

# 2022 Community Health Needs Assessment



Kaiser Permanente Santa Clara Medical Center

License number: 070000661

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022



# Kaiser Permanente Santa Clara Medical Center 2022 Community Health Needs Assessment

## CONTENTS

Summary	2
Introduction/background	3
Community served	5
Kaiser Permanente’s CHNA process	8
Identification and prioritization of the community’s health needs	10
Description of prioritized significant health needs	10
Health need profiles	13
2019 Implementation Strategy evaluation of impact	24
Appendix	
A. Secondary data sources	29
B. Community input	31
C. Community resources	32

# Kaiser Permanente Santa Clara 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 Santa Clara 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 Santa Clara Medical Center has identified the following significant health needs, in priority order:

1. Mental & behavioral health
2. Access to care
3. Housing
4. Food insecurity
5. Healthy Eating Active Living opportunities

To address those needs, Kaiser Permanente Santa Clara 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>.

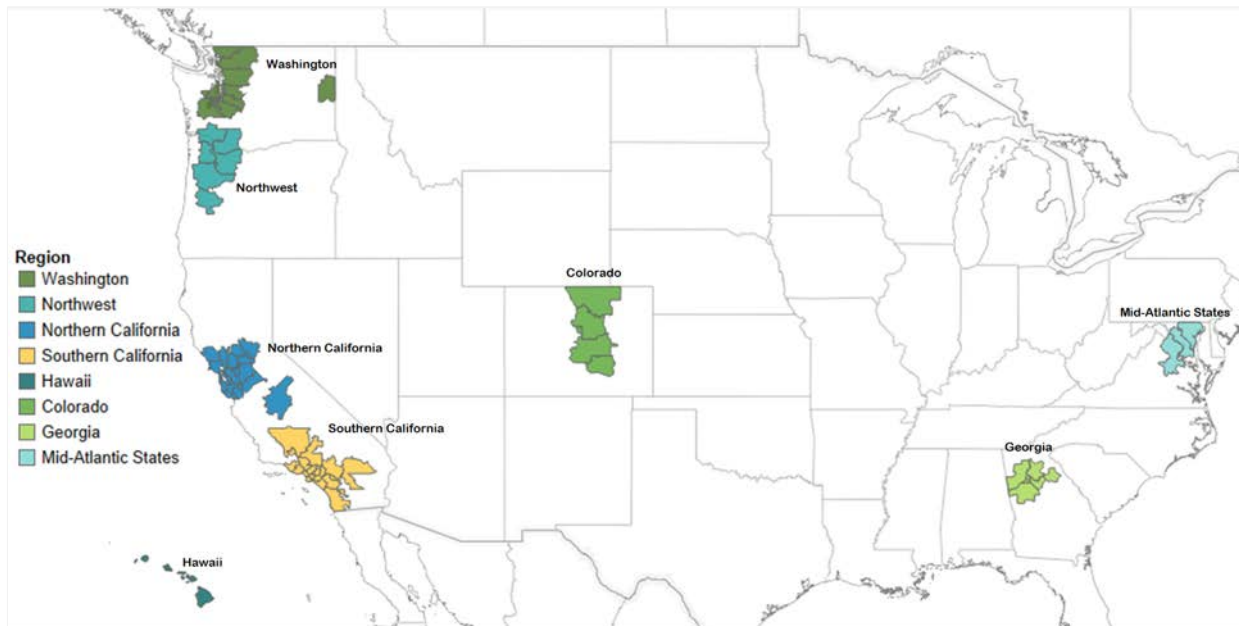
# Introduction/background

## 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.

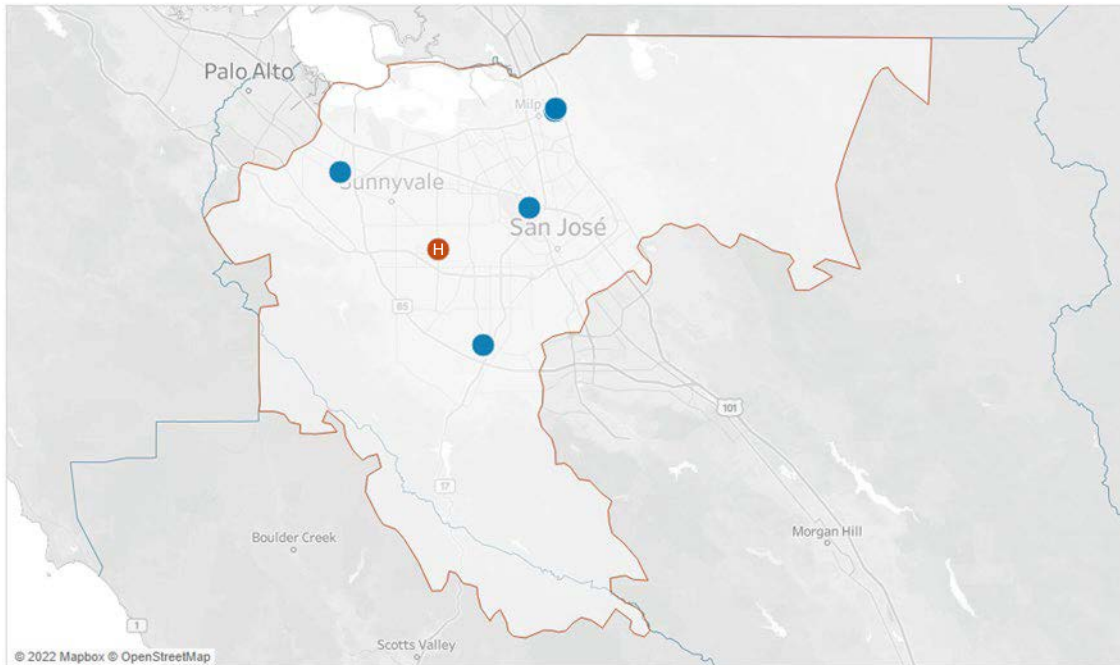
The Kaiser Permanente Santa Clara Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### Santa Clara service area

 Kaiser Permanente hospital    Kaiser Permanente medical offices



## Santa Clara service area demographic profile

Total population:	1,332,047
American Indian/Alaska Native	0.2%
Asian	40.7%
Black	2.3%
Hispanic	23.9%
Multiracial	3.4%
Native Hawaiian/other Pacific Islander	0.3%
Other race/ethnicity	0.2%
White	29.0%
Under age 18	21.5%
Age 65 and over	12.7%

## 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/Latin(a)(o)(x), Black/African American, 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.

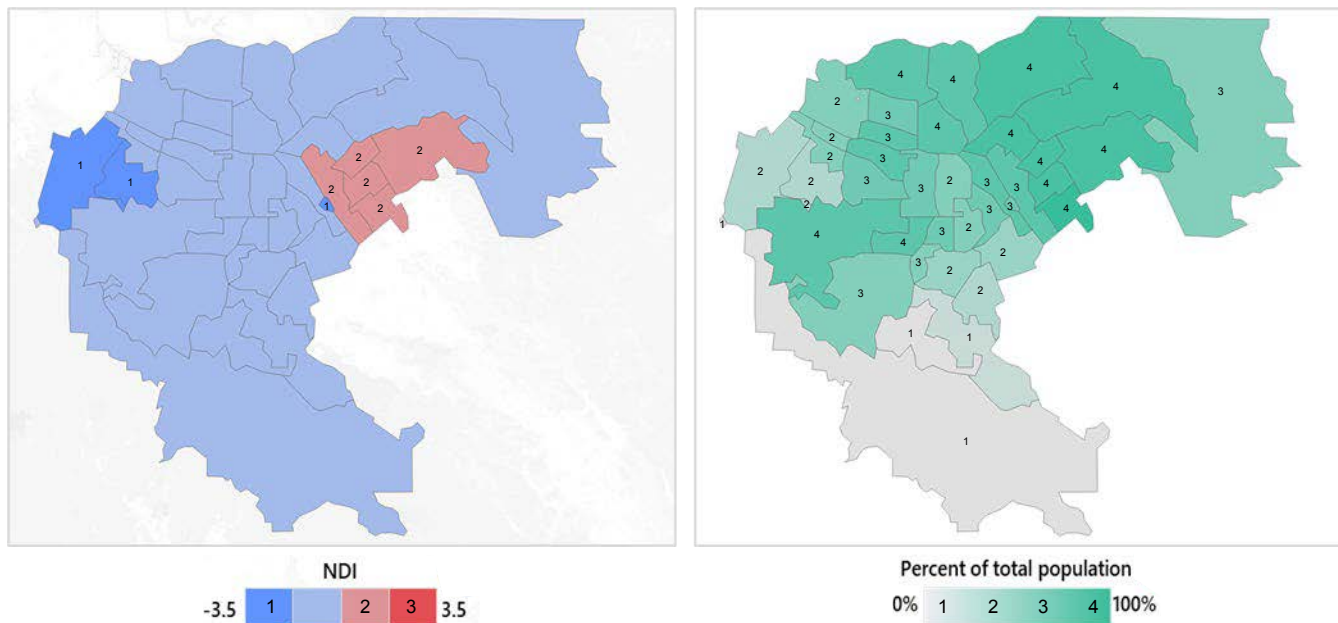
## Neighborhood disparities in the Santa Clara service area

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 Santa Clara 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

### SANTA CLARA SERVICE AREA

#### Neighborhood Deprivation Index





## 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

No other hospitals or partner organizations collaborated on this assessment.

### Consultants who were involved in completing the CHNA

Applied Survey Research (ASR) is a nonprofit social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

### 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](https://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](mailto: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 Santa Clara 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 Santa Clara 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 Santa Clara 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 Santa Clara service area

Before beginning the prioritization process, Kaiser Permanente Santa Clara 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 Santa Clara 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 five significant health needs.

### Description of prioritized significant health needs in the Santa Clara service area.

**1. Mental & behavioral health:** Despite having more mental health providers than the national per capita average, mental and behavioral health outcomes for residents of the Santa Clara service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for indicators of mental and behavioral health, including thoughts about committing suicide, are higher for Santa Clara County compared to the state. The need for mental health services for issues like depression and anxiety was heightened by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 exacerbated stressors across a wide array of social factors, like housing, jobs, and income, which has led to an increase in anxiety, depression and indicators related to suicide. Informants identified children, women, LGBTQ youth and transgender people, immigrants, and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services.

**2. Access to care:** Despite having more insured residents, physicians, and dentists within the Santa Clara service area compared with Santa Clara County and the state, disparities in access to care persist. Neighborhoods in the eastern region of the Santa Clara service area and two central neighborhoods experience the highest rates of uninsurance compared with the Santa Clara service area overall. Medicaid/public insurance (i.e., Medi-Cal) enrollment for the Santa Clara service area is lower than average in areas with relatively high insurance coverage. Two areas with a relatively high proportion of people of color have both higher rates of uninsurance and lower Medi-Cal enrollment rates, which may reflect the fear of accessing services (e.g., because of immigration status) that was cited by key informants. While the Santa Clara service area has a higher-than-average supply of physicians and dentists, many people feel that health care providers do not mirror the community culturally or linguistically. Key informants cited the high cost of insurance as a barrier to access, especially for those who do not qualify for Medi-Cal. Other barriers included inadequate coverage and people not knowing how to navigate the health system, including utilizing the coverage they have and knowing where to go for care. The switch to virtual visits during the COVID-19 pandemic allowed health systems to continue to provide care, but many patients faced challenges that included lack of access to a computer, internet, or a private space for a visit, as well as limited skills using digital platforms.

**3. Housing:** The lack of affordable housing is a critical issue for the Santa Clara service area, especially for renters. The service area has higher rates of overcrowded housing, higher rental costs, and a lower housing affordability index compared with the state. Key informants consistently expressed concern over the high cost of living and lack of affordable housing. They also shared concerns over the growing number of families living in overcrowded housing, couch surfing, or experiencing homelessness. In addition to lack of affordable and adequate housing, there are not enough shelters available to meet this growing need. Despite the magnitude of the problem, many informants noted a lack of will and resources to implement the strategies that are necessary to fully address this issue.

**4. Food insecurity:** Food insecurity for residents of the Santa Clara service area presents a growing need, exacerbated by the current COVID-19 crisis and the resulting economic impacts on individuals and families. Key informants cited limited places where people can access food (e.g., grocery stores, farmer's markets, community gardens) and high food prices as barriers to access, especially for low-income households. COVID-19 resulted in greater food scarcity and added the fear of going out to buy food and risking exposure to infection. Other barriers cited included the social stigma often associated with food assistance programs that dissuades people from pursuing the support they need. For example, they mentioned the fear of being judged or their need being questioned when accessing public programs and services, from SNAP benefits to food pantries.

**5. Healthy Eating Active Living opportunities:** Issues related to healthy eating and active living (HEAL), including access to transit, healthy food, and walkable neighborhoods present major health barriers in the Santa Clara service area. The walkability index score for the Santa Clara service area was higher than the national average but lower than the state average. Walkability disproportionately impacts people of color, especially one neighborhood with higher percentage of Black/African American and Hispanic/Latin(a)(o)(x) residents than the overall service area. Key informants cited widespread joblessness and economic instability as the underlying cause of the lack of HEAL opportunities. Informants reported that COVID-19 economic impacts shifted the community provider focus from nutrition education to helping households meet their basic needs such as food and housing. Additionally, funding shifted away from HEAL strategies to mitigate the immediate effects of COVID-19.

## Health need profiles

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

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.

Despite having more mental health providers (349.1 per 100,000) than the national per capita average (247 per 100,000), mental and behavioral health outcomes for residents of the Santa Clara service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for indicators of mental and behavioral health, including thoughts about committing suicide, are higher for Santa Clara County at 15 percent compared to the state at 12 percent.

## LONELINESS AND SUICIDE, SANTA CLARA COUNTY, 2020

	Santa Clara County	California
Often lonely (adult)	4.0%*	2.9%
Ever seriously thought about committing suicide (adult)	15.0%	12.2%

\*Statistically unstable

Source: UCLA Center for Health Policy Research. (2021). California Health Interview Survey, 2020.

Many key informants cited mental and behavioral health as one of the biggest health needs in the Santa Clara service area. The need for mental health services for issues like depression and anxiety was heightened by COVID-19, especially during the shelter-in-place order for youth, homebound seniors, and people living alone. People reported that COVID-19 exacerbated stressors across a wide array of social factors, like housing, jobs, and income, which has led to an increase in anxiety, depression and indicators related to suicide. Informants identified children, women, LGBTQ youth and transgender people, immigrants, and particularly those with a history of trauma, as groups that are more likely to need mental and behavioral health services.

In the Santa Clara service area, a lack of family and social supports was identified as a contributing factor to increased mental/behavioral health needs. Specifically, lack of day/childcare and decreased social interactions were identified as having significant impact on the general wellbeing of families and individuals. Overall, it was expressed that family’s needs increased due to COVID-19, while available services and resources decreased, became too difficult to access, or were inadequate.

Common barriers to mental and behavioral health care were reported by informants including stigma, transportation, lack of coverage, not enough culturally responsive services or providers, and a lack of knowledge of available resources. Although telehealth provided a critical avenue for care when COVID-19 emerged, it also revealed a new set of limiting factors including lack of access to adequate technology and the need for improved digital literacy for some.

When people did reach out for help, informants noted workforce issues as one of the biggest challenges in meeting the mental and behavioral health needs of the community, including not enough mental and behavioral health providers, not enough bilingual/bicultural providers, inability to recruit and/or retain providers due to high cost of living, and not enough incentives for getting people into the field. They shared that investments need to be made in workforce pipelines to increase diversity in this field and to pay therapists livable wages.

The informants suggested destigmatizing mental health, so it is seen as “something that we need to be healthy”. One strategy is to address mental and behavioral health needs sooner, with children and families, through regular screenings and prevention efforts, effectively normalizing and integrating this type of care. Systems also need to make concerted efforts to address these “disjointed systems” by increasing coordination and partnership between the fields of physical and mental/behavioral health.

There is a lack of treatment places, especially among adolescents – not a lot of places adolescents can get support. This is the tip of the iceberg; we’ve always had crises and the pandemic really pushed it over. The isolation that people are experiencing is hugely problematic. It’s going to take us a long time to recover from that.

– Public 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.

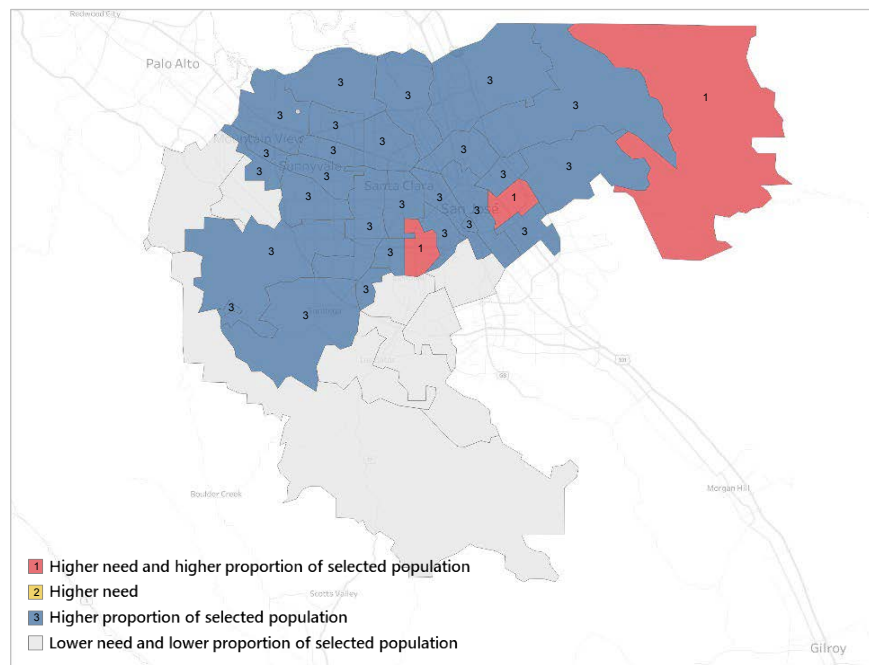
Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic,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

Despite having more insured residents, physicians, and dentists within the Santa Clara service area compared with Santa Clara County and the state, disparities in access to care persist.

- Neighborhoods in the eastern region of the Santa Clara service area (ZIP code 95140), and two central neighborhoods (ZIP codes 95128 and 95116) experience the highest rates of uninsurance: up to 23 percent, compared with the Santa Clara service area overall (4 percent).
- Medicaid/public insurance (i.e., Medi-Cal) enrollment for the Santa Clara service area is lower than average in areas with relatively high insurance coverage. Two areas (ZIP codes 95126 and 95140) with a relatively high proportion of people of color have both higher rates of uninsurance and lower Medi-Cal enrollment rates.

## PERCENT UNINSURED, SANTA CLARA SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a higher proportion of people of color and a higher rate of uninsurance relative to other ZIP codes in the Santa Clara service area.



Source: Kaiser Permanente Community Health Data Platform



Key informants cited the high cost of insurance as a barrier to access, especially for those who do not qualify for Medi-Cal. Other barriers included inadequate coverage and people not knowing how to how to navigate the health system, including utilizing the coverage they have and knowing where to go for care.

Many residents don't know where to go for care, especially if they're uninsured or underinsured. People may think about going to the emergency room but there's also fear of COVID so people may be staying away.

– Nonprofit organization leader

Other access barriers cited were related to people not feeling seen, heard, or cared for appropriately by health care providers. For example, materials are not in all needed languages, or at the appropriate literacy level, or they do not depict the racial/ethnic or cultural diversity of the community. Additionally, health care providers do not mirror the community culturally or linguistically. In addition, many community members are fearful of accessing services due to immigration status and stigma.

The switch to virtual visits during the COVID-19 pandemic allowed health systems to continue to provide care, but many patients faced challenges that included lack of access to a computer, internet, or a private space for a visit, as well as limited skills using digital platforms.

People of specific communities are not feeling comfortable. People are feeling like they're not getting the right level of care because they're not being heard.

– Public health leader

COVID-19 has disproportionality impacted people who are Hispanic/Latin(a)(o)(x), who represent 27 percent of the overall population, but 38 percent of all cases and 31 percent of deaths.

COVID-19 CASES AND DEATHS, SANTA CLARA COUNTY, FEBRUARY 4, 2022

	Percent of total population	Percent of COVID-19 cases	Percent of COVID-19 deaths
Santa Clara County			
Asian	38%	17%	22%
Hispanic/Latinx	27%	<b>38%</b>	<b>31%</b>
White	33%	15%	29%

Source: Santa Clara County Public Health Department. (2022). Santa Clara County COVID-19 Demographics Dashboard. (delete if cited in the appendix)

Overall vaccination rates in Santa Clara County were 84 percent as of February 4, 2022. Among all racial/ethnic groups, Asian residents had the highest vaccination rate (92 percent).

Informants' suggestions for improving access included bringing health care to where people physically are, such as school sites or other community venues. Other ideas to build trust included hiring providers who mirror the population, training medical staff to increase their cultural competency, and working with trusted community leaders (e.g., faith-based leaders or Promotoras) to spread health information, such as the importance of COVID-19 vaccines. It was also suggested that making case management and community health worker services reimbursable is critical to expanding these strategies.

Informants noted the need for robust outreach with culturally responsive messaging, enrollment and retention into all kinds of health care coverage, better communication within the continuum of care system to better monitor patient well-being, and overall improved coordination with community partners to provide more seamless, whole-person care and to address barriers.

# 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.

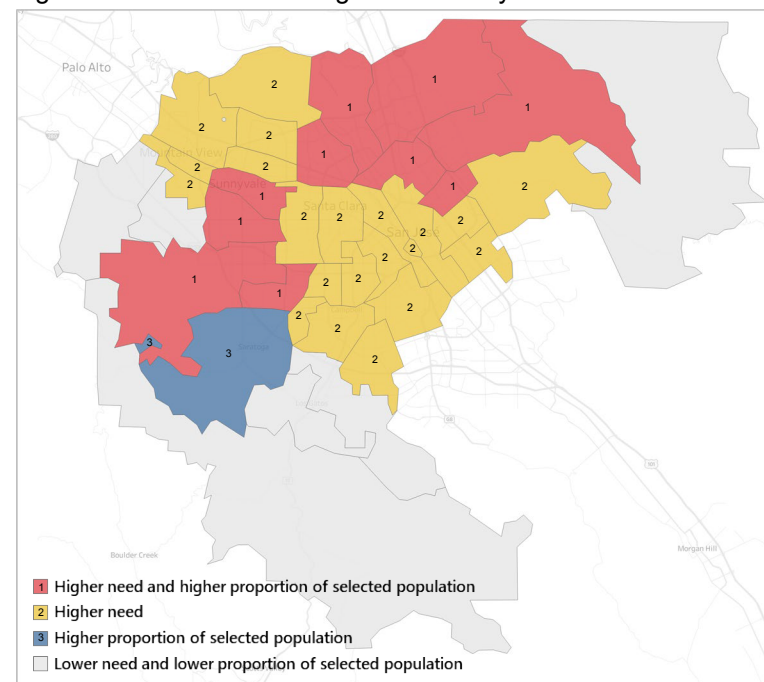
Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness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

The lack of affordable housing is a critical issue for the Santa Clara service area, especially for renters. The service area has higher rates of overcrowded housing, higher rental costs, and a lower housing affordability index compared with the state.

- For example, the percent of overcrowded housing for the Santa Clara service area was 9 percent, higher than both national (3 percent) and state (8 percent) averages. Overcrowded housing disproportionately impacts the Asian population, especially in ZIP code 95144 where the overcrowded housing percent is 13 percent (see figure below).

## OVERCROWDED HOUSING, SANTA CLARA SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a higher proportion of the Asian population and higher overcrowded housing rate relative to other ZIP codes in the Santa Clara service area. Additional areas of higher overcrowded housing are shaded yellow.



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

Key informants consistently expressed concern over the high cost of living and lack of affordable housing. They also shared concerns over the growing number of families living in overcrowded housing, couch surfing, or experiencing homelessness. In addition to lack of affordable and adequate housing, there are not enough shelters available to meet this growing need. Despite the magnitude of the problem, many informants noted a lack of will and resources to implement the strategies that are necessary to fully address this issue.

Every time we come up with a new solution or house one person or family, three more become homeless. It's income disparity – until that changes in a high cost area like this, housing will be a huge issue.

– Nonprofit organization leader

Informants indicated that COVID-19 has exacerbated the already severe housing crisis. Residents have been forced to make choices between paying rent/mortgage and buying groceries or paying medical expenses or working multiple jobs to make ends meet. This stress of worrying about housing has negatively impacted their physical and mental health. The residents most impacted by the housing crisis are older adults (as the homeless population is aging), communities of color, as well as people in the LGBTQ communities who face discrimination in employment and housing.

Informants reported that the California eviction moratorium was helpful for many people impacted economically by COVID-19. The informant interviews took place before the moratorium was to expire, and many were concerned about residents' housing status after it expires.

There are tons of people who can't afford to live here. The prices are too high, it's part of the pandemic. We need rent control throughout the whole Bay Area, let alone in our county.

– Nonprofit organization leader

Informants stressed the need for advocacy and policy changes to address the affordable housing crisis. Examples include supporting progressive housing policies such as rent control measures, rental assistance programs and policies; using federal Medicaid/Medi-Cal funds for housing; and decreasing the time and cost required to build new affordable housing.

# Health need profile: Food insecurity



Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Hispanic households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

Food insecurity for residents of the Santa Clara service area presents a growing need, exacerbated by the current COVID-19 crisis and the resulting economic impacts on individuals and families.

- In Santa Clara County, the projected rate of overall food insecurity for 2021 (9 percent) is lower compared with the state (12 percent). However, the estimated prevalence of food insecurity for 2021 indicates an increase in the number of people in Santa Clara County facing food insecurity, up from 7 percent in 2019.

## FOOD INSECURITY RATES, SANTA CLARA COUNTY, 2019-2021

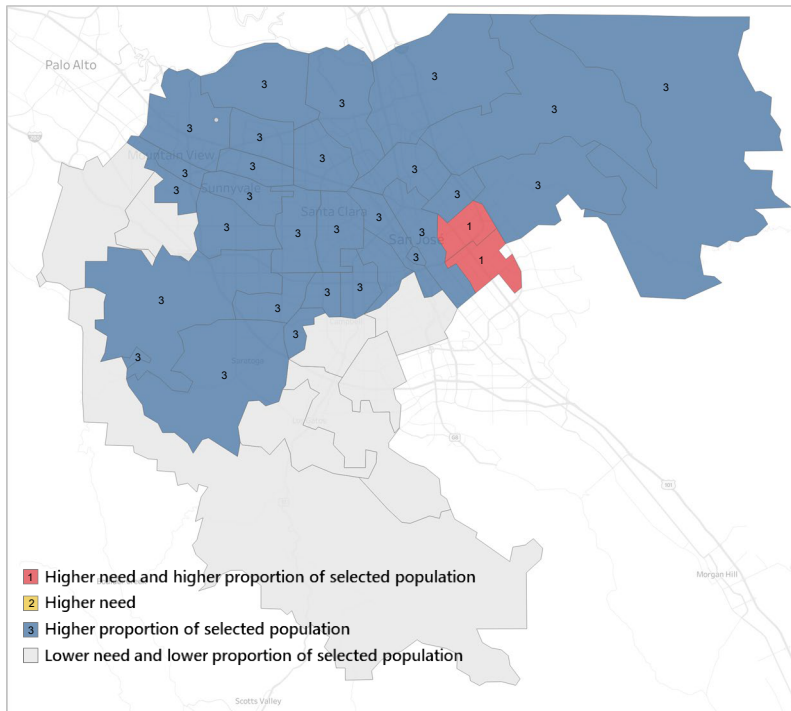
	Santa Clara County	California
2019 overall food insecurity rate	7.3%	10.2%
2020 projected overall food insecurity rate	10.3%	13.6%
2021 projected overall food insecurity rate	9.1%	12.1%

Source: Feeding America. (2021). *The Impact of Coronavirus on Food Insecurity*.

- Two neighborhoods in the central region of the Santa Clara service area with a relatively high proportion of the Hispanic/Latin(a)(o)(x) population (ZIP codes 95133 and 95122) have the highest rates of SNAP enrollment: 18 percent and 15 percent respectively, compared with the Santa Clara service area overall (12 percent).

## SNAP ENROLLMENT, SANTA CLARA SERVICE AREA, 2015-2019

Areas shaded **red** are ZIP codes with a **higher proportion of the Hispanic/Latin(a)(o)(x) population** and **higher snap enrollment rate** relative to other ZIP codes in the Santa Clara service area.



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

Key informants cited limited places where people can access food (e.g., grocery stores, farmer’s markets, community gardens) and high food prices as barriers to access, especially for low-income households. COVID-19 resulted in greater food scarcity and added the fear of going out to buy food and risking exposure to infection. Other barriers cited included the social stigma often associated with food assistance programs that dissuades people from pursuing the support they need. For example, they mentioned the fear of being judged or their need being questioned when accessing public programs and services, from SNAP benefits to food pantries.

Informants shared that COVID-19 shined a spotlight on food insecurity issues that existed before the pandemic. They expect food insecurity to remain high long after the pandemic headlines cease and expressed concern that this would result in a decrease in resources to address the need. Informants noted the need for continued funding and support to sustain food services as the COVID-19 pandemic continues.

Food insecurity was more hidden before the pandemic, but now it is more in plain sight. We worry that once we are no longer in the media, people will think that things are “back to normal”, but we have a long road ahead. We will need continued support to sustain these services.

– Nonprofit organization leader

Informants’ suggestions for improvements include normalizing that everyone should be fed with dignity and respect such as lessening the time and energy it takes for people to receive food programs and services. Stigmatized food distribution, such as waiting in line, is also a barrier for people accessing food. Additionally, they recommended creatively thinking about how to get food that would have been wasted or thrown away to people in a respectful way. Lessons can be drawn from successful food security practices such as home delivery services and matching federal programs at local farmer’s markets.

# 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.

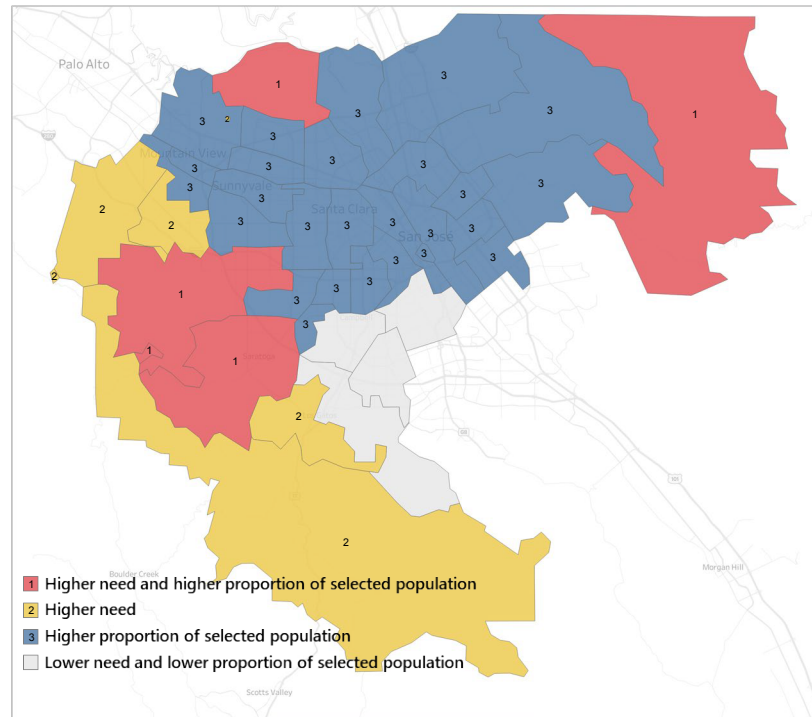
However, many Americans live in food deserts, without access to affordable, healthy food. Communities of color and people living in low-income neighborhoods also have less access to parks and green spaces — and lower life expectancy — than those living in more affluent, predominantly white areas.

Issues related to Healthy Eating Active Living (HEAL), including access to transit, healthy food, and walkable neighborhoods present major health barriers in the Santa Clara service area.

- As of 2012, the walkability index score for the Santa Clara service area was 10, higher than the national average (9), but lower than the state average (11). Walkability disproportionately impacts people of color, especially in ZIP code 95140 where the walkability index score was 6. Populations of Black/African American and Hispanic/Latin(a)(o)(x) residents were higher in this neighborhood than the Santa Clara service area overall (see figure below).

## WALKABILITY INDEX, SANTA CLARA SERVICE AREA, 2012

Areas shaded red (1) are ZIP codes with a higher proportion of people of color and lower walkability index rate relative to other ZIP codes in the Santa Clara service area. Additional areas of lower walkability are shaded yellow.



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

- In Santa Clara County, the percent of children consuming five or more servings of fruits and vegetables daily in 2020 (35 percent) was lower than the state average (39 percent). The trend was similar for teenagers, with 29 percent consuming five or more servings compared to the state average (33 percent) (see table).

**DAILY SERVINGS OF FRUITS AND VEGETABLES, SANTA CLARA COUNTY, 2020**

	Santa Clara County	California
Five or more servings of fruits/vegetables daily (child)	<b>35.2%</b>	38.6%
Five or more servings of fruits/vegetables daily (teen)	<b>29.2%</b>	33.3%

Source: UCLA Center for Health Policy Research. (2021). California Health Interview Survey, 2020.

Key informants cited widespread joblessness and economic instability as the underlying cause of the lack of HEAL opportunities. Informants reported that COVID-19 economic impacts shifted the community provider focus from nutrition education to helping households meet their basic needs such as food and housing. Additionally, funding shifted away from HEAL strategies to mitigate the immediate effects of COVID-19.

It goes beyond HEAL information; it is more about what the family is navigating that impacts what the family is eating.

– Nonprofit organization leader

Informants shared that the pandemic has forced community providers to make adjustments in how they provide health education; for example, teaching people healthy lifestyles through virtual platforms and working to increase digital literacy so they can access the online classes.

Informants cited limited places where people can access food (e.g., grocery stores, farmer’s markets, community gardens) and high food prices as barriers to access (especially for households with lower incomes), along with COVID-19 impacts, including food scarcity and fear of going out to buy food and risking exposure to infection.

Informants advocated for expanded food assistance programs to improve the accessibility of healthy food for people newly experiencing food insecurity as a result of the pandemic. In the area of physical activity, they suggested public policies that provide safe places to exercise.

### 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 Santa Clara 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 Santa Clara 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 Santa Clara 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 Santa Clara Medical Center 2019 Implementation Strategy priority health needs

1. Health Care Access and Delivery
2. Behavioral Health
3. Health 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 Santa Clara 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 Santa Clara 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 13 grants totaling \$1,146,244 in service of 2019 IS health needs in the Santa Clara service area.

One example of a key accomplishment in response to our 2019 IS includes the 2021 Block Cohort to address Healthy Eating Active Living (HEAL). Through the 2021 BLOC Cohort project, Second Harvest of Silicon Valley (SHSV) received a \$150,000 grant to partner with about 40 PreK-12 schools to distribute free, nutritious food. SHSV distributed 16 million pounds of nutritious food, free of cost. An average of 48,000 clients, including 16,000 children, benefited from nutritious food access, including fresh fruits and vegetables, high-quality protein and dairy items, and whole grains. In addition, 2,800 individuals, which included 1,000 children aged 17 and under, received monthly CalFresh benefits to provide them with a means to meet their nutritional needs and offer them long-term security to help improve their health.

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. School Health Clinics of Santa Clara County received a \$95,000 grant to provide Pop Up Mobile Vaccine Health Clinics in San Jose and Gilroy. School Health Clinics of Santa Clara County’s COVID-19 Vaccine Equity Project increased vaccination rates for low-income families in Santa Clara County. This project improved access to COVID-19 vaccines by supporting pop-up vaccination clinics in high need areas to ensure underserved communities and those disproportionately affected by COVID-19 in Santa Clara County are equitably vaccinated.

### Kaiser Permanente Santa Clara Medical Center 2019 IS priority health needs and strategies

#### Health care access and delivery

**Care and coverage:** Kaiser Permanente Santa Clara 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	18,239	21,074	\$18,821,034	\$5,874,990
Charitable Health Coverage	84	75	N/A	\$492
Medical Financial Assistance	6,209	4,837	\$8,109,188	\$6,453,804
<b>Total care &amp; coverage</b>	<b>24,532</b>	<b>25,986</b>	<b>\$26,930,222</b>	<b>\$12,329,286</b>

**Other health care access and delivery strategies:** During 2020-2021, 33 grants were awarded to community organizations, for a total investment of \$826,299 to address health care access and delivery in the Santa Clara service area.

---

*Examples and outcomes of most impactful other strategies*

---

**COVID-19 Vaccine Equity in San Jose Community**

---

The Indian Health Center of Santa Clara Valley was awarded \$75,000 to increase vaccination rates among communities hardest hit by the pandemic. The program/partnership is expected to serve 1000 residents with 'pop-up' vaccine events held in the evening and on weekends to address barriers that prevent timely vaccination.

---

**Patient Navigation Project**

---

The School Health Clinics of Santa Clara County was awarded \$25,000 to help patients overcome barriers like language, transportation, lack of health insurance, and poor integration among service providers in the broader health care system. The program/partnership is expected to serve 830 low income, underserved and Spanish speaking individuals as they access and move through the often complex and overwhelming medical system.

---

**Behavioral Health**

---

During 2020-2021, 29 grants were awarded to community organizations, for a total investment of \$478,319 to address behavioral health in the Santa Clara service area.

---

*Examples and outcomes of most impactful strategies*

---

**Counseling for Children and Youth**

---

Almaden Valley Counseling Service was awarded \$25,000 to treat children attending elementary or middle schools in San Jose who are identified as having emotional health needs by school staff, teachers or parents. The program/partnership is expected to serve 163 students with a total of 953 encounters spread across 723 therapeutic sessions with a goal of improving their behavioral/emotional health.

---

**Enhancing Mental Health and Well-Being Through Caring and Safe School Communities**

---

YMCA Silicon Valley was awarded \$25,000 to enhance Silicon Valley's mental health and well-being through programs that create caring and safe school communities. The program/partnership is expected to reach 3,730 adults and children through their adult education workshops and their pre-kindergarten through 8<sup>th</sup> grade programs and services designed to introduce strategies which help students gain social and emotional strengths and skills to address their mental health needs.

---

**Celebrating Families! Program**

---

Community Solutions was awarded \$25,000 to provide a 16-week evidence-based curriculum to 10-15 families (for a total of 20-35 participants) who have been impacted by generational trauma, mental health issues and substance use. The weekly program will include the entire family, providing intervention support for parents and caregivers and prevention skill-building for children and youth.

---

---

## Health Eating/Active Living

During 2020-2021, 27 grants were awarded to community organizations, for a total investment of \$535,115 to address Healthy Eating/Active Living in the Santa Clara service area.

---

### *Examples and outcomes of most impactful strategies*

---

#### 2021 BLOC Cohort

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.

---

#### Food for Life: Providing Ethnic Meals for Meals On Wheels Clients in Santa Clara County

The Health Trust was awarded \$100,000 over two years to increase access to nutritious meals and improve the health outcomes of older adults and seniors by providing ethnic meals for Meals On Wheels clients in Santa Clara County. As part of their annual goal to provide 300,000 meals to over 1,200 low-income or medically vulnerable clients in Santa Clara County, the program/partnership is expected to provide 29,120 Asian Fusion Meals to 40 Meals on Wheels clients.

---

#### Senior Nutrition Program

The Portuguese Organization for Social Services and Opportunities (POSSO) was awarded \$25,000 to support its Senior Nutrition Program, which was expanded to incorporate more meal deliveries and curbside pick-up to meet the increased demand that resulted from the COVID-19 pandemic. The program/partnership is expected to provide 3,140 home delivery and curb pick-ups of high quality, cost efficient, nutritious meals to 20 primarily limited English-speaking low-income seniors from throughout Santa Clara County (SCC), including many immigrants and families of Portuguese, Hispanic, and Asian ethnicity.

---

## Economic Security (including Housing and Homelessness)

During 2020-2021, 16 grants were awarded to community organizations, for a total investment of \$811,093 to address economic security (housing and homelessness) in the Santa Clara service area.

---

### *Examples and outcomes of most impactful strategies*

---

#### Unhoused on the Coast (UC) Outreach

The Pacifica Resource Center (PRC) was awarded \$25,000 to help unhoused families and individuals in Pacifica and along the coast through Half Moon Bay return to and maintain stable housing. The program/partnership is expected to serve 75 individuals through outreach and engagement, and housing focused case management.

---

#### Safe & Healthy Housing

Rebuilding Together Silicon Valley was awarded \$25,000 to improve the health, safety, and overall well-being of 600 low-income Santa Clara County homeowners by performing critical home repairs and accessibility modifications.

---

#### Emergency Rental Assistance Program

Community Services Agency was awarded \$25,000 to provide rental assistance through direct payments to landlords. The program is expected to provide housing stability for about 30 low-income families and individuals in financial crisis (e.g., because of job loss, illness, or emergency family care) in Santa Clara County.

---

## Appendix

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

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

<b>Source</b>	<b>Dates</b>
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

<b>Source</b>	<b>Dates</b>
1. California Child Care Resource & Referral Network, California Child Care Portfolio	2019
2. California Department of Finance	2018
3. California Department of Pesticide Regulation, California Pesticide Information Portal	2018
4. California Department of Public Health, County Health Status Profiles	2015, 2017 - 2019
5. California Health Interview Survey	2020
6. Feeding America	2019 - 2021
7. National Association of Home Builders/Wells Fargo Housing Market Index	2021
8. Santa Clara County Public Health Department	2022

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Alum Rock Counseling Center	2	Low-income, communities of color, medically underserved	Leader Representative	9/23/2021
2	Key informant interview	Santa Clara County Dental Society	1	Public health, low-income, medically underserved	Leader	8/9/2021
3	Key informant interview	Community Health Partnership	1	Public health, low-income, medically underserved	Leader	9/20/2021
4	Key informant interview	Santa Clara County Oral Health Collaboration	1	Public health, low-income, medically underserved	Leader	10/4/2021
5	Key informant interview	Next Door Solutions to Domestic Violence	1	Low-income, communities of color, medically underserved	Leader	8/4/2021
6	Key informant interview	North East Medical Services (NEMS) Community Clinic	4	Public health, low-income, medically underserved	Leader Representatives	8/5/2021
7	Key informant interview	Santa Clara County Public Health Department	1	Public health, low-income, medically underserved	Leader	8/27/2021
8	Key informant interview	Healthier Kids Foundation	1	Public health, low-income, medically underserved, communities of color	Leader	8/10/2021
9	Key informant interview	Santa Clara County Office of Education	1	Low-income, communities of color	Leader	10/7/2021
10	Key informant interview	The Health Trust	1	Public health, low-income, medically underserved, communities of color	Leader	9/28/2021
11	Key informant interview	Second Harvest Silicon Valley	2	Low-income	Leader Representative	8/13/2021
12	Key informant interview	School Health Clinics of Santa Clara County	1	Low-income, medically underserved	Leader	8/10/2021



## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Second Harvest of Silicon Valley (Food insecurity and HEAL)	Ensures that anyone who needs a healthy meal can get one
	The Health Trust (Food insecurity and HEAL)	Meals on Wheels delivers hot, nutritious meals five days a week to seniors and adults with disabilities
Access to care	Santa Clara County Public Health Department	Provides countywide health and safety alerts, health education, and a large variety of health services including immunizations and HIV and other STD testing and support
	School Health Clinics of Santa Clara County	Improves the health and well-being of medically underserved individuals by providing accessible high-quality health care
	On-Site Dental Care Foundation	Provides oral health services and education to vulnerable populations with little or no access to dental care
Mental & behavioral health	Alum Rock Counseling Center	Provides drug, violence, and risk prevention curriculum and emotional health services for at-risk students
	Caminar	Delivers high-quality prevention, treatment, and recovery services to those with complex mental health, substance use and co-occurring needs
	MOMENTUM Health	Provides comprehensive services for individuals living with a mental illness including prevention and early intervention programs for adults and transitional aged youth.
Housing	Home First (Boccardo Reception Center)	Provides shelter and housing opportunities for homeless and those at risk
	Catholic Charities	Provides support for families and individuals facing housing instability and homelessness
	LifeMoves (Project Turnkey)	Empowers clients with housing and support services to achieve self-sufficiency
Healthy eating active living opportunities	San Francisco Planning & Urban Research Association (SPUR)	Allows families participating in CalFresh to double their benefits when they buy California-grown produce
Food insecurity	West Valley Community Services	Provides a wide selection of food to families facing hunger at weekly (Monday-Friday) food distribution