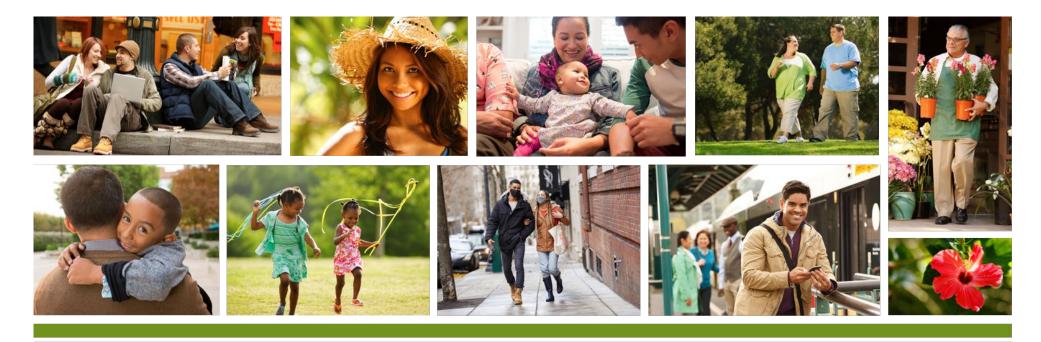# 2022 Community Health Needs Assessment

Kaiser Permanente San Diego Medical Center
Kaiser Permanente Zion Medical Center

License number: 080000062

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

September 27, 2022

KAISER PERMANENTE®

Kaiser Permanente San Diego Medical Center
Kaiser Permanente Zion Medical Center

2022 Community Health Needs Assessment

Kaiser Permanente San Diego and Zion medical centers 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente San Diego and Zion medical centers conduct a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente San Diego and Zion medical centers have identified the following significant health needs, in priority order:

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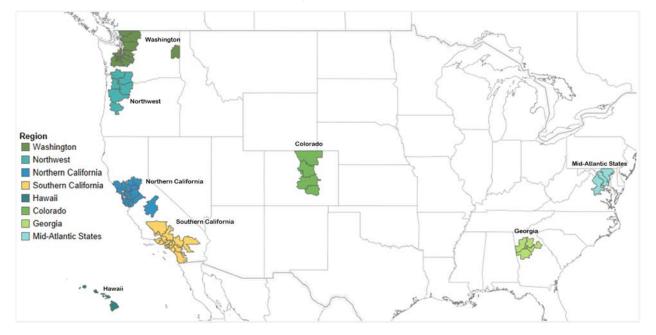5. Mental & behavioral health
6. Education

To address those needs, Kaiser Permanente San Diego and Zion medical centers have developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas

About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.
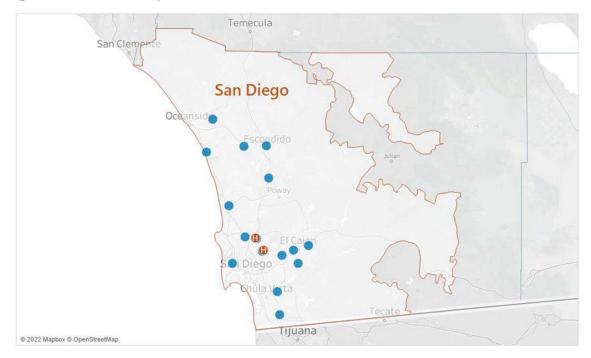
The Kaiser Permanente San Diego and Zion medical centers 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

San Diego service area

San Diego service area demographic profile

Total population:	3,302,039
American Indian/Alaska Native	0.4%
Asian	12.1%
Black	4.7%
Hispanic	34.5%
Multiracial	3.6%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	44.1%
Under age 18	0.4%
Age 65 and over	12.1%

Impact of structural racism in our communities

The American Public Health Association — along with hundreds of public health departments and other government agencies across the U.S. — has declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

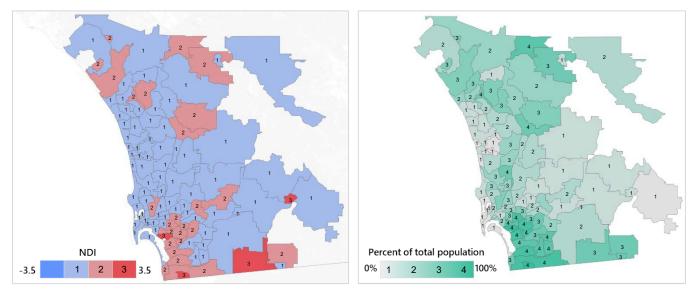## Neighborhood disparities in the San Diego service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

The map on the left shows the NDI for ZIP codes in the San Diego service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SAN DIEGO SERVICE AREA

Neighborhood Deprivation Index

People of color

Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals
No other hospitals collaborated on this assessment.

Other organizations
The Hospital Association of San Diego and Imperial Counties (HASD&IC)

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

Methods used to identify and prioritize needs

Secondary data
Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente San Diego and Zion medical centers Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente San Diego and Zion medical centers had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente San Diego and Zion medical centers staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente San Diego and Zion medical centers have developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

Identification and prioritization of the community's health needs

Process for identifying community needs in the San Diego service area

Before beginning the prioritization process, Kaiser Permanente San Diego and Zion medical centers Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente San Diego and Zion medical centers Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

Description of prioritized significant health needs in the San Diego service area

1. Access to care: In the San Diego service area, a smaller percent of the population is enrolled in Medicaid or public insurance compared to the state and there is a slightly higher percentage of uninsured children than the state average. There are also geographical and racial disparities in access to care. Regions in the county such as North County and the South Bay are comprised of over 50 percent of the population identifying as part of a community of color and have a high percentage of people who are uninsured. Community representatives share that many residents may delay or avoid accessing care because high costs or for fear of having to disclose their immigration status. Given the proximity to Mexico, individuals often seek more affordable care across the border.

2. Income & employment: In the San Diego service area, the unemployment rate is 16 percent which is higher than the national average. There are also racial disparities in unemployment. Black residents report the lowest percentage of employment at 53 percent compared to white, and Latino/a communities at 63 percent and 63 percent, respectively. Furthermore, Black and American Indian residents in San Diego County earn $22,000 less than their white peers despite the average income in San Diego being above the national and state averages at $84,812. Interviewed community representatives also emphasized the impact of the COVID-19 pandemic. Many people lost their main sources of income through company shutdowns or layoffs. Previous layoffs have now lent themselves to staffing shortages as businesses begin to reopen.

3. Housing: Access to affordable housing is a widespread issue across San Diego County. The average monthly cost of rent in the San Diego service area is $1,822, higher than the average cost of rent in the state ($1,689). The housing cost burden is also significantly greater for Latino/a and Black residents with nearly 60 percent of both populations experiencing high rent cost burden. Furthermore, interviewed community representatives shared that housing is becoming an even larger issue as there is a visible increase in the number of people experiencing homelessness, particularly in North County San Diego. Community representatives also expressed that the COVID-19 pandemic has exacerbated

housing concerns. Individuals have less income to pay rent, there is an increase in the number of individuals experiencing homelessness. Young adults in particular struggle with accessing housing as many do not have a sufficient credit history, credit score, or rental history needed to obtain housing. Community representatives shared the importance of coordination among community-based organizations to support individuals who are housing insecure.

4. Food insecurity: Many people do not have enough resources to meet their basic needs, including enough food to eat to lead an active and healthy life. In San Diego County, 10 percent of residents experience food insecurity, which is slightly lower than the state average (10.6 percent) and regional average (10.5 percent). According to a survey from 2020, one in three clients is concerned about not having enough to eat in the future which is a 23 percent increase from 2020. Furthermore, communities of color are disproportionately food insecure, and this is particularly noticeable in border cities such as San Ysidro where 22 percent of all non-white residents are enrolled in SNAP. The onset of the COVID-19 pandemic exacerbated food insecurity for many communities despite an increase in food donations. Interviewed community leaders shared that donated food boxes are often a one-size-fits-all package that can lack utensils to support food preparation which is a gap as 23 percent of all low-income kitchens lack basic cooking equipment. Interviewed community leaders shared that the process for residents to obtain food donations is cumbersome as there are long lines and limited guidance on where to find support.

5. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school, and to participate fully in family and community activities. Across mental and behavioral health indicators such as number of poor mental health days, deaths of despair, and number of mental health providers, San Diego generally performs better than state and national averages. However, there are continuous barriers to accessing mental and behavioral health services in San Diego County. Interviewed community representatives reported that the mental and behavioral health workforce has dwindled significantly during the COVID-19 pandemic due to staff burnout. Furthermore, communities of color have limited options to find culturally competent mental health services that have experience addressing history of discrimination and understand the historical trauma that communities of color experience. The onset of COVID-19 has been impactful in residents' mental and behavioral health, especially for youth.

6. Education: Overall, the San Diego service area has a greater percentage of people who have attended some college compared to state and national averages. Similarly, there are more children enrolled in preschool in San Diego County compared to the state and country. However, there are gaps in education that are largely related to the demographics of the residents. For example, workforce data reports that there is limited diversity to educational staff in San Diego schools. Furthermore, communities in San Diego with a higher percentage of communities of color also have higher dropout rates compared to communities with more white residents. Additionally, COVID-19 has introduced a new challenge with schools shifting classes to online platforms. Students reported competing priorities such as doing homework and caring for siblings that contributed to students turning in late assignments and increased stress.

Health need profiles
Detailed descriptions of the significant health needs in the San Diego service area follow.

Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.
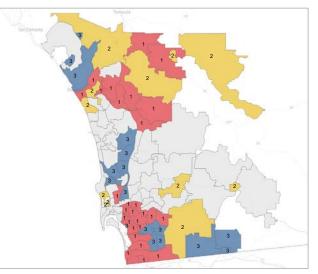
Given San Diego County's size, diversity and proximity to the border, San Diego County residents experience unique challenges to accessing needed care. San Diego has a slightly higher percentage of uninsured children (4 percent) compared to the state average (3 percent). San Diego has a lower percentage of people enrolled in Medicaid or public insurance (33 percent) compared to the state (38 percent). Community representatives described access to care as a critical health need that is interwoven with social factors that impact health such as housing/homelessness and income and employment. Furthermore, access to care is impacted by long wait times, limited provider capacity, and the cultural competency of providers. Community representatives noted that many residents travel across the border into Mexico to seek more affordable health care.

Ethnic and geographic disparities

Racial and ethnic disparities in access to care also exist throughout San Diego County. Findings from the Race Counts report indicate that the white population has the lowest percentage of uninsured individuals compared to Black/African American, Latino/a, Native American, Pacific Islander, and Asian residents. This is especially prominent for Native American communities where 16 percent of the population uninsured. Community representatives shared that undocumented community members may avoid care due concerns about having to share personal information and fear of deportation. There are communities with more than 50 percent of the population who are communities of color in both the South Bay and North County who also have a higher percentage of uninsured individuals.

PERCENT UNINSURED, SAN DIEGO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of People of Color greater than 50% and more than 7.5% (state rate) of the population is uninsured.

1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
☐ Lower need and lower proportion of people of color
Source: Kaiser Permanente Community Health Data Platform
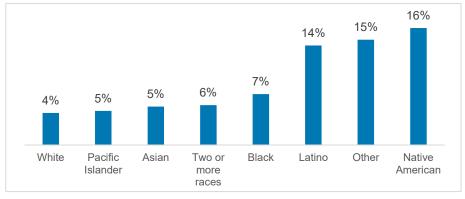
Impact of the COVID-19 pandemic

The COVID-19 pandemic has also introduced unique challenges in accessing care in San Diego County. The pandemic highlighted the "digital divide" or the disparity between those who have access to technology and those who don't. For individuals with sufficient access to and knowledge about technology, telehealth has been a successful alternative to in-person care during the pandemic. Individuals with no to little access to technology, they could not utilize telemedicine and therefore were less likely to seek care during the pandemic.

Youth perspective

High school students also addressed access to care and how it impacts themselves and their families. Students highlighted the increasing costs of accessing care stating that some families don't seek care because it is so expensive. Furthermore, students reported that resources to support access to care (e.g., COVID-19 resources) are challenging to utilize because these supports are too far away from where they live. On the other hand, some regions of San Diego County have seen an increase in youth reaching out for mental health services. This was especially prominent following the onset of the pandemic when students were no longer able to thrive in their normal environments.

Community assets and opportunities

Community representatives shared various opportunities in the community to improve access to care. Several community representatives noted the importance of bringing services directly into communities. This can include mobile health units or pop-up clinics. In addition, they discussed the importance of collaboration between organizations including health providers and service providers serving people experiencing homelessness to provide wrap-around and supportive care to those most in need.

UNINSURED by Race/Ethnicity, San Diego County, 2015-2029

Source: Race Counts

That's largely the Hispanic population that tends to be impacted the most there. And where we've seen that as even with just getting COVID-19 vaccinations, where there's been a real hesitancy to get vaccinated amongst the undocumented, because now they're going to be in the government database. We've really talked about 'we can just use initials and try to use minimal identification so that you're completely de-identified' but there's just such distrust in that space.

- Health care leader

Health need profile: Income & employment

Kaiser Permanente

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.
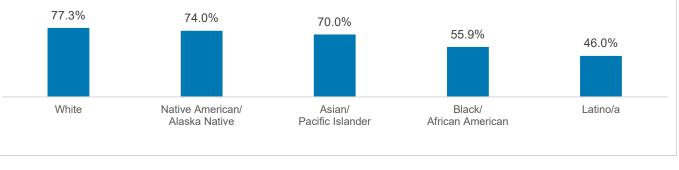
Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

In San Diego County, the unemployment rate is 16 percent, which is the same as the state and regional averages. In addition, 37 percent of children qualify for free or reduced priced lunch in this service area, which is lower than the state average (44 percent) and Southern California regional average (45 percent). However, San Diego has a lower rate of children living in poverty at 14 percent, compared to both the state (17 percent) and national averages (18 percent).

Ethnic and geographic disparities

San Diego County is a diverse region with 56 percent of the population who are people of color and over a third of which are Latino/a. Although the San Diego service area has a median household income of $84,812, which is greater than the state and national averages ($82,053 and $70,036), there are significant racial differences when it comes to per capita income. Black and Native American residents earn $22,000 less than their white counterparts, and Latino/a communities earn $29,500 less than their white counterparts. In addition, there are racial and ethnic disparities for the percent of people earning a living wage. 69 percent of white residents earn a living wage while that percentage is much lower Latino/a (48 percent), Black/African American (54 percent), and Native American (55 percent) residents.

Households above Cost-of-living Adjusted Poverty in San Diego County by Race/Ethnicity

White households are the most likely to have incomes that exceed the cost-of-living, while Latino/a households are the less likely to have income that is above the cost-of-living.

White	Native American/Alaska Native	Asian/Pacific Islander	Black/African American	Latino/a
77.3%	74.0%	70.0%	55.9%	46.0%

Source: STRUGGLING TO STAY AFLOAT: THE REAL COST MEASURE IN CALIFORNIA 2021, UNITED WAYS OF CALIFORNIA

Impact of the COVID-19 pandemic

Due to the COVID-19 pandemic, essential workers and those in the service sector faced multiple challenges. Interviewed community representatives shared that when businesses closed, many workers lost their jobs and could not afford housing. One community representative said, "with businesses being shut down, people not working, being laid off or losing their jobs has contributed to people not having adequate housing because they can't pay for their rent. So they might be couch surfing or living in their cars or just out-and-out homeless on the streets." In addition, community representatives shared that businesses such as restaurants and health care settings had staffing issues when they re-opened due to workers not going back to work or making career changes due to burn out and the added burden of COVID-19 prevention protocols.

Another community representative also described how working parents struggled with childcare as schools and childcare options were closed throughout the pandemic. This caused parents to lose hours of work and some even to lose their jobs.
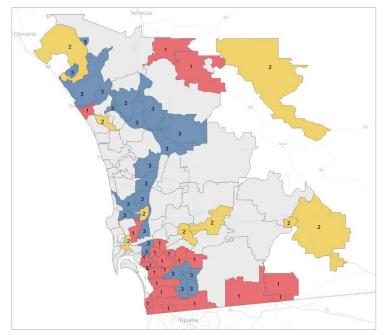
Community assets and opportunities

Community representatives identified opportunities for improving economic situations in the county. For example, one representative shared that their organization helps residents of color improve their resumes to support job searches.

We see a robust job market, but people not necessarily taking jobs, so it's a strange picture I would say. I think part of this is stem from just a lot of fear and a lot of our patients who are the service workers, frontline people have a lot of anxiety with COVID and have had to make decisions of personal wellbeing versus financial wellbeing.

– Public health leader

UNEMPLOYMENT RATE, KFH-SAN DIEGO, 2020

Areas shaded red (1) are ZIP codes where more than 50 percent of the population are people of color and greater than 13 percent of residents are unemployed.

- **1** Higher need and higher proportion of people of color
- **2** Higher need
- **3** Higher proportion of people of color
- Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Health need profile: Housing

Kaiser Permanente®

Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members— have been denied the opportunity to purchase a home, leading to enduring inequities.
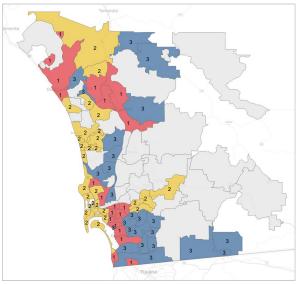
Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latino/a renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situation even more precarious.
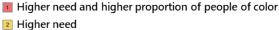
Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Access to affordable housing is a widespread issue across San Diego County. San Diego County has a lower housing affordability index (85.1) compared to the state (88.1) but that is slightly higher than the Southern California region (82.5). The average rental cost per month in San Diego County is 7 percent higher than California as a whole ($1,822 compared to $1,689). On average, San Diego County homeowners spend 31 percent of their income on mortgage costs which is slightly lower than the Southern California region (32 percent). This percentage is even higher for some communities (see yellow and red areas in map to the right). Community representatives shared that for many San Diegans, it is increasingly difficult to sustain quality of life given these high housing costs. This is further amplified when residents experience employment challenges. Together, these factors contribute to an increase in the number of families experiencing or at-risk for homelessness as well as families and individuals living in overcrowded housing.

Ethnic and geographic disparities

According to Race Counts, in San Diego County, Latino/a, Pacific Islander, and Black residents are less likely to own a home compared to white and Asian residents. The housing cost burden is also significantly greater for Latino/a and Black residents with nearly 60 percent of both populations experiencing high rent cost burden. There is also a disproportionate number of youth from communities of color that are experiencing homelessness in San Diego County. In fact, 3 percent or nearly 16,000 Black students are experiencing homelessness. In communities of color in North County and the South Bay, residents spend a higher percentage of their income on mortgage and are more likely to live in overcrowded housing.

PERCENT OF INCOME FOR MORTGAGE, SAN DIEGO SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and residents spend more than 31 percent of their income on housing.

- 1 Higher need and higher proportion of people of color
- 2 Higher need
- 3 Higher proportion of people of color
- Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Impact of the COVID-19 pandemic

It is also increasingly difficult for people to secure housing given increased costs and the added burden of COVID-19 safety. For example, a community representative indicated that many landlords only offered virtual tours during the height of the pandemic, making it difficult for people to see the space before committing. Community representatives also indicated that many landlords are increasing security deposits making it even more difficult for residents to have enough money to secure adequate housing. Many families struggled to pay rent during COVID-19 and are continuing to experience challenges today. Despite a moratorium on evictions in San Diego County, many families trying to keep up with their rent payments every month didn't have enough to cover other essential needs such as food, medical prescriptions and utilities. Furthermore, families used their credits cards to make ends meet, accruing more debt. This provided an inaccurate picture of families' economic situation and limited their eligibility for other support programs.
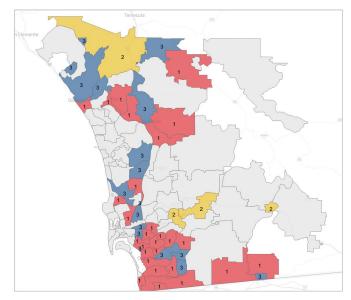
Youth perspective

Young adults and adolescents in San Diego County are also experiencing housing challenges. For example, young adults who were at-risk for homelessness suddenly lost their housing, and those who previously had stable housing now find themselves in an unstable situation. Furthermore, access to homeless shelters was eliminated in the face of COVID-19 and many young people were left without a place to go. Young adults are also challenged with additional factors that contribute to their eligibility for housing. Many do not have a sufficient credit history, credit score, or rental history needed to obtain housing. Programs designed to support young adults experiencing homelessness or housing instability attempted to reach out to landlords. However, many landlords refused to communicate directly with these programs.

Community assets and resources

Community representatives shared the importance of coordination among community-based organizations to support individuals who are housing insecure. One recommendation was to have a team of housing navigators based at hospitals, to help ensure continuity of care.

OVERCROWDED HOUSING, SAN DIEGO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and more than 6.8 percent of the population live in overcrowded housing.

- 1 Higher need and higher proportion of people of color
- 2 Higher need
- 3 Higher proportion of people of color
- Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

We've seen the ongoing reduction of available housing and the ongoing increase of the price of what housing is out there. So that gap is definitely widening, which we see locally on the streets, more homeless are on the streets, plain and simple. It's coming more and more visible, and the number counts are going up on a continual basis.

– Community based organization leader

Health need profile: Food insecurity

Kaiser Permanente®

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

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

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

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

In San Diego County, 10 percent of residents experience food insecurity, which is slightly lower than the state regional averages (11 percent). SNAP enrollment in San Diego County is 8 percent, which is lower than the state and Southern California regional averages of 10 percent. Local San Diego County data highlight additional food security needs for some residents. According to data from the San Diego Community Information Exchange, one in three clients is concerned about not having enough to eat in the future which is a 23 percent increase from 2020. The top barrier that clients cited was not having enough money for food (87 percent) followed by a recent loss of employment or income source (12 percent).

The San Diego Hunger Coalition reports that in June 2021 nearly one-third of San Diego County residents are nutrition insecure meaning they are unable to "provide oneself or one's family with three nutritious meals per day".
- 31 percent of people in San Diego County experience nutrition insecurity (3,347,270 people).
- 39 percent of children in San Diego County experience nutrition insecurity (284,518 children).

Food security disparities

There are disparities in food security and access to food across San Diego County. According to the San Diego Hunger Coalition, in 2019, 25 percent of the population in San Diego County was nutrition insecure. However, this rate was higher for Black residents (44 percent), Indigenous residents (37 percent), and Latino/a residents (44 percent). Additionally, according to a report by Serving Seniors, 49 percent of seniors who had experienced homelessness had gone without food or medication.

Geographic disparities also exist across San Diego County. The SNAP enrollment maps show that there is a high concentration of SNAP enrollment in the border region, where more than 50 percent are people of color. The San Diego Hunger Coalition Map highlights a similar pattern of nutrition insecurity for certain ZIP codes across the county.

People who are struggling with food insecurity are often also struggling with chronic illness, and food, in so many ways, is medicine. Unfortunately, the charitable response to hunger is one size food box fits all. And the food is often not healthy or it's an over-abundance of produce and food that needs to be prepared. And keep in mind that 23% of all low-income kitchens lack the basic cooking equipment. They don't have knives for chopping or cutting boards or stock pots or roasting pans. So, the least dignified way to alleviate hunger is through a charitable response.
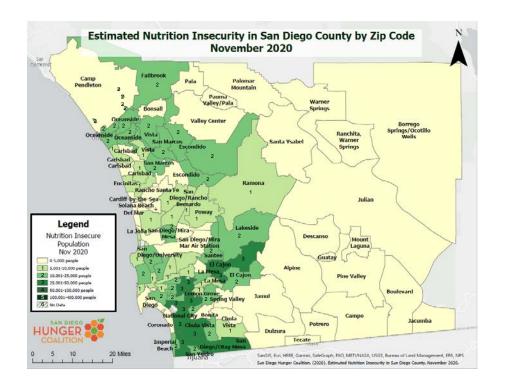
– Food insecurity nonprofit representative
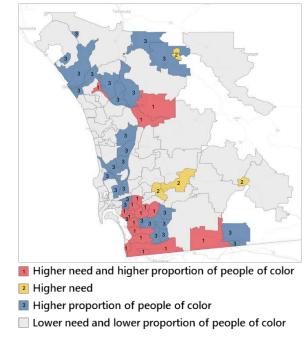
Impact of the COVID-19 pandemic

Food security was also impacted by the COVID-19 pandemic because of job losses and other financial stressors. Community representatives noted that there was an increase in need in clients asking how to access food services. According to the San Diego Hunger Coalition, 28 percent of people were newly food insecure in 2020. During this time, the hunger relief sector increased the total amount of food assistance by 85 percent. Interviewed community leaders shared that donated food boxes are often a one-size-fits-all package that can lack utensils to support food preparation which is a gap as 23 percent of all low-income kitchens lack basic cooking equipment.

Despite this increase in access to food relief, many San Diegans remained food insecure. Interviewed community representatives expressed concern that food insecurity will increase once resources that were expanded during the pandemic run out, such as Cal Fresh emergency allotments, rental assistance programs or prescription cost programs. Despite the influx of food resources during the pandemic, the San Diego Hunger Coalition estimates that San Diego needs to acquire an additional 13.8 million meals per month in March 2021 to meet basic needs, which highlights a need to further support access to food across San Diego County. Additionally, interviewed community leaders also shared that the process for residents to obtain food donations is cumbersome as there are long lines and limited guidance on where to find support.

Source: San Diego Hunger Coalition

SNAP ENROLLMENT, KFH-SAN DIEGO, DATES

Areas shaded red (1) are ZIP with a population of people of color greater than 50 percent and have more than 9.7 percent (state rate) of the population enrolled in SNAP.

1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
☐ Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Health need profile: Mental & behavioral health

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latino/a Americans.
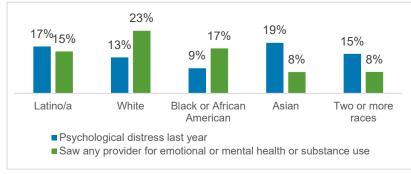
Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, Native American/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

San Diego County residents, like many residents across the state, face mental and behavioral health challenges that were further exacerbated during the COVID-19 pandemic. San Diego County residents report 3.5 poor mental health days per month, compared to 3.7 days across California, and 4.0 days nationwide. San Diego has similar age adjusted rate of deaths of despair (death due to suicide, alcohol related disease, and drug overdoses) compared to California as a whole (33.3 and 34.3 per 100,000). Although San Diego County has a higher rate of mental health providers (371.1 per 100,000) than California (352.3 per 100,000) and the Southern California region (305.9 per 100,000), there continues to be stigma and barriers to accessing care. Since 2016, there has been increase in the percentage of Access & Crisis Line calls that are Crisis Calls (from 26 percent in 2016 to 53 percent in 2020, see chart on next page).

Ethnic disparities

Although San Diego County mental health data are comparable to or better than the state, at the national level, racial and ethnic differences in rates of suicidal ideation, suicide attempts, and suicide deaths exist. According to the Suicide Prevention Resource Center, American Indian/Alaska Native adults are at the highest risk for past-year suicide-related thoughts, followed by Latino/a and white adults equally. For past-year suicide attempts, Black adults are at the highest risk, followed by Latino/a then white and AI/AN adults equally. According to the Suicide Prevention Resource Center, racial and ethnic groups differ in their access to culturally appropriate behavioral health treatment, experiences of discrimination and historical trauma, and other factors that may be related to suicide risk. In San Diego County, Asian and Latino/a residents were more likely to say they had psychological distress in the past year.

PSYCHOLOGICAL DISTRESS, San Diego County, 2020

Source: California Health Interview Survey, 2020

Impact of the COVID-19 pandemic

Interviewed community representatives noted the extreme impact that the COVID-19 pandemic has had on mental/behavioral health across San Diego County. They highlighted the needs of teens in particular. In addition, data show that older adults in San Diego County reported struggling with mental health issues, which were also exacerbated during the pandemic. According to the Serving Seniors report, 27 percent of older adults surveyed said they struggled with mental health and of those struggling with mental health, only about half (56 percent) reported receiving treatment.
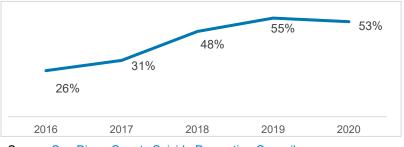
Community representatives shared that communities of color have limited options to find culturally competent mental health services that have experience addressing history of discrimination and understand the historical trauma that communities of color experience. Additionally, community representatives reported that the mental and behavioral health workforce has dwindled significantly during the COVID-19 pandemic due to staff burnout.

San Diego Suicide Prevention Council Report

The chart below shows the increase in the percentage of Access & Crisis Line calls that were Crisis Calls between 2016 and 2020.

Source: San Diego County Suicide Prevention Council

Substance use

In San Diego County, the rate of opioid deaths is 7.8 compared to 5.7 per at the state level and 5.8 at the Southern California regional level (rates per 100,000 population). In addition, in San Diego County, the percent of residents who drink excessively is 22 percent compared to 20 percent for the state and the Southern California region. Community representatives also noted the connection between mental/behavioral health and substance use, especially during the pandemic.

> We have an extremely long wait list at this point of patients requesting assistance for mental health needs and we cannot meet the need. Last year, we actually hired more staff than we actually had physical space for, so more therapists. Just in this past month we've brought on three more psychiatrists as well, to try to meet this growing need, but it seems insurmountable to be honest with you at this point. We're really trying to figure out how much of this can we do, recognizing that we can't solve this problem.
>
> – Health care leader

> I think because of the pandemic, we have seen absolutely a sharp increase in people's mental health needs as far as concerns around depression because of isolation throughout the pandemic, because of an inability to engage in certain wellness activities that may have been more helpful to them in the past, or coping skills that were more helpful. In addition to that, we've also seen, from the mental health aspect, we have seen several folks relapse substances over the last year and a half because of difficulty feeling connected and engaged with recovery-based communities or mental health services not being available, and we have actually lost clients to fentanyl in the last year and a half as a result of relapse to substances.
>
> – Nonprofit representative

Health need profile: Education

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.
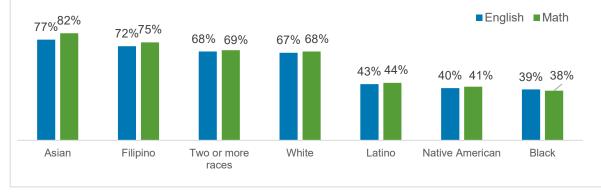
Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

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

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

San Diego County has a slightly higher rate of individuals who have attended college (23 percent) compared to state (21 percent) and Southern California (21 percent) averages. Furthermore, 52.4 percent of young children are enrolled in preschool, higher than state (51 percent) and Southern California (50.6 percent) averages. However, there is a lower percentage of adults who do not complete high school on time (81 percent) compared to rates across the state (83 percent) and Southern California (83 percent).

Ethnic and geographic disparities

Across San Diego County, there are racial and ethnic disparities in educational indicators. Filipino and Asian students have the highest 3rd grade Math and English proficiency, highest high school graduation rate and the lowest rate of chronic absenteeism. Black and Native American students have the lowest rate of 3rd grade math and English proficiency, lower high school graduation rates and highest rates of chronic absenteeism. Race Counts data also show that there is a lack of diversity among educators across San Diego County. Interviews with community representatives elaborated on this point and highlighted the historic disparity in the representation of persons of color in higher education as well. This lack of diversity in higher education can spill over into lack of representation in professional settings such as the medical field. Communities with a higher percentage of persons of color in North County, central San Diego and South Bay had lower graduation rates compared to areas with a higher proportion of white residents.

3rd GRADE PROFICIENCY by Race/Ethnicity, San Diego County, 2015-2019

Source: Race Counts

Youth insights

Local high school students shared the challenges of attending high school during the COVID-19 pandemic. Students shared the social difficulties of being away from school stating that they have been losing connections with friends. Furthermore, students struggled with an initial lack of flexibility to online learning that required students to sustain classroom rules even though they were learning from home. For example, students were still required to do group work, despite the challenges of coordinating to connect with peers remotely online. Lastly, keeping up with school while also supporting family during the pandemic was especially stressful for students.
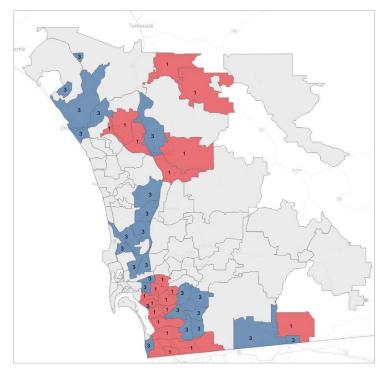
Virtual learning was a challenge for many families in San Diego County. Throughout the pandemic, inequities in the virtual learning space emerged as some families struggled to support their children with at-home learning while others did not have access to stable internet. Interviews with community representatives highlighted that many students were trying to learn in overcrowded housing and spaces that made it difficult to concentrate. This was common among families experiencing low-income.

Well, in my family, I'm the oldest sibling of six. So sometimes my mom leaves and goes for the groceries or does anything. And then sometimes I'll have to take care of my little siblings while I'm in class. I've been failing with homework sometimes because I take care of my siblings as well. And I don't finish homework. I wasn't finishing homework until like 10 or 12 o'clock in the night.

– School representative

ADULTS WITHOUT A HIGH SCHOOL DIPLOMA, SAN DIEGO

Areas shaded red (1) are ZIP codes with a population of people of color greater than 50 percent and more than 17.6 percent (state average) of the population does not have a high school diploma.

1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
Lower need and lower proportion of people of color

Source: Kaiser Permanente Community Health Data Platform

Again, going back to research, 14 percent of Latinos in the county of San Diego are going to college, 14 percent. College there are about 40 percent of the population that are college age Latinos are in the county of San Diego. Yet only 14 percent of us are going to college, big inequities. And so that is a determinant of your future economic earning power if you're not able to move on to higher education or you don't have access to higher education.

– Community leader

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The San Diego service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

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

Kaiser Permanente San Diego and Zion medical centers 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente San Diego and Zion medical centers' 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

Kaiser Permanente San Diego and Zion medical centers 2019 Implementation Strategy priority health needs

1. Access to health care
2. Economic security
3. Mental health and wellness

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente San Diego and Zion medical centers Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente San Diego and Zion medical centers address community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 38 grants totaling $3,486,420 in service of 2019 IS health in the San Diego service area.

One example of a key accomplishment in response to our 2019 IS includes support for The Partnership for the Advancement of New Americans (PANA), who works at the intersection of African immigrant and refugee communities impacted by racial and ethnic profiling, increased government surveillance, and law enforcement harassment. PANA is founded, led, and staffed by refugees. With this support, PANA will support

the creation and implementation of a shared vision for a refugee hub cultural space that supports the self-determination of residents, combats cultural erasure, and community displacement, and supports community health. They will engage approximately 150-200 residents from 10-12 Refugee Community Coalition member organizations in a creative participatory design process (which can include storytelling, art-making, poetry, etc.) to create a collective vision on how the Refugee Hub space can be culturally and socially relevant and responsive to community needs.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In addition, the San Diego and Zion medical centers partnered with the UC San Diego Center for Community Health Refugee Health Unit, is to increase vaccination rates among members of refugee populations who are served by members of the San Diego Communities Coalition. Through their efforts they were able to increase COVID-19 vaccination rates in San Diego County and among members of refugee and immigrant communities from Africa, Asia, Caribbean, and the Middle East.

Kaiser Permanente San Diego and Zion medical centers IS priority health needs and strategies

Access to health care

Care and coverage: Kaiser Permanente San Diego and Zion medical centers ensure health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	54,807	61,191	$30,050,466	$5,566,255
Charitable Health Coverage	195	168	$15,054	$16,605
Medical Financial Assistance	14,977	12,231	$16,286,598	$11,311,332
Total care & coverage	69,979	73,590	$46,352,118	$16,984,192

Other access to care strategies: During 2020-2021, 19 grants were awarded to community organizations, for a total investment of $2,241,908 to address access to care in the San Diego service area.

Examples and outcomes of most impactful other strategies

Core Operating - Capacity Building

> Community Health Association Inland Southern Region has collaborated with community-based health center members to strengthen the healthcare safety net by providing capacity building, technical assistance and quality improvement activities designed to address access barriers, build local workforce, and elevate staff skills. The initiative is expected to serve 200 individuals through quality improvement initiatives, advocacy, access to care projects, and technical assistance.

CPCA Core Support Grant

> California Primary Care Association has supported the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders

Improving Health Coverage and Affordability for Low Income Seniors

San Diegans for Healthcare Coverage was awarded $40,000 to identify and assist low income seniors with retaining or gaining Medi-Cal eligibility so that not only are medical care, prescription drugs and wellness programs affordable and accessible to this vulnerable population, but income insecurity is mitigated. The project is expected to reach 750 low income seniors served by community health centers in San Diego, North County (Vista/Oceanside) and Imperial Beach who are already on Medicare or are 64 (3-6 months before they turn 65).

Economic security

During 2020-2021, 28 grants were awarded to community organizations, for a total investment of $944,012 to address economic security in the San Diego service area.

Examples and outcomes of most impactful strategies

California Housing Services & Operating Subsidy Fund for Project Homekey

Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

People Assisting the Homeless (PATH)

PATH San Diego's "San Diego River Homeless Outreach" was awarded $60,000 to implement an innovative partnership with The San Diego River Park Foundation—an environmental organization with robust knowledge and real-time data about the locations of encampments in hard-to-reach natural areas. The partnership is expected to reach 40 unhoused individuals and match them to services and housing.

Inner City Capital Connections Program

Initiative for a Competitive Inner City, Inc. was awarded $180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

Mental health and wellness

During 2020-2021, 17 grants were awarded to community organizations, for a total investment of $533,529 to address mental health and wellness in the San Diego service area.

Examples and outcomes of most impactful strategies

Child Behavioral Health Agenda

Children Now was awarded $300,000 over 2 years to lead the development of a California Child Behavioral Health Agenda outlining specific policy priorities that will ensure California's workforce is prepared to support and treat children. The Child Behavioral Health Agenda is expected to serve 9,200,000 by encouraging the State to incorporate the evidence-based models to support the whole-child and educating policymakers on ways to transform workforce programs to benefit children.

Building Capacity to Support Maternal Mental Health

Post-Partum Health Alliance was awarded $40,000 over to partner with the San Diego Breastfeeding Center Foundation and other key organizational partners to implement a multi-pronged approach for improving knowledge, capacity and infrastructure in the community as it relates to maternal mental health and breastfeeding. This includes education and training for families and health providers, the development of online training modules and scholarships for mental health providers to receive much needed certification in maternal mental health. The Post-Partum Health Alliance is expected to serve 176 by providing 100 percent of women and family participants with breastfeeding support and PMADS education, increasing the number of mental health clinicians in San Diego region with specialized training in PMADS and 2 trainings completed in an online format and refreshed materials that have been updated with increased cultural sensitivity.

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

	Source	Dates
1.	American Community Survey	2015 - 2019
2.	Behavioral Risk Factor Surveillance System	2020
3.	CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4.	Center for Medicare & Medicaid Services	2018
5.	CMS National Provider Identification	2019
6.	Dept of Education ED Facts & state data sources	Varies
7.	EPA National Air Toxics Assessment	2014
8.	EPA Smart Location Mapping	2013
9.	Esri Business Analyst	2020
10.	Esri Demographics	2020
11.	FBI Uniform Crime Reports	2014 - 2018
12.	Feeding America	2018
13.	FEMA National Risk Index	2020
14.	Harvard University Project (UCDA)	2018
15.	HRSA Area Resource File	2019
16.	HUD Policy Development and Research	2020
17.	National Center for Chronic Disease Prevention and Health Promotion	2018
18.	National Center for Education Statistics	2017 - 2018
19.	National Center for Health Statistics	2018
20.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21.	NCHS National Vital Statistics System	2015 - 2019
22.	NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23.	NCI State Cancer Profiles	2013 - 2017
24.	NCI United States Cancer Statistics	2013 - 2017
25.	NHTSA Fatality Analysis Reporting System	2014 - 2018
26.	US Geological Survey; National Land Cover Database	2016

| | 27. | USDA Food Environment Atlas | 2016 |

Additional secondary data sources

	Source	Dates
1.	Race Counts	2019
2.	Community Health Interview Survey	2019
3.	San Diego Suicide Prevention Council Report	2020
4.	United Ways of California Real Cost Measure	2021
5.	Suicide Prevention Resource Center	2010-2019
6.	Serving Seniors, Senior Homelessness: A Needs Assessment	2021
7.	San Diego Hunger Coalition	2021

B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Small group interview	YMCA Youth & Family Services	3	Housing, behavioral health, LGBTQ homelessness, youth homelessness	Leaders	8/12/2021
2	Key informant interview	Pillars in the Community	1	SESD/Logan Heights, City Heights, Black/African American, social justice, economic security, education	Leader	8/16/2021
3	Key informant interview	MAAC	1	South Bay focused, Hispanic minorities, access to care, housing, food insecurity, economic security, education, child development	Leader	8/17/2021
4	Key informant interview	Dreams for Change	1	Housing, behavioral health, family homelessness, economic security	Leader	8/18/2021
5	Key informant interview	Kitchens for Good	1	Food insecurity, economic security, career readiness	Leader	8/24/2021
6	Key informant interview	Neighborhood Health FQHC	1	North County, chronic illness, women's health, behavioral health, food insecurity, seniors, migrant workers	Leader	8/30/2021
7	Small group interview	North County Lifeline – Club Crown Heights	3	Education, youth perspective	Leaders	9/9/2021
8	Key informant interview	County of San Diego HHSA	1	Countywide access to care	Leader	9/23/2021
9	Small group interview	North County Lifeline – Staff who work with homeless and foster youth, young adults, and victims of trafficking	2	Countywide, youth and families, behavioral health, family violence, economic security, youth, housing	Leaders	9/24/2021

C. Community resources

Identified need	Resource provider name	Summary description
Access to care	The San Diego American Indian Health Center	The San Diego American Indian Health Center is a patient-centered health home that provides comprehensive medical, dental, behavioral health, and community wellness services that are available to all San Diegans. Their Diabetes Prevention Program offers healthy eating, physical activity, and weight management in a fun and supportive environment for Native Americans who are at an increased risk of developing diabetes.
	Family Health Centers of San Diego	For more than four decades, Family Health Centers of San Diego's mission has been to provide affordable, high-quality health care and support services to all people, with a special commitment to the uninsured, low-income and medically underserved.
	La Maestra Community Health Centers	For the past 24 years, La Maestra Community Health Centers has provided culturally and linguistically competent primary care, specialty services including behavioral and mental health, chronic disease management and essential support services to men, women and children in San Diego's most culturally diverse and lowest income communities.
Income & employment	Alliance for Regional Solutions	The Alliance for Regional Solutions includes over 60+ nonprofit organizations throughout North County. Member organizations include educational entities, healthcare providers, social service agencies, government agencies, and philanthropic bodies and work with almost every community of concern, including low-income, minority, disabled, senior populations, and other under-represented groups, serving thousands of individuals and families dependent on this network of support. Together, they manage the Winter Shelter Network, including shelters in Carlsbad, Vista, Oceanside and Escondido.
	Jewish Family Service	Jewish Family Service is a client-centered, impact-driven organization working to build a stronger, healthier, more resilient San Diego. They provide food resources and social, behavioral and economic support services to children and youth, adults and families, older adults, refugees and immigrants and military families throughout San Diego County.
Housing	YMCA Youth & Family Services (YFS)	YFS provides direct service and support to over 15,000 individuals in the San Diego County community each year. Since 1970, they have consistently provided unique programming that addresses San Diego's most pressing social issues and adapts to its ever-changing communal needs. By ensuring everyone has a safe place to live, a reliable support system, encouragement to pursue their goals, and access to the resources they need to flourish, YFS's staff, volunteers and donors continue to help bring about meaningful and lasting change for the youth and families in the community.
	North County Lifeline	North County Lifeline is a community-based human services organization that serves low-income and underserved populations in San Diego County. Every year Lifeline serves more than 5,000 members of the community through clinically-strong and evidence-based programs that focus on positive youth development, child abuse prevention and domestic violence intervention, housing and self-sufficiency, behavioral health, and human trafficking victim and survivor services.

Identified need	Resource provider name	Summary description
	Dreams for Change	Dreams for Change was founded in May 2009 by Dr. Teresa Smith to serve the needs of families and individuals who were struggling as a result of the recession's economic downturn. Since then, it has pioneered countless cost-effective interventions that stabilize the lives of thousands of individuals experiencing homelessness and other low-income individuals.
Food insecurity	Neighborhood Health Federally Qualified Health Center (FQHC)	Neighborhood Health defines community health as more than just vaccines and checkups, but giving people the resources they need to live their best lives. Their mission is to improve the health and happiness of the communities they serve by providing quality care to all, regardless of situation or circumstance. As a private, nonprofit 501(C) (3) community health organization, they provide 355,930 medical, dental, and behavioral health visits to 76,630 people annually.
	Kitchens for Good	Kitchens for Good is dedicated to helping job seekers access careers and the fresh start they deserve. Through their apprenticeship program, apprentices gain the knife skills and life skills they need to launch a meaningful career in the culinary and hospitality industry, so they can move forward in life and make a positive impact on their communities. Apprentices — who are overcoming the impacts of incarceration, homelessness, and foster care — hone their skills while making nutritious meals for food-insecure San Diegans.
	Mama's Kitchen	With the tremendous support from our caring community, Mama's Kitchen prepares and delivers nutritious meals for those struggling with AIDS, cancer, or diabetes. Mama's Kitchen strives to help their clients stay healthy, preserve their dignity, and keep their families together by providing free, culturally appropriate home-delivered meals, along with pantry services and nutrition education.
	The Great Plates (AIS)	Aging & Independent Services (AIS), part of the County of San Diego Health and Human Services Agency, provides programs and services to help older adults and persons living with disabilities to stay safe, healthy, engaged, and as independent as possible. The AIS Call Center is the gateway to information and assistance about AIS programs, as well as other community services for older adults, those living with disabilities, caregivers, and family members. Call Center Specialists also take reports of suspected elder and dependent adult abuse.
Mental & behavioral Health	North County Lifeline	North County Lifeline's mission is to build self-reliance among youth, individuals and families through problem solving, skill-building and accessible community-based services. Their programs include youth development, housing and stability, child abuse, prevention and intervention, and behavioral health.
	San Diego Center for Children	The San Diego Center for Children is committed to a Continuum of Behavioral Healthcare for children and families to access better health, improved relationships and greater quality of life. Their programs include prevention, assessment, transition, outpatient therapy, school-based therapies, education, wrap around and residential services and foster care.
	McAlister Institute	McAlister Institute has grown into one of San Diego County's largest alcohol and other drug treatment providers. Together, McAlister Institute's 25 programs represent a continuum of care which spans prevention, outreach, intervention, deferred entry programs, outpatient treatment, short-term residential, long-term residential, and sober living.
	Social Advocates for Youth	SAY San Diego partnerships and services address the comprehensive needs of the entire individual or family rather than focusing on one symptom or problem. Their Alcohol, Tobacco and Other Drug

Identified need	Resource provider name	Summary description
		Prevention Program is designed to incorporate the concept of community partnerships, the application of new, science-based knowledge of alcohol, tobacco and other drug problem reduction, and the development of a system-wide, outcome-driven prevention strategy to address the increasing trend of alcohol, tobacco and other drug use among adolescents in San Diego County. Mobilizing residents of the community is essential to affect environmental and systems change.
Education	MAAC Project	The MAAC project helps individuals and families create the lives they want and deserve throughout San Diego County. Collaboration with community partners ensures MAAC remains on the forefront of the community's ever-changing needs, while strong relationships with funders foster strategic planning around emerging trends. MAAC's Pathways of Service include— Advocacy & Leadership Development, Economic Development, Education, Health & Well-being, and Housing.