

2022 Community Health Needs Assessment



Kaiser Permanente Modesto Medical Center

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Kaiser Permanente Modesto Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Modesto Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Modesto Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Modesto Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Mental & behavioral health
3. Housing
4. Income & employment
5. Healthy Eating Active Living opportunities
6. Chronic disease & disability

To address those needs, Kaiser Permanente Modesto Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente’s and the community’s assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

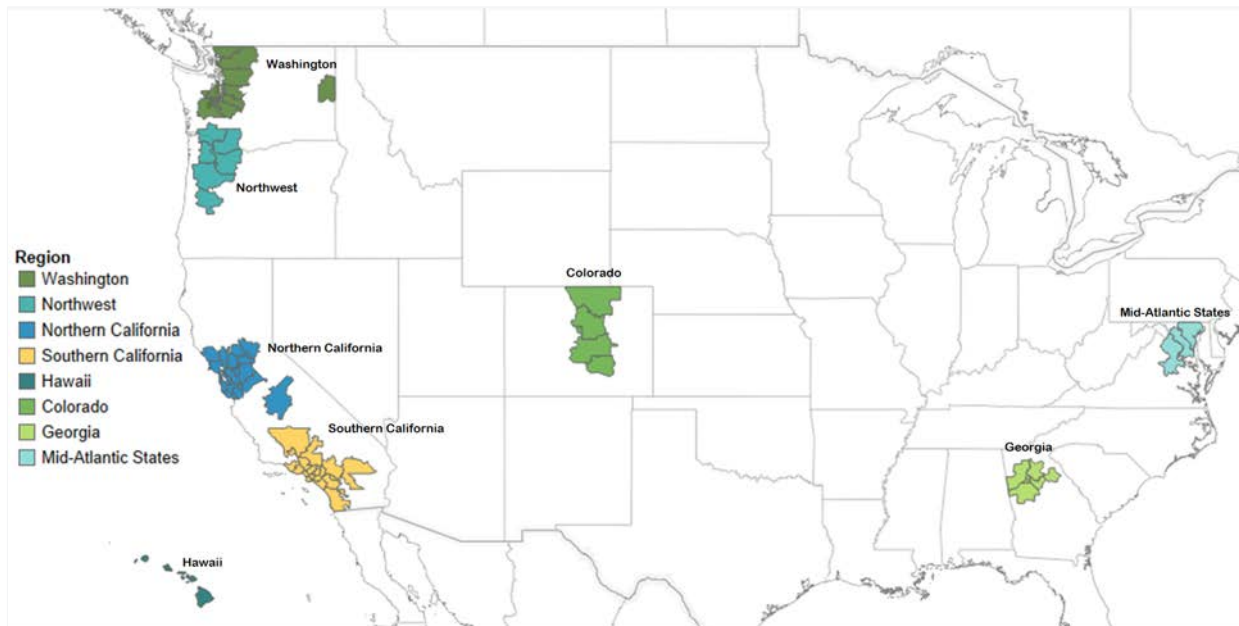
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

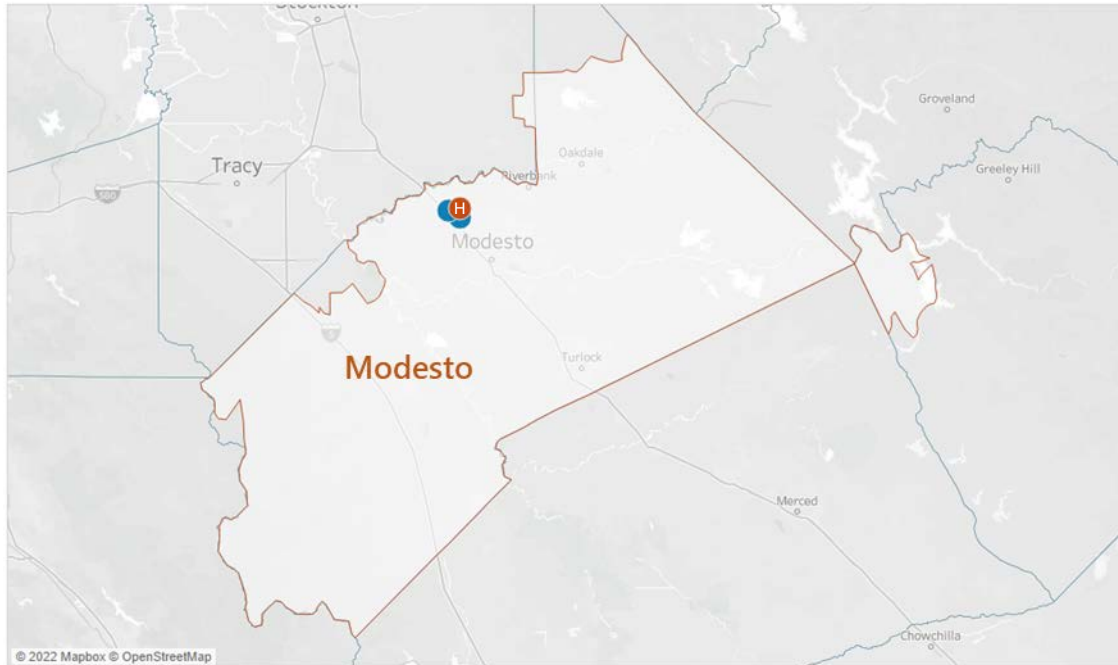
The Kaiser Permanente Modesto Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Modesto Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Modesto service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Modesto service area demographic profile

Total population:	549,370
American Indian/Alaska Native	0.5%
Asian	5.4%
Black	2.6%
Hispanic	48.2%
Multiracial	2.9%
Native Hawaiian/other Pacific Islander	0.7%
Other race/ethnicity	0.1%
White	39.6%
Under age 18	27.1%
Age 65 and over	12.9%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, the pandemic has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

Neighborhood disparities in the Modesto service area

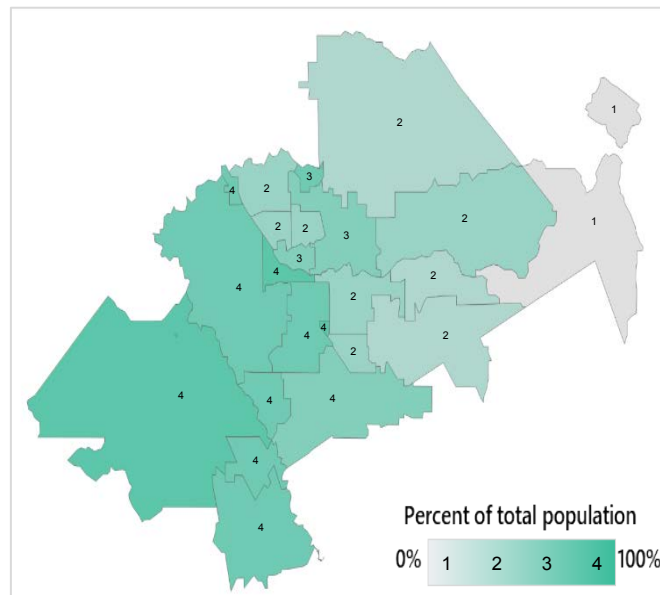
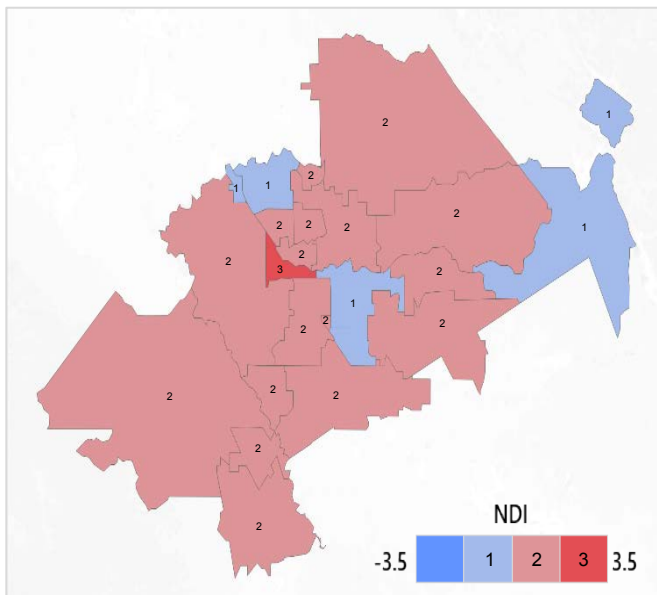
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the Modesto service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

MODESTO SERVICE AREA

Neighborhood Deprivation Index

People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

Consultants who were involved in completing the CHNA

Ad Lucem Consulting, the consultant for this CHNA, specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to position 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 has developed CHNA reports and Implementation Plans for individual hospitals and collaboratives, 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.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to 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. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Modesto Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development, Kaiser Permanente Modesto Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Modesto Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Modesto Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Modesto service area

Before beginning the prioritization process, Kaiser Permanente Modesto Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the 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 each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified,

clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Modesto Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the Modesto service area

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, low-income families and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable. The capacity of the health care system in the Modesto service area is strained, lacking easily accessible, affordable health care providers who represent the diverse communities they serve. This provider shortage exacerbates existing inequities experienced by underserved populations and leads to worse health outcomes. Medicaid/public insurance enrollment is an asset in the service area, facilitating access to care for low-income service area residents. However, communities with large Hispanic populations have higher percentages of uninsured residents. Many key informants pointed to further constraints on access to care due to the lack of linguistically and culturally appropriate providers.

2. Mental & behavioral health: Mental health affects all areas of life, including physical well-being, ability to work and succeed in school, and to participate fully in family and community activities. Mental and behavioral health is a critical and urgent health need in the Modesto service area. Immediate action is needed to address the provider shortage and barriers to accessing care, particularly in underserved populations. Key informants in the service area also identified substance use as a co-occurring top need, stressing the inextricable tie to mental and behavioral health. Even where mental health services are available, key informants stated that care can be very difficult to access due to cost, insufficient insurance coverage, inadequate transportation, language or cultural differences, limited access to technology/Internet and social stigma. The emergence of the pandemic exacerbated many of these barriers at a time when the demand for mental health services skyrocketed, especially among those who were the most vulnerable to trauma. Key informants listed children, adolescents, low-income residents, immigrants, LGBTQ+ individuals and people of color as having high need for accessible mental health services, and the most difficulty in obtaining them.

3. Housing: Having a safe place to call home is essential for the health of individuals and families. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. In the Modesto service area, Hispanic and Asian renters are more likely to live in cost-burdened households and face housing instability and are less likely to own their home. Housing cost burden and overcrowded housing are housing issues that disproportionately affect communities of color. Key informants identified housing as a source of significant stress and anxiety for many residents in the service area, leading to and compounding mental and behavioral health issues. Key informants felt that steps must be taken to address housing disparities, improve overall housing stability, and better meet the needs of the many Modesto residents who are currently unhoused.

4. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. While the unemployment rate in the Modesto service area is only slightly higher than the California average, the service area's average income is lower and rates of poverty for adults and children are both higher. As a result, food insecurity is a concern for families in the Modesto service area, many of whom struggle to access affordable, healthy foods. Children are among the most affected by poverty, and often rely on free and reduced-price school lunches (FRPL) to supplement their nutritional needs. Areas with larger Hispanic populations than the service area average showed some of the highest rates of childhood poverty and FRPL eligibility. Key informants described that inequities in economic security were made more apparent by the pandemic and that low-income residents, immigrants, migrant workers and people of color were disproportionately affected.

5. Healthy Eating Active Living opportunities: The physical environment of a community affects residents' ability eat a healthy diet, be physically active, and maintain a healthy body weight. Those who have limited access to healthy foods in their communities have a higher risk of developing obesity, heart disease and diabetes. Areas of the Modesto service area lack access to healthy food, due to financial and geographic barriers. SNAP enrollment, a food assistance program, in the service area is over one third higher than the state average, and the number of convenience stores is also substantially higher, indicating that service area residents have a need for financial support for food purchases and an excess of markets that are unlikely to carry a wide array of healthy options. Key informants described many neighborhoods as food deserts and requested better access to healthier options, such as full-service grocery stores and farmers markets. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases and the built and natural environments play a role in a community's ability to access outdoor spaces for exercise and activity. The Modesto service area has less infrastructure to support physical activity and a higher percentage of adults who report being physically inactive. Furthermore, some areas with large Hispanic populations scored lower on the Walkability Index, indicating disparities in opportunities to exercise and participate in active transit.

6. Chronic disease & disability: Chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs. Disadvantaged and underserved communities in the Modesto service area are experiencing higher rates of chronic disease (specifically asthma, diabetes, and heart disease) and disability. According to key informants, economic, systemic, and institutional barriers, such as food deserts, poverty, insecure housing, health illiteracy, unsafe neighborhoods for physical activity, and lack of access to and trust in healthcare providers perpetuate the high rates of chronic disease and disability. The pandemic exacerbated these disparities and underscored the need to improve the social determinants of health that impact chronic disease and disability.

Health need profiles

Detailed descriptions of the significant health needs in the Modesto service area follow.

Health need profile: Access to care



Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Insurance coverage in the Modesto service area, including enrollment in Medicaid and other public insurance programs, is similar to state rates, with the exception of Hispanic residents, who are more likely to be uninsured.

Even with health insurance coverage, there can be challenges accessing care because of shortages in health providers. The Modesto service area has almost 20 percent fewer doctors (65 per 100,000 people) and approximately 24 percent fewer dentists (66 per 100,000 people) than the state average. Access to culturally relevant health care services is a particular concern, especially for those who identify as Hispanic, which is approximately half of the service area population.

In the Modesto service area, the infant mortality rate (4.8 per 1,000 livebirths) is 20 percent higher than the state average. Communities in the service area with a relatively high Hispanic population have higher rates of infant mortality.

According to key informants, there are many barriers to accessing health care: provider and/or appointment shortages, many residents being underinsured or uninsured, language barriers and insufficient translation services in health care settings, and a lack of transportation to and from health care facilities. In addition, there is a general mistrust of the health care system and health providers among service area residents, which many key informants attributed to discrimination based on race, ethnicity, or sexual orientation.

The relatively low COVID-19 vaccination rates in the Modesto service area may be a reflection of a mistrust in the health care system. As of September 2021, only 42 percent of the area's residents had been vaccinated, compared with the California average of 72 percent.

Language barriers continue, despite having been an issue for years, and that is frustrating. Lots of health plans give lists of providers that indicate their language competency, but then once the patient shows up, the provider actually doesn't speak that language and no interpreters are available. They must often rely on relatives, friends, or children to interpret.

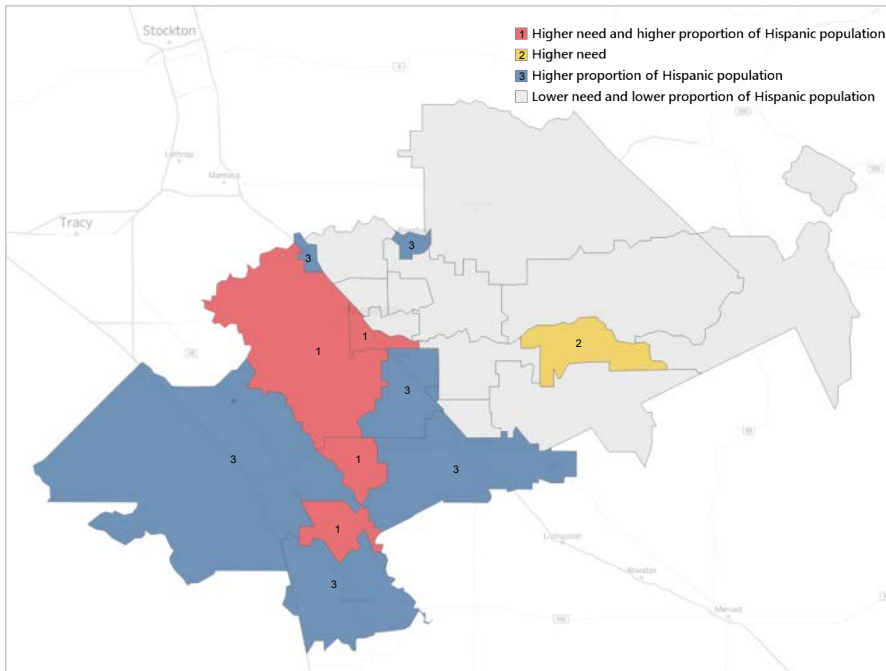
– Community-based nonprofit leader

Key informants consistently emphasized that patients would like to receive services from healthcare providers who represent residents' cultural and linguistic diversity. They highlighted access to care barriers for the significant proportion of Hispanic residents who speak many languages other than Spanish, and residents who identify as Asian (over 5 percent of the population) who have a variety of cultural and linguistic needs.

Key informants agreed that improving access to care involves many sectors — health care, public health, education, public transportation, law enforcement, elected officials, policymakers — working together to make intentional systemic changes. They emphasized that Stanislaus County, which makes up most of the service area, needs a comprehensive, cohesive, and collaborative approach to removing barriers to receiving health care for all residents.

PERCENT UNINSURED, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a **higher percent uninsured** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

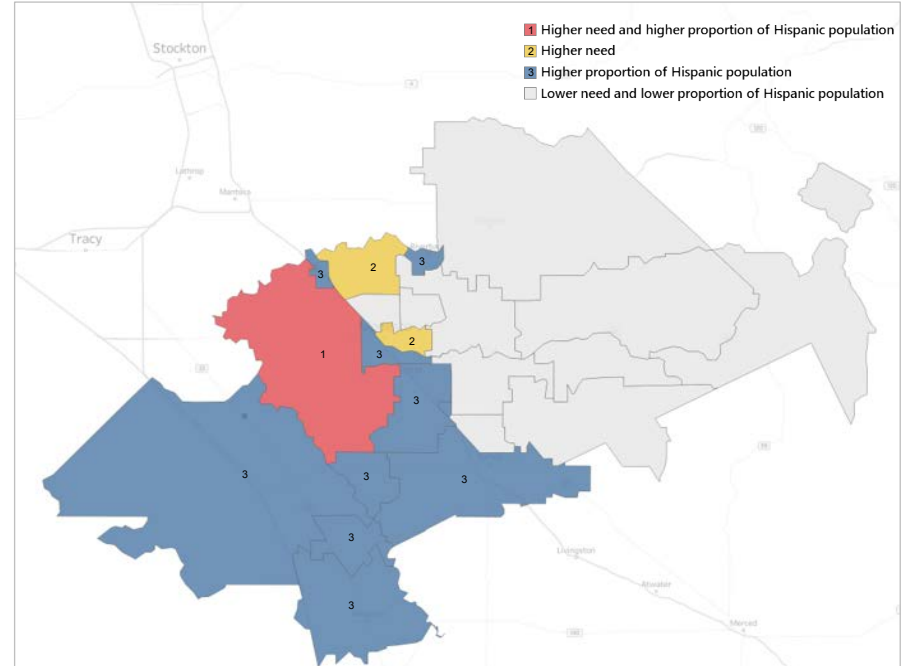
We need to be bringing services to where they are needed. There are effective ways to engage people in getting services, working with community leaders to figure out the best way for their community members to access care.

Where do people already congregate that they trust? People like religious or community leaders, who are already invested and trusted in the community can help with these challenges.

– Advocacy organization leader

UNINSURED CHILDREN, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and **higher rates of uninsured children** than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health is a critical health need in the Modesto service area. Immediate action is needed to address the provider shortage and barriers to accessing care, which have been amplified by the COVID-19 pandemic.

The Modesto service area has far fewer mental health providers than the California average and residents suffer from worse mental health: service area residents reported 19 percent more poor mental health days per month than the California average. Available data indicates that some non-white populations within the service area experience more days per month with poor mental health than other groups.

Deaths related to mental and behavioral health are a concern. Rates of deaths of despair in the Modesto service area (42 per 100,000) are 21 percent higher than the California state average (34 per 100,000). Impaired driving deaths in the Modesto service area occur at a rate almost 20 percent higher than in California overall (34 versus 29 percent).

Key informants were unanimous in stating that the Modesto service area does not have enough mental health care providers. They fear that this shortage is particularly dire for patients needing services in languages other than English or Spanish, and those requiring additional expertise, such as LGBTQ+ training.

Immigrant and migrant populations in the Modesto service area are especially vulnerable to untreated mental health concerns, according to key informants. Key informants described that many Asian and Hispanic cultures do not acknowledge mental illness, even though immigrants often arrive in the US having experienced significant trauma. In addition, key informants stated that many members of immigrant communities do not have the financial or linguistic capabilities to seek out care even if they wanted it.

Key informants frequently listed mental health and substance use as inextricably linked priority health needs; one cannot be treated properly without acknowledging and treating the other. In the Modesto service area, excessive drinking occurs at a slightly higher rate than the California average.

Key informants reported that the pandemic severely impacted the mental health of Modesto service area residents, expressing concern about the current and future effects of the pandemic on the mental health of those in vulnerable or underserved communities, especially children and teens from low-income households and racial/ethnic minority groups.

Key informants stated that mental and behavioral health providers in the service area were forced to close or reduce services during the pandemic. These providers often switched to telephone or online visits, which, according to interviewees, was met with mixed results. For some patients it reduced stigma and eliminated transportation difficulties, but others felt hesitant or unable to communicate about mental health via phone or online.

Often providers are not equipped to work with LGBTQ people. We need more affirming services for LGBTQ patients.... Some providers say that it's cost prohibitive to be inclusive.

– Community-based organization leader

INDICATORS OF MENTAL/BEHAVIORAL HEALTH, MODESTO SERVICE AREA, 2015-2019

	Modesto service area	California
Number of mental health providers (per 100,000 population)	211	352
Reported poor mental health days (per month)	4.4	3.7
Deaths of despair (per 100,000 population)	42	34
Excessive drinking	21%	20%
Impaired driving deaths	34%	29%

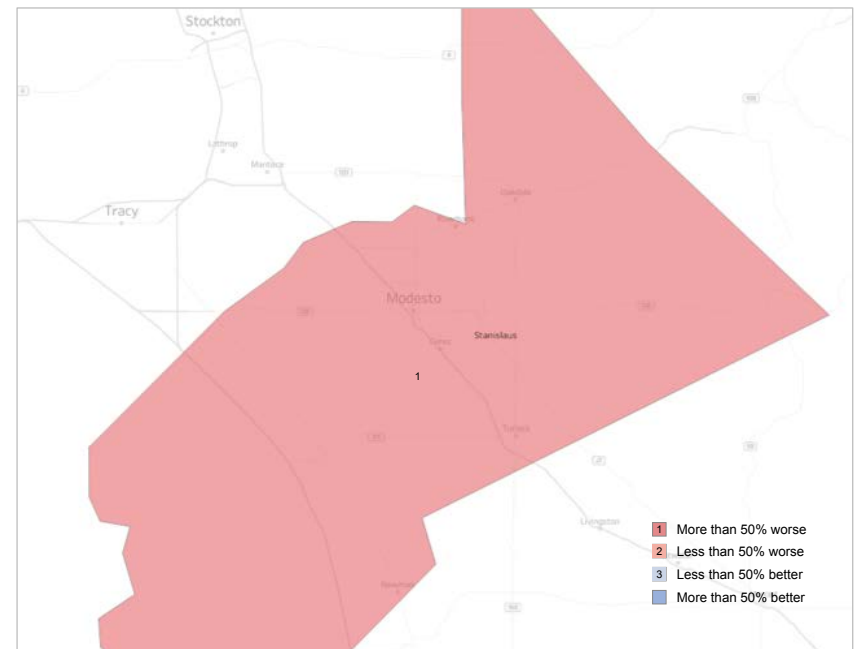
Source: [Kaiser Permanente Community Health Data Platform](#)

Our Latino populations...have been most affected...[but] our systems are not designed in a way where early interventions with talk therapy are available and accessible. Even if they have access, they don't use them... They don't think of therapy as something that's even an option for them. They need to know how to access [mental health services], they need to be easy to access, and to promote services for mild-to-moderate mental health needs, as well as to high-risk, high-needs populations.

– Healthcare executive

MENTAL HEALTH PROVIDERS, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) show the Modesto service area with fewer mental health service providers per 100,000 residents than the CA average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the costliest real estate in the country. Housing in the Modesto service area has become prohibitively expensive, especially for communities of color and households with low incomes. For example, compared with national benchmarks:

1. Several predominantly Hispanic neighborhoods in the Modesto service area experience severe housing cost burden, meaning households spend more than half their income on housing costs. These areas also have comparatively higher rates of overcrowded housing.
2. Many neighborhoods west of Highway 99 with large Hispanic populations have notably low homeownership rates. Among homeowners in these ZIP Codes, the percent of income spent on mortgage payments exceeds (in some cases, far exceeds) the national average.
3. Modesto service area neighborhoods with relatively high Asian populations also experience severe housing cost burden and overcrowded housing. In addition, these areas have lower home ownership rates for Asians, and those who do own homes in these ZIP Codes pay a high percentage of their income for their mortgage.

The most affordable housing in the Modesto service area tends to be in neighborhoods that experience high crime, have worse pollution, and have inadequate infrastructure, according to key informants. They said underserved populations, with less access to health care and supports for healthy lifestyles, are often relegated to living in these neighborhoods and suffer poor health outcomes as a result.

Equity, to me, is giving everyone the same opportunities to be successful and healthy. Right now, our area is experiencing a lot of inequity in housing, in [seasonal] workforce housing, and we have a high percentage of renters. The homeless population is not treated equally to others in our area.

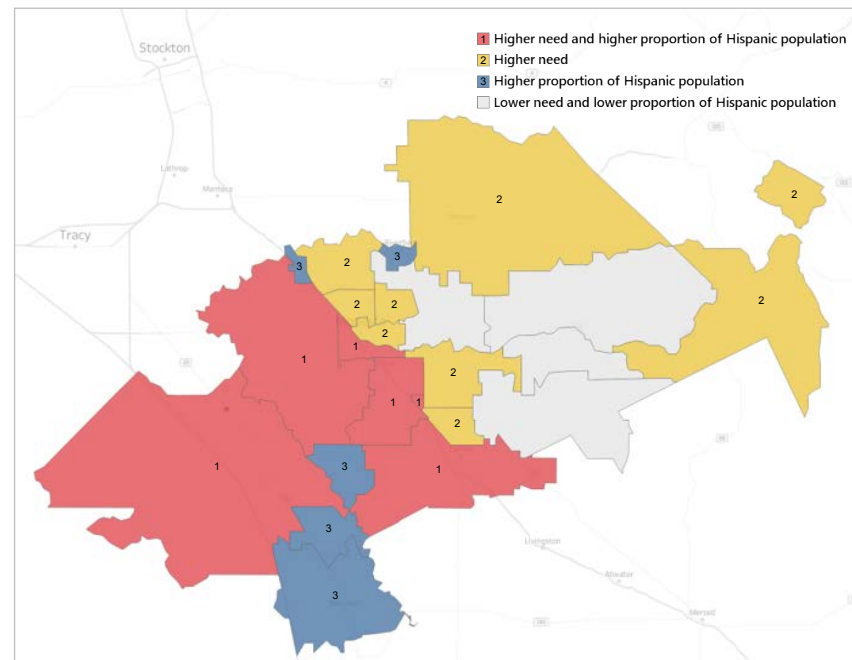
– Community-based nonprofit leader

Key informants reported that the median home price in the Modesto service area has risen precipitously, and rental prices have likewise skyrocketed while wages have not increased at a concurrent rate. They expressed concern that the financial burden resulting from unaffordable housing has ramifications on the service area economy, community health and wellness, and family stability.

Housing should be considered a right, according to key informants, because basic needs cannot be met without adequate, affordable housing. Key informants described that the Modesto service area has a historically low housing inventory, and that many residents experiencing disparities (around education, employment, and physical and mental health) are at risk of living in unsafe/unhealthy dwellings or becoming house-poor or unhoused.

SEVERE HOUSING COST BURDEN, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a **higher housing cost burden** than the national average.



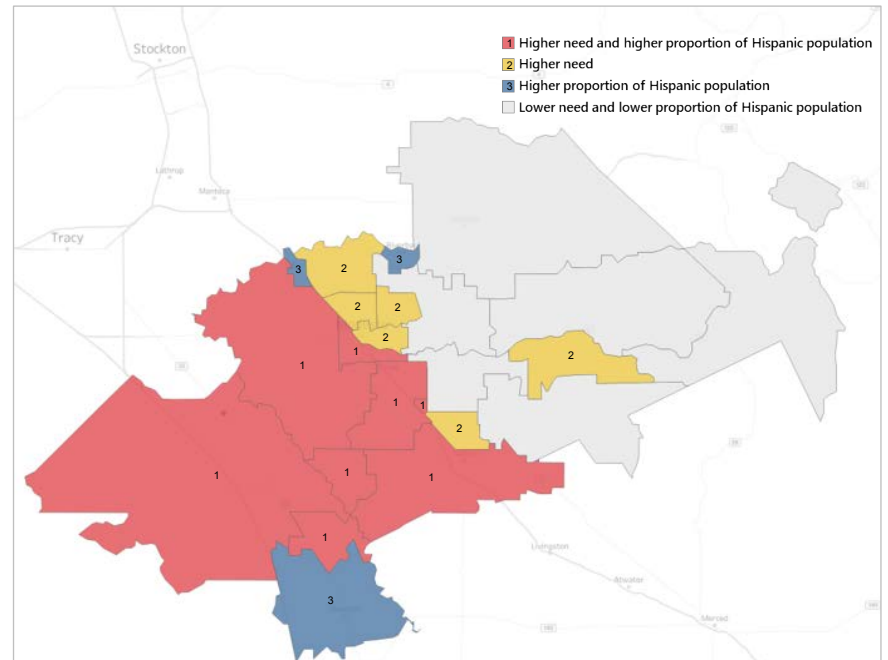
Source: Kaiser Permanente Community Health Data Platform

Housing is foundational for health. You can't get basic needs met without housing. There are not enough affordable housing units in our area. The problem is two-fold — the existing housing units are too expensive and also there are simply not enough housing units available. The housing market is crazy right now.

– Advocacy organization leader

HOME OWNERSHIP RATE, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and **lower home ownership rates** than the national average.



Source: Kaiser Permanente Community Health Data Platform

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, and American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID-19 incidence and deaths.

Within the Modesto service area, the economy is booming for some and not for others, especially those in vulnerable or marginalized populations. Targeted investments and strategic multi-sector planning are needed for the economy to benefit all residents more equitably.

A slightly higher percentage of Modesto service area residents live in poverty as compared to the California average and the median household income in the Modesto service area (\$63,506) is 23 percent lower than the California state average household income (\$82,053).

Key informants emphasized the need for an intense focus on building an inclusive economy in the Modesto service area that supports and sustains all members of the community. They described that while the current local economy appears strong, it actually benefits only a wealthy few. According to one key informant, full time employment does not equate to financial stability; two-thirds of service area adults living in poverty work full-time.

Key informants pointed to the connection between income and food security. They stated that food insecurity disproportionately affects a number of vulnerable populations, particularly children, low-wage workers, unhoused people, and residents without reliable transportation. Modesto service area residents experience food insecurity (12 percent) at a slightly higher rate than California overall (11 percent), and enrollment in SNAP, the food assistance program, is higher than the California average (14 versus 10 percent).

The COVID-19 pandemic placed many low-income workers (especially those deemed essential) into an untenable position, according to key informants. These workers were forced to decide between continuing to work under conditions that increased their COVID-19 exposure or leaving their jobs and foregoing much-needed wages. Key informants identified undocumented and migrant laborers and local residents of color as filling essential worker roles and experiencing substantial economic impacts from the pandemic.

Several key informants expressed the need for strategically targeted economic development in the historically disinvested communities within the Modesto service area, recommending a clear focus on policies and business practices that will remove barriers to economic prosperity specifically for racial/ethnic populations.

We discovered that 2/3 of the adults living in poverty in the county are actually working full-time. People aren't making enough money to sustain their life and their family.

– Community-based organization leader

Childhood poverty was worse in the Modesto service area as compared to the California average. The percentage of children living in poverty in the service area was higher than California overall (19 versus 17 percent) and even higher in a number of service area ZIP Codes with large Hispanic populations – often exceeding one fifth of children living in poverty.

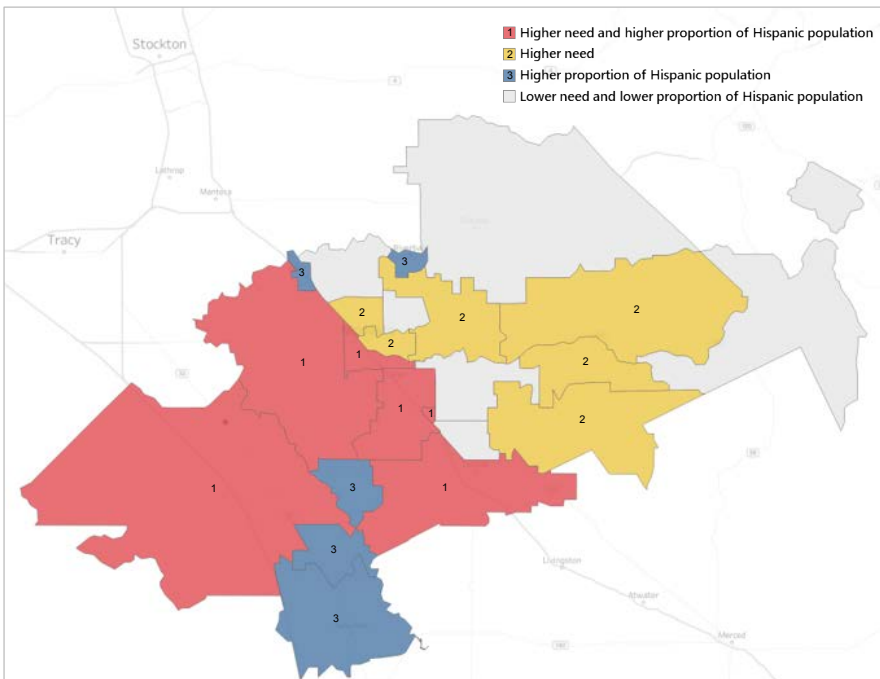
Furthermore, the percentage of children eligible for free and reduced-price lunch (FRPL) across the Modesto service area (65 percent) was substantially higher than California overall (44 percent) and several service area ZIP Codes with large proportions of Hispanic residents had FRPL eligibility rates exceeding 80 percent.

The pandemic has been particularly hard for low-income populations. They've been at higher risk and have been more likely to experience job loss. We have a lot of essential workers in Stanislaus County. These are people who had to continue to work [throughout the pandemic] ... I think COVID-19 really illuminated these inequities.

– Community-based organization leader

CHILDREN LIVING IN POVERTY, MODESTO SERVICE AREA, 2015-2019

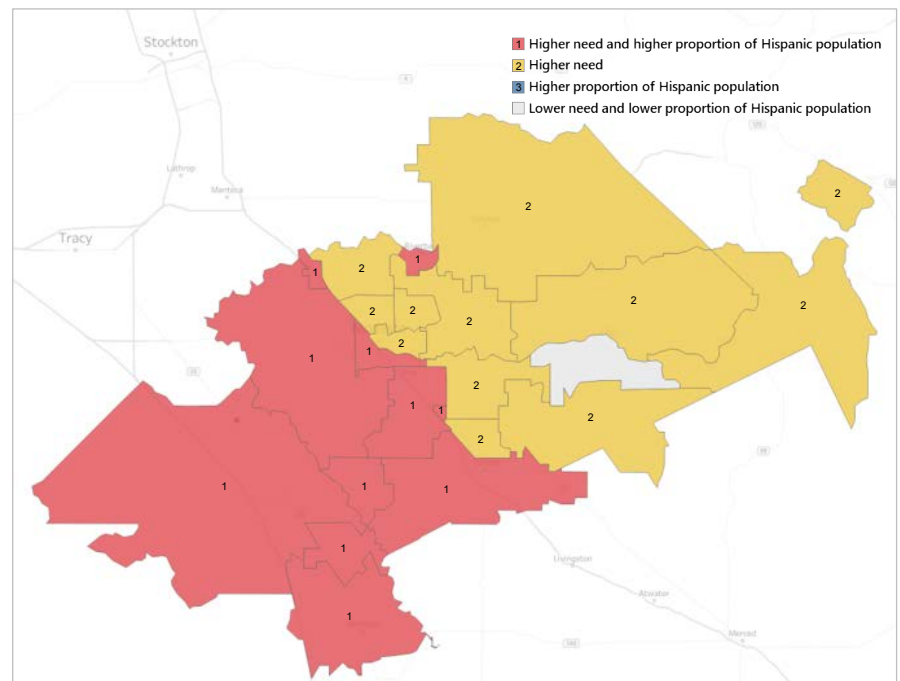
Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a **higher rate of children living in poverty** than the CA average.



Source: Kaiser Permanente Community Health Data Platform

FREE AND REDUCED-PRICE LUNCH, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a **higher rate of free and reduced-price lunch** than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Health need profile: Healthy Eating Active Living opportunities

The physical environment of a community affects residents' ability to exercise, eat a healthy diet, and maintain a healthy body weight.

Those who have limited access to healthy foods, including from supermarkets, have a higher risk of developing obesity and diabetes. Along with a healthy diet, physical activity is key to preventing and reducing complications of diabetes and other chronic diseases.

About 2 in 5 adults and 1 in 5 children and adolescents in the United States are obese, and many others are overweight. Increasing opportunities for exercise and access to healthy foods in neighborhoods, schools, and workplaces can help children and adults eat healthy meals and reach recommended daily physical activity levels.

However, many Americans live in food deserts, without access to affordable, healthy food. Communities of color and people living in low-income neighborhoods also have less access to parks and green spaces — and lower life expectancy — than those living in more affluent, predominantly white areas.

Communities within the Modesto service area lack accessible, healthy food options and infrastructure that supports physical activity. A multi-sector approach is necessary to address these deficits.

Available data clearly demonstrates the need for more healthy eating and active living (HEAL) opportunities. The obesity rate for adults in the service area (32 percent) is higher than the California state average (25 percent). In addition, a higher percentage of adults in the Modesto service area report being physically inactive compared to the California average (21 versus 18 percent).

There is evidence that infrastructure supporting physical activity is available, but not located in all neighborhoods throughout the service area. For example, although the overall Walkability Index for the Modesto service area exceeds the California average, several ZIP Codes in the service area with large Hispanic or Black populations have worse walkability indexes than state and overall service area ratings.

Nearly all key informants expressed concern about HEAL opportunities in the Modesto service area, reporting that large parts of the service area are food deserts. According to key informants, many neighborhoods lack a full-service grocery store offering affordable, healthy foods and the available restaurants and food shops sell predominately unhealthy options.

Key informants noted the service area's geographic inequities related to access to healthy food, describing that rural and low-income communities have far fewer stores and restaurants with fresh produce and/or healthier options than higher income and suburban/urban communities. Geographic inequities related to physical activity were also mentioned by key informants, who said that rural areas are less likely to have infrastructure and amenities that encourage and support physical activity.

Geographically, [more affected areas include] the Westside, Turlock, the Airport District, and South Modesto. Those are pockets of poverty... where the county and the cities don't want to take ownership, so the neighborhoods lack sidewalks and basic infrastructure.

– Community-based organization leader

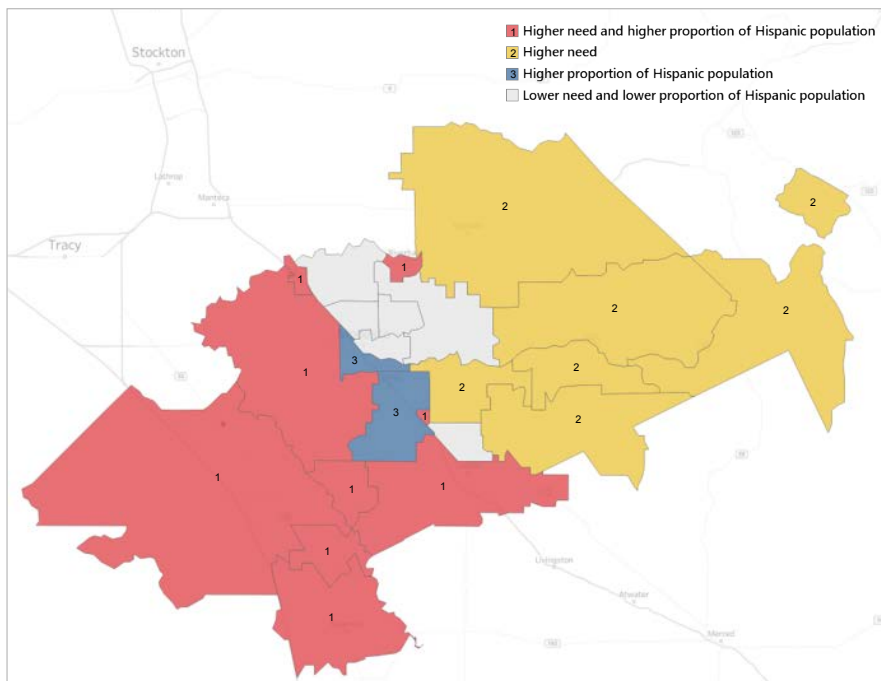
Factors that limit access to healthy foods and physical activity in the Modesto Service Area were exacerbated by the COVID-19 pandemic. According to the key informants, many residents experienced a decline in their overall health during the pandemic, due partially to less physical activity during social isolation and eating more from stress, anxiety, or boredom. Key informants perceived that the pandemic's impacts on eating and physical activity behaviors were especially detrimental in disadvantaged and marginalized communities, such as the elderly, unhoused people, LGBTQ+ people, and residents living in poverty or with chronic health conditions or disabilities.

There are pockets in the county with limited access to fresh fruits and vegetables. There are neighborhood stores around, but many sell alcohol and primarily unhealthy foods. We need more farmers markets throughout the county. There is one farmer's market in downtown Modesto but transportation is an issue for many people.... Outside of this farmers market, there are limited choices for high-quality fruits and vegetables in many communities. Stores lack access to fruit/vegetable supplies.

– Community-based organization leader

WALKABILITY INDEX, MODESTO SERVICE AREA, 2015-2019

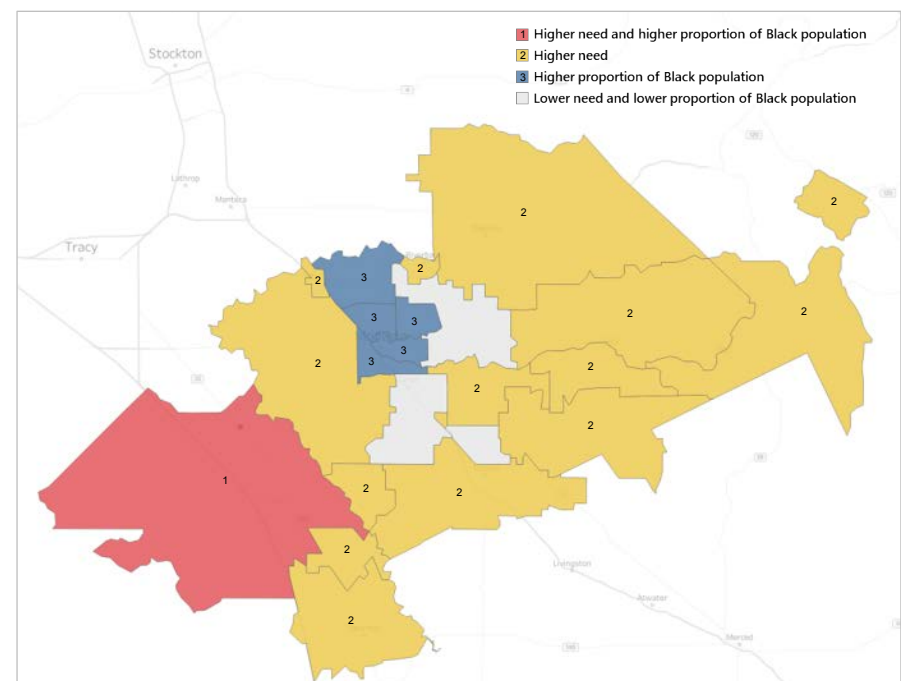
Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a worse Walkability Index score than the CA average.



Source: Kaiser Permanente Community Health Data Platform

WALKABILITY INDEX, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Black populations greater than 3%** (service area average) and a worse Walkability Index score than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Health need profile: Chronic disease & disability



Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes.

These and other chronic diseases are the leading causes of death and disability in America, increase the risk for severe COVID-19 illness, and are a leading driver of health care costs.

High blood pressure, diabetes, and smoking are key risk factors for heart disease and stroke, along with poor nutrition and lack of physical activity. Many of these same risk factors are also linked to cancer, which is the second leading cause of death nationwide. Nearly a quarter of adults in the U.S. have arthritis, most of whom are of working age; arthritis is a leading cause of work disability and a common cause of chronic pain.

While a healthy diet and exercise can help prevent and manage chronic conditions, people of color and families with low incomes are more likely to live in neighborhoods that lack health-promoting infrastructure, such as parks and green spaces and places to buy affordable healthy food. Furthermore, they are more likely to be uninsured and less likely to receive preventive services and care for chronic health conditions.

Chronic diseases and disabilities are widely prevalent in the Modesto service area, with underserved communities experiencing the highest rates and worse health outcomes compared to other residents.

Many chronic disease and disability conditions stood out as particularly problematic. The rates of heart disease deaths (30 percent higher), stroke deaths (10 percent higher), diabetes prevalence (13 percent higher), people with any disability (25 percent higher) and adults reporting poor or fair health (15 percent higher) all substantially exceeded California state averages.

Disparities exist among some who experience disabilities at higher rates than others. In portions of the Modesto service area with large Hispanic and Asian populations, the percentage of the overall population with any disability exceeded the state average.

The key informants noted that the Modesto service area struggles with high rates of chronic diseases and disabilities, specifically citing diabetes, heart disease, obesity and asthma as particular concerns. Many expressed an urgent need to address the high prevalence of these conditions within the Asian, Hispanic and Black/African American communities.

A lot of Asian people here have diabetes, everyone knows someone with it. It is one of the top health issues... I know people with diabetes and now they have had to have surgery related to heart disease. I know someone who died, a young man in his 40s/50s. Many people in our community have symptoms of heart disease but do not take care of themselves or get it checked by a doctor.

– Nonprofit organization leader

The COVID-19 pandemic has exacerbated existing health disparities and underscores the need to address the social determinants of health that impact disease and disability. Key informants discussed how Modesto service area residents with chronic conditions are at higher risk for severe illness, hospitalization, and death from COVID-19.

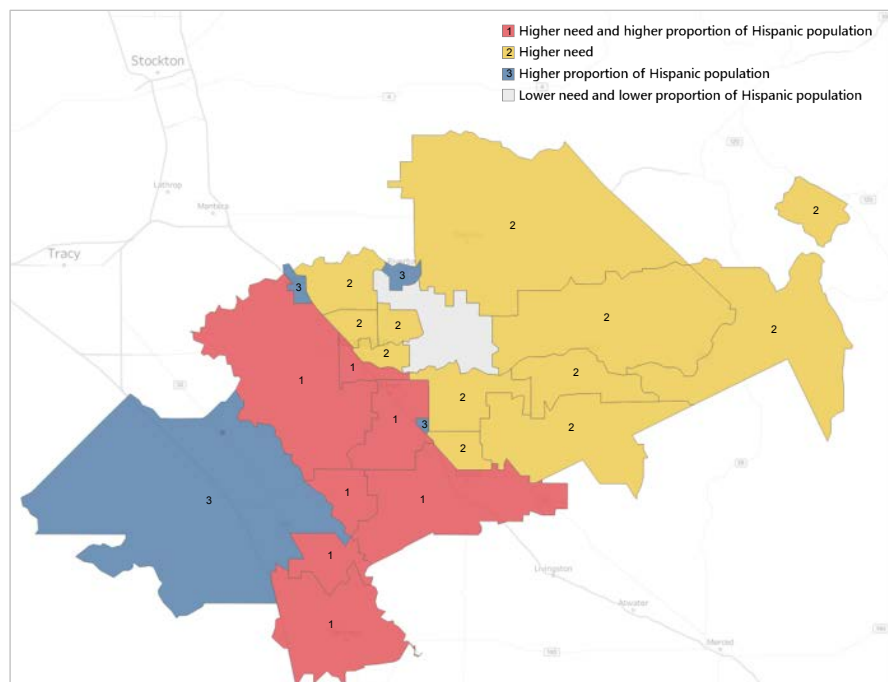
Key informants perceived that the pandemic created an impetus to assess the underlying societal factors contributing to high local rates of chronic diseases, such as food deserts, poverty, insecure housing, health illiteracy, unsafe neighborhoods for physical activity, and lack of access to and trust in healthcare providers.

Those historically marginalized groups – African-Americans, Hispanics, LGBTQ, anybody that’s been “othered” – have fared more poorly, not just with COVID-19 but with all of the rest of these [conditions]. Everyone knows that.

– Public health official

POPULATION WITH ANY DISABILITY, MODESTO SERVICE AREA, 2015-2019

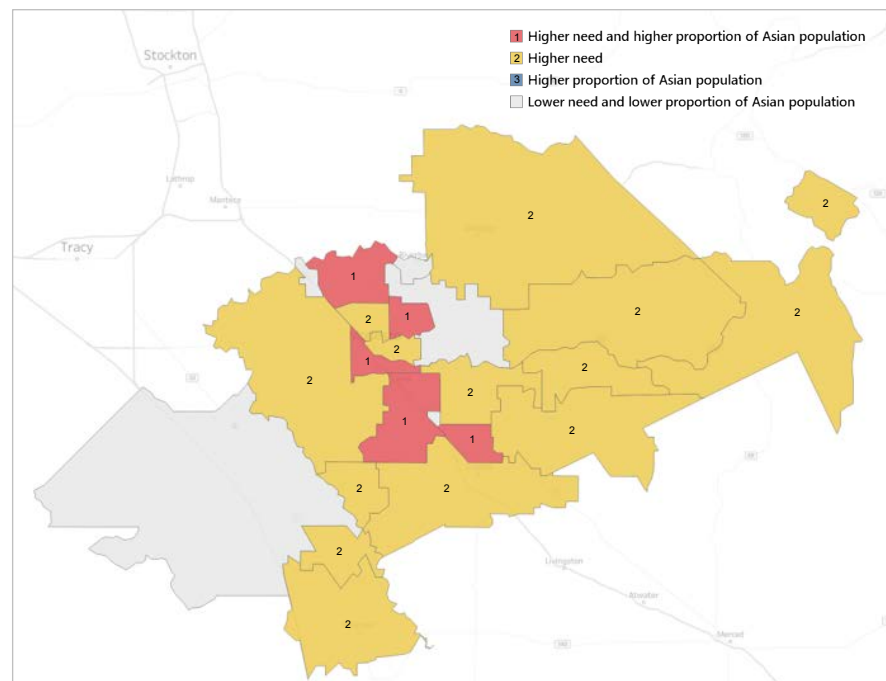
Areas in red (1) are ZIP codes with **Hispanic populations greater than 48%** (service area average) and a **higher percent of the population with any disability** than the CA average.



Source: Kaiser Permanente Community Health Data Platform

POPULATION WITH ANY DISABILITY, MODESTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with **Asian populations greater than 5%** (service area average) and a **higher percent of the population with any disability** than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Modesto service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Modesto Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

The Kaiser Permanente Modesto Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Modesto Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Mental Health
3. Economic Security
4. Obesity/HEAL/Diabetes

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Modesto Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

The Kaiser Permanente Modesto Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 12 grants totaling \$991,911 in service of 2019 IS health needs in the Modesto service area.

One example of a key accomplishment in response to our 2019 IS includes a \$90,000, 12-month grant to Sierra Vista Child & Family Services to support North Modesto and Salida community members’ access to mental health services and supportive community resources. The program is expected to reach 150 children and adults from underserved communities who are at risk of life impairments, with a goal of improving social/emotional health and reducing stigma around accessing mental health services.

As the health and economic toll of the pandemic continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated \$170,000 in the Modesto Medical Center service area to deploy grassroots strategies to increase uptake of COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$85,000 grant, Stanislaus Multi-Cultural Health Coalition West Modesto provided COVID-19 vaccine education outreach to 1,825 low-income individuals and in partnership with vaccination sites provided 1,125 vaccinations and 30 boosters.

Kaiser Permanente Modesto Medical Center Community Health 2019 IS priority health needs and strategies

Access to Care

Care and coverage: Kaiser Permanente Modesto Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	79	47	\$4,968,828	\$4,919,146
Charitable Health Coverage	261	223	N/A	\$174
Medical Financial Assistance	7,499	5,759	\$2,588,242	\$2,114,418
Total care & coverage	7,839	6,029	\$7,557,070	\$7,033,738

Other access to care strategies: During 2020-2021, 25 grants were awarded to community organizations, for a total investment of \$1,000,362 to address access to care in the Modesto service area.

Examples and outcomes of most impactful other strategies

Community Network Development

Catholic Charities of the Diocese of Stockton was awarded \$25,000 to serve as a Thrive Local Champion, engaging community organizations to join the Unite Us platform that connects available healthcare and social service resources to those who need them. The program is expected to reach 300 individuals with community resources/services to address poverty, social isolation and healthcare access.

211 Stanislaus/Unite Us 2021-2023 Partnership

United Way of Stanislaus County was awarded \$100,000 over 2 years to increase the number of nonprofits/community organizations participating in a healthcare and social service resource and referral network. This program is expected to reach 75 community organizations, resulting in a robust system to connect individuals to needed health, human services, and behavioral health resources.

Mental Health

During 2020-2021, 14 grants were awarded to community organizations, for a total investment of \$528,819 to address mental and behavioral health in the Modesto service area.

Examples and outcomes of most impactful strategies

North Modesto/Salida Behavioral Health Program

Sierra Vista Child & Family Services was awarded \$90,000 to provide direct mental and behavioral health services and referrals. The program is expected to reach 150 uninsured individuals who will increase their knowledge of mental health services and demonstrate improvements in social-emotional health.

Families and Children Mental Health Program

West Modesto Community Collaborative was awarded \$75,000 to improve social and emotional development in families and young children. The program is expected to reach 200 individuals that are low-income, vulnerable and uninsured children and/or families, resulting in increased access to appropriate mental health services and support.

Economic Security

During 2020-2021, 20 grants were awarded to community organizations, for a total investment of \$1,010,346 to address economic security in the Modesto service area.

Examples and outcomes of most impactful strategies

Psychosocial Rehabilitation and Housing Retention

Downtown Streets Team was awarded \$70,000 to support/establish homelessness prevention services to people experiencing or at risk of homelessness. The program is expected to reach 21 individuals/households with intensive case management, volunteer opportunities to build job skills, and a non-cash stipend to support the transition from homelessness to lives of self-sufficiency.

Volt on the Go

Stanislaus Business Alliance was awarded \$100,000 over 2 years to provide an accredited mobile manufacturing training certificate program to residents of remote, under-served communities. The program is expected to train 100 individuals, resulting in full time employment (with benefits) in well paid local manufacturing jobs.

Youth Navigation Center of Stanislaus County - Housing for Health (Whole Person Approaches)

Center for Human Services was awarded \$150,000 over 2 years to support unhoused/at risk young adults with housing and social and educational/employment support services. The program is expected to reach 60 young adults (18-24), resulting in placement in affordable housing supported by case management.

Obesity/HEAL/Diabetes

During 2020-2021, 26 grants were awarded to community organizations, for a total investment of \$810,947 to address obesity/HEAL/diabetes in the Modesto service area.

Examples and outcomes of most impactful strategies

2021 Family Resource Center BLOC Cohort

Center for Human Services was awarded \$95,000 to increase access to food through CalFresh outreach and enrollment services for unemployed/underemployed individuals and families, immigrants, seniors and low-income residents living in underserved communities. The program is expected to reach 2,500 individuals, creating multiple pathways to food access, enhancing food security and assisting financial stability.

"Go Green for Seniors" "Young at Heart"

Healthy Aging Association was awarded \$90,000 over 2 years to provide monthly healthy food distribution and nutrition education classes to low-income seniors age 60+/disabled persons experiencing food insecurity as well as appropriate exercise classes. The program is expected to reach 1,100 individuals, resulting in improved diet quality and increased physical activity levels.

Fig's Market Mobile Farm Stand

The Food Initiative of Greater Stanislaus, Inc. was awarded \$25,000 to bring local fresh produce and other staples to low/moderate income food desert neighborhoods throughout Stanislaus County; the mobile farm stand will accept SNAP and WIC benefits and provide Market Matching to increase buying power for low-income customers. The market is expected to reach 12,500 individuals, resulting in enhanced food security, increased fruit and vegetable intake and improved health outcomes.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	California Department of Public Health? California for All. Vaccination Progress Data. Coronavirus COVID-19 Response.	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	West Modesto Community Collaborative	1	Hispanic and African American populations, faith-based communities, migrant populations	Leader	6/18/2021
2	Key informant interview	Center for Human Services	1	Unhoused, minority populations and youth	Leader	6/28/2021
3	Key informant interview	Stanislaus County Behavioral Health and Recovery Services	1	Medically underserved populations	Leader	6/30/2021
4	Key informant interview	Stanislaus Asian American Community Resources (SAACR)	1	Asian communities	Leader	7/1/2021
5	Key informant interview	First 5 Stanislaus County	1	Children in their first five years and their families	Leader	7/1/2021
6	Key informant interview	LGBTQ+ Collaborative	1	LGBTQ+ residents	Leader	7/7/2021
7	Key informant interview	Gospel Rescue Mission	1	Unhoused residents	Leader	7/7/2021
8	Key informant interview	Golden Valley Health Centers	1	Medically underserved populations	Leader	7/26/2021
9	Key informant interview	Stanislaus Community Foundation	1	Underserved communities	Leader	8/23/2021
10	Key informant interview	HSA Stanislaus	1	Public health	Leader	8/26/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Stanislaus County Community Services Agency	Government agency administering a wide variety of programs/services to meet health and social needs and assist families to become self-sufficient, able to access needed resources and to be contributing members of their communities.
	Stanislaus County Health Services Agency	Provides health care services to the community via its system of federally qualified health center outpatient clinics, public health services, and a family medicine residency program.
	Modesto Gospel Mission	Faith based homeless shelter and recovery services
Access to care	Golden Valley Health Centers-GVHC	Community clinic with multiple locations
	Hospitals/Medical Centers (e.g., Doctor's Medical Center, Kaiser Permanente, Sutter Memorial Hospital)	Multiple facilities dedicated to comprehensive outpatient and inpatient services including primary care and specialty care
	Health Insurance Counseling & Advocacy Program	Free Medicare counseling to all people who have or will soon have Medicare
Mental & behavioral health	Stanislaus County Behavioral Health and Recovery Services	Mental health and substance abuse services to meet the prevention, intervention, treatment, and recovery needs of Stanislaus County residents
	Sierra Vista Child & Family Services	Social services for families addressing mental health, child abuse, domestic violence, social behaviors, special education needs, parenting, foster care and adoption
	Center for Human Services (CHS)	Nonprofit serving youth and families with treatment for mental health and addiction issues, shelter and educational services and connection to resources
Housing	Housing Authority of The County of Stanislaus	Housing for low-income residents through subsidized housing and rental assistance
	Community Housing and Shelter Services	Housing and Urban Development (HUD) certified housing counseling agency, administers supportive housing programs that provide assistance to households experiencing homeless as they transition into permanent housing
	Family Promise of Greater Modesto	Faith based organization providing shelter housing and meals to local families in need

Identified need	Resource provider name	Summary description
Income & employment	Central Valley Opportunity Center	Employment, educational, economic development, and social service programs
	Stanislaus County Veteran Services Office	Assist veterans, their dependents, and survivors in obtaining Federal, State and County benefits
	AARP Foundation	Programs to address older adult poverty, including free tax preparation
Heathy Eating Active Living opportunities	Salvation Army Modesto Citadel Corps	Food pantry and congregate and mobile meals
	The Food Initiative of Greater Stanislaus	Operates a variety of food assistance programs including food pantries, free mobile farmers markets, and homebound food delivery
	Park and Recreation Departments (Stanislaus County and individual jurisdictions)	Public parks, recreation facilities and programming
Chronic disease & disability	American Cancer Society	Support and education for persons/families living with cancer
	Society for disABILITIES	Services for people with disabilities including medical equipment rental