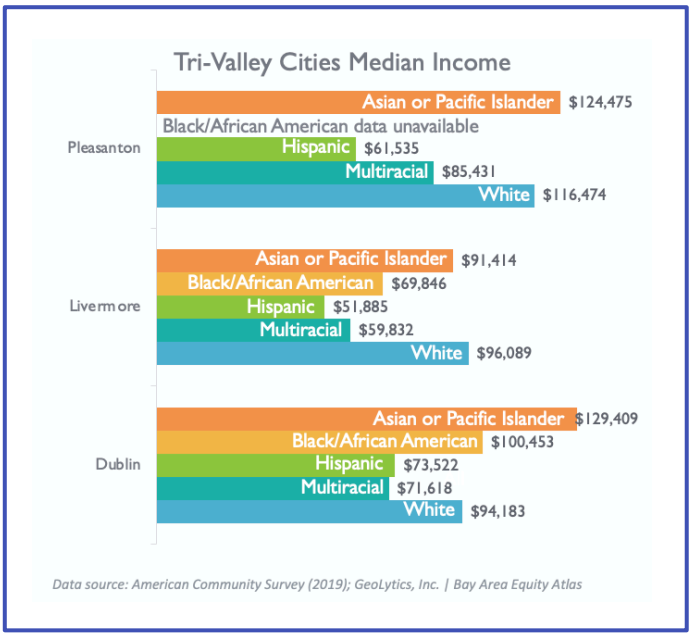
- Livermore's least healthy Census Tract (according to the Healthy Places Index) performs worse than 48% of CA communities on economic security measures; this is substantially worse than Livermore overall, which ranks in the top 10% of CA communities.

Economic Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In the Tri-Valley cities of Pleasanton, Livermore and Dublin, median income is highest among Asians or Pacific Islander ($91,000-$130,000) and lowest among Latinx (Hispanic) populations ($52,000-$74,000).

Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- Almost all key informants (91%; 39 of 43) and nearly half of focus groups (4 of 9) identified housing and homelessness as a top priority health need in Alameda County.
- Alameda County key informants and focus group participants concurred that housing challenges negatively impact residents' ability to obtain other basic needs (food, employment, healthcare, and childcare) and result in poor mental and physical health.
- County residents needing assistance with housing often need assistance in other areas, which makes for complex case management, according to key informants. Agencies assisting residents with these needs are overwhelmed and unable to meet demand for services.
- Key informants stated that housing costs are prohibitively high for many residents of Alameda County and that there are insufficient affordable housing units; this results in limited neighborhood choice and forces some residents to tolerate unhealthy, overcrowded, or unsafe living conditions.
- Focus group participants in the Tri-Valley area felt that those experiencing homelessness are facing co-occurring issues and barriers to health, such as food insecurity and mental health issues.

Key informant thoughts on HOUSING AND HOMELESSNESS and inequities:

"[I] can't stress enough how we need to create sustainable housing. People in the suburbs and east (i.e., Livermore) are house poor, in fragile health and isolated. People [who] can't pay taxes on their home are behind on paying mortgages and when they lose assets, they lose everything. The magnitude of the crisis is huge."

Inequities

- Specific Alameda County populations are more likely to become unhoused, and key informants expressed concern that not enough housing support is available for these vulnerable groups: Black/African American, Latinx, immigrants, LGBTQIA+, seniors, people fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction.
- According to key informants, Alameda County seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors.
- Focus group participants in the Tri-Valley area felt that community resources for homeless veterans are insufficient or non-existent, and that those needing help have to go out of county to get it.

Impact of COVID-19

- Key informants reported that the pandemic has caused data collection on the unhoused population to all but cease, making it difficult to thoroughly understand current needs.

Housing and Homelessness

- According to focus group participants, many Alameda County residents living on the edge of homelessness have been pushed into overcrowded living conditions. They believe this led to increased transmission of the COVID-19 virus.
- The end of the COVID-19 eviction moratorium, which protected many Alameda County residents from losing their housing, was a pressing issue for key informants who expressed fear about the potentially devastating impact for residents living on the edge of homelessness.
- Tri-Valley focus group participants felt that the housing crisis was exacerbated by the COVID-19 pandemic. They also said that laws and resources that supported renters during the pandemic had been critically important.
- Key informants asserted that the Tri-Valley area is an expensive place to live, with many families struggling to support themselves on an income that is inadequate compared to the cost of living. The pandemic made the existing problem worse, with many families losing jobs and needing to make difficult decisions about how to divide their resources to pay for basic needs like housing, childcare, and food.
- Key informants also noted a lack of affordable housing in the Tri-Valley area, made worse by the pandemic, which has led to an increase in overcrowded homes.

Focus group participant thoughts on HOUSING AND HOMELESSNESS and COVID-19:

"Many of the families that I know in this area of the valley live with two or three other families in a single house due to the cost of the houses. For that reason when the pandemic occurred there was a very high contagion."

Communities Disproportionately Impacted

Based on Priority Community Profiles

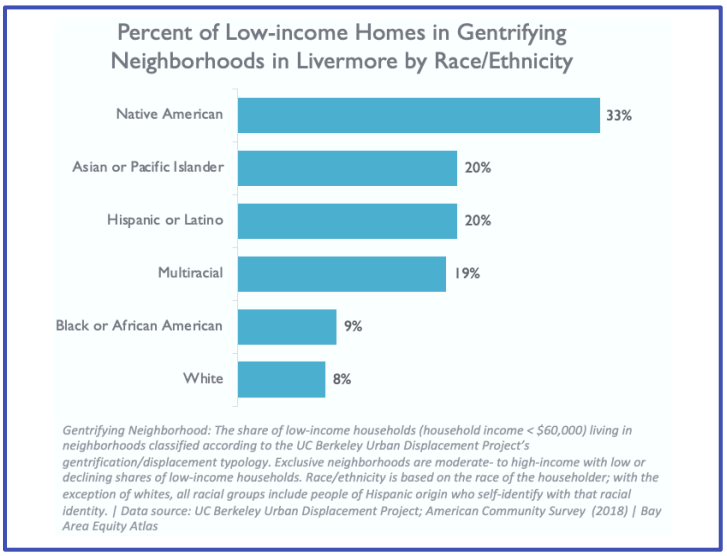
- Livermore's least healthy Census Tract (according to the Healthy Places index), where 48% of residents are Latinx, ranks in the bottom half of (40%) of all CA communities for housing quality/affordability.

Tri Valley Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the median rental cost is 17% higher than the state average ($1,972 versus $1,689).
- Alameda County rates worse on the housing affordability index than the CA average (77 versus 88).
- One tenth of low-income households and one fifth or more of multiracial, Latinx, Asian/Pacific Islander and Native American community members in Livermore live in gentrifying neighborhoods.

Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include: insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- 79% of the key informants (34 of 43) and 4 of 9 focus groups identified healthcare access and delivery as a top priority health need for Alameda County.
- Key informants described inadequate partnership between healthcare and community organizations that has limited information and data sharing, failed to capitalize on existing trust-based community relationships, and hindered innovation around care provision models that reach underserved communities such as mobile, or pop-up clinics.
- Several key informants mentioned that the cost of care and insurance is a barrier to accessing quality healthcare in the County.
- Focus group participants in the Tri-Valley area discussed how the switch to telehealth that resulted from the pandemic increased access to care for some, particularly those who rely on public transportation, who found Zoom appointments much more convenient than having to take the bus. For others, specifically seniors, the switch to telehealth was problematic. Focus groups participants said that their inability to utilize technology effectively was a major barrier in accessing telehealth care.
- Key informants noted that many specialty services are located in Oakland or San Francisco. This is a barrier to healthcare access for many in the Tri-Valley area who don't have adequate means of transportation.

Key Informant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:

"Livermore has more of the low-income, monolingual Spanish-speaking and farm worker communities. They totally lack health equity across the board. There is no health system out there that supports them and who they are… [Hospitals] would have to do a lot of outreach and engagement to get the trust of these [low-income, monolingual Spanish-speaking] communities."

Inequities

- Key informants reported an urgent need for more access to dental care in County areas with underserved populations.
- Focus group participants and key informants perceived Alameda County healthcare providers' increasing reliance on online communications/appointments as helpful for many, increasing the likelihood that needed care was received and eliminating transportation challenges. At the same time, there were concerns that the pivot to online services impeded healthcare access and delivery for populations that lack reliable internet or an understanding of technology, especially seniors, those with certain disabilities, non-English speakers, and undocumented residents.
- Focus group participants and key informants emphatically stated that language and cultural barriers persist within healthcare settings in Alameda County, specifically citing a lack of interpreters for diverse languages, which disincentivizes many residents from seeking needed care.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:

"This is more of a need in the Livermore area. At the homeless hotel for COVID in the Livermore area that provided a medical van, [a person] disclosed that it was their first time in 10-20 years being seen by a doctor)."

Healthcare Access and Delivery

- Key informants said that partnerships between Alameda County health care and community-based organizations can be particularly useful when serving populations requiring specific skills or expertise, such as migrants or refugees, people who identify as LGBTQIA+, those who are unhoused, and adolescents and teens. Individuals in these group may be more likely to seek out necessary healthcare when an entity representing their perspective is involved.
- Focus group participants discussed how a lack of Alameda County healthcare providers with specialized training for working with specific populations serves as a barrier to care. LGBTQIA+ focus group participants described interactions with providers who misgendered them, identified them by former names, and seemed unaware of appropriate LGBTQIA+ terminology, leaving patients feeling judged, discriminated against, and less likely to continue care.
- Tri-Valley key informants pointed to inequities in access to care in low-income, underserved, Black/African American, and LGBTQIA+ populations and called for diverse and culturally competent providers.
- Key informants and focus group participants in the Tri-Valley area cited a lack of providers and difficulty getting an appointment as issues contributing to healthcare access and delivery and mentioned specific communities facing inequities in accessing care: Latinx, undocumented people, veterans, seniors, and unhoused populations.
- Tri-Valley key informants mentioned a rapidly increasing Asian population in the Tri-Valley area. Issues of access have arisen due to the multitude of languages spoken and a lack of providers and interpreters who speak these languages. Similarly, key informants noted a recent increase of Mam (a Mayan language) speakers in the Tri-Valley area, who also lack sufficient providers and interpreters that speak their language.

Impact of COVID-19

- A number of key informants described County residents' continuing resistance to COVID-19 vaccines, due in part to mistrust of medical professionals, suggesting that work is necessary to build trust and overcome vaccine hesitancy.
- Key informants serving the Tri-Valley area pointed to some positive things to come out of the pandemic, including expanded options for patients to see providers out of their area via telehealth, and increased collaboration among community entities to figure out solutions to providing care faster.

Communities Disproportionately Impacted

Based on Priority Community Profiles

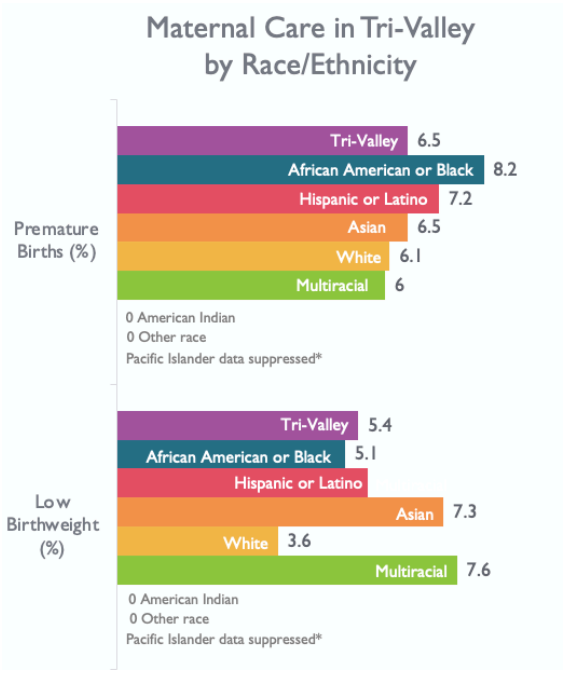
- The percentage of uninsured residents in Livermore's least healthy Census Tract (according to the Healthy Places index) is nearly double the Alameda County average (10% versus 6%).

Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

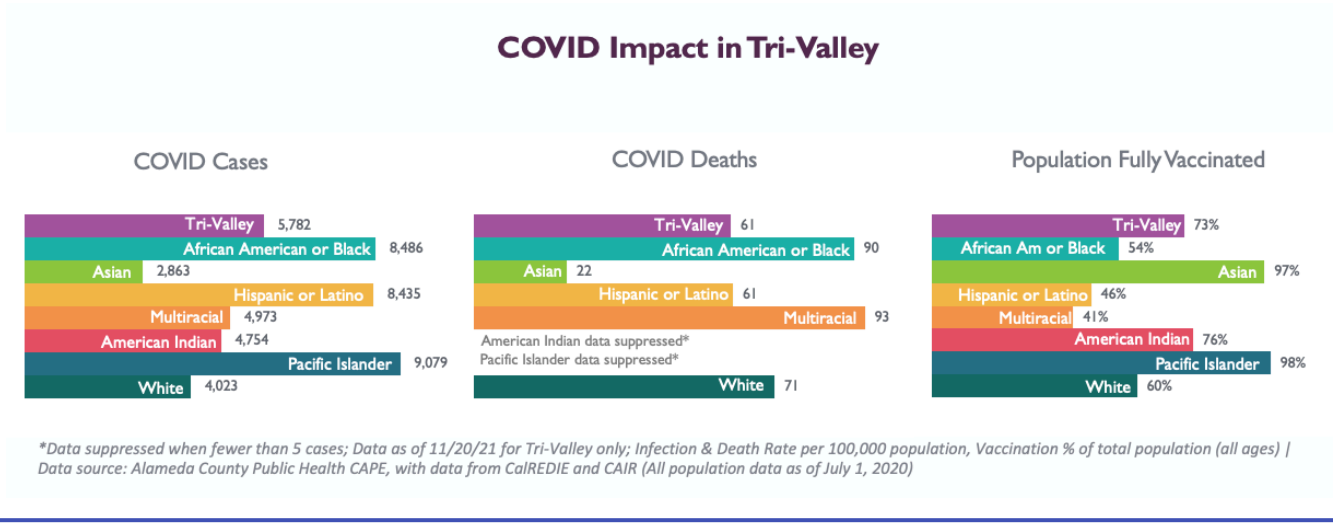
- In the Tri-Valley area, premature births are highest among Black/African American women (8%) and lowest among White women (6%).
- In the Tri-Valley area, white women have the lowest incidence of low-birth weight births (4%). This indicator is highest among Asian and multiracial women (7% and 8%, respectively).
- In the Tri-Valley area, deaths from COVID-19 are highest among Black/African American and multi-racial residents (90 and 93 per 100,000 respectively, compared to the Tri-Valley average of 61).

Healthcare Access and Delivery



**Data suppressed when fewer than 10 cases. Terms Defined: low birthweight (<2,500 grams) / preterm birth defined as < 37 weeks. Data source: ACPHD CAPE (Community Assessment, Planning, and Evaluation), with data from CCBF 2016-2020*

Data visuals created by ASR, 12/2021



**Data suppressed when fewer than 5 cases; Data as of 11/20/21 for Tri-Valley only; Infection & Death Rate per 100,000 population, Vaccination % of total population (all ages) | Data source: Alameda County Public Health CAPE, with data from CalREDIE and CAIR (All population data as of July 1, 2020)*

Data visuals created by ASR, 12/2021

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 26% of key informants (11 of 43) and 4 of 9 focus groups listed community and family safety as a top priority health need in Alameda County.
- Focus group participants linked mental illness, domestic violence, and neighborhood blight to community crime and violence in Alameda County.
- Key informants noted a recent dramatic rise in gun violence in East and West Oakland, causing physical and mental trauma, causing fear of gun-related crime that prevents residents from accessing medical care.
- Several Tri-Valley focus group participants believed that many community parks, particularly in Central and East County, had become places of illicit activities, specifically alcohol and drug use, that made their neighborhoods less safe.
- Tri-Valley key informants discussed domestic violence and a lack of safe outdoor spaces to exercise and recreate as being primary concerns about community and family safety.

Inequities

- Many Alameda County key informants perceived community and family violence as a symptom of trauma due to racism and stated that eliminating racism across all sectors will promote healing and safety, preventing trauma before it happens.
- Key informants pointed to a rise in violent crime directed at Alameda County's Asian communities.
- Focus group participants and key informants reported that Alameda County's Black/African American communities suffered more threatening behavior and targeted attacks than other racial/ethnic groups, likely a result of the social and political upheaval in 2020 and 2021.
- Structural racism was mentioned by Tri-Valley key informants as contributing to concerns of community and family safety. Incidents of "Asian hate" were specifically mentioned, as well as students and parents of color not feeling like schools are safe and welcoming places for them.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and inequities:

"Violence disproportionately affects young men (upper teens, 20s, 30s), African American men the most, though also Black/Brown."

Community and Family Safety

Impact of COVID-19

- Many focus group participants felt that Alameda County communities had become less safe during the COVID-19 pandemic. LGBTQIA+, seniors, and Black/African American focus group participants expressed fear of violence while out in public, and perceived law enforcement as not adequately present or effective in managing crime.
- Tri-Valley key informants discussed fear and anxiety surrounding contracting COVID-19 as a threat to community and family safety. Key informants said that residents had been afraid to send their children to school, visit their doctor to receive care, go into public spaces such as grocery stores, and to take public transportation. Informants believe that the fear is subsiding, but trauma from these experiences remains.

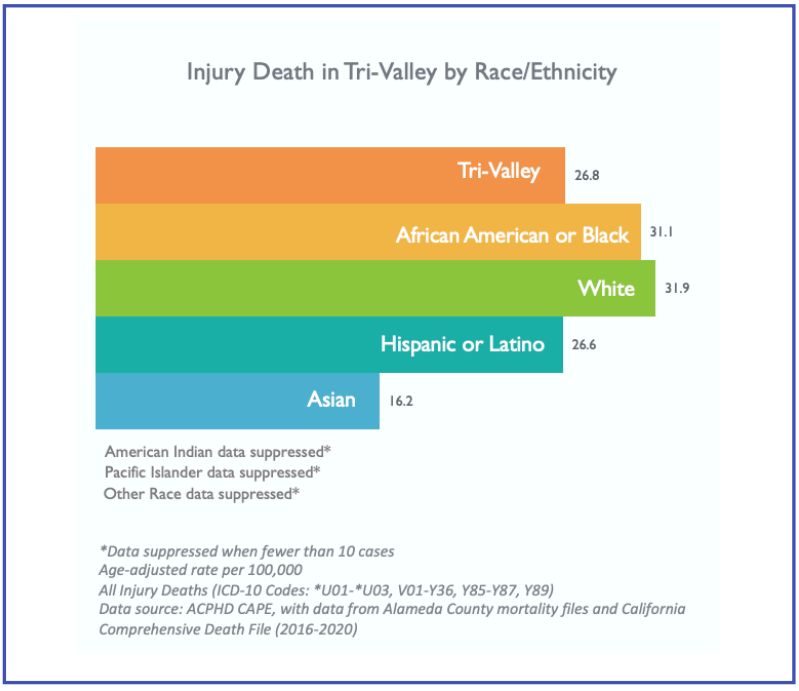
Key informant thoughts on COMMUNITY AND FAMILY SAFETY and COVID-19:

"Because the administration was painting COVID with terms like "kung flu" our community [Asian] became scared to come out. So many attacks, assaults, and shootings, that people don't want to come in for services."

Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- White and Black/African Americans in the Tri-Valley area have higher rates of injury death than the Tri-Valley area average (32 and 31 versus 27 per 100,000 respectively).



Data visuals created by ASR, 12/2021

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns, and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- 40% of key informants (17 of 43) identified food security as a top priority health need in Alameda County. Food security was discussed in 6 of the 9 focus groups, though none identified it as a top need.
- Many key informants spoke of a burgeoning "food as medicine" movement in Alameda County. This cross-sector approach links food distribution, healthcare, nutrition programming, agriculture, and employment to address multiple needs concurrently.
- Food banks provided food to many of the focus group participants, but focus group participants noted that much of the available food is canned or non-perishable rather than preferred fresh produce and meat, and few food banks offered culturally specific items such as tortillas or corn flour.
- Focus group participants in the Tri-Valley area noted that "lifestyle diseases," such obesity and diabetes, were prevalent in the community and that this was a result of inequities among neighborhoods, particularly inequitable access to healthy and affordable foods.
- Tri-Valley key informants pointed to the Alameda County Food Bank and Open Heart Kitchen as important community resources.

Focus group participant thoughts on FOOD SECURITY overall:

"Providing free meals has been huge. Our city and school district have partnered with food banks so they can offer groceries."

Key informant thoughts on FOOD SECURITY overall:

"Trends and numbers have gone up exponentially. Everyone was shocked by the high numbers in Pleasanton. We are seeing a lot of people who are new to food insecurity."

Inequities

- Key informants expressed particular concern for Alameda County populations at highest risk for food insecurity, including unhoused county residents and populations who may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families).
- Focus group participants in the Tri-Valley area specifically called out children, single parents, and people experiencing homelessness as populations that are experiencing significant food insecurity.
- Key informants explained that there are many people new to food insecurity in the community and that resources need to be mindful of cultural dietary patterns when serving diverse populations. Key informants stated a need for more interpreters to help serve the Tri-Valley's linguistically diverse community who can help advocate for culturally specific food needs.
- According to key informants, seniors often do not cook for themselves, instead relying on microwaveable or canned food. Meals on Wheels was mentioned as an important resource for providing nutritious meals to Tri-Valley senior residents.

Food Security

Impact of COVID-19

- According to key informants, many Alameda County families experienced an increase in food insecurity due to the pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached.
- Key informants described the difficulty many Alameda County residents experienced trying to access food distribution services during the pandemic due to the switch from in-person to online registration and communication, which was difficult for residents already more likely to experience food insecurity (seniors, non-English speakers, visually impaired).
- Focus group participants reported that many small Alameda County grocery/convenience stores closed because of the pandemic, and remaining stores raised food prices, especially for fresh produce.
- According to key informants, food insecurity is on the rise in the Tri-Valley area, especially among the Asian community in Pleasanton. The pandemic made an existing problem worse, with many families losing jobs and needing to make difficult decisions about how to divide their resources to pay for basic needs such as housing, childcare, and food.

Food Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, 9% of people and 10% of children live in food insecure households.
- Alameda County has just under 140,000 adults and children receiving CalFresh food assistance.
- Multiple census tracts in Livermore are food deserts (defined as both low-income and low access to food, with the nearest grocery store being more than half a mile away).

Data visuals created by ASR, 12/2021

Data visuals created by ASR, 12/2021

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 14% of key informants (6 of 43) and 2 of 9 focus groups identified transportation as a top priority health need for Alameda County.
- According to key informants, public transit in Alameda County needs improvement and expansion, especially to underserved neighborhoods where residents are less likely to own/have access to reliable vehicles.
- Focus group participants described transportation as prohibitively expensive in Alameda County.
- Many focus group participants reported using public transit, especially buses, but noted safety concerns.
- Focus group participants in the Tri-Valley area linked transportation with health stating that traffic, road work and a lack of cheap public transportation options made it difficult for them to access health care/get to their appointments.
- Tri-Valley key informants mentioned residents having trouble accessing quality care and specialty services (particularly mental health services) that are often far away (in San Francisco or Oakland) when they don't have sufficient means of transportation.

Key informant thoughts on TRANSPORTATION and inequities:

"For low-income communities and communities of color, transportation and travelling to a site is a barrier. Older adults are also struggling with transportation."

Inequities

- Key informants frequently mentioned that Alameda County agencies/clinics should consider mobile or door-to-door services for those who are homebound or have difficulty traveling to appointments.
- Key informants linked transportation to increased air pollution particularly in underserved areas of the County, describing that pollution exacerbates acute and chronic conditions (specifically asthma) that are disproportionately experienced by these communities.
- Key informants in the Tri-Valley area stated that low-income communities, communities of color, and seniors faced disparities in accessing affordable transportation, acting as a barrier to accessing healthcare.

Key informant thoughts on TRANSPORTATION and COVID-19:

"The lack of infrastructure in the Tri-Valley has always been a problem (and it's been horrible during COVID). The Tri-Valley is so far from services provided in Oakland."

Impact of COVID-19

- A number of key informants noted that the pandemic necessitated a switch to drive-through services (e.g., food banks, medical clinics, COVID-19 vaccinations), but this presented an access barrier for Alameda County residents without a car.

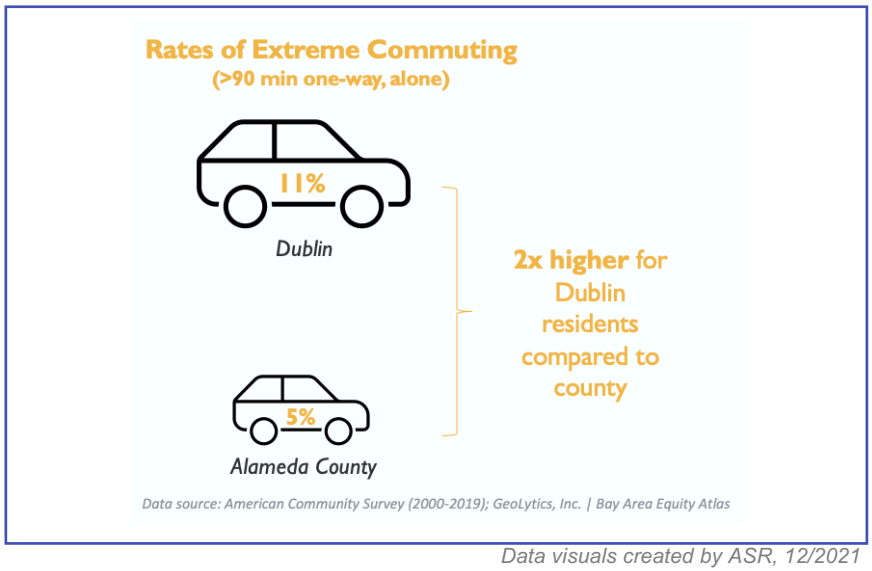
Transportation

- Many focus group participants reported that their reliance on public transit enhanced concerns about COVID-19 exposure.
- According to focus group participants and key informants in the Tri-Valley area, the COVID-19 pandemic made many afraid to take public transportation, making it difficult to get to work and to healthcare appointments. While informants believe the fear is subsiding, trauma from these experiences remains.

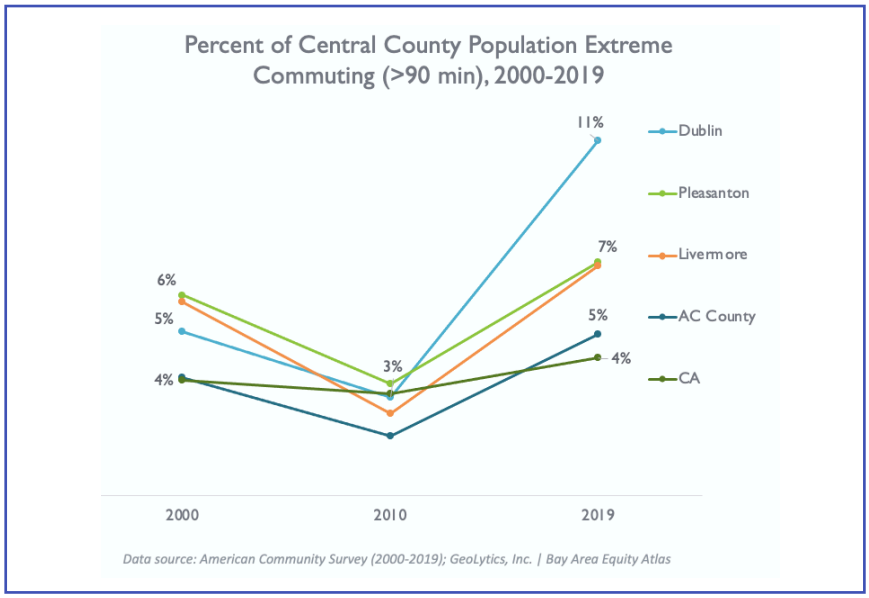
Transportation Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the percentage of workers driving alone with long commutes is higher than the CA average (11 versus 13%).
- Rates of extreme communing (>90 minutes one way) are twice as high for Dublin residents compared to Alameda County (11% vs 5%). Rates are also higher in Pleasanton and Livermore than the Alameda County average (7% vs 5%).



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Appendix H: Contra Costa and Alameda County Community Resources

CONTRA COSTA COUNTY

Behavioral Health:

- 12-Step programs: Al-Anon/Alateen, Alcoholics Anonymous, Narcotics Anonymous
- Child Abuse Prevention Council of Contra Costa County
- Contra Costa Crisis Center
- Contra Costa Health Services
- Fred Finch Youth and Family Services
- Girls, Inc.
- #hersmile Nonprofit
- HIV/AIDS Care and Treatment Program
- Jewish Family and Community Services East Bay
- John Muir Behavioral Health Center
- John Muir Health Adolescent, Adult, and Children's Psychiatric Programs
- Lincoln Families
- Mindful Life Project
- Monument Crisis Center
- Monument Impact
- National Alliance on Mental Illness (NAMI)
- Project Moorehouse
- Putnam Clubhouse
- Support4Recovery
- Ujima: East
- Village Community Resource Center
- YMCA of the East Bay

Community and Family Safety:

- Beyond Violence
- Building Blocks for Kids Collaborative
- Catholic Charities of the East Bay
- Center for Human Development
- Child Abuse Prevention Council of Contra Costa County
- Child Passenger Safety Program
- City of Richmond Office of Neighborhood Safety
- Community Violence Solutions
- Contra Costa Family Justice Centers

- First 5 Contra Costa County
- Girls Inc.
- Healthy and Active Before 5
- Healthy Richmond (sponsored by The California Endowment)
- KidPower
- The Latina Center
- Office of Neighborhood Safety
- One Day at a Time
- Reentry Success Center
- Richmond Police Department
- RYSE Center
- STAND! for Families Free of Domestic Violence
- Youth Intervention Network

Economic Security:

- America Works (formerly incarcerated)
- Brighter Beginnings
- Building Blocks for Kids Collaborative
- Contra Costa County Employment and Human Services
- East Bay Community Foundation
- East Bay Community Law Center
- East Bay Green Jobs Corps
- Ensuring Opportunity Contra Costa
- Opportunity Junction
- San Pablo Economic Development Corp.
- SparkPoint Bay Point, United Way Bay Area
- The Unity Council

Education:

- Antioch Unified School District
- Brentwood Union School District
- Building Blocks for Kids Collaborative
- Byron Union School District
- City of Antioch Recreation Department
- City of Dublin Parks and Community Services
- City of San Ramon Parks and Community Services
- CocoKids

- Contra Costa County Office of Education
- Contra Costa Early Head Start and Head Start
- East Bay Health Workforce Partnership
- First 5 Contra Costa
- John Swett Union School District
- Junior Achievement of Northern California
- Knightsen Elementary School District
- Liberty Union High School District
- Oakley Union Elementary School District
- Pittsburg Unified School District
- Richmond Promise
- San Ramon Union School District
- West Contra Costa Union School District

Food Security:

- 18 Reasons
- Catholic Charities of the East Bay
- Contra Costa County Food Resource
- Contra Costa County Nutrition Services: Women, Infants, and Children (WIC)
- Contra Costa Health Services
- Food Bank of Contra Costa and Solano County
- Fresh Approach
- Healthy Hearts Institute
- Loaves and Fishes of Contra Costa
- Meals on Wheels Diablo Region
- White Pony Express

Healthcare Access and Delivery:

- American Diabetes Association
- Antioch Health Center
- Bay Point Family Health Center
- Brentwood Health Center
- Brighter Beginnings
- California Department of Health Care Services
- CancerCare
- Community Oral Health Program
- Contra Costa Dental Clinics

- Contra Costa Dental Society
- Contra Costa Health Services
- Contra Costa School–Based Health Services
- Contra Costa Regional Medical Center
- DVC Community Dental Clinic
- Every Woman Counts
- Federally Qualified Health Centers:
    - Brighter Beginnings
    - Community Clinics
    - La Clínica (multiple locations)
    - LifeLong Medical Care (multiple locations)
    - Native American Health Center
    - Planned Parenthood (multiple locations)
    - RotaCare (multiple locations)
- Healthy Richmond
- HIV/AIDS Consortium
- Independent Living Resources
- Jewish Family and Community Services East Bay
- John Muir Behavioral Health Center
- John Muir Medical Center Concord
- John Muir Medical Center Walnut Creek
- John Muir Health Mobile Health Clinic
- John Muir Health Specialty Care Program
- Kaiser Permanente–Diablo (Antioch and Walnut Creek)
- Kaiser Permanente–East Bay (Oakland and Richmond)
- La Clinica de la Raza
- The Leukemia and Lymphoma Society
- LifeLong Medical Care
- Operation Access
- Pittsburg Health Center
- Ronald McDonald and John Muir Health Mobile Dental Clinic
- RotaCare Concord
- RotaCare Pittsburg
- Rubicon Programs
- SaferSTDtesting.com
- Sandra J. Wing Foundation
- San Ramon Regional Medical Center

- Stanford Health Care - ValleyCare
- Sutter Delta Medical Center
- Veterans Affairs Medical Center/Concord Vet Center

Housing & Homelessness:

- Calli House
- Contra Costa Council on Homelessness
- Contra Costa Health Services: Health, Housing and Homelessness
- Hope Solutions
- Love-A-Child Missions Homeless Recovery Shelter
- Neighborhood Housing Services
- Philip Dorn Respite Center
- SHELTER, Inc.
- Shepherd's Gate
- Trinity Center
- The Unity Council

Structural Racism:

Many of the agencies/organizations addressing the other health needs also address Structural Racism.

Transportation:

- Alameda-Contra Costa Transit District (AC Transit)
- Bay Area Rapid Transit (BART)
- Bike East Bay
- CountyConnection.com
- Mobility Matters
- Paratransit
- Tri Delta Transit
- Walnut Creek Seniors Club Transportation Program

ALAMEDA COUNTY

Behavioral Health:

- 12-Step programs: Al-Anon/Alateen, Alcoholics Anonymous, Narcotics Anonymous
- Adobe Services, HOPE Project Mobile Health Clinic
- Alameda County Behavioral Health Center
- Alameda County Health Care Services
- Alameda County Housing and Community Development
- Alameda County Medical Center, Substance Abuse Program
- Alameda County Social Services Agency
- Ashland Youth Center
- Axis Community Health Adult Behavioral Health Services
- Cherry Hill Detox
- City of Berkeley Health Department of Health Services
- Crisis Support Services of Alameda County 24-Hour Crisis Line
- Eden I&R, Inc.
- Family Paths
- Family Paths 24-Hour Parent Support Hotline
- George Mark Children's Home
- Girls, Inc.
- HIV/AIDS Care and Treatment Program
- HOPE Project Mobile Health Clinic
- Jewish Family and Community Services East Bay
- John George Psychiatric Hospital
- La Clínica de la Raza, San Leandro
- Lincoln Families
- National Alliance on Mental Illness (NAMI)
- Niroga Yoga
- Partnership for Trauma Recovery
- Seneca Center
- West Oakland Health Council
- Willow Rock Center 23-hour Crisis Stabilization and Outpatient Services
- YMCA of the East Bay

Community and Family Safety:

- Afghan Coalition
- Alameda County Family Justice Center

- Alameda Family Services
- Allen Temple Baptist Church Health and Social Services Ministries
- Alternatives in Action
- A Safe Place
- Berkeley Youth Alternatives
- Child Passenger Safety Program
- City of Berkeley Department of Health Services
- Community and Youth Outreach
- First 5 Alameda County
- Girls Inc.
- Narika
- Oakland Unite!
- Ruby's Place
- San Leandro Boys and Girls Club
- San Leandro Education Foundation
- Youth Alive!

Economic Security:

- America Works (formerly incarcerated)
- Berkeley City College: CalWORKS Program
- Brighter Beginnings
- Building Blocks for Kids Collaborative
- East Bay Community Foundation
- East Bay Community Law Center
- East Bay Green Jobs Corps
- East Oakland Youth Development Center
- The Unity Council

Education:

- Alameda County Office of Education
- Alameda Union School District
- Albany Union School District
- Berkeley Public Schools
- Building Blocks for Kids Collaborative
- Castro Valley Union School District
- City of Livermore Recreation and Park District
- Dublin Union School District

- Emeryville Union School District
- First 5 Alameda
- Livermore Valley Joint Union School District
- Oakland Union School District
- Piedmont Union School District
- Pleasanton Union School District

Food Security:

- 18 Reasons
- Acta Non Verba: Youth Urban Farm Project
- Alameda County Community Food Bank (multiple sites)
- Alameda County Deputy Sheriffs' Activities League
- Alameda County Nutrition Services: Women, Infants, and Children (WIC)
- Alameda County Public Health Department
- Axis Community Health: WIC Program
- Building Blocks Collaborative
- Catholic Charities of the East Bay
- City Slicker Farms
- East Bay Agency for Children
- First 5 Alameda County
- Meals on Wheels of Alameda County
- Open Heart Kitchen
- Public Health Institute
- REACH Ashland Youth Center
- Senior Support Program of the Tri-Valley
- Spectrum Community Services: Meals on Wheels, Senior Nutrition and Activities Program
- Tri-Valley Haven for Women: food pantry

Healthcare Access and Delivery:

- Abode Services
- Adobe Services HOPE Project Mobile Health Clinic
- Alameda County Behavioral Health Center
- Alameda County Health Care Services, School Health Services
- Alameda Health System (Alameda and Highland Hospitals)
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association

- California Department of Health Care Services
- CancerCare
- Every Woman Counts
- Federally Qualified Health Centers:
    - Asian Health Services
    - Axis Community Health
    - Brighter Beginnings
    - Community Clinics
    - La Clínica (multiple locations)
    - LifeLong Medical Care (multiple locations)
    - Native American Health Center
    - Planned Parenthood (multiple locations)
    - RotaCare (multiple locations)
    - West Oakland Health
- George Mark Children's Home
- Jewish Family and Community Services East Bay
- Kaiser Permanente–East Bay (Oakland and Richmond)
- Regional Asthma Management Program
- SaferSTDtesting.com
- Stanford Health Care - ValleyCare
- Sutter Health Alta Bates Summit Medical Center
- The Leukemia and Lymphoma Society
- United Seniors of Oakland and Alameda County
- UCSF Benioff Children's Hospital
- Women's Cancer Resource Center

Housing and Homelessness:

- Abode Services
- Alameda County Housing and Community Development
- Alameda County Homeless Project (including special needs housing)
- Catholic Charities of the East Bay
- City of Berkeley Health, Housing and Community Services Department
- City of Oakland Department of Human Services
- CityServe of the Tri-Valley
- East Bay Asian Local Development Corp.
- Eden I&R, Inc.
- Downtown Street Team

- East Bay Community Law Center Housing Program
- East Bay Housing Organizations
- Everyone Home
- Satellite Affordable Housing Associates (SAHA)
- Shepherd's Gate
- Tri-Valley Haven
- The Unity Council

Structural Racism:

Many of the agencies/organizations addressing the other health needs address Structural Racism.

Transportation:

- Alameda-Contra Costa Transit District (AC Transit)
- Bay Area Rapid Transit (BART)
- Bay Wheels
- Bike East Bay
- Drivers for Survivors
- Paratransit

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