

2022 Community Health Needs Assessment



Kaiser Permanente Redwood City Medical Center

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Kaiser Permanente Redwood City Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Redwood City 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 Redwood City 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 Redwood City Medical Center has identified the following significant health needs, in priority order:

1. Income & employment
2. Housing
3. Mental & behavioral health
4. Access to care
5. Structural racism
6. Education

To address those needs, Kaiser Permanente Redwood City 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>.

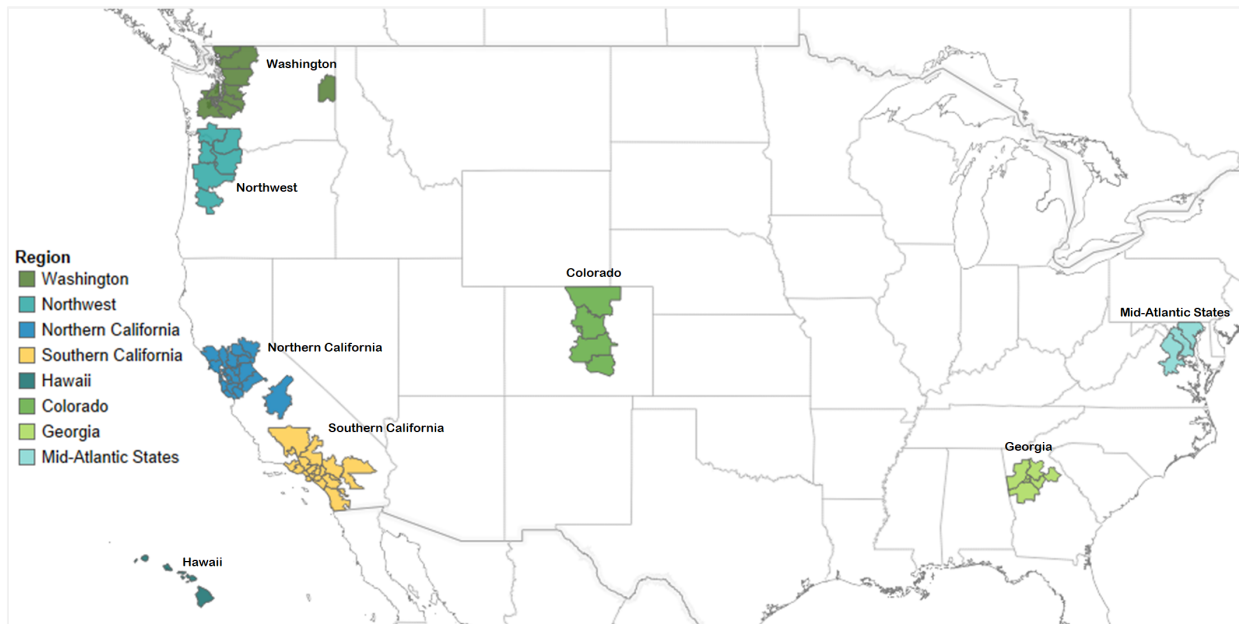
Introduction/background

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 Redwood City 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 Redwood City Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Redwood City service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Redwood City service area demographic profile

Total population:	538,229
American Indian/Alaska Native	0.1%
Asian	22.4%
Black	2.3%
Hispanic	22.5%
Multiracial	4.2%
Native Hawaiian/other Pacific Islander	1.2%
Other race/ethnicity	0.3%
White	46.9%
Under age 18	22.3%
Age 65 and over	15.2%

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, COVID-19 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 Redwood City service area

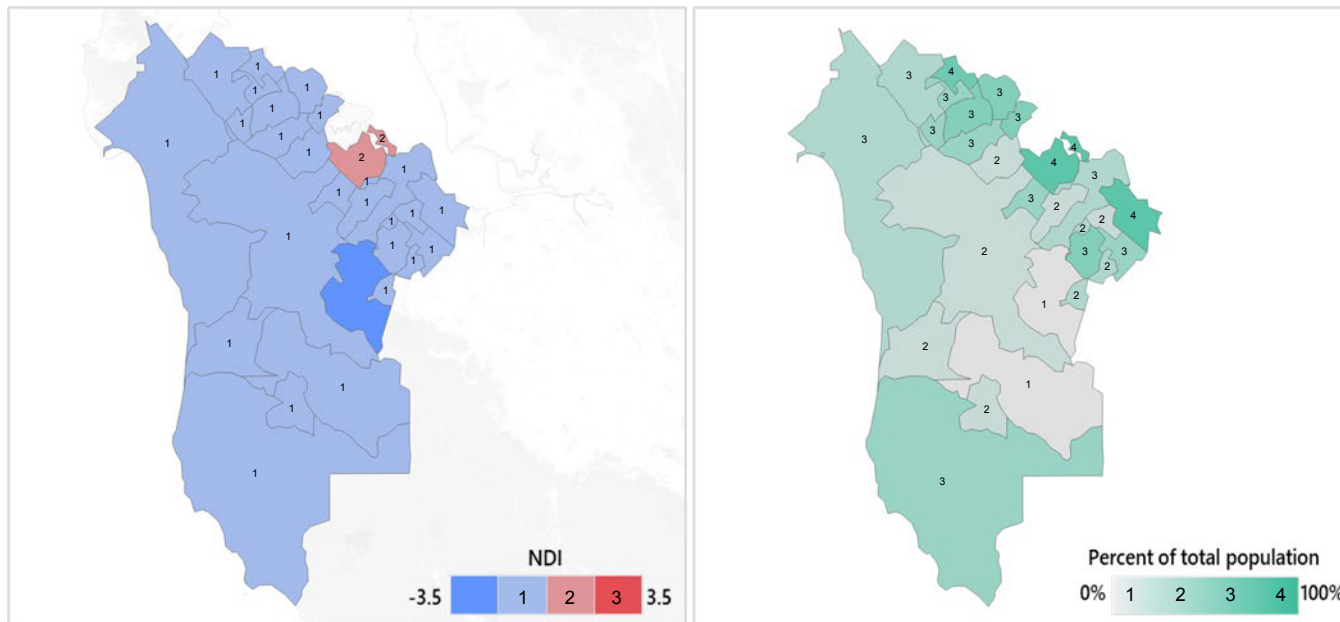
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment 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 Redwood City 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.

REDWOOD CITY 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 COVID-19 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

Hospitals

Hospitals in the Healthy Community Collaborative of San Mateo County (HCC): AHMC Seton Medical Center, AHMC Seton Medical Center Coastside, Dignity Health, Sequoia Hospital, Kaiser Permanente South San Francisco, Lucile Packard Children's Hospital Stanford, Stanford Health Care, Sutter Health Menlo Park Surgical Hospital, Sutter Health Mills-Peninsula Medical Center

Other organizations

John W. Gardner Center for Youth and Their Communities, Stanford University, Peninsula Health Care District, San Mateo County Health, Sequoia Health Care District

Kaiser Permanente Redwood City Medical Center shared early findings with the Healthy Community Collaborative of San Mateo County (HCC) and incorporated feedback from the group.

Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes. The firm is supporting in the following Kaiser Permanente service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

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 Fresno 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. If 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 Redwood City 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 Redwood City 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 Redwood City 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 Redwood City service area

Before beginning the prioritization process, Kaiser Permanente Redwood City 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 the pandemic 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 Redwood City 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 top six significant health needs.

Description of prioritized significant health needs in the Redwood City service area

1. 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. 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. In certain ZIP codes of the Redwood City service area, there are higher percentages of children living in poverty, higher unemployment rates, and less access to jobs than the rest of the area as well as state and national averages. Additionally, there are racial disparities related to income and employment such as Pacific Islander and Latinx residents earning less than a third per capita than white residents. Interviewed community leaders shared that the COVID-19 pandemic has exacerbated these disparities due to families losing jobs and being unable to afford basic needs. They also identified strategies to address income and employment needs such as workforce training,

wraparound services, community partnerships and advocating for policies such as universal home visiting, universal childcare, and a universal basic income.

2. 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. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters in particular are more likely to live in cost-burdened households and face housing instability. In the Redwood City service area, there is a marked shortage of affordable housing and an increase in the homeless count between 2017 and 2019. Additionally, there are disparities related to housing such as Latinx, Black and Pacific Islander families having disproportionately higher housing cost burden. Interviewed community leaders shared that the general wealth of San Mateo County often overshadows pockets of struggling low-income families that may resort to moving outside the Bay Area and bearing the burden of long commutes to work or school. They also identified strategies to address housing needs such as innovative efforts to prevent homelessness, culturally responsive wraparound services, and care coordination.

3. 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 Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. Though the Redwood City service area fares better than state and national averages with lower rates of deaths of despair and higher rates of mental health providers, interviewed community leaders highlighted the need for more culturally responsive services and providers who are culturally and linguistically representative of the communities they serve. Additionally, there are disparities related to mental and behavioral health such as a higher percentage of adults identifying as bisexual or homosexual in San Mateo County having thought seriously about committing suicide, compared to heterosexual adults. Interviewed community leaders shared that the isolation, trauma and stress of the COVID-19 pandemic has notably exacerbated the mental health of youth, seniors, families with young children and undocumented families. They also identified strategies to address mental and behavioral health needs, such as better coordination between providers, partnering with schools to distribute mental health resources to families, and training and hiring mental health providers who are culturally and linguistically responsive to the local community.

4. 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. 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. Certain ZIP codes within the Redwood City service area, specifically the North Fair Oaks, Redwood City and Coastside communities, have a larger percentage of uninsured children and/or residents than the service area as a whole. Additionally, there are racial disparities related to access to care such as Latinx populations reporting the lowest rate of people with a usual source of care in the county and Black residents reporting the highest rate of preventable hospitalizations. Interviewed community leaders described provider bias and community distrust of the healthcare system as barriers to accessing care for marginalized communities, elevated by the COVID-19 pandemic which made families even more hesitant to go to healthcare facilities to receive care. They also identified strategies to improve access to care such as better coordination of care across healthcare and social services, providing more culturally and linguistically specific resources, and partnering with schools to increase families' access to health services.

5. Structural racism: Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices. Black, Indigenous, and people of color experience greater exposure to environmental injustices, reflected in stark differences in health outcomes and life expectancy. In the Redwood City service area, Black residents are most adversely impacted by race-related health disparities and their life expectancy is lower than residents of other races. Additionally, Native American and Pacific Islander residents report the highest rates of student homelessness in the county and Latinx residents are least likely to have health insurance coverage. Interviewed community leaders shared that violence and trauma in relation to structural racism have impacted the level of trust and safety that communities of color have in accessing health and other systems. They also identified strategies to address structural racism such as investing in the leadership of community leaders of color.

6. 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. Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Though the Redwood City service area has a lower percentage of adults without a high school diploma than the state, specific communities such as Pescadero, North Fair Oaks, and East Palo Alto have higher percentages without high school diplomas than the rest of the service area. Additionally, there are racial disparities related to education such as lower rates of Latinx and Black students meeting third grade proficiency standards in math, compared to higher rates of white and Asian students. Interviewed community leaders shared that there has been a massive learning loss due to school closures during the COVID-19 pandemic and remote learning options were limited for students without reliable internet access or adults in the home that could support their education. They also identified strategies to address education needs such as redistributing resources to schools that serve low-income families, investing in universal preschool, and hiring and training teachers who are culturally representative of the students they serve.

Health need profiles

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

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 low-income 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, higher than average rates of food insecurity, 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 incidence and deaths.

On several measures of economic prosperity, the Redwood City service area performs favorably relative to state and national benchmarks. However, racism and unjust market forces dramatically impact economic prospects, and in turn, health, among some geographies and populations.

- The Redwood City and North Fair Oaks neighborhood has a large percentage of children living in poverty (22 percent compared to 7 percent for the Redwood City service area) and a high unemployment rate (15 percent). The majority of residents here are Latinx.
- A measure called “job proximity” is an indication of access to jobs. It is 44 percent worse in the Pescadero and surrounding areas than the Redwood City service area and 14 percent worse than state and national averages.
- Income inequality in the Redwood City service area is 25 percent higher than the state, indicating a wide income gap among households.
- SNAP enrollment (in the CalFresh Program) in the Redwood City service area is 3 percent, about a third of the national (12 percent) and state (10 percent) averages. Census tracts in Redwood City, Menlo Park, and East Palo Alto have the highest percentages of households using CalFresh (as high as 19 percent of households). (gethealthysmc.org)

There are significant racial disparities in per capita income in San Mateo County, with Pacific Islander and Latinx residents earning around \$28,000 per capita while white residents are earning \$86,000 per capita (RaceCounts.org). A recent study of Redwood City and North Fair Oaks communities showed Latinx families had the highest percentage of unmet needs in employment, housing, and food security (Gardner Center). Interviewed community leaders identified specific populations in the Redwood City service area with larger wealth disparities, such as Black and Latinx families, undocumented residents, and those living in the North Fair Oaks, East Palo Alto, and Coastside areas.

Interviewed community leaders spoke of many families losing their jobs, working multiple jobs, and unable to pay rent or medical bills, afford food, transportation, and other basic needs due to the COVID-19 pandemic. Interviewed community leaders described how economic needs also impact educational achievement for children because low-income families may not have the technological tools needed or the time to spend helping their children succeed in school, impacting their long-term economic prospects.

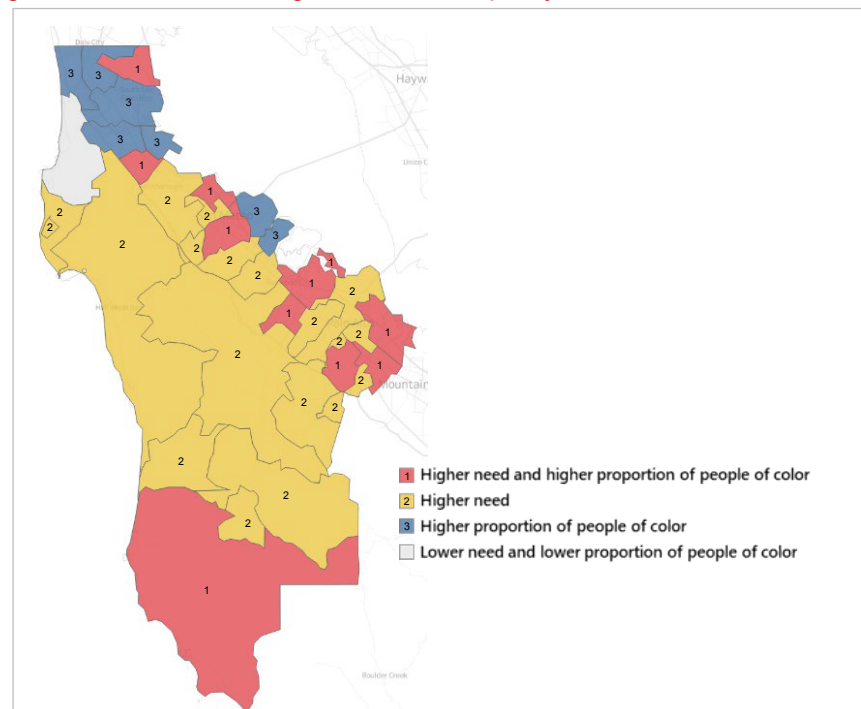
Interviewed community leaders recognized that the same communities of color that have been historically impacted by racism were disadvantaged economically and in health outcomes during the pandemic.

Interviewed community leaders expressed the need to improve the economic situation for families through authentic community partnerships. They advocated for workforce training and pathways to quality, local jobs, including health care careers; wraparound services for job seekers; access to healthy and culturally responsive food; and capacity-building supports that lead to self-sufficiency for individuals and communities. They also suggested policies such as providing universal home visiting, universal childcare, and a universal basic income. Interviewed community leaders expressed the need for system-level changes that address structural racism and its impact on communities of color with a need for tailored strategies for specific populations, like marginalized families, undocumented residents, and those living in North Fair Oaks, East Palo Alto and Coastside communities.

Interviewed community leaders also mentioned these assets in the Redwood City service area: cross-sector collaboratives, county-level supports, and the many local community-based organizations that provide food, financial resources, transportation, basic needs and more during the pandemic and beyond.

INCOME INEQUALITY, REDWOOD CITY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and higher income inequality than the state benchmark.



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

In our communities of color, I think there's a real fear ... to get tested because they are going to miss work. And if they miss one or two days to work, that means they can't pay their rent. So, it's a real factor where for some of them, we have to empathize that it means the risk of their livelihood in our communities ... it's been really important to learn from our community members but to also address some big elephants in the room that the medical community hasn't been able to do in recent years. But now they are.

– Collaborative leader

If you want to make a big impact on every low-income family in the county, if you went through the schools and partnered with the schools to make sure that they were able to provide the services needed around housing support, accessing mental health support, accessing job training, accessing addiction care ... I think that that would just be widely more efficient and probably more successful.

– Nonprofit leader

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 highest real estate costs in the country. Housing in the Redwood City service area has become increasingly expensive, especially for communities of color and households with low incomes. There is a marked shortage of affordable housing with a median rental cost of \$2,508, almost 50 percent higher than that of the state.

- 18 percent of families in the Redwood City service area are experiencing severe housing cost burden, (housing costs greater than 50 percent of income). This disproportionately impacts communities of color (as shown in the severe housing cost burden map), leaving less money for healthy food, health care and enrichment activities for children.
- Latinx, Black and Pacific Islander families in San Mateo County have disproportionately higher housing cost burden with 54-61 percent of renters spending more than 30 percent of their income on housing, compared to 41 percent of white families and 37 percent of Asian families (RaceCounts.org).
- The 2019 one-day homeless count in San Mateo County was 21 percent higher than the 2017 count driven by the increase in people living in RVs (hsa.smcgov.org).

Interviewed community leaders spoke of the general wealth of San Mateo County that often overshadows the pockets of low-income families. They identified undocumented families, Black, Pacific Islander, and Latinx communities as vulnerable to housing challenges in the Redwood City service area. Coastside residents and neighborhoods east of U.S. Route 101 tend to live in overcrowded and multi-generational homes (as shown in the overcrowded housing map). Close to 7 percent of families in the Redwood City service area live in overcrowded housing compared to 3 percent nationwide. Youth and parents/caregivers in East Palo Alto, North Fair Oaks, and Redwood City identified housing costs, high costs of living, and lack of living wage job opportunities as some of the top community issues (CCCS EPA & CCCS NFO-RWC Reports).

Interviewed community leaders reported that another housing challenge in San Mateo County is family upheaval associated with moving outside the Bay Area but commuting in to work or school. Long commutes result in lack of sleep, higher stress, and unhealthy eating (e.g. fast food in the car).

When you've got 6, 7, 8 families who are crowded into a one family space, or you've got 30 guys who are sharing two bedrooms and sleeping in shifts, even without COVID, you already know you have a problem... we have an awful lot of people here in this rich county that this is the only way they survive. Doubling up is easy. We're talking quadrupling, quintupling up to try and survive here.

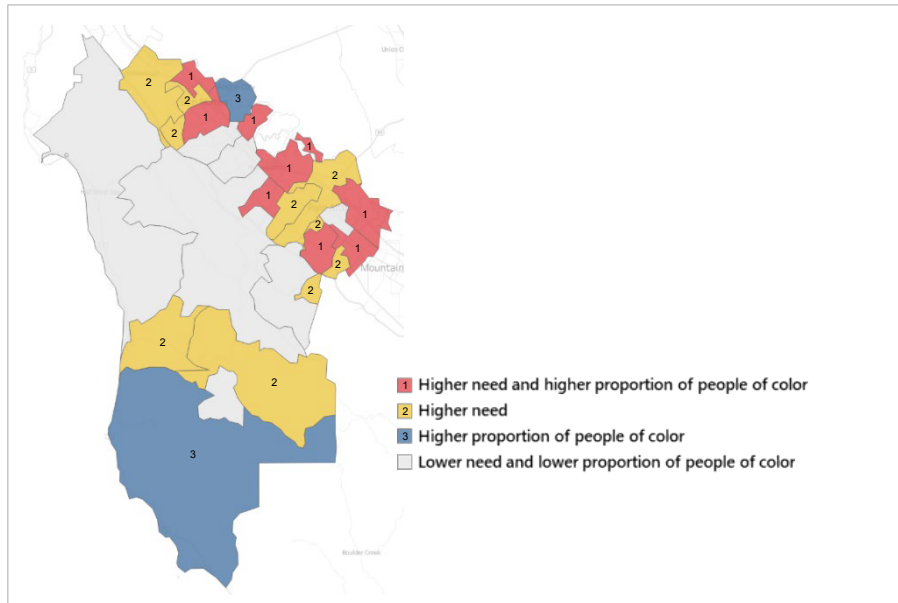
– Nonprofit leader

Interviewed community leaders expressed a need for collaborative and systems-level approaches to address the issue of housing in the Redwood City service area. More specifically they discussed a need around enacting innovative housing strategies for high-risk populations to prevent homelessness, building pathways towards economic self-sufficiency for children and youth, culturally responsive wraparound services, care coordination and system navigation to address housing security and other needs; medical respite care for unhoused patients, making connections between health and housing for policymakers, and overall empowering community members to voice, guide and direct change.

Some of the assets shared by interviewed community leaders include the existing system level collaboratives that cultivate community and advance policies like the eviction moratoriums, the attitude of residents that support state housing ordinances, community partners providing mobile showers and building modular homes, and the quality of housing support for veterans.

SEVERE HOUSING COST BURDEN, REDWOOD CITY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and housing cost burden that exceeds the national benchmark.



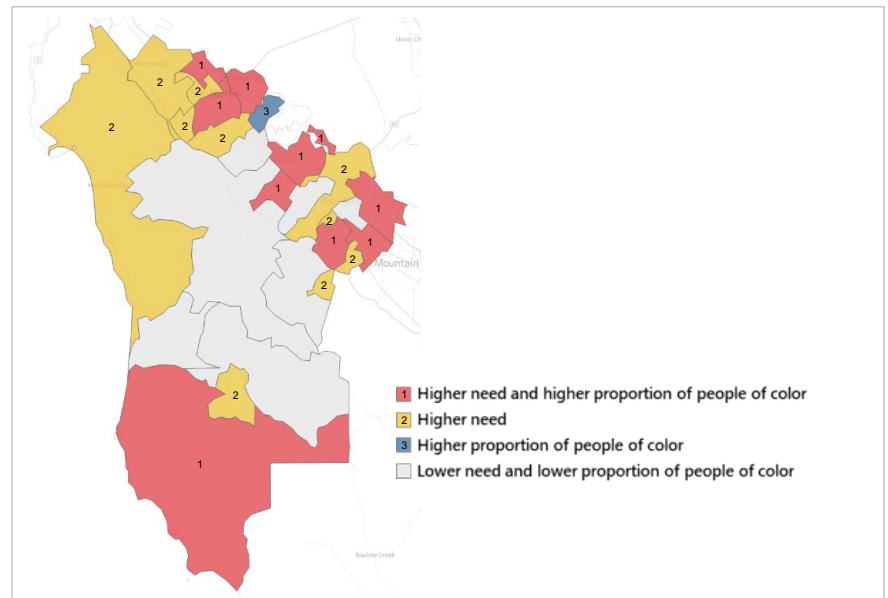
Source: [Kaiser Permanente Community Health Data Platform](#)

I can't even imagine the stress of families having to figure out how to pay rent. They're working multiple jobs, trying to eat healthy, it's complex if you're low income ... the family is more unhealthy just because of the number of stressors in their life. And it's costly [to build affordable] housing ... but there are a variety of creative and innovative ways to build housing that are more cost effective and desirable ... I think we just need to look outside the box and be creative in order to solve this problem that's been ongoing forever.

– Health care leader

OVERCROWDED HOUSING, REDWOOD CITY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color greater than 50% and overcrowded housing rates that exceed the national benchmark.



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

Health need profile: Mental & behavioral health KAISER PERMANENTE®

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 Indians/Alaska Native residents, and individuals 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.

Across all standard indicators of mental health and behavioral health, the Redwood City service area performs better than the state.

- The Redwood City service area has a lower rate of deaths of despair per 100,000 of the population (23.3 compared to 34.3)
- The Redwood City service area has a higher rate of mental health providers per 100,000 of the population (371.5 compared to 352.3)
- Residents reported experiencing fewer poor mental health days per month among adults (3.0 compared to 3.7)

However, interviewed community leaders highlighted a strong need for more individualized therapy in the community. They noted that the need for individual, couple, and family therapy has shifted from mild/moderate to moderate/severe. The most prevalent diagnoses are depression, anxiety, trauma, and stress. They also suggested that treating these conditions will require training in developing coping mechanisms, not merely a prescription. The pandemic has exacerbated staff turnover among mental health workers, and even well-resourced organizations are unable to find professionals to hire. An increase in demand, combined with a workforce shortage, has led to a backlog of the mental health system of care requests and long waitlists for those seeking services.

There are also many cultural barriers to accessing mental health services. Interviewed community leaders described how some cultures consider accessing mental health as a sign of weakness. They described a high need for providers who not only speak the language, but fully understand the cultural context and the linguistic nuances of the communities they serve.

There are disparities in mental health needs in San Mateo County. Studies show that one in four residents (26 percent) experience symptoms of chronic depression with higher rates among Black (37 percent), Latinx (34 percent) and Coastside (33 percent) communities (SMCAITogetherBetter.org). Interviewed community leaders shared observations that the number of mental health referrals from school districts has increased due to the challenges that students have faced during the pandemic. Community leaders also identified that the LGBTQ+ community has higher needs for mental health support. Data show that a higher percentage of youth identifying as gay, lesbian, or bisexual in San Mateo County have depression-related feelings and have seriously thought about committing suicide, compared to straight/heterosexual youth, as shown in the table on the next page.

The COVID-19 pandemic has notably impacted the mental health of community members. Interviewed community leaders noted youth, seniors, families with young children and undocumented families face the most severe mental health challenges, exacerbated by the isolation, trauma and stress of the pandemic.

Interviewed community leaders expressed the need for strategies like these: coordination between providers; education and advertisement about the services, programs, and resources that are currently available in the area; hiring mental health providers who are culturally and linguistically responsive to the communities they serve; partnering with schools to distribute and access mental health resources by meeting families in places they already frequent; crisis and respite services for families; and providing pathways to students and community members who have an interest in working in the mental health field to expand the workforce.

Interviewed community leaders also shared that there are local assets for supporting mental health: support from elected officials, partnerships between community-based organizations and mental health providers, and the availability of virtual mental health support.

I do think the need for mental health is significantly greater and amplified due to the pandemic, and there is also a mental health care worker shortage. So, if there is a shortage of workers and you also have a higher demand for services, you can do only the best you can do with a shortage.

– Health care leader

STUDENTS WITH DEPRESSION-RELATED FEELINGS AND SUICIDAL IDEATION, BY SEXUAL ORIENTATION, SAN MATEO COUNTY, 2017-2019

	Gay/Lesbian/Bisexual	Straight	Not sure
Felt sad or hopeless almost every day for >=2 weeks	59.7%	24.3%	38.9%
Seriously considered attempting suicide	44.7%	13.1%	33.8%

Public-school students in grades 7, 9, 11, & non-traditional programs; previous year

Source: Kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020).

There are a lot of undocumented people in my community. Over the months of the pandemic, they lost family members in their home country and were not able to see them, care for them, or say goodbye. There is a lot of grief right now in the community.

– Mental health leader

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.

Compared to the state of California, the Redwood City service area reports better outcomes in access to care measures, such as lower rates of uninsured children, fewer uninsured residents, and fewer infant deaths. However, geographic, racial, and ethnic disparities do exist in access to health care:

- Redwood City and North Fair Oaks have a majority of Latinx residents and a large percentage are uninsured. In this area, uninsured rates are over 10 percent, compared to 4 percent for the Redwood City service area as a whole (see map on the following page).
- Coastside communities have a larger percentage of uninsured children compared to the Redwood City service area as a whole (6 versus 2 percent).
- Some areas of Redwood City have fewer adults who have had a routine checkup: North Fair Oaks (65 percent) and East Palo Alto (67 percent) are lower than Redwood City (70 percent) and the overall San Mateo County (72 percent). (SMCAITogetherBetter.org).
- Black residents of San Mateo County have the shortest expected lifespan, averaging 11, 9, and 4 years less than Asian, Latinx, and white residents, respectively (RaceCounts.org).
- Fewer Latinx residents in San Mateo County have a usual source of care, 7 percent less than white residents.
- Black residents have 549 more preventable hospitalizations per 100,000 people than Latinx residents in the Redwood City service area. (RaceCounts.org).

Interviewed community leaders said that Latinx, Pacific Islander, and Black/African American communities are the most adversely affected by disparities in access to care. Many mentioned how San Mateo County's affluence contrasted the experiences of communities of color who are particularly affected by disparities persistent across the county. Interviewed community leaders also spoke about migrant farm workers who are often geographically cut off from access to care on the coastside, as well as undocumented and elderly/senior communities.

In our communities of color, I think there's a real fear where, No, I'm not going [to the doctor]. They're just going to say I have COVID, and I have to stay here. Then I can't go work. Then I can't pay my bills. So, it ripples. Right?

– Organizational leader

The COVID-19 pandemic continued to affect the ways communities engage in services and exacerbated the health inequities already present. Despite organizational responses to COVID-19 through ongoing education, testing, and vaccination services, interviewees expressed how many families experienced greater hesitancy going into health care facilities to receive care. Interviewees described the challenges their organizations and communities faced as they had to adjust services, resources, and programs into a virtual format to best meet the needs of families.

Interviewed community leaders also emphasized how the political climate over the past several years served as a barrier to health care services from various vulnerable communities, particularly for people who are undocumented and their family members. Interviewees also named provider bias and community distrust of the health care system as challenges to accessing care for marginalized communities – and especially communities of color. Interviewees explicitly named racism at individual, structural, and policy-levels as real barriers to health care access. Additional barriers included lack of flexibility in open office hours, insufficient coverage by one’s own health plan, long emergency room wait times, and a lack of local, accessible community clinics.

Interviewed community leaders emphasized the need for knowledge about available resources, especially culturally- and linguistically-specific resources. They discussed opportunities to better coordinate care across health care and social service silos. Interviewees described the ways gaps in mental health, housing, food security, and oral health are detrimental to access to care. Additionally, schools also emerged as a vital puzzle piece in connecting children to critical health services.

... but there's also just the [lack of] knowledge, not even knowing that there is care available to you in this area. So, if you don't know about something, you're not going to access it. And then [even] if you have access to it, you might not know how to access it ... We're just finding out so much that we didn't know before [the pandemic]. And also, that we already knew. Because when folks would share all this information about all these services and programs, I'm like, 'my people don't know nothing about all that'.

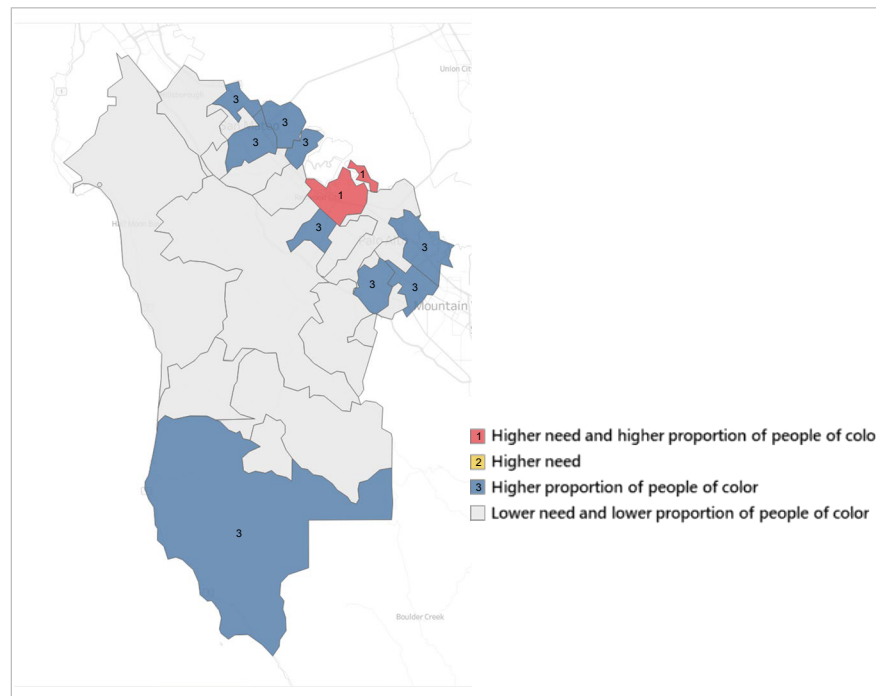
– Community leader

So, I think that that's why training is so important. It's more about having the conversation of how to work with our patients, to help the patients feel that they're being listened to. And I think this may not be traditional medicine, but people know their bodies, and when something is wrong, you want to make sure that something is taken care of and it's [looked] into.

– Organizational leader

PERCENT UNINSURED, REDWOOD CITY SERVICE AREA, 2015-2019

In the area shaded red (1), the percent of people uninsured is higher than the national average and the population of people of color is over 50%.



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

Health need profile: Structural racism

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and People of Color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

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 in our country even further.

More than ever before, community members persist in the work of reimagining broken community structures in light of the uprisings of 2020 that occurred after the murder of George Floyd. Structural racism remains a daunting threat to the flourishing of all communities, particularly communities of color. As a result of historic and present-day policies and practices, race-related health disparities and inequities continue to impact the Redwood City service area and San Mateo County:

- Major disparities in homeownership persist by race, with Black and Latinx communities reporting 27 percent lower homeownership rates than white residents in San Mateo County (RaceCounts.org)
- Median household income data shows similar disparities. Black, Native American and Latinx households earn just over half that of white and Asian households in San Mateo County, as shown in the graph on the next page (SMCAITogetherBetter.org).
- Within the Redwood City service area, Redwood City and North Fair Oaks has both the largest proportion of people of color and highest neighborhood deprivation score.
- Black residents in San Mateo County are the most adversely impacted. They are least likely to possess access to the internet and mostly likely to experience preventable hospitalizations. Black residents’ life expectancy is 11 years less than Asian residents who experience the longest life expectancy (Race Counts).
- Native American and Pacific Islander residents of San Mateo County reported the highest rates of student homelessness (RaceCounts.org).
- Latinx residents are least likely to have health insurance coverage. They also are more likely to live in proximity to a hazardous site compared to Asian and white residents (RaceCounts.org; SMCAITogetherBetter.org)

There's always been inequities in our Black and Brown communities ... And every time there's a murder or some type of injustice, whether it's Black, transgender, it's like the band aid is ripped off that open wound and we go through all those emotions again ... I look at the world around us and think, ‘we can do better.’ Kids are not born racist.

– Health care provider

Several interviewed community leaders discussed violence and trauma in relation to structural racism and expressed a distrust of governmental institutions that contribute to communities of color often not feeling safe to access care. Interviewed community leaders elevated the specific targeting of Asian Americans in light of the pandemic, describing the impact on general feelings of safety experienced by this community.

Interviewed community leaders also discussed the complexities and challenges of addressing structural racism, naming barriers such as a lack of political will, knowledge of resources by community members, and race-related stress. Interviewees spoke to the way racism operated at both the individual and structural levels in communities. Wealth also emerged in connection with structural racism in these conversations.

Naming the intersection of geography and racial identity, interviewees specifically mentioned the ways Latinx populations in East Menlo Park and African American populations in East Palo Alto stood out as communities experiencing disproportionate impact in health needs such as economic security and access to care. Yet, these disparities did not appear overnight, and interviewed community leaders spoke to the deeply embedded, pervasive nature of structural racism.

Across primary and secondary data sources, structural racism emerged as a visible, visceral health need in the Redwood City service area. Interviewed community leaders emphasized the need to invest in and follow the leadership of community leaders of color to dismantle structural racism.

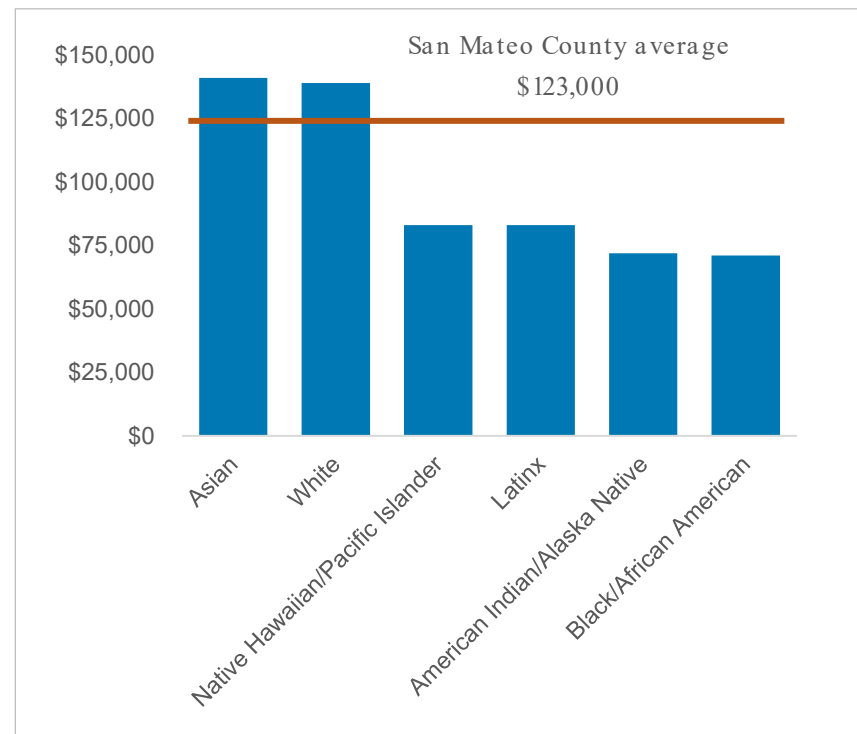
I do feel that with the pandemic and with the social unrest that occurred [in the] last couple of years, well, it's been occurring always, but I think the racism and the murders of people of color specifically, African Americans was brought to [our] attention ... in Redwood City [we have heard more] about racism and the impact of racism in their lives. I think that it's the first time we're hearing it so much from the community and they want to learn more about it. I'm hearing it more in conversations in the community about white supremacy or white supremacy culture.

– Community leader

Often, I feel like with the targeting that's happened [with] Asian Americans locally ... To me, those are very much health related. Feeling safe in our communities, the issues of violence and brutality and how that targets communities differently ... I think it's pervasive.

– Community leader

MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, SAN MATEO COUNTY, 2015-2019



Source: San Mateo County All Together Better

Health need profile: 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.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low-income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Latinx/o/a students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Across many standard indicators of education, the Redwood City service area is doing better than state and national averages. However, education disparities exist across some populations and geographies:

- The Redwood City service area has a lower percentage of adults without a high school diploma compared to the state (9 percent compared to 18 percent). However, in some parts of the service area, such as Pescadero, Redwood City and North Fair Oaks, East Palo Alto and San Mateo, the percentage of adults with no high school diploma is higher, ranging from 20 to 28 percent.
- In the Redwood City service area, 87 percent of students completed high school on time, compared to 84 percent of students statewide. Despite this high area-wide percentage, recent data shows that high school graduation rates differ among race/ethnicities in San Mateo County. Over 96 percent of Asian students graduated high school, compared to 92 percent of white students, 83 percent of Black students, and 80 percent of Latinx students (RaceCounts.org).
- Black youth in San Mateo County had an 8 percent suspension rate (compared to 1 percent for Asian students, 2 percent for white students, and 5 percent for Latinx students (RaceCounts.org)).
- While 85 percent of Asian students and 80 percent of white students in San Mateo County are proficient in third-grade math, only 40 percent of Latinx students and 31 percent of Black students meet third-grade proficiency (RaceCounts.org).

Many interviewed community leaders emphasized that there has been a massive learning loss due to school closures during the COVID-19 pandemic. Even as students were able to return to campus, there were many challenges for low-income schools in the area, including a lack of testing and upgraded ventilation systems. Interviewed community leaders also noted that remote learning options were very limited for students without reliable internet access, particularly low-income families. One interviewed community leader mentioned that some parents don't have access to, or knowledge of, technology to be able to support their children's education at home. The Redwood City service area has a lower percentage of adults with some college education than the state (13 percent versus 21 percent) and disparities in educational attainment exist across in some neighborhoods and ethnicities, as shown in the map on the next page.

The way schools are funded directly affects how much resources there are for testing at schools. That's the number of school nurses, the quality of distance learning that's available, safety prevention measures, and the ventilation. All of that show huge disparities from one school to the next in what seems to be a pretty uniformly, pretty wealthy county.

– Public health department leader

Although preschool enrollment is relatively high in the Redwood City service area (72 percent), interviewed community leaders noted that there is a lack of trained staff for education positions, particularly preschool teachers. The cost of affordable childcare and lack of adequate spots is reported as a challenge for many parents.

Many interviewed community leaders explained that immigrant families and families living in poverty are particularly disadvantaged. One interviewee explained “Their parents may or may not have an education. If they’re immigrants, they may not speak English well enough to support their children in school.” Interviewed community leaders also described geographic disparities in available educational resources, noting specific areas such as Redwood City and East Palo Alto have fewer resources compared to wealthier areas that raise money and support their school districts.

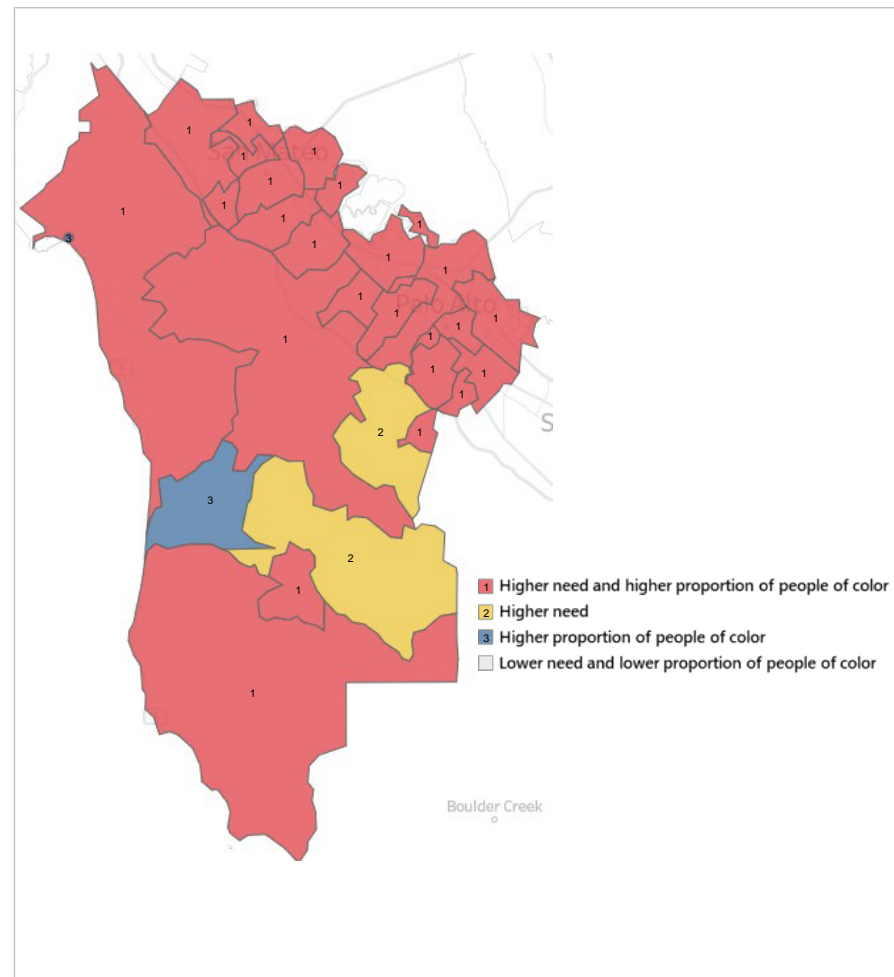
Many interviewed community leaders expressed the need for strategies like these to improve the education system in their community: re-distributing resources to schools, especially those that serve low-income families; providing financial literacy support, access to low-cost loans, and job training to families; investing in universal preschool to ensure all children have access to quality early education; and hiring highly-trained teachers that are culturally-representative of the students that they serve. Interviewed community leaders also mentioned the need for health literacy and health promotion strategies to educate communities about culturally responsive healthy lifestyles.

In education when we're trying to address disparities, we really have embraced the understanding of the importance of a strong start for children zero to five. If an organization was really going to invest in community health, it would be great if it could be around prenatal support, parent support, and early learning or early start resources for 0 to 5 [year-olds].

– Education sector leader

PERCENT OF ADULTS WITH SOME COLLEGE EDUCATION, REDWOOD CITY SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with the population of people of color over 25% and a lower percentage of adults with some college education than the national 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 Redwood City 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.

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

Kaiser Permanente Redwood City 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.

Kaiser Permanente Redwood City 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 Redwood City Medical Center 2019 Implementation Strategy priority health needs

1. Health Care Access and Delivery
2. Mental Health and Well-being
3. Healthy Eating/Active Living
4. Economic Security (including Housing and Homelessness)

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 Redwood City 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.

Kaiser Permanente Redwood City 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 \$1,394,078 in service of 2019 IS health needs in the Redwood City service area.

One example of a key accomplishment in response to our 2019 IS includes a \$25,000 grant to Puente de la Costa Sur to address behavioral health. The program is expected to reach 300 community members on the rural San Mateo County South Coast (Pescadero, La Honda, Loma Mar, and San Gregorio). The goal of the grant is to prevent and increase awareness of trauma and to offer community wellness drop-in support groups for teens and adults.

As the health and economic toll of COVID-19 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 \$335,000 in the Redwood City service area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its \$95,000 grant, Coastside Hope held 17 pop-up clinics, which provided 1,004 vaccinations to San Mateo County’s semi-rural and isolated coast-side residents.

Kaiser Permanente Redwood City Medical Center 2019 IS priority health needs and strategies

Healthcare Access and Delivery

Care and coverage: Kaiser Permanente Redwood City 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	4,931	5,977	\$7,584,740	\$4,249,684
Charitable Health Coverage	71	67	N/A	\$163
Medical Financial Assistance	3,407	2,786	\$5,816,113	\$5,157,271
Total care & coverage	8,409	8,830	\$13,400,853	\$9,407,118

Other access to care strategies: During 2020-2021, 23 grants were awarded to community organizations, for a total investment of \$734,200 to address access to care in the Redwood City service area.

Examples and outcomes of most impactful other strategies

Access to Care in East Palo Alto

Ravenswood Family Health Network (South County Community Health Center) was awarded \$25,000 to provide care to low-income individuals in the East Palo Alto area of San Mateo County. The program is expected to serve about 13,000 patients by ensuring that patients have adequate health coverage/insurance, sufficient local access to health care providers, reliable transportation to health care appointments and other enabling services.

Oral Health Care

Sonrisas Dental Health, Inc. was awarded \$25,000 to provide care to low-income, primarily immigrant individuals residing in San Mateo County who otherwise would not have access to oral health care. The partnership is expected to serve about 44 patients by helping them establish a dental home, providing oral health education, and providing emergency oral health care as needed.

COVID Vaccine Equity in Redwood City and North Fair Oaks

Redwood City Together (Redwood City 2020) was awarded \$95,000 to increase vaccination rates among the communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. The partnership served about 42,000 residents by providing support to community-based organization partners to serve as trusted messengers in the community and link the community to vaccine pop ups, increasing vaccination rates within targeted geographies.

Mental Health and Well-being

During 2020-2021, 18 grants were awarded to community organizations, for a total investment of \$359,281 to address mental health and well-being in the Redwood City service area.

Examples and outcomes of most impactful strategies

Trauma Prevention and Screening for the Rural South Coast

Puente de la Costa Sur was awarded \$25,000 to engage skilled practitioners to prevent racial trauma, stress, and ACEs, while also providing a safe space for healing of community members from long-term stress and inter-generational trauma of racism. The partnership is expected to serve about 300 low-income individuals and families, members of the LGBTQ+ population, and youth and immigrants from Mexico, Guatemala, and El Salvador who live or work in the rural towns of Pescadero, La Honda, Loma Mar, and San Gregorio in San Mateo County. Expected outcomes are to increase community members' knowledge about ACEs and impact on health outcomes and to help cohort members identify stressors and enhance understanding of how trauma affects all aspects of their lives.

Mental Health Access for Youth

Adolescent Counseling Services was awarded \$25,000 to provide San Mateo County youth, including LGBTQ+ youth, with a multi-pronged approach to ending depression, isolation, stress, and/or substance abuse. The partnership is expected to serve about 4,675 youth to improve functioning and coping skills, reduce depression and anxiety symptoms, reduce substance use, and increase their level of comfort with their identity.

Creating Pathways for Safety and Support

Star Vista was awarded \$25,000 to engage skilled practitioners to prevent trauma and stress through education and trainings and provide a safe space for healing of community members from long-term stress and intergenerational trauma with a focus on LGBTQ+ populations. The program is expected to support 330 individuals by providing clinical services, case management, social and community building programs, and LGBTQ+ trainings and education in San Mateo County.

Healthy Eating/Active Living

During 2020-2021, 18 grants were awarded to community organizations, for a total investment of \$325,113 to address healthy eating and active living in the Redwood City service area.

Examples and outcomes of most impactful strategies

Food Distribution with Schools

Second Harvest of Silicon Valley was awarded \$150,000 to provide free, nutritious food to low-income, food-insecure residents throughout Santa Clara and San Mateo counties. The program is expected to partner with about 40 school partners and serve about 48,000 children, youth, and families.

Farm2Family food distribution program

The HEAL Project was awarded \$25,000 to provide greater access to fresh, nutritious, locally produced food at no cost to students and their families in order to improve their overall nutrition. The partnership is expected to serve about 100 low-income families of students in the Hatch School Intensive Garden Program in Half Moon Bay, increasing their food security, their consumption of fruits and vegetables, their knowledge about nutrition and healthy eating, and their ability to prepare their own healthy snacks.

Fair Oaks Cafe Saludable

Peninsula Family Service was awarded \$25,000 to provide food security support for extremely low-income seniors. The partnership is expected to serve about 200 senior participants at the Fair Oaks Adult Activity Center in Redwood City, to increase their food security, increase their knowledge of resources to reduce risk of nutritional deficiency, and increase the collaboration between social service, housing and healthcare agencies serving older adults.

Economic Security (including Housing and Homelessness)

During 2020-2021, 8 grants were awarded to community organizations, for a total investment of \$711,093 to address economic security, including housing and homelessness, in the Redwood City service area.

Examples and outcomes of most impactful strategies

Mobile Homeless Services

WeHOPE was awarded \$25,000 to strengthen the connectivity and provision of care within health care and social services safety net for people experiencing homelessness or formerly homeless in the communities of East Palo Alto, Redwood City and Menlo Park, including through case management and connection to permanent/supportive housing. WeHOPE's mobile homeless service to vehicle dwellers and encampments provide direct services and provide an onramp to shelter services, COVID-19 vaccinations and testing, as well as permanent/supportive housing. The partnership is expected to serve about 70 people experiencing homelessness or formerly homeless to receive medical evaluations and treatment, become employed, become housed, and be given the opportunity to shower and wash laundry.

Bay Area Housing Preservation and Production

Enterprise Community Partners was awarded \$95,000 over 12 months to lead cross-sector partnerships and implement solutions that accelerate the preservation and production of affordable homes and tenant protections across the Bay Area. The program is expected to serve 7,000 low-income, people of color who are disparately impacted by the region's affordability crisis.

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.	Gardner Center; Redwood City and North Fair Oaks Community Needs Assessment Survey Findings	2021
2.	Community Collaboration for Children's Success, East Palo Alto Neighborhood Action Plan	2019
3.	Community Collaboration for Children's Success, North Fair Oaks/Redwood City Neighborhood Action Plan	2019
4.	Advancement Project California; RACE COUNTS	2017 - 2019
5.	San Mateo County All Together Better Community Dashboard	2014 - 2020
6.	San Mateo County Human Services Agency; One Day Homeless Count	2019
7.	Get Healthy San Mateo County; Healthy Neighborhoods Data	2012 - 2016

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Bay Area Community Health Advisory Council	1	African American and diverse communities	Leader	08/17/21
2	Key informant interview	Boys & Girls Club – Mid-Peninsula	1	Low income, communities of color, youth	Leader	08/24/21
3	Key informant interview	Ravenswood Family Health Network	1	Medically underserved, low income, communities of color	Leader	09/07/21
4	Key informant interview	First 5 San Mateo County	1	Children 0-5, low income, communities of color	Leader	08/31/21
5	Key informant interview	LifeMoves	1	Individuals experiencing homelessness, low income, veterans	Leader	09/01/21
6	Key informant interview	Peninsula Family Service Agency	1	Low income, children 0-5, older adults, communities of color	Leader	08/17/21
7	Key informant interview	Heart of SMC	1	Low income, communities of color, housing	Leader	08/24/21
8	Key informant interview	Samaritan House	1	Low income, medically underserved, individuals experiencing homelessness	Leader	08/23/21
9	Key informant interview	San Mateo County Behavioral Health and Recovery Services	1	Low income, medically underserved, behavioral health	Leader	07/30/21
10	Key informant interview	San Mateo Public Health Department	1	Public health	Leader	09/15/21
11	Key informant interview	San Mateo County Office of Education	1	Low income, communities of color, students	Leader	08/30/21
12	Key informant interview	Redwood City Together	1	Low income, communities of color	Leader	08/05/21
13	Key informant interview	Puente de la Costa Sur	1	South Coast communities	Leader	08/17/21
14	Key informant interview	Kaiser Permanente Redwood City Medical Center	1	Low income, medically underserved	Leader	08/03/21

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Community coalitions	There are several community coalitions serving the Redwood City service area such as UMOJA Health South County, LIBRE, RWC Together, and New Beginning Coalition
	Nonprofit social service organizations	Core service agencies collaborate with San Mateo County Human Service Agency to provide emergency and support services such as Samaritan House, Coastside Hope, Puente de la Costa Sur, Fair Oaks Community Center. Several nonprofit organizations and others convene as part of Thrive, the Alliance of Nonprofits for San Mateo County.
	Philanthropy	The Redwood City service area has a number of foundations with a local health focus such as Atkinson Foundation, Chan Zuckerberg Initiative, The David and Lucile Packard Foundation, Silicon Valley Community Foundation, Sobrato Family Foundation
Income & employment	San Mateo County Economic Development Association	SAMCEDA promotes business issues that enhance and sustain the economic prosperity of the region and local communities through being an influential voice, having direct access and relationships with political leaders and regional partners, and conducting up to date economic research.
	JobTrain	JobTrain is a nonprofit educational and training institution that helps community members reclaim their lives from poverty and unemployment by preparing them for successful, sustainable careers in high demand and emerging fields.
	Second Harvest of Silicon Valley	Second Harvest partners with over 300 organizations to support with CalFresh enrollment and distribute nutritious food across San Mateo and Santa Clara counties so families don't have to choose between eating healthy food or paying off bills.
Housing	San Mateo County Center on Homelessness	San Mateo County partners with community-based organizations for homeless outreach, emergency shelter and transitional housing, rapid re-housing, permanent re-housing and homeless prevention programs. Partners include Life Moves, WeHope, Community Overcoming Relationship Abuse, Star Vista and more.
	21 Elements	21 Elements is a collaboration across all San Mateo County jurisdictions focused on local housing policies and programs. It includes an equity advisory group with partners from organizations like Housing Choices, Nuestra Casa, Pilipino Bayanihan Resource Center and more.
	HEART of SMC	HEART of SMC is a public/private partnership among the cities in SMC, the County and the business, nonprofit, education and labor communities to create more affordable housing in the County.

Identified need	Resource provider name	Summary description
Mental & behavioral health Access to care	San Mateo County Health, Community Health Centers, and Free Clinics	San Mateo County Health administers public health programs and provides clinical and supportive services to the community. It includes San Mateo Medical Center hospital and clinics with locations in Daly City, Half Moon Bay, Redwood City, San Mateo and South San Francisco. Community health centers and free clinics serving the Redwood City service area include Ravenswood Family Health Network. Arbor Free Clinic and Samaritan House Free Clinic.
	Nonprofit community hospitals	Dignity Health Sequoia Hospital, Lucile Packard Children's Hospital Stanford, Seton Medical Center and Seton Coastside, Stanford Health Care, Sutter Health Menlo Park Surgical Hospital and Sutter Health Mills-Peninsula Medical Center offer in-and out-patient services for low-income vulnerable populations including charity care, financial assistance programs and participation in Medi-Cal. They also provide hospital health education, screening and early intervention programs, as well as community health programs and grants.
	NAMI San Mateo County	NAMI offers support, education, compassion and practical experience to anyone needing to educate themselves about mental illness and treatment for themselves or a loved one. They provide education classes, presentations, support groups and general meetings for the public.
Structural racism	San Mateo County Health Office of Diversity & Equity	The San Mateo County Health Office of Diversity & Equity advances health equity in behavioral health outcomes of marginalized communities throughout San Mateo County.
Education	County Office and Education and School Districts	San Mateo County Office of Education supports local school districts by implementing new standards, staff development and training programs, designing business and personnel systems, and other services to meet the needs of local districts.
	San Mateo County College District	SMCCCD seeks to sustain access for students and be responsive to community needs by providing a range of educational opportunities and experiences, leadership in aligning education programs with other institutions, and conducting research that supports the evaluation and improvement of programs, services and student outcomes. The district includes College of San Mateo in San Mateo, Cañada College in Redwood City, and Skyline College in San Bruno.
	Boys and Girls Clubs of the Peninsula	Boys and Girls Clubs of the Peninsula provide support to young people to build self-esteem and real-world skills through after school, college prep, and food distribution programs.