2022
Community Health Needs Assessment

Sutter Health
Eden Medical Center

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Alameda County Public Health Department
Carolina Guzman, MPH, Quality Improvement Coordinator, Quality Improvement and Accreditation Unit

Contra Costa Health Services
Lisa Diemoz, MPH, Epidemiologist/Biostatistician
Jessica Cadriel, MPH, Public Health Accreditation Coordinator
Ernesto De La Torre, MA, Program Manager, COVID-19 Adult Ambassadors

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Rebecca Rozen, Regional Vice President

John Muir Health
Jamie Elmasu, MPH, Director, Community Health Improvement
Stephanie Rivera, MPH, Former Director, Community Health Improvement

Kaiser Permanente — Diablo and East Bay
Molly Bergstrom, MS, Community Health Manager, External and Community Affairs

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Susanna Osorno-Crandall, MPA, Community Health Manager, External and Community Affairs

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Michael Cobb, Foundation Executive Director

Sutter Health
Mindy Landmark, Community Health Manager, East Bay
Bryden Johnston, MPH, Community Health Coordinator, East Bay

UCSF Benioff Children's Hospitals
Baylee DeCastro, MPP, Executive Director, UCSF Center for Child and Community Health

Consulting firms contributing to this report:

Ad Lucem Consulting
Lisa Craypo, MPH, RD, Principal
Liz Schwarte, MPH, Principal

Applied Survey Research (ASR)
Susan Brutschy, President
Kimberly Carpenter, PhD, Project Director
Kimberly Gillette, MPH, Senior Research Analyst II
Sara Vega, PhD, Senior Research Analyst

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Executive Summary

Background

Every three years, Eden 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. This CHNA identifies and prioritizes needs unique to our service area, based on community-level data and input from key informants and community residents representing the broad interests of the community.

The 2022 CHNA presents a comprehensive picture of community health that encompasses the conditions that impact health in the county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being for all Eden Medical Center service area residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been a comprehensive process with input from diverse community stakeholders and residents.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for over 25 years (Senate Bill 697). The federal Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals that wish to maintain their tax-exempt status to conduct a CHNA every three years and hospitals must make the CHNA report widely available to the public. The CHNA must include input from public health departments and the community, including minority, low-income, medically underserved populations or representatives of community-based organizations serving these populations[1].

Process

The 2022 CHNA was a collaborative effort of nonprofit hospitals serving Alameda and Contra Costa County. In addition, the Alameda County Public Health Department was an essential partner in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for Eden Medical Center's service area. This CHNA report placed particular emphasis on the health issues and contributing factors that impact underserved populations that disproportionately have adverse health outcomes across multiple health needs. These analyses will inform intervention strategies to promote health equity.

Primary data (community input) were obtained during the summer and fall of 2021 through:

- Key informant interviews with local health experts, community leaders and community organizations
- Focus groups with community residents

[1] Internal Revenue Service (IRS). (2021). Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3). https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3. Accessed May 2022.

Secondary data were obtained from a variety of sources. (See Appendix D: CHNA Secondary Data Indicator Definitions, Sources and Dates.) Data were collected for Alameda County as a whole, as well as for Eden Medical Center's service area – Central Alameda County, which includes Castro Valley, San Leandro, Hayward, Ashland and Cherryland.

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for the service area. In December 2021, Eden Medical Center participated in a meeting with key leaders in Alameda County where participants individually ranked the health needs according to a set of criteria and rankings were then averaged across all participants to obtain a final rank order for the health needs. The results of the prioritization appear in Figure 1 and brief descriptions of the top eight priority health needs are provided below.

Figure 1. CHNA Health Needs in Priority Order

- Behavioral health (first place)
- Housing and homelessness (second place)
- Education (third place)
- Community and family safety (fourth place)
- Food security (tied for fifth place)
- Economic security (tied for fifth place)
- Dismantling structural racism (tied for fifth place)
- Healthcare access and delivery (sixth place)

Top Priority Health Need Descriptions

Behavioral Health: Behavioral health, which refers to both mental health and substance use, affects a large number of Americans. Anxiety, depression, and suicidal ideation are on the rise, and heightened further due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Key informants serving Alameda County described behavioral health concerns as a number one issue for communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported that there are inadequate mental health services for non-English speakers, children/teens and residents who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally and others). Focus group participants described language and other cultural barriers that prevent immigrant residents from accessing services. Within Central Alameda County, residents experience higher rate of deaths of despair compared to Alameda County overall, with Black/African American residents having the highest rate. Key informants serving Central Alameda County noted the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They also reported that bullying and harassment are severe problems, and students would benefit greatly from an increased presence of school-based counselors.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with health, well-being, educational achievement, and economic success. Almost all Alameda County key informants and nearly half of focus groups identified housing and homelessness as a top priority health need for Alameda County. They described a variety of

housing challenges, and concerns that specific populations are at highest risk of becoming unhoused, including Black/African American, Latinx, and LGBTQIA+ community members, immigrants, seniors, women fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction. According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and noted a surge in unhoused LGBTQIA+ seniors. Key informants serving Central Alameda County perceived that issues related to homelessness and unhoused residents are becoming more apparent in a number of communities in the County, including Ashland. Central Alameda County residents with housing face overcrowded conditions, substantial housing cost burdens and the threat of neighborhood gentrification, all of which put families at risk of housing instability.

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. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society. Individuals with at least a high school diploma do better on a number of measures than those without, including income, health outcomes, life satisfaction, and self-esteem. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement. Several key informants from Alameda County noted disparities in educational attainment for children of color, which they felt are directly linked to lack of targeted services for these children. Key informants serving Central Alameda County suggested that school districts incorporate anti-bias and anti-racism training into their employment practices for administrators, teachers, and staff. Another suggestion was to increase the presence of Family Resource Centers, which were perceived to make a noticeable difference in terms of students' health, educational attainment, and parent engagement. Disparities for students within Central Alameda County exist at all educational levels. Some ZIP code areas surrounding Hayward, which have a higher percentage of Latinx residents than the County overall, have preschool enrollment rates that are lower than the CA rate. Hayward (46%) has lower levels of college readiness among high school graduates than Alameda County overall (58%).

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color, particularly males, is disproportionately affected by juvenile arrests and incarceration related to policing practices. A quarter of key informants and nearly half of focus groups identified community and family safety as a top priority health need for Alameda County. This health need is linked closely with transportation, as Alameda County key informants believed this was an area where community and family safety could be improved. Two key measures of community and family safety, violent crime and injury deaths, were substantially higher in Alameda County than the state overall. Key informants serving Central Alameda County perceived that policing practices in the County criminalize people of color, especially Black/African American residents. Other concerns mentioned by key informants included domestic violence and the fear and trauma

caused by anti-Asian harassment and violence since the start of the pandemic. The number of violent crimes is 50% higher in Central Alameda County than CA overall.

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake; disrupted eating patterns; and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. According to key informants, many families in Alameda County experienced such an increase in food insecurity during the pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached, particularly unhoused county residents and populations that may be reluctant to seek out food assistance due to the stigma of being "needy." Data indicate that within Central Alameda County, residents are likely to be impacted by the presence of food deserts and have a higher rate of Supplemental Nutrition Assistance Program (SNAP) enrollment than California overall. Supermarket access in Cherryland's least healthy Census Tract (according to the Healthy Places Index) is in the bottom half of CA communities (45%), substantially worse than Alameda County overall which ranks better than 93% of CA communities.

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The majority of key informants and focus groups listed economic security as a top priority health need. Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living. Key informants and focus group participants reported extensive job loss because of the pandemic, noting that despite a strong job market, many residents are still not working. White residents of Central Alameda County have the highest average incomes of all racial/ethnic groups, almost twice as much as Latinx residents ($73,358 for White men compared to $41,245 for Latinx men). Hayward's least healthy Census Tract (according to the Healthy Places Index) performs worse than 84% of CA communities on measures of income and employment.

Dismantling Structural Racism: Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices, and norms. Centuries of racism in this country have had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment. Data show that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions. The COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations, is another example of these enduring health disparities. Many key informants named structural racism as a significant concern affecting health in their communities and as a contributor to the other health needs. Key informants described race-based inequities in access to and provision of healthcare, resulting in many children and

adults of color not receiving necessary physical or behavioral health treatment. Key informants also reported that care received is often not culturally or linguistically competent. Black/African American, Asian Pacific Islander, Multiracial and Latinx residents in Central Alameda County all have lower median incomes than White residents, and Black/African American residents experience substantially higher rates of deaths of despair and COVID-19 deaths than their White neighbors. Key informants consistently noted that the lack of diverse ethnic/racial representation among care providers limits trust in the healthcare system, inhibits preventive care and contributes to poor mental and physical health outcomes for people of color.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. The majority of key informants and nearly half of focus groups identified healthcare access and delivery as a top priority health need for Alameda County, describing that too few healthcare providers with specialized training for working with specific populations serves as a barrier to care, particularly for LGBTQIA+ residents, people with certain disabilities, non-English speakers, and undocumented residents. Additionally, while the shift to telehealth during the pandemic was helpful for many, it presented barriers to low-income families and seniors, who struggle to use technology or have little or no internet access. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment eight percentage points below the state. Key informants stated that many residents in this region forego any health insurance because of high costs. Those who live and work in Central Alameda County described shortfalls and biases in healthcare services and delivery for both prevention and treatment, which often disproportionately affect the region's most vulnerable residents.

For additional details, including statistical data and sources, see Section V C: Prioritized Description of Health Needs and Appendices D and E: CHNA Secondary Data Indicator Definitions, Data Sources and Dates and CHNA Secondary Data Table.

Next Steps

This CHNA report will be publicly available by December 31, 2022 (https://www.sutterhealth.org/for-patients/community-health-needs-assessment). Eden Medical Center will also develop an Implementation Strategy Plan based on the CHNA results, which will be filed with the IRS by May 15, 2023. Feedback and comments about the 2022 CHNA and 2022-2024 Implementation Strategy Plan can be submitted to SHCB@sutterhealth.org and will be considered as part of the community input component in the development of Eden Medical Center's 2025-2027 CHNA.

I. Introduction/Background

The Alameda County 2022 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large around the conditions that impact health and health disparities in the county in efforts to improve the health and well-being of all County residents.

In 2021/2022, seven local hospitals in Alameda and Contra Costa Counties, members of the Alameda and Contra Costa Counties Hospital CHNA Group, collaborated for the purpose of identifying critical health needs for their service areas. Eden Medical Center worked with its partners to conduct an extensive CHNA. This 2022 CHNA builds upon earlier assessments conducted by the hospitals. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone residing in the communities served. The CHNA results will drive plans for strategic investments that address health needs. The 2022 CHNA report will be available at https://www.sutterhealth.org/for-patients/community-health-needs-assessment.

The hospitals involved in the CHNA will each develop an implementation plan that outlines how they will be addressing priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their Implementation Strategy (IS) Plans will be filed with the Internal Revenue Service. Both the CHNA and the IS Plan will be posted publicly on each of the hospitals' websites.

A. About Eden Medical Center

Eden Medical Center, part of the Sutter Health network, is a nonprofit hospital that provides healthcare services to patients throughout the East Bay Area, particularly the San Leandro/Hayward/Castro Valley region.

Eden Medical Center is a regional trauma center and features many centers of excellence, including neuroscience, orthopedics, rehabilitation, birthing, imaging, and stroke and cancer care. Built for 21st-century medicine, the medical center combines compassionate, patient-centered care with state-of-the-art technology in a modern, LEED-certified facility.

B. About Eden Medical Center Community Health

Community benefit programs and activities provide treatment and/or promote health and healing as a response to community needs; they are not provided for marketing purposes.

Community benefit:

- Generates a low or negative financial return
- Responds to needs of special populations, such as people living in poverty and other disenfranchised individuals
- Supplies services or programs that would likely be discontinued—or would need to be provided by another not-for-profit or government provider—if the decision was made on a purely financial basis
- Responds to public health needs
- Involves education or research that improves overall community health

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 25 years (SB 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals conduct a CHNA and develop an IS Plan every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

The development of the 2022 CHNA report has been a comprehensive process, from data collection and analysis to the identification of the prioritized needs and was guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the County were captured through key informant interviews and focus groups; opinions were sought from key informants serving communities experiencing health inequities and disparities.

D. Description of the CHNA Process

The CHNA was a collaborative examination of health in Alameda County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied a social determinants of health framework and examined Alameda County's social, environmental, and economic conditions that impact health in addition to other factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the County.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations[2] whose health is disproportionately affected across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to in this report as "Priority Communities," as well as disparities among the County's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

This CHNA utilized a mixed-methods approach. The Alameda and Contra Costa Counties Hospital CHNA Group, community partners, and consultants reviewed secondary data available through Kaiser Permanente's Community Health Data Platform and compiled additional data from national, statewide, and local sources to provide a descriptive picture of health in Alameda County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, primary data were collected via key informant interviews conducted by Applied Survey Research (ASR) and focus groups conducted by Alameda County Public Health Department. Primary data offered a wide range of perspectives on the issues with the greatest impact on the health of County communities. The data also provided examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated, an approach using multiple sources of data to enhance the credibility of the outcomes. This enabled the identification of the top health needs in the County and supported development of a health need profile summarizing key data points and findings for each health need.

[2] California Department of Health Care Access and Information (2022). HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations. Accessed July 6, 2022 from https://hcai.ca.gov/wp-content/uploads/2022/03/Hospital-Community-Benefits-Plans-Program-Vulnerable-Populations-Fact-Sheet-February-2022-ADA.pdf

A multi-step process was conducted to rank the health needs. The key findings from the CHNA primary and secondary data analysis were shared with 14 representatives from organizations serving diverse low-income populations experiencing health inequities. A series of meetings was held to review data and prioritize the health needs. Final prioritization was reached through a voting process conducted with meeting attendees. The methods used to conduct the CHNA, the data collected, and the resulting prioritized community health needs are presented in this report and appendices.

II. Community Served

A. Definition of Community Served

Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda County was the overall service area, with each hospital adding additional focus on their specific service area.

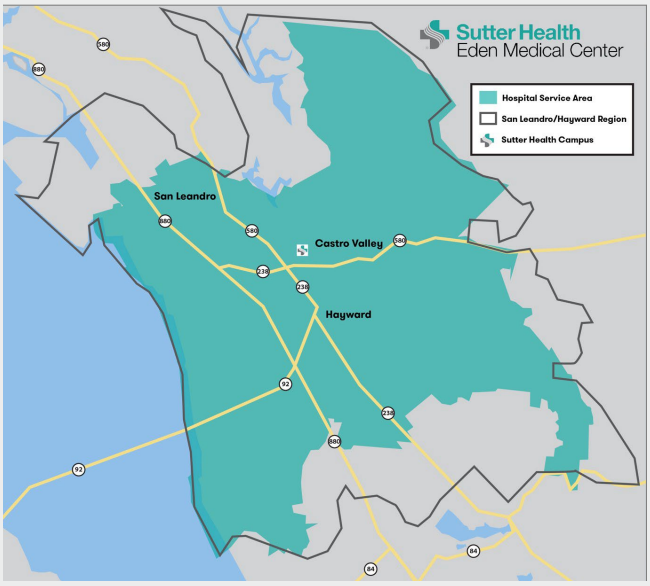
The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Eden Medical Center is located in Castro Valley in the Central Alameda County region. Eden Medical Center's hospital service area includes 10 ZIP codes surrounding the hospital and its neighboring communities.[3] As previously noted, the medical center collaborated on the 2022 CHNA with other healthcare facilities serving Alameda County. Thus, the local data gathered for the assessment represent residents across the service areas of the participating hospitals, including the cities of San Leandro and Hayward, as well as unincorporated areas including Castro Valley, Ashland and Cherryland.

The map below (Figure 2) shows the alignment of the Central Alameda County region with Eden Medical Center's service area.

B. Map and Description of Community Served

Figure 2. Eden Medical Center Service Area Map



[3] Eden Medical Center's service area covers ZIP codes 94541, 94542, 94544, 94545, 94546, 94552, 94577, 94578, 94579, and 94580

i. Demographic Profile and Other Characteristics of Community Served

The 2022 CHNA for Eden Medical Center placed particular emphasis on the health issues and contributing factors that impact populations with disproportionately poorer health outcomes. Priority Community Profiles were developed to present local data as a complement to the county wide data reported elsewhere in the CHNA. The profiles include demographics, data on root causes of health, and additional statistics. See Appendix F for more information on the Healthy Places Index scores.

Eden Medical Center has identified Ashland, Cherryland, Castro Valley, and Hayward as Priority Communities in the Central Alameda County service area. The profiles include a map, demographics, data on root causes of health, and additional statistics on homelessness. The profiles highlight disparities experienced by populations residing in these geographies and aim to guide development of intervention strategies to address identified health needs and promote health equity.

The tables in the Priority Community Profiles compare data for the priority community to data for the overall County to illustrate how the population in the priority community differs from the County.

Central Alameda County Priority Communities: Ashland, Cherryland, Castro Valley, Hayward

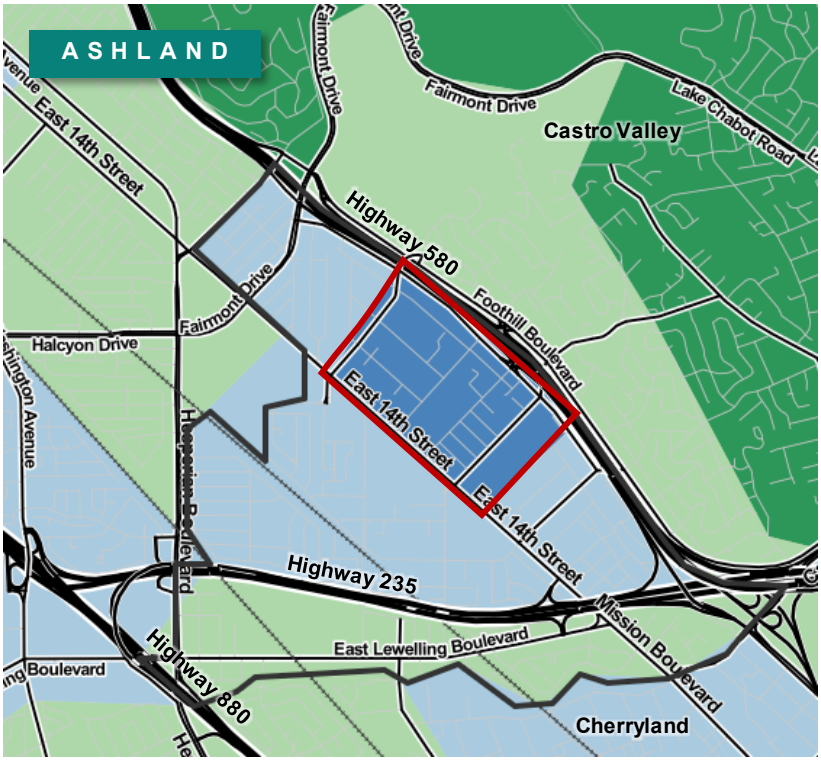
Ashland, Cherryland, Castro Valley and Hayward, located in central Alameda County, reflect the diverse population and geographic disparities existing in the County. Ashland, Cherryland and Castro Valley are unincorporated areas within Alameda County and Hayward is a city. This profile presents demographic data and data on root causes of health for each community, a Census Tract within each community, and Alameda County overall, including scores from the Healthy Places Index 2.0 (HPI)[4]. The HPI 2.0 includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

The Priority Community Profiles were developed in 2021 and used the HPI 2.0 data/website, prior to the release of HPI 3.0 in 2022. Identification and prioritization of health needs were based on multiple primary and secondary data sources, including the Kaiser Permanente Community Health Data Platform.

[4] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Ashland is home to 24,430 people.

Figure 3. Healthy Places Index for Census Tracts in Ashland



This map[3] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in ASHLAND, highlighting inequities among Ashland's neighborhoods. Most of Ashland received a low HPI score, though the Census on Ashland's borders have higher HPIs. The lowest HPI Census Tract in Ashland, Census Tract 4339, is outlined in red and ranks in the bottom quarter of CA communities at 22%.

Overall HPI Score Percentile:

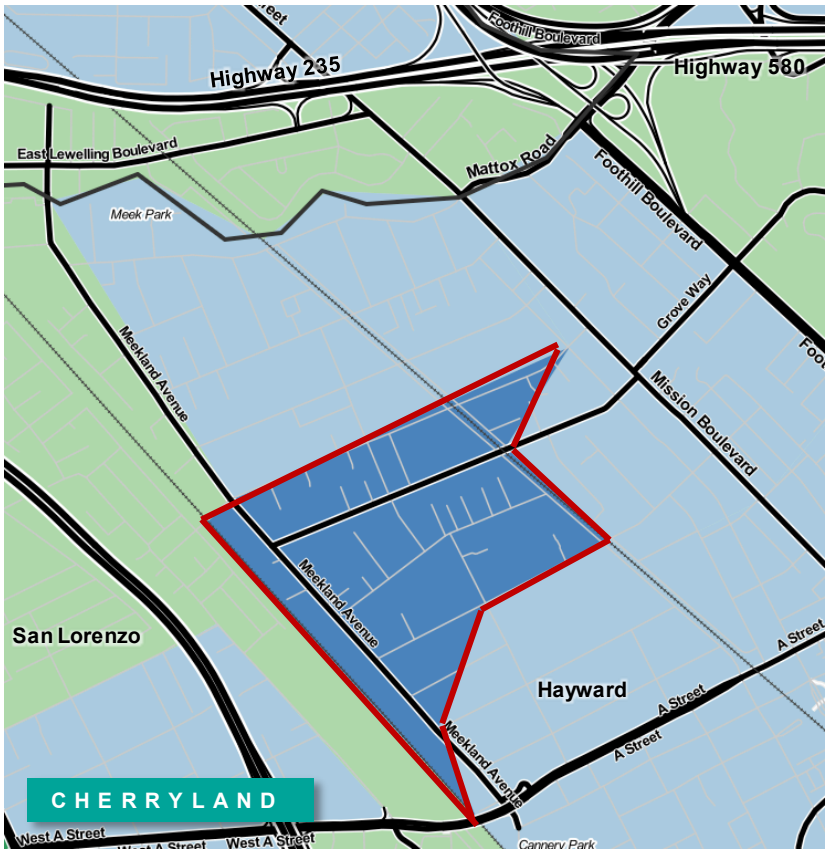
0-25% 26-50% 51-75% 76-100%

Ashland's population is 45% Hispanic (Latinx) along with significant White (38%), Asian (24%), Other (16%) and Black/African American (14%) populations (Table 1). Ashland's lowest HPI Census Tract, 4339 (population of 7,685[5]), has a smaller proportion of Hispanic (Latinx) residents (41%) and just under a quarter of residents are Black/African American (23%), with representation from White (34%) and Asian (16%) populations. The percentage of people living in poverty is higher in Ashland (14%) and its lowest HPI Census Tract (16%) than Alameda County overall (9%) (Table 2). Ashland (19%) and its lowest HPI Census Tract (21%) have double the percentage of children (0-18) in poverty as compared to Alameda County (10%); there is substantial poverty among seniors (>65) (29%) in the lowest HPI Census Tract—nearly three times that of the county overall (10%). Nearly a quarter of Ashland residents (24%) do not have a high school diploma and the percentage of residents with no diploma is higher (29%) in Ashland's lowest HPI Census Tract.

[5] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4339. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001433900&tid=ACSDP5Y2019.DP055

Cherryland is home to 16,066 residents.

Figure 4. Healthy Places Index for Census Tracts in Cherryland



This map[5] illustrates the HPI for Census Tracts in CHERRYLAND, highlighting inequities among Cherryland's neighborhoods. Most Census Tracts in Cherryland have HPI scores among the bottom half of CA communities. The lowest HPI Census Tract in Cherryland, Census Tract 4356.01, is outlined in red and ranks in the bottom quarter of CA communities, with an HPI score of 18%.

Overall HPI Score Percentile:

0-25% 26-50% 51-75% 76-100%

Cherryland's population is 56% Hispanic (Latinx) and 45% White (Table 1). There is significant representation from Other (25%), Black/African American (13%) and Asian (10%) residents. Cherryland's lowest HPI Census Tract (population 5,662[7]) has a similar racial/ethnic make-up. The percentage of residents living in poverty in Cherryland (18%) is twice that of Alameda County. Over a quarter of Cherryland's children live in poverty (Table 2). Cherryland's lowest HPI Census Tract has a lower rate of children living in poverty (19%) than Cherryland, but these rates are substantially higher than the county poverty rate (10%). The rate of seniors living in poverty in the lowest HPI Census tract (11%) is similar to the county. Unemployment in Cherryland (8%) is double Alameda County's unemployment. A quarter of residents in Cherryland and 27% of its lowest HPI Census Tract residents do not have a high school diploma, more than double that of residents in the county.

[6] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

[7] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4356.01. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001435601&tid=ACSDP5Y2019.DP05

Table 1. Ashland and Cherryland Demographic Characteristics[8,9,10,11,12]

Category	Group	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Alameda County
Race	White	38%	34%	45%	38%	39%
	Black	14%	23%	13%	13%	11%
	Asian	24%	16%	10%	13%	31%
	Other	16%	15%	25%	30%	11%
	Multiracial	6%	8%	3%	4%	6%
	American Indian/Alaska Native	1%	3%	1%	<1%	<1%
	Native Hawaiian/Pacific Islander	1%	1%	3%	2%	<1%
Ethnicity	Hispanic	45%	41%	56%	57%	22%
	Non-Hispanic	55%	59%	44%	43%	78%
Gender	Female	53%	55%	47%	51%	51%
	Male	46%	45%	53%	49%	49%
Age	Under 5	7%	10%	7%	8%	6%
	5-9	7%	5%	7%	8%	5%
	10-19	13%	13%	12%	14%	12%
	20-44	40%	40%	38%	42%	38%
	45-64	25%	25%	26%	23%	25%
	>65	8%	7%	10%	5%	14%

Table 2. Ashland and Cherryland Socioeconomic Status[13,14,15,16,17]

Indicator	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Alameda County
Living in poverty (<100% Federal Poverty Level)	14%	16%	18%	13%	9%
Children (0-18) in poverty	19%	21%	26%	19%	10%
Seniors (>65) in poverty	15%	29%	16%	11%	10%
Unemployment	7%	11%	8%	5%	4%
Uninsured population	6%	7%	7%	5%	5%
Adults with no high school diploma	24%	29%	25%	27%	12%

[8] United States Census Bureau (2019). American Community Survey. Demographic Information for Ashland. https://data.census.gov/cedsci/table?q=ashland%20ca%20acs

[9] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4339. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001433900

[10] United States Census Bureau (2019). American Community Survey. Demographic Information for Cherryland. https://data.census.gov/cedsci/table?q=cherryland%20ca%20acs

[11] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4356.01. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001435601

[12] United States Census Bureau (2019). American Community Survey. Demographic Information for Alameda County. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

[13] United States Census Bureau. https://data.census.gov/cedsci/table?q=ashland%20ca%20acs

[14] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001433900

[15] United States Census Bureau. https://data.census.gov/cedsci/table?q=cherryland%20ca%20acs

[16] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001435601

[17] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

Root Causes of Health

Ashland's overall Healthy Places Index rating is in the bottom third of CA at 33% while Alameda County's healthiest communities rank above 89% of the state (Table 3). Ashland's lowest HPI Census Tract performs in the bottom quarter of CA communities at 22%. Ashland and its lowest HPI Census Tract score lower than Alameda County's healthiest communities on economic, housing, education, social, transportation and healthcare indicators. The neighborhood and clean environment indicators are similar for Ashland, its lowest HPI Census Tract, and the County.

Cherryland's overall Healthy Places Index rating is better than only 29% of CA communities and low compared to Alameda County's healthiest communities (Table 3). Cherryland's lowest HPI Census Tract scores at 18%, below the majority of CA communities. Cherryland scores lower than the healthiest Alameda County communities on economics, housing, education, social conditions, healthcare access, transportation, and neighborhood indicators; Cherryland's lowest HPI Census Tract scores even lower on most of these categories. While Cherryland scores slightly below the County's healthiest communities on clean environment, Cherryland's lowest HPI Census Tract scores above the County's healthiest communities in this category.

Table 3. Healthy Places Index (HPI) Rankings of Root Causes of Health[18]

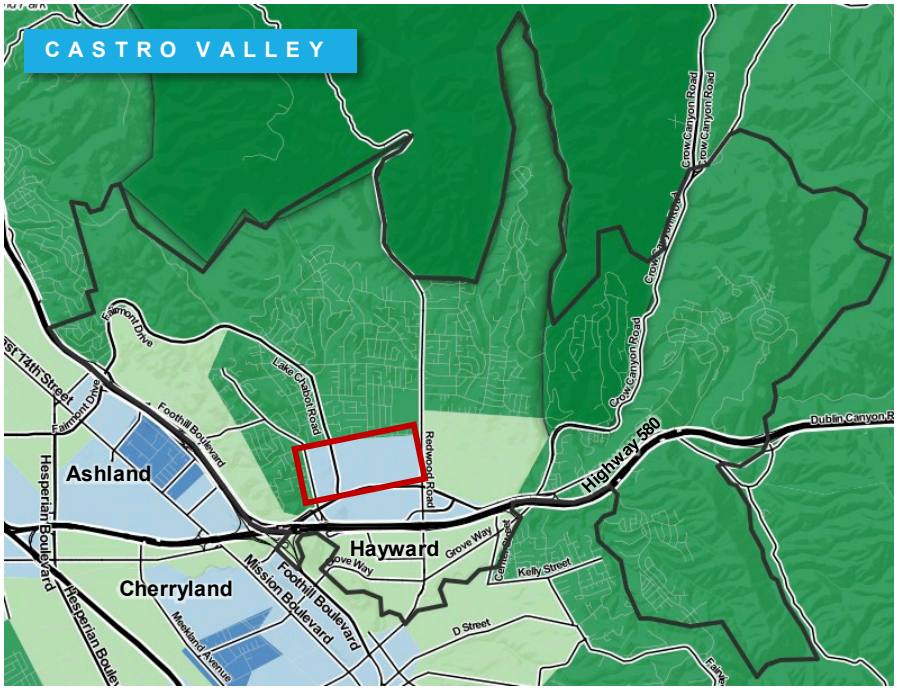
Category	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	33	22	29	18	89	
Economic	39	19	42	32	89	• Employment • Median Income
Housing	10	7	17	24	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	32	41	7	2	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	11	7	18	29	43	• Two Parent Households • Voting in 2012
Healthcare Access	33	36	40	27	86	• Insured
Transportation	78	51	49	21	95	• Automobile Access • Active Commuting
Neighborhood	49	53	25	24	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	77	89	66	79	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

[18] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

Castro Valley, the largest unincorporated community in Alameda County, is home to 63,013 people.

Figure 5. Healthy Places Index for Census Tracts in Castro Valley



This map[18] illustrates variation in the HPI for Census Tracts in CASTRO VALLEY, highlighting inequities among Castro Valley's neighborhoods. While most of Castro Valley has high HPI scores, its lowest scoring Census Tract, 4309, outlined in red on the map, ranks in the bottom half of CA communities, with an HPI score of 43%.

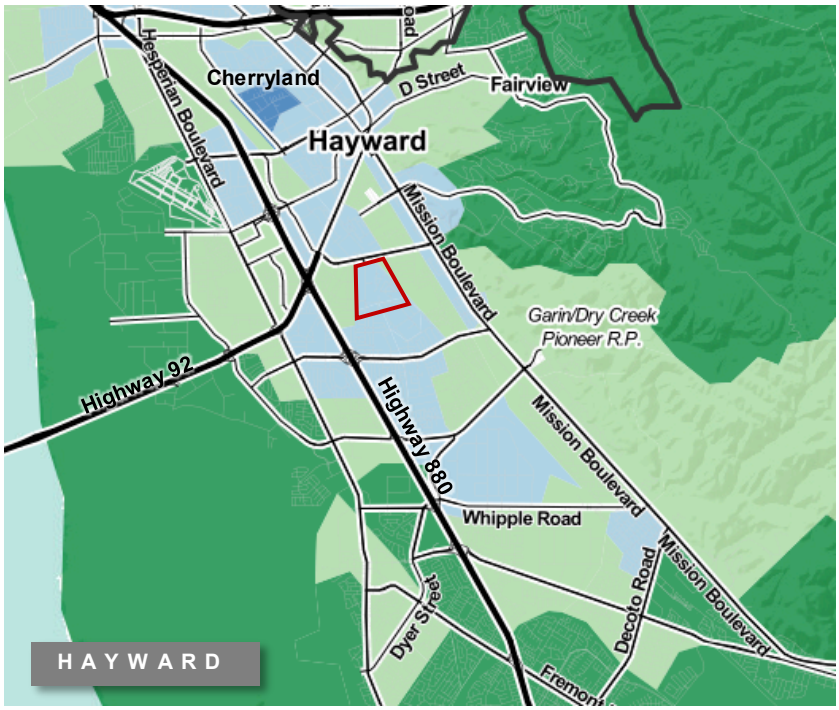
The population of Castro Valley is just over one quarter Asian and 53% White (Table 4). There are smaller proportions of Hispanic (Latinx) and Black/African American residents at 15% and 8%. With a population of 5,309[20], Castro Valley's lowest HPI Census Tract's population is majority White (59%), with representation from Hispanic (Latinx) (21%), Asian (19%) and Black/African American (10%) populations. The percentage of Castro Valley residents living in poverty is lower than Alameda County overall for adults (7% versus 9%), children (8% versus 10%) and seniors (6% versus 10%) (Table 5). Castro Valley's lowest HPI Census Tract has double the percentage of residents living in poverty (21%) and nearly triple the percentage of children (29%) in poverty when compared with Castro Valley and the county. The Castro Valley population has fewer adults without a high school diploma (8%) and a slightly smaller uninsured population (3%) than Alameda County (Table 5), while Castro Valley's lowest HPI Census Tract has higher unemployment (7%) and a higher percentage of adults without a high school diploma (15%) than Castro Valley and the county (8%, 12%).

[19] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

[20] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4309. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001430900&tid=ACSDP5Y2019.DP05

Hayward is home to 159,293 people.

Figure 6. Healthy Places Index for Census Tracts in Hayward



This map[20] illustrates variation in the HPI for Census Tracts in HAYWARD, highlighting inequities among Hayward's neighborhoods. Many Census Tracts in Central Hayward have HPI scores among the bottom half of CA communities. The lowest HPI Census Tract in Hayward, 4375, is outlined in red and ranks near the bottom quarter of CA communities at 26%.

Hayward's population is diverse; 39% of the population identify as Hispanic (Latinx), while Asians and Whites each account for approximately 30% of the population (Table 4); 21% of the population identifies as Other and 9% identify as Black/African American. Hayward's lowest HPI Census Tract (population 4,531[22]) is 66% Hispanic (Latinx) and 39% White, with representation from Other (36%) and Asian (16%) populations. Hayward and its lowest HPI Census Tract have similar economic characteristics (Table 5) to Alameda County overall, although they each have a smaller percentage of seniors in poverty (7% Hayward, 6% lowest HPI Census Tract, 10% Alameda County) and a substantially larger proportion of adults without a high school diploma (17% Hayward, 29% lowest HPI Census Tract, 12% Alameda County) (Table 5).

[21] Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

[22] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4375. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001437500&tid=ACSDP5Y2019.DP05

Table 4. Castro Valley and Hayward Demographic Characteristics[23,24,25,26,27]

Category	Group	CASTRO VALLEY		HAYWARD		
		Castro Valley	Lowest HPI Census Tract (4309)	Hayward	Lowest HPI Census Tract (4375)	Alameda County
Race	White	53%	59%	29%	39%	39%
	Black	8%	10%	9%	3%	11%
	Asian	27%	19%	30%	16%	31%
	Other	3%	3%	21%	36%	11%
	Multiracial	7%	8%	8%	5%	6%
	American Indian/Alaska Native	1%	1%	<1%	<1%	<1%
	Native Hawaiian/Pacific Islander	<1%	<1%	3%	<1%	<1%
Ethnicity	Hispanic	15%	21%	39%	66%	22%
	Non-Hispanic	85%	79%	61%	34%	78%
Gender	Female	51%	52%	49%	51%	51%
	Male	49%	48%	51%	49%	49%
Age	Under 5	6%	8%	5%	8%	6%
	5-9	6%	9%	5%	8%	5%
	10-19	11%	11%	12%	20%	12%
	20-44	31%	37%	40%	37%	38%
	45-64	30%	21%	25%	18%	25%
	>65	16%	14%	13%	9%	14%

Table 5. Castro Valley and Hayward Socioeconomic Status[28,29,30,31,32]

Indicator	Castro Valley	Lowest HPI Census Tract (4309)	Hayward	Lowest HPI Census Tract (4375)	Alameda County
Living in poverty (<100% Federal Poverty Level)	7%	21%	9%	11%	9%
Children (0-18) in poverty	8%	29%	10%	10%	10%
Seniors (>65) in poverty	6%	11%	7%	6%	10%
Unemployment	4%	7%	4%	5%	4%
Uninsured population	3%	3%	5%	4%	5%
Adults with no high school diploma	8%	15%	17%	29%	12%

[23] United States Census Bureau (2019). American Community Survey. Demographic Information for Castro Valley. https://data.census.gov/cedsci/table?q=castro%20valley%20acs

[24] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4309. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001430900

[25] United States Census Bureau (2019). American Community Survey. Demographic Information for Hayward. https://data.census.gov/cedsci/table?q=Hayward%20ca%20acs

[26] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4375. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001437500

[27] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

[28] United States Census Bureau. https://data.census.gov/cedsci/table?q=castro%20valley%20acs

[29] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001430900

[30] United States Census Bureau. https://data.census.gov/cedsci/table?q=Hayward%20ca%20acs

[31] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001437500

[32] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

Root Causes of Health

Castro Valley's overall Healthy Places Index score is higher than 80% of CA communities but slightly lower than Alameda County's healthiest communities which rank above 89% of CA communities (Table 6). Castro Valley's lowest HPI Census Tract scores in the bottom half of CA communities at 43%. Castro Valley ranks appreciably lower than the healthiest Alameda County communities on education while the lowest HPI Census Tract ranks substantially lower in economic, housing, education, social and neighborhood indicators. Castro Valley's lowest HPI Census Tract performs better than Alameda's healthiest communities on clean environment.

Hayward's overall Healthy Places Index rating is better than 58% of CA communities, but notably worse than Alameda County's healthiest communities which score above 89% of CA (Table 6). Hayward's lowest HPI Census Tract scores near the bottom quarter of CA communities. Hayward scores substantially lower than Alameda County's healthiest communities in economic, education, housing and healthcare access indicators. Hayward's lowest HPI Census Tract scores substantially lower than Hayward overall and the County's healthiest communities on economics, education, healthcare access, and transportation. Hayward and its lowest HPI Census Tract score better than Alameda County's healthiest communities and the majority of CA communities on neighborhood and environment measures.

Table 6. Healthy Places Index (HPI) Rankings of Root Causes of Health[33]

Category	Castro Valley	Lowest HPI Census Tract (4309)	Hayward	Lowest HPI Census Tract (4375)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	80	43	58	26	89	
Economic	81	43	65	16	89	• Employment • Median Income
Housing	69	31	24	26	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	68	30	44	28	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	56	22	29	48	43	• Two Parent Households • Voting in 2012
Healthcare Access	81	79	46	21	86	• Insured
Transportation	89	82	81	20	95	• Automobile Access • Active Commuting
Neighborhood	49	4	75	89	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	85	93	77	89	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

[33] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

Homeless Point in Time (PIT) Count

Ashland, Cherryland, and **Castro Valley** are unincorporated areas in Alameda County and do not have data for the homeless PIT count.[29]

Hayward's homeless population is small but notable, accounting for approximately 6% of the total Alameda County homeless count. Just under half of the residents experiencing homelessness in Hayward are White (48%) (Table 7), with substantial Black/African American (24%) and Latinx/Hispanic (21%) homeless populations.

Table 7. Point in Time Counts by Race and Ethnicity

Category		Race/Ethic Group	Hayward	Alameda County
Homeless PIT Count in 2019[28]			487	8,022
PIT Count by Race and Ethnicity	**Race**	White	48%	31%
		Black	24%	47%
		Asian	2%	2%
		Other/Multiracial	14%	14%
		American Indian/Alaska Native	5%	2%
		Native Hawaiian/Pacific Islander	6%	2%
	Ethnicity	Latinx/Hispanic	21%	17%

Suicide Rate in Ashland, Cherryland, Castro Valley and Hayward[31]

Ashland & Cherryland: Ashland has a suicide rate of 9 per 100,000 population (data are either unavailable or at 0 per 100,000 population for all races/ethnicities in Ashland). The suicide rate for Ashland is higher than Alameda County's suicide rate of 7.7 per 100,000 population. Cherryland does not have suicide rate data available.

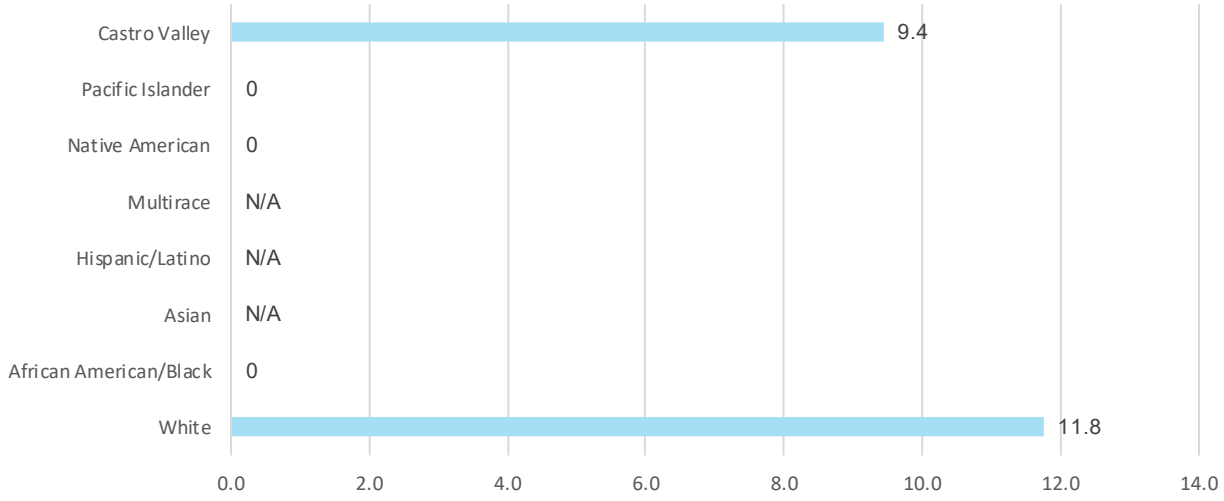
[34] Everyone Home (2019). Point in Time Count Report for Alameda County. https://everyonehome.org/wp-content/uploads/2019/07/2019_HIRDReport_Alameda_FinalDraft_8.15.19.pdf

[35] Everyone Home (2019). Point in Time Count Report for Hayward. https://everyonehome.org/wp-content/uploads/2019/12/2019-Hayward-Final-Report.pdf

[36] Alameda County Public Health Department Community Assessment Planning and Evaluation, with data from CCDF 2016-2021

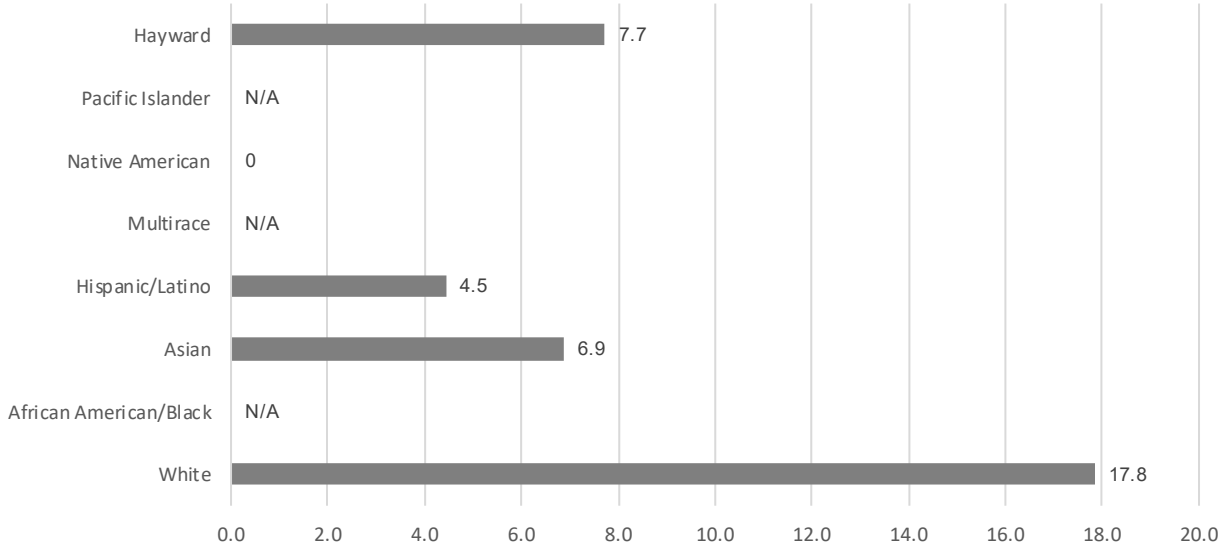
Castro Valley's suicide rate is just over 9 per 100,000 people (Figure 7). The suicide rate for the White population is higher than Castro Valley's rate. In addition, the suicide rate for Castro Valley is higher than Alameda County's suicide rate of 7.7 per 100,000 population. Data are unavailable or at 0 per 100,000 population for all other races/ethnicities in Castro Valley.

Figure 7. Castro Valley Age-Adjusted Suicide Rate per 100,000 population



Hayward has a suicide rate just under 8 per 100,000 population, equal to Alameda County's suicide rate (Figure 8). The suicide rate for the White population is more than double Hayward's rate. The Asian and Hispanic/Latino populations have suicide rates below Hayward's rate. Data are unavailable or at 0 per 100,000 population for all other races/ethnicities in the City.

Figure 8. Hayward Age-Adjusted Suicide Rate per 100,000 population



III. Who Was Involved in the Assessment?

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

Eden Medical Center was part of the Alameda and Contra Costa Counties Hospital CHNA Group that worked with the following partners (Figure 9).

Figure 9. CHNA Partners

Alameda and Contra Costa Counties Hospital CHNA Group
John Muir Health
Sutter Health
St. Rose Hospital
Stanford Health Care ValleyCare
UCSF Benioff Children's Hospitals

Partners
Kaiser Permanente
Alameda County Public Health Department
Contra Costa Health Services

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

Eden Medical Center contracted with Ad Lucem Consulting (www.adlucemconsulting.com), a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting (www.adlucemconsulting.com) has developed numerous CHNA reports and IS Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

ASR (www.appliedsurveyresearch.org) is the consultant hired by Kaiser Permanente Alameda and Contra Costa service areas to prepare their 2022 CHNA, including conducting key informant interviews. Secondary data charts/tables and interview data were generously shared with members of the Alameda and Contra Costa Counties Hospital CHNA Group and are included in this CHNA report. ASR also convened community stakeholders and hospital representatives to review service area data and participate in a health need ranking process. ASR is a social research organization dedicated to helping people build better communities through measuring and improving organizational impact and services and quality of life. ASR has a strong history of working with vulnerable populations and extensive experience working with public and private agencies, federal and local government, health and human service organizations, cities and county offices, school districts, institutions of higher learning and charitable foundations.

IV. Process and Methods Used to Conduct the CHNA

A. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members via key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from public health and other public agencies, community organizations, and members of medically underserved, low-income, and underrepresented populations. See Appendix A for a complete list of individuals who provided input.

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

ASR conducted 43 key informant interviews with individuals from organizations serving Alameda County, representing diverse sectors (Figure 10). The key informants were identified collaboratively by Kaiser Permanente, the public health agencies and members of the Alameda and Contra Costa Counties Hospital CHNA Group.

All interviews were conducted in English and followed a standard set of interview questions. Confidentiality was assured at the beginning of each interview and interviewers took detailed notes during the call.

Figure 10. Sectors Represented by Key Informants

- Children/youth/families
- Communities of color
- Formerly incarcerated
- Immigrants/undocumented
- LGBTQIA+
- Older adults
- People with disabilities
- Unhoused
- Violence survivors

Interview topics: Interview questions were developed by ASR (see Appendix B for a complete list of interview questions). Questions addressed the following topics:

- Priority placed on 2019 health needs
- Other priority health needs
- Impact of COVID-19 on priority health needs
- Challenges to addressing priority health needs
- Sources of information on health needs
- Strategies to address priority health needs
- Health inequities and disparities
- Strategies to address inequities/disparities
- Existing community resources to address priority health needs

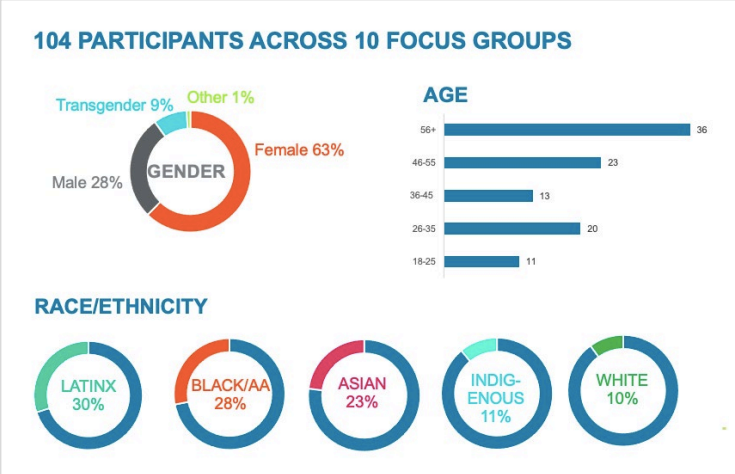
Data Analysis: ASR delivered a spreadsheet containing individual interviewee responses and key themes to Ad Lucem Consulting. The themes were further organized by Ad Lucem Consulting into the health needs defined by the Kaiser Permanente Community Health Data Platform. The number of mentions for all themes related to a particular health need were tallied to develop an interview data score. Health needs were assigned points based on the frequency of mentions of the health need by key informants. Points for each health need were tallied across interviewees to develop interview scores for health need

priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

Focus Group Methodology

Ten community resident focus groups were conducted in geographic areas within Northern and Central Alameda County and the Tri Valley area. Three groups were conducted in English, four were conducted in Spanish, one in Vietnamese, one in Cantonese, and one in a combination of English and Spanish. Participants were from underserved, low-income, senior, unhoused, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally and others), and diverse racial/ethnic communities (Vietnamese, Cantonese, Black/African American, Indigenous, and Latinx).

Figure 11. Alameda County Focus Group Participant Profile*



** Percentages may not add to 100 and numbers may not add to 104 due to rounding and non response to specific demographic questions.*

The Alameda County Public Health Department conducted the focus groups. Public Health staff recruited participants in partnership with community organizations, organized logistics and facilitated the focus groups. Each focus group session averaged 60 minutes and was audio recorded.

Public Health staff collected focus group participant demographics (see Figure 11) through a screener survey. Focus group recordings were transcribed and translated into English as needed. Focus group transcripts were delivered to Ad Lucem Consulting for analysis. Participants received a $25 gift card as a thank you for their time and engagement.

Focus group question guide: The focus group questions were developed by the Alameda and Contra Costa Counties Hospital CHNA Group based on focus group questions from the Hospitals' 2019 CHNA. The focus group guide was designed by Ad Lucem Consulting based on previous work. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish. Focus group facilitators adjusted the questions as needed to ensure participant comprehension and maximize interaction.

The scripted focus group guide was used to ensure consistency across groups. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete list of focus group questions, see Appendix C. Questions addressed the following topics:

- Facilitators and barriers to health in the community
- Priority health needs facing the community and why they are important
- Priority given to behavioral health, economic security, and access to care

- Impact of COVID-19 on health needs
- Strategies that are working to address health issues and new strategies needed
- Health inequities and disparities and strategies to reduce inequities and disparities

Data Analysis: Focus group transcripts were reviewed and coded to identify prominent themes. Health topics discussed by focus group participants were organized into the health need categories defined by the Kaiser Permanente Community Health Data Platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. Points for each health need were tallied across focus groups to develop scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

B. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

The Hospital CHNA Group used the Kaiser Permanente Community Health Data Platform (https://public.tableau.com/app/profile/kp.chna.data.platform/viz/CommunityHealthNeedsDashboard-AllCountiesinKPStates/Starthere) to review a core set of approximately 100 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. This platform allows users to view, map and analyze indicators, understand racial/ethnic disparities, and compare local indicators with state and national benchmarks.

Additional data sources were used to inform the health need prioritization and health need profiles, including the Healthy Places Index (https://healthyplacesindex.org/), data from the Alameda County Public Health Department, California Health Interview Survey, California Healthy Kids Survey, the Bay Area Equity Atlas, KidsData.org and Point In Time Count reports on homelessness.

Specific sources and dates for secondary data are listed in Appendix D. Appendix E presents data for Central Alameda County and Alameda County from the Kaiser Permanente Community Health Data Platform.

C. Written Comments

Eden Medical Center provided the public an opportunity to submit written comments on the facility's previous CHNA Report. As of the time of this CHNA report development, Eden Medical Center had not received written comments about the previous CHNA report.

This CHNA report will be publicly available by December 31, 2022 (https://www.sutterhealth.org/for-patients/community-health-needs-assessment). Eden Medical Center will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by May 15, 2023. Feedback and comments about the 2022 CHNA and 2022-2024 Implementation Strategy plan can be submitted to SHCB@sutterhealth.org and will be considered as part of the community input component in the development of Eden Medical Center's 2025-2027 CHNA.

D. Data Limitations and Information Gaps

The Kaiser Permanente Community Health Data Platform includes approximately 100 secondary indicators that provide comprehensive data to identify the broad health needs faced by a community. The supplemental indicators included in this CHNA to describe the Priority Communities provide additional measures of factors influencing health. However, there are limitations with regard to these measures, as is true with any secondary data:

- Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs.
- Data illustrating racial/ethnic disparities in the Kaiser Permanente Community Health Data Platform were only available based on population composition for a given geography.
- A number of indicators reported rely on the Census/American Communities Survey which may be based on small sample sizes and are estimates rather than actual measures.
- Data are not always collected on a yearly basis, and some data are several years old.
- The COVID-19 pandemic had an impact on both socioeconomics and health and exacerbated existing racial/ethnic disparities;[37] the impact of the pandemic is not necessarily captured by the secondary data presented in the CHNA as most of this data was collected pre-pandemic.

Primary data collection and the health need ranking processes are also subject to the following limitations and information gaps:

- Themes identified during interviews and focus groups were dependent upon the experience of individuals selected to provide input; input from a carefully selected, diverse group of key informants and focus group participants sought to minimize this bias (Appendix A).
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meeting.

[37] Center for Disease Control and Prevention (January 2022). Health Equity Considerations and Racial and Ethnic Groups. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

V. Identification and Prioritization of the Community's Health Needs

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, health needs are defined as including the elements essential to improving or maintaining health status in the community at large and in particular parts of the community, such as particular geographies or populations experiencing health inequities. Essential elements may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive collection, analysis, and interpretation of primary and secondary data (Figure 12).

Figure 12. Health Need Identification and Prioritization Process

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

Measures in the Kaiser Permanente 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 Alameda County.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower, 0: no need) based on how many measures were 20% or more worse than the California average.

Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on a 0-4-point scale, based on the number of times the theme was mentioned. Both the Data Platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

Each data collection method was assigned a weight, based on rigor of the data collection method, timeliness, and ability to describe inequities/disparities. Primary data (key informant interviews and focus groups) were weighted significantly more than the secondary data to prioritize timely input from diverse, underserved communities. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest.

The eight highest scoring health needs were presented at meetings attended by the Alameda and Contra Costa Counties Hospital CHNA Group, Kaiser Permanente and community partners.

Data were explored for a number of health needs (cancer, chronic disease and disability, climate and environment, family and social support, Healthy Eating/Active Living (HEAL) opportunities, substance use, sexual health, transportation) that were scored, but not discussed at the health needs ranking meeting due to their low scores.

B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were employed to prioritize the list of health needs for Alameda County:

- **Severity:** How severe the health need is (potential to cause death or disability)
- **Magnitude or scale:** The number of people affected by the health need
- **Clear disparities or inequities:** Differences in health outcomes by subgroups (based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others)
- **Community priority:** The community prioritizes the issue over other issues
- **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems

ii. Prioritization Process

A process was conducted to rank the health needs and identify the top priority health needs during a virtual meeting. In partnership with Kaiser Permanente Community Health Managers, ASR contacted community leaders including county health, partner hospitals, and community organization leaders to attend a county-level group meeting to rank top health needs for service areas falling within Alameda County. The meeting was attended by 14 participants serving diverse low-income populations experiencing health inequities, including: hospital representatives, Alameda County Public Health Department, Community Health Center Network, Alameda County Office of Education and The California Endowment (a health funder). ASR presented qualitative and quantitative findings for the top eight health needs identified using matrix results calculated from sources such as key informant interviews, focus groups and data from the Kaiser Permanente Community Health Data Platform. Representatives affiliated with each service area ranked the health needs on a scale of 0-4, with 0 being "not a priority" to 4 being a "very high priority." Each organization voted once for their respective service areas and vote values were averaged.

C. Prioritized Description of Health Needs

The process resulted in the following prioritized health needs, presented from highest to lowest ranking per the process described in section B.ii above. Detailed profiles for each health need highlighting findings from key informant interviews, focus groups and secondary data are presented below.

Behavioral Health

What is the Health Need?

Behavioral health includes mental health, emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.[38] Behavioral health also includes substance use, which impacts many aspects of health and often co-occurs with mental health disorders. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health.[39] Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members.[40]

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- Almost all key informants (93%) and 2 of 9 focus groups identified behavioral health as a top priority health need.
- Many key informants stated that mental and behavioral health concerns are the number one health issue for the communities they serve. They described intense distress about the level of need among their clients, especially because much of the current need is going untreated.
- Focus group participants and key informants reported a high need for behavioral health services for Alameda County children and that there are long wait times for services. According to key informants, school-based behavioral health services, described as the most convenient and cost-effective way to reach children, were largely unavailable during the pandemic and have yet to return fully to many schools.
- In Central Alameda County schools, key informants reported that bullying and harassment are severe problems, and students there would benefit greatly from an increased presence of school-based counselors.
- Key informants serving Central Alameda County discussed the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They mentioned the

> **Focus group participant thoughts on BEHAVIORAL HEALTH overall:**
> "If I asked my mom, 'Do you take care of yourself or do you understand what mental health is?' I know she would say, 'No, what is that? What does it mean? What does it look like?' Education in the Mam [an indigenous Mayan group from western Guatemala and southern Mexico] community is needed so that they can understand that it exists or what it looks like."

[38] Office of Disease Prevention and Health Promotion. (2018). Mental Health and Mental Disorders.
[39] Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.
[40] Czeisler MÉ , Lane RI, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.

importance of acknowledging that when basic needs are unmet, struggles with mental health are exacerbated.

Inequities

- Many focus group participants of color or from immigrant communities have experienced or continue to experience trauma due to racially or culturally motivated violence.
- Key informants described a lack of bilingual and bicultural behavioral health care providers in Alameda County, stating that patients prefer and feel more comfortable with a racially or culturally congruent provider. Focus group participants expressed frustration with long waitlists for behavioral health services for those who do not speak English or need a provider with specialist training.

> **Key informant thoughts on BEHAVIORAL HEALTH inequities:** "There are not enough Latinx or African American/Black mental health providers. South Asian groups have also been very underserved…We haven't built that much trust with the community. It's due to the lack of representation."

- Key informants pointed to a shortage of trained providers for LGBTQIA+ residents; LGBTQIA+ focus group participants spoke of the intense trauma that many within their community have experienced and continue to live with, and the significant barriers to receiving the behavioral health care needed to recover and heal.
- Central Alameda County focus group participants listed several barriers to receiving behavioral healthcare services, including lack of financial resources, cultural differences in understanding mental health and misinformation about how to manage trauma.

Impact of COVID-19

- The COVID-19 pandemic exacerbated existing mental health issues among Alameda County residents, according to many key informants and focus group participants, and caused feelings of depression, anxiety, fear, boredom, isolation, and despair.
- Many key informants noted mixed results from the switch to phone/online behavioral health services during the pandemic, describing that some patients preferred remote care, which reduced COVID-19 exposure and removed transportation barriers. Key informants reported that other residents who lacked privacy, a computer/phone with a reliable internet connection, or the technological know-how to navigate e-visits, were effectively cut off from receiving behavioral health services.
- One key informant from Central Alameda County mentioned that the Asian Pacific Islander community has a long history of stigma related to mental illness and has been especially impacted since the start of the pandemic by anti-Asian racism and rhetoric.

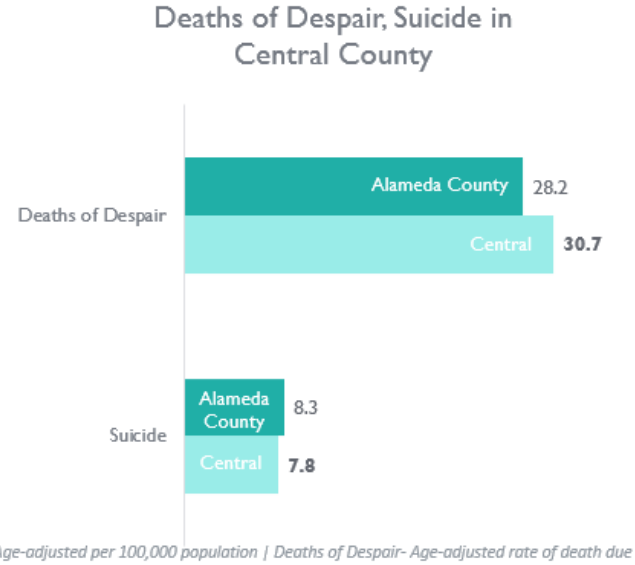
Behavioral Health Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Central Alameda County is experiencing higher rates of deaths of despair compared to Alameda County overall (31 versus 28 per 100,000 population) (Figure 13).

- The rate of deaths of despair for Black/African American residents in Central Alameda County (54 per 100,000 population) is substantially higher than the area overall (Figure 14).
- Almost 20% of high school aged children report feelings of sadness and hopelessness (Figure 15).

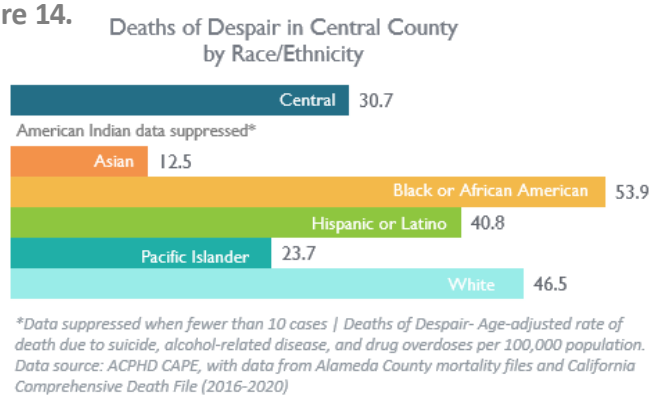
Figure 13.



Age-adjusted per 100,000 population | Deaths of Despair- Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population. Data source: ACPHD CAPE, with data from Alameda County mortality files and California Comprehensive Death File (2016-2020)

Data visuals created by ASR, 12/2021

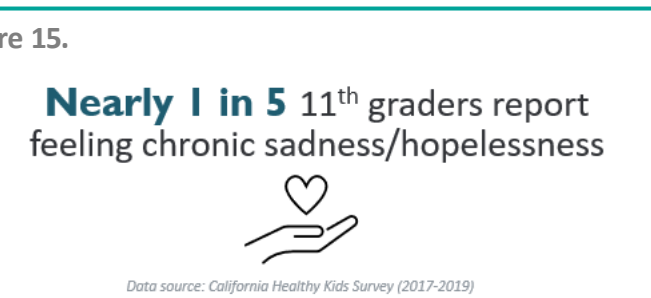
Figure 14.



**Data suppressed when fewer than 10 cases | Deaths of Despair- Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population. Data source: ACPHD CAPE, with data from Alameda County mortality files and California Comprehensive Death File (2016-2020)*

Data visuals created by ASR, 12/2021

Figure 15.



Data visuals created by ASR, 12/2021

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care.[41] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[42] Homelessness is correlated with poor health; poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.[43]

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- Almost all key informants (91%) and nearly half of focus groups (4 of 9) identified housing and homelessness as a top priority health need.
- Alameda County key informants and focus group participants concurred that housing challenges negatively impact residents' ability to obtain other basic needs (food, employment, healthcare, and childcare) and result in poor mental and physical health.
- County residents needing assistance with housing often need assistance in other areas, which makes for complex case management, according to key informants. Agencies assisting residents with these needs are overwhelmed and unable to meet demand for services.
- Key informants stated that housing costs are prohibitively high for many residents of Alameda County and that there are insufficient affordable housing units; this results in limited neighborhood choice and forces some residents to tolerate unhealthy, overcrowded, or unsafe living conditions.
- Key informants serving Central Alameda County perceived that issues related to homelessness and unhoused residents are becoming more apparent in a number of communities in the County including San Leandro and Ashland.

> **Key informant thoughts on HOUSING and HOMELESS overall:**
> "All systems have to change at the same time. It goes as deep as the planning department. How is it that Ashland got the most low-income housing, but no parks or jobs?"

Inequities

- Specific Alameda County populations are more likely to become unhoused, and key informants expressed concern that not enough housing support is available for these vulnerable groups:

[41] U.S. Department of Housing and Urban Development. (2018). Affordable Housing.

[42] Pew Trusts/Partnership for America's Economic Success. (2008). The Hidden Costs of the Housing Crisis. See also: The California Endowment. (2015). Zip Code or Genetic Code: Which Is a Better Predictor of Health?

[43] National Health Care for the Homeless Council. (2011). Care for the Homeless: Comprehensive Services to Meet Complex Needs.

Black/African American, Latinx, LGBTQIA+, immigrants, seniors, women fleeing domestic violence, those with disabilities, and people experiencing mental illness or addiction.

- According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors.
- Key informants within Central Alameda County highlighted the need for more shelters specifically serving LGBTQIA+ populations.

Key Informant thoughts on HOUSING and HOMELESS inequities:
"Any need becomes unmet because of homelessness. You're basically a refugee in your own space. The aging homeless population is growing. When you are homeless, you can shave another ten years of your life."

Impact of COVID-19

- Key informants reported that the pandemic has caused data collection on the unhoused population to all but cease, making it difficult to thoroughly understand current needs.
- According to focus group participants, many residents living on the edge of homelessness have been pushed into overcrowded living conditions. They believe this led to increased transmission of the COVID-19 virus.
- The end of the COVID-19 eviction moratorium, which protected many Alameda County residents from losing their housing, was a pressing issue for key informants who expressed fear about the potentially devastating impact for residents living on the edge of homelessness.

Communities Disproportionately Impacted

Based on Priority Community Profiles

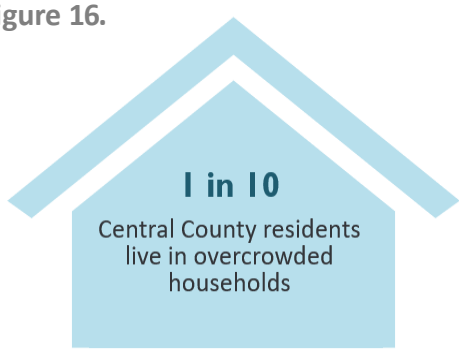
- Ashland's housing quality/affordability ranks below 90% of CA communities, while Alameda County's Healthiest communities rank at 50%.
- Hayward's housing quality/affordability ranks in the bottom quarter of all CA communities (24%) while Alameda County's Healthiest communities rank at 50%.

Housing and Homelessness Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the median rental cost is 17% higher than the CA average ($1972 vs $1689) (Appendix E).
- Alameda County rates worse on the housing affordability index (HAI) than the CA average (77 vs 88 out of 100) (Appendix E). The HAI index has a value of 100 when a median-income family has sufficient income to purchase a median-priced existing home.
- In Central Alameda County, 10% of residents live in overcrowded conditions (Figure 16).

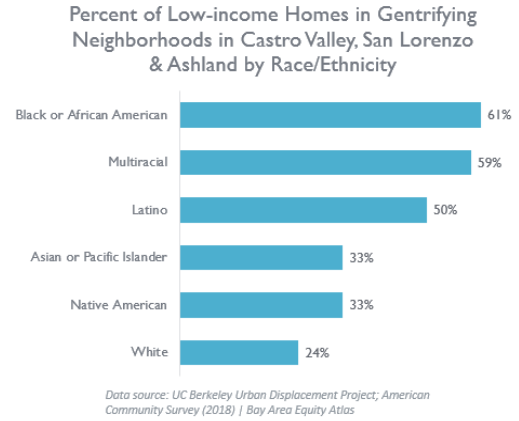
Figure 16.



Data visuals created by ASR, 12/2021

- Gentrification is a measure of who is at risk of displacement from their home, often from fast and steep increases in rent prices. In Castro Valley, San Lorenzo and Ashland, 61% of Black/African American residents live in low-income housing in neighborhoods at risk of gentrifying, followed by 59% of multiracial residents and 50% of Latino residents (Figure 17).
- Households with housing costs that are greater than 30% but less than 50% of monthly income are defined as experiencing a moderate housing cost burden and are at risk of housing instability. Several ZIP code areas surrounding Hayward, which have higher Latinx/Hispanic populations than the County, have more households with moderate housing cost burdens than CA overall (Figure 18).

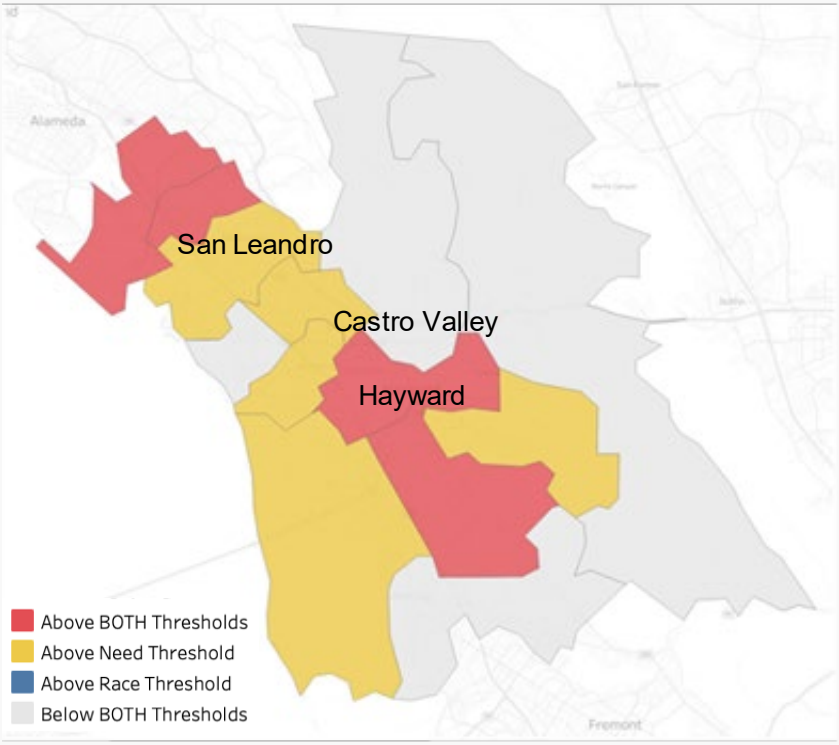
Figure 17.



Data visuals created by ASR, 12/2021

Figure 18.

MODERATE HOUSING COST BURDEN, CENTRAL ALAMEDA COUNTY, 2020 Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage experiencing moderate housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Education

What is the Health Need?

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime.[44] Individuals with at least a high school diploma do better on a number of measures than high school dropouts, including income, health outcomes, life satisfaction, and self-esteem.[45] Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household did not complete high school.[46] Moreover, the majority of jobs in the U.S. require more than a high school education.[47] Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement.[48]

What Community Stakeholders Say About Education

Based on key informant interviews and focus groups

Overall

- 12% of key informants and 4 of 9 focus groups listed education as a health need for Alameda County (though none listed it as a top priority health need).
- Key informants and focus groups participants believe that community health education, specifically in immigrant communities, can help to alleviate disparities in access to care and resources to help meet basic needs.
- Most elementary, middle, and high schools lack a Family Resource Center, according to key informants serving Central Alameda County, which they perceive makes a noticeable difference in terms of students' health, educational attainment, and parent engagement.

Focus group participant thoughts on EDUCATION overall:
"The children lost many experiences through video classes. There are excellent teachers, but there are many teachers who are not."

Inequities

- Focus group participants discussed the need for more education for immigrant communities on behavioral health and the types of services that could be available to them in the US.

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[44] Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.
[45] Insight Center for Community Economic Development. (2014). www.insightcced.org
[46] Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03*
[47] Insight Center for Community Economic Development. (2014). www.insightcced.org
[48] United States Department of Education. (2021). Education in the Pandemic: The Disparate Outcome of COVID-19 on American's Students. https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf.

- Key informants discussed the need within immigrant communities for more access to and assistance with educational opportunities. They stated that children from immigrant families need more tutoring and mentoring, which many families cannot afford.
- Several key informants noted the disparities in educational attainment for children of color. They felt that this can be directly linked to a lack of targeted services for these children, which then leads to the under-representation of people of color in higher-paying jobs.

Key informant thoughts on EDUCATION and inequities:
"Anti-blackness in education is very real, and we find that there are things in our curriculum and discipline procedures that are traumatizing."

- Key informants serving Central Alameda County suggested that school districts incorporate anti-bias and anti-racism training into their employment practices for administrators, teachers, and staff.

Impact of COVID-19

- Focus group participants reported that many children were often absent from school due to COVID-19 related illness, the long-term effects of which have yet to be realized.
- Focus group participants from Central Alameda County expressed concern about the negative impacts of the COVID-19 pandemic on their children's schooling. Though distance learning worked well for some students and teachers, parents felt that it left many children feeling unsupported and left behind, and some teachers struggled with the switch to an online format.

Communities Disproportionately Impacted

Based on Priority Community Profiles

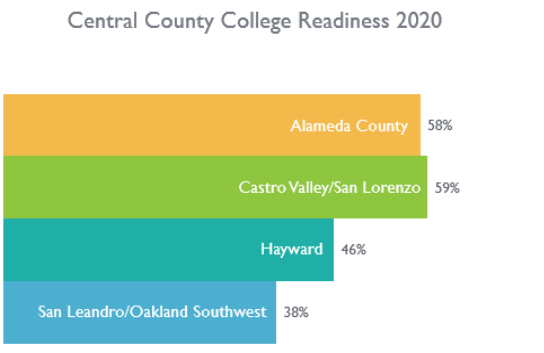
- The percentage of adults without a high school diploma in Ashland (24%) and Cherryland (25%) is more than double the County's average (12%).
- Cherryland's least healthy Census Tract (according to the Healthy Places Index) ranks below 98% of CA communities on education measures while Alameda County ranks above 91% of CA communities.

Education Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Lower levels of college readiness among high school graduates, as defined by meeting the University of California and California State University course requirements, are seen in San Leandro and Hayward compared to Alameda County overall (58%) (Figure 19).

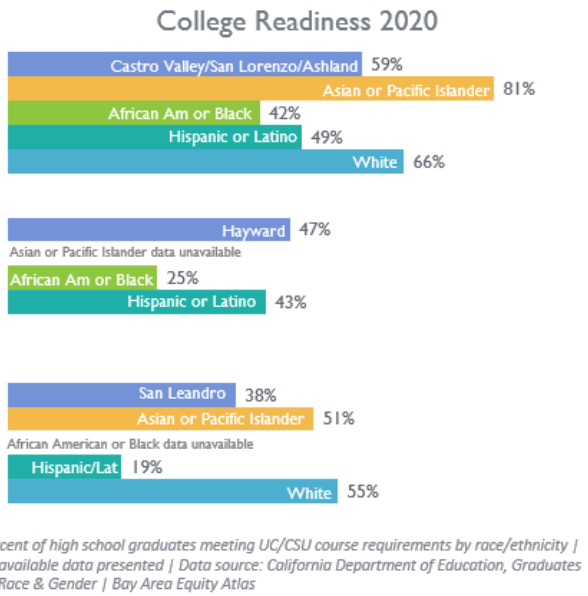
Figure 19.



Data visuals created by ASR, 12/2021

- Lower levels of college readiness are seen among Black/African American and Hispanic/Latino high school graduates in Castro Valley/San Lorenzo/Ashland, Hayward and San Leandro in comparison to overall college readiness in these communities (Figure 20).
- Some ZIP codes areas surrounding Hayward that have a higher percentage of Latinx (Hispanic) residents than the County have lower rates of preschool enrollment than CA overall (Figure 21).

Figure 20.

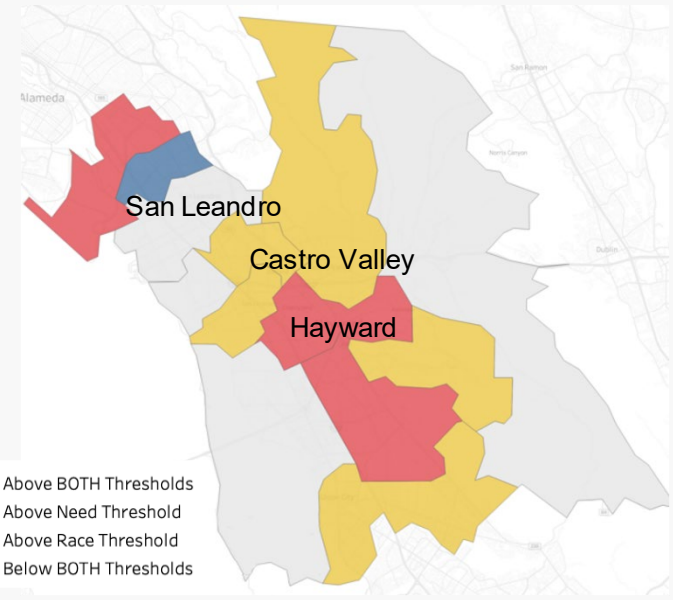


Data visuals created by ASR, 12/2021

Figure 21.

PRESCHOOL ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower percentage of preschool enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes.[49] Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes.[50] In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices.[51] Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.[52]

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 26% of key informants (11 of 43) and 4 of 9 focus groups listed community and family safety as a top priority health need.
- Key informants noted a recent dramatic rise in gun violence in Cherryland, Ashland and Hayward, which has caused physical and mental trauma to communities. Key informants discussed the negative impacts of gun violence on students in schools and reported that fear of gun-related violence prevents residents from accessing necessary medical care.
- Focus group participants linked mental illness, domestic violence, and waste dumping to community crime and violence.
- One Central Alameda County key informant noted that domestic violence is one of the top three categories of calls received by the Sheriff's department (along with substance use and behavioral health).

Inequities

- Many Alameda County key informants perceived community violence as a symptom of trauma due to racism and stated that eliminating racism across all sectors will promote healing and safety, preventing trauma before it happens.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and inequities:
"In the Black community, people of color, especially women, have real, emotional, traumatizing events that occur on a daily basis (the micro-aggressions) and there is no outlet for them to express how they feel."

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and inequities:
"Violence is a symptom of trauma…. If racism is a form of trauma, how do we interrupt racism in healthcare, education, policing, etc.?"

[49] Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, *360*(9339), 1083–1088.
[50] Ozer, E.J. & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. Journal of Adolescent Health, 39(1), 73–79.
[51] Liberman, A.M. & Fontaine, J. (2015). Reducing Harms to Boys and Young Men of Color from Criminal Justice System Involvement. Urban Institute. https://www.issuelab.org/resources/22861/22861.pdf
[52] Norton, R., Hyder, A.A., Bishai, D., Peden, M., et al. (2007). "Unintentional Injuries," *Disease Control Priorities in Developing Countries.*

- Key informants pointed to a rise in violent crime directed at Alameda County's Asian communities.
- Focus group participants and key informants reported that the Black/African American community suffered more threatening behavior and targeted attacks than other racial/ethnic groups, likely a result of the social and political upheaval in 2020 and 2021.
- Key informants serving Central Alameda County perceived that policing practices in the County criminalize people of color, especially Black/African American residents.

Impact of COVID-19

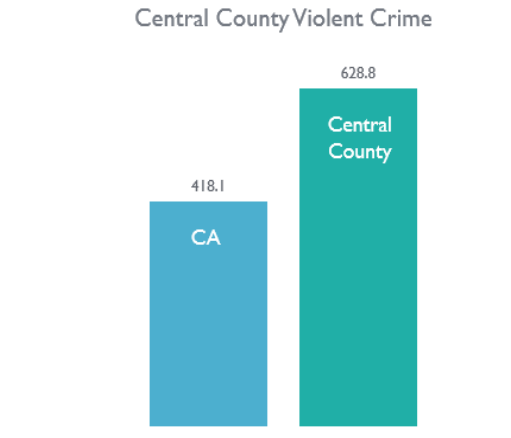
- Many focus group participants felt that communities had become less safe during the COVID-19 pandemic. LGBTQIA+, seniors, and Black/African American focus group participants expressed fear of violence while out in public, and perceived law enforcement as not adequately present or effective in managing crime.
- Asian residents have felt targeted since the beginning of the pandemic, according to Central Alameda County key informants, which has led to fear and trauma.

Community and Family Safety Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

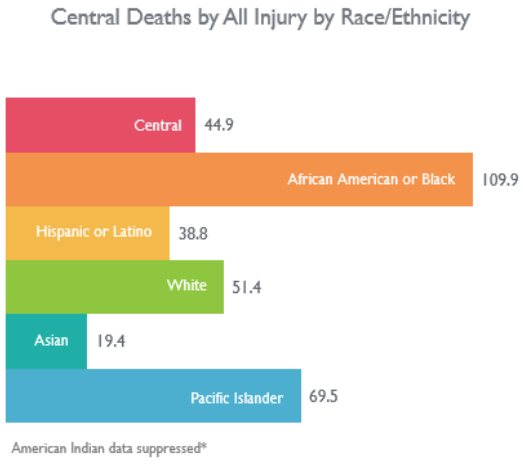
- The rate of violent crimes is higher in Central Alameda County than CA overall (Figure 22).
- Black/African American residents of Central Alameda County have a rate for deaths caused by all injuries that is more than twice as high as the rate for all of Central Alameda County (Figure 23).

Figure 22.



Data visuals created by ASR, 12/2021

Figure 23.



Data visuals created by ASR, 12/2021

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life.[53] Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake; disrupted eating patterns; and anxiety about food insufficiency.[54] Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups.[55] Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges.[56] The COVID-19 pandemic further exacerbated food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.[57]

Focus group participant thoughts on FOOD SECURITY and COVID-19:
"There are many people who lost their jobs, therefore they did not have money to pay the rent and they could no longer buy food."

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- 40% of key informants (17 of 43) identified food security as a top priority health need. Food security was discussed in 6 of the 9 focus groups, though none identified it as a top need.
- Food banks provided food to many of the focus group participants, but focus group participants noted that much of the available food is canned or non-perishable rather than preferred fresh produce and meat, and few food banks offered culturally specific items such as tortillas or corn flour.
- Many key informants spoke of a burgeoning "food as medicine" movement in Alameda County. This cross-sector approach links food distribution, healthcare, nutrition programming, agriculture, and employment to address multiple needs concurrently.
- Key informants serving Central Alameda County suggested that more physicians should adopt the "food as medicine" practice of prescribing healthy foods to patients.

Key informant thoughts on FOOD SECURITY overall:
"The 'food as medicine' model makes sense. Growing produce for people who were prescribed that food reduces food insecurity, improves economic development, and [supports] regenerative agriculture."

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[53] U.S. Department of Agriculture, Economic Research Service. (2018). Food Security in the U.S.
[54] U.S. Department of Agriculture, Economic Research Service. (2018). Definitions of Food Security.
[55] Odoms-Young, A., & Bruce, M. A. (2018). Examining the Impact of Structural Racism on Food Insecurity: Implications for Addressing Racial/Ethnic Disparities. *Family & community health, 41 Suppl 2 Suppl, Food Insecurity and Obesity*(Suppl 2 FOOD INSECURITY AND OBESITY), S3–S6. https://doi.org/10.1097/FCH.0000000000000183
[56] Healthy People 2020 (2018). Food Insecurity.
[57] Morales, D. X., Morales, S. A., & Beltran, T. F. (2021). Racial/Ethnic Disparities in Household Food Insecurity During the COVID-19 Pandemic: a Nationally Representative Study. Journal of racial and ethnic health disparities, 8(5), 1300–1314. https://doi.org/10.1007/s40615-020-00892-7

Inequities

- Key informants expressed particular concern for populations at highest risk for food insecurity, including unhoused Alameda County residents and populations who may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families).
- Many residents need more help with signing up for CalFresh, according to Central Alameda key informants. Reasons that may be affecting enrollment rates can include disability, language barriers or lack of accessible technology.

Impact of COVID-19

- According to key informants, many families experienced an increase in food insecurity due to the COVID-19 pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached.
- Key informants described the difficulty many residents experienced trying to access food distribution services during the pandemic due to the switch from in-person to online registration and communication, which was difficult for residents already more likely to experience food insecurity (seniors, non-English speakers, visually impaired).
- Focus group participants reported that many small grocery/convenience stores closed because of the pandemic, and remaining stores raised food prices, especially for fresh produce.
- One focus group participant from Central Alameda County discussed the difficulty that some people experienced with trying to access food banks after the start of the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- Supermarket access in Cherryland's least healthy Census Tract (according to the Healthy Places index) is in the bottom half of CA communities (45%), substantially worse than Alameda County overall which ranks better than 93% of CA communities.

Food Security Data

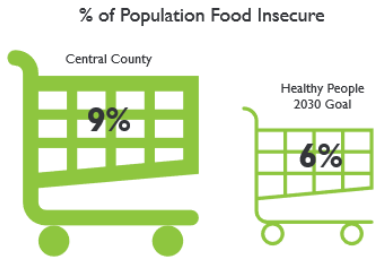
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Alameda County has just under 140,000 adults and children receiving CalFresh food assistance (Appendix D).
- The current food insecurity rate in Central Alameda County (9%) is higher than the U.S. Department of Health and Human Service's Healthy People 2030 goal of 6% (Figure 24).
- A few populous areas in Central Alameda County qualify as food deserts, which is defined by the presence of poverty and the relative absence of grocery stores (Figure 25).
- Some ZIP code areas surrounding Ashland and Hayward, which have higher Black/African American and Latinx/Hispanic populations than the County average, have higher SNAP enrollment than CA overall. While this indicates that residents are disproportionately impacted by food

insecurity, utilization of food assistance resources is key to addressing food insecurity (Figures 26 and 27).

Figure 24.

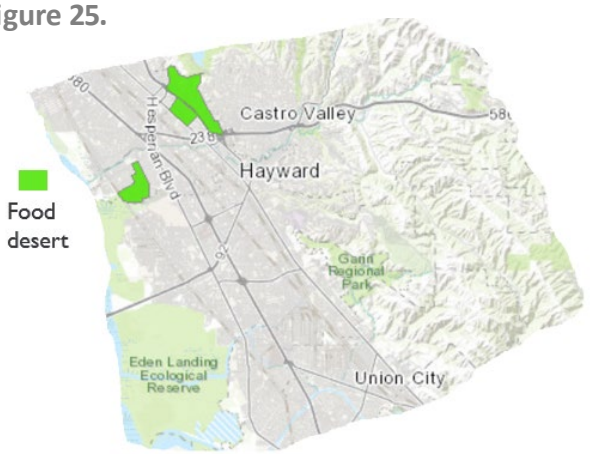
Food insecurity rate does *not* meet the Healthy People 2030 goal.



Food insecure: (low food security) reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns + (very low food security) reduced food intake (USDA.gov)
Data source: USDA Food Environment Atlas 2015 | KP Platform; Healthy People 2030: US Dept of Health and Human Services 10-year goals for public health

Data visuals created by ASR, 12/2021

Figure 25.



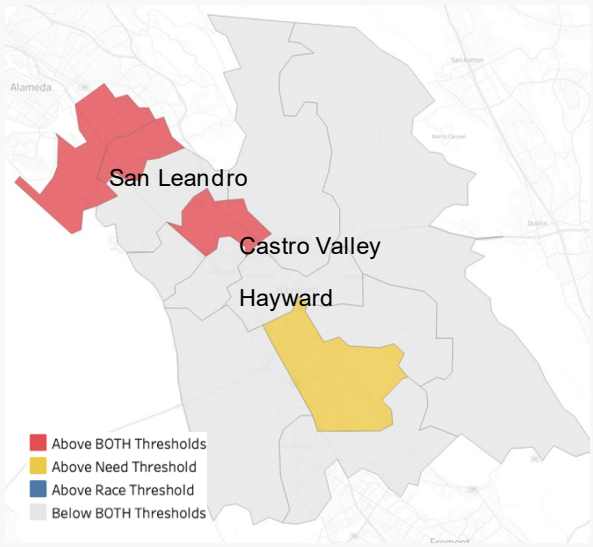
Food desert: Census tracts with both low income and low access to food. Low income: tract with poverty rate greater than 20% or median family income less than 80% median family income for state or metro area, Low access: more than 1 mile away from a grocery store in urban areas and more than 10 miles from grocery store in rural areas | Data source: USDA Food Environment Atlas 2015

Data visuals created by ASR, 12/2021

Figure 26.

SNAP ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 11% (the service area average) and a higher SNAP enrollment than the CA average.

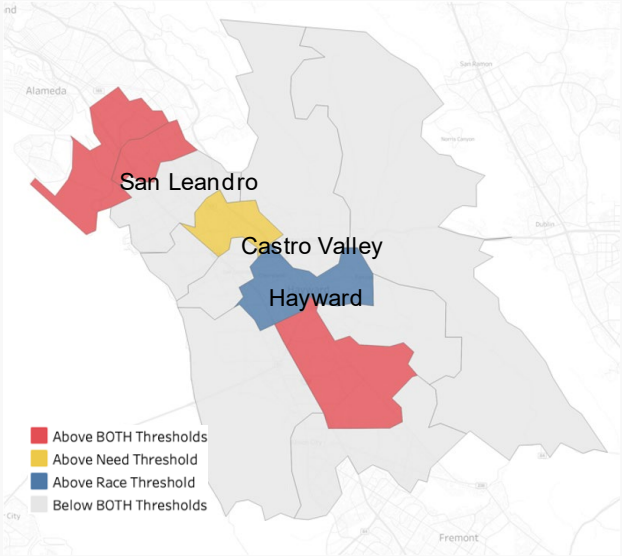


Source: Kaiser Permanente Community Health Data Platform

Figure 27.

SNAP ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs.[58] Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes.[59] The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.[60]

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- Most key informants (74%) and 6 of 9 focus groups identified economic security as a top priority health need.
- Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living.
- Several focus group participants described the challenge of having income too high to qualify for assistance (e.g., Medi-Cal) but not making enough money to cover basic needs.
- A number of key informants highlighted the interconnected nature of employment and mental and physical health. For many people, health insurance is tied to employment – job loss threatens access to healthcare for a whole family. Residents working at jobs without healthcare benefits or with limited sick leave are particularly vulnerable to stress, anxiety, and poor health outcomes.
- Focus group participants identified two major employment challenges: 1) low-wage jobs that require lengthy commutes and 2) the need to work multiple jobs simultaneously to afford basic needs.
- Key informants serving Central Alameda County perceived that residents need more potential career pathways that can provide adequate income to live in the area and afford healthy foods.

Key Informant thoughts on ECONOMIC SECURITY overall:
"We do ask callers why they are calling [for food assistance], and 38% of callers say that they are calling because of loss of income."

Focus group participant thoughts on ECONOMIC SECURITY overall:
"You lose sleep. Some people may get depressed. We have known about people who have killed themselves and abandoned their families due to the same thing, they don't have a job. They don't have a place to live, they don't have money for rent…."

Inequities

- People of color, undocumented residents, youth, seniors, formerly incarcerated individuals, "lower-skilled" workers, parents without childcare and LGBTQIA+ individuals were mentioned by focus group participants as most likely to face employment roadblocks.

[58] Prevention Institute. (2015). Making the Case with THRIVE: Background Research on Community Determinants of Health.
[59] National Research Council & Institute of Medicine. (2013). Physical and Social Environmental Factors. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Woolf, S.H., & Aron, L., editors. Washington, D.C.: National Academies Press.
[60] Office of Disease Prevention and Health Promotion. (2018). Social Determinants of Health.

- Key informants promoted the idea of universal basic income for Alameda County residents as a strategy (with evidence of success) for ending the cycle of poverty and the potential to address wrongs perpetuated by structural racism.
- Key informants serving Central Alameda County discussed the difficulty for LGBTQIA+ young people to find employment.

Impact of COVID-19

- Key informants and focus group participants reported extensive job loss due to the pandemic, reporting that despite a strong job market, many residents are not working.
- One key informant mentioned that in San Leandro, the undocumented Latinx population was particularly impacted by the economic downturn caused by the pandemic, which resulted in loss of employment and an inability to benefit from any government assistance.

Communities Disproportionately Impacted

Based on Priority Community Profiles

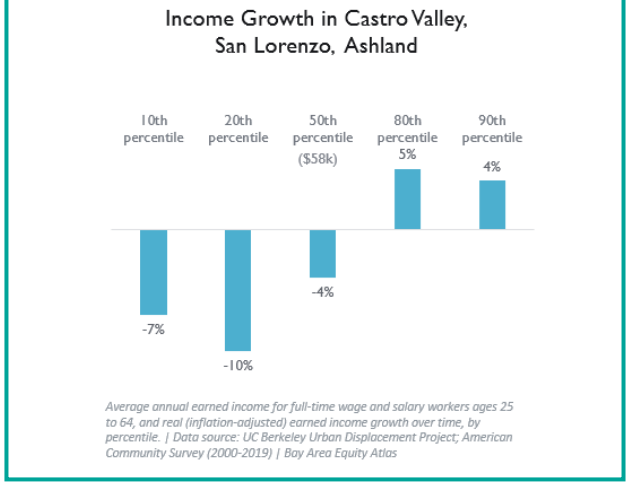
- The least healthy Census Tracts in Cherryland and Castro Valley (according to the Healthy Places Index) have child poverty rates nearly triple the County average (26% and 29% versus 10%).
- The least healthy Census Tracts in Ashland has a senior poverty nearly triple the County average (29% versus 10%).
- Hayward's least healthy Census Tract performs worse than 84% of CA communities on measures of income and employment.

Economic Security Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

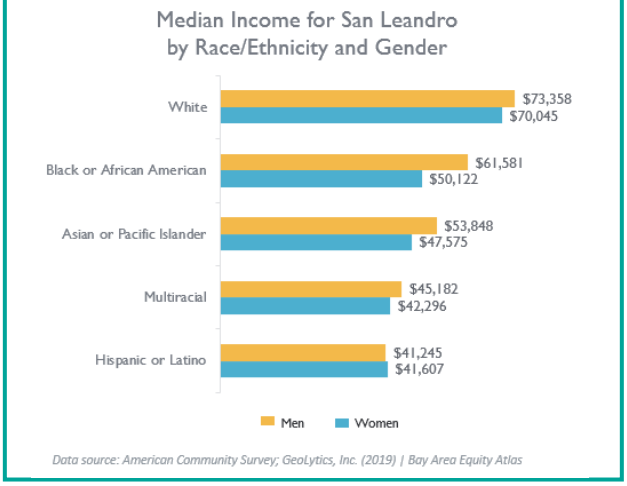
- Income growth in Castro Valley, San Lorenzo and Ashland stagnates for those at the median income mark (50th percentile) and drops for those making less than the median income in the 20th and 10th percentiles (Figure 28)
- The median income in San Leandro for Hispanic/Latino men and women is nearly half of what White residents earn (Figure 29).

Figure 28.



Data visuals created by ASR, 12/2021

Figure 29.



Data visuals created by ASR, 12/2021

Dismantling Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that have resulted in health inequities through policies, practices, and norms.[61] Centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships, and plays and creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment.[62] Data show that racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions. The COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations, is another example of these enduring health disparities.[63]

Key informant thoughts on STRUCTURAL RACISM and inequities:
"Racial inequity and racial trauma, that impacts access to health, economic security, and who's showing up for mental/behavioral health services."

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- 28% of key informants listed addressing structural racism as a top priority health need for Alameda County.
- Many key informants named structural racism as a significant health issue in their communities, as well as a contributor to the other health needs.
- Structural racism has a profound effect on health, according to key informants. Race-based inequities in access to and provision of healthcare keep many children and adults of color from receiving necessary physical or mental/behavioral health treatment, and the care they do receive is often not culturally or linguistically competent.
- One key informant serving Central Alameda County noted that combating structural racism requires changing all of the systems involved in local policymaking, which must involve action on the part of residents.

Key informant thoughts on STRUCTURAL RACISM and inequities:
"Race is the largest indicator of inequity, and this is certainly true for those who are unhoused. Inequities in homelessness are built on the inequities of wealth, which feeds into the inequities in healthcare."

Inequities

- Key informants described how racial, social, and economic inequities lead to housing insecurity. When people of color

[61] Gee, G. C., & Ford, C. L. (2011). Structural Racism and Health Inequities: Old Issues, New Directions. *Du Bois review : social science research on race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

[62] Center for Disease Control and Prevention (2021). Racism and Health: Racism is a Serious Threat to the Public's Health. https://www.cdc.gov/healthequity/racism-disparities/index.html

[63] Center for Disease Control and Prevention (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html. Accessed May 2, 2022.

become unhoused, they face barriers to accessing and receiving services and housing support. A few key informants pointed out that trans people of color, especially trans women of color, are particularly vulnerable to becoming unhoused.

- Several key informants expressed concern about inequitable practices within the educational system (related to curricula, policies, and disciplinary procedures) that create a disconnect between schools and communities of color, particularly for Black/African American communities.
- Key informants felt that people of color in Alameda County are more likely to experience violence within their communities, as a victim of crime, interpersonal aggression, and/or police brutality.
- Smaller organizations in Central Alameda County that serve marginalized or underrepresented populations frequently encounter systemic barriers to receiving or expanding funding, according to one key informant.

Impact of COVID-19

- One key informant serving Central Alameda County perceived that Black/African American, Latinx and Asian American residents may feel wary of requesting or accepting assistance from entities outside of their cultural sphere, due to historical inconsistencies in services (caused by funding gaps or changing organizational priorities). The pandemic caused these underserved communities excessive stress and anxiety, as they tried to understand their new level of need and how to find services to meet it.

Communities Disproportionately Impacted

Based on Priority Community Profiles

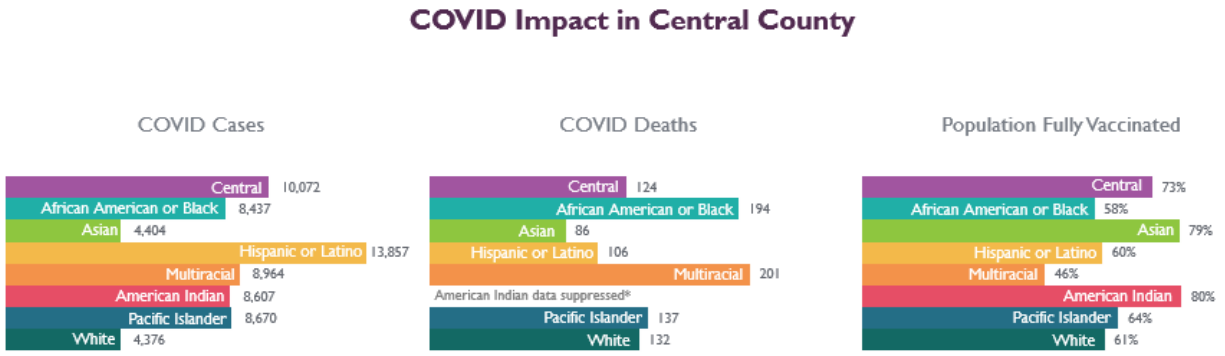
- Black/African American residents are overrepresented among Hayward's unhoused population at 24% of homeless residents, though representing only 9% of the total Hayward population (Everyone Home, 2019).
- In Hayward's least healthy Census Tract (according to the Healthy Places Index), where two thirds of residents are Hispanic (Latinx), there is a substantially higher percentage of adults with no high school diploma (29%) as compared to Hayward (17%) overall and the County average (12%).

Structural Racism Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

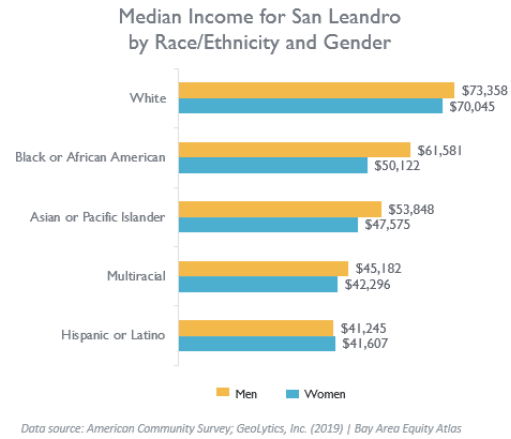
- As of Nov 20, 2021, Multiracial and Black/African American residents had the highest Central County COVID-19 death rates (201 and 194 per 100,000 population, respectively) (Figure 30).
- Black/African American, Asian Pacific Islander, Multiracial and Hispanic/Latino residents in Central Alameda County all have lower median incomes than White residents (Figure 31).
- From 2016-2020, Black/African American residents experienced substantially higher rates of deaths of despair than Central Alameda County overall (Figure 32).
- ZIP code areas surrounding Hayward, which have higher Latinx/Hispanic populations than the County, are more likely to have lower homeownership rates and lower median incomes than CA overall (Figures 33 and 34).

Figure 30.



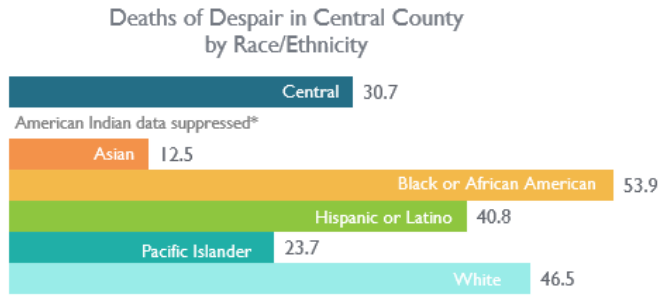
Data visuals created by ASR, 12/2021

Figure 31.



Data visuals created by ASR, 12/2021

Figure 32.

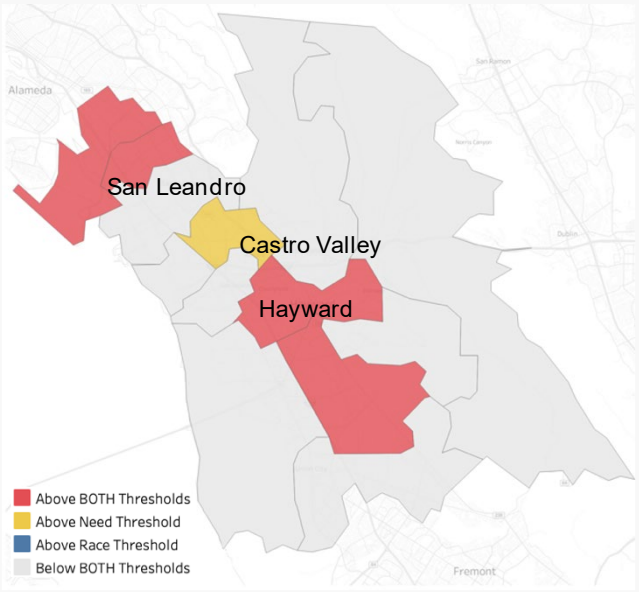


Data visuals created by ASR, 12/2021

Figure 33.

HOMEOWNERSHIP RATE, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower homeownership rate than the CA average.

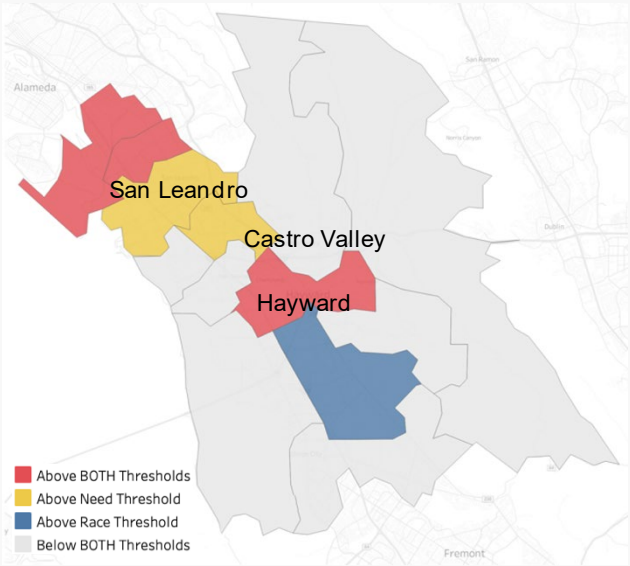


Source: Kaiser Permanente Community Health Data Platform

Figure 34.

MEDIAN HOUSEHOLD INCOME, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower median household income than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality, and transparency; and cultural competence/cultural humility.[64] Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.[65]

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- 79% of the key informants (34 of 43) and 4 of 9 focus groups identified healthcare access and delivery as a top priority health need.
- Key informants described inadequate partnerships between healthcare systems and community organizations that had incomplete information and data sharing, failed to capitalize on existing trust-based community relationships, and hindered innovation around care provision models that reach underserved communities such as mobile or pop-up clinics.
- Several key informants mentioned that the cost of care and lack of or inadequate insurance is a barrier to accessing quality healthcare.
- Key informants and focus group participants in Central Alameda County noted that students are in need of more dental services and that families in this area often forgo insurance because of prohibitively high costs.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:

"It is not the same to talk to doctors or nurses on the phone than to have the doctor in person and to be able to tell him all the places where I feel pain and for him to do a physical medical check-up. I am not satisfied with a single phone call, I need him to see me in person."

Inequities

- Focus group participants and key informants perceived healthcare providers' increasing reliance on online communications/appointments as helpful for many, increasing the likelihood that needed care was received and eliminating transportation challenges. At the same time, there were concerns that the pivot to online services impeded access to healthcare for populations that lack reliable internet or an understanding of how to use technology, especially for seniors, those with certain disabilities, non-English speakers, and undocumented residents.

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

[65] Center for Disease Control and Prevention (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

- Focus group participants and key informants emphatically stated that language and cultural barriers persist within healthcare settings, specifically citing a lack of interpreters for diverse languages, which disincentivizes many residents from seeking needed care.
- Key informants said that partnerships between health care and community-based organizations can be particularly useful when serving populations requiring specific skills or expertise, such as migrants or refugees, people who identify as LGBTQIA+, those who are unhoused, and adolescents. Individuals in these groups may be more likely to seek out necessary healthcare when an organization or entity representing their perspective is involved.
- LGBTQIA+ focus group participants described interactions with providers who misgendered them, identified them by former names, and seemed unaware of appropriate LGBTQIA+ terminology, leaving patients feeling judged, discriminated against, and less likely to continue care.
- Key informants serving Central Alameda County expressed concern about ageism impacting the quality of care received by senior residents and their ability to receive proper diagnoses.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:
"The way we structured healthcare is not inclusive of other methods. For example, BIPOC [Black, Indigenous, and people of color] communities do not always want medication or drugs, but rather food or acupuncture, and these approaches can be less costly and even preventative."

Impact of COVID-19

- A number of key informants described County residents' continuing reluctance to get COVID-19 vaccines, due in part to mistrust of medical professionals, suggesting that work is necessary to build trust and overcome vaccine hesitancy.
- Key informants reported that many testing sites within Central Alameda County did not offer any language/translation services, and when they did it was usually only English and Spanish.

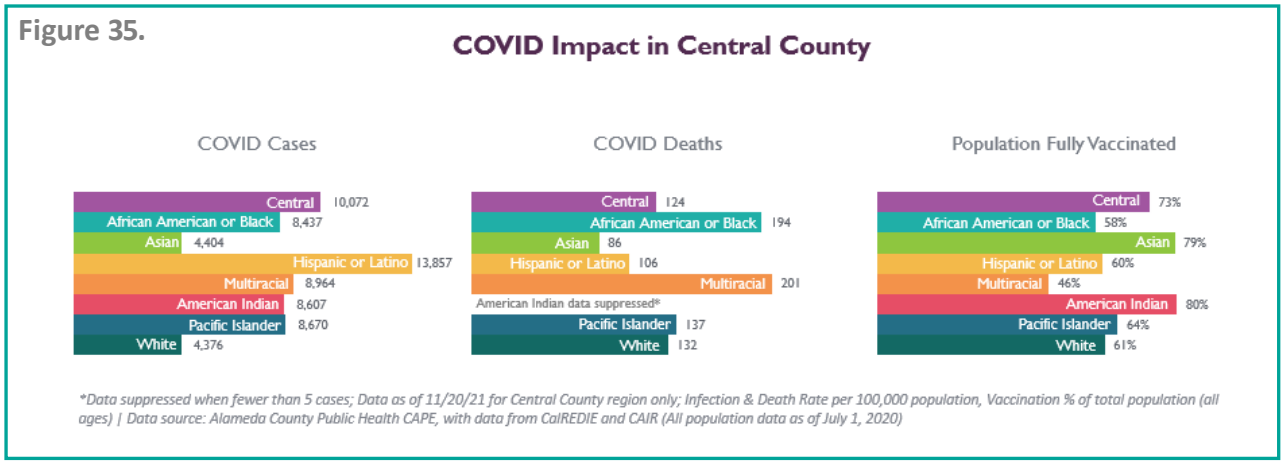
Healthcare Access and Delivery Data

See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Hispanic/Latino residents within Central Alameda County had a COVID-19 case rate that was 38% higher than the Central Alameda County rate (10,072 per 100,000) (Figure 35).
- The COVID-19 death rate for Black/African American residents and multiracial residents was much higher than Central Alameda County rate (124 deaths per 100,000) (Figure 35).
- Multiracial residents are the least likely to be vaccinated against COVID-19, with less than half completing vaccination compared to the Central Alameda County average of 73% (Figure 35).
- Black/African American babies have a higher rate of infant mortality than Central Alameda County overall (8.1 versus 7.6 per 1,000 live births) (Figure 36).
- The percent of babies born prematurely in Central Alameda County is higher than Alameda County overall (Figure 37).

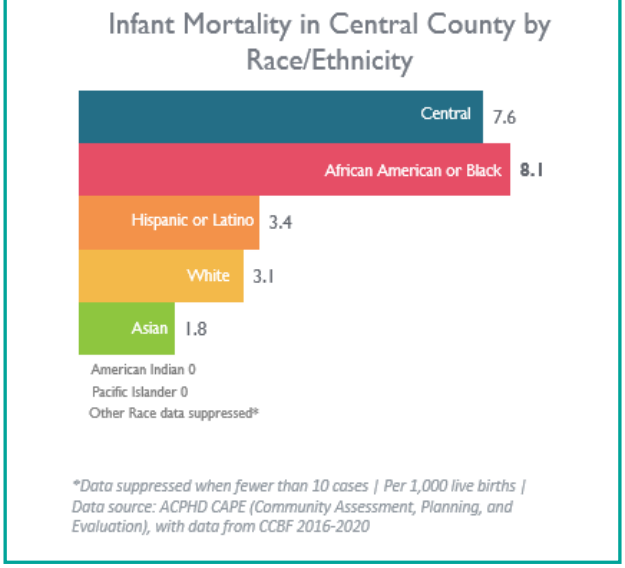
- Medicaid/public insurance enrollment is a substantial need in Alameda County, with enrollment 20% below the CA average (30% versus 38%) (Appendix E).
- ZIP code areas surrounding San Leandro, Russel City and Brookshire, which have higher Asian populations than the County, have lower enrollment in Medicaid/public insurance programs than CA overall (Figure 38).

Figure 35.



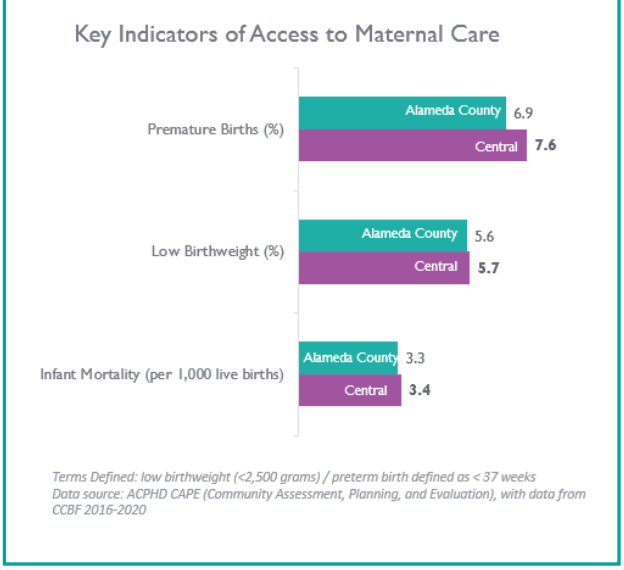
Data visuals created by ASR, 12/2021

Figure 36.



Data visuals created by ASR, 12/2021

Figure 37.

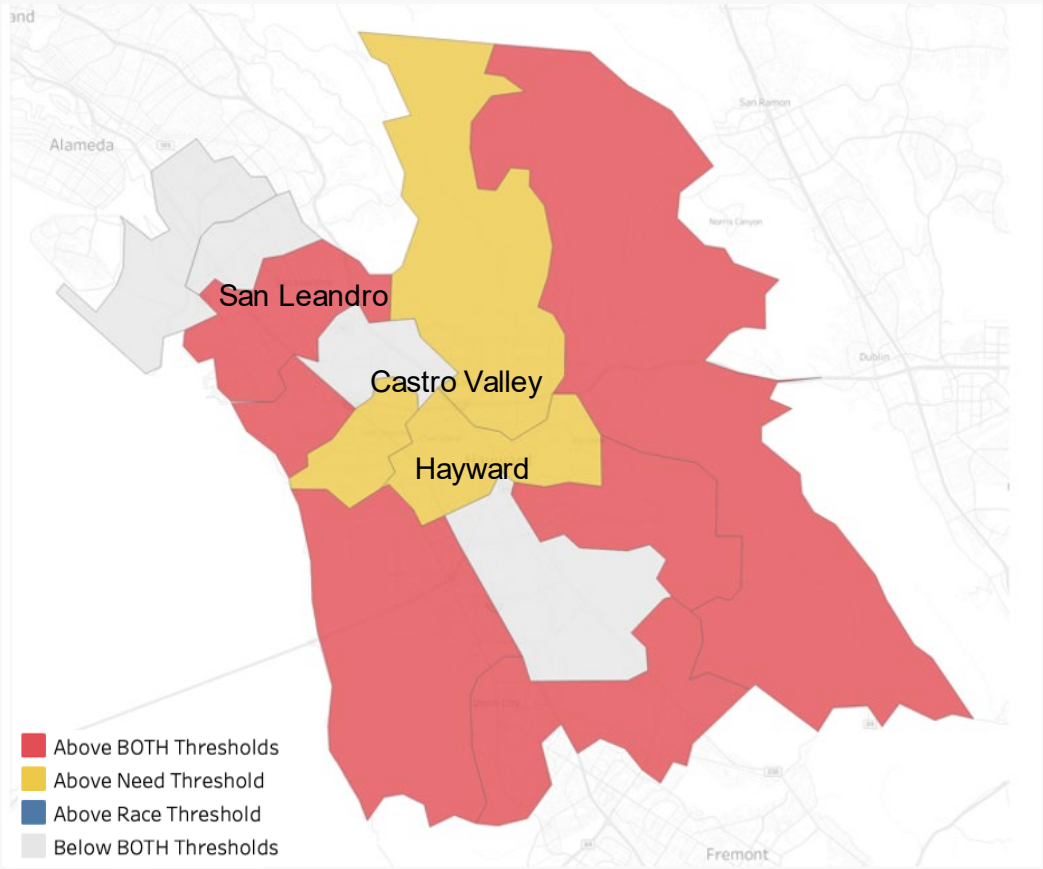


Data visuals created by ASR, 12/2021

Figure 38.

MEDICAID/PUBLIC INSURANCE ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with an Asian population greater than 29% (the service area average) and a lower percentage of Medicaid/public insurance enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

D. Community Resources Potentially Available to Respond to the Identified Health Needs

Alameda County contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community organizations engaged in addressing many of the health needs prioritized by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix G Community Resources.

VI. Eden Medical Center 2019 Implementation Strategy Evaluation of Impact

A. Impact of Implemented Strategies 2019–2021

This section is based on the 2019–2021 Implementation Strategy that described how Eden Medical Center planned to address significant health needs identified in its 2019 Community Health Needs Assessment (CHNA). The 2019 CHNA identified nine community health needs. Working within its mission and capabilities, Eden Medical Center selected the following needs to address in its Implementation Strategy:

1. Behavioral Health
2. Economic Security
3. Housing and Homelessness
4. Healthcare Access and Delivery

The Implementation Strategy provided details of actions the hospital intended to take, including programs and resources it planned to commit. The tables below highlight the 2019, 2020, and 2021 impacts achieved by the programs that Eden Medical Center featured in its 2019–2021 Implementation Strategy.

i. Behavioral Health Impact

Name of Program, Activity, or Initiative	Investments in Behavioral Health
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) seeks to promote behavioral health, in part, by supporting the provision of behavioral health programs, including those focused on the effective delivery of promotion and preventive interventions. Childhood and youth are opportune ages for promotion and preventive behavioral health interventions; schools are promising settings from which to prioritize these age groups and offer opportunities to engage the broader school community, including school staff and administrators, parents and caregivers, and students.[66] Supporting organizations and programs that provide culturally responsive services, which can improve patient/client retention and treatment outcomes,[67] is a priority. Further, EMC supports workforce development strategies, which are critical to ensuring that present and future behavioral health needs of the community can be met. EMC partners with programs that promote behavioral health and well-being in collaboration with residents and multi-sector partners. Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting and improving access to wraparound resources that support health and well-being are approaches to behavioral healthcare services that EMC supports. EMC invests in organizations, programs, and initiatives that work to address behavioral health.

[66] U.S. Office of Disease Prevention and Health Promotion, Healthy People 2020. Mental health and mental disorders. Retrieved August 8, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders

[67] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. A treatment improvement protocol: Improving cultural competence. Retrieved August 15, 2019 from https://store.samhsa.gov/system/files/sma14-4849.pdf

Goals	Youth and adult residents are aware of and easily able to access evidenced-based, culturally responsive behavioral health resources and services through sustainable, prevention-focused interventions
Anticipated Outcomes	Increased coordination and systems among placed-based, multi-sector partners including residents and organizations Residents experience improved access to evidenced-based, culturally responsive behavioral health resources and services, including promotion and preventive approaches Behavioral health professionals and trainees report increased knowledge of and skills in evidenced-based, culturally responsive behavioral health resources and strategies, including promotion and preventive approaches
2019–2021 Impact	7,562 persons served 9,370 encounters 809 class/workshop sessions provided (2019 and 2020) 2,250 received and/or were connected to mental health services 2,584 received and/or were connected to substance use services (2020 and 2021) 448 connected and/or were referred to social services (2020 and 2021) 813 received case management services (2020) 147 participants demonstrating increased mental health and wellness knowledge (2021) Note: Data were reported 2019-2021 unless otherwise specified

ii. Economic Security Impact

Name of Program, Activity, or Initiative	Investments in Economic Security
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Financial health is associated with physical and mental health. Eden Medical Center (EMC) works to promote economic security, in part, by supporting the provision of job training and workforce development, financial education and coaching, as well as the connection to income supports including food security programs for low-income families. Establishing long-term financial security requires a multi-faceted approach; EMC partners with programs that connect their clients to bundled services such as job training, financial coaching, and access to wraparound resources that support health and well-being in collaboration with multi-sector partners. Supporting access to quality educational opportunities, from early childhood through higher education, is also critical to promoting financial security. EMC invests in organizations, programs, and initiatives that work to address economic security.
Goals	Residents achieve financial security through increased income or other resources and/or improved financial management practices

Anticipated Outcomes	Residents experience: Increased access to financial education and coaching services and/or stable employment opportunities Improved knowledge, skills, and experience to support financial security and/or employability Increased feeling of financial security Attainment and retention of new employment opportunities or increased stability and/or wages of existing employment
2019–2021 Impact	127 persons served (2020 and 2021) 286 encounters (2020) 30 class/workshop sessions provided (2020 and 2021) Note: Data were reported 2019-2021 unless otherwise specified

iii. Housing and Homelessness Impact

Name of Program, Activity, or Initiative	Investments in Housing and Homelessness
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) works to address housing and homelessness, in part, by partnering with organizations that provide case management, navigation, and support services to individuals at risk of, currently experiencing, or exiting homelessness and/or housing instability. Programs that prevent homelessness and housing instability through strategies such as developing and facilitating access to affordable housing, housing assistance, and employment supports for low-income residents, are also important preventive approaches.[68] Housing and homelessness is multi-sectoral issue; EMC partners with organizations that convene and participate in collaborative efforts between governmental and nonprofit organizations in service outreach and delivery and/or in developing long-term solutions. EMC invests in organizations, programs, and initiatives that work to address housing and homelessness.
Goals	Residents have access to safe, affordable, and stable housing and resources that provide the conditions necessary for health and well-being
Anticipated Outcomes	Increased access to services and resources that: Prevent entry into homelessness and alleviate housing instability Shelter and support individuals experiencing homelessness Improve exits from homelessness to stable housing

[68] United States Interagency Council on Homelessness. Home, together: Federal strategic plan to prevent and end homelessness. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

2019–2021 Impact	6,541 persons served 539 connected to and/or received mental health services 213 connected to and/or received substance use services (2020 and 2021) 3,726 received case management services (2020 and 2021) 475 housed in homeless shelters (2020) 6,124 connected or referred to social services 518 placed in interim housing (2021) 620 placed in permanent housing (2021) 63,662 meals provided (2020 and 2021) Note: Data were reported 2019-2021 unless otherwise specified

iv. Healthcare Access and Delivery Impact

Name of Program, Activity, or Initiative	Investments in Healthcare Access and Delivery
Description	Investments made through grants and sponsorships are decided annually and based on community health need. Eden Medical Center (EMC) addresses healthcare access and delivery, in part, by partnering with community-based organizations that develop, expand, and promote affordable, culturally, and linguistically appropriate health services for uninsured and underinsured patients. This includes support for initiatives that improve access to primary care, which can offer a usual source of care, preventive care, early detection and treatment of disease, and chronic disease management.[69] Additionally, enhancing the coordination of primary and behavioral healthcare in a clinical setting is an approach to care delivery that EMC supports. Primary care has also been identified as an important setting in which to address the social determinants of health,[70] and EMC partners with organizations that connect patients to additional wraparound resources that promote health and well-being, such as food and housing assistance and employment supports. EMC invests in organizations, programs, and initiatives that work to address healthcare access and delivery
Goals	To improve community health by expanding access to healthcare for uninsured and underinsured populations
Anticipated Outcomes	Improve access to primary healthcare services for low-income patients Increase the percentage of primary care physician appointments that are scheduled and kept

[69] Healthy People 2020. Access to primary care. Retrieved August 7, 2019, from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary

[70] World Health Organization. Primary health care. Retrieved August 7, 2019, from https://www.who.int/news-room/fact-sheets/detail/primary-health-care

2019–2021 Impact	37,049 persons served 5,072 patients received services from a primary care physician (2019 and 2021) 9,088 connected to social services (2019 and 2020) 5,256 referred to a primary care physician (2019) Note: Data were reported 2019-2021 unless otherwise specified

Name of Program, Activity, or Initiative	Advanced Illness Management (AIM) Program
Description	Sutter Health's Advanced Illness Management (AIM) program provides customized support for patients with advanced chronic illnesses in order to improve care transitions and reduce future hospitalization. The program helps patients manage their health/illness symptoms, manage their medications, coordinate their care, plan for the future, and live the kind of life they want. Eden Medical Center supports the program, providing funding towards the care of the people who enroll in the East Bay service area. Once the AIM team understands the patient's health issues, lifestyle, and personal preferences, they work with the patient to tailor a care plan, ease the transition from hospital to home, and provide continuing over-the-phone support and in-person visits in the home or at the doctor's office as needed. If the patient returns to the hospital, AIM staff continues to support the patient there. The AIM team also provides support for the patient's family and helps them understand anything about the patient's condition that the patient wants them to know.
Goals	Help chronically ill patients better manage their health/illness through skilled, respectful coaching and care tailored to their needs
Anticipated Outcomes	Increase coaching services and support for patients who need help in self-managing advanced chronic illness
2019–2021 Impact	1,480 persons enrolled in the program's East Bay service area 242 persons transitioned to home/self-care from hospital in the program's East Bay service area 1,164 persons transitioned to home healthcare service in the program's East Bay service area Note: Data were reported 2019-2021 unless otherwise specified

Name of Program, Activity, or Initiative	Community Health Education: Cancer
Description	Eden Medical Center (EMC) offers free Community Cancer Prevention and Screening Events, which provide community members with the opportunity to learn about strategies to reduce cancer risk, symptoms to be aware of, and the screenings needed to help avoid being diagnosed with late-stage disease. In collaboration with the Cancer Support Community, EMC also offers free Cancer Workshops for people with cancer and for those who want to learn more about cancer prevention strategies. Topics include nutrition, yoga, mindfulness/meditation, and prevention of site-specific cancer such as breast or lung cancer.

Goals	To provide residents with the knowledge to reduce their risk of cancer, detect cancer early, and for those diagnosed with cancer, to improve their quality of life
Anticipated Outcomes	Participants experience increased knowledge of the symptoms that can occur for specific cancers, stress management strategies, nutrition and physical activity recommendations, and how often to be screened Participants experience increased access to cancer screenings
2019–2021 Impact	117 persons served 3 Community Cancer Prevention and Screening Events provided (2019) 15 class, workshop or support group sessions provided 20 health screenings (2019) Among patients positively screened, 7 referred for appropriate follow-up with 3 advancing to follow-up services (2019) Note: Data were reported 2019-2021 unless otherwise specified

Name of Program, Activity, or Initiative	Stroke Patient Navigation Program
Description	The Stroke Patient Navigation Program provides nurse-directed collaboration with acute stroke patients and their caregivers appropriate to the morbidity, complexity of disease, and treatment course from initial hospitalization through post-acute rehabilitation and community reintegration.
Goals	To facilitate a seamless transition for patients through the healthcare continuum during stroke recovery, prevent stroke recurrence, and alleviate barriers to recovery and health promotion
Anticipated Outcomes	Patients and caregivers develop their understanding of the recovery process, trajectory, patient-specific risks and prevention strategies for recurrent stroke, and health promotion strategies Patients improve knowledge of self-advocacy and problem-solving strategies Patients experience improved functional and adaptive outcomes
2019–2021 Impact	1,433 persons served 3,223 encounters Metrics related to self-reported patient experience: 94% of patients strongly agree that their stroke navigator provides them with useful information about their healthcare (2020) 93% patients that strongly agree that they are able to contact their stroke navigator with needs and questions (2020) Note: Data were reported 2019-2021 unless otherwise specified

Name of Program, Activity, or Initiative	Support Groups: Breastfeeding, Cancer, and Stroke
Description	Eden Medical Center offers free support groups for the community for breastfeeding parents, stroke survivors, and people with cancer and cancer survivors, among others.[71] *Breastfeeding Support Group* The Birth Center at Eden Medical Center offers a free three-hour drop-in Breastfeeding Support Group for all new parents and their babies once per week. Moderated by a Registered Nurse with expertise in post-partum and breastfeeding support, this group provides a caring and supportive setting to discuss relevant topics such as milk production, pumping and storage of milk, post-partum emotions and feelings, returning to work, nursing at night, latch and positioning, and troubleshooting common difficulties. Attendees share experiences and information about resources in the community that are helpful as they navigate parenthood. Each session provides an opportunity for parents to have their baby weighed and, if needed, receive referrals for appropriate care. Parents can continue to come to the group up to one year after they have delivered. *Cancer Support Group* Eden Medical Center, in collaboration with the Cancer Support Community, offers Cancer Support Groups that are open to cancer patients with any type of cancer. *Stroke Support Group* Eden Medical Center Stroke Support group offers a free support and educational group for stroke survivors and caregivers in the community. Efforts are made to educate participants about coping techniques, stroke prevention, and to provide community resources for stroke survivors to live a balanced and fulfilling lifestyle.
Goals	Provide information, support, and opportunities to share personal experiences in a positive and caring environment
Anticipated Outcomes	Increased sense of social support Increased awareness of community resources that support health and wellness *Breastfeeding Support Group* New parents increased knowledge of strategies to overcome challenges with breastfeeding and maintain their health and that of their babies as they transition to parenthood *Cancer Support Group* People with cancer build their understanding of strategies to manage stress during treatment and experience a sense of emotional support *Stroke Support Group* Stroke survivors and their caregivers experience increased awareness of stroke prevention strategies and positive coping techniques
2019–2021 Impact	823 persons served 168 class, workshop, or support group sessions provided 8 pregnant patients attended the Breastfeeding Support Group prenatally (2019-2020) 41 return Cancer Support Group participants (2020-2021) Note: Data were reported 2019-2021 unless otherwise specified

[71] More information about Eden Medical Center's support groups can be found at https://www.sutterhealth.org/eden/classes-events

VII. Conclusion

Eden Medical Center collaborated with partners to meet the requirements of the federally mandated CHNA by pooling expertise, guidance, and resources to produce this 2022 CHNA report. By gathering secondary data and conducting primary research with other healthcare facilities and the local public health department, the hospitals gained a shared understanding of how health indicator data for the San Leandro/Hayward region compared to state benchmarks as well as the community's perception of health needs. This rich base of information informed the hospital's prioritization of health needs.

Next Steps for Eden Medical Center:

- Ensure the 2022 CHNA is adopted by the hospital board and made publicly available at https://www.sutterhealth.org/for-patients/community-health-needs-assessment.
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address.
- Develop an Implementation Strategy (IS) Plan to address priority health needs.
- Ensure the IS Plan is adopted by the hospital board and filed with the IRS.

Appendices

A. Alameda County Community Input List
B. Key Informant Interview Guide
C. Focus Group Screener and Guide
D. CHNA Secondary Data Indicator Definitions, Data Sources and Dates
    i. Kaiser Permanente Community Health Data Platform
    ii. Other Secondary Data
E. Alameda County CHNA Secondary Data Table
F. Priority Community Healthy Places Index Scores Explanation
G. Alameda County Community Resources

Appendix A: Alameda County Community Input List

	Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
1	Key Informant Interview	Association of Bay Area Governments	1	Alameda County residents and local governments	Leader	8/4/21
2	Key Informant Interview	Adobe Services	1	Unhoused	Leader	8/20/21
3	Key Informant Interview	Alameda County Public Health Department	1	Pregnant people and people with young families	Program Manager	8/9/21
4	Key Informant Interview	Afghan Coalition	1	Afghan community and refugees	Leader	8/17/21
5	Key Informant Interview	Alameda County Community Food Bank	1	Food insecure	Leader	7/27/21
6	Key Informant Interview	Alameda County Sheriff's Department	1	Professionals in community safety	Leader	8/19/21
7	Key Informant Interview	Alameda County Transportation Commission	1	Public transportation providers/users	Leader	7/14/21
8	Key Informant Interview	ALL IN Alameda County	1	Residents experiencing poverty	Leader	8/26/21
9	Key Informant Interview	Asian Pacific Environmental Network (APEN) and Greenlining	1	Underserved communities experiencing inequities	Leader	8/12/21
10	Key Informant Interview	Asian Health Services	1	Asian	Leader	8/20/21
11	Key Informant Interview	Bay Area Community Health Center/Tiburcio Vasquez Health Center	4	Medically underserved	Program Managers	8/26/21
12	Key Informant Interview	Building Opportunities for Self-Sufficiency (BOSS)	1	Unhoused, (formerly) incarcerated	Leader	8/10/21
13	Key Informant Interview	Castro Valley/Hayward/San Leandro/Fremont Unified School Districts	2	K-12 students/families	Program Managers	7/19/21
14	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/Federally Qualified Health Centers (La Clínica de la Raza, Lifelong, Axis Community Health Center)	2	Medically underserved	Leader and Program Manager	8/18/21
15	Key Informant Interview	Daily Bowl	1	Food insecure	Leader	8/12/21
16	Key Informant Interview	Day Break Adult Day Center and Alameda County Age-friendly Coalition	2	Seniors and care givers	Leaders	8/3/21
17	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project (BFHP)/Bay Area Community Services (BACS)	3	Asians, unhoused	Leaders	8/24/21
18	Key Informant Interview	East Oakland Collective	1	East Oakland residents	Leader	8/20/21

Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
19 Key Informant Interview	Eden Housing Resident Services, Inc.	1	Low-income seniors, families, and persons with disabilities	Program Manager	8/17/21
20 Key Informant Interview	Family Support Services	1	Care givers of children	Leader	8/12/21
21 Key Informant Interview	Fred Finch Youth Center and Lincoln	5	Youth	Leaders and Program Managers	7/29/202
22 Key Informant Interview	Health Care Services Agency (HCSA) Office of Homeless Care and Coordination and Everyone Home	2	Unhoused	Leader and Program Manager	8/19/21
23 Key Informant Interview	HOPE Collaborative	1	Schools, youth, food vendors	Leader	7/26/21
24 Key Informant Interview	Horizon Services, Project Eden	1	Youth	Leader	8/13/2021
25 Key Informant Interview	Latina Center	1	Latina/domestic violence survivors	Leader	8/16/21
26 Key Informant Interview	Livermore Valley Unified School District	2	K-12 students/families	Leader and Nurse	8/27/21
27 Key Informant Interview	National Alliance on Mental Illness (NAMI)	2	Caregivers and people with mental illness	Leaders	7/30/21
28 Key Informant Interview	Oakland Unified School District	1	K-12 students/families	Leader	8/19/21
29 Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults	Leader	8/23/21
30 Key Informant Interview	Open Heart Kitchen	1	Food insecure (seniors, students, families)	Leader	7/22/21
31 Key Informant Interview	Pacific Center for Human Growth	1	Trans, LGBTQ, HIV+	Program Manager	9/29/21
32 Key Informant Interview	Partnership for Trauma Recovery	1	Refugees, asylum seekers	Leader	8/18/21
33 Key Informant Interview	Planting Justice	1	Incarcerated and those experiencing intergenerational poverty	Leader	7/22/21
34 Key Informant Interview	Rubicon	1	Adults seeking employment	Leader	7/26/21
35 Key Informant Interview	Roots Health Center	1	African American	Leader	7/23/21
36 Key Informant Interview	Side by Side (TAY)	1	Transition age youth	Program Manager	8/31/21
37 Key Informant Interview	Sparkpoint	3	Low-income	Program Managers	8/6/21
38 Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Residents with chronic health conditions	Leaders & Program Managers	8/10/21
39 Key Informant Interview	Tri-Valley Haven	2	Unhoused, food insecure, DV and sexual assault survivors	Leader and Director	8/4/21

Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
40 Key Informant Interview	Union City Family Center and Fremont Family Resource Center	3	Families	Leaders	8/6/21
41 Key Informant Interview	Unity Council	1	Unhoused, food insecure, low-income, seniors	Leader	9/1/21
42 Key Informant Interview	Urban Peace Movement	1	Communities of color	Program Manager	9/1/21
43 Key Informant Interview	Youth Alive!	1	Youth	Leader	8/16/21
44 Focus group	Mujeres Unidas y Activas (MUA)	8	Latinx women with children	Member	9/8/2021
45 Focus group	La Familia	9	Seniors	Member	9/24/2021
46 Focus group	Allen Temple	12	Seniors	Member	9/24/2021
47 Focus group	La Familia	13	Young adults/Adults	Member	9/30/2021
48 Focus group	Street Level Health	11	Indigenous families with young children	Member	9/30/2021
49 Focus group	Oakland LGBTQ Center	9	LGBTQ	Member	10/1/2021
50 Focus group	Goodness Village	9	Formerly unhoused	Member	10/6/2021
51 Focus group	Asian Health Services	13	Cantonese adults	Member	10/6/2021
52 Focus group	Asian Health Services	8	Vietnamese adults	Member	10/7/2021
53 Focus Group	Oakland LGBTQ Center	10	Trans Women	Member	10/28/21
54 Prioritization Meeting	Hospital representatives, Alameda County Public Health Department, the Community Health Center Network, the Alameda County Office of Education and The California Endowment	14	Health care and public health organizations/agencies serving low-income and communities of color; underserved and disinvested communities	Leader	12/8/21

Appendix B: Key Informant Interview Guide

CHNA 2021 Interview Questions

INTRODUCTION

Thank you for agreeing to do this interview today. My name is [NAME] with Applied Survey Research (ASR). I will be conducting the interview today on behalf of Kaiser Permanente and additional partner hospitals, [NAME PARTNER HOSPITALS]. I am leading the Community Health Needs Assessment process for Kaiser in Alameda and Contra Costa Counties.

Kaiser Permanente is conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in a Kaiser Permanente area that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

We expect this interview to last approximately 60 minutes. The information you provide today will not be reported in a way that would identify you.
[Optional: To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.
Do we have your permission to record the interview? YES / NO
Do you have any questions before we get started?

KEY INFORMANT BACKGROUND INFORMATION

Ms./Mr./Dr. [KEY INFORMANT NAME], how would you like me to address you [first name, full name, nickname]? Now, I would like to ask a few questions about you.

1. What is your role at [organization] and how long have you been there?

2. Tell me in a few sentences what [organization] does and how it serves the community?

3. How would you describe the geographic areas and populations you serve or represent?

HEALTH NEEDS

Next, I would like to ask a few questions about the health needs and strategies to address them in your community. This will be followed by questions about inequities in your community that have an impact on these health needs.

4. In 2019, Kaiser Permanente and its hospital partners identified access to health, economic security (such as jobs and housing), and mental/behavioral health as priority health needs in the Community Health Needs Assessment (CHNA) in [service area/region]. Are these health needs still a priority? If no, what changed? If yes, what does it mean to experience [insert health need] in [service area/region]?

5. Are there any other health-related needs that were not identified in the 2019 CHNA that are of growing concern in your community?

6. Is there anything about these significant health needs you mentioned that changed due to the COVID-19 pandemic? If so, in what ways?

7. You indicated that [RESTATE THE significant health needs mentioned above, either those identified as still a need or those identified as a new need area] are significant health needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

8. Has your organization conducted any recent surveys or written any reports that can speak more to the significant health needs in your community? Have you come across any other surveys or reports in your area further demonstrating those health needs? If so, can you please share those with us?

9. How would you like to see health care organizations invest in community health programs or strategies to address these needs? What would those investments be?

EQUITY

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, and other factors.

10. Are there certain people or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways? [Probe: Are there any subgroups of the population we should focus on to reduce disparities and inequities (racism or other factors)?]

11. What are effective strategies to reduce health disparities and inequities in your community? [Probe: Is there work underway that is promising?]

COMMUNITY RESOURCES

12. What are key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today?

CLOSING

13. Are there any other thoughts or comments you would like to share that we have not discussed?

Thank you <KEY INFORMANT NAME>. That is all that I have for you today. Kaiser Permanente will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2022.

Appendix C: Focus Group Screener and Guide

Alameda County Public Health

Focus Group Participant Information 2021

1) In what city do you live? _____

2) What is your age group?

( ) Less than 18 years ( ) 18-25
( ) 26-35 ( ) 36-45
( ) 46-55 ( ) 56 and older

3) What is your gender?

[ ] Female [ ] Male
[ ] Transgender [ ] Other _____

4) What is your race/ethnicity?

[ ] White [ ] Black
[ ] Asian [ ] Pacific Islander
[ ] Latino/a/x [ ] Middle Eastern
[ ] South East Asian [ ] Indigenous
[ ] Other - Write In (Required): ____

Thank You!

Community Health Needs Assessment 2021
Focus Group Questions

Virtual: As participants get onto Zoom, say hello and tell them we are waiting for everyone to arrive. At 3 minutes past the start time put up the Focus Group Survey poll and ask everyone to complete it. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey poll.

In Person: As participants gather, say hello and tell them we are waiting for everyone to arrive. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey.

Welcome and Introductions (*Say each of these points)*

- Hello everyone, thank you for joining our focus group today.
- My name is (Leader).
    a. Leader Note: Let the group know your name and why you wanted to do this focus group. Share your interest in the focus group discussion.
- As the focus group leader, I'll be asking you questions, asking follow up questions and keeping track of time and keeping the discussion moving so we can get through all of the questions.
- This is (Notetaker) who will be taking notes during our conversation.
- Our discussion today will take about 1 ½ hours.
- We want you to know that your participation is voluntary and you can leave the group at any time.
- We are recording the session today so we do not miss any of your thoughts. During the focus group, feel free to ask that we turn off the recording if you do not want to be recorded for a specific comment. Is anyone NOT OK to start recording?
    a. Leader Note: START RECORDING

  IN PERSON – start recording on iPad using the VoiceMemo app.
  VIRTUAL – press the Zoom record button.
- Now I'd like to have each of you introduce yourself. IN PERSON: Please introduce yourself by telling us your first name. VIRTUAL: I'll call on you by your first name and please wave and say hi so the group knows who you are.

Notetaker Note: Write down the name of each participant.

- Thanks for these introductions, now we will talk about the purpose of the focus group.

Purpose of Focus Group (*Read to the group*)
Public Health is conducting focus groups to learn more about what you, as a community member, feel are the most important health issues in [region of county]. Public Health is conducting these focus groups with nonprofit hospitals in the area, which are required by the IRS to conduct a Community Health Needs Assessment -- which we call the CHNA -- every three years. Hospitals working together on the East Bay CHNA include: John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care -- ValleyCare, Sutter Health, and UCSF Benioff Children's Hospital-Oakland.

Public Health, nonprofit hospitals, and others will use the information gathered during the focus group to identify important health issues in our community and come up with a plan to address the major

health issues affecting people in the County. We are interested in hearing your thoughts about what makes it easy or difficult to be healthy in your community and what services and resources are available and needed in the community to promote health.

Ground Rules (Say each of these points)
Now I would like to share the ground rules we'll use to make sure our discussion is meaningful and comfortable for everyone. (*Read the list of ground rules to the group.*)

1. There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.
    - Please, feel free to share your opinions even though it's not what others have said.
    - If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer.
    - All input will be welcomed and valued.
2. Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.
    - Please speak loudly and clearly since we are recording and we don't want to miss anything you say.
    - Let's also remember to turn off or silence our cell phones.
    - If you absolutely must take an urgent call, please step away from the focus group.
3. The last guideline is about protecting your privacy.
    - Your name will not be used in any reports, and your name will not be linked to comments you make.
    - Transcripts will go to the hospitals and the consultants working with the hospitals.
    - When we are finished with all of the focus groups, the transcripts will be read by the consultants, who will then summarize the things we learn. Some quotes will be used so that the hospitals can read your own words. Your name will not be used when we use quotes.
    - I'd also like for all of us to agree that what is said in this focus group stays in this focus group.
4. VIRTUAL - Stay on video the whole time so you can fully participate.
5. Are there other ground rules you would like us to add?

Consent and Incentive

- Before we start, we would like to get your consent to participate in this focus group (***say the consent statement provided by Public Health***).
  Leader Note: Ask for a thumbs up to signal consent. If someone doesn't agree to the consent nicely ask them to leave the focus group.
- As a thank you for your participation, we will be providing a $25 gift card.

Discussion Questions
Facilitators and barriers to health in the community
We would like to discuss what is healthy and not so healthy about your community. Things that make a community healthy can include the environment -- examples are sidewalks, clean streets, parks;

social/emotional factors -- examples include feeling safe, access to behavioral or mental health services; opportunities for healthy behaviors -- for example, places to buy healthy food, places to exercise; community services and events such as low cost or free activities for families; and access to health care services.

1. Think about how your community is right now. What is healthy about your community?

2. What makes it difficult to be healthy in your community?

Leader Note: *if examples are needed, you can say this* - For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care.

Three most important health issues facing the community and why important (asking about behavioral health, economic security, and access to care, if not addressed)

Part of our task today is to find out which health issues you think are most important. We have a list of the health issues, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2019.

Leader Note: Read all of the issues aloud and define where needed (e.g., "Healthcare Access and Delivery" means insurance, having a primary care physician, preventive care instead of emergency room, being treated with dignity and respect, wait times, etc.).

- Climate/Natural Environment
- Community and Family Safety
- Economic Security
- Education and Literacy
- Healthcare Access and Delivery
- Healthy Eating/Active Living
- Housing and Homelessness
- Behavioral Health (includes Mental Health and Substance Use)
- Transportation and Traffic

Please think about the **three health issues** on the list you personally believe are the most important to address here in the next few years.

IN PERSON – What we would like you to do is vote for **three health issues** that you think are the most important to address in the next few years. Make a check mark next to each of the three health needs you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others' here in the room. Then we will discuss the results of your votes.

VIRTUAL – What we would like you to do is vote for **three health issues** that you think are the most important to address in the next few years. We will put up a poll that lists the health issues and

select only 3 you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others'. Then we will discuss the results of your votes.

If there is a tie:
IN PERSON and VIRTUAL – If there is a tie for the third health need, ask participants to think about which of the tied health needs is most important. Read off the first health need and ask participants to raise their hand if that is the health need they select. Read off the second health need and count the number of raised hands.

Leader Note: Write down and then say the three health issues with the most votes. Explain that we will spend the rest of our time reflecting on the three top priorities. You will need to bring up each of the three top health issues during the following questions.
Notetaker Note: Write down the top 3 health issues.

3. When you think about [health issue 1]…
    a. What makes this an important health issue? An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, or impacts County residents' ability to have a high quality of life.
    b. In your opinion, what are the specific needs related to [health issue 1] in our community?

4. When you think about [health issue 2]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 2] in our community?

5. When you think about [health issue 3]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 3] in our community?

[Only If *Not* Voted a Top Need: (top 2019 health need 1]
    a. What about (top 2019 health need 1)? This was one of the top health issues last time.
    b. In your opinion, what are the specific (top 2019 health need 1) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 2]
    a. What about (top 2019 health need 2? This was another top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 2) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 3]
    a. What about healthcare access and delivery? This was also a top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 3) issues in our community? *Prompt, if needed.*

Anything about top health issues that changed due to COVID

6. Is there anything about the most important health issues you mentioned that changed because of the COVID-19 pandemic? If so, in what ways did COVID change these important health issues?
    a. Let's start with [Health issue 1].
    b. In what ways, if any, did COVID change [Health issue 2]?
    c. In what ways, if any, did COVID change [Health issue 3]?

Strategies that are working well and new strategies that are needed

7. What are some <u>available</u> resources, services, or strategies that are working well in the community to address the 3 most important health issues? *Prompts, if needed:* We are looking for your ideas on specific community-based organizations or their programs/ services, specific social services, or health care programs/services.

8. Thinking about the health issues you said are most important, what are <u>new</u> resources, services, or strategies that are needed to address these issues? Some examples could be new or more services or services available in your preferred language or changes in your neighborhood (for example, more parks, more markets for fresh, healthy foods, or more economic opportunities).

Health inequities/disparities and strategies to reduce inequities/disparities

9. Which groups, if any, are experiencing these important health issues more than other groups? For example, are there certain ethnic/racial groups, residents living in specific neighborhoods, age or gender groups that are more impacted by these health issues than others?

    a. Let's start with [Health issue 1]. Which groups, if any, are experiencing [Health issue 1] more than other groups? In what ways?
    b. Which groups, if any, are experiencing [Health issue 2] more than other groups? In what ways?
    c. Which groups, if any, are experiencing [Health issue 3] more than other groups? In what ways?

10. What resources, services, or strategies would help address these important health issues for the groups just mentioned?
    a. Let's start with [Health issue 1].
    b. What would help address [Health issue 2] for [the group(s) discussed]?
    c. What would help address [Health issue 3] for [the group(s) discussed]?
    d. Anything else important to know about health in the community

11. We're just about ready to wrap up. Are there any other health issues that you think are of high importance that we haven't talked about?

12. Is there anything else you feel is important for us to know about health in your community?

Wrap Up and Gift Cards

Thank you so much for joining the focus group today. That was a really good discussion and gave us lots of information.

IN PERSON: Now we will hand out gift cards as our thank you for taking the time to join the focus group. Please stick around for a few more minutes to get your gift card.
Leader Note: Hand one gift card to each participant.

VIRTUAL: You will be receiving your $25 gift card shortly by (describe how the participants will get gift cards for example in the mail or by email).

Appendix D: CHNA Secondary Data Indicator Definitions, Data Sources and Dates

Data sources described below informed the health need prioritization process and health need profiles.

i. Kaiser Permanente Community Health Data Platform

Health Topic	Measure	Definition	Year	Source
Access to care	Dentists per 100,000 population	Licensed dentists (including DDSs and DMDs) per 100,000 population.	2019	HRSA Area Resource File
	Infant deaths	Deaths of infants less than 1 year of age per 1,000 births	2020	HRSA Area Resource File
	Low birth weight births	Percent of total births are under 2500 grams	2016-2018	HRSA Area Resource File
	Medicaid/public insurance enrollment	Percent of population enrolled in Medicaid or another public health insurance program	2015-2019	American Community Survey
	Percent uninsured	Percent of total population without health insurance coverage	2015-2019	American Community Survey
	Pre-term births	Percent of total births that occur before 37 weeks of pregnancy	2016-2018	HRSA Area Resource File
	Primary care physicians per 100,000 population	Number of primary care physicians practicing general family medicine, general practice, general internal medicine, and general pediatrics per 100,000 population	2018	HRSA Area Resource File
	Uninsured children	Percent of children under age 18 without health insurance coverage	2015-2019	American Community Survey
Cancer	Breast cancer incidence	Average age-adjusted incidence of female breast cancer per 100,000 female population	2013-2017	NCI State Cancer Profiles
	Cancer deaths	Average age-adjusted deaths due to malignant neoplasm (cancer) per 100,000 population	2013-2017	NCI United States Cancer Statistics
	Colorectal cancer incidence	Age-adjusted incidence of colon and rectum cancer cases per 100,000 population	2013-2017	NCI State Cancer Profiles
	Lung cancer incidence	Average age-adjusted incidence of lung cancer per 100,000 population	2013-2017	NCI State Cancer Profiles
	Prostate cancer incidence	Average age-adjusted incidence of prostate cancer per 100,000 male population	2013-2017	NCI State Cancer Profiles
Chronic disease and disability	Adults reporting poor or fair health	Percent of adults that report having poor or fair health	2020	Behavioral Risk Factor Surveillance System
	Asthma prevalence	Percent of the Medicare fee-for-service population with a diagnosis of asthma	2018	Center for Medicare and Medicaid Services
	Diabetes prevalence	Percent of adults age 20 years and older that have ever been told by a doctor that they have diabetes	2017	Center for Medicare and Medicaid Services
	Heart disease deaths	Annual average age-adjusted deaths due to coronary heart disease per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke

Health Topic	Measure	Definition	Year	Source
	Heart disease prevalence	Percent of adults age18 and older that have ever been told by a doctor that they have coronary heart disease or angina	2018	Center for Medicare and Medicaid Services
	Poor physical health (days per month)	Age-adjusted average number of self-reported physically unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Population with any disability	Percent of population with any disability	2015-2019	American Community Survey
	Stroke deaths	Annual average age-adjusted deaths due to cerebrovascular disease (stroke) per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Stroke prevalence	Percent of the Medicare fee-for-service population diagnosed with stroke	2017	Center for Medicare and Medicaid Services
Climate and environment	Air pollution: PM2.5 concentration	The average modeled particulate matter 2.5 concentration in PM2.5 in µg/m³	2018	Harvard University Project (UCDA)
	Coastal flooding risk	Risk of water inundating or covering normally dry coastal land as a result of high or rising tides or storm surges	2020	FEMA National Risk Index
	Drought risk	Risk of deficiency of precipitation over an extended period of time resulting in a water shortage	2020	FEMA National Risk Index
	Heat wave risk	Risk of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical average	2020	FEMA National Risk Index
	Respiratory Hazard Index	Index estimating the non-cancer respiratory risk for adverse health effects over a lifetime	2014	EPA National Air Toxics Assessment
	River flooding risk	Risk of streams and rivers exceeding the capacity of their natural or constructed channels and overflowing banks, spilling into adjacent low-lying, dry land	2020	FEMA National Risk Index
	Road network density	Road miles per square mile of area	2013	EPA Smart Location Mapping
	Tree canopy cover	Percent of land within the report area that is covered by tree canopy	2016	US Geological Survey; National Land Cover Database
Community safety	Injury deaths	Number of deaths from intentional and unintentional injuries per 100,000 population	2020	NCHS National Vital Statistics System
	Motor vehicle crash deaths	Age-adjusted number of deaths due to motor vehicle crashes per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Pedestrian accident deaths	Number of deaths due to pedestrian accidents per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Violent crimes	Number of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population	2014-2018	FBI Uniform Crime Reports

Health Topic	Measure	Definition	Year	Source
Demographics	% American Indian/Alaska native population	Percent of the total population that identify as American Indian/Alaska native, non-Hispanic	2020	Esri Demographics
	% Asian population	Percent of the total population that identify as Asian, non-Hispanic	2020	Esri Demographics
	% Black population	Percent of the total population who identify as Black or African American, non-Hispanic	2020	Esri Demographics
	% Latinx population	Percent of the total population that identify as ethnically Hispanic	2020	Esri Demographics
	% Multiracial population	Percent of the total population that identify as multiple races, non-Hispanic	2020	Esri Demographics
	% Native Hawaiian/other Pacific Islander population	Percent of the total population that identify as Native Hawaiian/other Pacific Islander, non-Hispanic	2020	Esri Demographics
	% Some other race population	Percent of the total population that identify as some other race, non-Hispanic	2020	Esri Demographics
	% White population	Percent of the total population that identify as White, non-Hispanic	2020	Esri Demographics
	Life expectancy	The average number of years a person can expect to live at birth	2010-2015	NCHS US Small-area Life Expectancy Estimates Project
	Median age	Population median age	2015-2019	American Community Survey
	Population age 65+	Percent of total population age 65 and older	2015-2019	American Community Survey
	Population density	Population per square mile	2020	Esri Demographics
	Population under age 18	Percent of the population aged 5 to 17 years	2015-2019	American Community Survey
	Total population	Total population	2020	Esri Demographics
Disparity measure	Neighborhood Deprivation Index	Standardized Neighborhood Deprivation Index (NDI)	2019	UCDA calculation with ACS data
Education	Adults with no high school diploma	Percent of the population over age 25 with less than a high school degree	2015-2019	American Community Survey
	Adults with some college education	Population of the population over age 25 with some college education	2015-2019	American Community Survey
	Elementary school proficiency index	Performance of 4th grade students on state exams	2020	HUD Policy Development and Research
	On-time high school graduation	Percentage of 9th grade cohort receiving their high school diploma within four years	Var-ies	Dept of Education ED Facts and state data sources
	Preschool enrollment	Percent of the population age 3 to 4 years that is enrolled in preschool	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
Family and social support	Children in single-parent households	Percent of children that live in households with only one parent present	2015-2019	American Community Survey
	Limited English Proficiency	Percent of the population age 5 years and older that speak a language other than English at home and speak English less than "very well"	2015-2019	American Community Survey
	Percent over age 75 with a disability	Percent of the population age 75 years and older with a disability	2015-2019	American Community Survey
	Population 65 and older living alone	Percent of total households with someone 65 and older living alone	2015-2019	American Community Survey
Food security	Convenience stores per 1,000 pop	Number of convenience stores per 1,000 population	2016	USDA Food Environment Atlas
	Food insecure	Estimated percentage of the total population in food-insecure households	2018	Feeding America
	Grocery stores per 1,000 pop	Number of grocery stores per 1,000 population	2020	USDA Food Environment Atlas
	Low access to grocery store	Percent of population with low access to a grocery store	2015	USDA Food Environment Atlas
	SNAP enrollment	Estimated percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	2015-2019	American Community Survey
	Supercenters and club stores per 1,000 pop	Number of supercenters and club stores per 1,000 population	2016	USDA Food Environment Atlas
HEAL opportunities	Exercise opportunities	Percent of the population that live in close proximity to a park or recreational facility	2020	Esri, Business Analyst
	Food Environment Index	An index of affordable, close, and nutritious food retailers in a community	2020	USDA Food Environment Atlas
	Obesity (Adult)	Percentage of adults 20 years and older that self-report having a Body Mass Index (BMI) greater than 30.0	2018	National Center for Chronic Disease Prevention and Health Promotion
	Physical inactivity (Adult)	Percent of adults aged 20 years and older that self-report not participating in physical activities or exercise	2018	National Center for Chronic Disease Prevention and Health Promotion
	Walkability index	Index scores walkability depending upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel	2012	EPA Smart Location Mapping
Housing	Home ownership rate	Percent of population that owns a home	2015-2019	American Community Survey
	Housing affordability index	Index of the ability of a typical resident to purchase an existing home in the area	2020	Esri Business Analyst
	Median rental cost	Median gross rent plus estimated cost of utilities and fuels	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
	Moderate housing cost burden	Percent of households with housing costs greater than 30% but less than 50% of monthly income	2015-2019	American Community Survey
	Overcrowded housing	Percentage of housing units with more than 1 occupant per room	2015-2019	American Community Survey
	Percent of income for mortgage	Percent of income spent on home mortgage	2020	Esri Business Analyst
	Severe housing cost burden	Percentage of households with housing costs are greater than 50% of income	2015-2019	American Community Survey
Income and employment	Children living in poverty	Percent of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)	2015-2019	American Community Survey
	Free and reduced price lunch	Percent of public school students eligible for free or reduced price school meals	2017-2018	National Center for Education Statistics
	High speed internet	Percent of population with access to high-speed internet	2015-2019	American Community Survey
	Income inequality - Gini index	Measure of statistical dispersion representing the degree of income inequality or wealth inequality in an area	2015-2019	American Community Survey
	Jobs Proximity Index	Index of geographic access to job opportunities	2014	HUD Policy Development and Research
	Median household income	Median inflation-adjusted household income	2015-2019	American Community Survey
	Poverty rate	Percent of households with income in the past 12 months below the Federal Poverty Level	2015-2019	American Community Survey
	Unemployment rate	Percent of population age 16 years and older that is unemployed and seeking work	2020	Esri Demographics
	Young people not in school and not working	Percent of youth aged 16 to 19 years who are not currently enrolled in school or employed	2015-2019	American Community Survey
Mental/ behavioral health	Deaths of despair	Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population	2018	National Center for Health Statistics
	Mental health providers per 100,000 pop	Number of mental healthcare providers per 100,000 population	2019	CMS National Provider Identification
	Poor mental health (days per month)	Age-adjusted average number of self-reported mentally unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Suicide deaths	Age-adjusted rate of death due to intentional self-harm per 100,000 population	2020	NCHS National Vital Statistics System
Sexual health	Chlamydia incidence	Incidence rate of chlamydia cases per 100,000 population per year	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Health Topic	Measure	Definition	Year	Source
	HIV/AIDS deaths	Rate of death due to HIV and AIDS per 100,000 population	2016-2018	HRSA Area Resource File
	HIV/AIDS prevalence	Prevalence of HIV infection per 100,000 population	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	Teen births	Estimated teen birth rates per 1,000 females aged 15–19 years	2018	National Center for Health Statistics
Substance use	Current smokers	Percent of adults aged 18 years and older that self-report smoking cigarettes some days, most days or every day	2020	Behavioral Risk Factor Surveillance System
	Excessive drinking	Percent of adults aged 18 years and older that self-report heavy alcohol consumption	2020	Behavioral Risk Factor Surveillance System
	Impaired driving deaths	Percent of motor vehicle crash deaths in which alcohol played a role	2014-2018	NHTSA Fatality Analysis Reporting System
	Opioid overdose deaths	Age-adjusted opiate Death Rate per 100,000 population	2015-2019	NCHS National Vital Statistics System
Transportation	Workers commuting by transit, biking or walking	Percent of population age 16 years and older who use public transit, bike or walk to work	2015-2019	American Community Survey
	Workers driving alone to work	Percent of population age 16 years and older who drive alone to work via car, truck, or van	2015-2019	American Community Survey
	Workers driving alone with long commutes	Percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes	2015-2019	American Community Survey

ii. Other secondary data sources

Data Source	Date	Link
Alameda County Public Health	2021	Data emailed from source
Bay Area Equity Atlas	2019	https://bayareaequityatlas.org/
California Health Interview Survey (CHIS)	2020	https://healthpolicy.ucla.edu/chis/about/Pages/about.aspx
California Healthy Kids Survey (CHKS)	2017-2019	https://calschls.org/
City of Oakland	2021	https://cityofoakland2.app.box.com/s/xqloqg6rpaljxz6h0cajle6skmoea5ct/file/856855404757
City of San Leandro	2021	https://civicaadmin.sanleandro.org/civicax/filebank/blobdload.aspx?BlobID=3216
Everyone Home	2019	https://everyonehome.org/wp-content/uploads/2019/07/2019_HIRDReport_Alameda_FinalDraft_8.15.19.pdf https://everyonehome.org/wp-content/uploads/2019/12/2019-Hayward-Final-Report.pdf
Public Health Alliance of Southern California	2021	https://map.healthyplacesindex.org/
UCLA LPPI Census Analysis Shows California has 11 Majority-Latino Counties	2020	https://latino.ucla.edu/
United States Census Bureau, American Community Survey	2019	https://data.census.gov/cedsci/table?q=acs
www.kidsdata.org, a program of Population Reference Bureau.	2021	https://www.kidsdata.org/topic/764/food-insecurity/table#fmt=2955&loc=2,127,171&tf=124&sortType=asc https://www.kidsdata.org/topic/742/calfresh/table#fmt=2261&loc=127,2,171&tf=110&sortType=asc

Appendix E: Alameda County CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for Central Alameda County and Alameda County in comparison to statistics for the State of California. Indicators (percentage of county population or a rate per designated number of residents) are presented for 15 health need categories as organized in the Kaiser Permanente Community Health Data Platform.

Health Need	Indicator	Central Alameda County (# or %)	Alameda County (# or %)	California (# or %)
Access to care	Low birth weight births	7%	7%	7%
	Pre-term births	9%	9%	9%
	Dentists per 100,000 population	96	96	87
	Infant deaths	4	4	4
	Primary care physicians per 100,000 population	110	110	80
	Uninsured children	3	2%	3%
	Percent uninsured	9%	4%	8%
	Medicaid/public insurance enrollment	37%	30%	38%
Cancer	Breast cancer incidence	122	122	121
	Colorectal cancer incidence	34	34	35
	Cancer deaths	135	135	143
	Lung cancer incidence	41	41	41
	Prostate cancer incidence	92	92	93
Chronic disease and disability	Asthma prevalence	6%	6%	5%
	Diabetes prevalence	27%	27%	28%
	Heart disease deaths	112	112	144
	Stroke deaths	40	40	37
	Heart disease prevalence	13%	13%	15%
	Poor physical health (days per month)	3	3	4
	Adults reporting poor or fair health	12%	12%	16%
	Population with any disability	10%	9%	11%
	Stroke prevalence	4%	4%	4%
Climate and environment	Tree canopy cover	3	3	4
	Coastal flooding risk	0.7	5	0.2
	Drought risk	1	27	3
	Heat wave risk	8	9	8
	Air pollution: PM2.5 concentration	14	9	12
	River flooding risk	8	16	6
	Respiratory Hazard Need Rating	0.4	0.4	1
	Road network density	21	23	18
Community safety	Violent crimes	629	629	418
	Injury deaths	42	42	50
	Motor vehicle crash deaths	6	6	10
	Pedestrian accident deaths	2	2	3
Education	Education - Preschool enrollment	49%	58%	51%
	Education - On-time high school graduation	87%	87%	84%
	Education - Elementary school proficiency index	31	53	49
	Education - Adults with some college education	20%	17%	21%

Health Need	Indicator	Central Alameda County (# or %)	Alameda County (# or %)	California (# or %)
	Education - Adults with no high school diploma	18%	12%	18%
Family and social support	Children in single-parent households	31%	26%	32%
	Limited English Proficiency	11%	9%	10%
	Percent over age 75 with a disability	51%	49%	51%
	Population 65 and older living alone	2%	2%	2%
Food security	SNAP enrollment	9%	7%	10%
	Convenience stores per 1,000 population	0.2	0.2	0.2
	Food Environment Need Rating	8	8	8
	Grocery stores per 1,000 population	0.2	0.2	0.2
	Low access to grocery store	7%	7%	12%
	Supercenters and club stores per 1,000 population	0.4	0.4	1
	Food insecure	9%	9%	11%
HEAL opportunities	Obesity (Adult)	23%	23%	25%
	Exercise opportunities	100%	100%	93%
	Physical inactivity (Adult)	15%	15%	18%
	Walkability index	14	14	11
Housing	Overcrowded housing	11%	8%	8%
	Moderate housing cost burden	22%	20%	21%
	Severe housing cost burden	18%	17%	19%
	Median rental cost	$1,892	$1,972	$1,689
	Home ownership rate	56%	54%	55%
	Housing affordability index	83	77	88
	Percent of income for mortgage	30%	33%	31%
Income and employment	High speed internet	87%	89%	86%
	Children living in poverty	13%	11%	17%
	Poverty rate	10%	10%	13%
	Unemployment rate	15%	14%	16%
	Income inequality - Gini index	0.4	0.4	0.4
	Young people not in school and not working	2%	2%	2%
	Jobs Proximity Index	31	46	48
	Median household income	$88,634	$107,216	$82,053
	Free and reduced price lunch	47%	33%	44%
Mental/behavioral health	Deaths of despair	27	27	34
	Suicide deaths	9	9	11
	Poor mental health (days per month)	3	3	4
	Mental health providers per 100,000 population	614	614	352
Sexual health	Teen births	7	7	13
	Chlamydia incidence	583	583	585
	HIV/AIDS deaths	23	23	74
	HIV/AIDS prevalence	427	427	390
Substance use	Current smokers	10%	10%	11%
	Impaired driving deaths	26%	26%	29%
	Opioid overdose deaths	4	4	6
	Excessive drinking	20%	20%	20%
Transportation	Workers driving alone to work	70%	62%	74%
	Workers driving alone with long commutes	14%	13%	11%
	Workers commuting by transit, biking or walking	13%	20%	8%

Appendix F: Priority Community Healthy Places Index Scores

The Priority Community Profile examines root causes of health through the Healthy Places Index (HPI)*, which scores the overall health of California cities and counties using 25 indicators. HPI indicators reflect the social determinants of health, or the community conditions that affect health and well-being. The HPI compares all California communities to create scores for individual geographies. The subsequent tables compare the priority communities to the healthiest communities in Alameda County to identify disparities. The higher the HPI score, the healthier the geography is for that indicator. Definitions for the HPI indicators are provided below.

HPI Indicator	Definition
Economic	
Employed	Percentage of people aged 25-64 who are employed
Income	Median annual household income
Housing	
Homeownership	Percentage of homeowners
Housing Habitability	Percent of households with basic kitchen facilities and plumbing
Low-Income Homeowner Severe Housing Cost Burden	Percentage of low-income homeowners who pay more than 50% of their income on housing costs
Low-income Renter Severe Housing Cost Burden	Percentage of low-income renters who pay more than 50% of their income on housing costs
Uncrowded Housing	Percentage of households with 1 or less occupant per room
Education	
Bachelor's Education or Higher	Percentage of people over age 25 with a bachelor's education or higher
High School Enrollment	Percentage of 15–17-year-olds in school
Preschool Enrollment	Percentage of 3- and 4-year-olds in school
Social	
Two Parent Household	Percentage of children with two married or partnered parents/caregivers
Voting	Percentage of registered voters who voted in the 2012 general election
Healthcare Access	
Insured Adults	Percentage of adults aged 18 to 64 years with health insurance
Transportation	
Automobile Access	Percentage of households with access to an automobile
Active Commuting	Percentage of workers (16 years and older) who commute to work by transit, walking, or cycling
Neighborhood	
Alcohol Access	Percentage of people who live more than ¼ mile of a store that sells alcohol
Park Access	Percentage of the population living within walkable distance (half-mile) of a park, beach, or open space greater than 1 acre

Retail Density	Number of retail, entertainment and education jobs per acre. Communities with mixed land use, and easy access to jobs, schools, shops, and essential services.
Supermarket Access	Percentage of people in urban areas who live less than a half mile from a supermarket/large grocery store, or less than 1 mile in rural areas
Tree Canopy	Percentage of land with tree canopy (weighted by number of people per acre)
Clean Environment	
Diesel Particulate Matter	Average daily amount of particulate pollution (very small particles) from diesel sources (during July)
Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations
Ozone	Average amount of ozone in the air during the most polluted 8 hours of summer days
Particulate Matter 2.5	Yearly average of fine particulate matter concentration from various sources

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Ashland Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Ashland	Low HPI Census Tract (4339)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**33**	**22**	**89**
Economic	**Total Score**	**39**	**19**	**89**
	Employed	49	28	86
	Income	29	20	91
Housing	**Total Score**	**10**	**7**	**50**
	LI Renter Cost Burden	17	5	61
	LI Homeowner Cost Burden	49	25	73
	Housing Habitability	61	27	58
	Uncrowded Housing	13	14	39
	Homeownership	3	8	16
Education	**Total Score**	**32**	**40**	**91**
	Preschool Enrollment	50	91	89
	High School Enrollment	22	7	60
	Bachelor's Education or Higher	33	30	93
Social	**Total Score**	**11**	**7**	**43**
	Two Parent Households	7	2	55
	Voting in 2012	25	41	41
Healthcare Access	**Total Score/Insured**	**33**	**36**	**86**
Transportation	**Total Score**	**78**	**51**	**95**
	Automobile Access	12	27	4
	Active Commuting	92	77	96
Neighborhood	**Total Score**	**49**	**53**	**55**
	Retail Density	84	62	96
	Park Access	94	81	93
	Tree Canopy	31	36	38
	Supermarket Access	89	87	93
	Alcohol Outlets	5	13	5
Clean Environment	**Total Score**	**77**	**89**	**70**
	Ozone	93	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	2	13	2
	Water Contaminants	100	97	100

Legend: Scores worse by 20+ points than healthiest communities
Scores better by 20+ points than healthiest communities

* Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Cherryland Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Cherryland	Low HPI Census Tract (4356.01)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**29**	**18**	**89**
Economic	Total Score	42	32	89
	Employed	55	72	86
	Income	42	28	91
Housing	**Total Score**	**17**	**24**	**50**
	LI Renter Cost Burden	33	37	61
	LI Homeowner Cost Burden	67	65	73
	Housing Habitability	75	41	58
	Uncrowded Housing	14	14	39
	Homeownership	5	15	16
Education	**Total Score**	**7**	**2**	**91**
	Preschool Enrollment	30	49	89
	High School Enrollment	9	2	60
	Bachelor's Education or Higher	31	20	93
Social	**Total Score**	**18**	**29**	**43**
	Two Parent Households	17	25	55
	Voting in 2012	24	35	41
Healthcare Access	**Total Score/Insured**	**40**	**27**	**86**
Transportation	**Total Score**	**49**	**21**	**95**
	Automobile Access	14	25	4
	Active Commuting	85	62	96
Neighborhood	**Total Score**	**25**	**24**	**55**
	Retail Density	73	51	96
	Park Access	78	81	93
	Tree Canopy	27	23	38
	Supermarket Access	58	45	93
	Alcohol Outlets	5	20	5
Clean Environment	**Total Score**	**66**	**79**	**70**
	Ozone	93	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	0	5	2
	Water Contaminants	100	100	100

Legend: Scores worse by 20+ points than healthiest communities
Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Castro Valley Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Castro Valley	Low HPI Census Tract (4309)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**80**	**43**	**89**
Economic	**Total Score**	**81**	**43**	**89**
	Employed	78	44	86
	Income	81	47	91
Housing	**Total Score**	**69**	**31**	**50**
	LI Renter Cost Burden	58	55	61
	LI Homeowner Cost Burden	67	34	73
	Housing Habitability	69	54	58
	Uncrowded Housing	59	32	39
	Homeownership	54	13	16
Education	**Total Score**	**68**	**30**	**91**
	Preschool Enrollment	56	31	89
	High School Enrollment	64	20	60
	Bachelor's Education or Higher	69	49	93
Social	**Total Score**	**56**	**22**	**43**
	Two Parent Households	51	10	55
	Voting in 2012	55	47	41
Healthcare Access	**Total Score/Insured**	**81**	**79**	**86**
Transportation	**Total Score**	**89**	**82**	**95**
	Automobile Access	54	35	4
	Active Commuting	88	82	96
Neighborhood	**Total Score**	**49**	**4**	**55**
	Retail Density	74	86	96
	Park Access	54	2	93
	Tree Canopy	62	36	38
	Supermarket Access	64	73	93
	Alcohol Outlets	26	13	5
Clean Environment	**Total Score**	**85**	**93**	**70**
	Ozone	92	91	91
	Particulate Matter 2.5	52	75	36
	Diesel Particulate Matter	9	32	2
	Water Contaminants	98	97	100

Legend: Scores worse by 20+ points than healthiest communities
Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Hayward Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities*

Category	Indicator	Hayward	Low HPI Census Tract (4375)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**58**	**25**	**89**
Economic	**Total Score**	**65**	**16**	**89**
	Employed	69	14	86
	Income	64	23	91
Housing	**Total Score**	**24**	**26**	**50**
	LI Renter Cost Burden	25	33	61
	LI Homeowner Cost Burden	45	97	73
	Housing Habitability	49	43	58
	Uncrowded Housing	20	11	39
	Homeownership	28	9	16
Education	**Total Score**	**44**	**28**	**91**
	Preschool Enrollment	46	26	89
	High School Enrollment	34	100	60
	Bachelor's Education or Higher	50	21	93
Social	**Total Score**	**29**	**48**	**43**
	Two Parent Households	35	69	55
	Voting in 2012	28	29	41
Healthcare Access	**Total Score/Insured**	**46**	**21**	**86**
Transportation	**Total Score**	**81**	**20**	**95**
	Automobile Access	36	25	4
	Active Commuting	85	58	96
Neighborhood	**Total Score**	**75**	**89**	**55**
	Retail Density	89	46	96
	Park Access	93	81	93
	Tree Canopy	44	38	38
	Supermarket Access	89	58	93
	Alcohol Outlets	26	92	5
Clean Environment	**Total Score**	**77**	**89**	**70**
	Ozone	90	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	2	13	2
	Water Contaminants	97	100	100

Legend: Scores worse by 20+ points than healthiest communities

Scores better by 20+ points than healthiest communities

* Source: Public Health Alliance of Southern California. (2021). California Healthy Places Index 2.0. https://map.healthyplacesindex.org/. Accessed Fall 2021.

Appendix G: Alameda County Community Resources

TABLE OF CONTENTS

Please note that this list of Community Assets and Resources is not exhaustive. Additional organizations working to promote health and well-being of the community in response to identified health needs may not be reflected here.

Healthcare Facilities and Agencies

The following healthcare facilities are available in Northern and Southern Alameda County.

HOSPITALS

- Alameda County Medical Center
- Alameda Health System Alameda Hospital
- Alameda Health System Highland Hospital
- Alameda Health System San Leandro Hospital
- John Muir Health
- Kaiser Foundation Hospital–Oakland
- Kaiser Foundation Hospital–San Leandro
- St. Rose Hospital
- Sutter Health Alta Bates Summit Medical Center
- Sutter Health Eden Medical Center
- UCSF Benioff Children's Hospital Oakland
- Washington Hospital Healthcare System

FEDERALLY QUALIFIED HEALTH CENTERS

- Asian Health Services
- Davis Street
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vásquez Health Center
- Tri-City Health Centers (and Mobile Clinic)
- West Oakland Health

OTHER HEALTH CLINICS

- Ashland Free Medical Clinic
- Center for Elder Independence
- Order of Malta Clinic
- Roots Community Health Center
- RotaCare Clinic

Assets and Resources by Identified Health Need

The following tables provide the names, summary descriptions, and websites for various healthcare assets and resources available in Central Alameda County to address identified health needs.

BEHAVIORAL HEALTH

Resource Name	Summary Description	Website
Alameda County Behavioral Health Care Services	Provides services to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns	http://www.acbhcs.org/
Alameda County Housing and Community Development	Develops housing and programs to serve the county's low- and moderate-income, homeless, and disabled populations	https://www.acgov.org/cda/hcd/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
Alameda Health System	Aims to extend care, wellness, and prevention to all members of the community	http://www.alamedahealthsystem.org/
Al-Anon	12-step program for adult relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/
Alateen	12-step program for teen relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/for-members/group-resources/alateen/
Alcoholics Anonymous	12-step program for individuals who need help with alcohol addiction or excessive drinking	https://www.aa.org/
Beats, Rhymes and Life	Engages youth in Oakland to use hip-hop and self-expression as a form of therapy to facilitate healing	http://brl-inc.org/
Boldly Me	Helps people with differences due to birth conditions, medical treatments, injury, disease, and self-perception heal from emotional trauma	http://www.boldlyme.org/
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Provides youth programs in the areas of arts, recreation, education, career development, and health and wellness	https://reachashland.org/
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/

Resource Name	Summary Description	Website
City of Berkeley Department of Health Services	Provides services to monitor the health of the community, prevent epidemics and the spread of disease, protect against environmental hazards, respond to disasters, and promote and encourage healthy behaviors	https://www.cityofberkeley.info/publichealth/
Crisis Support Services of Alameda, County 24-Hour Crisis Line	Gives round-the-clock telephone support to people coping with difficult circumstances or emotions, or suicidal thoughts or feelings	https://www.crisissupport.org/programs/crisis-line/
CURA, Inc.	Helps individuals experiencing difficulties with substance abuse achieve sobriety, health, and wellness	https://www.curainc.com/Home.html
East Bay Agency for Children	Offers comprehensive services designed to reduce the incidence/impact of adverse childhood experiences and other traumas	http://www.ebac.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Family Education and Resource Center	Offers educational information on health, family relationships and well-being	http://askferc.org/
Family Paths 24-Hour Parent Support Hotline	Provides free, confidential counseling and information to anyone in need of parenting support as well as referrals to nearly 900 community resources	https://familypaths.org/what-we- do/24-hour-parent-support/
Flourish Agenda	Strives to help youth of color flourish	https://flourishagenda.com/
Gamblers Anonymous	12-step program for people coping with a gambling addiction	http://www.gamblersanonymous.org/ga/
George Mark Children's Home	Offers round-the-clock skilled pediatric nursing, fun activities for children with complex medical conditions, transitional care, end-of-life care, respite care, and bereavement care	https://georgemark.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/
Horizon Services, Inc.	Provides preventive, educational, and therapeutic services and environments for individuals, families, and the community	https://www.horizonservices.org/
Jewish Family and Community Services East Bay	Promotes the well-being of individuals and families of all ages, races, and religions with essential mental health and social services at every stage of life	https://jfcs-eastbay.org/
Wellness Together	Partners with K-12 school districts and colleges to provide mental health services for students, families, and educators	https://www.wellnesstogether.org/
Kidango, Inc.	Runs free and reduced-cost pre-school/child care centers	https://www.kidango.org/

Resource Name	Summary Description	Website
La Familia Counseling Services	Supplies mental health and community support services to underserved multicultural communities	https://www.lafamiliacounseling.org/
Lincoln	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/
Mindful Life Project	Empowers underserved children to gain self-awareness, confidence, self- regulation, and resilience through mindfulness and other transformative skills	http://www.mindfullifeproject.org/
Narcotics Anonymous	12-step program for individuals coping with substance abuse or drug addiction	https://www.na.org/
National Alliance on Mental Illness	Offers education, support, and advocacy for people affected by mental illness	http://www.namiacs.org/
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma-informed Dynamic Mindfulness	https://www.niroga.org/
Overeaters Anonymous	12-step program for people coping with compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating and/or excessive exercising	https://oa.org/
Pacific Center for Human Growth	Delivers LGBTQ-proficient mental health and wellness services to enhance the well- being of community members	http://pacificcenter.org/
Partnership for Trauma Recovery	Addresses the psychosocial impacts of trauma among international survivors of human rights abuses through culturally aware, trauma-informed, and linguistically accessible mental-health care, clinical training, and policy advocacy	https://traumapartners.org/
Second Chance, Inc.	Offers individual and group substance abuse treatment	https://secondchanceinc.com/
Seneca Center	Provides a comprehensive continuum of school, community-based and family- focused treatment services for children and families experiencing high levels of trauma who are at risk for family disruption or institutional care for the children	https://www.senecafoa.org/
Side by Side	Helps youth overcome traumas caused by adversity and embrace resilience	https://www.sidebysideyouth.org/
Women and Men on the Way	Provides an alcohol and drug free environment and recovery services in a home like setting for a period of 6-12 months with an ongoing aftercare plan.	https://womenandmenontheway.org/
YMCA of the East Bay	Offers a variety of programs through its five health and wellness centers, 20-plus childcare sites, a teen center, and three camps	https://ymcaeastbay.org/

COMMUNITY AND FAMILY SAFETY

Resource Name	Summary Description	Website
A Safe Place	Provides domestic violence shelter and services	https://www.asafeplace.org/
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with residents on initiatives that reduce crime and improve community health	https://www.acdsal.org/
Alameda County Family Justice Center	Ensures the safety, healing, and self-empowerment of victims of interpersonal violence through supportive services related to counseling, trauma recovery, and resource referral	http://www.acfjc.org/
Alameda Family Services	Offers programs to improve the emotional, psychological, and physical health of children, youth and families	https://www.alamedafs.org/
Alternatives in Action	Offers school and community programs for youth	https://www.alternativesinaction.org/
Bananas	Supports families and individuals with children by providing referrals to childcare, education around imbursement for childcare, and workshops for parents	https://bananasbunch.org/
Bay Area Women Against Rape	Addresses the issue of sexual assault by providing support services to survivors and leading education efforts in the community around the topic	https://www.bawar.org
Berkeley Youth Alternatives	Helps at-risk youth through programs that emphasize education, health and well-being, and economic self- sufficiency	https://www.byaonline.org/
Building Futures	Provides a continuum of care through residential programs, crisis lines, and case management to help county residents build a future free of violence and homelessness	http://www.bfwc.org/
Calico Center	Works with law enforcement officers, child welfare workers, prosecutors, and other professionals to achieve justice for abused children by investigating abuse allegations and eliciting testimony from children	https://www.calicocenter.org/

Resource Name	Summary Description	Website
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Empowers youth living in poverty to be healthy, resilient, and successful by offering programs around recreation, education, childhood development, literacy, art, career and employment, and health and wellness	http://achealthyschools.org/reach-ashland-youth-center.html
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/
City of Berkeley Department of Health Services	Provides a wide array of services to monitor the health of the community, to prevent epidemics and the spread of disease, to protect against environmental hazards, to respond to disasters, and to encourage healthy behaviors	https://www.cityofberkeley.info/publichealth/
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high-risk youth and young adults	http://www.cyoinc.org/
Community Violence Solutions	Works to end sexual assault and family violence by providing services to survivors of sexual assault or abuse and their families	https://cvsolutions.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison	https://exoneratednation.org/
Family Support Services	Assists families who face serious challenges in successfully caring for their children	https://fssba.org/
First 5 Alameda County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities and improve the lives of children ages 0–5 and their families	http://www.first5alameda.org/
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring	https://flyprogram.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/

Resource Name	Summary Description	Website
Immigration Institute of the Bay Area	Helps immigrants, refugees, and their families settle in the community by providing legal-aid services as well as education and community engagement opportunities	https://iibayarea.org/
Koreatown Northgate (KONO)	Ensures the district (Telegraph Avenue from 20th to 35th Streets in Oakland) is safe, clean, and promoted	https://www.koreatownnorthgate.org/
The Latina Center	Focuses on uplifting the health and growth of the Latinx community by providing leadership and personal development opportunities	https://thelatinacenter.org/
Narika	Helps domestic violence survivors with advocacy, support, and education	https://www.narika.org/
Oakland Unite!	Targets the highest-risk community members and neighborhoods, with programs focused on interrupting violence as it is occurring and preventing future violence	http://oaklandunite.org/
Project Avary	Runs a program that meets the unique emotional needs of children with a parent in prison, starting at ages 8–11 and continuing for 10 years	http://www.projectavary.org/
Reentry Success Center	Supports formerly incarcerated individuals in transitioning back into the community	http://reentrysuccess.org/
Ruby's Place	Offers women, men, transgender people, and accompanied minors who have been affected by domestic violence or human trafficking with shelter, case management, therapy, and housing services	http://www.rubysplace.org/wp/
Safe Alternatives to Violent Environments	Supports victims of domestic violence through providing shelter, support and educational opportunities	https://save-dv.org/
STAND! for Families Free of Domestic Violence	Strives to break the cycle of violence in families impacted by domestic violence and child abuse by providing services around therapy, crisis lines and educational opportunities	http://www.standffov.org/
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community	http://www.youthalive.org/
Youth Uprising	Engages youth in East Oakland in leadership opportunities to drive the health and economic growth of the community	https://www.youthuprising.org/

ECONOMIC SECURITY

Resource Name	Summary Description	Website
Alameda County Community Food Bank	Partners with and provides food to local charities, pantries, and nonprofits, which pass out groceries and food items (Website has a search function to find multiple food resources in any city in Alameda County; use that for the most up-to-date resources)	http://foodnow.net/food-today/
Alameda County Food Resources	Lists community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html
Alameda County Nutrition Services – Women, Infants, and Children (WIC)	Promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items	http://www.acphd.org/wic.aspx
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedacountysocialservices.org/our-services/Health-and-Food/index
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates programs and services designed to empower homeless, poor, and disabled individuals to become self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	http://www.cceb.org/
Clausen House	Provides housing, wellness programs, and advocacy for developmentally disabled adults in Oakland and the surrounding East Bay area	https://clausenhouse.org/

Resource Name	Summary Description	Website
City of Berkeley Health, Housing, and Community Services Department	Works to improve the quality of life for individuals and families in Berkeley through innovative policies, effective services, and strong community partnerships	https://www.cityofberkeley.info/dhs/
City of Oakland Department of Human Services	Collaborates with a diverse group of local organizations to provide services in the community	https://www.oaklandca.gov/departments/department-of-human-services
Community Resources for Independent Living	Focuses on providing disabled individuals with peer-based resources and advocacy to improve their lives and their ability to navigate their environment	http://www.crilhayward.org/
East Bay Asian Local Development Corporation	Works with and for the diverse populations of the East Bay to build healthy, vibrant, and safe neighborhoods through community development	https://ebaldc.org/
East Bay Community Law Center	Addresses the underlying causes of poverty and economic and racial inequality to improve opportunities in economic security, education, health and welfare, housing, and immigration	https://ebclc.org/
East Bay Works	Partners with job centers, economic developers, support service providers, and educational entities to provide benefits and services to employers, job seekers and youth ages 16–24 at no cost	http://www.eastbayworks.com/
East Oakland Youth Development Center	Develops the social and leadership capacities of youth and young adults ages 6–24 so that they are prepared for employment, higher education, and leadership roles	http://eoydc.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
First Place for Youth	Supports youth, particularly those in foster care, in developing self-sufficiency and a sense of purpose by offering housing and case-management services	https://www.firstplaceforyouth.org

Resource Name	Summary Description	Website
Hayward Day Labor Center	Enables low-income, mostly migrant workers in the East Bay achieve self-sufficiency	http://daylaborcenter.org/
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/
Youth Spirit Artworks	Engages homeless and low-income individuals in artistic jobs and training to help them develop skills, experience, and self-confidence	http://youthspiritartworks.org/

EDUCATION

Resource Name	Summary Description	Website
Alameda County Early Head Start and Head Start	Provides child development and family support services to facilitate children's health and education	https://www.alamedafs.org/hs-ehs.html
Boys and Girls Clubs of San Leandro	Provides a variety of recreational programs for children and youth, also after-school kinder care in elementary schools	http://bgcsl.org/
Castro Valley Education Foundation	CVEF provides resources and programs that support academic opportunities in Castro Valley Unified School District	https://www.cvef.org/
California State University, East Bay, Hayward Promise Neighborhood	Through collaborative partnership, offers over 35 programs that serve residents, families, children, and students in the Hayward area to ensure educational success and a safe, healthy, thriving community	http://www.haywardpromise.org/

Community Child Care Council (4C's) of Alameda County	Strengthens children and families by helping parents find and pay for affordable child care	https://www.4c-alameda.org
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Hidden Genius Project	Focuses on increasing diversity in the workforce and transforming communities by mentoring black male youth in technology creation, entrepreneurship, and leadership skills	http://www.hiddengeniusproject.org/

SCHOOL DISTRICTS IN ALAMEDA COUNTY

School District	Location	Website
Alameda USD	Alameda	https://alamedausd-ca.schoolloop.com/
Albany USD	Albany	https://www.ausdk12.org/
Berkeley USD	Berkeley	https://www.berkeleyschools.net/
Castro Valley USD	Castro Valley	https://www.cv.k12.ca.us/
Emeryville USD	Emeryville	https://emeryusd.k12.ca.us/
Hayward USD	Hayward	https://www.husd.us/
San Leandro USD	San Leandro	https://www.sanleandro.k12.ca.us/
San Lorenzo USD	San Lorenzo	https://www.slzusd.org/
Oakland USD	Oakland	https://www.ousd.org/
Piedmont USD	Piedmont	http://www.piedmont.k12.ca.us/

FOOD SECURITY

Also see Economic Security for resources related to food insecurity.

Resource Name	Summary Description	Website
Acta Non Verba	Provides urban farming opportunities for children, youth, and families in East Oakland to deepen their understanding of nutrition, food production, and healthy living, and strengthen their ties to the community	https://anvfarm.org/
Alameda County Community Food Bank	Pursues a hunger-free community by conducting food distribution services, CalFresh outreach, youth and student nutrition programs, and mobile produce stands at health-delivery centers	https://www.accfb.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with Alameda County adults and youth on initiatives to reduce crime and improve community health	https://www.acdsal.org/
Alameda County Nutrition Services–Women, Infants, and Children (WIC)	Promotes healthy eating at public events, conducts cooking demonstrations, teaches nutrition and cooking classes, provides nutrition education, plants gardens, and develops and implements healthy food and beverage standards	http://www.acphd.org/nutrition-services
Alameda County Public Health Department	Offers community-based activities that engage residents and local partners in the planning, evaluation, and implementation of health activities	http://www.acphd.org/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation	http://www.cityslickerfarms.org/
Fresh Approach	Improves healthy food access in the community through farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/
Mandela MarketPlace	Builds health, wealth, and assets in low-income communities by creating local food enterprises	https://www.mandelapartners.org/
Meals on Wheels of Alameda County	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.feedingseniors.org/

HEALTHCARE ACCESS AND DELIVERY

Resource Name	Summary Description	Website
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing and Community Development	Supports the preservation and development of affordable housing for low- and moderate-income residents	https://www.acgov.org/cda/hcd/
American Diabetes Association	Educates people about ways to live healthier lives and support friends and loved ones living with diabetes	http://www.diabetes.org/in-my-community/local-offices/san-francisco-california/
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area
Bay Area Legal Aid	Improves access to the civil justice system through legal assistance for low- income individuals	https://baylegal.org/
California Department of Health Care Services	Helps low-income and disabled people get access to affordable, integrated, high- quality healthcare, including medical, dental, mental health, and substance use treatment services, as well as long-term care	https://www.dhcs.ca.gov/Pages/default.aspx
Center for Healthy Schools and Communities	Provides integrated health and wellness services (medical, dental, behavioral health, health education, and youth development) in 29 school health centers throughout Alameda County	https://achealthyschools.org/projects
Eden I&R, Inc.	Connects individuals in need with human services agencies	http://edenir.org/
George Mark Children's Home	Provides pediatric nursing and other support services to children with complex medical conditions	https://georgemark.org/
Operation Access	Enables Bay Area healthcare providers to donate surgical and specialty care to people in need	https://www.operationaccess.org/
Planned Parenthood Northern California	Delivers comprehensive sexual and reproductive health services	https://www.plannedparenthood.org/planned-parenthood-northern-california
Ronald McDonald Care Mobile Dental Clinic	Provides pediatric health services for underserved populations through health education and treatment and referral services	https://rmhcbayarea.org/what-we-do/ronald-mcdonald-care-mobile/
Women's Cancer Resource Center	Helps women with cancer improve their quality of life through education, practical assistance, and support services	https://www.wcrc.org/
United Seniors of Oakland and Alameda County	Offers programs for older adults	https://www.usoac.org/

HOUSING AND HOMELESSNESS

Resource Name	Summary Description	Website
Abode Services	Works with government, supporters, landlords, and clients to provide housing for people experiencing homelessness	https://www.abodeservices.org/
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing and Community Development	Leads the development of housing and programs to serve low- and moderate-income households, people experiencing homelessness, and disabled individuals	http://www.acgov.org/cda/hcd/
Alameda Point Collaborative	Permanent supportive housing community for individuals experiencing homelessness, which aims to break the cycle of poverty by providing supportive services around education, employment, nutrition, and entrepreneurship	https://apcollaborative.org/
Bay Area Community Services	Provides behavioral health and housing services for teens, adults, older adults, and their families across the Bay Area.	https://www.bayareacs.org/
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income people	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates a variety of programs and services targeted towards empowering homeless, poor and disabled individuals to be self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing eviction including rent assistance and funds for housing deposits	http://www.cceb.org/housing-services-in-the-county-of- alameda/
Downtown Streets Team	Provides case management and volunteer programs to homeless individuals (or those at risk of becoming homeless), to develop job skills and find employment and housing	https://www.streetsteam.org/index
East Bay Community Law Center Housing Program	Defends low-income tenants in eviction lawsuits brought against them	https://ebclc.org/need-services/housing-services
East Bay Housing Organizations	Works through organized campaigns focused on policy or a geographic community through ongoing committees	http://ebho.org/resources/looking-for-housing/housing-developers/

Eden Housing	Creates and sustains affordable housing for very low, low and moderate-income families, seniors, veterans, people living with physical, mental, or developmental disabilities, and the formerly homeless	https://edenhousing.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Everyone Home	Supports collaborative projects to end homelessness	http://everyonehome.org/
FESCO	Provides low/extremely low-income homeless families with food, emergency, transitional, permanent housing, and supportive services	https://www.fescofamilyshelter.org/
First Place for Youth	Supports youth, particularly those in foster care, in building self-sufficiency and a sense of purpose by offering housing and case management services	https://www.firstplaceforyouth.org
Homeless Action Center	Makes it possible for people who are experiencing severe homelessness, poverty, or disability to access social safety net programs through free, culturally sensitive legal representation	http://homelessactioncenter.org/
Lava Mae	Brings critical self-care services to people experiencing homelessness via mobile hygiene and pop-up care village programs	https://lavamae.org/
MidPen Housing	Nonprofit developer that owns and manages high-quality affordable housing for low-income families, seniors and people with special needs	https://www.midpen-housing.org/
Rebuilding Together East Bay North	Provides free rehabilitation and critical repairs to the homes of income qualified seniors, veterans, and people with disabilities	https://rtebn.org/
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/

TRANSPORTATION

Resource Name	Summary Description	Website
Alameda–Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/
Bay Wheels	Offers an affordable, accessible mode of transportation via a bicycle-sharing service (operated by Lyft), with discounted memberships for low-income individuals	https://www.lyft.com/bikes/bay-wheels
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/
Drivers for Survivors	Offers free transportation services and supportive companionship for ambulatory cancer patients	http://driversforsurvivors.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
LIFE Eldercare, Inc.	Meals on Wheels, transportation, friendly visitors and fall prevention for the elderly	https://lifeeldercare.org
Paratransit	Public transit service for people who are unable to use regular buses or trains because of a disability or a disabling health condition	https://www.eastbayparatransit.org/