2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Richmond

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Approved by Kaiser Foundation Hospital Board of Directors' Community Health Committee

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KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH-Richmond

Contents

I. 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 12 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 Health

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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. 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. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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 https://www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of longstanding 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 130 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, the KFH facility, 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.

The hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were 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-Richmond 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, https://www.kp.org/chna.

II. Community served

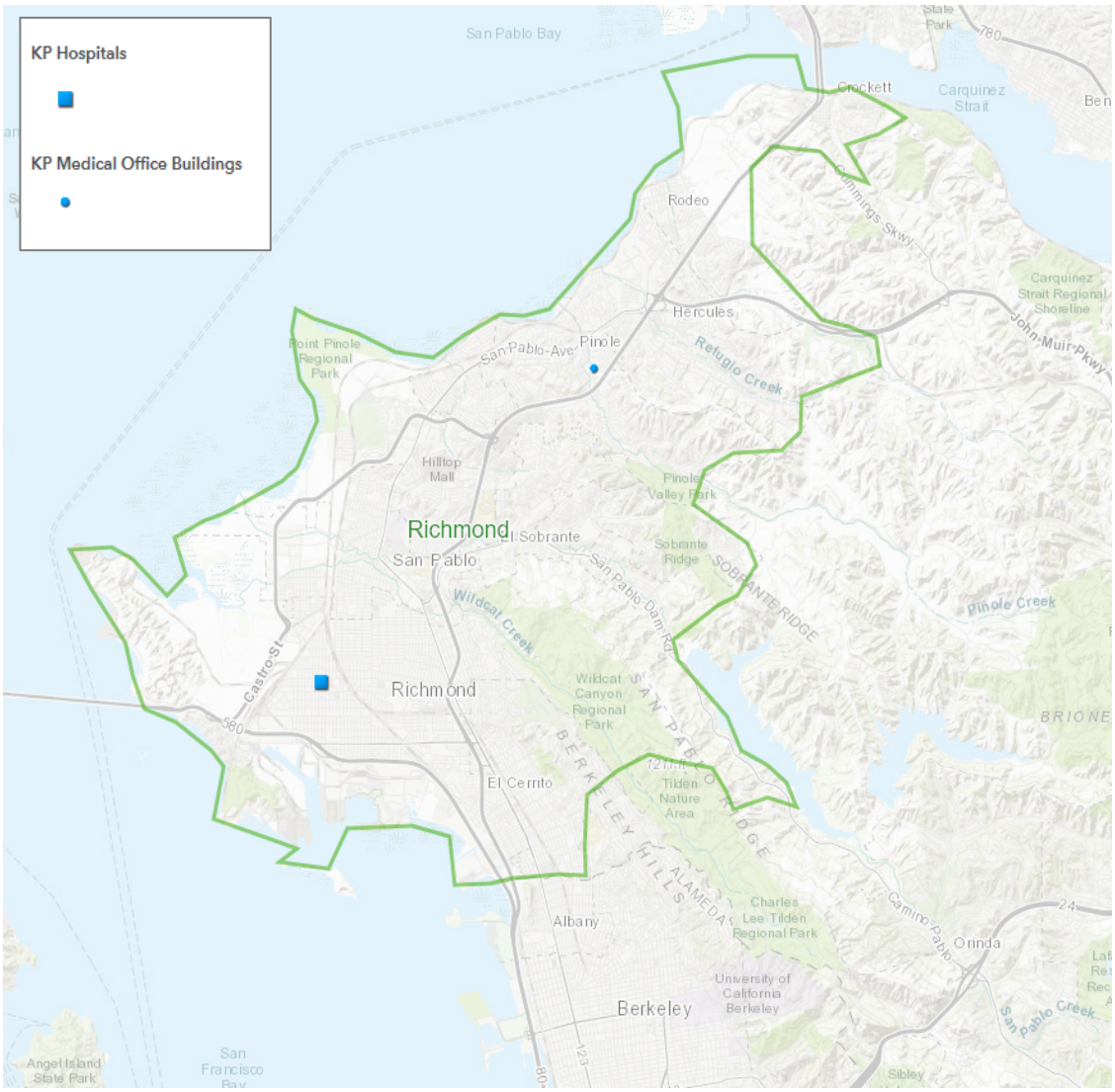
A. Kaiser Permanente's definition of community served

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.

B. Map and description of community served

i. Map

KFH-Richmond Service Area



ii. Geographic description of the community served

The KFH-Richmond service area includes the major cities and towns of Crockett, El Cerrito, El Sobrante, Hercules, Pinole, Richmond, Rodeo, and San Pablo in Contra Costa County, as well as unincorporated areas covered by the map above.

iii. Demographic profile of the community served

The KFH-Richmond service area is highly diverse. About 35% of residents have Latinx heritage. More than 20% of residents are Asian, and over 15% of residents are Black. Almost 5% are of multiple races.

Demographic profile: KFH-Richmond

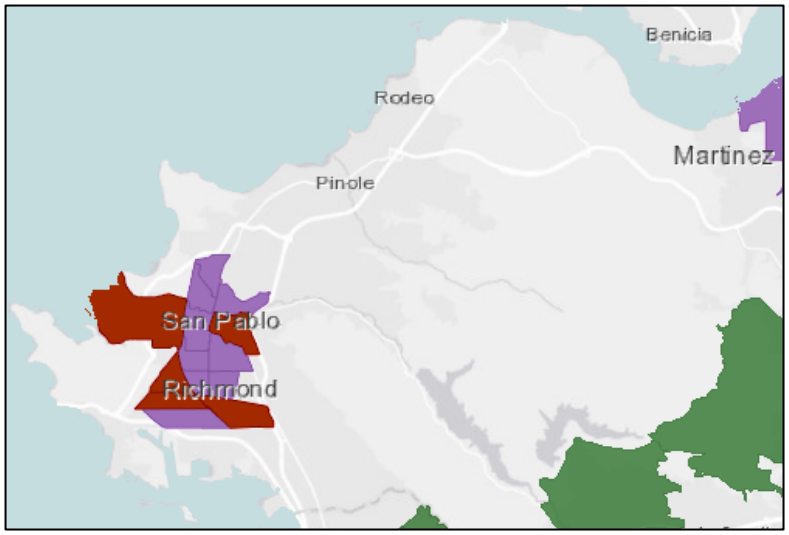
Race/ethnicity		Socioeconomic Data	
Total Population	254,267	Living in poverty (<100% federal poverty level)	14.0%
Asian	20.3%	Children in poverty	19.7%
Black	15.9%	Unemployment	3.1%
Native American/Alaska Native	0.5%	Uninsured population	12.9%
Pacific Islander/Native Hawaiian	0.4%	Adults with no high school diploma	18.2%
Some other race	12.5%		
Multiple races	6.7%		
White	43.9%		
Hispanic/Latinx	35.2%		

Genetics have long been known to play a role in a person's risk of disease, but in the past several years, it has become more broadly accepted that a person's surroundings—or neighborhood—also influence their health.[1] That neighborhood comprises the natural, social (e.g., cultural traditions and support networks), and built environments (e.g., roads, workplaces, grocery stores, and health care services). Additionally, income and educational attainment, key components of socioeconomic status, also play a role in determining one's health.

The map that follows identifies where high concentrations of the population living in poverty and populations living without a high school diploma overlap. The orange shading shows where the percentage of the population living at or below 100% of the Federal Poverty Level exceeds 25%. The purple shading shows where the percentage of the population with no high school diploma exceeds 25%. Educational attainment is determined for all non-institutionalized persons aged 25 and older. Dark red areas indicate where the census tract is above these thresholds (worse) for both educational attainment and poverty.

[1] The California Endowment. (2015). *Zipcode or Genetic Code: Which is a Better Predictor of Health?*

Vulnerability Footprint: KFH-Richmond Service Area



Legend

- More than 25% of the population lives at or below 100% of FPL
- More than 25% of the population age 25+ does not have a high school diploma
- More than 25% of the population both lacks a high school diploma and lives at or below 100% of FPL
- Mean income for the highest fifth of earners is double the county mean income

Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates, 2012-16.

III. Who was involved in the assessment?

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

Community benefit managers from 14 local hospitals in Alameda and Contra Costa counties contracted with Actionable Insights in 2018 to conduct the Community Health Needs Assessment in 2019. Two of these hospitals collaborated on the assessment in the KFH-Richmond service area; they were:

- John Muir Health
- Kaiser Foundation Hospital - Richmond

KFH-Richmond also wishes to recognize Contra Costa Health Services for their contributions to this project.

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

Actionable Insights, LLC (AI), an independent, local research firm, completed the CHNA. For this assessment, AI assisted with CHNA planning, conducted primary research in conjunction with Contra Costa Health Services, collected secondary data, synthesized primary and secondary data, facilitated the process of identifying community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

Actionable Insights helps organizations discover and act on data-driven insights. The firm specializes in research and evaluation in the areas of health, STEM (science, technology, engineering, and math) education, youth development, and community collaboration efforts. AI

conducted community health needs assessments for over 25 hospitals during the 2018-19 CHNA cycle. More information about Actionable Insights is available at http://actionablellc.com.

IV. Process and methods used to conduct the CHNA

KFH-Richmond and its partners worked collaboratively on the primary and secondary data requirements of the 2019 CHNA. The CHNA data collection process took place over seven months and culminated in a report written for the hospital in the first half of 2019.

A. Secondary data

Actionable Insights (AI) analyzed over 180 quantitative health indicators to assist KFH-Richmond and its partners in understanding the health needs and assessing their priority in the community. AI collected sub-county data where available.

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

KFH-Richmond used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review over 130 indicators from publicly available data sources. KFH-Richmond also used additional data sources beyond those included in the CHNA Data Platform that included another 50-plus indicators. For details on specific sources and dates of the data used, please see Appendix A.

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

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

As described in section IV.A.i above, KFH-Richmond also leveraged additional data sources beyond those included in the CHNA Data Platform. The decision to include these additional data was made, and these data were collected, in collaboration with KFH-Richmond's hospital partners. The hospitals as a group determined that these additional data would bring greater depth to the CHNA in their community. The secondary data that were gathered were compared to state benchmarks or Healthy People 2020 targets,[2] whichever were more stringent. When trend data, data by race/ethnicity, and/or data by age were available, they were reviewed to enhance understanding of the issue(s).

[2] Healthy People (http://www.healthypeople.gov) is an endeavor of the U.S. Department of Health and Human Services, which has provided 10-year national objectives for improving the health of Americans based on scientific data for 30 years. Healthy People sets national objectives or targets for improvement. The most recent set of objectives are for the year 2020 (HP2020). Year 2030 objectives are currently under development.

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members using key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from county public health departments 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 B.

ii. Methodology for collection and interpretation

Hospital community benefit managers planned qualitative data collection to better understand health needs and the drivers of health needs. The hospitals identified topics and populations which are less well understood than others (including emerging needs) and then identified experts on those topics and populations or groups of residents or stakeholders who could be convened to discuss them. AI used best practices to determine whether resident group feedback could be gathered in a sensitive and culturally appropriate way. Also, the coalitions sought out the input of sectors that had not been included in previous CHNAs. For example, in the KFH-Richmond service area, a focus group was convened with local youth engaged in social justice work. Including youth voices in the CHNA, especially with regard to the inequities they experience, allows for a more in-depth understanding of the community and its needs.

Interviews with professionals were conducted in person or by telephone. For approximately one hour, AI interviewed professionals who are knowledgeable about health issues and/or drivers of health, including social determinants of health. Interviews often focused on understanding specific health conditions, or on target populations (low-income, minority, and undeserved). AI asked informants to identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to health care and mental health needs; and share which solutions may improve health (including services and policies).

Focus groups were conducted in person and lasted 60-90 minutes. Nonprofit hosts, such as RYSE, recruited participants for the groups. The discussions centered around five topics, which AI modified appropriately for each audience:

- What are the most important health needs that you see in your community?
- What drivers or barriers are impacting the top health needs?
- To what extent is health care access a need in the community?
- To what extent is mental health a need in the community?
- What policies or resources are needed to address the top health needs?

Each interview and focus group was recorded as a stand-alone piece of data. Recordings were transcribed, and then the team used qualitative research software tools to analyze the transcripts for common themes. AI also tabulated how many times health needs had been prioritized by each of the focus groups or described as a priority in a key informant interview. KFH-Richmond and its hospital partners used this tabulation to help assess community health priorities. Note that community resident input was treated the same way and given the same standing as the input from community leaders, service providers, and public health experts.

In the KFH-Richmond service area, community input surfaced health issues that cannot be understood with extant data. Often feedback related to inequities in health outcomes and health care access based on social determinants of health and immigration status. For example, service providers consistently described instances where individuals who are not legal residents are no longer seeking health care services and other social supports such as food from food banks because they fear being identified by U.S. Immigration and Customs Enforcement and deported. Some community input clearly connected the housing crisis and high cost of living with stress, while other feedback described insufficient access to specialty care providers.

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. This email 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, KFH-Richmond had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The KP CHNA data platform includes approximately 130 secondary indicators, and AI collected an additional 50-plus secondary indicators, all of which provide timely, comprehensive data to identify the broad health needs faced by a community. 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.

The consultants and hospital partners together noted the following additional data limitations/information gaps:

- Adequacy of community infrastructure (sewerage, electrical grid, etc.)
- Adult use of illegal drugs and misuse/abuse of prescription medications (e.g., opioids)
- Alzheimer's disease and dementia diagnoses
- Breastfeeding practices at home
- Cannabis use
- Data broken out by Asian sub-groups
- Diabetes among children
- Experiences of discrimination among vulnerable populations
- Health of undocumented immigrants (who do not qualify for subsidized health insurance and may be underrepresented in data)
- Hepatitis C

- Mental health disorders
- Oral/dental health
- Suicide among LGBTQ youth
- Vaping

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

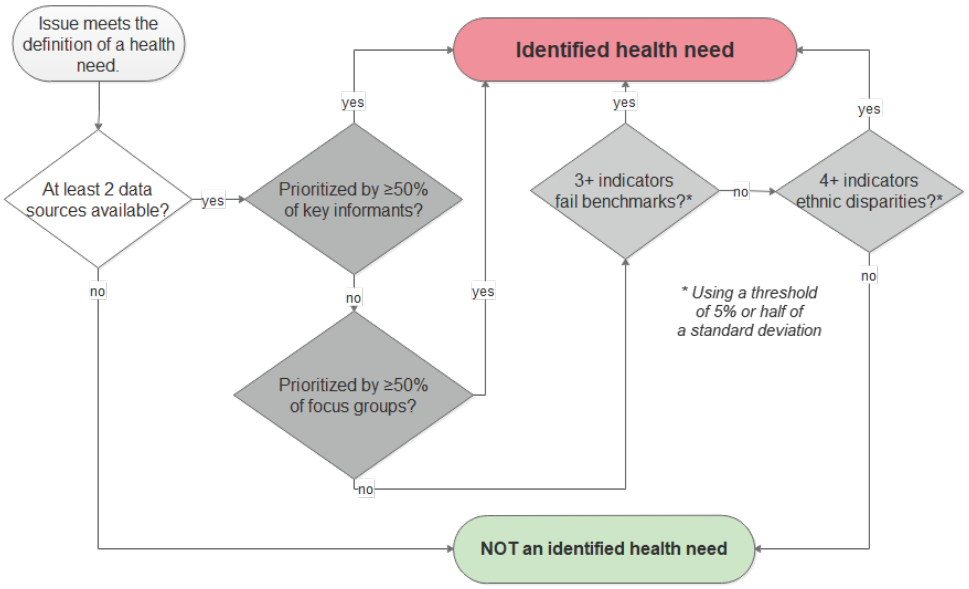
i. Definition of "health need"

For the purposes of the CHNA, 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.

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

Actionable Insights began with the set of health needs that were identified in the community in 2016. It also took into consideration needs suggested by the Contra Costa County Public Health Department, the health need categories provided by Kaiser Permanente's data platform,[3] and the social determinants of health categories provided by Healthy People 2020.[4]

What goes on the list?
Health needs list decision tree



[3] http://www.chna.org/kp
[4] https://www.healthypeople.gov

In the analysis of quantitative and qualitative data, many health issues surfaced. To be identified as one of the community's prioritized health needs, an issue had to meet certain criteria (depicted in the diagram above).

- A "data source" is either a statistical dataset, such as those found throughout the California Cancer Registry, or a qualitative dataset, such as the material resulting from the interviews and focus groups that were conducted for the hospitals.
- A "benchmark" is either the California state average or the Healthy People 2020 aspirational goal (when available), whichever is more stringent.

Criteria details:

1. Meets the definition of a "health need."
2. At least two data sources were consulted.
3. a. Prioritized by at least half of key informants or focus groups.
   b. If not (a), three or more direct indicators fail the benchmark by ≥5% or ≥0.5 standard deviations.
   c. If not (b), four or more indicators must show ethnic disparities of ≥5% or ≥ 0.5 standard deviations.

In 2014, final IRS regulations clarified the definition of a health need, which includes social determinants of health. Social determinants of health affect entire families and communities; they explain, in part, why some individuals thrive and experience good health, while other individuals are not as healthy as they could be. In addition to health behaviors such as eating nutritious foods and avoiding health risks such as smoking, our health is determined in large part by: our economic opportunities; whether we receive a quality education; the availability of resources and support in our homes, neighborhoods, and communities; our workplaces; environmental factors such as access to clean water, healthy food, and air; community safety; and the nature of our social interactions and relationships. In 2019, given this broader definition, the KFH-Richmond identified seven health needs that fit all criteria.

B. Process and criteria used for prioritization of health needs

The IRS CHNA requirements state that hospital facilities must identify and prioritize significant health needs of the community. As described previously, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (most pressing). The hospital used this input as well as additional input described below to identify the significant health needs listed in this report.

Hospital Prioritization Process & Results

John Muir Health and Kaiser Permanente collaboratively convened a meeting with key leaders in Contra Costa County on January 25, 2019, including representatives from the Contra Costa Health Services, Contra Costa County Office of Education, Clinic Consortium of Contra Costa and Solano, the East Bay Community Foundation, and the Bay Area Regional Health Inequities Initiative (BARHII). At the meeting with these representatives, Actionable Insights presented the results of the CHNA to the attendees and facilitated the prioritization of the health needs by the

participants. Participants considered a set of criteria in prioritizing the list of health needs. The criteria, which were chosen by KFH-Richmond and the other hospitals before beginning the prioritization process, were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** This 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.
- **Community priority:** This refers to the extent to which the community prioritizes the issue over other issues about which it has expressed concern during the CHNA primary data collection process. This criterion was ranked by Actionable Insights based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- **Multiplier effect:** This refers to the idea that a successful solution to the health need has the potential to solve multiple problems.

Participants associated with the KFH-Richmond service area individually ranked the health needs according to their interpretation of the criteria. Rankings were then averaged across those participants to obtain a final rank order of the health needs. Summary descriptions of each health need appear in the following pages.

C. Prioritized description of all the community needs identified through the CHNA

1. (TIE) ECONOMIC SECURITY

Economic security was one of the top priorities of the KFH-Richmond community. Concerning this need, community members discussed food insecurity, risk of homelessness, and employment. Residents emphasized that while there may be plenty of jobs in the service area, they do not pay enough considering the high cost of living. Other factors may exacerbate the financial instability participants described in the service area. For example, there are only 1.8 banking institutions per 10,000 people in the service area compared to 2.7 per 10,000 in the state overall. Sufficient financial institutions in the community represent a measure of financial inclusion; limited access to these institutions' tools and resources contribute to economic instability.[3] Community members described how individuals with lower incomes may have a harder time accessing care, which impacts health outcomes. For example, community members observed that individuals working low-wage jobs are among those who can least afford to miss work in order to attend to their health. Educational attainment and employment are an important predictor of economic stability. In the KFH-Richmond service area, however, fewer than six in

[3] Community Commons. https://www.communitycommons.org/chna

10 adults have any post-secondary education, a proportion significantly[5] lower than state average of 64%.

The proportion of children eligible for free or reduced-price lunch is significantly higher in the KFH-Richmond service area compared to the state average, an indicator of food insecurity. Also related to food insecurity: Of all students county-wide, Black students are the least likely to have eaten breakfast.

1. (TIE) HEALTH CARE ACCESS AND DELIVERY

Health care access and delivery were high priorities of the KFH-Richmond community. Barriers to receiving quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers. Community members discussed these barriers, specifically those related to health insurance access, affordability of care (including deductibles), and the lack of access to specialists, especially for Medi-Cal patients. The health care workforce overall was a topic frequently addressed by professionals, who cited low reimbursement rates for clinicians as an impediment to accepting Medi-Cal patients. In terms of specialty care, Federally Qualified Health Centers (FQHCs) are the only organizations that receive a higher reimbursement rate for dental services. Statistics show, however, that the ratio of FQHCs to residents is significantly worse in the service area (2.1 clinics per 100,000 people) than the state (2.5). Access to behavioral health services was also a concern, with the community indicating that the behavioral health workforce was of insufficient size to adequately address the demand.

Other indicators demonstrate further access and delivery disparities by ethnicity. For example, much higher proportions of Latinx (20% uninsured) and Pacific Islander (24%) service area residents are uninsured than their White peers (7%). Many community members in the KFH-Richmond service area expressed alarm about health care access barriers faced by immigrants who are either ineligible for Medi-Cal due to their immigration status, or fearful of being deported if they should access services for which they are eligible. The community identified the need for greater language support, culturally-appropriate health care services, and whole-person care.

3. BEHAVIORAL HEALTH

Behavioral health, including mental health and substance use, is one of the strongest priorities of the KFH-Richmond service area. Community members from the service area emphasized depression and stress, as well as the co-occurrence of mental health and substance use. These issues may be partially driven by social isolation. Statistical data suggest that there are significantly fewer social associations (e.g., civic organizations, recreational clubs, and the like) per capita in the service area (4.7 per 10,000 people) compared to the state average (6.5); social associations contribute to personal well-being.[6] Additionally, nearly one in 10 young people in the service area—a proportion that exceeds the state average—are not in school and not working, a measure of youth disconnection with implications for well-being. Ethnic disparities

[5] "Significantly" worse = at least 5% or 0.5 standard deviations worse.
[6] Putnam, R. (2000.) *Bowling Alone.*

also exist across multiple county-level mental health indicators for youth, including cyberbullying (Pacific Islander youth fare the worst), depression-related feelings (the highest proportion of youth experiencing such feelings are Latinx and Black), school connectedness (Black youth feel the least connected), and suicidal ideation (Black youth also fare the worst). KFH-Richmond community members identified trauma and adverse childhood experiences (ACEs) as other drivers of behavioral health problems.

4. Housing and Homelessness

Maintaining safe and healthy housing was a top community priority in the KFH-Richmond service area. Recent increases in housing costs especially affect renters and those with low and/or fixed incomes. Community members strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively impacting families, including children. The community also recognized the connection between housing and physical health, stating that households are spending less on food and medical care due to the increased cost of housing in recent years. The median rent in the county ($2,390) is significantly higher than the state average ($2,150) and has been increasing. Possibly due to high rents, the proportion of children living in crowded housing has been rising in the county.

Professionals and residents described concerns about this increasing number of unstably-housed individuals and the displacement of families. Experts cited a lack of strong tenant protections (and a lack of knowledge about protections that may exist) in the community. Community members suggested that the imbalance of jobs and housing (i.e., many new jobs but few new housing units) was a major driver of the housing crisis.

Poor housing quality—evidence of leaks, mold, and pests—is associated with childhood asthma and asthma-related emergency room visits.[7] A total of 22.7 per 10,000 children ages 0-4 were hospitalized for asthma in Contra Costa County, which significantly exceeds the state average of 19.6. The health of those experiencing homelessness was also of concern to a wide variety of experts and resident groups because homeless individuals are at greater risk of poor health outcomes.

5. Community and Family Safety

Community and family safety was one of the top health needs prioritized by the community in the KFH-Richmond service area. Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, perpetrators, and community at large.[8] Community members most frequently discussed domestic violence; the hospitalization rate for domestic violence is significantly higher in the service area (6.3 per 100,000 females aged 10+) than the state average (4.9). Residents in the service area also discussed violent crime, reporting that they are seeing an increase in violence in general. Statistics show that there are 720.3 cases of

[7] Urban Institute. (2017). *The Relationship between Housing and Asthma among School-Age Children.*
[8] Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, 360(9339), 1083-1088.

violent crimes reported per 100,000 people in the service area, compared to the state average of 402.7 per 100,000 people. Human trafficking was also mentioned as a community concern. Mental health, trauma, discrimination and racially-motivated violence were often discussed in relation to crime and intentional injury.

Children and youth were populations about which community members expressed the most concern, with issues including online and in-person bullying, being victims of violence, and externalizing behaviors associated with trauma. The data reflect these concerns, demonstrating significant ethnic disparities across multiple county-level indicators for children and youth, including cyberbullying (Pacific Islander youth fare worse), fear of being beaten up at school (the highest proportions who experience this fear are Native American and Black youth), and school climate (Latinx and Black youth are most likely to attend schools they perceive as unsafe).

6. EDUCATION AND LITERACY

The relationship among literacy, educational attainment, employment, wages, and health has been well documented. Limited literacy is correlated with low educational attainment, which is associated with poor health outcomes. Individuals at risk for low English literacy include immigrants, those living in households where English is not spoken, and individuals with minimal education.[9] Education and academic achievement were discussed by a wide variety of experts and community members in the KFH-Richmond service area; academic achievement was discussed most often as a driver of economic security, related to stable employment and sufficient wages. The county public health officer described educational attainment as a gateway to self-sufficiency, and a major contributing factor to homeownership. Statistical data for the KFH-Richmond service area reflect the community's concern regarding educational attainment in the region. For example, the proportion of local 4th-graders who are reading at or above proficiency (32%) is significantly lower than the state average (44%). Also, the service area's rate of student suspensions (11.0 per 100 students) exceeds the state average (5.9). Additionally, the service area's expulsion rate (0.38 per 1,000 students) is three standard deviations higher than the state average (0.08).

Ethnic disparities are evident in county-level education and literacy-related indicators. Black and Latina females have significantly higher rates of teen pregnancy than females of other ethnicities, which can interrupt or end their educational trajectory. Black youth are also over-represented among high school drop-outs, while passing high school exit exams in lower proportions than youth of other ethnicities.

7. HEALTHY EATING/ACTIVE LIVING

Healthy eating, together with active living, was identified as a top health need by the KFH-Richmond service area community. This need includes concerns about access to food and recreation, diabetes, nutrition, diet, fitness, and obesity. A major barrier to healthy eating is

[9] Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* www.healthypeople.gov.

access to healthy food; 16% of the Richmond service area population does not live near a large grocery store or supermarket, compared with 13% in the rest of the state. When describing barriers to active living, KFH-Richmond community members cited a lack of safe public spaces and community centers where residents can recreate and exercise. Experts discussed the fact that few people walk or bike to work because they have long commutes, while residents talked about a lack of motivation and lack of time to exercise as well as the expense of gym memberships and sports or exercise programs.

Statistical data show how healthy eating and active living are also issues for children and youth. Youth obesity is significantly higher in the KFH-Richmond service area (23%) compared to the state average (20%). A greater proportion of service area youth are physically inactive (51%) compared to the state average (38%). More specifically, a significantly smaller proportion of service area children/youth walk or bike to school (19%), compared to the state average (14%).

Service area residents may voluntarily limit their physical activity due to concerns about air quality. Community members noted that the nearby freeways and traffic at the Port of Oakland contributed to poor air quality. Youth were concerned about potential contamination of the water supply near oil refineries. Lack of perceived access to clean drinking water affects physical health in a variety of ways, including the increased likelihood of consuming sugar-sweetened beverages instead of water, which is associated with both obesity and tooth decay.

D. Community resources potentially available to respond to the identified health needs

Contra Costa County contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that are engaged in addressing many of the health needs identified by this assessment. Hospitals and clinics are listed below. Additional key resources available to respond to the identified health needs of the local community are listed in Appendix C.

Existing Health Care Facilities

- Kaiser Permanente Hospital, Richmond

Existing Clinics & Health Centers

- LifeLong Medical
- Brighter Beginnings
- Contra Costa County Health Services Health Centers
- RotaCare Clinic

VI. KFH-Richmond 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Richmond's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Richmond's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit: www.kp.org/chna. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-Richmond in the 2016 Implementation Strategy Report.

1. Behavioral Health
2. Community and Family Safety
3. Health Care Access and Delivery
4. Obesity, Diabetes, Healthy Eating/Active Living

KFH-Richmond is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting 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-Richmond tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH-Richmond had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH-Richmond will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 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 2017 and 2018, 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 2017-2018, 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 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 2017-2018, KFH-Richmond awarded 383 number of grants amounting to a total of $8,363,341.14 in service of 2016 health needs. Additionally, Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH-Richmond service area. During 2017-2018, a portion of money managed by this foundation was used to award 4 grants totaling $4,949,449.40 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore

opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-Richmond leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report 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 2017-2018, KFH-Richmond engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH-Richmond Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care and Coverage	*During 2017 and 2018, KFH-Richmond awarded 77 grants totaling $4,782,318.99 that address Access to Care in the KFH-Richmond service area*	KP Medicaid and Charity Care: In 2017 and 2018 KP served 10,606 and 10,282 Medi-Cal members respectively totaling $48,068,778.69 worth of care. KP also provided a total of $7,116,760.70 of Medical Financial Assistance (MFA) to 2,882 individuals in 2017 and 1,705 individuals in 2018.
		Operation Access: Operation Access received a $350,000 grant (evenly split between 15 KFH hospital service areas) to coordinate donated medical care and expand access to care for low-income uninsured adults in the Bay Area through its volunteer and hospital network. 669 staff/physician volunteers provided 650 surgical and diagnostic services at 11 facilities, reaching 521 adults.
		211: Contra Costa Crisis Center (CCCC) received a $50,000 (evenly split between 3 KFH hospital service areas) grant to operate 211, which provides language specific, information and referral services to residents via voice and text lines. Through updates to the database, staff training and partnership with other organizations, CCCC expects to increase the number of calls and texts to the call center reaching at least 34,000 individuals.
		Wellness: KFH-Richmond awarded a $40,000 grant to Rubicon Programs' Coaching for Behavioral Change program to support participants' ability to connect to wellness services. Thus far, Coaching for Behavioral Change has developed personal wellness plans for 61 participants. And 59 participants have accessed wellness workshops designed to reduce the stigma of behavioral health issues and increase knowledge of how to access health care services.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Healthy Eating / Active Living	*During 2017 and 2018, KFH-Richmond awarded 49 grants totaling $687,704.09 that address Healthy Eating Active Living in the KFH-Richmond service area*	Physical activity program: KFH-Richmond awarded $20,000 to YES Nature to Neighborhood's A Culture of Health: Active Living for Richmond Youth, a program that aims to increase physical activity and promote a culture of active living. YES will serve 270 youth with at least 35 hours of physical activity during weeklong summer camps. And throughout the year, 50 youth will engage in 11 to 20 hours of physical activity each month.
		Farmers market: KFH-Richmond awarded a $30,000 grant to Fresh Approach's Freshest Cargo mobile farmers' market program in Richmond and San Pablo. The Freshest Cargo mobile farmers' market and Market Match nutrition incentive programs will help increase residents' access to and consumption of fresh fruits and vegetables. The program has reached 1,222 unique individuals, 432 of whom received a 50% discount. The mobile farmers market distributed $19,850 worth of free produce to shoppers who receive federal benefits.
		CalFresh: Food Bank of Contra Costa and Solano received a $95,000 grant (evenly split between 5 KFH hospital service areas) to increase CalFresh enrollment with a focus on Medi-Cal recipients, WIC clients, Latinos, seniors, and families with children in low-income school districts. To date, the Food Bank has screened 194 individuals for CalFresh eligibility and submitted 133 applications. Of those, 47 were approved.
Behavioral Health	*During 2017 and 2018, KFH-Richmond awarded 61 grants totaling $1,419,886.98 that address Behavioral Health in the KFH-Richmond service area*	Clinical training program: KFH-Richmond awarded $29,580 grant (evenly split with KFH-Oakland) to Partnerships for Trauma Recovery, a project that supports training for three clinical psychology doctoral students in the Global Healing and Human Rights clinical training program. Trainees have participated in 98 clinical training hours and have seen 28 individual direct clients (84 indirect clients).
		Access: KFH-Richmond awarded $30,000 to Brighter Beginnings' Integrating and Increasing Access to Behavioral Health program, which increases access to behavioral health services for low-income patients by integrating behavioral health services into the primary care setting. The program has conducted 1,319 behavioral health screenings and 344 patients have accessed behavioral services via a warm handoff by a primary provider.
		School-based health center: KFH-Richmond awarded $30,000 to California School-Based Alliance to support mental health services at West Contra Costa school-based health centers (SBHCs). Ten high school SBHCs have planned behavioral health outreach events expected to reach 6,500 students, 90 youth health workers have been recruited and begun training to promote mental health resources to peers, and 30 SBHC coordinators and staff have received training to improve coordination of services.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Stigma: Lifelong Medical Care received a $90,000 grant to reduce mental health stigma and increase understanding of mental health and wellness among underserved populations. Bilingual and bicultural community health workers will be incorporated as part of a care team to develop relationships, support and educate family members. They expect to reach 500 individuals
		Resilience: James Moorhouse Project received a $98,000 grant to partner with El Cerrito High School to implement an integrated multi-disciplinary program to address the diverse needs of youth, including providing mental health services and youth development programs and developing school-wide efforts to create a more supportive and school community. To date, 177 students have participated in individual counseling and 137 students have participated in a therapeutic group.
Community and Family Safety	*During 2017 and 2018, KFH-Richmond awarded 30 grants totaling $592,955.38 that address Community and Family Safety in the KFH-Richmond service area*	Job training: KFH-Richmond awarded $30,000 (evenly split with KFH-Oakland) to The Bread Project, which equips hard to employ residents with culinary training. The project's Bakery Bootcamp will provide commercial baking training and professional development to foster stronger communities. The program intends to reach 100 residents. To date, 22 new participates have enrolled in the program, 95% have graduated, and 85% are expected to get employment placement.
		Workforce and job training: KFH-Richmond awarded $49,556 (evenly split with KFH-Oakland) to San Pablo Economic Development Corporations to deepen engagement, extend reach, refer, and serve violence-vulnerable populations with needed workforce supports and job training, while also engaging them and the wider community in listening forums, events and programs co-hosted with San Pablo Police Department to nurture interactive, organic, and community-driven relationships. A total of 1,385 participants will be reached.
		Child abuse: KFH-Richmond awarded $30,000 to Child Abuse Prevention Council of Contra Costa County's Speak Up Be Safe (SUBS) program, which works to prevent and interrupt child abuse, bullying (including cyberbullying), and sexual harassment. SUBS will reach 1,071 students and 30 teachers and other staff members at Bayview Elementary School in San Pablo and Cesar Chavez Elementary School in Richmond.
		Family Justice Center: Contra Costa Family Justice Alliance received a $200,000 grant (evenly split between 3 KFH hospital service areas) to provide a warm and welcoming one-stop resource for survivors of interpersonal violence. In 2018, the Family Justice Center served over 3,100 victims of interpersonal violence. Ninety-nine percent of clients stated that they obtained helpful information and were satisfied with the services received

VII. Appendix

A. Secondary data sources and dates
    i. KP CHNA Data Platform secondary data sources
    ii. Other secondary data sources
B. Community Input Tracking Form
C. Community resources
D. Health Need Profiles

Appendix A. Secondary data sources and dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014

	Source	Dates
43.	USDA - Food Access Research Atlas	2014

ii. Other secondary data sources

In addition to the sources in the KP CHNA Data Platform, the sources of data in the list below were consulted to compile the data tables that underlie this 2019 Community Health Needs Assessment.

	Source	Dates
1.	Annie E. Casey Foundation, KIDS COUNT Data Center	2015
2.	California Breathing, Environmental Health Investigations Branch, California Dept. of Public Health	2016
3.	California Child Care Resource & Referral Network, California Child Care Portfolio	2014
4.	California Department of Education	2018
5.	California Department of Education, California Healthy Kids Survey (WestEd)	2011-2013, 2013-2015
6.	California Department of Finance	2016
7.	California Department of Justice	2014-2015
8.	California Department of Public Health	2010-2017
9.	California Office of Statewide Health Planning and Development (OSHPD)	2009-2016
10.	California State Highway Patrol	2015
11.	Centers for Disease Control and Prevention	2005-2016
12.	Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health	2008-2012
13.	Child Care Regional Market Rate Survey	2014
14.	Contra Costa Council on Homelessness, 2017 Point in Time Count: A Snapshot of Contra Costa County	2017
15.	Insight Center for Community Economic Development	2014
16.	Martin et al. (2015), Births	2013
17.	National Cancer Institute	2011-2015
18.	National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) Program	2009-2013
19.	Nielsen SiteReports	2014
20.	Population Reference Bureau	2014, 2016
21.	Rodriguez, D., et al. (2016). Prevalence of adverse childhood experiences by county, Public Health Institute, Survey Research Group	2008, 2009, 2011, and 2013
22.	U.S. Cancer Statistics Working Group	2009-2013
23.	U.S. Census Bureau, American Community Survey	2012-2016
24.	U.S. Census Bureau, County Business Patterns	2016
25.	U.S. Department of Agriculture, Food Access Research Atlas	2015
26.	U.S. Department of Education, EDFacts	2014-2015, 2015-2016
27.	U.S. Dept. of Housing and Urban Development, PIT Estimates of Homelessness in the U.S.	2017
28.	UCLA Center for Health Policy Research, California Health Interview Survey	2009- 2016

	Source	Dates
29.	University of Wisconsin Population Health Institute, County Health Rankings.	2018
30.	Vera Institute of Justice, Incarceration Trends	2013, 2015
31.	Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research	2013
32.	Zilpy.com, Rental Market Trends	2018

Appendix B. Community Input Tracking Form

The list below contains the leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved. The group included leaders from the Richmond Health & Hospital System, nonprofit hospital representatives, local government employees, and nonprofit organizations. For a description of members of the community who participated in focus groups, please see Section IVB, "Community Input."

	Data collection method	Title	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Interview	Director, Health, Housing, and Homeless Services, Contra Costa County Health Services	1	Low-income	Leader	7/13/18
2	Interview	Associate Director, RYSE	1	Low-income, Minority	Leader	7/18/18
3	Interview	Director of Public Health, Contra Costa County Health Services	1	Health department representative	Leader	7/23/18
4	Interview	Executive Director, Community Clinic Consortium of Contra Costa and Solano Counties	1	Medically underserved	Leader	7/27/18
5	Interview	Program Manager, Richmond's Office of Neighborhood Safety	1	Low-income, Minority	Leader	7/30/18
6	Interview	Acting Director of Behavioral Health, Medical Director, Contra Costa County Health Services	1	Medically underserved	Leader	7/31/18
7	Interview	Outreach Coordinator, Richmond Main Street Initiative	1	Low-income	Leader	8/3/18
8	Interview	Supervisor, Western Contra Costa County	1	Low-income, Minority	Leader	8/8/18
9	Interview	Community Engagement Interim-Director, West Contra Costa Unified School District	1	Low-income, Minority	Leader	8/14/18
10	Interview	President & CEO, Choice in Aging	1	Low-income, Medically underserved	Leader	8/15/18
11	Interview	Hub Manager, Healthy Richmond	1	Medically underserved	Leader	8/22/18

	Data collection method	Title	Number	Target group(s) represented	Role in target group	Date input was gathered
12	Focus group	**Host:** Healthy Richmond Collaborative; attendees were professionals who work with the local medically underserved population	17	Medically underserved	Leaders	7/18/18
13	Focus group	**Host:** West Contra Costa Unified School District; attendees were local school health professionals	8	Medically underserved	Leaders	8/28/18
Community residents						
14	Focus group	**Host:** RYSE; attendees were at-risk youth who live in the service area	6	Low-income, Minority; Youth	Members	7/24/18
15	Focus group	**Host:** Rubicon Programs-Richmond; attendees were community members of the re-entry population (i.e., formerly incarcerated)	9	Low-income, Medically	Members	8/13/18
16	Focus group	**Host:** LifeLong Medical Center; attendees were bilingual Spanish- and English-speaking peer health educators	7	Low-income, Medically underserved	Representatives, Members	9/6/18

Appendix C. Community resources

Health Care Facilities and Agencies

In addition to assets and resources available to address specific health needs, the following health care facilities are available in the service area. Many hospitals provide charity care and cover Medi-Cal shortfalls.

Existing Health Care Facilities

- Kaiser Permanente Hospital, Richmond

Existing Clinics & Health Centers

- LifeLong Medical
- Brighter Beginnings
- Contra Costa County Health Services Health Centers
- RotaCare Clinic

Community Resources Related to Specific Health Needs

Behavioral Health

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Al-Anon	12 step program for adult relatives and friends of alcoholics or someone who is or has been a problem drinker.	https://al-anon.org
Alateen	12 step program for teen relatives and friends of alcoholics or someone who is or has been a problem drinker.	https://al-anon.org/for-members/group-resources/alateen
Alcoholics Anonymous	12 step program for individuals who need help with a drinking problem.	https://www.aa.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Center for Human Development	Empowers communities to adapt to adversities through reducing health disparities, inspiring healthier choices, and promoting violence-free lives.	http://chd
Child Abuse Prevention Council of Contra Costa County	Programs to promote child safety and prevent child abuse and neglect.	https://www.capc-coco.org
Contra Costa Health Services	Provides health care to the public at many locations.	https://cchealth.org
Gamblers Anonymous	12 step program for people struggling with a gambling problem.	www.gamblersanonymous.org/ga/
Mindful Life Project	Empowers underserved children through mindfulness and other transformative skills to gain self-awareness, confidence, self-regulation and resilience.	www.mindfullifeproject.org
Narcotics Anonymous	12 step program for individuals for whom drugs have become a major problem.	https://www.na.org
Overeaters Anonymous	12 step program for people struggling with compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating and/or overexercising.	https://oa.org
Partnership for Trauma Recovery	Addresses the psychosocial impacts of trauma among international survivors of human rights abuses through culturally aware, trauma-informed, and linguistically accessible mental health care, clinical training, and policy advocacy.	https://traumapartners.org
The James Morehouse Project	Works to create positive change in the El Cerrito High School community through medical and dental services, counseling and youth development, and school-wide initiatives.	www.jamesmorehouseproject.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
YMCA of the East Bay	Comprises five health and wellness centers, over twenty child care sites, a teen center, and three camps offering a variety of programs.	https://ymcaeastbay.org/

Community and Family Safety

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
	Provide services and support to individuals and families who have experienced domestic violence, sexual assault and exploitation, child abuse, elder and dependent adult abuse, and stalking.	www.acfjc.org
Beyond Violence	Services for youth victims of traumatic intentional injuries aged 14-25, including: help to cope with the injury, follow-up care, and community resources to promote healthy choices and avoid street violence.	https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-alliance/our-programs/youth/beyond-violence.html
Building Blocks for Kids Collaborative	Programs include family health and wellness, educating kids and adults in technology (STEM literacy), and partnering with families to encourage community involvement.	https://www.bbk-richmond.org
Center for Human Development	Empowers communities to adapt to adversities through reducing health disparities, inspiring healthier choices, and promoting violence-free lives.	http://chd-prevention.org
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families surviving traumatic violence.	www.cceb.org
Child Abuse Prevention Council of Contra Costa County	Programs to promote child safety and prevent child abuse and neglect.	https://www.capc-coco.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
City of Richmond Office of Neighborhood Safety	Responsible for building partnerships and strategies that produce sustained reductions in firearm assaults and related retaliations and deaths in Richmond.	https://www.ci.richmond.ca.us/271/Office-of-Neighborhood-Safety
Community Violence Solutions	Offers services to prevent and respond to family violence, sexual assault, human trafficking, stalking, and child sexual abuse.	https://cvsolutions.org
Healthy Richmond (sponsored by The California Endowment)	Partnership to create meaningful and lasting improvements in the health and educational preparation of children and youth in Richmond.	http://healthyrichmond.net
Office of Neighborhood Safety	Builds partnerships and strategies that produce sustained reductions in firearm assaults and related retaliations and deaths in Richmond.	https://www.ci.richmond.ca.us/271/Office-of-Neighborhood-Safety
Project Avary	Program tailored to meet the unique emotional needs of children with a parent in prison, starting at ages 8-11, with a ten-year commitment to each child and family.	www.projectavary.org
Reentry Success Center	Provides services to help individuals achieve financial stability and develop healthy habits, after time spent in jail or prison.	http://reentrysuccess.org
Richmond Police Department	Police department.	https://www.ci.richmond.ca.us/82/Police-Department
RYSE Youth Center	Youth community center offering programs in education and justice, community health, youth organizing, media, arts and culture.	https://rysecenter.org
STAND! for Families Free of Domestic Violence	Provides a complete spectrum of domestic violence and child abuse prevention, intervention, and treatment programs.	www.standffov.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
The Latina Center	Offers programs to improve the quality of life and the health of Latinas by providing leadership and personal development opportunities.	https://thelatinacenter.org/

Economic Security

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Brighter Beginnings	Supports successful development of children by partnering with parents.	www.brighter-beginnings.org
Building Blocks for Kids Collaborative	Programs include family health and wellness, educating kids and adults in technology (STEM literacy), and partnering with families to encourage community involvement.	https://www.bbk-richmond.org
Calle House	Homeless shelter for youth in Richmond, California	https://cchealth.org/h3/calli-house.php
Contra Costa County Early Head Start and Head Start	Comprehensive services for children ages 0-5 and their families including education, health, disabilities and mental health services as well as nutrition and family support services and resources.	https://ehsd.org/headstart/childcare-preschool/head-start-early-head-start-and-state-preschoo/
Contra Costa County Employment & Human Services	Provides a wide variety of services to the community, including children's services (foster care, adoption, temporary housing); financial benefits (CalFresh, CalWorks, Medi-Cal, etc.), programs for the aging and disabled, Head Start, workforce development, etc.	https://ehsd.org/
Contra Costa County food resources	List of community groups providing food assistance	https://www.needhelppayingbills.com/html/food_pantries_in_contra_costa.html

Contra Costa Health Services	Provides health services, and CalFresh enrollment. Maintains farmers market directory.	https://cchealth.org/foodsecurity
East Bay Community Foundation	Supports social justice and equitable opportunities and outcomes by providing grants to non-profits that focus on a wide variety of issues ranging from early childhood success to economic empowerment.	https://www.ebcf.org
Ensuring Opportunity Contra Costa	Collaborative effort to end poverty in Contra Costa County by addressing structural causes at the policy level.	https://endpovertycc.org
Food Bank of Contra Costa & Solano	Searchable by city for free produce and free groceries for low income children, families, individuals and seniors.	https://www.foodbankccs.org/get-help/foodbycity.html
San Pablo Economic Development Corp.	Provides support for San Pablo residents, business owners and families in the areas of business development, job training, and removing barriers to employment.	http://sanpabloedc.org

Education & Literacy

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Richmond Promise	A community-wide college success initiative to build a college graduating culture in Richmond, CA.	https://richmondpromise.org
John Swett Unified School District	K-12 schools in Rodeo.	www.jsusd.com
West Contra Costa Unified School District	K-12 schools in Richmond.	www.wccusd.net

Health Care Access & Delivery

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
American Diabetes Association	Organization committed to educating Californians about ways they can live healthier lives and support friends and loved ones living with diabetes.	www.diabetes.org/in-my-community/local-offices/san-francisco-california
American Heart Association	Organization committed to preventing and curing heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area
California Department of Health Care Services	Access for low-income and disabled residents to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.	https://www.dhcs.ca.gov/Pages/default.aspx
Healthy Richmond	Group brings people and organizations together to achieve four priorities in Richmond: access to quality health care, community safety, schools and neighborhoods, and economic revitalization.	http://healthyrichmond.net
Operation Access	Enables Bay Area health care providers to donate vital surgical and specialty care to people in need.	https://www.operationaccess.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Planned Parenthood Northern California	Offers cancer screenings, birth control, sex education, STD testing and treatment including PEP and PrEP to prevent HIV infection, infertility services, men's/trans/women's health services, emergency contraception, pregnancy testing and abortion.	https://www.plannedparenthood.org/planned-parenthood-northern-california
Ronald McDonald Care Mobile Dental Clinic	Provides restorative and preventive dental care, connections to a family dentist for ongoing care, and help enrolling in an insurance program to low-income patients up to the age of 19.	https://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-alliance/our-programs/youth/mobile-dental-clinic.html

Healthy Eating/Active Living

See Economic Security for resources related to food insecurity.

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
CoCoKids	Provides resource links and direct services in order to advance quality child care and early education.	https://www.cocokids.org
Contra Costa Health Services	Provides information and services to promote good nutrition and physical activity.	https://cchealth.org/nutrition/ https://cchealth.org/prevention/physical-activity.php
East Bay Regional Parks District	Regional parks district managing multiple parks in the East Bay, and offering outdoor activities.	https://www.ebparks.org
First 5 Contra Costa County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities and improve the lives of children 0 to 5 and their families.	www.first5coco.org
Fresh Approach	Improves healthy food access in the community via farmers markets, community garden, and cooking and nutrition classes,	https://www.freshapproach.org

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Rollingwood-Wilart Park Recreation & Park District	Rollingwood-Wilart Park Recreation & Park District	https://contracostasda.specialdistrict.org/ rollingwood-wilart-park-recreation-and-park-district

Housing & Homelessness

RESOURCE NAME	SUMMARY DESCRIPTION	WEBSITE
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing eviction including rent assistance and funds for housing deposits.	http://www.cceb.org/housing-services-in-the-county-of-contra-costa
Contra Costa Health Services - H3 (Health, Housing and Homeless Services)	A variety of services and referrals for the homeless and and those risk of becoming homeless.	https://cchealth.org/h3
Contra Costa Interfaith Housing	Permanent, affordable housing and vital support services to homeless and at-risk families and individuals in Contra Costa County.	http://ccinterfaithhousing.org
Neighborhood Housing Services	Provides affordable rentals to low-income families, also advocates for home ownership, and offers financial literacy programs.	https://www.richmondnhs.org

Appendix D. Health Need Profiles

Health Care Access & Delivery

What's the issue?

Access to health care is important for everyone's well-being and quality of life.[1] "Access" generally means a patient has a sufficient number of health care providers available locally, reliable transportation to medical appointments, and adequate insurance (or can otherwise afford services and medications). "Delivery" refers to the timeliness, standards, transparency, and appropriateness with which providers render services. Too often, common medical conditions that could be controlled through preventive care and proper management—such as asthma, cancer, and heart disease/stroke—are instead exacerbated by barriers to access and/or delivery, which can lead to premature death.

What does the data show?

In the KFH-Richmond service area, the rate of Federally Qualified Health Centers, community assets that provide health care to vulnerable populations, is 2.1 per 100,000 people, which is 16% lower than the state average of 2.5 per 100,000.[2]

Selected Access and Delivery Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	CONTRA COSTA COUNTY
Adults Delayed/Didn't Get Care	10%	**11%**
ER Visit in Past 12 Months, Adults	21%	**24%**
ER Visit in Past 12 Months, Adults 65+	22%	**30%**

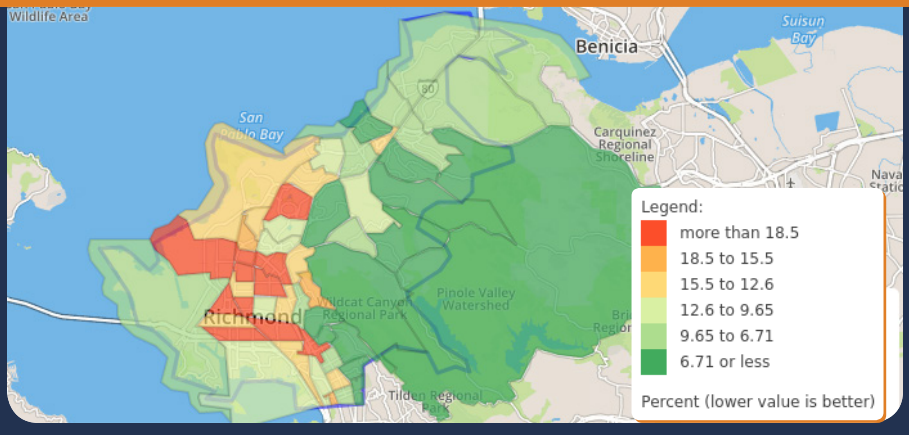
SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2016.

Data suggest that access is an issue across Contra Costa County, not just in the service area.

Communities experiencing economic challenges often also have higher rates of uninsured individuals. The map shows how census tracts in the KFH-Richmond service area compare with the state average of 12.6% uninsured. The Latinx population has one of the

continued >>

Uninsured Population



Percentage of population without health insurance. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

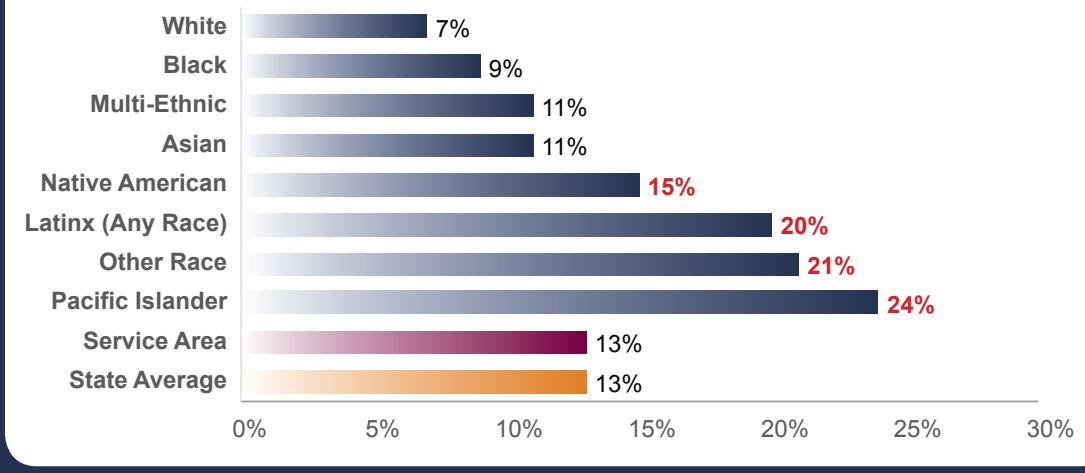
126.5

per 100,000 people

The incidence of prostate cancer among male residents of the KFH-Richmond service area is 16% worse than the state average of 109.2 per 100,000.[3]

highest rates of uninsured individuals (compared with other ethnic groups) in the KFH-Richmond service area. Black adult residents in the service area fare worse than Whites on most measures of access.

Ethnic Disparites: Uninsured Populations



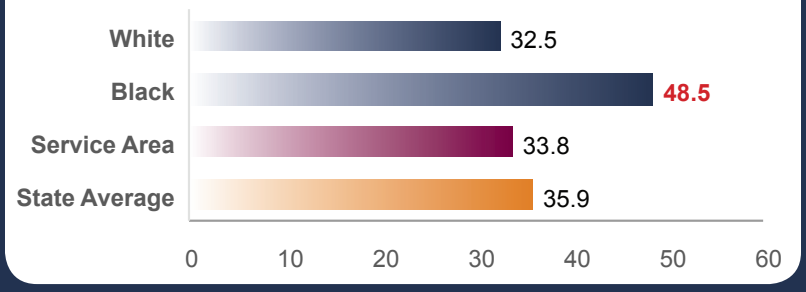
Percentage of the total population without health insurance coverage. / SOURCE: American Community Survey, 2012–2016.

Ethnic Disparities: Preventive Care for Medicare Beneficiaries

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA	WHITE	BLACK
Breast Cancer Screening (Mammogram)	60%	64%	64%	56%
Diabetes Well-Managed (Hemoglobin A1c Test)	82%	82%	82%	77%

SOURCE: Dartmouth Atlas of Healthcare, 2014.

Ethnic Disparities: Preventable Hospital Events



Patient discharge rates per 1,000 people for conditions that are ambulatory care–sensitive. / SOURCE: Dartmouth Atlas of Healthcare, 2014.

"People are coming to the ER for urgent care needs, which is creating a logistical, quality of service issue for the ER facility that's over here."

—COMMUNITY EXPERT

Impacts of Poor Health Care Access & Delivery

Barriers to health care access and delivery can affect medical outcomes for many conditions that could otherwise be controlled through preventive care and proper management. For example, various risk factors—high blood pressure and cholesterol, obesity, excessive alcohol consumption, smoking, an unhealthy diet, physical inactivity—for **heart disease and stroke** can be controlled.[4] Yet some of these risk factors

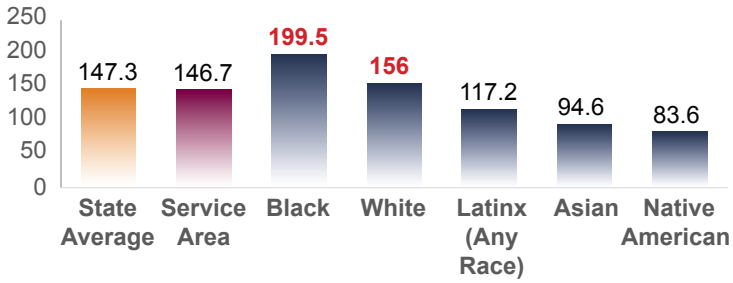
continued >>

Cancer Incidence Rates

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Breast Cancer Incidence (females only)	120.7	130.6
Lung Cancer Incidence	44.6	47.4
Colon and Rectum Cancer Incidence	37.2	40.0
Prostate Cancer Incidence (males only)	109.2	126.5

Age-adjusted rates per 100,000 people. / SOURCE: State Cancer Profiles, 2010–2014.

Cancer Death Rates



Age-adjusted rates per 100,000 people. / SOURCE: Centers for Disease Control and Prevention, National Vital Statistics System, 2011–2015.

are worse in the KFH-Richmond service area than state benchmarks. For example, 16% of service area residents have smoked, compared to the state average of less than 14%.[5]

With **asthma**, proper management requires avoidance of triggers, timely access to specialists and "quick-relief" medication, and regular use of "controller" medication.[6]

Timely, high-quality care is also crucial for individuals with **cancer** diagnoses. Certain cancer incidence rates are higher among service area residents than the state averages. Cancer deaths are highest among Black residents. Delivery issues related to screening and follow-up may make the inequities worse.

What does the community say?

Residents and health experts in the KFH-Richmond service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) expressed strong concerns about health insurance, the affordability of care, and a lack of specialists—especially those who serve Medi-Cal patients. Health experts noted that low reimbursement rates for clinicians prevent them from offering services to Medi-Cal patients. Discussions of delivery issues also touched on implicit bias, explicit discrimination, and the inequitable outcomes that can result from both. Health experts noted the difficulty that LGBTQ community members, especially transgender individuals, experience in finding medical service providers sensitive to their needs. The community called for greater non-English language support, culturally appropriate services, and whole-person care.

"What happens with somebody who has multiple chronic conditions is that they tend to get sent to specialists for their different things, and there's no coordination of care."

—SERVICE PROVIDER

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[2]U.S. Centers for Medicare and Medicaid Services. (2016).
[3]State Cancer Profiles. (2010–2014).
[4]Centers for Disease Control and Prevention. (2017). *Heart Disease Facts.*
[5]Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System.* (2015).
[6]Asthma and Allergy Foundation of America, *Asthma Capitals 2018.*

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COMMUNITY HEALTH NEED

Behavioral Health

What's the issue?

Emotional and psychological well-being are important to every person's capacity to maintain healthy relationships and function in society.[1] "Well-being" generally means having positive emotions or moods, not feeling overwhelmed by negative emotions, and experiencing satisfaction and fulfillment in life. Roughly one in five adults in the U.S. is coping with a mental illness.[2] Common disorders such as depression and anxiety can affect self-care. Likewise, chronic diseases can negatively impact mental health.[3] So too can substance use. Substance use can lead or contribute to other social, physical, mental, and public health problems, including domestic violence, child abuse, suicide, car accidents, and HIV/AIDS.[4]

What does the data show?

In the KFH-Richmond service area, behavioral health concerns are prevalent (see community section, next page). Most statistical data on behavioral health are only available for Contra Costa County as a whole, where several different indicators for adults and youth are above California averages.

Behavioral Health: Adults

HEALTH NEED INDICATOR	STATE AVERAGE	COUNTY
Needing Help for a Behavioral Health Issue	16.4%	18.9%
Seeing a Health Care Provider for Behavioral Health Services in the Past Year	13.4%	16.5%
Taking Prescription Medicine Regularly for an Emotional/Mental Health Issue in Past 12 Months	11.1%	16.0%

Percentage of total population, self-reporting. / SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2016.

Behavioral Health: Youth

HEALTH NEED INDICATOR	STATE AVERAGE	COUNTY
Cyberbullied More Than Once	12.4%	12.6%
Bullied at School	27.6%	28.8%
Low School Connectedness	12.5%	12.8%
Seriously Considered Suicide	18.1%	18.3%

Percentage of 11th graders in public schools. / SOURCE: California Dept. of Education, California Healthy Kids Survey (WestEd), 2013–2015.

Social isolation may contribute to poor behavioral health among children and adults: The rate of access to civic organizations, recreational clubs, and the like in the KFH-Richmond service area is 4.7 per 10,000 people, which is almost 28% worse than the state overall.[5]

Significant ethnic disparities around behavioral health exist in the community. Nearly one in three (30%) Black public high school students in Contra Costa County has seriously considered suicide, double the statistic for White students. The rate of suicide deaths for Whites (13.1 per 100,000 residents, age-adjusted) in the KFH-Richmond service area is higher than the state benchmark (12.6).[6]

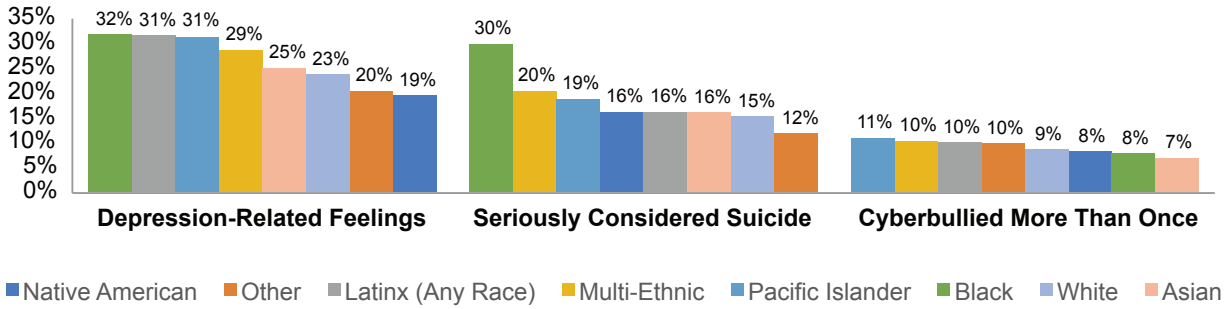
continued >>

KEY DISCOVERY

30%

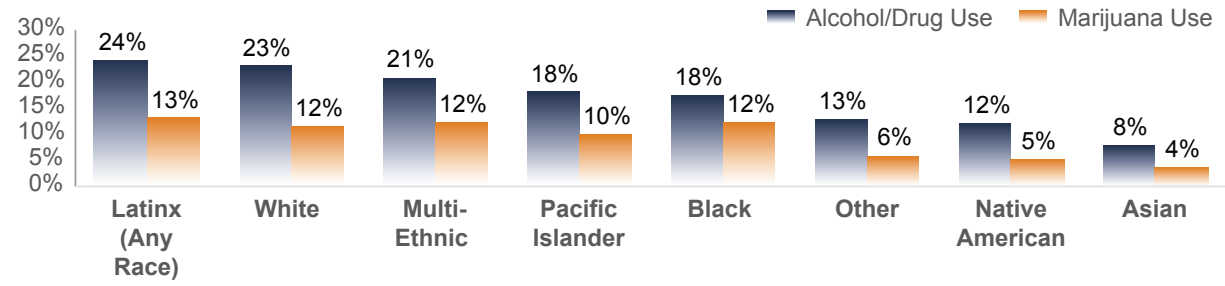
of Black youth in Contra Costa County seriously considered suicide, double the percentage of their White peers.[7]

Youth Self-Report: Mental Health Indicators



Surveyed public school students in 7th, 9th, and 11th grades, and nontraditional students, with the exception of suicidal ideation, which does not include 7th graders. / SOURCE: California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd), 2013–2015.

Ethnic Disparities: Youth Substance Use



Surveyed public school students in 7th, 9th, and 11th grades, and nontraditional students. / SOURCE: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015.

What does the community say?

Residents and local experts in the KFH-Richmond service area (who participated in a community health needs assessment sponsored by Kaiser Permanente) identified behavioral health as a high priority. Depression and stress were the most common issues raised. Focus group participants and key informants discussed the co-occurrence of mental health and substance use, and identified trauma as drivers of behavioral health problems. Many participants described the impact of discrimination and institutionalized racism as generational trauma, which has contributed to disparities in health outcomes.

"Like depression, [substance use] is starting to be major, because of problems like bullying. If people bully you, then, like, [you] smoke or drink to be out of the problems or out of the stress."

— YOUTH FOCUS GROUP PARTICIPANT

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders.*
[2]Centers for Disease Control and Prevention. (2018). *Learn About Mental Health.*
[3]Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; 3(2): A61.
[4]World Health Organization. (2018). *Management of Substance Abuse.*
[5]U.S. Census Bureau, *County Business Patterns.* (2015).
[6]Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).
[7]California Department of Education, California Healthy Kids Survey (WestEd), 2013–2015.

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COMMUNITY HEALTH NEED

Economic Security

What's the issue?

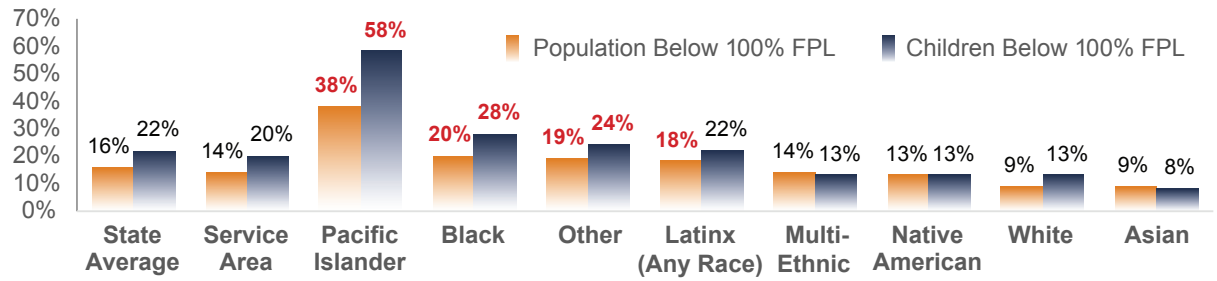
Economic security is one of the most widely recognized social determinants of health. Higher incomes and a secure social support system—families, friends, communities—play a significant role in people's overall well-being.[1] Access to economic security programs such as SNAP (Supplemental Nutrition Assistance Program, formerly referred to as food stamps) results in better long-term health outcomes.[2] Despite this, childhood poverty has lasting effects: Even after conditions improve, it results in poorer health outcomes over time.[3]

What does the data show?

The cost of living in Contra Costa County is high: The median rent for a two-bedroom apartment is $2,390, 11% above the state average of $2,150.[4] The annual cost of infant child care is $14,979, 12% above average.[5] Ethnic disparities exist, as shown in the charts below.

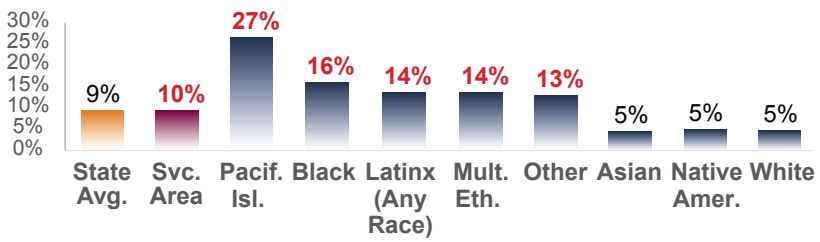
continued >>

Ethnic Disparities: Poverty



Percentage of households with incomes below Federal Poverty Level. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

Ethnic Disparities: SNAP Participation



Estimated percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

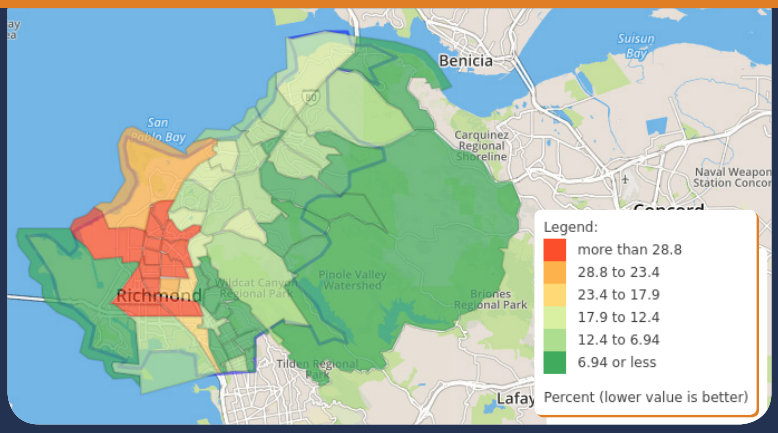
$52,917

The median household income for KFH-Richmond service area Black residents —just over half of what their White neighbors earn.[6]

There are fewer banks to serve the community in the KFH-Richmond service area (1.8 per 10,000 people) than the ratio serving California as a whole (2.7 per 10,000),[7] suggesting that local access to the tools and services needed to realize economic stability could be more inclusive.

Income and educational attainment are strongly associated.[8] Communities where educational attainment is lower tend to face economic challenges.

Adults With No High School Diploma (or Equivalent)



Percentage of residents aged 25 and older in the service area. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

What does the community say?

Residents and local experts in the KFH-Richmond service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified economic security as a high priority. They discussed food insecurity, the risk of homelessness, and inadequate employment, which can stem from and/or contribute to economic instability. Residents stressed that although jobs here may be plentiful, many do not pay enough to adequately cover living expenses. The community linked poverty and poor health outcomes, with some residents suggesting that workers earning lower salaries or wages may have difficulty accessing care; for example, they'd be among the least able to afford missing work to see a doctor. The stress caused by economic instability was also cited as a strain on mental health.

"Housing costs are so high that people can't afford the other things that they need. They can't afford healthy food, they can't afford copayments on doctors' visits and medications, because paying their rent [is] their absolute priority."

—SERVICE PROVIDER

SOURCES

[1]World Health Organization. (2018). *The Determinants of Health.*
[2]Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits.*
[3]Gupta, R.P., de Wit, M.L., & McKeown, D. (2007). The Impact of Poverty on the Current and Future Health Status of Children. *Pediatric Child Health. 12*(8): 667–672.
[4]Zilpy.com (2018).
[5]California Child Care Resource & Referral Network, California Child Care Portfolio. (2015). Cost data are from the Child Care Regional Market Rate Survey. (2014).
[6]U.S. Census Bureau. American Community Survey. (2012–2016).
[7]U.S. Census Bureau. *County Business Patterns.* (2015).
[8]Vilorio, D. (2016). Education Matters. *Career Outlook.* U.S. Bureau of Labor Statistics.

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COMMUNITY HEALTH NEED

Education & Literacy

What's the issue?

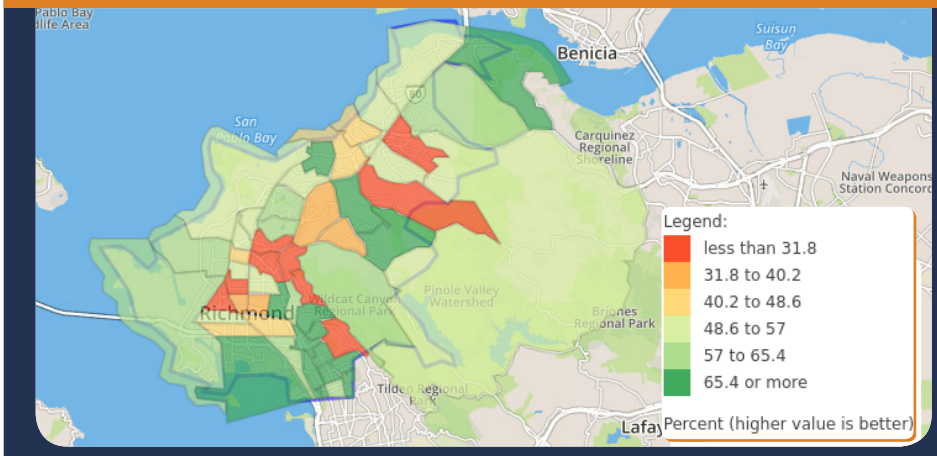
Literacy generally means "the ability to read and write," but it also involves skills related to listening, speaking, and working with numbers. Limited literacy reflects low levels of education, which is associated with poor health outcomes. People at risk for low English literacy include immigrants, people living in households where English is not spoken, and individuals with inadequate schooling.[1] Adults with at least a high school diploma do better than high school dropouts when it comes to health, income, life satisfaction, and self-esteem.[2] The National Poverty Center associates increased education with decreased rates of most acute and chronic diseases.[3] This may be because more-educated individuals are better able to afford health care: Research shows that families in which the head of household has a high school diploma are 10 times wealthier than those in which the head of household dropped out.[4] Many jobs in the U.S. require more than a high school education.[3] Success starts early; attending pre-school leads to learning and earning more.[5]

What does the data show?

In the KFH-Richmond service area, geographic and ethnic disparities are apparent in educational indicators. The map below shows how census tracts in the service area compare with the state average (49%) of children aged 3–4 years enrolled in preschool.

continued >>

Preschool Enrollment



Percentage of 3- and 4-year-olds enrolled in preschool, by census tract. / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

KEY DISCOVERY

1,014-to-1

The average number of students per academic counselor in Contra Costa County compares to 792-to-1 statewide.[6] The higher the ratio, the lower the ability of counselors to give students individual attention.

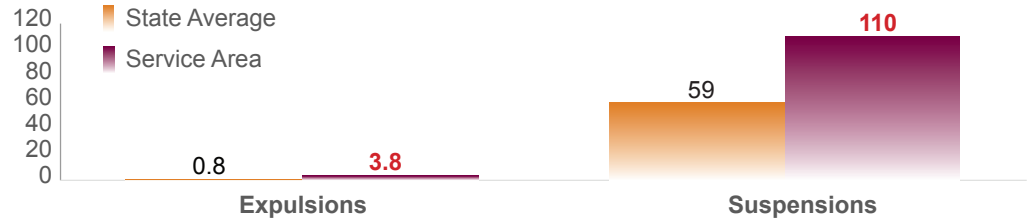
Only three in 10 fourth-graders in the KFH-Richmond service area read at or above proficiency, which is lower than the state average.[7] Expulsions in the KFH-Richmond service area are 375% higher than the state average (3.8 per 1,000 students compared to fewer than 1 statewide).[8]

Selected Educational Indicators

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Preschool Enrollment (3- and 4-year-olds)	49%	52%
Reading at or Above Proficiency (4th graders)	44%	**32%**

SOURCES: Preschool: U.S. Census Bureau, American Community Survey, 2012–2016. Reading: California Department of Education, California Assessment of Student Performance and Progress, 2015–2016.

Student Discipline



Rates per 1,000 enrolled public school students. / SOURCE: California Department of Education, California Longitudinal Pupil Achievement Data System, 2016–2017.

What does the community say?

Residents and local experts in the KFH-Richmond service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) expressed concerns about academic achievement, particularly as a means of enabling economic security through stable jobs and sufficient wages.

"If young people are coming to school dealing with their own trauma in their neighborhood, it impacts their ability to thrive."

—HEALTH EXPERT

SOURCES

[1]Office of Disease Prevention and Health Promotion. (2018). *Language and Literacy.* www.healthypeople.gov
[2]Insight Center for Community Economic Development. (2014). www.insightcced.org
[3]Cutler, D.M. & Lleras-Muney, A. (2006). *Education and Health: Evaluating Theories and Evidence* (No. w12352). National Bureau of Economic Research.
[4]Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03.*
[5]Barnett, W.S. & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.
[6]California Department of Education, California Basic Educational Data System, *Staff Assignment and Course Data.* (2015).
[7]California Department of Education, *California Assessment of Student Performance and Progress.* (2015–2016).
[8]California Department of Education, California Longitudinal Pupil Achievement Data System. (2016–2017).

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Healthy Eating & Active Living

What's the issue?

Nearly two in five adults and one in five children in the U.S. are obese.[1] Being obese or overweight raises the risk for diabetes, hypertension, stroke, and cardiovascular disease—some of the leading causes of preventable death.[2] Obesity also can contribute to poor mental health (anxiety, depression, low self-esteem), stigma, and social isolation.[1,3] Risk factors of obesity include an unhealthy diet, a sedentary lifestyle, underlying medical issues, family models, and social and economic factors.[3] Obesity often co-exists with food insecurity (a lack of available financial resources for food at the household level)[4,5] because "both are consequences of economic and social disadvantage."[6]

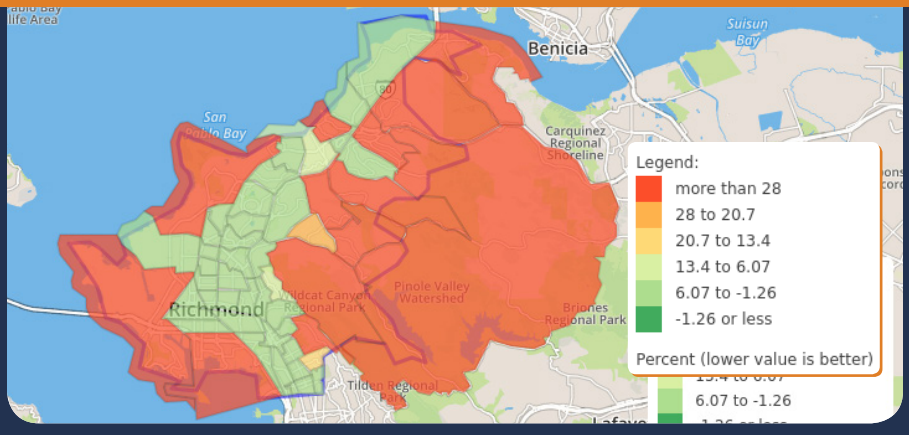
Getting regular exercise can help reduce the risk of obesity and Type 2 diabetes, as well as cardiovascular disease, some cancers, and other physical issues. It also can help strengthen bones and muscles, prevent falls for older adults, and promote a longer life.[7,8] Similarly, maintaining a healthy diet can help prevent high cholesterol and high blood pressure and lower the risks of obesity, osteoporosis, and dental cavities.[9] For children and adolescents, a nutritious diet contributes to growth, bone development, and cognitive function.[10] Yet most people do not follow the recommended food and exercise guidelines.

What does the data say?

Concerns in the KFH-Richmond service area focused on food security/access and physical activity. Communities experiencing food insecurity often also have less access to healthy food. The map shows how census tracts in the KFH-Richmond service area compare with the state average (13%) of low access (that is, high relative distance) to supermarkets and large grocery stores.

continued >>

Low Access to Healthy Food Stores



Percentage of population that does not live in close proximity to a large grocery store or supermarket. / SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

KEY DISCOVERY

2 in 5

The proportion of youth in the KFH-Richmond service area who are obese exceeds the state average.[11]

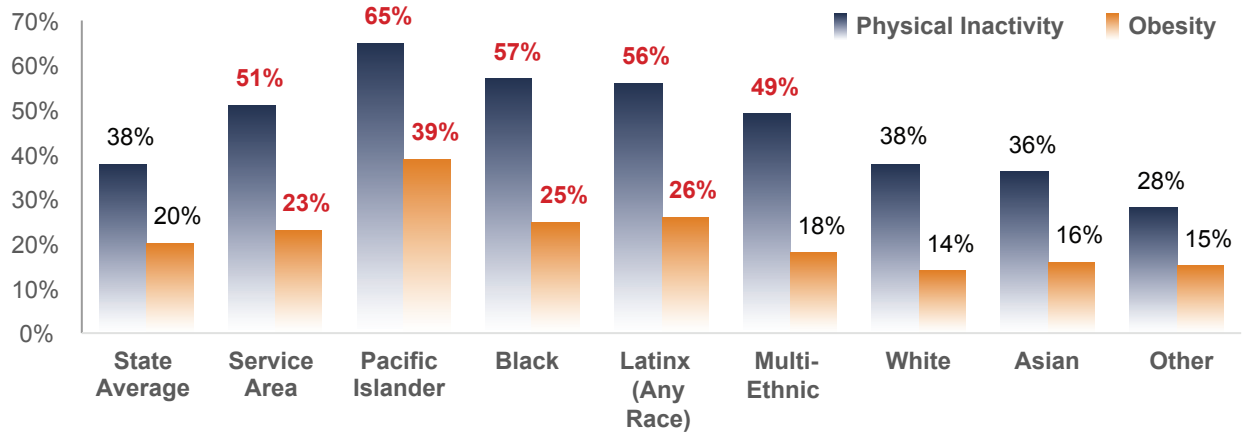
Food Access and Security

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Free and Reduced-Price Lunch Eligible	59%	72%
Low Access to Healthy Food Stores	13%	16%

SOURCES: Lunch: NCES Common Core of Data Public School Universe Survey, 2015–2016; percentage of public school students. / Access: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

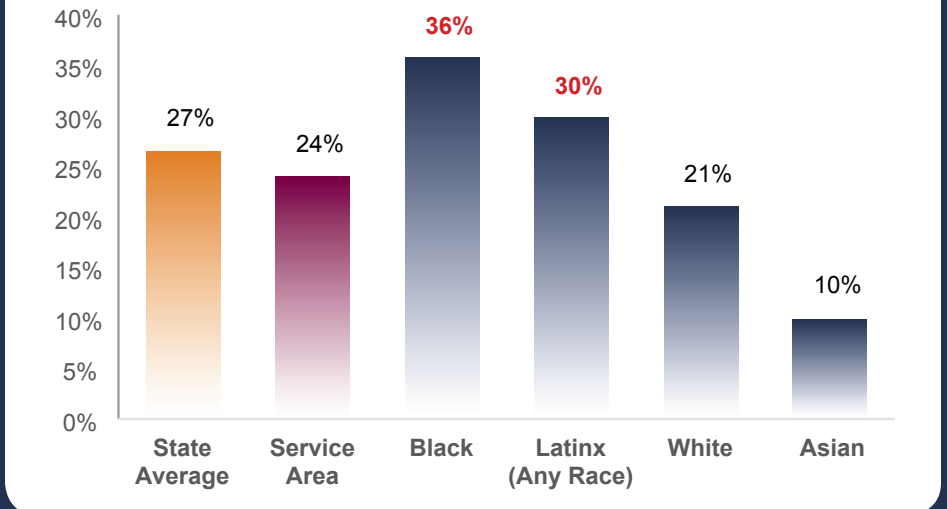
Youth and adult obesity and youth physical inactivity statistics show ethnic disparities in the KFH-Richmond service area.

Ethnic Disparities: Youth Obesity and Physical Inactivity



Percentage of 5th, 7th, and 9th graders categorized as "high risk" or "needs improvement" based on a test of aerobic capacity. / SOURCE: California Department of Education, FitnessGram Physical Fitness Testing, 2016–2017.

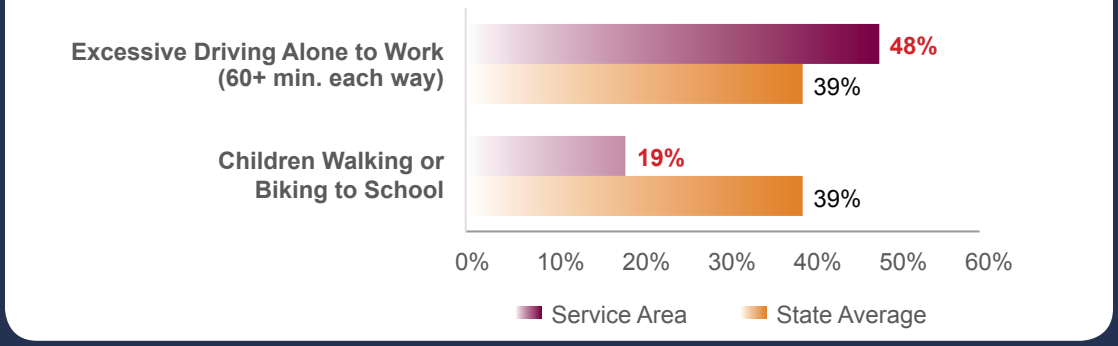
Ethnic Disparities: Adult Obesity



Percentage of adults self-reporting a body mass index (BMI) greater than 30. / SOURCE: UCLA Center for Health Policy Research, California Health Interview Survey, 2014.

72% of children in the KFH-Richmond service area are eligible for free or reduced-price lunch.[12]

Physical Activity Statistics



SOURCES: Driving: U.S. Census Bureau, American Community Survey, 2012–2016; percentage of population driving alone to work. Walking/biking: UCLA Center for Health Policy Research, California Health Interview Survey, 2015–2016; the percentage of children whose parents or guardians reported that the child walks, bikes, or skates to school at least occasionally.

What does the community say?

Residents and local experts in the KFH-Richmond service area (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) prioritized healthy eating and active living. Residents called out food insecurity as a concern: The perception that healthy food costs more and is less convenient than packaged and fast food makes buying and cooking healthier meals less likely for many families. Busy schedules, a lack of motivation, and the expense of gym memberships and exercise programs make it tough to maintain a fitness routine, community members said. Local experts pointed to long commutes as a barrier to preparing meals and to being physically active, including walking or biking to work. Parents also said they had difficulty encouraging their children to eat well and exercise to lose weight. Environmental hazards, such as concerns about nearby refinery fires and water contamination, cause some residents to voluntarily limit their physical activity.

"I feel like the ratio of healthy food to junk food should be like five-to-one or something, because we are in a food desert. I feel like one way we could fix that is by incorporating a lot more grocery stores in our community."

—YOUTH FOCUS GROUP PARTICIPANT

SOURCES

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Housing & Homelessness

What's the issue?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30% of a household's annual income. Spending more than that makes a household less able to afford other necessities, such as food, clothing, transportation, and medical care.[1] The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[2]

Poor health can lead to homelessness, and homelessness can lead to poor health.[3] People without a home experience more health care issues, suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with a home.[4] The average life expectancy for someone who lacks permanent housing is at least 25 years less than that of the average U.S.[5]

What does the data show?

In the KFH-Richmond service area, housing concerns are prevalent (see community section, next page). Most statistical data on housing appear to meet benchmarks, but geographic and ethnicity data suggest that certain neighborhoods and communities disproportionately experience housing challenges. More than two in five KFH-Richmond service area households are cost-burdened.[6]

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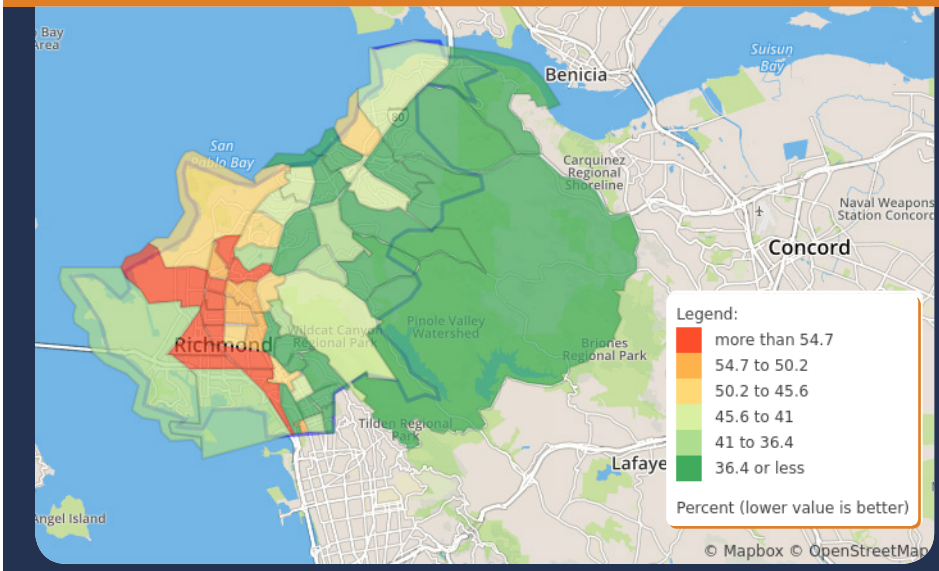
Households With Housing Problems



Housing problems include at least one of the following: Housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; housing unit is overcrowded (>1 person per room); or household is cost-burdened (housing costs represent >30% of monthly income). / SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

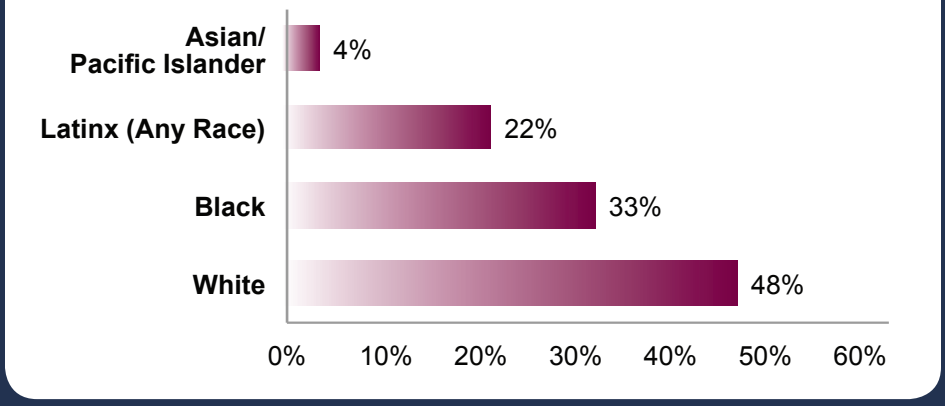
1,607 people experienced homelessness in Contra Costa County in 2017.[5]

KEY DISCOVERY

$2,390

Median rent for a two-bedroom apartment in Contra Costa County, which is significantly higher than the California average of $2,150.[7]

Ethnic Disparities: Homelessness in Contra Costa County



Percentage total exceeds 100% due to people choosing multiple ethnicities. / SOURCE: Contra Costa Council on Homelessness, 2017 Point in Time Count: A Snapshot of Contra Costa County.

What does the community say?

Residents and local experts in the KFH-Richmond service area (who recently participated in a community health needs assessment [CHNA] sponsored by Kaiser Permanente) identified safe, healthy housing as a top priority. Recent increases in housing costs especially affect single parents and people with low and/or fixed incomes. CHNA participants strongly linked housing and mental health, indicating that the stress of maintaining housing is negatively impacting families, including children; recognized the connection between housing and physical health, stating that in recent years households are spending less on food and medical care because of increases in housing costs; and expressed concerns about the health of people experiencing homelessness, as homeless individuals are at greater risk of poor health outcomes.

Service providers and residents described concerns about the increasing number of unstably housed individuals and the displacement of families in the service area, including families with children. Experts cited a lack of strong tenant protections (and a lack of knowledge about protections that may exist) in the community. Focus group participants suggested that the imbalance of jobs and housing (i.e., many new jobs but few new housing units) was a major driver of the housing crisis.

SOURCES
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[6]U.S. Census Bureau, American Community Survey. (2012–2016).
[7]Zilpy.com (2018).

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RICHMOND

Community & Family Safety

What's the issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for victims, perpetrators, and communities.[1] Crime in a neighborhood causes fear, stress, and mental health issues.[2] Beyond physical injury, victims of violence have a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.[3] Exposure to violence also has been linked to post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior oneself.[4]

Unintentional injury—accidents involving falls, traffic, overdoses of prescription medications, and more—was the third leading cause of death in the U.S. in 2016.[5, 6, 7] Unintentional injuries are also the leading cause of death and hospitalization in California for children 16 and younger.[8] Although most unintended injuries are predictable and preventable, they are a major cause of premature death and lifelong disability.[9]

Crime and Intentional Injury

What does the data show?

In the KFH-Richmond service area, safety concerns are prevalent (see community section, next page). Most statistical data on community and family safety are available for Contra Costa County as

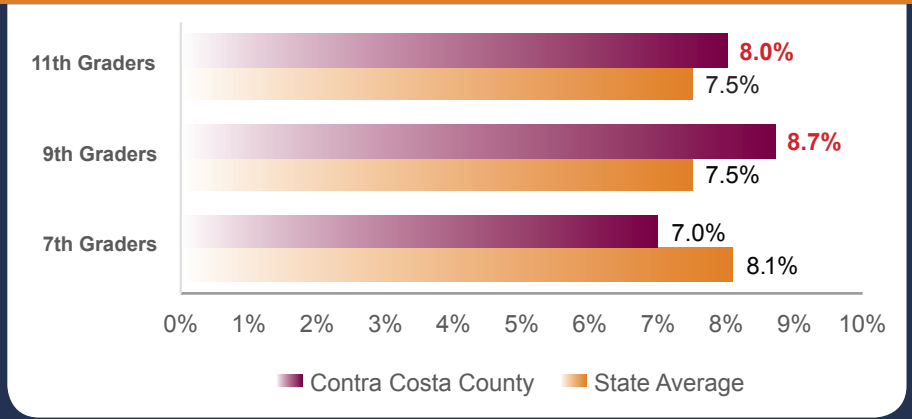
continued >>

Community Safety

HEALTH NEED INDICATOR	STATE AVERAGE	CONTRA COSTA COUNTY
Homicide Rate	5.0	**6.0**
Firearm Fatality Rate	8.0	**9.0**

Rates per 100,000 people. / SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999–2017, CDC WONDER Online.

Youth Self-Report: Gang Membership



Surveyed 7th, 9th, and 11th graders (public schools) and nontraditional students. / SOURCE: California Department of Education, California Healthy Kids and California Student Surveys (WestEd), 2011–2013.

KEY DISCOVERY

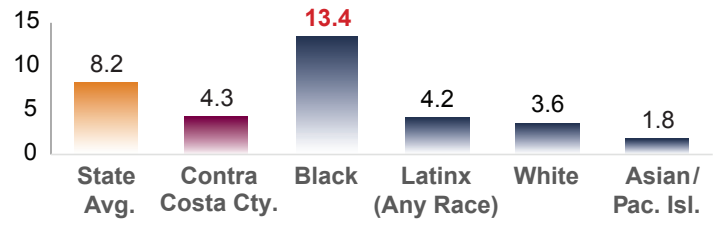
6.3

per 100,000 people

The domestic violence hospitalization rate for women and girls (aged 10 and older) in the KFH-Richmond service area is almost 30% higher than the state rate.[10]

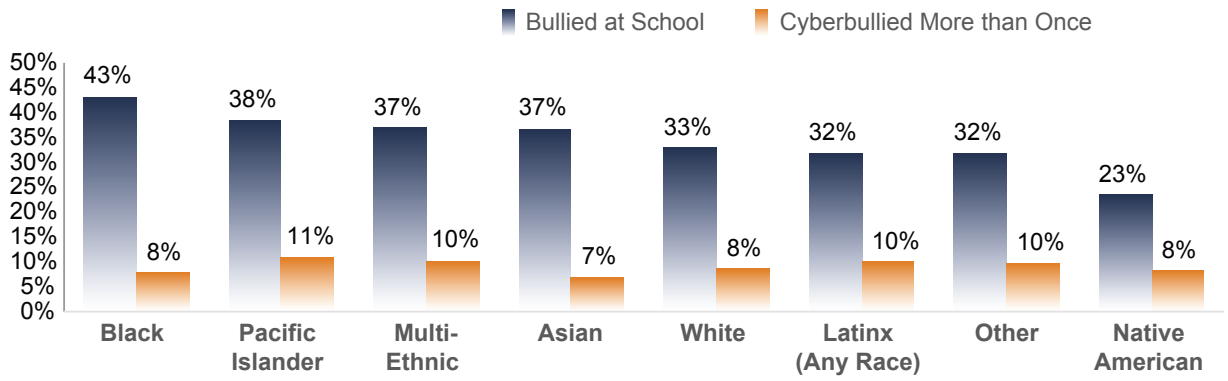
a whole but not the service area. Various county indicators exceed state averages. The domestic violence hospitalization rate for women and girls (age 10 and older) in the KFH-Richmond service area—6.3 per 100,000 people—is almost 30% higher than the state rate.[10] Significant ethnic disparities around community and family safety exist in the community.

Ethnic Disparities: Child Abuse and Neglect



Number of substantiated cases per 1,000 people under age 18. / SOURCE: Webster, D., et al. Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research (2015) and Annie E. Casey Foundation, KIDS COUNT (2015).

Ethnic Disparities: Youth Bullied in the Past Year



Surveyed 7th, 9th, and 11th graders (public schools) and nontraditional students. / SOURCE: California Department of Education, California Healthy Kids and California Student Surveys (WestEd), 2011–2013.

What does the community say?

With regard to crime and intentional injury, KFH-Richmond service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) most frequently cited domestic violence as an issue in the community. They also worried about violent crime in general, reported an increase in violence, and called out human trafficking as a growing problem. Mental health, including trauma, came up often; various participants talked about the impact of discrimination and racially motivated violence on mental health. The group of greatest concern: children and youth, particularly online and in-person bullying, being victims of violence, and acting out (externalizing) trauma. The community also connected unsafe neighborhoods and the lack of outdoor play or other physical activities.

continued >>

"When white, middle-class communities are impacted by something, it's like policy change and empathy. When something happens with our [other] communities, it's totally over-policing, over-surveillance, and criminality."

—COMMUNITY LEADER

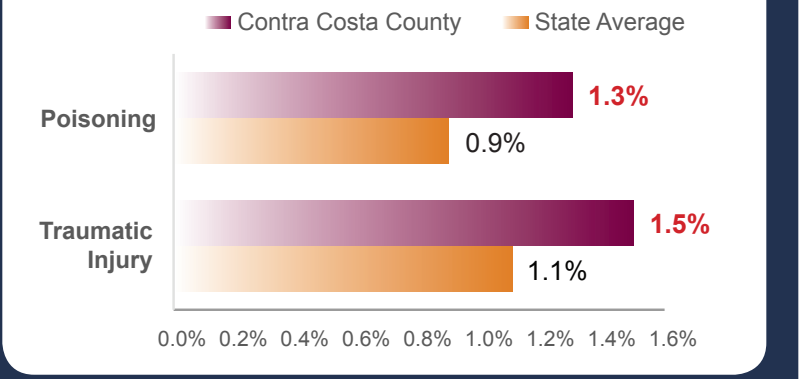
What does the data show?

Accidents are the #6 cause of death in Contra Costa County.[11] Statistical data on unintended injuries and deaths indicate that residents in the KFH-Richmond service area are generally doing better than the state average. However, Black residents in the KFH-Richmond service area die in motor vehicle crashes at a rate of 10.2 per 100,000 people, which is disproportionately higher than residents of other ethnic groups.[12] Child hospitalizations for certain unintended injuries are also higher than California averages.

What does the community say?

With regard to unintentional injury, key informants and focus group participants expressed the greatest concern about children and youth. Most community input came from experts, who cited unintentional injuries as a leading cause of death for both children and older adults. Experts emphasized the need for prevention of falls among seniors (often occurring in the home) and kids (specifically, from open windows). Motor vehicle crashes also were noted, along with the importance of using car seats to prevent injuries to young children when collisions occur.

Accident-Related Hospitalizations: Children and Youth



Percentage of children aged 0–17, excluding newborns. / SOURCE: Special tabulation by California Office of Statewide Health Planning and Development, 2015.

SOURCES

[1]Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A.B. (2002). The World Report on Violence and Health. *The Lancet*, *360*(9339), 1083–1088.
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