



2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Santa Clara

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

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Kaiser Permanente Northern California Region Community Benefit
CHNA Report for KFH-Santa Clara

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

Kaiser Permanente’s innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 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, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what 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-Santa Clara 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

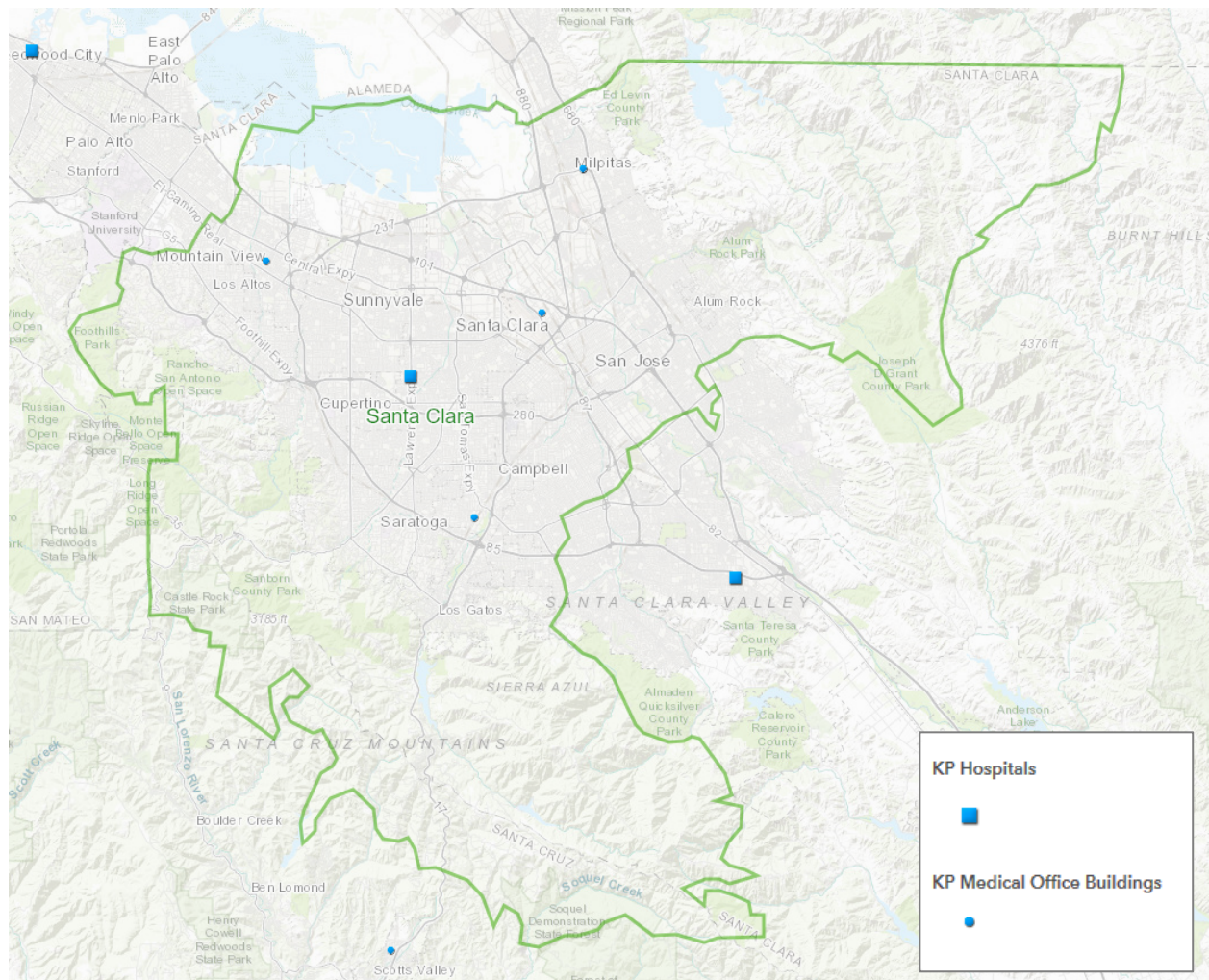
A. Kaiser Permanente's definition of community served

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-Santa Clara Service Area



ii. Geographic description of the community served

The KFH-Santa Clara service area comprises roughly the northwestern half of Santa Clara County. It includes the major cities and towns of Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San José, Santa Clara, Saratoga, and Sunnyvale, as well as unincorporated areas covered by the map above.

iii. Demographic profile of the community served

KFH-Santa Clara is very diverse, with over 36% of the population identifying as Asian, nearly 25% identifying as Hispanic or Latinx, and multiple other races represented (see table on next page).

Demographic profile: Santa Clara Service Area

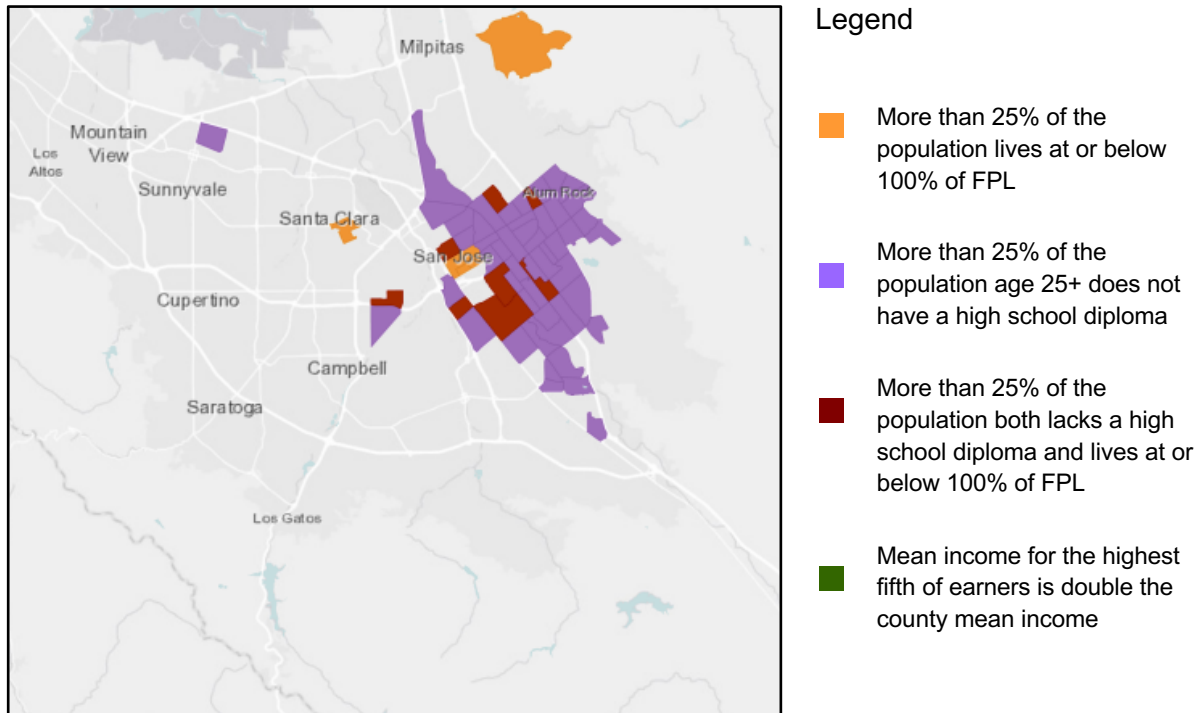
Race/ethnicity		Socioeconomic Data	
Total Population	1,299,751	Living in poverty (<100% federal poverty level)	9.6%
Asian	36.4%	Children in poverty	10.6%
Black	2.5%	Unemployment	2.6%
Native American/Alaska Native	0.5%	Uninsured population	7.9%
Pacific Islander/Native Hawaiian	0.4%	Adults with no high school diploma	12.7%
Some other race	11.6%		
Multiple races	4.4%		
White	44.2%		
Hispanic/Latinx	24.9%		

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-Santa Clara Service Area



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

KFH-Santa Clara participated as a member of the Santa Clara County Community Benefit Coalition (“the Coalition”) to conduct its 2019 CHNA. The Santa Clara County Community Benefit Coalition (“the Coalition”) is a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern & Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition worked together to fulfill the primary and secondary data requirements of the CHNA. This allowed nonprofit hospitals in the area to take advantage of economies of scale and to avoid overburdening the community with multiple requests for information.

Hospitals:

- El Camino Hospital
- Kaiser Foundation Hospital – San José
- Kaiser Foundation Hospital – Santa Clara
- Lucile Packard Children’s Hospital Stanford
- O’Connor Hospital-Verity

- Stanford Health Care
- Saint Louise Regional Hospital-Verity

Other partners:

- Hospital Council of Northern & Central California
- Sutter Health/Palo Alto Medical Foundation
- Santa Clara County Public Health Department

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, collected secondary data, synthesized primary and secondary data, facilitated the processes of identification of community health needs and assets, assisted with determining the prioritization of community health needs, and documented the processes and findings into a report.

AI 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 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-Santa Clara 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

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

KFH-Santa Clara used the Kaiser Permanente CHNA Data Platform (<http://www.chna.org/kp>) to review approximately 130 indicators from publicly available data sources. KFH-Santa Clara also used additional data sources beyond those included in the CHNA Data Platform. In total, Actionable Insights (AI) analyzed over 220 quantitative health indicators to assist KFH-Santa Clara and its partners in understanding the health needs and assessing their priority in the community. AI collected sub-county data where available. 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-Santa Clara 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-Santa Clara'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).

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 the county public health department 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 Coalition identified topics and populations which are less well understood than others (including emerging needs) and then identified experts on those topics/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, a focus group was held with the PEACE Partnership in East San José, which has a higher proportion of low-income residents than other sub-regions of the county. The PEACE Partnership is working to prevent violence and address racial and health inequities in East San José, a topic into which the Coalition desired to delve deeper.

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.

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 Avenidas, 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-Santa Clara 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 of community leaders, service providers, and public health experts.

In the KFH-Santa Clara 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. Also, community input clearly connected the housing crisis and high cost of living with stress. The housing crisis also impacts health care access, according to health care service providers, because staff employed at health care facilities often cannot afford to live in close proximity to work and experience the stress of long commutes.

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-Santa Clara 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 the health need categories provided by Kaiser

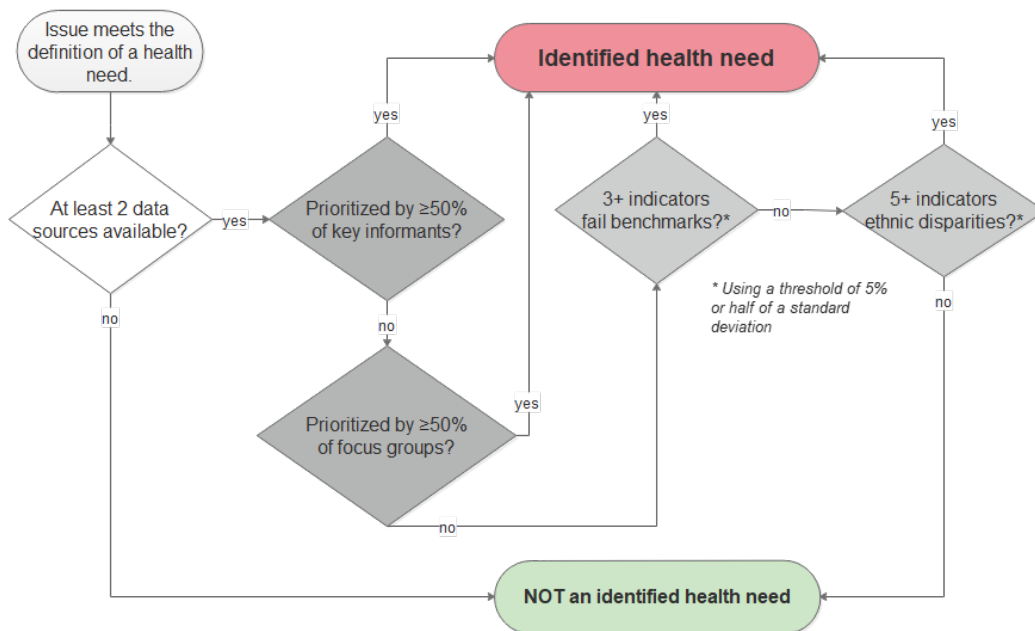
Permanente's data platform,³ and the social determinants of health categories provided by Healthy People 2020.⁴

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 on the next page).

- 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.

What goes on the list?

Health needs list decision tree



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 $\geq 5\%$ or ≥ 0.5 standard deviations.

³ <https://www.kp.org/chna>

⁴ <https://www.healthypeople.gov>

- c. If not (b), five or more indicators must show ethnic disparities of $\geq 5\%$ 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-Santa Clara identified nine 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 and results

KFH-Santa Clara and KFH-San José's joint Community Health Investment Team (C-HIT) met on February 28, 2019 at the Skyport Medical Center. The C-HIT was tasked with reviewing the CHNA results and prioritizing the health needs to meet IRS requirements. The positions of the members of the C-HIT who participated are listed below.

- Assistant Physician-in-Chief – Physician HR, Health Promotion, and Service, Head and Neck Surgery, Kaiser Permanente Santa Clara Medical Center
- Assistant Physician-in-Chief, Health Promotion, GME, & Diversity, Kaiser Permanente San José Medical Center
- Community Health & Benefit Manager, Kaiser Permanente San José and Santa Clara
- Contributions Operations Specialist, Kaiser Permanente Northern California Region
- Public Affairs Director, South Bay and Santa Cruz County, Kaiser Permanente
- Regional Director, Complementary and Integrative Health (CIH); Acting Director, Physician Customer Engagement; Santa Clara, Chief of Health Promotion; Santa Clara, Chief of Patient Education; Neurologist at Santa Clara Kaiser Permanente
- Senior Public Affairs Representative, Kaiser Permanente Northern California Region
- Sr. Vice President and Area Manager, Kaiser Permanente San José
- Sr. Vice President and Area Manager, Kaiser Permanente Santa Clara

Members used a worksheet to vote on their highest priorities based on the criteria below, and then came to consensus on a priority grouping of the 10 health needs

Before beginning the prioritization process, KFH-Santa Clara chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **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 based on the frequency with which the community expressed concern about each health outcome during the CHNA primary data collection.
- **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.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Prevention Opportunity:** There is an opportunity to intervene at the prevention level.

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

PRIORITY 1 (HIGHEST):

BEHAVIORAL HEALTH

Behavioral health, including mental health and substance use, is one of the needs about which the KFH-Santa Clara service area community expressed the strongest concern. A common theme related to behavioral health was the co-occurrence of mental health and substance use. Regarding alcohol use, the death rate due to impaired driving in the service area is higher (30%) than the state average (29%). Community members cited a lack of services for behavioral health, including preventative mental health and detox centers, as a major concern. Professionals who work in behavioral health also described experiencing challenges with health systems established to serve people with these conditions. The reported lack of behavioral health services is concerning as the data indicate that countywide, a higher proportion of high school youth (20%) has seriously considered suicide compared to their peers in other parts of California (19%). Black (32%) and Latinx populations (23%) in the county report needing mental health care in significantly⁵ higher proportions than the state average (16%). LGBTQ residents in community discussions expressed a need for mental health care and suicide prevention assistance. The community identified economic insecurity (including housing instability) as a driver of poor mental health and substance use. Finally, professionals who serve those seeking help with mental health described the difficulty of getting proper treatment for those with traumatic brain injury, which is sometimes inappropriately treated as a mental health issue.

HEALTH CARE ACCESS AND DELIVERY

Health care access and delivery was a health need of great concern to the KFH-Santa Clara service area community. As reflected in statistical and qualitative data, barriers to receiving

⁵ "Significantly" worse = at least 5% or 0.5 standard deviations worse.

quality care include lack of availability, high cost, lack of insurance coverage, and lack of cultural competence on the part of providers.

While the service area has high rates of insurance and available providers overall, the community reported that health care is often unaffordable. Those who do not receive health insurance subsidies (such as undocumented immigrants) often lack insurance and the funds to pay for medical care without it. Health clinic professionals believed that undocumented immigrants have been accessing health care less often in recent years due to the political climate and fear of being identified and deported. Among various ethnic populations in the service area, the highest percentages of uninsured residents are among Latinxs (16%) and individuals of “Other” ethnicities (17%). Additionally, a smaller percentage of service area residents (70%) had a recent primary care visit compared to residents of the state overall (72%).

Even for people with health care insurance, medication often remains unaffordable. Several community members were concerned about the ability of older adults to pay for health care (including long-term care) if they are not Medi-Cal eligible. There are significantly fewer Federally Qualified Health Centers to serve low-income residents in the service area (2.1 per 100,000 people) compared to the state (2.5 per 100,000). Health clinic professionals were also concerned with attracting and retaining staff (especially those who are bilingual) to work in the health care sector due to the high cost of living in the Bay Area.

HEALTHY EATING/ACTIVE LIVING

Health eating together with active living was identified as a top health need by the KFH-Santa Clara service area community. This need includes concerns about access to food and recreation, diabetes, nutrition, diet, fitness, and obesity. Community members voiced concern regarding high rates of diabetes and obesity. Statistical data indicate that diabetes prevalence is trending up (both locally and in the state). Diabetes management among Medicare beneficiaries in the service area is better than the benchmark in general, but significantly worse among the Black population (79% compared to 82% benchmark). The increased prevalence of diabetes is likely associated with adult obesity. Overall obesity rates are high in the KFH-Santa Clara service area, but do not fail benchmarks. However, Latinx service area residents have significantly higher proportions of adult obesity (35% compared to the state average of 27%). Moreover, males are almost twice as likely as females to be obese. When discussing factors contributing to diabetes and obesity, the community identified increased stress and poverty. Other factors could include decreased physical activity. Latinx youth in the service area (43%) miss the benchmark for physical activity (38%), and children in the service area as a whole are significantly less likely (30%) to walk or bike to school than children statewide (39%).

When describing barriers to healthy eating, the community discussed environmental factors, such as the built environment, the difficulty of accessing grocery stores that carry fresh food, and the preponderance of fast food restaurants. Data indicate that the county does have significantly higher proportions of fast food restaurants (86.7 per 100,000 people compared to 78.7 statewide) and low proportions of grocery stores (19.5 per 100,000 people versus 21.8 statewide) and WIC-authorized food stores (9.5 per 100,000 people vs. 15.8 statewide).

HOUSING & HOMELESSNESS

Housing and homeless were of chief concern to the KFH-Santa Clara community. The community prioritized stress about the high costs of housing and lack of affordable rent. Professionals who serve families reported an increase in families seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services, and housing). The community reported that families have been moving within or exiting the area due to the increased cost of living. There are significant ethnic disparities in income, which is a key factor driving housing instability. Data for the service area show that the proportion of the Black population living in poverty (17%) is far greater than that of the White population living in poverty (9%). Additionally, the total number of individuals experiencing homelessness has recently increased, as has the proportion who are minors. The county public health officer noted that a lack of stable housing can prolong recovery time from diseases and surgical procedures.

The quality of available housing also impacts health. For example, poor housing quality is associated with asthma; asthma prevalence in the KFH-Santa Clara service area (16%) is significantly higher than the state average (15%). Another indicator of poor housing quality is drinking water quality. Drinking water violations in the KFH-Santa Clara service area's community water systems were flagged as an issue. This suggests that some residents may be faced with contaminated drinking water.

PRIORITY 2:

ASTHMA

Statistical data for the KFH-Santa Clara service area underscores that asthma is a health need requiring attention. Asthma prevalence in the KFH-Santa Clara service area (16%) is significantly worse than the benchmark (15%). Moreover, the percentages of hospitalizations related to asthma are all slightly higher in Santa Clara County than the state for: children under age 1 (0.14% in the service area compared to the state benchmark 0.13%); children and youth between age 1 and 19 (4.5% in the service area compared to the state benchmark 4.3%); and for adults over age 65 (0.9% compared to 0.8%). The data also reveal ethnic disparities regarding asthma. For example, the countywide percentage of hospitalizations related to asthma is much higher among Black residents (1.7%) than the state benchmark (0.9%) and White residents (0.7%). Further, among the county's Asian subpopulations, asthma diagnoses are most common for Filipinos (72%).

A major risk factor for developing asthma includes exposure to certain chemical irritants or other airborne pollutants.⁶ The respiratory hazard index is a measure of exposure to such hazards and risk for associated health impacts; scores greater than 1.0 mean respiratory pollutants are likely to exacerbate health impacts over the life course. The respiratory hazard index is significantly higher in the KFH-Santa Clara service area (2.7) compared to the state (2.2).

ENVIRONMENT

Living in a healthy environment is critical to quality of life and physical health. Nearly 25% of all deaths and diseases can be attributed to environmental issues, which can include air, water, food, and soil contamination, as well as natural and technological disasters.⁷ While air quality measures are better than the state, both the respiratory hazard index (2.7) and the proportion of individuals with asthma (16%) in the KFH-Santa Clara service area are significantly worse than benchmarks (2.2 and 15%, respectively). The service area also has a significantly higher density of roads (8.5 road miles per square mile of land) compared to California overall (2.0), which has been associated with increased traffic. This is problematic as particulates from traffic can contribute to asthma. Community members expressed concern about air pollution related to this traffic. Beyond air quality issues, the percentage of housing units that are vulnerable to flooding is significantly higher in the service area (7%) than the state average (4%). Finally, drinking water violations in the KFH-Santa Clara service area's community water systems were flagged as an issue. Lack of access to clean drinking water affects physical health in a variety of ways, including the potential for acquiring communicable diseases and the increased likelihood of consuming sugar-sweetened beverages instead of water, which is associated with both obesity and tooth decay.

⁶ American Lung Association. (2018). *Asthma Risk Factors*. 2018.

⁷ Office of Disease Prevention and Health Promotion. (2018). *Environmental Health*.

COMMUNITY & FAMILY SAFETY

Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, perpetrators, and community at large.⁸ In relation to community and family safety, the KFH-Santa Clara community discussed gangs, domestic violence, child abuse, teen intimate partner violence, sexual violence, and human trafficking. For example, the rate of rape is higher in Santa Clara County (22.8 per 100,000 people) than in the state overall (21.0). The statistical data also show substantiated child abuse in the county is higher among children 0-5 than among children of other age groups. Furthermore, Black families have higher rates of substantiated child abuse than families of other ethnicities; this may be largely a result of poverty, as Black residents are disproportionately impacted by poverty, which is tied to both crime and abuse.⁹

Community members identified behavioral health issues as drivers of violence and abuse; they also cited a lack of access to behavioral health prevention and intervention services as a root cause of violence and abuse – especially among those struggling financially. Also, the lack of housing was mentioned in several instances as both a driver and a result of domestic violence (forcing people to leave their homes).

ECONOMIC SECURITY

While rates of poverty and income inequality in the service area are better than those of California, research shows that the cost of living is very high in the county. KFH-Santa Clara community members expressed concern about the economic struggle low-income and middle-income residents face. The statistical data show that while rates of food insecurity are favorable, the proportion of individuals (including children) in the county who are food insecure but do not qualify for federal food assistance (39%) is significantly higher than the state (22%). Black service area residents (17%) and those of “Other” races (18%) have rates of poverty that fail benchmarks (16%). Countywide, more than one in ten Black and one in four Latinx households have received food from a food bank in recent years. Another group about which the community expressed concern was older adults; they worried about the costs of long-term care for older adults who have fixed incomes and are not Medi-Cal eligible.

Education is included in this category, as it is a predictor of economic security. The proportion of fourth-graders in the service area reading below grade level (61%) is worse than the benchmark (56%), particularly among Latinx children (67%).

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.

⁹ Wood, D. (2003). Effect of Child and Family Poverty on Child Health in the United States. *Pediatrics*, 112 (Supplement 3), 707–711.

PRIORITY 3:

CANCER

Cancers are the leading cause of death in Santa Clara County, accounting for almost a quarter of deaths among men and women. The incidence rate of prostate cancer in the KFH-Santa Clara service area (116.9 per 100,000) is significantly worse than in the state (109.2). Based on Santa Clara County data, ethnic disparities in cancer incidence rates (for all cancer types) are evident among White (484.1 per 100,000), Black (522.3), and Latinx populations (395.9) compared to the benchmark (409.2). Furthermore, Black residents of the service area have a significantly higher mortality rate from all cancer types (201.4 per 100,000) than the benchmark (149.0).

Research has found that health disparities related to cancer contribute to higher, avoidable death rates among low-income and ethnic minority populations nationwide. These disproportionalities are exacerbated by delivery issues in cancer screening and follow-up. For example, the percentage of female Medicare enrollees who have received one or more mammograms in the past two years is lower among Black women (58%) than among White women (62%) in the KFH-Santa Clara service area. Poverty, lack of health insurance, and lack of cancer screening are strongly correlated.¹⁰

D. Community resources potentially available to respond to the identified health needs
The service area for KFH-Santa Clara 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

- El Camino Hospital – Los Gatos
- El Camino Hospital – Mountain View
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San José
- Kaiser Foundation Hospital – Santa Clara
- Lucile Packard Children’s Hospital Stanford
- O’Connor Hospital
- Regional Medical Center of San José
- Santa Clara Valley Health & Hospital System
- Saint Louise Regional Hospital
- Stanford Health Care

¹⁰ Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved*, 22(1): 83-100.

- VA Palo Alto Health (U.S. Department of Veterans Affairs)
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)

Existing Clinics & Health Centers

- Asian Americans for Community Involvement
- Cardinal Free Clinics
- Foothill Community Health Centers
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic
- MayView Community Health Centers
- Medical Respite Program
- Planned Parenthood Mar Monte
- Peninsula Healthcare Connection
- Ravenswood Family Health Center
- RotaCare Bay Area – RotaCare San José
- School Health Clinics of Santa Clara County

Mobile Health Services:

- Gardner Mobile Health Center
- Lucile Packard Children’s Hospital Teen Van
- Santa Clara Valley Homeless Health Care Program Van
- Health Mobile (Dental)

VI. KFH-Santa Clara 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-Santa Clara’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-Santa Clara’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-Santa Clara in the 2016 Implementation Strategy Report.

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

KFH-Santa Clara 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-Santa Clara 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-Santa Clara 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-Santa Clara 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 over 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-Santa Clara awarded 322 number of grants amounting to a total of \$6,572,206.37 in service of 2016 health needs. Additionally, KFH 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-Santa Clara service area. During 2017-2018, a portion of money managed by this foundation was used to award 2 grants totaling \$9,449.40 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-Santa Clara 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-Santa Clara 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-Santa Clara Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Access to Care	<i>During 2017 and 2018, KFH-Santa Clara awarded 64 grants totaling \$4,434,146.80 that address Access to Care in the KFH-Santa Clara service area</i>	<p><u>KP Medicaid and Charity Care:</u> In 2017 and 2018 KP served 14,352 and 15,932 Medi-Cal members respectively totaling \$41,288,287.06 worth of care. KP also provided a total of \$14,285,302.23 of Medical Financial Assistance (MFA) to 7,103 individuals in 2017 and 4,599 individuals in 2018.</p> <hr/> <p><u>PHASE:</u> Over the course of three years (2017-2019), Santa Clara Valley Medical Center (SCVMC) is the recipient of a \$500K grant (evenly split between 3 KFH hospital service areas) to support the successful use of PHASE among clinics, such as by validating data, using group visits for patients with chronic disease, and developing a robust diabetes care management program. SCVMC is reaching almost 14,500 patients through PHASE. 66% of their patients with diabetes and 66% of those with hypertension have their blood pressure controlled.</p> <hr/> <p><u>211:</u> United Way of the Bay Area received a \$95,000 grant (evenly split between 8 KFH hospital service areas) to support 211's services that provide health and human services resources and information for people who call, text, or visit the website. In the six Bay Area counties, it is expected that the 211 program will answer 50,000 calls and texts and 60,000 users will visit the 211 Bay Area website.</p> <hr/> <p><u>Oral Health:</u> On-Site Dental Care Foundation was awarded a \$50,000 grant (evenly split with KFH-San José) to provide oral health services and education to vulnerable adult populations with little or no access to dental care. On-Site Dental Care partnered with community organizations serving targeted populations for patient referrals and aimed to improve oral health habits for 1,000 adults.</p> <hr/> <p><u>Patient navigation:</u> School Health Clinics of Santa Clara County was awarded \$50,000 (evenly split with KFH-San José) to implement a patient navigator project, which was designed to break down barriers, including language, transportation, and lack of health care coverage, that inhibit people from gaining access to care. The patient navigators worked with 1,750 of their low-income patients and supported ongoing access to medical and behavioral health care in high-risk areas of Santa Clara County.</p>
Healthy Eating Active Living	<i>During 2017 and 2018, KFH-Santa Clara awarded 44 grants totaling \$577,271.43 that address Healthy Eating Active Living in the KFH-Santa Clara service area</i>	<p><u>CalFresh:</u> Second Harvest Food Bank of Santa Clara and San Mateo Counties received a \$95,000 grant (evenly split between 3 KFH hospital service areas) to create an incentive system that encourages its partner agencies to increase the number of CalFresh applicants by increasing referrals to the food bank. To date, the outreach team has submitted 468 applications. 293 applications were approved. Twenty-four partnering agencies have submitted 94 CalFresh applications.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Parks</u>: Magical Bridge Foundation received a \$75,000 grant to build an all-inclusive playground designed to meet the needs of children of all physical, mental, social, and emotional abilities. Over 350 business and individuals and over 35 schools have contributed to the fundraising effort. To date, \$3.5 million has been secured toward a \$4.5 million project. Once complete, the playground is projected to attract approximately 20,000 users annually.</p> <p><u>Childhood obesity</u>: Healthier Kids Foundation of Santa Clara County was awarded a \$20,000 grant (evenly split with KFH-San José) that supported delivery of the 10 Steps to a Healthier You program to 235 parents and caregivers in Santa Clara County. The workshops focused on implementing healthy, active lifestyles in the home to prevent childhood and adolescent obesity.</p> <p><u>Food Security</u>: San Francisco Planning & Urban Research Association (SPUR) was awarded a \$40,000 grant (evenly split with KFH-San José) to support its Double Up Food Bucks California program, which reduces food insecurity and improves nutrition by making fruits and vegetables more affordable for low-income families participating in CalFresh. The program provided monetary supplements to 17,000 CalFresh participants who buy fruits and vegetables at participating local grocery stores.</p> <p><u>Youth program</u>: Boys and Girls Clubs of Silicon Valley received a \$25,000 grant (evenly split with KFH-San José) to implement FitKidz, a program that serves some of the most under-resourced communities in Santa Clara County. FitKidz addresses the unmet health and life skills needs of at-risk youth by offering activities that promote wellness and positive health habits through diet, physical fitness, pro-social activities, and resistance skills mastery. The program engaged 700 young participants.</p>
Mental Health & Wellness	<p><i>During 2017 and 2018, KFH-Santa Clara awarded 43 grants totaling \$730,639.43 that address Mental Health and Wellness in the KFH-Santa Clara service area</i></p>	<p><u>Stigma</u>: Caminar received a \$90,000 grant (evenly split with KFH-San José) to empower LGBTQ youth and adults to share their stories with the aim of reducing stigma and increasing public understanding that mental health is a part of overall health. Caminar expects to train 20 LGBTQ community members to serve on a speakers bureau and present to professionals who interact with the LGBTQ community.</p> <p><u>Opioid abuse prevention</u>: Community Health Partnerships was awarded a \$50,000 grant (evenly split with KFH-San José) to support population health strategies for the prevention of opioid abuse. The project targeted high-risk patients for opioid management, based on best practices, with the goal of preventing adverse clinical outcomes and mitigating health care costs. The program reached 150 patients.</p>

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		<p><u>Peer mentorship</u>: National Alliance on Mental Illness Santa Clara County (NAMI) received a \$30,000 grant (evenly split with KFH-San José) to support Community Peer Mentoring Programs that provide peer support to Santa Clara County residents who suffer from severe and persistent mental illness. The program reached 500 participants and reduced loneliness and isolation, improved self-care, and increased engagement in treatment and recovery.</p> <hr/> <p><u>Substance abuse</u>: Uplift Family Services received a \$45,000 grant (evenly split with KFH-San José) for its Addiction Prevention Services (APS). APS programming achieves excellent outcomes in preventing dangerous behavior in at-risk youth and educating students on substance abuse. APS supported parents and teachers challenged with youth behavior issues. The program served 1,190 students, staff, and families in 20 schools in Santa Clara County.</p>
Community and Family Safety	<p><i>During 2017 and 2018, KFH-Santa Clara awarded 27 grants totaling \$366,397.67 that address Community and Family Safety in the KFH-Santa Clara service area</i></p>	<p><u>Domestic violence</u>: Destination Home Silicon Valley received a \$50,000 grant (evenly split with KFH-San José) to connect the Domestic Violence Advocacy Consortium of Santa Clara County to Destination Home’s Homelessness Prevention System through a common intake process that prioritizes the most vulnerable victims of domestic violence for limited shelter beds. The project integrates existing domestic violence service providers into a coordinated entry system, which allows their clients to gain access to more and supportive services. More than 20,000 residents were reached through this effort.</p> <hr/> <p><u>Domestic violence</u>: Next Door Solutions to Domestic Violence received a \$40,000 grant (evenly split with KFH-San José) that provided crisis and support services for 1,800 victims of sexual dating violence and intimate partner violence. To ensure greater safety for survivors and their children, the program provides counseling, risk management, evaluation, safety planning, and linkages to appropriate additional services.</p> <hr/> <p><u>School climate</u>: YMCA of Silicon Valley/Project Cornerstone received a \$50,000 grant (evenly split with KFH-San José) to create safe school communities. For children attending Santa Clara County’s Title 1 pre-, elementary, and middle schools, the project provides student workshops, parent education and engagement programs, and staff training, helping to reduce school violence and to build safe and caring school environments. More than 5,000 students, parents, and staff were impacted by this programming.</p>

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

Source	Dates
42. US Drought Monitor	2012-2014
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. California Department of Education, California Healthy Kids Survey	2006-2015, 2006-2016, 2013-2014, 2013-2016
2. California Department of Public Health, Breastfeeding Statistics	2012
3. California Department of Public Health, Death Public Use Data	2010-2012
4. California Department of Public Health, EpiCenter	2013-2014
5. California Department of Public Health, STD Control Branch	2007-2011, 2011-2016
6. California Department of Public Health, Tracking	2005-2012
7. California Office of Statewide Health Planning and Development, Patient Discharge Data	2011
8. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System	2006-2010, 2011-2012
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via US Department of Health & Human Services, Health Indicators Warehouse.	2005-2009, 2006-2012
10. Federal Bureau of Investigation, FBI Uniform Crime Reports.	2012-2014
11. Feeding America	2014
12. Greater Bay Area Cancer Registry, California Cancer Registry	2010-2014
13. Office of Statewide Health Planning and Development, Patient Discharge Data	2007-2014, 2014
14. Santa Clara County Public Health Department, Automated Vital Statistics System & California Reportable Disease Information Exchange	2007-2011, 2011-2016
15. Santa Clara County Public Health Department, Behavioral Risk Factor Survey	2013-2014
16. Santa Clara County Public Health Department, Birth Statistical Master File	2006-2015
17. Santa Clara County Public Health Department, California Reportable Disease Information Exchange	2017
18. Santa Clara County Public Health Department, enhanced HIV/AIDS reporting system (eHARS)	2007-2016
19. Santa Clara County Public Health Department, VRBIS	2007-2016
20. Santa Clara County Public Health Department. <i>Status of African/African Ancestry Health: Santa Clara County 2014 Report.</i>	2015
21. Santa Clara County Public Health Department. <i>Asian and Pacific Islander Health Assessment 2017, Santa Clara County.</i>	2018

	Source	Dates
22.	Santa Clara County Public Health Department. <i>Partners for Health Santa Clara County: Community Health Assessment-Community Health Improvement Plan 2015-2020.</i>	2015
23.	Santa Clara County Public Health Department. <i>Status of Children's Health: Santa Clara County 2016.</i>	2017
24.	Santa Clara County Public Health Department. <i>Status of LGBTQ Health: Santa Clara County 2013.</i>	2013
25.	State of California, Department of Finance, State and County Population Projections	2010-2060
26.	UCLA Center for Health Policy Research, California Health Interview Survey	2007-2016, 2009, 2011-2012, 2013-2014
27.	US Census Bureau, American Community Survey	2012-2016
28.	US Census Bureau, County Business Patterns	2016
29.	US Census Bureau, Decennial Census	2010
30.	US Census Bureau, Decennial Census, ESRI Map Gallery	2010
31.	US Department of Agriculture, Economic Research Service, Food Access Research Atlas	2015
32.	US Department of Agriculture, Economic Research Service, Food Environment Atlas	2011
33.	US Department of Health & Human Services, Administration for Children and Families	2018
34.	US Department of Health & Human Services, Health Resources and Services Administration	2016
35.	US Department of Housing and Urban Development	2016, 2017

Appendix B. Community Input Tracking Form

The list below contains the names of 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 Santa Clara County 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/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Interview	Public Health Officer, Santa Clara County Public Health Department	1	Health department representative	Leader	1/30/18
2	Interview	Maternal Health Director, Santa Clara County Public Health Department	1	Health department representative	Leader	1/30/18
3	Interview	Executive Director, Santa Clara County Dental Society	1	Medically underserved	Leader	2/1/18
4	Interview	Executive Director, Project Cornerstone	1	Medically underserved	Leader	2/6/18
5	Interview	President/CEO, Community Solutions	1	Medically underserved	Leader	4/16/18
6	Interview	VP of Programs & Services, Second Harvest Food Bank of Santa Clara and San Mateo Counties	1	Low income	Leader	5/7/18
7	Focus group	Host: Community Health Partnership; attendees were medical directors of safety net health facilities in Santa Clara County	8	Low income	Leaders	3/28/18
8	Focus group	Host: Medical Respite Program; attendees were professionals who serve individuals experiencing homelessness locally	10	Low income	Leaders	3/7/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
9	Focus group	Host: Caminar; attendees were local professionals who provide substance abuse counseling and related services	7	Medically underserved	Leaders	4/10/18
10	Focus group	Host: Stanford Health Care; attendees were professionals who address basic needs and other social determinants of health in the local community	6	Low income	Leaders	4/20/18
11	Focus group	Host: Community Health Awareness Council (CHAC); attendees were mental health professionals who serve local youth	8	Medically underserved	Leaders	4/25/18
12	Panel interview	Host: Kaiser Permanente; participants were nonprofit and clinical professionals who work in the service area on issues of food insecurity and health care access & delivery	2	All	Leaders	6/29/18
Community residents						
13	Focus group	Host: Avenidas; attendees were older adults who live in the service area	9	Medically underserved	Members	4/16/18

Appendix C. Community resources

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

Assets. Includes alliances, initiatives, campaigns and general resources

Resources. Includes public/government services, school-based services, community-based organization services, and clinical hospitals and clinic services

HEALTH CARE FACILITIES & SYSTEMS

- El Camino Hospital – Los Gatos
- El Camino Hospital – Mountain View
- Good Samaritan Hospital
- Kaiser Foundation Hospital – San José
- Kaiser Foundation Hospital – Santa Clara
- Lucile Packard Children’s Hospital Stanford
- O’Connor Hospital
- Regional Medical Center of San José
- Santa Clara Valley Health & Hospital System
- Saint Louise Regional Hospital
- Stanford Health Care
- VA Palo Alto Health (U.S. Department of Veterans Affairs)
- VA Hospital Menlo Park (U.S. Department of Veterans Affairs)

COMMUNITY CLINICS

- Asian Americans for Community Involvement
- Cardinal Free Clinics
- Foothill Community Health Centers
- Gardner Health Services
- Indian Health Center
- Mar Monte Community Clinic
- MayView Community Health Centers
- Medical Respite Program
- Planned Parenthood Mar Monte
- Peninsula Healthcare Connection
- Ravenswood Family Health Center
- RotaCare Bay Area – RotaCare San José
- School Health Clinics of Santa Clara County

Mobile Health Services:

- Gardner Mobile Health Center
- Lucile Packard Children’s Hospital Teen Van
- Santa Clara Valley Homeless Health Care Program Van
- Health Mobile (Dental)

GENERAL RESOURCES

Name	Summary description	Website
211 (United Way)	A free, confidential referral and information service that helps people find local health and human services by web, phone, and text	www.211.org/
Community Health Partnership	A consortium organization composed of nonprofit community health centers, providing multi-lingual health services, referrals, and policy advocacy	www.chpscc.org/
FIRST 5 Santa Clara County (children 0-5)	Supports the healthy development of children, from prenatal through age 5, through early learning, health and development, and family strengthening programs	www.first5kids.org/
Listing of Santa Clara County programs and services	Directory for behavioral health and substance use services	www.sccgov.org/sites/bhd/Services/Pages/default.aspx
Santa Clara County Public Health Department	Provides countywide health and safety alerts, health education, and a large variety of health services including immunizations and HIV and other STD testing and support	www.sccgov.org/sites/phd/Pages/phd.aspx

Name	Summary description	Website
The Health Trust	Offers a variety of health and food services aimed at older adults, recently housed individuals, and people with chronic diseases in Santa Clara and Northern San Benito counties	healthtrust.org

ASTHMA

Name	Summary description	Website
Allergy & Asthma Associates of Santa Clara Research Center	Research and medical care for asthma and allergies	www.allergycare.com/allergy_asthma_research_center_san_José.htm
Breathe California	Reduces the impact of lung disease through prevention, education, advocacy and patient services	www.breathecalifornia.org
California Smokers Helpline	Free telephone counseling and self-help materials	www.nobutts.org

BEHAVIORAL HEALTH

Assets

Name	Summary description	Website
ASPIRE youth mental health program	Helps children, teens and young adults with anxiety, depression or other symptoms related to a mental health condition	https://www.elcaminohospital.org/services/mental-health/specialty-programs/aspire
HEARD (Health Care Alliance for Response to Adolescent Depression)	Community alliance of health care professionals, including primary care and mental health providers working in clinics, hospitals, private practices, schools, government, and private organizations.	http://www.heardalliance.org/
Project Safety Net (Palo Alto)	Youth suicide prevention coalition	http://www.psnpalto.com/
Tobacco Free Coalition Santa Clara	Assists in efforts to reduce and/or prevent tobacco use through prevention and education activities and community involvement	https://www.sccgov.org/sites/pd/collab/tfc/Pages/tfc-coal.aspx

Resources

Name	Summary description	Website
Alum Rock Counseling Center —Ocala MS Mentoring & Support Services Program	Drug, violence, and risk prevention curriculum and emotional health services for at-risk students	https://www.alumrockcc.org/pr ograms/
Asian Americans for Community Involvement (AACI) Project PLUS	14-week life skills development program, providing prevention services for high-risk students at two high schools	aaci.org
Bay Area Children’s Association (BACA)	Provides mental health care to children, adolescents, young adults and their families	https://www.baca.org/
Bill Wilson Center	Emergency shelter for youth	https://www.billwilsoncenter.org/
Billy DeFrank LGBT Community Center	Provides community, leadership, advocacy, services and support to LGBTQ people and allies	https://www.defrankcenter.org/
CA Dept of Rehabilitation, San José District	Employment and independent living resource for people with disabilities	http://santaclara.networkofcare.org/mh/services/agency.aspx?pid=CaliforniaDepartmentofRehabilitationSanJoséDistrictOffice_356_2_0
Caminar	Provides behavioral health and supportive services	https://www.caminar.org/
Casa de Clara	Catholic volunteer group, offers services to women and children in downtown San José including shelter, food, clothing, emotional support, and referrals for housing, employment, and counseling	http://www.test.sjcw.org/
Catholic Charities OASIS program	Provides case management, medication support, and counseling	www.catholiccharitiesscc.org
Chamberlain’s Mental Health (Gilroy)	Culturally sensitive services including day treatment, outpatient/medication services, school-based support	http://santaclara.networkofcare.org/mh/services/agency.aspx?

Name	Summary description	Website
	mental health services, family strengthening and community outreach services, and victim witness treatment for families	pid=ChamberlainsMentalHealthServices_356_2_0
Child Advocates of Silicon Valley	Supporting children in the foster care system	https://bemyadvocate.org/
Community Health Awareness Council (CHAC)	Counseling and prevention services	http://www.chacmv.org/
Community Solutions	Prevention, intervention, treatment, and residential services	https://communitysolutions.org/
Crestwood Behavioral Health	Offers clients and their families a continuum of care and treatment, from traditional psychiatric services to innovative recovery programs, geared towards community reintegration	https://crestwoodbehavioralhealth.com/
Depression and Bipolar Support Alliance (DBSA)	Provides information on depression and bipolar disorder, online tools, and support groups	http://www.dbsalliance.org/
Discovery Counseling Center (Morgan Hill)	Provides free counseling for children in the local schools	http://www.mydiscoverycc.com/index.html
Eastern European Services Agency	Bilingual/bicultural family advocates and case managers addressing the needs of refugees and immigrants from Former Yugoslavia and Eastern Europe.	https://www.sccgov.org/ssa/opp2/22_resourceguide/22-2.html#eesa
Eating Disorder Resource Center of Silicon Valley	Advocates for increased awareness and understanding of eating disorders, early diagnosis promotion, effective treatment, and for mental health parity legislation and effective insurance coverage	https://edrcsv.org/
El Centro de Bienestar	Mental health services at Gardner Family Clinic	https://gardnerfamilyhealth.org/health-centers/gardner-160-east-virginia/

Name	Summary description	Website
Ethnic Cultural Community Advisory Committees (ECCAC)	Provides linguistic and culturally competent outreach and education, advocacy and peer support to ethnic communities	www.sccbhsd.org/eccac
Gardner Family Care	Three locations and mobile program providing a full range of preventive and restorative services	gardnerfamilyhealth.org/
Gilroy Behavioral Health	Counseling and psychiatry	https://my.php.com/resource/gilroy-behavioral-health
Grace Community Center	Therapeutic services for adults with symptoms of mental illnesses and developmental disabilities	http://www.thefriendsofgrace.org/
Hope Counseling Center Services	Provides counseling, case management, and psychiatric services to children, adolescents, young adults, adults, and senior citizens with a qualifying mental health diagnosis and a developmental disability	https://www.hopeservices.org/our-services/counseling/
In-Home Supportive Services (IHSS)	Helps seniors and individuals with disabilities pay for in-home services such as housecleaning, personal care services, or meal preparation	http://www.cdss.ca.gov/In-Home-Supportive-Services
Jewish Family Services of Silicon Valley	Provides a variety of supportive services including aging services, refugee services, and career counseling	https://www.jfssv.org/
Joséfa Chaboya de Narvaez Mental Health	Culturally proficient site providing services to primarily the adult and older adult Latinx and Vietnamese populations who have a severe mental illness	http://santaclara.networkofcare.org/mh/services/agency.aspx?pid=SantaClaraCountyMentalHealthJoséfaChaboyadeNarvaezMentalHealthCenter_356_2_0
Law Foundation of Silicon Valley Mental Health Advocacy Project	Legal services for people with mental health or developmental disabilities	http://www.lawfoundation.org/mental-health-advocacy-project-mhap

Name	Summary description	Website
LGBT Youth Space Drop-In Center	Helps homeless at-risk youth, ages 12 – 22, by providing food, clothing, personal hygiene items, counseling, living skills training, job readiness training, housing assistance, and health education	http://youthspace.org/
LifeMoves counseling	Provides counseling, psychotherapy, and somatic expression	https://lifemovescounseling.com/
Mekong Community Center	Provides out-patient behavioral health services to Vietnamese clients and families	http://www.mekongcommunity.org/
Mental Health Urgent Care	Walk-in outpatient clinic for Santa Clara County residents who are experiencing behavioral health crisis	https://www.sccgov.org/sites/bhd/Services/Emergency/UrgentCare/Pages/default.aspx
Momentum for Mental Health	Psychiatric care, medication management, and medications	https://www.momentumformentalhealth.org/
NAMI	Educates, advocates, and provides services for people with mental illnesses	https://www.nami.org/
NAMI (National Alliance on Mental Illness) Warmline	Behavioral health including veterans' services, senior services, and homeless services	namisantaclara.org/classes/warmline/
Parents Helping Parents	Provides help navigating special education and related services for children with special needs	https://www.php.com/
REACH Psychosis Early Intervention Program	promote independence and prevent onset of mental illness in youth population through early education and awareness, consistent treatment, and community support	https://www.reach4scc.org/
Rebekah's Children's Services (Gilroy)	Provides adoption, foster care, mental health, intensive family care, and work training services	http://www.rcskids.org/
Recovery Café	Healing community for those traumatized by addiction,	http://recoverycafesj.org/

Name	Summary description	Website
	homelessness, and mental health challenges	
Santa Clara County Behavioral Health Department Zephyr and Esperanza Self-Help Centers	Operated by and for mental health consumers, centers provide confidential and supportive behavioral health services	https://www.sccgov.org/sites/bhd/info/PeerSupport/Self-HelpCenters/Pages/default.aspx
Santa Clara Valley Medical Center Sunnyvale Behavioral Health Center	Mental health services, case management, crisis intervention, and medication support for adults and children	http://santaclara.networkofcare.org/mh/services/agency.aspx?pid=SunnyvaleBehavioralHealthCenter_356_2_0
Services for Brain Injury	Provides rehabilitation and vocational services to assist those with a traumatic brain injury	https://sbicare.org/
Silicon Valley Independent Living Center (SVILC)	Provides variety of services, programs, and advocacy for individuals with disabilities	http://www.svilc.org/
Sourcewise	Facilitates independent living by administering a database of pre-screened in-home supportive services workers	http://www.mysourcewise.com/
South Bay Project Resource	Partnership between family members, peers, clinicians and other stakeholders to improving psychosis-related supports	https://southbayprojectresource.org/
UJIMA Adult & Family Services	Provides recovery services to individuals and families struggling with alcoholism, drug addiction, and behavioral health problems	http://www.ujimafamily.org/
Uplift Family Services	Comprehensive behavioral and mental health treatment programs	https://upliftfs.org/
YMCA Silicon Valley Project Cornerstone	Supportive services for children and teens	https://www.ymcasv.org/projectcornerstone/

Name	Summary description	Website
Young Adult Transition Team at Las Plumas Mental Health	Multidisciplinary team that provides a range of services, including outreach and engagement, therapy, social-vocational supports, and referral to housing programs	https://www.sccgov.org/sites/bhd/info/CYF/Pages/cyf-fc-las-plumas-bhc.aspx

CANCER

Name	Summary description	Website
American Cancer Society	Cancer education and resource directory	https://www.cancer.org/about-us/local/california.html
Bonnie J. Addario Lung Cancer Foundation	Cancer education and research, awareness building	www.lungcancerfoundation.org
Bay Area Cancer Connections	Cancer education and support services	www.bayareacancer.org
Cancer CAREpoint	Cancer support services	https://www.cancercarepoint.org
Cancer Support Community	Cancer education, research, advocacy	www.cancersupportcommunity.org
Latinas Contra Cancer	Cancer prevention, outreach, and screening	http://latinascontracancer.org
Leukemia & Lymphoma Society	Cancer research resources and patient support, advocacy	www.lls.org/silicon-valley-monterey-bay-area
Vietnamese Reach for Health Coalition	Coalition of 16 agencies with a focus on cancer prevention in the Vietnamese community	www.viethealthcoalition.org

COMMUNITY & FAMILY SAFETY

Name	Summary description	Website
"We All Play a Role" in Safe and Peaceful Communities Campaign	Campaign to prevent violence	https://www.sccgov.org/sites/phd/hi/shc/violence-free/Pages/vfc-home.aspx
AACI: Center for Survivors of Torture	Provides culturally competent services to torture survivors using a client centered approach which is multidisciplinary, holistic, and strengths based	http://cst.aaci.org/cst-services/services-for-torture-survivors/
Alum Rock Counseling Center CIPY program	case management, counseling, and group structured activities for at-risk, low-income youth ages 13 to 17. for young people with a history of involvement with the juvenile justice system and who need additional support to function in their family and community.	https://www.alumrockcc.org/programs/
Asian Americans for Community Involvement – Asian Women’s Home	Serves survivors of domestic violence and human trafficking	https://aaci.org/wellness/women-home/
CHAC (Community Health Awareness Counseling)	Counseling services at all Sunnyvale School District schools, for Mountain View Whisman School District and Mountain View Los Altos School District	www.chacmv.org
Community Solutions	Healthy Communities Program - violence prevention and intervention services to high-conflict/ underserved children, youth, and families, Morgan Hill & Gilroy.	https://communitysolutions.org/
County of Santa Clara	East San José Prevention Efforts Advance Community Equity Partnership - PEACE Partnership	https://www.sccgov.org/sites/phd/collab/sj-peace/Pages/sj-peace-home.aspx
Girl Scouts of Northern California Got Choices program	Prevention/intervention program to reduce risky behaviors and support informed decision-making in high-risk, disconnected, gang-impacted, and court-involved middle- and high-school girls	https://www.gsnorcal.org/en/about-girl-scouts/community-based-programs/got-choices.html
GoNoodle online lessons on bullying awareness	Activity recommendations to address bullying	https://support.gonoodle.com/article/319-recommendation-bullying

Name	Summary description	Website
Healthy Teen Relationships Campaign in South San José/South County	Social marketing strategies and programming to prevent teen domestic violence	N/A
ICAN	Vietnamese parenting classes	http://www.ican2.org/social-programs#learn-more
Kaiser Permanente Educational Theatre Program	Delivers violence prevention programming and messaging to schools and in the community	share.kaiserpermanente.org/educational-theatre-program/our-programs/
Lucile Packard Children's Hospital Safe Kids Coalition	Coalition working to reduce the number of unintentional injuries to children by providing prevention education, activities, and events	https://www.stanfordchildrens.org/en/about/government-community/safe-kids
Lucile Packard Children's Hospital Suspected Child Abuse and Neglect (SCAN) team	Consults on child abuse cases, reviews all CPS referrals and consultations, provides inpatient and outpatient consultation services, and education for residents, medical students, and staff	http://childabuse.stanford.edu/scanteam.html
Next Door Solutions - Domestic violence shelters:	Emergency shelter that provides safe housing and crisis counseling for women and their children	http://www.nextdoor.org/services/housing-solutions/
Peace Builders Program	Youth violence prevention program	http://www.peacebuilders.com/
PlayWorks	Youth development program in elementary school that has positive impact on reducing violence	https://www.playworks.org/
Rebekah Children's Services	School-Based Violence and Substance Abuse Prevention Program (elementary school students in Gilroy Unified School District)	http://www.rcskids.org
SafeCare Home Visitation Services	Preventive intervention focused on promoting positive parenting and child development	https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/default.aspx
San José Mayor's Gang Taskforce	Coalition made up of local residents; city, county and state government leaders; school	http://www.sanJoseca.gov/index.aspx?NID=642

Name	Summary description	Website
	officials; community and faith-based organizations; and local law enforcement	
Santa Clara County Child Abuse Council	Seeks to prevent and respond to all forms of child abuse and neglect through community partnerships, education, collaboration, and advocacy	https://www.sccgov.org/sites/cac/Pages/cac.aspx
Santa Clara County Domestic Violence Council	Acts in an advisory capacity to the Board of Supervisors to assure safety and restoration for victims of domestic violence, cessation of the violence, and accountability for batterers.	https://www.sccgov.org/sites/owp/board/dvc/pages/dvc.aspx
Santa Clara County Human Relations Commission	Immigrant/naturalization legal services, advocacy, alternative dispute resolution, and community action/social advocacy groups	https://www.sccgov.org/sites/ceo/Pages/human-relations-commission.aspx
Santa Clara County Juvenile Probation Department programs	Domestic violence/family violence services, mental health services substance abuse services	https://www.sccgov.org/sites/probation/juvinst/Pages/sccjh.aspx
Santa Clara County Office of Women's Policy	Works to ensure that programs and services, and also systems and policy, support women's leadership, full equality, and advancement	https://www.sccgov.org/sites/owp
Santa Clara County Public Health Department	Safe and healthy communities division (violence and injury prevention) including anti-bullying resources for parents	https://www.sccgov.org/sites/phd/hi/shc/Pages/community-health-home.aspx https://www.sccoe.org/depts/schoolhealth/Pages/Bullying-Prevention.aspx
South County United for Health Leadership Team	Focuses on active and safe transportation, and parks and wellness	https://www.sccgov.org/sites/phd/collab/scufh/Pages/scufh-home.aspx
South County Youth Taskforce	Provides safe and healthy opportunities for recreation and engagement in the Gilroy community	https://www.cityofgilroy.org/593/South-County-Youth-Task-Force

Name	Summary description	Website
Sunday Friends violence prevention classes	Fosters violence prevention through parenting classes, violence prevention classes, and stress management and health classes	https://www.sundayfriends.org/our-program/violence-prevention/index.html
Uplift Family Services counseling for all high schools in the Campbell Union High School District	Provides early intervention and therapy to children, adolescents and families who are suffering from a mental health issue	https://upliftfs.org/service/school-linked-services/
Uplift Family Services Crisis Intervention Programs	Provides a variety of services to help children recover from traumatic experiences	https://upliftfs.org/our-services/service-types/crisis/
YMCA Silicon Valley / Project Cornerstone	In-school supportive services for children and teens	https://www.ymcasv.org/project-cornerstone/html/schools.html
YWCA Support Network - Domestic violence shelter	Confidential emergency shelter	https://ywca-sv.org/confidential-emergency-shelter/

ECONOMIC SECURITY

Education, employment, and poverty. See Housing & Homelessness for those assets and resources.

Resources

Name	Summary description	Website
Bay Area Legal Aid	Provides free civil legal services to low-income residents of the Bay Area	baylegal.org
CalFresh	Federally known as the Supplemental Nutrition Assistance Program (SNAP), issues monthly electronic benefits that can be used to buy most foods at many markets and food stores	getcalfresh.org
Catholic Charities	Service areas: aging support, children & youth, homelessness and housing, immigration	www.catholiccharitiesscc.org
Center for Employment Training (CET)	Vocational school in San José	cetweb.edu/location/san-José-ca/
Community Service Agencies (Mountain View/Los Altos, Sunnyvale, West Valley)	Social services agency providing a variety of services including emergency financial assistance and senior case management	www.csacares.org/
Connect Center CA (Pro-match and Nova job centers)	Career resource programs for Bay Area professionals	promatch.org novaworks.org
Day Worker Center (Mountain View)	Connects day laborers and employers	www.dayworkercentermv.org/
Emergency Assistance Network of Santa Clara County	Provides emergency financial assistance, free advice, and counseling to prevent evictions	www.needhelppayingbills.com/html/santa_clara_emergency_assistan.html
Occupational Training Institute	Prepares socio-economically disadvantaged students with career training and employment services	www.deanza.edu/oti/

Name	Summary description	Website
Social Services Agency of Santa Clara County	Public agency providing social services to Santa Clara County residents	www.sccgov.org/sites/ssa
SparkPoint	Provides low-income Bay Area residents with free financial and career coaching and education	uwba.org/sparkpoint/
United Way Bay Area	Provides advocacy and services surrounding education and financial stability	uwba.org/
Veterans Administration employment center	Online tool for connecting transitioning Servicemembers, Veterans, and their families to career opportunities	www.va.gov/careers-employment/
Women, Infants, and Children (WIC) Nutrition Services	Provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five	www.fns.usda.gov/wic/
Work 2 Future	Provides job trainings, career advice, and employment services	www.work2future.biz/

Food Resources

Name	Summary description	Website
Fresh Approach	Mobile food pantry	www.freshapproach.org/
Hope's Corner	Provides free breakfasts, lunches, and showers	www.hopes-corner.org/
Loaves and Fishes	Soup kitchens in San José	www.loavesfishes.org/
Meals on Wheels (The Health Trust and Sourcewise)	Provides meal delivery for older adults and adults with disabilities	healthtrust.org/services/meals-on-wheels/ www.mysourcewise.com/meals

Name	Summary description	Website
Salvation Army	Provides a variety of services including adult rehabilitation, family counseling, and housing/residence services	www.salvationarmyusa.org/usn/
Santa Maria Urban Ministries	Serves low-income families with free food, clothing and educational services	www.santamariasj.org/
Second Harvest Food Bank	Food bank in Santa Clara and San Mateo counties	www.shfb.org
St. Joseph's Cathedral	Provides primary health care for the homeless	www.stJosephcathedral.org/ministries/social-ministry/
St. Joseph's Family Center	Provides hot meals, a food pantry, and homeless prevention and outreach services in Gilroy	stJosephsgilroy.org/
St. Vincent De Paul	Provides homeless services, housing and food assistance, and prison reentry services	www.svdp.org
The Food Connection	Hotline and online directory to find neighborhood food resources, including food pantries, hot meal sites and children's summer meal locations.	www.shfb.org/get-food/
Valley Verde	Provides families with intensive support to grow fresh, healthy produce at home	www.valleyverde.org/

ENVIRONMENT

Assets

Name	Summary description	Website
Acterra	Provides environmental education in the areas of energy and climate change, corporate sustainability, and advocacy	https://www.acterra.org/
Audubon Society of Santa Clara County	Promotes conservation and provides community education surrounding birds and other wildlife	http://www.scvas.org/

Name	Summary description	Website
California League of Conservation Voters	Provides voter education and legislative advocacy	http://www.ecovote.org/
Canopy	Supports efforts to plant and care for trees; promotes the growth of urban tree canopy in Midpeninsula communities	http://canopy.org/
Committee for Green Foothills	Monitors local land issues and educates decision-makers and political candidates	www.greenfoothills.org
Peninsula Open Space Trust	Advocates for public land access, redwoods preservation, and supporting sustainable agriculture	https://openspacetrust.org/
San Francisquito Watershed Council	Independent regional government agency united by its watershed and floodplain. Reduce proven flood threats, enhance ecosystems and recreational opportunities, and connect communities.	http://sfcjpa.org/
Sierra Club – Loma Prieta Chapter	Promotes environmental conservation and political action.	https://www.sierraclub.org/loma-prieta
The Santa Clara Valley Open Space Authority	Protects open spaces, natural areas, and working farms	https://www.openspaceauthority.org/

HEALTH CARE ACCESS AND DELIVERY

Name	Summary description	Website
Peninsula Healthcare Connection	Community health center for homeless and low-income residents in Palo Alto	www.peninsulahcc.org/
Planned Parenthood Mar Monte	Health center providing range of reproductive and general health services	https://www.plannedparenthood.org/planned-parenthood-mar-monte
Ravenswood Family Health Center	Provides culturally sensitive, integrated primary and preventative health care to all, regardless of ability to pay or immigration status	www.ravenswoodfhc.org/

Regional Medical Center of San José	Medical Center in San José	regionalmedicalsantose.com/
RotaCare Bay Area – RotaCare San José	Free medical clinic in San José	www.rotacarebayarea.org/santose
Saint Louise Regional Hospital	Hospital in Gilroy	saintlouiseregionalhospital.org
Santa Clara Valley Health & Hospital System	Providers, clinics, and hospital in Santa Clara county	www.scvmc.org/Pages/home.aspx
School Health Clinics of Santa Clara County	Health clinics aimed at low-income community	www.schoolhealthclinics.org/
Stanford Health Care	Network of 60+ clinics across the Bay Area	stanfordhealthcare.org
VA Hospital Menlo Park (U.S. Department of Veterans Affairs)	Veterans hospital in Menlo Park	www.paloalto.va.gov/locations/menlopark.asp
VA Palo Alto Health (U.S. Department of Veterans Affairs)	Veterans hospital in Palo Alto	www.paloalto.va.gov/
Vietnamese Reach for Health Coalition	Promotes health equity among Vietnamese Americans through advocacy, education, and collaborative efforts	http://viethealthcoalition.org/

HEALTHY EATING/ACTIVE LIVING

See Economic Security for free food resources.

Assets

Name	Summary description	Website
Bay Area Nutrition and Physical Activity Collaborative (BANPAC)	Addresses the health impacts of sugary beverages	http://banpac.org/
California WALKS Program	Partners with state agencies, organizations, and communities to support pedestrian safety	https://californiawalks.org/

Name	Summary description	Website
Community Alliance with Family Farmers (CAFF) Foundation: Expanding Farm to School	Integrates locally-sourced food in school meals and increases procurement of locally-sourced produce	https://www.caff.org/programs/ftc/farm-to-school/
Green Belt Alliance	Builds support behind public policy and planning that supports open space conservation and smart urban growth	https://www.greenbelt.org/san-José/
Pacific Institute	Public health and environmental justice advocacy and research in land use and transportation planning	https://pacinst.org/
Santa Clara County Diabetes Prevention Initiative	Ensures that county residents with pre-diabetes are identified and connected to prevention education and community healthy eating and active living resources	https://www.sccgov.org/sites/phd/collab/dpi/Pages/dpi.aspx
Santa Clara County Office of Education's Safe and Healthy Schools Dept.	Provides services to stakeholders to ensure healthy and equitable outcomes for student success.	https://www.sccoe.org/depts/schoolhealth/Pages/default.aspx
Sunnyvale Collaborative	Information network aimed at preventing and reducing childhood obesity	http://www.pamf.org/ynp/collaborative/
YMCA National Diabetes Prevention Program	Small-group program helping people with pre-diabetes eat healthier, increase their physical activity, and lose weight	http://www.ymca.net/diabetes-prevention

Resources

Name	Summary Description	Website
Asian Americans for Community Involvement Clinic	Diabetic case management	aaci.org
Boys and Girls Clubs of Silicon Valley	Offers variety of fitness programs including Fit Kidz: Mind Body and Soul	https://www.bgclub.org/

Name	Summary Description	Website
Breathe CA: Let's Get Moving to School	At five schools, increasing number of students who walk and bicycle to school	www.breathebayarea.org/
Children's Discovery Museum: Rainbow Market Project	Offers an exhibit to support children and families in exploring healthy eating	https://www.cdm.org/visit/exhibits/rainbow-market/
Choices for Children: 5 Keys for Child Care	Online training module for child care providers to improve feeding knowledge and behaviors	https://www.choicesforchildren.org/
Community Service Agencies (Sunnyvale, Mountain View & West Valley)	Challenge Diabetes Program	www.csacares.org/services/challenge-diabetes-program/
Community Service Agency Mountain View	Provides nurse case management and social work case management to help older adults better manage diabetes	www.csacares.org
County of Santa Clara Parks and Recreation Department	Offers various active living programs and bilingual outreach Program, bilingual outreach	www.sccgov.org/sites/parks
Departments of Parks, Recreation, & Neighborhood Services	Offers exercise programs	www.sanJoseca.gov/index.aspx?NID=204
FIRST 5 Family Resource Centers	Provides nutrition and physical activity programming	www.first5kids.org/
Fit Kids Foundation (Fit Kids Program)	Provide structured physical activity programs for underserved children	https://fitkids.org/
Gardner Clinic	Offers diabetes management program – Down with Diabetes	gardnerfamilyhealth.org/
Happy Hollow Park and Zoo Eat Like a Lemur Project	Provides healthy foods in their cafe and showcase opportunities for increased physical activity around the park	https://happyhollow.org/index.cfm
Healthier Kids Foundation	Provides parent education series: 10 Steps to a Healthier You	hkidsf.org/

Name	Summary Description	Website
Healthy Kids	Provide weight management classes	www.scfhp.com/healthcareplans/healthy-kids
Indian Health Center of Santa Clara Valley	Offers health intervention, weight management, diabetes and pre-diabetic counseling, and diabetic management programs	www.indianhealthcenter.org/
Kaiser Permanente Educational Theatre Program	Obesity prevention programming and messaging to schools and in the community	share.kaiserpermanente.org/educational-theatre-program/our-programs/
Kaiser Permanente Farmer's Markets	Farmer's market open to community	https://healthy.kaiserpermanente.org/static/health/en-us/landing_pages/farmersmarkets/in-northern-california.htm
Lucile Packard Children's Hospital Pediatric Weight Control Program	Group behavioral and educational program teaching healthy eating and exercise habits for overweight children, adolescents, and their families.	https://www.stanfordchildrens.org/en/service/pediatric-weight/program/overview
Our City Forest fruit tree stewardship programs	Benefits community by promoting growing one's own food and giving away food	http://www.ourcityforest.org
PlayWorks	Helps kids to stay active and build social and emotional life skills through play	www.playworks.org/
Project Access	Health & Wellness Program for low-income Families	https://www.project-access.org/
San Francisco Planning & Urban Research (SPUR) Double Up Food Bucks	Provides matching funds so that families and individuals participating in the CalFresh program can buy more fresh produce	https://www.spur.org/featured-project/double-food-bucks-california
Santa Clara County Public Health Department	Offers nutrition education	www.sccgov.org/sites/phd

Name	Summary Description	Website
Santa Clara County Public Health Department Breastfeeding Program	Provides education, training public educators, and lactation consultants	www.sccgov.org/sites/phd/h/i/pbp/pages/breastfeeding.aspx
School Health Clinics of Santa Clara County	Offers nutrition education	www.schoolhealthclinics.org/
Second Harvest Food Bank	Provides nutrition education	www.shfb.org
Silicon Valley HealthCorps	Develops community and school-based gardens, and farm to school programs	https://edibleschoolyard.org/program/silicon-valley-healthcorps
Somos Mayfair: In Our Hands, Family Wellness Initiative	Foster daily exercise, guided by promotores, in San José Mayfair neighborhood	https://www.somosmayfair.org/
Stanford Hospital and Clinics Strong for Life	Free exercise classes at senior centers	https://stanfordhealthcare.org/medical-clinics/aging-adult-services.html
Sunnyvale Community Services	Expanded access to nutrition and health resources	https://svcommunityservices.org/
Sunnyvale Community Services: Fresh from the Farm	Provides low-income families fresh produce, nutrition education, farm and gardening experiences, and community-building activities	https://svcommunityservices.org/
The Health Trust (Food is Medicine)	Provides medically-tailored, home-delivered meals appropriate for individual's chronic diseases	https://healthtrust.org/services/food-is-medicine/
THINK Together	Healthy living program in Alum Rock and San José School Districts	https://www.thinktogether.org/
Various organizations	Early childhood feeding practices parenting classes ("5 Keys to Raising a Happy, Healthy Eater")	https://www.sccgov.org/sites/phd/collab/cfc/Documents/cfc-10sofp-eng.pdf
Various senior centers: Chronic disease self-	Education workshop attended by people with a variety of chronic health conditions	https://www.selfmanagementresource.com/

Name	Summary Description	Website
management workshops		
Veggielution: Healthy Food Access and Engagement for Low-Income Families	Hands-on learning, physical activity, fresh fruits and vegetables for individuals and families in low-income East San José neighborhoods	http://veggielution.org/
West Valley Community Services Hospitals and Community Clinics	Healthy eating programs including Raising a Healthy Eater	https://www.wvcommunityservices.org/

HOUSING & HOMELESSNESS

Assets

Name	Summary description	Website
"All the Way Home"	Campaign to End Veteran Homelessness in the City of San José and Santa Clara County	destinationhomesv.org/allthewayhome/
Abode Services	Supportive housing initiative for chronic homelessness	www.abodeservices.org/
Catholic Charities	Service areas: aging support, children & youth, homelessness and housing, immigration	www.catholiccharitiesscc.org
Community plan to end homelessness in Santa Clara County	Five-year, community-wide roadmap to ending homelessness	https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Pages/Community-Plan-to-End-Homelessness.aspx
Destination Home	Resources and initiatives to end homelessness in Santa Clara county	https://destinationhomesv.org/
MyHousing.org	Website to find affordable and supportive housing	MyHousing.org
Palo Alto Housing Corporation	Resource and provider of affordable housing and below market rate housing programs	http://pah.community/
Santa Clara County Housing Authority	Administers federal rental assistance programs	https://www.scchousingauthority.org/

Name	Summary description	Website
Santa Clara County Housing Task Force		https://www.sccgov.org/sites/osh/HousingandCommunityDevelopment/Pages/home.aspx
Santa Clara County Office of Supportive Housing	Mission to increase the supply of affordable housing and supportive housing for extremely low income and /or special needs households	https://www.sccgov.org/sites/osh
VA Housing Initiative		https://www.va.gov/homeless/housing.asp

Resources

Name	Summary Description	Website
American Vets Career Center	Provides veterans with job assistance programs, as well as health and substance abuse services.	https://www.usvetsinc.org/portfolio-posts/career-centers/
Bill Wilson Center	Emergency shelter for youth	https://www.billwilsoncenter.org
Casa de Clara	Services to women and children in downtown San José including shelter, food, clothing, and referrals for housing, employment, and counseling	http://www.test.sjcw.org
Catholic Charities Housing	Affordable housing units	https://www.catholiccharities.scc.org/housing
Chinese Community Center of the Peninsula	Charitable and educational programs for the Chinese communities of San Mateo and Santa Clara counties.	http://www.chineseamerican.cf.org/organizations/chinese-americans-center-peninsula/
Community Service Agency Homeless Prevention Services	Emergency financial assistance for rent and utilities, as well as homeless services	https://www.csacares.org/services/emergency-financial-rent-utility-assistance/
Community Services Agency emergency shelter	Provides emergency financial assistance and homeless services	www.csacares.org
Destination Home	Resources and initiatives to end homelessness in Santa Clara county	https://destinationhomesv.org/
Downtown Streets Team	Homeless and low-income men and women work to receive non-cash stipends to cover	http://streetsteam.org/

Name	Summary Description	Website
	basic needs, case management, and employment services to find housing and jobs	
Dress for Success	Provides interview suits and job development	https://dressforsuccess.org/
Gilroy Compassion Center	Services include day center, legal campsite program, and safe parking program	https://gilroycompassioncenter.org/
Goodwill Silicon Valley	Helps veterans and their families who are homeless or at risk of becoming homeless overcome barriers to housing	https://goodwillsv.org/mission-services/vfs-program/
HomeFirst	Network of shelters, youth centers, and outreach programs	https://www.homefirstscc.org/
HomeFirst (Formerly EHC Life Builders Emergency Housing Consortium)	Network of shelters, youth centers, and outreach programs	https://www.homefirstscc.org/
Hope Services	Assists adults with developmental disabilities to achieve employment by matching them with local businesses	https://www.hopeservices.org/our-services/work-services/community-employment/
Housing Opportunities for Persons with AIDS	Federal program dedicated to the housing needs of people living with HIV/AIDS and their families	https://www.hudexchange.info/programs/hopwa/
InnVision the Way Home	Provides interim housing and supportive services for homeless families and individuals	https://lifemoves.org/
Life Moves (Homeless Housing)	LifeMoves provides interim housing and supportive services for homeless families and individuals	https://lifemoves.org/
Love Inc.	Religious organization that helps churches help people with material, emotional, or relational poverty in their local communities	https://www.loveinc.org/
New Directions	Hospital and community-based case management program for individuals with complex medical and psychosocial needs	https://www.ndbh.com/
New Hope House	Christian organization providing “clean and sober” shelter, meals, laundry, phone and other services.	http://www.thenewhopehouse.org/

Name	Summary Description	Website
NOVA Workforce development	Federally funded employment and training agency	https://novaworks.org/
Rebuilding Together	Helps preserve affordable homeownership through free home repairs and modifications	https://rebuildingtogether.org/
Sacred Heart Community Services	Provides home repairs and weatherization, as well as rental, deposit, and utility assistance	https://sacredheartcs.org/programs/housing/
Salvation Army	Provides a variety of services including adult rehabilitation, family counseling, and housing/residence services	www.salvationarmyusa.org/usn/
Senior Housing Solutions	Provides safe, affordable housing with professional case management services	https://www.publichousing.com/details/CA-Senior_Housing_Solutions
St. Joseph emergency assistance	Provides rental assistance to low income individuals or families on a one-time basis only to help with a rent	https://stJosephsgilroy.org/n-eed-help/emergency-rental-assistance/
Sunnyvale Community Services	Financial assistance includes help with rent, rental deposits, utility bills, medically-related bills, bus passes, gas vouchers and pass-through direct assistance	https://svcommunityservices.org/about-our-services/
The Health Trust Housing for Health	Helps people living with HIV/AIDS and homeless individuals get housed and provides them with intensive case management and health and wellness services	https://healthtrust.org/provider/housing/
Unity Care—foster youth housing & employment assistance	Provides safe, affordable, and supportive housing for foster youth ages 16–17; mentor and engage youth and families in finding gainful employment	https://www.unitycare.org
West Valley Community Services emergency assistance	Provides transitional housing and supportive services, and has emergency financial aid for paying rent or other costs, such as utilities	https://www.wvcommunityservices.org/housing

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-Santa Clara 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 Perhaps related to this, a significantly smaller percentage of service area residents (70%) have had a recent primary care visit than the average Californian (72%). Ethnic disparities are also apparent in the KFH-Santa Clara service area: Black Medicare enrollees experience higher rates of preventable hospital events and lower rates of diabetes management

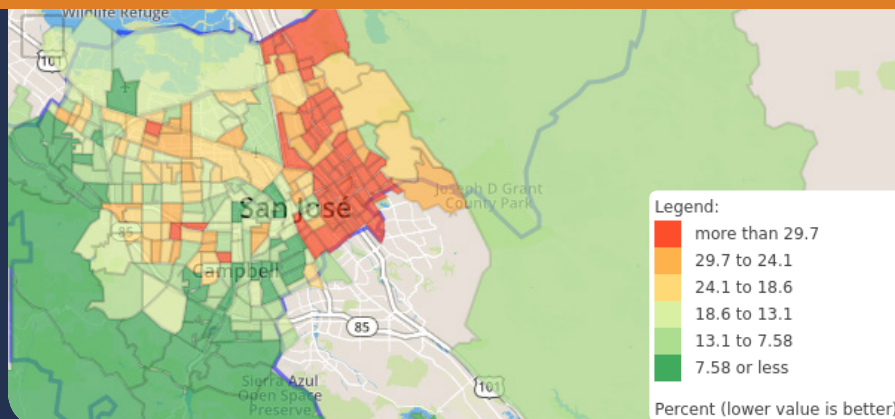
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Ethnic Disparities: Preventive Care for Medicare Beneficiaries

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA	WHITE	BLACK
Breast Cancer Screening (mammogram, females aged 67 and older)	60%	62%	62%	58%
Diabetes Management (hemoglobin A1c test, patients with diabetes)	82%	85%	86%	79%
Preventable Hospital Events Rate (per 1,000 patients)	35.9	27.7	26.7	38.6

SOURCE: Dartmouth Atlas of Healthcare, 2014.

Limited English Proficiency



SOURCE: U.S. Census Bureau, American Community Survey, 2012–2016.

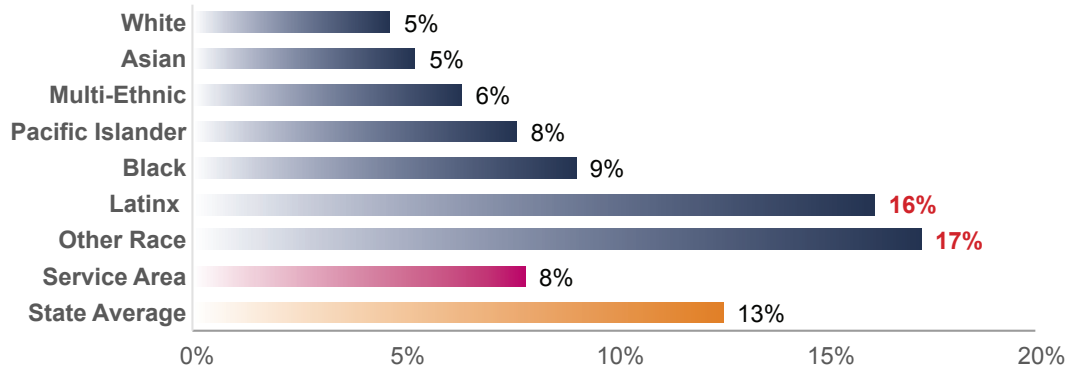
KEY DISCOVERY

1 in 5

The approximate number of people (21.1%) in Santa Clara County aged 5 or older who have limited English proficiency. This exceeds the state average (18.8%). Language can create a barrier to access.³

continued >>

Ethnic Disparities: Uninsured Populations



Rates per 100,000 people. / SOURCE: American Community Survey, 2012–2016.

and breast cancer screening than White Medicare patients. In the service area, Latinx residents and people of “Other” ethnicities are most likely to be uninsured.⁴

There are certain neighborhoods in the KFH-Santa Clara service area where high proportions of residents have limited English proficiency. Orange and red areas in the map on the previous page highlight communities where higher-than-average percentages of linguistically isolated residents are located.⁵



What does the community say?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified health care access and delivery as high priorities. Although the service area has high rates of insurance and available providers, the community reported that health care is often unaffordable. Those who do not receive insurance subsidies often lack the resources to pay for medical care. Service providers believe that undocumented immigrants have been accessing health care less often in recent years due to the political climate and fear of being identified and deported. They also expressed concerns over recruiting and retaining staff (especially bilingual employees) because of the high cost of living in the Bay Area.

“The Medi-Cal expansion [under the Affordable Care Act] has widened the number of people who have health insurance, but who can find a doctor who accepts Medi-Cal? That’s specifically acute in the dental world

—HEALTH EXPERT

SOURCES

¹Office of Disease Prevention and Health Promotion. (2015). <http://www.healthypeople.gov>

²U.S. Centers for Medicare and Medicaid Services. (2016).

³U.S. Census Bureau, American Community Survey. (2012–2016).

⁴“Other” is a U.S. Census category for ethnicities not specifically called out in data sets.

⁵Limited English Proficiency indicates the percentage of the population age 5 and older that is linguistically isolated (speaks a language other than English at home and speaks English less than “very well”). On average, statewide, nearly 22% of the population is linguistically isolated.

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Asthma



What's the issue?

Asthma and other common respiratory conditions affect a person's ability to breathe.¹ Asthma inflames the airways, causing them to swell and narrow, which leads to breathing problems.² Symptoms can range from mild to life-threatening.³ Proper management of asthma can involve access to medical specialists, using "controller" or "quick-relief" medications, and avoiding asthma triggers, such as poor air quality, pollen, mold, smoke and its residue, animal dander, and pest-generated allergens.⁴ According to the American Lung Association, "the most common risk factors for developing asthma [are] having a parent with asthma, having a severe respiratory infection as a child, having an allergic condition, or being exposed to certain chemical irritants or industrial dusts in the workplace."⁵



What does the data show?

Nearly one in six adult residents of the KFH-Santa Clara service area has asthma, compared with about one in seven statewide. Significant ethnic, geographic, and age-related disparities in asthma are apparent in Santa Clara County. Black residents are hospitalized for asthma at nearly double the state rate, and Black adolescents are more likely to report asthma attacks than their peers of other races.^{7, 8} Filipinos report asthma diagnoses at a disproportionately high rate.⁹

Asthma Hospitalizations

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Asthma Hospitalizations (percent of total discharges)	0.88%	0.80%
Under Age 1	0.13%	0.14%
Aged 1-19	4.27%	4.47%
Aged 65+	0.77%	0.88%

SOURCE: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2011.

The KFH-Santa Clara service area scores 2.7 on the respiratory hazard index, which indicates that local residents are 23% more likely than the average Californian to be exposed to toxins in the air posing non-cancerous health risks (such as aggravating asthma). The map on the next page shows areas where the respiratory hazard is highest.

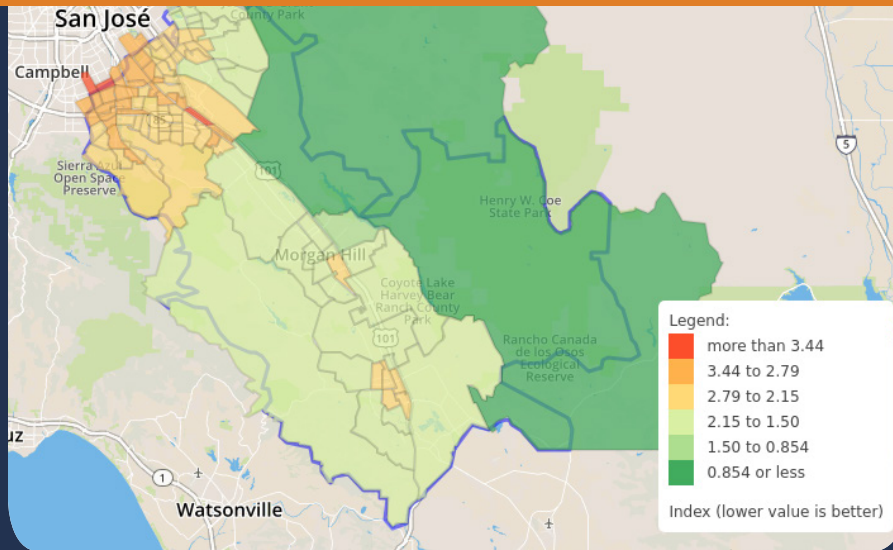
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KEY DISCOVERY

15.6%

Asthma prevalence among adults in the KFH-Santa Clara service area is higher than the state average of 14.8%.⁶

Respiratory Hazard Index by Census Tract



SOURCE: Environmental Protection Agency, National Air Toxics Assessment, 2011.



What does the community say?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) did not specifically identify respiratory conditions as a health need. However, participants talked about the contribution of traffic to air pollution and its related health impacts. Participants also expressed general concern about the difficulties that children and immigrants experience in accessing specialist care.

SOURCES

- ¹U.S. National Library of Medicine. (2018). *Lung Disease*.
- ²The Mayo Clinic. (2018). *Asthma Overview*.
- ³Centers for Disease Control and Prevention. (2018).
- ⁴Asthma and Allergy Foundation of American. (2018). *Asthma Capitals 2018*.
- ⁵American Lung Association. (2018). *Asthma Risk Factors*. 2018.
- ⁶UCLA Center for Health Policy Research, California Health Interview Survey. (2014).
- ⁷Santa Clara County Public Health Department. (2017). *Status of Children's Health: Santa Clara County 2016*.
- ⁸Santa Clara County Public Health Department. (2015). *Status of African/African Ancestry Health: Santa Clara County 2014 Report*.
- ⁹Santa Clara County Public Health Department. (2018). *Asian and Pacific Islander Health Assessment 2017, Santa Clara County*.

"The cars are backed up every day on [Highway] 101, a mile from my house. It contributes to all this pollution, which is bad for health."

—COMMUNITY MEMBER

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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 affect 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?

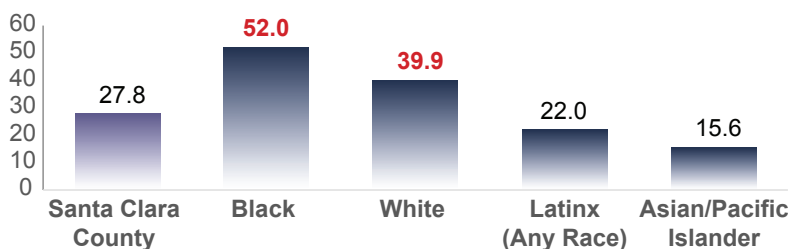
In the KFH-Santa Clara service area, behavioral health concerns are prevalent (see community section, next page), even though many indicators for local adults and youth are generally better than the state benchmarks.

Ethnic disparities exist across multiple behavioral health indicators. Age-adjusted rates of suicide deaths in Santa Clara County area are highest among residents who are Pacific Islander (12.8 suicides per 100,000 people), followed by Whites (11.6); both figures are higher than the state rate (10.3).⁵ Black and Latinx individuals in Santa Clara County report needing mental health care in proportions much higher than the state average.⁶

Latinx adults in Santa Clara County have higher rates of binge drinking and are more likely to use marijuana compared to adults of other ethnicities.⁷ The percentages of Black (7%) and Latinx (9%) youth using e-cigarettes are greater than that of county youth overall (6%).⁸

continued >>

Ethnic Disparities: Attempted Suicide



Rates per 100,000 people. / SOURCE: Office of Statewide Planning and Development, Patient Discharge Data, 2007–2014.

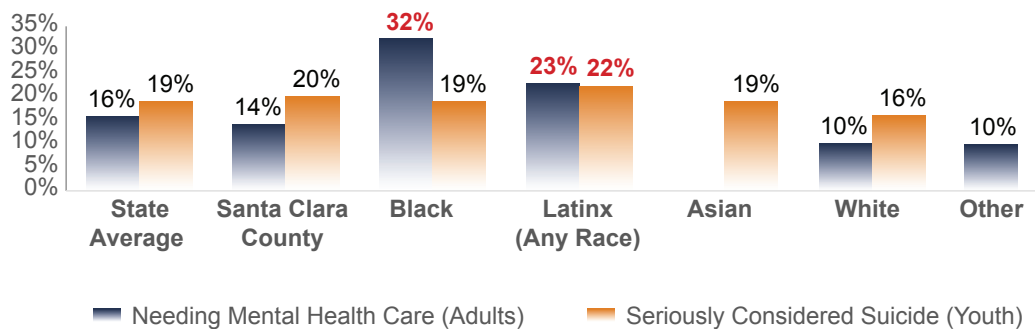
KEY DISCOVERY

52

per 100,000

The rate of Black Santa Clara County residents who have been hospitalized for attempted suicide is nearly double the overall county rate of 28.

Ethnic Disparities: Mental Health



Data on Asian adults needing mental health care were not available. / SOURCE: Adults: UCLA Center for Health Policy Research, California Health Interview Survey, 2013–2014. Youth: California Department of Education, California Healthy Kids Survey (WestEd), 2013–2014.



What does the community say?

KFH-Santa Clara service area residents and experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified behavioral health as a high priority. The co-occurrence of mental health and substance use emerged as a common theme. The community cited a lack of services, including preventative mental health and detox centers, as a major concern. LGBTQ residents expressed a need for mental health care and suicide prevention assistance. Economic insecurity, including housing instability, was discussed as a driver of poor mental health and substance use, and vice versa: Not receiving treatment for behavioral health problems can lead to economic insecurity, community members said.

Service providers described experiencing challenges with health systems established to support people with behavioral health conditions. They also described the difficulty of getting proper care for those with traumatic brain injury, which is sometimes inappropriately treated as a mental health issue.

“I’ve treated substance use and mental health in private out-of-pocket, and commercial, and in the nonprofit world, and it’s really unfair ... that we expect [people experiencing homelessness] to maintain some kind of recovery from substance use and live the way they have to live.”

—SERVICE PROVIDER

SOURCES

- ¹Office of Disease Prevention and Health Promotion. (2018). *Mental Health and Mental Disorders*.
- ²Centers for Disease Control and Prevention. (2018). *Learn About Mental Health*.
- ³Lando, 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.
- ⁴World Health Organization. (2018). *Management of Substance Abuse*.
- ⁵California Department of Public Health, Death Public Use Data. (2010–2012).
- ⁶UCLA Center for Health Policy Research, California Health Interview Survey. (2013–2014).
- ⁷Santa Clara County Public Health Department. (2015). *Partners for Health Santa Clara County: Community Health Assessment-Community Health Improvement Plan 2015–2020*.
- ⁸California Department of Education, California Healthy Kids Survey (WestEd), 2013–2016.

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Cancer



What's the issue?

Cancer, in all of its forms, is the second-leading cause of death in the U.S.¹ High-quality screening can reduce cancer rates. Yet health disparities related to cancer contribute to higher death rates for low-income residents and ethnic minorities than other people. Delivery issues in cancer screening and follow-up care exacerbate the problem. Poverty and the lack of health insurance and screening are strongly related.² Although personal, behavioral, and environmental factors are significant (for example, a smoker is exposed to known carcinogens), the most important risk factors for cancer are not having health insurance and being of low socioeconomic status.³

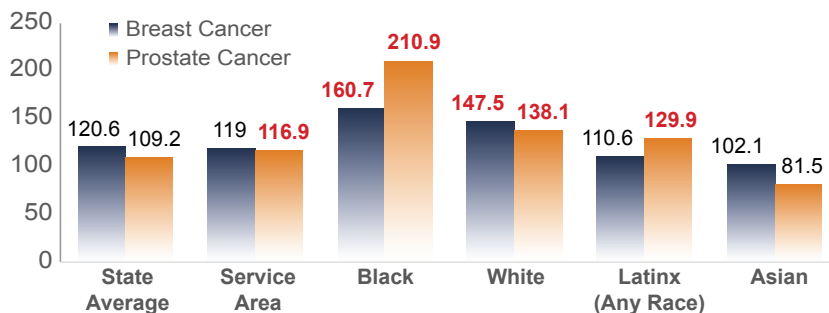


What does the data show?

In the KFH-Santa Clara service area, the incidence rates for several types of cancer—breast, colon, and lung—are lower than California benchmarks, perhaps because of significantly lower than average alcohol and cigarette use, two major risk factors. The prostate cancer incidence rate (116.9 per 100,000 males), however, is 7% higher than the state average (109.2).

Ethnic disparities exist as well. Black residents of the KFH-Santa Clara service are far more likely to be diagnosed with prostate or breast cancers than residents of other races. Their

Ethnic Disparities: Selected Cancer Incidence Rates



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

continued >>

Breast Cancer Screening

HEALTH NEED INDICATOR	BENCHMARK	SERVICE AREA	WHITE	BLACK
Breast Cancer Screening (Mammogram) among Medicare Beneficiaries	60%	62%	62%	58%

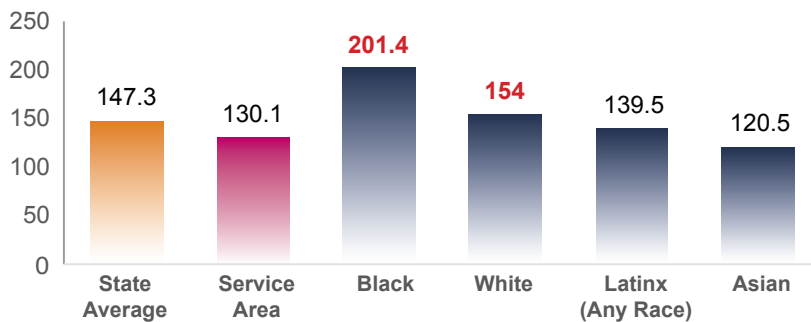
SOURCE: Dartmouth Atlas of Healthcare (2014).

KEY DISCOVERY

201.4
per 100,000 people
The cancer mortality rate for Black residents of the KFH-Santa Clara service area is 55% higher than the average rate (149.0).⁴

cancer mortality rate is higher as well. This suggests that complex factors such as socioeconomic status (access to screenings) and ethnicity may contribute to higher cancer incidence.

Ethnic Disparities: Cancer Mortality



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



What does the community say?

Despite significant disparities in cancer incidence and mortality rates, KFH-San José service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) did not identify cancer as a health need. This may be because the rates of certain types of cancer and cancer mortality overall are lower than the statewide averages, perhaps the result of prevention initiatives. Community members did express an awareness that certain lifestyle choices and behaviors, such as maintaining a healthy diet and exercising regularly, may help reduce the risk of cancer.

SOURCES

- ¹Centers for Disease Control and Prevention. (2017). *Leading Causes of Death*.
- ²Fiscella, K., et al. (2011). Eliminating Disparities in Cancer Screening and Follow-Up of Abnormal Results: What Will It Take? *Journal of Health Care for the Poor and Underserved*, 22(1): 83–100.
- ³National Cancer Institute. (2018). *Cancer Disparities*.
- ⁴UCLA Center for Health Policy Research, California Health Interview Survey. (2015–2016).
- ⁵Centers for Disease Control and Prevention, National Vital Statistics System. (2011–2015).

“Cancer health disparities are further compounded by greater delays in diagnostic evaluation among minority patients ... and by suboptimal treatment among poor and minority patients diagnosed with cancer.”

—RESEARCHERS FISCELLA, ET AL.²

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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

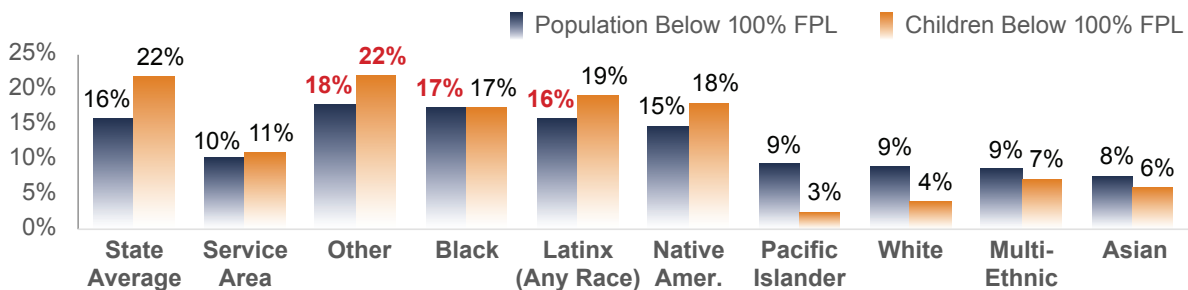


What does the data show?

In the KFH-Santa Clara service area, economic security—especially as it relates to the high cost of living in Santa Clara County—is a major community concern (see next page). Although the rates of poverty and income inequality in the service area are better than those statewide, significant ethnic disparities exist.

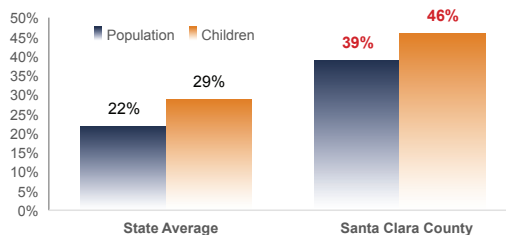
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Ethnic Disparities: Poverty



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

Food Insecurity



Percentage of food-insecure population that likely does not qualify for federal nutrition programs. / SOURCE: Feeding America, 2016.

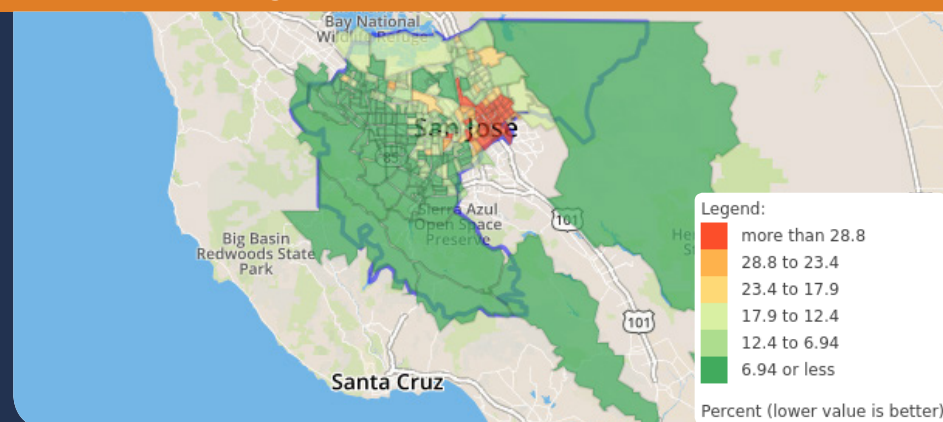
KEY DISCOVERY

17%
 The percentage of Black children in the KFH-Santa Clara service area who live in poverty is over four times higher than that of White kids (9%).⁴

Income and educational attainment are strongly associated.⁵ Education indicators, which are predictors of economic security, are lower among ethnic minority groups in the KFH-Santa Clara service area. Although countywide high school graduation rates overall are high and stable, rates are much lower for Latinx and

Native American residents.⁶ The percentage of the population with food insecurity who do not qualify for federal assistance (39%) significantly exceeds the benchmark (22%). Both percentages are 7 points higher for children. One in four Latinx households in Santa Clara County has received food from a food bank in recent years.⁷ Finally, the rate of banking institutions (1.9 per 10,000 people) in the KFH-Santa Clara service area is 90% lower than the state average, suggesting that local access to the tools and support needed to realize economic stability could be more inclusive.⁸

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?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified economic security as a high priority. A common theme was the financial stress due to the high cost of living, especially rents and mortgages. Community members and experts alike expressed concern for low-income residents. Families said they must make hard choices about how to spend the funds remaining after they have paid for housing (healthy food, medicine, doctor visits, etc.). Additionally, there was concern about the costs of long-term care for seniors who do not have Medi-Cal.

“Can they afford their meds? Even our Medicare patients can’t sometimes afford the copay for their medication. So, forget [the] uninsured; even our insured patients sometimes cannot afford it.”

—HEALTH PROVIDER

SOURCES

¹World Health Organization. (2018). *The Determinants of Health*.

²Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits*.

³Gupta, 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.

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⁵Vilorio, D. (2016). Education Matters. *Career Outlook*. U.S. Bureau of Labor Statistics, March 2016.

⁶California Department of Education. (2015–2016).

⁷Santa Clara County Public Health Department, Behavioral Risk Factor Survey. (2013–2014).

⁸Community Commons. <https://www.communitycommons.org/chna/>

Read the complete 2019 Community Health Needs Assessment report at www.kp.org/chna

Environment



What's the issue?

A healthy environment is critical to everyone's physical health and quality of life. Nearly 25% of all deaths and diseases worldwide can be attributed to environmental issues such as air, water, food, and soil contamination.^{1,2} Exposure to a poor environment can compound the problems of people whose health is already compromised.² Any effort to improve overall health must consider environmental factors that may increase the likelihood of illness and disease. This includes climate change, which is projected to have an increasing impact on the spread of infectious diseases, and the severity of fires, floods, droughts, and other natural disasters.³ In 2017 and 2018, smoke from Northern California wildfires contributed significantly to the number of days where air quality reached unhealthy levels.⁴ The long-term effects of prolonged exposure to poor air quality can be severe: pollution is linked to premature death from lung cancer, chronic obstructive pulmonary disorder, and child acute respiratory infections.⁵



What does the data show?

Statistics for the KFH-Santa Clara service area suggest that climate and the natural environment are issues of concern. Poor outdoor air quality can exacerbate asthma. Asthma prevalence among residents in the service area is 16%, compared with the state average of 15%.⁶ Asthma hospitalizations among Santa Clara County residents are also significantly higher than the state average for children/youth and older adults.⁷

Various environmental hazards surpass state averages and are cause for concern. For example, the respiratory hazard index in the service area is also higher than the state average. Natural disasters are also of concern: 95% percent more housing units within the

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Environmental Hazards and Pollution

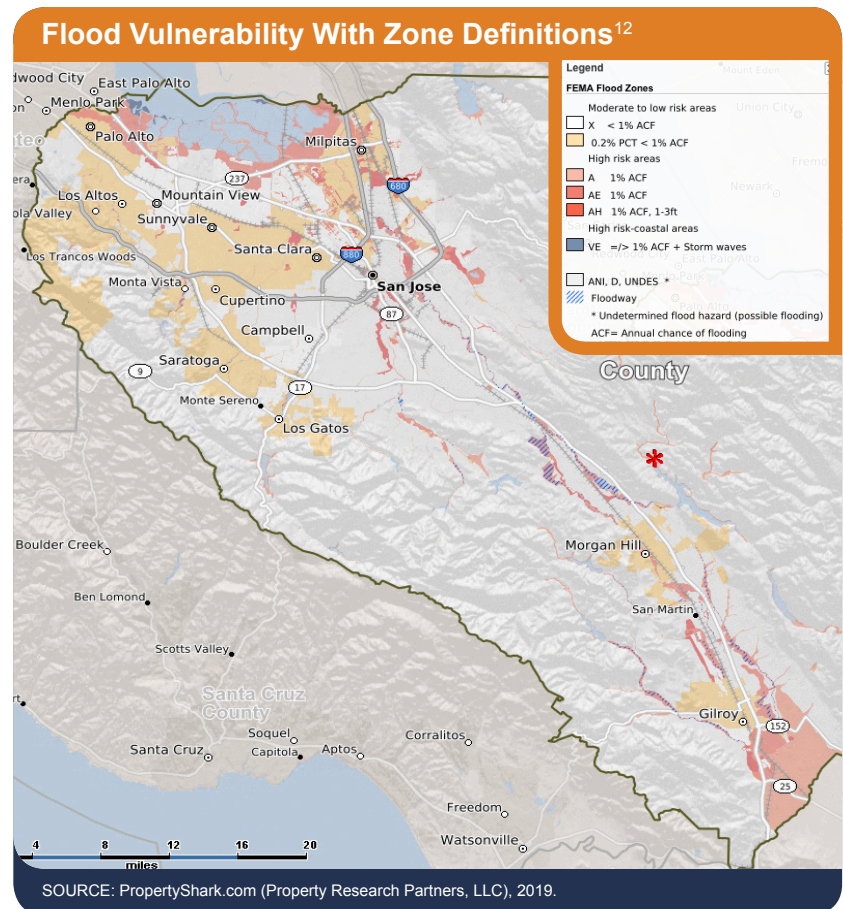
HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Drought Severity (days in drought)	93%	94%
Flood Vulnerability	4%	7%
Road Network Density (road miles per square mile)	2.0	8.5
Commute to Work - Alone in Car	74%	76%
Respiratory Hazard index	2.2	2.7

Respiratory hazard scores over 1.0 indicate the presence of respiratory pollutants that can increase lifetime adverse health effects. / SOURCES: Drought: U.S. Drought Monitor, 2012–2014. Flood: Federal Emergency Management Agency, National Flood Hazard Layer, 2011. Road network density: Environmental Protection Agency, Smart Location Database, 2011. Commute: US Census Bureau, American Community Survey, 2012–2016. Respiratory index: Environmental Protection Agency, National Air Toxics Assessment, 2011.

KEY DISCOVERY

8.5 miles of road per mile
 The road per square mile of land in the KFH-Santa Clara service area is 325% higher than the state average. Road network density contributes to air pollution.

special flood hazard area (SFHA) are at risk in the service area than the state average. Homelessness that may occur as a result of natural disasters can significantly impact health.⁸ Some neighborhoods are more vulnerable to floods than others. Research shows that low-income residents are more likely than middle-income residents to live in high flood-hazard zones, probably because housing is more affordable in those areas.⁹ Finally, drinking water violations in the service area's community water systems were flagged as an issue.¹⁰ Contaminated drinking water contributes to poor health outcomes, including infectious diseases, reproductive issues, and neurological conditions.¹¹



What does the community say?

KFH-Santa Clara service area residents and experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified air quality, specifically pollution related to traffic, as a concern.

SOURCES

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- ⁸National Health Care for the Homeless Council. (2011). *Care for the Homeless: Comprehensive Services to Meet Complex Needs*.
- ⁹Sarmiento, C., & Miller, T. E. (2006). *Inequities in Flood Management Protection Outcomes*. University of Minnesota Paper No. 379-2016-21673, American Agricultural Economic Association Meetings, 2006. High-income individuals are also more likely than middle-income individuals to live in flood zones, likely due to the “esthetic attributes of living next to water”; however, Sarmiento and Miller point out that they are also much more likely to be able to afford flood insurance.
- ¹⁰University of Wisconsin’s County Health Rankings, using data from the Environmental Protection Agency’s Safe Drinking Water Information System. (2015).
- ¹¹Centers for Disease Control and Prevention. *Water-related Diseases and Contaminants in Public Water Systems*. (2014).
- ¹²Zone definitions:
Zone X (white): less than 1% annual chance flood hazard (moderate to low risk) / **Zone X (yellow)**: between 0.2% and 1% annual chance flood hazard (moderate to low risk) / **Zones A & AE (pink and salmon)**: 1% annual chance flood hazard (high risk) / **Zone AH (red)**: 1% annual chance flood hazard, 1 to 3 feet (high risk) / **Zone VE (blue)**: 1% or more annual chance flood hazard plus storm waves (high-risk coastal area) / **Zones ANI, D, UNDES (gray)**: Undetermined but possible flood hazard / **Diagonal blue stripes**: Floodway Federal Emergency Management Agency. (1998). *Managing Floodplain Development Through the NFIP*, Appendix D.

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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 many people do not follow the recommended food and exercise guidelines.



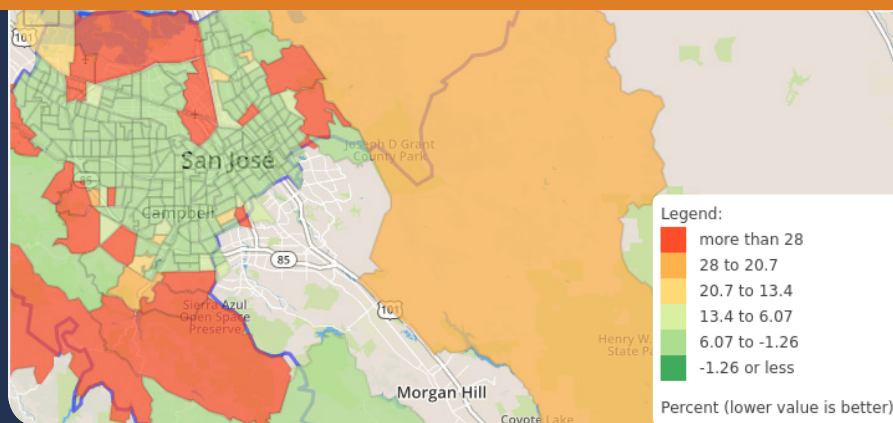
What does the data say?

Although the KFH-Santa Clara service area fares above average in many measures of healthy eating & active living, countywide indicators signify a need for greater food security and better access to healthy food.

The map shows as a percent of population how census tracts in the KFH-Santa Clara service area compare with the state average of 13% low access (i.e., high relative distance) to supermarkets and large grocery stores.

continued >>

Low Access to Healthy Food Stores



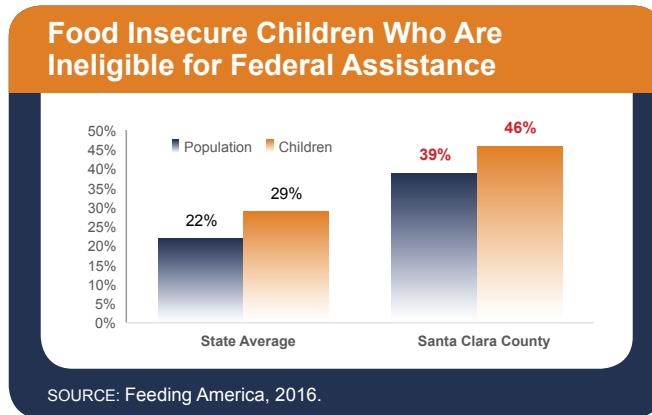
SOURCE: U.S. Department of Agriculture, Food Access Research Atlas, 2014.

KEY DISCOVERY

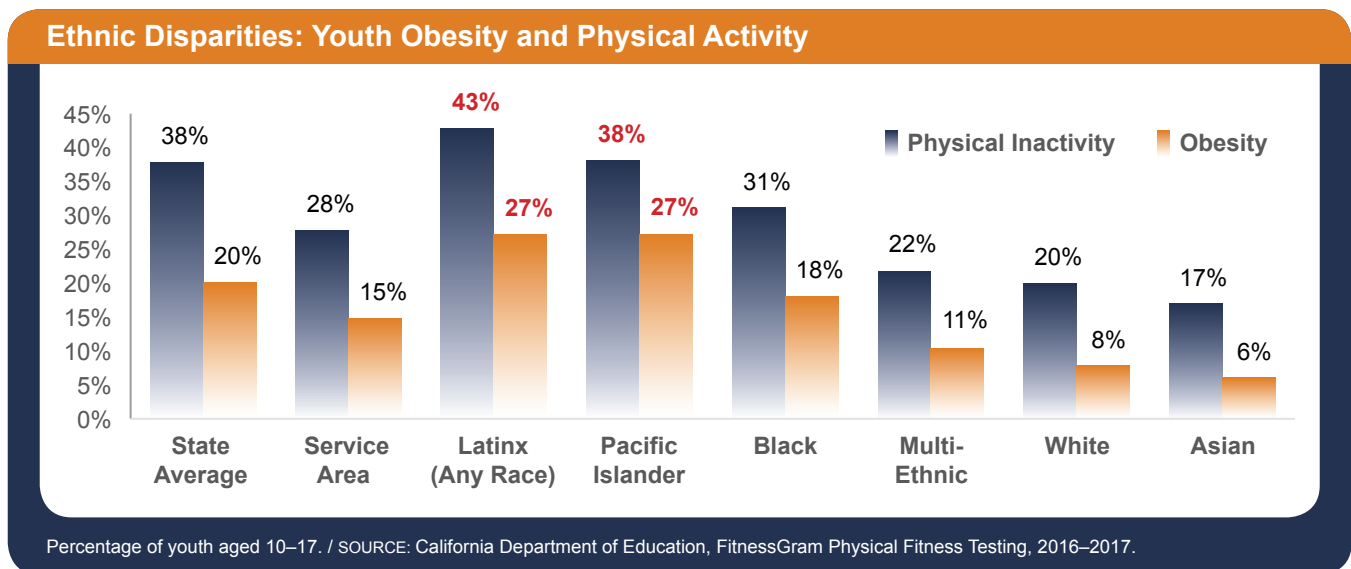
60%

The percentage of youth countywide who do not get the daily recommended number of servings of fruits and vegetables.¹¹

One in four Latinx households in Santa Clara County has received food from a food bank in recent years.¹² Countywide, the proportion of individuals who are food insecure, but do not qualify for federal food assistance is higher than the state average.



Obesity and physical inactivity are concerns in the KFH-Santa Clara service area. Ethnic disparities are stark, particularly among young people.



The proportion of fast food restaurants is higher in the county than the state average while the proportion of grocery and WIC-authorized stores is significantly lower, indicating potential barriers for the community in accessing healthy foods.

continued >>

Food Access and Security

HEALTH NEED INDICATOR	STATE AVERAGE	SANTA CLARA COUNTY
Fast Food Restaurants Rate	78.7	86.7
Grocery Stores (per 10,000 people)	21.8	19.5
WIC-Authorized Food Stores Rate	15.8	9.5

Rates per 100,000 people unless otherwise noted. / SOURCES: WIC: U.S. Department of Agriculture, Economic Research Service, Food Environment Atlas, 2011. Other: U.S. Census Bureau, County Business Patterns, Grocery: 2015; Fast Food: 2016.



What does the community say?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) prioritized healthy eating and active living. Specifically, the community expressed concerns about diabetes, obesity, fitness, diet, and nutrition. One major theme was the local cost of living and the consequent need for families to make hard choices about how to spend remaining funds (healthy food versus medicine, doctor visits, etc.). Additional factors that contribute to diabetes and obesity, such as stress and the built environment, were also discussed.

SOURCES

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“There is so much shame about coming to a food bank. Our clients are telling us, ‘Well, I water down the milk, I skip meals towards the end of the month,’ and ... saying, ‘Oh no, no, no, the food bank, it’s for people that really need it.’”

—SERVICE PROVIDER

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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. 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.¹ Spending more than that makes household less able to afford other necessities, such as food, clothing, transportation, and medical care.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. resident.⁵

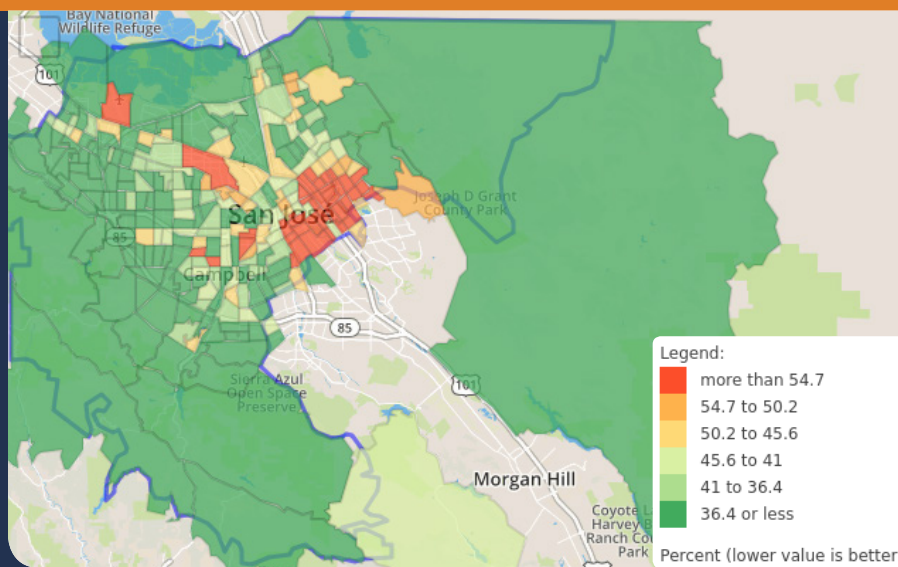


What does the data show?

In the KFH-Santa Clara service area, housing concerns are prevalent (see community section, next page). The map shows that housing problems in the service area are concentrated in certain neighborhoods.

continued >>

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.

KEY DISCOVERY

7,400

The number of people experiencing homelessness—15% of whom are children—recently increased in Santa Clara County.⁶



Most statistical data on housing meet state benchmarks, but more than a third of households (37%) are cost-burdened.⁷ Some neighborhoods and communities disproportionately experience housing challenges.

Poor housing quality—evidence of leaks, mold, and pests—is associated with asthma.⁸ The asthma prevalence among KFH-Santa Clara service area residents is 16%, higher than the state average of 15%.⁹ In addition, drinking water violations in the service area’s community water systems were flagged as an issue.¹⁰ This suggests that some residents may be faced with contaminated drinking water.



What does the community say?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) identified housing and homelessness as top priorities. The stress of high housing costs, including lack of affordable rent, emerged as a chief concern. The community noted that some vulnerable populations cannot afford local housing and may be experiencing either homelessness or housing instability as a result. Families have moved within or exited the area because of the rising costs of living. Service providers reported an increase in families seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, etc.). A health expert noted that a lack of stable housing can prolong recovery time from illnesses and surgical procedures.

“Folks are having to make a lot of really, really hard choices ... so that they can pay the rent. How does that play into their [spending] decisions? ... Is it buying food? Is it paying utilities? Is it school supplies? Is it medicine?”

—COMMUNITY EXPERT

SOURCES

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¹⁰University of Wisconsin’s County Health Rankings, using data from the Environmental Protection Agency’s Safe Drinking Water Information System. (2015).

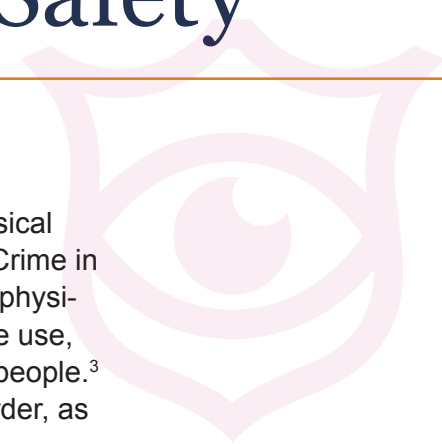
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Community & Family Safety



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 than other people.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



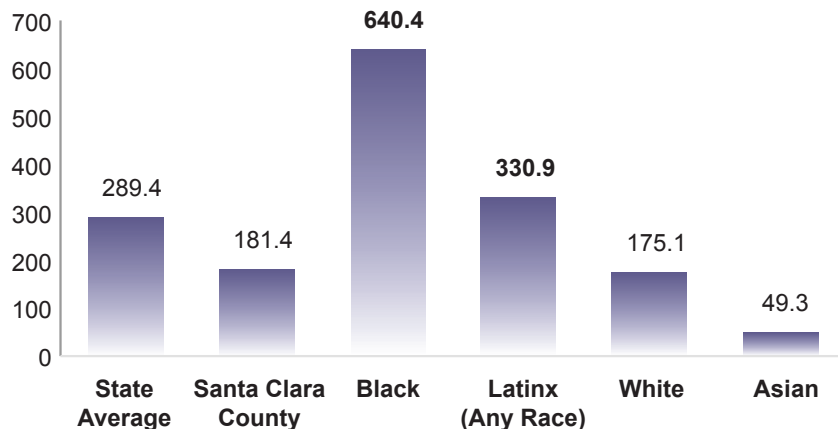
What does the data show?

Although statistics related to safety in the KFH-Santa Clara service area are generally favorable compared to benchmarks, significant ethnic disparities exist. Data for Santa Clara County indicate that Black and Latinx residents are far more likely to be the victims of assaults resulting in injury and homicide than residents of other ethnic groups.

Substantiated child abuse in Santa Clara County is higher among children 0–5 than other age groups. Black families have greater rates of substantiated child abuse than families of other ethnicities.⁵ The data show that Black and Latinx residents of the KFH-Santa Clara service area are disproportionately affected by poverty,⁶ which research suggests may be correlated with abuse.⁷

continued >>

Ethnic Disparities: Violent Assault Injuries



Rate per 100,000 people. / SOURCE: California Department of Public Health, EpiCenter, 2013–2014.

KEY DISCOVERY

22.8

per 100,000 people
The rate of rape in Santa Clara County exceeds the state average of 21.0.⁸

The age-adjusted homicide rate in Santa Clara County is much lower than the state rate (2.8 per 100,000 people compared to 5.2 for California overall); however, homicide among the county's Black population is significantly higher (7.2 per 100,000).⁹



What does the community say?

KFH-Santa Clara service area residents and local experts (who recently participated in a community health needs assessment sponsored by Kaiser Permanente) did not prioritize safety as a distinct need. However, the community focused heavily on behavioral health as a driver of violence and abuse. Concerns were raised about a lack of access to behavioral health prevention and intervention services, especially for people struggling financially. The discussions also touched on gangs, domestic violence, child abuse, teen intimate partner violence, sexual violence, and human trafficking. The lack of housing was mentioned in several instances as both a driver and a result of domestic violence (forcing people to leave their homes).

“All the [domestic violence] shelters are at maximum capacity. ... There’s just not enough housing, which then puts people in the position of going back, eventually, to the perpetrator. I mean, we see that a lot.”

—COMMUNITY EXPERT

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