



# 2016 Community Health Needs Assessment

Kaiser Foundation Hospital – San José  
License #070000117

Approved by KFH Board of Directors  
September 21, 2016

To provide feedback about this Community Health Needs Assessment, email [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org)

KAISER PERMANENTE NORTHERN CALIFORNIA REGION  
COMMUNITY BENEFIT  
CHNA REPORT FOR KFH-SAN JOSÉ

ACKNOWLEDGEMENTS

This report was prepared by Applied Survey Research (ASR) on behalf of Kaiser Foundation Hospital (KFH)–San José. ASR gratefully acknowledges the contributions of the following individuals:

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- Barbara Avery, El Camino Hospital
- Jo Caffaro, Hospital Council of Northern & Central California
- Jean Nudelman, Kaiser Permanente Northern California Region
- Kel Kanady, O'Connor Hospital & Saint Louise Regional Hospital
- Sharon Keating Beauregard, Stanford Health Care
- Janet Lederer, Sutter Health Regional Community Benefit
- Jeanette Murphy, Hospital Council of Northern & Central California
- Sister Rachela Silvestri, Saint Louise Regional Hospital
- Anandi Sujeer, Santa Clara County Public Health Department
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Applied Survey Research is a social research firm dedicated to helping people build better communities.

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## I. EXECUTIVE SUMMARY

### A. Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process completed in 2016 and described in this report was conducted in compliance with current federal requirements. This 2016 assessment is the second such assessment conducted since the ACA was enacted and builds upon the information and understanding that resulted from the 2013 CHNA. This assessment includes feedback from the community and experts in public health, clinical care, and others. This CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of the hospital organization's 2016 Form 990, Schedule H, four and a half months into the next taxable year (May 15, 2017 for Kaiser Foundation Hospitals).

### B. Summary of Prioritized Needs

The Santa Clara County Community Benefit Coalition ("the Coalition")<sup>1</sup> is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern & Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition worked together to fulfill the primary and secondary data requirements of the CHNA. This allowed non-profit hospitals in the area to take advantage of economies of scale and to avoid overburdening the community with multiple requests for information.

Community input was obtained during the summer and fall of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and focus groups with community residents. Secondary data were obtained from a variety of sources – see Appendix B for a complete list.

Based on community input and secondary data, KFH South Bay Area (representing both KFH-San José and KFH-Santa Clara) worked as part of the Coalition to understand health needs in their shared service areas. Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were identified, representatives of the KP-San Mateo and KP-South Bay areas grouped certain health needs where possible strategies would overlap to reduce the size of the list. Finally, the representatives from the two areas prioritized the list of health needs via a multiple-criteria scoring system. These needs are listed below in priority order, from highest to lowest.

Please note that data indicators in the descriptions below were gathered from the KFH-San José service area where available. Where service area data were not available, county data were used including data from local public health departments. If indicators for KFH-San José performed poorly against a benchmark, it met the first criteria for being defined as a health need. If no data were available for the service area, county data were used to compare to benchmarks. (See Section V for more information.)

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<sup>1</sup> The members of the Coalition are listed in the Acknowledgements section on page ii of this report.

**Community Health Needs Identified for KFH-San José (KFH-SJ), in Order of Priority**

Health need	What do the data say?
<p><b>1. Healthcare Access &amp; Delivery</b></p>	<p>This need is a top priority of the community, and is a concern because of persistent barriers even after the enactment of the Affordable Care Act (ACA), such as lack of affordability of insurance and services, linguistic isolation, and a perceived lack of both medical providers and culturally competent care. Lack of access to dental care was a concern of the community. Specifically, they were concerned about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have it, resulting in subpar dental outcomes, such as tooth loss and disparities in rates of tooth loss for Black adults.</p>
<p><b>2. Behavioral Health</b></p>	<p>Behavioral health is a health need because many residents in the county report having poor mental health and abuse alcohol or substances, including youth who use marijuana and/or use methamphetamines. In the KFH-SJ service area, alcohol expenditures are slightly higher than the state overall. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. While tobacco use in Santa Clara County is less prevalent than in California, smoking among non-White youth rose in the previous five years.</p>
<p><b>3. Healthy Eating/Active Living</b></p>	<p>Obesity, diabetes, and healthy eating/active living are related health conditions that represent a health need because of the proportions of children and adolescents who are overweight and/or obese. Ethnic disparities are seen in rates of overweight and obesity among children, adolescents, and adults. These rates fail Healthy People 2020 targets. While adult diabetes rates in the county are no worse than in California, there was a perception in the community that childhood diabetes diagnoses are increasing (which could not be confirmed with extant data). The community also expressed concern about the lack of access to healthy food including high costs, the need for improved nutrition and the need for nutrition education in schools.</p>
<p><b>4. Violence &amp; Abuse</b></p>	<p>Violence in the county is a problem that disproportionately affects Blacks and Latinos, including adult homicide and domestic violence. Also, the majority of youth reported having been victims of physical, psychological, and/or cyber bullying. Rates of school suspensions and expulsions are higher in the KFH-SJ service area than Santa Clara County and the state. The community expressed concern about bullying and indicated that the populations most vulnerable to violence and abuse include homeless women and youth, and immigrant children who experience physical and mental trauma during their journey to the U.S.</p>

Health need	What do the data say?
<b>5. Cancer</b>	Cancer is the leading cause of death in Santa Clara County. Data show that the county has higher incidence rates of prostate and colorectal cancer than Healthy People 2020 targets, and ethnic disparities for breast, cervical, lung, and liver cancer incidence. In addition, public health experts expressed concern about youth tobacco use (as smoking has also been shown to have an impact on various types of cancer).
<b>6. Cardiovascular (Heart &amp; Stroke)</b>	Cardiovascular diseases (including heart disease and stroke) are responsible for a quarter of all deaths in the county. In addition, ethnic disparities are seen in mortality rates of heart disease and stroke. The community expressed concern about the lack of access to healthy food including high costs, the need for improved nutrition and the need for nutrition education in schools.
<b>7. Communicable Diseases (non-STIs)</b>	Communicable diseases are a health need in Santa Clara County as evidenced by high rates of tuberculosis (TB) and Hepatitis B (which both greatly exceed Healthy People 2020 targets). The community expressed concern about the lack of screenings for these diseases and professionals cited the lack of referrals and follow-up with patients who are diagnosed with TB and/or Hepatitis B. Additionally, influenza and pneumonia combined are the eighth leading cause of death in the county.
<b>8. Economic Security</b>	Economic security is a need in the county because of the ethnic disparities seen in rates of poverty and unemployment. By these county measures, Latinos, American Natives, and Blacks have worse economic security than their White counterparts and worse than Californians overall. Santa Clara County is one of the most expensive places to live in California. Residents and professionals alike stated that financial stress about the cost of housing, food, and healthcare is a driver of poor health. Moreover, housing and homelessness were top concerns among community focus group participants.
<b>9. Dementia &amp; Alzheimer's Disease</b>	Alzheimer's disease and dementia impact older adults and the rates of these conditions are expected to rise along with the proportion of the older adult population in Santa Clara County. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses.
<b>10. Respiratory Conditions</b>	Respiratory conditions are a health need in Santa Clara County as marked by ethnic, class, and geographic disproportionalities seen in asthma prevalence and hospitalization rates.
<b>11. Learning Disabilities</b>	Learning disabilities are a health need because of the increasing proportion of county public school children who are receiving special education services, which is slightly greater than the state proportion. The community expressed concern about the lack of diagnoses of learning disabilities and special needs, specifically among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).

Health need	What do the data say?
<b>12. Birth Outcomes</b>	Birth outcomes are a health need as marked by the ethnic disparities in rates of low birthweight babies, infant mortality, and the relatively low percentage of women receiving early prenatal care.
<b>13. Sexual Health</b>	Sexual health data in Santa Clara County show ethnic disparities, especially for HIV incidence and births to teen mothers. Also, women are twice as likely as men to contract chlamydia, the most common STI in the county. Community feedback suggests that the health need is perceived as primarily affecting youth, LGBTQ, and single people, which may drive low screening rates for those who think they are low risk. Data show that large proportions of LGBTQ residents have never been tested for STIs. The LGBTQ community cited fear of finding out that they had HIV or AIDs and a lack of time as reasons they had not been tested.
<b>14. Unintended Injuries</b>	Unintended injuries are a concern in Santa Clara County because of rates of deaths due to falls and adult drownings in the overall population are higher than Healthy People (HP) 2020 targets. Death rates due to pedestrian accidents in the KFH-SJ service area exceed the HP2020 target. In addition, rates for some ethnic/racial groups exceed Healthy People 2020 targets in some injury categories. The community indicated that the older adult population has issues related to frailty and higher susceptibility for accidents and falls.

C. Summary of Needs Assessment Methodology and Process

In November 2015, health needs were identified by synthesizing primary qualitative research and secondary data, and then filtering those needs against a set of criteria described in Section VI. After the full set of community health needs were identified for the Coalition, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. Finally, the representatives from the KP-San Mateo area and KP-South Bay area prioritized the needs using a second set of criteria. The results of the prioritization are included in Section VI-B.

**II. INTRODUCTION/BACKGROUND**

A. About Kaiser Permanente (KP)

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

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

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical

Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

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

## B. About Kaiser Permanente Community Benefit

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

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

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

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

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

The CHNA report must document how the assessment was done, including the community served, who was involved in the assessment, the process and methods used to conduct the assessment, and the community's health needs that were identified and prioritized as a result of the assessment. The report also includes a description of implemented strategies identified in the previous implementation strategy report. The 2016 CHNA meets both state (SB697) and federal (ACA) requirements.

## D. The Affordable Care Act (ACA) in California and Santa Clara County

The intent of ACA is to increase number of insured and make it affordable through Medi-Cal expansion and healthcare exchanges implemented by participating states. While the ACA has expanded coverage to care for many people and families, there still exists a large population of people who remain uninsured as well as those who experience barriers to healthcare, including costs of healthcare premiums and services and getting access to timely, coordinated, and culturally appropriate services.

The federal definition of community health needs includes the social determinants of health in addition to morbidity and mortality. This broad definition of health needs is indicative of the wider focus on both upstream and downstream factors that contribute to health. Such an expanded view presents opportunities for nonprofit hospitals to look beyond immediate presenting factors to identify and take action on the larger constellation of influences on health, including the social determinants of health. In addition to providing a national set of standards and definitions related to community health needs, the ACA has had an impact on upstream factors. For example, ACA created more incentives for health care providers to focus on prevention of disease by including lower or no co-payments for preventative screenings. Also, funding has been established to support community-based primary and secondary prevention efforts.

### **State and County Context**

The last CHNA report conducted was in 2013, before the full implementation of the Affordable Care Act (ACA). Healthcare access was a top concern for the community and nonprofit hospitals and remains so in 2016.

Following the institution of the ACA in January 2014, Medi-Cal was expanded in California to low-income adults who were not previously eligible for coverage. Specifically, non-disabled adults now qualify based on their incomes alone if they earn less than 138% of the federal poverty level (\$15,856 annually for an individual).<sup>2</sup> In 2014, Covered California, a State Health Benefit Exchange, was created to provide a marketplace for healthcare coverage for any Californian. Americans and legal residents with incomes between 138% and 400% of the federal poverty level can benefit from subsidized premiums through the exchange.<sup>3</sup>

Between 2013 and 2014 there was a 12% drop in the number of uninsured Californians aged 18-64 years old (from 16% to 12%) according to data cited by the California Healthcare Foundation.<sup>4</sup> In a March 2015 memo to the Secretary of the California Health and Human Services Agency in support of the Medi-Cal 2020 Waiver Renewal, the County of Santa Clara Board of Supervisors reported that approximately 150,000 Santa Clara County residents remained uninsured, and that over 20,000 people had been enrolled in the Low-Income Health Program under the “Bridge to Reform” Waiver (who were subsequently enrolled in Medi-Cal upon expansion).<sup>5</sup>

Although 2014 survey data are informative in understanding initial changes in healthcare access, a clearer picture on what healthcare access looks like will be forthcoming in future CHNA reports. While health care access is important in achieving health, a broader view takes into consideration the influence of other factors including income, education, and where a person lives. These factors are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices. These underlying social and economic factors cluster and accumulate over one’s life, and influence health inequities across different populations

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<sup>2</sup> In addition to disabled adults, non-disabled adults who qualified before ACA included those who qualified for CalWORKS; Supplemental Security Income and State Supplemental Program (SSI/SSP); Entrant or Refugee Cash Assistance (ECA or RCA); In-Home Supportive Services (IHSS); or Foster Care or Adoption Assistance Program.

<sup>3</sup> <http://www.healthforcalifornia.com/covered-california>

<sup>4</sup> California Healthcare Foundation. *Fresh Data on ACA 411 Show Impacts of Health Reform*. Retrieved Nov. 1, 2015 from <http://www.chcf.org/articles/2015/08/fresh-data-aca-411>

<sup>5</sup> County of Santa Clara Board of Supervisors, [http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/SCC\\_Letter.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/SCC_Letter.pdf)

and places.<sup>6</sup> According to the Robert Wood Johnson Foundation's approach of what creates good health, health outcomes are largely shaped by social and economic factors (40%), followed by health behaviors (30%), clinical care (20%) and the physical environment (10%).<sup>7</sup> In order to address the bigger picture of what creates good health, health care systems are increasingly extending beyond the walls of medical offices to the places where people live, learn, work, and play.

#### E. Kaiser Permanente's Approach to Community Health Needs Assessment

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

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews and focus groups. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

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

In conjunction with this report, KFH-San José will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, [www.kp.org/chna](http://www.kp.org/chna).

### III. COMMUNITY SERVED

#### A. Kaiser Permanente's Definition of Community Served

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

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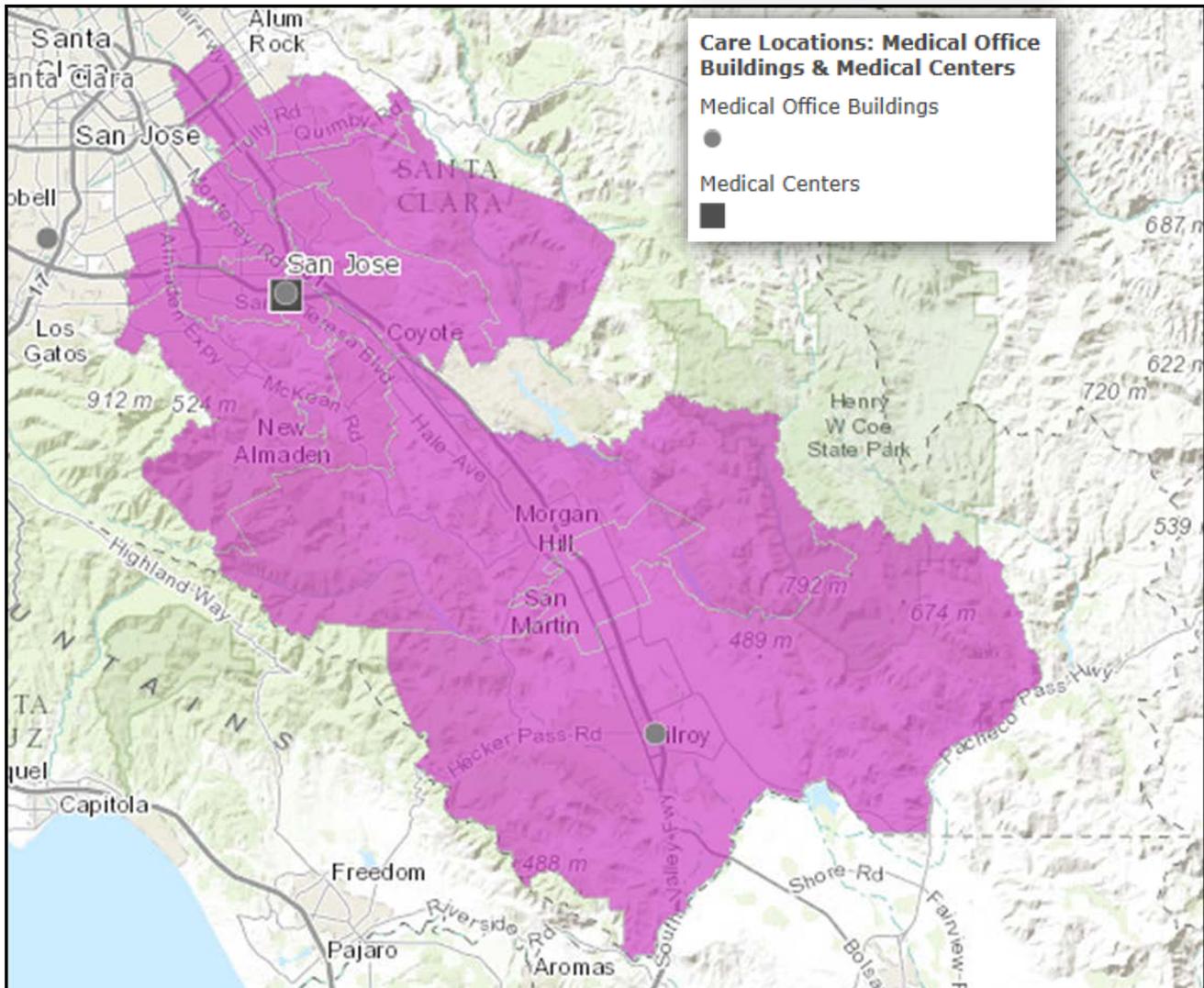
<sup>6</sup> Santa Clara County Public Health Department, *2014 Santa Clara County Community Health Assessment*.

<sup>7</sup> University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps*. Web. January 2016.

B. Map and Description of Community Served

i. Map of KFH-San José service area

**KFH-San José Service Area Map**



ii. Geographic description of the community served

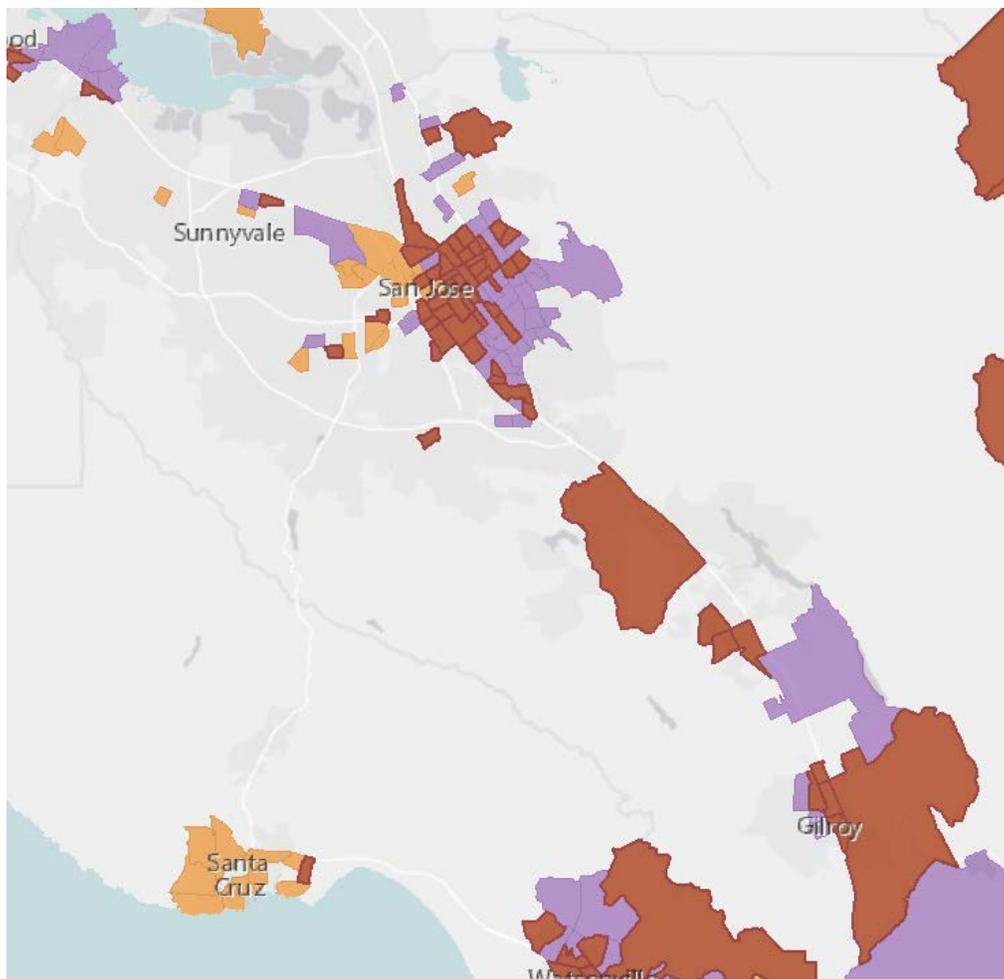
The KFH-San José service area comprises roughly the southern half of Santa Clara County. Major cities in this area include Gilroy, Morgan Hill, and parts of San José.

iv. Demographic profile of community served

KFH San Jose Demographic Data	
Total Population	604,427
White	50.37%
Black	2.77%
Asian	28.87%
Native American/ Alaskan Native	0.66%
Pacific Islander/ Native Hawaiian	0.44%
Some Other Race	12.18%
Multiple Races	4.71%
Hispanic/Latino	38.01%

KFH San Jose Socio-economic Data	
Living in Poverty (<200% FPL)	27.76%
Children in Poverty	15.56%
Unemployed	5.8%
Uninsured	12.86%
No High School Diploma	19.7%

**Santa Clara County Vulnerability Footprint**



#### IV. WHO WAS INVOLVED IN THE ASSESSMENT

##### A. Identity of Hospitals That Collaborated on the Assessment

Santa Clara County Community Benefit Coalition (“the Coalition”) members contracted with Applied Survey Research to conduct the Community Health Needs Assessment in 2016. The Coalition is comprised of the following hospitals:

##### **Collaborative Hospital Partners**

- El Camino Hospital
- Kaiser Permanente South Bay (Santa Clara and San José Kaiser Foundation Hospitals)
- Lucile Packard Children’s Hospital Stanford
- O’Connor Hospital
- Stanford Health Care
- Saint Louise Regional Hospital
- Santa Clara County Public Health Department
- Sutter Health

The Santa Clara County Community Benefit Coalition (“the Coalition”)<sup>8</sup> is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern & Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition worked together to fulfill the primary and secondary data requirements of the CHNA. This allowed non-profit hospitals in the area to take advantage of economies of scale and to avoid overburdening the community with multiple requests for information.

Based on community input and secondary data, KFH South Bay Area (representing both KFH-San José and KFH-Santa Clara) worked as part of the Coalition to understand health needs in their shared service areas. Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were identified, representatives of the KP-San Mateo and KP-South Bay areas grouped certain health needs where possible strategies would overlap to reduce the size of the list. Finally, the representatives from the two areas prioritized the list of health needs via a multiple-criteria scoring system.

##### B. Other Partner Organizations That Collaborated on the Assessment

The Coalition includes partners representing the Santa Clara County Public Health Department, the Hospital Council of Northern & Central California, and the Palo Alto Medical Foundation (PAMF).

##### C. Identity and Qualifications of Consultants Used to Conduct the Assessment

The community health needs assessment was completed by Applied Survey Research (ASR), a nonprofit social research firm. For this assessment ASR conducted primary research, collected secondary data, synthesized primary and secondary data, facilitated the process of identification of community health needs and assets and of prioritization of community health needs, and documented the process and findings into a report.

ASR was uniquely suited to provide the Hospitals with consulting services relevant to conducting the CHNA. The team that participated in the work – Dr. Jennifer van Stelle, Angie Aguirre, Chandrika Rao, Melanie Espino, Kristin Ko, Emmeline Taylor, Paige Combs, and sub-contractor

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<sup>8</sup> The members of the Coalition are listed in the Acknowledgements section on page ii of this report.

Nancy Ducos – brought together diverse, complementary skill sets and various schools of thought (public health, anthropology, sociology, psychology, and education).

In addition to their research and academic credentials, the ASR team has a 35-year history of working with vulnerable and underserved populations including young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and child maltreatment, the homeless, and children and families with disabilities.

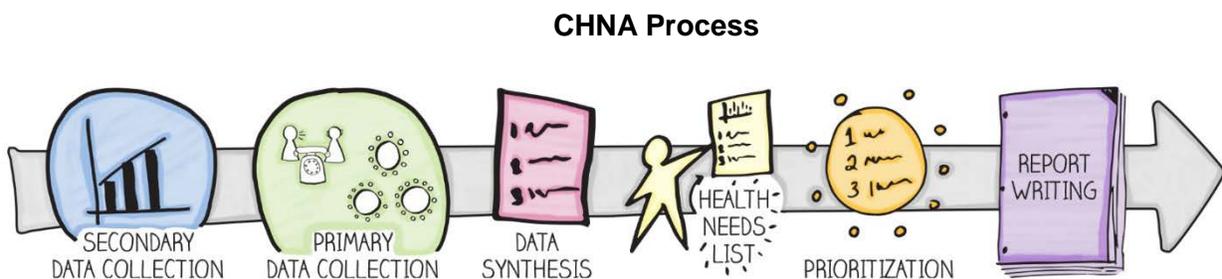
ASR's expertise in community assessments is well-recognized. ASR won a first place award in 2007 for having the best community assessment project in the country. They accomplish successful assessments by using mixed research methods to help understand the needs in question and by putting the research into action through designing and facilitating strategic planning efforts with stakeholders.

Communities recently assessed by ASR include Arizona (six regions), Alaska (three regions), the San Francisco Bay Area including San Mateo, Santa Clara, Alameda, Contra Costa, Santa Cruz, and Monterey Counties, San Luis Obispo County, the Central Valley area including Stanislaus and San Joaquin Counties, Marin County, Nevada County, Pajaro Valley, and Solano and Napa Counties.

## V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

In 2013, the Coalition, including our hospital, identified community health needs in a process that met the IRS requirements of the CHNA. During this first CHNA study, the research focused on identifying health conditions, and secondarily the drivers of those conditions (including healthcare access). In the 2016 study, the Coalition, again including our hospital, built upon this work by using a combined list of identified needs from 2013 to ask about any additional important community needs, and delving deeper into questions about healthcare access, drivers of prioritized health needs and barriers to health, and solutions to the prioritized health needs. We also specifically sought to understand how the Affordable Care Act implementation impacted residents' access to healthcare, including affordability of care.

As described above, KFH-San José worked in collaboration with the Coalition to fulfill the primary and secondary data requirements of the CHNA. The CHNA data collection process took place over seven months and culminated in a written CHNA report in spring of 2016.



### A. Secondary Data

#### i. Sources and dates of secondary data used in the assessment

KFH-San José used the Kaiser Permanente CHNA Data Platform ([www.chna.org/kp](http://www.chna.org/kp)) to review over 150 indicators from publically available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available.

Data from the UCLA data platform for the California Health Interview Survey (AskCHIS), and other online sources were also collected. In addition, ASR collected data from multiple Santa Clara County Public Health Department sources:

- 2014 Santa Clara County Community Health Assessment
- Behavioral Risk Factors Survey (BRFS) Quick Facts 2014
- Status of African/African Ancestry Health: Santa Clara County, 2014
- Status of LGBTQ Health: Santa Clara County, 2013
- Status of Vietnamese Health: Santa Clara County, 2011
- HIV/AIDS Epidemic in Santa Clara County, 2012

For details on specific sources and dates of the data used, please see Appendix B.

ii. Methodology for collection, interpretation and analysis of secondary data

ASR used a spreadsheet to list indicator data. Data were collected primarily through the KP CHNA Data Platform ([www.chna.org/kp](http://www.chna.org/kp)) and public health department reports. (See Appendix B for a list of indicators on which data were gathered.) ASR retained the health need categories used in the Kaiser Permanente CHNA data platform export file (rubric) and integrated data indicators from other sources into the rubric.

ASR compared secondary data indicators to Healthy People 2020 targets and state averages/proportions in order to assess whether the indicators perform poorly against these benchmarks. Also, indicator data for racial/ethnic subgroups were reviewed in order to ascertain whether there are disparate outcomes and conditions for people in the community. Where possible, ASR used KFH-San Jose service area data. If data were not available for this area, county data were used.

ASR presented this data and analysis of which indicators failed the benchmarks to the Hospitals. The Hospitals decided to retain health needs for which at least one data indicator performed poorly against a benchmark and later applied other criteria.

B. Community Input

i. Description of the community input process

The Coalition contracted with Applied Survey Research (ASR) to conduct the primary research. Community input was provided by a broad range of community members through the use of key informant interviews, focus groups and surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix D.

In all, ASR gathered community input from 162 individuals through a survey, focus groups, and individual interviews.

# 162 Community Members

122 Professionals  
(5 focus groups,  
5 interviews, 49  
surveys)

40 Non-professional Residents  
(5 focus groups)

In all, ASR solicited input from over 120 community leaders and representatives of various organizations and sectors. These representatives either work in the health field or improve health conditions by serving those from the target populations. Multiple community leaders participated from each of these types of agencies:

- Santa Clara County Public Health Department and Behavioral Health Services
- Santa Clara Valley Medical Center (County) clinics
- Hospitals and healthcare systems
- Health insurance providers
- Mental/behavioral health or violence prevention providers
- School systems
- Nonprofit community-based organizations serving children, youth, seniors, parents, immigrants, those experiencing homelessness, and those suffering from dementia, mental health and substance use disorders

Many of these leaders and representatives participated in key informant interviews or focus groups, and others participated in an online survey (described below). See Appendix D for the list of the organizations that participated in the CHNA, along with their expertise and mode of consultation (focus group or key informant interview).

## a. Community Leader Survey

ASR invited 65 community leaders with expertise in serving the community to participate in an online survey in July 2015. The survey asked participants to rank a list of health needs in Santa Clara County and invited them to add other needs to the list. There were 49 responses to the survey which reflected a range of expertise. Participants' organizations included behavioral health agencies, agencies that help families with basic needs, school systems, and other nonprofits. The results of the survey were combined with input gathered through focus groups and key informant interviews to determine the community's priorities. Participants also contributed information about the current assets and resources available to meet health needs, which was incorporated into the information found in Appendix G.

## b. Health Expert Key Informant Interviews

Between April and June 2015, ASR conducted primary research via key informant interviews with five Santa Clara County experts from various organizations in the health sector. Experts were interviewed in person or by telephone for approximately one hour. Informants were asked to identify the top needs of their constituencies, to give their perceptions about how access to healthcare has changed in the post-Affordable Care Act environment, to explain which barriers to good health or

addressing health needs exist, and to share which solutions may improve health (including existing resources and policy changes).

### Details of Key Informant Interviews

Agency	Expertise	Date
Santa Clara County Dental Society	Oral health	4/30/15
Community Health Partnership	Un/Underinsured	5/8/15
Pediatric Healthy Lifestyle Center (Sunnyvale)	Pediatric diabetes	5/13/15
Santa Clara County Public Health	Public health	5/21/15
School Health Clinics of Santa Clara County	Child health including immigrants	6/5/15

#### c. Stakeholder Focus Groups

Five focus groups with stakeholders were conducted between April and September 2015. The discussion centered around four questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs, including policies, programs, etc.

### Details of Focus Groups with Professionals

Focus	Focus Group Host/Partner	Date	Number of Participants
Homeless	Destination Home	4/28/15	24
Medically underserved	Community Health Partnership	5/15/15	8
Older adults	Alzheimer's Association	5/19/15	10
Mental health/Substance use	Behavioral Health Contractors' Association of Santa Clara County	5/28/15	12
South County	Community Solutions	9/18/15	14

Please see Appendix D for a full list of community leaders/stakeholders consulted and their credentials.

#### d. Resident Input

Resident focus groups were conducted between April and October 2015. The discussion centered around four sets of questions, which were modified appropriately for the audience. The discussion included questions about the community's top health needs, the drivers of those needs, the community's experience of health care access and barriers thereto, and assets and resources that exist or are needed to address the community's top health needs.

To provide a voice to the community they serve in Santa Clara County, the Coalition targeted participants who were medically underserved, in poverty, and/or socially or

linguistically isolated. Five focus groups were held with community members, three of which were conducted in languages other than English. These resident groups were planned in various geographic locations around the county. Residents were recruited by nonprofit hosts, such as the Community Health Partnership, which serves uninsured residents.

### Details of Focus Groups with Residents

Population Focus	Focus Group Host/Partner	Date	Number of Participants
Family caregivers of older adults	Family Caregiver Alliance (Avenidas, Palo Alto)	4/16/15	4
New and pregnant mothers (conducted in Spanish)	Columbia Neighborhood Center (Sunnyvale)	5/5/15	6
High school youth	Los Altos High School (Los Altos)	5/12/15	12
Spanish-speaking medically underserved (conducted in Spanish)	Community Health Partnership (San José)	5/13/15	8
Vietnamese adults (conducted in Vietnamese)	Asian Americans for Community Involvement (San José)	10/4/15	10

Forty community members participated in the focus group discussions across the county. Most participants completed an anonymous demographic survey, the results of which are reflected below.

- 63% of participants were Hispanic/Latino. 25% were Vietnamese, 10% were White, and 3% reported an “other” race.
- Vietnamese participants’ ages ranged from 34 to 81 years, with the average being 59 years. 40% of other participants (12) were under 20 years old, and 13% were 65 years or older.
- 13% (5) were uninsured, while 82% had benefits through Medi-Cal, Medicare or Health Kids/Healthy Families public health insurance programs. 5% had private insurance.
- Residents lived in multiple areas of the county: Mountain View (12), San José (4), Sunnyvale (5), Palo Alto (3), and one each in Santa Clara, and Menlo Park.<sup>9</sup>
- 68% of those who responded<sup>9</sup> reported having an annual household income of under \$45,000 per year which is below the 2014 California Self-Sufficiency Standard<sup>10</sup> for Santa Clara for two adults with no children (\$45,802). The majority (64%) earned under \$25,000 per year, which is below federal poverty level for a family of four. This demonstrates a high level of need among participants in an area where the cost of living is extremely high compared to other areas of California.<sup>10</sup>

<sup>9</sup> Demographic does not include Vietnamese residents.

<sup>10</sup> The Insight Center for Community Economic Development Self-Sufficiency Standard Tool. Web. July 2015.

ii. Methodology for collection and interpretation

Each group and interview was recorded and summarized as a stand-alone piece of data. When all groups had been conducted, the team used qualitative research software tools to analyze the information. ASR then tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in key informant interviews. This tabulation was used in part to assess community health priorities.

See Appendix F for key informant interview and focus group protocols.

C. Written Comments

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

As of the time of this CHNA report development, our hospital had not received written comments about previous CHNA reports. KFH-San José will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate hospital staff.

D. Data Limitations and Information Gaps

The KP CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. ASR gathered additional statistical data from county public health reports. For a complete list of secondary data sources and indicators, see Appendix A and Appendix B. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

ASR and the Coalition were limited in their ability to fully assess some of the identified community health needs due to a lack of secondary data. Such limitations included:

- Oral/dental health
- Adult use of illegal drugs and misuse/abuse of prescription medications
- E-cigarette use
- Alzheimer's disease and dementia diagnoses
- Mental health disorders
- Bullying
- Suicide among LGBTQ youth
- Ethnic subgroups affected by Hepatitis B
- Diabetes among children
- Breastfeeding practices at home.
- Community violence (especially officer-involved shootings)
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in survey data)

Another limitation is related to the local and national Behavioral Risk Factor Surveillance System (BRFSS). In 2011 BRFSS data collection, structure, and weighting methodology changed to allow the addition of data collection by cellular telephones. Because the CDC changed the methods for the BRFSS, trend comparisons for both national and locally implemented BRFSS surveys (such as the 2014 Santa Clara County Public Health Department BRFSS) are not feasible.<sup>11</sup>

## VI. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY’S HEALTH NEEDS

### A. Identifying Community Health Needs

#### i. Definition of “health need”

For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Other definitions of terms used in the report are as follows:

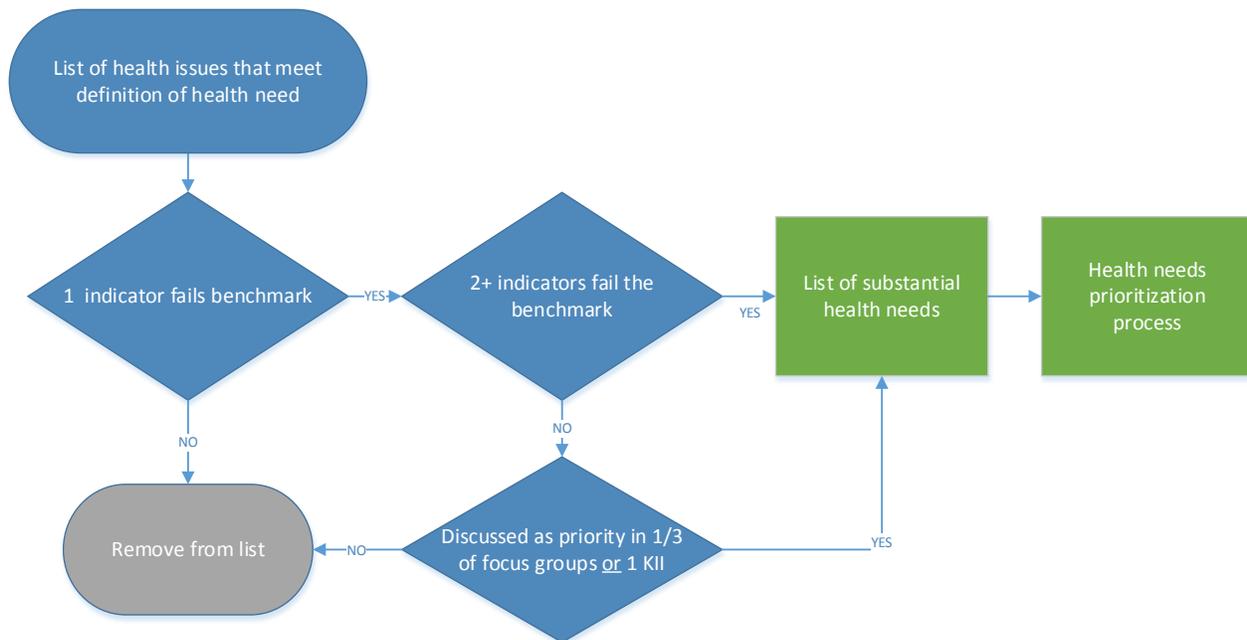
Definition	Example(s)
<b>Health outcome:</b> A snapshot of diseases in a community that can be described in terms of both morbidity (quality of life) and mortality	Diabetes prevalence Diabetes mortality
<b>Health condition:</b> A disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome	Diabetes
<b>Health driver:</b> A behavioral, environmental, or clinical care factor, or a more upstream social or economic factor that impacts health	Poor nutrition Lack of screenings / diabetes management Access to healthy foods Access to fast food
<b>Health indicator:</b> A characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly)	Percent of population with inadequate fruit and vegetable consumption Percent of population with blood sugar tests

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

To identify the community’s health needs, ASR and the Coalition gathered data on 150+ health indicators and gathered community input. (See Section V-A and V-B for details.) Following data collection, ASR followed the process shown in the diagram below to identify which health needs were significant.

### KFH-San José Health Needs Identification Process

<sup>11</sup> Behavioral Risk Factor Surveillance System (BRFSS): Comparability of Data BRFSS 2013. Centers for Disease Control and Prevention. Web. October 2015.



A total of 14 health conditions or drivers fit all criteria and were retained as community health needs. The list of needs, in priority order, is described later in the report.

## B. Process and Criteria Used for Prioritization of the Health Needs

The Coalition (which includes hospital representatives and public health experts) met to discuss the health needs and their impact on the community. Because the ultimate intention of the CHNA is to identify strategies to meet the needs, after the full set of community health needs were reviewed, representatives of the KP-San Mateo and KP-South Bay areas grouped certain needs where possible strategies would overlap to reduce the size of the list. Before beginning the prioritization process, Coalition members representing KP-San Mateo and KP-South Bay areas chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Prevention opportunity:** The health outcome may be improved by providing prevention or early intervention strategies.
- **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern during the CHNA primary data collection process. ASR rated this criterion based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

KP-South Bay and KP-San Mateo representatives then rated each of the health needs on each of the first three prioritization criteria during an in-person meeting in November of 2015. ASR assigned ratings to the fourth criterion based on how many key informants and focus groups prioritized the health need.

**Scoring Criteria 1-3:** The score levels for the prioritization criteria were:

- 3: Strongly meets criteria, or is of great concern

- 2: Meets criteria, or is of some concern
- 1: Does not meet criteria, or is not of concern

A survey was then created, listing each of the health needs in alphabetical order and offering the three prioritization criteria for rating. Group members rated each of the health needs on each of the three prioritization criteria during an in-person meeting in November 2015. ASR assigned ratings to the fourth criterion based on how many key informants and focus groups prioritized the health need.

**Combining the Scores:** For each of the first three criteria, group members' ratings were combined and averaged to obtain a combined score. Then, the mean was calculated based on the four criteria scores for an overall prioritization score for each health need

**List of Prioritized Needs:** The prioritization scores for each health need ranged between 1.00 and 3.00 on a scale of 1-3 with 1 being the lowest priority possible and 3 being the highest priority possible. The health needs are rank-ordered by prioritization score in the table below. The specific scores for each of the four criteria used to generate the overall community health needs prioritization scores may be viewed in Appendix E.

**Ranked List of Prioritized Needs**

Rank	KFH-San José Health Need	Overall Average Priority Score
1	Healthcare Access & Delivery	3.00
1	Behavioral Health	3.00
1	Healthy Eating/Active Living	3.00
1	Violence & Abuse	3.00
5	Cancer	2.75
6	Cardiovascular (heart & stroke)	2.50
6	Communicable Diseases (non-STIs)	2.50
8	Economic Security	2.25
9	Dementia & Alzheimer's Disease	1.75
9	Respiratory Conditions	1.75
11	Learning Disabilities	1.67
12	Birth Outcomes	1.63
12	Sexual Health	1.63
14	Unintended Injuries	1.00

### C. Prioritized Description of All the Community Health Needs Identified Through the CHNA

- 1. Healthcare access & delivery** is a health need in Santa Clara County as demonstrated by the proportion of Latinos who are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost. The community input indicates that healthcare access is a top priority; specifically, affordability of insurance is an issue for those who do not qualify for Covered California subsidies. The lack of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community also lacks health system literacy and is in need of patient navigators and advocates (especially immigrants). Access to healthcare for those experiencing homelessness was a concern of the community, especially behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care. The LGBTQ and Black communities cited a lack of culturally competent providers as an access barrier. In addition, there is a considerable minority who are linguistically isolated in the county, which also impacts health healthcare access. With regards to access to oral health specifically, nearly two-thirds of adults lack dental insurance and lack of access to dental care was a concern of the community. Specifically, they were concerned about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have it.
- 2. Behavioral health** was prioritized as a top need of the community. This need includes mental health, well-being (such as depression and anxiety), substance use/abuse, and tobacco use. Many adults in the county report having poor mental health, especially those who are LGBTQ. The community discussed the stigma that persists for those who experience mental illness. They also expressed concern about older adults, LGBTQ residents, and those of particular ethnic cultures. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. The community is concerned with the documented high rates of youth marijuana use and concerned about rising youth methamphetamine use. While tobacco use in Santa Clara County is less prevalent than in California overall, data suggest that groups who are disproportionately more likely to smoke include men and Blacks. Specifically among men, Vietnamese and Filipinos are more likely to smoke than men of other ethnicities. Moreover, Latino and Black adolescents are disproportionately more likely to smoke than teens overall. Smoking among both these groups as well as Asian and Pacific Islander youth rose in the past five years. With regards to alcohol, household expenditures are slightly higher in the KFH-San José service area than the state overall.
- 3. Obesity, diabetes, and healthy eating/active living** are related health conditions that are a health need as marked by the proportion of obese children younger than six, which is higher than the state and Healthy People 2020 targets. Santa Clara County's Latino and Black adolescents are more likely to be overweight and obese, and these rates fail Healthy People 2020 targets. While overall adult obesity is less grave in the county than in the state, Latino and Black adult obesity rates fail Healthy People 2020 targets. While adult diabetes rates in Santa Clara County are no worse than in California, there was a perception in the community that childhood diabetes diagnoses are increasing (which could not be confirmed with extant data). The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption and high soda consumption, as well as environmental factors of proximity of fast food establishments, a lack of grocery stores, and a lack of WIC-authorized food sources (all of which are worse in the county than in the state overall).
- 4. Violence & abuse** is a health need in Santa Clara County as marked by ethnic disparities in adult homicide mortality and domestic violence deaths. The rate of rape is no better than the state average. The majority of youth (of every race/ethnicity) reported having been victims

bullying at school. Rates of school suspensions and expulsions are higher in the KFH-San José service area than Santa Clara County and the state. The community expressed concern about bullying and indicated that the populations most vulnerable to violence and abuse include homeless women and youth, and immigrant children who experience physical and mental trauma during their journey to the U.S. Community input from the 2013 CHNA indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, poor family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims. These community members also suggested that violence is underreported by victims, possibly due to stigma and/or cultural norms.

5. **Cancer** is the leading cause of death in Santa Clara County. Data show that incidence rates of prostate and colorectal cancer are higher than Healthy People 2020 targets. Breast and cervical cancers disproportionately affect Whites; lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer. Blacks have higher overall cancer mortality rates compared with other groups. Hepatitis B, a driver of liver cancer, is higher in Santa Clara County compared to the state. Asian and Pacific Islander residents are more likely to have Hepatitis B and are therefore at higher risk of liver cancer. In addition, public health experts expressed concern about youth tobacco use (as smoking has also been shown to have an impact on various types of cancer).
6. **Cardiovascular diseases (including heart disease and stroke)** are responsible for 26% of deaths in Santa Clara County. Whites and Blacks have higher rates of heart disease deaths than the county overall, and Pacific Islanders have a higher rate of stroke death than the county overall. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California overall, there are more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores in Santa Clara County. Cardiovascular diseases are driven by high blood pressure and hypertension, which impact many county residents. Older residents and men are more likely to be diagnosed with both conditions. Whites have higher blood cholesterol and blood pressure than the county overall. Blacks have the highest rates of high blood pressure, and multiracial residents also have higher rates of high blood pressure than the county overall. The rate of heart disease deaths is the worst in Gilroy.
7. **Communicable diseases** (not including sexually transmitted infections) are a health need in Santa Clara County as evidenced by high rates of Hepatitis B (which is worse than the state) and tuberculosis (which fails to meet the Healthy People 2020 target). Ethnic disparities are also seen in tuberculosis rates, with the rate for Asian and Pacific Islanders more than double that of the county overall. Specifically, Vietnamese residents comprise a large proportion of all tuberculosis cases. The community expressed concern about the lack of screenings for these diseases, especially among Asian immigrants who come from countries where TB is more common than in the U.S. In addition, professionals cited the lack of referrals and follow-up with patients who are diagnosed with TB and/or Hepatitis B. Also, influenza and pneumonia combined are the eighth leading cause of death in Santa Clara County.
8. **Economic security** is a need in Santa Clara County because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. By these measures, Latinos, American Natives, and Blacks have worse economic security than their White counterparts and Californians overall. The community expressed concern that income inequality and the wage gap contribute towards poor health outcomes. Residents and professionals alike stated that financial stress about the cost of housing, food, and healthcare is a driver of poor health. With regards to housing, data on the cost of rent and median home values indicate that Santa Clara County is one of the most expensive places to live throughout California, and that Black and Latino mortgage holders spend a greater percentage of household income on

housing than their White counterparts. When the lack of sufficient housing leads to homelessness, residents are at even greater risk for communicable diseases, malnutrition, and other health problems. Homelessness has increased in Gilroy, Mountain View, and Palo Alto. Housing and homelessness were top concerns among community focus group participants.

9. **Alzheimer's disease & dementia** are health needs in Santa Clara County as evidenced by Alzheimer's disease being the seventh leading cause of death in 2013. The age-adjusted death rate of Alzheimer's disease in Santa Clara County in 2011 was considerably higher than California. In the next 10 years, nearly one in five local residents will be 65 years or older, which puts the population at higher risk for dementia and Alzheimer's disease.<sup>12</sup> Also, the county population is slightly older than the state overall. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses. There is a lack of countywide data on the prevalence of dementia and Alzheimer's disease, which is a concern given the increasing proportion of older adults.
10. **Respiratory conditions** are a health need in Santa Clara County as marked by disproportionality among non-Whites who have been diagnosed with asthma. Specifically, Blacks and multiracial adults have a higher prevalence of asthma. Also, those earning between \$50,000 and \$75,000 have higher rates of asthma than counterparts earning higher incomes. Although there are lower asthma hospitalization rates in Santa Clara County compared with California, there are ethnic and geographical disparities. Blacks are twice as likely as Whites to be hospitalized for asthma, as are those living in East San José, North San José (95134 zip code), and Palo Alto (94303). The health need is likely being impacted by health behaviors such as percentage of youth smoking and by issues in the physical environment such as air quality levels. Also, asthma is associated with obesity<sup>13</sup>, which is a problem for Santa Clara County children.
11. **Learning disabilities** including attention deficit disorder (ADD), attention deficit-hyperactivity disorder (ADHD), and autism are a health needs because of the increasing proportion of county public school children who are receiving special education services, which is slightly greater than the state proportion. Learning disabilities are the most common type of disability among those receiving special education. Children with ADHD are at increased risk for antisocial disorders, drug abuse, and other risky behaviors. While data are lacking about the prevalence of specific learning disabilities, the community expressed concern about the lack of diagnoses of learning disabilities and special needs, specifically among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).
12. **Birth outcomes** are a health need in Santa Clara County, as marked by the percentage of low birthweight babies, which is no better than the state average, though below Healthy People 2020 targets. Blacks are disproportionately affected, with a higher percentage of low birthweight babies than the Healthy People 2020 target. The problem of low birthweight is worst in Alviso, parts of Milpitas, Sunnyvale, and Gilroy. While infant mortality is not a concern countywide, some subgroups (e.g., Black infants) are disproportionately affected. The health need is likely being impacted by certain social determinants of health (such as food insecurity being experienced by pregnant mothers) and by the percentage of women receiving early prenatal care. On a countywide level, the percentage of women who receive early prenatal care is worse than California overall, with Blacks having the lowest rates in comparison to other ethnic groups.

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<sup>12</sup> Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

<sup>13</sup> Delgado J, Barranco P, & Quirce S. (2008). Obesity and asthma. *Journal of Investigational Allergology & Clinical Immunology*, 18(6): 420-5.

13. **Sexual health** is a health need in Santa Clara County as demonstrated by high incidence rates of HIV among Black and Latino men, as well as male primary and secondary syphilis incidence rates, which are higher than those in California. Women are twice as likely to contract chlamydia, the most common sexually transmitted infection (STI) in Santa Clara County. The health need is likely being impacted by low screening rates for HIV (countywide, the percentage of teens and adults ever screened for HIV is lower than the state average). Community feedback suggests that the health need is perceived as primarily affecting youth, LGBTQ, and single people, which may drive low screening rates for those who think they are low risk. Data show that large proportions of LGBTQ residents have never been tested for STIs. The LGBTQ community cited fear of finding out that they had HIV or AIDs and a lack of time as reasons they had not been tested. Regarding teen births, over time the teen birth rate has been declining in the county, but teen births to Latina mothers are six times higher than those to White mothers.
14. **Unintended injuries** includes falls, drownings, and pedestrian and motor vehicle accidents. Santa Clara County data show high rates of deaths due to falls (especially for older adults) and high rates of adult drownings in the overall population, exceeding Healthy People 2020 targets. Death rates due to pedestrian accidents in the KFH-San José service area exceed the HP2020 target. In addition, in other injury categories rates for certain ethnic populations are higher than Healthy People 2020 targets. For example, Latino and Asian residents are more likely to die due to pedestrian accidents, and a higher proportion of Black deaths are due to “all unintentional injuries” than in the county overall. The community indicated that the older adult population has issues related to frailty and higher susceptibility for accidents and falls.

For further details, please consult the Health Needs Profiles appended to this report as Appendix H.

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

Community resources available to respond to the community health needs are listed in Appendix G.

### VII. KFH-SAN JOSÉ 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

#### A. Purpose of the 2013 Implementation Strategy Evaluation of Impact

KFH-San José’s 2013 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-San José’s Implementation Strategy Report, including the health needs identified in the facility’s 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit (<http://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-San-Jose.pdf>). For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-San José in the 2013 Implementation Strategy Report.

1. Healthy Eating/Active Living (includes Obesity)
2. Behavioral Health (includes Mental Health and Substance Abuse)
3. Violence
4. Access to Healthcare
5. Broader Health System Needs (includes workforce development and robust health data/research)

KFH-San José is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document

the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-San José tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016 KFH-San José had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-San José will continue to monitor impact for strategies implemented in 2016.

## B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- KFH Programs: From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:
  - Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
  - Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
  - Charitable Health Coverage: Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
  - Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
  - Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses

health disparities, and improves effective health care delivery and health outcomes

- **Grantmaking:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH-San José awarded 166 grants totaling \$2,880,760 in service of 2013 health needs. Additionally, KFH in Northern California has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH-San Jose service area. During 2014-2015, a portion of money managed by this foundation was used to award 46 grants totaling \$542,207 in service of 2013 health needs.
- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-San José donated several in-kind resources in service of 2013 Implementation Strategies and health needs. An illustrative list of in-kind resources is provided in each health need section below.
- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-San José engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs. An illustrative list of in-kind resources is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

**PRIORITY HEALTH NEED NEED I: HEALTHY EATING/ACTIVE LIVING**

**Long Term Goal:**

- Increase healthy eating and active living among children, youth, and adults

**Intermediate Goals:**

- Increase the availability of fruits and vegetables in low-income neighborhoods.
- Increase the proportion of people, particularly low-income individuals, who consistently choose healthy food and beverage options.
- Increase access to and availability of options for safe exercise and physical activity.
- Increase the number of low-income people who engage in an active lifestyle.

**Grant Highlights**

**Summary of Impact:** During 2014 and 2015, there were 54 active KFH grants totaling \$712,538 addressing Healthy Eating and Active Living in the KFH-San Jose service area.<sup>14</sup> In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 10 grants totaling \$78,923 that address this need. These grants are denoted by asterisks (\*) in the table below.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
Community Alliance with Family Farmers (CAFF)	\$50,000 in 2015	CAFF helps school food service directors procure local fruits and vegetables, and builds nutrition and agriculture education by helping teachers implement a complementary classroom program, Harvest of the Month.	Six Harvest of the Month trainings were conducted with 121 teachers; 77 classrooms are implementing the program; and five school districts were able to combine their purchasing power and work with CAFF's suppliers to purchase 30% of their produce from local farms.
Second Harvest Food Bank of Santa Clara and San Mateo Counties	\$45,000 over 2 years \$25,000 in 2014 \$20,000 in 2015 (both split with KFH-Santa Clara)	Second Harvest Food Bank identifies low-income CalFresh-eligible individuals and families who are not registered and uses multiple, targeted approaches to increase enrollment and access to healthy food.	During 2014 and 2015, 33,452 individuals were prescreened for CalFresh eligibility; 4,757 applications were submitted to social services for approval and 20 new partners were trained in the prescreening process.
Bay Area Women's Sports Initiative (BAWSI)	\$55,000 over 2 years \$30,000 in 2014 \$25,000 in 2015 (both split with	The BAWSI Girls program offers physical activity programs at low-income schools. The weekly after-school sessions are led by female athletes who inspire young girls to get active and achieve success.	Over 2 years of funding, BAWSI Girls had 959 participants and 100% of those surveyed demonstrated an increase in their physical activity, confidence, and social behaviors. BAWSI Play! engaged 400 students in 12 recess and lunch sessions.

<sup>14</sup> This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although h the grant dollars were paid in 2015.

	KFH-Santa Clara)		
*Playworks	\$95,000 in 2015  This grant impacts eight KFH hospital service areas in Northern California Region.	Supports Junior Coach Leadership Program in 70 low-income elementary schools in 10 Northern California school districts. Fourth and fifth grade students will be trained to support active play at recess, proactively encourage participation by all students, and identify and help resolve conflicts. The goal is an overall decrease in bullying and an increase in cooperation and physical activity among elementary students.	Expected reach is 1,050 individuals; expected outcomes include: <ul style="list-style-type: none"> <li>improved social and emotional learning competencies of participating junior coaches</li> <li>increased physical activity and problem-solving skills among participants</li> <li>increased physical activity at recess leads to decreased physical and verbal conflicts among students</li> </ul>
*The Trust for Public Land	\$100,000 in 2015  This grant impacts six KFH hospital service areas in Northern California Region.	The Trust for Public Land will lead a replicable assessment and planning process to help city government, community partners, and other stakeholders improve the City of Fresno's parks and recreation system. The Trust for Public Land will also provide assistance to Oakland, Sacramento, San Jose, and Stockton.	Expected reach is 135 community leaders and expected outcomes include: <ul style="list-style-type: none"> <li>community and government engagement in Fresno leads to identification of new park projects and potential park renovation sites</li> <li>a local advisory committee of stakeholders, including park managers, health practitioners, and engaged citizens is formed to identify programming and funding opportunities for park improvements</li> <li>tools and resources are provided to help five other Northern California communities identify and develop park resources</li> </ul>

**Collaboration/Partnership Highlights**

<b>Organization/ Collaborative Name</b>	<b>Collaborative/ Partnership Goal</b>	<b>Results to Date</b>
Bay Area Nutrition and Physical Activity Collaborative (BANPAC)	BANPAC is more than 275 health-related agencies working to empower communities to make system and environmental changes that support better nutrition, physical activity, and more access to healthy foods. Kaiser Permanente supports several BANPAC initiatives and annually focuses on ReThink Your Drink, a campaign to increase knowledge of the contribution and role of sugary drinks to obesity and diabetes.	The KFH-San Jose CB team participated in countywide efforts as a lead collaborative partner on ReThink Your Drink. More than 120,000 people received Kaiser Permanente-developed health education booklets that were distributed through a network of safety-net clinics, schools, and community groups. An additional 100,000 residents heard radio public service announcements (co-developed by Kaiser Permanente) that promoted healthy beverages over sugary drinks.
Barrett Elementary School Collaborative	This school-based collaborative consists of service providers at Barrett Elementary who	<ul style="list-style-type: none"> <li>the collaborative planned and held one health fair that served</li> </ul>

	share health and behavioral health resources to support the student body, their families, and the surrounding community.	students and parents and another workshop for parents <ul style="list-style-type: none"> <li>at both events, CB Specialist provided health education materials on reducing screen time and limiting intake of sugar-sweetened beverages.</li> </ul>
Let's Move Salad Bars to Schools Coalition	The coalition aims to create access to healthy food by leveraging funding and resources from Team California for Healthy Kids, Santa Clara County Public Health Department, and other local funders to install salad bars in schools.	CB Manager attended quarterly coalition meetings and the launch event. KFH-San Jose helped fund the salad bar installation. Sixteen salad bars were installed and funds were raised for 43 more to be installed in 2015. The coalition's work to accomplish this important goal earned the County of Santa Clara a bronze medal from National League of Cities, as part of Let's Move Cities, Towns, and Counties. Four media stories (three external and one in a Public Affairs newsletter) were generated.

### In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Alum Rock, Santa Clara, Sunnyvale, Gilroy, Oak Grove, Campbell, Morgan Hill, and Cupertino school districts	Kaiser Permanente Educational Theatre's <i>The Best Me</i> , which inspires children to make healthier choices to be their best, was performed for grade K-8 students and their families. A total of 19 performances were delivered to students, parents, teachers, and administrators in the listed school districts.
Always Dream Foundation (ADF)	The KFH-San Jose CB team delivered messages about reduced screen time and increased play to more than 860 children at ADF's Reading Adventures at Happy Hollow Park and Zoo.
Pomeroy, Goss, Linda Vista, Hughes, and Rosemary elementary schools:	Kaiser Permanente physicians deliver healthy eating messages to students and staff, emphasizing water over sugary beverages; and hand out related collateral. At each of the five schools (totaling more than 2,630 students and staff), one of five physician volunteers gave a presentation that addressed healthy eating habits and the link between sugary beverages and obesity and diabetes. They also led demonstrations about water's benefits. Students received health education booklets and Rethink Your Drink wristbands that encouraged drinking water.

### Impact of Regional Initiatives

#### **Parks Initiative:**

The physical and mental health benefits of experiencing nature and outdoor physical activity are well-documented. Kaiser Permanente's investments in parks focus on increasing access to and use of safe parks and open spaces by low-income, underserved populations that have historically faced significant obstacles in accessing parks. By connecting people to parks, creating infrastructure enhancements in parks, and supporting policies to advance sustainability and improve culturally available services within park departments, we also aim to increase the competencies of local, regional, state, and national parks to effectively engage diverse communities. In addition to our monetary contributions, we are expanding volunteer opportunities in parks for Kaiser Permanente physicians and employees.

**PRIORITY HEALTH NEED II: BEHAVIORAL HEALTH**

**Long Term Goal:**

- Reduce stress and depression among South Bay residents

**Intermediate Goals:**

- Improve self-care and coping skills among youth and adults
- Increase family functioning, especially the practice of positive parenting
- Reduce alcohol and drug use among South Bay youth
- Service providers practice trauma-informed care

**Grant Highlights**

**Summary of Impact:** During 2014 and 2015, there were 16 active KFH grants totaling \$185,978 addressing Behavioral Health in the KFH-San Jose service area.<sup>15</sup> In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 4 grants totaling \$155,595 that address this need. These grants are denoted by asterisks (\*) in the table below.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
Bill Wilson Center	\$50,000 over 2 years  \$25,000 in 2014 & 2015 (even split with KFH-Santa Clara)	Bill Wilson Center's Centre for Living with Dying provides crisis intervention services, broad-based educational programs, and weekly individual/group support services for children, adolescents, and adults who are dealing with a life-threatening illness or the trauma of losing a loved one.	<ul style="list-style-type: none"> <li>• Over two years, the program impacted 214 clients facing life-threatening illness or the trauma of losing a loved one; 94% were able to identify two ways they learned to manage their grief and 86% reported utilizing two healthy coping mechanisms to deal with their loss.</li> </ul>
Community Health Awareness Council (CHAC)	\$60,000 over 2 years  \$30,000 in 2014 & 2015 (even split with KFH-Santa Clara)	CHAC's Prevention Plus: School-Based Interventions for Behavioral Health aims to improve the behavioral/mental health of youth by providing group counseling, psychotherapy, and risk-reduction and resilience-enhancement training.	During 2014 and 2015 the program provided 1,326 children and teens in 10 low-income schools with group and individual counseling sessions. Of these, 83% showed a 20% or more improvement on the Problem-Focused Assessment Scale, and 78% of teens in the program showed a 15% decrease in risky behaviors as shown on the Teen Risk Behavior survey.
*Alum Rock Counseling Center (ARCC)	\$95,000 (even split with KFH-Santa Clara)	A full-time clinician trained in trauma-informed practice will counsel children at Lee Mattson Middle and Cristo Rey San Jose Jesuit High schools who are experiencing or have experienced trauma.	<p>Expected outcomes:</p> <ul style="list-style-type: none"> <li>• 928 students and 80 staff reached</li> <li>• teachers and staff have increased awareness of trauma-informed care on both campuses</li> </ul>

<sup>15</sup> This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

		Teachers/staff will be trained to identify trauma signs and triggers, and learn techniques to de-escalate trauma-induced episodes, self-care, and skills to manage vicarious trauma.	<ul style="list-style-type: none"> <li>improved severity of moods, emotions, and trauma among students who receive counseling</li> <li>to cope with vicarious trauma and to sustain a thriving work force, school staff get information and support about self-care strategies</li> </ul>
*Family & Children Services of Silicon Valley (FCS)	\$95,000	FCS's Healing and Reduction of Teen Trauma (HARTT) project partners with families and schools to empower high-need San Jose teens to recognize the effects of trauma in their lives, discover their strengths, and increase resiliency and social supports. FCS will provide consultation to school personnel to support wellness and safety, minimize re-traumatization, and foster healing.	<p>Expected outcomes:</p> <ul style="list-style-type: none"> <li>5,210 students and 253 staff at five schools reached</li> <li>faculty, staff, and parents/guardians report increased understanding of youth trauma</li> <li>at least 75% of youth who complete counseling report a reduction in trauma symptoms</li> <li>100% of school staff who need additional support get help accessing resources</li> </ul>

### Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Santa Clara County Mental Health Department – School Linked Services (SLS) Collaborative	SLS coordinates academic, behavioral health, and social services provided by schools, public agencies, and community-based organizations throughout Santa Clara County to improve results, enhance accessibility, and support children's success in school and in life.	CB staff participated in the collaborative's bi-monthly leadership and monthly strategic planning meetings. As a result, a service access guide was developed and shared with the 91 schools involved in the Collaborative. One FTE was also hired by the county to provide oversight and support for collaborative efforts. In addition, the number of schools with SLS coordinators increased from 12 to 36.
Rosemary Elementary School Collaborative	This school-based collaborative includes service providers at Rosemary Elementary who share health and behavioral health resources to support the student body, their families, and the surrounding community.	<ul style="list-style-type: none"> <li>the collaborative held one health fair that served students and parents and another resource workshop for parents</li> <li>at both events, CB Specialist provided health education materials on reducing screen time and limiting intake of sugar-sweetened beverages</li> </ul>

### In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Milpitas, Oak Grove, Evergreen, Alum Rock, Gilroy, Franklin-McKinley, Mtn. View-Whisman, Santa Clara,	Kaiser Permanente Educational Theatre's <i>Nightmare on Puberty Street</i> was performed for students in grades 6 to 8, and their parents, teachers and administrators. The production provides tools for building healthy relationships, coping with depression and thoughts of suicide, and communicating about health and social issues with parents. A total of 24 performances were delivered.

Moreland, Campbell, San Jose, Mt. Pleasant, and Sunnyvale school districts	
Spangler Elementary School Family Resource Center	Kaiser Permanente health information resource sheets on managing stress. The resource sheets were distributed to more than 100 families who were participating in programs at the Family Resource Center.
Linda Vista and Ryan elementary schools	Kaiser Permanente health information resource sheets on managing stress and stress reduction kits. To help improve their behavioral health, 63 teachers from both schools received the resource sheets and kits.

### Impact of Regional Initiatives

#### Youth and Trauma Informed Care:

Research has established the connection between childhood trauma and significant, long-term health issues in adulthood. Kaiser Permanente's Youth and Trauma-Informed Care (YTIC) initiative aims to cultivate trauma-informed environments in schools and community-based organizations to prioritize the relationships, trust, safety, and mindful interactions that are essential to helping youth heal from trauma and go on to lead healthy, productive lives. Grantees are supported to increase screening for trauma exposure among youth 12 to 18, provide mental health support and services onsite, strengthen referrals for long-term care, and increase awareness among teachers and staff of trauma signs and symptoms. Teacher and staff training also addresses how to manage their own stress, burnout, and even vicarious trauma and how to minimize the risks of re-traumatizing youth.

### PRIORITY HEALTH NEED III: VIOLENCE PREVENTION

#### Long Term Goals:

- Reduce youth and family violence among South Bay residents
- Improve the safety of public environments where residents go to school, live, and work
- Provide trauma informed and mental health care to youth (at-risk, as well as offenders)

#### Intermediate Goals:

- Improve self-care and coping with stress among youth, without the use of violence
- Improve healthy relationships between family members in terms of engagement and connection
- Create safe environments where children go to school and people live and work
- Mental health service providers practice trauma-informed care

### Grant Highlights

**Summary of Impact:** During 2014 and 2015, there were 37 active KFH grants totaling \$526,378 addressing Violence Prevention in the KFH-San Jose service area.<sup>16</sup> In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 4

<sup>16</sup> This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

grants totaling \$45,426 that address this need. These grants are denoted by asterisks (\*) in the table below.

<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
YMCA of Silicon Valley	\$100,000 over 2 years  \$50,000 in 2014 & 2015 (even split with KFH-Santa Clara)	YMCA's Project Cornerstone empowers students to reduce bullying; teaches adult volunteers about asset-building strategies and trains them to read program-related literature on tolerance and respect to students, and helps families strengthen their understanding of developmental assets through parent workshops.	During 2014 and 2015 4,468 students and 526 adult volunteers were trained in Project Cornerstone programming. 81% of a sample of students reported that they are more likely to give their support to other students being bullied. 87% of parent workshop participants reported making an effort to better support their child and other children in the school.
Rebekah Children's Services (RCS)	\$950,000 over 2 years  \$50,000 in 2014 \$45,000 in 2015 (even split with KFH-Santa Clara)	RCS builds parenting skills through parenting workshops; reduces risk factors for violence and substance abuse through curriculum for children; and trains parents to lead support groups for other families.	Over 2 years, 950 parents and children participated in programming. Of those parents surveyed, 97% reported having gained knowledge about early learning and development, social emotional skills, language and literacy, school preparation, health knowledge, parenting skills, and advocacy.
Girl Scouts of Northern California	\$60,000 over 2 years  \$30,000 in 2014 & 2015 (even split with KFH-Santa Clara)	Got Choices is the Girl Scouts' prevention/intervention program designed to increase protective factors, reduce risk factors, and boost positive decision-making in teen girls who are in or at risk for being in the juvenile justice system.	During 2014 and 2015 Got Choices drew 1,132 teen and tween participants. Of the girls who went through the program and completed a survey, 98% reported being better able to make positive life choices and to set positive future goals for themselves, and 70% indicated that they are better able to identify their anger and express it in a non-violent way.

**Collaboration/Partnership Highlights**

<b>Organization/ Collaborative Name</b>	<b>Collaborative/ Partnership Goal</b>	<b>Results to Date</b>
Watch Me Thrive Campaign Partnership	Watch Me Thrive provides adults with information on how they can provide care and experiences to children to help them reach their full potential and avoid risky behaviors that can be detrimental to their health.	In collaboration with YMCA/Project Cornerstone, KFH-San Jose CB distributed more than 8,000 growth charts to schools and non-profit organizations, and at community events. The chart shows height and corresponding milestones, and provides tips for parents and children on how to build resiliency and resist negative influences.

**In-Kind Resources Highlights**

<b>Recipient</b>	<b>Description of Contribution and Purpose/Goals</b>
Oak Grove, Gilroy, Sunnyvale, Evergreen, Alum Rock, Campbell, Berryessa, Franklin-	Kaiser Permanente Educational Theatre's <i>Peace Signs</i> was performed for students in grades 3 to 6, and their parents, teachers and administrators. The production stresses the importance of preventing violence and presents tools and strategies, including the "Stoplight Solution" model, for resolving conflicts without violence. A total of 7 performances were delivered.

McKinley, San Jose, and Cupertino school districts	
Silicon Valley Creates	KFH-San Jose CB provided awards for a screening of “Make Art, Not War 2” at the San Jose International Short Film Festival. More than 125 youth created videos with anti-bullying messaging and showcased their films before an audience of more than 300 people.

**PRIORITY HEALTH NEED IV: ACCESS TO HEALTH CARE SERVICES**

**Long Term Goal:**

- Increase number of people who have access to appropriate health care services

**Intermediate Goal:**

- Reduce barriers to enrollment and increase health care coverage
- Improve access to culturally competent care
- Reduce workforce shortages

**KFH-Administered Program Highlights**

<b>KFH Program Name</b>	<b>KFH Program Description</b>	<b>Results to Date</b>
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	<ul style="list-style-type: none"> <li>• 2014: 9,925 Medi-Cal members</li> <li>• 2015: 8,351 Medi-Cal members</li> </ul>
Medical Financial Assistance (MFA)	MFA provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	<ul style="list-style-type: none"> <li>• 2014: KFH - Dollars Awarded By Hospital - \$ 3,038,157</li> <li>• 2014: 2,950 applications approved</li> <li>• 2015: KFH - Dollars Awarded By Hospital - \$1,213,353</li> <li>• 2015: 2,445 applications approved</li> </ul>
Charitable Health Coverage (CHC)	CHC programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	<ul style="list-style-type: none"> <li>• 2014: 1,483 members receiving CHC</li> <li>• 2015: 1,268 members receiving CHC</li> </ul>

**Grant Highlights**

**Summary of Impact:** During 2014 and 2015, there were 40 active KFH grants totaling \$1,385,287 addressing Access to Health Care Services in the KFH-San Jose service area.<sup>17</sup> In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 16 grants totaling \$133,044 that address this need. These grants are denoted by asterisks (\*) in the table below.

<sup>17</sup> This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

Grantee	Grant Amount	Project Description	Results to Date
Community Health Partnership (CHP)	\$80,000 over 2 years  \$40,000 in 2014 & 2015 (event split with KFH-Santa Clara)	CHP's patient centered communication (PCC) program builds communication skills, practice coaching, and quality improvement among its staff to emphasize patient prioritization, working as a cohesive team, and building relationships.	Over 2 years, 382 clinic staff received training and/or coaching on effective PCC models, quality improvement, and changing workplace protocols; and assistance in getting PCMH- (patient care medical home) certification from NCQA (National Committee for Quality Assurance).
Vision to Learn	\$75,000 over 2 years  \$35,000 in 2014 \$40,000 in 2015 (event split with KFH-Santa Clara)	Vision To Learn brings mobile eye clinics to low-income schools and gives children free eye exams and free glasses.	From 2014-2015 33 schools were served in San Jose Unified and Alum Rock School Districts, 790 students received eye exams, and 728 children received prescriptions and eyeglasses to remediate their vision problem(s).
Asian Americans for Community Involvement (AACI)	\$90,000 over 2 years  \$50,000 in 2014 \$40,000 in 2015 (event split with KFH-Santa Clara)	AACI's patient navigation center trains, hires, and deploys adults to offer its patients culturally sensitive assistance in their preferred language to improve access to care while reducing patient anxiety.	A Rapid Business Model Development Plan was designed and implemented for the creation of a patient navigator regional pipeline. 8 new PNC Internship sites were identified and partnerships developed. 59 PNC interns were impacted by this program.
VMC (Valley Medical Center) Foundation on behalf of Santa Clara Valley Medical Center (SCVMC)	\$400,000 (over two years)  \$200,000 in 2014 & 2015  This grant impacts two KFH hospital service areas in Northern California Region.	SCVMC will implement PHASE population management principles for an additional 4,800 patients with diabetes and develop the electronic health record (HER) tools to track medication adherence and lifestyle data including BMI, smoking, and depression. All efforts will support the overall goal to decrease cardiovascular disease in high-risk patients.	SCVMC has 13,067 PHASE patients and outcomes include: <ul style="list-style-type: none"> <li>• increased care team efficiency and productivity by automating many functions performed by medical assistants (MAs) by integrating a sophisticated technology population health management tool in the EHR</li> <li>• increased ability to identify high-functioning teams and to share best practices with other clinic sites. To identify the high-functioning teams, the population health management tool collects and reports data across all teams</li> <li>• improved care teams' ability to provide quality care by implementing standardized, detailed protocols for use by diabetes care managers in caring for their patients</li> </ul>

			<ul style="list-style-type: none"> <li>increased each MA's ability to care for patients by standardizing their panel size (800 to 1,000 patients)</li> </ul>
Community Health Partnership of Santa Clara (CHP)	<p>\$400,000 (over two years)</p> <p>\$200,000 in 2014 &amp; 2015</p> <p>This grant impacts two KFH hospital service areas in Northern California Region.</p>	CHP will continue PHASE with five community health center (CHC) member organizations and target three new health CHCs for PHASE implantation by focusing on capacity building strategies to support population management. CHP expects a 30% increase in patients enrolled in PHASE by the end of the grant cycle in two years.	<p>CHP has 6,392 PHASE patients and outcomes include:</p> <ul style="list-style-type: none"> <li>built a robust learning collaborative model in which all CHC teams participate to increase population health management skills among clinic staff; so far, more than 40 staff have participated</li> <li>created an implementation requirement check list to increase ability to ensure PHASE is institutionalized and sustained at CHCs</li> <li>improved operational efficiency through performance improvement plans with clear deliverables for each CHC, strategies to hold clinical leadership accountable for improvement plan results and deliverables, and a process to work with leadership on unmet deliverables</li> </ul>
*Operation Access (OA)	<p>\$300,000 in 2015</p> <p>This grant impacts 14 KFH hospital service areas in Northern California Region.</p>	Core support to organize OA's network of 41 medical centers and 1,400 medical professionals who donate surgical, specialty, and diagnostic services to 1,500 low-income, uninsured people residing in nine Bay Area counties.	With 1,274 staff/physician volunteers providing more than 700 services at 14 hospitals in 2015, Kaiser Permanente is the largest health system participant. A total of 50 procedures were performed on 43 patients at OA events at KFH San Jose in 2014 and 2015.
Community Health Partnership of Santa Clara (CHP)	<p>\$250,000 in 2015</p> <p>This grant impacts four KFH hospital service areas in Northern California Region.</p>	To complement its established clinical quality reporting processes, CHP will assess the financial-operational readiness for payment reform among community health centers (CHCs) and work with partners to identify key financial indicators, prepare baseline financial-operational performance profiles, and create systems to build internal monitoring reports and benchmark performance. CHP serves nine health center corporations that serve 162,938 patients.	<ul style="list-style-type: none"> <li>by agreeing to track one common operational indicator (how long patients must wait to get an appointment) members have increased data capacity skills</li> <li>increased ability to track, analyze, and use financial data across members</li> <li>advanced member readiness for changes in payment systems; convened two payment reform meetings with local health plans, California Primary Care Association; and four</li> </ul>

			<p>member CHCs participated in CP3, a state alternative payment methodology pilot</p> <ul style="list-style-type: none"> <li>• initiated planning to share data across CHCs and with the county hospital; convened two meetings with Valley Hospital to discuss sharing of data to track total cost of care</li> <li>• identified potential opportunity and built data analytic platform to capture total cost of care; provided demo to six member CHCs to highlight new payer integration enhancements that can run enrollment-eligibility data for claims and cost reporting</li> </ul>
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**Collaboration/Partnership Highlights**

<b>Organization/ Collaborative Name</b>	<b>Collaborative/ Partnership Goal</b>	<b>Results to Date</b>
Community Benefit Hospital Coalition (CBHC)	CBHD, comprising all Santa Clara County nonprofit hospitals and the county Public Health Department, shares information on funding strategies and collaborates on projects that benefit the health of the community.	Through monthly or quarterly meetings and emails, CBHC's 2015 focus was on sharing information from the 2013 CHNA and implementation strategies. Outcomes included learning about the evidence-based models supported by other collaborative members and sharing best practices. It also coordinates the collaborative process for and co-funds the 2016 CHNA. Senior CB Specialist was actively engaged in the CHNA process through the CBHC.

**In-Kind Resources Highlights**

<b>Recipient</b>	<b>Description of Contribution and Purpose/Goals</b>
Aptitude Academy at Goss	Through Aptitude Academy's onsite school-linked services coordinator, parents interested in subsidized health care for their child(ren) received Kaiser Permanente Child Health Program flyers and information.
Rosemary Elementary School	Parents of Rosemary students who were interested in subsidized health care for their child(ren) received Kaiser Permanente Child Health Program flyers and information, which were distributed to at a resource sharing event.
Operation Access	KP physicians and staff donated over 751 hours of time serving low-income and uninsured patients at OA events at KFH San Jose in 2014 and 2015.
All PHASE Grantees	To increase clinical expertise in the safety net, Quality and Operations Support (QOS), a Kaiser Permanente Northern California Region TPMG (The Permanente Medical Group) department, helped develop a PHASE data collection tool. QOS staff provided expert consultation on complex clinical data issues, such as reviewing national reporting standards, defining meaningful data, and understanding data collection methodology. This included: <ul style="list-style-type: none"> <li>• conducting clinical training webinars</li> <li>• wireside/webinar on PHASE clinical guidelines</li> <li>• presentation at convening on Kaiser Permanente's approach to PHASE</li> <li>• presentation to various clinical peer groups through CHCN, SFCCC, etc.</li> </ul>

	<ul style="list-style-type: none"> <li>• individual consultation to staff at PHASE grantee organizations</li> <li>• individual consultation to Community Benefit Programs staff</li> </ul> <p>Kaiser Permanente Northern California Region’s Regional Health Education (RHE) also provided assistance to PHASE grantees:</p> <ul style="list-style-type: none"> <li>• conducted two seven-hour Motivating Change trainings (24 participants each) to enable clinical staff who implement (or will) PHASE to increase their skills with regard to enhancing patients’ internal motivations to make health behavior changes</li> <li>• provided access to patient education documents related to PHASE</li> </ul>
Safety Net Institute (SNI)	With a goal to increase SNI’s understanding of what it means to be a data-driven organization, a presentation and discussion about Kaiser Permanente’s use and development of cascading score cards – a methodology leadership uses to track improvement in clinical, financial, operations, and HR – was shared with this longtime grantee.

**Impact of Regional Initiatives**

**PHASE:**

PHASE (Prevent Heart Attacks And Strokes Everyday) is a program developed by Kaiser Permanente to advance population-based, chronic care management. Using evidence-based clinical interventions and supporting lifestyle changes, PHASE enables health care providers to provide cost-effective treatment for people at greatest risk for developing coronary vascular disease. By implementing PHASE, Kaiser Permanente has reduced heart attacks and stroke-related hospital admissions among its own members by 60%. To reach more people with this life saving program, Kaiser Permanente began sharing PHASE with the safety net health care providers in 2006. KP provides grant support and technical assistance to advance the safety net’s operations and systems required to implement, sustain and spread the PHASE program. By sharing PHASE with community health providers, KP supports development of a community-wide standard of care and advances the safety net’s capacity to build robust population health management systems and to collectively reduce heart attacks and strokes across the community.

**PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE**

**KFH Workforce Development Highlights**

**Long Term Goal:**

- To address health care workforce shortages and cultural and linguistic disparities in the health care workforce

**Intermediate Goal:**

- Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care

**Summary of Impact:** During 2014 and 2015, Kaiser Foundation Hospital awarded 19 Workforce Development grants totaling \$70,579 that served the KFH-San Jose service area.<sup>18</sup> In addition, a portion of money managed by a donor advised fund at East Bay Community Foundation was used to award 10 grants totaling \$97,877 that address this need. In addition, KFH San Jose provided trainings and education for 5 residents in their Graduate Medical Education program in 2014 and 12 residents in 2015, 32 nurse practitioners or other nursing beneficiaries in 2014 and

<sup>18</sup> This total grant amount may include grant dollars that were accrued (i.e., awarded) in a prior year, although the grant dollars were paid in 2015.

14 in 2015, and 31 other health (non-MD) beneficiaries as well as internships for 21 high school and college students (Summer Youth, INROADS, etc) for 2014-2015.

<b>Grant Highlights</b>			
<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
*Vision Y Compromiso	\$98,093 in 2015  This grant impacts 16 KFH hospital service areas in Northern California Region	The Promotoras and Community Health Worker (CHW) Network will engage 40 to 60 more promotores (from the current 220); expand the Network to Fresno and Sacramento counties; provide 4 to 6 trainings per region to build professional capacity and involve 20 to 40 workforce partners to better integrate the promotor model.	Anticipated outcomes include: <ul style="list-style-type: none"> <li>• increased promotores leadership as measured by an increased number of promotores who participate in regional Network activities</li> <li>• increased knowledge of community health issues as measured by pre- and post-surveys completed by promotores participating in training, conferences, and other activities</li> <li>• increased knowledge of community resources, increased networking, and social support as measured by an increased number of agencies involved in the regional Networks</li> </ul>
*San Francisco State University (SFSU) Health Equity Initiative	\$99,211  This grant impacts 13 KFH hospital service areas in Northern California Region	SFSU's Metro College Success, a school within a school, has increased graduation rates of low-income, underrepresented and/ or first-generation students by redesigning the first two years of college. Initiative will develop new health equity and career readiness content for the Metro Health Academy curriculum to diversify the health care workforce in the 10-county Bay region.	Anticipated outcomes include: <ul style="list-style-type: none"> <li>• design/implement new curricula for three core courses (health equity, social determinants of health, and history of health) for 350 Metro Health Academy students</li> <li>• develop/disseminate video modules to train Metro faculty in the new curricula</li> <li>• develop a webpage to share curricula with faculty from other institutions in the region</li> </ul>
*Hispanas Organized for Political Equality (HOPE) California	\$65,000  This grant impacts three KFH hospital service areas in Northern California Region	Supports expansion of statewide HOPE Youth Leadership Program (HYLP), to the Oakland area and augments the focus to include STEM (science, technology, engineering and math), with an emphasis on health care professions. HYLP prepares low-income, high school-aged Latinas for higher education, careers, civic participation, economic stability, and healthy lifestyles.	Expectation is that 150 program participants will: <ul style="list-style-type: none"> <li>• demonstrate a personal path to achieving professional goals</li> <li>• build confidence in making decisions that impact their future</li> <li>• demonstrate a commitment to graduate high school and aspire to higher goals for themselves as advocates and leaders</li> <li>• demonstrate the ability to be responsible, informed decision-makers when it comes to their health and education</li> <li>• demonstrate confidence as a leader</li> </ul>

			<ul style="list-style-type: none"> <li>• expand their civic participation</li> </ul>
*Diversity in Health Training Institute	<p>\$95,000</p> <p>This grant impacts eight KFH hospital service areas in Northern California Region</p>	The Institute will help members of immigrant and refugee communities in Alameda and Contra Costa counties work towards careers in health care through training and providing access to educational resources, and by expanding job readiness for work in allied health professions.	<p>Expected reach is 60 participants, with at least 48 completing the program and achieving one or more of the following:</p> <ul style="list-style-type: none"> <li>• improved English language and workplace skills</li> <li>• work experience in a health care setting</li> <li>• increased job readiness and employment skills, with some leading to job training or jobs in allied health</li> <li>• enroll in/complete a health care education program or attain a license or certificate</li> <li>• secure financial aid</li> <li>• maintain/advance in a health care job</li> </ul>
*Cristo Rey San Jose High School	\$31,000 in 2015	Through the school's Corporate Work Study Program, four students share an intern position at KFH-San Jose. They receive hands-on work experience, while assuming an active role in financing a major portion of their education by using their salary to pay their tuition at Cristo Rey	<p>Anticipated outcomes include:</p> <ul style="list-style-type: none"> <li>• acquisition of valuable job experience and marketable skills</li> <li>• developing a network of business contacts</li> <li>• exposure to a wide range of career opportunities</li> </ul>

<b>PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH</b>			
<b>KFH Research Highlights</b>			
<b>Long Term Goal:</b>			
<ul style="list-style-type: none"> <li>• To increase awareness of the changing health needs of diverse communities</li> </ul>			
<b>Intermediate Goal:</b>			
<ul style="list-style-type: none"> <li>• Increase access to, and the availability of, relevant public health and clinical care data and research</li> </ul>			
<b>Grant Highlights</b>			
<b>Grantee</b>	<b>Grant Amount</b>	<b>Project Description</b>	<b>Results to Date</b>
UCLA Center for Health Policy Research	<p>\$2,100,000 over 4 years</p> <p>1,158,200 over 2014 &amp; 2015</p>	Grant funding during 2014 and 2015 has supported The California Health Interview Survey (CHIS), a survey that investigates key public health and health care policy issues, including health insurance coverage and access to health services,	CHIS 2013-2014 was able to collect data and develop files for 48,000 households, adding Tagalog as a language option for the survey this round. In addition 10 online AskCHIS workshops were held for 200 participants across the state. As of February 2016, progress on the 2015-2016

	<p>This grant impacts all KFH hospital service areas in Northern California Region.</p>	<p>chronic health conditions and their prevention and management, the health of children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models. In addition, funding allowed CHIS to support enhancements for AskCHIS Neighborhood Edition (NE). New AskCHIS NE visualization and mapping tools will be used to demonstrate the geographic differences in health and health-related outcomes across multiple local geographic levels, allowing users to visualize the data at a sub-county level.</p>	<p>survey included completion of the CHIS 2015 data collection that achieved the adult target of 20,890 completed interviews. CHIS 2016 data collection began on January 4, 2016 and is scheduled to end in December 2016 with a target of 20,000 completed adult interviews.</p> <p>In addition, funding has supported the AskCHIS NE tool which has allowed the Center to:</p> <ul style="list-style-type: none"> <li>• Enhance in-house programming capacity for revising and using state-of-the-science small area estimate (SAE) methodology.</li> <li>• Develop and deploy AskCHIS NE.</li> <li>• Launch and market AskCHIS NE.</li> <li>• Monitor use, record user feedback, and make adjustments to AskCHIS NE as necessary.</li> </ul>
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In addition to the CHIS grants, two research programs in the Kaiser Permanente Northern California Region Community Benefit portfolio – the Division of Research (DOR) and Northern California Nursing Research (NCNR) – also conduct activities that benefit all Northern California KFH hospitals and the communities they serve.

DOR conducts, publishes, and disseminates high-quality research to improve the health and medical care of Kaiser Permanente members and the communities we serve. Through interviews, automated data, electronic health records (EHR), and clinical examinations, DOR conducts research among Kaiser Permanente’s 3.9 million members in Northern California. DOR researchers have contributed over 3,000 papers to the medical and public health literature. Its research projects encompass epidemiologic and health services studies as well as clinical trials and program evaluations. Primary audiences for DOR’s research include clinicians, program leaders, practice and policy experts, other health plans, community clinics, public health departments, scientists and the public at large. Community Benefit supports the following DOR projects:

DOR Projects	Project Information
Central Research Committee (CRC)	Information on recent CRC studies can be found at: <a href="http://insidedorprod2.kp-dor.kaiser.org/sites/crc/Pages/projects.aspx">http://insidedorprod2.kp-dor.kaiser.org/sites/crc/Pages/projects.aspx</a>
Clinical Research Unit (CCRU)	CCRU offers consultation, direction, support, and operational oversight to Kaiser Permanente Northern California clinician researchers on planning for and conducting clinical trials and other types of clinical research; and provides administrative leadership, training, and operational support to more than 40 regional clinical research coordinators. CCRU statistics include more than 420 clinical trials and more than 370 FDA-regulated clinical trials. In 2015, the CCRU expanded access to clinical trials at all 21 KPNC medical centers.

Research Program on Genes, Environment and Health (RPGEH)	RPGEH is working to develop a research resource linking the EHRs, collected bio-specimens, and questionnaire data of participating KPNC members to enable large-scale research on genetic and environmental influences on health and disease; and to utilize the resource to conduct and publish research that contributes new knowledge with the potential to improve the health of our members and communities. By the end of 2014, RPGEH had enrolled and collected specimens from more than 200,000 adult KPNC members, had received completed health and behavior questionnaires from more than 430,000 members; and had genotyped DNA samples from more than 100,000 participants, linked the genetic data with EHRs and survey data, and made it available to more than 30 research projects
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A complete list of DOR's 2015 research projects is at <http://www.dor.kaiser.org/external/dorexternal/research/studies.aspx>. Here are a few highlights:

Research Project Title	Alignment with CB Priorities
Risk of Cancer among Asian Americans (2014)	Research and Scholarly Activity
Racial and Ethnic Disparities in Breastfeeding and Child Overweight and Obesity (2014)	Healthy Eating, Active Living
Transition from Healthy Families to Medi-Cal: The Behavioral Health Carve-Out and Implications for Disparities in Care (2014)	Access to Care Mental/Behavioral Health
Health Impact of Matching Latino Patients with Spanish-Speaking Primary Care Providers (2014)	Access to Care
<i>Predictors of Patient Engagement in Lifestyle Programs for Diabetes Prevention</i> – Susan Brown	Access to care
<i>Racial Disparities in Ischemic Stroke and Atherosclerotic Risk Factors in the Young</i> – Steven Sidney	Access to care
<i>Impact of the Affordable Care Act on prenatal care utilization and perinatal outcomes</i> – Monique Hedderson	Access to care
<i>Engaging At-Risk Minority Women in Health System Diabetes Prevention Programs</i> – Susan Brown	HEAL
<i>The Impact of the Affordable Care Act on Tobacco Cessation Medication Utilization</i> – Kelly Young-Wolff	HEAL
<i>Prescription Opioid Management in Chronic Pain Patients: A Patient-Centered Activation Intervention</i> – Cynthia Campbell	Mental/Behavioral Health
<i>Integrating Addiction Research in Health Systems: The Addiction Research Network</i> – Cynthia Campbell	Mental/Behavioral Health
RPGEH Project Title	Alignment with CB Priorities
Prostate Cancer in African-American Men (2014)	Access to Care Research and Scholarly Activity
RPGEH high performance computing cluster. DOR has developed an analytic pipeline to facilitate genetic analyses of the GERA (Genetic Epidemiology Research in Adult Health and Aging) cohort data. Development of the genotypic database is ongoing; in 2014, additional imputed data were added for identification of HLA serotypes. (2014)	Research and Scholarly Activity

The main audience for NCNR-supported research is Kaiser Permanente and non-Kaiser Permanente health care professionals (nurses, physicians, allied health professionals), community-based organizations, and the community-at-large. Findings are available at the Nursing Pathways NCNR website: <https://nursingpathways.kp.org/ncal/research/index.html>.

Alignment with CB Priorities	Project Title	Principal Investigator
Serve low-income, underrepresented, vulnerable populations located in the Northern California Region service area	<ol style="list-style-type: none"> <li>1. <i>A qualitative study: African American grandparents raising their grandchildren: A service gap analysis.</i></li> <li>2. <i>Feasibility, acceptability, and effectiveness of Pilates exercise on the Cadillac exercise machine as a therapeutic intervention for chronic low back pain and disability.</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Schola Matovu, staff RN and nursing PhD student, UCSF School of Nursing</li> <li>2. Dana Stieglitz, Employee Health, KFH-Roseville; faculty, Samuel Merritt University</li> </ol>
Reduce health disparities.	<ol style="list-style-type: none"> <li>1. <i>Making sense of dementia: exploring the use of the markers of assimilation of problematic experiences in dementia scale to understand how couples process a diagnosis of dementia.</i></li> <li>2. <i>MIDAS data on elder abuse reporting in KP NCAL.</i></li> <li>3. <i>Quality Improvement project to improve patient satisfaction with pain management: Using human-centered design.</i></li> <li>4. <i>Transforming health care through improving care transitions: A duty to embrace.</i></li> <li>5. <i>New trends in global childhood mortality rates.</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Kathryn Snow, neuroscience clinical nurse specialist, KFH-Redwood City</li> <li>2. Jennifer Burroughs, Skilled Nursing Facility, Oakland CA</li> <li>3. Tracy Trail-Mahan, et al., KFH-Santa Clara</li> <li>4. Michelle Camicia, KFH-Vallejo Rehabilitation Center</li> <li>5. Deborah McBride, KFH-Oakland</li> </ol>
Promote equity in health care and the health professions.	<ol style="list-style-type: none"> <li>1. <i>Family needs at the bedside.</i></li> <li>2. <i>Grounded theory qualitative study to answer the question, "What behaviors and environmental factors contribute to emergency department nurse job fatigue/burnout and how pervasive is it?"</i></li> <li>3. <i>A new era of nursing in Indonesia and a vision for developing the role of the clinical nurse specialist.</i></li> <li>4. <i>Electronic and social media: The legal and ethical issues for health care.</i></li> <li>5. <i>Academic practice partnerships for unemployed new graduates in California.</i></li> <li>6. <i>Over half of U.S. infants sleep in potentially hazardous bedding.</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Mchelle Camicia, director operations KFH-Vallejo Rehabilitation Center</li> <li>2. Brian E. Thomas, Informatics manager, doctorate student, KP-San Jose ED.</li> <li>3. Elizabeth Scruth, critical care/sepsis clinical practice consultant, Clinical Effectiveness Team, NCAL</li> <li>4. Elizabeth Scruth, et al.</li> <li>5. Van et al.</li> <li>6. Deborah McBride, KFH-Oakland</li> </ol>

## **VIII. CONCLUSION**

KFH-San José worked with its Coalition partners to meet the requirements of the federally required CHNA by pooling expertise, guidance, and resources for a shared assessment. By gathering secondary data and carrying out new primary research as a team, the members of the Coalition were able to collectively understand the community's perception of health needs. Representatives of KP-San Mateo and KP-South Bay then prioritized the health needs with an understanding of how each compares against benchmarks.

After making this CHNA publically available in 2016, our hospital will develop individual implementation plans based on this shared data.

## **IX. APPENDICES**

- A. Glossary
- B. Secondary Data Sources and Dates
- C. List of Indicators on Which Data Were Gathered
- D. Persons Representing the Broad Interests of the Community
- E. 2016 Health Needs Prioritization Scores: Breakdown by Criteria
- F. CHNA Qualitative Data Collection Protocols
- G. Community Assets and Resources
- H. Health Needs Profiles

## APPENDIX A: Glossary

Abbreviation	Term	Description/Notes
AIDS	Acquired immune deficiency syndrome	Syndrome caused by HIV; the last stage of HIV infection, when the immune system can no longer fight off infections.
BRFSS	Behavioral Risk Factor Surveillance System	Survey implemented by CDC
CA	California (state)	
CDC	Centers for Disease Control and Prevention	A federal agency under the DHHS focused on health research, prevention, and intervention.
CDE	California Department of Education	
CDHS	California Department of Health Services	
CDPH	California Department of Public Health	
CHNA	Community Health Needs Assessment	
CNA	Community needs assessment	
DHHS	United States Department of Health and Human Services	National, 10-year aspirational benchmarks set by federal agencies & finalized by a federal interagency workgroup under the auspices of the U.S. Office of Disease Prevention and Health Promotion, managed by DHHS.
FPL	Federal poverty level	An annual metric of income levels determined by DHHS.
HIV	Human immunodeficiency virus	Sexually transmitted virus that can lead to AIDS.
HP2020	Healthy People 2020	
HUD	United States Department of Housing and Urban Development	A cabinet department in the Executive branch of the United States federal government.
LGBTQI	Lesbian/ Gay/ Bisexual/ Transgender/ Questioning/ Intersex	
PHD	Public health department	
SCC	Santa Clara County	

## **APPENDIX B: Secondary Data Sources and Dates**

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**APPENDIX C: List of Indicators on Which Data Were Gathered**

<b>Indicator</b>	<b>Indicator variable</b>	<b>Description</b>	<b>Original Data Source</b>	<b>Year</b>	<b>Data Source</b>
Access—Usual Place of Care	Percent of children (0-11) who have a usual place of care	Percent of children (0-11) who have a usual place of care	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Alcohol - Excessive Consumption	Estimated adults drinking excessively (age-adjusted percentage)	This indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Alcohol Use (Adults)	Percent of adults who drank alcohol 1+ times in the past 30 days	Percent of adults who drank alcohol 1+ times in the past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Alcohol Use (Youth)	Percent of middle school and high school students who drank alcohol 1+ times in the past 30 days	Percent of middle school and high school students who drank alcohol 1+ times in the past 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Asthma - Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for asthma and related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Asthma - Prevalence	Percent of adults with asthma	This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; additional data analysis by CARES. 2011-12.	2011-12	Community Commons
Asthma Children ER Visits	Rate of asthma-related ER visits by children 0-17	Rate of asthma-related ER visits by children 0-17	SCC Patient Discharge Database, 2012	2011	SCC PHD CHA or BRFS Data Tables
Asthma Prevalence (Adult)	Percent of adults ever diagnosed with asthma	Percent of adults ever diagnosed with asthma	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Asthma Prevalence (Children)	Percent of children (0-11) ever diagnosed with asthma	Percent of children (0-11) ever diagnosed with asthma	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Binge Drinking (Adults)	Percent of adults binge drinking in the last 30 days	Percent of adults binge drinking in the last 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Binge Drinking (Youth)	Percent of adolescents binge drinking in the last 30 days	Percent of adolescents binge drinking in the last 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Breastfeeding (Any)	Percentage of Mothers Breastfeeding (Any)	This indicator reports the percentage of mothers who breastfeed their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.	California Department of Public Health, CDPH - Breastfeeding Statistics	2012	Community Commons
Breastfeeding (Exclusive)	Percentage of Mothers Breastfeeding (Exclusively)	This indicator reports the percentage of mothers who exclusively breastfeed their infants during their post-partum hospital stay. This indicator is relevant because breastfeeding has positive health	CDPH - Breastfeeding Statistics	2012	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		benefits for both infants and mothers and may lower infant mortality rates.			
Cancer Incidence - Breast	Annual breast cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Cervical	Annual cervical cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Colon And Rectum	Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Liver	Age-adjusted cancer incidence rate (per 100,000 adults) by site, race/ ethnicity and sex	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of liver cancer adjusted to 2000 U.S. standard population age groups.	Greater Bay Area Cancer Registry; U.S. Census Bureau American Community Survey 3-Year Estimates	2007-2009	SCC PHD Vietnamese Report 2011

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Cancer Incidence - Prostate	Annual prostate cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Incidence - Lung	Annual lung cancer incidence rate (per 100,000 pop.)	This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups.	National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program, State Cancer Profiles	2007-11	Community Commons
Cancer Mortality	Percent of deaths due to cancer	Percent of deaths due to cancer	SCC PHD Death Statistical Master File; CA Vital Stats	2012	SCC PHD CHA or BRFS Data Tables
Cancer Mortality	Cancer, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Cancer Mortality (All Types)	Age-adjusted mortality rate due to all cancers	Age-adjusted mortality rate due to all cancers	SCC PHD Death Statistical Master File; CA Vital Stats	2012	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Cancer Screening - Mammogram	Percent female Medicare enrollees with mammogram in past 2 years	This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years.	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2012	Community Commons
Cancer Screening - Pap Test	Percent of adult females age 18+ with Regular Pap Test (Age-Adjusted)	This indicator reports the percentage of women age 18 and older who self-report that they have had a Pap test in the past three years.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Cancer Screening - Sigmoid/Colonoscopy	Percent of adults screened for colon cancer (age-adjusted)	This indicator reports the percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2006-12	Community Commons
Child Abuse	Rate of substantiated allegations of child maltreatment	Rate of substantiated allegations of child maltreatment	UC Berkeley Child Welfare Indicators Project	2013	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Chlamydia Incidence Rate	Chlamydia incidence rate	Chlamydia incidence rate	SCC PHD	2013	SCC PHD CHA or BRFS Data Tables
Chlamydia Rate	Chlamydia infection rate (per 100,000 pop.)	This indicator reports incidence rate of chlamydia cases per 100,000 population.	U.S. Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012	Community Commons
Cocaine Use (Youth)	Percent of high school students who have ever used cocaine	Percent of high school students who have ever used cocaine	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Commute To Work - Alone In Car	Percentage of Workers Commuting by Car, Alone	This indicator reports the percentage of the population that commutes to work on a daily basis using a motor vehicle, and commutes as the only occupant of the vehicle. This indicator is relevant because it conveys information about the efficiency of the public transportation network, potential impacts on the environment (e.g. air pollution), and can inform policy, system and environmental strategies to address potential climate and health impacts (e.g. active transportation and improving public transportation networks).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Commute To Work - Walking/Biking	Percentage Walking or Biking to Work	This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle. This indicator is relevant because an active commute to work can reduce risk of cardiovascular disease, obesity, and hypertension. Active transportation is also a climate change mitigation strategy.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Dental Care - Lack of Affordability (Youth)	Percent Population Age 5-17 Unable to Afford Dental Care	This indicator reports the percentage of children and teens who self-report that during the past 12 months, there was any time when they needed dental care but could not afford it. This indicator is relevant because it is a measure of access to dental health services; lack of healthcare access to regular primary care, specialty care, and other health services contributes to poor health status.	University of California Center for Health Policy Research, California Health Interview Survey	2009	Community Commons
Dental Care - No Recent Exam (Adult)	Percent of adults without recent dental exam	This indicator reports the percentage of adults age 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System	2006-10	Community Commons
Dental Care - No Recent Exam (Youth)	Percent of youth without recent dental exam	This indicator reports the percentage of children age 2-13 who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year.	University of California Center for Health Policy Research, California Health Interview Survey	2013-14	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Dental Decay (Adult)	Percent of adults (45-64) who have had 1+ permanent teeth removed due to tooth decay or gum disease	Percent of adults (45-64) who have had 1+ permanent teeth removed due to tooth decay or gum disease	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dental Decay (Adult)	Percent of adults with tooth loss due to gum problems or tooth decay	Percent of adults with tooth loss due to gum problems or tooth decay	SCC PHD BRFS, CDC BRFS	2009	SCC PHD CHA or BRFS Data Tables
Dental Decay (Older Adults)	Percent of adults (65-74) who lost all teeth due to tooth decay or gum disease	Percent of adults (65-74) who lost all teeth due to tooth decay or gum disease	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dental Health —Poor	Percent of adults with Poor Dental Health	This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; additional data analysis by CARES.	2006-10	Community Commons
Dental Health Professional Shortage Area -	Percentage of Population Living in a HPSA	This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of dental health professionals. This indicator is relevant because lack of access to health care, including regular primary care, dental care, and other specialty health services, contributes to poor health status.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration	2015	Community Commons
Dental Insurance	Percent of adults with dental insurance	Percent of adults with dental insurance	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Dental Insurance — Absence of Coverage	Percent of adults without dental insurance	This indicator reports the percentage of adults who self-report having no dental insurance for some or all of the past 12 months.	University of California Center for Health Policy Research, California Health Interview Survey	2009	Community Commons
Dentist Access	Dentists, Rate per 100,000 Pop.	This indicator reports the rate of licensed, qualified dentists per 100,000 population (dental surgery or dental medicine).	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File	2013	Community Commons
Dentist Utilization (Adult)	Percent of adults who went to the dentist in the last year	Percent of adults who went to the dentist in the last year	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Dentist Utilization (Children)	Percent of children (1-11) who visited the dentist in the past 12 months	Percent of children (1-11) who visited the dentist in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Depression (Adults)	Percent of adults who have ever been diagnosed with depression	Percent of adults who have ever been diagnosed with depression	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Diabetes Hospitalization (Adult)	Diabetes hospitalizations (adult)	Diabetes hospitalizations (adult)	SCC Patient Discharge Database, 2012	2012	SCC PHD CHA or BRFS Data Tables
Diabetes Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for diabetes-related complications. This indicator is relevant because diabetes is a prevalent problem in the U.S. as it may indicate an unhealthy lifestyle, places individuals at risk for further	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		health issues, and increases an individual's vulnerability to climate change.			
Diabetes Prevalence	Percent of adults with Diagnosed Diabetes (Age-Adjusted)	This indicator reports the percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes.	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons
Diabetes Prevalence (Adult)	Percent of adults ever diagnosed with diabetes	Percent of adults ever diagnosed with diabetes	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Discrimination - Physical Symptoms	Percent of adults who had physical symptoms as a result of treatment based on their race in past 30 days	Percent of adults who had physical symptoms as a result of treatment based on their race in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Doctor Visit (Adults)	Percent of adults who saw a doctor for a routine checkup in the past 12 months	Percent of adults who saw a doctor for a routine checkup in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Doctor Visit (Children)	Percent of children (0-11) who saw a doctor for a routine checkup in the past 12 months	Percent of children (0-11) who saw a doctor for a routine checkup in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Domestic Violence Mortality	Rate of domestic violence-related deaths	Rate of domestic violence-related deaths	SCC Domestic Violence Council, Domestic Violence Death Review Committee	2010	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Domestic Violence— Recent	Percent of adults who experienced physical violence or had unwanted sex in past 12 months with intimate partner	Percent of adults who experienced physical violence or had unwanted sex in past 12 months with intimate partner	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Economic Security - Commute Over 60 Minutes	Percentage of Workers Commuting More than 60 Minutes	This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction. This indicator is relevant because the amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Economic Security - Households With No Vehicle	Percentage of Households with No Motor Vehicle	This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. This indicator is relevant because individuals from households without access to a vehicle may lack access to health care, child care services, and employment opportunities.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Economic Security - Unemployment Rate	Unemployment rate	This indicator reports the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.	U.S. Department of Labor, Bureau of Labor Statistics	2015	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Ecstasy Use (Youth)	Percent of high school students who have ever used ecstasy	Percent of high school students who have ever used ecstasy	CHKS	2010	SCC PHD CHA or BRFSS Data Tables
Education - Head Start Program Facilities	Head start programs rate (per 10,000 children under age 5)	This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data are acquired from the U.S. Department of Health and Human Services (HHS) 2015 Head Start locator. Population data are from the 2010 U.S. Decennial Census. This indicator is relevant because access to education is a primary social determinant of health, and is associated with increased economic opportunity, access to social resources (i.e. food access and spaces and facilities for physical activity), and positive health status and outcomes.	U.S. Department of Health & Human Services, Administration for Children and Families	2014	Community Commons
Education - High School Graduation Rate	Cohort graduation rate	This indicator reports the cohort high school graduation rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.	California Department of Education	2013	Community Commons
Education - Less Than High School Diploma (Or Equivalent)	Percent Population Age 25+ with No High School Diploma	This indicator reports the percentage of the population age 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is a key driver of population health.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Emotional Support	Percent of adults who "usually" or "always" receive the emotional support they need	Percent of adults who "usually" or "always" receive the emotional support they need	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Falls	Percent of adults (45+) who have had a fall in the past 3 months	Percent of adults (45+) who have had a fall in the past 3 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Falls That Caused An Injury	Percent of adults (45+) who have had one or more falls that caused an injury in the past 3 months	Percent of adults (45+) who have had one or more falls that caused an injury in the past 3 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fast Food Consumption (Adult)	Percent of adults who ate fast food at least weekly in past 30 days	Percent of adults who ate fast food at least weekly in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fast Food Consumption (Children)	Percent of children (2-11) who ate fast food 1+ times in past week	Percent of children (2-11) who ate fast food 1+ times in past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Food Environment - Fast Food Restaurants	Fast food restaurants, rate (per 100,000 population)	This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2011	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Food Environment - Grocery Stores	Grocery stores, rate (per 100,000 population)	This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2011	Community Commons
Food Environment - WIC-Authorized Food Stores	WIC-authorized food stores, rate (per 100,000 population)	This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC program benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.	U.S. Department of Agriculture, Economic Research Service, U.S.D.A - Food Environment Atlas	2011	Community Commons
Food Security - Food Desert Population	Percent Population with Low Food Access	This indicator reports the percentage of the population living in areas designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights	U.S. Department of Agriculture, Economic Research Service, U.S.D.A - Food Access Research Atlas	2010	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		populations and geographies facing food insecurity.			
Fresh Grocers	Percent of adults who shop for fresh fruits and vegetables within their community/neighborhood	Percent of adults who shop for fresh fruits and vegetables within their community/neighborhood	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit And Vegetable Consumption (Adults)	Percent of adults who ate 2+ servings of fruits and 3+ servings of vegetables per day in past 30 days	Percent of adults who ate 2+ servings of fruits and 3+ servings of vegetables per day in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit And Vegetable Consumption (Children)	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice and ate 3+ servings of vegetables the previous day	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice and ate 3+ servings of vegetables the previous day	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit And Vegetable Consumption (Teens)	Percent of teens who ate 5+ servings of fruits and vegetables yesterday	Percent of teens who ate 5+ servings of fruits and vegetables yesterday	CHIS	2012	SCC PHD CHA or BRFS Data Tables
Fruit Consumption (Adults)	Percent of adults who ate 2+ servings of fruit per day in past 30 days	Percent of adults who ate 2+ servings of fruit per day in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Fruit Consumption (Children)	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice the previous day	Percent of children (2-11) who ate/drank 2+ servings of fruit/100 percent juice the previous day	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Fruit/Vegetable Consumption —Low (Adult)	Percent of adults with Inadequate Fruit/Vegetable Consumption	This indicator reports the percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.; accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse.	2005-09	Community Commons
Fruit/Vegetable Consumption —Low (Youth)	Percent Population Age 2-13 with Inadequate Fruit/Vegetable Consumption	This indicator reports the percentage of children age 2 and older who are reported to consume fewer than five servings of fruits and vegetables each day.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Fruit/Vegetable Expenditures	Fruit/Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures	This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes.	Nielsen, Nielsen SiteReports	2014	Community Commons
Gonorrhea Incidence Rate	Gonorrhea incidence rate	Gonorrhea incidence rate	SCCPHD	2012	SCC PHD CHA or BRFS Data Tables
Health Insurance	Percent of adults (18-64) with healthcare coverage	Percent of adults (18-64) with healthcare coverage	SCC BRFS	2014	SCC PHD CHA or BRFS Data

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
					Tables
Health Insurance	Percent of children with healthcare coverage (0-11)	Percent of children with healthcare coverage (0-11)	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Health Status	Percent of adults who reported their general health status as fair or poor	Percent of adults who reported their general health status as fair or poor	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Heart Disease Mortality (Rate)	Age-adjusted rate of heart disease	Age-adjusted rate of heart disease	SCC Death Statistical File; cited by 2014 CHA	2012	SCC PHD CHA or BRFS Data Tables
Heart Disease Prevalence	Percent of adults with Heart Disease	This indicator reports the percentage of adults age 18 and older who have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Hepatitis B Infection Rate	Chronic hepatitis B rate	Chronic hepatitis B rate	SCC PHD	2012	SCC PHD CHA or BRFS Data Tables
Hepatitis B Or C —Tested	Percent of adults who have ever been tested for hepatitis B or C	Percent of adults who have ever been tested for hepatitis B or C	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
High Blood Cholesterol	Percent of adults ever diagnosed with high blood cholesterol	Percent of adults ever diagnosed with high blood cholesterol	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
High Blood Pressure	Percent of adults ever diagnosed with high blood pressure	Percent of adults ever diagnosed with high blood pressure	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Hispanic Population	Percent Population Hispanic or Latino	This indicator reports the percentage of population that is of Hispanic, Latino, or Spanish origin. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
HIV Hospitalizations	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for HIV-related complications.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons
HIV Infection Rate	Rate of adults and adolescents newly infected with HIV	Rate of adults and adolescents newly infected with HIV	SCCPHD, Enhanced HIV/AIDS Reporting System	2012	SCC PHD CHA or BRFS Data Tables
HIV Infections	Number living with AIDS	Number living with AIDS	SCC PHD eHars; CDPH Office of AIDS, HIV/AIDS Surveillance Section; CDC HIV Surveillance Report	2012	SCC PHD CHA or BRFS Data Tables
HIV Prevalence Rate	Population with HIV/AIDS, Rate (Per 100,000 Pop.)	This indicator reports prevalence rate of HIV per 100,000 population.	U.S. Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and	2010	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
			TB Prevention		
HIV— Tested	Percent of adults (18-64) who have ever been tested for HIV	Percent of adults (18-64) who have ever been tested for HIV	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
HIV/AIDS Mortality	Number of HIV/AIDS Deaths	Number of HIV/AIDS deaths	SCCPHD, Enhanced HIV/AIDS Reporting System	2012	SCC PHD CHA or BRFS Data Tables
Homelessness — Total	Number of homeless individuals	Number of homeless individuals enumerated during point-in-time count	SCC Homeless PIT Census & Survey	2013	County of Santa Clara
Homelessness — Unsheltered (Point-In-Time)	Number of homeless individuals living on the street, in abandoned buildings, cars/vans/RVs, or encampment areas	Number of homeless individuals living on the street, in abandoned buildings, cars/vans/RVs, or encampment areas	SCC Homeless PIT Census & Survey	2013	SCC PHD CHA or BRFS Data Tables
Homelessness— At Any Point In Year	Number reporting homelessness over the course of a year	Number reporting homelessness over the course of a year	SCC Homeless PIT Census & Survey	2013	SCC PHD CHA or BRFS Data Tables
Homicide (Adults)	Homicide rate overall	Homicide rate overall	SCC PHD Death Statistical Master File 2010-2012; CA PHD Vital Stats Query System 2012	2012	SCC PHD CHA or BRFS Data Tables
Homicide Mortality	Homicide, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to assault (homicide) per 100,000 population, age-adjusted to the year 2000 standard. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Housing – Cost- Burdened Households	Percentage of Households where Housing Costs Exceed 30% of Income	This indicator reports the percentage of households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. This indicator is relevant because it offers a measure of housing affordability and excessive shelter costs that may prohibit an individual's ability to financially meet basic life needs, such as healthcare, child care, healthy food purchasing, and transportation costs.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Housing - Substandard Housing	Percent Occupied Housing Units with One or More Substandard Conditions	This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Housing - Vacant Housing	Vacant housing units, percent	This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		more permanent residence elsewhere are considered to be temporarily occupied and are classified as “vacant.” This indicator is relevant because the presence of vacant houses can have adverse effects on community safety, social cohesion and relationships, community economic security, and opportunity.			
Housing Costs (Renter-Occupied)	Percent renter occupied units spending 30% or more of household income on housing	Percent renter occupied units spending 30% or more of household income on housing	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFS Data Tables
Housing Costs (With A Mortgage)	Percent housing units with a mortgage spending 30Percent or more of household income on housing	Percent housing units with a mortgage spending 30% or more of household income on housing	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFS Data Tables
Housing—Overcrowding	Percent of households with more than one persons per room	Percent of households with more than one person per room	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFS Data Tables
Housing—Severe Overcrowding	Percent of households with more than 1.5 person per room	Percent of households with more than 1.5 persons per room	U.S. Census Bureau, 2010-2012 ACS 3-year estimates	2012	SCC PHD CHA or BRFS Data Tables
Infant Mortality	Infant mortality rate (per 1,000 births)	This indicator reports the rate of deaths to infants younger than 1 year of age per 1,000 births.	CDC National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for	2006-10	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
			Epidemiologic Research. 2006-10.		
Inhalant Use (Youth)	Percent of high school students who have ever used inhalants	Percent of high school students who have ever used inhalants	California Healthy Kids Survey	2010	SCC PHD CHA or BRFSS Data Tables
Insurance - Uninsured Population	Percent uninsured population	The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Ischemic Heart Disease Mortality	Heart Disease, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to coronary heart disease per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Lack of A Consistent Source of Primary Care	Percentage without regular doctor	This indicator reports the percentage of children, teenagers, and adults who self-report that they do not have a usual place to go when sick or needing health advice. This indicator is relevant because access to regular	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		primary care is important to preventing major health issues and emergency department visits.			
Lack of Prenatal Care	Percent Mothers with Late or No Prenatal Care	This indicator reports the percentage of women who do not obtain prenatal care during their first or second trimesters of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons
Linguistically Isolated Households	Percent linguistically isolated population	This indicator reports the percentage of the population age 5 and older that lives in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks English "very well."	U.S. Census Bureau, American Community Survey	2006-2010	Community Commons
Low Birthweight	Percent low birthweight births	This indicator reports the percentage of total births that are low birthweight (Under 2500g). This indicator is relevant because low birthweight infants are at high risk for health problems.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons
Marijuana Use (Adult)	Percent of adults who have used marijuana in the past 12 months	Percent of adults who have used marijuana in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Marijuana Use (Youth)	Percent middle school and high school students who used marijuana at least once past 30 days	Percent middle school and high school students who used marijuana at least once past 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Medical Costs	Percent of adults who needed to see a doctor in the past 12 months but could not because of cost	Percent of adults who needed to see a doctor in the past 12 months but could not because of cost	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Distress	Percent of adults who reported frequent mental distress (14 or more mentally unhealthy days) in past 30 days	Percent of adults who reported frequent mental distress (14 or more mentally unhealthy days) in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Health - Needing Mental Health Care	Percentage with Poor Mental Health	This indicator reports the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. This indicator is relevant because it is a measure of general poor mental health status and demand for mental and behavioral health services.	University of California Center for Health Policy Research, California Health Interview Survey	2013-14	Community Commons
Mental Health - Poor Mental Health Days	Average Number of Mentally Unhealthy Days per Month	This indicator reports the average number of mentally unhealthy days (during past 30 days) among survey respondents age 18 and older. This indicator is relevant because it provides a measure of mental health status and health-related quality of life. Poor mental health is also associated with climate change.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.; accessed via the Health Indicators Warehouse. U.S. Department of	2006-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
			Health & Human Services, Health Indicators Warehouse.		
Mental Health Problems (Adult)	Percent of adults reporting poor mental health on at least one day in last 30 days	Percent of adults reporting poor mental health on at least one day in last 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Mental Health Providers Access	Mental healthcare provider rate (per 100,000 population)	This indicator reports the rate of mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors) that specialize in mental healthcare per 100,000 total population.	University of Wisconsin Population Health Institute, County Health Rankings	2014	Community Commons
Motor Vehicle Accident Mortality	Motor Vehicle Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, age-adjusted to year 2000 standard. Motor vehicle crashes include collisions with other motor vehicles, non-motorists, fixed objects, non-fixed objects, overturns, and other non-collisions. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Number Living With HIV	Number of people living with HIV infection	Number of people living with HIV infection	SCC PHD, Enhanced HIV/AIDS Reporting System; CDPH, Office of AIDS, HIV/AIDS Surveillance Section	2012	SCC PHD CHA or BRFS Data Tables
Number of TB Infections	Number of TB cases	Number of TB cases	SCC PHD, CA Reportable Disease Information Exchange System;	2013	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
			CADPH TB Control Branch		
Obesity (Adolescents)	Percent of adolescents who are overweight or obese	Percent of adolescents who are overweight or obese	CDE	2012	SCC PHD CHA or BRFS Data Tables
Obesity (Adult)	Percent of adults with BMI > 30.0 (Obese)	This indicator reports the percentage of adults age 20 and older who self-report that they have a body mass index (BMI) score greater than 30.0 (obese).	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons
Obesity (Adult)	Percent of adults considered obese	Percent of adults considered obese	SCC BRFS; CDC 2012 BRFS	2014	SCC PHD CHA or BRFS Data Tables
Obesity (Young Children)	Percent of children aged 2-5 who are obese	Percent of children aged 2-5 who are obese	CA Department of Health Care Services, Child Health and Disability Prevention Program, Pediatric Nutrition Surveillance 2010 Data tables	2010	SCC PHD CHA or BRFS Data Tables
Obesity (Youth)	Percent obese	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test.	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons
Overweight (Adolescents)	Percent of adolescents who are overweight	Percent of adolescents who are overweight	CDE	2012	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Overweight (Adult)	Percent of adults overweight	This indicator reports the percentage of adults age 18 and older who self-report that they have a body mass index (BMI) score between 25.0 and 30.0 (overweight).	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.; additional data analysis by CARES.	2011-12	Community Commons
Overweight (Adults)	Percent of adults who are overweight	Percent of adults who are overweight	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Overweight (Youth)	Percent overweight	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category (Overweight) for body composition on the Fitnessgram physical fitness test.	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons
Overweight Or Obese (Adults)	Percent of adults who are overweight or obese	Percent of adults who are overweight or obese	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Park Access	Percent Population Within 1/2 Mile of a Park	This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.	U.S. Census Bureau, Decennial Census, ESRI Map Gallery	2010	Community Commons
Park, Playground, Open Space Access	Percent of children (1-11) who have a park, playground, or open space within 30 min walking distance of home	Percent of children (1-11) who have a park, playground, or open space within 30 minutes walking distance of home	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Park/ Playground Safety	Percent of parents (of children 0-11) who agree or strongly agree that the closest park and playground is safe	Percent of parents (of children 0-11) who agree or strongly agree that the closest park and playground is safe	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Pedestrian Accident Mortality	Pedestrian Accident, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of pedestrians killed by motor vehicles per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Personal Doctor (Adult)	Percent of adults with a personal doctor	Percent of adults with a personal doctor	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Personal Doctor (Children)	Percent of children with a personal doctor	Percent of children with a personal doctor	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity	Percent of adults who participated in physical activities or exercises other than for regular job duties in the past month	Percent of adults who participated in physical activities or exercises other than for regular job duties in the past month	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity—Travel Home From School (5 Days)	Percent of children (5-11) who walked, biked, or skateboarded home from school on 5 days in the past week	Percent of children (5-11) who walked, biked, or skateboarded home from school on 5 days in the past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physical Activity—Travel Home From School (Once)	Percent of children (5-11) who walked, biked, or skateboarded home from school at least once in the past week	Percent of children (5-11) who walked, biked, or skateboarded home from school at least once in the past week	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Physical Activity— Walking/Biking/Skating To School	Percentage Walking/Skating/Biking to School	This indicator reports the percentage of children and teens who reported that they walked, biked, or skated to school in the past week (at the time of the interview). This indicator is relevant because an active commute to school is associated with improvements in physical activity levels and obesity prevention among youth. Active transportation is also a climate change mitigation strategy.	University of California Center for Health Policy Research, California Health Interview Survey	2011-12	Community Commons
Physical Inactivity (Adult)	Percent Population with no Leisure Time Physical Activity	This indicator reports the percentage of adults age 20 and older who self-report that they perform no leisure time activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2012	Community Commons
Physical Inactivity (Youth)	Percent physically inactive	This indicator reports the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitnessgram physical fitness test.	California Department of Education, FITNESSGRAM® Physical Fitness Testing	2013-14	Community Commons
Physically Active (Children)	Percent of children (5-11) who were physically active for at least 60 minutes a day in past 7 days	Percent of children (5-11) who were physically active for at least 60 minutes a day in past 7 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Physically Active (Teen)	Percent of teens who were physically active for at least 60 minutes a day in past 7 days	Percent of teens who were physically active for at least 60 minutes a day in past 7 days	CHIS	2012	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Physically Hurt By Partner (Adult)	Percent of adults ever hit, slapped, kicked, or hurt in any way by an intimate partner	Percent of adults ever hit, slapped, kicked, or hurt in any way by an intimate partner	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Pneumonia Shots	Percent of adults (ages 65+) who ever had a pneumonia shot	Percent of adults (ages 65+) who ever had a pneumonia shot	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Population (Total)	Population density (per square mile)	This indicator reports total population and the population density. Population density is defined as the number of persons per square mile.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population Age 55-64	Percent population age 55-64	This indicator reports the percentage of the population age 55-64 in the designated geographic area.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population Age 65+	Percent population age 65+	This indicator reports the percentage of the population age 65 and older in the designated geographic area.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population —Female	Percent female population	This indicator reports total female population.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population With Limited English Proficiency	Percent Population Age 5+ with Limited English Proficiency	This indicator reports the percentage of the population age 5 and older that speaks a language other than English at home and speaks English less than "very well."	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Population—Median Age	Median age	This indicator reports population median age based on the 5-year American Community Survey estimate.	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty	Percent of people living at 100 Percent FLP	Percent of people living at 100 Percent FLP	ACS 1-year	2012	SCC PHD CHA or BRFS Data Tables
Poverty - Children Below 100% FPL	Percent Population Under Age 18 in Poverty	This indicator reports the percentage of children age 0-17 living in households with income below the	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		Federal Poverty Level (FPL).			
Poverty - Population Below 100% FPL	Percent Population in Poverty	Poverty is considered a key driver of health status. This indicator reports the percentage of the population living in households with income below the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty - Population Below 200% FPL	Percent Population with Income at or Below 200% FPL	This indicator reports the percentage of the population living in households with income below 200% of the Federal Poverty Level (FPL).	U.S. Census Bureau, American Community Survey	2009-2013	Community Commons
Poverty (Children)	Percent of children living at 100 Percent FLP	Percent of children living at 100 percent FLP	ACS 1-year	2012	SCC PHD CHA or BRFS Data Tables
Prediabetes	Percent of adults ever diagnosed with prediabetes	Percent of adults ever diagnosed with prediabetes	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Prescription Costs	Percent of adults who could not take prescribed medication in the past 12 months because of cost	Percent of adults who could not take prescribed medication in the past 12 months because of cost	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Prescription Medicine Use (Adults)	Percent of adults who have used any prescription medicines not prescribed to them in the past 12 months	Percent of adults who have used any prescription medicines not prescribed to them in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Prescription Pain Killer Use (Youth)	Percent of high school students who have ever used prescription pain killers without a doctor's order	Percent of high school students who have ever used prescription pain killers without a doctor's order	CHKS	2010	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Preventable Hospital Events	Age-adjusted discharge rate (per 10,000 pop.)	This indicator reports the patient discharge rate (per 10,000 total population) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions that could have been prevented if adequate primary care resources were available and accessed by those patients.	California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data	2011	Community Commons
Primary Care Access	Percent of adults with one or more primary medical providers	Percent of adults with one or more primary medical providers	SCC BRFS	2009	SCC PHD CHA or BRFS Data Tables
Primary Care Health Professional Shortage Area -	Percentage of Population Living in a HPSA	This indicator reports the percentage of the population living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration	2015	Community Commons
Primary Care Physician Access	Primary Care Physicians, Rate per 100,000 Pop.	This indicator reports the rate of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs.	U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File	2012	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Psychological Distress	Percent of adults experiencing serious psychological distress in the past 30 days	Percent of adults experiencing serious psychological distress in the past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Recreation And Fitness Facility Access	Recreation and Fitness Facilities, Rate (Per 100,000 Population)	This indicator reports the number of recreation and fitness facilities per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.	U.S. Census Bureau, County Business Patterns; additional data analysis by CARES	2012	Community Commons
Smoking (Adults)	Percent of adults who are current smokers	Percent of adults who are current smokers	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Smoking (Youth)	Percent of adolescents who smoked cigarettes on 1+ days in last 30 days	Percent of adolescents who smoked cigarettes on 1+ days in last 30 days	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Smoking In Lifetime (Youth)	Percent of youth who have ever smoked a whole cigarette 1+ times	Percent of youth who have ever smoked a whole cigarette 1+ times	CHKS	2010	SCC PHD CHA or BRFS Data Tables
Soft Drink Expenditures	Soda Expenditures, Percentage of Total Food-At-Home Expenditures	This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures.	Nielsen, Nielsen SiteReports	2014	Community Commons
Stress (Financial)	Percentage of adults who are somewhat or very stressed about financial concerns	Percentage of adults who are somewhat or very stressed about financial concerns	SCC CAP	2012	SCC PHD CHA or BRFS Data Tables

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Stress (Food)	Percent of adults who are usually or always worried or stressed about having enough money to buy nutritious meals in past 12 months	Percent of adults who are usually or always worried or stressed about having enough money to buy nutritious meals in past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Stress (Health)	Percentage of adults who are somewhat or very stressed about health concerns	Percentage of adults who are somewhat or very stressed about health concerns	SCC CAP	2012	SCC PHD CHA or BRFS Data Tables
Stress (Rent Or Mortgage)	Percent of adults who are usually or always worried or stressed about having enough money to pay rent or mortgage in past 12 months	Percent of adults who are usually or always worried or stressed about having enough money to pay rent or mortgage in past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Stress (Work)	Percentage of adults who are somewhat or very stressed about work-related concerns	Percentage of adults who are somewhat or very stressed about work-related concerns	SCC CAP	2012	SCC PHD CHA or BRFS Data Tables
Stroke Mortality	Stroke, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population, age-adjusted to year 2000 standard. This indicator is relevant because strokes are a leading cause of death in the U.S.	University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data	2010-12	Community Commons
Suicide Ideation (Adults)	Percent of adults who seriously considered attempting suicide in the past 12 months	Percent of adults who seriously considered attempting suicide in the past 12 months	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Suicide Rate	Suicide, Age-Adjusted Mortality Rate (per 100,000 Population)	This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population,	University of Missouri, Center for Applied Research	2010-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		age-adjusted to the year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.	and Environmental Systems, California Department of Public Health, CDPH - Death Public Use Data		
Suspensions Rate Due to Violence	Percent of suspensions related to weapons possession, violent incidents, or drugs	Percent of suspensions related to weapons possession, violent incidents, or drugs	CDE DQ	2014	SCC PHD CHA or BRFS Data Tables
Syphilis Incidence Rate	Primary and secondary syphilis incidence rate	Primary and secondary syphilis incidence rate	SCCPHD	2012	SCC PHD CHA or BRFS Data Tables
TB Infection Rate	TB case rate	TB case rate per 100,000	SCC PHD; CDPH Reportable Disease Information Exchange System; CDPH Tuberculosis Control Branch Provisional Data; CDC	2013	SCC PHD CHA or BRFS Data Tables
Teen Births (Under Age 20)	Teen birth rate (per 1,000 female pop. Under age 20)	This indicator reports the rate of total births to women under the age of 20 per 1,000 females under age 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.	CDPH - Birth Profiles by ZIP Code	2011	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Tobacco Usage	Percent population smoking cigarettes(age-adjusted)	This indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. U.S. Department of Health & Human Services, Health Indicators Warehouse	2006-12	Community Commons
Unemployed	Percent of unemployed	Percent of unemployed	ACS 1-year	2012	SCC PHD CHA or BRFS Data Tables
Vegetable Consumption (Adults)	Percent of adults who ate 3+ servings of vegetables per day in past 30 days	Percent of adults who ate 3+ servings of vegetables per day in past 30 days	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Vegetable Consumption (Children)	Percent of children (2-11) who ate 3+ servings of vegetables the previous day	Percent of children (2-11) who ate 3+ servings of vegetables the previous day	SCC BRFS	2014	SCC PHD CHA or BRFS Data Tables
Violence - All Violent Crimes	Violent crime rate (per 100,000 pop.)	This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social	2010-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
			Research		
Violence - Assault (Crime)	Assault rate (per 100,000 pop.)	This indicator reports the rate of assault (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including rate of assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons
Violence - Assault (Injury)	Assault Injuries, Rate per 100,000 Population	This indicator reports the number and rate of non-fatal emergency department visits for assault per 100,000 population. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance.	N/A	2011-13	Community Commons
Violence - Domestic Violence	Domestic Violence Injuries, Rate per 100,000 Population (Females Age 10+)	This indicator reports the number and rate of non-fatal emergency department visits among females aged 10+ for domestic violence per 100,000 population. Domestic violence incidents are coded using ICD-9 classification E-9673: batter by	N/A	2011-13	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		spouse/partner. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance.			
Violence - Rape (Crime)	Rape rate (per 100,000 pop.)	This indicator reports the rate of rape (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons
Violence - Robbery (Crime)	Robbery rate (per 100,000 population)	This indicator reports the rate of robbery (reported by law enforcement) per 100,000 residents. This indicator is relevant because violent crime, including assaults, can be used as a measure of community safety.	Federal Bureau of Investigation, FBI Uniform Crime Reports; additional analysis by the National Archive of Criminal Justice Data, accessed via the Inter-university Consortium for Political and Social Research	2010-12	Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
Violence - School Expulsions	Expulsion rate	This indicator reports the rate of expulsions per 100 enrolled students. Data are acquired from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma.	California Department of Education		Community Commons
Violence - School Suspensions	Suspension rate	This indicator reports the rate of suspensions per 100 enrolled students. Data are acquired for the 2013-14 school year from the California Department of Education from student-level data reported to the California Longitudinal Pupil Achievement Data System (CALPADS). This indicator is relevant because exclusionary school discipline policies, including suspensions and expulsions, are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an	California Department of Education		Community Commons

Indicator	Indicator variable	Description	Original Data Source	Year	Data Source
		adult, and poor mental health outcomes, including experiences of stress and trauma.			
Violence - Youth Intentional Injury	Intentional Injuries, Rate per 100,000 Population (Youth Age 13-20)	This indicator reports the number and rate of non-fatal emergency department visits among youth, age 13-20, for intentional injury per 100,000 population. Intentional injuries include injuries due to both assault and self-harm. Data are 3-year averages for 2011-2013 generated using the California EpiCenter data platform for Overall Injury Surveillance. This indicator is relevant because youth intentional injury can be used as a measure of community safety, individual mental health, and/or substance abuse prevalence.	N/A	2011-13	Community Commons
Violent Crime (Adults)	Adult Felony Arrest Rate for Violent Offenses	Adult Felony Arrest Rate for Violent Offenses	CA DOJ, Criminal Justice Statistics Center	2012	SCC PHD CHA or BRFS Data Tables
Weapons In School—Guns	Percent of middle school and high school students who carried a gun on school property in past 12 months	Percent of middle school and high school students who carried a gun on school property in past 12 months	CHKS	2010	SCC PHD CHA or BRFS Data Tables

**APPENDIX D: Persons Representing the Broad Interests of the Community**

**PUBLIC HEALTH EXPERTS AND LOCAL HEALTH DEPARTMENTS/AGENCIES**

<b>Sector</b>	<b>Organization</b>	<b>Title</b>	<b>Focus Population/ Topic/Expertise</b>	<b>Consultation Method and Month Consulted</b>
County	Santa Clara County Public Health Dept.	Public Health Officer	Public Health	Interview May 2015
County	Santa Clara County Public Health Dept.	Injury and Violence Prevention	Alzheimer's/Older Adult Providers	Focus Group May 2015
County	Santa Clara County Public Health Dept.	Health Care Program Manager	Public Health	Survey July 2015
Nonprofit	South County Collaborative	Board Chairperson	Public Health South County	Focus Group September 2015

**REPRESENTATIVES OF TARGET POPULATIONS (BY SECTOR, ORGANIZATION)**

<b>Sector</b>	<b>Organization</b>	<b>Title</b>	<b>Focus Population/ Topic/Expertise</b>	<b>Consultation Method and Month Consulted</b>
County	Adult Protective Services	Public Guardian	Older Adults	Focus Group May 2015
County	Gilroy Library	Community Librarian	South County	Focus Group September 2015
County	Public Health Department	Injury and Violence Prevention	Alzheimer's/Older Adult Providers	Focus Group May 2015
County	Santa Clara County Department of Aging and Adult Services	Project Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015

Sector	Organization	Title	Focus Population/ Topic/Expertise	Consultation Method and Month Consulted
County	Santa Clara County Office of Education	Board Member	South County	Focus Group September 2015
County	Santa Clara County Office of Housing & Homeless Support Services	Staff	Homeless	Focus Group April 2015
County	Santa Clara County Office of Housing & Homeless Support Services	Staff	Homeless	Focus Group April 2015
County	Valley Health Center Gilroy	MD Family Medicine, Department of OBGYN	South County	Focus Group September 2015
Education	Campbell Union School District	Associate Superintendent	Youth	Survey July 2015
Education	Cupertino Union School District	Mental Health Program Manager	Behavioral Health - Youth	Survey July 2015
Education	Cupertino Union School District	School Nurse	Health - Youth	Survey July 2015
Education	Fremont Union High School District	Director of Educational and Special Services	Youth	Survey July 2015
Education	Gavilan College	College Health Nurse	Youth	Focus Group September 2015
Education	Gilroy Unified School District	School Linked Services Coordinator	Youth	Focus Group September 2015
Education	Mountain View Whisman School District	Assistant Superintendent	Youth	Survey July 2015
Medical	County of Santa Clara Health & Hospital System	Employee Wellness Senior Program Manager	Wellness	Survey July 2015

Sector	Organization	Title	Focus Population/ Topic/Expertise	Consultation Method and Month Consulted
Medical	El Camino Hospital; Stanford Adjunct Faculty	Physician/Child & Adolescent Psychiatrist	Behavioral Health	Survey July 2015
Medical	Gardner Health Services	CEO	Health	Survey July 2015
Medical	Good Samaritan Hospital	Registered Nurse	Health	Survey July 2015
Medical	Lucile Packard Children's Hospital Stanford	Professor	Health	Survey July 2015
Medical	Lucile Packard Children's Hospital Stanford	Clinical Professor	Health	Survey July 2015
Medical	Pediatric Healthy Lifestyle Center (Sunnyvale)	Director	Pediatric Diabetes	Interview May 2015
Medical	Santa Clara County Behavioral Health Services	Senior Manager	Behavioral Health	Survey July 2015
Medical	School Health Clinics of Santa Clara County	Director of Clinic Services	Health - Children	Interview June 2015
Medical	Stanford University School of Medicine	Chief, Division of Adolescent Medicine	Health - Youth	Survey July 2015
Medical	Stanford University School of Medicine	Clinical Professor, Division of Adolescent Medicine	Health - Youth	Survey July 2015
Nonprofit	Abode Services	Staff	Homeless	Focus Group April 2015
Nonprofit	Abode Services	Staff	Homeless	Focus Group April 2015
Nonprofit	Advent Group Ministries	Retired - Executive Director	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Alum Rock Counseling Center	Clinical Director	Behavioral Health	Survey July 2015

Sector	Organization	Title	Focus Population/ Topic/Expertise	Consultation Method and Month Consulted
Nonprofit	Alzheimer's Activity Center	Interim Executive Director	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Alzheimer's Association	Education Services Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Alzheimer's Association, Northern CA and Northern NV	Medical Outreach Specialist	Health – Older Adults	Survey July 2015
Nonprofit	Asian American Recovery Services	Managing Director for Santa Clara County	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Asian Americans for Community Involvement	EVP Mental Health and Community Programs	Behavioral Health	Survey July 2015
Nonprofit	Asian Americans for Community Involvement	OA Division Program Manager	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Catholic Charities	Staff	Homeless	Focus Group April 2015
Nonprofit	Community Health Awareness Council (CHAC)	Executive Director	Behavioral Health	Survey July 2015
Nonprofit	Community Health Partnership	CEO	Un/Underinsured	Interview May 2015
Nonprofit	Community Services Agency	Associate Director	Behavioral Health	Survey July 2015
Nonprofit	Community Solutions	Chief Development Officer	South County	Focus Group September 2015
Nonprofit	Community Solutions	Clinical Program Manager - Adult Behavioral Services Division	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Community Solutions	Staff	Mental health/Substance Abuse	Focus Group May 2015

<b>Sector</b>	<b>Organization</b>	<b>Title</b>	<b>Focus Population/ Topic/Expertise</b>	<b>Consultation Method and Month Consulted</b>
Nonprofit	Community Solutions	Staff	Homeless	Focus Group April 2015
Nonprofit	Downtown Streets Team	Case Manager	Homeless	Focus Group April 2015
Nonprofit	Downtown Streets Team	Staff	Homeless	Focus Group April 2015
Nonprofit	Eating Disorders Resource Center	Board Member	Behavioral Health	Survey July 2015
Nonprofit	Eating Disorders Resource Center	Executive Director	Behavioral Health	Survey July 2015
Nonprofit	Eating Disorders Resource Center	LMFT	Behavioral Health	Survey July 2015
Nonprofit	EMQ Families First	Executive Director	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Episcopal Senior Communities	Director, Senior Resources Santa Clara County	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Grants	Safety – Children & Youth	Survey July 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Operations	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Family & Children Services of Silicon Valley	Director of Substance Use Disorder Services	Mental health/Substance Abuse	Focus Group May 2015
Nonprofit	Family Caregiver Alliance	Family Consultant	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Fresh Lifelines for Youth	Director of Programs	Behavioral Health	Survey July 2015
Nonprofit	Health Trust	Director of Healthy Aging	Alzheimer's/Older Adult Providers	Focus Group May 2015

<b>Sector</b>	<b>Organization</b>	<b>Title</b>	<b>Focus Population/ Topic/Expertise</b>	<b>Consultation Method and Month Consulted</b>
Nonprofit	Health Trust	Intensive Medical Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Case Manager	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Program Manager	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group May 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Staff	Homeless	Focus Group April 2015
Nonprofit	HomeFirst	Veterans Case Manager	Homeless	Focus Group May 2015
Nonprofit	InnVision Shelter Network	Housing Services	Homeless	Focus Group April 2015
Nonprofit	Institute on Aging	Regional Director of Community Living Services	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Law Foundation of Silicon Valley	CEO	Legal	Survey July 2015

Sector	Organization	Title	Focus Population/ Topic/Expertise	Consultation Method and Month Consulted
Nonprofit	Momentum for Mental Health	Community Coordinator/Case Manager	Homeless	Focus Group April 2015
Nonprofit	Montgomery Street Inn	Staff	Homeless	Focus Group April 2015
Nonprofit	NAMI Santa Clara County (National Alliance on Mental Illness)	Executive Director	Behavioral Health	Survey July 2015
Nonprofit	NAMI Santa Clara County (National Alliance on Mental Illness)	Former President, Current Volunteer	Behavioral Health	Survey July 2015
Nonprofit	New Directions	Social Work Case Manager	Homeless	Focus Group April 2015
Nonprofit	Peninsula Healthcare Connection New Directions	Clinical Director	Health - Homeless	Survey July 2015
Nonprofit	Playworks	Executive Director	Health - Youth	Survey July 2015
Nonprofit	Rebekah Children's Services	Chief Clinical Officer, Community and Outpatient Services	Child Mental Health South County County	Focus Group September 2015
Nonprofit	Rebekah Children's Services	Chief Operations Officer, Education Services	Child Mental Health South County County	Focus Group September 2015
Nonprofit	San Benito Health Foundation	Operations Director	South County	Focus Group September 2015
Nonprofit	Santa Clara County Dental Society	Executive Director	Oral Health	Interview May 2015
Nonprofit	Santa Clara Family Health Plan	Operations Director	Alzheimer's/Older Adult Providers	Focus Group May 2015
Nonprofit	Seneca Family of Agencies	Director	Mental health/Substance Abuse	Focus Group May 2015

<b>Sector</b>	<b>Organization</b>	<b>Title</b>	<b>Focus Population/ Topic/Expertise</b>	<b>Consultation Method and Month Consulted</b>
Nonprofit	Silicon Valley Council of Nonprofits	Executive Director	Nonprofits	Survey July 2015
Nonprofit	Silicon Valley Healthy Aging Partnership	Program Coordinator	Older Adults	Survey July 2015
Nonprofit	St Joseph's Family Center	Services Coordinator	South County	Focus Group September 2015
Nonprofit	St. Joseph's Family Center	Case Manager	Homeless	Focus Group April 2015
Nonprofit	St. Joseph's Family Center	Program Manager and Homeless Outreach	Homeless South County	Focus Group September 2015
Nonprofit	St. Louise Regional ED	Emergency Department Medical Director	South County	Focus Group September 2015
Nonprofit	Valley Health Center Gilroy	Assistant Nurse Manager	South County	Focus Group September 2015
Private	La Ventana Treatment Programs (Southern California)	Director of Intake	Behavioral Health	Survey July 2015
Private	Private Practice	LMFT	Behavioral Health	Survey July 2015
Private	Private Practice	Psychologist	Behavioral Health	Survey July 2015
Private	The Healthy Teen Project	Program Director	Eating Disorders (Youth)	Survey July 2015
N/A	Family Caregiver Alliance	N/A	Family caregivers of older adults	Focus Group April 2015
N/A	Columbia Neighborhood Center	N/A	New and pregnant mothers (conducted in Spanish)	Focus Group May 2015

Sector	Organization	Title	Focus Population/ Topic/Expertise	Consultation Method and Month Consulted
N/A	Los Altos High School	N/A	High school youth	Focus Group May 2015
N/A	Community Health Partnership	N/A	Spanish-speaking medically underserved (conducted in Spanish)	Focus Group May 2015
N/A	Asian Americans for Community Involvement	N/A	Vietnamese adults (conducted in Vietnamese)	Focus Group October 2015

**APPENDIX E: 2016 Health Needs Prioritization Scores: Breakdown by Criteria**

**KFH-San José Prioritization**

Health Need	Rank (1 = Highest Priority)	Overall Average Score	Average Scores of Prioritization Criteria Used by Group			
			Magnitude/Scale of Need	Disparities/Inequities Exist	Prev'n/Early Interv'n Opportunity	Community Priority
Behavioral Health	1	3.00	3.00	3.00	3.00	3.00
Birth Outcomes	12	1.63	1.50	2.00	2.00	1.00
Cancer	5	2.75	3.00	2.00	3.00	3.00
Cardiovascular (heart & stroke)	6	2.50	3.00	2.00	3.00	2.00
Communicable Diseases (non-STIs)	6	2.50	2.00	2.00	3.00	3.00
Dementia & Alzheimer's Disease	9	1.75	2.50	1.50	1.00	2.00
Economic Security	8	2.25	3.00	3.00	2.00	1.00
Healthcare Access & Delivery	1	3.00	3.00	3.00	3.00	3.00
Healthy Eating/Active Living	1	3.00	3.00	3.00	3.00	3.00
Learning Disabilities	11	1.67	1.00		1.00	3.00
Respiratory Conditions	9	1.75	2.00	2.00	2.00	1.00
Sexual Health	12	1.63	1.00	1.50	2.00	2.00
Unintended Injuries	14	1.00	1.00	1.00	1.00	1.00
Violence & Abuse	1	3.00	3.00	3.00	3.00	3.00

Definitions:

- A. **Magnitude/scale of the need:** The number of people affected by the health need.
- B. **Clear disparities or inequities:** Differences in health outcomes by subgroups. Subgroups may be based on geography, languages, race/ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- C. **Prevention opportunity:** The health outcome may be improved by providing prevention or early intervention strategies.
- D. **Community priority:** The community prioritizes the issue over other issues on which it has expressed concern during the CHNA primary data collection process. ASR rated this criterion based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.

## APPENDIX F: CHNA Qualitative Data Collection Protocols

### SANTA CLARA CHNA 2015-16 PROFESSIONALS FOCUS GROUP QUESTIONS

#### 1. Community Health Needs & Prioritization – 10 min.

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up. (Emphasize that it includes behavioral health, oral health, etc.) (*Show flipchart list.*)

- a. We'd like you to let us know if you think there are any health needs (broadly defined, including social determinants of health) not on there that should be added.

Unmet health needs are those that are not being addressed. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- b. Please think about the three from the list (including the added needs, if any) you believe are the most important to address in Santa Clara County – the unmet needs.

You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

- c. Any other trends you are seeing in the past 5 years or so? How are the needs changing?

[We will discuss your ideas on how these might be able to be addressed later in our conversation.]

#### 2. Access — Health Insurance Changes

Since ACA was implemented...

- a. Do you see an increase in the number or proportion of those enrolled in health insurance?
  - a. For the first time?
  - b. After a lapse in insurance?
- b. From what you have observed, is the cost of insurance keeping consumers from enrolling or from getting better coverage?

#### 3. Access — Insurance Benefits/Coverage

Since ACA was implemented...

- a. Do you see an increase in the number or proportion with better insurance “coverage” or benefits?
- b. From what you have observed, is the cost of getting medical care keeping consumers from getting care Prompts: appointment co-pays, co-insurance, and prescriptions

For professionals providing health services only:

- c. Do you see an increase in the number or proportion who visit a primary care doctor for preventative care like physicals or regular check-ups?
- d. Are patients more likely than before to visit a doctor instead of using urgent care or the ER now compared to before ACA?

- e. Are consumers more able than before to make timely appointments with a PCP or specialist? Are there enough providers?
- f. Any other things you would like to share about changes due to ACA?

#### 4. Other Access Issues

Are there any other drivers or barriers that are contributing to the unmet health needs that we listed earlier?

Prompts:

- Transportation
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- Socio-economic status (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

#### 5. Suggestions/Improvements/Solutions

Now that we have discussed unmet health needs and issues related to access to care, we are going to ask you about some possible solutions.

For the unmet needs you prioritized earlier...

- a. Are there any policy changes you would recommend that could address these issues?
- b. Are there existing resources available to address these needs that people are not using? Why?
- c. What other resources are needed?  
Resource question prompts:
  - Specific new/expanded programs or services?
  - Increase knowledge/understanding?
  - Address underlying drivers like poverty, crime, education?
  - Facilities (incl. hospitals/clinics)
  - Infrastructure (transportation, technology, equipment)
  - Staffing (incl. medical professionals)
  - Information/educational materials
  - Funding
  - Collaborations and partnerships
  - Expertise

## Santa Clara CHNA 2015-16 Residents Focus Group Questions

### 1. Community Health Needs & Prioritization

When this county did its Community Health Needs Assessment in 2013, these are the health needs that came up. (Emphasize that it includes mental health – stress and depression, oral health, etc.) (*Show list on flipchart page.*)

- a. We'd like you to let us know if you think there are any health needs not listed that should be added. [Write them on the list]

Define unmet health needs: Those that are not being addressed. For example, maybe we don't know how to prevent these problems, or we don't have enough medicines or treatments, or maybe there aren't enough doctors to treat these problems, or maybe health insurance does not cover the treatment. These are unmet because there needs to be more done about this problem.

- b. Please think about the three from the list (including the added needs, if any) you believe are the most important to address in Santa Clara County – the unmet needs.
  - You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

### 2. Health Insurance Changes

We are interested in your access to health services in Santa Clara County.

First, a little about health insurance.

- a. How many of you have heard about the "Affordable Care Act" (ACA), also called "Obamacare" by some, which made health insurance available to U.S. residents about 2 years ago?
- b. How many of you enrolled in health insurance in the last two years (since the ACA went into place)
  - For the first time?
  - After a lapse in insurance?
- c. For how many has the cost of insurance kept you from enrolling or from getting better coverage?

### 3. Access Barriers

Now, some questions about the "coverage" (benefits, like lower-cost appointments with doctors, lower-cost prescription medicine, being able to see a dentist, mental health counselor, eye doctor, etc.) that you do have.

- a. Do you have more or better insurance "coverage" than you had 2 years ago?
- b. Is the cost of getting medical/healthcare keeping you from getting care (like appointment co-pays, co-insurance, prescriptions)?

Now a few questions about other ways your access to healthcare may have changed in the past 2 years:

[Emphasize the comparison of before ACA and now]

- a. Show of hands: how many of you have a Primary Care Physician (PCP)? Have you had to make a change in your PCP? If so, why?
- b. Are you more likely now than two years ago to visit a PCP for preventative care like regular check-ups, mammograms, or cholesterol screenings?

- c. Are you more likely now than two years ago to visit a doctor instead of using urgent care or the ER?
- d. Do you have any trouble getting a timely appointments? If you had a doctor two years ago: Has this gotten better than it was two years ago?

#### 4. Suggestions/Improvements/Solutions

Now we are going to ask you to do some “magic wand” thinking about what it would take to improve these things...

If you had a “magic wand” what would you have local leaders or the “powers that be” do to improve the health conditions we just talked about?

*Prompts:*

- New/expanded programs or services (ask for specificity)?
- Increase knowledge/understanding (i.e., more health education)?
- Address more basic issues like poverty, crime, or education, which could also be impacting health?

## Santa Clara County Professionals Key Informant Interview Questions

### 1. Access — Insurance Changes

First, a little about insurance. Please speak to your experience with [health need]. Since ACA was implemented...

- a. Do you see an increase in the number or proportion of those enrolled in insurance...?
  - a. For the first time?
  - b. After a lapse in insurance?
- b. From what you have observed, is the cost of insurance (i.e., premiums) keeping consumers from enrolling or from getting better coverage?

### 2. Access — Coverage/Benefits

Now, some questions about the “coverage” (benefits) for the people you serve. Please speak to your experience with [health need].

Since ACA was implemented...

- a. Do you see an increase in the number or proportion with better [dental/health] insurance “coverage” or benefits?
- b. From what you have observed, is the cost of [health need] care keeping consumers from getting care (like appointment co-pays, co-insurance, and prescriptions)?

Supplemental Questions:

Since ACA was implemented...

- a. Do you see an increase in the number or proportion who visit a primary care doctor for preventative care like physicals or regular check-ups?
- b. Are patients more likely than before to visit a doctor instead of using urgent care or the ER?
- c. Are consumers more able than before to make timely appointments with a PCP or specialist? Are there enough providers?

### 3. Other Issues

Are there any other drivers or barriers that are contributing to health needs? We will talk about solutions in just a minute.

Prompts:

- Transportation
- Built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things
- Policies/laws
- Cultural norms
- Stigma
- Lack of awareness/education
- Socio-economic status (income, education)
- Mental health and/or substance abuse issues
- Being victims of abuse, bullying, or crime

#### 4. Suggestions/Improvements/Solutions

Now that we have discussed health needs and issues related to access to care, we are going to ask you about some possible solutions.

Regarding [health needs/specialty] ...

- a. Are there any policy changes you would recommend that could address these issues?
- b. Are there existing resources available to address these needs? If so, why aren't people using them?
- c. What other resources are needed?

Resource prompts: Staffing? Infrastructure? Facilities? Collaborations and partnerships? (See focus group protocol.)

## **APPENDIX G: Community Assets and Resources**

The following resources are available to respond to the identified health needs of the community. Resources are listed by health need.

### EXISTING HEALTHCARE FACILITIES (Coalition members are signified by an asterisk)

- El Camino Hospital – Los Gatos\*
- El Camino Hospital – Mountain View\*
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San José\*
- Kaiser Foundation Hospital – Santa Clara\*
- Lucile Packard Children’s Hospital Stanford\*
- O’Connor Hospital\*
- Regional Medical Center of San José
- Santa Clara Valley Medical Center
- Saint Louise Regional Hospital\*
- Stanford Health Care\*
- VA Palo Alto Health (U.S. Department of Veterans Affairs)
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)
- In addition to providing excellent clinical care to their members, non-profit hospitals (marked with an asterisk [\*] above) in Santa Clara County invest in the community with a variety of strategies, including:
  - Providing in-kind expertise, training and education for health professionals
  - Financial assistance (charity care)
  - Subsidies for qualified health services
  - Covering unreimbursed Medi-Cal costs
  - Community benefit grants for promising and evidence-based strategies that impact health needs identified through the CHNA

### EXISTING CLINICS

Many community healthcare clinics in Santa Clara County are funded in part by nonprofit hospitals, private donors, and healthcare districts.

- Santa Clara Valley Medical Center Express Care Clinics
  - Gilroy
  - Milpitas
  - San José: Alexian, Bascom, East Valley, HomeFirst, Lenzen, Tully, Silver Creek, Moorpark
  - Sunnyvale
- Mayview Community Health Centers
  - Palo Alto
  - Mountain View
  - Sunnyvale
- Lucile Packard Children’s Hospital Teen Health Van

## OTHER EXISTING COMMUNITY RESOURCES AND PROGRAMS

On the following pages are lists of programs and resources available to meet each identified health need, which are organized in the following categories:

- Alliances, initiatives, campaigns and general resources
- Public/government services
- School-based services
- Community-based organization services
- Clinical hospitals and clinic services

## BEHAVIORAL HEALTH

### Alliances, Initiatives, & Campaigns and General Resources

- Community Transformation Grants funding for school-based mental health and wellness in South County, including education for staff at youth-serving organizations on social/emotional assets in youth and young adults
- GoNoodle: online health curriculum for all K-12 public schools in Santa Clara County.
- HEARD (Health Care Alliance for Response to Adolescent Depression) is a community alliance of healthcare professionals, including primary care and mental health providers working in various settings including clinics, hospitals, private practices, schools, government, and private organizations.
- Network of Care provider directory
- Project Safety Net (Palo Alto)
- Tobacco Free Coalition Santa Clara County

### Santa Clara County Services

- Behavioral Health Department Central Wellness & Benefits Center
- Behavioral Health Department South County Self-Help Center (Gilroy)
- Behavioral Health Department Zephyr Self-Help Center (San José)
- Department of Alcohol & Drug Services Gateway program
- Department of Family & Children Services
- Early Head Start Program provides access to mental health services for families of children 0-5
- Santa Clara County Behavioral Health Department (suicide and crisis services)
- Valley Health Center and all ambulatory clinics

### School-Based Services

- ASPIRE youth mental health program
- Counseling at Mountain View Whisman School District (CHAC)
- Counseling services at all Cupertino Union School District Schools
- Counseling services at all high schools in Campbell School District (EMQ Families First)
- Counseling services at all Santa Clara Unified School District schools
- Counseling services at all Sunnyvale School District schools (CHAC)
- Counseling services at Mountain View Los Altos School District (CHAC)

- Counseling Services at Palo Alto School District — counseling and substance abuse treatment
- Mental Health Department Prevention & Early Intervention programs
- OATS older adult mental health program
- Palo Alto Unified School District Sources of Strength

#### Hospitals and Community Clinics

- Asian Americans for Community Involvement (AACI) —center for victims of torture and trauma
- Gardner Family Health Center
- Gardner Health Centro de Bienestar
- Lucile Packard Children’s Hospital Stanford Mobile Adolescent Health Services for homeless and/or uninsured teens; services include risk behavior reduction counseling and substance abuse counseling and referrals
- Lucile Packard Children’s Hospital Stanford Teen Van at Mountain View Los Altos School District (counseling services)
- Mobile Adolescent Health Services
- RotaCare Clinic Mountain View — counseling services for uninsured patients, tobacco cessation programs
- Santa Clara County Public Health Department partnerships with Valley Medical Center South County clinic and Gardner to screen for tobacco use)
- San José Foothill Family Clinic
- Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center
- Stanford Psychiatry and Behavioral Sciences inpatient and outpatient clinics

#### Community-Based Organizations:

- 12-step recovery programs
- Alum Rock Counseling Center —Ocala MS Mentoring & Support Services Program (drug, violence, and risk prevention curriculum and emotional health services for at-risk students)
- Asian Americans for Community Involvement (AACI) Project PLUS (14-week life skills development program, providing prevention services for high-risk students at two high schools)
- Bill Wilson Center
- Billy DeFrank LGBT Community Center
- Casa de Clara, a Catholic volunteer group, offers services to women and children in downtown San José including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling
- Catholic Charities OASIS program provides case management, medication support and counseling
- Chamberlain’s Mental Health
- Community Health Awareness Council
- Community Solutions
- Discovery Counseling Center (Morgan Hill)

- Eastern European Services Agency
- Eating Disorder Resource Center of Silicon Valley
- EMQ Families First
- InnVision counseling
- Jewish Family & Children's Services
- Josefa Chaboya de Narvaez Mental Health
- Law Foundation of Silicon Valley Mental Health Advocacy Project — legal services for people with mental health or developmental disabilities
- Mekong Community Center
- Momentum for Mental Health (includes psychiatric care, medication management, and medications)
- Momentum-Alliance for Community Care
- NAMI (National Alliance on Mental Illness) Peer Pals program
- Peninsula Healthcare Connection —psychiatric care and medication management for primarily homeless individuals
- Peninsula Healthcare New Directions
- Rebekah's Children's Services (Gilroy)

## BIRTH OUTCOMES

### Government Services (City or Santa Clara County or California)

- First 5 Santa Clara County New Parent Kits
- Santa Clara County Department of Public Health Black Infant Health (BIH) Program
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model

### Community-Based Organizations

- Informed Choices (Gilroy)
- March of Dimes
- Real Options — prenatal care

### School-Based Services

- Continuation schools (parenting classes)

### Hospitals and Clinics

- O'Connor Hospital Health Benefits Resource Center's Baby Gateway Program, providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
- Packard Teen Van
- Planned Parenthood
- Valley Med high-risk OB clinic

## CANCER

### Community-Based Organizations

- American Cancer Society
- Bonnie J. Addario Lung Cancer Foundation
- Breast Cancer Connections
- Cancer CAREpoint
- Cancer Support Community
- Latinas Contra Cancer
- Leukemia & Lymphoma Society
- Vietnamese Reach for Health Coalition

### Hospitals and Community Clinics

In addition to hospitals and clinics that provide cancer care and outpatient chemotherapy, these cancer-specific resources can be found in the community:

- El Camino Hospital:
  - Free skin cancer screenings
  - Hepatitis B awareness campaign and screenings to prevent liver cancer in at-risk Asian population
  - Women's services at RotaCare Clinics
- O'Connor Hospital cancer support groups
- Stanford
  - Blood and Bone Marrow Transplant Program
  - Cancer clinical trials info/referral website and phone line
  - Medicine Asian Liver Center
  - Stanford Cancer Institute
  - Stanford Cancer Supportive Care Program — 55 non-medical services for cancer patients, family and caregivers
- Valley Medical Center Sobrato Cancer Center

## CARDIOVASCULAR DISEASE

Includes heart disease and stroke.

### Alliances, Initiatives, & Campaigns and General Resources

- Community Health Partnership Specialty Care Initiative supports community clinics by increasing access and reducing demand for specialty care among uninsured and underinsured populations. The initiative targets access to care in various specialties such as gastroenterology, orthopedics, neurology, ophthalmology, and cardiology.
- Free blood pressure, cholesterol, and glucose screenings:
  - American Heart Association
  - Health fairs
  - YMCA screenings
- PHASE Initiative — protocols for community clinics

## Community-Based Organizations

- Community Service Agency Mountain View — nurse case management and social work case management to help older adults better manage chronic health conditions such as congestive heart failure and hypertension
- Peninsula Stroke Association (symposium)
- Stroke Awareness Foundation

## Hospitals and Community Clinics

- El Camino Hospital Cardiac rehabilitation
  - Weekly, free blood pressure screening at Health Resource Center
  - Certified stroke center
- El Camino Hospital South Asian Heart Center – screening and consultations, physician and community awareness initiative focused on prevalence of heart disease in the South Asian population
- O’Connor Hospital:
  - Free blood pressure screenings
  - Stroke support group
  - Certified stroke center
  - Cardiac Rehab Center
  - Community lectures on stroke, hypertension, heart disease
- Primary care, hypertension, and heart disease case management at community clinics:
  - Asian Americans for Community Involvement
  - Mayview Community Health Center
  - RotaCare Clinic Mountain View
  - Valley Health Center Sunnyvale
- Saint Louise Hospital
  - Certified stroke center
- Stanford Hospital & Clinics:
  - Stroke education and support groups
  - Comprehensive Stroke Center
  - Stroke Rehabilitation Program
  - Heart Failure & Cardiomyopathy Clinic
  - Valvular Heart Disease Clinic
  - Women’s Heart Health Clinic
  - Heart Surgery Clinic
  - Heart Transplant Program
  - Cardiac Rehabilitation
  - Heart Transplant Program
  - Stanford South Asian Translational Heart Initiative
  - Adult Congenital Heart Program

## COMMUNICABLE DISEASES

See Sexual Health for sexually transmitted infections assets and resources.

### Alliances, Initiatives, & Campaigns and General Resources

- ECH Chinese Health Initiative focused on hepatitis B awareness and screenings
- Santa Clara County Needle Exchange Program
- SCC Hepatitis B Free Initiative
- Vietnamese Reach for Health Coalition

### Government Services (City or Santa Clara County or California)

- Santa Clara County Pediatric TB Clinic
- Santa Clara County Public Health Department ESSENCE program
- Santa Clara County TB/Refugee Health Clinics

### School-Based Services

- Lucile Packard Teen Health Van (including STIs and HPV)
- School health clinics of Santa Clara County

### Hospitals and Clinics

- ECH Chinese Health Initiative—hepatitis B screenings and awareness
- Foothill Community Health
- Peninsula Healthcare Connection (clinic and homeless shelter)
- Stanford Health Care Infectious Disease Clinic
- Valley Homeless Healthcare Mobile Van

## DEMENTIA & ALZHEIMER'S DISEASE

### Alliances, Initiatives, & Campaigns and General Resources

- Sourcewise (formerly the Council on Aging Silicon Valley)
- The Health Trust – Healthy Aging Initiative

### Hospitals and Clinics

- El Camino Hospital (ECH) monthly learning circle for Chinese caregivers of those with Alzheimer's disease and other forms of dementia (in partnership with the Alzheimer's Association and ECH Chinese Health Initiative)
- Stanford/Veteran's Administration Alzheimer's Research Center
- Stanford Health Care:
  - Aging Adult Services
  - Alzheimer's disease clinical trials
  - Neuropsychology Clinic
  - Senior Care Clinic
  - The Stanford Center for Memory Disorders

## Community-Based Organizations

- Adult day care programs such as Avenidas Rose Kleiner Center and Alzheimer's Activity Center
- Alzheimer's Association of Northern California and Northern Nevada
- Catholic Charities Daybreak Centers

## HEALTHY EATING/ACTIVE LIVING

See Economic Security for free food resources.

### Alliances, Initiatives, & Campaigns and General Resources

- Bay Area Nutrition and Physical Activity Collaborative (BANPAC)
- California Food Policy Advocates
- Communities Putting Prevention to Work (CPPW) Obesity Prevention Program
- Community Alliance with Family Farmers (CAFF) Foundation: Expanding Farm to School (at Sunnyvale Elementary School District including Harvest of the Month in ASPs, integrating locally-sourced food in school meals and increasing procurement of locally-sourced produce)
- Community Transformation Grants (CDC)
  - healthy meeting guidelines / healthy vending machine guidelines
  - increasing healthy food and beverages and increased opportunities for physical activity
  - increasing number of cities in South County that offer increased opportunities for healthy eating/active living as well as healthy food and beverage procurement policies
- Green Belt Alliance (collaborative)
- Pacific Institute (public health & environmental justice in land use and transportation planning)
- Partners in Health (PIH)
- SCC Diabetes Prevention Initiative
- Stanford Health Library in three community-based locations – librarians research treatment options/other info on diabetes treatment /management
- Sunnyvale Collaborative (obesity focused)

### Government Services

- California WALKS Program
- Children's Health Plan (diabetic services)
- County of Santa Clara Parks and Recreation Department—Healthy Trails Program, bilingual outreach
- Healthy Kids weight management classes
- Nutrition education through Santa Clara County Public Health Department
- San José Department of Parks, Recreation, & Neighborhood Services exercise programs at 21 senior centers

- Santa Clara County Public Health Department Breastfeeding Program (education, training public educators, and lactation consultant)

#### School-Based Services

- 5210 Health awareness Initiative at 9 elementary schools (includes information on nutrition and physical activity for students and parents)
- Alum Rock Union School District: Healthy Eating Active Living (ReThink Your Drink, water station at schools, health messaging on school campus)
- BAWSI Girls in Campbell (physical activity for 3rd-5th grade girls with athlete mentors at six schools)
- District School Wellness policies
- GoNoodle nutrition and fitness health curriculum lessons in numerous school districts
- Healthier Kids Foundation—10 Steps to a Healthier You parent education series
- Kaiser Permanente Educational Theatre Program—obesity prevention programming and messaging to schools and in the community
- Nutrition education in the School Health Clinics of Santa Clara County
- Playworks at eight low-income elementary schools
- Santa Clara County Office of Education’s Coordinated School Health Advisory Council
- Santa Clara County Office of Education’s Coordinated School Health Advisory Council
- School nurses and health clerks in five school districts who manage care for diabetic students.

#### Community-Based Organizations

- Breathe CA: Let’s Get Moving to School (at five schools, increasing number of students who walk and bicycle to school)
- Children’s Discovery Museum: Rainbow Market Project (new exhibit to support children and families in exploring healthy eating)
- Choices for Children: 5 Keys for Child Care (online training module for child care providers to improve feeding knowledge and behaviors)
- Community Service Agency Mountain View—provides nurse case management and social work case management to help older adults better manage diabetes
- FIRST 5 Family Resource Centers (nutrition and physical activity programming)
- Happy Hollow Park and Zoo Eat Like a Lemur Project (provide healthy foods in their cafe and showcase opportunities for increased physical activity around the park)
- Our City Forest fruit tree stewardship programs (benefits community by promoting growing one's own food and giving away food)
- Silicon Valley HealthCorps developing community and school-based gardens, and farm to school programs
- Somos Mayfair: In Our Hands, Family Wellness Initiative (foster daily exercise, guided by Promotores, in San José Mayfair neighborhood)
- Sunnyvale Community Services: Fresh From the Farm (provides low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building activities)

- Various organizations: Early childhood feeding practices parenting classes (“5 Keys to Raising a Happy, Healthy Eater”)
- Various senior centers: Chronic disease self-management workshops
- Veggielution: Healthy Food Access and Engagement for Low-Income Families (hands-on learning, physical activity, fresh fruits and vegetables for individuals and families in low-income East San José neighborhoods)
- West Valley Community Services (includes the Raising a Healthy Eater Program)

#### Hospitals and Community Clinics

In addition to health education and chronic disease clinical care provided to members, Hospitals and Community Clinics offer the following services available to the public:

- Asian Americans for Community Involvement Clinic—diabetic case management
- Gardner Clinic—Down with Diabetes program
- Indian Health Center of Santa Clara Valley
  - Health Intervention Program including education, coaching, and fitness training
  - Weight Management Program (health education)
  - Diabetes Prevention Program for pre-diabetic adults including coaching and nutrition counseling
  - Diabetes Prevention & Management Program for type 2 diabetics including medication management and nutrition counseling
- Kaiser Permanente Educational Theatre Program—obesity prevention programming and messaging to schools and in the community
- Kaiser Permanente Farmer’s Markets (open to the community)
- Lucile Packard Children’s Hospital Mobile Adolescent Health Services for homeless and/or uninsured teens—In addition to acute care and injury prevention, the Teen Van provides primary care services and nutrition counseling
- Lucile Packard Children’s Hospital Pediatric Weight Control Program – tuition scholarships for low-income families
- Mayview Clinic in Mountain View—diabetic case management
- O’Connor Hospital Health Benefits Resource Center, insurance and CalFresh coverage for uninsured at hospital and in the community
- O’Connor Hospital—diabetes support group
- RotaCare Clinic in Mountain View diabetic case management
- Stanford Health Care Diabetes Care Program
- Stanford Hospital and Clinics Strong for Life—free exercise classes at senior centers
- Stanford Transplant Diabetes Program
- Stanford University Pacific Free Clinic: Access to Preventive Health Care for the Uninsured (health education, pharmacy program including protocols and dispensing of medications, adult immunization program for uninsured adults in San José area)
- The Health Trust
  - Medical Nutritional Therapy for type 2 diabetics
  - Diabetes Self-Management Program (available in multiple languages)
  - Better Choices, Better Health chronic disease self-management workshops (online or small group, available in multiple languages)

- Timpany Center Diabetes Prevention Study
- Valley Health Center on Bascom and in Sunnyvale—diabetic case management
- YMCA National Diabetes Prevention Program (health education)

## ECONOMIC SECURITY

This need includes education, employment, housing, and poverty.

### Alliances, Initiatives, & Campaigns and General Resources

- 2-1-1
- “All the Way Home” Campaign to End Veteran Homelessness – City of San José, Santa Clara County and the Housing Authority have set a goal of housing all of the estimated 700 homeless veterans by 2017 (new)
- Community plan to end homelessness in Santa Clara County
- Destination Home
- MyHousing.org
- Santa Clara County Housing Task Force
- Santa Clara County Medical Respite for the Homeless
- VA Housing Initiative

### Government Services (City or Santa Clara County or California)

- Abode Services—supportive housing- county paying for success initiative for chronic homelessness
- CalFresh
- City of San José employment resource center
- City of San José Housing Department and Homelessness Response Team
- Connect Center CA (Pro-match and Nova job centers)
- County mental health housing through MHSA
- County Office of Supportive Housing
- Employment Development Department (in partnership with NOVA)
  - CONNECT Center
  - ProMatch career resource center
- Housing Authority of SCC
- Housing Trust
- Medi-Cal
- Santa Clara County Valley Health and Hospital System—myhousing.org
- SJC Housing and Homelessness Services Department
- Veterans Administration employment center
- WIC
- Women, Infants, and Children (WIC) Nutrition Services
- Work 2 Future—a County of Santa Clara, City of San José, and SJSU collaborative program

## School-Based Services

- College/university housing offices
- Community colleges
- Salad bars (funded through SVLG—nutrition)

## Community-Based Organizations – Emergency & Transitional Housing

- 211 (info/referral)
- Bill Wilson Center emergency shelter for youth
- Casa de Clara (Catholic volunteer group—services to women and children in downtown San José including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling)
- Catholic Charities Housing—affordable housing units
- Chinese Community Center of the Peninsula
- Community Services Agency emergency shelter
- Destination Home
- Downtown Streets Team
- EHC Life Builders Emergency Housing Consortium
- Foster youth group home providers
- Gilroy Compassion Center
- HomeFirst
- Housing Opportunities for Persons with AIDS
- InnVision the Way Home
- Love Inc.
- New Hope House
- Palo Alto Housing Corporation
- Rebuilding Together (repairs to keep people in homes)
- Sacred Heart Community Services emergency assistance
- Senior Housing Solutions
- St. Joseph emergency assistance
- Sunnyvale Community Services—housing and emergency assistance
- The Health Trust Housing for Health
- Unity Care—Foster youth housing
- West Valley Community Services emergency assistance
- Goodwill Silicon Valley
- Sacred Heart Community Services
- Salvation Army
- Unity Care—foster youth employment assistance

## Community-Based Organizations - Employment

- American Vets Career Center
- Community Service Agency (Mountain View, Sunnyvale, West Valley)
- Day Worker Center (Mountain View)

- Dress for Success, a nonprofit organization that provides interview suits and job development
- Hope Services—employment for adults with developmental disabilities
- NOVA Workforce development

#### Community-Based Organizations – Food Resources:

- Loaves and Fishes
- Meals on Wheels (The Health Trust and Sourcewise)
- Salvation Army
- St. Joseph's Cathedral
- St. Joseph's Family Center—food bank and hot meals (Gilroy)
- Sunnyvale Community Services
- Second Harvest Food Bank
- The Health Trust farmer's market
- Valley Medical Center farmers' market

#### Community-Based Organizations – Legal

- Asian Law Center
- Family Advocacy Program (Legal Aid Society)
- Law Foundation of Silicon Valley Mental Health Advocacy Project—legal services for people with mental health or developmental disabilities
- Legal Aid
- Project Sentinel and other dispute resolution providers

#### Hospitals and Clinics

- Summer youth programs (Medical EMP and College Access)
- Stanford Medicine Summer Youth Program (introduces low income, minority students to careers in healthcare; college application assistance)

## HEALTHCARE ACCESS & DELIVERY

All nonprofit hospitals provide charity care and cover the cost of unreimbursed Medi-Cal for underinsured patients.

#### Alliances, Initiatives, & Campaigns and General Resources

- Santa Clara County Public Health Department Nurse-Family Partnership Program helps young, low-income, expectant mothers have healthier pregnancies, become better parents, have emotionally and physically healthier children, and gain greater self-sufficiency (home visit model)
- Santa Clara Family Health Plan

#### Santa Clara County Services

- Valley Health Plan
- Valley Homeless Healthcare Program

## School-Based Services

- School Health Centers

## Hospitals and Community Clinics

- O'Connor:
  - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
  - Health Benefits Resource Center provides insurance and CalFresh enrollment assistance and referrals social services to low-income, underinsured or uninsured individuals
- Kaiser Permanente Graduate Medical Education and Residency program at School Health Clinics and Indian Health Center
  - Pediatric Center for Life provides comprehensive care and referrals to low-income children
- Kaiser Permanente Subsidized Health Insurance and Medical Care Services including:
  - Child Health Program
  - Healthy Families Program
  - Steps Health Plan for Adults
- Saint Louise:
  - Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician
  - Health Benefits Resource Center provides MediCal application assistance
- Stanford Health Care:
  - Community Health Partnership:
    - Emergency department registration unit enrolls uninsured pediatrics patients in various assistance and insurance programs
    - Health Advocates subsidized program to help individuals research and enroll in health insurance programs
  - Emergency department registration unit enrolls uninsured pediatrics patients in assistance and insurance programs
  - Health Advocates subsidized program to help individuals research and enroll in health insurance programs
  - Information & Referral website and phone line: fields ~10,000 requests for info annually
  - Mayview (increase provider hours; establish formal referral system with free clinic to provide medical home for 50 free clinic clients annually)
  - Medical education: subsidized training for residents/interns
  - Medical Respite Program for the Homeless, a public/private partnership, provides beds and case management for those experiencing homelessness
  - Pacific Free Clinic (EMR & IT support)
  - Pro bono services: labs and radiology Pacific Free Clinic

- Stanford Health Library: free and open to all; librarians do health-related research for individuals requesting help (e.g., research conditions and put together info packets for anyone requesting; medical info; info on where to get care, etc.; Health Insurance Counseling & Advocacy Program lectures for seniors; bilingual medical librarian at branch in East Palo Alto
- Stanford Lifelight: subsidized air ambulance service
- Stanford University Community Health Advocacy Program: medical students do capacity building projects at community clinics (e.g., developed/built/staff trained on chronic disease registry-Mayview)
- Valley Medical Center Baby Gateway Program providing Medi-Cal enrollees information about physical and social/emotional health to parents and assistance with enrolling their infants in Medi-Cal and choosing a primary care physician

#### Community-Based Organizations

- Asian Americans for Community Involvement Patient Navigator Program
- Community Health Partnership and related clinics
- FIRST 5 Santa Clara County: Funds Healthy Families Insurance Program
- Gardner Family Health Network: Public Benefit Screening and Enrollment (establish a Community Services Referral System that links patients to needed services by providing referrals and navigation support)
- Health insurers (Blue Cross, Aetna, etc.)
- Healthy Outcomes project
- InnVision Shelter Network: HealthCare for the Homeless (expanded services to include health support programs and increase patient utilization of scheduled medical visits)
- Mayview Community Health Center: Quality Improvement Initiative (support for staffing, processes, tools, and infrastructure to improve both access and quality of care provided to disadvantaged patients).
- RotaCare Bay Area: A Way Home: Clinic Patient Navigator (to help low-income, uninsured residents find a medical home and connect patients to other local health-related services)
- Santa Clara County Public Health Department Nurse-Family Partnership Program home visitation model
- Santa Clara Family Health Foundation: Community Outreach Program (develop/sustain/refine relationships with nonprofit agencies to identify hard-to-reach uninsured children and refer parents to apply for health coverage)
- School Health Clinics of Santa Clara County: Quality Improvement Initiative (at safety net organizations, support for staffing, processes, tools and infrastructure that enable organizations to improve both access and quality of care provided to disadvantaged patients)

#### Transportation Services

- Avenidas
- Cal Train
- City Team Ministries
- Community Services Agency
- El Camino Hospital Roadrunners

- Heart of the Valley Escorted Transportation (nonprofit)
- Love Inc.
- Mountain View Community Shuttle
- Outreach & Escort, Inc.
- Santa Clara Valley Transit Authority (VTA)

## LEARNING DISABILITIES

### Alliances, Initiatives, & Campaigns and General Resources

- First 5 Santa Clara (info, help finding CBOs)
- Santa Clara County Office of Education Inclusion Collaborative

### Government Services (City or Santa Clara County or California)

- San Andreas Regional Center—developmental assessments

### School-Based Services

- After-school academic tutoring (through school districts)
- Special Education services through public school districts and private schools

### Community-Based Organizations

- After-school tutoring services available through private agencies
- Applied Behavior Analysis for autism from various organizations:
  - Morgan Center
  - Pacific Autism Center for Education (PACE)
  - Stepping Stones Triple P Curriculum
- Autism Society of San Francisco Bay Area—information regarding ways for families to get involved, gain knowledge and support, and meet other individuals affected by autism
- Behavioral health agencies with expertise in ADHD (various)
- Children's Health Council community clinic
- EMQ Families First — serves children on the autism spectrum disorder and other developmental disabilities and their families at home, in school or in clinic.
- EvoLibri
- In-home behavioral therapy and bio-feedback from private practitioners
- Parents Helping Parents
- Social Thinking Center

### Hospitals and Clinics

- Lucile Packard Children's Hospital Stanford Brain and Behavioral Center

## ORAL/DENTAL HEALTH

### Alliances, Initiatives, & Campaigns and General Resources

- California Dental Association Fund—Santa Clara Fluoridation Initiative
- Health Teacher program (oral health education for kids)
- Onsite Dental Foundation for HIV/AIDS patients

### Government Services (City or Santa Clara County or California)

- Superior Court of CA Santa Clara County orthodontic care for foster youth

### School-Based Services

- School nurses coordinate dental screenings at schools

### Community-Based Organizations

- Healthier Kids Foundation (Kids)
- InnVision Shelter Network—Health Care for the Homeless (medical and dental care)
- SCC Dental Society

### Hospitals and Community Clinics

- Alviso Health Center
- Children's Dental Center (Sunnyvale)
- Children's Dental Center in East San José (through The Health Trust)
- CompreCare Clinic
- Dental mobile unit site
- EHC Lifebuilders dental mobile unit site
- FIRST 5 Santa Clara County distributed New Parent Kit and additional oral healthcare kits
- Foothill Clinic (Gilroy)
- Gardner Dental Clinic (South County)
- Gardner Family Health Clinic (Alum Rock)
- Indian Health Center
- St. James Health Center
- ToothMobile (Head Start & Preschools)
- Valley Homeless Healthcare clinics—dental services and dental van

## RESPIRATORY CONDITIONS

### Alliances, Initiatives, & Campaigns and General Resources

- Drug assistance programs through pharmaceutical companies
- Stanford Health Library: info and librarian assistant for treatment/management
- Tobacco Free Coalition Santa Clara County

### School-Based Services

- Asthma case management by school nurses in five school districts

## Community-Based Organizations

- Allergy & Asthma Associates of Santa Clara Valley Research Center
- Breathe California
- California Smokers Helpline
- Respiratory equipment companies
- Second-Hand Smoke Helpline
- Vietnamese Reach for Health Coalition

## Hospitals and Clinics

- El Camino Hospital Cardiac & Pulmonary Wellness Program
- O'Connor Hospital
- Saint Louise Pulmonary Rehabilitation Program
- Stanford Health Care
  - Center for Advanced Lung Disease
  - Chest Clinic
  - Pulmonary Rehabilitation Program

## SEXUAL HEALTH - INCLUDING STIS/HIV/AIDS

### Government Services (City or Santa Clara County or California)

- Santa Clara County HIV Planning council
- Santa Clara County Needle Exchange Program

### School-Based Services

- College health centers (public and private universities, community colleges)
- Lucile Packard Children's Hospital Stanford Teen Van
- School health clinics (San José High, Overfelt, Washington, Franklin-McKinley Neighborhoods)

### Community-Based Organizations

- Asian American Recovery Services
- Billy DeFrank LGBT Community Center
- Community Health Awareness Council (CHAC) Outlet program
- Community Health Partnership—Transgender Health
- Planned Parenthood Mar Monte (including Foster Youth Healthcare Services & Coverage Access, which provides pregnancy prevention/education services to current and former foster youth throughout Santa Clara County)
- The Health Trust AIDS Services
- The Health Trust: Asian Americans for Community Involvement
- Valley Health Center PACE Clinic—HIV services

## Hospitals and Clinics

- Lucile Packard Children's Hospital Mobile Adolescent Health Services for homeless and/or uninsured teens; services include counseling and treatment for HIV and STDs, family planning services, pregnancy testing, and risk behavior reduction counseling
- Stanford Health Care Positive Care Clinic (HIV and AIDS)

## UNINTENDED INJURIES

### Alliances, Initiatives, & Campaigns and General Resources

- Safe Routes to School
- SafeKids Santa Clara County
- Santa Clara County Fall Prevention Task Force
- Santa Clara County Public Health Department Falls Prevention Collaborative
- SJSU Research Foundation Falls Prevention Collaborative
- The Health Trust Healthy Aging Partnership

### Government Services (City or Santa Clara County or California)

- City departments of transportation
- County poison control
- PHD Center for Chronic Disease and Injury Prevention

### Community-Based Organizations

- Matter of Balance fall prevention program for older adults
- Stepping On fall prevention program for older adults
- Strong for Life free group exercise program for seniors promoting strength, mobility, balance
- The Health Trust Agents for Change promoting older adult pedestrian safety
- YMCA (free camps and scholarships for swim lessons)

## Hospitals and Clinics

- Packard Safely Home car seat fitting station
- Stanford Healthcare:
  - Farewell to Falls free, in-home program including home assessments, exercise program facilitated by occupational therapists, and pharmacist assistance
  - Chronic Disease Self-Management workshops senior centers (pain management, management of conditions causing loss of balance)
  - Provides Lifeline in-home emergency response service to seniors regardless of their ability to pay

## VIOLENCE & ABUSE

### Alliances, Initiatives, & Campaigns and General Resources

- South County United for Health Leadership Team focus on active and safe parks
- Violence Prevention Taskforce

### Government Services (City or Santa Clara County or California)

- City of Gilroy Gang Taskforce
- City of San José BEST-funded programs
- Domestic Violence Intervention Program for foster children through the Superior Court of California Santa Clara County
- San José Mayor's Gang Taskforce
- Santa Clara County Child Abuse Council
- Santa Clara County Domestic Violence Council
- Santa Clara County Juvenile Probation Department programs
- Santa Clara County Office of Human Relations
- Santa Clara County Office of Women's Policy
- Santa Clara County Public Health Department Anti-bullying Community Transformation Grants in South County school districts
- Santa Clara County Public Health Department Violence Prevention Program
  - Healthy Teen Relationships Campaign (social marketing strategies and programming to prevent teen domestic violence) in South San José/South County
  - We All Play a Role in Safe and Peaceful Communities Campaign

### School-Based Services

- GoNoodle online lessons on bullying awareness

### Community-Based Organizations

- AACI: Victims & violence (torture/trauma center)
- Alum Rock Counseling Center CAPA program
- Asian Women's Home
- CHAC (Community Health Awareness Counseling) provided at all Sunnyvale School District schools, for Mountain View Whisman School District and Mountain View Los Altos School District
- Community Solutions Touch with Teens Program at school sites in South County
- Community Solutions: Healthy Communities Program (violence prevention and intervention services to high-conflict/ underserved children, youth, and families, Morgan Hill & Gilroy)
- Discovery: Community Solutions
- Domestic violence shelters
  - Asian Americans for Community Involvement
  - YWCA Support Network
  - Next Door Solutions
- EMQ Families First counseling for all high schools in the Campbell Union High School District
- EMQ Families First Crisis Intervention Program for northern Santa Clara County

- Girl Scouts of Northern California Got Choices program—prevention/ intervention program to reduce risky behaviors and support informed decision-making in high-risk, disconnected, gang-impacted and court-involved middle- and high-school girls
- ICAN (Vietnamese parenting class focusing on infant/child brain development)
- Next Door Solutions to Domestic Violence Healing Families Pilot Project—for those who have either experienced or been exposed to domestic violence
- Peace Builders Program
- PlayWorks: Youth development program in elementary school that has positive impact on reducing violence
- Rebekah Children’s Services School-Based Violence and Substance Abuse Prevention Program (elementary school students in Gilroy Unified School District)
- SafeCare Home Visitation Services
- Sunday Friends violence prevention classes
- Various organizations: Triple P parenting program
- YMCA Silicon Valley / Project Cornerstone Creating Caring Schools to Reduce Violence program—partnership with 10 high-need schools and preschools

#### Hospitals and Clinics

- Kaiser Permanente Educational Theatre Program that delivers violence prevention programming and messaging to schools and in the community
- Lucile Packard Children’s Hospital health education programs with topics including cyber bullying
- Lucile Packard Children’s Hospital residents’ community advocacy projects
- Lucile Packard Children’s Hospital Suspected Child Abuse and Neglect (SCAN) team, a collaboration between Packard Children’s and the Santa Clara Valley Medical Center – Center for Child Protection. The team consults on child abuse cases, reviews all CPS referrals and consultations, provides inpatient and outpatient consultation services, and education for residents, medical students, and staff.
- Lucile Packard Children’s Hospital Safe Kids Coalition

#### OTHER COMMUNITY PROVIDER RESOURCES

##### End of Life Care

- Coda Alliance
- Home health aides
- Hospice programs
- Palliative Care Programs at the Veterans Administration, Valley Medical Center
- Respite care home health services

## **APPENDIX H: Health Needs Profiles**

- Behavioral Health
- Birth Outcomes
- Cancer
- Cardiovascular (heart & stroke)
- Communicable Diseases (non-STIs)
- Dementia & Alzheimer's Disease
- Economic Security
- Healthcare Access & Delivery
- Healthy Eating/Active Living
- Learning Disabilities
- Respiratory Conditions
- Sexual Health
- Unintended Injuries
- Violence & Abuse



# BEHAVIORAL HEALTH

## How Do We Know There is a Problem?

Mental health (including sub-clinical stress, anxiety, and depression in addition to diagnosed mental health disorders) and substance abuse are co-occurring problems that are a substantial concern to the community. Substance abuse is related to mental health because many cope with mental health issues by using drugs or abusing alcohol. In the community input phase of the CHNA, it was clear that the community sees the need for addressing these co-occurring conditions in a coordinated approach.

### Mental Health Data

- 38% of county adults report poor mental health on at least one day in last 30 days.<sup>i</sup>
- Suicide was the tenth leading cause of death in Santa Clara County in 2013 (156 or 2% of deaths).<sup>ii</sup> The suicide rate is 7.9, lower than CA (9.8) and the Healthy People 2020 (HP2020) benchmark (10.2).<sup>iii</sup>

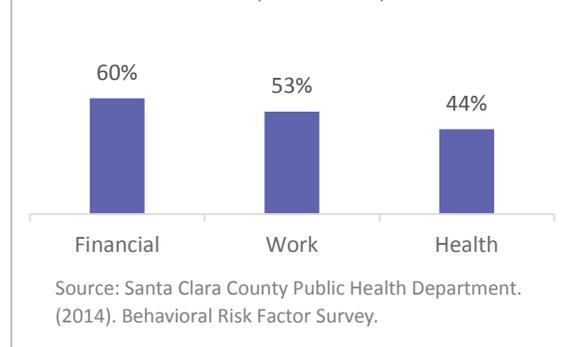
### Substance Abuse Data

- Liver disease/cirrhosis was the ninth leading cause of death in Santa Clara County in 2013 (168 or 2% of deaths).
- 14% of adults and 11% of youth binge drink.<sup>i iv</sup>
- Nearly 14% of KFH-San Jose service area household expenditures are on alcohol, slightly higher than the state (13%).<sup>v</sup>
- Only 10% of county residents are current smokers, which is lower than the HP2020 target of 12%. Men are more likely to smoke than women (13% compared to 7%), and Filipinos have the highest smoking prevalence (21%) of all racial and ethnic groups.
- Adult smoking by ethnicity ranges from 6% (multiracial) to 12% (Whites). Specifically among Asian adults, 15% of Vietnamese adults use tobacco.<sup>vi,vii</sup>
- Among men, Vietnamese (24%) and Filipinos (32%) are more likely to smoke than men of other ethnicities.<sup>viii</sup>
- Specifically among Latinos, those who were foreign-born are much more likely to smoke (16%) than those born in the U.S. (6%).<sup>3</sup>

## MENTAL HEALTH A TOP COMMUNITY CONCERN

While those with diagnosed mental health disorders have access to treatment, those with sub-clinical anxiety and depression may not be receiving care.

PERCENTAGE OF SCC ADULTS WHO ARE SOMEWHAT OR VERY STRESSED, BY TOPIC, 2014



- 29% of high school youth say they have used marijuana.<sup>4</sup>
- 7% of high school youth say they have used cocaine.<sup>4</sup>
- 10-11% of high school youth say they have used ecstasy, inhalants and prescription pain medication.<sup>iv</sup>

## Who Is Most Affected?

- The death rate from suicide is highest among residents aged 45 and older; 58% of deaths by suicide are among that age group.<sup>ix</sup>
- Nearly one quarter (23%) of LGBTQ respondents have seriously considered attempting suicide or physically harming themselves within the past 12 months.<sup>x</sup>
  - ➔ Suicidal ideation among LGBTQ respondents is highest among transgender respondents (47%), Latinos, (28%), and young adults aged 18 to 24 (37%).
  - ➔ LGBTQ individuals with annual household incomes of less than \$40,000 (27%) and \$40,000 to \$74,999 (28%) more often reported self-harm ideation than those in households with incomes of \$75,000 or more (15%).

## What the Community Said About Behavioral Health

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- Six out of eight focus groups ranked behavioral health as a top three need in the county in, and three out of five key informants mentioned it in their interviews. Substance abuse was mentioned in four out of eight focus groups.
- Depression, stress, and anxiety were the mental health issues mentioned most in focus groups (3) and in the LGBTQ report. Also, hoarding was mentioned in more than one focus group or key informant interview.
- The Santa Clara County Public Health Officer noted that tobacco use is one of the unmet health needs in the county.
- There is a lack of education about tobacco prevention in schools.

## Populations

- **LGBTQ** community members and **Black** community members noted that discrimination contributes to mental health issues in their respective communities.<sup>x,xi</sup>
- Providers of **older adult** services recommended increasing awareness about the high suicide rate among older adults and said that this population is depressed because of isolation and financial struggles, including housing costs.
- Substance abuse treatment providers expressed concerned about increasing numbers of **youth** with methamphetamine and marijuana dependency; this is exacerbated by the legalization of marijuana for



*Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The annual Community Benefit report describes in detail the investments made in the community, including programming and partnerships. The asterisk (\*) in this health profile indicates that more information on the abbreviation or definition can be found in the 2016 Community Benefit report's glossary.*

those with medical cards (i.e., some youth have increased access through their parents).

- Parents may be contributing to stress among **adolescents** by putting pressure on them to succeed.
- **Immigrant children** experience physical and mental trauma from experiences such as witnessing drug cartel crime and violence during the journey to U.S.
- Stigma about mental health results in issues being swept under the rug, and more so among older adults and in some ethnic **cultures** (such as Vietnamese).
- There is a lack of knowledge about mental health issues in **homeless** populations.

#### Insurance and Services

- Mental health services that are available are often unaffordable or not adequate, especially for those who have not been formally diagnosed with a mental health disorder.
- There are a lack of substance use services countywide, but especially for women and teens; specifically there is a lack of residential treatment facilities.
- There are insufficient mental health staff in schools.

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<sup>i</sup> Santa Clara County Public Health Department, *Behavioral Risk Factor Survey*, 2013-2014.

<sup>ii</sup> California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2013.

<sup>iii</sup> California Department of Public Health, *Death Public Use Data*. 2010-12.

<sup>iv</sup> California Department of Education, *California Healthy Kids Survey*, 2009-2010.

<sup>v</sup> Nielsen SiteReports. 2014.

<sup>vi</sup> Santa Clara County Public Health Department, *Behavioral Risk Factor Survey*, 2013-2014.

<sup>vii</sup> Results for Blacks not reported due to small sample size.

<sup>viii</sup> Santa Clara County Public Health Department, *Tobacco Use in Santa Clara County 2014*.

<sup>ix</sup> Santa Clara County Public Health Department, *Santa Clara County: Suicide*, 2015.

<sup>x</sup> Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

<sup>xi</sup> Santa Clara County Public Health Department, *Status of African/African Ancestry Health: Santa Clara County 2014*.



# Profile of KFH-San Jose Health Needs

## BIRTH OUTCOMES

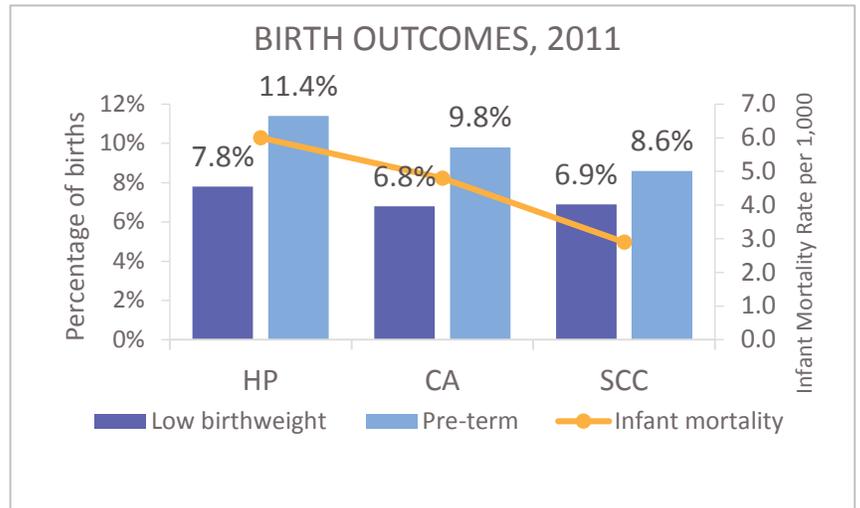
### How Do We Know There Is a Problem?

Birth outcomes for all residents in Santa Clara County meet Healthy People 2020 (HP2020) targets and are similar to California. However, Blacks and Asian/Pacific Islanders are disproportionately affected, with higher percentages of low birthweight babies than the county average. Blacks and those of “other” races<sup>1</sup> also have higher proportions of pre-term births and of infant mortality compared to the rate for all ethnicities in the county. These problems are more likely to occur when mothers do not receive early prenatal care. Ethnic disparities are evident in the percentage of Santa Clara County mothers who receive adequate prenatal care.

### DISPARITIES IN BIRTH OUTCOMES PERSIST

Babies of Black mothers are much more likely to be pre-term and also to die before age one.

As shown in the chart, Santa Clara County birth outcomes look favorable compared to the state and meet Healthy People 2020 (HP2020) targets.



Source: CDPH. 2011. Improved Perinatal Outcome Data Reports. Retrieved October 2015 from <http://ipodr.org>.

- The percentage of infants with low birthweight (6.9%) is almost the same as California.
- The percentage of infants born pre-term (8.6%) is better than California (9.8%).
- Santa Clara County’s infant mortality rate (2.9 per 1,000) is below the HP2020 target of 6.0.
- 24% of births are by mothers who received inadequate prenatal care, which misses the HP2020 target of 22% or less.

### Who Is Most Affected?

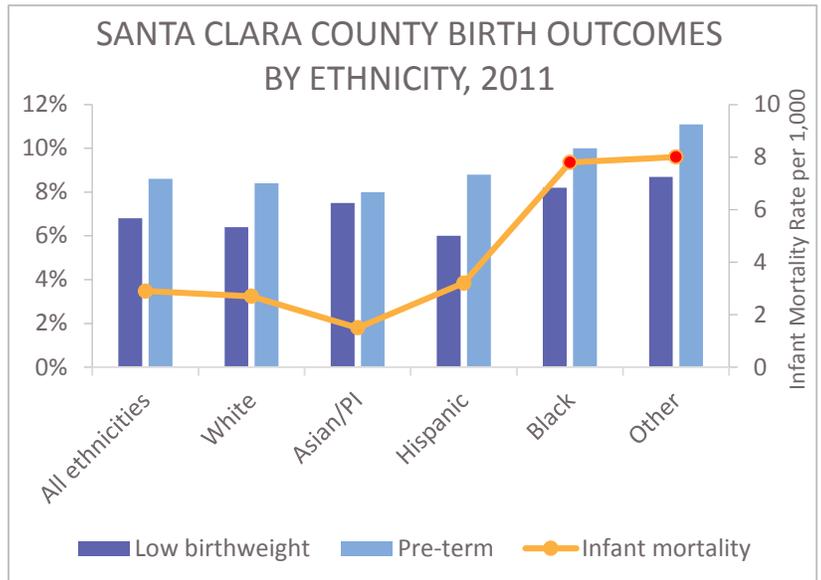
#### Geographic Disparities

Babies in certain geographic areas are more likely to be born at low birthweight. The highest rates are in Alviso (25% of births are low birthweight), Milpitas (7%), Gilroy (7%), and zip codes 95134 in North San Jose (9%), 95139 in South San Jose (9%), and 94301 in Palo Alto (8%).<sup>2</sup>

## Ethnic Disparities

In Santa Clara County, Latino and Black mothers are more likely to receive inadequate prenatal care and to have poor birth outcomes of low birthweight, pre-term birth, and infant mortality (see chart above).

- Black mothers and mothers of “other” races (not White, Hispanic, or Asian/Pacific Islander) are slightly more likely to have low birthweight babies to deliver pre-term, but these rates are within 2% of the rates for all ethnicities (see chart).
- The mortality rate for Black infants in the county is higher than the HP2020 target, at 7.8 per 1,000. This trend is also seen in California (see chart).<sup>2</sup>
- Proportions of inadequate prenatal care are worse for Blacks (29%) and Hispanics (26%) than the HP2020 target at 22%.<sup>2</sup>



Source: CDPH. (2011.) Improved Perinatal Outcome Data Reports. Retrieved October 2015 from <http://ipodr.org>.

<sup>1</sup> Those who identified as a race other than White, Black, Asian, Asian/Pacific Islander.

<sup>2</sup> California Department of Public Health, *Birth Profiles by Zip Code*, 2011.



# CANCER

## How Do We Know There is a Problem?

Cancer was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths.<sup>1</sup> Indicator data show that colorectal and prostate cancer prevalence rates are higher than both the Healthy People 2020 (HP2020) target and the state average. Also, data show that members of some ethnic groups in Santa Clara County are more likely to be diagnosed or die from cancer than residents from other ethnic groups.

**CANCER THE LEADING CAUSE OF DEATH**

One quarter (25%) of deaths in Santa Clara County were due to cancer in 2013.

## COUNTYWIDE CANCER DATA FAILING BENCHMARKS

Indicator	Santa Clara County	Average/Target
Cause of death due to cancer	#1 cause (25%)	#2 cause (23%) (CA)
Colon/rectum cancer incidence	40.0	38.7 (HP2020)
Prostate cancer incidence	148.3	136.4 (CA)

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11; California Department of Health Death Statistical Tables. 2013, Table 5-20.

## What Else Contributes to Cancer?

- **Hepatitis B** is a risk factor for liver cancer, and Santa Clara County rates are nearly double California rates: 50.1 compared with 27.4 per 100,000.<sup>2</sup>
- **Alcohol consumption** is a driver of cancer. In Santa Clara County 13% of adults report that they are heavy drinkers (consuming one or more drinks per day for women and two drinks or more for men).<sup>3</sup>
- Poor **fruit and vegetable consumption** is related to some types of cancer. More than two thirds of adults (69%)<sup>4</sup> and 60%<sup>5</sup> of youth report inadequate fruit and vegetable consumption.

<sup>1</sup> California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2013.

<sup>2</sup> Santa Clara County Public Health Department, *2014 Community Health Assessment*.

<sup>3</sup> Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2006-2012.

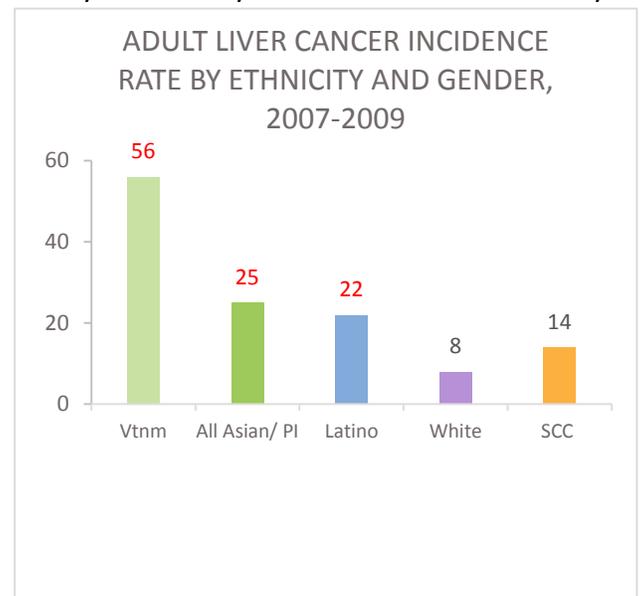
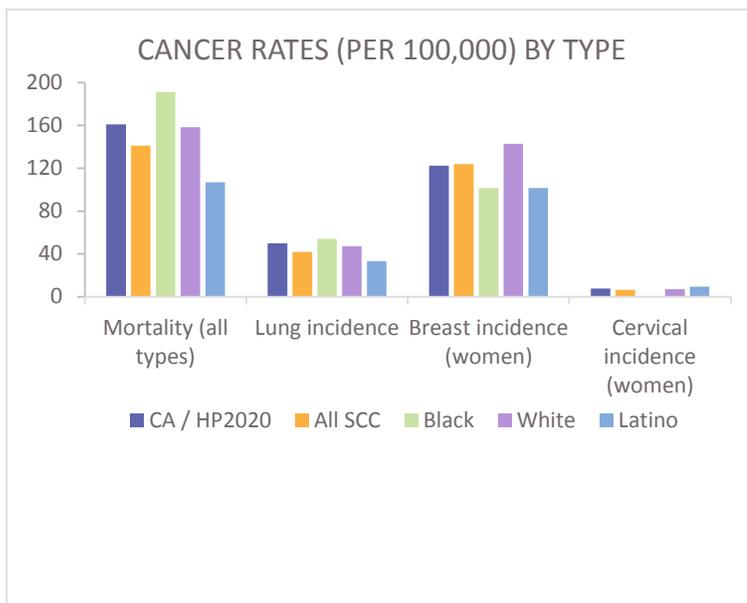
<sup>4</sup> Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*, 2005-2009.

<sup>5</sup> UCLA Center for Health Policy Research, *California Health Interview Survey*, 2011-2012.

- **Cancer screening** can help prevent cancer and allow for intervention early enough to prevent death in some cases. Screening rates for breast cancer and colon cancer are better in Santa Clara County than in California.
- **Air quality** contributes to lung cancer. Air quality is good in Santa Clara County, with an average of 3.71% of days where particulate matter is 2.5 levels above the standard,<sup>6</sup> which is better than the rate for the state.
- **Tobacco use** also contributes to lung cancer. In Santa Clara County, rates of tobacco use are similar to that in California. Ten percent (10%) of Santa Clara County adults and 8% of youth smoke cigarettes.<sup>7</sup>

## Who Is Most Affected?

- Whites, Blacks, Latinos, and Vietnamese are disproportionately affected by cancer as demonstrated by incidence and/or mortality rates (see charts).



Source: National Cancer Institute, State Cancer Profiles, 2007-11. Retrieved from Community Commons data platform. Note: Benchmarks for cervical and overall cancer mortality are from HP2020. Benchmarks for breast and lung cancer are California averages.

Source: Santa Clara County Public Health Department Vietnamese Report. (2011). Rates are per 100,000 of the population. "Vtnm"=Vietnamese, "PI"=Pacific Islander.

<sup>6</sup> Centers for Disease Control and Prevention, *National Environmental Public Health Tracking Network*, 2008.

<sup>7</sup> Santa Clara County Public Health Department, *Tobacco Use in Santa Clara County 2014*.



# CARDIOVASCULAR DISEASES

## How Do We Know There is a Problem?

**Cardiovascular diseases** (including heart disease and stroke) are responsible for 26% of deaths in Santa Clara County (making them the leading cause of death when combined).<sup>1</sup> Rates of heart attack and stroke death show ethnic disparities. For example, the table below illustrates that the rate of heart disease deaths is considerably higher among Blacks and Whites than the county.

**ONE IN FOUR DIE OF HEART DISEASE & STROKE**

In Santa Clara County, deaths due to heart diseases and stroke are responsible for 26% of deaths.

## HEART DISEASE AND STROKE DATA AND RELATED INDICATORS

Indicator	SCC	Average/Target	Notable Disparities
Cause of death – heart	#2 (21% of deaths)	#1 (CA) (24% of deaths)	
Cause of death – stroke	#3 (5% of deaths)	#3 (CA) (5% of deaths)	
Heart disease death rate	118.6	100.8 (HP2020)	Blacks: 149.2 Whites: 136.0
Stroke death rate	27.15	37.38 (CA)	Native Hawaiian/Pacific Islander: 73.88
Fast food	78.7	75.4 (CA)	
Grocery Stores	19.0	21.59 (CA)	
WIC	9.45	15.8 (CA)	

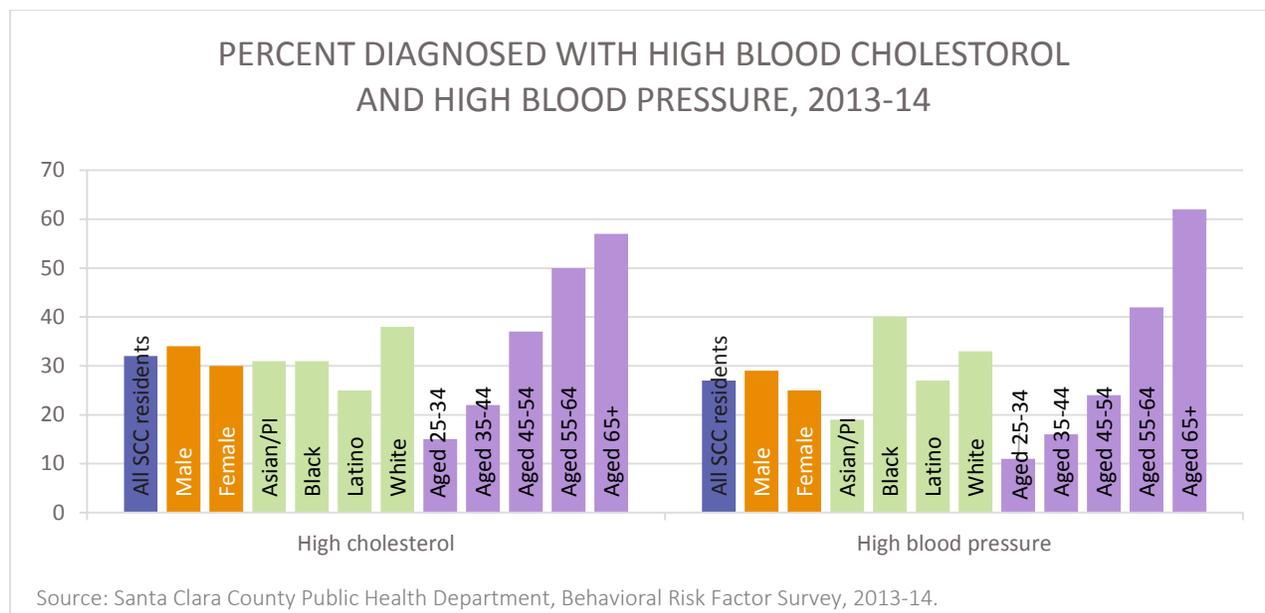
Sources: Percent of deaths: CDPH Death Records, Table 5-20. 2013. Death rates: Community Commons. Note: Red font indicates that the rate is higher than the benchmark or target. HP2020=Healthy People 2020.

- **Poor nutrition** is a driver of cerebrovascular diseases. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California, there are more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per child in Santa Clara County.
- More than a quarter of Santa Clara County residents have been diagnosed with **high blood cholesterol and/or high blood pressure**. (See chart on the following page.)

<sup>1</sup> California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2013.

## Who is Most Affected?

- Older residents and White residents are more likely to be diagnosed with high cholesterol than all residents in the county. Blacks and older adults are more likely to be diagnosed with high blood pressure than all residents in the county (see charts).



- At over 200 per 100,000, the rate of heart disease deaths is worst in the city of Gilroy, which also has the highest levels of poverty (over 50% living below 200% of the federal poverty level)<sup>2</sup>

<sup>2</sup> U.S. Census Bureau, *American Community Survey*, 2009-13.



# COMMUNICABLE DISEASES

## How Do We Know There Is a Problem?

Santa Clara County has high rates of tuberculosis (TB) and Hepatitis B compared to the state. Ethnic disparities are also seen in TB rates, with the rate for Asian and Pacific Islanders more than double that of all ethnic groups in the county. Influenza is the eighth leading cause of death in Santa Clara County.

### Hepatitis B

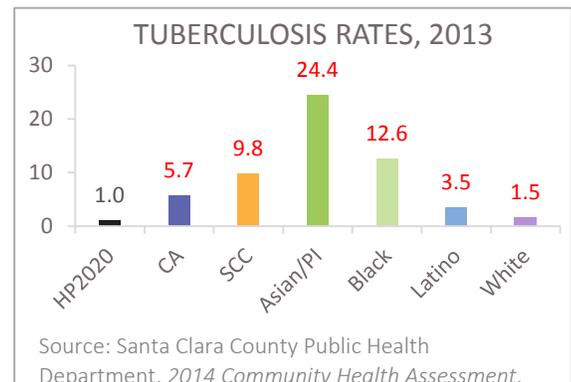
- Santa Clara County Hepatitis B rates are nearly double those of the state: 50.1 vs. 27.4 per 100,000.<sup>1</sup>
- Community participants expressed concern about the increased risk for liver cancer for Hepatitis B patients.
- Respondents also expressed concern about the lack of Hepatitis B screenings and the lack of systems for referrals, follow-ups, and screening of each patient's contacts. This is especially concerning given the large county population of Asian immigrants from countries where Hepatitis B is common.

### Tuberculosis (TB)

- 2013 tuberculosis rates (per 100,000) fail the Healthy People 2020 target, and ethnic disparities are prevalent. (See chart.)
- In 2010, Vietnamese-born residents represented 26% of all county TB cases—the highest of any other country of birth.<sup>2</sup>
- An expert noted that TB screening is covered by insurance, but treatment is not. Participants also expressed concern about active TB patients who can't be discharged because they lack a home environment where they can safely be isolated.

**HIGH RATES OF TB AND HEPATITIS B**

Rates of tuberculosis in Santa Clara County are worse than the target, and the rate of Hepatitis B is higher than that of the state



### Other Communicable Disease Data

- Influenza was the eighth leading cause of death in 2013 (244 or 3% of deaths).<sup>3</sup>
- Ebola concerns: one professional indicated that some undocumented immigrants are concerned and fearful of accessing care because of the stigma of being diagnosed with Ebola, so they do not access care or delay access.

<sup>1</sup> Santa Clara County Public Health Department, 2014 Community Health Assessment.

<sup>2</sup> Santa Clara County Public Health Department, Status of Vietnamese Health 2011.

<sup>3</sup> California Department of Public Health, Leading Causes of Death; California Counties and Selected City Health Department, 2013.



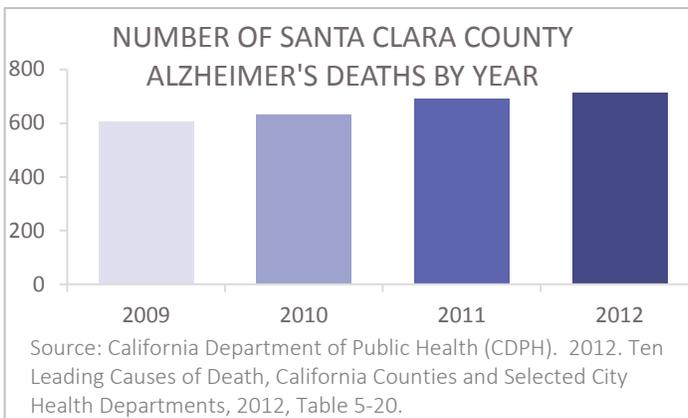
## How Do We Know There Is a Problem?

Alzheimer's disease and dementia are health needs in Santa Clara County as marked by Alzheimer's disease being the third leading cause of death. The mortality rate from Alzheimer's in the county is higher than the state, and the median age of the population in the county is older than the state. It is the fastest-growing cause of death in California and the number of people living with Alzheimer's disease is also growing rapidly. While specific data about the number diagnosed with dementia are lacking, this health need will impact the community's health and economic security as the cost of care for older adults with dementia increases.

### ALZHEIMER'S DISEASE TOP 10 CAUSE OF DEATH

In 2012, Alzheimer's disease was the third leading cause of death in the county, accounting for 712 deaths.

- The greatest risk for Alzheimer's disease is age.<sup>1</sup> In Santa Clara County, the median age of the county's population (36.4) is slightly older than the median age of the population statewide (35.4).<sup>2</sup> By 2025, nearly one in five Silicon Valley residents will be 65 years or older. This is an increase from the current 2015 proportion of 13%.<sup>3</sup>



- In 2012, Alzheimer's disease was the third leading cause of death in Santa Clara County, accounting for 8% of all deaths. In California, it was the fifth leading cause.<sup>4</sup>

- The age-adjusted death rate of Alzheimer's disease in Santa Clara County in 2011 was 35.9 per 100,000, which was higher than the same rate for the state in 2010 (30.1 per 100,000).<sup>5</sup>

- The highest concentration of older adults is in the Saratoga foothills, the southern end of Mountain View, southwest Sunnyvale, Los Gatos, Los Altos, and Palo Alto. (See map on next page.) Information about where older adult populations live can be helpful for planning services to address dementia.

<sup>1</sup> Alzheimer's Association, *Alzheimer's Disease Facts and Figures 2015*. [https://www.alz.org/facts/downloads/facts\\_figures\\_2015.pdf](https://www.alz.org/facts/downloads/facts_figures_2015.pdf).

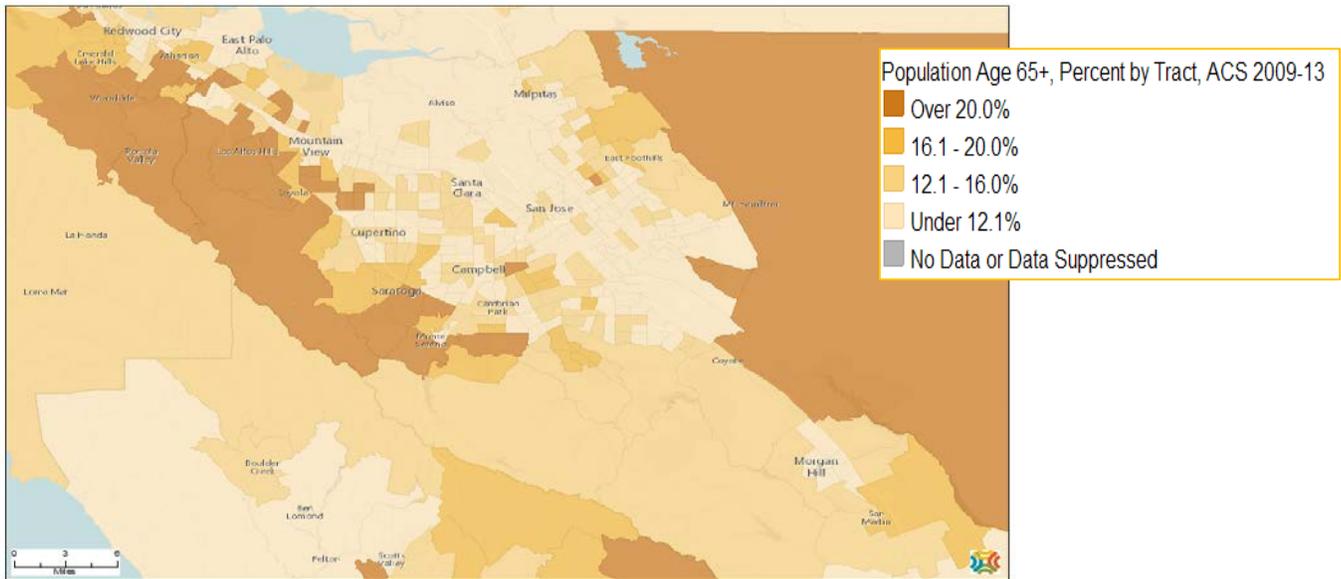
<sup>2</sup> US Census Bureau, *State and County QuickFacts*, 2009-2013.

<sup>3</sup> Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

<sup>4</sup> California Department of Public Health, *Leading Causes of Death; California Counties and Selected City Health Department*, 2012. Note that 2013 death data show an anomaly for Alzheimer's deaths, with 3% of deaths due to Alzheimer's disease which may reflect a change in how deaths were reported.

<sup>5</sup> Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.

## SANTA CLARA COUNTY POPULATION 65 YEARS AND OLDER



Source: University of Missouri, Center for Applied Research and Environmental Systems. Community Commons Data Platform for Kaiser Permanente. <http://www.communitycommons.org/groups/community-health-needs-assessment-chna>. Retrieved November 2015.

### What Did the Community Say?

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- Participants in a focus group of professionals who serve seniors expressed concern over what they perceive is a relatively small number of dementia and Alzheimer's diagnoses, and about how these diagnoses are disclosed to patients.
- Participants in a focus group composed of providers who serve the homeless stated that there are no services for homeless individuals with dementia or Alzheimer's.
- A focus group of family caregivers said that for patients with dementia, more coordination is needed between mental health providers and primary care physicians.



## How Do We Know There is a Problem?

Economic security is impacted by unemployment, poverty or low income, lack of education. By all extant measures, Santa Clara County residents fare better than residents of the state. However, in many of these categories, ethnic subpopulations are faring worse than all adults in the county and/or California.

A key component to economic security is housing, which is a health need because the lack of safe, stable housing is related to poor physical and mental health outcomes. Santa Clara County is one of the most expensive places to live in California, and the stress of affording housing can lead to poor mental health. When the lack of sufficient housing leads to homelessness, residents are at even greater risk for health problems. Housing and homelessness were top concerns among community focus group participants. Homelessness has increased in Gilroy, Mountain View, and Palo Alto.

### COMMUNITY CONCERNED ABOUT WAGE GAP, HIGH COST OF HOUSING

The community expressed concern about the high cost of living in Santa Clara County and the growing gap in wages. When residents lack safe, affordable housing, or have difficulty with the costs of maintaining housing, their physical and mental health suffers.

- As seen in the graph on the next page, in 2014, 32% of Latinos did not graduate from high school, compared to 18% of residents countywide.
- In terms of poverty, the graph shows that 10% of Santa Clara County residents live below the federal poverty level. However, the percentage living below the self-sufficiency standard<sup>1</sup>, which is a more comprehensive measure of poverty, is higher (23%). *Please see profiles for Healthcare Access & Delivery for more specific information about affordability of healthcare.*

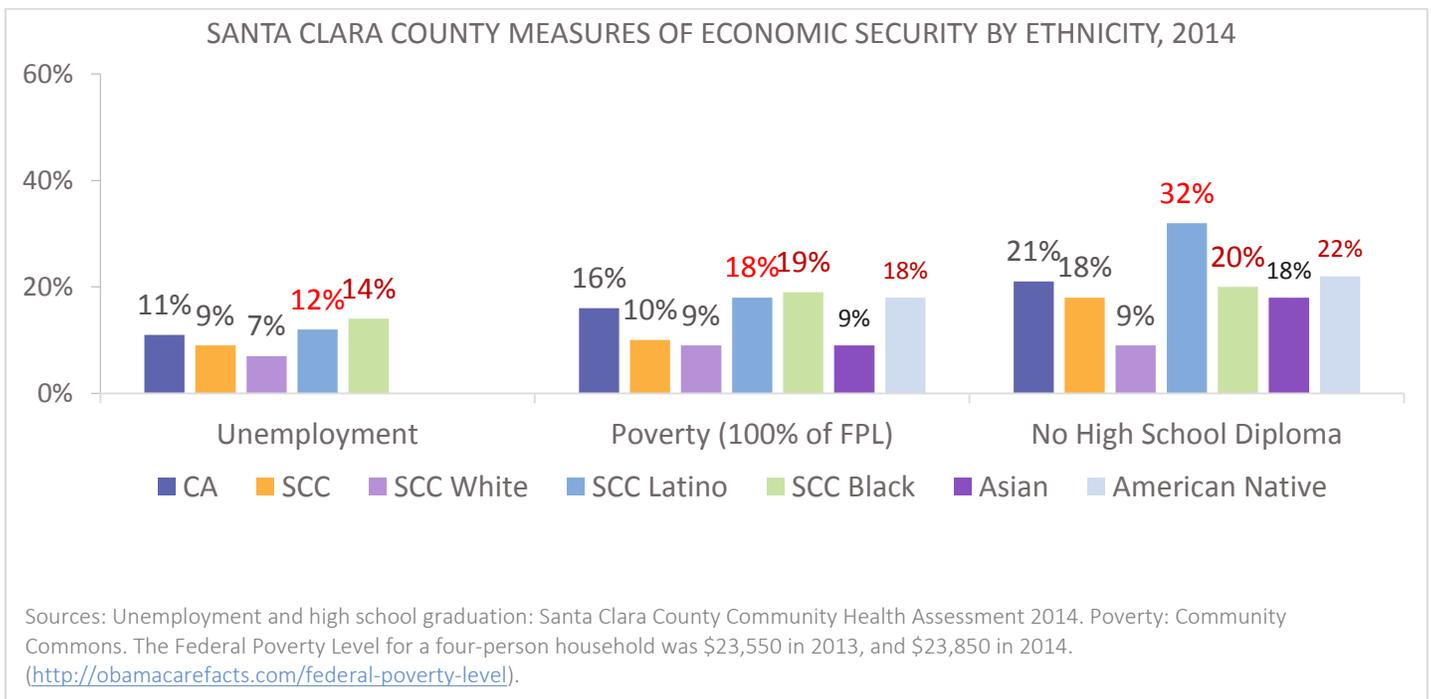
## Housing Data

- Rents increased significantly in the past five years in the San Jose-Sunnyvale-Santa Clara metropolitan area. Rents for a two-bedroom residence averaged \$1,994 in the area in 2015, a 21% increase from 2013. In comparison, rents across all the metro areas in the state ranged from an average low of \$758 to an average high of \$2,289 for a two-bedroom residence in 2015.
- Of mortgage-holders, a higher proportion of Blacks and Latinos spend 30% or more of household income on housing (52% and 59% respectively) compared to residents of Santa Clara County (45%) and California (46%).<sup>2</sup>

<sup>1</sup> The Self-Sufficiency Standard for a family of four (two adults, one pre-schooler, one school-age child) in 2014 in California was \$63,979. In Santa Clara County it was \$81,774 for the same family size. (Not available for 2013.) <http://www.insightcced.org/tools-metrics/self-sufficiency-standard-tool-for-california>.

<sup>2</sup> Santa Clara County Public Health Department, 2014 Community Health Assessment.

- Twenty-two percent (22%) of Latinos live in overcrowded households (defined as more than one person per room), compared with 8% of all Santa Clara County residents and 8% of residents in California.



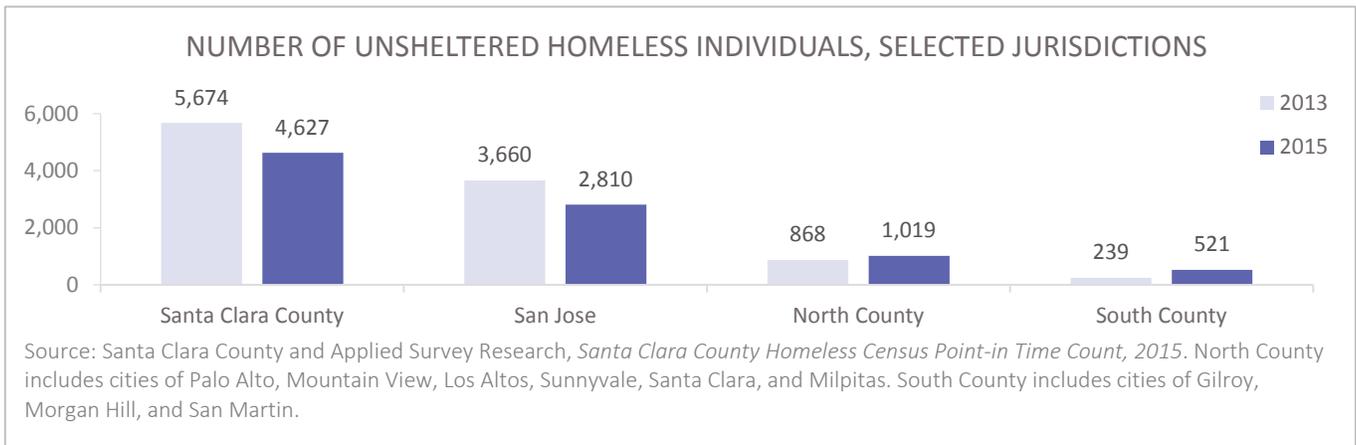
### How Homelessness Affects Health

According to the National Health Care for the Homeless Council, those experiencing homelessness are three to four times more likely to die prematurely than their housed counterparts and experience an average life expectancy as low as 41 years, which is significantly lower than the normal national life expectancy of 78.8 years. Those experiencing homelessness are at higher risk for contracting communicable diseases and being the victims of violence. Those who have common conditions such as high blood pressure, diabetes, and asthma do worse because they lack safe places to properly store medications or health supplies such as syringes. Of course, getting enough food is an issue, and getting healthy food is even more difficult. Those experiencing homelessness often develop depression or alcoholism during this time, and finding solutions to these problems is difficult. Recovering from injuries (such as accidents or those incurred during violent encounters) is more difficult due to the lack of regular bathing and difficulty keeping bandages clean and getting proper rest. Minor health issues such as cuts or common colds can easily develop into infections or pneumonia. Those experiencing homelessness often have co-occurring conditions of physical health problems, mental health disorders, substance use issues, and social problems.<sup>3</sup>

<sup>3</sup> National Health Care for the Homeless Council. [http://www.nhchc.org/wp-content/uploads/2011/09/HIn\\_health\\_factsheet\\_Jan10.pdf](http://www.nhchc.org/wp-content/uploads/2011/09/HIn_health_factsheet_Jan10.pdf).

## Homelessness Data<sup>4</sup>

- The 2015 Point-in-Time count identified 6,556 homeless individuals in Santa Clara County. While this is the lowest number in over 10 years, more than 4,625 of those homeless individuals are unsheltered and living on the streets. San José has the largest number of unsheltered homeless individuals (2,810).
- There has been an increase in homelessness since 2013 in North County and South County, while decreases were observed in San Jose and Santa Clara County as a whole (see chart).
- The most frequently cited obstacle to obtaining housing is the inability to afford rent (68%); more than half of homeless persons surveyed report that they have had no work or income.



## What Did the Community Say?

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- Residents feel stress about the cost of housing, food, and healthcare. They understand that this leads to poor health.
- Income inequality and the wage gap have an impact on access to basic needs. Having insufficient means for basic needs such as housing and food contributes to poor health outcomes.
- The cost of living in Santa Clara County, including the costs of housing and food, is high, leaving some with the question “Do I eat, or do I go to the doctor?”

<sup>4</sup> Santa Clara County and Applied Survey Research, *Santa Clara County Homeless Census Point-in Time Count, 2015*.

- Five of eight focus groups discussed housing and/or homelessness.
- The lack of a stable home prevents homeless people from enrolling in health insurance and can be a barrier to getting care. For example, those who need chemotherapy or outpatient mental health/substance abuse treatment cannot access those services without a stable place to live.
- Lack of affordable senior housing and assisted living puts older adults at greater risk for homelessness, and is suspected to be a driver of the high suicide rate among older adults.
- People moving from residential mental health/substance abuse treatment or incarceration (for both youth and adults) need transitional housing.
- Some service providers perceive that clinicians have nowhere to discharge homeless patients, so they are kept in acute care or isolated beds if such are available. As an example, they cited instances when stable, active TB patients have not been discharged because they don't have a home environment in which they can be isolated safely and recover.



# HEALTHCARE ACCESS & DELIVERY

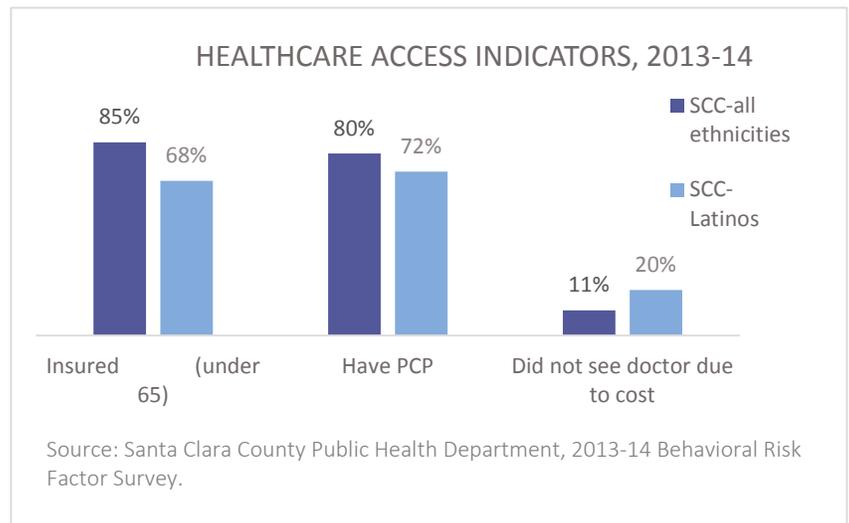
## How Do We Know There Is a Problem?

The community ranked healthcare access as a top health need in half of CHNA focus groups. While health insurance has been made more accessible since the Covered California Healthcare Exchange was implemented in 2013, community residents and leaders expressed that the costs of insurance, copays, and co-insurance were still too expensive for many. In addition, the community expressed concern over the lack of health system literacy. In a community where 12% of county households are linguistically isolated<sup>1</sup>, this becomes even more crucial. While more than 8 in 10 have a personal doctor and health insurance in Santa Clara County, access to healthcare is worse for Latinos (see chart). While the majority of the county's adults have health insurance, this is not the case for dental insurance, which most adults lack in Santa Clara County. For those who have insurance, benefits and services can be expensive and insufficient. Moreover, one in three adults have had tooth loss in the county, a problem that is notably worse among the Black population. Lastly, although data indicate that there is no shortage of dental providers in the county, community participants reported the lack of access to dental care as a concern.

### HEALTHCARE STILL TOO EXPENSIVE FOR MANY, DENTAL INSURANCE LACKING FOR MOST

Many residents still find health insurance and the costs of care (such as copays and medication) too expensive, and nearly two-thirds of adults lack dental insurance.

- Eighty-five percent of adults under the age of 65 in Santa Clara County have health insurance, and 80% have a primary care physician.
- Compared to the rest of the adult population under 65, Latinos in Santa Clara County are less likely to have insurance, a primary care physician, and not see a doctor due to cost.



<sup>1</sup> US Census Bureau, American Community Survey, 2009-13.

- Nearly two thirds (64%) of adults lack dental insurance.<sup>2</sup> This includes older adults since Medicare does not include oral/dental health benefits.
- The lack of dental insurance impacts oral health in a variety of ways.
  - One in three adults have had tooth loss. Tooth loss statistics are worse for Black adults (49%).
  - Almost half (44%) of adults aged 45-64 have had teeth removed due to tooth decay or gum loss.<sup>2</sup>
  - Youth dental care utilization rates (15%) are worse than the state (19%).<sup>3</sup>
  - More than seven in 10 adults (72%) visited the dentist annually, but Latino adults were less likely to have done so (59%).<sup>2</sup>
  - More than three fourths of children aged 1-11 (76%) visited the dentist in the last year.<sup>2</sup> The lack of parental knowledge about dental cavities in children was a concern to some community members.
  - Dental utilization rates for both adults and youth are better in the county than in the state. However, almost one in five adults reported not having a recent dental exam.<sup>2</sup>

## What the Community Said

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

### Insurance

- Ranked as a top health need in half (4) of focus groups.
- Health insurance is not affordable.
- Access is lacking for many types of care, including oral/dental health access, long-term care, and acute/urgent care.
- Insurance is unaffordable for many undocumented immigrants, who are not eligible for Covered California subsidies.
- The community lacks health system literacy and is in need of patient navigators and advocates (also cited by African Ancestry report).<sup>4</sup> Specifically, the community wants more information about available services and billing.
- Those who participated in the African Ancestry community conversations expressed frustration with the high costs of healthcare services; one participant said, “We aren’t poor but we can’t afford [ambulances].”<sup>4</sup>
- For those with dental insurance, benefits and services are still expensive, and they are insufficient (e.g., approved for tooth extraction only, or only one appointment when more care may be needed).

<sup>2</sup> Santa Clara County Public Health Department, *Behavioral Risk Factor Survey, 2013-2014*.

<sup>3</sup> Centers for Disease Control & Prevention, *Behavioral Risk Factor Surveillance System, 2009*.

<sup>4</sup> Santa Clara County Public Health Department, *Status of African/African Ancestry Health: Santa Clara County 2014*.



- Dental care is not provided at all community clinics.
- Dentures are difficult to obtain for people with Medi-Cal/Denti-Cal.

### Healthcare Delivery

- More integrated physical and mental healthcare is needed. (See Behavioral Health Profile.)
- There is a lack of timely appointments; the emergency room is still being used when people can't get timely appointments. This results in some waiting until issues are grave before they seek care. Wait times in the office are too long, even for those with appointments.
- Many have difficulty understanding some of the information they are receiving during appointments, even when the information is given in their primary language. The problem is worse for those who do not receive care in their primary language.
- Doctors do not spend enough time with patients, nor do they address all of the needs patients have. This is of special concern for seniors and those experiencing homelessness.
- African immigrants are unfamiliar with the health care system, which exacerbates mistrust.<sup>4</sup>
- Discrimination was cited as a common experience for Blacks. For example, some female participants said that health professionals had assumed they were poor or single mothers, and these Black patients felt that birth control was being forced upon them.<sup>4</sup>
- LGBTQ community members said health professionals are not adequately trained to work with LGBTQ people. Also, 42% said they were treated differently because they are LGBTQ.<sup>5</sup>
- One in 10 LGBTQ community members said that health professionals had refused to touch them or used excessive precautions, or used harsh/abusive language. Transgender respondents reported the highest levels of discrimination; 18% said they had been refused care compared to 6% other LGBTQ.<sup>5</sup>
- The community perceives that homeless people are being discharged from the hospital without a place to go, reflecting the small number of available shelter beds; this impacts the ability of those individuals to recuperate and maintain good health.

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<sup>5</sup> Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.



# DIABETES & OBESITY

## How Do We Know There is a Problem?

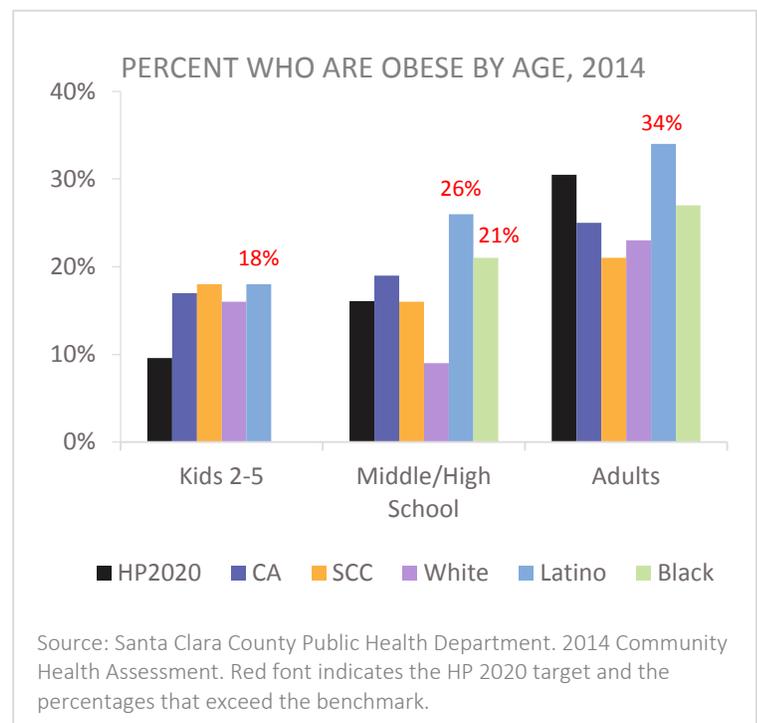
Diabetes and obesity are related health conditions that are health needs in Santa Clara County in part because of the proportion of obese children younger than six, which is higher than that of California and the Healthy People 2020 (HP2020) target. As illustrated in the graph below, obesity rates for both Latino and Black adolescents and adults are worse than the state. While adult diabetes rates in Santa Clara County are no worse than in California, there is a perception in the community that childhood diabetes diagnoses are increasing. The health need is likely being impacted by health behaviors such as low fruit and vegetable consumption and soda consumption, as well as environmental factors; indicators of proximity of fast food establishments, a lack of grocery stores, and a lack of WIC-authorized food sources are all unfavorable compared to the same data for the state.

**PRESCHOOL OBESITY HIGHER THAN TARGETS**

Almost one in five children aged 2-5 are obese in Santa Clara County, which fails the HP2020 target.

## Obesity Data

- While the percentage of all adolescents in the county who are overweight or obese does not exceed the HP2020 target (16%), Latino and Black adolescents are worse off (see chart).<sup>1</sup>
- One in five adults in Santa Clara County are obese. By race/ethnicity, one in three Latinos and more than one in four Black adults are obese.<sup>2</sup>
- One in four LGBTQ survey respondents is obese. Among the LGBTQ community, obesity is most common among lesbian, older, and Latino and White respondents.<sup>3</sup>



## Healthy Eating<sup>1</sup>

- 60% of youth have *inadequate* fruit/vegetable consumption (worse than CA at 47%).
- Adults have higher rates of *inadequate* fruit/vegetable consumption (69%) than youth, but do better than CA (72%).

<sup>1</sup> University of Missouri, Center for Applied Research and Environmental Systems. Community Commons Data Platform.

<sup>2</sup> Santa Clara County Public Health Department, 2014 *Santa Clara County Community Health Assessment*.

<sup>3</sup> Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

- While Santa Clara County residents are less likely to live in a food desert<sup>4</sup> (10% compared with 14% in CA), they have slightly worse access to grocery stores than Californians (19 stores per 100,000 residents compared with 22 in California). Santa Clara County also has worse access to WIC-authorized food stores (9 stores per 100,000 compared to 16 in California).
- County residents have more access to fast food restaurants (79 per 100,000 people) than all residents in the state (75). Thirty-eight percent (38%) report eating fast food weekly, with Latinos doing so most (47%) compared with other ethnic populations.<sup>5</sup>
- 97% of Santa Clara County infants born in the hospital were breastfed in the hospital. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children.<sup>6</sup>

### Physical Activity<sup>1</sup>

Santa Clara County indicators of physical activity are better than those in California by these measures:

- Percent physically *inactive* adults: 15%
- Percent of adults who bike/walk to work: 3.7%
- Percent physically *inactive* youth: 25%
- Percent of youth who bike/walk to school: 48%
- Percent who live within a half mile of a park: 71%
- Number of fitness/recreation facilities per 100,000 residents: 12

### What Did the Community Say?

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics. Diet and nutrition came up in four focus groups and in one key informant interview (with a diabetes expert). Their comments relate to:

- Lack of access to healthy food including high costs
- The need for improved nutrition and nutrition education in schools
- The need for education about the nutritional needs of infant

<sup>4</sup> Defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.

<sup>5</sup> Santa Clara County Public Health Department, *Behavioral Risk Factor Survey*, 2013-2014.

<sup>6</sup> World Health Organization, [http://www.who.int/elena/titles/bbc/breastfeeding\\_childhood\\_obesity](http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity).



# LEARNING DISABILITIES

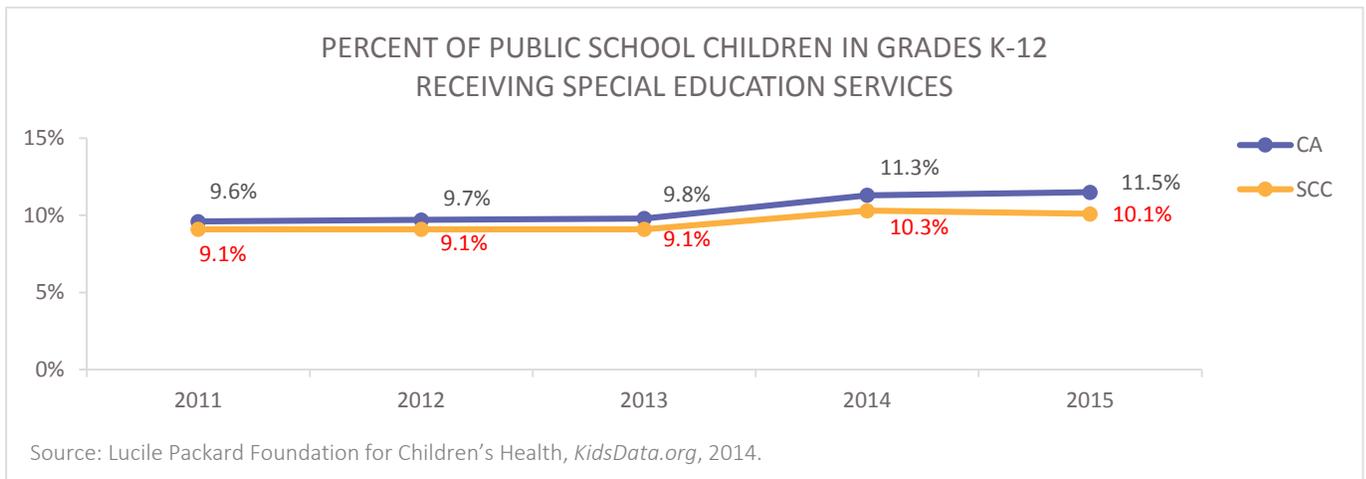
## How Do We Know There is a Problem?

One in 10 children receive special education in Santa Clara County schools, which indicates that many children have been diagnosed with learning disabilities such as attention deficit disorder (ADD) and attention deficit-hyperactivity disorder (ADHD), or have been identified on the autism spectrum. While data are lacking about the prevalence of specific learning disabilities in the community, trend data show an increase in the proportion of students enrolled in special education, which indicates a growing need for support. The community expressed concern about the lack of diagnoses of learning disabilities and special needs among certain subpopulations.

### INCREASING NEED FOR SPECIAL EDUCATION

About one in 10 students in public school grades K-12 are in special education, a proportion that has increased over the past five years.

- The percentage of Santa Clara County children enrolled in special education classes has increased slightly between 2011 and 2015, but slightly slower than the increase in the state average during that time (see chart below). Between 2002 and 2011, the proportion in Santa Clara County was stable at about 9.5%.<sup>1</sup> While this population includes those with emotional and physical disabilities (such as blindness), about 38% of those enrolled in special education have learning disabilities, similar to California (40%).<sup>1</sup>



- ADHD affects 3-7% of American children and often continues into adulthood, making it the most common developmental disorder. Children with ADHD have an increased risk for antisocial disorders, drug abuse, automobile accidents, and teenage pregnancy.<sup>2</sup> The proportion of U.S. children ever diagnosed with ADHD increased from 7% to 9% from 1998–2000 through 2007–2009.<sup>3</sup>

<sup>1</sup> Lucile Packard Foundation for Children's Health, KidsData.org, 2014.

<sup>2</sup> Stanford Medicine, Center for Interdisciplinary Brain Sciences Research, Attention Deficit Hyperactivity Disorder (ADHD), 2016.

<sup>3</sup> Centers for Disease Control and Prevention, Attention Deficit Hyperactivity Disorder Among Children Aged 5–17 Years in the United States, 1998–2009, 2011.

## What the Community Said

ASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- Screening and diagnoses may be more lacking among those experiencing homelessness and immigrant children (especially those who enter the country unaccompanied).
- Services are lacking for parents with children who have learning disabilities. While support for some learning disabilities exists in the school system, many families rely on services from private practitioners to help them with managing behaviors at home, which is expensive.
- There is disagreement among professionals about the best ways to support and manage students with learning disabilities and their families.
- Most children with ADD/ADHD are treated with medication because this is offered through insurance, but there are very few insurance carriers that offer other forms of treatment to help the child such as in-home behavioral therapy and bio-feedback.



*Data found in this health profile was collected during the 2016 Community Health Needs Assessment. The annual Community Benefit report describes in detail the investments made in the community, including programming and partnerships.*



# RESPIRATORY CONDITIONS

## How Do We Know There is a Problem?

In Santa Clara County, Black and multiracial adults have a higher prevalence of asthma. Those earning between \$50,000 and \$75,000 also have higher rates of asthma than counterparts earning higher incomes. Although there are lower asthma hospitalization rates in Santa Clara County compared with California (CA), there are ethnic and geographical disparities. For example, Blacks are twice as likely as Whites to be hospitalized for asthma, as are those living in parts of East San Jose, North San Jose and Palo Alto. The health need is likely being impacted by health behaviors, such as smoking at an early age, and by environmental factors, such as air quality levels.<sup>1</sup> Asthma is also associated with obesity<sup>2</sup>, which is a problem for Santa Clara County residents.

### MORE ASTHMA SEEN IN VARIOUS POPULATIONS

In Santa Clara County, asthma disproportionately affects the economically disadvantaged, multiracial and Black adults, the LGBTQ population, and youth aged 18 to 24.

- Asthma hospitalization rates in Santa Clara County are better than those of California (6.57 vs. 8.9).<sup>3</sup>
- The proportion of adults ever diagnosed with asthma is the same as the state (14%), but disparities are seen in the county.<sup>4</sup>
  - ↳ 22% among adults of two or more races
  - ↳ 19% among Black adults<sup>5</sup>
  - ↳ 19% among youth 18 to 24
  - ↳ 25% among those with household incomes \$50,000-\$74,999 (worse than those with higher incomes)
  - ↳ 19% among foreign-born (worse than U.S.-born at 9%)
  - ↳ 24% among LGBTQ (worse than heterosexuals at 14%)
- Children aged 0 to 11 ever diagnosed: 7%
  - ↳ Boys are more likely to have been diagnosed with asthma than girls (10% as compared to 4%)

<sup>1</sup> National Institutes of Environmental Health Sciences, [http://www.niehs.nih.gov/research/programs/geh/climatechange/health\\_impacts/asthma/index.cfm](http://www.niehs.nih.gov/research/programs/geh/climatechange/health_impacts/asthma/index.cfm).

<sup>2</sup> Delgado J, Barranco P, & Quirce S. (2008). *Obesity and asthma*. *Journal of Investigational Allergology & Clinical Immunology*, 18(6): 420-5.

<sup>3</sup> Santa Clara County Public Health Department, *2014 Community Health Assessment*.

<sup>4</sup> Santa Clara County Public Health Department, *Behavioral Risk Factor Survey, 2013-2014*.

<sup>5</sup> Due to the relatively small number of Black adults in the survey, the margin of error is high: 9.6% – 28.0%.



## Profile of KFH-San Jose Health Needs

# SEXUAL HEALTH

### How Do We Know There is a Problem?

Data indicate that rates of sexually transmitted infections (STIs) and teen births in Santa Clara County are similar to California. However, disparities are pervasive and screening rates for HIV and other STIs are lower than the state. With regards to disparities, women are twice as likely to contract chlamydia, the most common STIs in Santa Clara County. The rate of teen births has been declining countywide, but remains six times higher for Latinas than their White counterparts. Finally, community feedback suggests that STIs are perceived as primarily affecting youth, the LGBTQ community, and single people, which could be driving lower screening rates.

### Sexually Transmitted Infections

- The primary and secondary **sypphilis** incidence rate is only slightly higher than the CA rate at 8.0 per 100,000, but the rate is 14.7 for Blacks and 8.2 for Latinos.<sup>1</sup>
- Women are twice as likely to contract **chlamydia** as men, at a rate of 422.3 per 100,000 compared to 203.7. Those aged 18-44 are much more likely to contract chlamydia than their older counterparts (715 per 100,000 compared to 51 for those aged 45-64).<sup>1</sup>
- While the **HIV** prevalence rate of 210 per 100,000 in Santa Clara County is better than that of California (363), the rate for Blacks is five times that at 1,009 per 100,000. Rates for Latinos (300.9) and Whites (240.1) are better than the state rate but worse than the county rate.<sup>2</sup>
- Between 2006 and 2012, there was a steady reduction in the number of newly diagnosed HIV cases.<sup>3</sup> See chart for data on new HIV diagnoses by ethnicity.
- The number of people living with HIV/AIDS increased from 2,216 in 2003 to 3,342 in 2012.<sup>1</sup>
- Nearly three quarters of the reported HIV cases in Santa Clara County were contracted through male-to-male sexual contact (MSM), including those who are both MSM and injection drug users.<sup>3</sup> About one in five MSM respondents has never been tested for HIV.<sup>4</sup>

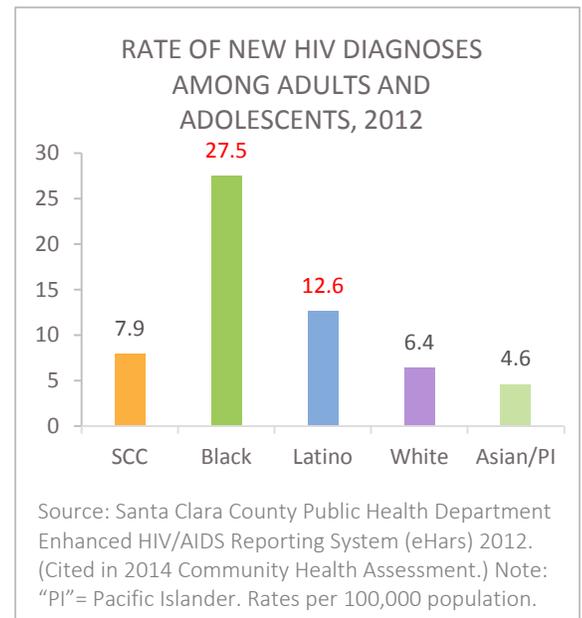
<sup>1</sup> Santa Clara County Public Health Department, *2014 Community Health Assessment*.

<sup>2</sup> US Department of Health & Human Services, *Health Indicators Warehouse*; CDC, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*, 2010.

<sup>3</sup> Santa Clara County Public Health Department, *HIV/AIDS Epidemic in Santa Clara County 2012*.

### DISPARITIES SEEN IN STIs AND TEEN BIRTHS

Women are twice as likely to contract chlamydia than men, the Latina teen birth rate is six times higher than Whites, and Black HIV prevalence is five times higher than all county residents.



- More than four in 10 MSM respondents report never having being tested for syphilis. Approximately two thirds of transgender respondents have never been tested for syphilis.
- Approximately two thirds of lesbian, half of bisexual, and half of transgender respondents have never been tested for chlamydia or gonorrhea.

### Teen Births

The Santa Clara County teen birth rate (per 1,000 females aged 15-19) decreased from 24.6 in 2003 to 16.8 in 2012. However, the Latina teen birth rate (36.9 per 1,000 females aged 15-19) was more than twice as high as the Black teen birth rate (14.4) and six times higher than the White teen birth rate (6.3).<sup>5</sup> With regards to geographic disparities, the teen birth rate is higher (over 12%) in the 95122 zip code of Southeast San Jose and 94303 in the east area of Palo Alto.<sup>6</sup>

### What Did the Community Say?

The section below presents community feedback related to sexual health that was gathered by the Santa Clara County Public Health Department for the 2013 LGBTQ Assessment (unless otherwise noted). ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- There is a perception that HIV transmissions are increasing. In fact, between 2006 and 2012, there was a steady reduction in the number of cases newly diagnosed.<sup>3</sup>
- Stereotypes persist about who is at risk for HIV and other STIs. Such stereotypes are a barrier to extending HIV and other STI testing to the broader community. Providers often do not associate certain groups with HIV risk, such as seniors, married men, and transgender men. Participants noted that these populations tend to “get forgotten” when it comes to HIV prevention and testing. For example, one participant observed, “There are misconceptions that Asians are not at risk for HIV because many are married.”
- Community members expressed concern that stigma around having AIDS leads to fear of being tested.
- There is a shortage of free and comprehensive HIV and other STI testing, as well as a lack of awareness about those services that do exist. Participants explained that testing for HIV and other STIs is generally separate. One community member shared, “Normally, gay men go out of the county to San Francisco to get a one-stop shop service.” Community members also raised concerns about confidentiality and anonymity of testing, noting fears that providers may share test results with clients’ family members and partners.
- Regarding teen pregnancy, CHNA youth focus group participants cited lack of access to free condoms as a driver.

<sup>4</sup> Santa Clara County Public Health Department, *Status of LGBTQ Health: Santa Clara County 2013*.

<sup>5</sup> Santa Clara County Public Health Department, *Maternal, Infant, and Child Health Brief Santa Clara County, 2014*.

<sup>6</sup> California Department of Public Health, *Birth Profiles by Zip Code, 2011*.





# UNINTENTIONAL INJURIES

## How Do We Know There is a Problem?

In Santa Clara County, 5% of deaths are due to accidental (unintentional) injuries, higher than the state (4%). The percentage is higher for Latino residents (7%) than the percentage for all residents in the county.<sup>1</sup>

### COST OF FALLS

In 2013, the economic cost of falls among adults aged 65 and over amounted to more than \$265 million in Santa Clara County.

## Falls

- The rate of 7.7 unintentional fall deaths in Santa Clara County per 100,000 people slightly exceeds the Healthy People 2020 (HP2020) target of 7.0 per 100,000 people.<sup>2</sup>
- The annual economic cost of falls among adults aged 65 and older includes medical costs and work loss due to emergency department visits, hospitalizations, and deaths. In 2013 these costs amounted to more than \$265 million in Santa Clara County.<sup>3</sup>

### NUMBER, PERCENTAGE, AND RATES OF HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS FOR FALLS AMONG ADULTS AGED 65 AND OLDER BY DEMOGRAPHIC CHARACTERISTICS, 2009-2013

Demographic Characteristic		Hospitalizations			ED visits		
		Average Annual Number	Percent	Rate per 100,000 People	Average Annual Number	Percent	Rate per 100,000 People
Santa Clara County		3,028	N/A	1,461.7	7,135	N/A	3,469.6
Gender	Male	1,012	33	1,199.1	2,311	32	2,712.4
	Female	2,016	67	1,645.7	4,824	68	4,040.3
Age Group	65-74	605	20	542.7	2,092	29	1,875.5
	75-84	1,108	37	1,740.6	2,593	36	4,071.7
	85+	1,314	43	4,568.2	2,450	34	8,516.3
Race/Ethnicity	African American	38	1	1,180.7	108	2	2,998.5
	Asian/Pacific Islander	501	17	940.7	1,035	15	1,904.4
	Latino	332	11	1,276.8	1,012	14	3,823.4
	White	2,063	68	1,696.2	4,694	66	3,945.8

Source: Santa Clara County Public Health Department, Santa Clara County: Unintentional Falls Among Older Adults, 2015. Note: Red font indicates that the rate is higher than the county rate.

<sup>1</sup> Santa Clara County Public Health Department, 2014 Community Health Assessment.

<sup>2</sup> California Department of Public Health, Center for Health Statistics & Informatics, Vital Statistics Query System, Death Records, 2013.

<sup>3</sup> Santa Clara County Public Health Department, Santa Clara County: Unintentional Falls Among Older Adults, 2015.

## Drownings<sup>2</sup>

- The rate of 0.9 deaths from unintentional drowning in Santa Clara County per 100,000 people meets the HP2020 objective of 1.1 per 100,000.
- The adult drowning rate for those aged 24 and older is 1.2—slightly higher than the state average (1.1) for the same age group. The rate of drownings for those under age 24 (0.2) does not exceed the state average (0.9) for the same age group.

## Pedestrian Accidents

- The KFH-San Jose service area's rate of 1.8 deaths per 100,000 from pedestrian accidents exceeds the HP 2020 objective of 1.3, and the rates are higher among Latinos (2.2) and Asians (1.6).<sup>4</sup>

## What the Community Said

CASR gathered community input for the 2016 Community Health Needs Assessment. This section presents community perceptions. ASR asked community members to share about their experiences and observations, and their comments are not necessarily based on data or statistics.

- The community indicated that the older adult population has issues related to frailty and higher susceptibility for accidents and falls.

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<sup>4</sup> University of Missouri, Center for Applied Research and Environmental Systems; California Department of Public Health, *Death Public Use Data*, 2010-12.



Profile of KFH-San Jose Health Needs  
**VIOLENCE & ABUSE**

**How Do We Know There is a Problem?**

Statistical data from 2012 show that violent crime rates (per 100,000) in Santa Clara County (SCC) are mostly better than California (CA). However, Latinos and Blacks are more likely to die due to homicide (including domestic violence) than their counterparts. The community also expressed concern about violence as a health need.

**VIOLENCE A  
 COMMUNITY CONCERN**

Focus group participants expressed concern over bullying and the impact of violence on vulnerable populations, such as immigrant children and homeless women.

**VIOLENCE DATA IN SANTA CLARA COUNTY COMPARED TO THE STATE**

Indicator	SCC	SCC Disparities	California
<b>Violent crimes rate<sup>1</sup></b> (per 100,000 population)	262.1	N/A	425.0
<b>Rape rate<sup>1</sup></b> (per 100,000 population)	21.1	N/A	21.0
<b>School suspensions rate<sup>1</sup></b> (per 100 students)	2.53	N/A	4.04
<b>School expulsion rate<sup>1</sup></b> (per 100 students)	0.05	N/A	0.05
<b>Adult homicide mortality rate<sup>1</sup></b> (per 100,000 population)	2.8	Latino: 5.1 Black: <b>7.2</b>	5.2
<b>Domestic violence mortality rate<sup>2</sup></b> (per 100,000 population)	6.5	Latino: <b>10.7<sup>3</sup></b>	N/A

Sources: 1) University of Missouri, Center for Applied Research and Environmental Systems. Community Commons Data Platform, 2) Santa Clara County Public Health Department. 2014. *Santa Clara County Community Health Assessment*.

- Ethnic disparities in mortality rates due to homicide or domestic violence are of concern.
- The KFH-San Jose service area is worse than the state with regard to the rate of school expulsions (0.10 versus 0.05, respectively). Exclusionary school discipline policies, including suspensions and expulsions, are associated with poorer outcomes, such as lower educational attainment, higher dropout rates,

<sup>1</sup> University of Missouri, Center for Applied Research and Environmental Systems. Community Commons Data Platform.

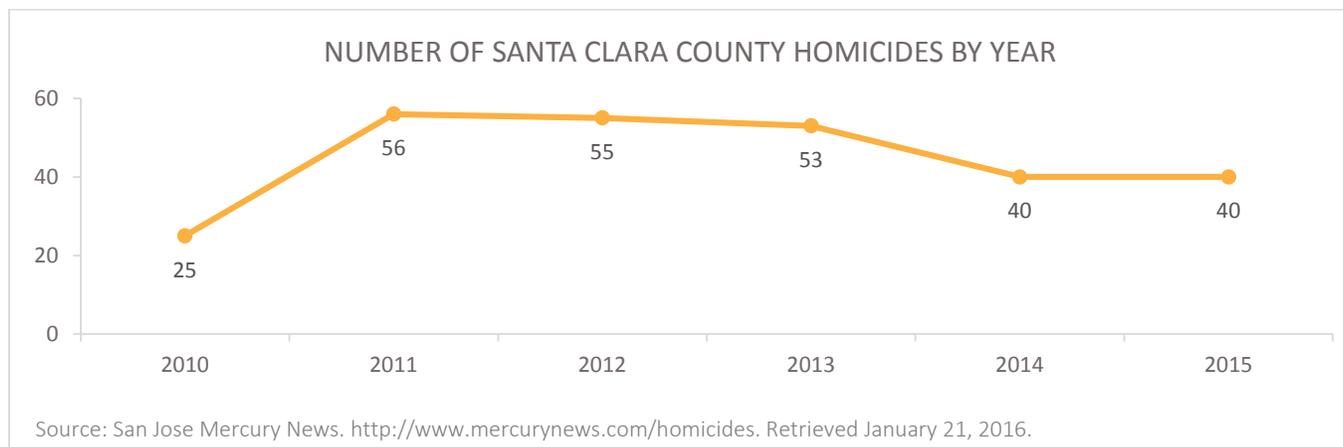
<sup>2</sup> Santa Clara County Public Health Department. 2014. *Santa Clara County Community Health Assessment*.

<sup>3</sup> Statistical data rates for black victims not available due to the small number of cases.



engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health.

- School suspension rates are higher in the KFH-San Jose service area (6.8) than in the state (4.0).
- Over half (54%) of Santa Clara County middle and high school students report having been victims of bullying at school. Similar proportions are found for youth in every race/ethnicity category.<sup>4</sup>
- The number of homicides per year have been decreasing in Santa Clara County, dropping from 56 in 2011 to 40 in 2015. In 2015, 73% of homicides occurred in San José. (See chart.)<sup>5</sup>



## What the Community Said

- Three of eight focus groups and one key informant mentioned violence and abuse as health needs.
- Participants expressed concern about bullying (physical and psychological)
- Populations that are most vulnerable to violence and abuse include homeless women and youth, and immigrant children who experience physical and mental trauma during their journey to the U.S. (such as witnessing drug cartel crime and violence).

<sup>4</sup> Santa Clara County Public Health Department, 2014 Community Health Assessment.

<sup>5</sup> San José Mercury News, Bay Area Homicides, <http://www.mercurynews.com/homicides>.