

# 2022 Community Health Needs Assessment



Kaiser Permanente Vallejo Medical Center

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

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# Kaiser Permanente Vallejo Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Vallejo Medical Center 2022 Community Health Needs Assessment

## Summary

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

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

For the 2022 CHNA, Kaiser Permanente Vallejo Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Income & employment
3. Mental & behavioral Health
4. Housing
5. Family & social support
6. Transportation

To address those needs, Kaiser Permanente Vallejo Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

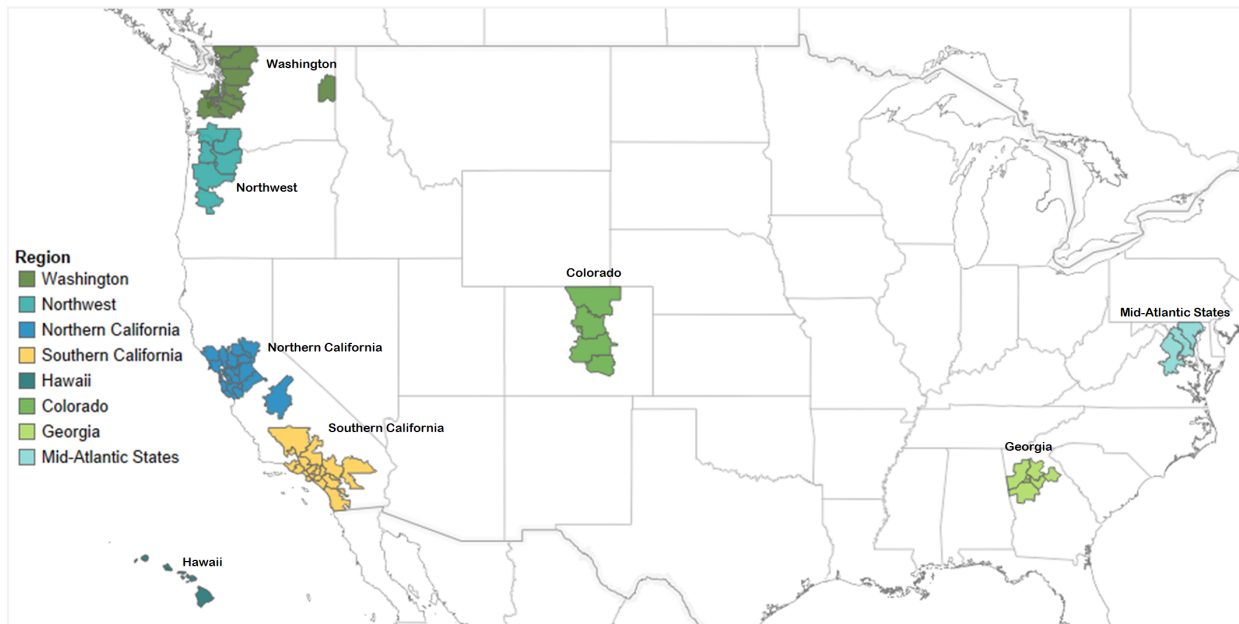
# Introduction/background

## About Kaiser Permanente

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

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

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

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

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values 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 Vallejo Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### Vallejo service area

🏥 Kaiser Permanente hospital   ● Kaiser Permanente medical offices





## Vallejo service area demographic profile

Total population:	281,811
American Indian/Alaska Native	0.4%
Asian	16.1%
Black	10.5%
Hispanic	29.0%
Multiracial	4.0%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	39.2%
Under age 18	20.7%
Age 65 and over	17.4%

## Impact of structural racism in our communities

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

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, 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.

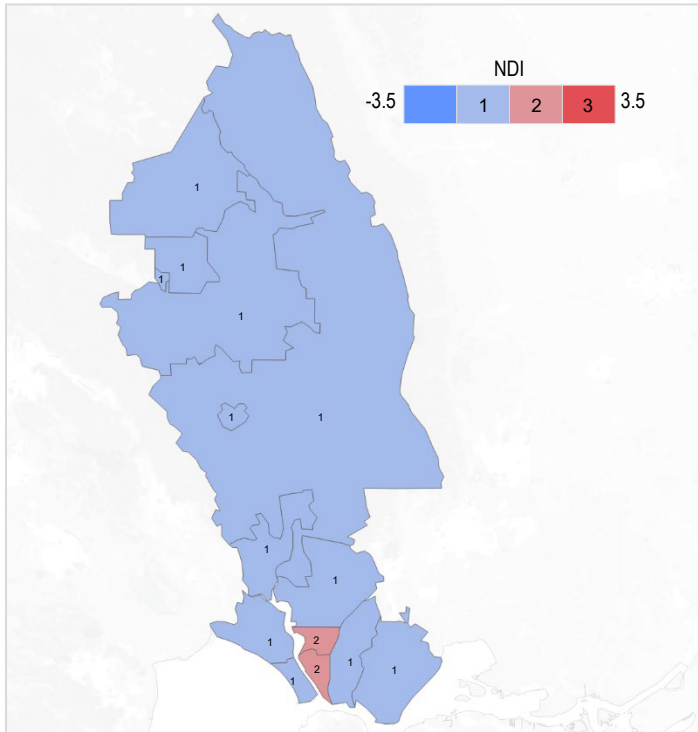
Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain 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 Vallejo service area

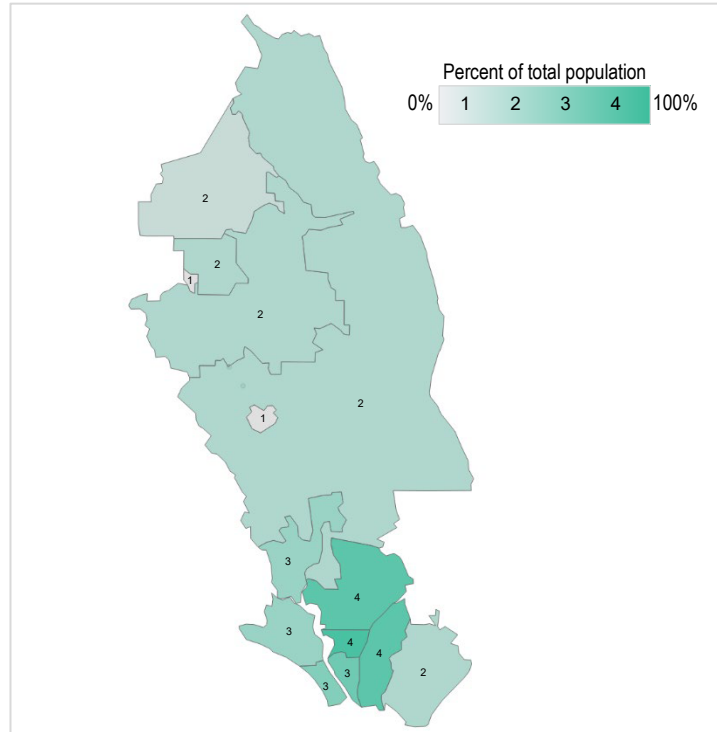
The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment 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 Vallejo 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.

VALLEJO 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

Adventist Health, OLE Health, Providence / Queen of the Valley Medical Center, Partnership Health Plan, North Bay Healthcare, Sutter Health

#### Other organizations

Napa County Public Health, Community Health Insights, Solano County Public Health

### 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 the following Kaiser Permanente 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](https://kp.org/chnadata). Specific sources and dates of secondary data are listed in Appendix A.

## Community input

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

## Written comments

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

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

## Identifying priority health needs

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

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

# Identification and prioritization of the community's health needs

## Process for identifying community needs in the Vallejo service area

Before beginning the prioritization process, Kaiser Permanente Vallejo Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

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

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

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

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

## Description of prioritized significant health needs in the Vallejo service area

**1. 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. 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. In the Vallejo service area, there is an urgent need for more linguistically and culturally responsive care to address the significant racial/ethnic and other disparities in access to care. There are disparities such as unequal access to a usual source of care for Pacific Islander and Black residents compared to white residents. Interviewed community leaders shared that there are insufficient specialty care options, too few providers for Medi-Cal and uninsured populations, and health services which have limited hours of operation and are inaccessible via public transportation. They also identified strategies to address access to care such as supporting vulnerable communities in accessing care; enhancing training for providers on culturally and linguistically responsive care; expanding access to specialty care providers across hospital systems; and strengthening cross-sector collaboration and coordination to integrate and improve care for individuals across providers.

**2. Income & employment:** 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. 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. In the Vallejo service area, an increasing cost of living amid stagnant wages has put pressure on low-income workers, who often have to choose whether to prioritize housing, food, or health care. There are disparities such as high rates of child poverty in the City of Vallejo and significant racial disparities in per capita income for Black and Latinx residents. Interviewed community leaders shared that frontline workers such as migrant seasonal farm workers and those in the hospitality industry have been disproportionately impacted by economic insecurity. They also identified strategies to address income and employment such as paying nonprofit workers a living wage; subsidies to ease economic pressures for low-income families; and addressing the root of economic insecurity issues through advocacy and systems change efforts.

**3. 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 Latinx Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Vallejo service area, rates of death due to suicide, alcohol related disease, and drug overdoses per 100,000 are higher than state averages. There are disparities such as disproportionate suicide attempts among LGBTQ+ students compared to straight students and stigma related to mental health concerns among Black, Latinx, and Native American communities. The interviewed community leaders shared that there are insufficient mental health services to meet the needs of the community, including for moderate mental health needs, on-site services, specialty care, and mental health services for underinsured people. They also expressed an urgent need for more linguistically and culturally responsive services, and identified strategies to address mental and behavioral health such as applying place-based and community specific strategies; hiring mental health providers who are culturally- and linguistically-responsive to the communities they serve; and expanding the use of peers and trusted messengers in delivering care.

**4. Housing:** Having a safe place to call home is essential for the health of individuals and families. American families’ greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx renters in particular are more likely to live in cost-burdened households and face housing instability. In the Vallejo service area, high rental costs and the destruction of recent wildfires have led to a lack of affordable housing. There are disparities such as a lack of affordable housing options for households with lower incomes, and high-cost burden for Latinx and Black renters in particular. The interviewed community leaders shared that local wages have not kept pace with rising costs of living, leading to the displacement of long-term residents, younger families, and service workers who can no longer able to afford to live and work in the area. They also identified strategies to address housing such as expanding housing stock to include more affordable options, addressing barriers to economic security by increasing local wages, and collaborating across sectors towards advocacy and systems change efforts.

**5. Family & social support:** People are healthier when they have supportive relationships with family, friends, and neighbors, as well as opportunities to participate with others in community life. Seven percent of people living in Kaiser Permanente communities do not speak English very well and are linguistically isolated. This can affect their ability to access health and social services and respond to warnings about community emergencies such as wildfires. Fraying family and social support networks, made worse by the pandemic, are a growing concern for many communities in the Vallejo service area. There are increased risks for social isolation among older adults, unequal opportunities for support, inclusion, and civic engagement among Tagalog- and Spanish-speaking communities, and experiences of discrimination by the LGBTQ+ community. The interviewed community leaders shared that connectivity is a strong predictor of survival and resilience after disasters like wildfires, earthquakes, and the COVID-19 pandemic and they expressed concerns related to social isolation and depression among both young people and older adults. They also identified strategies to address family and social support such as re-energizing the work that Resilient Napa began related to community trauma and supporting strategies to address social inclusion that are already underway for seniors, youth, and LGBTQ+ populations as part of the county’s Community Health Improvement Plan.

**6. Transportation:** People are healthier in communities that are walkable, bikeable, and transit-oriented. Yet many urban and suburban neighborhoods lack sidewalks, safe crossings, and consistent access to affordable public transit, and people with lower incomes are more likely to be transit-insecure. Those who rely on public transit to access health care services often face long travel distances and wait times for connections, leading to missed appointments. In the Vallejo service area, the patterns of urban development along the long and narrow Napa Valley mean that many residents do not have reliable and timely access to transportation that connects them to jobs, grocery stores, and health care services. The car-dependent nature of the area suggests that there are disparities such as transportation challenges for older adults, individuals with disabilities, and lower-income households with limited access to private transportation, particularly those in more rural and mountainous communities. The interviewed community leaders shared that insufficient transportation options for older adults with mobility problems are a particular concern. They also identified strategies to address transportation such as bringing mobile clinics with basic services to rural areas and expanding home-visiting programs to bring services directly to house-bound seniors.

### Health need profiles

Detailed descriptions of the significant health needs in the Vallejo 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.

Access to quality health care includes affordable health insurance, utilization of preventive care, and ultimately reduced risk of unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. Across many measures of access to care, the Vallejo service area is performing better than state and national averages. For example, just 5 percent of the local population is uninsured, compared to 8 percent statewide and 9 percent nationwide. There are 89.6 primary care physicians per 100,000 people, compared to a state average of 79.8. Furthermore, trailing indicators of access to care like the percent of total births that are pre-term (8 percent) and low birth weight (7 percent) are similar to the state averages.

Yet these indicators overshadow the fact that there are significant racial/ethnic and other disparities in access to care across the Vallejo service area. In Napa County, just 74 percent of Pacific Islander residents and 78 percent of Black residents have a usual source of care, compared to 94 percent of white residents (RaceCounts.org 2022). In addition, while 37 percent of Vallejo service area residents are enrolled in Medicaid and other public health insurance programs, a rate similar to the state average, there are geographic disparities across the service area (see map on next page).

Interviewed community leaders identified access to care as a primary concern in the Vallejo service area. While there may be adequate primary care provider coverage in the area, there are insufficient specialty care options for people with autism and those with moderate mental health needs, and too few providers for Medi-Cal and uninsured populations. Health services in the area often have limited hours of operation and are inaccessible through public transportation, which disproportionately impacts residents with lower incomes and those living in rural areas of Napa County.

Even with coverage, there can be challenges in accessing appropriate care. The interviewees shared that Black, Latinx, and Filipino/a populations experience disproportionate health disparities across the service area, and that the LGBTQ+ community often experiences discrimination when accessing care. They spoke to an urgent need for more linguistically and culturally responsive care and forms of communication (e.g., radio, newspaper, television). As one leader reflected, “Language access [...] is much greater than translating information. The information needs to be accessible in a format and in a place that people get their information.” Another leader shared, “we need doctors that look like us.” Relatedly, community leaders felt that there is need for additional education about the importance of preventative care, enhanced awareness of existing services, and support with service navigation to address inequities in access to care.

The interviewed community leaders emphasized the impact of structural racism and systemic inequities on health and the importance of addressing the social determinants of health that affect access to care. Strategies shared by these community leaders for addressing access to care included: supporting vulnerable communities in accessing care through outreach campaigns; expanding appointment times; enhancing training for providers on culturally and linguistically responsive care for Black, Latinx, and Asian communities; expanding access to specialty care providers across hospital systems; and strengthening cross-sector collaboration and coordination to integrate and improve care for individuals across providers.

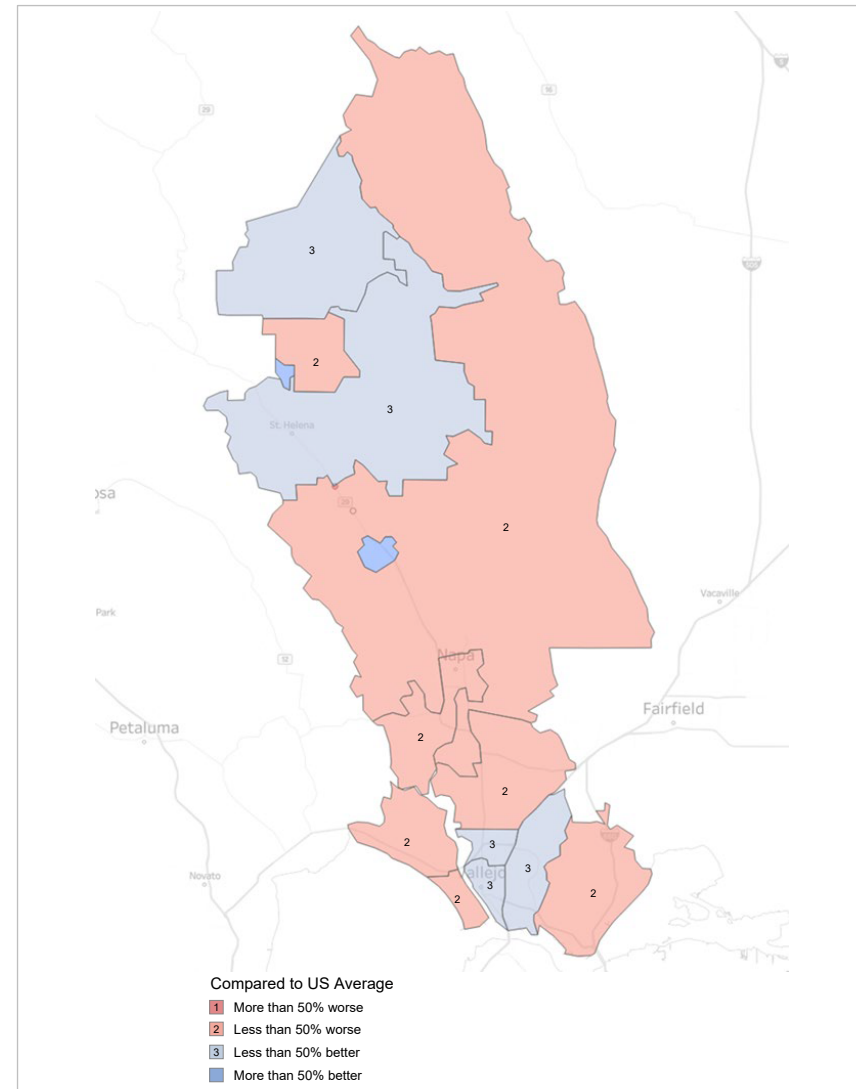
Fortunately, the Vallejo service area has numerous assets at its disposal to improve access to care. The community leaders consistently praised resources such as local community clinics who provide much needed services for low-income residents, as well as advocacy organizations like the Napa Community Leaders Coalition who are working to change upstream policies that impact access to care. The UniteUs referral system is enabling organizations to connect and share referrals. Additionally, many local community-based organizations are working together to maximize their resources and ensure whole-person care.

If you have a moderate to higher income and you're well-insured, your access to quality care ... and your ability to get it in a timely fashion goes way up ... People that have less resources should not have to wait longer ... or have limited choices of care.

– Nonprofit leader

### MEDICAID/PUBLIC INSURANCE ENROLLMENT, VALLEJO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the **lowest enrollment rates** in the service area.



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



# Health need profile: Income & employment



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.

Income and employment are two of the most widely recognized social determinants of health. A stable source of income improves access to needed health care, the ability to secure safe housing, and allows individuals to pursue a fulfilling lifestyle. However, not all members of our communities have equal opportunity to attain the education and training necessary to maintain rewarding employment that supports a living wage. Racism and unjust market forces dramatically impact economic prospects, and in turn, health.

On several measures of economic prosperity, the Vallejo service area performs favorably relative to state and national benchmarks. For instance, 13 percent of children in the area live in poverty, compared to 17 percent of children across the state. The unemployment rate of 16 percent is comparable to the state average, and 89 percent of residents have access to high-speed internet, slightly better than the state average of 86 percent.

However, there remains substantial room for improvement — particularly given the significant disparities in economic circumstances facing some residents. While metrics for child poverty and unemployment for the service area as a whole are comparable to the state, in the City of Vallejo, 32 percent of children live in poverty and the unemployment rate was a staggering 19 percent in 2020. Access to income and employment opportunities are also uneven across the Vallejo service area — while HUD's jobs proximity index for Napa County of 44.9 is slightly below the state average of 47.7, it's far lower for the eastern part of the City of Vallejo and Benicia (34.6 and 37.6, respectively). Furthermore, there are significant racial disparities in per capita income, with Black and Latinx residents earning \$33,000 and \$38,000 less than white residents, respectively (Racecounts.org 2022).

In addition, due to the COVID-19 pandemic, illness and social policies limiting which business and services were open to the public negatively impacted employment and wages — especially for those in Napa's extensive tourism and service sectors. Many families were unable to pay rent or medical bills, lost wealth, and accrued household debt. Interviewed community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and poor job prospects were further disadvantaged during the COVID-19 pandemic.

More people of color are experiencing economic disparity ... Our institutions are not designed for equity and COVID came in and ... [put a] spotlight on how everything is inequitable. And so now it's our charge to go in and design towards equity, which again is hard and takes a lot of money and time and patience and relationships and collaboration.

– Nonprofit leader

The interviewees shared concerns that frontline workers such as migrant seasonal farm workers and those in the hospitality industry have been disproportionately impacted by economic insecurity. An increasing cost of living in the area amid stagnant wages has put pressure on low-income workers, who often have to choose whether to prioritize housing, food, or health care. The interviewed community leaders also emphasized that economic insecurity is therefore at the root of more downstream concerns such as poor living conditions and health outcomes.

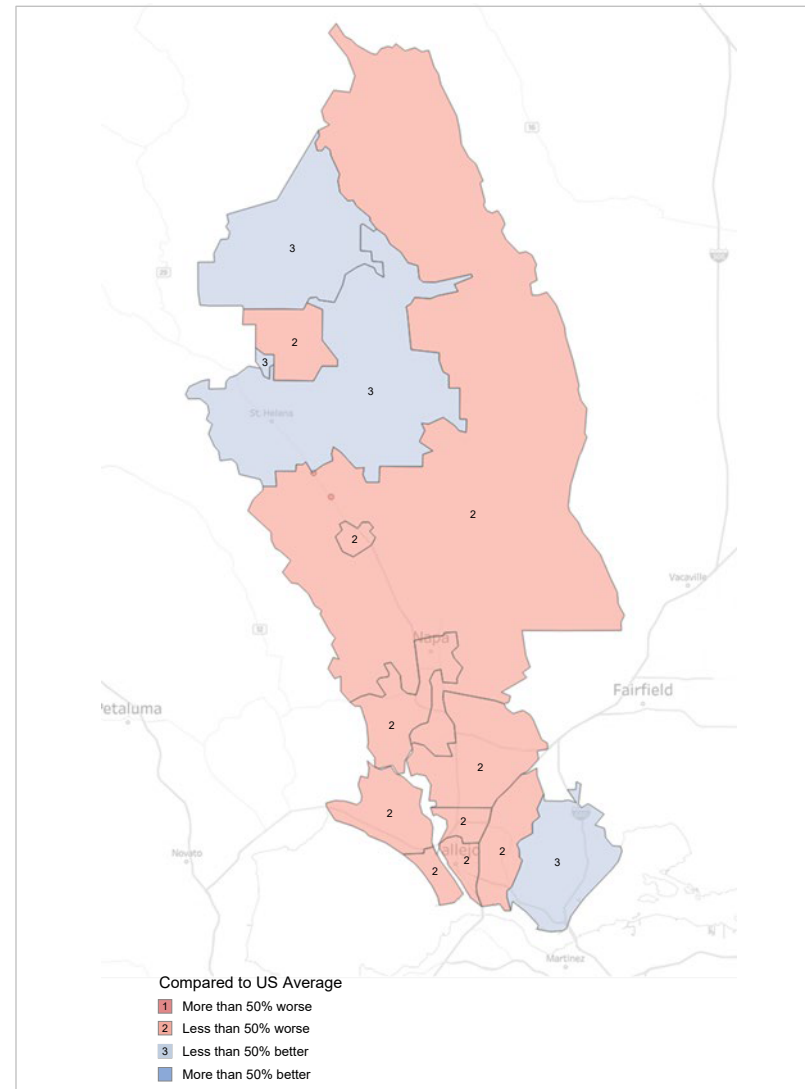
The community leaders also offered strategies for improving the economic situation in the service area. In particular, they advocated for expanding job training with local companies, paying nonprofit workers a living wage, and expanding the housing stock to include more low-income, affordable, and workforce housing. Health care subsidies for families with lower incomes can ease economic pressures. Finally, the leaders emphasized the need to fund advocacy and systems change efforts to address the root of economic insecurity issues in the region, and applauded existing local efforts such as the Community Leaders Coalition in Napa.

Economic security ... manifests itself in the schools as behavior issues ... [It] is simply a symptom of larger issues that may be going on in the family that are connected to living in poverty, or to living in households that are struggling.

– Education sector leader

UNEMPLOYMENT RATE, VALLEJO SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with the highest unemployment rates in the service area.



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

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

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

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

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

Mental and behavioral health is the foundation for healthy living and encompasses mental illness, substance use and overdoses, and access to service providers for preventive care and treatment. The Vallejo service area is performing worse than the state average across several measures of mental and behavioral health. While the number of poor mental health days is on par with the state average at 3.7 days per month, rates of both suicide deaths and deaths of despair (e.g., death due to suicide, alcohol related disease, drug overdoses) per 100,000 population are higher (11.2 versus 10.5 and 16.3 versus 14.1, respectively). 42 percent of gay, lesbian, and bisexual students in Napa County seriously considered attempting suicide in the past year, compared to 12 percent of straight students (Kidsdata.org 2020).

The Vallejo service area boasts a greater number of mental health providers per capita than the state (456.1 per 100,000 versus 352.3 statewide). However, interviewed community leaders stated that there are still insufficient mental health services to meet the needs of the community, including for moderate mental health needs, on-site services, specialty care, and mental health services for underinsured people. They also shared that there is an urgent need for more linguistically and culturally responsive services for Black, Latinx, and Native American communities, where there are high levels of anxiety and depression due to experiences of discrimination and historical trauma. Black and Native American students are more likely to experience feelings of depression than their peers (see chart on next page). The impacts of structural racism within these communities have also led to stigma around mental health concerns and a distrust of mental health providers, especially since there are limited mental health providers who are from the communities they serve and who can speak the various languages of these communities.

The COVID-19 pandemic has notably impacted the mental health of community members. Interviewees described how the resulting social isolation, stress, and anxiety poses particular concerns for the mental health of frontline workers and seniors. The nature of the pandemic and the increased need has also resulted in a need for newer models of service delivery such as tele-health and peer-led services.

The Latinx community don't [always] trust the system because if they don't have a bilingual therapist that speak their own language, how they can understand it, how they can communicate their feelings?

– Nonprofit leader

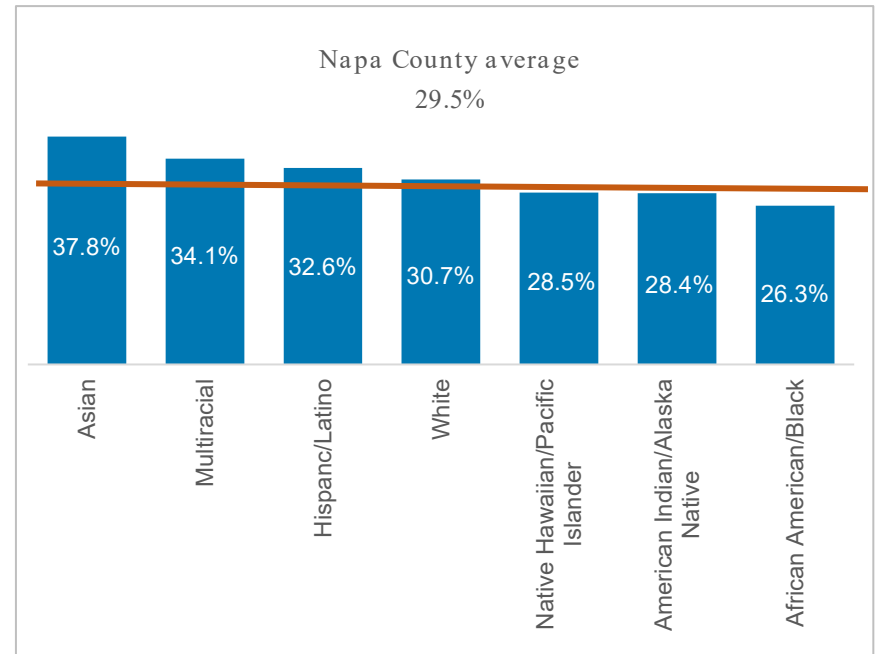
The interviewed community leaders also talked about the specific impacts of isolation and loss due to the COVID-19 pandemic on youth and the ongoing need for youth-specific services. One key resource has been a Vallejo school-based health clinic that meets the needs of youth where they are. One leader urged the community to re-energize the work of Resilient Napa to explore broader resilience issues at the heart of public health, such as community trauma and adverse childhood experiences.

Many interviewees thought that the key to improving the mental health in their community was to apply place-based and community specific strategies such as having clinicians on site at schools and local service organizations. The community leaders shared the importance of hiring mental health providers who are culturally- and linguistically-responsive to the communities they serve, and encouraged the expanded use of peers and trusted messengers in delivering care.

We still need more bilingual mental health professionals, but we also need different types of support than we needed before the pandemic ... I mean, if we've learned anything from COVID, it's the importance of trusted messengers.  
 – Nonprofit center manager

**STUDENTS WITH DEPRESSION-RELATED FEELINGS, BY RACE/ETHNICITY, NAPA COUNTY, 2017-2019**

The estimated percentage of public-school students in grades 7, 9, and 11, and non-traditional programs who, in the previous year, felt so sad or hopeless almost every day for 2 weeks or more that they stopped doing some usual activities, by race/ethnicity.



Source: Kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education (Aug. 2020).

# Health need profile: Housing



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

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the 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 safe, secure, and affordable housing is an important social determinant of health. Families with fewer financial resources are more likely to experience sub-standard housing conditions and the associated risks. California has some of the highest cost real estate in the country, and housing in the Vallejo service area has become increasingly expensive, especially for communities of color and households with lower incomes. The Vallejo service area boasts a better homeownership rate (61 percent versus 55 percent statewide) and an overall better housing affordability index than the state average (99.2 versus 88.1 statewide). Yet median rental costs in the area (\$1,768) are some of the highest in the North Bay, and affordable housing has become increasingly scarce due to the destruction of recent wildfires.

Over a third of households (39 percent) in the Vallejo service area experience moderate or worse housing cost burden, defined as housing costs greater than 30 percent of income. An increasing cost of living amid stagnant wages has put particular pressure on low-income workers, who often have to choose whether to prioritize housing, food, or health care. The legacy of structural racism means a lack of affordable housing also disproportionately impacts communities of color in the region: 55 percent of Latinx renters and 54 percent of Black renters in Napa County are burdened with high housing costs, compared to just 44 percent of white renters (RaceCounts.org 2022).

Housing availability and affordability is a primary concern for interviewed community leaders in the Vallejo service area. They expressed concerns that housing has become increasingly expensive and that local wages have not kept pace with rising costs of living, leading to the displacement of long-term residents and younger families who can no longer afford to live and work in the area. Affordability concerns also pose challenges for local service organizations, who find it increasingly difficult to attract staff who can afford to live and work in the area.

Furthermore, due to the COVID-19 pandemic, illness and social policies limiting which business and services were open to the public negatively impacted employment and wages – especially for those in Napa's extensive tourism and service sectors. Many families were unable to pay rent and accrued household debt, leading to fears of an eviction crisis following the end of the statewide eviction moratorium. The community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and gentrification have been further disadvantaged during the COVID-19 pandemic.

One of the reasons why I think we have so many people continuing to use the emergency food systems is because everything has to go to rent and they just don't have anything left over.  
- Nonprofit leader

Strategies shared by the community leaders to address housing needs in the Vallejo service area include expanding the housing stock to include more low-income, affordable, and workforce housing; offering transitional workforce housing to attract physicians and clinicians to the region; and addressing barriers to economic security by increases wages for nonprofit workers and expanding job training with local companies. The interviewees also expressed the need to strengthen cross-sector collaboration and coordination between health providers and service providers to improve care for people experiencing or at risk of homelessness.

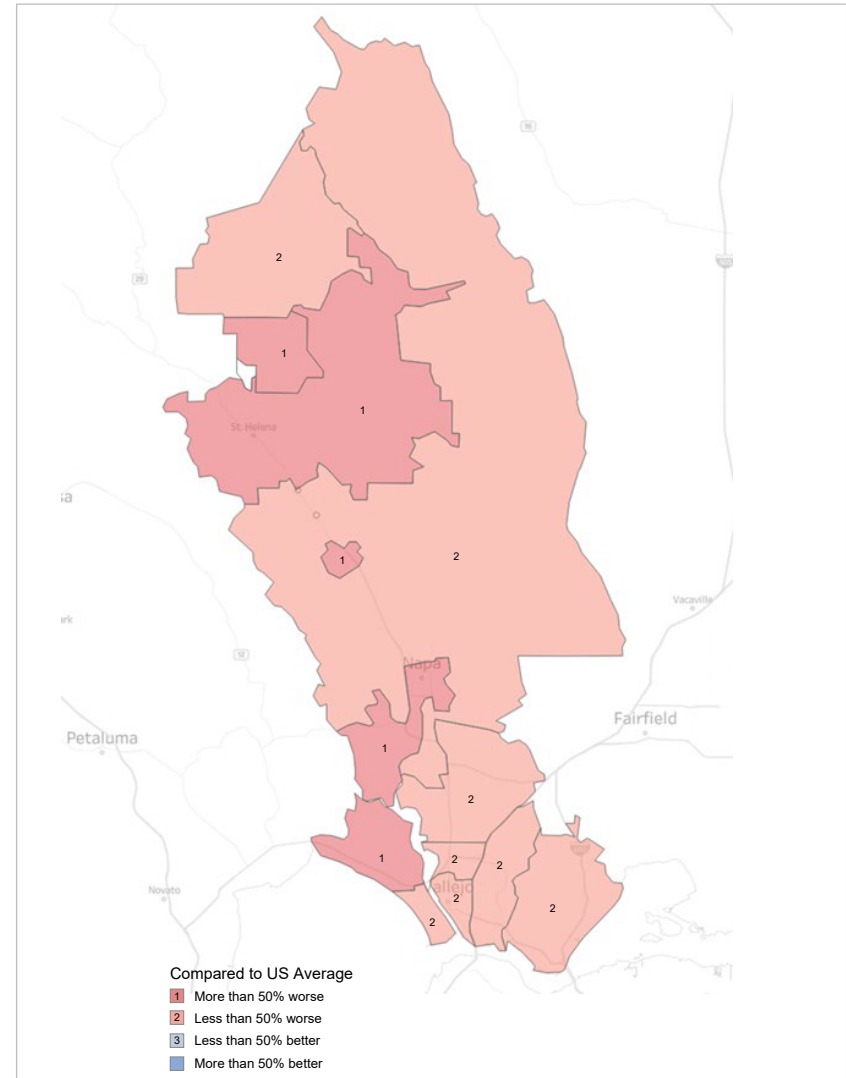
Housing affordability is a complex issue, one which the community leaders felt required cross-sector collaboration and a focus on advocacy and systems change efforts. The local Community Leaders Coalition, who mobilizes community leaders to collectively advocate for the needs of vulnerable populations throughout Napa County, were cited by the interviewees as an important asset in this effort.

When people have safe and secure housing that's clean and in a safe community ... [they] are better able to focus on other aspects of their life and their health and wellbeing.

- Nonprofit leader

### HOUSING AFFORDABILITY INDEX, VALLEJO SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with the lowest housing affordability index in the service area.



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



# Health need profile: Family & social support KAISER PERMANENTE®

People are healthier when they have supportive relationships with family, friends, and neighbors, as well as opportunities to participate with others in community life.

Residents of “close-knit” neighborhoods are more likely to receive support and work together on common goals, while those in less connected neighborhoods are more likely to experience poor mental health.

Seven percent of people living in Kaiser Permanente communities do not speak English very well and are linguistically isolated. This can affect their ability to access health and social services and respond to warnings about community emergencies such as wildfires.

Stay-at-home orders related to the COVID-19 pandemic means that in the past two years Americans of all ages have experienced unprecedented social isolation — in effect causing an epidemic of loneliness.

The stress resulting from social isolation has led to higher levels of substance use as a coping strategy. There were 75,000 opioid overdose deaths in the U.S. between April 2020 and April 2021; social isolation and using alone are major risk factors for opioid overdose.

Inclusion, respect, and a sense of belonging are critical to the health of the broader community. Interviewed community leaders in the Vallejo service area shared that this connectivity is a strong predictor of survival and resilience after disasters like wildfires, earthquakes, and the COVID-19 pandemic. Fostering respect and feelings of social inclusion is a priority for the service area, and a major focus of Napa County’s 2019 – 2024 Community Health Improvement Plan (CHIP).

Yet the issue of family and social support was a concern for the interviewed community leaders in the Vallejo service area. Social isolation is a particular concern as it relates to older adults aged 65 or older, a group who comprise 17 percent of the region’s population. These community leaders reflected that many families no longer have traditions of supporting elderly family members. Residents aged 65 or older are more likely to live alone in the Vallejo service area than the average Californian senior – 3 percent of them live alone, compared to the state average of 2 percent. Senior centers have not kept up with the changing needs for social activities, and the COVID-19 pandemic has exacerbated the issue as many social support programs have had to close. The community leaders are seeing increasing isolation and depression among older adults as a result of these trends.

Fraying family and social support networks, made worse by the pandemic, are a growing concern for many communities in the area. The interviewees noted that Tagalog- and Spanish- speaking communities are particularly isolated. They emphasized the need for more linguistically- and culturally- responsive resources to ensure these communities are given the same opportunities for support, inclusion, and civic engagement as English-speaking communities.

Youth experiences of social isolation and connectedness were also a growing concern for the community leaders. They noted an increase in stress-related behaviors in schools and highlighted the need to support young people as they emerge from isolation. This is especially critical for young people who identify as LGBTQ+. The leaders expressed that the LGBTQ+ community experiences discrimination in Napa County, and this remains true for young people – just 47 percent of LGBTQ+ students in Napa County report feeling safe at school, compared to nearly 65 percent of their straight peers (California Healthy Kids Survey 2017 - 2019).

Connectivity in your community makes a huge difference in whether you survive or recover from a disaster.

– Nonprofit leader



The Vallejo service area has numerous assets at its disposal to improve family and social support. Strategies to address social inclusion for seniors, youth, and LGBTQ+ populations are underway as part of Napa County’s CHIP and the interviewed community leaders saw an opportunity to re-energize the work that the Resilient Napa group began related to community trauma.

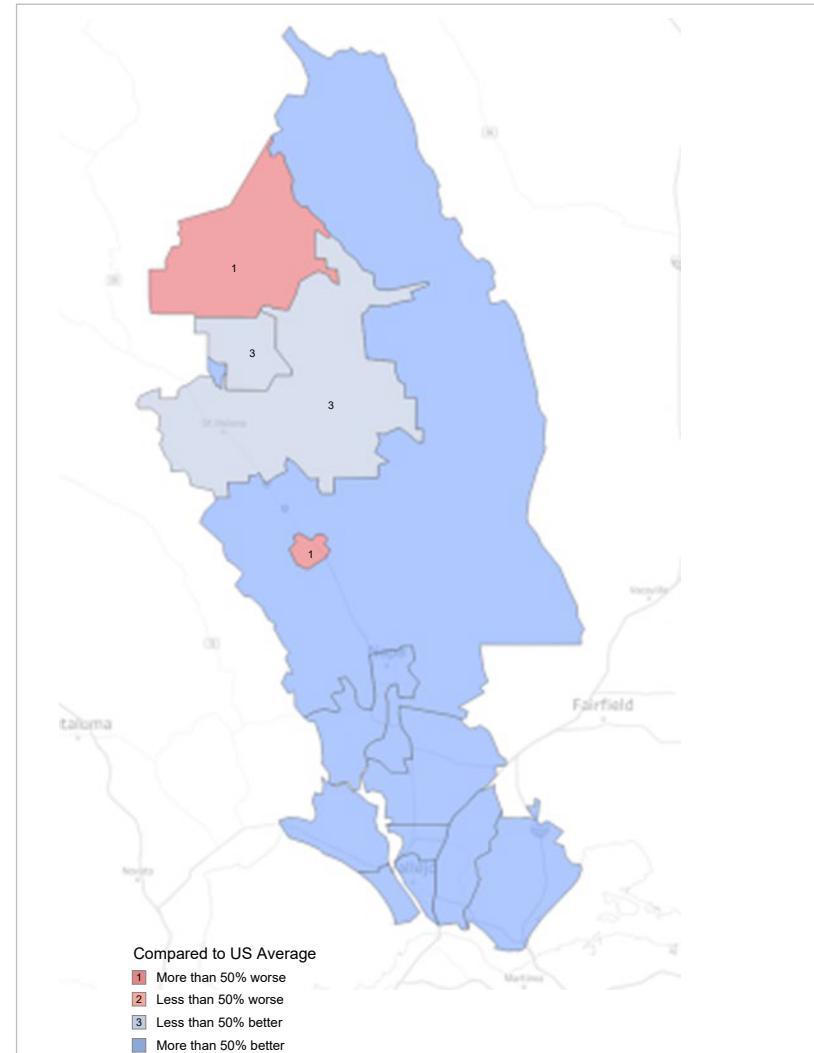
The community leaders also shared that there are tight family and community groups within the region, even among isolated communities. Many leaders thought that the key to improving social connectedness is through collaboration and working with community-based organizations who have strong relationships in the community.

People [need to] have the tools to participate in their local governance, ... the ability to vote, representation on committees, ... knowledge of how to participate in civic affairs. The tie into mental health ... and physical health [is that] civic engagement is a way of advocating and a way of really having a voice in your community around what's needed in terms of services and how to access them.

– Nonprofit leader

### POPULATION 65 & OLDER LIVING ALONE, VALLEJO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the highest rates of people aged 65 or older living alone.



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

# Health need profile: Transportation

People are healthier in communities that are walkable, bikeable, and transit-oriented.

Yet many urban and suburban neighborhoods lack sidewalks, safe crossings, and consistent access to affordable public transit, and people with lower incomes are more likely to be transit-insecure. Those who rely on public transit to access health care services often face long travel distances and wait times for connections, leading to missed appointments.

The U.S. transportation system relies largely on motorized transportation, with numerous implications for health. Nearly three-quarters of workers living in Kaiser Permanente communities drive alone to work. The health impacts of heavy dependence on automobiles include air pollution, traffic crashes, and physical inactivity.

Having a lower income and lacking reliable transportation are both associated with prescription medication nonadherence. When limited access to public transit is combined with lack of safety promoting infrastructure, such as protected bike lanes and streets free of potholes, people without their own cars can feel trapped by an inability to get around.

In the Vallejo service area, 74 percent of workers over the age of 16 drive alone to work via car, truck, or van. While this rate is similar to the state average of 74 percent, just 7 percent of workers in the area travel via alternate modes of transportation such as transit, cycling, or walking, compared to 8 percent statewide. Inadequate transportation infrastructure can prevent people from using more active modes of transportation, and it can also make walking and cycling unsafe for those who do use those modes to get around. Among local workers, 14 percent drive alone with commutes over an hour long – 77 percent worse than the state average of 11 percent. Long commutes are also associated with reduced physical activity and increased body mass index and blood pressure, leading to detrimental health effects.

Transportation in the Vallejo service area was a concern for interviewed community leaders. They shared that the nature of the region – with roads and population density stretched along the narrow Napa Valley – poses transportation challenges for more rural and mountainous communities. Reliable and timely access to transportation is a significant factor in a community's ability to access jobs, grocery stores with healthy food options, and health care services. The public transportation system plays an important role in ensuring that those who are unable to drive have access to these critical resources.

The geography and car-dependent nature of Napa and Solano counties means that transportation is a challenge for many residents in the Vallejo service area, particularly for older adults, individuals with disabilities, and lower-income households with limited access to private transportation. Community leaders expressed a particular concern about the lack of transportation options for seniors with mobility problems. This is especially problematic for seniors who may need to visit pharmacies to obtain their medications but are unable to get to a bus stop and have nobody to drive them.

Individuals who are economically strained are more likely to have transportation issues. We don't have a good transportation system that brings people from their homes to health care.

– Public health leader

Strategies shared by the interviewed community leaders for addressing transportation in the Vallejo service area included bringing mobile clinics with basic services to rural areas and expanding home-visiting programs to bring services directly to house-bound seniors. Telehealth may also offer opportunities to bring care directly to those who need it, but the digital divide may complicate this option for seniors and those with limited technical know-how.

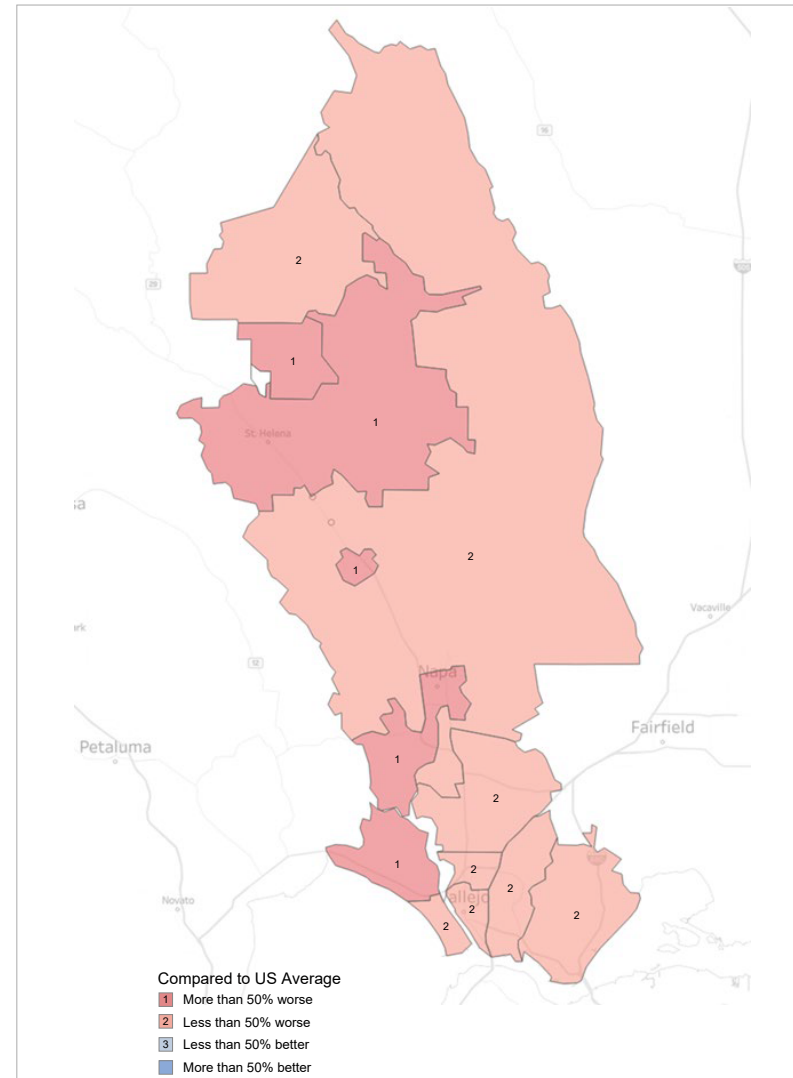
A local public health leader spoke of the multiple data analysis and strategic plans being developed in Napa County, including the Community Health Needs Assessments and Implementation Strategies, the County Community Health Action Plan, as well as the Blue Zones project in Upper Napa Valley and plans to obtain a Livable Communities designation. These planning processes present an opportunity for Napa County leaders, health systems, and community organizations to collaborate and align plans to address transportation and other health needs across the Vallejo service area.

[Areas like Pope Valley] they're tiny, and they're rural, and they have no services whatsoever ... you'd have to pay a counselor to drive from Napa and go all the way up there and then drive all the way back, and that would be half of their day ... So, a lot of us are really struggling with what do we do with those specific populations, because they're obviously very high need, and we don't have a great plan yet for them.

– Education sector leader

### WORKERS DRIVING ALONE TO WORK WITH LONG COMMUTES, VALLEJO SERVICE AREA, 2015-2019

Areas shaded red are ZIP codes with the highest rates of workers driving alone with a commute time longer than 60 minutes.



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

### 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 Vallejo 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.

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

## Kaiser Permanente Vallejo Medical Center 2019 Implementation Strategy evaluation of impact

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

Kaiser Permanente Vallejo Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

### Kaiser Permanente Vallejo Medical Center 2019 Implementation Strategy priority health needs

1. Mental Health and Wellness
2. Community and Family Safety
3. Economic Opportunity
4. Access to Care and Coverage

### 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 Vallejo Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Vallejo Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 11 grants totaling \$766,203 in service of 2019 IS health needs in the Vallejo service area.

One example of a key accomplishment in response to our 2019 IS includes the Peacemaker Fellowship program, a firearm reduction/community healing effort to address community and family safety. In 2021, Safe Passages Advance Peace was awarded \$200,000 over 2 years to support Vallejo neighborhoods impacted by gun violence. In 2019, the City of Vallejo had a crime rate twice as high as the national average and higher than 96 percent of other U.S. cities. The Peacemaker Fellowship program will identify and enroll 70 local residents who are active firearm offenders in a developmental and healing-centered strategy, including intense case management, connections to social services, and financial support to address their health and wellbeing, with the ultimate goal of reducing gun violence and improving community safety. The Advance Peace Fellowship model has demonstrated success throughout Northern California. Richmond, CA saw a 66 percent drop in gun violence within 7 years of launching the effort, and there was a 19 percent reduction in gun violence in Sacramento within 2 years, with an estimated cost savings for the city of \$8.1M/year.

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 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated approximately \$287,900 in the Vallejo service area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to vaccine access, and address misinformation about vaccine safety and efficacy. With these investments, Touro University California brought COVID-19 vaccines and education to Black/African American, Latinx, and Filipino/a communities through its 60 pop-up and 12 mass vaccination clinics held throughout the Vallejo service area, which provided 11,789 vaccinations to individuals over 12 years old.

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

### Mental Health and Wellness

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During 2020-2021, 29 grants were awarded to community organizations, for a total investment of \$751,325 to address mental health and wellness in the Vallejo service area.

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

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#### Positive Behavioral Interventions and Supports

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The Solano County Office of Education was awarded \$150,000 over 2 years to facilitate a Positive Behavioral Interventions and Supports (PBIS) initiative with the Dixon Unified School District and the Vallejo City Unified School District. Ten schools across the 2 districts with an expected reach of 10,000 students will implement the framework, aimed at establishing alternatives to suspension and other disciplinary measures through effective preventative behavioral interventions.

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### La Cultura Cura

Puertas Abiertas Community Resource Center was awarded \$20,000 to support healing from the long-term stress and inter-generational trauma of racism in the undocumented, migrant worker population in Napa County. Puertas Abiertas' Health and Wellness (La Cultura Cura) workshop will increase access to behavioral health care services for 20 low-income Latinx community members residing in Napa County through a series of 10 psychoeducational workshops to foster personal growth, strength, reliance, and development of our Napa Latinx community members.

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### Community and Family Safety

During 2020-2021, 11 grants were awarded to community organizations, for a total investment of \$519,017 to address community and family safety in the Vallejo service area.

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

#### [Advance Peace Vallejo - Peacemaker Fellowship \(Firearm reduction/community healing\)](#)

Advance Peace was awarded \$200,000 over 2 years to support Vallejo neighborhoods impacted by gun violence. The Peacemaker Fellowship program will identify and enroll 70 local residents who are active firearm offenders in a developmental and healing-centered strategy to address their health and wellbeing and ultimately reduce gun violence and improve community safety.

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#### [Domestic Violence Housing First](#)

Napa Emergency Women's Services (NEWS) was awarded \$25,000 to address the crisis housing needs of survivors of domestic violence. The Domestic Violence Housing First fund enabled NEWS to provide evidence-based supportive services and one-time housing funds to 15 survivors at imminent risk of homelessness, ensuring they are safely and stably housed as quickly as possible.

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### Economic Opportunity

During 2020-2021, 42 grants were awarded to community organizations, for a total investment of \$1,371,174 to address economic opportunity in the Vallejo service area.

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

#### [Students Overcoming Adversity and Recidivism \(SOAR\) Solano County Project](#)

The Solano Community College Education Foundation was awarded \$20,000 to support the employment needs of previously incarcerated and/or system-impacted community college students. The Students Overcoming Adversity and Recidivism (SOAR) Solano County Project will work in partnership with other community agencies to provide wraparound services to help 100 unemployed and underemployed community college students who face barriers to employment prepare and apply for quality jobs, secure employment, and thrive at work.

#### [Improving Economic Security with the Family Strengthening Fund](#)

The Children's Network of Solano County was awarded \$25,000 to support the staff time, technology upgrades, and operational supports needed to implement a data collection system that integrates their Family Strengthening Fund partners with the Unite Us referral platform. The funds will support The Children's Network of Solano County and their partners to improve the lives of 1,000 children and their families with lower incomes by assisting them to navigate and access essential services including medical care, housing, food, and other basic necessities.

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### VOICES Solano: Supporting the Well-Being of Transition-Age Youth Through Outreach, Navigation, and Case Management

On The Move was awarded \$20,000 to provide evidence-based prevention, diversion, and housing stabilization strategies to transition-age youth in Solano County who have experienced homelessness. Through youth-led, street-based outreach, case management, and resource navigation, VOICES (Voice Our Independent Choices for Emancipation Support) Solano will support 350 youth in achieving positive outcomes in housing, education, and employment.

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### Access to Care and Coverage

**Care and coverage:** Kaiser Permanente Vallejo Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	21,261	23,807	\$23,377,276	\$11,322,737
Charitable Health Coverage	66	63	N/A	\$186
Medical Financial Assistance	5,916	4,037	\$7,444,308	\$4,839,240
<b>Total care &amp; coverage</b>	<b>27,243</b>	<b>27,907</b>	<b>\$30,821,584</b>	<b>\$16,162,163</b>

**Other access to care and coverage strategies:** During 2020-2021, 35 grants were awarded to community organizations, for a total investment of \$1,028,603 to address access to care and coverage in the Vallejo service area.

### Examples and outcomes of most impactful other strategies

#### COVID-19 Vaccine Equity in Vallejo Communities

Touro University California was awarded \$75,000 to increase vaccination rates among the Latinx, Black/African American, and Filipino/a communities hardest hit by the pandemic and address inequitable access barriers that prevent timely vaccination. The COVID-19 Vaccine Equity project will support outreach, vaccine education, and vaccine delivery to 2,400 underserved residents of South Vallejo through community-based pop-up and mobile clinics held in partnership with county public health departments, community health centers, and community- and faith- based organizations.

#### Reducing Barriers to Affordable Healthcare Coverage for Napa County Residents

Community Health Initiative Napa County, Inc. was awarded \$25,000 to reduce barriers to affordable health care coverage among low-income, non-English speaking, and uninsured Napa County communities. The project will reach 6,000 individuals with expert outreach, enrollment into subsidized health insurance programs, navigation to medical services, retention activities, and patient advocacy.

#### Strengthening Collabria Care’s Information & Assistance Program through Unite Us

Collabria Care was awarded \$20,000 to provide support to staff making and receiving referrals on the Unite Us platform. With these funds, Collabria Care will recruit, train, and support 100 individuals from health care, community-based organizations, and government agencies to use the Unite Us platform to manage referrals that maintain the long-term independence of Napa County older adults and seniors.

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## Appendix

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

## 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. Advancement Project California, RACE COUNTS, racecounts.org	2022
2. American Community Survey	2011 - 2015
3. California Department of Public Health	2016 - 2018
4. California Health Interview Survey	2011 - 2019
5. California Healthy Kids Survey	2017 - 2019
6. HUD Comprehensive Housing Affordability Strategy	2013 - 2017

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Abode Services	1	People experiencing homelessness	Leader	8/20/2021
2	Key informant interview	Aldea Children & Family Services	1	Low-income families, medically underserved, communities of color	Leader	8/11/2021
3	Key informant interview	Caminar	1	People experiencing homelessness	Leader	8/30/2021
4	Key informant interview	Faith Food Fridays	1	Low-income, medically underserved, communities of color	Leader	8/26/2021
5	Key informant interview	MENTIS	1	People with mental health needs	Leader	8/9/2021
6	Key informant interview	Napa Community Health Initiative, Napa Valley	1	Low-income, medically underserved, communities of color	Leader	8/12/2021
7	Key informant interview	Napa COAD (Community Organizations Active in Disaster)	1	General public	Leader	8/9/2021
8	Key informant interview	Napa County Public Health	2	Public health	Representatives	8/24/2021
9	Key informant interview	Napa/Solano Area Agency on Aging	1	Seniors	Leader	8/11/2021
10	Key informant interview	Napa Valley Education Foundation	1	School-aged youth	Representative	8/23/2021
11	Key informant interview	OLE Health	1	Low-income, medically underserved, communities of color	Leader	8/24/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
12	Key informant interview	On The Move	1	Systems-involve youth, low-income, communities of color, people experiencing homelessness	Leader	8/2/2021
13	Key informant interview	Puertas Abiertas Community Resource Center	1	Agricultural workers, people with mental health needs,	Leader	9/10/2021
14	Key informant interview	Solano County Office of Education	1	School-aged youth	Representative	8/2/2021
15	Key informant interview	Solano Family Justice Center	1	Low-income, communities of color, domestic violence survivors	Leader	8/18/2021

Note: additional community input in the form of interviews and focus groups was collected by Community Health Insights on behalf of Sutter Health and shared with Harder+Company Community Research as part of a regional CHNA collaboration.

## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Caminar (Resource Connect Solano)	Caminar is a nonprofit, community-based agency that has been empowering and supporting individuals and families to move toward resilience, wellness, and independence for more than 50 years. They deliver high-quality prevention, treatment, and recovery services to those with complex mental health, substance use, and co-occurring needs.
	Cope Family Resource	Cope Family Center is a family resource center located in Napa, Ca. Cope exists to empower parents, nurture children and strengthen communities by providing parents with the education, resources and support they need to raise children who thrive.
	Faith Food Fridays	Faith Food Fridays helps Vallejo area neighbors in need. They offer free boxes of fresh and shelf-stable food and other grocery items and provide other free services such as flu and COVID vaccines, mobile showers, financial literacy, and referrals to other resources.
	Fighting Back Partnership	Fighting Back Partnership is a non-profit organization committed to preventing and ending poverty and its effects in Vallejo and throughout Solano County.
	Legal Services of Northern California	Legal Services of Northern California provides quality legal services in the realm of housing, health insurance, public benefits, and other civil legal issues affecting low-income Californians to empower people to identify and defeat the causes and effects of poverty within communities.
	Napa COAD (Community Organizations Active in Disaster)	Napa Valley Community Organizations Active in Disaster (COAD) develops and enhances partnerships for communication, coordination & collaboration amongst the whole community including nonprofit and faith-based organizations, government agencies, and the private sector during all phases of disaster.
	Napa/Solano Area Agency on Aging	Napa/Solano Area Agency on Aging advocates for and enhances the quality of life, health, independence, and dignity of older adults in Napa and Solano counties. They provide leadership in addressing issues that relate to older adults, develop community-based systems of care that provide services which support independence, and promote citizen involvement in the planning and delivery of services.
	On The Move (Napa and Solano Counties)	On The Move was founded in 2003 with a mission to develop and sustain young people as leaders by building exceptional programs that challenge inequities in their communities.
Puertas Abiertas Community Resource Center	Puertas Abiertas is a nonprofit organization in Napa that has been operating since 2005. Their bilingual/bicultural staff provide a variety of health, social service, and education services to Napa's Spanish speaking communities that have a significant impact on family interaction, financial stability, civic involvement, and educational success.	



Identified need	Resource provider name	Summary description
	Solano Pride Center	Solano Pride Center works to ensure that lesbian, gay, bisexual, transgender, queer, questioning, and intersex individuals in Solano County have a network of resources and education tools to meet their needs. They offer a variety of community building, recreational, and information activities, including an information and referral line, a speaker's bureau, and weekly groups for women, men, and youth.
Access to care	Health centers (various)	There are 2 Federally Qualified Health Centers (OLE Health and La Clínica de la Raza) that serve the Vallejo service area with multi-lingual and accessible medical, dental, behavioral, and other health services.
	Napa Community Health Initiative, Napa Valley	Napa Community Health Initiative improves the health of children, families, and seniors by providing access to care through health insurance enrollment, patient education, and advocacy.
	Napa County Public Health Dept	The mission of Napa County Public Health is to serve the community and support its health and wellbeing so that all people have the opportunity to experience fulfilling lives.
	Solano County Public Health	The mission of Solano County Public Health is to optimize the health of the community through individual and population-based services which promote health and safety through prevention and treatment of disease and injury.
	Solano HEALS (Health Equity for African American/Black Lives)	The mission of Solano HEALS is to promote equity in healthy births for Black/African American babies and their families in Solano County.
Housing	Abode Services	Abode Services is the largest homeless housing and services provider in the Bay Area. They assist low-income, un-housed people, including those with special needs, to secure stable, supportive housing; and advocate for the removal of the causes of homelessness.
	Fair Housing Napa Valley	Fair Housing Napa Valley is a non-profit corporation dedicated to promoting and developing fairness and equality of housing opportunities for all people. They work to eliminate housing discrimination and ensure equal housing opportunity throughout Napa County through leadership, education, outreach, training, advocacy, and enforcement.
Mental & behavioral health	Aldea	Aldea Children & Family Services improves people's mental health so they can strengthen their relationships and become engaged in the community. Through critical mental health, treatment foster care and adoption, and support services, Aldea helps more than 3,900 people annually in Napa and Solano counties who face obstacles to accessing and receiving effective treatment.
	MENTIS	MENTIS provides bilingual affordable mental health services (including early intervention programs, outpatient services, and residential services) to people of every age and income level in Napa County.