



2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Oakland

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

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Kaiser Permanente Northern California Region Community Benefit
CHNA Report for KFH-Oakland

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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 longstanding 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-Oakland 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

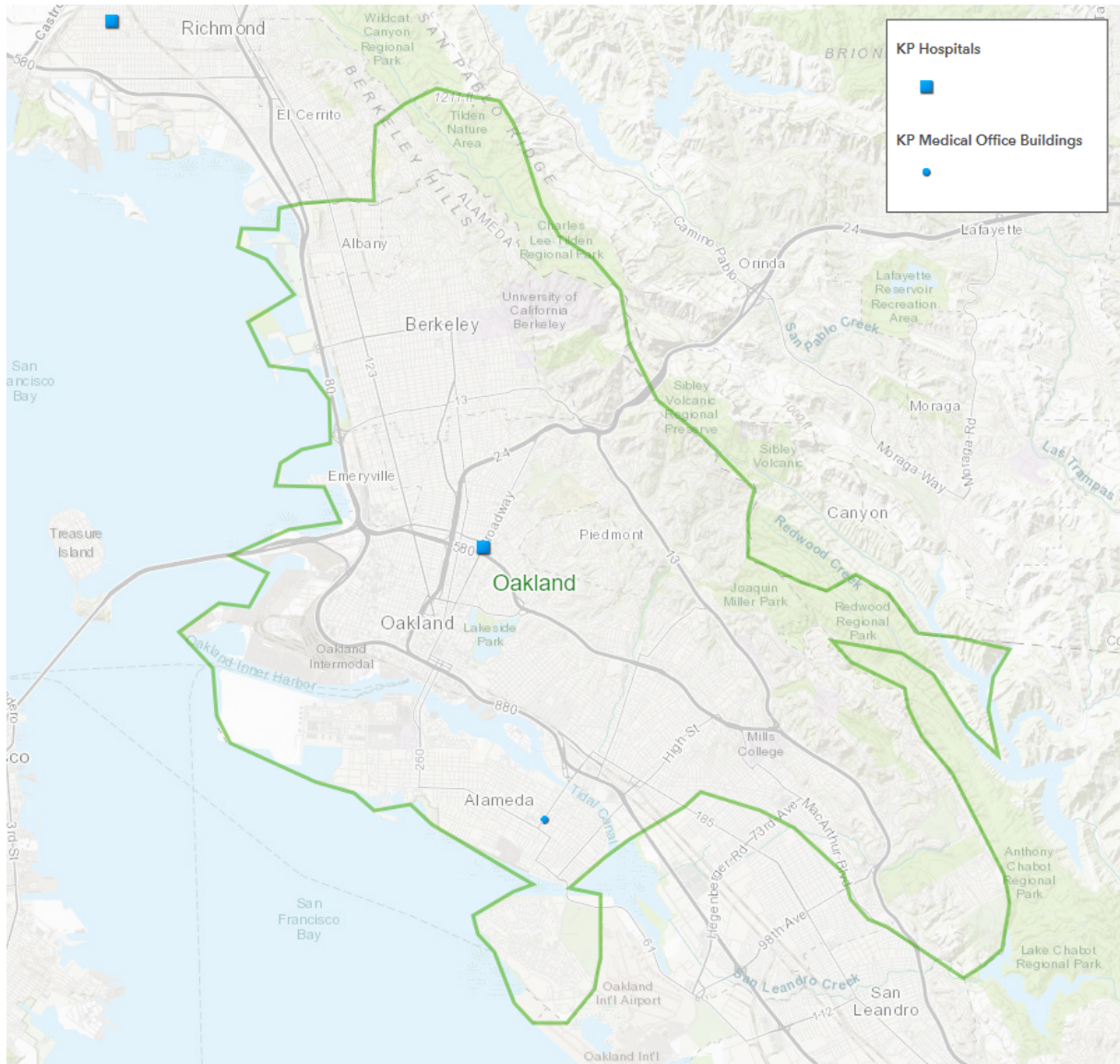
A. Kaiser Permanente's definition of community served

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-Oakland Service Area



ii. Geographic description of the community served

The KFH-Oakland service area includes the major cities of Alameda, Albany, Berkeley, Emeryville, Oakland, and Piedmont in Alameda County, as well as unincorporated areas covered by the map above.

iii. Demographic profile of the community served

The KFH-Oakland service area is highly diverse. A total of 5% of the population is of two or more races. Over 20% of the population is Asian, approximately 17% of residents have Latinx heritage, and 16% are Black. Less than half the population is White. Overall, the service area

reports higher rates of people living in poverty than the state average (17% versus 16%), though lower rates of uninsured individuals (9% versus 13%).

Demographic profile: KFH-Oakland

Race/ethnicity		Socioeconomic Data	
Total Population	587,090	Living in poverty (<100% federal poverty level)	16.6%
Asian	20.5%	Children in poverty	18.8%
Black	16.6%	Unemployment	2.9%
Native American/Alaska Native	0.6%	Uninsured population	9.0%
Pacific Islander/Native Hawaiian	0.5%	Adults with no high school diploma	12.1%
Some other race	6.9%		
Multiple races	7.1%		
White	47.7%		
Hispanic/Latinx	17.0%		

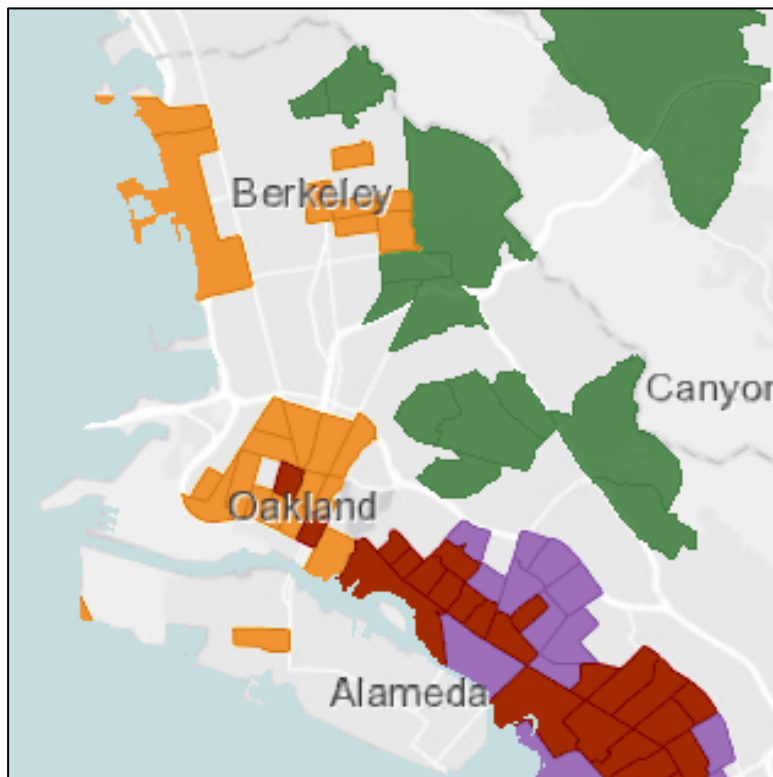
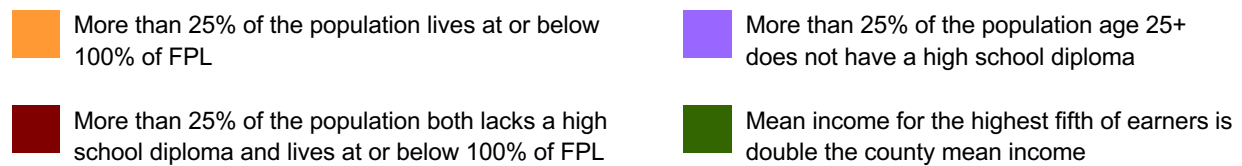
Genetics have long been known to play a role in a person’s risk of disease, but in the past several years, it has become more broadly accepted that a person’s surroundings—or neighborhood—also influence their health.¹ That neighborhood comprises the natural, social (e.g., cultural traditions and support 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 high concentrations of the population living in poverty and populations living without a high school diploma overlap. The orange shading shows where the percentage of the population living at or below 100% of the Federal Poverty Level exceeds 25%. The purple shading shows where the percentage of the population with no high school diploma exceeds 25%. Educational attainment is determined for all non-institutionalized persons aged 25 and older. Dark red areas indicate where the census tract is above these thresholds (worse) for both educational attainment and poverty.

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

Vulnerability Footprint: KFH-Oakland 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. Several of these hospitals collaborated on the assessment in the KFH-Oakland service area; they were

- Alta Bates Summit Medical Center (three campuses)
- John Muir Health

- Kaiser Foundation Hospital – Oakland
- UCSF Benioff Children’s Hospital Oakland

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-Oakland 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 over 300 quantitative health indicators to assist KFH-Oakland 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-Oakland used the Kaiser Permanente CHNA Data Platform (<http://www.chna.org/kp>) to review approximately 130 indicators from publicly available data sources. KFH-Oakland also used additional data sources beyond those included in the CHNA Data Platform that included another 170-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-Oakland 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-Oakland'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

The hospitals that collaborated on this assessment 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, in the KFH-Oakland service area, several focus groups were convened in consultation with The Greenlining Institute, a nonprofit organization working for racial and economic justice. Including such stakeholders in the CHNA allows for a more in-depth understanding of the community and its needs.

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

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.

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 the Unity Council, recruited participants for the groups. The discussions centered around five topics, which AI modified appropriately for each audience:

- 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-Oakland 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 the KFH-Oakland service area, 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. Community members also discussed the impact of police-involved shootings on the community. Finally, community input clearly connected the housing crisis and high cost of living with stress.

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-Oakland 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 170-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 of prescription medications (e.g., opioids)
- Alzheimer’s disease and dementia diagnoses
- Breastfeeding practices at home
- Cannabis use
- Data broken out by Asian sub-groups³
- 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.

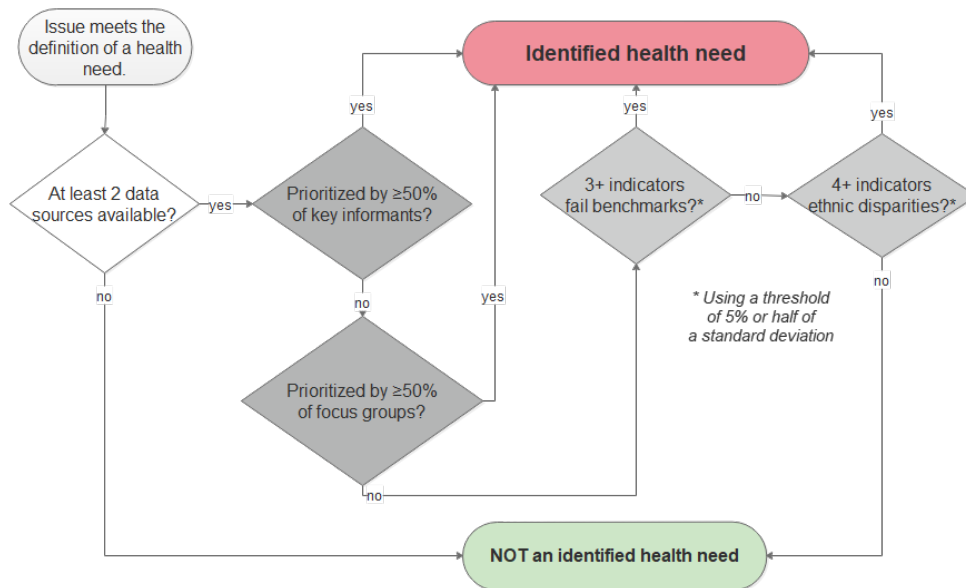
ii. Criteria and analytical methods used to identify the community health needs

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

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.

Permanente's data platform⁴ and the social determinants of health categories provided by Healthy People 2020.⁵

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 $\geq 5\%$ or ≥ 0.5 standard deviations.
 - c. If not (b), four or more indicators must show ethnic disparities of $\geq 5\%$ or ≥ 0.5 standard deviations.

⁴ <http://www.chna.org/kp>

⁵ <https://www.healthypeople.gov>

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-Oakland identified nine 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

John Muir Health, 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-Oakland 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-Oakland 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 needs about which the KFH-Oakland service area community expressed the strongest concern. The community emphasized depression and stress, as well as the co-occurrence of mental health and substance use. While statistical data about this need in the KFH-Oakland service area is somewhat lacking, mental health statistics for the county as a whole show that a significantly⁶ larger proportion of adults in the county (19%), compared to the state (16%), need help for behavioral health issues. The ER visit rate for severe mental illness is also significantly higher in the county (469.3 per 100,000 people) than the state (320.0). Mental health hospitalizations for children and youth in Alameda County are also significantly higher than benchmarks, and both are trending up.

KFH-Oakland community members identified trauma and adverse childhood experiences (ACEs) as potential drivers of behavioral health problems. Domestic violence contributes to individuals' experiences of trauma and ACEs, negatively impacting mental health for victims, their families, and the wider community.⁷ 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. Ethnic disparities exist across multiple county-level mental health indicators for youth, including cyberbullying (Pacific Islander youth fare worse), depression-related feelings (the highest proportion of youth experiencing such feelings are Latinx and Pacific Islander), and school connectedness (Black youth feel the least connected).

2. HOUSING AND HOMELESSNESS

Maintaining safe and healthy housing was a top community priority in the KFH-Oakland 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 are spending 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. Moreover, the proportion of county renters spending more than 30% of their household income on rent has been on the upswing since 2006. Possibly due to high rents, the proportion of children living in crowded housing has also been

⁶ "Significantly" worse = at least 5% or 0.5 standard deviations worse.

⁷ City of Oakland. (2018). *Equity Indicators Report*.

rising in the county. 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.

Individuals experiencing homelessness have more health care issues than non-homeless peers, suffer from preventable illnesses at a greater rate, experience longer hospital stays, and have a greater risk of premature death.⁸ The number of individuals experiencing homelessness in Alameda County rose in 2017. Significantly, the population experiencing homelessness in the county was disproportionately Black (49%).

3. ECONOMIC SECURITY

Economic security was one of the top priorities of the KFH-Oakland 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. For example, the costs of infant and preschool childcare—indicative of the cost of living—are significantly higher in the county than the state average. Moreover, some experts noted that while unemployment may appear to be low in the KFH-Oakland service area overall, rates by neighborhood show that there are still areas where the population is experiencing high unemployment. In addition to unemployment, 17% of the service area population is living below the federal poverty line, compared to 16% in the rest of the state. The percentage of older adults living in poverty has also been increasing countywide.

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 various age groups (children, older adults, overall), the highest proportion of residents in poverty in the local area are Native American. Another indicator of economic instability is low educational attainment; the highest proportions of adults in the KFH-Oakland service area without a high school diploma exist among the Latinx population (32%) and those of “Other” ethnicities (40%).

4. COMMUNITY AND FAMILY SAFETY

Community and family safety was one of the top health needs prioritized by the KFH-Oakland community. Crime, violence, and intentional injury are related to poorer physical and mental health for victims, perpetrators, and the community at large.⁹ 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). Violent crimes in the service area happen at a rate of 716.8 reported cases per 100,000 people, compared to the state average of 402.7 cases per 100,000 people. Similarly, the county’s

⁸ O’Connell, J.J. (2005). *Premature mortality in homeless populations: A review of the literature*. Nashville, TN: National Health Care for the Homeless Council.

⁹ 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.

homicide death rate is significantly higher in the county (8.0 per 100,000 people) than the state rate (5.0). Rates are highest for Black residents, followed by Latinx residents.

A number of participants described the impact of discrimination and racially-motivated violence on mental health. Various community members in the KFH-Oakland service area mentioned police violence/brutality as an important issue related to safety, especially for Black individuals. The use of force by law enforcement in the City of Oakland shows disparities by ethnicity, with Black residents experiencing use of force at a rate nearly 25 times that of White residents, and Latinx residents at a rate nearly seven times that of Whites.

5. HEALTH CARE ACCESS AND DELIVERY

Health care access and delivery were high priorities of the KFH-Oakland community. 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, which can lead to premature death. Barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, and an inability to obtain preventive services. Community members discussed these barriers, specifically those related to health insurance access, affordability of care, and the lack of access to specialists, especially for Medi-Cal patients. The health care workforce overall was a topic frequently addressed by professionals, who cited low reimbursement rates for clinicians as a barrier to offering services to Medi-Cal patients.

Quantitative data indicate challenges to health care access for residents in the KFH-Oakland service area. Good access to primary care can forestall the need for avoidable ER visits and hospitalizations (such as for asthma) as well as decrease prevalence of infectious diseases (such as STIs). Statistical data from the service area show an asthma hospitalizations rate of 3.0 cases per 10,000 people, compared to the rest of the state (2.4). A county public health expert noted an increase in STIs, especially HIV infections among Black males. There are significantly higher rates of HIV/AIDS in the service area (405.0 per 100,000 people) compared to the state (374.6).

Many community members in the KFH-Oakland 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. To improve health care delivery, the community often identified the need for greater language support, culturally-appropriate health care services, and whole-person care.

Other indicators demonstrate further access and delivery disparities by ethnicity. Sufficient health care access functions to prevent premature death; the index of premature death based on ethnicity (i.e., premature death for non-Whites versus Whites), however, shows how the KFH-Oakland service area is significantly worse (50.1) than the state (36.8). In Alameda County, both acute and chronic preventable hospitalizations were highest for the Black population.

6. 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-Oakland 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.

Limited English literacy also limits job opportunities.¹¹ A larger proportion of children in the county live in linguistically isolated households compared to the state average. 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 such as student expulsions; the rate of student expulsions in the KFH-Oakland service area (.09 per 100 students) are 13% higher than the state average (.08). Ethnic disparities are evident in county-level education and literacy-related indicators: 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. Black youth are also over-represented among high school drop-outs (18%), while passing high school exit exams in lower proportions (69%) than youth of other ethnicities, countywide. Furthermore, nearly four times the proportion of Black youth, and more than twice as many Latinx youth, as White youth are chronically absent from school.

7. HEALTHY EATING/ACTIVE LIVING

Healthy eating, together with active living, was identified as a top health need by the KFH-Oakland 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-Oakland community members cited a lack of safe public spaces and community centers where residents can recreate and exercise. While some neighborhoods do have parks, many of them are not utilized because residents fear being victims of crime. Other parks may lack appropriate exercise equipment.

Residents also discussed barriers to healthy eating, such as 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 KFH-Oakland service area, 15% of the population had experienced food insecurity at some point during the year, compared to 13% in the rest of the state. Additionally, fast food consumption was trending up in the county as a whole, as were rates of diabetes and obesity-related hospitalizations. The Latinx population was mentioned frequently as a population of concern for diabetes and obesity.

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

¹¹ Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy*.

Residents noted that the relatively lower cost of unhealthy grocery items and fast food, together with their convenience, makes buying and preparing fresh food less likely for busy families. They also talked about the lack of motivation and lack of time to exercise, which may be exacerbated by individuals' long commutes.

8. TRANSPORTATION AND TRAFFIC

Community members in the KFH-Oakland 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, some 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. Limited access to personal vehicles also diminishes transportation; notably, Black residents in the City of Oakland were over three times less likely than White residents to have access to a car. In addition to lack of access to public transportation, traffic also generates challenges to health care access and commuting, and increases accident risk. The KFH-Oakland service area has a significantly higher density of roads (21.6 road miles per square mile of land) compared to the state average (2.0), which contributes to increased traffic. Related to traffic, the rate of motor vehicle crash ER visits in the county (809.3 per 100,000 people) is significantly higher than the state rate (747.3) and is rising.

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-Oakland service area community about the environment primarily concerned poor air quality, which was attributed to pollution caused by nearby freeways and traffic at the Port of Oakland. Air pollution is often exacerbated by increased traffic and road density.¹³ The KFH-Oakland service area has a significantly higher density of roads compared to the state average, which may relate to community members' concerns regarding reduced air quality. Furthermore, the respiratory hazard index in the service area (2.6) significantly surpasses (i.e., is worse than) the state average (2.2).

Community members in the service area identified this reduced air quality as a driver of asthma. Indeed, asthma prevalence in the service area is significantly worse (16%) than benchmarks (15%), and asthma hospitalizations are significantly worse in the service area (3.0 cases per 10,000 people) compared to the state (2.4). Finally, the KFH-Oakland community discussed climate change as the cause of recent severe weather events and wildfires.

¹² Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.

¹³ Community Commons. <https://www.communitycommons.org/chna>

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 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 County Medical Center (Oakland)
- Alameda Health System, Alameda Hospital
- Alameda Health System, Highland Hospital
- Alameda Health System, San Leandro Hospital
- John Muir Health (Berkeley)
- Kaiser Permanente Medical Center, Oakland
- Sutter Health Alta Bates Summit Medical Center (Oakland/Berkeley)
- UCSF Benioff Children's Hospital Oakland

Existing Clinics & Health Centers

- Asian Health Services
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- West Oakland Health
- Teen Health Clinic
- Brighter Beginnings
- Center for Elder Independence
- Order of Malta Clinic
- Berkeley Free Clinic

VI. KFH-Oakland 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Oakland'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-Oakland'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: www.kp.org/chna. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-Oakland in the 2016 Implementation Strategy Report.

1. Behavioral Health
2. Community and Family Safety
3. Health Care Access and Delivery
4. Obesity, Diabetes, Healthy Eating/Active Living
5. Economic Security

KFH-Oakland 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-Oakland 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-Oakland 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-Oakland 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-Oakland awarded 536 number of grants amounting to a total of \$15,941,552.11 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-Oakland service area. During 2017-2018, a portion of money managed by this foundation was used to award 16 grants totaling \$36,808,185.53 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-Oakland 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-Oakland 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-Oakland Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care and Coverage	<p><i>During 2017 and 2018, KFH-Oakland awarded 117 grants totaling \$8,602,887.33 that address Access to Care in the KFH-Oakland service area</i></p>	<p><u>KP Medicaid and Charity Care:</u> In 2017 and 2018 KP served 10,254 and 10,346 Medi-Cal members respectively totaling \$38,249,674.76 worth of care. KP also provided a total of \$9,409,449.04 of Medical Financial Assistance (MFA) to 9,769 individuals in 2017 and 6,409 individuals in 2018.</p> <p><u>PHASE:</u> 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.</p> <p><u>211:</u> 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.</p> <p><u>Social non-medical services:</u> KFH-Oakland awarded \$35,000 to La Clínica de la Raza's Just Health, a school-based medical-legal partnership to improve access to non-medical social services program. Just Health is available at six school-based health centers and offers on-campus workshops for staff, youth, and families; school-wide outreach events; and legal screenings, referrals, or consultations. One outreach event has been conducted, the attorney has served 198 clients, and 63 consultations have been completed.</p> <p><u>Vaccinations:</u> KFH-Oakland awarded \$60,000 to Alameda County Public Health Department's Shoo the Flu (StF) program, which provides in- school influenza vaccinations to students and staff at Oakland-area elementary schools. StF will vaccinate 9,800 students and staff and provide outreach and education to 36,000 students.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Healthy Eating / Active Living	<i>During 2017 and 2018, KFH-Oakland awarded 57 grants totaling \$890,738.09 that address Healthy Eating Active Living in the KFH-Oakland service area</i>	<p><u>Senior meals:</u> KFH-Oakland awarded a \$50,000 grant to the Center for Elders' Independence program, Healthy Meals for Seniors, which aims to improve the nutrition and health of frail, low-income seniors through home-delivered meals, enabling them to live independently longer. The program will provide 100 seniors with 500 dietician-prepared meals per week for 52 weeks.</p> <p><u>Access:</u> KFH-Oakland awarded \$25,000 to Satellite Affordable Housing Associates' (SAHA) Community Garden and Wellness Program, which serves low-income seniors, families, and people with special needs living in SAHA's properties in Oakland and Berkeley. The program increases healthy food access and promotes active living through the community garden, CalFresh outreach, and weekly exercise classes. The program will reach 800 residents.</p> <p><u>CalFresh:</u> Alameda County Community Food Bank received a \$95,000 grant (evenly split between 4 KFH hospital service areas) to increase enrollment in the Supplemental Nutrition Assistance Program. The program targets low-income clients, including seniors and immigrants living throughout Alameda County. To date, the program has submitted 678 completed CalFresh applications. Eighty percent of the applications were approved.</p> <p><u>Parks:</u> Oakland Parks and Recreation Foundation received a \$75,000 grant to engage community residents in renovating Holly Mini Park in East Oakland. Design plans are complete and renovation planning is underway with a groundbreaking expected in Spring 2019. Once open, the park will improve access to safe opportunities for physical activity for over 2,000 residents who live within a 0.5-mile radius of the park.</p>
Behavioral Health	<i>During 2017 and 2018, KFH-Oakland awarded 70 grants totaling \$1,762,865.06 that address Behavioral Health in the KFH-Oakland service area</i>	<p><u>Clinical training program:</u> KFH-Oakland awarded \$29,580 grant (even split with KFH-Richmond) to Partnerships for Trauma Recovery, a project that supports training for three clinical psychology doctoral students in the Global Healing and Human Rights clinical training program. Trainees have participated in 98 clinical training hours and have seen 28 individual direct clients (84 indirect clients).</p> <p><u>Early intervention:</u> KFH-Oakland awarded \$30,000 to Ann Martin Center's Promoting Access to Mental Health Care through Prevention and Early Intervention program. This effort, designed to increase access to mental health services by providing case management, therapy, and parent education in Oakland and Emeryville communities, will reach 200 children and families.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		<p><u>Stigma</u>: Youth Radio received a \$90,000 grant to implement, “Hear Me Out,” a creative workshop series and multimedia campaign that engages a diverse group of young people in exploring ways they receive mental health support from members of their larger community. Youth Radio plans to partner with at least three youth serving organizations with the goal to reduce mental health stigma and empower young people to find mental health supports in their community.</p> <p><u>Resilience</u>: La Clinica De La Raza Inc. received a \$98,000 grant to partner with Roosevelt Middle School to strengthen its trauma informed school environment by providing trauma-informed mental health services, training for teachers, and restorative practices school wide. To date, 100% of teachers received training on trauma-informed teaching and vicarious trauma. Almost half of the teachers received training in trauma-informed classroom design and developed calm corners in their classrooms. Of those teachers, 80% report a decrease in the use of exclusionary discipline in their classrooms this year.</p>
Community and Family Safety	<p><i>During 2017 and 2018, KFH-Oakland awarded 46 grants totaling \$1,445,821.21 that address Community and Family Safety in the KFH-Oakland service area</i></p>	<p><u>Job training</u>: KFH-Oakland awarded \$30,000 (even split with KFH-Richmond) to The Bread Project, which equips hard to employ residents with culinary training. The project’s Bakery Bootcamp will provide commercial baking training and professional development to foster stronger communities. The program intends to reach 100 residents. To date, 22 new participants have enrolled in the program, 95% have graduated, and 85% are expected to get employment placement.</p> <p><u>Workforce and job training</u>: KFH-Oakland awarded \$49,556 (even split with KFH-Richmond) to San Pablo Economic Development Corporations to deepen engagement, extend reach, refer, and serve violence-vulnerable populations with needed workforce supports and job training, while also engaging them and the wider community in listening forums, events and programs co-hosted with San Pablo Police Department to nurture interactive, organic, and community-driven relationships. A total of 1,385 participants will be reached.</p> <p><u>Empowerment Program</u>: 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.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		<p><u>Career training and education support:</u> Youth Uprising (YU) received a \$300,000 grant (even split with KFH-San Leandro) to implement a career training and education-support program that will provide youth ages 14-24 with leadership, workforce and life-skill development and educational opportunities. YU will also provide case management screenings. To date, YU has served 16 youth and young adults by providing job placement, worksite experience, pre-employment & job training workshops, educational enrichment activities, case management, and social support services.</p> <hr/> <p><u>Violence Prevention:</u> California Partnership for Safe Communities received a \$200,000 grant to work with Oakland city and community leaders to sustain and institutionalize the Ceasefire strategy, resulting in long-term reductions in fatal and non-fatal shootings, improved outcomes for young people at highest risk of violence and enhanced trust between police and communities affected by violence. Ceasefire currently provides opportunities and support to over 200 high risk clients.</p>
Economic Security	<p><i>During 2017 and 2018, KFH-Oakland awarded 43 grants totaling \$2,219,744.67 that address Economic Security in the KFH-Oakland service area</i></p>	<p><u>Business Development:</u> Centro Community Partners received a \$50,000 grant to assist individuals in underserved communities in Oakland to start or grow microenterprises as means to achieve financial security for themselves and their families. In 2017, 45 low-moderate income entrepreneurs graduated from the Centro’s Basic Entrepreneurship Program. Centro facilitated access to \$112,000 in microloans and provided over 150 hours of technical assistance to help entrepreneurs start or grow their business.</p> <hr/> <p><u>Job training and food insecurity:</u> Food Shift: A Project of Earth Island Institute Inc. received a \$95,000 grant to increase economic security through job training and employment for individuals with barriers to employment, and increase access to nutritious food for food insecure individuals. To date, Food Shift has rescued over 15,000 pounds of would-be wasted food and distributed it to 4 local agencies who serve 5,250 people in food insecure communities. The Food Shift Kitchen (TFSK) provided job training and employment to 5 individuals and generated over \$10,000 in catering service revenue.</p> <hr/> <p><u>Economic opportunity:</u> In 2018, Planting Justice received a \$75,000 grant to create economic opportunity in a disenfranchised community in Oakland through an organic commercial farm/nursery that provides job opportunities, education, healthy food, opportunities for formerly-incarcerated people; and serves as a center for healing in the community. As a result of this effort, 15 living wage jobs will be created, 70 people with barriers to employment will participate in farmer training program and neighborhood residents will participate in farm activities and have increased access to fresh produce.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		<p><u>Mentorship</u>: The Hidden Genius Project received a \$75,000 grant (evenly split between 3 KFH hospital service areas) to support black male high school students through mentorship and skill-building in computer science, software development, entrepreneurship, and leadership. As a result of this program, 70 students will complete a 15-month training, acquire technical skills they can apply towards careers in tech, graduate high school and enroll in post-secondary education.</p> <hr/> <p><u>Financial service support</u>: Over two years (2017-2019), East Bay Asian Local Development Corporation received a \$200,000 grant to support SparkPoint, a financial service collaborative focused on helping low- and moderate-income individuals improve income, build savings, decrease debt, and build credit. To date, SparkPoint has served nearly 600 clients with financial service support. Of those served, 21% have reduced their debt and increased their income, 14% have improved their credits and 17% increased their savings.</p>

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. City of Oakland Equity Indicators Report	2018
16. Martin et al. (2015), Births	2013
17. National Cancer Institute	2011-2015
18. National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program	2009-2013
19. Nielsen SiteReports	2014
20. Population Reference Bureau	2014, 2016
21. Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
22. U.S. Cancer Statistics Working Group	2009-2013
23. U.S. Census Bureau, American Community Survey	2012-2016
24. U.S. Census Bureau, County Business Patterns	2016
25. U.S. Census Bureau, Population Estimates Program	2010-2015
26. U.S. Department of Agriculture, Food Access Research Atlas	2015
27. U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S.	2017
28. UCLA Center for Health Policy Research, California Health Interview Survey	2009- 2016
29. University of Missouri, Center for Applied Research and Environmental Systems	2010-2012
30. University of Wisconsin Population Health Institute, County Health Rankings.	2018
31. Vera Institute of Justice, Incarceration Trends	2013, 2015

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

Appendix B. Community Input Tracking Form

The list below contains the 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	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	6/29/2018
2	Interview	Director, Division of Communicable Disease Control and Prevention, Alameda County Public Health Department	1	Health department representative	Leader	7/13/2018
3	Interview	Deputy Chief, Oakland Police Department	1	Low-income, Minority	Leader	7/18/2018
4	Interview	Injury Prevention Coordinator, Trauma Services, UCSF Benioff Children's Hospital Oakland Founder, Chair Childhood Injury Prevention Network, Bay Area (CIPN-BA); member Alameda County Child Death Review Team	1	Medically underserved	Leader	7/19/2018
5	Interview	Executive Director, All In Alameda County	1	Low-income	Leader	7/19/2018
6	Interview	Deputy Director, Public Health, Alameda County Public Health Department	1	Health department representative	Leader	7/23/2018
7	Interview	Executive Director, Alameda Health Consortium	1	Medically underserved	Leader	7/25/2018
8	Interview	Executive Director, Youth Alive	1	Low-income, Minority	Leader	8/3/2018
9	Interview	Senior Vice President, California Endowment	1	Low-income, Minority	Leader	8/8/2018

	Data collection method	Title	Number	Target group(s) represented	Role in target group	Date input was gathered
10	Interview	Executive Director, East Bay Housing Organizations	1	Low-income	Leader	8/8/2018
11	Interview	Medical Director, Behavioral Health Care Services of Alameda County	1	Medically underserved	Leader	8/13/2018
12	Focus group	Deputy Director, Behavioral Health Care Services of Alameda County	17	Medically underserved	Leaders	8/13/2018
13	Focus group	Director, Adult & Older Adult System of Care, Behavioral Health Care Services of Alameda County	8	Low-income, Medically underserved	Leaders	8/13/2018
14	Interview	Executive Director, Pacific Center	1	Medically underserved, Minority	Leader	8/16/2018
15	Interview	Director, Alameda County Health Care Services	1	Medically underserved	Leader	8/16/2018
16	Interview	Chief Executive Officer, First 5 Alameda County	1	Low-income	Leader	8/20/2018
17	Focus group	Host: Seneca; attendees were front-line behavioral health staff who work in the service area	8	Medically underserved	Leaders	7/31/18
18	Focus group	Host: Alameda County Healthcare for the Homeless; attendees were providers of services to individuals experiencing homelessness	10	Low-income, Medically underserved	Leaders	8/21/18
19	Focus group	Host: Oakland Unified School District; attendees were local school health professionals	8	Medically underserved	Leaders	8/29/18
20	Focus group	Host: Unity Council; attendees were providers of services to undocumented individuals living in the service area	5	Low-income, Medically underserved, Minority	Leaders	9/13/18

	Data collection method	Title	Number	Target group(s) represented	Role in target group	Date input was gathered
21	Focus group	Host: Kaiser Permanente Northern California; attendees were leaders of safety net facilities	5	Low-income, Medically underserved	Leaders	9/14/18
22	Focus group	Host: Kaiser Foundation Hospital-Oakland; attendees were local professionals who work in the health disparities and inequities field, serving low-income, medically underserved, and minority individuals	6	Low-income, Medically underserved, Minority	Leaders	9/21/18
23	Focus group	Host: Kaiser Foundation Hospital-Oakland; attendees were leaders of local nonprofits that serve at-risk youth	12	Low-income, Minority	Leaders	9/21/18

Community Residents

24	Focus group	Host: Alameda County Health Coach Program; attendees were bilingual peer educators	5	Medically underserved, Minority	Representatives, Members	8/2/2018
25	Focus group	Host: Youth Radio; attendees were at-risk youth and young adults who live in the service area	31	Low-income, Minority	Members	9/28/2018

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

- | | |
|--------------------------------------------------|------------------|
| • Alameda County Medical Center | Oakland |
| • Alameda Health System Alameda Hospital | Alameda |
| • Alameda Health System Highland Hospital | Oakland |
| • Alameda Health System San Leandro Hospital | San Leandro |
| • John Muir Health | Berkeley |
| • Kaiser Permanente | Oakland |
| • Sutter Health Alta Bates Summit Medical Center | Oakland/Berkeley |
| • UCSF Benioff Children’s Hospital | Oakland |

Existing Clinics & Health Centers

- Asian Health Services
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- West Oakland Health
- Teen Health Clinic
- Brighter Beginnings
- Berkeley Free Clinic
- Center for Elder Independence
- Order of Malta Clinic
- Native American Health Center
- West Oakland Health Center

Assets & Resources by Identified Health Need

Behavioral Health

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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 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
Alcoholics Anonymous	12 step program for individuals who need help with a drinking problem.	https://www.aa.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
City of Berkeley Department of Health Services	Public agency which provides a wide array of services to monitor the health of the community, prevent epidemics and the spread of disease, protect against environmental hazards, respond to disasters, and promote and encourage healthy behaviors.	https://www.cityofberkeley.info/publichealth/
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/
Eden I & R, Inc.	Centralized source for health, housing and human services information	http://edenir.org/
Family Paths	Strengthens family relationships by providing mental health treatment and supportive services	https://familypaths.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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/
Gamblers Anonymous	12 step program for people struggling with a gambling problem.	http://www.gamblersanonymous.org/ga/
George Mark Children's Home	Round-the-clock skilled pediatric nursing and everyday fun activities for children with complex medical conditions; also offers transitional care, end-of-life care, respite care and bereavement care.	https://georgemark.org/
Girls Inc.	A non-profit organization with the central goal of empowering and inspiring girls and young women.	https://girlsinc.org/
Jewish Family & Community Services East Bay	Promotes the well-being of individuals and families of all ages, races and religions, by providing essential mental health and social services through every stage of life.	https://jfcs-eastbay.org/
John George Psychiatric Pavilion	Provides services to adults experiencing severe and disabling mental illnesses, regardless of ability to pay.	http://alameda.networkofcare.org/mh/services/agency.aspx?pid=JohnGeorgePsychiatricPavilion_344_2_0
Kaiser Behavioral Health classes	Behavioral health "Mind and Body" classes, available to the general public	https://thrive.kaiserpermanente.org/care-near-you/northern-california/eastbay/departments/behavioral-health-education-oakland/
Lincoln	Provides children with support and services as young as possible through to graduation from high school.	http://lincolnfamilies.org/
Mindful Life Project	Empowers underserved children through mindfulness and other transformative skills to gain self-awareness, confidence, self-regulation and resilience.	http://www.mindfullifeproject.org/
Narcotics Anonymous	12 step program for individuals for whom drugs have become a major problem.	https://www.na.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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/
Partnership for Trauma Recovery	Addresses the psychosocial impacts of trauma among international survivors of human rights abuses through culturally aware, trauma-informed, and linguistically accessible mental health care, clinical training, and policy advocacy.	https://traumapartners.org/
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/
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
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/
Earth Team	Empowers youth to become lifelong environmental stewards. students learn about sustainability, environmental restoration, climate change, waste reduction and watersheds.	http://www.earthteam.net/
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/
Alameda Family Services	Programs to improve the emotional, psychological and physical health of children, youth and families.	https://www.alamedafs.org/
Allen Temple Baptist Church Health and Social Services Ministries	Counseling and assessment services to the community at large (can be spiritual or non-spiritual).	https://www.allen-temple.org/84-community-care/health-a-social-services-ministry
Alternatives in Action	School and community programs for youth.	https://www.alternativesinaction.org/
Berkeley Youth Alternatives	Helps at-risk youth with programs that emphasize education, health & well-being, and economic self-sufficiency.	https://www.byaonline.org/
City of Berkeley Department of Health Services	Public agency which provides a wide array of services to monitor the health of the community, prevent epidemics and the spread of disease, protect against environmental hazards, respond to disasters, and promote and encourage	https://www.cityofberkeley.info/publichealth/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
	healthy behaviors.	
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high risk youth and young adults.	http://www.cyoinc.org/
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison.	https://exoneratednation.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/
Narika	Helps domestic violence survivors with advocacy, support and education.	https://www.narika.org/
Oakland Unite!	Programs target highest risk community members and neighborhoods, with a particular focus on interrupting violence now as it is occurring and preventing future violence.	http://oaklandunite.org/
Project Avary	Program tailored to meet the unique emotional needs of children with a parent in prison, starting at ages 8-11, with a ten-year commitment to each child and family.	http://www.projectavary.org/
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community.	http://www.youthalive.org/

Economic Security

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Community Food Bank	Partners with and provides food to local charities, pantries and not for profits, who then pass out groceries and food items. Web link has a search function to find multiple food resources in any city in Alameda County, use that for the most up-to-date resources.	http://foodnow.net/food-today/
Alameda County food resources	List of community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.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
America Works (formerly incarcerated)	Employment services to lift people out of poverty, including individuals who were formerly incarcerated.	http://americaworks.com/california/about/
Berkeley City College CalWORKS program	Provides support and training needed for CalWORKs participants to succeed in both their educational and employment goals	https://www.berkeleycitycollege.edu/wp/calworks/
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing difficulties in the following areas: immigration, eviction, literacy, and surviving traumatic violence.	http://www.cceb.org/
City of Berkeley Health, Housing and Community Services Department	Medical professionals and health educators working to improve the quality of life for individuals and families in the City of Berkeley through innovative policies, effective services and strong community partnerships.	https://www.cityofberkeley.info/dhs/
City of Oakland Department of Human Services	Collaborates with a diverse group of local organizations to provide a wide array of services in the community.	https://www.oaklandca.gov/departments/department-of-human-services
East Bay Community Foundation	Supports social justice and equitable opportunities and outcomes by providing grants	https://www.ebcf.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
	to non-profits that focus on a wide variety of issues ranging from early childhood success to economic empowerment.	
East Bay Community Law Center	Addresses the underlying causes of poverty and economic and racial inequality in order to improve opportunities in the areas of economic security, education, health and welfare, housing, and immigration.	https://ebclc.org/
East Bay Green Jobs Corps	Free training and education program designed to help youth and young adults (ages 18-24) get the skills they need to enter green careers.	http://www.ci.richmond.ca.us/DocumentView.aspx?DID=7472
East Oakland Youth Development Center	Develops the social and leadership capacities of youth and young adults (ages 6 – 24) so that they are prepared for employment, higher education, and leadership opportunities.	http://eoydc.org/
EBALDC - East Bay Asian Local Development Corporation	Not-for-profit real estate developer and property owner/manager providing housing to low-income individuals and families, the majority of whom are Asian/Pacific Islander and African-American.	https://ebaldc.org/
Eden I & R, Inc.	Centralized source for health, housing and human services information	http://edenir.org/
The Unity Council	Helps families and individuals build wealth and assets through comprehensive programs of sustainable economic, social, and neighborhood development.	https://unitycouncil.org/

Education & Literacy

SCHOOL DISTRICT	LOCATION	WEBSITE
Alameda USD	Alameda	https://alamedausd-ca.schoolloop.com/
Albany USD	Albany	https://www.ausdk12.org/
Berkeley Public Schools	Berkeley	https://www.berkeleyschools.net/

SCHOOL DISTRICT	LOCATION	WEBSITE
Emeryville USD	Emeryville	https://emeryusd.k12.ca.us/
Oakland USD	Oakland	https://www.ousd.org/
Piedmont USD	Piedmont	http://www.piedmont.k12.ca.us/

Health Care Access & Delivery

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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	Organization committed to educating Californians about ways they can 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
Bay Area Communities for Health Education	Parents and schools working together for comprehensive sexuality education.	https://bacheinfo.org/
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
Eden I & R, Inc.	Connects individuals in need with human services agencies.	http://edenir.org/
George Mark Children's Home	Pediatric nursing and other supportive services for children with complex medical conditions.	https://georgemark.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Jewish Family & Community Services East Bay	Promotes the well-being of individuals and families of all ages, races and religions, by providing essential mental health and social services through every stage of life.	https://jfcs-eastbay.org/
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/
United Seniors of Oakland and Alameda County	Programs for seniors.	https://www.usoac.org/

Healthy Eating/Active Living

See Economic Security for resources related to food insecurity.

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Acta Non Verba: Youth Urban Farm Project	Provides urban farming opportunities for children, youth and family in East Oakland in order to deepen their understanding of nutrition, food production, and healthy living, as well as strengthen their ties to the community.	https://anvfarm.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 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/
Building Blocks Collaborative	Brings together people with the ideas, the connections and the skills needed to create conditions where every child – in every neighborhood – can thrive.	http://www.acphd.org/building-blocks/projects/bbc.aspx
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation	http://www.cityslickerfarms.org/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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/
East Bay Regional Parks District	Regional parks district managing multiple parks in the East Bay, and offering outdoor activities.	https://www.ebparks.org/
Fresh Approach	Improves healthy food access in the community via farmers markets, community garden, and cooking and nutrition classes,	https://www.freshapproach.org/
Meals on Wheels of Alameda County	Delivers nutritious meals and performs wellness checks to frail and/or homebound seniors.	https://www.feedingse niors.org/
Public Health Institute	Dedicated to improving health and wellness by discovering new research, strengthening key partnerships and programs, and advancing sound health policies.	http://www.phi.org/

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/
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing eviction including rent assistance and funds for housing deposits.	http://www.cceb.org/housing-services-in-the-county-of-alameda/
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.	https://www.streetsteam.org/index
East Bay Community Law Center Housing Program	Defends eviction lawsuits brought against low-income tenants.	https://ebclc.org/need-services/housing-services

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
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/

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/
Bay Area Rapid Transit (BART)	Rapid transit system providing elevated and subway rail travel connecting Bay Area counties.	https://www.bart.gov/
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

Health Care Access & Delivery



What's the issue?

Access to 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 services. Too often, common medical conditions that could be controlled through preventive care and proper management—such as asthma, cancer, heart disease/stroke—are instead exacerbated by barriers to access and/or delivery, which can lead to premature death.

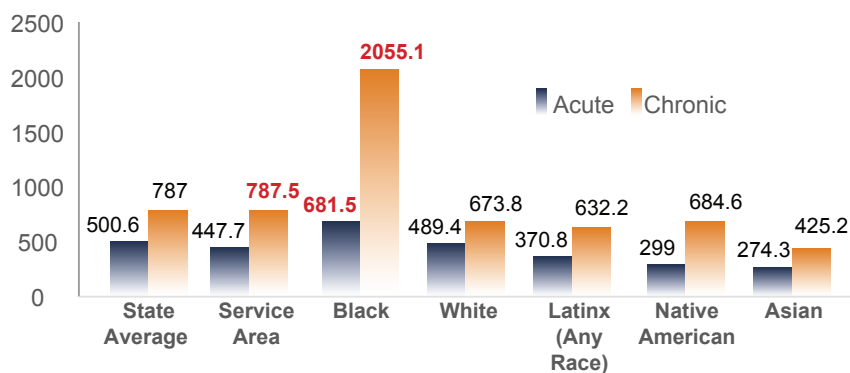


What does the data show?

In the KFH-Oakland service area, 15% of Medicare beneficiaries were readmitted to a hospital within 30 days of their initial discharge, slightly over the state average of 14%.² Thirty-day readmissions are often used as an indicator of health care delivery issues. Preventable hospitalizations, another indicator of health care quality, exhibit ethnic disparities. Statistical data suggest that access and delivery are of concern across Alameda County, not just in the service area. Countywide, the proportion of residents with a usual source of health care has been trending down.³

continued >>

Ethnic Disparities: Preventable Hospitalizations

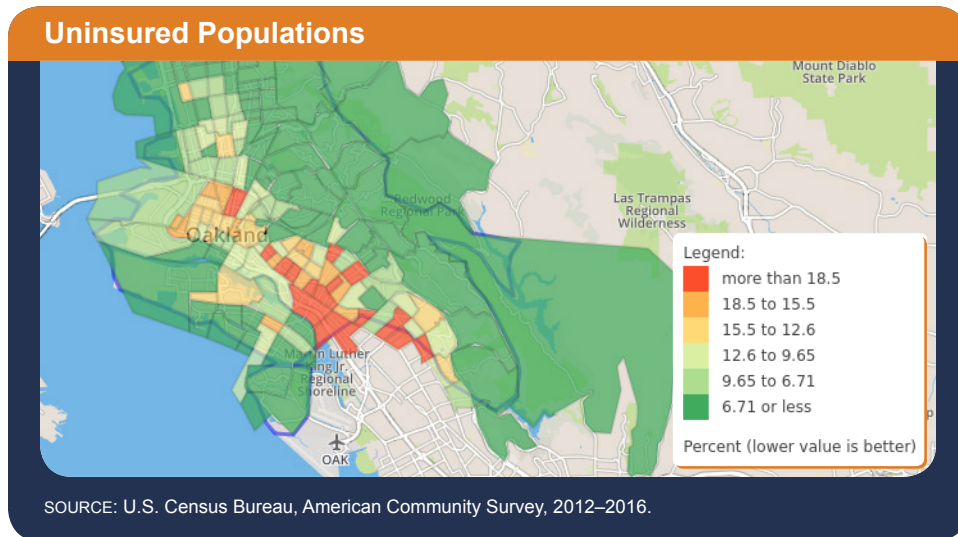


Rates per 1,000 Medicare beneficiaries. / SOURCE: Office of Statewide Health Planning and Development, 2009–2011.

KEY DISCOVERY

52.5
per 100,000 people
The stroke death rate for Black residents of the KFH-Oakland service area is nearly 50% worse than the California state average (35.4).⁴

Communities experiencing economic challenges often also have higher rates of uninsured individuals. The map shows how census tracts in the KFH-Oakland service area compare with the state average of 12.6% uninsured. The Latinx population has one of the highest rates of uninsured individuals (compared with other ethnic groups) in the KFH-Oakland service area. Native Americans and residents of “Other” ethnicities also fare worse than the state average.⁵



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. For example, various risk factors for **heart disease and stroke** can be controlled.⁶ Stroke is of particular concern in the service area because stroke statistics are above state averages. Black residents of the service area are at greatest risk, with the highest rates of adult obesity (34%)⁷ and deaths from heart disease and stroke.

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.⁸ Adult asthma prevalence in the KFH-Oakland service area is 16%, higher than the state average of 15%.⁹ Black and Latinx residents have worse asthma outcomes than other ethnic groups countywide.¹⁰ Timely, high-quality care is also crucial for individuals with **cancer** diagnoses. Cancer deaths are highest among Black service area residents.⁴ Delivery issues related to screening and follow-up may make the inequities worse.

On the topic of **maternal and infant health**, there is a higher percentage of low birthweight babies (7.2%) in the service area than in California (6.8%).¹¹

Asthma and Respiratory Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Asthma Hospitalizations per 10,000 Medicare Beneficiaries	2.4	3.0
Respiratory Hazard Index	2.2	2.6

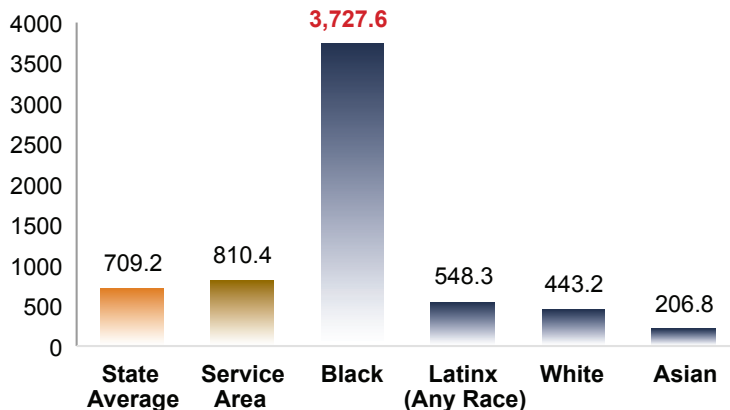
On the Respiratory Hazard Index, scores over 1.0 indicate that respiratory pollutants in the area will likely increase one’s lifetime risk of adverse health effects. / SOURCES: Hospitalizations: Centers for Medicare and Medicaid, 2015. Hazard index: Environmental Protection Agency, National Air Toxics Assessment, 2011.

continued >>

Alameda County infants and young children up to age 4 also have much higher than average rates of asthma hospitalizations (36.9 per 10,000 people compared to 19.6 statewide).¹⁰ Ethnic disparities exist in measures of maternal and infant health, including teen births and child mortality countywide.

Community members cited delivery issues related to stigma, lack of specific education, and the high cost of testing as possible barriers to preventing the spread of **sexually transmitted infections** (STIs). Local health experts expressed concern about the rising rates of STIs, particularly the rise of HIV infections among Black males. In the service area, the prevalence of HIV/AIDS is 405.0 per 100,000, significantly higher than California's rate of 374.6.¹²

Ethnic Disparities: Chlamydia Incidence



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



What does the community say?

Residents and experts in the service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified health care access and delivery as a priority issue. They expressed strong concerns about the affordability of care and the number and availability of specialists—especially those who serve Medi-Cal patients. The community discussed delivery issues including implicit bias, explicit discrimination, and inequitable social and health outcomes. Participants worried about the barriers faced by immigrants who may be ineligible for Medi-Cal or fearful of being deported after accessing services. The community called for more language support, culturally appropriate services, and whole-person care.

“I just want to really call out the ... focus on policies that are hostile to immigrant communities. ... [The] Asian and Pacific Islander community gets overlooked a lot. And I feel like we talk about it as ‘the invisible minority,’ but they’re a very large [group], especially in Alameda County.”

—SERVICE PROVIDER

SOURCES

- ¹Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>
- ²Dartmouth Atlas of Healthcare. (2014).
- ³California Health Interview Survey. (2015–2016).
- ⁴Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).
- ⁵“Other” is a U.S. Census category for ethnicities not specifically called out in data sets.
- ⁶Centers for Disease Control and Prevention (2017). Heart Disease Facts.
- ⁷UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
- ⁸Asthma and Allergy Foundation of America. (2018). Asthma Capitals 2018.
- ⁹U.S. Centers for Medicare and Medicaid Services. (2015).
- ¹⁰Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health. (2014).
- ¹¹Centers for Disease Control and Prevention, National Vital Statistics System. (2008–2014).
- ¹²Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. (2016).

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 every person's 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 affect 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?

Behavioral health concerns are prevalent in the KFH-Oakland service area (see community section, next page). Most statistical data on behavioral health are available at only the county level, where several indicators for adults and youth are above California averages. For example, in Alameda County, the rate of severe mental illness emergency visits is almost 53% higher than the state average.⁵

Behavioral Health: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Mental Health Hospitalizations	9.8	11.8
Low School Connectedness	13%	14%
Seriously Considered Suicide	18%	19%

Percentages of 11th graders in public schools. Rates per 1,000 people aged 15–19. / SOURCES: 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).

Behavioral Health: Adults

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Needing Help for a Behavioral Health Issue	16%	19%
Seeing a Health Care Provider for Behavioral Health Services	61%	62%
Severe Mental Illness ER Visits	320.0	489.3

Percentages of total population, self-reporting. Rates per 100,000 people. / SOURCES: Help/services: UCLA Center for Health Policy Research, California Health Interview Survey, 2016. ER visits: Office of Statewide Health Planning and Development, 2012–2014.

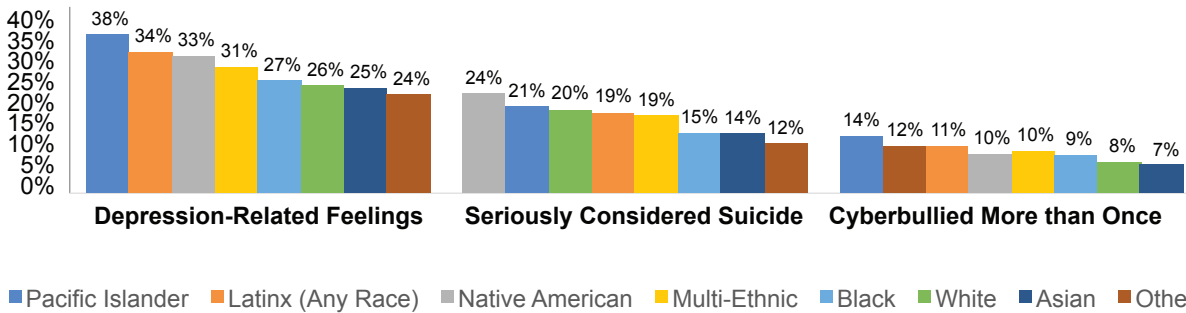
Alcohol retail density is suggestive of environmental factors that affect binge drinking. Although excessive drinking in the service area is lower than the California average, the number of stores selling beer, wine, and liquor is over 50% higher (1.7 stores per 10,000 people) than average statewide.⁶

continued >>

KEY DISCOVERY

1,643 visits per 100,000 people
The rate of substance use ER visits in Alameda County, which is nearly 30% higher than the state benchmark, is trending up.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 exist across multiple behavioral health indicators for children and youth in Alameda County. For example, alcohol/drug and marijuana use is highest among Black and Latinx public school students in Alameda County.⁷



What does the community say?

Residents and local experts in the KFH-Oakland service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified behavioral health as a high priority. Depression and stress were the most common issues raised. Participants discussed the co-occurrence of mental health and substance use. Community members identified trauma and adverse childhood experiences (ACEs) as drivers of behavioral health problems. Many participants described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to inequitable health outcomes.

“If [income] is uncertain and I don’t know how I’m going to be able to purchase a roof over my head and food and transportation—all of the basics, including access to dental and health care—that is going to have an emotional and psychological impact.”

— COMMUNITY MEMBER

SOURCES

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- ²Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.
- ³Lando, 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.
- ⁴World Health Organization. (2018). *Management of Substance Abuse*.
- ⁵Office of Statewide Health Planning and Development, 2012–2014.
- ⁶U.S. Census Bureau, County Business Patterns (2015).
- ⁷California 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.^{1,2} Exposure to a poor environment can compound the problems of people whose health is already compromised.² 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 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: pollution is linked to premature death from lung cancer, chronic obstructive pulmonary disorder, and child acute respiratory infections.⁵



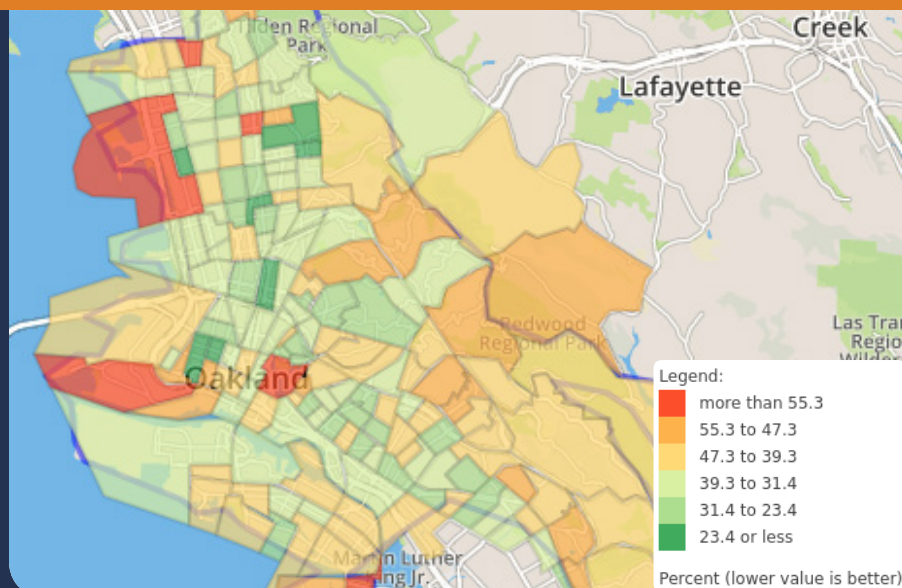
What does the data show?

In the KFH-Oakland service area, asthma prevalence and hospitalizations exceed state averages.⁶ Particulates from traffic can contribute to asthma. Adding to the traffic and pollution in the service area, about one in five residents commutes by driving alone to work more than 60 minutes each way.

In the City of Oakland, majority-Asian census tracts bear a greater overall pollution burden (air, water, etc.) than majority-White ones.⁷

continued >>

Excessive Driving: Commuting to Work Alone



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

KEY DISCOVERY

1,000%
In the KFH-Oakland service area, road network density—which contributes to air pollution (vehicle emissions)—is significantly higher than the state average.⁶

Environmental Hazards

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Respiratory Hazard Index	2.2	2.6
Road Network Density (road miles per square mile of land)	2.0	21.6

On the Respiratory Hazard Index, scores over 1.0 indicate that respiratory pollutants in the area will likely increase one's lifetime risk of adverse health effects. / SOURCES: Road network density: Environmental Protection Agency, Smart Location Database, 2013. Respiratory hazard index: Environmental Protection Agency, National Air Toxic Assessment, 2011.

Selected Asthma Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Asthma Prevalence (adults aged 18+)	14.8%	16.1%
Asthma Hospitalizations (per 10,000 Medicare beneficiaries)	2.4	3.0

SOURCES: Prevalence: UCLA Center for Health Policy Research, California Health Interview Survey, 2014. Hospitalizations: Centers for Medicare and Medicaid Services, 2015.



What does the community say?

Residents and local experts in the KFH-Oakland 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, nearby freeways, and traffic at the Port of Oakland. They also cited climate change as the cause of severe weather that influences 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

- ¹Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.
- ²Morris, G., & Saunders, P. (2017). The Environment in Health and Well-Being, *Oxford Research Encyclopedias*.
- ³U.S. Global Change Research Program. (2018). *Fourth National Climate Assessment*.
- ⁴Environmental Protection Agency. (2018). *Climate Action Benefits: Wildfire*.
- ⁵World Health Organization. (2018). *Ambient Air Pollution: Health Impacts*.
- ⁶City of Oakland. *Equity Indicators Report*. (2018).
- ⁷Environmental Protection Agency, Smart Location Database. (2011).

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Economic Security

What's the issue?

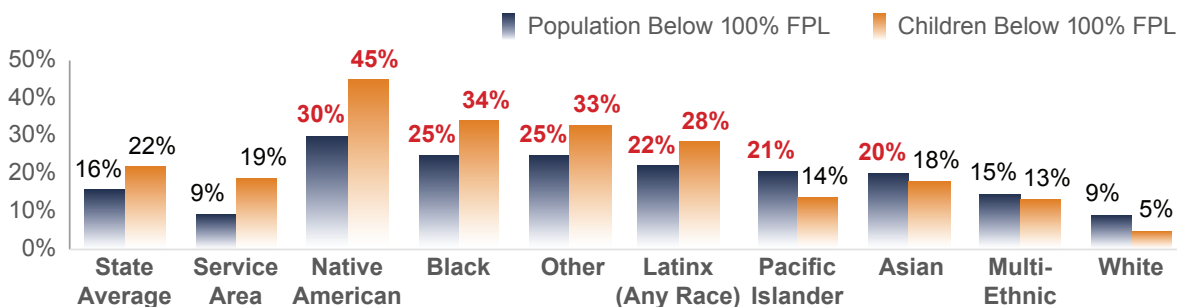
Economic security is one of the most widely recognized social determinants of health. Higher incomes and a secure social support system—families, friends, communities—play a significant role in people’s overall well-being.¹ Access to economic security programs such as SNAP (Supplemental Nutrition Assistance Program) 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 percentage of KFH-Oakland service area residents living in poverty exceeds the state average. Ethnic disparities exist in income, educational attainment, and government assistance. For example, among ethnic minority populations, 15% to 30% of residents live below the Federal Poverty Level compared to only 9% of Whites. The

continued >>

Ethnic Disparities: Poverty



Percentage of households with incomes below Federal Poverty Level. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

Cost of Living

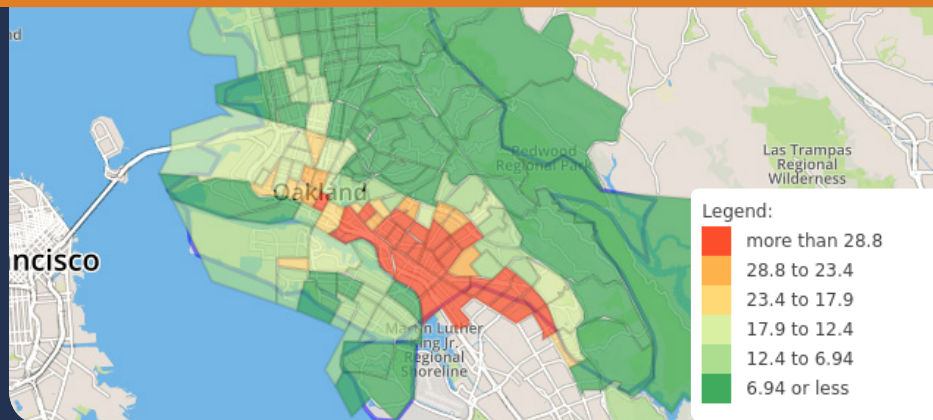
HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Median Rent, 2 Bedrooms	\$2,150	\$2,595
Annual Cost of Infant Child Care	\$13,327	\$15,435
Annual Cost of Preschool Child Care	\$9,106	\$11,113

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

KEY DISCOVERY

34%
of Black children in the KFH-Oakland service area live in poverty. This compares with 5% of White children.⁴

Adults With No High School Diploma (or Equivalent)



Percentage of residents aged 25 and older in the service area. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

highest proportion of adults without a high school diploma 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.



What does the community say?

Residents and local experts in the KFH-Oakland 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. Experts noted that rates by neighborhood show that several local areas continue to experience high unemployment. 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.

“I think lack of access to employment and to financial support ... causes some young people, at a very early age, to make a difficult decision of, ‘Do I want to be engaged in this criminal activity, or do I want to just tough it out?’”

—COMMUNITY EXPERT

SOURCES

- ¹World Health Organization. (2018). *The Determinants of Health*.
²Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits*.
³Gupta, 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.
⁴U.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.
⁶Vilorio, D. (2016). Education Matters. *Career Outlook*. U.S. Bureau of Labor Statistics, March 2016.

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Education & Literacy

What's the issue?

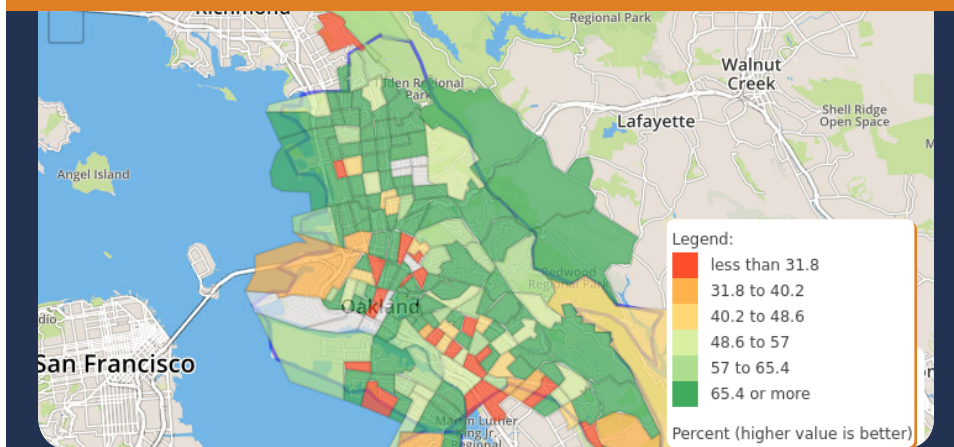
Literacy generally means “the ability to read and write,” but it also involves skills related to listening, speaking, and working with numbers. Limited literacy reflects low levels of education, which is associated with poor health outcomes. People at risk for low English literacy include immigrants, people living in households where English is not spoken, and individuals with inadequate schooling.¹ Adults with at least a high school diploma do better than high school 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 more-educated individuals are 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. Success starts early; attending pre-school leads to learning and earning more.⁵

What does the data show?

In the KFH-Oakland service area, geographic and ethnic disparities are apparent in educational indicators. The map shows how census tracts in the service area compare with the state average of 48.6% of children ages 3-4 years enrolled in pre-school.

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.

Selected Educational Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Expulsions (per 100 public school students)	0.08	0.09
On-time High School Graduation	83%	77%

SOURCES: Expulsions: California Department of Education, California Longitudinal Pupil Achievement Data System, 2016–2017; graduation: California Department of Education, Cohort Outcome Data files, 2014–2015

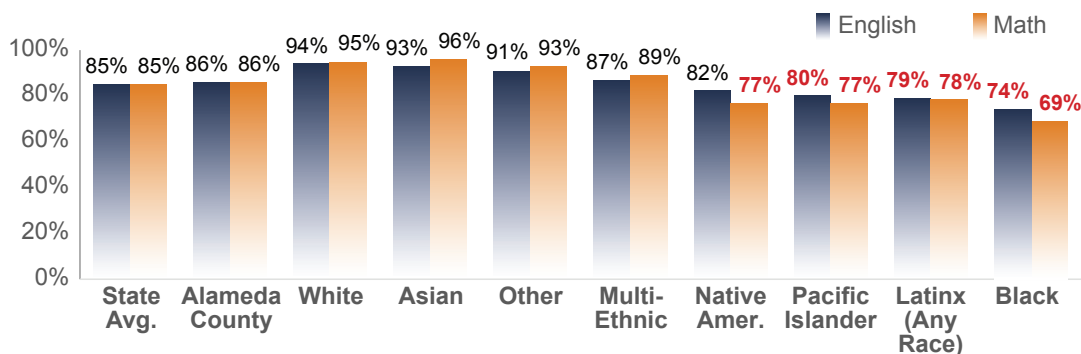
KEY DISCOVERY

13% higher
Expulsion rate
for public school
students in the KFH-
Oakland service area
compared to the state
expulsion rate.⁸

Countywide, barriers to literacy such as linguistic isolation (12%)⁶ and high preschool costs (\$11,113 annually, on average)⁷ appear to go hand-in-hand. Both Alameda County indicators exceed state averages.

In Alameda County, Black and Latina youth have significantly higher rates of teen pregnancy than girls of other ethnicities, which can interrupt or end their educational trajectory.⁸ Countywide, Black youth are also overrepresented among high school drop-outs⁹ and pass high school exit exams in lower proportions than youth of other ethnicities.

Ethnic Disparities in High School Exit Exams



SOURCE: California Department of Education, 2014–2015.



What does the community say?

Residents and local experts in the KFH-Oakland 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. Youth in the service area discussed inequities in the quality of K–12 education.

“I think our educational system is problematic ... you could go from teachers to funding to the structure of the school... ingrained in all of these things [are] the structural inequities that the communities experience.”

—SERVICE PROVIDER

SOURCES

- ¹Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy*. www.healthypeople.gov
- ²Insight Center for Community Economic Development. (2014). www.insightccd.org.
- ³Cutler, D.M. & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.
- ⁴Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03*.
- ⁵Barnett, W.S. & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, 60(7):54–57.
- ⁶Population Reference Bureau, analysis of 2016 data from the U.S. Census Bureau’s American Community Survey microdata files (Dec. 2017).
- ⁷California Child Care Resource & Referral Network, California Child Care Portfolio (Nov. 2015); cost data from the Child Care Regional Market Rate Survey (2014)..
- ⁸California Department of Finance, California Department of Public Health, Centers for Disease Control and Prevention, Martin et al. (2015), Births: Final Data for 2013.
- ⁹California Department of Education, California Longitudinal Pupil Achievement Data System (2015).

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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. Risk factors of obesity include an unhealthy diet, a sedentary lifestyle, underlying medical issues, family models, and social and economic factors. Obesity often co-exists with food insecurity (a lack of available financial resources for food at the household level)^{3,4} because “both are consequences of economic and social disadvantage.”⁵

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.^{6,7} Similarly, maintaining a healthy diet can help prevent high cholesterol and high blood pressure and lower the risks of obesity, osteoporosis, and dental cavities.⁸ For children and adolescents, a nutritious diet contributes to growth, bone development, and cognitive function.⁹ Yet many people do not follow the recommended food and exercise guidelines.



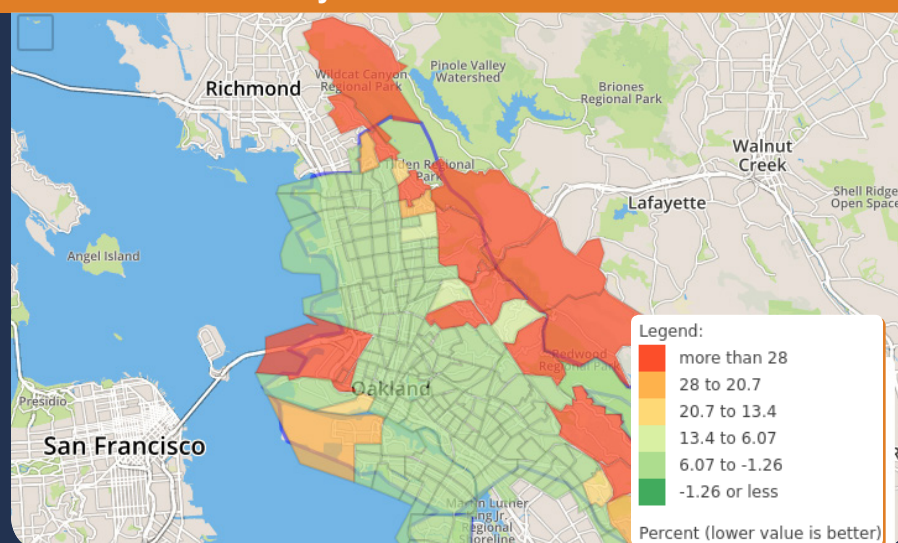
What does the data say?

Concerns in the KFH-Oakland 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-Oakland service area compare with the state average of 13% low access (i.e., high relative distance) to healthy food stores.

continued >>

Low Access to Healthy Food Stores



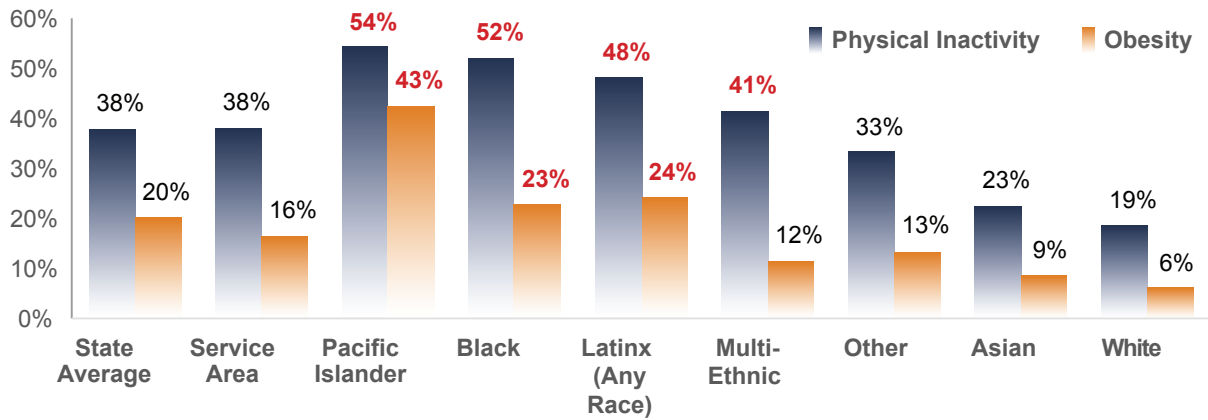
SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

KEY DISCOVERY

15%
of KFH-Oakland service area residents live with food insecurity, which means they have insufficient resources to pay for food on a regular basis.¹⁰

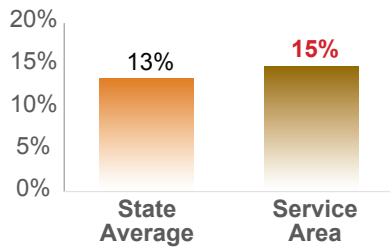
Obesity and physical inactivity are concerns in the KFH-Oakland service area. Ethnic disparities are stark, particularly among young people.

Ethnic Disparities: Youth Obesity and Physical Inactivity



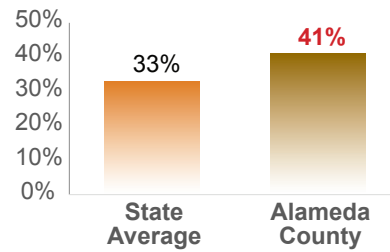
Percentage of youth aged 10–17. / SOURCE: California Department of Education, FitnessGram Physical Fitness Testing, 2016–2017.

Food Insecurity



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

Food Insecure Children Who Are Ineligible for Federal Assistance



SOURCE: Feeding America, 2016.



2 in 5 Pacific Islander youths in the KFH-Oakland service area are obese.¹¹



What does the community say?

Residents and local experts in the KFH-Oakland 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. Local 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.

“I’ve heard is that obesity is the new face of hunger in America, and it’s because people [are]... getting calories, but these calories are from processed food, from fast food that is affordable.”

—SERVICE PROVIDER

SOURCES

¹Centers for Disease Control and Prevention. (2018). *Overweight and Obesity*.

²Centers 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*.

³Feeding America. (2018). *What Is Food Insecurity?*

⁴U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security*.

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⁶The Mayo Clinic (2016). *Exercise: 7 Benefits of Regular Physical Activity*.

⁷Harvard Health Publishing/Harvard Medical School. (2013). *Balance Training Seems to Prevent Falls, Injuries in Seniors*.

⁸United States Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*

⁹World Health Organization. (2018). *Early Child Development: Nutrition and the Early Years*.

¹⁰Feeding America. (2014).

¹¹California Department of Education, FitnessGram Physical Fitness Testing, 2016–2017.

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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

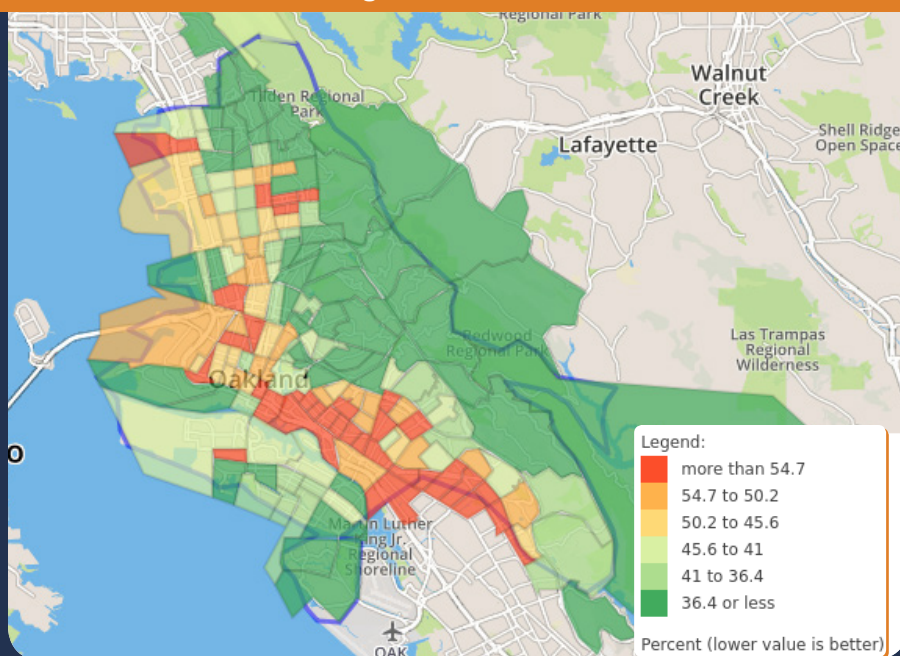


What does the data show?

In the KFH-Oakland service area, housing concerns are prevalent. Most statistics on housing appear to meet benchmarks, but geographic and ethnicity data suggest that some communities disproportionately experience housing challenges. Poor housing quality—evidence of leaks, mold, and pests—is associated with childhood asthma

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Households With Housing Problems



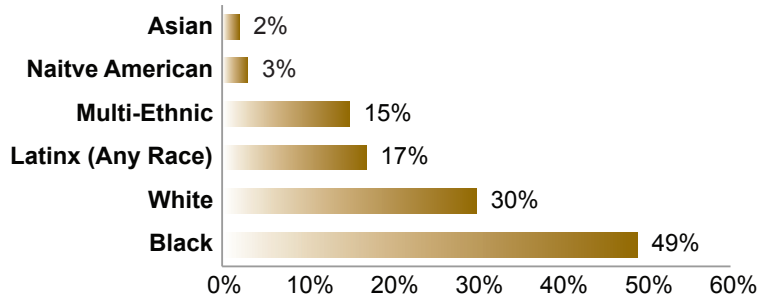
Housing problems include at least one of the following: Housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; housing unit is overcrowded (>1 person per room); or household is cost-burdened (housing costs represent >30% of monthly income). / SOURCE: U.S. Census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

The median rent for a two-bedroom apartment in Alameda County is \$2,595.⁶

KEY DISCOVERY

2 in 5 households in the KFH-Oakland service area are cost-burdened, spending more than 30% of their income on rent or mortgage.⁷

Ethnic Disparities: Homelessness in Alameda County



Percentage total exceeds 100% due to people choosing multiple ethnicities. / SOURCES: Applied Survey Research, Alameda County Homeless Census and Survey, 2017, and U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S., 2014 and 2017.

and asthma-related emergency room visits. There were 4,093 asthma-related emergency room visits for Black children per 100,000 in the City of Oakland, which is nearly four times that of Latinx—and 10 times that of White and Asian—kids.⁸



What does the community say?

Residents and local experts in the KFH-Oakland 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 negatively affects 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 yet shortage of new housing units was called out 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 the protections that exist) to keep renters from being displaced.

SOURCES

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- ⁵National Coalition for the Homeless. (2009). *Health Care and Homelessness*.
- ⁶Zilpy.com (2018).
- ⁷U.S. Census Bureau, American Community Survey. (2012–2016).
- ⁸City of Oakland. *Equity Indicators Report*. (2018).

“Housing [quality] is an issue as well. If you’ve got multiple families living in one apartment and more and more rentals, then they’re at the kind of whim of the landlord in terms of how to go about making changes to [address] indoor air quality, mold, or rats.”

—COMMUNITY EXPERT

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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 Exposure to violence also 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} Unintentional injuries are the leading cause of death and hospitalization in California for children aged 16 and younger.⁷ Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.⁸

Crime and Intentional Injury



What does the data show?

In the KFH-Oakland service area, safety concerns are prevalent (see community section, next page). Most statistical data on community and family safety are available for Alameda County as a whole, where various statistical indicators exceed state averages. The domestic violence hospitalization rate of women and girls (aged 10 and older) in the KFH-Oakland service area—5.7 per 100,000 people—is significantly

Selected Safety Indicators: Service Area

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Violent Crimes	402.7	716.8
Domestic Violence Hospitalizations (females aged 10+)	4.9	5.7

Rates per 100,000 people. / 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	4,356.6
Homicide	5.0	8.0

Rates per 100,000 people. / SOURCES: ER visits: Office of Statewide Health Planning and Development, 2012–2014. Jail admissions: 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.

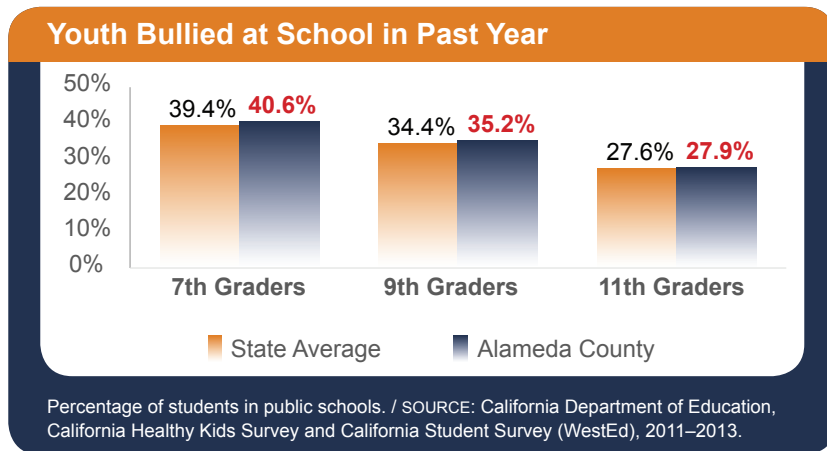
KEY DISCOVERY

25

per 1,000 people
The rate at which
Black youth (aged 10
to 17) are arrested for
felonies in Alameda
County, which exceeds
the state benchmark
of 5.3.⁹

continued >>

higher than the state rate.¹⁰ Significant ethnic disparities around community and family safety exist in the community.



“We have a 14-year-old who’s been shot three times already ... you know, they wear it like a badge if they survive. And they don’t expect that they’re going to live. They anticipate that they’re going to die. So, they really don’t care. ... And that’s certainly a reflection of the lack of hope that people have.”
—LOCAL HEALTH EXPERT



What does the community say?

With regard to intentional injury, KFH-Oakland 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 reported an increase in violence and voiced concerns about violent crime in general. Some participants perceived Oakland as a growing hub for human trafficking. 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.

continued >>



30% The percentage of motor vehicle crash deaths due to drunken driving, slightly higher than the state average of 29%.¹¹

Accidents and Unintended Injuries



What does the data show?

Statistical data on unintended injuries show that Alameda County fares worse than the state averages for various types of unintended injuries and hospitalizations.

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. Hospitalizations: Special tabulation by California Office of Statewide Health Planning and Development, 2015.



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 both 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.

SOURCES

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- ⁴Ozer, E.J., & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. *Journal of Adolescent Health*, 39(1), 73–79.
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- ⁹California Department of Justice, Arrest Data; California Department of Finance, Race/Ethnic Population with Age and Sex Detail (Oct. 2016).
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- ¹¹National Highway Traffic Safety Administration, Fatality Analysis Reporting System (2011–2015).

“We need more involvement and more agencies and hospitals speaking up and saying, ‘Yes, [unintentional injury prevention] is important. ... This is a public health issue, and we should be addressing it.’”

—LOCAL HEALTH EXPERT

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

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 belts¹—are preventable. Increases in road use and motor vehicle collisions go hand in hand.² Additionally 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 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.

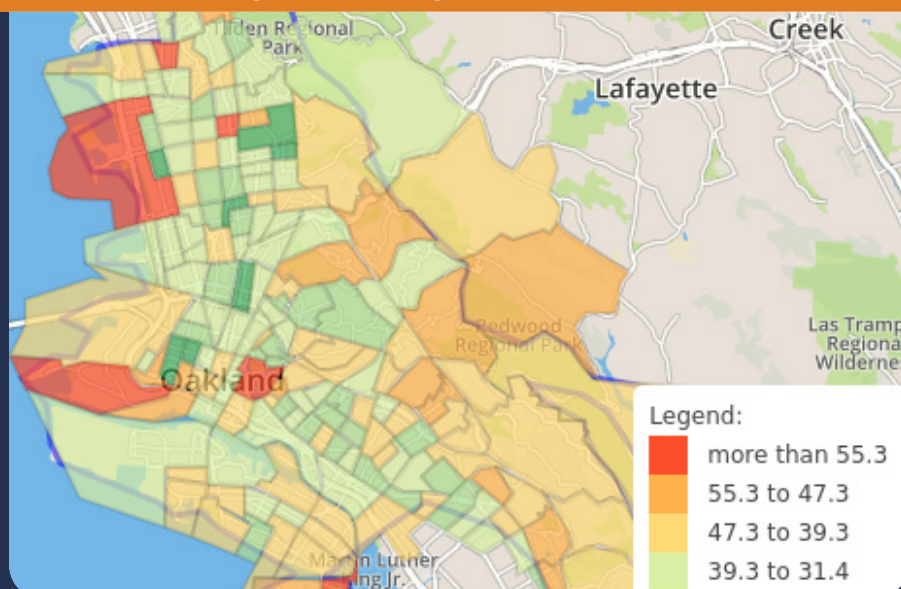


What does the data show?

Statistics suggest that traffic and transportation are concerns in the KFH-Oakland service area. For example, in the City of Oakland, over 18% of Black residents do not have access to a car, compared to 6% of White residents.⁴ The map below depicts how census tracts in the KFH-Oakland service area compare with the state average of commuters (39%) driving alone to work more than 60 minutes each way.

continued >>

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.

KEY DISCOVERY

30%

The percentage of motor vehicle crash deaths in the KFH-Oakland service area due to drunken driving is slightly higher than the state average of 29%.⁵

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	SERVICE AREA
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-Oakland service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) discussed transportation as a barrier to accessing health care 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.

“Some people are living in Oakland but working really far away. ... That affects health, even [in] things like people needing to get up early. People aren’t getting enough sleep.”

—SERVICE PROVIDER

SOURCES

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³Health Matters in San Francisco. (2008). *Heavy Traffic Can Be Heartbreaking*.

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