2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Fremont

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Approved by Kaiser Foundation Hospital Board of Directors' Community Health Committee

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KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH-Fremont

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I. Introduction/background

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal 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.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at https://www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long-standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 130 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, the KFH facility, with a collaborative, collected primary data

through key informant interviews and focus groups. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

The hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Fremont will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, https://www.kp.org/chna.

II. Community served

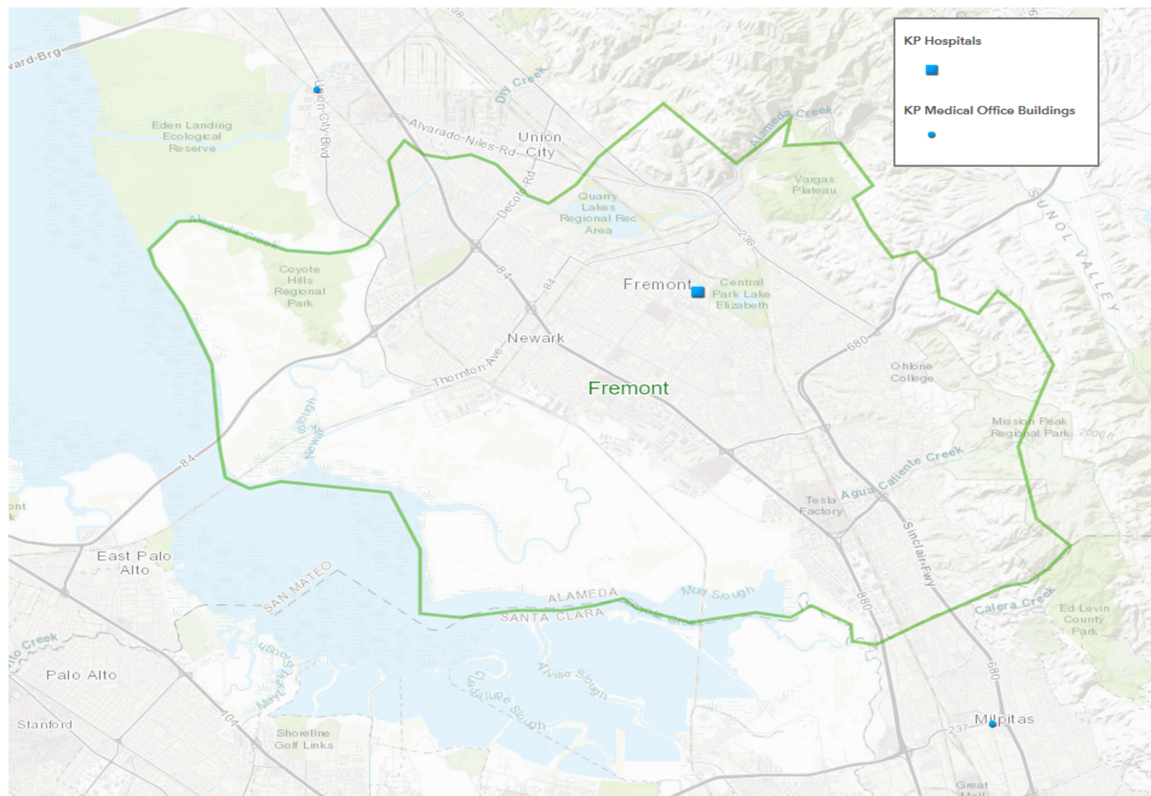
A. Kaiser Permanente's definition of community served

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

B. Map and description of community served

i. Map

KFH-Fremont Service Area



ii. Geographic description of the community served
The KFH-Fremont service area covers the southern part of the Alameda County. The cities served include Fremont, Newark, and the southern part of Union City. The map above shows the service area which also includes unincorporated areas.

iii. Demographic profile of the community served
The KFH-Fremont service area is racially and ethnically diverse, with over half of residents (52%) identifying as Asian and nearly 17% identifying as Hispanic or Latinx. Overall, the service area reports lower rates of people living in poverty and uninsured than the state average (6% versus 16%; and 6% versus 13%, respectively).

Demographic profile: KFH-Fremont

Race/ethnicity		Socioeconomic Data	
Total Population	273,040	Living in poverty (<100% federal poverty level)	5.6%
Asian	51.7%	Children in poverty	5.7%
Black	3.5%	Unemployment	2.9%
Native American/Alaska Native	0.5%	Uninsured population	5.5%
Pacific Islander/Native Hawaiian	0.9%	Adults with no high school diploma	7.8%
Some other race	9.6%		
Multiple races	6.1%		
White	27.7%		
Hispanic/Latinx	16.7%		

Genetics have long been known to play a role in a person's risk of disease, but in the past several years, it has become more broadly accepted that a person's surroundings—or neighborhood—also influence their health.[1] That neighborhood comprises the natural, social (e.g., cultural traditions and support networks), and built environments (e.g., roads, workplaces, grocery stores, and health care services). Additionally, income and educational attainment, key components of socioeconomic status, also play a role in determining one's health.

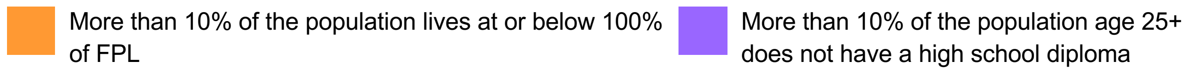
The map that follows identifies where relatively high concentrations of the population living in poverty and populations living without a high school diploma overlap (i.e., neighborhoods with concentrations of individuals experiencing low socioeconomic status). Note that since the cost of living in the KFH-Fremont service area is so high, comparatively small proportions of the population experience low socioeconomic status.

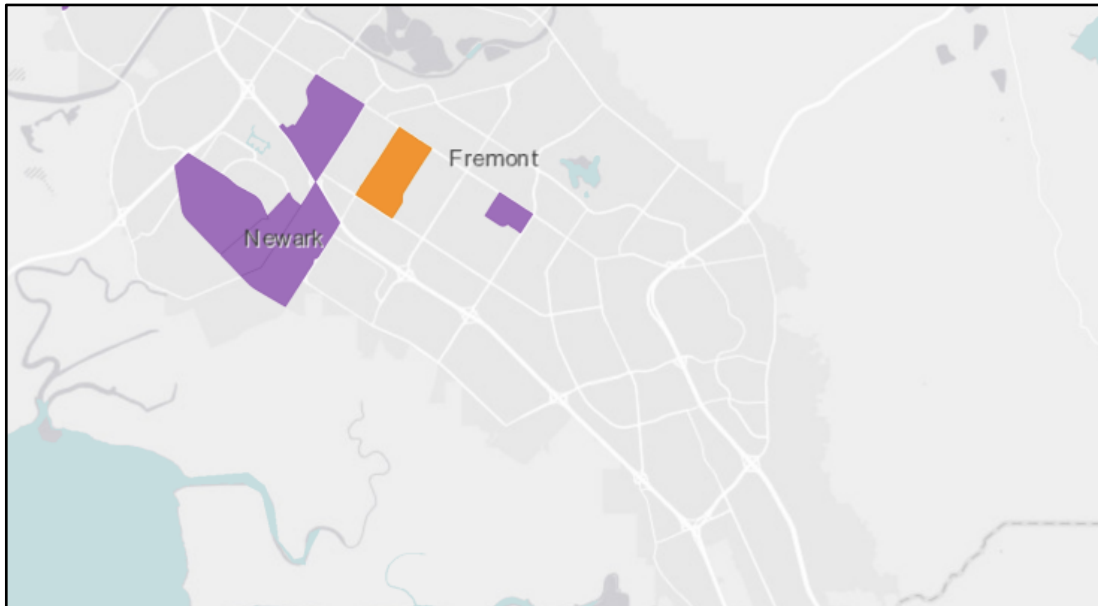
The orange shading shows where the percentage of the population living at or below 100% of the Federal Poverty Level exceeds 10%. The purple shading shows where the percentage of the population with no high school diploma exceeds 10%. Educational attainment is determined for all non-institutionalized persons aged 25 and older.

[1] The California Endowment. (2015). *Zipcode or Genetic Code: Which is a Better Predictor of Health?*

Vulnerability Footprint: KFH-Fremont Service Area

Legend





Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-16.

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

Community benefit managers from 14 local hospitals in Alameda and Contra Costa counties contracted with Actionable Insights in 2018 to conduct the Community Health Needs Assessment in 2019. Six of these hospitals collaborated on the assessment in the KFH-Fremont service area; they were:

- Eden Medical Center
- Kaiser Foundation Hospital - Fremont
- Kaiser Foundation Hospital - San Leandro
- St. Rose Hospital
- UCSF Benioff Children’s Hospital Oakland
- Washington Hospital Healthcare System

B. Identity and qualifications of consultants used to conduct the assessment

Actionable Insights, LLC (AI), an independent, local research firm, completed the CHNA. For this assessment, AI assisted with CHNA planning, conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts. AI conducted community health needs assessments for over 25 hospitals during the 2018-19 CHNA cycle. More information about Actionable Insights is available at http://actionablellc.com.

IV. Process and methods used to conduct the CHNA

KFH-Fremont and its partners worked collaboratively on the primary and secondary data requirements of the 2019 CHNA. The CHNA data collection process took place over seven months and culminated in a report written for the hospital in the first half of 2019.

A. Secondary data

Actionable Insights (AI) analyzed nearly 300 quantitative health indicators to assist KFH-Fremont and its partners in understanding the health needs and assessing their priority in the community. AI collected sub-county data where available.

i. Sources and dates of secondary data used in the assessment

KFH-Fremont used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review approximately 130 indicators from publicly available data sources. KFH-Fremont also used additional data sources beyond those included in the CHNA Data Platform that included another 160-plus indicators. For details on specific sources and dates of the data used, please see Appendix A.

ii. Methodology for collection, interpretation, and analysis of secondary data

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

As described in section IV.A.i above, KFH-Fremont also leveraged additional data sources beyond those included in the CHNA Data Platform. The decision to include these additional data

was made, and these data were collected, in collaboration with KFH-Fremont's hospital partners. The hospitals as a group determined that these additional data would bring greater depth to the CHNA in their community. The secondary data that were gathered were compared to state benchmarks or Healthy People 2020 targets,[2] whichever were more stringent. When trend data, data by race/ethnicity, and/or data by age were available, they were reviewed to enhance understanding of the issue(s).

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from county public health departments as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

ii. Methodology for collection and interpretation

Hospital community benefit managers planned qualitative data collection to better understand health needs and the drivers of health needs. The hospitals identified topics and populations which are less well understood than others (including emerging needs) and then identified experts on those topics and populations or groups of residents or stakeholders who could be convened to discuss them. AI used best practices to determine whether resident group feedback could be gathered in a sensitive and culturally appropriate way. Also, the hospitals sought out the input of sectors that had not been included in previous CHNAs. For example, a focus group was conducted with immigrants, including refugees, some of whom were undocumented. It was especially important to hear from this population, as its members have been experiencing additional barriers in accessing services related to health care and basic needs due to the current political climate.

Interviews with professionals were conducted in person or by telephone. For approximately one hour, AI interviewed professionals who are knowledgeable about health issues and/or drivers of health, including social determinants of health. Interviews often focused on understanding specific health conditions, or on target populations (low-income, minority, and undeserved). AI asked informants to identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to health care and mental health needs; and share which solutions may improve health (including services and policies).

Focus groups were conducted in person and lasted 60-90 minutes. Nonprofit hosts, such as Mujeres Unidas y Activas, recruited participants for the groups. The discussions centered around five topics, which AI modified appropriately for each audience:

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[2] Healthy People (http://www.healthypeople.gov) is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets national objectives or targets for improvement. The most recent set of objectives are for the year 2020 (HP2020). Year 2030 objectives are currently under development.

- What are the most important health needs that you see in your community?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to address the top health needs?

Each interview and focus group was recorded as a stand-alone piece of data. Recordings were transcribed, and then the team used qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. KFH-Fremont and its hospital partners used this tabulation to help assess community health priorities. Note that community resident input was treated the same way and given the same standing as the input from community leaders, service providers, and public health experts.

In KFH-Fremont, community input surfaced health issues that cannot be understood with extant data. Often feedback related to inequities in health outcomes and health care access based on social determinants of health and immigration status. For example, service providers consistently described instances where individuals who are not legal residents are no longer seeking health care services and other social supports such as food from food banks because they fear being identified by U.S. Immigration and Customs Enforcement and deported. Also, community input clearly connected the housing crisis and high cost of living with stress. Community members explained that there are insufficient bus and BART lines available to use to get to work or health care appointments.

C. Written comments

KP provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This email will continue to allow for written community input on the facility's most recently conducted CHNA Report.

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

D. Data limitations and information gaps

The KP CHNA data platform includes approximately 130 secondary indicators, and AI collected an additional 160-plus secondary indicators, all of which provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

The consultants and hospital partners together noted the following additional data limitations/information gaps:

- Adequacy of community infrastructure (sewerage, electrical grid, etc.)
- Adult use of illegal drugs and misuse/abuse of prescription medications (e.g., opioids)
- Alzheimer's disease and dementia diagnoses
- Breastfeeding practices at home
- Cannabis use
- Data broken out by Asian sub-groups[3]
- Diabetes among children
- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in data)
- Hepatitis C
- Mental health disorders
- Oral/dental health
- Suicide among LGBTQ youth
- Vaping

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

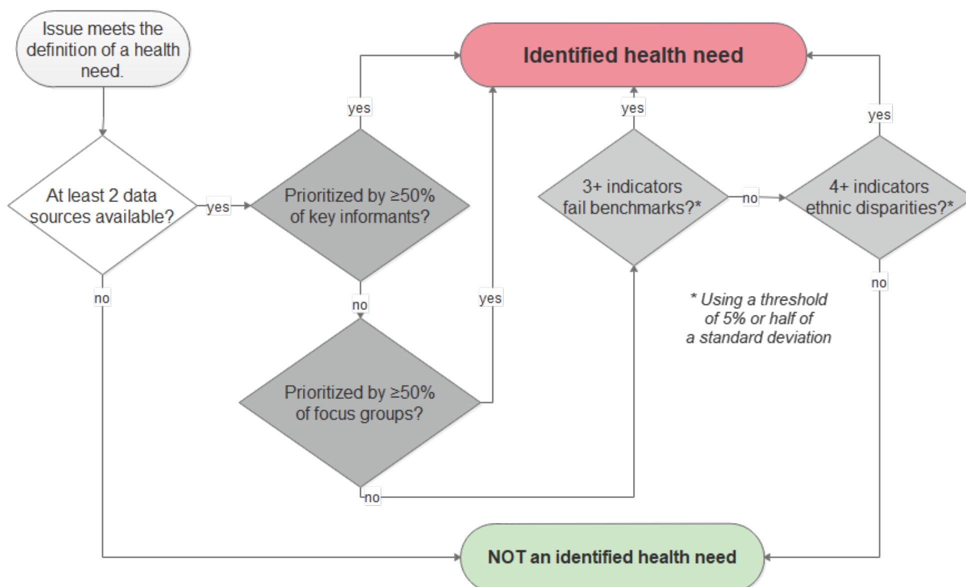
Actionable Insights began with the set of health needs that were identified in the community in 2016. It also took into consideration the health need categories provided by Kaiser Permanente's data platform,[4] and the social determinants of health categories provided by Healthy People 2020.[5]

[3] Data by Asian sub-groups that were available in the statistical data sources identified by the hospitals were gathered. The consultants also requested further details on Asian sub-groups from the county public health expert. Representatives from Asian Health Services and the Bay Area South Asian Network of Therapists were included in focus groups, and other leaders of local Asian sub-populations were also invited to participate in the CHNA. However, further disaggregated data are still needed in order to better understand the needs of Asian sub-groups.

[4] http://www.chna.org/kp

[5] https://www.healthypeople.gov

What goes on the list?
Health needs list decision tree



In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria (depicted in the diagram above).

- A "data source" is either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from the interviews and focus groups that were conducted for the hospitals.
- A "benchmark" is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

Criteria details:

1. Meets the definition of a "health need."
2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informants or focus groups.
   b. If not (a), three or more direct indicators fail the benchmark by ≥5% or ≥0.5 standard deviations.
   c. If not (b), four or more indicators must show ethnic disparities of ≥5% or ≥ 0.5 standard deviations.

In 2014, final IRS regulations clarified the definition of a health need, which includes social determinants of health. Social determinants of health affect entire families and communities; they explain, in part, why some individuals thrive and experience good health, while other individuals are not as healthy as they could be. In addition to health behaviors such as eating nutritious foods and avoiding health risks such as smoking, our health is determined in large

part by: our economic opportunities; whether we receive a quality education; the availability of resources and support in our homes, neighborhoods, and communities; our workplaces; environmental factors such as access to clean water, healthy food, and air; community safety; and the nature of our social interactions and relationships. In 2019, given this broader definition, the KFH-Fremont identified fifteen health needs that fit all criteria.

B. Process and criteria used for prioritization of health needs

The IRS CHNA requirements state that hospital facilities must identify and prioritize significant health needs of the community. As described previously, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing). The hospital used this input as well as additional input described below to identify the significant health needs listed in this report.

Hospital Prioritization Process & Results

Kaiser Permanente and Sutter Health collaboratively convened a meeting with key leaders in Alameda County on February 14, 2019, including representatives from the county's Office of Education, Clinic Consortium, the East Bay Community Foundation, and the Bay Area Regional Health Inequities Initiative (BARHII). At the meeting with these representatives, Actionable Insights presented the results of the CHNA to the attendees and facilitated the prioritization of the health needs by the participants. Participants considered a set of criteria in prioritizing the list of health needs. The criteria, which were chosen by KFH-Fremont and the other hospitals before beginning the prioritization process, were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** This refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Community priority:** This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked by Actionable Insights based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- **Multiplier effect:** This refers to the idea that a successful solution to the health need has the potential to solve multiple problems.

Participants associated with the KFH-Fremont service area individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across those participants to obtain a final rank order of the health needs. Summary descriptions of each health need appear in the following pages.

C. Prioritized description of all the community needs identified through the CHNA

1. Behavioral health

Behavioral health, including mental health and substance use, is one of the strongest priorities of the KFH-Fremont service area. Community members from the service area emphasized depression and stress, as well as the co-occurrence of mental health and substance use. These issues may be partially driven by social isolation. Statistical data suggest that there are significantly[6] fewer social associations (e.g., civic organizations, recreational clubs, business or professional associations) in the service area (5.0 per 10,000 people) compared to the state average (6.5); social associations contribute to personal well-being.[7]

KFH-Fremont community members also identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems. Domestic violence and homicide contribute to individuals' experiences of trauma and ACEs, negatively impacting mental health for victims, their families, and the wider community.[8] Within the service area specifically, there are 5.7 domestic violence hospitalizations per 100,000 people, compared to the state average of 4.9 cases per 100,000 people. In addition to individual trauma, community members called for culturally-reflective support while discussing generational trauma, the impact of discrimination and institutionalized racism, and how these factors contribute to inequitable health outcomes. Such disparities are evident in multiple behavioral health indicators for youth; for example, among youth experiencing depression-related feelings, the highest proportion are Latinx and Pacific Islander. Furthermore, Black youth feel the least connected at school, which may negatively influence overall mental well-being.

2. Housing and Homelessness

Maintaining safe and healthy housing was a top community priority in the KFH-Fremont service area. Community members strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively impacting families, including children. The community also recognized the connection between housing and physical health, stating that households have spent less on food and medical care due to the increased cost of housing in recent years. The median rent in the county, for example, is significantly higher ($2,595) than the state average ($2,150) and has been increasing. Possibly due to high rents, the proportion of children living in crowded housing has also been rising in Alameda County. Professionals and residents described concerns about this increasing number of unstably-housed individuals and the displacement of families. The county's public health expert expressed the need for strong tenant protections to keep residents from being displaced. Community members suggested that the imbalance of jobs and housing (i.e., many new jobs but few new housing units) was a major driver of the housing crisis.

The health of those experiencing homelessness was of concern to a wide variety of experts and resident groups in the service area as homeless individuals are at greater risk of poor health

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[6] "Significantly" worse = at least 5% or 0.5 standard deviations worse.
[7] Putnam, R. (2000.) *Bowling Alone.*
[8] City of Oakland. (2018). *Equity Indicators Report*.

outcomes. The population experiencing homelessness in Alameda County is disproportionately Black.

3. Economic Security

Economic security was one of the top priorities of the KFH-Fremont community. Concerning this need, community members discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the service area, they do not pay enough considering the high cost of living. One indicator of the high cost of living is childcare; the annual cost of infant and preschool childcare ($15,435 and $11,113 respectively) is significantly higher in the county than the state averages ($13,327 and $9,106). Community members described how individuals with lower incomes may have a harder time accessing care, which impacts health outcomes. For example, community members observed that individuals working low-wage jobs are among those who can least afford to miss work in order to attend to their health and cited the stress of economic instability as one of the most pressing drivers of poor mental health. Ethnic disparities in economic security also exist among service area residents. For example, the highest proportion of residents in poverty, including children, are Black individuals. Lastly, CHNA participants in the service area specifically mentioned food insecurity, and often expressed the perception that healthy food is more expensive than fast food and packaged foods

4. Health Care Access and Delivery

Health care access and delivery were high priorities of the KFH-Fremont community. Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.[9] Components of access to care include insurance coverage, adequate numbers of primary and specialty care providers, and timeliness. Components of delivery of care include quality, transparency, and cultural competence/cultural humility. Barriers to health care access and delivery can affect medical outcomes for many conditions that could otherwise be controlled through preventive care and proper management, including asthma, cancer, heart disease/stroke, maternal/infant health, and sexually-transmitted infections (STIs).

Quantitative data indicate challenges to health care access for residents in the KFH-Fremont service area. Good access to primary care can forestall the need for avoidable ER visits and hospitalizations, such as for asthma. Statistical data from the service area show an asthma hospitalizations rate of 3.0 cases per 10,000 Medicare beneficiaries, compared to the rest of the state (2.4). Ethnic disparities are also evident among health care access indicators. Preventable hospital events were highest for the service area's Black population (53.5 per 1,000).

Community members discussed issues related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists, especially for Medi-Cal patients. Access to behavioral health services was of particular concern; the community in the KFH-Fremont service area indicated that the behavioral health workforce was of insufficient size to

[9] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov

adequately address the demand. With regard to health care delivery, many community members in the KFH-Fremont service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible. The community often identified the need for greater language support, culturally-appropriate health care services, and whole-person care. In addition to immigrants, the community discussed how this need for sensitive, whole-person care also applied to LGBTQ community members; experts described the difficulty LGBTQ community members, especially transgender individuals, experience in finding medical professionals sensitive to their needs.

5. Education and Literacy

The relationship among literacy, educational attainment, employment, wages, and health has been well documented. Individuals with at least a high school diploma do better on a number of measures than high school drop-outs, including income, health outcomes, life satisfaction, and self-esteem.[10] Education and academic achievement were discussed by a wide variety of experts and community members in the KFH-Fremont service area; academic achievement was discussed most often as a driver of economic security, related to stable employment and sufficient wages. A county public health expert emphasized that both K-12 education and higher education often do not prepare residents for jobs that provide a living wage. Statistical data for the KFH-Fremont service area reflect the community's concern regarding educational attainment. For example, a larger proportion of children in the service area live in linguistically isolated households (12%) compared to the state average (10%). Combined with the comparatively high cost of preschool childcare, Alameda County children may have greater barriers to literacy than children elsewhere. Other factors may disrupt educational attainment among Alameda County youth, such as juvenile felony arrests; the rate of juvenile felony arrests is higher (5.7 arrests per 1,000 students) than the state (5.3).

Ethnic disparities are evident in education and literacy-related indicators. Countywide, Black females have significantly higher rates of teen pregnancy (28.3 births per 1,000 females aged 15-19) than females of other ethnicities, which can interrupt or end their educational trajectory. Finally, in Alameda County, Black youth are also over-represented among high school drop-outs, while passing high school exit exams in lower proportions than youth of other ethnicities.

6. Healthy eating/active living

Healthy eating, together with active living, was identified as a top health need by the KFH-Fremont service area community. This need includes concerns about access to food and recreation, diabetes, nutrition, diet, fitness, and obesity. When describing barriers to active living, for example, KFH-Fremont community members cited a lack of safe public spaces and community centers where residents can recreate and exercise. Health experts in Alameda

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[10] Insight Center for Community Economic Development. (2014). http://www.insightcced.org

County identified the lack of access to recreation and healthy food in certain areas ("food deserts") as drivers of poor community health. Community members echoed the experts, discussing the difficulty of accessing grocery stores that carry fresh food, the preponderance of fast food restaurants, and their dismay with the unhealthy food served at schools and provided by food banks. Within the service area there are 2.1 grocery stores or produce vendors per 10,000 people, 13% fewer than the state average of 2.4 per 10,000 people.

The community connected healthy eating and active living to good mental health. Experts discussed the fact that few people walk or bike to work because they have long commutes (51% of the service area population drives over 60 minutes each way to work, compared to 39% for the state). The Latinx population was mentioned frequently as a population of particular concern for conditions such as diabetes and obesity. Residents talked about the lack of motivation and lack of time to exercise, the expense of gym memberships and sports or exercise programs, and the inconvenient timing of exercise classes. The community also identified the increased use of screens (including video games) among youth as a driver of sedentary lifestyles, and lack of free exercise and sports programs as a barrier to children's physical activity.

Ethnic disparities exist within the KFH-Fremont service area for this health need. The rate of diabetes management is lowest among Black patients (69%), and Black adults had the highest rates of obesity (36%). Countywide, percentages of 5th, 7th, and 9th graders meeting fitness standards were lowest among Black, Pacific Islander, and Latinx students.

7. Community and Family Safety

Community and family safety is a need about which the KFH-Fremont service area community expressed concern. Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, perpetrators, and community at large.[11] Community members most frequently discussed domestic violence; the hospitalization rate for domestic violence is 29% higher in the service area (5.7 per 100,000 females aged 10+) than the state average (4.9). Residents in the service area also discussed violent crime, reporting that they are seeing an increase in violence in general. Quantitative data show that there are 720.3 cases of violent crimes reported per 100,000 people in the service area, compared to the state average of 402.7 per 100,000 people. Human trafficking was also mentioned as a community concern.

Children and youth were populations about which community members expressed the most concern, with issues including online and in-person bullying, being victims of violence, and externalizing behaviors associated with trauma. The data reflect these concerns, demonstrating significant ethnic disparities across multiple countywide indicators for children and youth, including cyberbullying and in-person bullying at school (Pacific Islander youth fare the worst), gang membership (the highest proportion of gang members are among Native American and Black youth), and juvenile felony arrests (Black youth are arrested at the highest rates).

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[11] Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, 360(9339), 1083-1088.

8. Transportation and Traffic

Community members in the KFH-Fremont service area discussed transportation as a barrier to seeing the doctor and getting to work. The community talked about the difficulty of using public transportation to get to East Bay locations because of poor reliability, limited bus and BART lines, long public transit travel times, and the high expense (especially for BART). With respect to BART, participants also described the fear of becoming the victim of a crime at BART stations, while others stated that access for the disabled (i.e., elevators) is unreliable at BART stations. In addition to lack of access to public transportation, traffic also generates challenges to health care access and commuting. The KFH-Fremont service area has a significantly higher density of roads (9.4 road miles per square mile of land) compared to the state average (2.0), which contributes to increased traffic. Moreover, 51% of workers from the service area have commutes over 60 minutes each direction, compared to 39% in the rest of the state, contributing to the traffic load on the roads.

9. Climate/Natural Environment

Living in a healthy environment is critical to quality of life and physical health. Nearly 25% of all deaths and diseases can be attributed to environmental issues, which can include air, water, food, and soil contamination, as well as natural and technological disasters.[12] Feedback from the KFH-Fremont service area community about the environment primarily concerned poor air quality, which was attributed to pollution caused by motor vehicle traffic. Air pollution is often exacerbated by increased traffic and road density.[13] The KFH-Fremont service area has a significantly higher density of roads (9.4 road miles per square mile of land) compared to the state average (2.0), which may contribute to community members' concerns regarding air quality. Furthermore, 51% of the service area working population has long commutes, driving over 60 minutes each direction, compared to 39% in the rest of the state, contributing to the traffic load on the roads and increased air pollution. Community members in the service area identified poor air quality as a driver of asthma; indeed, the rate of asthma hospitalizations among Medicare beneficiaries is worse in the service area (3.0 hospitalizations per 10,000 people) compared to the state (2.4).

Tree canopy coverage is a protective factor against various health effects of climate change including pollution and "heat island effects."[13] However, the KFH-Fremont service area benefits little from this protective factor as the percentage of land in the service area covered by tree canopy is only 7%, which is lower than the state average (8%). Finally, the KFH-Fremont community discussed climate change as the cause of recent severe weather events and wildfires.

D. Community resources potentially available to respond to the identified health needs

The service area contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that

[12] Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.
[13] Community Commons. https://www.communitycommons.org/chna

are engaged in addressing many of the health needs identified by this assessment. Hospitals and clinics are listed below. Additional key resources available to respond to the identified health needs of the local community are listed in Appendix C.

Existing Health Care Facilities

• Alameda Health System San Leandro Hospital	San Leandro
• Washington Hospital Healthcare System	Fremont
• St. Rose Hospital	Hayward
• Kaiser Permanente	Fremont
• Kaiser Permanente	San Leandro
• Sutter Health Eden Medical Center	Castro Valley

Existing Clinics & Health Centers

- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Teen Health Clinic
- Tiburcio Vasquez Health Centers (multiple sites, including Logan and Tennyson High Schools)
- Tiburcio Vasquez pediatric clinic
- Tri-City Health Center (multiple sites incl. mobile clinic)
- Union City Clinic
- Union City Medical Center
- Washington on Wheels Mobile Health Clinic
- Washington Township Medical Foundation Clinics

VI. KFH-Fremont 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Fremont's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Fremont's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit: kp.org/chna. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-Fremont in the 2016 Implementation Strategy Report.

1. Obesity, Diabetes, Healthy Eating/Active Living
2. Behavioral Health
3. Violence/Injury Prevention
4. Health Care Access & Delivery

KFH-Fremont is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Fremont tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH-Fremont had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH-Fremont will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

KFH programs: From 2017-2018, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
- Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

- Charitable Health Coverage: Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
- Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
- Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KFH-Fremont awarded 344 number of grants amounting to a total of $6,413,611.37 in service of 2016 health needs. Additionally, 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 within the KFH-Fremont service area. During 2017-2018, a portion of money managed by this foundation was used to award 5 grants totaling $5,949,449.40 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-Fremont leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report below.

Collaborations and partnerships: Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KFH-Fremont engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH-Fremont Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Healthy Eating Active Living	*During 2017 and 2018, KFH-Fremont awarded 45 grants totaling $473,838.42 that address Healthy Eating Active Living in the KFH-Fremont service area*	Hypertension management: KFH-Fremont awarded a $29,984 grant (even split with KFH-San Leandro) to the American Heart Association for Check. Change. Control., its evidence-based hypertension management program that utilizes blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health. The program increases access to care and healthy food to manage high blood pressure for 100 Spanish-speaking adults with hypertension. Trained promotores will educate an additional 200 Spanish-speaking individuals through outreach.
		CalFresh: Tiburcio Vasquez Health Center, Inc. received a $95,000 grant (even split with KFH-San Leandro) to build staff capacity to conduct CalFresh outreach and enrollment targeted to working low-income households and seniors, and to strengthen its application assistance infrastructure. To date, Promotoras and volunteers have conducted 51 outreach activities reaching 1,064 people. Promotoras have screened 291 community members for food insecurity and referred 48 individuals to enroll in Calfresh.
		Parks: Hayward Area Recreation & Park District Foundation received a $75,000 grant (even split with KFH-San Leandro) to create and build Mia's Dream Come True, an all-inclusive playground with a focus on residents with disabilities. Once completed, the park is projected to serve approximately 50,000 users annually.
Mental Health and Wellness	*During 2017 and 2018, KFH-Fremont awarded 35 grants totaling $455,149.98 that address Mental Health and Wellness in the KFH-Fremont service area*	Stigma: Fremont Human Services Department (FHSD) received a $90,000 grant to address stigma associated with self-harm behaviors and other mental health concerns among Fremont Junior and High School youth. Educational events and a media campaign are designed to increase understanding of mental health as part of overall health and promote wellness. FHSD expects to reach 200 students and 400 community members.
		Services for foster children: East Bay Children's Law Offices was awarded a $30,000 grant (even split with KFH-San Leandro) to improve the social-emotional, well-being, health, and education outcomes and access to services for foster children 0 to 5 in Southern Alameda County. Program staff have conducted 112 assessments to date. The staff attorney has worked on 54 cases, and attended 10 Individualized Education Programs and 12 other student support services meetings at schools for young clients.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Mental health support: KFH-Fremont awarded $30,000 grant (even split with KFH-San Leandro) to Mujeres Unidas Y Activas for its Sanando el Alma (Healing the Soul), a program that provides culturally relevant behavioral health interventions in Spanish. Since December 2018, 76 immigrant women received specialized support group services that aid survivors of violence and sexual assault to address trauma. In addition, 38 women received culturally and linguistically relevant peer counseling sessions and 16 of them received referrals to additional services.
		Resilience: Seneca Family of Agencies received a $98,000 grant (even split with KFH-San Leandro) to partner with Hayward High School to provide students with access to trauma-informed mental health services; faculty and staff with support needed to cope with vicarious trauma; and school administrators with support to implement trauma-informed practices schoolwide. To date, the Wellness Center has directly served 100 students and 25 families and over 100 staff have been engaged in the effort.
Community and Family Safety	*During 2017 and 2018, KFH-Fremont awarded 29 grants totaling $481,856.67 that address Community and Family Safety in the KFH-Fremont service area*	Tattoo removal: KFH-Fremont awarded a $50,000 grant (even split with KFH-San Leandro) to Eden Youth & Family Center's New Start Tattoo Removal Program, which offers bimonthly laser tattoo removal treatments to youth 13 to 25 in southern Alameda County. The program also provides case management, and involves youth in community service, job training, and education. The program will reach 200 youth. Tattoo removals are held at KFH-Hayward and KFH-Union City and lead by a KP physician.
		Peer mentorship: KFH-Fremont awarded a $40,000 grant (even split with KFH-San Leandro) to East Bay Family Defenders' Mentor Parent pilot program to provide dependency court-involved parents with peer mentorship and recovery support. The program engages parents in stabilizing or reunifying their family to prevent or minimize foster care placement. Since December 2018, the program has served 23 parents. And a six-week parent support group, The Real Talk, was developed and is scheduled to begin in February of 2019.
		Domestic violence: Afghan Coalition was awarded a $40,000 grant for its Reduce Domestic Violence in Afghan Immigrant Families project, which provides support groups and case management to Farsi-speaking domestic violence (DV) victims, raises awareness of DV in the Farsi-speaking community, and provides information on its DV curriculum to service providers working with this community. Since December 2018, the project has served 27 families, 10 have completed an eight-week DV workshop, and 2,122 people viewed the nine articles about DV in the Afghan community the organization posted on social media.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Empowerment program: Alameda County Family Justice Center received a $95,000 grant (evenly split between 3 KFH hospital service areas) to support the implementation of the Women's Empowerment Program, which empowers abuse survivors to participate in an employment training program, receive a general education degree and participate in leadership opportunities. To date, 62 women have participated in the Survivor Training and Empowerment Program-Utilizing your Potential.
Access to Care & Coverage	*During 2017 and 2018, KFH-Fremont awarded 85 grants totaling $4,435,031.66 that address Access to Care in the KFH-Fremont service area*	KP Medicaid and Charity Care: In 2017 and 2018 KP served 4,737 and 4,655 Medi-Cal members respectively totaling $11,306,845.81 worth of care. KP also provided a total of $7,042,172.80 of Medical Financial Assistance (MFA) to 6,479 individuals in 2017 and 3,190 individuals in 2018.
		Care for seniors: KFH-Fremont awarded $50,000 grant (even split with KFH-San Leandro) to Community Resources for Independent Living to implement the Care Transition Intervention/Device Lending Library Service, which provides at-risk seniors and disabled people with the skills and tools needed for a successful transition from the hospital to their home. A total of 400 seniors or people with disabilities will receive access to medical equipment and education on the equipment needed for their transition.
		Operation Access: Operation Access received a $350,000 grant (evenly split between 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.
		211: Eden I&R, Inc. received a $50,000 grant (evenly split between 3 KFH hospital service areas) to support 211, a free, 24/7 multilingual phone service that links callers to vital health, housing and human services by providing information and referrals to resources and programs throughout Alameda County. To date, 211 has received a total of 17,456 calls and provided 28,484 housing, health, and human services referrals.
		PHASE: Over the course of three years (2017-2019), Community Health Center Network (CHCN) is the recipient of a $500K grant (evenly split between 3 KFH hospital service areas) to support the successful use of PHASE among member health center organizations. Strategies include supporting health centers' QI and data infrastructure through training and sharing of best practices. CHCN is reaching more than 37,000 patients through PHASE. 75% of their patients with diabetes and 70% of those with hypertension have their blood pressure controlled.

VII. Appendix

A. Secondary data sources and dates
    i. KP CHNA Data Platform secondary data sources
    ii. Other secondary data sources
B. Community Input Tracking Form
C. Community resources
D. Health Need Profiles

Appendix A. Secondary data sources and dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014

	Source	Dates
43.	USDA - Food Access Research Atlas	2014

ii. Other secondary data sources

In addition to the sources in the KP CHNA Data Platform, the sources of data in the list below were consulted to compile the data tables that underlie this 2019 Community Health Needs Assessment.

	Source	Dates
1.	Annie E. Casey Foundation, KIDS COUNT Data Center	2015
2.	Applied Survey Research, Alameda County Homeless Census & Survey	2017
3.	California Breathing, Environmental Health Investigations Branch, California Dept. of Public Health	2016
4.	California Child Care Resource & Referral Network, California Child Care Portfolio	2014
5.	California Department of Education	2018
6.	California Department of Education, California Healthy Kids Survey (WestEd)	2011-2013, 2013-2015
7.	California Department of Finance	2016
8.	California Department of Justice	2014-2015
9.	California Department of Public Health	2010-2017
10.	California Office of Statewide Health Planning and Development (OSHPD)	2009-2016
11.	California State Highway Patrol	2015
12.	Centers for Disease Control and Prevention	2005-2016
13.	Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health	2008-2012
14.	Child Care Regional Market Rate Survey	2014
15.	Martin et al. (2015), Births	2013
16.	National Cancer Institute	2011-2015
17.	National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program	2009-2013
18.	Nielsen SiteReports	2014
19.	Population Reference Bureau	2014, 2016
20.	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
21.	U.S. Cancer Statistics Working Group	2009-2013
22.	U.S. Census Bureau, American Community Survey	2012-2016
23.	U.S. Census Bureau, County Business Patterns	2016
24.	U.S. Census Bureau, Population Estimates Program	2010-2015
25.	U.S. Department of Agriculture, Food Access Research Atlas	2015
26.	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S.	2017
27.	UCLA Center for Health Policy Research, California Health Interview Survey	2009- 2016
28.	University of Missouri, Center for Applied Research and Environmental Systems	2010-2012
29.	University of Wisconsin Population Health Institute, County Health Rankings.	2018
30.	Vera Institute of Justice, Incarceration Trends	2013, 2015

	Source	Dates
31.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research	2013
32.	Zilpy.com, Rental Market Trends	2018

Appendix B. Community Input Tracking Form

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the Alameda County Health & Hospital System, nonprofit hospital representatives, local government employees, and nonprofit organizations. For a description of members of the community who participated in focus groups, please see Section IVB, "Community Input."

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Interview	Medical Director, Alameda County Health Care Services	1	Medically underserved	Leader	6/29/18
2	Interview	Director, Division of Communicable Disease Control and Prevention, Alameda County Public Health Department	1	Health department representative	Leader	7/13/18
3	Interview	Chief Medical Officer, Community Health Center Network	1	Low-income, Medically underserved	Leader	7/20/18
4	Interview	Executive Director, Safe Alternatives to Violent Environments (SAVE)	1	Low-income, Minority	Leader	7/20/18
5	Interview	Deputy Director, Public Health, Alameda County Public Health Department	1	Health department representative	Leader	7/23/18
6	Interview	Program Manager, Fresh Lifelines for Youth (FLY)	1	Low-income, Minority	Leader	7/30/18
7	Interview	Director of Health & Wellness Alameda County, Abode Services	1	Low-income, Medically underserved	Leader	8/7/18
8	Interview	Executive Director, Abode Services	1	Low-income, Medically underserved	Leader	8/7/18
9	Interview	Medical Director, Behavioral Health Care Services of Alameda County	1	Medically underserved	Leader	8/13/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
10	Interview	Deputy Director, Behavioral Health Care Services of Alameda County	1	Medically underserved	Leader	8/13/18
11	Interview	Director, Adult & Older Adult System of Care, Behavioral Health Care Services of Alameda County	1	Low-income, Medically underserved	Leader	8/13/18
12	Interview	Director, Alameda County Health Care Services	1	Medically underserved	Leader	8/16/18
13	Interview	Executive Director, Tri-City Volunteers	1	Low-income	Leader	8/17/18
14	Interview	Chief Executive Officer, First 5 Alameda County	1	Low-income	Leader	8/20/18
15	Focus group	**Host:** South County Partnership; attendees were representatives of local FQHCs, nonprofits, and government departments, who provide basic-needs services to residents of the service area	4	Low-income, Minority	Leaders	8/2/18
16	Focus group	**Host:** Tri-City Health Center; attendees were local service providers and peer educators	4	Medically underserved	Leaders	8/24/18
17	Focus group	**Host:** Kaiser Foundation Hospital-San Leandro; attendees were representatives of local safety net clinics	4	Low-income, Medically underserved	Leaders	9/4/18
18	Focus group	**Host:** Kaiser Foundation Hospital-San Leandro; attendees were professionals who provide mental health services to service area residents	12	Medically underserved	Leaders	9/28/18
Community residents						
19	Focus group	**Host:** St. Rose Hospital; attendees were local at-risk youth	7	Low-income, Minority	Members	8/3/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
20	Focus group	**Host:** Mujeres Unidas y Activas; attendees were immigrants, including refugees, who live in the service area, some of whom were undocumented	15	Low-income, Minority	Members	8/28/18

Appendix C. Community resources

Health Care Facilities and Agencies

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the service area. Many hospitals provide charity care and cover Medi-Cal shortfalls.

Existing Health Care Facilities

Facility	Location
• Alameda Health System San Leandro Hospital	San Leandro
• Washington Hospital Healthcare System	Fremont
• St. Rose Hospital	Hayward
• Kaiser Permanente	Fremont
• Kaiser Permanente	San Leandro
• Sutter Health Eden Medical Center	Castro Valley

Existing Clinics & Health Centers

- Tiburcio Vasquez Health Center
- Tri-City Health Center
- Teen Health Clinic
- Tiburcio Vasquez Health Centers (multiple sites, including Logan and Tennyson High Schools)
- Tiburcio Vasquez pediatric clinic
- Tri-City Health Center (multiple sites incl. mobile clinic)
- Union City Clinic
- Union City Medical Center
- Washington on Wheels Mobile Health Clinic
- Washington Township Medical Foundation Clinics

Assets & Resources by Identified Health Need

Behavioral Health

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless	https://www.abodeservices.org/
Alameda County Behavioral Health Center Services	Provides services to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.	http://www.acbhcs.org/
Alameda County Health Care Services	Behavioral Health Care, Public Health, Environmental Health, and Agency Administration/Indigent Health.	https://www.acgov.org/health/
Alameda County Health System	Provides immunology, behavioral cancer, cardiology, critical care, dental, dermatology, emergency and trauma, and eye services.	http://www.alamedahealthsystem.org/
Alameda County Housing and Community Development	Develops housing and programs to serve the county's low- and moderate-income households, homeless, and disabled populations.	https://www.acgov.org/cda/hcd/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh (“food stamps), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance.	https://www.alamedasocialservices.org/public/index.cfm
Alameda County Tri-City Children and Youth Service	Offers outpatient services for children with chronic, persistent mental health needs	http://alameda.networkofcare.org/mh/services/agency.aspx?pid=TriCityChildrenandYouthService_344_2_0
Al-Anon	12 step program for adult relatives and friends of alcoholics or someone who is or has been a problem drinker.	https://al-anon.org/
Alateen	12 step program for teen relatives and friends of alcoholics or someone who is or has been a problem drinker.	https://al-anon.org/for-members/group-resources/alateen/
Alcoholics Anonymous	12 step program for individuals who need help with a drinking problem.	https://www.aa.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Boldly Me	Offers program that help people to transcend the emotional trauma caused by differences due to birth conditions, medical treatments, injury, disease, and self-perception	http://www.boldlyme.org/
Cherry Hill Detox	Offers a short-term sobering unit and a long-term detox unit for those withdrawing from alcohol or drug use, including mental and psychiatric services.	https://www.horizonservices.org/cherry-hill-detoxification
Crisis Support Services of Alameda County 24-Hour Crisis Line	24-hour phone line to support people struggling with difficult circumstances or emotions, or suicidal thoughts or feelings.	https://www.crisissupport.org/programs/crisis-line/
CURA	A long-term residential therapeutic community for the treatment of chemical dependency.	http://www.curainc.com/about.htm
East Bay Agency for Children- Child Assault Prevention Training Center	Holds child abuse and violence prevention workshops in the community, at various sites that serve youth.	http://www.ebac.org/services/child-volunteer.asp
Eden I&R, Inc.	Centralized source for health, housing and human services information	http://edenir.org/
Family Education and Resource Center (FERC)	Provides support to family, friends, partners, and other caregivers who care for or care about a loved one of any age with a serious emotional disturbance or mental health issue.	http://www.askferc.org/
Family Paths 24-Hour Parent Support Hotline	Free and confidential counseling and information to anyone in need of parenting support and referrals to nearly 900 community resources.	https://familypaths.org/what-we-do/24-hour-parent-support/
Fremont Senior Center	Freshly cooked meals, healthy, fun classes, and a "second home" for seniors in the community	https://fremont.gov/351/Senior-Center
Gamblers Anonymous	12 step program for people struggling with a gambling problem.	http://www.gamblersanonymous.org/ga/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Girls Inc.	A non-profit organization with the central goal of empowering and inspiring girls and young women.	https://girlsinc.org/
HOPE Project Mobile Health Clinic	Mobile clinic providing health and social services to homeless people.	https://tri-cityhealth.org/medical-services/homeless-programs/
Kidango, Inc	Free or reduced cost pre-school/child-care centers.	https://www.kidango.org/
Narcotics Anonymous	12 step program for individuals for whom drugs have become a major problem.	https://www.na.org/
National Alliance on Mental Illness Alameda County South	Education, support and advocacy for people affected by mental illness.	http://www.namiacs.org/
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma-informed Dynamic Mindfulness.	https://www.niroga.org/
Overeaters Anonymous	12 step program for people struggling with compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating and/or overexercising.	https://oa.org/
Safe Alternative to Violent Environments (SAVE)	Provides advocacy, a 24-hour hotline, walk-in services and an emergency shelter for survivors of domestic violence.	https://save-dv.org/
Second Chance, Inc.	Substance abuse and treatment programs.	http://secondchanceinc.com/
Seneca Center	Provides a comprehensive continuum of school, community-based and family-focused treatment services for children and families experiencing high levels of trauma who are at risk for family disruption or institutional care for the children.	https://www.senecafoa.org/
St. Rose Hospital- Main	An independent non-profit community hospital offering a wide range of medical services.	http://www.strosehospital.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Willow Rock Center 23-hour Crisis Stabilization and Outpatient Services	Short term program for youth ages 12-17 from Alameda County who are in need of acute/crisis mental health services, including a 23-hour crisis stabilization unit and an acute in-patient psychiatric health facility.	http://alameda.networkofcare.org/veterans/services/agency.aspx?pid=WillowRockCenter_344_2_0
Women on the Way Recovery Center	Residential substance abuse rehab services in Hayward and San Leandro.	https://sobernation.com/listing/women-on-the-way-recovery-center-men-on-the-way-hayward-ca/
Women on the Way Recovery Center	Sober living facility and continued aftercare for women who have gone through residential substance abuse rehabilitation.	https://www.rehab.com/women-on-the-way-recovery-center-phase-two/6682806-r
YMCA of the East Bay	Comprises five health and wellness centers, over twenty child care sites, a teen center, and three camps offering a variety of programs.	https://ymcaeastbay.org/

Climate & Natural Environment

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Citizens' Climate Lobby	Engages in grass roots advocacy to stabilize the climate for a livable world. Transition from dirty energy to clean.	https://citizensclimatelobby.org/
The Watershed Project	Mission to inspire Bay Area communities to understand, appreciate, and restore their local watersheds.	http://thewatershedproject.org/

Community and Family Safety

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
A Safe Place	Domestic violence shelter and services.	https://www.asafeplace.org
Afghan Coalition	Supports Afghans in the Bay Area with services related to breast health, mental health, and domestic violence; also provides advocacy, job hunting assistance and micro-enterprise development.	https://www.afghancoalition.org/
Alameda County Family Justice Center	Provide services and support to individuals and families who have experienced domestic violence, sexual assault and exploitation, child abuse, elder and dependent adult abuse, and stalking.	http://www.acfjc.org
Alameda Family Services	Programs to improve the emotional, psychological and physical health of children, youth and families.	https://www.alamedafs.org
Bay Area Women Against Rape (BAWAR)	Provides counseling and advocacy to those affected by sexual violence; also provides community education around this issue.	https://www.bawar.org
Building Futures	Provide resources, programs and services to help Alameda County residents build futures free from homelessness and family violence.	http://www.bfwc.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Calico Center	Child Abuse, Listening, Interviewing, and Coordination center	https://www.calicocenter.org/
Community Violence Solutions	Offers services to prevent and respond to family violence, sexual assault, human trafficking, stalking, and child sexual abuse.	https://cvsolutions.org/
First 5 Alameda County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities and improve the lives of children 0 to 5 and their families.	http://www.first5alameda.org/
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring.	https://flyprogram.org/
Girls Inc.	A non-profit organization with the central goal of empowering and inspiring girls and young women.	https://girlsinc.org
International Institute of the Bay Area	Non-profit organization that provides high-quality, low-cost immigration legal services to the bay area community.	https://iibayarea.org
La Familia Counseling Services	Offers a spectrum of wellness services for children, youth, and adults, including mental health, community outreach, developmental disabilities, education & employment, substance abuse and crisis intervention, etc.	https://www.lafamiliacounseling.org/
Narika	Helps domestic violence survivors with advocacy, support and education.	https://www.narika.org/
Project Avary	ogram tailored to meet the unique emotional eds of children with a parent in prison, starting ages 8-11, with a ten-year commitment to ch child and family.	http://www.projectavary.org/
Ruby's Place	Shelter for survivors of domestic violence and human trafficking.	http://www.rubysplace.org/wp/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Safe Alternatives to Violent Environments (SAVE)	Provides advocacy, a 24-hour hotline, walk-in services and an emergency shelter for survivors of domestic violence.	https://save-dv.org/
San Leandro Education Foundation	Identifies and mobilizes resources in order to improve San Leandro Unified School District's public schools.	http://www.sledfund.org/
Union City Family Center	A partnership of families, schools, community, and public and private organizations working together to promote "cradle to retirement" success by engaging and preparing youth and adults to participate in transforming their communities.	http://unioncityfamilycenter.org/home

Economic Security

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County food resources	List of community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless	https://www.abodeservices.org
Alameda County Early Head Start and Head Start	Offers a comprehensive child development program with the overall goal of increasing school readiness and socialization for children from birth to five years old.	https://www.alamedafs.org/hs-ehs.html
Alameda County Nutrition Services - Women, Infants, and Children (WIC)	Nutrition education program for breastfeeding women and parents raising children under the age of 5; promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items.	http://www.acphd.org/wic.aspx
Catholic Charities of the East Bay	Refugee Employment Training (Fremont)	http://www.cceb.org/
Centro de Servicios	Helps poor and low-income families with food distribution, immigration and translation services, legal aid, information and referral services, access to shelter and housing, linkage to health care, and job placement assistance.	http://www.centrodeservicios.org/
Community Resources for Independent Living (CRIL)	A disability resource agency providing advocacy and resources for people with disabilities to improve lives and make communities fully accessible.	http://crilhayward.org/
East Bay Community Foundation	Supports social justice and equitable opportunities and outcomes by providing grants to non-profits that focus on a wide variety of issues ranging from early childhood success to economic empowerment.	https://www.ebcf.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Eden I&R, Inc.	Centralized source for health, housing and human services information	http://edenir.org/
Fremont Family Resource Center	A group of over 25 State, County, City and non-profit agencies providing a variety of integrated services for families and individuals.	https://www.fremont.gov/228/Family-Resource-Center
HOPE Project Mobile Health Clinic	Mobile clinic providing health and social services to homeless people.	https://tri-cityhealth.org/medical-services/homeless-programs/
OneChild	Provides disadvantaged children with new clothing and school supplies.	http://onechildca.org
Tri-City One-Stop Career Center (Employment Development Department)	A one-stop environment where partner agencies provide employment and training services to job seekers and employers.	https://fremont.gov/BusinessDirectoryII.aspx?BID=75
Union City Family Center	A partnership of families, schools, community, and public and private organizations working together to promote “cradle to retirement” success by engaging and preparing youth and adults to participate in transforming their communities.	http://unioncityfamilycenter.org/home

Education & Literacy

SCHOOL DISTRICT	LOCATION	WEBSITE
Fremont USD	Fremont	https://fusd-ca.schoolloop.com/
Newark USD	Newark	https://www.newarkunified.org/

Health Care Access & Delivery

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless	https://www.abodeservices.org/
Alameda County - South County Homeless Project- Hayward - Special Needs Housing	Provides emergency housing and non-residential services (housing, income and employment assistance) to the mentally disabled homeless in Southern Alameda County.	https://www.shelterlistings.org/details/19853/
Alameda County Health Care Services - School Health Services	School health centers that offer integrated medical, behavioral health, health education, and youth development services.	https://www.acgov.org/health/indigent/school.htm
American Diabetes Association	Education about ways to live healthier lives and support friends and loved ones living with diabetes.	http://www.diabetes.org/in-my-community/local-offices/san-francisco-california/
American Heart Association	Organization committed to preventing and curing heart disease.	https://www.heart.org/en/affiliates/california/greater-bay-area
Ashland Free Medical Clinic	Provides free medical care for low income people who do not have health insurance.	https://www.afmconline.org/
Birthright of San Lorenzo	Non-profit crisis pregnancy center providing free services to women in crisis.	http://www.birthrightofsanlorenzo.com/
California Department of Health Care Services	Helps low-income and disabled Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.	https://www.dhcs.ca.gov/Pages/default.aspx
East Bay Agency for Children	Agency working with to children build resilience in the face of adverse childhood experiences such as abuse, neglect and household dysfunction.	http://www.ebac.org/
Eden I & R, Inc.	Connects individuals in need with human services agencies.	http://edenir.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Fremont Family Resource Center	A group of over 25 State, County, City and non-profit agencies providing a variety of integrated services for families and individuals.	https://www.fremont.gov/228/Family-Resource-Center
George Mark Children's Home	Pediatric nursing and other supportive services for children with complex medical conditions.	https://georgemark.org/
LIFE Eldercare, Inc. - VIP Rides Program	Transportation program staffed by volunteer drivers who provide rides to appointments, grocery stores, etc.	https://lifeeldercare.org/get-help/transportation/
New Start Tattoo Removal	Provides tattoo removal and mentoring and other social support services for youth at risk of gang involvement.	http://www.acphd.org/project-new-start.aspx
Operation Access	Enables Bay Area health care providers to donate vital surgical and specialty care to people in need.	https://www.operationaccess.org/
Rubicon Programs	Organization dedicated to equipping East Bay residents to break the cycle of poverty.	http://rubiconprograms.org/
Second Chance	Substance abuse treatment center.	http://secondchanceinc.com/
Serra Center	Residential care homes for individuals with developmental disabilities.	http://www.serracenter.org/
United Seniors of Oakland and Alameda County	Programs for seniors.	https://www.usoac.org/
Washington Women's Center	Combines advanced diagnostic services and an expert clinical staff with a host of wellness and support programs for local women.	https://www.whhs.com/Services/Specialized-Programs/Womens-Center.aspx
Winton Wellness Center	Provides a wide variety of community health programs.	http://alameda.networkofcare.org/veterans/services/agency.aspx?pid=AlamedaCountyMedicalCenterWintonWellnessCenter_344_2_0

Healthy Eating/Active Living

See Economic Security for resources related to food insecurity.

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless	https://www.abodeservices.org
Alameda County Deputy Sheriffs' Activities League	Unites the Sheriff's Office personnel, citizens and youth of Alameda County with programs such as after-school activities, a youth soccer league, urban farming, and a food hub.	http://www.acdsal.org/
Alameda County Nutrition Services	Promotes healthy eating at public events, conducts cooking demonstrations and teaches nutrition and cooking classes; provides nutrition education, plants gardens with fruits and vegetables, develops and implements healthy food and beverage standards.	http://www.acphd.org/nutrition-services
Alameda County Nutrition Services - Women, Infants, and Children (WIC)	Nutrition education program for breastfeeding women and parents raising children under the age of 5; promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items.	http://www.acphd.org/wic.aspx
Alameda County Public Health Department	Offers a variety of community-based activities that engage residents and community partners in the planning, evaluation and implementation of health activities.	http://www.acphd.org/
Centro de Servicios	Helps poor and low-income families with food distribution, immigration and translation services, legal aid, information and referral services, access to shelter and housing, linkage to health care, and job placement assistance.	http://www.centrodeservicios.org/
East Bay Agency for Children	Offers a comprehensive continuum of services designed to reduce the incidence and impact of childhood trauma and adverse experiences.	http://www.ebac.org/
East Bay Regional Park District	parks in several East Bay counties	https://www.ebparks.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
East Bay Regional Parks District	Regional parks district managing multiple parks in the East Bay, and offering outdoor activities.	https://www.ebparks.org/
EdenFit Supervised Exercise Program	Supervised exercise program for those who have just completed physical or occupational therapy, cardiac or pulmonary rehab, and for those with a health condition such as cardiovascular disease, obesity, high blood pressure, diabetes or arthritis.	https://www.sutterhealth.org/find-location/facility/edenfit
Fremont Family Resource Center	A group of over 25 State, County, City and non-profit agencies providing a variety of integrated services for families and individuals.	https://www.fremont.gov/228/Family-Resource-Center
LIFE Eldercare, Inc. - Meals on Wheels	Delivers nutritious meals daily to elders who are unable to shop or prepare their own meals due to short- or long-term disability or illness	https://lifeeldercare.org/get-help/meals-on-wheels/
Meals on Wheels of Alameda County	Delivers nutritious meals and performs wellness checks to frail and/or homebound seniors.	https://www.feedingseniors.org
Public Health Institute	PHI is dedicated to improving health and wellness by discovering new research, strengthening key partnerships and programs, and advancing sound health policies.	http://www.phi.org/
Second Chance - Emergency Shelter	Emergency shelter for individuals and families. Also offers drug and alcohol programs.	https://www.homelessshelterdirectory.org/cgi-bin/id/city.cgi?city=Newark&state=CA
Viola Blythe Community Service Center of Newark	Provides services to any person in need, including emergency food and clothing distribution, referrals to other agencies, and special holiday programs.	https://www.violablythe.org/
Washington Hospital Healthcare System Diabetes Education Center	Monthly “Diabetes Matters” program, outpatient diabetes clinic for people with diabetes or at risk of developing diabetes.	https://www.whhs.com/News/2016/April/Diabetes-Education-at-Washington-Hospital.aspx

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Washington on Wheels Mobile Health Clinic	Mobile health clinic providing a wide array of health services including nutritional counseling.	https://www.whhs.com/Services/Specialized-Programs/WOW-Mobile-Health-Clinic.aspx

Housing & Homelessness

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Housing & Community Development	Lead in the development of housing and programs to serve the county's low- and moderate-income households, homeless, and disabled populations.	http://www.acgov.org/cda/hcd/
East Bay Housing Organizations	Works through organized campaigns focused on policy or a geographic community through ongoing committees.	http://ebho.org/resources/looking-for-housing/housing-developers/
Everyone Home	Collaborative working to end homelessness.	http://everyonehome.org/
Downtown Street Team	Provides case management and volunteer programs to homeless individuals (or those at risk of becoming homeless), to develop job skills and find employment and housing.	www.streetsteam.org/index
MidPen Housing	Provides safe, affordable high-quality housing to working families, seniors and individuals with special needs who qualify for affordable housing.	https://www.midpen-housing.org/

Transportation & Traffic

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda-Contra Costa Transit District (AC Transit)	Public transit agency providing regional bus service.	http://www.actransit.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Bay Area Rapid Transit (BART)	Rapid transit system providing elevated and subway rail travel connecting Bay Area counties.	https://www.bart.gov/
Drivers for Survivors	Provides free transportation service and supportive companionship for ambulatory cancer patients from diagnosis to completion of treatment.	http://driversforsurvivors.org/
Paratransit	Public transit service for people who are unable to use regular buses or trains because of a disability or a disabling health condition.	https://www.eastbayparatransit.org/

Appendix D. Health Need Profiles

COMMUNITY HEALTH NEED

Health Care Access & Delivery

What's the issue?

Access to comprehensive health care is important for everyone's well-being and quality of life.[1] "Access" generally means a patient has a sufficient number of health care providers available locally, reliable transportation to medical appointments, and adequate insurance (or can otherwise afford services and medications). "Delivery" refers to the timeliness, standards, transparency, and appropriateness with which providers render their services. Too often, common medical conditions that could be controlled through preventive care and proper management—such as asthma, cancer, and heart disease/stroke—are instead exacerbated by barriers to access and/or delivery. This can lead to premature death.

What does the data show?

In the KFH-Fremont service area, certain statistics suggest that access and delivery are an issue. Quality of care may be lacking, as a somewhat greater percentage of Medicare patients in the service area (15%, compared to 14% at the state level) are readmitted to a hospital within 30 days of their initial discharge.[2] Insurance coverage is an indicator of access. The Latinx population has one of the highest rates of uninsured individuals compared with other ethnic groups in the service area.[3] Data suggest that access is an issue across Alameda County, not just in the service area. Countywide, avoidable ER visits have been trending up[4] and the proportion of residents with a usual source of health care has been trending down.[5] Furthermore, there are certain neighborhoods in the KFH-Fremont service area (yellow and orange areas in the map) where high proportions of residents have limited English proficiency.[6]

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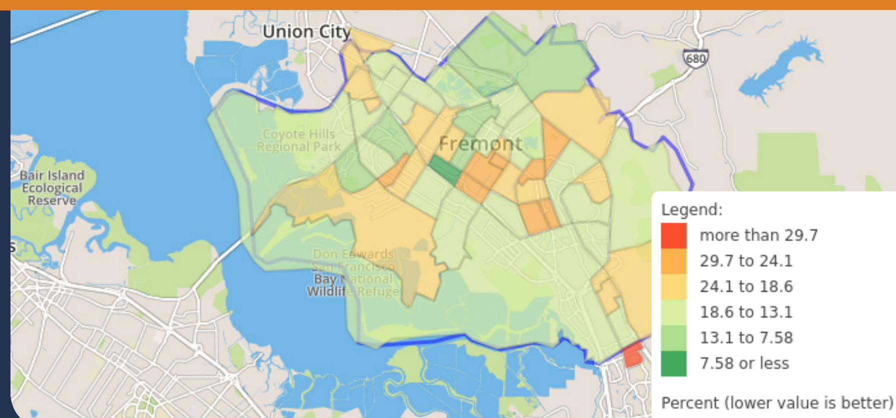
Limited English Proficiency



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

154.5

per 100,000 people

The rate of cancer deaths for White residents in the KFH-Fremont service area is significantly worse than the state average of 147.3.[7]

Impacts of Poor Health Care Access & Delivery

Barriers to health care access and delivery can affect medical outcomes for many conditions that could otherwise be controlled through preventive care and proper management.[8] The KFH-Fremont service area generally fares better than the state averages for risk factors related to **heart disease.** However, **stroke** statistics are worse. Recent research established disparities between minority and non-minority cardiovascular health outcomes across the U.S.[9] One particular risk factor, obesity, is highest among Latinx and Black service area residents (30% and 36% are obese, respectively).[10]

Proper asthma management can include access to asthma specialists, avoidance of asthma triggers, access to "quick-relief" medication, and the regular use of "controller" medication.[11] The percentages of children and youth diagnosed with **asthma** in Alameda County are above the state average—and increasing.[10] The asthma hospitalization rate is worse among Medicare beneficiaries in the KFH-Fremont service area (3.0 per 10,000 people) compared to the state (2.4).[12] Countywide, asthma disproportionately affects Latinx and Black residents.[13]

Timely, high-quality care is also crucial for people with **cancer** diagnoses. The prostate cancer incidence rate of 110.7 per 100,000 people is slightly higher among KFH-Fremont service area males than the state average (109.2). Delivery issues related to preventive screenings and follow-up appointments may create inequities; for example, significantly smaller proportions of Asian and multi-ethnic Alameda County residents are screened for colon cancer compared to overall county screening rates.

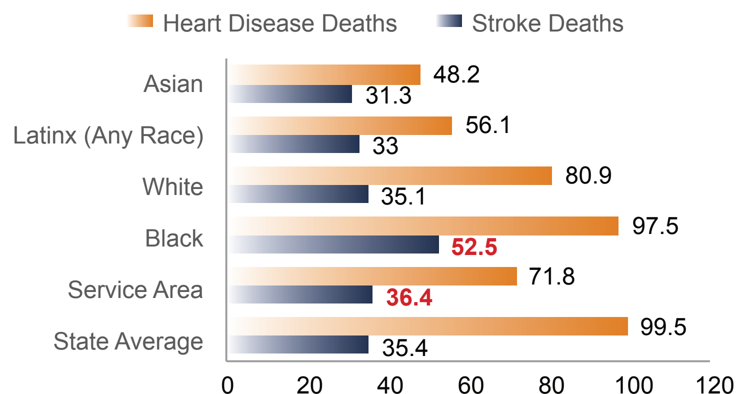
Health experts expressed concern about the rising rates of **sexually transmitted infections** (STIs) across Alameda County. HIV/AIDS prevalence is of particular concern in the service area (406.9 per 100,000 people), exceeding the state average of 374.6.[14] The service area also has a significantly higher percentage of low birthweight babies (7.2%) compared to California overall (6.8%).[15] Ethnic disparities exist in **maternal/infant health**; Black and Latina youth in Alameda County have significantly higher rates of teen pregnancy than girls of other ethnicities.[16]

Stroke Prevalence, Hospitalizations, and Deaths

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Stroke Prevalence, Medicare Beneficiaries	3.7%	3.8%
Stroke Hospitalizations, Medicare Beneficiaries (per 1,000 people)	7.4	7.9
Stroke Deaths (age-adjusted, per 100,000 people)	35.4	36.4

SOURCES: Prevalence and hospitalizations: U.S. Centers for Medicare and Medicaid Services, 2015. Deaths: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

Ethnic Disparities: Heart Disease and Stroke Mortality



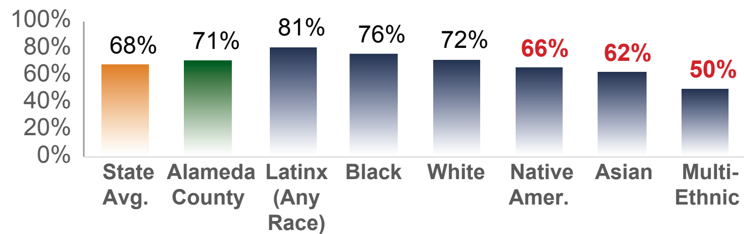
Age-adjusted rates per 100,000 people. / SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

continued >>

What does the community say?

Residents and health experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) expressed strong concerns about the affordability of care and the lack of specialists, especially those who serve Medi-Cal patients. Discussions of delivery issues touched on implicit bias and explicit discrimination and the inequitable social and health outcomes that can result. Health experts noted the difficulty LGBTQ community members experience in finding medical service providers sensitive to their needs. Participants worried about the barriers faced by immigrants who are either ineligible for Medi-Cal due to immigration status or fearful of being deported after accessing services. The community called for greater support in languages other than English, culturally appropriate services, and whole-person care.

Ethnic Disparities: Colon Cancer Screening



SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2009.

"We need to figure out a place to do respite. ... I don't know what that looks like exactly, but we need some[place] ... for homeless people who need a little longer, [a] safe place to recuperate."

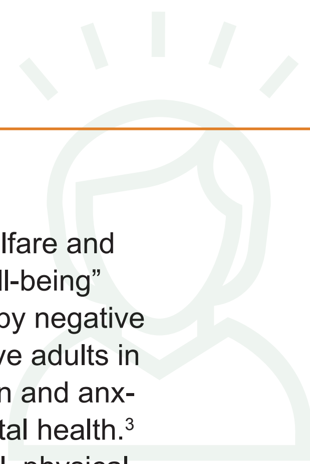
—SERVICE PROVIDER

SOURCES
[1]Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[2]Dartmouth Atlas of Health Care. (2014).
[3]U.S. Census Bureau, American Community Survey. (2012–2016).
[4]Office of Statewide Health Planning and Development. (2012–2014).
[5]California Health Interview Survey. (2015).
[6]Limited English Proficiency indicates the percentage of the population age 5 and older that is linguistically isolated (speaks a language other than English at home and speaks English less than "very well"). On average, statewide, nearly 22% of the population is linguistically isolated.
[7]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).
[8]Centers for Disease Control and Prevention. (2017). *Heart Disease Facts.*
[9]Graham, G. (2015). Disparities in Cardiovascular Disease Risk in the United States. *Current Cardiology Reviews*, *11*(3): 238–245.
[10]UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
[11]Asthma and Allergy Foundation of America. (2018). *Asthma Capitals 2018.*
[12]Centers for Medicare and Medicaid. (2015).
[13]Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health. (2014).
[14]Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2013).
[15]Centers for Disease Control and Prevention, National Vital Statistics System. (2008–2014).
[16]California Department of Finance, California Department of Public Health, Centers for Disease Control and Prevention, and Martin et al. (2015), *Births: Final Data for 2013.*

Read the complete 2019 Community Health Needs Assessment report at **www.kp.org/chna**

COMMUNITY HEALTH NEED

Behavioral Health



What's the issue?

Emotional and psychological well-being are important to a person's welfare and capacity to maintain healthy relationships and function in society.[1] "Well-being" generally means having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing satisfaction and fulfillment in life. Roughly one in five adults in the U.S. is coping with a mental illness.[2] Common disorders such as depression and anxiety can affect self-care. Likewise, chronic diseases can negatively impact mental health.[3] So too can substance use. Substance use can lead or contribute to other social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, car accidents, and HIV/AIDS.[4]

What does the data show?

In the KFH-Fremont service area, behavioral health concerns are prevalent in the community (see next page). Most statistical data on behavioral health are available for Alameda as a whole and not the service area. Various county indicators for adults and youth exceed state averages.

Mental Health: Adults

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Needing Help for a Behavioral Health Issue	16%	19%
Needing and Receiving Behavioral Health Care Services	61%	62%
Severe Mental Illness ER Visits (per 100,000 people)	320.0	489.3
Older Adults Living Alone	23%	24%

Percentages of total population, self-reporting. / SOURCES: Needing/receiving help: UCLA Center for Health Policy Research, California Health Interview Survey, 2016. ER visits: Office of Statewide Health Planning and Development, 2012–2014. Living alone: U.S. Census Bureau, American Community Survey, 2012–2016.

Mental Health: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
School Connectedness: Low, 11th Graders	13%	14%
Seriously Considered Suicide, 11th Graders	18%	19%
Mental Health Hospitalization (per 1,000 people aged 15–19)	9.8	11.8

SOURCES: Public school students: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015. Hospitalization: California Office of Statewide Health Planning and Development special tabulation. California Department of Finance, Population Estimates by Race/Ethnicity With Age and Gender Detail 2000–2009. Population Reference Bureau, Population Estimates 2010–2016 (Aug. 2017).

Social isolation may contribute to poor behavioral health in the community. The rate of access to social groups such as civic organizations, recreational clubs, and the like in the KFH-Fremont service area is 5.0 per 10,000 people, which is about 23% worse than the state benchmark.[6]

Ethnic disparities exist across multiple mental health indicators for youth of color. Among all residents, the rate of suicide in the service area is higher than the benchmark for Whites only (14.1 per 100,000 residents, age-adjusted).[7] Statistics show substance use is a concern in the community. An alarming 21% of 11th graders in the county recently used marijuana, compared to the state average of 18%.[8]

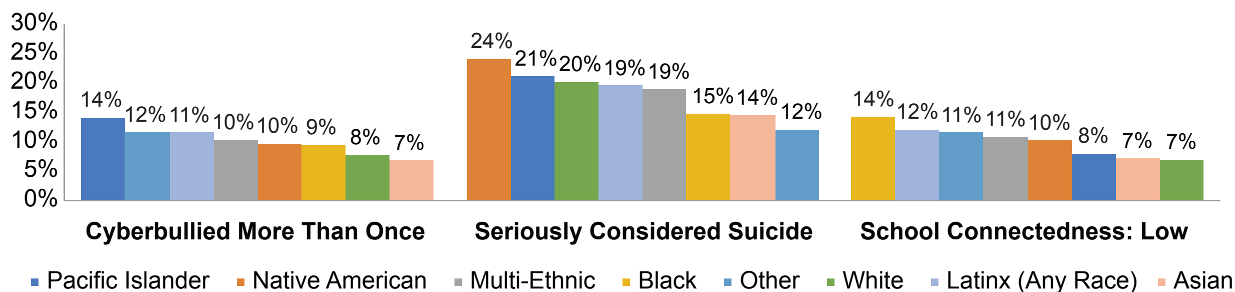
continued >>

KEY DISCOVERY

489.3

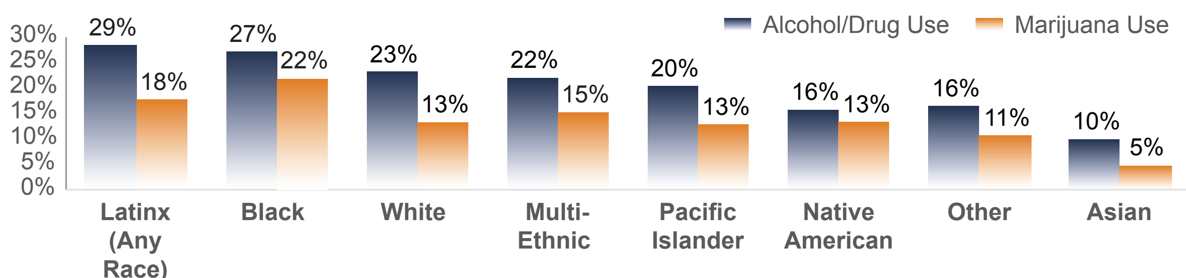
The rate of severe mental health ER visits per 100,000 people in Alameda County is more than 50% above the state average.[5]

Ethnic Disparities: Youth School Engagement and Mental Health, Alameda County



Surveyed public school students in 7th, 9th, and 11th grades, and nontraditional students, with the exception of suicidal ideation, which does not include 7th graders. / SOURCE: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2013–2015.

Ethnic Disparities: Youth Substance Use, Alameda County



Surveyed public school students in 7th, 9th, and 11th grades, and nontraditional students who used alcohol/other drugs or marijuana in the past 30 days. / SOURCE: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015.

What does the community say?

Residents and experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) expressed strong concern about behavioral health. Depression and stress were the most common issues raised. Participants also discussed the co-occurrence of mental health and substance use. Some called out trauma and adverse childhood experiences as drivers of behavioral health problems. Others described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to inequitable health outcomes.

"In Fremont, ... about 30 percent [of residents have] Chinese ancestry, and we see a huge amount of shame connected with mental illness or mental health problems. And so, if one member of the family presents with that, it reflects on the whole family."

— BEHAVIORAL HEALTH PROVIDER

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders.*
[2]Centers for Disease Control and Prevention. (2018). *Learn About Mental Health.*
[3]Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.
[4]World Health Organization. (2018). *Management of Substance Abuse.*
[5]Office of Statewide Health Planning and Development. (2012–2014).
[6]U.S. Census Bureau. *County Business Patterns.* (2015).
[7]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).
[8]California Department of Education, California Healthy Kids Survey (WestEd). (2013–2015).

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Climate & Natural Environment

What's the issue?

A healthy environment is critical to everyone's physical health and quality of life. Nearly 25% of all deaths and diseases worldwide can be attributed to environmental issues such as air, water, food, and soil contamination, the U.S. Office of Disease Prevention and Health Promotion reports.[1, 2] Exposure to a poor environment can compound the problems of people whose health is already compromised.[2] Therefore, any effort to improve overall health must consider environmental factors that may increase the likelihood of illness and disease.

This includes climate change, which is projected to have an increasing impact on air quality, the spread of infectious diseases, and the severity of fires, floods, droughts, and other natural disasters.[3] In 2017 and 2018, smoke from Northern California wildfires contributed significantly to the number of days where air quality reached unhealthy levels.[4] The long-term effects of prolonged exposure to poor air quality can be severe: Air pollution is linked to premature death from lung cancer, chronic obstructive pulmonary disorder, and acute respiratory infections.[5]

What does the data show?

In the KFH-Fremont service area, several environmental indicators are cause for concern.

Selected Environmental Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Drought Severity (weeks in drought)	93%	**94%**
Tree Canopy Cover (square acres)	8%	**7%**
Road Network Density (road miles per square mile)	2.0	**9.4**
Asthma Hospitalizations (per 10,000 Medicare beneficiaries)	2.4	**3.0**

SOURCES: Drought: U.S. Drought Monitor, 2012–2014. Tree canopy: Multi-Resolution Land Characteristics Consortium, National Land Cover Database, 2011. Road network density: Environmental Protection Agency, Smart Location Database, 2011. Hospitalizations: U.S. Centers for Medicare and Medicaid Services, 2015.

Traffic contributes to air pollution, which can be a trigger for asthma. The map on the next page depicts how census tracts in the KFH-Fremont service area compare with the state average of 39% of commuters driving alone to work more than 60 minutes each way.

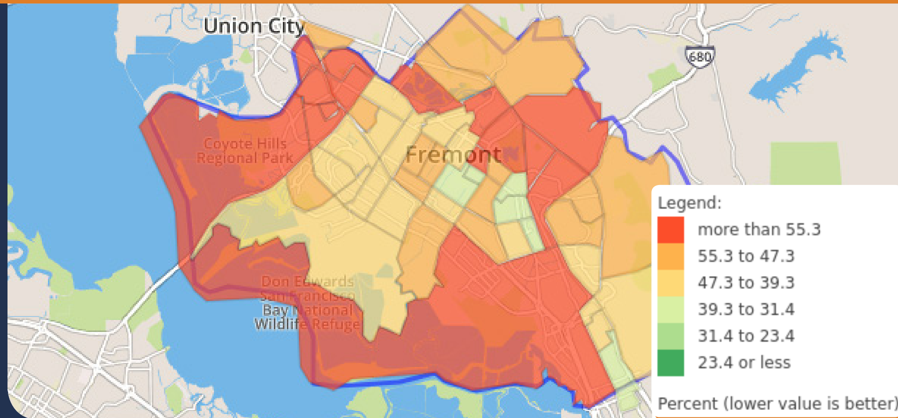
continued >>

KEY DISCOVERY

370%

The road network density of the KFH-Fremont service area is significantly higher than the state average.[6]

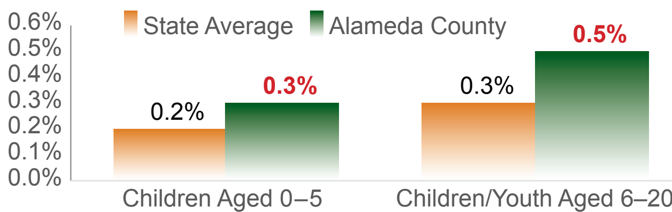
Excessive Driving: Commuting to Work Alone



Percentage of population driving to work alone 60+ minutes each way. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

Lead in the environment is of particular danger to children, whose bodies are still developing and thus more sensitive to such toxic substances.

Blood Lead Levels in Children



Percentage of screened children with blood lead levels at or above 9.5 micrograms per deciliter. / SOURCE: California Department of Public Health, Childhood Lead Poisoning Prevention Branch, 2013.

"With all of the fires that have happened, we're breathing in all that smoke and all of that harms us. … And smog, there's so much of it. We have more cars than people now, I believe. So, all of that pollution goes against our health."

—COMMUNITY MEMBER

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified air quality as a concern. They attributed poor air quality primarily to pollution and cited climate change as the cause of severe weather that impacts air quality. When asked how air pollution directly affects their health, community members pointed to asthma as the primary concern, particularly among children and youth.

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Environmental Health.*
[2]Morris, G., & Saunders, P. (2017). The Environment in Health and Well-Being, *Oxford Research Encyclopedias.*
[3]U.S. Global Change Research Program. (2018). *Fourth National Climate Assessment.*
[4]Environmental Protection Agency. (2018). *Climate Action Benefits: Wildfire.*
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[6]Environmental Protection Agency, Smart Location Database. (2011).

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COMMUNITY HEALTH NEED

Economic Security

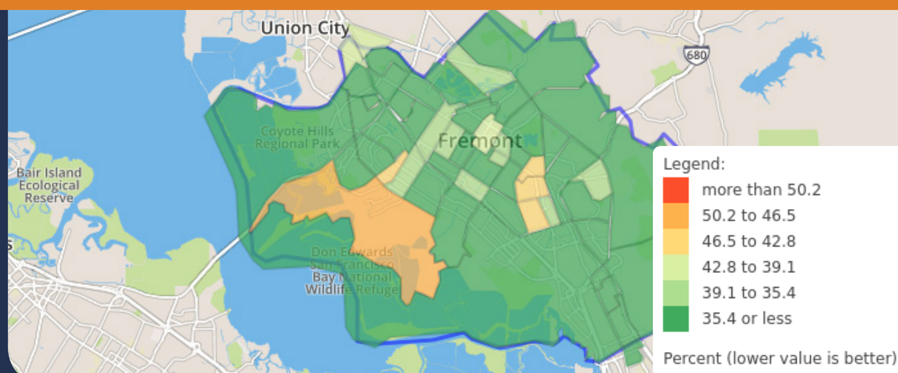
What's the issue?

Economic security is one of the most widely recognized social determinants of health. Higher incomes and a secure social support system—families, friends, communities—play a significant role in people's overall well-being.[1] Access to economic security programs such as SNAP (Supplemental Nutrition Assistance Program, formerly referred to as food stamps) results in better long-term health outcomes.[2] Despite this, childhood poverty has lasting effects: Even after conditions improve, it results in poorer health outcomes over time.[3]

What does the data show?

The cost of living in the KFH-Fremont service area is high. Although there is a smaller proportion of cost-burdened households in the service area overall than statewide, geographic disparities are evident. The map shows how census tracts in the KFH-Fremont service area compare to the state rate; orange shading identifies neighborhoods in the city of Newark and in parts of the Irvington district in Fremont where 44% or more of households spend more than 30% of their total income on housing. The cost of living in Alameda County is similarly high: Median rent and infant and preschool child care costs all surpass state benchmarks.

Cost-Burdened Households



Cost-burdened is defined as spending more than 30% of total household income on rent or mortgage costs. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

27% of Black children live in poverty in the KFH-Fremont service area. This compares with 9% of White children.[4]

Cost of Living

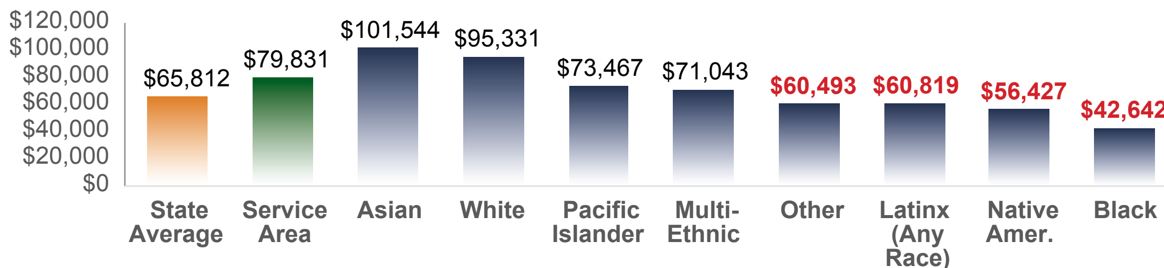
HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Median Rent, 2 Bedrooms	$2,150	**$2,595**
Annual Cost of Infant Child Care	$13,327	**$15,435**
Annual Cost of Preschool Child Care	$9,106	**$11,113**

SOURCES: Rent: Zilpy.com, 2018. Child care costs: California Child Care Resource & Referral Network, California Child Care Portfolio (Nov. 2015). Cost data from the Child Care Regional Market Rate Survey, 2014.

continued >>

Disparities exist in income and educational attainment, and government assistance. For example, the highest proportion of adults without a high school diploma[4] is found among the Latinx population and those of "Other" ethnicities.[5] Income and educational attainment are strongly associated.[6] Communities where educational attainment is lower tend to face economic challenges.

Ethnic Disparities: Median Household Income



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified economic security as a high priority. They discussed food insecurity, the risk of homelessness, and inadequate employment, which can stem from and/or contribute to economic instability. Residents stressed that although jobs here may be plentiful, many do not pay enough to adequately cover living expenses. The community linked poverty and poor health outcomes, with some residents suggesting that workers earning lower salaries or wages may have difficulty accessing care; for example, they'd be among the least able to afford missing work to see a doctor. The stress caused by economic instability was also cited as a strain on mental health.

"It's also so expensive now to live here, that you're planning so much just to afford where you live, ... how much of that is going to the extra child care, or – barely can pay the rent."

—COMMUNITY MEMBER

SOURCES

[1]World Health Organization. (2018). *The Determinants of Health.*

[2]Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*

[3]Gupta, R.P., de Wit, M.L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health. 12*(8): 667–672.

[4]U.S. Census Bureau. American Community Survey. (2012–2016).

[5]"Other" is a U.S. Census category for ethnicities not specifically called out in data sets.

[6]Vilorio, D. (2016). Education Matters. *Career Outlook.* U.S. Bureau of Labor Statistics. March 2016.

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COMMUNITY HEALTH NEED

Education & Literacy

What's the issue?

Literacy generally means "the ability to read and write," although it also involves skills related to listening, speaking, and working with numbers. Limited literacy reflects low levels of education, which is associated with poor health outcomes. People at risk for low English literacy include immigrants, those living in households where English is not spoken, and individuals with inadequate schooling.[1]

Adults who have at least a high school diploma do better than dropouts when it comes to health, income, life satisfaction, and self-esteem.[2] The National Poverty Center associates increased education with decreased rates of most acute and chronic diseases.[3] This may be because they're better able to afford health care: Research shows that families in which the head of household has a high school diploma are 10 times wealthier than those in which the head of household dropped out.[4] Many jobs in the U.S. require more than a high school education.[5]

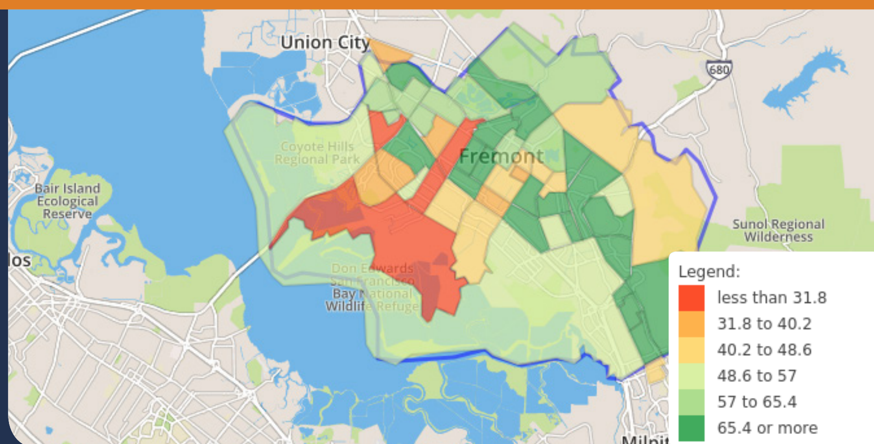
What does the data show?

Overall, rates of educational attainment in the KFH-Fremont service area are high: 80% of adults have at least some post-secondary education, compared to only 64% of Californians overall.[6] However, these levels of education are not evenly distributed. Communities where educational attainment is lower tend to face economic challenges.

Success starts early; attending preschool leads to learning and earning more.[5] Yet there are geographic and ethnic disparities apparent in preschool enrollment. The map shows how census tracts in the KFH-Fremont service area compare with the state average of 49% of children aged 3–4 years enrolled in preschool.

continued >>

Preschool Enrollment



Percentage of 3- and 4-year-olds enrolled in preschool, by census tract. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

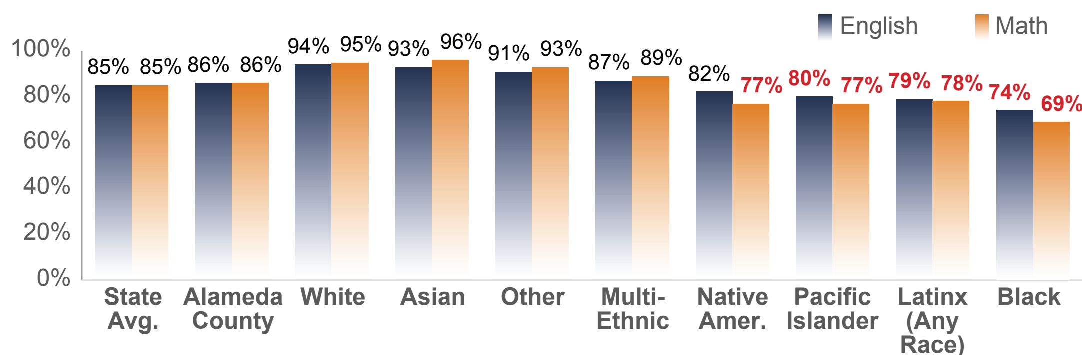
KEY DISCOVERY

19%

The percentage of Latinx adults in the KFH-Fremont service area without a high school diploma (or equivalent), significantly higher than that of White adults (6%) and above the state average.[6]

Countywide, barriers to literacy such as linguistic isolation[7] (12%) and preschool costs ($11,113 annually, on average) appear to go hand-in-hand.[8] Both Alameda County indicators exceed state averages. Additionally, Black, Latinx, and Pacific Islander youth are overrepresented among high school dropouts in Alameda County,[9] while passing high school exit exams in lower rates than youth of other ethnicities.

High School Exit Exams



Percentage of all students who took and passed the exam during the academic year. / SOURCE: California Department of Education, 2014–2015.

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) expressed concerns about academic achievement, particularly as a means of enabling economic security through stable jobs and sufficient wages. The county's public health expert emphasized that both K–12 education and higher education often do not prepare residents for jobs that provide a living wage.

"So if they're not working five jobs in order to pay rent, then they can spend some time with their kids."
—COMMUNITY MEMBER

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* www.healthypeople.gov
[2]Insight Center for Community Economic Development. (2014). www.insightcced.org
[3]Cutler, D.M., & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.
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[6]U.S. Census Bureau, American Community Survey. (2012–2016).
[7]Population Reference Bureau. Analysis of 2016 data from the U.S. Census Bureau's American Community Survey microdata files (Dec. 2017).
[8]California Child Care Resource & Referral Network, California Child Care Portfolio (Nov. 2015). Cost data from the Child Care Regional Market Rate Survey. (2014).
[9]California Department of Education, California Longitudinal Pupil Achievement Data System. (2015).

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COMMUNITY HEALTH NEED

Healthy Eating & Active Living

What's the issue?

Nearly two in five adults and one in five children in the U.S. are obese.[1] Being obese or overweight raises the risk for diabetes, hypertension, stroke, and cardiovascular disease—some of the leading causes of preventable death.[2] Obesity also can contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation.[1, 3] Risk factors of obesity include an unhealthy diet, a sedentary lifestyle, underlying medical issues, family models, and social and economic factors.[3] Obesity often co-exists with food insecurity (a lack of available financial resources for food at the household level)[4, 5] because "both are consequences of economic and social disadvantage."[6]

Getting regular exercise can help reduce the risk of obesity and Type 2 diabetes, as well as cardiovascular disease, some cancers, and other physical issues. It also can help strengthen bones and muscles, prevent falls for older adults, and promote a longer life.[7, 8] Similarly, maintaining a healthy diet can help prevent high cholesterol and high blood pressure and lower the risks of obesity, osteoporosis, and dental cavities.[9] For children and adolescents, a nutritious diet contributes to growth, bone development, and cognitive function.[10] Yet many people do not follow the recommended food and exercise guidelines.

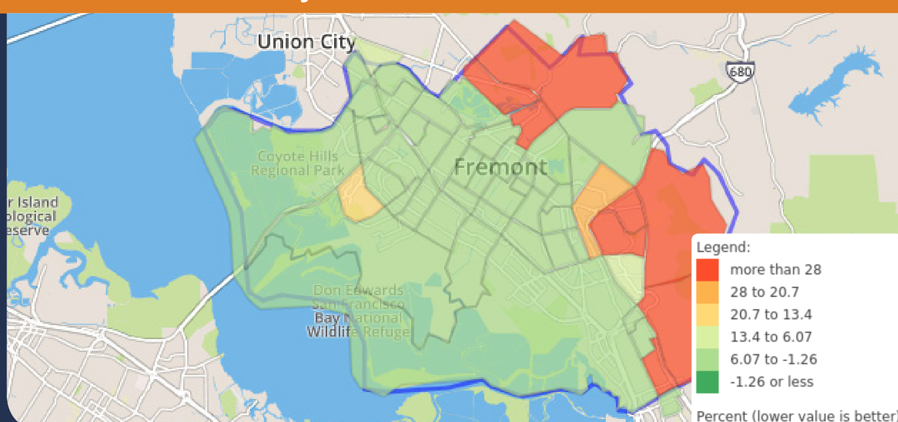
What does the data say?

Concerns in the KFH-Fremont service area focused on food security.

Communities experiencing food insecurity often also have less access to healthy food. The map shows how census tracts in the KFH-Fremont service area compare with the state average of 13% low access (i.e., high relative distance) to supermarkets and large grocery stores.

continued >>

Low Access to Healthy Food Stores



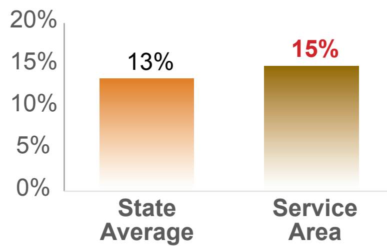
SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

KEY DISCOVERY

15%

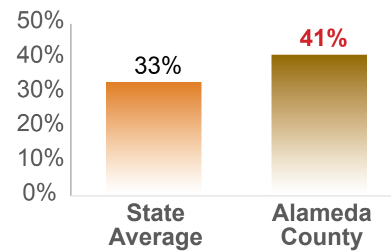
The proportion of KFH-Fremont service area residents who experience food insecurity exceeds the state average (13%).

Food Insecurity



Percentage of total population. / SOURCE: Feeding America, 2014.

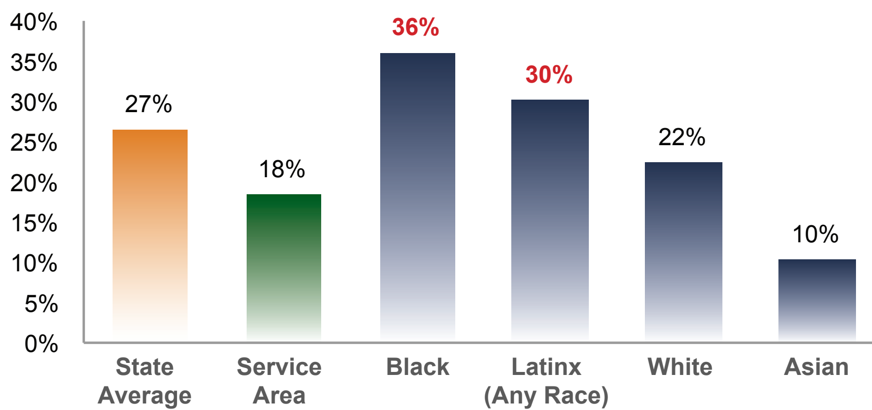
Food Insecure Children Who Are Ineligible for Federal Assistance



SOURCE: Feeding America, 2016.

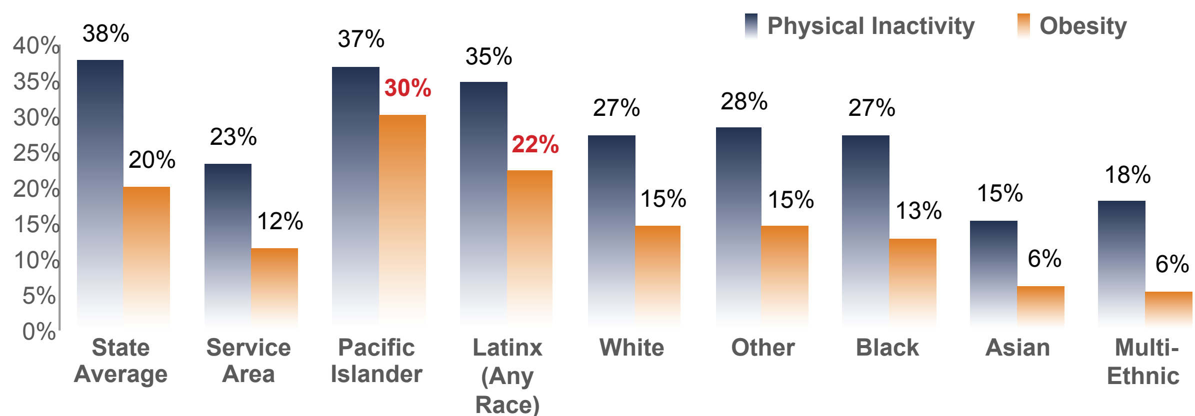
Among adults in the service area, Black and Latinx residents are more likely than their White and Asian peers to be obese. More generally, physical activity among youth is low and disparities exist among ethnic groups.

Ethnic Disparities: Adult Obesity



Percentage of adults self-reporting a body mass index (BMI) greater than 30. / SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2014.

Ethnic Disparities: Youth Obesity and Physical Inactivity

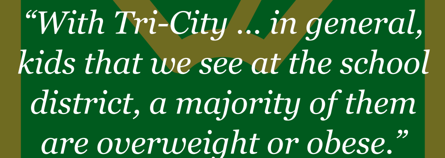


Percentage of youth aged 10–17. / SOURCE: California Department of Education, FitnessGram Physical Fitness Testing, 2016–2017.

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) prioritized healthy eating and active living. Residents called out food insecurity as a concern: The perception that healthy food costs more and is less convenient than packaged and fast food makes buying and cooking healthier meals less likely for many families.

Busy schedules, a lack of motivation, and the expense of gym memberships and exercise programs make it tough to maintain a fitness routine, they said. Community experts pointed to long commutes as a barrier to preparing meals and to being physically active, including walking or biking to work. Community members believe that culturally appropriate health education is needed to help more residents prevent chronic diseases and save on long-term health care costs. Parents also said they had difficulty encouraging their children to eat well and exercise to lose weight, providing further indication that health education would benefit everyone.



"With Tri-City ... in general, kids that we see at the school district, a majority of them are overweight or obese."

—SERVICE PROVIDER

SOURCES

[1]Centers for Disease Control and Prevention. (2018). *Overweight and Obesity.*
[2]Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences.* See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences.*
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[11]California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). (2011–2013).

COMMUNITY HEALTH NEED

Housing & Homelessness

What's the issue?

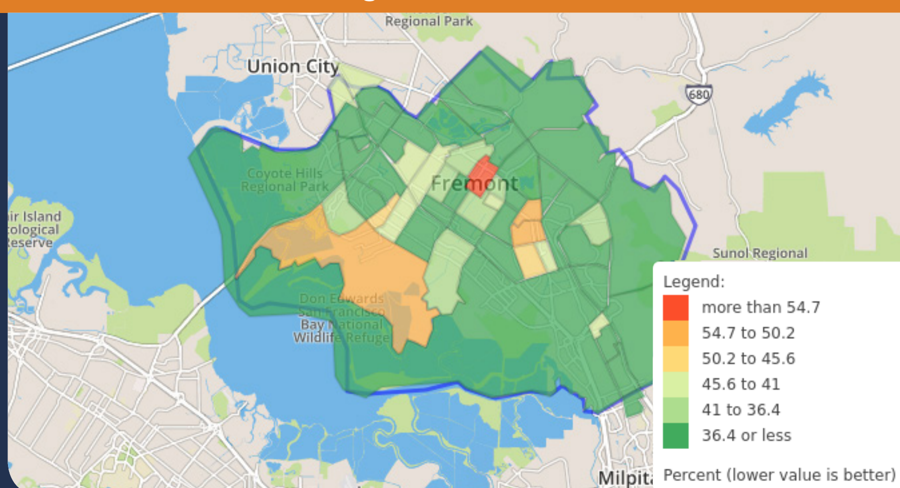
The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30% of a household's annual income. Spending more than that makes a household less able to afford other necessities, such as food, clothing, transportation, and medical care.[1] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[2]

Poor health can lead to homelessness and homelessness can lead to poor health.[3] People without a home experience more health care issues, suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with a home.[4] The average life expectancy for someone who lacks permanent housing is at least 25 years less than that of the average U.S. resident.[5]

What does the data show?

In the KFH-Fremont service area, housing concerns are prevalent. Most statistics on housing appear to meet benchmarks, but geographic and ethnicity data suggest that some neighborhoods and communities disproportionately experience housing challenges.

Households With Housing Problems



Housing problems include at least one of the following: Housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; housing unit is overcrowded (>1 person per room); or household is cost-burdened (housing costs represent >30% of monthly income). / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

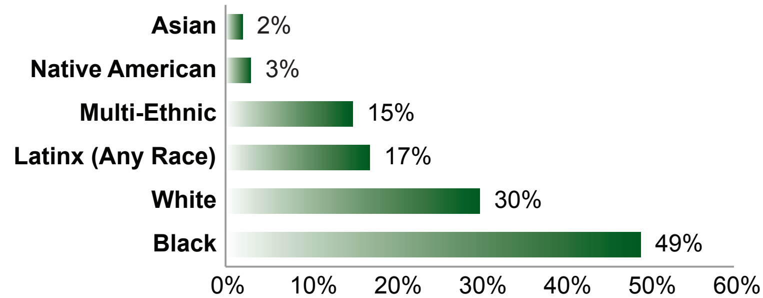
1 in 3

The number of households in the KFH-Fremont service area (32%) that are cost-burdened, which means they spend more than 30% of their income on rent or mortgage.[6]

continued >>

The number of people experiencing homelessness in Alameda County increased in 2017 (to over 5,600 individuals), as did the number of unsheltered homeless children, youth, and young adults in the county. Nearly half of all people experiencing homelessness in Alameda County are Black.

Ethnic Disparities: Homelessness in Alameda County



Percentages may add to more than 100% since respondents could choose more than one ethnicity. / SOURCE: Applied Survey Research, 2017. Alameda County Homeless Census and Survey. Watsonville, CA. U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S.

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified safe, healthy housing as a top priority. Of particular concern was the effect of rent increases on single parents and low- and/or fixed-income households. Participants strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively affecting families. They also connected housing issues and physical health, noting that some people in recent years have spent less on food and medical care because of increases in housing costs. The prevalence of jobs but the shortage of new housing units came up in focus groups as a major driver of the housing crisis.

Concerns were also expressed about the health of people experiencing homelessness, who are at greater risk of poor health outcomes than others. Experts cited a lack of strong tenant protections (and a lack of knowledge about any protections that exist) to keep renters from being displaced.

"We have families that are paying 50 or 60 percent of their income just to keep the roof over their heads. ... I mean they're having to make decisions [like], What are we doing? Ramen soup again tonight? Or are we paying our rent?"

—SERVICE PROVIDER

SOURCES

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Read the complete 2019 Community Health Needs Assessment report at **www.kp.org/chna**

COMMUNITY HEALTH NEED

Community & Family Safety

What's the issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for victims, perpetrators, and communities.[1] Crime in a neighborhood causes fear, stress, and mental health issues.[2] Beyond physical injury, victims of violence have a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior than other people.[3] Additionally, exposure to violence has been linked to post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior oneself.[4]

Unintentional injury—accidents involving falls, traffic, overdoses of prescription medications, and more—was the third leading cause of death in the U.S. in 2016.[5, 6, 7] Unintentional injuries are also the leading cause of death and hospitalization in California for children 16 and younger.[8] Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.

Crime and Intentional Injury

What does the data show?

In the KFH-Fremont service area, safety concerns are prevalent. The crime and domestic violence rates in the service area are much higher than the state averages. Most other statistical data on community and family safety are available only

continued >>

Selected Safety Indicators: Service Area

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Violent Crimes (per 100,000 people)	402.7	**720.3**
Domestic Violence Hospitalizations (per 100,000 females aged 10+)	4.9	**5.7**

SOURCES: Crimes: National Archive of Criminal Justice Data, FBI Uniform Crime Reports, 2012–2014. Hospitalizations: California Department of Public Health, EpiCenter Overall Injury Surveillance, 2013–2014.

Selected Safety Indicators: Alameda County

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Assault Injury ER Visits	322.6	**422.2**
Jail Admissions (aged 15–64 years)	3,805.9	**4,356.8**
Homicide	5.0	**8.0**

SOURCES: ER visits: Office of Statewide Health Planning and Development, 2012–2014; Jail: Vera Institute of Justice, Incarceration Trends, 2015. Homicide: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999–2017 on CDC WONDER Online Database. Data for the year 2017 are compiled from the Multiple Cause of Death File 2017, Series 20, No. 2W, 2018.

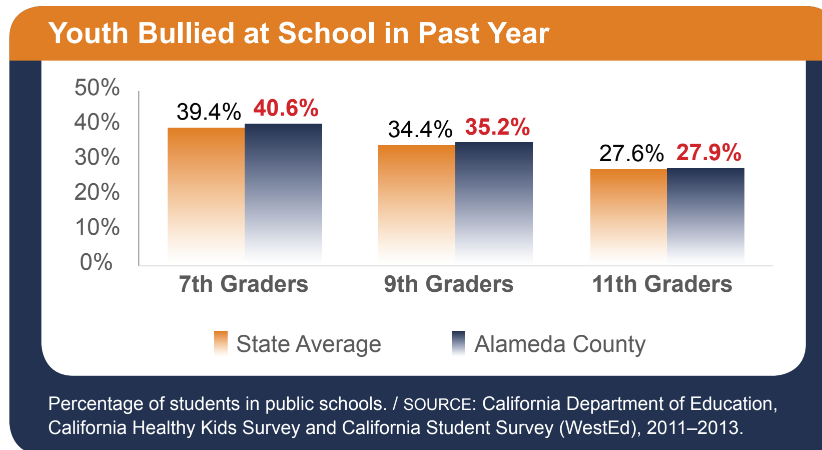
KEY DISCOVERY

720

per 100,000 people

The rate of violent crime in the KFH-Fremont service area is significantly higher than the state benchmark (402.7 per 100,000 people).[9]

at the county level, where various statistical indicators are above California's averages. Alameda County high schoolers—9th and 11th graders of all ethnicities—perceive their schools as unsafe in greater proportions than average statewide.[10]



Percentage of students in public schools. / SOURCE: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011–2013.

What does the community say?

With regard to intentional injury, KFH-Fremont service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) most frequently cited domestic violence as an issue. They also voiced concern about violent crime in general, reported an increase in violence, and called out human trafficking as a growing problem.

Mental health, including trauma, was often mentioned in relation to crime and intentional injury. Various focus group and interview participants described the impact of discrimination and racially motivated violence on mental health. They also mentioned police violence/brutality as an important safety issue, especially for Black residents. The group of greatest concern, however, was children and youth, particularly as victims of violence, the targets of online and in-person bullying, and acting out trauma. The community connected the lack of outdoor play or other physical activities with unsafe neighborhoods.

Accidents and Unintended Injuries

What does the data show?

Despite lower rates of excessive drinking and fewer beer, wine, and liquor stores than state averages, impaired driving deaths are 30% of all motor vehicle crash deaths in the KFH-Fremont service area, slightly higher than the state average (29%).[11]

Countywide, statistical data on unintended injuries are worse than state averages for various types of unintended injuries and hospitalizations.

continued >>

Accident-Related Injuries

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Bicycle-Involved Collisions	35.1	**43.4**
Motor Vehicle Crash ER Visits	747.3	**809.3**
Unintentional Injury ER Visits	6,531.7	**6,749.6**
Traumatic Injury Hospitalizations, Children Aged 0–17	1.1%	**1.6%**

Rates per 100,000 people. / SOURCES: Bicycle collisions: California State Highway Patrol, 2015; ER visits: Office of Statewide Health Planning and Development, 2012–2014. Child hospitalizations: Special tabulation by California Office of Statewide Health Planning and Development, 2015.

9.0 per 100,000 people
The rate of fatalities from firearms in the county (whether intentional or unintentional), which is about 13% higher than the average rate for the state.[12]

What does the community say?

With regard to unintentional injury, key informants and focus group participants expressed the greatest concern about children and youth. Most community input came from experts, who cited unintentional injuries as a leading cause of death for children and older adults. Experts emphasized the need for prevention of falls among seniors (often occurring in the home) and kids (specifically, from open windows). Motor vehicle crashes also were noted, along with the importance of using car seats to prevent injuries to young children when collisions occur.

"I live in the Decoto area. I've been there all my life, I was born there. Things improved, but now things are getting worse. More gang violence, shootings, that kind of thing. Letting your kids out–I think that's one of the fears."
—SPANISH-SPEAKING FOCUS GROUP PARTICIPANT

SOURCES

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COMMUNITY HEALTH NEED

Transportation & Traffic

What's the issue?

Motor vehicle crashes killed over 35,000 people and injured 2.5 million more across the U.S. in 2015. The major contributors to this type of bodily harm—drunken driving, distracted driving, speeding, and not using seat belts[1]—are preventable. Increases in road use and motor vehicle collisions go hand in hand.[2] Greater traffic congestion causes travel delays, more fuel consumption, and higher greenhouse gas emissions from vehicle exhaust.[1] Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. Thus, it is important to monitor the miles traveled by vehicles over time to better understand the potentially adverse health consequences.[3]

The benefits of alternative transport such as walking or riding a bicycle include improving health, saving money by not purchasing or maintaining a car, and reducing impact on the environment. Combining alternative transport with traffic countermeasures can improve the community's health and reduce traffic-related injuries and deaths.

What does the data show?

Statistics suggest that traffic and transportation are concerns in the KFH-Fremont service area. The road density in the service area is 3.7 times the average road density in the state as a whole, making the potential for congestion much higher.[5] Far more commuters who live in the service area drive alone to work more than 60 minutes each way (51%) compared to the state average (39%). The map below depicts geographic disparities in solo commuting from the KFH-Fremont service area.

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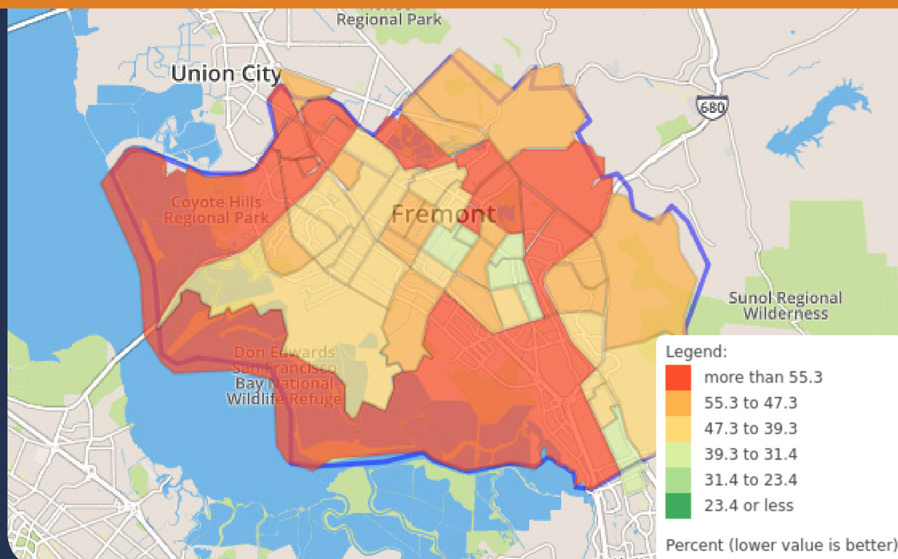
Excessive Driving: Commuting to Work Alone



Percentage of population commuting alone to work 60+ minutes each way. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

30%

The percentage of deaths from motor vehicle crashes due to drunken driving in the KFH-Fremont service area is slightly higher than the state average of 29%.[4]

Alameda County falls below state averages in road safety. The rate of emergency room visits from motor vehicle crashes is significantly higher than the state average and has been rising since 2009. The rate of bicycle-involved collisions countywide is nearly 25% higher than the state average, raising concern for those who use this alternative form of transportation.

Traffic Accidents

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Bicycle-Involved Collisions	35.1	**43.4**
Motor Vehicle Crash ER Visits	747.3	**809.3**

Rates per 100,000 people. / SOURCES: Bicycle collisions: California State Highway Patrol, 2015. ER visits: Office of Statewide Health Planning and Development, 2012–2014.

What does the community say?

Residents and local experts in the KFH-Fremont service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) discussed transportation as a barrier to seeing a doctor and getting to work. The community cited the difficulty of using public transportation to get to East Bay locations because of poor reliability, limited bus and BART lines, long public transit travel times, and expensive fares (especially to ride BART). Some participants described the fear of becoming a victim of a crime at BART stations; others said that station access for passengers with disabilities (such as working elevators) is unreliable.

"If they need a specialist... they get sent to Highland [Hospital in Oakland] and ... it's the distance, it's the time, I think it's really difficult. That's not easy access. ... If it were closer, it would be better."

—COMMUNITY MEMBER

SOURCES

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[5]Environment Protection Agency, Smart Location Database. (2011). Road network density is measured as the number of road miles per square mile of land.