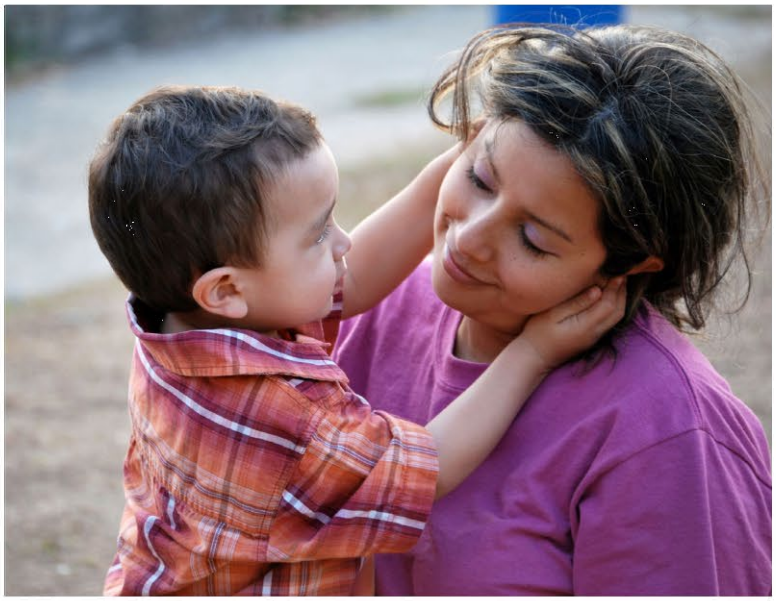
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

2022 Community Health Needs Assessment

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Prepared by the Department of
Community Health and Engagement

UCSF Benioff Children's Hospital
Oakland

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Executive Summary

Background

Every three years, UCSF Benioff Children's Hospital Oakland 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 secondary 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 our service area. 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 UCSF Benioff Children's Hospital Oakland 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 communities of color, 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 Counties. 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 UCSF Benioff Children's Hospital Oakland'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 UCSF Benioff Children's Hospital Oakland's service area focus – North Alameda County. Because the hospital and the two school-based health centers it operates are located in Oakland, a large number of patients live in Alameda County, and specifically Northern Alameda County.

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, UCSF Benioff Children's Hospital Oakland 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 to the right and brief descriptions of the health needs are provided below.

Figure 1: CHNA Health Needs in Priority Order

- Mental/behavioral health
- Housing
- Access to care
- Community Safety
- Income & employment
- Structural Racism
- Food Security
- Transportation

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 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 the communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported inadequate mental health services for children/teens, specifically those who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally and others). In Northern Alameda County, key informants noted high levels of intergenerational trauma in their community, yet significant stigma around accessing behavioral healthcare. Northern Alameda County focus group participants also cited insufficient availability of behavioral health services, specifically for low-income families and discussed how teens are suffering due to social isolation caused by COVID-19 and are experiencing increased rates of anxiety, depression, and fear.

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 gross 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 the health, well-being, educational achievement, and economic success of those who live inside. 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 including a concern that specific populations are at highest risk of becoming unhoused, such as Black/African American, Latinx, and LGBTQIA+ community members, immigrants, women fleeing domestic violence and their children, people with disabilities, and those experiencing mental illness or addiction. Alameda County key informants and focus group participants concurred that housing challenges negatively impact families' ability to obtain other basic needs (food, employment,

healthcare, and childcare), resulting in poor mental and physical health. Key informants serving North Alameda County described that housing and COVID-19 stressors resulted in behavioral health crises when unhoused residents simultaneously felt unprotected from the virus and had no viable shelter.

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, the shift to telehealth during the pandemic, though helpful for many, presented barriers to low-income families with little or no internet access. Key informants reported that Alameda County families urgently need affordable, reliable, culturally competent childcare; given the high cost of childcare in the county, some lower-income families are forced to choose between paying for childcare and purchasing food or other necessities. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment 21% below the state overall (30% vs 38%). Key informants stated that many residents in the county forego health insurance because of cost, noting that even Covered California coverage is still too expensive for many families. Both key informants and focus group participants in Northern Alameda County discussed inequities in care, noting that people of color are more likely to be on Medi-Cal and have access to fewer high quality services. Infant mortality is substantially higher for Northern Alameda County multiracial and Black/African American residents than the county overall. In several zip codes within the county that have larger Black/African American and Latinx populations than the county overall (West Oakland) the percentage of uninsured children exceeds California's overall percentage of uninsured children.

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 poorer 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. Two key measures of community and family safety, violent crime and injury deaths, were substantially higher in Alameda County than CA overall. Domestic violence is a pervasive and escalating issue throughout Alameda County, according to key informants and focus group participants, who observed that certain racial and ethnic groups, such as immigrants and people of color, are often subjected to social and domestic conditions (e.g. crowded or insecure housing) that foster interpersonal violence. Key informants in Northern Alameda County described violence in their community as a symptom and a cause of behavioral health issues and stated that violence disproportionately affects young men of color (teens-30s). The number of violent crimes is 50% higher in Northern Alameda County than California overall (626 versus 418 per 100,000 population) and rates of death by all injuries are highest among

Black/African Americans compared to Northern Alameda County overall (96 versus 46 per 100,000 population).

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. They also reported extensive job loss because of the COVID-19 pandemic, reporting that despite a strong job market, many residents are still not working. A number of key informants highlighted the interconnected nature of employment and behavioral and physical health, describing health insurance as tied to employment – job loss threatens access to healthcare for the whole family. Key informants in Northern Alameda County noted that the Latinx population was one of the hardest hit due to COVID-19, with many having to choose between continuing to go into work with an increased risk of exposure or losing their jobs. Latinx and Black/African American residents in Oakland and Berkeley face significant income and employment disparities; many measures are worse than the state in ZIP codes with larger proportions of residents of color, including high speed internet access, median household income, unemployment rate, young people not in school and not working, children living in poverty, and poverty rate.

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 minoritized groups experience higher rates of illness and death across a wide range of health conditions. 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 healthcare and not having access to culturally or linguistically competent care. Several key informants expressed concern about inequitable practices within the educational system in Alameda County that create a disconnect between schools and communities of color, particularly for Black/African American communities; they connected educational inequities to the lack of tailored services for these children and then to the under-representation of people of color in well-paying jobs. Key informants also noted that a high percentage of young men of color, particularly Black/African American and Latinx, are not graduating from high school. The COVID-19 pandemic, and its disproportionate impact among racial and ethnic minority populations is another example of these enduring health disparities. Black/African American and multiracial residents had substantially higher rates of COVID-19 deaths than Northern Alameda County overall and in 2020, infant mortality was more than twice as high for Black/African American residents than for the rest of Northern Alameda County.

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 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, the response to COVID-19 exacerbated food security needs has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.). However, key informants were concerned that not all populations in need are being reached, particularly unhoused county residents and populations that may be reluctant to seek out food assistance due to the stigma of being "needy." In Northern Alameda County, 9% of residents are food insecure. Key informants stated that CalFresh, California's Supplemental Nutrition Assistance Program (SNAP), is an underutilized resource in Northern Alameda County. Key informants discussed the link between other basic needs and food security, reporting that some lower-income families are forced to choose between paying for high-cost childcare and purchasing food or other necessities.

Transportation: Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services. Key informants and focus group participants noted that many low-income families are dependent on public transportation and, therefore, experience this as a barrier to accessing healthcare, as many people must travel outside of their immediate community for appointments and to access specialty care and resources. Safety when using public transportation was an additional concern voiced by focus group participants; this concern was further exacerbated by the COVID-19 pandemic, as county residents were fearful that using public transportation would increase their risk of virus exposure. Key informants from Northern Alameda County stated that lack of reliable, accessible, and affordable transportation is a barrier to accessing healthcare, and noted that public transit in West Oakland is particularly inadequate.

For additional details, including statistical data and sources, see Appendices D, E and G: CHNA Secondary Data Indicator Definitions, Data Sources and Dates; CHNA Secondary Data Table and Health Need Profiles.

Next Steps

After making this CHNA report publicly available by June 30, 2022, UCSF Benioff Children's Hospital Oakland will solicit feedback (written comments) about the report until two subsequent CHNA reports have been posted on its website (https://www.childrenshospitaloakland.org/main/community-benefit-reports.aspx). The hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by November 15, 2022.

I. Introduction/Background

The 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 UCSF Benioff Children's Hospital Oakland service area 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. UCSF Benioff Children's Hospital Oakland 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.childrenshospitaloakland.org/main/community-benefit-reports.aspx.

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 UCSF Benioff Children's Hospital Oakland

The mission of UCSF Benioff Children's Hospital Oakland (referred to as BCH Oakland in this report) is to provide the highest-quality health care to all children in our communities, regardless of any identified status, including race, religion, or financial status, through caring, healing, teaching, and discovery. BCH Oakland offers a broad range of inpatient, outpatient, and community-based services, with experts in more than 30 distinct pediatric subspecialties.

BCH Oakland serves patients from across Northern California and beyond, but because of the hospital's location in the city of Oakland, a majority of patients comes from Alameda County, with a large number from Northern Alameda County. BCH Oakland is a pediatric safety-net hospital for both Alameda and neighboring Contra Costa County because neither has public hospital beds for children.

BCH Oakland offers multiple community programs and services. Its Federally Qualified Health Center is the largest pediatric primary care clinic in the Bay Area and includes two comprehensive school-based clinics and a clinic at the Juvenile Justice Center in San Leandro.

BCH Oakland is dedicated to translating clinical research into health benefits for children through its research grants and contracts, which include collaborations with private research organizations, corporations, universities, and government entities on local and national levels.

In January, 2014, Children's Hospital & Research Center at Oakland, (now doing business as UCSF Benioff Children's Hospital Oakland) entered into an agreement with UCSF to create a durable and permanent strategic affiliation to develop an integrated healthcare delivery system to improve the

quality of healthcare in the San Francisco Bay Area. Children's Hospital & Research Center at Oakland d/b/a/ UCSF Benioff Children's Hospital Oakland is a California private, nonprofit, public benefit, acute care hospital. It is separately licensed and incorporated with a board of directors that are directly responsible for the hospital's operation and achievement of the hospital's mission. The University of California Board of Regents (UC), on behalf of UCSF, is the sole member of the corporation and UCSF has two representatives who serve on the hospital's board of directors. BCH Oakland retains its separate Medical Staff; continues to own its property and assets; maintains its contractual relationships; employs its staff and is obligated for the payment of its debts.

B. About UCSF Benioff Children's Hospital Oakland Community Benefits Program

BCH Oakland has one of the largest community benefits programs among all children's hospitals in California. BCH Oakland defines community benefit as "a planned, managed, organized, and measured approach to meeting documentable community needs intended to improve access to care, health status, and quality of life." It is generally accepted that a community benefit should meet one or more of these criteria:

- Respond to public health needs
- Respond to the needs of a vulnerable or at-risk population
- Improve access to care
- Generate no (or negative) profit margin
- Would likely be discontinued if the decision were made on a purely financial basis

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 Alameda 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 whose health is disproportionately impacted 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 in partnership with Ad Lucem Consulting. Primary data offered a wide range of perspectives on the issues with the greatest impact on the health of Alameda 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.

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 Alameda County 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 for 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.

B. Map and Description of Community Served

Figure 2: Service Area Map

i. Geographic Description of the Community Served

As noted previously in this report, BCH Oakland serves patients from across Northern California and beyond, but because the hospital and the two school-based health centers it operates are located in Oakland, a majority of patients come from Alameda County, and a large number live in Northern Alameda County.

Northern Alameda County includes the major cities of Alameda, Albany, Berkeley, Emeryville and Oakland, as well as unincorporated areas covered by the map above.

ii. Demographic Profile of the Community Served

Table 1: Demographic Profile - Alameda County

Race/ethnicity	
Total Population	1,671,329
% age 65+	14%
% under age 18	23%
Race	
White	39%
Black	11%
Asian	31%
Other	11%
Multiracial	6%
American Indian/Alaska Native	<1%
Native Hawaiian/Pacific Islander	<1%
Ethnicity	
Hispanic	22%
Non-Hispanic	78%

Socioeconomic Data	
Living in poverty (<100% federal poverty level)	9%
Children (0-18) in poverty*	10%
Seniors (>65) in poverty	10%
Unemployment	4%
Uninsured population	5%
Adults with no high school diploma	12%

*Percent of children aged 0 to 18 years that live in households with incomes below the Federal Poverty Level (FPL)

Source: United States Census Bureau (USCB) (2019). American Community Survey. Demographic Information for Alameda County. https://data.census.gov/cedsci/table?q=alameda%20county%20acs&tid=ACSDP1Y2019.DP05.

III. Who Was Involved in the Assessment?

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

BCH Oakland was part of the Alameda & Contra Costa Counties Hospital CHNA Group that worked with the following partners.

Figure 3: CHNA Partners

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

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

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

BCH Oakland 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 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 consulting firm 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 leaders, representatives, and members of medically underserved, low-income, and racial/ethnic populations. For a complete list of individuals who provided input, see Appendix A.

Figure 4: Sectors Represented by Key Informants

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

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

ASR conducted 43 key informant interviews with representatives from organizations serving Alameda County and representing diverse sectors (Figure 4). The key informants were identified collaboratively by Kaiser Permanente, the public health agencies and members of the Alameda & 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.

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

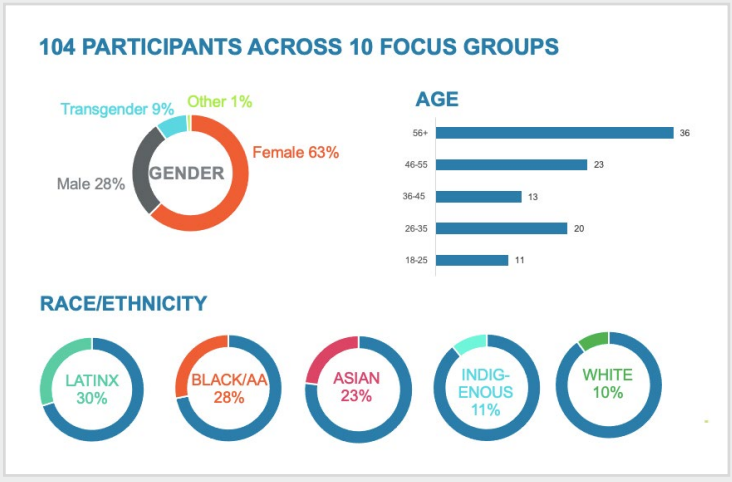
- Priority placed on 2019 health needs
- Other priority health needs
- Impact of COVID-19 on priority health needs
- Challenges to addressing priority health needs
- Sources of information on health needs
- Strategies to address priority health needs
- Health inequities and disparities
- Strategies to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

Data Analysis: ASR delivered to Ad Lucem Consulting a spreadsheet containing individual interviewee responses and key themes. The themes were further organized by Ad Lucem Consulting into the health needs defined by the Kaiser Permanente Community Health Data Platform, then 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+, and diverse racial/ethnic communities (Vietnamese, Cantonese, Black/African American, Indigenous, and Latinx).

Figure 5:
Alameda County Focus Group Participant Profile



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 through a screener survey (Figure 5). 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 and Ad Lucem Consulting's previous CHNA focus group guides. 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, the Priority Community Profiles and health need profiles, including the Healthy Places Index, Center for Disease Control and Prevention, Healthy People 2020, United States Census Bureau, and the National Research Council & Institute of Medicine. Specific sources and dates for secondary data are listed in Appendix D. Appendix E presents data for Northern Alameda County and Alameda County from the Kaiser Permanente Community Health Data Platform.

C. Written Comments

BCH Oakland provided the public an opportunity to submit written comments on the facility's previous CHNA Report through their website. This website will continue to allow for written community input on the hospital's most recent CHNA Report.

As of the time of this CHNA report development, BCH Oakland had not received written comments about the previous CHNA report. BCH Oakland will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate facility staff.

D. Data Limitations and Information Gaps

The 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[2]; 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.

[2] 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. Priority Communities

The 2022 CHNA for BCH Oakland placed particular emphasis on the health issues and contributing factors that impact populations with disproportionately poor health outcomes. Priority Community Profiles were developed to present local data for two Priority Communities as a complement to the Alameda County and Northern Alameda County data reported elsewhere in the CHNA. Census Tracts 4086 and 4088 were selected as Priority Communities; these are the highest poverty Census Tracts within the ZIP Codes that are home to the largest proportion of patients seen at the two school based health centers operated by BCH Oakland. Children from these communities face disparities and inequities related to many health needs, which impacts their physical and mental health in childhood and as they develop into adults.

The Priority Community Profiles were developed in 2021 and used the Healthy Places Index (HPI) 2.0 data/website, prior to the release of HPI 3.0 in 2022. These profiles were one data source used for identification and prioritization of health needs, which was based on multiple primary and secondary data sources, including the Kaiser Permanente Community Health Data Platform.

The profiles include demographics, data on root causes of health, and additional statistics. Priority Community Profiles can be found in Appendix F.

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

A. Identifying Community Health Needs

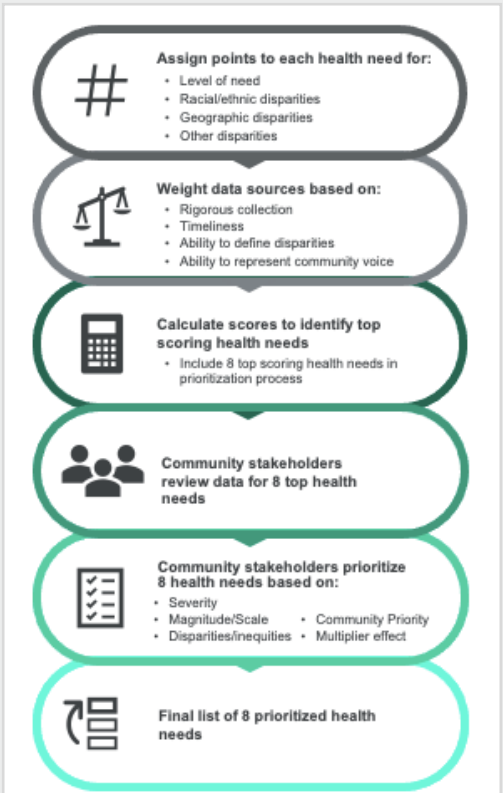
i. Definition of "Health Need"

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 6).

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 Northern Alameda County.

Figure 6: Health Need Identification and Prioritization Process



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 overall.

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, education, healthy eating/active living (HEAL) opportunities, substance use, and sexual health) 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 four 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 prioritization process resulted in the following prioritization of health needs, listed from highest to lowest per the prioritization process described in section Bii above. Detailed profiles for each health need are found in Appendix G.

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 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 inadequate mental health services for children/teens, specifically those who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally and others). In Northern Alameda County, key informants noted high levels of intergenerational trauma in their community, yet significant stigma around accessing behavioral healthcare. Northern Alameda County focus group participants also cited insufficient availability of behavioral health services, specifically for low-income families and discussed how teens are suffering due to social isolation caused by COVID-19 and are experiencing increased rates of anxiety, depression, and fear.

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 the health, well-being, educational achievement, and economic success of those who live inside. 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 including a concern that specific populations are at highest risk of becoming unhoused, such as Black/African American, Latinx, and LGBTQIA+ community members, immigrants, women fleeing domestic violence and their children, people with disabilities, and those experiencing mental illness or addiction. Alameda County key informants and focus group participants concurred that housing challenges negatively impact families' ability to obtain other basic needs (food, employment, healthcare, and childcare), resulting in poor mental and physical health. Key informants serving North Alameda County described that housing and COVID-19 stressors resulted in behavioral health crises when unhoused residents simultaneously felt unprotected from the virus and had no viable shelter.

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, the shift to telehealth during the pandemic, though helpful for many, presented barriers to low-income families with little or no internet access. Key informants reported that Alameda County families urgently need affordable, reliable, culturally competent childcare; given the high cost of childcare in the county, some lower-income families are forced to choose between paying for childcare and purchasing food or other necessities. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment 21% below the state overall (30% vs 38%). Key informants stated that many residents in the county forego health insurance because of cost, noting that even Covered California coverage is still too expensive for many families. Both key informants and focus group participants in Northern Alameda County discussed inequities in care, noting that people of color are more likely to be on Medi-Cal and have access to fewer high quality services. Infant mortality is substantially higher for Northern Alameda County multiracial and Black/African American residents than the county overall. In several zip codes within the county that have larger Black/African American and Latinx populations than the county overall (West Oakland) the percentage of uninsured children exceeds California's overall percentage of uninsured children.

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 poorer 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. Two key measures of community and family safety, violent crime and injury deaths, were substantially higher in Alameda County than CA overall. Domestic violence is a pervasive and escalating issue throughout Alameda County, according to key informants and focus group participants, who observed that certain racial and ethnic groups, such as immigrants and people of color, are often subjected to social and domestic conditions (e.g. crowded or insecure housing) that foster interpersonal violence. Key informants in Northern Alameda County described violence in their community as a symptom and a cause of behavioral health issues and stated that violence disproportionately affects young men of color (teens-30s). The number of violent crimes is 50% higher in Northern Alameda County than California overall (626 versus 418 per 100,000 population) and rates of death by all injuries are highest among Black/African Americans compared to Northern Alameda County overall (96 versus 46 per 100,000 population).

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 ne [iii] Key informants reported that Alameda County residents struggle to find living wage jobs given the county's extremely high cost of living. They also reported extensive job loss because of the COVID-19 pandemic, reporting that despite a strong job market, many residents are still not working. A

number of key informants highlighted the interconnected nature of employment and behavioral and physical health, describing health insurance as tied to employment – job loss threatens access to healthcare for the whole family. Key informants in Northern Alameda County noted that the Latinx population was one of the hardest hit due to COVID-19, with many having to choose between continuing to go into work with an increased risk of exposure or losing their jobs. Latinx and Black/African American residents in Oakland and Berkeley face significant income and employment disparities; many measures are worse than the state in ZIP codes with larger proportions of residents of color, including high speed internet access, median household income, unemployment rate, young people not in school and not working, children living in poverty, and poverty rate.

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. 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 healthcare and not having access to culturally or linguistically competent care. Several key informants expressed concern about inequitable practices within the educational system in Alameda County that create a disconnect between schools and communities of color, particularly for Black/African American communities; they connected educational inequities to the lack of tailored services for these children and then to the under-representation of people of color in well paid jobs. Key informants also noted that a high percentage of young men of color, particularly Black/African American and Latinx, are not graduating from high school. The COVID-19 pandemic, and its disproportionate impact among racial and ethnic minority populations is another example of these enduring health disparities. Black/African American and multiracial residents had substantially higher rates of COVID-19 deaths than Northern Alameda County overall and in 2020, infant mortality was more than twice as high for Black/African American residents than for the rest of Northern Alameda County.

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 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, the response to COVID-19 exacerbated food security needs has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.). However, key informants were concerned that not all populations in need are being reached, particularly unhoused county residents and populations that may be reluctant to seek out food assistance due to the stigma of being "needy." In Northern Alameda County, 9% of residents are food insecure. Key informants stated that CalFresh, California's Supplemental Nutrition Assistance Program (SNAP), is an underutilized resource in Northern Alameda County. Key informants discussed the link between

other basic needs and food security, reporting that some lower-income families are forced to choose between paying for high-cost childcare and purchasing food or other necessities.

Transportation: Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing healthcare, and securing food. For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services. Key informants and focus group participants noted that many low-income families are dependent on public transportation and, therefore, experience this as a barrier to accessing healthcare, as many people must travel outside of their immediate community for appointments and to access specialty care and resources. Safety when using public transportation was an additional concern voiced by focus group participants; this concern was further exacerbated by the COVID-19 pandemic, as county residents were fearful that using public transportation would increase their risk of virus exposure. Key informants from Northern Alameda County stated that lack of reliable, accessible, and affordable transportation is a barrier to accessing healthcare, and noted that public transit in West Oakland is particularly inadequate.

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 H Community Resources.

VII. Conclusion

BCH Oakland 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 their service area 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 UCSF Benioff Children's Hospital Oakland:

- Ensure the 2022 CHNA is adopted by the hospital board and made publicly available on the Hospital website (https://www.childrenshospitaloakland.org/main/community-benefit-reports.aspx).
- 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 Profiles

G. Health Need Profiles

H. Alameda County Community Assets and 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 and Program Managers	8/10/21

	Data collection method	Organization	# Participants	Group(s) Represented	Role in group	Date Input Gathered
39	Key Informant Interview	Tri-Valley Haven	2	Unhoused, food insecure, DV and sexual assault survivors	Leader and Director	8/4/21
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 onthe 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-19?

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-19 change these important health issues?
    a. Let's start with [Health issue 1].
    b. In what ways, if any, did COVID-19 change [Health issue 2]?
    c. In what ways, if any, did COVID-19 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

Health Topic	Measure	Definition	Year	Source
	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
	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

Health Topic	Measure	Definition	Year	Source
	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
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
	% Hispanic 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

Health Topic	Measure	Definition	Year	Source
	On-time high school graduation	Percentage of 9th grade cohort receiving their high school diploma within four years	Varies	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
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

Health Topic	Measure	Definition	Year	Source
	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
	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 age 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

Health Topic	Measure	Definition	Year	Source
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
	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
Center for Disease Control and Prevention	2020	https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html
Healthy People 2020	2020	
National Health Care for the Homeless Council	2011	
National Research Council & Institute of Medicine	2013	
Office of Disease Prevention and Health Promotion	2015- 2018	http://www.healthypeople.gov
Pew Trusts/Partnership for America's Economic Success	2008	
Public Health Alliance of Southern California	2021	https://map.healthyplacesindex.org/
Prevention Institute	2015	
United States Census Bureau, American Community Survey	2019	https://data.census.gov/cedsci/table?q=acs
U.S. Department of Agriculture, Economic Research Service	2018	
U.S. Department of Housing and Urban Development	2018	
U.S. Department of Transportation, National Highway and Traffic Safety Administration	2015-2017	

Appendix E: CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for Northern 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	Northern 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	5%	4%	8%
	Medicaid/public insurance enrollment	32%	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	28%	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	11%	9%	11%
	Stroke prevalence	4%	4%	4%
Climate and environment	Tree canopy cover	3	3	4
	Coastal flooding risk	0.6	5	0.2
	Drought risk	0.1	27	3
	Heat wave risk	7	9	8

Health Need	Indicator	Northern Alameda County (# or %)	Alameda County (# or %)	California (# or %)
	Air pollution: PM2.5 concentration	13	9	12
	River flooding risk	3	16	6
	Respiratory Hazard Need Rating	0.4	0.4	1
	Road network density	26	23	18
Community safety	Violent crimes	626	629	418
	Injury deaths	42	42	50
	Motor vehicle crash deaths	6	6	10
	Pedestrian accident deaths	2	2	3
Education	Education - Preschool enrollment	63%	58%	51%
	Education - On-time high school graduation	87%	87%	84%
	Education - Elementary school proficiency index	48	53	49
	Education - Adults with some college education	15%	17%	21%
	Education - Adults with no high school diploma	11%	12%	18%
Family and social support	Children in single-parent households	30%	26%	32%
	Limited English Proficiency	8%	9%	10%
	Percent over age 75 with a disability	51%	49%	51%
	Population 65 & older living alone	2%	2%	2%
Food security	SNAP enrollment	8%	7%	10%
	Convenience stores per 1,000 population	<1	<1	<1
	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 & club stores per 1,000 population	<1	<1	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	15	14	11
Housing	Overcrowded housing	6%	8%	8%
	Moderate housing cost burden	20%	20%	21%

Health Need	Indicator	Northern Alameda County (# or %)	Alameda County (# or %)	California (# or %)
	Severe housing cost burden	20%	17%	19%
	Median rental cost	$1748	$1,972	$1,689
	Home ownership rate	44%	54%	55%
	Housing affordability index	63	77	88
	Percent of income for mortgage	40%	33%	31%
Income and employment	High speed internet	87%	89%	86%
	Children living in poverty	15%	11%	17%
	Poverty rate	14%	10%	13%
	Unemployment rate	15%	14%	16%
	Income inequality - Gini index	0.5	0.4	0.4
	Young people not in school and not working	3%	2%	2%
	Jobs Proximity Index	60	46	48
	Median household income	$93,206	$107,216	$82,053
	Free and reduced price lunch	34%	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	612	614	352
Sexual health	Teen births	7	7	13
	Chlamydia incidence	583	583	585
	HIV/AIDS deaths	23	23	74
	HIV/AIDS prevalence	426	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	47%	62%	74%
	Workers driving alone with long commutes	12%	13%	11%
	Workers commuting by transit, biking or walking	34%	20%	8%

Appendix F: Priority Community Profiles

Census Tracts 4086 and 4088 were selected as Priority Communities for UCSF Benioff Children's Hospital as these are the highest poverty Census Tracts within the ZIP Codes that are home to the largest proportion of BCH Oakland school based health center patients.

The Priority Community Profiles examine 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.

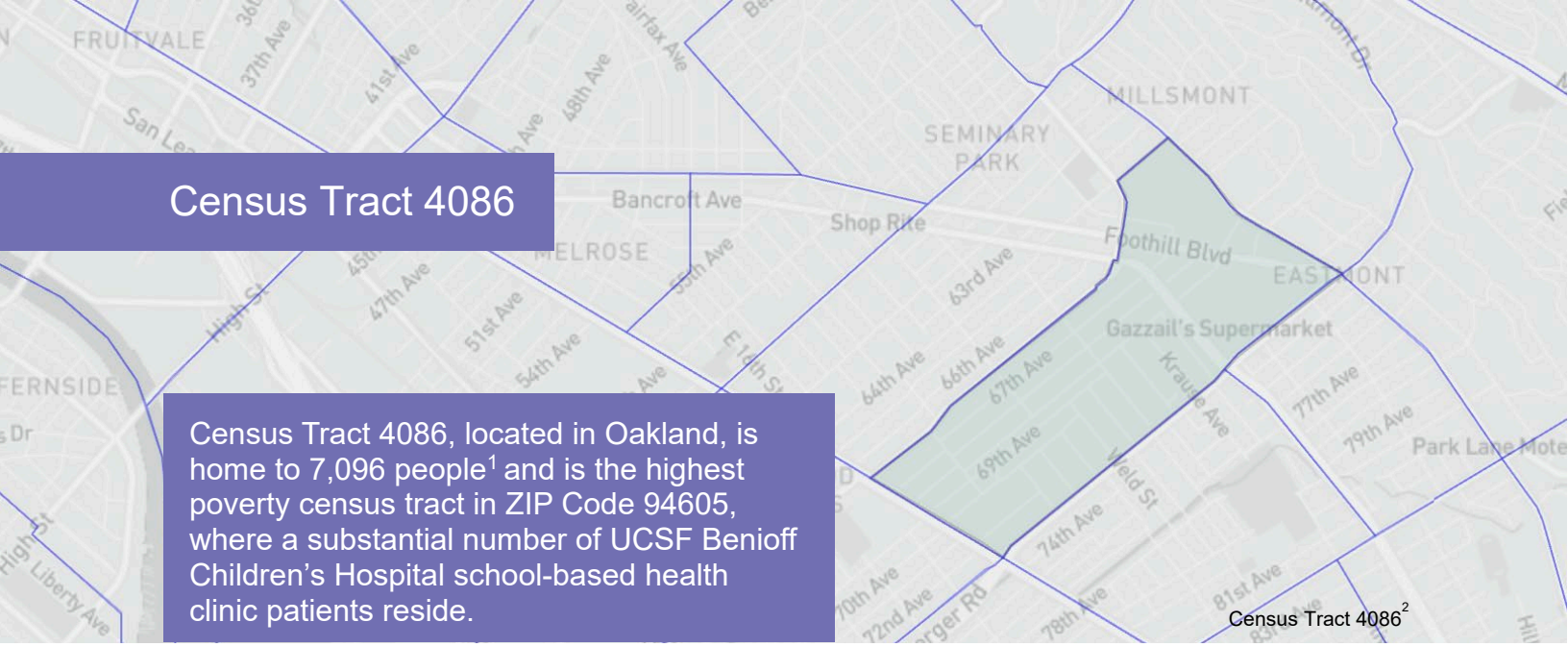
The Priority Community Profiles were developed in 2021 and used the Healthy Places Index (HPI) 2.0 data/website, prior to the release of HPI 3.0 in 2022. These profiles were one data source used for identification and prioritization of health needs, which was based on multiple primary and secondary data sources, including the Kaiser Permanente Community Health Data Platform.

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

Census Tract 4086



Census Tract 4086, located in Oakland, is home to 7,096 people[1] and is the highest poverty census tract in ZIP Code 94605, where a substantial number of UCSF Benioff Children's Hospital school-based health clinic patients reside.

Census Tract 4086[2]

Demographics

Census Tract 4086 has a diverse population; over 50% of residents identify as Latinx (Hispanic) and 36% identify as Black/African American while White and Asian account for 13% and 4% of the population, respectively. 40% of the population identifies as Other race and 6% identify as Multiracial (Table 1). Compared to Alameda County, Census Tract 4086 has much higher poverty overall and has almost four times as many children living in poverty as compared to the Alameda County average. Over one third of adults in this Census Tract do not have a high school diploma and the percentage of uninsured residents is three times the county average, indicating significant inequities (Table 2).

Root Causes of Health

Census Tract 4086's overall Health Places Index rating is worse than 94% of CA

Table 1: Demographic Characteristics[3]

CATEGORY	GROUP	CT 4086
Race	White	13%
	Black	36%
	Asian	4%
	Other	40%
	Multiracial	6%
	American Indian/Alaska Native	<1%
	Native Hawaiian / Pacific Islander	<1%
Ethnicity	Hispanic	52%
	Non-Hispanic	48%
Gender	Female	57%
	Male	43%
Age	Under 5	11%
	5-9	10%
	10-19	15%
	20-44	36%
	45-64	20%
	>65	8%

Table 2: Socioeconomic Status[4,5]

INDICATOR	CT 4086	ALAMEDA COUNTY
Living in poverty (<100% Federal Poverty Level)	23%	9%
Children in poverty (0-19)	39%	10%
Seniors (>65) in poverty	10%	10%
Unemployment	7%	4%
Uninsured population	16%	5%
Adults with no high school diploma	35%	12%

communities and notably worse than Alameda County's healthiest communities which score above most (89%) CA communities (Table 3). Census Tract 4086 scores substantially lower than Alameda County's healthiest communities in many areas: economics, social conditions, education, housing and healthcare access. Census Tract 4086 scores better than Alameda County's healthiest communities and the majority of CA communities on overall clean environment indicators.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda Communities[6]

CATEGORY	INDICATOR	CT 4086	HEALTHIEST ALAMEDA COUNTY COMMUNITIES
Overall	**HPI Total Score**	**6**	**89**
Economic	**Total Score**	**7**	**89**
	Employed	11	86
	Income	7	91
Housing	**Total Score**	**13**	**50**
	LI Renter Cost Burden	2	61
	LI Homeowner Cost Burden	20	73
	Housing Habitability	23	58
	Uncrowded Housing	20	39
	Homeownership	25	16
Education	**Total Score**	**3**	**91**
	Preschool Enrollment	24	89
	High School Enrollment	7	60
	Bachelor's Education or Higher	6	93
Social	**Total Score**	**20**	**43**
	Two Parent Households	12	55
	Voting in 2012	38	41
Healthcare Access	**Total Score/Insured**	**26**	**86**
Transportation	**Total Score**	**4**	**95**
	Automobile Access	6	4
	Active Commuting	81	96
Neighborhood	**Total Score**	**42**	**55**
	Retail Density	75	96
	Park Access	81	93
	Tree Canopy	47	38
	Supermarket Access	66	93
	Alcohol Outlets	18	5
Clean Environment	**Total Score**	91	**70**
	Ozone	96	91
	Particulate Matter 2.5	75	36
	Diesel Particulate Matter	15	2
	Water Contaminants	97	100

CT 4086's HPI score for median annual household income is lower than almost all CA communities, indicating great disparities when compared to Alameda County's healthiest communities and highlighting residents' challenges affording the basic necessities needed for health.

CT 4086 only scores better than 2% of all CA communities on rent burden for low income residents, while Alameda County's healthiest communities score at 61%. Inequities in renter cost burden are a sign of housing instability as residents are paying much more than they can likely afford.

CT 4086's air quality is an asset: it is in the healthiest quarter of CA communities for air pollution due to fossil fuels and industry, significantly better than Alameda County's healthiest communities.

Additional Factors Contributing to Health

Five times as many Census Tract 4086 residents receive financial support for food purchases through the federal Supplemental Nutrition Assistance Program (SNAP) as compared to Alameda County overall (Table 4). Receipt of SNAP benefits highlights disparities among racial/ethnic populations in the Census Tract where over half of the Black/African American population and almost 40% of the Latinx (Hispanic) population receive SNAP benefits; substantially higher than the average percentage of these populations receiving SNAP in the county as a whole. While SNAP benefits are a strategy to support health by addressing food insecurity, receipt of SNAP indicates insufficient income to meet basic needs.

Table 4: Food Security and Supplemental Nutrition Assistance Program for CT 4086

INDICATOR	GROUP	CT 4086	ALAMEDA COUNTY
Receipt of food stamps/SNAP in past 12 months[7,8]	**All races**	**25%**	**5%**
	White	1%	27%
	Black	55%	30%
	American Indian / Alaska Native	3%	1%
	Asian	0%	21%
	Other	34%	14%
	Multiracial	7%	6%
	Hispanic	39%	22%

Children's health insurance coverage is an asset in the Census Tract where the vast majority of children have health insurance -- facilitating access to health services; the percentage of insured children under age six is similar in this Census Tract to the County average, but 6-18 years olds in the Census Tract have a lower rate of health insurance coverage than the County overall, although the majority are insured (Table 5). School enrollment for ages 5-9 years old is somewhat lower in the Census Tract (92%) than the County (96%). In terms of housing, there are more renters than homeowners in the Census Tract while in the county, there are more homeowners, illustrating economic disparities as home ownership is an indicator of economic stability and generational wealth.

Table 5: Additional Health Indicators for CT 4086

INDICATOR	CT 4086	ALAMEDA COUNTY
Health insurance coverage under age 6[9,10]	95%	98%
Health insurance coverage 6-18 year olds[11,12]	88%	97%
School enrollment ages 5-9 years old[13,14]	92%	96%
Housing tenure for households with children (owning or renting)[15,16]	Owner: 44% Renting: 56%	Owner: 53% Renting: 47%

Sources

[1] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4086. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408600

[2] Zip Code 94605 (2021). Google Maps. https://www.google.com/maps/place/Oakland,+CA+94605/@37.7567477,-122.1902247,13z/data=!3m1!4b1!4m5!3m4!1s0x808f8f1bcb45c11f:0x343d6fc0924d16a1!8m2!3d37.7554905!4d-122.1462193

[3] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408600

[4] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408600

[5] United States Census Bureau (2019). American Community Survey. Demographic Information for Alameda County. https://data.census.gov/cedsci/table?q=receipt%20of%20snap%20Alameda%20california

[6] Public Health Alliance of Southern California. (2021). California Healthy Places Index. Alameda County. Accessed at: https://map.healthyplacesindex.org/

[7] United States Census Bureau (2019). American Community Survey. Supplemental Nutrition Assistance Program for Census Tract 4086. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408600

[8] United States Census Bureau (2019). American Community Survey. Supplemental Nutrition Assistance Program for Alameda County. https://data.census.gov/cedsci/table?q=receipt%20of%20snap%20Alameda%20california

[9] United States Census Bureau (2019). American Community Survey. Selected Characteristics of Health Insurance Coverage in the United States: Census Tract 4086. https://data.census.gov/cedsci/table?q=health%20insurance&g=1400000US06001408600

[10] United States Census Bureau (2019). American Community Survey. Selected Characteristics of Health Insurance Coverage in the United States: Alameda County. https://data.census.gov/cedsci/table?q=Alameda%20california%20health%20insurance%20coverage

[11] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=health%20insurance&g=1400000US06001408600

[12] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=Alameda%20california%20health%20insurance%20coverage

[13] United States Census Bureau (2019). American Community Survey. School Enrollment: Census Tract 4086. https://data.census.gov/cedsci/table?q=school%20enrollment&g=1400000US06001408600

[14] United States Census Bureau (2019). American Community Survey. School Enrollment: Alameda County. https://data.census.gov/cedsci/table?q=Alameda%20california%20enrollment

[15] United States Census Bureau (2019). American Community Survey. Households and Families: Census Tract 4086. https://data.census.gov/cedsci/table?q=households&g=1400000US06001408600&tid=ACSST5Y2019.S1101

[16] United States Census Bureau (2019). American Community Survey. Households and Families: Alameda County. https://data.census.gov/cedsci/table?q=housing&tid=ACSST1Y2019.S1101

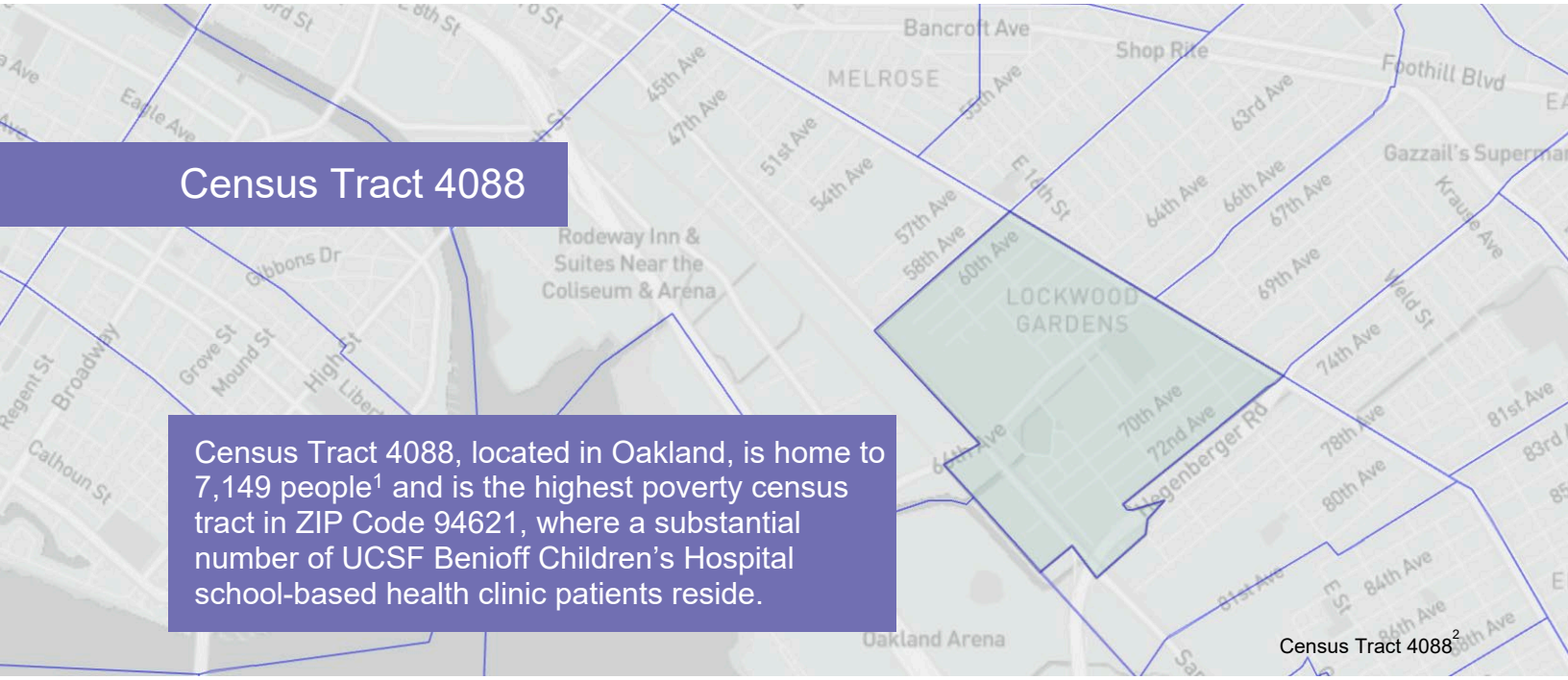


Table 1: Demographic Characteristics[3]

CATEGORY	GROUP	CT 4088
Race	White	10%
	Black	38%
	Asian	4%
	Other	40%
	Multiracial	2%
	American Indian/Alaska Native	<1%
	Native Hawaiian / Pacific Islander	5%
Ethnicity	Hispanic	47%
	Non-Hispanic	53%
Gender	Female	54%
	Male	46%
Age	Under 5	10%
	5-9	10%
	10-19	15%
	20-44	40%
	45-64	16%
	>65	9%

Demographics

Census Tract 4088 has a large percentage of Latinx (Hispanic) (47%), Other (45%) and Black/African American (38%) residents. White and Asian account for 10% and 4% of the population (Table 1). Census Tract 4088 has substantially more poverty than Alameda County overall, with over one third of all residents and almost half of children living in poverty in the Census Tract; the percentage of older adults living in poverty in this Census Tract is almost double the county average (Table 2). There are strikingly more adults with no high school diploma in Census Tract 4088 than Alameda County overall (Table 2). These socioeconomic data indicate stark inequities experienced by residents of this census tract.

Table 2: Socioeconomic Status[4,5]

INDICATOR	CT 4088	ALAMEDA COUNTY
Living in poverty (<100% Federal Poverty Level)	35%	9%
Children in poverty (0-19)	49%	10%
Seniors (>65) in poverty	19%	10%
Unemployment	9%	4%
Uninsured population	10%	5%
Adults with no high school diploma	43%	12%

Root Causes of Health

CT4088's overall Healthy Places Index rating is worse than all but 6% of CA communities and notably worse than Alameda County's healthiest communities which score above 89% of CA communities (Table 3). Census Tract 4088 scores substantially lower than Alameda County's healthiest communities in many areas: economics, social conditions, education, housing and healthcare access. Census Tract 4088 scores better than Alameda County's healthiest communities and the majority of CA communities on high school enrollment and certain clean environment indicators

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda Communities[6]

CATEGORY	INDICATOR	CT 4088	HEALTHIEST ALAMEDA COUNTY COMMUNITIES
Overall	**HPI Total Score**	**6**	**89**
Economic	**Total Score**	**4**	**89**
	Employed	5	86
	Income	5	91
Housing	**Total Score**	**16**	**50**
	LI Renter	23	61
	LI Homeowner Cost Burden	27	73
	Housing Habitability	33	58
	Uncrowded Housing	27	39
	Homeownership	7	16
Education	**Total Score**	**31**	**91**
	Preschool Enrollment	47	89
	High School Enrollment	100	60
	Bachelor's Education or Higher	2	93
Social	**Total Score**	**6**	**43**
	Two Parent Households	3	55
	Voting in 2012	27	41
Healthcare Access	**Total Score/Insured**	**22**	**86**
Transportation	**Total Score**	**2**	**95**
	Automobile Access	3	4
	Active Commuting	85	96
Neighborhood	**Total Score**	**29**	**55**
	Retail Density	82	96
	Park Access	81	93
	Tree Canopy	27	38
	Supermarket Access	35	93
	Alcohol Outlets	30	5
Clean Environment	**Total Score**	**88**	**70**
	Ozone	96	91
	Particulate Matter 2.5	75	36
	Diesel Particulate Matter	8	2
	Water Contaminants	97	100

CT 4088's employment score is worse than 95% of CA communities while Alameda County's healthiest communities rank within the top quarter in CA. This low score indicates inequities around affording basic necessities needed for health.

CT 4088 scores very low for two parent households while Alameda County's healthiest communities are average for CA, indicating that children in the Census Tract may have less support and fewer resources needed to be healthy.

CT 4088's air quality is an asset: it is in the healthiest quarter of CA communities for air pollution due to fossil fuels and industry, significantly better than Alameda County's healthiest communities.

Additional Factors Contributing to Health

Over six times as many Census Tract 4088 residents receive financial support for food purchases through the federal Supplemental Nutrition Assistance Program (SNAP) as compared to Alameda County overall (Table 4). Receipt of SNAP benefits highlights disparities among racial/ethnic populations in the Census Tract where 70% of the Black/African American population receives SNAP benefits; more than twice the average percentage of Black/African American residents receiving SNAP in the county as a whole. While SNAP benefits are a strategy to support health by addressing food insecurity, receipt of SNAP indicates insufficient income to meet basic needs.

Table 4: Supplemental Nutrition Assistance Program for CT 4088

INDICATOR	GROUP	CT 4088	ALAMEDA COUNTY
Receipt of food stamps/SNAP in past 12 months[7,8]	All Races	32%	5%
	White	5%	27%
	Black	70%	30%
	Asian	1%	21%
	Other	23%	15%
	Multiracial	2%	6%
	Hispanic	24%	22%

The vast majority of children and youth in Census Tract 4088 have health insurance coverage, facilitating access to health services; insurance coverage for children under 6 in the Census Tract is slightly lower than the county average for this age group (Table 5). Similarly, school enrollment for ages 5-9 in the Census Tract (95%) and the County (96%) are comparable. In terms of housing, there are substantially more renters than homeowners in Census Tract 4088 while in the county, there are more homeowners, illustrating economic disparities as home ownership is an indicator of economic stability and generational wealth.

Table 5: Additional Health Indicators for CT 4088

INDICATOR	CT 4088	ALAMEDA COUNTY
Health insurance coverage under age 6[9,10]	92%	98%
Health insurance coverage 6-18 year olds[11,12]	97%	97%
School enrollment ages 5-9 years old[13,14]	95%	96%
Housing tenure for households with children (owning or renting)[15,16]	Owner: 24% Renting: 77%	Owner: 53% Renting: 47%

Sources

[1] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4088. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408800

[2] Zip Code 94621 (2021). Google Maps. https://www.google.com/maps?client=safari&rls=en&oe=UTF-8&q=zip+code+94621+google+maps&um=1&ie=UTF8&sa=X&ved=2ahUKEwjSn5nfkc71AhWIIDQIHd8yDeQQ_AUoAXoECAIQAw

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[4] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408800

[5] United States Census Bureau (2019). American Community Survey. Demographic Information for Alameda County. https://data.census.gov/cedsci/table?q=receipt%20of%20snap%20Alameda%20california

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[7] United States Census Bureau (2019). American Community Survey. Supplemental Nutrition Assistance Program for Census Tract 4088.https://data.census.gov/cedsci/table?q=receipt%20of%20snap&g=1400000US06001408800

[8] United States Census Bureau (2019). American Community Survey. Supplemental Nutrition Assistance Program for Alameda County. https://data.census.gov/cedsci/table?q=receipt%20of%20snap%20Alameda%20california

[9] United States Census Bureau (2019). American Community Survey. Selected Characteristics of Health Insurance Coverage in the United States: Census Tract 4088. https://data.census.gov/cedsci/table?q=health%20insurance&g=1400000US06001408800

[10] United States Census Bureau (2019). American Community Survey. Selected Characteristics of Health Insurance Coverage in the United States: Alameda County. https://data.census.gov/cedsci/table?q=Alameda%20california%20health%20insurance%20coverage

[11] United States Census Bureau, 2019. https://data.census.gov/cedsci/table?q=health%20insurance&g=1400000US06001408800

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[15] United States Census Bureau (2019). American Community Survey. Households and Families: Census Tract 4088. https://data.census.gov/cedsci/table?q=households&g=1400000US06001408800&tid=ACSST5Y2019.S1101

[16] United States Census Bureau (2019). American Community Survey. Households and Families: Alameda County. https://data.census.gov/cedsci/table?q=housing&tid=ACSST1Y2019.S1101

Appendix G: Health Need Profiles

Behavioral Health
Housing and Homelessness
Healthcare Access and Delivery
Community and Family Safety
Economic Security
Structural Racism
Food Security
Transportation

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, encompasses 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.[3] Behavioral health also covers substance abuse, which impacts many aspects of health. 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.[4] 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, Latinx community members.[5]

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- Almost all key informants (93%; 40 of 43) and 2 of 9 focus groups identified behavioral health as a top priority health need in Alameda County.
- Many key informants stated that behavioral health concerns are the number one health issue for the communities they serve in Alameda County. They described intense distress about the level of need among their clients, especially as 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, citing 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. Key informants also stated that many students suffered from the switch to virtual learning.
- Many key informants reported the need for parenting education, suggesting that classes bringing parents and caregivers together build community and expand social support networks, especially for families without family or other ties in the community.

Key informant thoughts on BEHAVIORAL HEALTH overall:
"[The] biggest concern is suicidal ideation. There is no follow-up from 5150s when a kid is sent back to school. Students don't have access to quality psychiatric care."

[3] Office of Disease Prevention and Health Promotion. (2018). Mental Health and Mental Disorders.
[4] 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.
[5] 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.

- North Alameda County key informants noted high levels of intergenerational trauma in their community, yet significant stigma around accessing behavioral healthcare creates a barrier to healing.

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 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 informants pointed to a shortage of trained Alameda County 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 services needed to recover and heal.
- North Alameda County focus groups specifically cited insufficient availability of behavioral health services for low-income families.

Impact of COVID-19

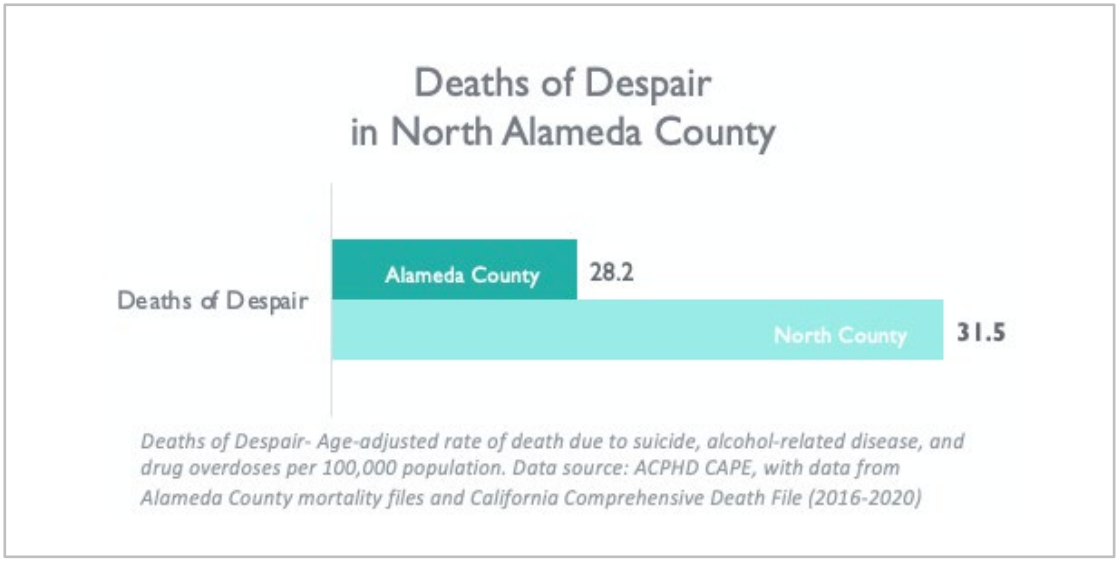
- The COVID-19 pandemic exacerbated existing behavioral health issues among Alameda County residents, according to many key informants and focus group participants, and caused feelings of depression, anxiety, fear, boredom, isolation, and despair.
- Many key informants noted mixed results from the switch 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 Alameda County 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.
- North Alameda County focus groups discussed that teens are suffering due to social isolation caused by COVID-19 are experiencing increased rates of anxiety, depression, and fear.

Focus group participant thoughts on BEHAVIORAL HEALTH and COVID-19:
"From one day to the next, the teenagers were locked up in their homes, they do not have socialization, they do not have friends to share, nor can they go out into the open air. That is affecting their character, they are getting in a bad mood, aggressive, others are isolating themselves too much, other young people no longer want to go out."

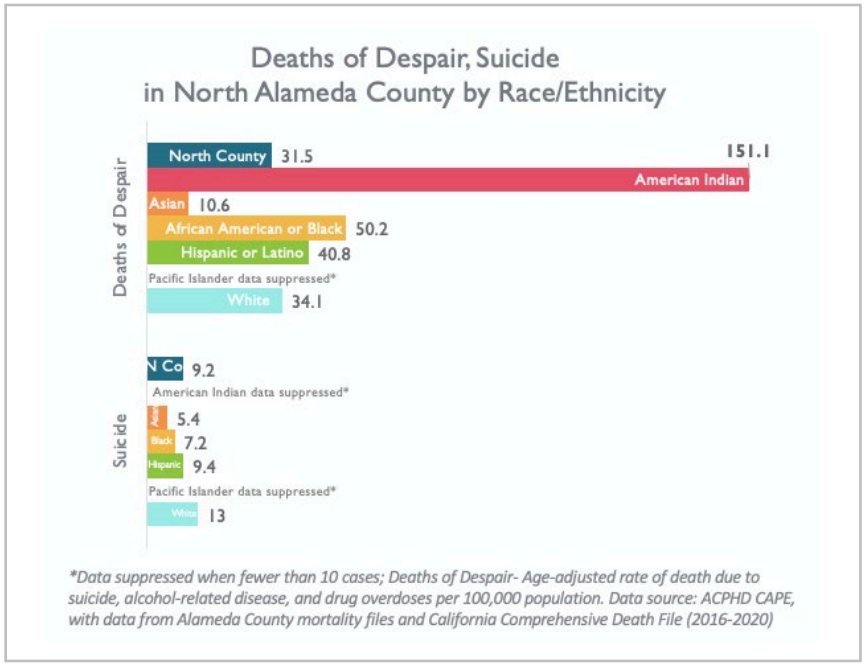
Behavioral Health Data

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

- North Alameda County is experiencing substantially higher rates of deaths of despair compared to the county overall (28 versus 32 per 100,000).
- North Alameda County American Indians are facing disproportionately high rates of deaths of despair, three times as high as other races/ethnicities.
- Whites and Latinx (Hispanic) populations in North Alameda County are experiencing rates of suicide higher than the service area overall.



Data visuals created by ASR, 12/2021



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.[6] 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.[7] 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.[8]

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- Almost all key informants (91%; 39 of 43) and nearly half of focus groups (4 of 9) identified housing and homelessness as a top priority health need in Alameda County.
- 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 reported 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 stated that a high rate of unstable housing, particularly in Oakland, is impacting residents' overall health, access to care, behavioral health, and substance use.
- Key informants noted a shortage of affordable homes, specifically in West Oakland, and stated that even upper-middle class residents struggle to find affordable housing.

[6] U.S. Department of Housing and Urban Development. (2018). Affordable Housing.
[7] 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?
[8] National Health Care for the Homeless Council. (2011). Care for the Homeless: Comprehensive Services to Meet Complex Needs.

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: Black/African American, Latinx, immigrants, LGBTQIA+, seniors, people fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction.
- Focus group participants from North Alameda County noted that housing discrimination is prevalent, particularly towards Black/African American and trans people.

Focus group participant thoughts on HOUSING AND HOMELESSNESS inequities:
"Two or three families are living in a single house due to the cost of the houses. They were all at home, no adults were working, the children were not in school, and there were still no vaccinations. That is why contagion rates increased so much."

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 Alameda County 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.

Key informant thoughts on HOUSING AND HOMELESSNESS and COVID-19:
"Clients are in crisis mode in that they are very concerned and frantic. It went from "Hey I'm a little behind in rent" to "If I don't get help for this, I'm going to kill myself."

- 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.
- Key informants serving North Alameda County described that housing and COVID-19 stressors resulted in behavioral health crises when unhoused residents simultaneously felt unprotected from the virus and had no viable shelter.

Communities Disproportionately Impacted

Based on Priority Community Profiles

- The Oakland Priority Community Census Tracts (4086 and 4088) have housing quality and affordability that ranks in or near the bottom fifth of all CA communities (according to the Healthy Places Index), while Alameda County's Healthiest communities rank in the top 50% of CA communities.

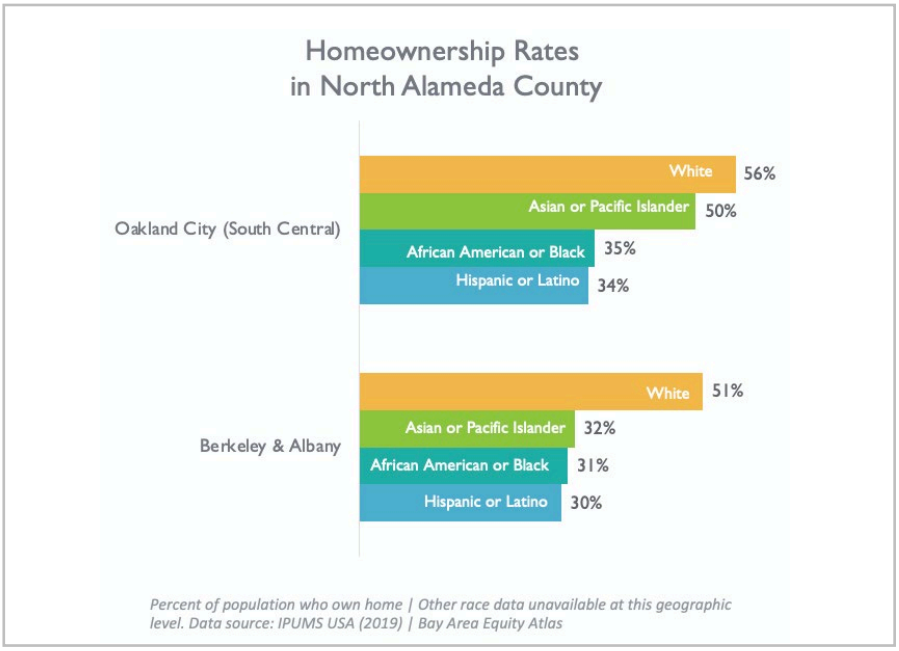
North Alameda County Housing and Homelessness Data

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

- Homeownership rates in North Alameda County are lowest among Latinx (Hispanic) and Black/African American populations.

- In a number of ZIP codes with larger Black/African American population (West Berkeley, Oakland) than the county average, the homeownership rate, housing cost burden, housing affordability index, percent of income spent on mortgage, and overcrowded housing are all worse than the state overall.
- In ZIP codes with larger Latinx populations than the county average (West Oakland, West Berkeley), housing cost burden, overcrowded housing, and homeownership rate are all worse than the state overall.
- In Alameda County, the median rental cost is 17% higher than the state average ($1972 versus $1689).
- Alameda County rates worse on the housing affordability index than the state overall (77 versus 88).

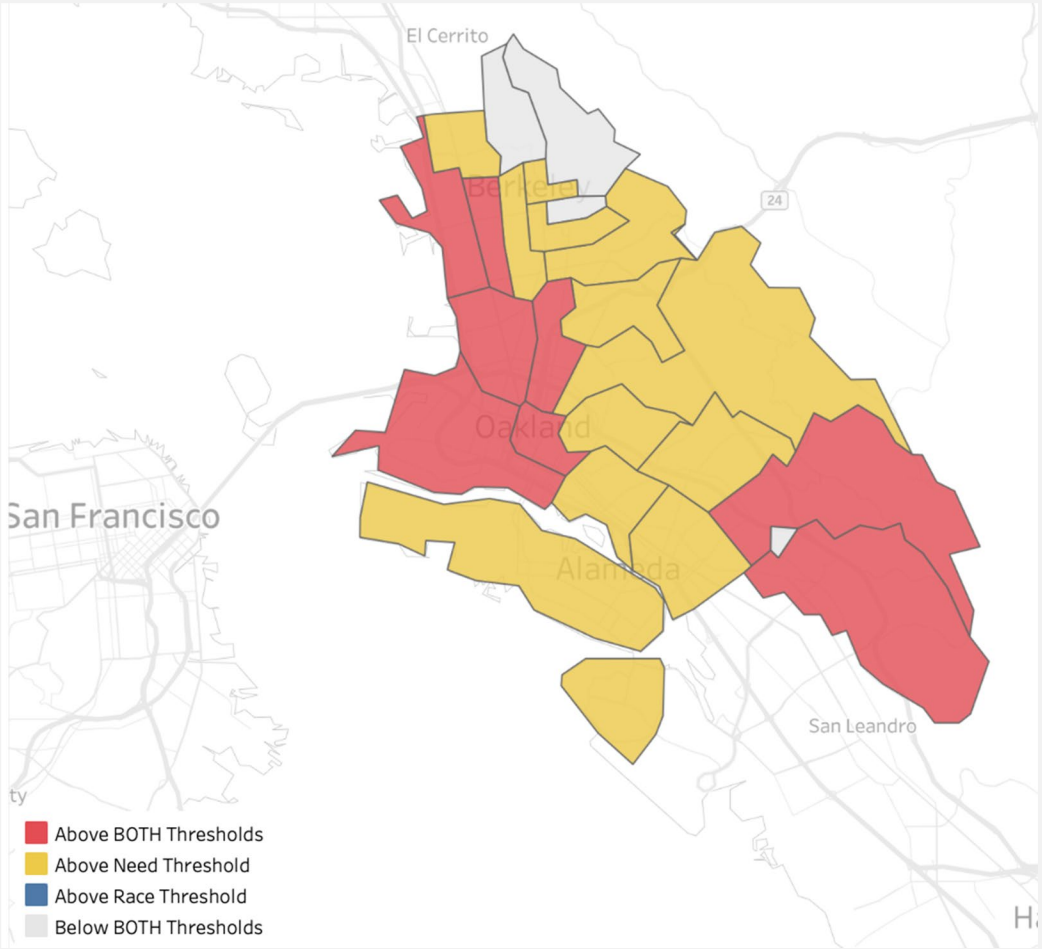
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

HOUSING AFFORDABILITY INDEX, NORTH ALAMEDA COUNTY, 2020, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 15% (the service area average) and a lower housing affordability index 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.[9] Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life throughout the life course. 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.[10]

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 for Alameda County.
- Key informants described inadequate partnership between healthcare and community organizations that has limited 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 insurance is a barrier to accessing quality healthcare in the county and noted that even Covered California coverage is still too expensive for many families.
- Key informants discussed the lack of hospitals in East Oakland as being problematic. Though clinics exist in the area, the community lacks pharmacies, dentists, and specialty care.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:
"The fees even with Covered CA are still high. Families choose to go without insurance because of the high rates."

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY inequities:
"It is very frustrating for children, adults, people of all ages who are always on waiting lists because there are not enough Spanish-speaking therapists."

Inequities

- Focus group participants and key informants emphatically stated that language and cultural barriers persist within healthcare settings in Alameda County,

[9] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[10] 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

- specifically citing a lack of interpreters for diverse languages, which disincentivizes many families from seeking needed care.
- Key informants said that partnerships between Alameda County 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 and teens. Individuals in these group may be more likely to seek out necessary healthcare when an entity representing their perspective is involved.
- Focus group participants discussed how a lack of Alameda County healthcare providers with specialized training for working with specific populations serves as a barrier to care. 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 reported an urgent need for more access to dental care in county areas with underserved populations.
- Key informants and focus group participants in North Alameda County discussed inequities in care provided citing that people of color are more likely to be on Medi-Cal and have access to fewer high quality services that those with other types of insurance.

Impact of COVID-19

- Focus group participants and key informants perceived Alameda County 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 healthcare access and delivery for families that lack reliable internet or an understanding of how to use technology, including those with certain disabilities, non-English speakers, and undocumented residents.
- A number of key informants described county residents' continuing resistance to COVID-19 vaccines, due in part to mistrust of medical professionals, suggesting that work is necessary to build trust and overcome vaccine hesitancy.

Communities Disproportionately Impacted

Based on Priority Community Profiles

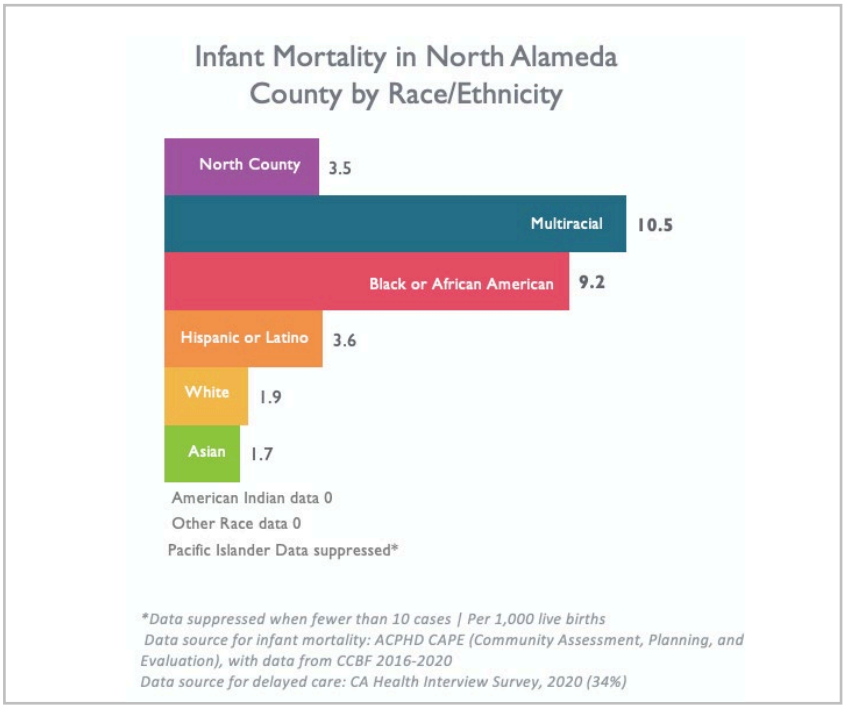
- The Oakland Priority Community Census Tracts (4086 and 4088) have double the percentage of uninsured residents than the Alameda County average.

Healthcare Access and Delivery Data

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

- Infant mortality is substantially higher for North Alameda County multiracial residents (11%) and Black/African Americans (9%) than the county overall (4%).
- In North Alameda County, the percent of premature births and low birthweight babies is lower (better) than the county overall.

- Black/African American and multiracial residents had a substantially higher rate of death from COVID-19 than North Alameda County overall (161 and 140 deaths per 100,000 respectively versus 84). Multiracial residents have much lower vaccination rates than North Alameda County overall (34 versus 74%).
- The total population without health insurance coverage and the percent of children under 18 who are uninsured is substantially lower in Alameda County than the state overall. However, in several county ZIP Codes with larger Black/African American and Latinx (Hispanic) populations than the county average (West Oakland) the percentage of uninsured children and overall population exceeds the state average.



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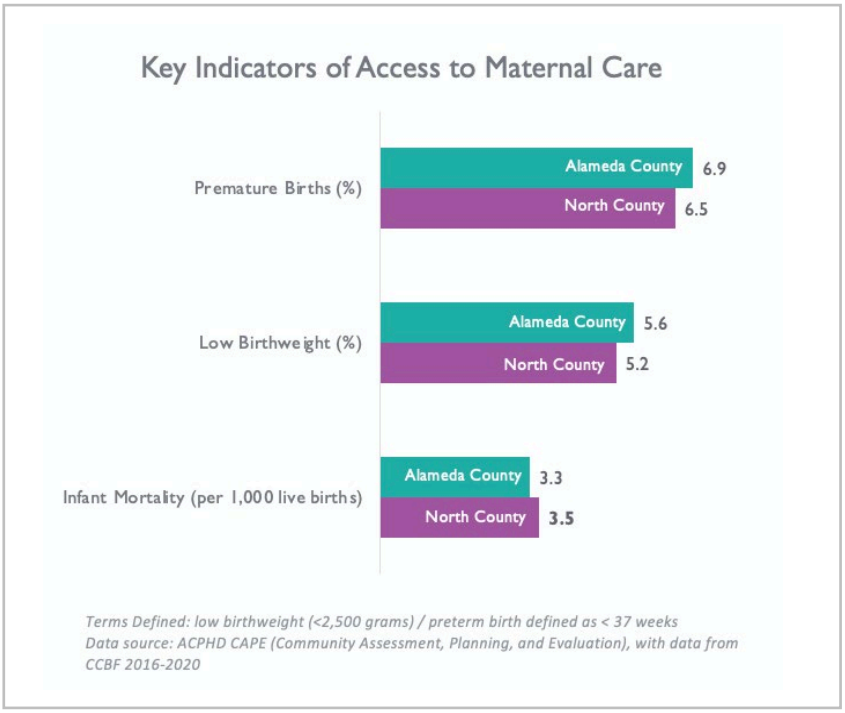

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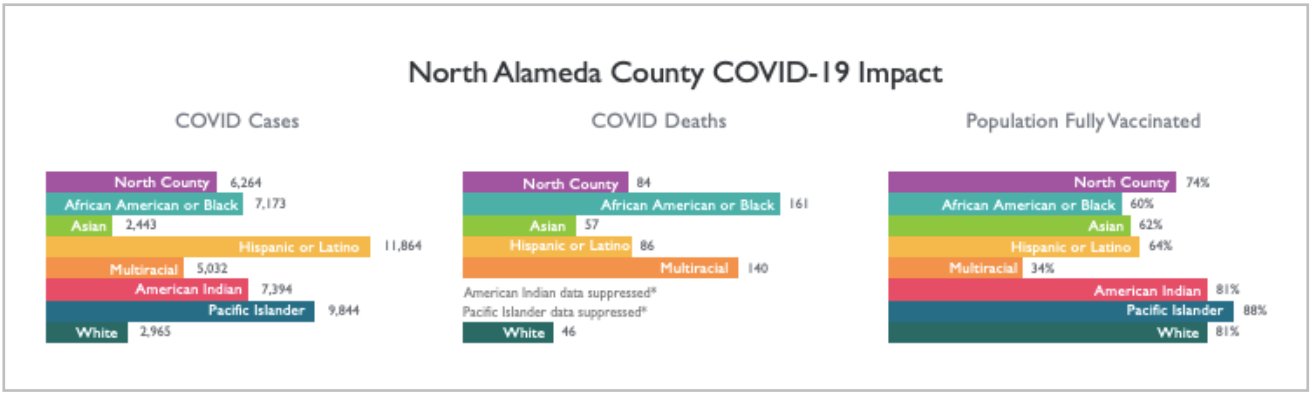
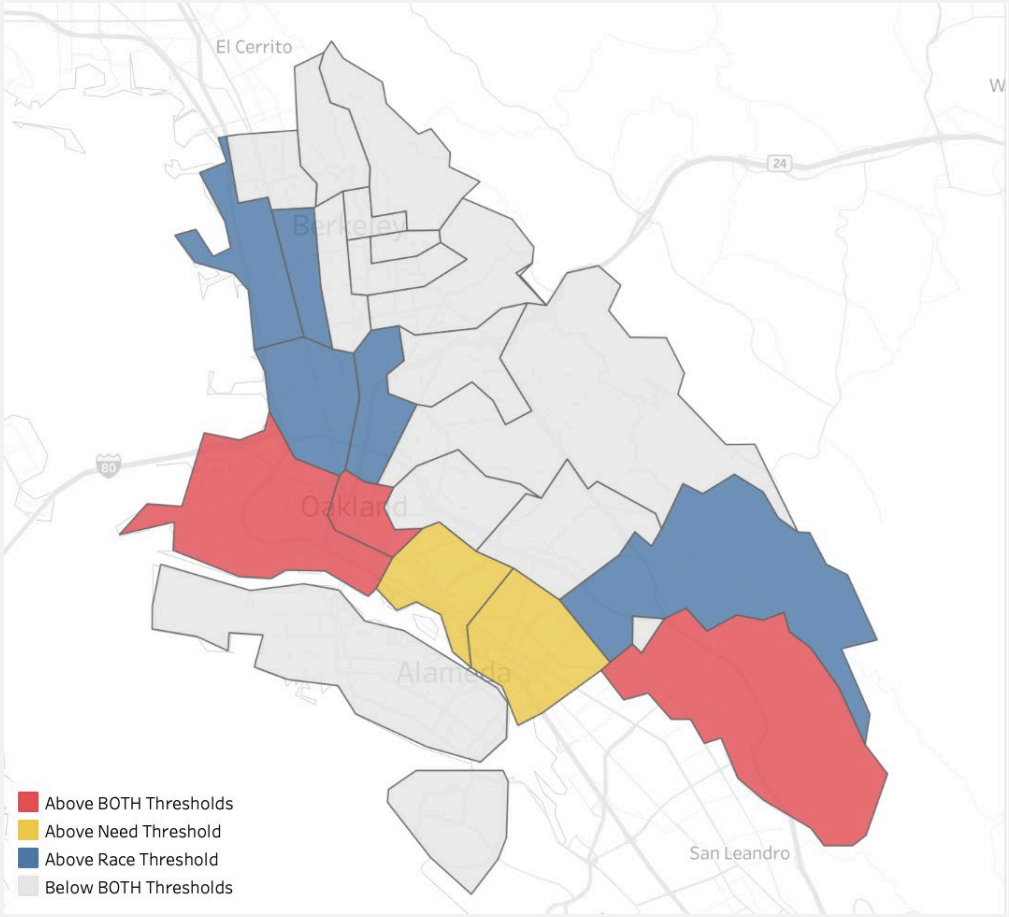


Data visuals created by ASR, 12/2021

UNINSURED CHILDREN, NORTH ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Black/African American population greater than 15% (the service area average) and a greater percentage of uninsured children than the state overall.



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.[11] Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes.[12] 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.[13] Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.[14]

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 in Alameda County.
- Focus group participants linked mental illness, domestic violence, and neighborhood blight to community crime and violence in Alameda County.
- Key informants noted a recent dramatic rise in gun violence in East and West Oakland, causing physical and mental trauma, causing fear of gun-related crime that prevents residents from accessing medical care.
- Key informants in North Alameda County described violence in their community as a symptom and a cause of behavioral health issues.

Focus group participant thoughts on COMMUNITY AND FAMILY SAFETY overall:
"I believe that a family with domestic violence will bring violence to the community. That is why we need to work in that area so that families can be healthy and can receive an education. I believe that when parents receive the mental help they need, they will be able to raise healthy children and contribute healthy neighbors to society."

Inequities

- Many Alameda County key informants perceived community and family 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.
- Domestic violence is a pervasive and escalating issue throughout Alameda County, according to key informants and focus group participants. They observed that certain racial and ethnic groups, such as immigrants and people of color, are often subjected

[11] 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.
[12] 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.
[13] 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
[14] Norton, R., Hyder, A.A., Bishai, D., Peden, M., et al. (2007). "Unintentional Injuries," *Disease Control Priorities in Developing Countries.*

to social and domestic conditions (e.g. crowded or insecure housing) that foster interpersonal violence.

- Key informants in North Alameda County stated that violence disproportionately affects young men of color (teens-30s).
- Key informants pointed to a rise in violent crime directed at Alameda County's Asian communities.
- Focus group participants and key informants reported that Alameda County's Black/African American communities 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.

Impact of COVID-19

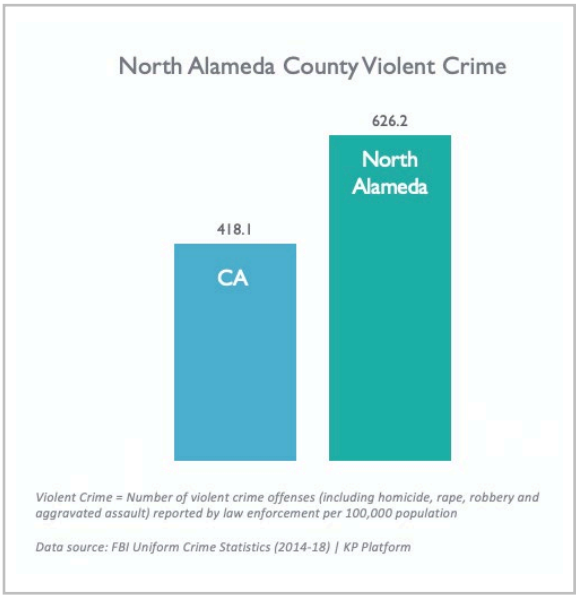
- Key informants in North Alameda County perceived that domestic violence was underreported during the pandemic as some residents felt forced to stay with abusers due to shelter in place requirements.
- Many focus group participants felt that Alameda County communities had become less safe during the 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.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and COVID-19:
"Domestic violence was underreported. People were in the households they normally wouldn't have been because they were forced to shelter in place, and this forced people to stay at home with their abusers."

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 number of violent crimes is 50% higher in North Alameda County than the state average (626 versus 418 per 100,000 population).
- Rates of death by all injuries are highest among Black/African Americans compared to the North Alameda County average (96 versus 46 per 100,000 population).



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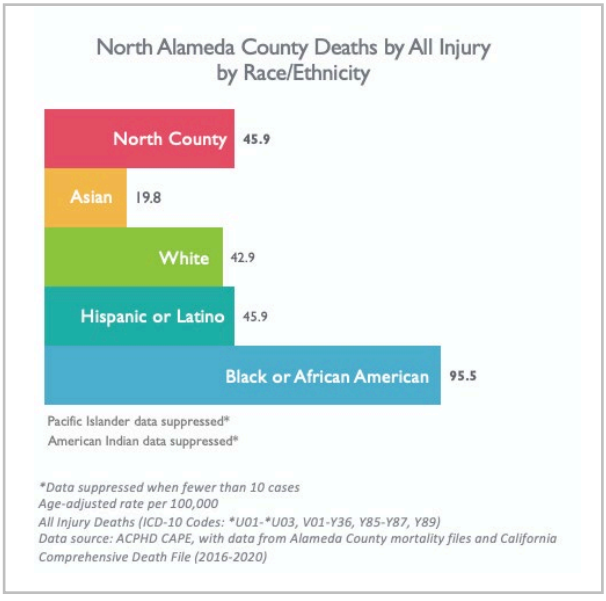

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Economic Security

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.[15] Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes.[16] The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.[17]

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- Most key informants (74%; 32 of 43) and 6 of 9 focus groups identified economic security as a top priority health need in Alameda County.
- 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 behavioral and physical health. For many people, health insurance is tied to employment – job loss threatens access to healthcare for a whole family. Alameda County residents working at jobs without healthcare benefits or with limited sick time are particularly vulnerable to stress, anxiety, and poor health outcomes.
- Focus group participants identified two major Alameda County employment challenges: 1) low-wage jobs requiring lengthy commutes and 2) the need to work multiple jobs simultaneously to afford basic needs.
- Key informants in North Alameda County discussed that many residents are experiencing trauma as a result of not being able to afford and access basic needs like housing and food.

Key Informant thoughts on ECONOMIC SECURITY overall:
"Trauma is often related to basic needs like jobs, housing, food insecurity, and the shame associated for not being able to access those basic needs."

Inequities

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

[15] Prevention Institute. (2015). Making the Case with THRIVE: Background Research on Community Determinants of Health.
[16] 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.
[17] Office of Disease Prevention and Health Promotion. (2018). Social Determinants of Health.

- Key informants discussed the need within immigrant communities for increased access to and assistance with educational opportunities. They stated that children from immigrant families need more tutoring and mentoring, which many families cannot afford.
- 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 instigated by structural racism.

Key Informant thoughts on ECONOMIC SECURITY inequities: "Disadvantaged families are staying steady or are on the rise. Wages of families may not be supporting families."

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 Alameda County residents are not working.
- Key informants in North Alameda County noted that the Latino population was one of the hardest hit populations due to COVID-19 with many having to choose between continuing to go into work with an increased risk of exposure or losing their jobs and therefore their source of income.

Communities Disproportionately Impacted

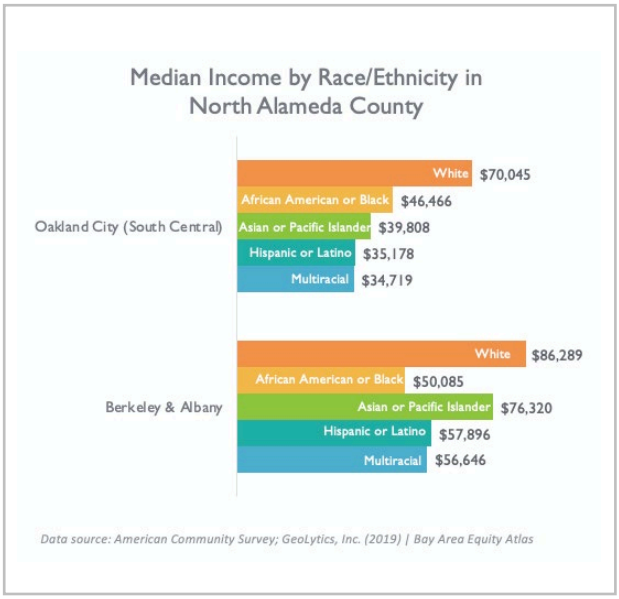
Based on Priority Community Profiles

- Census Tracts 4086 and 4088 in Oakland are the highest poverty Census Tracts within the ZIP Codes serving the largest proportion of UCSF Benioff Children's Hospital school-based health center patients. These Census Tracts perform worse than almost all (over 90%) CA communities on measures of income and employment.
- The child poverty rates in Census Tracts 4086 and 4088 far exceed the Alameda County average (39%, 49% versus 10%).

Economic Security Data

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

- Black/African American, Latinx (Hispanic), Asians, and Multiracial residents in North Alameda County all have lower median incomes than their White counterparts.
- In some North Alameda County zip codes with larger than county average Latinx and Black populations, the percentage of children living in single-parent households and children living in poverty is higher than the overall CA percentages.
- Latinx (Hispanic) and Black/African American populations in Oakland and Berkeley face significant income and employment disparities; many measures are worse than CA overall in ZIP codes with higher populations of color, including: free and reduced-price lunch eligibility, high speed internet access, median household income, unemployment rate, young people not in school and not working, children living in poverty, and poverty rate.



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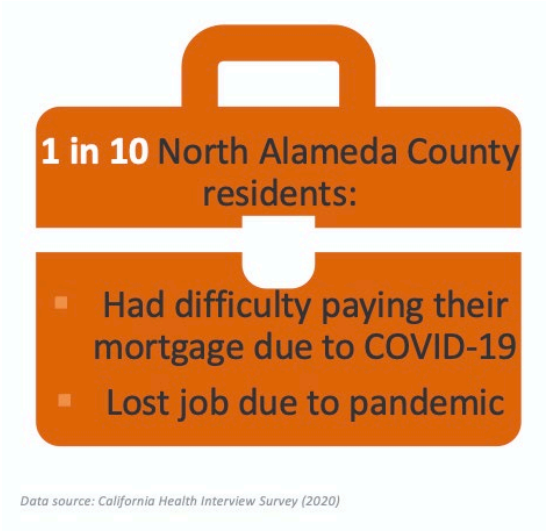
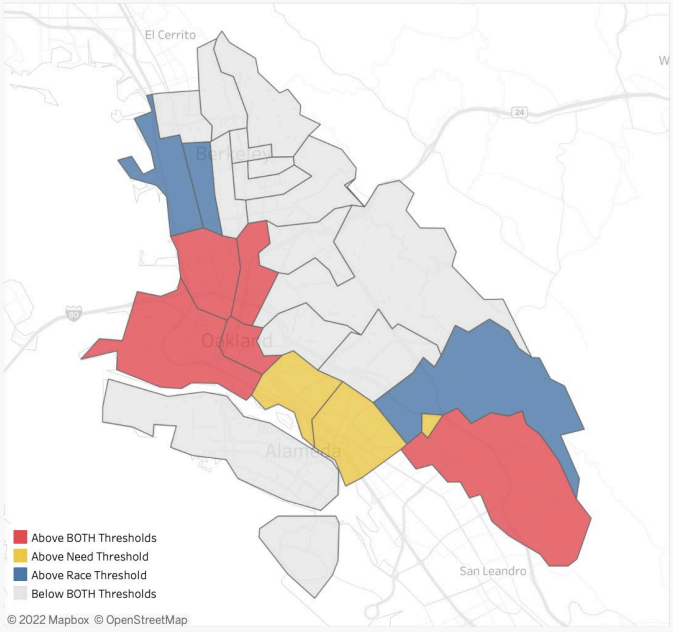


Data visuals created by ASR, 12/2021

CHILDREN LIVING IN POVERTY, NORTH ALAMEDA COUNTY, 2015-2019

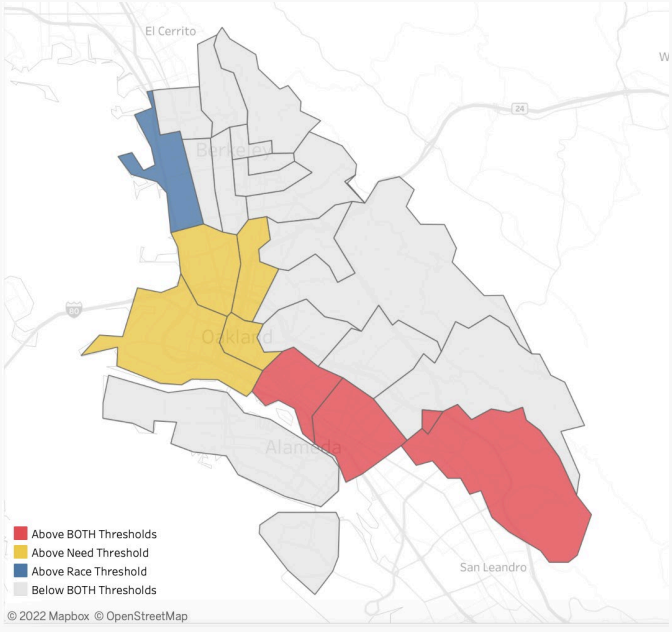
Areas shaded in red are ZIP codes with a Black/African American population greater than 15% (the service area average) and a higher rate of children living in poverty than CA overall.



Source: Kaiser Permanente Community Health Data Platform

CHILDREN LIVING IN POVERTY, NORTH ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 17% (the service area average) and a higher rate of children living in poverty than CA overall.



Source: Kaiser Permanente Community Health Data Platform

Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms.[18] Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods.[19] The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further.[20]

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- 28% (12 of 43) of key informants listed structural racism as a top priority health need for Alameda County and reported that structural racism is a contributor to other health needs.
- Structural racism has a profound effect on health, according to key informants. Race-based inequalities in access to and provision of healthcare keep many children and adults of color from receiving necessary physical or behavioral health treatment, and the care they do receive is often not culturally or linguistically competent.
- Key informants in North Alameda County reported that systemic policies have created intentional barriers for marginalized groups to access health care, basic needs, and economic opportunity.

Key informant thoughts on STRUCTURAL RACISM overall:
"There is a disconnect between our African American community and the school; anti-blackness in education is very real, and we find that there are things in our curriculum and discipline procedures are traumatizing."

Inequities

- Key informants described how racial, social, and economic inequalities have led to housing insecurity in Alameda County. When people of color 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.

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[18] 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
[19] 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
[20] Tan, S. B., deSouza, P., & Raifman, M. (2022). Structural Racism and COVID-19 in the USA: a County-Level Empirical Analysis. *Journal of racial and ethnic health disparities*, *9*(1), 236–246. https://doi.org/10.1007/s40615-020-00948-8

- Several key informants expressed concern about inequitable practices within the educational system in Alameda County that create a disconnect between schools and communities of color, particularly for Black/African American communities. They linked the lack of educational services for these children to under-representation of people of color in higher-paying jobs.
- Key informants noted that a high percentage of young men of color, particularly Black/African American and Latinx, are not graduating from high school.
- Key informants perceived that people of color in Alameda County are more likely to experience violence through crime, interpersonal aggression, and/or police brutality, reporting that violence disproportionately affects young men of color (teens-30s).
- Key informants in North Alameda County noted that housing discrimination is prevalent in the community, particularly towards Black/African American residents.

Key informant thoughts on STRUCTURAL RACISM inequities:
"In America, especially in the inner cities, you just know that people of color, especially young teens, TAY [transition-aged youth], and young parents are treated different in almost every institution that they walk into."

Impact of COVID-19

- Key informants in North Alameda County noted that the Latino population was hardest hit by COVID-19, with many choosing between continuing to work and risking virus exposure or losing their jobs and their source of income.

Communities Disproportionately Impacted

Based on Priority Community Profiles

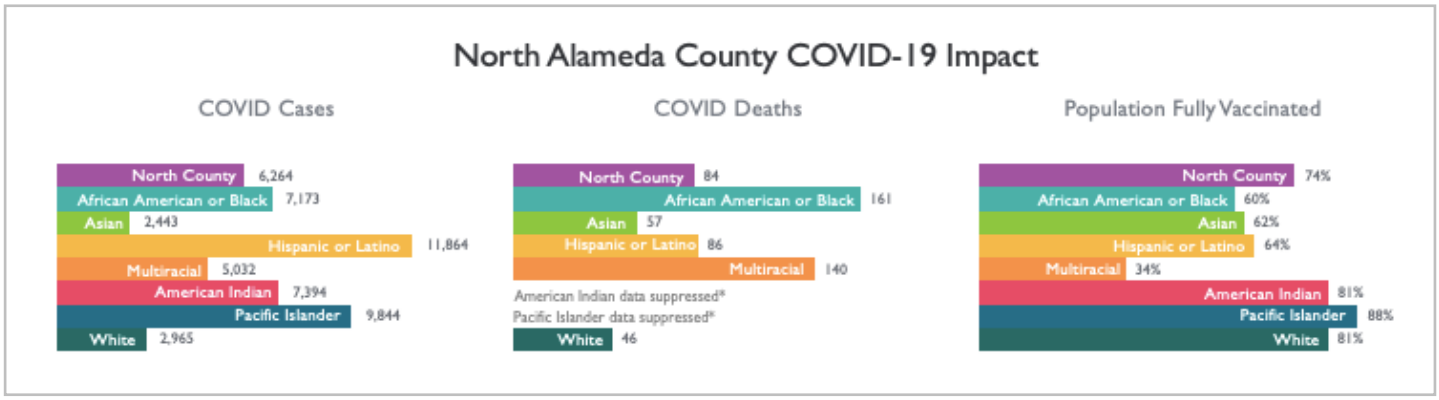
- The Oakland Priority Community Census Tracts (4086 and 4088) are home to a majority residents of color; a substantially higher percentage of Black/African American and Latinx residents in these Census Tracts receive food assistance benefits (SNAP) than the Alameda County average, indicating low incomes that don't support basic needs.
- Preschool enrollment among Black/African American and Latinx three- to four-year-olds in Census Tracts 4086 and 4088 is substantially lower than Alameda County overall (24%, 47% versus 89%).

Structural Racism Data

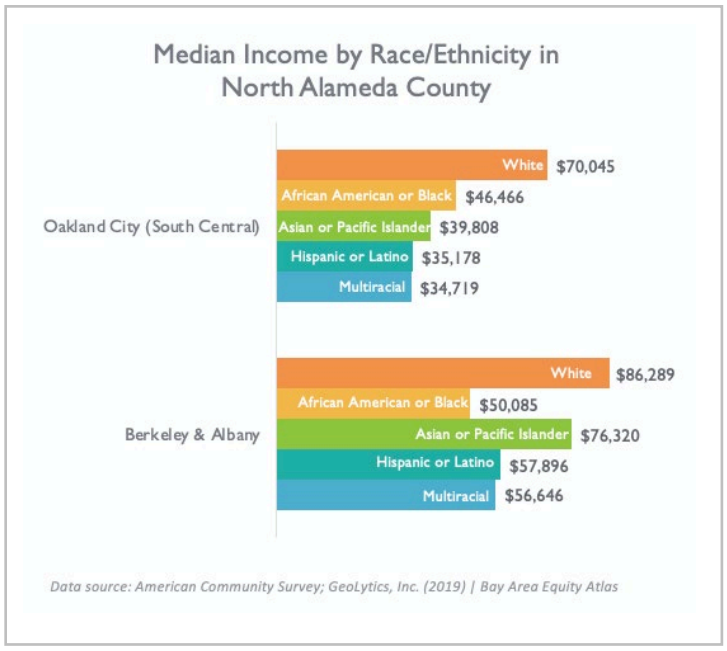
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Black/African American and multiracial residents had substantially higher rates of COVID-19 deaths than North Alameda County overall (161 and 140 deaths per 100,000 respectively versus 84).
- As of November 2021, multiracial COVID-19 vaccination rates were half the rate of the general population of North Alameda County (34 versus 74%).
- Black/African American, Latinx (Hispanic), Asians, and multiracial residents in North Alameda County all have lower median incomes than their white counterparts.

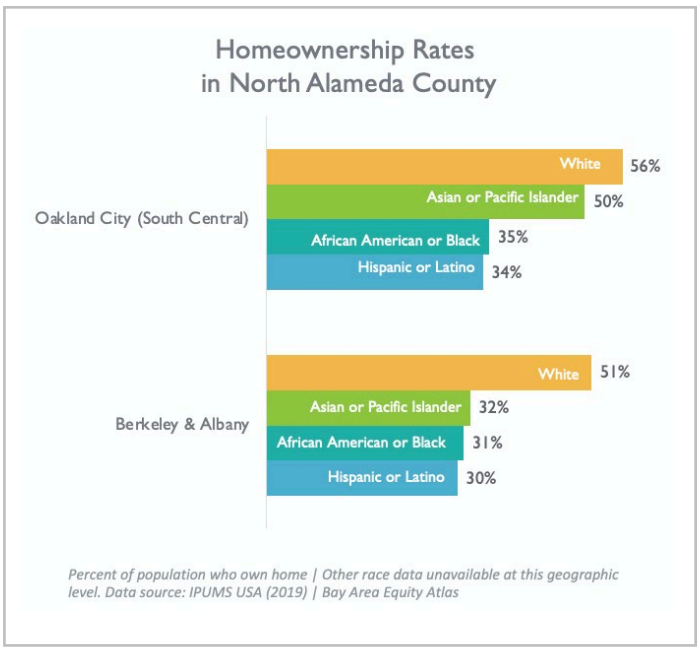
- Homeownership rates in North Alameda County are lowest among Latinx (Hispanic) and Black/African Americans (30-35% versus 51-56% for Whites).
- In 2020, infant mortality was 3 times higher for multiracial residents and more than twice as high for Black/African American residents than for the rest of North Alameda County.
- Rates of death by all injury are highest among Black/African Americans compared to the North Alameda County overall (96 versus 46 per 100,000 population).



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021



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.[21] Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns, and anxiety about food insufficiency.[22] Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups.[23] 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.[24] The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.[25]

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 in Alameda County. Food security was discussed in 6 of the 9 focus groups, though none identified it as a top need.
- 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.
- 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.
- Key informants in North Alameda County believe that CalFresh is an underutilized resource.
- Key informants reported that the high cost of childcare forces some low-income families to choose between paying for childcare and purchasing food or other necessities.

Key informant thoughts on FOOD SECURITY overall: "Families feel organizations don't see them as a whole. For example, a doctor is not asking when [was] the last time I've eaten."

[21] U.S. Department of Agriculture, Economic Research Service. (2018). Food Security in the U.S.
[22] U.S. Department of Agriculture, Economic Research Service. (2018). Definitions of Food Security.
[23] 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
[24] Healthy People 2020 (2018). Food Insecurity.
[25] 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 Alameda County populations at highest risk for food insecurity, including unhoused county residents and populations who may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families).
- Focus group participants in North Alameda County noted that undocumented residents experience disproportionately high rates of food insecurity, as they are often unable to utilize government resources.

Impact of COVID-19

- According to key informants, many Alameda County 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 Alameda County 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 Alameda County grocery/convenience stores closed because of the pandemic, and remaining stores raised food prices, especially for fresh produce.
- Key informants in North Alameda County noted that many residents (even those with moderate income) experienced food insecurity during the pandemic because of job loss or reduced work hours.

Focus group participant thoughts on FOOD SECURITY and COVID-19:
"[Food security] was a high need during COVID. The schools are trying to help fill this gap- they may do this for the kids, but accessibility for the whole family is needed."

Communities Disproportionately Impacted

Based on Priority Community Profiles

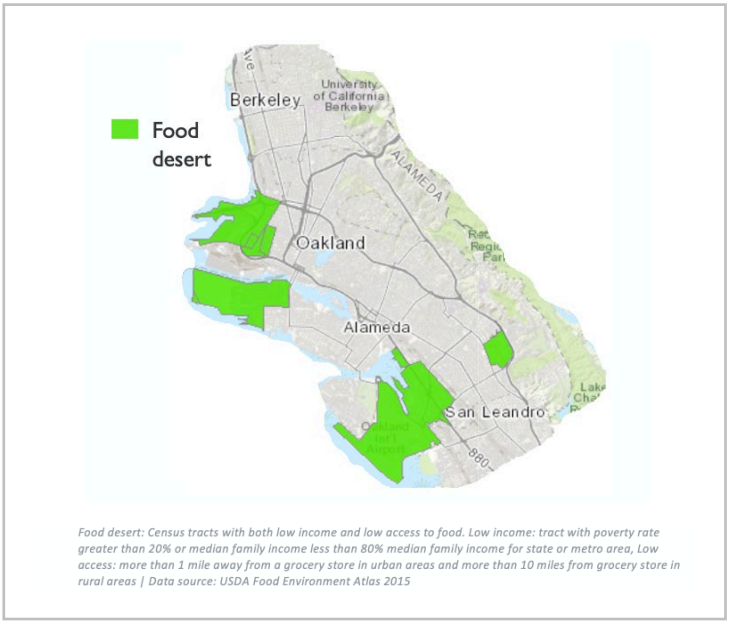
- The Oakland Priority Community Census Tracts (4086 and 4088) are home to a majority of residents of color; a substantially higher percentage of Black/African American and Latinx residents in these Census Tracts receive food assistance benefits (SNAP) than the Alameda County average, indicating low incomes that don't support basic needs.
- Supermarket access in Census Tract 4088 is nearly in the bottom third of CA communities (35%), 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

- In Alameda County, 10% of children live in food insecure households.
- Alameda County has just under 140,000 adults and children receiving CalFresh food assistance.
- In North Alameda County, 9% of residents are food insecure.
- A number of Oakland neighborhoods are food deserts with low access to grocery stores.
- A number of ZIP Codes with Black/African American and Latinx (Hispanic) populations larger than the county average (Oakland) have SNAP enrollment higher than the CA average.

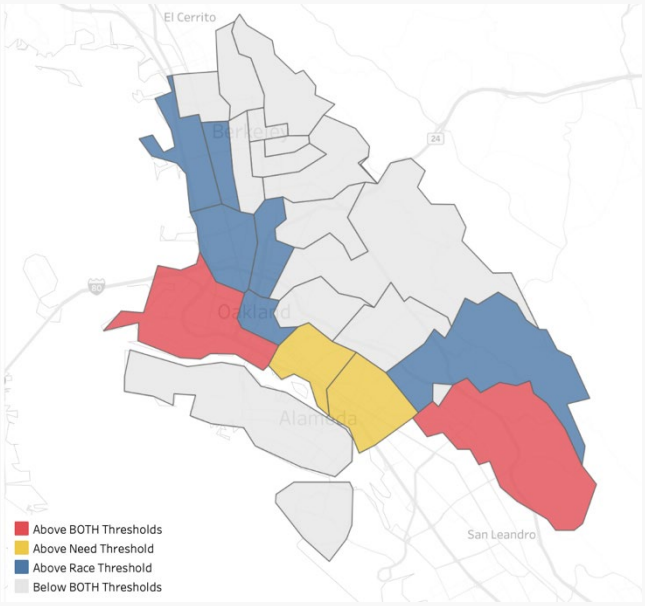
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

SNAP ENROLLMENT, NORTH ALAMEDA COUNTY
2015-2019

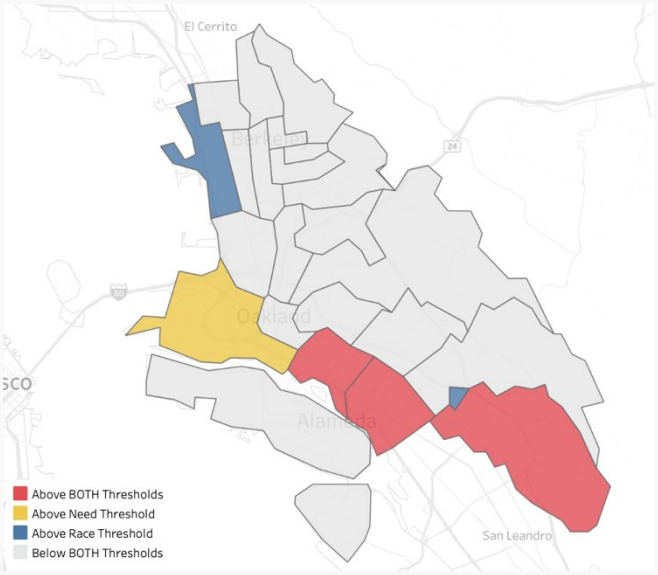
Areas shaded in red are ZIP codes with a Black /African American population greater than 15% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, NORTH ALAMEDA COUNTY
2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 17% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Transportation

What is the Health Need?

Without reliable and safe transportation, individuals struggle to meet basic needs such as earning an income, accessing health care, and securing food. Transportation infrastructure favors individual car use, which is associated with a number of adverse consequences, including motor vehicle injuries and deaths, the expenses of owning a vehicle, and greenhouse gas emissions which are a risk factor for heart disease, stroke, asthma, and cancer.[26] For households without access to a car, including many low-income individuals and people of color, walking, biking, and using public transportation provide critical links to jobs and essential services and promote exercise and social cohesion.[27] Extreme commuting contributes to limited time with family and other factors that impact health outcomes and reduce quality of life, like sleep, physical activity, and meal preparation.[28]

What Community Stakeholders Say About Transportation

Based on key informant interviews and focus groups

Overall

- 14% of key informants (6 of 43) and 2 of 9 focus groups identified transportation as a top priority health need for Alameda County.
- According to key informants, public transit in Alameda County needs improvement and expansion, especially to underserved neighborhoods where residents are less likely to own/have access to reliable vehicles.
- Focus group participants described transportation as prohibitively expensive in Alameda County.
- Many focus group participants reported using public transit, especially buses, but noted safety concerns.
- Key informants from North Alameda County noted that lack of reliable, accessible, and affordable transportation is a barrier to accessing healthcare.

Inequities

- Key informants frequently mentioned that Alameda County agencies/clinics should consider mobile or door-to-door services for those who are homebound or have difficulty traveling to appointments.
- Key informants linked transportation to increased air pollution particularly in underserved areas of the county, describing that pollution exacerbates acute and

[26] U.S. Department of Transportation, National Highway and Traffic Safety Administration. (2015). *The Economic and Societal Impact of Motor Vehicle Crashes, 2010 (Revised)*, DOT HS 812 013. 2015 (revised). See also: Centers for Disease Control and Prevention. (2017). *Motor Vehicle Safety: Cost Data and Prevention Policies*, which suggests that the figures have not changed significantly since 2010.
[27] United States Census Bureau. (2019). American Community Survey. Walking and Biking to Work the Most. www.census.gov/acs/www
[28] Christian T. J. (2012). Trade-offs between commuting time and health-related activities. *Journal of urban health : bulletin of the New York Academy of Medicine*, *89*(5), 746–757. https://doi.org/10.1007/s11524-012-9678-6

chronic conditions (specifically asthma) that are disproportionately experienced by these communities.

- Key informants from North Alameda County noted that public transit in West Oakland in particular is inadequate.
- Key informants in North Alameda County noted that seniors often have difficulty accessing healthcare because they may not have reliable or accessible transportation.

Key informant thoughts on TRANSPORTATION inequities:
"East Oakland is typically a resource desert, not a lot of jobs, transportation is hard in terms of it being more expensive and taking longer to take folks from east Oakland to other parts of town."

Impact of COVID-19

- A number of key informants noted that the pandemic necessitated a switch to drive-through services (e.g., food banks, medical clinics, COVID-19 vaccinations), but this presented an access barrier for Alameda County residents without a car.
- Many focus group participants reported that their reliance on public transit enhanced concerns about COVID-19 exposure.
- Key informants in North Alameda County noted that due to COVID-19, public transit services were cut and relied on federal relief funding to stay operational.

Key informant thoughts on TRANSPORTATION and COVID-19:
"Transit operations were significantly impacted (cut off services); transit agencies are relying on COVID-relief federal funding."

Communities Disproportionately Impacted

Based on Priority Community Profiles

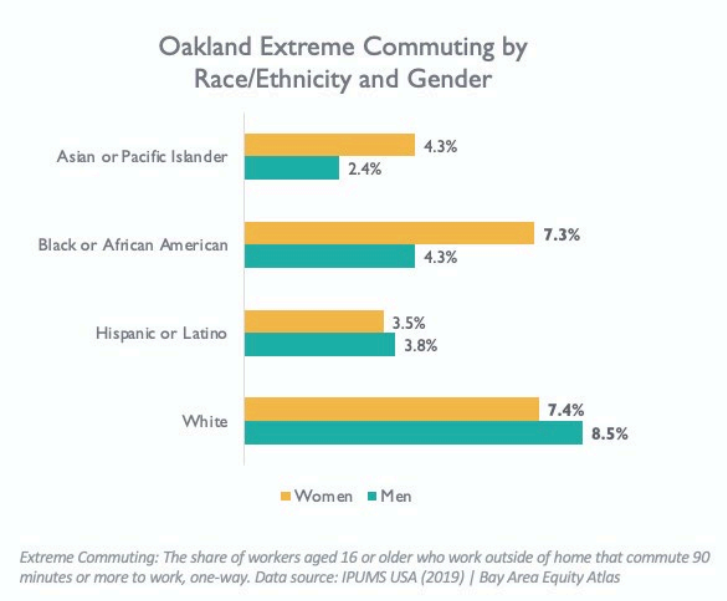
- The Oakland Priority Community Census Tracts (4086 and 4088) rank lower than 95% of all CA communities on transportation measures including active commuting and automobile access.

Transportation Data

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

- In Alameda County, the percentage of workers driving alone with long commutes is higher than the state overall (11 versus 13%).
- In Oakland, extreme commuting (90 minutes or more, one way) was slightly higher for women than men (5.2 versus 4.6%) and highest among Whites versus any other race.

Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Appendix H: Alameda County Community Assets and Resources

Behavioral Health:

- 12-Step programs: Al-Anon/Alateen, Alcoholics Anonymous, Narcotics Anonymous
- Adobe Services, HOPE Project Mobile Health Clinic
- Alameda County Behavioral Health Center
- Alameda County Health Care Services
- Alameda County Housing and Community Development
- Alameda County Medical Center, Substance Abuse Program
- Alameda County Social Services Agency
- Ashland Youth Center
- Axis Community Health Adult Behavioral Health Services
- Cherry Hill Detox
- City of Berkeley Health Department of Health Services
- Crisis Support Services of Alameda County 24-Hour Crisis Line
- Eden I&R, Inc.
- Family Paths
- Family Paths 24-Hour Parent Support Hotline
- George Mark Children's Home
- Girls, Inc.
- HIV/AIDS Care and Treatment Program
- HOPE Project Mobile Health Clinic
- Jewish Family and Community Services East Bay
- John George Psychiatric Hospital
- La Clínica de la Raza, San Leandro
- Lincoln Families
- National Alliance on Mental Illness (NAMI)
- Niroga Yoga
- Partnership for Trauma Recovery
- Seneca Center
- West Oakland Health Council
- Willow Rock Center 23-hour Crisis Stabilization and Outpatient Services
- YMCA of the East Bay

Community and Family Safety:

- Afghan Coalition
- Alameda County Family Justice Center

- Alameda Family Services
- Allen Temple Baptist Church Health and Social Services Ministries
- Alternatives in Action
- A Safe Place
- Berkeley Youth Alternatives
- Child Passenger Safety Program
- City of Berkeley Department of Health Services
- Community and Youth Outreach
- First 5 Alameda County
- Girls Inc.
- Narika
- Oakland Unite!
- Ruby's Place
- San Leandro Boys and Girls Club
- San Leandro Education Foundation
- Youth Alive!

Economic Security:

- America Works (formerly incarcerated)
- Berkeley City College: CalWORKS Program
- Brighter Beginnings
- Building Blocks for Kids Collaborative
- East Bay Community Foundation
- East Bay Community Law Center
- East Bay Green Jobs Corps
- East Oakland Youth Development Center
- The Unity Council

Education:

- Alameda County Office of Education
- Alameda Union School District
- Albany Union School District
- Berkeley Public Schools
- Building Blocks for Kids Collaborative
- Castro Valley Union School District
- City of Livermore Recreation and Park District
- Dublin Union School District
- Emeryville Union School District

- First 5 Alameda
- Livermore Valley Joint Union School District
- Oakland Union School District
- Piedmont Union School District
- Pleasanton Union School District

Food Security:

- 18 Reasons
- Acta Non Verba: Youth Urban Farm Project
- Alameda County Community Food Bank (multiple sites)
- Alameda County Deputy Sheriffs' Activities League
- Alameda County Nutrition Services: Women, Infants, and Children (WIC)
- Alameda County Public Health Department
- Axis Community Health: WIC Program
- Building Blocks Collaborative
- Catholic Charities of the East Bay
- City Slicker Farms
- East Bay Agency for Children
- First 5 Alameda County
- Meals on Wheels of Alameda County
- Open Heart Kitchen
- Public Health Institute
- REACH Ashland Youth Center
- Senior Support Program of the Tri-Valley
- Spectrum Community Services: Meals on Wheels, Senior Nutrition and Activities Program
- Tri-Valley Haven for Women: food pantry

Healthcare Access and Delivery:

- Abode Services
- Adobe Services HOPE Project Mobile Health Clinic
- Alameda County Behavioral Health Center
- Alameda County Health Care Services, School Health Services
- Alameda Health System (Alameda and Highland Hospitals)
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- California Department of Health Care Services
- CancerCare

- Every Woman Counts
- Federally Qualified Health Centers:
    - Asian Health Services
    - Axis Community Health
    - Brighter Beginnings
    - Community Clinics
    - La Clínica (multiple locations)
    - LifeLong Medical Care (multiple locations)
    - Native American Health Center
    - Planned Parenthood (multiple locations)
    - RotaCare (multiple locations)
    - West Oakland Health
- George Mark Children's Home
- Jewish Family and Community Services East Bay
- Kaiser Permanente–East Bay (Oakland and Richmond)
- Regional Asthma Management Program
- SaferSTDtesting.com
- Stanford Health Care - ValleyCare
- Sutter Health Alta Bates Summit Medical Center
- The Leukemia and Lymphoma Society
- United Seniors of Oakland and Alameda County
- UCSF Benioff Children’s Hospital
- Women’s Cancer Resource Center

Housing and Homelessness:

- Abode Services
- Alameda County Housing and Community Development
- Alameda County Homeless Project (including special needs housing)
- Catholic Charities of the East Bay
- City of Berkeley Health, Housing and Community Services Department
- City of Oakland Department of Human Services
- CityServe of the Tri-Valley
- East Bay Asian Local Development Corp.
- Eden I&R, Inc.
- Downtown Street Team
- East Bay Community Law Center Housing Program
- East Bay Housing Organizations
- Everyone Home

- Satellite Affordable Housing Associates (SAHA)
- Shepherd's Gate
- Tri-Valley Haven
- The Unity Council

Structural Racism:

Many of the agencies/organizations addressing the other health needs address Structural Racism.

Transportation:

- Alameda-Contra Costa Transit District (AC Transit)
- Bay Area Rapid Transit (BART)
- Bay Wheels
- Bike East Bay
- Drivers for Survivors
- Paratransit