2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Walnut Creek

License number: 140000290

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

September 16, 2019

KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH-Walnut Creek

Contents

I. Introduction/background 1
A. About Kaiser Permanente (KP) 1
B. About Kaiser Permanente Community Health 1
C. Purpose of the Community Health Needs Assessment (CHNA) Report 2
D. Kaiser Permanente's approach to Community Health Needs Assessment 2
II. Community served 3
A. Kaiser Permanente's definition of community served 3
B. Map and description of community served 3
i. Map 3
ii. Geographic description of the community served 4
iii. Demographic profile of the community served 5
III. Who was involved in the assessment? 7
A. Identity of hospitals and other partner organizations that collaborated on the assessment 7
B. Identity and qualifications of consultants used to conduct the assessment 7
IV. Process and methods used to conduct the CHNA 7
A. Secondary data 8
i. Sources and dates of secondary data used in the assessment 8
ii. Methodology for collection, interpretation, and analysis of secondary data 8
B. Community input 8
i. Description of who was consulted 8
ii. Methodology for collection and interpretation 9
C. Written comments 10
D. Data limitations and information gaps 10
V. Identification and prioritization of the community's health needs 11
A. Identifying community health needs 11
i. Definition of "health need" 11
ii. Criteria and analytical methods used to identify the community health needs 11
B. Process and criteria used for prioritization of health needs 12
C. Prioritized description of all the community needs identified through the CHNA 13
D. Community resources potentially available to respond to the identified health needs 18

Existing Health Care Facilities 18
Existing Clinics & Health Centers 18
VI. KFH-Walnut Creek 2016 Implementation Strategy evaluation of impact 18
A. Purpose of 2016 Implementation Strategy evaluation of impact 18
B. 2016 Implementation Strategy evaluation of impact overview 19
C. 2016 Implementation Strategy evaluation of impact by health need 21
VII. Appendix 23
Appendix A. Secondary data sources and dates 24
i. Secondary sources from the KP CHNA Data Platform 24
ii. Other secondary data sources 25
Appendix B. Community Input Tracking Form 27
Appendix C. Community resources 31
Appendix D. Health Need Profiles 45

I. Introduction/background

A. About Kaiser Permanente (KP)

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

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

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

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

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

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

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

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

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

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

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

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

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

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

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

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

In conjunction with this report, KFH-Walnut Creek 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

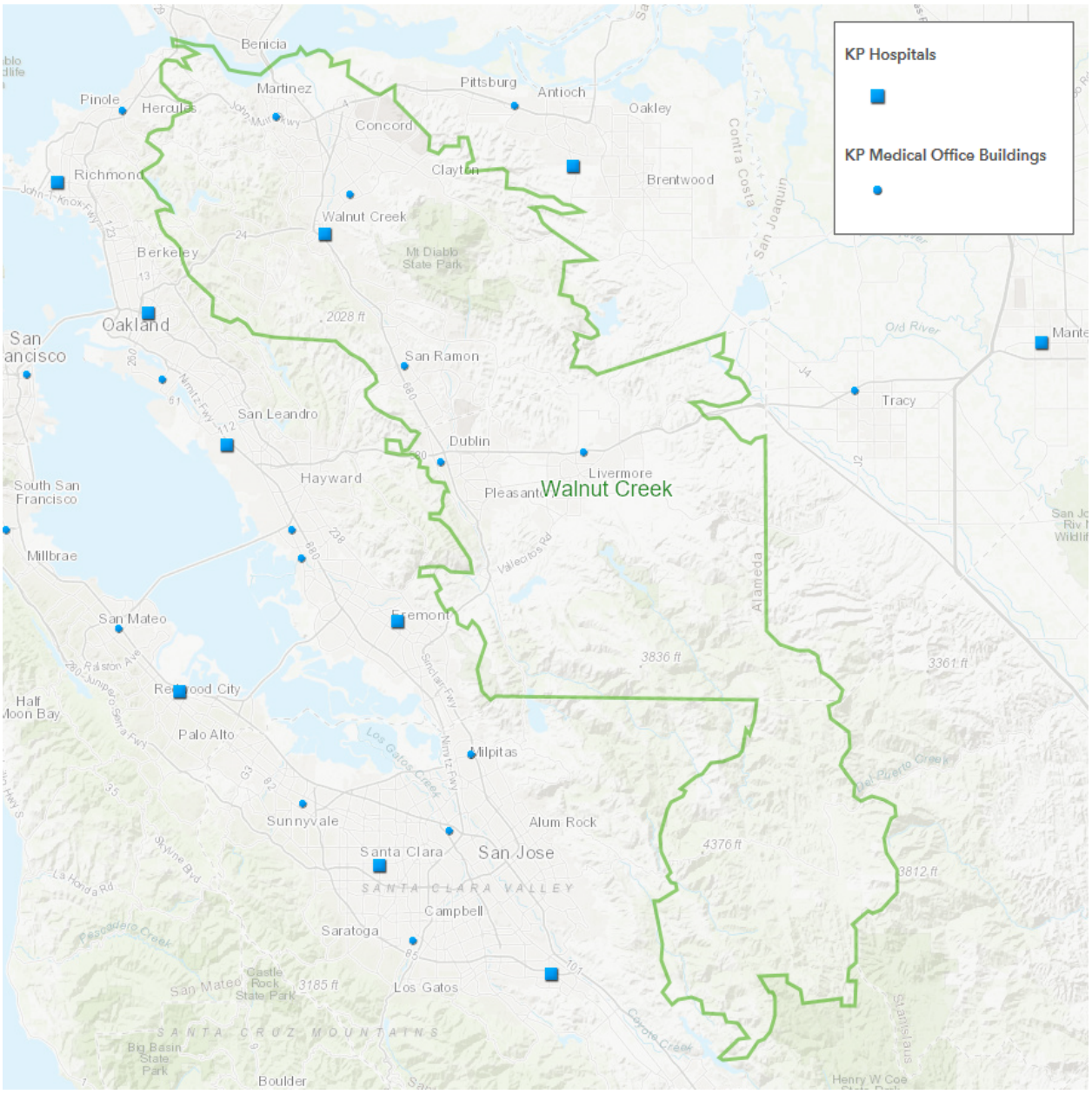
A. Kaiser Permanente's definition of community served

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-Walnut Creek Service Area



ii. Geographic description of the community served

The KFH-Walnut Creek area includes communities in Contra Costa and Alameda counties. The major cities and communities are Dublin, Livermore, and Pleasanton in Alameda County and Alamo, Concord, Danville, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, San Ramon, and Walnut Creek in Contra Costa County. The map above shows the service area, which also includes unincorporated areas.

iii. Demographic profile of the community served

The KPH-Walnut Creek service area is relatively diverse. Approximately 18% of residents are Asian. Nearly 15% of residents have Latinx heritage. Over 5% of the population is of two or more races. About 70% of the population is White alone.

Demographic profile: KFH-Walnut Creek

Race/ethnicity		**Socioeconomic Data**	
Total Population	750,746	Living in poverty (<100% federal poverty level)	6.2%
Asian	18.4%	Children in poverty	6.3%
Black	2.5%	Unemployment	3.0%
Native American/Alaska Native	0.3%	Uninsured population	5.5%
Pacific Islander/Native Hawaiian	0.4%	Adults with no high school diploma	5.8%
Some other race	3.3%		
Multiple races	5.4%		
White	69.6%		
Hispanic/Latinx	14.5%		

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.

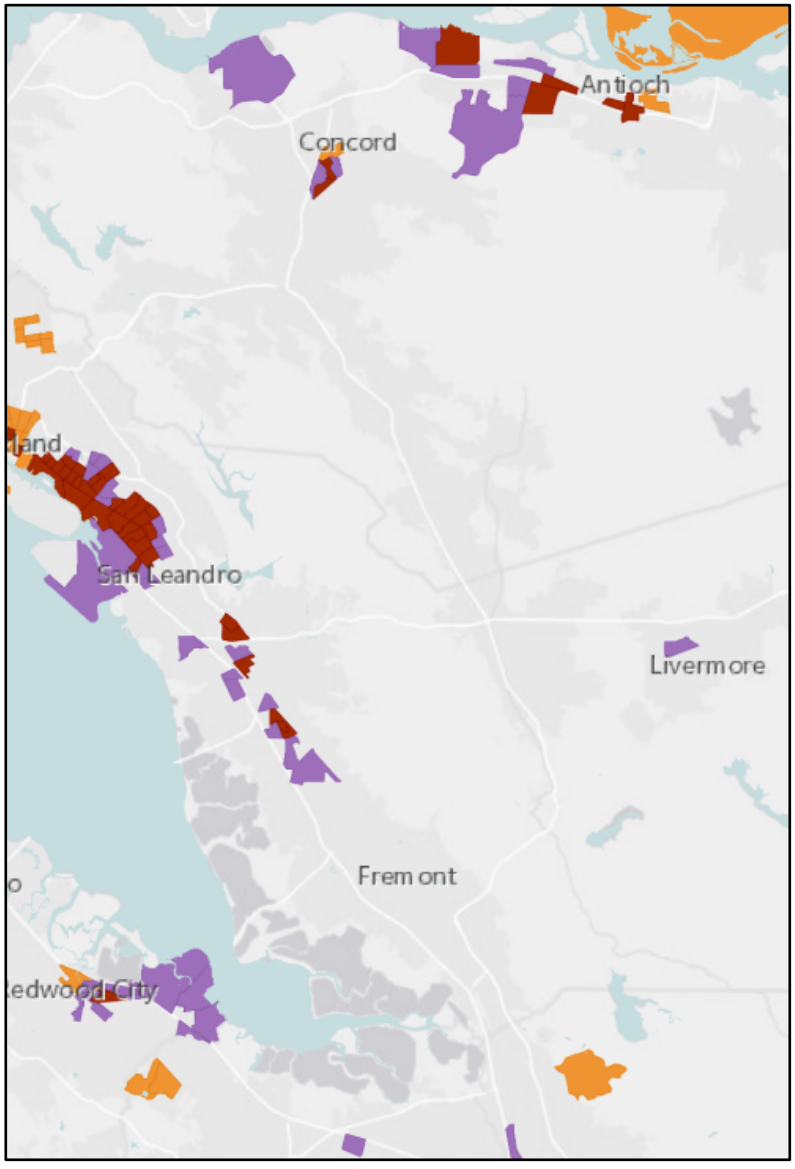
The map that follows identifies where high concentrations of the population living in poverty and populations living without a high school diploma overlap. The orange shading shows where the percentage of the population living at or below 100% of the Federal Poverty Level exceeds 25%. The purple shading 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?*

KFH-Walnut Creek Service Area Vulnerability Footprint

Legend

- More than 25% of the population lives at or below 100% of FPL
- More than 25% of the population age 25+ does not have a high school diploma
- More than 25% of the population both lacks a high school diploma and lives at or below 100% of FPL
- Mean income for the highest fifth of earners is double the county mean income



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-Walnut Creek service area; they were

- John Muir Health and its joint venture partner, San Ramon Regional Medical Center
- Kaiser Foundation Hospital – Walnut Creek
- Stanford Health Care-ValleyCare

KFH-Walnut Creek also wishes to recognize Contra Costa Health Services for their contributions to this project.

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 in conjunction with Contra Costa Health Services, 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-Walnut Creek 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-Walnut Creek 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-Walnut Creek used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review over 130 indicators from publicly available data sources. KFH-Walnut Creek 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-Walnut Creek 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-Walnut Creek'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.

[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.

ii. Methodology for collection and interpretation

Hospital community benefit managers planned qualitative data collection to better understand health needs and the drivers of health needs. The hospitals identified topics and populations which are less well understood than others (including emerging needs) and then identified experts on those topics/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-Walnut Creek service area, an interview was conducted with a legal aid provider to discuss how health intersects with people seeking low-cost legal aid. The discussion centered around tenant protections and housing stability, which are central to health.

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

Focus groups were conducted in person and lasted 60-90 minutes. Nonprofit hosts, such as First 5 Contra Costa County, 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-Walnut Creek 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 of community leaders, service providers, and public health experts.

In the KFH-Walnut Creek 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. Some community input clearly connected the housing crisis and high cost of living

with stress, while other community members explained that there are insufficient bus and BART lines available to get to jobs or health care appointments.

C. Written comments

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

As of the time of this CHNA report development, KFH-Walnut Creek 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/abuse of prescription medications (e.g., opioids)
- Alzheimer's disease and dementia diagnoses
- Breastfeeding practices at home
- Cannabis use
- Data broken out by Asian sub-groups
- Diabetes among children
- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in data)
- Hepatitis C
- Mental health disorders
- Oral/dental health
- Suicide among LGBTQ youth
- Vaping

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

A. Identifying community health needs

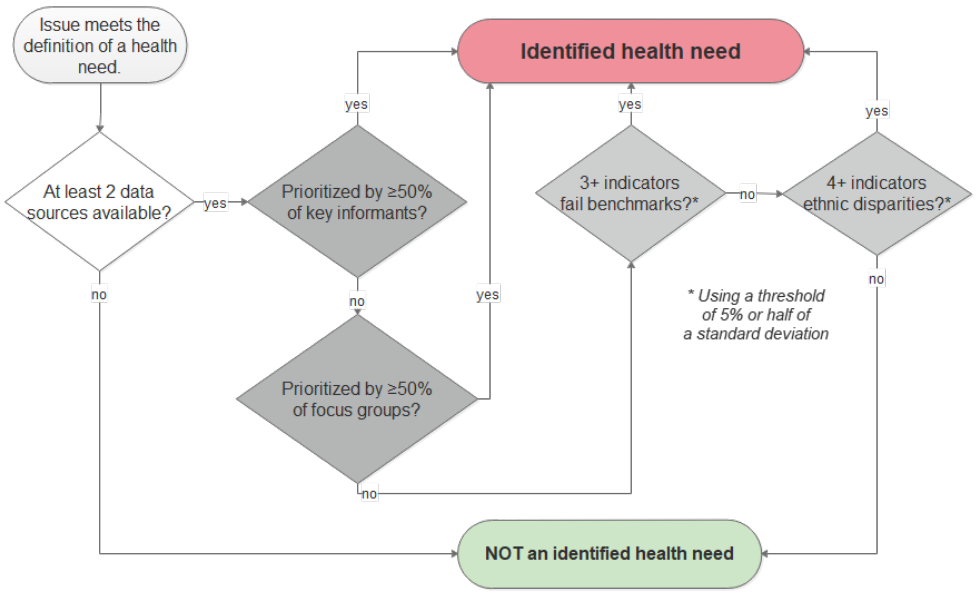
i. Definition of "health need"

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

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

Actionable Insights began with the set of health needs that were identified in the community in 2016. It also took into consideration the health need categories provided by Kaiser Permanente's data platform,[3] and the social determinants of health categories provided by Healthy People 2020.[4]

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.

[3] http://www.chna.org/kp
[4] https://www.healthypeople.gov

- A "benchmark" is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

Criteria details:

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

In 2014, final IRS regulations clarified the definition of a health need, which includes social determinants of health. Social determinants of health affect entire families and communities; they explain, in part, why some individuals thrive and experience good health, while other individuals are not as healthy as they could be. In addition to health behaviors such as eating nutritious foods and avoiding health risks such as smoking, our health is determined in large part by: our economic opportunities; whether we receive a quality education; the availability of resources and support in our homes, neighborhoods, and communities; our workplaces; environmental factors such as access to clean water, healthy food, and air; community safety; and the nature of our social interactions and relationships. In 2019, given this broader definition, the KFH-Walnut Creek 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 two separate meetings with key leaders, one in Alameda County on February 14, 2019 and one in Contra Costa County on January 25, 2019. Participants included representatives from the counties’ Public Health departments, Offices of Education, clinic consortia, the East Bay Community Foundation, and the Bay Area Regional Health Inequities Initiative (BARHII). At the meetings 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-Walnut Creek 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 individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across all participants in both meetings to obtain a final rank order of the health needs for KFH-Walnut Creek. 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, was one of the strongest priorities of the KFH-Walnut Creek community. Depression and stress were the most common issues raised in the service area, as were the co-occurrence of mental health and substance use. KFH-Walnut Creek community members also identified trauma and adverse childhood experiences (ACEs) as drivers of behavioral health problems. Statistical data on behavioral health were somewhat lacking for the service area; however, dual-county data suggest that behavioral health is a concern. A significantly[5] larger proportion of adults in both counties (19% in both Alameda and Contra Costa), compared to the state (16%), need help for behavioral health issues. Ethnic disparities exist across multiple countywide behavioral health indicators for youth, including cyberbullying (Pacific Islander youth fare worse), depression-related feelings (the highest proportion of youth experiencing such feelings are Latinx, Pacific Islander, and Black), and suicidal ideation (Native American and Black youth also fare worse). Alcohol and other drug use are highest among Latinx youth in both counties (29% in Alameda, 24% in Contra Costa).

2. (TIE) ECONOMIC SECURITY

Economic security is a need about which the KFH-Walnut Creek community expressed concern. Health-related behavior, physical environment, and access to quality health care are all

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

determinants of how long and how well people live.[6] The most important determinants of population health, however, are social and economic environments.[6] Key informants and focus group participants in the service area discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the local area, they do not pay enough considering the high cost of living. Key informants and focus group participants also suggested that individuals with lower incomes may have a harder time accessing care, and cited the stress of economic instability as one of the most pressing drivers of poor mental health. With regard to statistical data, there are significant ethnic disparities in economic security among KFH-Walnut Creek service area residents. For example, there are high proportions of adults in the service area without a high school diploma among the Latinx population (22%). The highest proportions of residents in poverty in the service area are Black (23% of children and 19% of the overall population).

2. (TIE) HOUSING AND HOMELESSNESS

Housing and homelessness together were another one of the highest priorities of the KFH-Walnut Creek community. Key informants and focus group participants in the KFH-Walnut Creek service area strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively impacting families, including children. The community also recognized the connection between housing and physical health, stating that households have spent less on food and medical care due to the increased cost of housing in recent years. The median rent for a two-bedroom unit in both counties ($2,595 in Alameda and $2,390 in Contra Costa) is significantly higher than the state average ($2,150) and has been increasing. Possibly due to high rents, the proportion of children living in crowded housing has been rising in both counties. Professionals and residents expressed concern about the increasing number of unstably-housed individuals and the displacement of families. Homeless counts in both counties (5,629 in Alameda and 1,607 in Contra Costa) were higher in 2017 than they had been in 2015. The poor health of individuals experiencing homelessness was noted by a wide variety of experts and resident groups.

4. HEALTH CARE ACCESS AND DELIVERY

Health care access and delivery was a high priority of the KFH-Walnut Creek community. Access to comprehensive, quality health care is important for health and for increasing the quality of life for everyone.[7] Barriers to health care access and delivery can affect medical outcomes for many conditions that could otherwise be controlled through preventive care and proper management, including asthma, oral health, cancer, heart disease/stroke, and sexually-transmitted infections. For example, timely, high-quality care is crucial for individuals with cancer diagnoses. However, cancer mortality rates in the service area are highest among Black residents (196.3 per 100,000), and are higher than the rate for Californians overall (147.3).

[6] County of Los Angeles Public Health. (2013). Social Determinants of Health: How Social and Economic Factors Affect Health.
[7] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov.

Delivery issues related to screening and follow-up may make the inequities worse; in the service area, Black women are less likely to have been screened for breast cancer (56%) than White women (64%). Further with regard to inequitable health outcomes, the index of premature death based on ethnicity (i.e., premature death for non-Whites versus Whites) was significantly worse in the service area (48.0) compared to the state (36.8). Preventable hospital events were highest for the service area's Black population.

While the service area has high rates of available primary care, dental, and mental health providers compared to the state, community experts voiced a concern that low reimbursement rates for clinicians prevent them from offering services to Medi-Cal patients. This was identified as an issue especially with respect to dental services in the KFH-Walnut Creek service area. Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. Statistics show, however, that the ratio of FQHCs to residents is significantly worse in the KFH-Walnut Creek service area than the state (respectively, 0.7 versus 2.5 per 100,000).

With regard to health care delivery, many focus group participants and key informants in the KFH-Walnut Creek service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible. The community often identified the need for greater language support, culturally-appropriate health care services, and whole-person care.

5. (TIE) 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.[8] Education and academic achievement were discussed by a wide variety of experts and community members in the KFH-Walnut Creek service area; academic achievement was identified most often as a driver of economic security, related to stable employment and sufficient wages. The Contra Costa County public health officer described educational attainment as a gateway to self-sufficiency, and a major contributing factor to homeownership. The Alameda County public health expert emphasized that both K-12 education and higher education often do not prepare residents for jobs that provide a living wage. Statistical data on education by ethnicity in the service area are somewhat lacking, but data for Alameda County indicate that high school dropout proportions are higher among African ancestry (18%) and Latinx (14%) youth than the state average (11%), while data for Contra Costa County suggest that African ancestry and Latinx students who do finish high school are much less likely to have completed college prep courses (26% and 35%, respectively), compared to the state average (43%).

[8] Insight Center for Community Economic Development. (2014). www.insightcced.org.

5. (TIE) HEALTHY EATING/ACTIVE LIVING

This need includes issues related to access to food and recreation, diabetes, nutrition, diet, fitness, and obesity. Healthy eating and active living were priorities of the KFH-Walnut Creek community. Service area residents described difficulty accessing grocery stores that carry fresh food, the preponderance of fast food restaurants, and their dismay at the unhealthy food served at schools and provided by food banks. Public health experts identified the lack of access to recreation and healthy food in certain areas ("food deserts") as drivers of poor community health. The statistical data bear out these concerns, with a substantial proportion of service area residents (26%) having low access to supermarkets and large grocery stores, double the statewide average. In addition, the rate of grocery stores and produce vendors in the KFH-Walnut Creek service area is significantly lower than the state rate (respectively, 1.9 versus 2.4 per 100,000).

The benefits of fitness and a healthy, nutritious diet are commonly known and well-documented. In spite of these well-known benefits most people, young and old alike, do not meet the recommended healthy food and exercise guidelines. Regarding physical activity, the service area community identified the increased use of screens (including video games) among youth as a driver of sedentary lifestyles. A significantly smaller proportion of service area children/ youth walk or bike to school (31%), compared to the state average (39%); Latinx youth in the KFH-Walnut Creek service area have the highest levels of physical inactivity. Among adults, workers from the service area have significantly longer commutes than the state average, which can affect the time individuals have available for engaging in physical activity and healthy cooking/eating. Lack of healthy eating and limited physical activity are associated with obesity. In the service area, obesity is highest among Latinx youth (22%) and Black adults (33%).

7. COMMUNITY AND FAMILY SAFETY

Safety is a need about which the KFH-Walnut Creek community expressed concern. Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, perpetrators, and community at large.[9] Key informants and focus group participants in the service area most frequently talked about domestic violence; hospitalizations for domestic violence are significantly higher in the service area (6.1 per 100,000 females aged 10+) than the state average (4.9). More generally, service area residents reported an increase in violence; the rate of violent crimes is significantly higher in the service area (467.0 per 100,000) than statewide (402.7). While data by ethnicity were lacking for the service area, ethnic disparities exist across multiple safety indicators for children and youth in Alameda and Contra Costa counties; for example, school climate (Latinx and Black youth are most likely to attend schools they perceive as unsafe) and substantiated child abuse and neglect (Black children and youth fare worse). Mental health, including trauma, was often mentioned in relation to crime and intentional injury (including discrimination and racially-motivated violence). Finally, children and youth were populations about which service area participants expressed the most concern, with issues including online and in-person bullying, being victims of violence, and acting out

[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.

(externalizing) trauma. Additionally, the community recognized the connection between unsafe neighborhoods and the lack of outdoor activities.

8. TRANSPORTATION AND TRAFFIC

Increased road use is correlated with increased motor vehicle accidents,[10] while more traffic (road congestion) causes travel delays, greater fuel consumption, and higher greenhouse gas emissions via vehicle exhaust.[11] The KFH-Walnut Creek service area has a significantly higher density of roads (3.7 road miles per square mile of land) compared to the state average (2.0). Further, compared to the state average of 39%, a significantly greater proportion (44%) of service area commuters drive alone to work for long periods (more than 60 minutes in each direction), contributing to the traffic load on the roads. Further, many key informants and focus group participants in the KFH-Walnut Creek service area discussed transportation as a barrier to accessing health care and getting to work. Community members talked about the difficulty of using public transportation to get around because of poor reliability, limited bus and BART lines, long public transit travel times, and the high expense (especially for BART).

9. CLIMATE/NATURAL ENVIRONMENT

Living in a healthy environment is critical to quality of life and physical health. Environmental issues can include air, water, food, and soil contamination, as well as natural and technological disasters.[12] KFH-Walnut Creek service area residents have experienced drinking water violations, which can affect community health. Additionally, lead in the environment is of particular danger to children, whose bodies are still developing and thus more sensitive to such toxic substances.[13] While no statistical data are available for the service area, blood lead levels for children and youth are higher in Alameda County compared to the state average. Feedback from the KFH-Walnut Creek community about the environment primarily concerned poor air quality, which was attributed to pollution. Community members in the service area identified poor air quality as a driver of asthma. Asthma can be exacerbated by both heat and pollution. Asthma prevalence overall is somewhat worse in the service area (15.3%) compared to the state (14.8%). While data by age group were not available at the service area level, asthma hospitalizations are significantly worse for children and youth in both counties compared to the state. Children 0-4 fare especially poorly; their rate of hospitalization is 36.9 per 10,000 in Alameda County and 22.7 in Contra Costa County, compared to 19.6 statewide.

[10] Cohen, P. (2014, October 8). *Miles Driven and Fatality Rate: U.S. States, 2012*. *Sociological Images* [web log].
[11] U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised*), DOT HS 812 013. 2015 (revised).
[12] Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.
[13] California Environmental Health Tracking Program. (2015). *Costs of Environmental Health Conditions in California Children*. Public Health Institute.

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

Alameda and Contra Costa counties contain 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

- Contra Costa Regional Medical Center
- John Muir Health
- John Muir Behavioral Health Center
- Kaiser Permanente Hospital, Walnut Creek
- San Ramon Regional Medical Center
- Stanford Health Care – ValleyCare
- UCSF Benioff Children's Hospital - Oakland

Existing Clinics & Health Centers

Federally Qualified Health Centers

- Axis Community Health
- El Cerrito Health Center
- La Clínica de la Raza Monument
- Monument

County of Contra Costa Health Clinics

- Concord Health Center
- Concord Public Health Clinic
- George & Cynthia Miller Wellness Center
- Martinez Health Center
- Willow Pass Wellness Center

VI. KFH-Walnut Creek 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Walnut Creek'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-Walnut Creek'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-Walnut Creek in the 2016 Implementation Strategy Report.

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

KFH-Walnut Creek 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-Walnut Creek 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-Walnut Creek 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-Walnut Creek 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-Walnut Creek awarded 337 number of grants amounting to a total of $6,365,230.32 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-Walnut Creek service area. During 2017-2018, a portion of money managed by this foundation was used to award 2 grants totaling $9,449.40 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-Walnut Creek 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-Walnut Creek 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-Walnut Creek Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care and Coverage	*During 2017 and 2018, KFH-Walnut Creek awarded 77 grants totaling $4,324,998.47 that address Access to Care in the KFH-Walnut Creek service area*	KP Medicaid and Charity Care: In 2017 and 2018 KP served 10,480 and 10,020 Medi-Cal members respectively totaling $26,855,947.28 worth of care. KP also provided a total of $11,835,597.74 of Medical Financial Assistance (MFA) to 6,877 individuals in 2017 and 4,624 individuals in 2018.
		Navigation: KFH-Walnut Creek awarded a $40,000 grant (split with KFH-Antioch) to La Clínica de la Raza to increase access to health care services for 1,950 low-income families in east and central Contra Costa County by providing one-on-one health care navigation support in utilizing health care services.
		Operation Access: Operation Access received a $350,000 grant (evenly split between 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.
		211: Contra Costa Crisis Center (CCCC) received a $50,000 grant (evenly split between 3 KFH hospital service areas) to operate 211, which provides language specific, information and referral services to residents via voice and text lines. Through updates to the database, staff training and partnership with other organizations, CCCC expects to increase the number of calls and texts to the call center reaching at least 34,000 individuals.
Healthy Eating Active Living	*During 2017 and 2018, KFH-Walnut Creek awarded 84 grants totaling $920,316.42 that address Healthy Eating Active Living in the KFH-Walnut Creek service area*	CalFresh: 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.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Parks: First 5 Contra Costa received a $75,000 grant (split with KFH Antioch) to implement park improvements and programming at Ambrose Park, a park primarily serving low-income families of color. The improvements will increase access to physical activity opportunities and improve social cohesion. 1,075 residents living near the park will benefit from the improvements.
		Nutrition education: KFH-Walnut Creek provided a $30,000 grant (split with KFH-Antioch) to 18 Reasons to train lay educators to deliver Cooking Matters, a six-week cooking and nutrition education series, to low-income communities in east and central Contra Costa.18 Reasons will offer at least 28 six-week Cooking Matters cooking and nutrition series, and at least 40 Cooking Matters at the Store grocery store tours to more than 450 low-income Diablo area residents.
		Produce distribution: KFH-Walnut Creek gave the Food Bank of Contra Costa & Solano a $30,000 grant (split with KFH-Antioch) to support Farm2Kids (F2K), a program that distributes more than 320,000 pounds of fresh produce weekly to more than 3,800 children in after-school programs in Concord, Bay Point, Pittsburg, and Antioch neighborhoods. Participating after-school programs are in schools where more than 50% of the children are eligible for free and reduced-price meal programs.
		Obesity partnerships: KFH-Antioch serves on the Executive Committee of Healthy & Active Before 5, a pediatric obesity prevention initiative focused on health equity for children 0 to 5 and their families in Contra Costa County.
Mental Health & Wellness	*During 2017 and 2018, KFH-Walnut Creek awarded 43 grants totaling $512,657.60 that address Mental Health and Wellness in the KFH-Walnut Creek service area*	Case management in shelter: KFH-Walnut Creek provided a $20,000 grant to Shelter, Inc. to serve 120 homeless individuals who are living temporarily at the family emergency shelter in Martinez. Clients receive case management services and families are linked with mental health and other needed services to help improve the family's social and emotional wellness.
		Mental health for seniors: KFH-Walnut Creek gave a $10,000 grant (split with KFH-Antioch) to Meals on Wheels and Senior Outreach Services for an intergenerational senior visiting program, providing weekly home visits and phone check-ins for older adults living in central and east Contra Costa County. The goal is to alleviate feelings of loneliness, isolation, and depression among 310 seniors.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Mental health in schools: KFH-Walnut Creek provided a $20,000 grant to support a health and wellness district consultant at four low-income schools in Livermore Valley Joint Unified School District, with a combined student population of 2,000. The consultant will increase support for mental and behavioral services, oversee a coordination of services team (COST) to improve at-risk youth outcomes; direct early and periodic screening, diagnostic, and treatment (EPSDT) services to identify areas of needs; and partner with community and county services to increase access and services for students within the school setting and outside.

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.	Contra Costa Council on Homelessness	2017
16.	Insight Center for Community Economic Development	2014
17.	Martin et al. (2015), Births	2013
18.	National Cancer Institute	2011-2015
19.	National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program	2009-2013
20.	Nielsen SiteReports	2014
21.	Population Reference Bureau	2014, 2016
22.	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
23.	U.S. Cancer Statistics Working Group	2009-2013
24.	U.S. Census Bureau, American Community Survey	2012-2016
25.	U.S. Census Bureau, County Business Patterns	2016
26.	U.S. Census Bureau, Population Estimates Program	2010-2015
27.	U.S. Department of Agriculture, Food Access Research Atlas	2015
28.	U.S. Department of Education, EDFacts	2014-2015, 2015-2016
29.	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S.	2017
30.	UCLA Center for Health Policy Research, California Health Interview Survey	2009- 2016

	Source	Dates
31.	University of Missouri, Center for Applied Research and Environmental Systems	2010-2012
32.	University of Wisconsin Population Health Institute, County Health Rankings.	2018
33.	Vera Institute of Justice, Incarceration Trends	2013, 2015
34.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research	2013
35.	Zilpy.com, Rental Market Trends	2018

Appendix B. Community Input Tracking Form

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

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Interview	Director, Health, Housing, and Homeless Services, Contra Costa County Health Services	1	Low-income	Leader	7/13/18
2	Interview	Director of Public Health, Contra Costa County Health Services	1	Health department representative	Leader	7/23/18
3	Interview	Deputy Director, Public Health, Alameda County Public Health Department	1	Health department representative	Leader	7/23/18
4	Interview	Human Services Programs Manager, Livermore Housing & Human Services	1	Low-income	Leader	7/26/18
5	Interview	Executive Director, Discovery Counseling Center	1	Medically underserved	Leader	7/30/18
6	Interview	Director of Behavioral Health, Medical Director, Contra Costa County Health Services	1	Medically underserved	Leader	7/31/2018
7	Interview	Executive Director, Rainbow Community Center	1	Medically underserved, Minority	Leader	8/1/18
8	Interview	Assistant Director, Contra Costa County Employment & Human Services	1	Low-income, Medically underserved	Leader	8/2/2018
9	Interview	Chief Executive Officer, Axis Community Health	1	Low-income	Leader	8/3/18
10	Interview	Executive Director, Monument Crisis Center	1	Low-income	Leader	8/6/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
11	Interview	Director of Health & Wellness Alameda County, Abode Services	1	Low-income, Medically underserved	Leader	8/7/18
12	Interview	Executive Director, Abode Services	1	Low-income, Medically underserved	Leader	8/7/18
13	Interview	Executive Director, Senior Support Services of Tri-Valley	1	Low-income	Leader	8/8/18
14	Interview	Attorney, Skadden Fellow, Legal Aid at Work	1	Low-income, Minority	Leader	8/13/18
15	Interview	President & CEO, Choice in Aging	1	Low-income, Medically underserved	Leader	8/15/18
16	Interview	Chief Executive Officer, STAND! for Families Free of Violence	1	Low-income, Minority	Leader	8/17/2018
17	Interview	President & Chief Executive Officer, East Bay Leadership Council	1	Low-income	Leader	8/21/2018
18	Interview	School Nurse, Livermore Valley Joint Unified School District	1	Medically underserved	Leader	10/2/2018
19	Interview	District Community Liaison, Dublin Unified School District	1	Low-income, Minority	Leader	10/2/2018
20	Interview	Director of Student Services, Livermore Valley Joint Unified School District	1	Medically underserved	Leader	10/2/2018
21	Interview	District Nurse, Dublin Unified School District	1	Medically underserved	Leader	10/2/2018
22	Interview	Assistant Superintendent of Student Support Services, Pleasanton Unified School District	1	Low-income, Minority	Leader	10/3/2018
23	Interview	District Nurse, Pleasanton Unified School District	1	Medically underserved	Leader	10/3/2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
24	Focus group	**Host:** Axis Community Health; attendees were health care providers who work with the Latinx and low-income populations	5	Low-income, Medically underserved, Minority	Leaders	8/7/2018
25	Focus group	**Host:** Multifaith Action Coalition; attendees were professionals who advocate on behalf of the population in poverty in the service area	7	Low-income	Leaders	8/14/2018
26	Focus group	**Host:** Kaiser Foundation Hospital-Walnut Creek; attendees were leaders of local nonprofit organizations and government agencies	13	Low-income	Leaders	8/27/2018
Community residents						
27	Focus group	**Host:** Open Heart Kitchen; attendees were community members experiencing homelessness and/or food insecurity	7	Low-income, Medically underserved	Members	7/31/2018
28	Focus group	**Host:** Loaves & Fishes; attendees were community members experiencing homelessness and/or food insecurity	9	Low-income, Medically underserved	Members	8/6/2018
29	Focus group	**Host:** First 5 Contra Costa County Regional Group; attendees were Spanish-speaking parents children ages 0-5	13	Minority	Members	8/29/2018
30	Focus group	**Host:** Diablo Valley College; attendees were young adults who were community college students	7	Low-income	Members	9/5/2018

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
31	Focus group	**Host:** Marylin Elementary School; attendees were parents of elementary school children	11	Low-income	Members	9/6/2018
32	Focus group	**Host:** Cambridge Elementary School; attendees were Spanish-speaking parents of elementary school children	12	Minority	Members	9/14/2018

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.

Hospitals	**City/Region**
Contra Costa Regional Medical Center	Martinez
John Muir Health	Concord and Walnut Creek
John Muir Behavioral Health Center	Concord
Kaiser Permanente	Walnut Creek
San Ramon Regional Medical Center	San Ramon
Stanford Health Care – ValleyCare	Pleasanton
UCSF Benioff Children's Hospital - Oakland	Oakland

Federally Qualified Health Centers	
Axis Community Health	Livermore and Pleasanton
El Cerrito Health Center	Concord
La Clínica de la Raza Monument	Concord
Monument	Concord

County of Contra Costa Health Clinics	
Concord Health Center	Concord
Concord Public Health Clinic	Concord
George & Cynthia Miller Wellness Center	Martinez
Martinez Health Center	Martinez
Willow Pass Wellness Center	Concord

Behavioral Health

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Health Care Services Agency	Provides mental health and substance abuse services.	http://www.acbhcs.org
Axis Community Health Adult Behavioral Health Services	Services include a medical clinic, mental health services, additional counseling, WIC nutritional services, DUI program	http://www.axishealth.org/mental_health/m_health.html

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Center for Human Development	Empowers communities to adapt to adversities through reducing health disparities, inspiring healthier choices, and promoting violence	http://chd-prevention.org
Child Abuse Prevention Council of Contra Costa County	Programs to promote child safety and prevent child abuse and neglect.	https://www.capc-coco.org
Contra Costa Crisis Center	24/7 support and counseling for people in emotional or psychological distress.	https://www.crisis-center.org
Contra Costa Health Services	Provides health care to the public at many locations.	https://cchealth.org
HOPE Project Mobile Health Clinic	Mobile van providing health and social services to the chronically homeless.	https://cityservetrivalley.org/hope-project-mobile-health-clinic
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 Muir Health Adolescent, Adult & Children's Psychiatric Programs	Inpatient and outpatient treatment programs for children, adolescents, and adults who have psychiatric or behavioral problems.	https://www.johnmuirhealth.com/services/behavioral-health-services.html
Lincoln	Provides children with support and services as young as possible through to graduation from high school.	http://lincolnfamilies.org
Monument Impact - Mentes Positivas	An 8-week program for Spanish-speaking community members who self-identify as living with stress or depressive symptoms.	http://monumentimpact.org/en/mentes-positivas-en-accion
NAMI (National Alliance on Mental Illness)	Grassroots organization dedicated to building better lives for the millions of Americans affected by mental illness.	https://www.nami.org
Putnam Clubhouse	A free program for adults coping with mental illness, emphasizing vocational and social skills.	https://www.putnamclubhouse.org
Shelter Inc.	Helps families and individuals who are homeless or in danger of becoming homeless by assisting with rental costs and providing emergency and permanent housing.	https://shelterinc.org

Climate/Natural Environment

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Agricultural Natural Resources Trust	ANRT works in cooperation with private landowners, conservation agencies and other concerned entities to conserve and protect agricultural & range lands, waterways and other natural resources with respect for private property rights, conservation standards and long-term stewardship.	https://www.ag-trust.org/
Carquinez Regional Environmental Education Center (CREEC)	CREEC is a non-profit environmental group for adults and youth dedicated to habitat restoration, planting native trees, propagating native plants, and increasing native butterfly populations. CREEC youth projects include hands-on environmental education and community outreach and service.	http://www.creecyouth.org/
Contra Costa County Citizens' Climate Lobby	Grass roots advocacy to stabilize the climate, transition from a dirty energy to clean energy.	https://citizensclimatelobby.org/
Contra Costa County Climate Leaders	A network assisting the county and its 19 cities to inform, support and encourage the measurement and reduction of greenhouse gas emissions.	http://www.cccclimateleaders.org/
Contra Costa Watershed Forum	An open committee of about 50 organizations including state and local agencies, local non-profit environmental and education organizations, community volunteer groups, and private citizens formed to identify common principles among parties involved in creek and watershed issues.	http://cocowaterweb.org/ http://www.cccounty.us/4345/Watershed-Forum
Earth Team	EarthTeam programs empower youth to become lifelong environmental stewards. Current students learn about sustainability, environmental restoration, climate change, waste reduction and watersheds.	http://www.earthteam.net/

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Friends of the Creeks	Friends of the Creeks is a nonprofit, all-volunteer group dedicated to enhancing the health and beauty of creeks flowing through the city of Walnut Creek.	http://friendsofthecreeks.org/
Generation Green	Workshops, events, local arts and crafts classes, advocacy to educate residents about environmental issues.	http://www.generationgreen.com/
Sustainable Contra Costa	Education to connect and inspire people to create and maintain sustainable communities in the greater Contra Costa region.	www.sustainablecoco.org

Community and Family Safety

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Afghan Coalition	Supports Afghans in the Bay Area with services related to breast health, mental health, and domestic violence; also provides advocacy, job hunting assistance and micro-enterprise development.	https://www.afghancoalition.org
Center for Human Development	Empowers communities to adapt to adversities through reducing health disparities, inspiring healthier choices, and promoting violence	http://chd-prevention.org
Child Passenger Safety Program	Promotes proper use of child passenger safety restraints (cchealth.org/topics/child_safety/pdf/child_passenger_factsheet.pdf)	https://cchealth.org/topics/child_safety
Community Violence Solutions	Works in partnership with the community to end sexual assault and family violence through prevention, crisis services, and treatment.	https://cvsolutions.org
Contra Costa Health Services	Provides health care to the public at many locations.	https://cchealth.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Fall Prevention Program of Contra Costa County	Program to reduce deaths, preventable injuries, and loss of independence associated with falls of seniors and persons with disabilities, through educational support and home safety repairs.	https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-alliance/our-programs/seniors/fall-prevention-program-ccc.html
Family Justice Center	A one-stop center for families affected by domestic violence, sexual assault, elder abuse, child abuse, and human trafficking.	http://www.cocofamilyjustice.org
First 5 Alameda County	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
First 5 Contra Costa County	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.first5coco.org
STAND! for Families Free of Domestic Violence	Provides a complete spectrum of domestic violence and child abuse prevention, intervention, and treatment programs.	http://www.standffov.org

Economic Security

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless.	https://www.abodeservices.org
Alameda County Community Food Bank	Partners with and provides food to local charities, pantries and not for profits, who then pass out groceries and food items.	https://www.accfb.org
Alameda County Early Head Start and Head Start	Child development program to increasing school readiness and socialization for children from birth to five years old.	https://www.alamedafs.or/ghs-ehs.html

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Nutrition Services - Women, Infants, and Children (WIC)	Nutrition education program for breastfeeding women and parents raising children under the age of 5; promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items.	http://www.acphd.org/wic.aspx
Alameda County Social Services Department	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
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
Community Resources for Independent Living (CRIL)	A disability resource agency providing advocacy and resources for people with disabilities to improve lives and make communities fully accessible.	http://crilhayward.org/
Contra Costa County Early Head Start and Head Start	Services for children ages 0-5 and their families including education, health, disabilities, mental health services, nutrition and family support services and resources.	https://ehsd.org/headstart/childcare-preschool/head-start-early-head-start-and-state-preschool
Contra Costa County Employment & Human Services	Financial benefits (CalFresh, CalWorks, Medi-Cal, etc.), programs for the aging and disabled, Head Start, workforce development, etc.	https://ehsd.org
East Bay Community Foundation	Supports social justice and equitable opportunities and outcomes by providing grants to non-profits that focus on a wide variety of issues ranging from early childhood success to economic empowerment.	https://www.ebcf.org
Ensuring Opportunity Contra Costa	Collaborative effort to end poverty in Contra Costa County by addressing structural causes at the policy level.	https://endpovertycc.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Food Bank of Contra Costa and Solano	Searchable by city for free produce and free groceries for low income children, families, individuals and seniors.	https://www.foodbankccs.org/get-help/foodbycity.html
HOPE Project Mobile Health Clinic	Mobile van providing health and social services to the chronically homeless.	https://cityservetrivalley.org/hope-project-mobile-health-clinic
Monument Impact	Focuses on providing equity, a sense of safety, housing stability and vocational skills for new refugees.	http://monumentimpact.org

Education & Literacy

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Alameda County Office of Education	Provides, promotes, and supports leadership and service to ensure the success of every child, in every school.	https://www.acoe.org
Contra Costa County Office of Education	Support services to schools, including direct services to students who are incarcerated, homeless or in foster care, or have physical or emotional challenges.	https://www.cccoe.k12.ca.us
First 5 Alameda County	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
First 5 Contra Costa County	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.first5coco.org

Healthcare Access & Delivery

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless.	https://www.abodeservices.org
Alameda County Health Care Services Agency	Provides behavioral health care, public health, environmental health, and agency administration/indigent health care.	https://www.acgov.org/health
American Cancer Society - East Bay	Provides information, research, prevention, support and referrals for cancer patients	https://www.cancer.org/about-us/local/california.html
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
American Lung Association	Works to improve lung health and prevent lung disease through education.	https://www.lung.org
Axis Community Health	Services include a medical clinic, mental health services, additional counseling, WIC nutritional services, DUI program	http://www.axishealth.org
Community Oral Health Program	Links children, youth and families to no or low-cost dental resources.	https://cchealth.org/dental
Concord RotaCare Clinic	Volunteer alliance of medical professionals, organizations and community members providing free primary healthcare services to uninsured families and individuals with limited ability to pay.	https://www.rotacarebayarea.org/concord

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Contra Costa Dental Society	A partnership of over 800 dental professionals who promote oral health through education, communication, service and leadership.	https://www.ccdds.org
Contra Costa Health Services	Provides health care to the public at many locations.	https://cchealth.org
Diablo Valley College Community Dental Clinic	Low cost dental cleanings performed by students.	https://www.dvc.edu/academics/departments/hygiene/community-clinic.html
Every Woman Counts	Free breast and cervical cancer screening and diagnostic services to California's underserved populations.	https://www.dhcs.ca.gov/services/cancer/EWC/Pages
HIV/AIDS Consortium	Advocates and provides support for people impacted by HIV/AIDS, plans prevention and care services, develops recommendations and advises governments and community leaders.	https://cchealth.org/hiv/consortium
HOPE Project Mobile Health Clinic	Mobile van providing health and social services to the chronically homeless.	https://cityservetrivalley.org/hope-project-mobile-health-clinic
La Clínica Monument Dental Clinic (Concord)	Health center offering affordable, culturally sensitive medical care, both primary and specialized (including dental and optometry); also offers health education.	https://www.laclinica.org/monument/index.html
Martinez Dental Clinic	Dental clinic.	https://cchealth.org/centers/martinez.php
Planned Parenthood Concord	Women's and men's health care, including abortion services, birth control, HIV testing, LGBTQ services; emergency contraception; pregnancy testing and services; STD testing, treatment and vaccines.	https://www.plannedparenthood.org/health-center/california/concord/94520/concord-health-center-3269-90200?utm_campaign=concord-health-center
Planned Parenthood San Ramon	Women's and men's health care, including abortion services, birth control, HIV testing, LGBTQ services; emergency contraception; pregnancy testing and services; STD testing, treatment and vaccines.	https://www.plannedparenthood.org/health-center/california/san-ramon/94583/san-ramon-health-center-2572-90200

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Planned Parenthood Walnut Creek	Women's and men's health care, including abortion services, birth control, HIV testing, LGBTQ services; emergency contraception; pregnancy testing and services; STD testing, treatment and vaccines.	https://www.plannedparenthood.org/health-center/california/walnut-creek/94596/walnut-creek-health-center-2571-90200
Rainbow Community Center (Concord)	Builds community and promotes well-being among LGBTQ+ people; provides HIV support, a food pantry, and a variety of programs, trainings, and services.	https://www.rainbowcc.org
Regional Asthma Management Program (RAMP)	A collaborative that promotes strategies for reducing asthma through a broad and comprehensive approach that includes clinical management and environmental protection.	http://www.rampasthma.org
Ronald McDonald Dental Care Mobile	Provides restorative and preventive dental care, connections to a family dentist for ongoing care, and help enrolling in an insurance program to low-income patients up to the age of 19.	https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-alliance/our-programs/youth/mobile-dental-clinic.html
Rubicon Programs	Equips people to break the cycle of poverty.	http://rubiconprograms.org
Safer STD Testing	STI testing clinics directory.	www.saferstdtesting.com
The Leukemia-Lymphoma Society	Funds research to cure blood cancers (leukemia, lymphoma, Hodgkin's disease and myeloma); provides information, education and support for patients and their families.	https://www.lls.org/greater-bay-area
Women's Cancer Resource Center: Contra Costa Cancer Navigation Partnership	Bilingual support for Latinx patients undergoing cancer treatment.	https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-fund/what-we-do/supporting-lasting-health-improvements/womens-cancer-resource-center.html

Healthy Eating/Active Living

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
18 Reasons	Community cooking school; offers free Cooking Matters classes in low income communities.	https://18reasons.org
Alameda County Meals on Wheels	Delivers nutritious meals, performs wellness checks for frail and/or homebound seniors.	https://www.feedingseniors.org
Bike East Bay	Encourages bicycling in the East Bay through education, advocacy, and community engagement.	https://bikeeastbay.org
Center for Human Development	Empowers communities to adapt to adversities through reducing health disparities, inspiring healthier choices, and promoting violence	http://chd-prevention.org
City of Concord Parks & Recreation	Manages a senior center, various recreational facilities, a community pool, and all city parks in Concord; also offers a variety of recreational activities.	http://cityofconcord.org/328/Parks-Recreation
City of Dublin Parks & Community Services	Manages a senior center, public recreational facilities and open spaces, and all city parks in Dublin; offers a variety of recreational activities.	http://www.ci.dublin.ca.us/90/Parks-Community-Services
City of Livermore Recreation & Park District	Manages an equestrian center, community garden, public recreational facilities and open spaces, and all city parks in Livermore; offers a variety of recreational activities.	https://www.larpd.org
City of San Ramon Parks & Community Services	Manages 57 city parks and two community gardens; offers a variety of recreational programs.	http://www.sanramon.ca.gov/our_city/departments_and_divisions/parks_community_services
City of Walnut Creek Parks & Recreation	Manages 16 parks and 3000 acres of open space; offers a variety of recreational programs and classes.	http://www.walnut-creek.org/departments/arts-and-recreation/recreation-parks
CoCoKids	Provides resource links and direct services in order to advance quality child care and early education.	https://www.cocokids.org
Contra Costa Boys & Girls Club	After-school youth development and extended learning program for children and youth age 6-18.	https://bgccontracosta.org
Contra Costa Health Services	Provides health care to the public at many locations.	https://cchealth.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
East Bay Regional Parks	Regional parks district managing multiple parks in the East Bay, and offering outdoor activities.	https://www.ebparks.org
First 5 Contra Costa County	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.first5coco.org
Food Bank of Contra Costa and Solano County	Searchable by city for free produce and free groceries for low income children, families, individuals and seniors.	https://www.foodbankccs.org/get-help/foodbycity.html
Fresh Approach	Improves healthy food access in the community via farmers markets, community garden, and cooking and nutrition classes,	https://www.freshapproach.org
Healthy and Active Before 5	Collaborative that advances health equity through local policy and environmental changes to support the health and well-being of children ages 0-5 and their families.	http://www.healthyandactivebefore5.org
Loaves and Fishes	Operates five dining rooms and a food pantry, offers culinary training.	http://www.loavesfishescc.org
Meals on Wheels Diablo Region	Delivers nutritious meals and provide safety checks (fall prevention) to seniors who are homebound, no longer driving, unable to prepare food themselves, and do not have a caregiver that prepares meals.	https://www.mowdiabloregion.org
Monument Crisis Center	Nutritious food for low-income individuals, families, children, and seniors in need; also runs adult education, youth, and senior programs.	https://monumentcrisiscenter.org
Monument Impact	Focuses on providing equity, a sense of safety, housing stability and vocational skills for new refugees.	http://monumentimpact.org
Open Heart Kitchen	Serves prepared, nutritious meals free of charge at multiple locations in the Tri-Valley,	https://www.openheartkitchen.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Senior Support Program of the Tri-Valley	Fosters independence and promotes safety and well-being for seniors over the age of 60.	https://www.ssptv.org
Shelter Inc.	Helps families and individuals who are homeless or in danger of becoming homeless by assisting with rental costs and providing emergency and permanent housing.	https://shelterinc.org
Spectrum Community Services, Inc.- Senior Nutrition and Activities Program	A Senior Nutrition Program that provides nutritious meals at 25 Alameda County locations.	https://www.spectrumcs.org/senior-services/senior-meals
Tri-Valley Haven for Women - food pantry	Organization providing temporary shelter for adults and children who have experienced domestic violence, sexual assault, or homelessness. Other services include a crisis hotline, childcare, legal services and a food pantry.	http://www.trivalleyhaven.org
White Pony Express	Combats hunger and poverty by redistributing excess food and other items such as adult and children's clothing, toys, and books.	https://www.whiteponyexpress.org

Housing & Homelessness

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Abode Services	Agency working with government, supporters, landlords and clients to provide housing for the homeless.	https://www.abodeservices.org
CityServe of the Tri-Valley	Connects volunteers with partner churches and organizations helping the needy in the community.	https://cityservetrivalley.org
Contra Costa Health Services - H3 (Health, Housing and Homeless Services)	A variety of services and referrals for the homeless and those risk of becoming homeless.	https://cchealth.org/h3
Contra Costa Interfaith Housing	Permanent, affordable housing and vital support services to homeless and at-risk families and individuals in Contra Costa County.	http://ccinterfaithhousing.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Raise the Roof Coalition	Works to ensure that everyone has a home; advocates for immigrant rights and rent control.	http://workingeastbay.org/issues/raise-the-roof-concord
Shelter Inc.	Helps families and individuals who are homeless or in danger of becoming homeless by assisting with rental costs and providing emergency and permanent housing.	https://shelterinc.org
Tri-Valley Haven	Organization providing temporary shelter for adults and children who have experienced domestic violence, sexual assault, or homelessness. Other services include a crisis hotline, childcare, legal services and a food pantry.	http://www.trivalleyhaven.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
CountyConnection.com - trip planning	Fixed-route and paratransit bus service; on-line trip planner.	https://countyconnection.com
Mobility Matters	Mobility management services in Contra Costa County, including coordination with public and private transportation providers, and direct programs and services.	https://www.mobilitymatterscc.com
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
WestCAT	Public transportation service; bus routes, paratransit and dial-a-ride for seniors.	https://www.westcat.org

Appendix D. Health Need Profiles

COMMUNITY HEALTH NEED

Health Care Access & Delivery

What's the issue?

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

What does the data show?

In the KFH-Walnut Creek service area, which spans parts of Alameda and Contra Costa counties, the rate of Federally Qualified Health Centers, community assets that provide health care to vulnerable populations, is 0.7 per 100,000 people, which is 72% lower than the state average of 2.5 per 100,000.[2]

Data suggest that access is an issue in both counties, not just in the service area. In Contra Costa County, delays in care and ER visits exceed state averages; in Alameda County, Black residents have disproportionate rates of acute and chronic preventable hospitalizations compared with residents of other ethnicities.

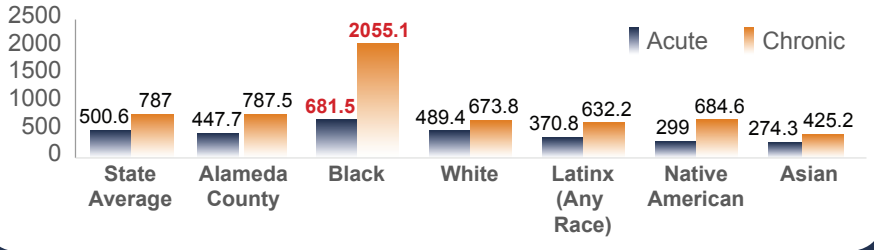
continued >>

Selected Access and Delivery Indicators: Adults

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Delayed/Didn't Get Care	10%	7%	**11%**
ER Visit in the Past Year	21%	16%	**24%**

SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2016.

Ethnic Disparities: Preventable Hospitalizations



Rates per 100,000 people in Alameda County. / SOURCE: Office of Statewide Health Planning and Development, 2009–2011.

KEY DISCOVERY

2,055

per 100,000

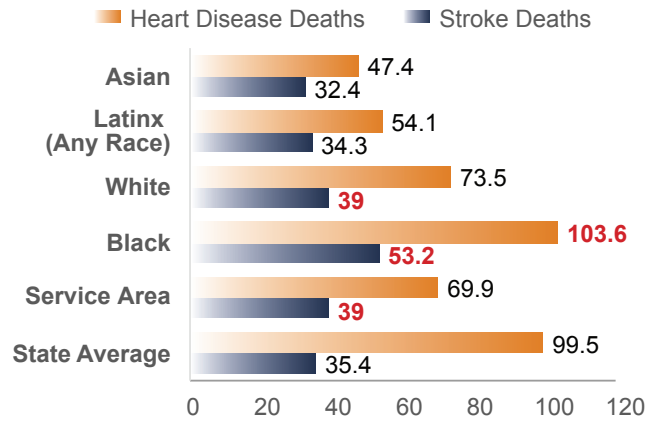
The rate of chronic preventable hospitalizations for Black residents of the KFH-Walnut Creek service area is three times that of White residents and more than double the Alameda County rate.[3]

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**—high blood pressure and cholesterol, obesity, excessive alcohol consumption, smoking, physical inactivity—can be controlled.[4]

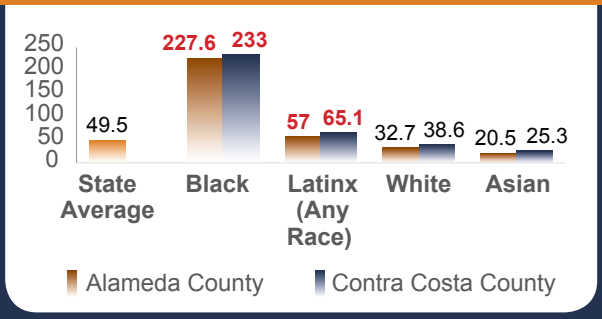
The prevalence of adult **asthma** in the KFH-Walnut Creek service area is 15.3%, slightly above the state average of 14.8%.[5] Proper asthma management can include access to asthma specialists, avoidance of asthma triggers, access to "quick-relief" medication, and the regular use of "controller" medication.[6] Asthma disproportionately affects Black and Latinx residents of both counties.

Heart Disease and Stroke Mortality



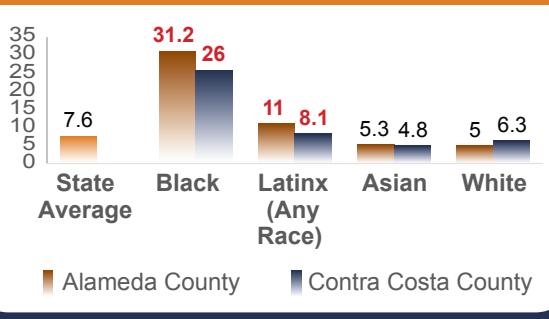
Age-adjusted rates per 100,000 people. / SOURCES: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

Ethnic Disparities: Asthma ER Visits



Age-adjusted rates per 10,000 people. / SOURCE: Office of Statewide Health Planning and Development, 2014.

Ethnic Disparities: Asthma Hospitalizations



Age-adjusted rates per 10,000 people. / SOURCE: Office of Statewide Health Planning and Development, 2014.

Delivery issues related to stigma and lack of attention among health care service providers were identified as possible barriers to preventing the spread of **sexually transmitted infections**.

continued >>

Sexually Transmitted Infections: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Chlamydia Incidence	709.2	**810.4**	702.7
Gonorrhea Incidence	121.2	**203.5**	**123.5**

Rates per 100,000 children and youth aged 10–19. / SOURCES: California Department of Public Health, 2015. California Department of Finance, Race/Ethnic Population With Age and Sex Detail, 2010–2060. Centers for Disease Control and Prevention, 2015; U.S. Census Bureau, 2010–2015.

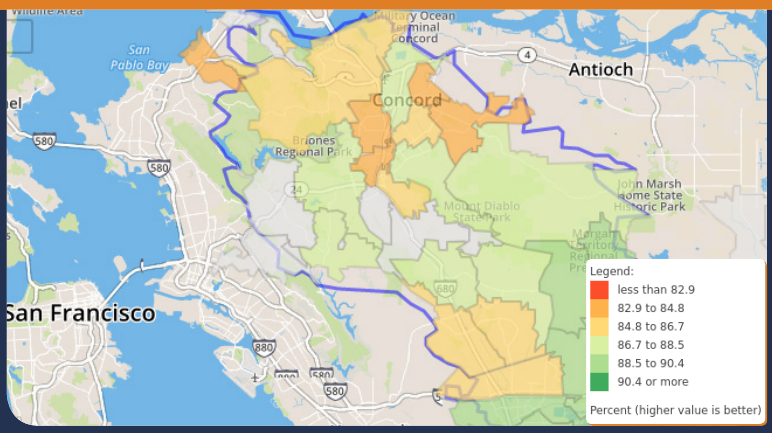
Timely, high-quality care is crucial for individuals with **cancer** diagnoses. Certain cancer incidence rates are higher locally than the state averages. Cancer deaths are highest among Black residents of the KFH-Walnut Creek service area.[7] Delivery issues related to preventive screenings and follow-up appointments may make inequities worse. Over 70% of adults[8] and over 85% of youth had recent dental visits in the KFH-Walnut Creek service area. However, the map at left shows geographic disparities in the use of preventive dental care services among youth in the service area.

Cancer Incidence Rates

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Breast Cancer (females only)	120.7	**127.9**
Colon and Rectum Cancer	37.2	**38.8**
Lung Cancer	44.6	**46.3**
Prostate Cancer (males only)	109.2	**122.2**

Age-adjusted rates per 100,000 people. / SOURCE: State Cancer Profiles, 2010–2014.

Recent Dental Exam: Youth



Percentage of children aged 2–11 with teeth who visited a dentist in the past year. / SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2014.

"You see it all the time in people not wanting to access schools or health care or anything, because they're afraid they're going to get deported or their husband is going to get deported."

—COMMUNITY MEMBER

What does the community say?

Residents and health experts in the KFH-Walnut Creek service area (who participated in a community health needs assessment sponsored by Kaiser Permanente) expressed strong concerns about health insurance, the affordability of care, and a lack of specialists, especially dentists and others serving Medi-Cal patients. Discussions also touched on implicit bias, explicit discrimination, and the inequitable outcomes that can result from both. The community called for greater support in languages other than English, culturally appropriate services, and whole-person care.

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[2]U.S. Centers for Medicare and Medicaid Services. (2016).
[3]Office of Statewide Health Planning and Development. (2009–2011).
[4]Centers for Disease Control and Prevention. (2017). *Heart Disease Facts.*
[5]UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
[6]Asthma and Allergy Foundation of America. (2018). *Asthma Capitals 2018*.
[7]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).
[8]Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System through 500 Cities: Local Data for Better Health. (2014).

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

KAISER PERMANENTE®

actionable insights

Behavioral Health

What's the issue?

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

What does the data show?

In the KFH-Walnut Creek service area, which spans parts of Alameda and Contra Costa counties, behavioral health concerns are prevalent. Most statistical data on behavioral health are available for the counties but not the service area as a whole. Various county indicators for adults and youth exceed state averages. Bullying among teens in both counties, and domestic violence in the service area, emerged as concerns. In both counties, the rate of children in foster care is trending up, and children spend longer in foster care (around 17.5 months) than the state average.[6] Children in foster care experience poor mental health at a much higher rate than the general population.[7]

continued >>

Mental Health: Adults

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Needing Help for a Behavioral Health Issue	16%	19%	19%
Has Taken Prescription Medicine Regularly for an Emotional/Mental Health Issue in Past 12 Months	11%	8%	16%

Percentage of total population, self-reporting. / SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2016.

Mental Health: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Cyberbullied More than Once, 7th Graders	9%	10%	10%
Bullied at School, 7th Graders	39%	41%	42%
Seriously Considered Suicide, 11th Graders	18.1%	18.7%	18.3%
Mental Health Hospitalizations, Youth Aged 15–19 (per 1,000 people)	9.8	11.8	8.7

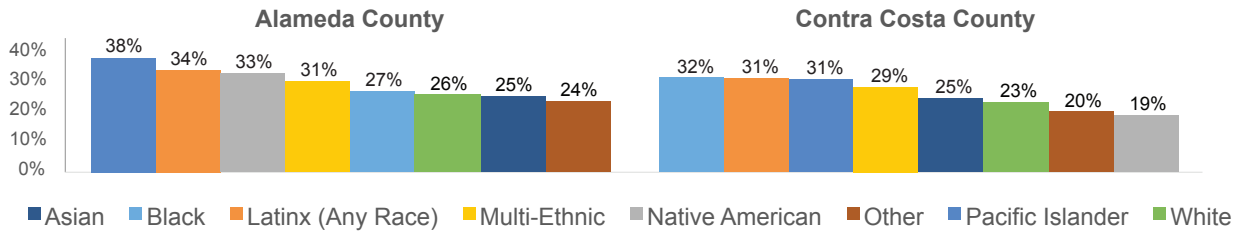
SOURCES: 7th and 11th graders (public schools): California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015. Hospitalizations: California Office of Statewide Health Planning and Development special tabulation. California Department of Finance, Population Estimates by Race/Ethnicity With Age and Gender Detail, 2000–2009. Population Reference Bureau, Population Estimates, 2010–2016.

KEY DISCOVERY

6.1 per 100,000

The rate at which females aged 10 and older are hospitalized by domestic violence in the KFH-Walnut Creek service area exceeds the state rate of 4.9.[5]

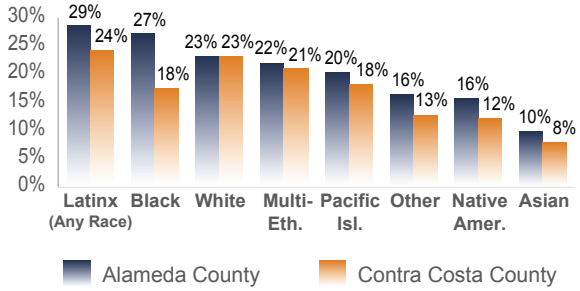
Mental Health Indicators: Depression-Related Feelings



Surveyed public school students in 7th, 9th, and 11th grades. / SOURCE: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015.

Ethnic disparities exist across behavioral health indicators for youth. The highest proportion of youth experiencing feelings of depression are Black, Latinx, and Pacific Islander.[8] White youth tend to seriously consider suicide less often than peers of other races, but Whites as a group overall have the highest suicide rate in the service area (13.3 per 100,000 people, age-adjusted).[8, 9]

Ethnic Disparities: Youth Drug and Alcohol Use



Surveyed public school students in 7th, 9th, and 11th grades. / SOURCE: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015.

What does the community say?

Residents and local experts in the KFH-Walnut Creek service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified behavioral health as a high priority. They talked about the co-occurrence of mental health and substance use, naming depression and stress as the most common mental health issues. Some called out trauma and adverse childhood experiences (ACEs) as drivers of behavioral health problems. Others described discrimination and institutionalized racism as generational traumas that contribute to inequitable health outcomes.

"Mental health ... needs to be part of an office visit, it needs to be screened all the time. ACEs need to be taken into consideration when people go in to see their doctors like they do in San Francisco."

—K-12 HEALTH PROVIDER

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders.*
[2]Centers for Disease Control and Prevention. (2018). *Learn About Mental Health.*
[3]Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion, *Preventing Chronic Disease. 3*(2): A61.
[4]World Health Organization. (2018). *Management of Substance Abuse.*
[5]California Department of Public Health, EpiCenter Overall Injury Surveillance reporting system. (2013–2014).
[6]Webster, D., et al. (2013). *Child Welfare Services Reports for California.* UC-Berkeley Center for Social Services Research (Jun. 2016).
[7]National Conference of State Legislatures. (2016). *Mental Health and Foster Care.*
[8]California Department of Education, California Healthy Kids Survey (WestEd). (2013–2015).
[9]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Climate & Natural Environment

What's the issue?

A healthy environment is critical to everyone's physical health and quality of life. Nearly 25% of all deaths and diseases worldwide can be attributed to environmental issues such as air, water, food, and soil contamination, the U.S. Office of Disease Prevention and Health Promotion reports.[1, 2] Exposure to a poor environment can compound the problems of people whose health is already compromised.[2] Therefore, any effort to improve overall health must consider environmental factors that may increase the likelihood of illness and disease. This includes climate change, which is projected to have an increasing impact on air quality, the spread of infectious diseases, and the severity of fires, floods, droughts, and other natural disasters.[3]

In 2017 and 2018, smoke from Northern California wildfires contributed significantly to the number of days where air quality reached unhealthy levels.[4] The long-term effects of prolonged exposure to poor air quality can be severe: Air pollution is linked to premature death from lung cancer, chronic obstructive pulmonary disorder, and acute respiratory infections.[5]

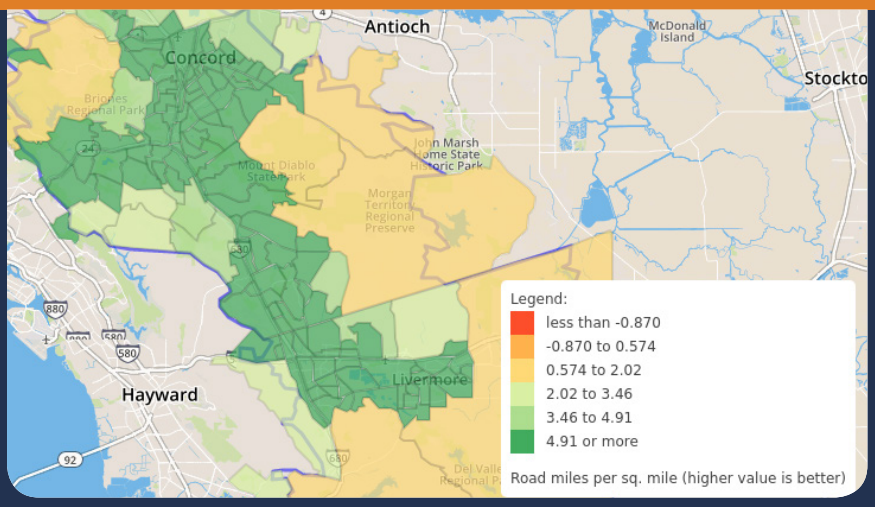
What does the data show?

Statistics for the KFH-Walnut Creek service area suggest that climate and the natural environment are issues of concern. Drinking water violations in the service area's community water systems were flagged as an issue.[6]

The map shows how road network density, which can contribute to traffic congestion and consequently to poor air quality, varies from the state average in different parts of the KFH-Walnut Creek service area.

continued >>

Road Network Density



Road miles per square mile of land. / SOURCE: Environmental Protection Agency, Smart Location Database, 2013.

KEY DISCOVERY

85% higher

The KFH-Walnut Creek service area has 3.7 miles of road per square mile of land, far more than the state average. Road network density contributes to air pollution.[7]

Poor outdoor air quality can exacerbate asthma. Asthma prevalence among adults in the service area is 15.3%, compared with the state average of 14.8%. The average cost of asthma hospitalization in both Alameda and Contra Costa counties exceeds the average cost statewide.

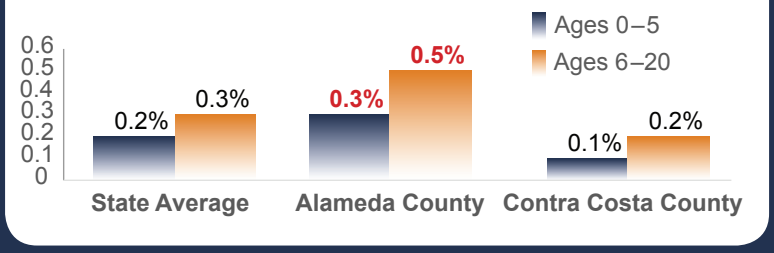
Selected Asthma Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Asthma Hospitalizations (per 10,000 people)	7.6	**10.5**	**8.5**
Average Charge per Asthma Hospitalization	$39,860	**$41,610**	**$45,784**
Asthma Deaths, Age-Adjusted (per 1 million people)	11.1	**14.1**	—

SOURCE: Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the UCLA Center for Health Policy Research, California Health Interview Survey, 2014. Blank cells indicate that data were unavailable.

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

Elevated Blood Lead Levels in Children



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

"[Climate] is going to exacerbate heart conditions and many other chronic diseases, lethargy, lack of activity, lack of getting outside because it's too darn hot. You're going to start to see this ripple effect of extreme heat. ... That's why it's a health issue."

—PUBLIC HEALTH EXPERT

What does the community say?

Residents and local experts in the KFH-Walnut Creek service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified poor air quality as a concern, attributing poor air quality primarily to pollution. When asked how air pollution directly affects their health, community members said asthma is the biggest problem.

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Environmental Health.*
[2]Morris, G. & Saunders, P. (2017). The Environment in Health and Well-Being, *Oxford Research Encyclopedias.*
[3]U.S. Global Change Research Program. (2018). *Fourth National Climate Assessment.*
[4]Environmental Protection Agency. (2018). *Climate Action Benefits: Wildfire.*
[5]World Health Organization. (2018). *Ambient Air Pollution: Health Impacts.*
[6]University of Wisconsin's County Health Rankings, using data from the Environmental Protection Agency's Safe Drinking Water Information System (2015).
[7]Environmental Protection Agency, Smart Location Database. (2013).

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Economic Security

What's the issue?

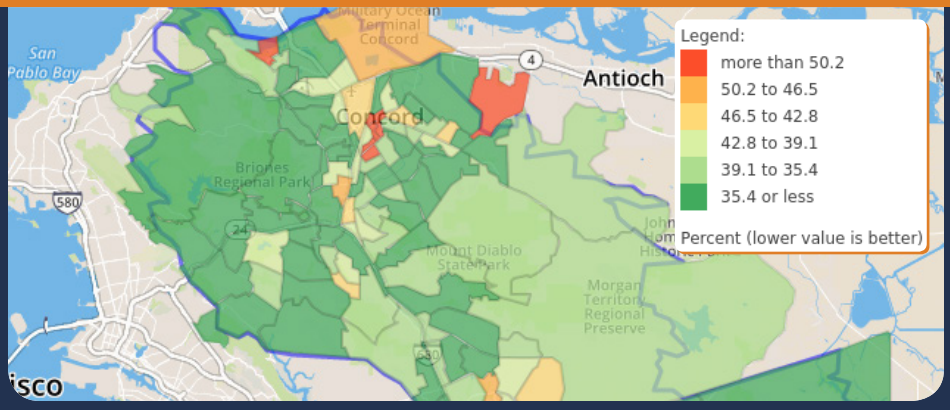
Economic security is one of the most widely recognized social determinants of health. Higher incomes and a secure social support system—families, friends, communities—play a significant role in people's overall well-being.[1] Access to economic security programs such as SNAP (Supplemental Nutrition Assistance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

What does the data show?

In some parts of the KFH-Walnut Creek service area, more households are cost-burdened than the state average. Other inequities also exist: Latinx adults are almost 10 times less likely to have a high school diploma (or equivalent) than their White peers.[4] Nearly one in five Black residents—and more than one in four Black children—live in poverty in the KFH-Walnut Creek service area. Earning a low income is correlated with eating a poor diet, and children living in poverty are much less likely than children in higher-income families to eat a nutritious, well-balanced diet.[5] Low-income households eligible for federal entitlement programs may receive benefits from the Supplemental Nutrition Assistance Program (SNAP).[6]

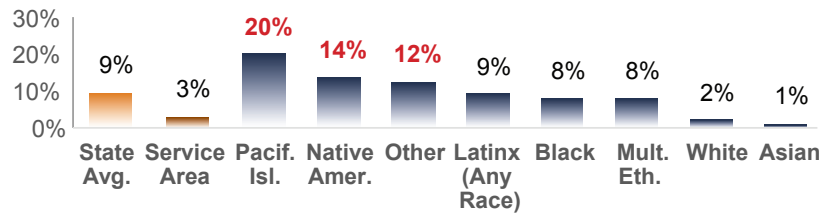
continued >>

Cost-Burdened Households



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

Ethnic Disparities: SNAP Participation



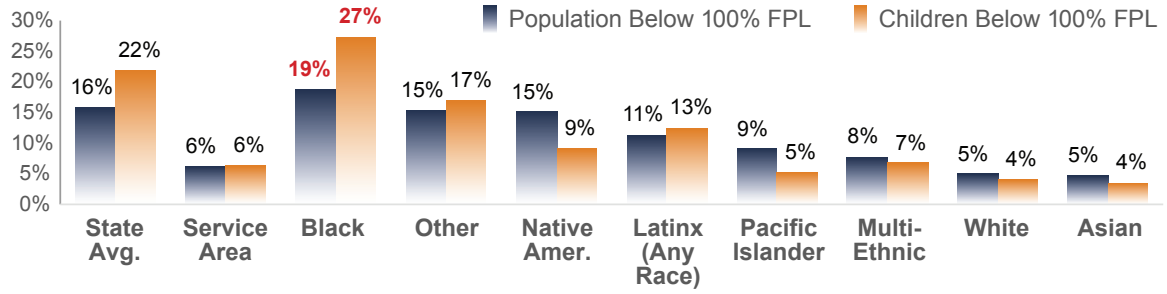
Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

27%

of Black children live below the Federal Poverty Level in the KFH-Walnut Creek service area compared with 4% of White children.[4]

Ethnic Disparities: Households Living in Poverty



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

What does the community say?

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

"When low-income folks can never afford to own and are perpetually locked into being a renter, you've locked them into a life of poverty. So, we have to help folks that are on the lower end of this to actually have a mechanism of homeownership and equity over time."

—PUBLIC HEALTH EXPERT

SOURCES

[1]World Health Organization. (2018). *The Determinants of Health.*
[2]Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*
[3]Gupta, R.P., de Wit, M.L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health. 12*(8): 667–672.
[4]U.S. Census Bureau. American Community Survey. (2012–2016).
[5]Drewnowski, A., & Specter, S.E. (2004). Poverty and Obesity: The Role of Energy Density and Energy Cost. *American Journal of Clinical Nutrition*, 79:6-16.
[6]Undocumented individuals (AKA not "lawfully present non-citizens") aged 18 and over are not eligible for SNAP (U.S. Department of Agriculture, Food and Nutrition Service, SNAP Policy on Non-Citizen Eligibility, 2017). Access to SNAP for individuals in mixed-immigration-status households is problematized by the fear of family separation and potential deportation that undocumented family members may have.

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Education & Literacy

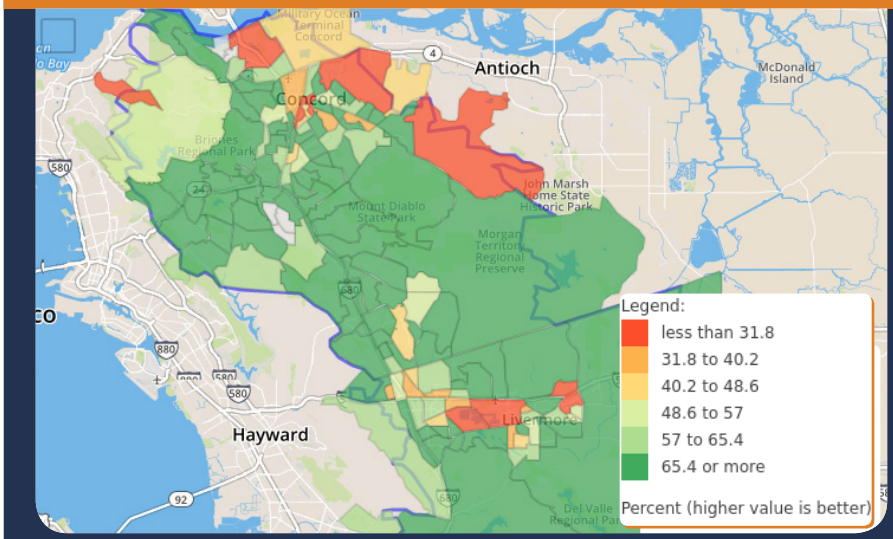
What's the issue?

Literacy generally means "the ability to read and write," although it also involves skills related to listening, speaking, and working with numbers. Limited literacy reflects low levels of education, which is associated with poor health outcomes. People at risk for low English literacy include immigrants, those living in households where English is not spoken, and individuals with inadequate schooling.[1] Adults who have at least a high school diploma do better than dropouts when it comes to health, income, life satisfaction, and self-esteem.[2] The National Poverty Center associates increased education with decreased rates of most acute and chronic diseases.[3] This may be because they're better able to afford health care: Research shows that families in which the head of household has a high school diploma are 10 times wealthier than those in which the head of household dropped out.[4] Many jobs in the U.S. require more than a high school education.[3] Success starts early; attending preschool leads to learning and earning more.[5]

What does the data show?

In the KFH-Walnut Creek service area, which spans parts of Alameda and Contra Costa counties, educational attainment for certain vulnerable groups is a concern. Disparities in early learning may compound the matter. The map below shows how census tracts in the KFH-Walnut Creek service area compare with the state average (49%) in preschool enrollment (children aged 3–4).

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.

Student support is a concern. The ratio of students to academic counselors is much higher in Alameda (827:1) and Contra Costa (1,014:1) counties than it is statewide (792:1). The higher the ratio, the lower the ability of counselors to give students individual attention.

continued >>

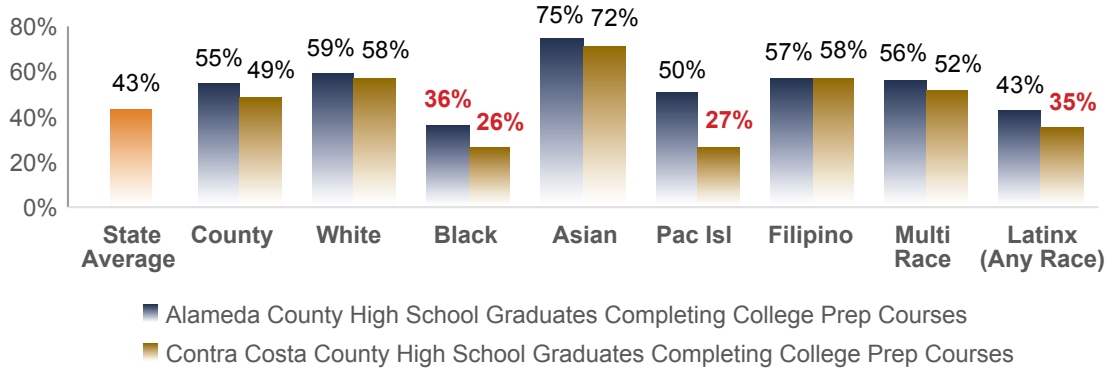
KEY DISCOVERY

37.8

per 100 students

The truancy rate in Contra Costa County exceeds the state rate (31.4).[6] Truancy is a risk factor for youth delinquency and, later, poor adult outcomes like job instability and criminality, which also negatively affect the community.[7]

Ethnic Disparities: High School Graduates Completing College Prep Courses



Percentage of total graduates. / SOURCE: California Department of Education, California Basic Educational Data System, 2015.

Statistical data by ethnicity is generally only available at the district or county level; they show that several indicators for certain groups of students are above California's averages. Black youth are overrepresented among high school dropouts (18% in Alameda County compared to 11% statewide)[8, 9] and underrepresented in both counties among graduates with completed college prep courses.

What does the community say?

Residents and local experts in Alameda and Contra Costa counties (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. A Contra Costa County public health expert described educational attainment as a gateway to self-sufficiency and a major contributing factor to homeownership. An Alameda County public health expert stressed that K–12 and higher education often do not prepare residents for jobs that provide a living wage.

"Educational attainment in this nation is still one of the most important gateways to self-sufficiency."
—PUBLIC HEALTH EXPERT

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* www.healthypeople.gov
[2]Insight Center for Community Economic Development. (2014). www.insightcced.org
[3]Cutler, D.M., & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.
[4]Gouskova, E., & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05-03.*
[5]Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.
[6]California Department of Education, California Basic Educational Data System, Staff Assignment and Course Data. (2015).
[7]Fantuzzo, J., Grim, S., & Hazan, H. (2005). Project Start: An Evaluation of a Community-Wide School-Based Intervention to Reduce Truancy. *Psychology in the Schools*, *42*(6): 657–667.
[8]California Department of Education, California Basic Educational Data System, Staff Assignment and Course Data. (2015.)
[9]California Department of Education, California Basic Educational Data System. (2015).

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Healthy Eating & Active Living

What's the issue?

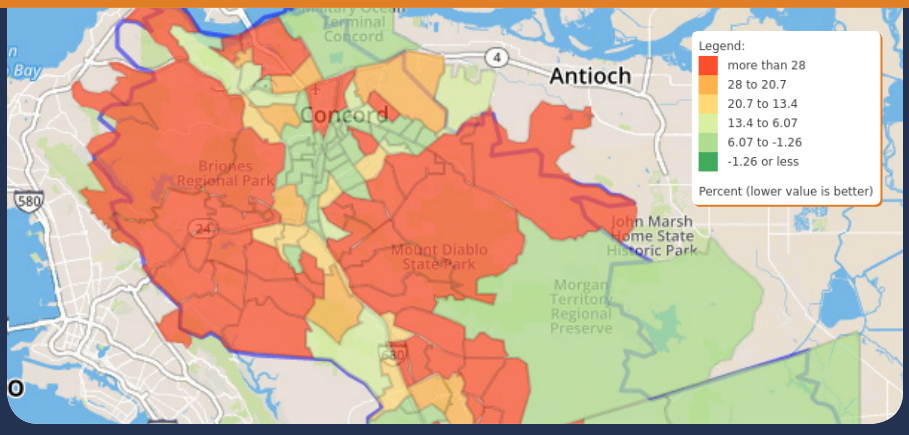
Nearly two in five adults and one in five children in the U.S. are obese.[1] Being obese or overweight raises the risk for diabetes, hypertension, stroke, and cardiovascular disease—some of the leading causes of preventable death.[2] Obesity also can contribute to poor mental health (anxiety, depression,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

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

What does the data show?

Concerns in the KFH-Walnut Creek service area focused on food security/access and physical activity. Communities experiencing food insecurity also often have less access to healthy food. How far residents must travel to a large grocery store or supermarket varies greatly; the map below compares census tracts in the service area with low access (farther relative distance) to the state average (13%). Physical inactivity among children and youth is a concern in the KFH-Walnut Creek service area. Fewer than one in three children in the service area walk or bike to school, significantly lower than the state average, which is nearly two in five.[11] More generally, physical activity among youth

Low Access to Healthy Food Stores



Percentage of population that does not live in close proximity to a large grocery store or supermarket. / SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

continued >>

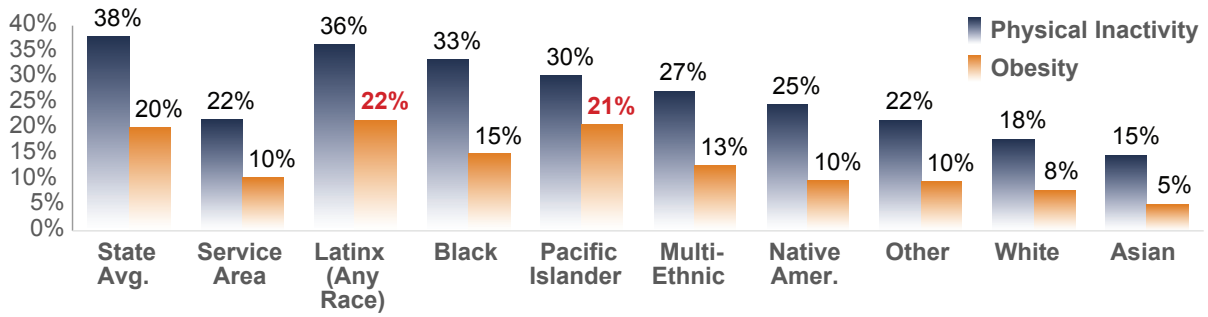
KEY DISCOVERY

26%

The percentage of people in the KFH-Walnut Creek service area who don't live near a grocery store or supermarket is double the state average.[12]

is low. Disparities exist among ethnic groups. Black adults in the service area are far more likely than their White peers to be obese.[13]

Selected Health Indicators: Youth



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

Hospitalizations: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Diabetes Hospitalizations	1.4%	**1.6%**	**1.5%**

Hospital discharges of children aged 0–17 (excluding newborns) as a percentage of total discharges. / SOURCE: Special tabulation by California Office of Statewide Health Planning and Development, 2015.

Childhood diabetes hospitalizations are above the state average in both Alameda and Contra Costa counties.

What does the community say?

Residents and local experts in the KFH-Walnut Creek service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) prioritized healthy eating and active living. Time and money were cited as barriers to preparing meals and being physically active. Parents added that they had difficulty encouraging their children to eat well and exercise to lose weight, suggesting that health education could benefit everyone.

"We have yet to tackle the food environment successfully in this nation. We still fundamentally think about food as a food safety issue, not as a food quality issue."
—HEALTH EXPERT

SOURCES
[1]Centers for Disease Control and Prevention. (2018). *Overweight and Obesity.*
[2]Centers for Disease Control and Prevention. (2016). *Childhood Obesity Causes and Consequences.* See also: Centers for Disease Control and Prevention. (2018). *Adult Obesity Causes and Consequences.*
[3]The Mayo Clinic. (2018). *Obesity.*
[4]Feeding America. (2018). *What Is Food Insecurity?*
[5]U.S. Department of Agriculture, Economic Research Service. (2018). *Definitions of Food Security.*
[6]Food Research & Action Center. (2015). *Food Insecurity and Obesity.*
[7]The Mayo Clinic (2016). *Exercise: 7 Benefits of Regular Physical Activity.*
[8]Harvard Health Publishing/Harvard Medical School. (2013). *Balance Training Seems to Prevent Falls, Injuries in Seniors.*
[9]U.S. Department of Agriculture. (2016). *Why Is It Important to Eat Vegetables?*
[10]World Health Organization. (2018). *Early Child Development: Nutrition and the Early Years.*
[11]UCLA Center for Health Policy Research, California Health Interview Survey. (2015–2016).
[12]U.S. Department of Agriculture, Food Access Research Atlas. (2014).
[13]Drewnowski, A., & Specter, S.E. (2004). Poverty and Obesity: The Role of Energy Density and Energy Cost. *American Journal of Clinical Nutrition, 79*:6–16.

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Housing & Homelessness

What's the issue?

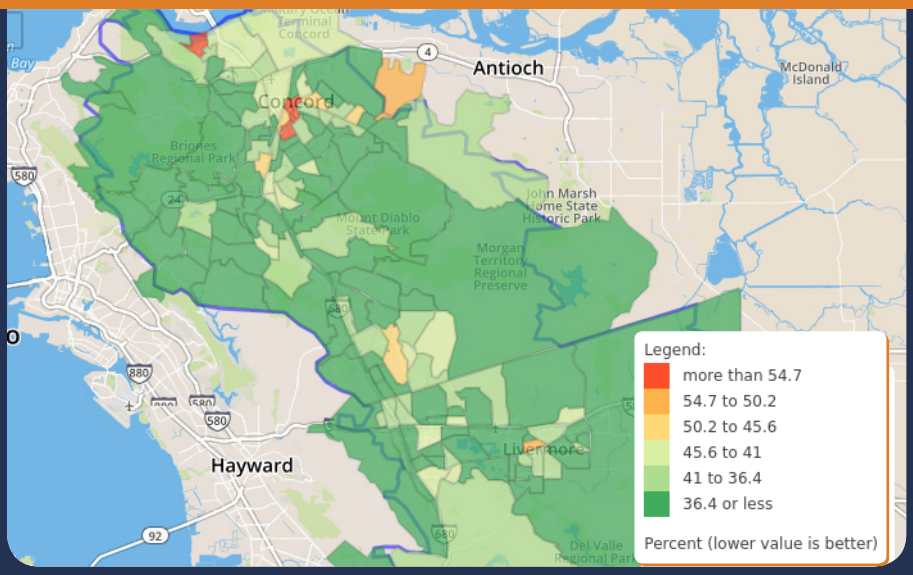
The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30% of a household's annual income. Spending more than that makes household less able to afford other necessities, such as food, clothing, transportation, and medical care.[1] The physical condition 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-Walnut Creek service area, which spans parts of Alameda and Contra Costa counties, housing concerns are prevalent. Most statistical data on housing appear to meet state benchmarks, but at least one in three households is cost-burdened.[6]

Housing Problems



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

Poor housing quality—evidence of leaks, mold, and pests—is associated with childhood asthma and asthma-related emergency room visits.[8]

continued >>

KEY DISCOVERY

7,236

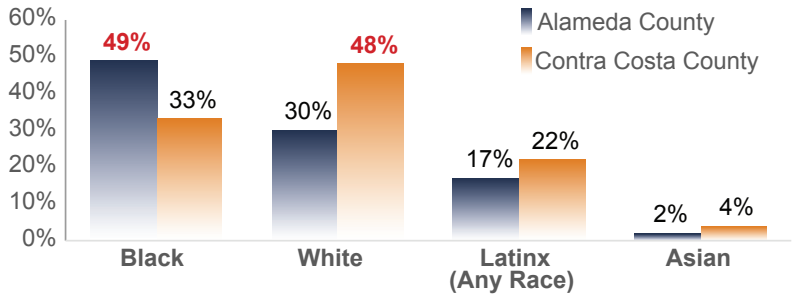
The total number of people experiencing homelessness in Alameda and Contra Costa counties combined in 2017.[7]

Asthma Hospitalizations: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Children Aged 0–4	19.6	**36.9**	**22.7**
Children and Youth Aged 5–17	7.7	**12.7**	**7.9**

Rates per 10,000 people. / SOURCES: Prepared by California Breathing, Environmental Health Investigations Branch, California Department of Public Health using data from the California Office of Statewide Health Planning and Development Patient Discharge Database, the California Department of Finance, and the U.S. Census Bureau, 2016.

Ethnic Disparities: Homelessness



Statistics add to more than 100% because individuals may be more than one race. / SOURCES: Applied Survey Research, Alameda County Homeless Census and Survey, 2017. Contra Costa Council on Homelessness, Point in Time Count: A Snapshot of Contra Costa County, 2017. U.S. Department of Housing and Urban Development, PIT Estimates of Homelessness in the U.S., 2014 and 2017.

The number of people experiencing homelessness in Alameda County increased in 2017 (to over 5,600 individuals), as did the number of unsheltered homeless children, youth, and young adults in the county.[9] Similarly, in central Contra Costa County, the proportion of unsheltered individuals experiencing homelessness rose.[7]

What does the community say?

Residents and local experts in the KFH-Walnut Creek service area (who participated in a community health needs assessment sponsored by Kaiser Permanente) identified safe, healthy housing as a top priority. Concerns included the effect of rent increases on low- and/or fixed-income households, the stress of maintaining housing, the decrease in spending on food and medical care due to high housing costs, the growing number of unstably housed individuals, and the displacement of families. Stronger tenant protections, and/or better knowledge about any protections that exist, are needed to keep renters from being displaced, experts said.

"When you have a permanent address, you create better, healthier thriving communities, and your tenure in your community is longer. You're not having so much turnover or displacement."

—HOUSING EXPERT

SOURCES

[1]U.S. Department of Housing and Urban Development. (2018). *Affordable Housing.*
[2]Pew Trusts/Partnership for America's Economic Success. (2008). *The Hidden Costs of the Housing Crisis.* See also: The California Endowment. (2015). *Zip Code or Genetic Code: Which Is a Better Predictor of Health?*
[3]National Health Care for the Homeless Council (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs.*
[4]O'Connell, J.J. (2005). *Premature Mortality in Homeless Populations: A Review of the Literature.* Nashville, TN. National Health Care for the Homeless Council.
[5]National Coalition for the Homeless. (2009). *Health Care and Homelessness.*
[6]U.S. Census Bureau, American Community Survey, 2012–2016. Cost-burdened is defined as spending more than 30% of total household income on rent or mortgage costs.
[7]Applied Survey Research. (2017). Alameda County Homeless Census & Survey. Contra Costa Council on Homelessness. (2017). *2017 Point in Time Count: A Snapshot of Contra Costa County.*
[8]Urban Institute. (2017). *The Relationship between Housing and Asthma Among School-Age Children.*
[9]Despite a previous downward trend, the number of unsheltered adults aged 18–24 rose nearly 74% in 2017, and the number of unsheltered children aged 0–17 is up from zero previously.

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

KAISER PERMANENTE®

actionable insights

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 #3 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 16 years old and younger.[7] Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.

Crime and Intentional Injury

What does the data show?

In the KFH-Walnut Creek service area, which spans parts of Alameda and Contra Costa counties, safety concerns are prevalent. The crime and domestic violence rates in the service area are much higher than the state averages.

Selected Service Area Safety Indicators

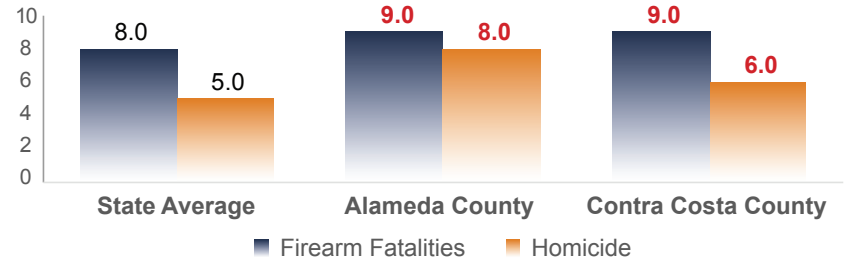
HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Domestic Violence Hospitalizations (females aged 10 and older)	4.9	**6.1**
Violent Crimes	402.7	**467.0**

Rates per 100,000 people. / SOURCES: Domestic violence: California Department of Public Health, EpiCenter Overall Injury Surveillance, 2013–2014. Crimes: National Archive of Criminal Justice Data based on FBI Uniform Crime Reports, 2012–2014.

High schoolers—9th and 11th graders of all ethnicities—perceive their schools as unsafe in greater proportions than average statewide.[8]

continued >>

Selected Community Safety Indicators



Rates per 100,000 people. / SOURCES (all indicators): 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 year 2017 are compiled from the Multiple Cause of Death File 2017, Series 20, No. 2W, 2018.

KEY DISCOVERY

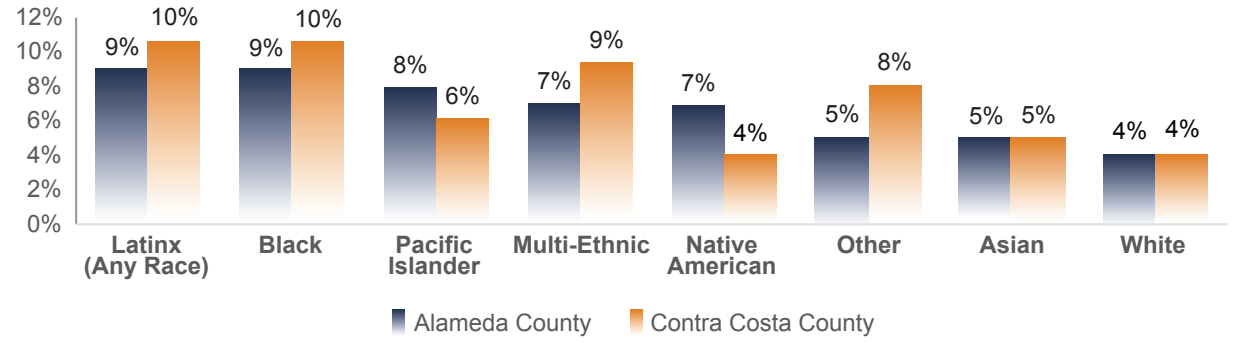
467

per 100,000 people

The rate of violent crime in the KFH-Walnut Creek service area is significantly higher than the state benchmark.[9]

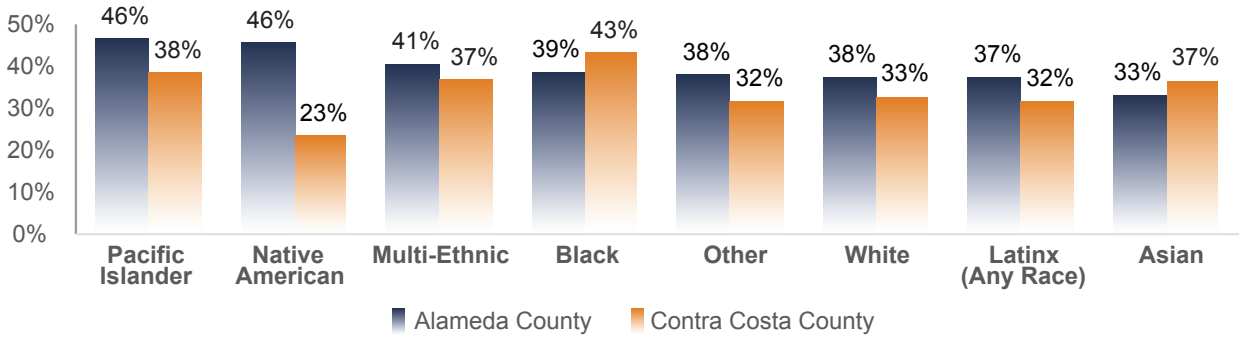
Significant ethnic disparities around community and family safety exist in the community.

Ethnic Disparities: School Safety



Percentage of public school students in grades 7, 9, and 11, and nontraditional students reporting they feel "unsafe" or "very unsafe" at school. / SOURCE: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011–2013.

Ethnic Disparities: Bullied in the Past Year

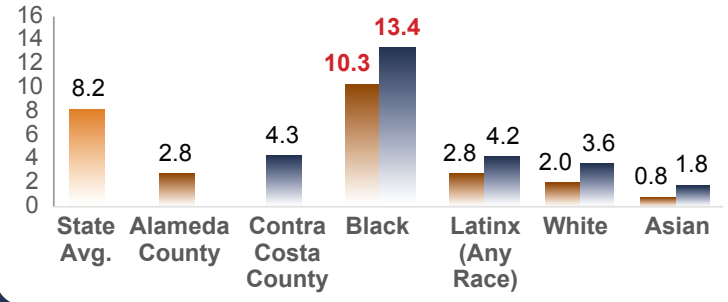


Percentage of public school students in grades 7, 9, and 11, and nontraditional students. / SOURCE: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011–2013.

What does the community say?

With regard to crime and intentional injury, KFH-Walnut Creek service area residents and experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) most frequently cited domestic violence as an issue in the community. They also voiced concern about violent crime in general, including the impact of discrimination and racially motivated violence on mental health. Residents reported seeing an increase in violence. The group of greatest concern: children and youth, particularly as victims of violence and acting out (i.e., externalizing) trauma. Because neighborhoods are unsafe, kids don't play outside, residents asserted.

Ethnic Disparities: Child Abuse and Neglect



Rates per 1,000 substantiated cases involving youth 18 years and younger. / SOURCES: Webster, D., et al. Child Welfare Services Reports for California, UC-Berkeley Center for Social Services Research, 2015 and Annie E. Casey Foundation, KIDS COUNT, 2015.

continued >>

What does the data show?

Several indicators associated with unintended injuries or deaths in Alameda and Contra Costa counties fail against state benchmarks. Children and youth are particularly at risk. The rates of firearm fatalities (shown earlier) and child traumatic-injury hospitalizations, unintentional and otherwise, in both counties are higher than the state averages. In Contra Costa County, the rate of children and youth being hospitalized for accidental poisoning is also significantly higher than average.

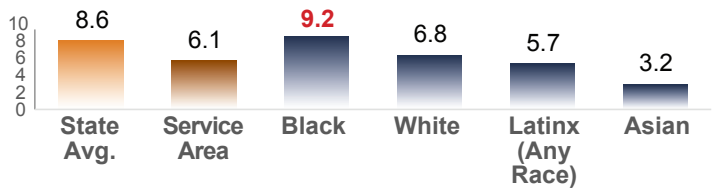
Black residents in the KFH-Walnut Creek service area die in motor vehicle crashes at a disproportionate rate.

Hospitalizations: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY	CONTRA COSTA COUNTY
Poisoning Hospitalizations	0.9%	0.6%	**1.3%**
Traumatic Injury Hospitalizations	1.1%	**1.6%**	**1.5%**

Hospital discharges of children aged 0–17 (excluding newborns) as a percentage of total discharges. / SOURCE: Special tabulation by California Office of Statewide Health Planning and Development, 2015.

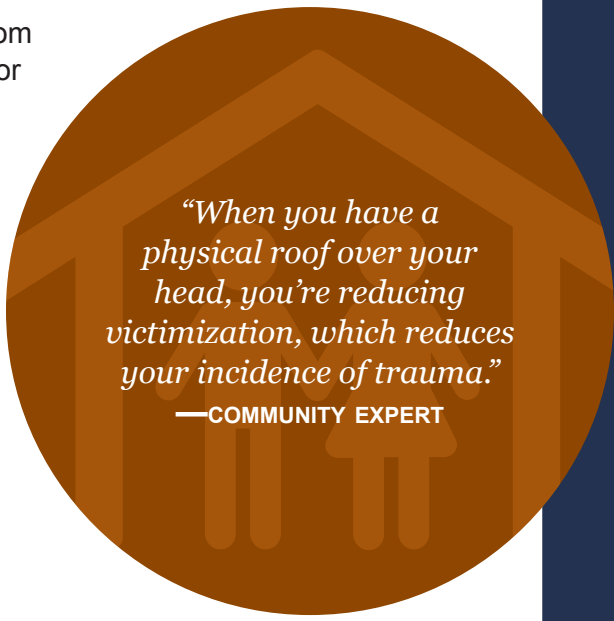
Ethnic Disparities: Motor Vehicle Crash Deaths



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

What does the community say?

Most community input about unintentional injuries came from experts, who cited accidents as a leading cause of death for younger people and older adults. They emphasized the need for preventing falls in both age groups. Traffic collisions and the importance of using car seats to protect children were also noted.



SOURCES

[1]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.
[2]Guite, H.F., Clark, C., & Ackrill, G. (2006). The Impact of the Physical and Urban Environment on Mental Well-Being. *Public Health*, *120*(12), 1117–1126.
[3]World Health Organization. (2017). *10 Facts About Violence Prevention.*
[4]Ozer, 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.
[5]Centers for Disease Control and Prevention. (2017). *Mortality in the United States*, 2016.
[6]Centers for Disease Control and Prevention. (2017). *Accidents or Unintentional Injuries.*
[7]National Safety Council. (2018). *Unintentional Injuries Are the #1 Cause of Death From Infancy to Middle Age.*
[8]California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2011–2013.
[9]National Archive of Criminal Justice Data based on FBI Uniform Crime Reports. (2012–2014).

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

KAISER PERMANENTE®

actionable insights

COMMUNITY HEALTH NEED

Transportation & Traffic

What's the issue?

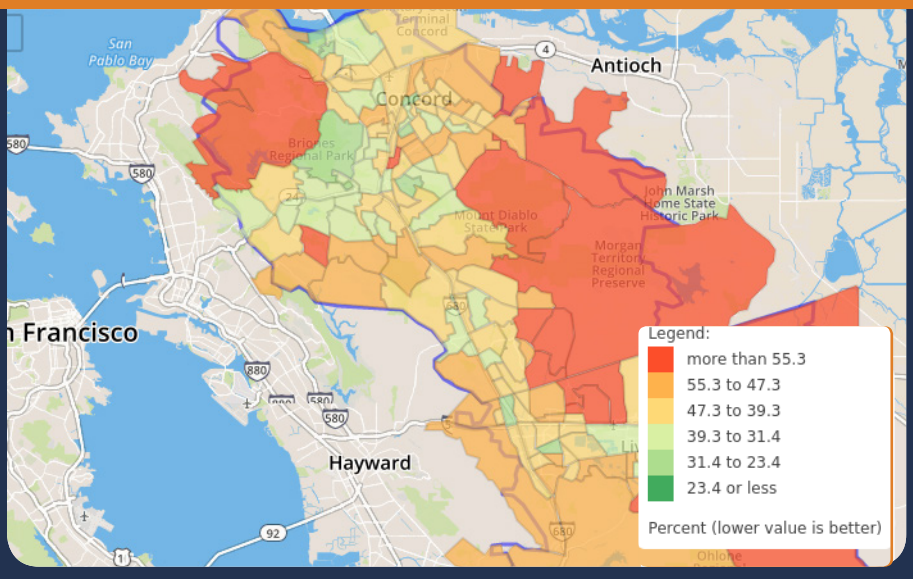
Motor vehicle crashes killed over 35,000 people and injured 2.5 million more across the U.S. in 2015. The major contributors to this type of bodily harm—drunken driving, distracted driving, speeding, and not using seat belts[1]—are preventable. Increases in road use and motor vehicle collisions go hand in hand.[2] Greater traffic congestion causes travel delays, more fuel consumption, and higher greenhouse gas emissions from vehicle exhaust.[1] Vehicle exhaust is a known risk factor for heart disease, stroke, asthma, and cancer. Thus, it is important to monitor the miles traveled by vehicles over time to better understand the potentially adverse health consequences.[3] The benefits of alternative transport such as walking or riding a bicycle include improving health, saving money by not purchasing or maintaining a car, and reducing impact on the environment. Combining alternative transport with traffic countermeasures can improve the community's health and reduce traffic-related injuries and deaths.

What does the data show?

Statistics suggest that traffic and transportation are concerns in the KFH-Walnut Creek service area. A greater percentage of service area residents (44%) drive alone to work for long periods (more than 60+ minutes one way) than the California average (39%). The heat map below depicts in orange and red tones the census tracts from which solo driving commutes are the longest.

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

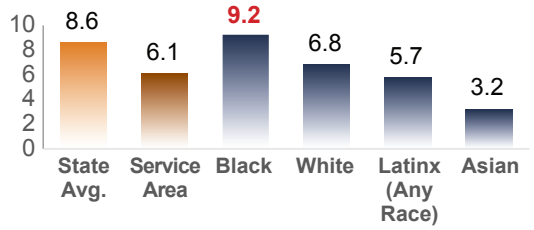
3.7
miles of road

The Walnut Creek service area's road density per square mile is nearly double the state average of 2.0, making the potential for congestion and pollution higher.[4]

Black residents in the KFH-Walnut Creek service area are killed in motor vehicle crashes at a rate that exceeds the state average—and is much higher than the rates for residents of other ethnicities.

Alameda County, in which part of the service area lies, 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.

Motor Vehicle Crash Deaths



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

Road Use and Mortality

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Bicycle-Involved Collisions	35.1	**43.4**
Motor Vehicle Crash Emergency Room 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?

KFH-Walnut Creek service area residents and experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified transportation as a barrier to seeing a doctor and getting to work. 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 fare expenses—emerged as a common theme. Some participants said they and others fear becoming a crime victim at BART stations. Others said that elevator access at BART stations for passengers with disabilities is unreliable, which discourages people from using the BART system.

"People have to make [choices] about what they buy with the limited resources they have. We see a lot of people paying so much for housing that they have to give up public transportation, and along with that ... the ability to seek out care."

—COMMUNITY EXPERT

SOURCES

[1]Webb, C.N. (2018, February). *Motor Vehicle Traffic Crashes as a Leading Cause of Death in the United States, 2015.* (Traffic Safety Facts Crash Stats. Report No. DOT HS 812 499). Washington, DC: National Highway Traffic Safety Administration. See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies.*

[2]Cohen, P. (2014, October 8). *Miles Driven and Fatality Rate: U.S. States, 2012. Sociological Images* [web log].

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

[4]Environmental Protection Agency, Smart Location Database. (2011).

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

KAISER PERMANENTE®

actionable insights