2022 Community Health Needs Assessment










Kaiser Permanente Fremont Medical Center

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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Kaiser Permanente Fremont Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Fremont Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Fremont Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Fremont Medical Center has identified the following significant health needs, in priority order:

1. Housing
2. Access to care
3. Mental & behavioral health
4. Income & employment

To address those needs, Kaiser Permanente Fremont Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

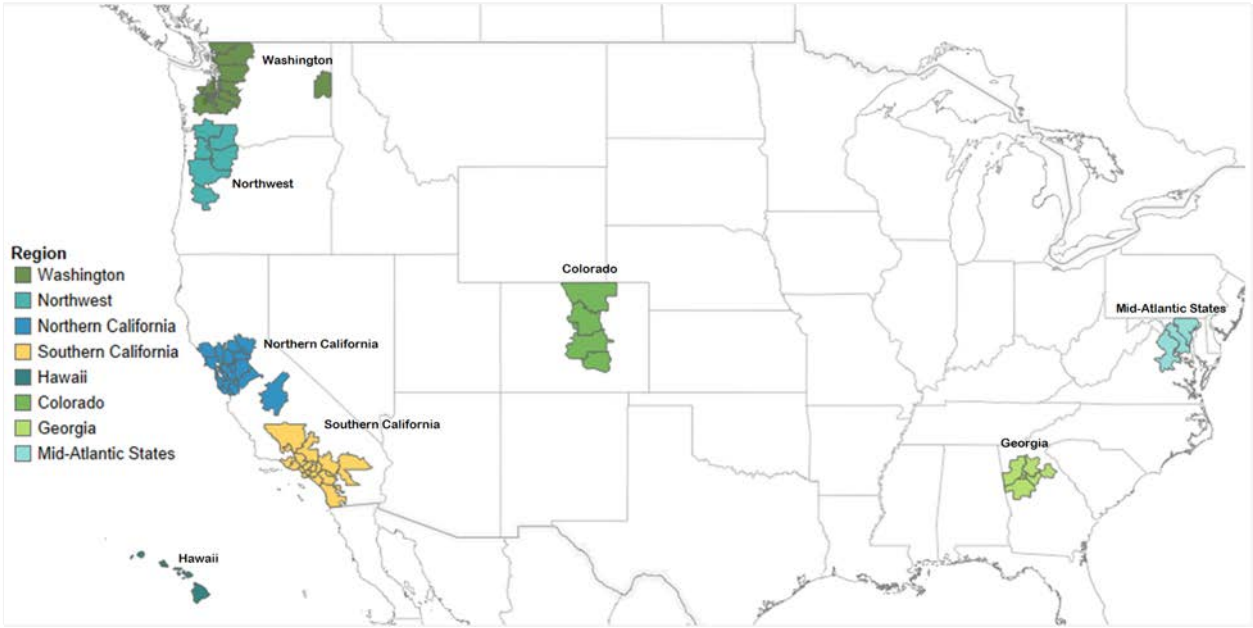
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

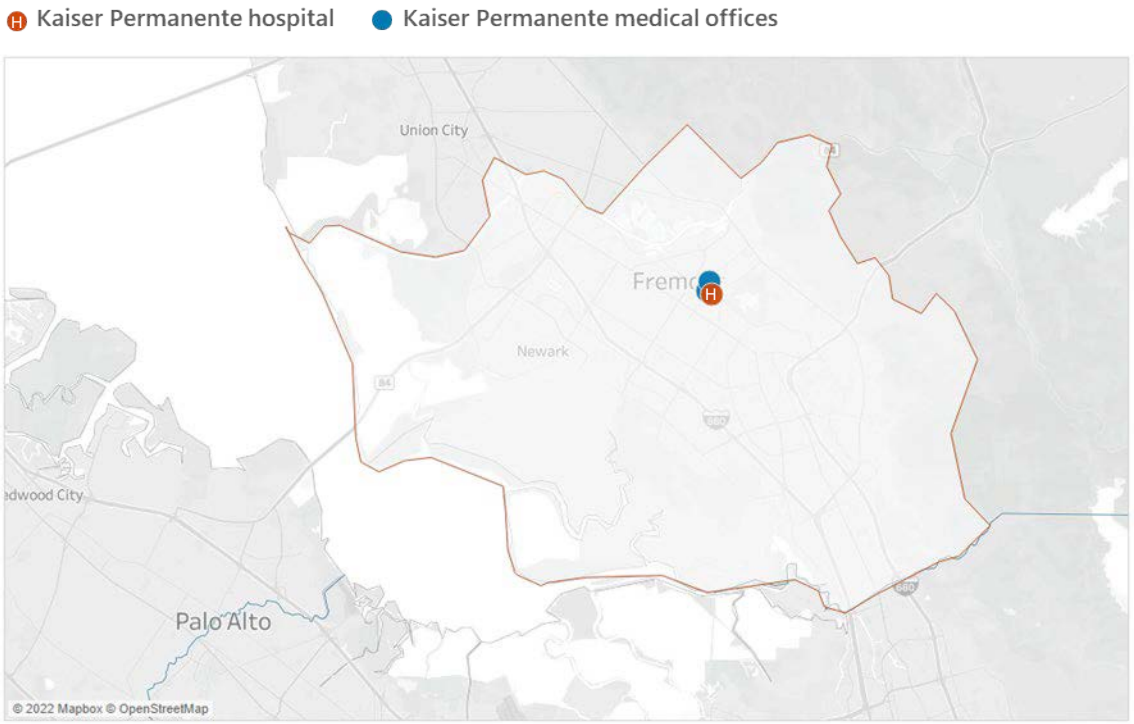
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

The Kaiser Permanente Fremont Medical Center 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Fremont service area



Fremont service area demographic profile

Total population:	280,079
American Indian/Alaska Native	0.2%
Asian	53.8%
Black	2.4%
Hispanic	17.0%
Multiracial	4.4%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	21.4%
Under age 18	22.6%
Age 65 and over	12.7%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

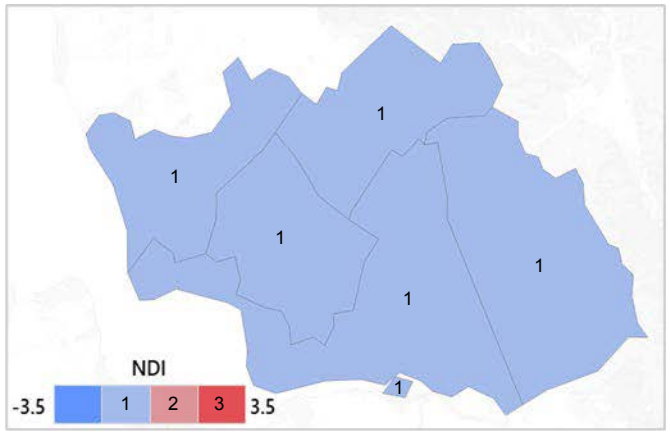
Neighborhood disparities in the Fremont service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

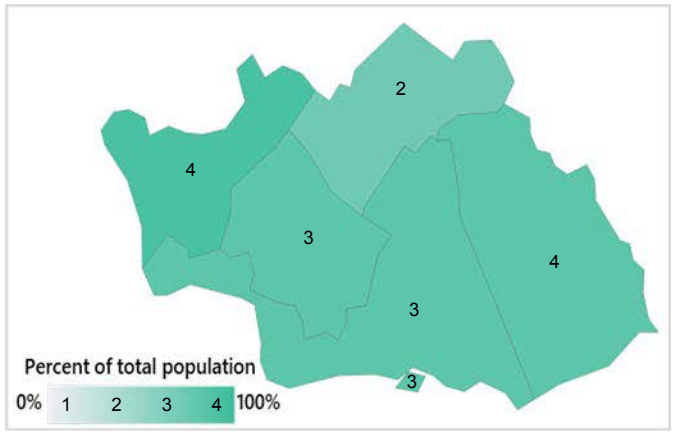
The map on the left shows the NDI for ZIP codes in the Fremont service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right. Although there is no geographic variation in the NDI by proportion of people of color, disparities exist by racial and ethnic group for different health needs in the Fremont service area.

Fremont SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. 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.

Hospitals and other partners that collaborated on the CHNA

Hospitals

UCSF Benioff Children's Hospital Oakland

Other organizations

Alameda County Public Health Department

Consultants who were involved in completing the CHNA

Applied Survey Research (ASR) is a nonprofit social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fremont Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health

disparities If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development, Kaiser Permanente Fremont Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the Kaiser Permanente Fremont Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Fremont Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Fremont service area

Before beginning the prioritization process, Kaiser Permanente Fremont Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Fremont Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the four significant health needs.

Description of prioritized significant health needs in the Fremont service area

Housing. Having a safe place to call home is essential for the health of individuals and families. Although housing affordability is on par with the state of California, median rental cost for the Fremont service area is higher compared with the state. Over one in 10 households in the Fremont service area are overcrowded, higher than rates across the state of California and nation. Fremont service area neighborhoods with higher Hispanic populations also experience a higher rate of moderate housing burden. This occurs when households pay between 30 and 50 percent of their income for housing. Key informants shared that there has been an increase in demand for affordable housing and housing for people with lower incomes. They highlighted that people with disabilities and older adults are most in need of housing assistance.

1. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Though the Fremont service area experiences low rates of uninsured residents, other measures highlight access to care barriers for maternal care and the impact of the COVID-19 pandemic for certain groups. Across 2016 to 2020, premature birth rates as a percent of all live births were higher for Black, Multiracial, and Hispanic residents, compared with the Fremont service area overall. Pacific Islander residents had the highest rate of COVID-19 cases across the Fremont service area, while white residents had the highest rates of death due to COVID. Key informants noted the high costs of health care as a barrier to accessing care in the Fremont service area.

2. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. The number of mental health providers based on population size is an asset for Alameda County, which contains the Fremont service area, which is higher than the state of California and the nation. Deaths of despair—those due to suicide drug overdose, and alcoholism—are also lower than the state and Alameda County as a whole. Disparities exist however in that white residents of the Fremont service area experience a higher rate of deaths of despair than the service area in general and the county. Hispanic residents of the Fremont service area experience the second highest rate of deaths of despair compared to other ethnic groups in the Fremont service area. Key informants described that the need for mental health has significantly increased due to the COVID-19 pandemic, especially as older adults and youth were lonely and isolated during the stay-at-home orders.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. The Fremont service area benefits from higher employment rates and higher median income levels than the state of California, along with lower rates of poverty. However, access to jobs, as measured by the 'job proximity index', for the Fremont service area is worse than Alameda County and the state of California. Some neighborhoods within the Fremont service area experience higher rates of students eligible for free and reduced-price lunch, highlighting greater need for income support. Key informants reported there are few jobs available that enable residents to afford the high cost of living in the Fremont service area, suggesting residents need advanced degrees or specific skills to earn a livable wage. According to informants, the residents most affected by income disparities in the Fremont service area — as noted by key informants — are people with undocumented status, Black, Hispanic, American Indian, and people with disabilities.

Health need profiles

Detailed descriptions of the significant health needs in the Fremont service area follow.

Health need profile: Housing

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Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Although housing affordability is on par with the state of California, the median rental cost in the Fremont service area is higher than in the state. Measures of housing burden, such as overcrowded households (people outnumber rooms) are also higher.[1]

- Median rental cost for the Fremont service area ($2,356) is 40 percent higher compared with the state ($1,689).[1]
- ZIP code 94539 has the highest median rental cost ($2,652) out of all Fremont service area.[1]
- Over one in 10 (11 percent) households in the Fremont service area are overcrowded, higher than rates across the state of California (8 percent) and the nation (3 percent).[1]
- Fremont service area neighborhoods with higher Hispanic populations also experience a higher rate of moderate housing burden. This occurs when households pay between 30 and 50 percent of their income for housing, specifically for areas with ZIP codes 94538, 94560, and 94536 (see figure below).[1]

Key informants reported that housing is a growing need in the Fremont service area. They shared that there has been an increase in demand for affordable housing and housing for people with lower incomes. They highlighted that people with disabilities and older adults are most in need of housing assistance. In addition, the informants noted in the Fremont service area there are multiple families living together in small apartments and living in close quarters made it more likely to spread COVID-19.

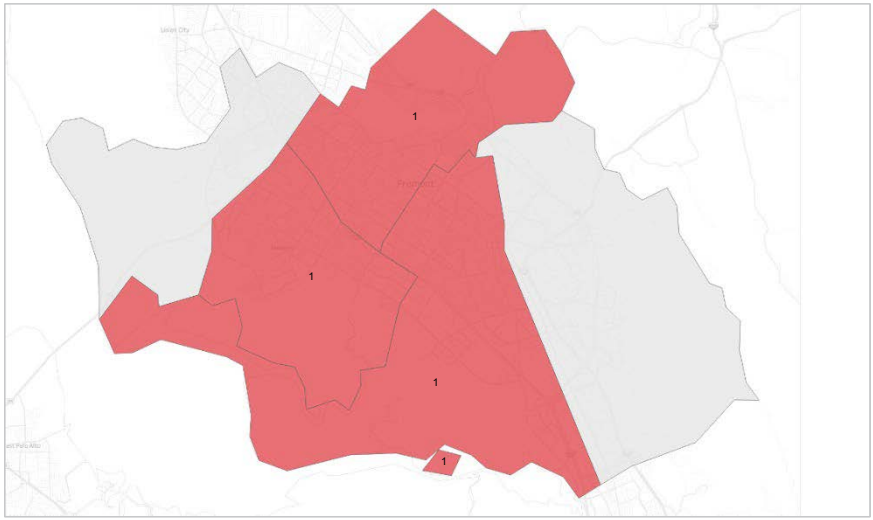
> Affordable housing is really important - this is needed everywhere. The greatest need is for permanent supportive housing for people who are disabled.
>
> – Nonprofit organization leader

The informants suggested investing in ways to help keep residents in their homes, including rental assistance, in addition to creating affordable housing options.

> We have an aging population in our permanent supportive housing, and we are seeing more medical needs and supporting older adults in permanent supportive housing.
>
> – Nonprofit organization leader

MODERATE HOUSING BURDEN, FREMONT SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a higher **Hispanic** population and higher rates of moderate housing burden housing relative to other ZIP codes in the Fremont service area.



Source and Notes: Kaiser Permanente Community Health Data Platform

[1] American Community Survey, 2015-2019

Health need profile: Access to care

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Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Alameda County, which contains the Fremont service area, experiences higher rates of doctors (110 per 100,000 people) and dentists (96 per 100,000 people)[1] and the Fremont service area experiences lower rates of uninsured (1 percent)[2] when compared with California. Other measures, however, highlight access to care barriers for maternal care and the impact of the COVID-19 pandemic for certain groups.

- Across 2016 to 2020, premature birth rates as a percent of all live births were higher for Black (11 percent), Multiracial (9 percent), and Hispanic (8 percent) residents, compared with the Fremont service area overall (7 percent).[3]
- Rates of low birth weight for all live births were highest for Black infants (7 percent) between 2016 and 2020 in the Fremont service area, higher than both the Fremont service area overall (6 percent) and for Alameda County (6 percent).[3]
- Pacific Islander residents had the highest rate of COVID-19 cases across the Fremont service area (8,643 per 100,000 people), as of November 2021, while white residents had the highest rates of death (91 per 100,000 people). The Fremont service area overall case rate at this time was 5,127 per 100,000 people and the death rate was 63 per 100,000 people (see table below).[4]

Key informants noted the high costs of health care as a barrier to accessing care in the Fremont service area. They shared that some families are making too much to qualify for Medi-Cal, but not enough to afford Covered California. As a result, they are choosing to go without health insurance. According to the informants, those who do qualify for Medi-Cal have a difficult time finding quality providers that are accepting new patients and even a harder time if they want a provider in a language other than English. They also shared concern that providers are using family members as translators. Therefore, the informants recommended investing in a diverse health care workforce as well as cultural humility training for health care providers.

The COVID-19 pandemic brought on numerous access challenges. While the shift to telemedicine helped increase access for some, the informants highlighted that other residents, especially older adults, struggle with the technology. It was also noted that residents were not getting preventative health screenings during the pandemic.

> It's very expensive, they can't afford the insurance. Some families are not eligible for Medi-Cal but Covered California is so expensive.
>
> – Nonprofit organization leader

The informants advocated for lower-cost health insurance options. They pointed out that methods deployed during the pandemic were very successful and suggested they continue. For example, continuing to bring mobile health clinics into the communities that need it most and partnering with trusted leaders (e.g., faith-based) to connect with populations that are less likely to be early adopters of health care. They also requested deeper partnerships between hospitals and nonprofit organizations for collaboration in addressing all residents' needs.

> Hospitals do not provide translation services. There is a need for cultural competency trainings. For example, the doctor telling the diagnosis to family and not the patient first; and family members translating what the doctor is saying during appointments.
>
> – Nonprofit organization leader

COVID-19 CASE, DEATH, AND VACCINATION RATES FOR FREMONT SERVICE AREA, 2021

Values in red (*) are more than 20 percent higher than the Fremont service area rate; values in blue (†) are more than 20 percent lower (except for *vaccination rate* where higher number is better and red is 20 percent lower and blue 20 percent higher)

	COVID-19 Cases	COVID-19 Deaths	COVID-19 Vaccinations
Alameda County	7,368	90	73%
Fremont service area	5,127	63	75%
Native Hawaiian/other Pacific Islander	**8,643***	*NA*	77%
Hispanic	**7,420***	67	**50%***
White	**3,466†**	**91***	**58%***
Multiracial	5,627	83	**44%***
Black	4,741	72	62%
Asian	**2,478†**	**39†**	79%
American Indian/Alaska Native	6,098	*NA*	**~100%†**

Case and Death rates: Age-adjusted rates per 100,000 population, vaccination rate percent of population (higher considered better); data not available for all population groups

[1] HRSA Area Resource File,
[2] American Community Survey, 2015-2019
[3] Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020
[4] Alameda County Public Health, CalREDIE and CAIR, November 2021

Health need profile: Mental & behavioral health

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Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

The number of mental health providers based on population size in Alameda County, which contains the Fremont service area, is higher than the state of California and the nation.[1] Deaths of despair—those due to suicide drug overdose, and alcoholism—are lower than the state[2] and Alameda County[3] as a whole. Still, some ethnic groups suffer higher rates of deaths of despair and suicide than other ethnic groups, Alameda County, and California.[3]

- Alameda County, which contains the Fremont service area, has 614 (per 100,000 people) mental health providers compared to a rate of 352 (per 100,000 people) for California and 247 (per 100,000) for the nation.[1]
- White residents of the Fremont service area experience rates of deaths of despair (32 per 100,000 people) higher than the Fremont service area in general (18 per 100,000 people) and Alameda County (28 per 100,000 people). This rate is the highest among any ethnic group in the Fremont service area (see table below).[3]
- Hispanic residents of the Fremont service area experience the second highest rate of deaths of despair (25 per 100,000 people) compared to other ethnic groups in the Fremont service area (see table below).[3]

Key informants described mental and behavioral health as the biggest need in the Fremont service area. They expressed how the need for mental health has significantly increased due to the COVID-19 pandemic. For example, they shared that many people, especially older adults and youth were lonely and isolated during the stay-at-home orders. In addition, they mentioned how trauma from COVID-19 fears and over-policing is impacting residents' health. According to the informants, for those with chronic mental health needs there is still a lack of resources.

The informants highlighted that in the Black, Asian, and Hispanic communities there is stigma attached to seeking mental health care. Additionally, there are barriers when residents do want help. Informants shared that many people (especially Afghans) do not know how to seek help and cannot find bilingual or bicultural therapists that understand their experiences. Therefore, the informants recommended investing in providers that mirror the population culturally and linguistically.

> A lot of Afghans have depression, anxiety, etc. but they don't understand it and they don't know how to seek help. In Afghan, you see the priest, elders, etc. not a psychologist or psychiatrist.
>
> – Nonprofit organization leader

The informants advocated for more therapists in schools. They especially want therapists who can see youth regardless of insurance. Informants also suggested investing in case management to support families that are overwhelmed and help direct them to the appropriate services.

African American, Latinx, and Asian American community members are struggling in sharing their stories to people who do not understand their customs, culture, etc.

– Nonprofit organization leader

DEATHS OF DESPAIR, SUICIDE, AND OPIOID OVERDOSE DEATHS FREMONT SERVICE AREA, 2016-2020

Values in red (*) are more than 20% higher than the Fremont service area rate; values in blue (†) are more than 20% lower.

	Deaths of despair	Suicide	Opioid overdose
Alameda County	28.2	8.3	4.2
Fremont service area	17.5	6.7	8.0
White	**31.5***	**13.1***	**13.7***
Hispanic	25.3	4.8	9.2
Asian	9.5	**5.2†**	6.6

Age-adjusted rates per 100,000 population; data not available for all population groups
Source: Alameda County Public Health, California Comprehensive Birth & Death Files

[1] CMS National Provider, 2019
[2] National Center for Health Statistics, 2018
[3] Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020

Health need profile: Income & employment

KAISER PERMANENTE®

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

The Fremont service area benefits from higher employment rates[1] and higher median income levels than the state of California, along with lower rates of poverty.[2] However, access to jobs, as measured through the 'job proximity index'—captures the distance of available jobs to neighborhoods—remains a barrier to residents across racial and ethnic groups.[3]

- Access to jobs, as measured by the 'job proximity index', for the Fremont service area is 31 percent worse than Alameda County and 33 percent worse than the state of California.[3]
- Neighborhoods within the 94560 ZIP code experience higher rates of students eligible for free and reduced-price lunch, highlighting greater need for income support in this region of the Fremont service area (see figure below).[4]

Key informants reported there are few jobs available that enable residents to afford the high cost of living in the Fremont service area, suggesting residents need advanced degrees or specific skills to earn a livable wage. Therefore, they recommend investing in workforce training for careers in well-paying industries.

The residents most affected by income disparities in the Fremont service area — as noted by the informants — are people with undocumented status, Black, Hispanic, American Indian, and people with disabilities.

The COVID-19 pandemic greatly increased unemployment, as the informants noted many residents lost their jobs. This created an increased demand for food resources as people were having to choose between paying for rent or food.

The informants supported universal basic income as a means to address disparities and "provide a floor upon which people can just breathe, live, and pursue other things."

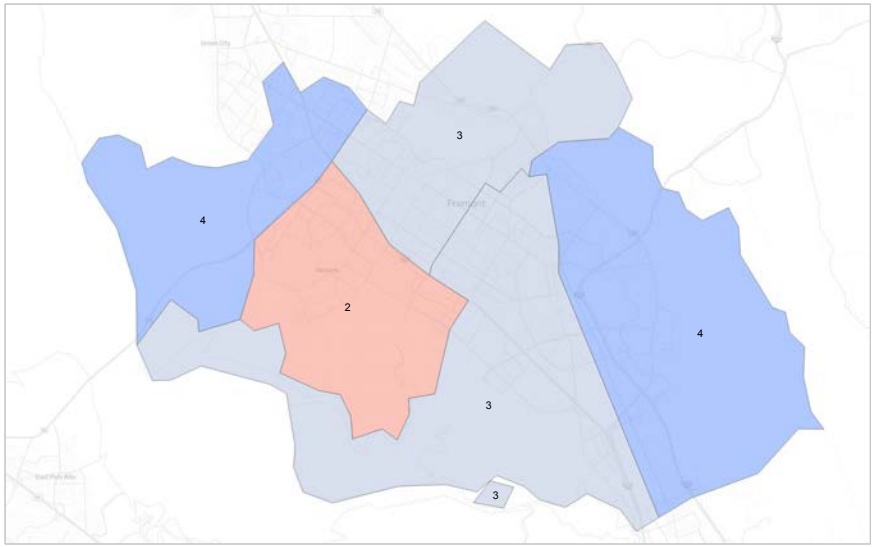
> The costs of housing are going up, and there aren't any jobs, especially for those who have "no skills." Fremont is part of Silicon Valley, and you have to be an engineer or very well educated to afford to live here.
>
> – Nonprofit organization leader

[There has been] large scale unemployment, job reduction, and reduction in wages.

– Nonprofit organization leader

STUDENTS ELIGIBLE FOR FREE AND REDUCED-PRICE LUNCH, FREMONT SERVICE AREA, 2017-2018

Areas in red (1) are ZIP codes with a higher rate of **students eligible for free and reduced-price lunch** relative to other ZIP codes in the Fremont service area.



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- 4 More than 50% better
- No data

Source and Notes: *Kaiser Permanente Community Health Data Platform*

[1] Esri Demographics, 2020
[2] American Community Survey, 2015-2019
[3] HUD Policy Development and Research, 2014
[4] National Center for Education Statistics, 2017-2018

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Fremont service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Fremont Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Fremont Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

Kaiser Permanente Fremont Medical Center 2019 Implementation Strategy priority health needs

1. Health care access and delivery
2. Behavioral health
3. Economic security

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Fremont Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Fremont Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 13 grants totaling $1,086,327 in service of 2019 IS health needs in the Fremont service area.

One example of a key accomplishment in response to our 2019 IS includes support for outreach, navigation, and case management connecting individuals to coordinated entry services to address housing and homelessness. Fremont Family Resource Center's Connection to Care program has increased connections to supportive services for individuals experiencing homelessness, at risk of homelessness, and facing eviction. This

project supports 36 unhoused individuals, or individuals at risk of becoming unhoused, get the resources they need, submit appropriate paperwork, and complete coordinated entry housing assessment.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated $197,500 in the Fremont Medical Center Area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its $95,000 grant, Bay Area Community Health brought COVID-19 vaccines to families in the Fremont area through its 74 clinics held with a family-center approach which provided 5,789 vaccinations to families.

Kaiser Permanente Fremont Medical Center 2019 IS priority health needs and strategies

Health care access and delivery

Care and coverage: Kaiser Permanente Fremont Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	4,925	5,730	$4,564,351	$1,663,445
Charitable Health Coverage	41	35	N/A	$136
Medical Financial Assistance	3,767	2,918	$3,605,665	$2,505,727
Total care & coverage	8,733	8,683	$8,170,016	$4,169,308

Other health care access and delivery strategies: During 2020-2021, 21 grants were awarded to community organizations, for a total investment of $1,017,932 to address health care access and delivery in the Fremont service area.

Examples and outcomes of most impactful other strategies

COVID-19 Vaccine Equity in Union City

New Haven Unified School District was awarded $75,000 to increase vaccination rates among the communities hardest hit by the pandemic. The program is expected to serve about 10,000 individuals by addressing inequitable access barriers that prevent timely vaccination.

COVID Promotores Program

Bay Area Community Health was awarded $100,000 to hire bilingual, culturally competent community health workers (promotores) recruited from local communities who are representative of the majority Spanish- and Mandarin-speaking patient populations within their service area. The program is expected to serve about 57 individuals by supporting low-income clients with chronic medical conditions—such as diabetes, asthma, and hypertension—in navigating local health care systems to address the impacts of COVID-19.

Behavioral health

During 2020-2021, 23 grants were awarded to community organizations, for a total investment of $395,819 to address behavioral health in the Fremont service area.

Examples and outcomes of most impactful strategies

Kidango Early Childhood Mental Health Consultation for Children Ages 0-5 Years from Lower Resourced Households

Kidango was awarded $25,000 to serve low-income households ages 0-5 years. The program is expected to serve about 2,423 individuals by providing Early Childhood Mental Health Consultation (ECMHC) at 31 Kidango child development centers located in the cities of Fremont, Hayward, Newark, San Leandro, San Lorenzo, and Union City.

Mental Health Services for Afghan Immigrant Refugees & Immigrant Victims of Domestic Violence Trauma

Afghan Coalition was awarded $25,000 to increase access to mental health care services to Afghan immigrant women and their families in Fremont, Union City, Newark and Hayward. The program is expected to serve about 180 individuals by providing culturally and linguistically appropriate mental health services.

Economic security

During 2020-2021, 35 grants were awarded to community organizations, for a total investment of $1,414,488 to address economic security in the Fremont service area.

Examples and outcomes of most impactful strategies

FLY Law & Leadership Programs

Fresh Lifelines for Youth, Inc. was awarded $25,000 to put youth, especially youth of color and youth experiencing poverty, on the path to a healthy, free, and productive life. The program is expected to serve about 60 individuals by providing life skills education and case management/coaching to juvenile justice youth from the Fremont and San Leandro service areas.

Homeless Services Partner

Fremont Family Resource Center Corporation was awarded $25,000 to increase connections to supportive services for individuals experiencing homelessness, at risk of homelessness, and facing eviction. The program is expected to serve about 36 individuals by improving document readiness for housing opportunities and providing wrap-around services for individuals/families experiencing homelessness or at-risk of becoming homeless.

Project New Start Tattoo Removal Program
Eden Youth and Family Center was awarded $35,000 to improve job readiness for people with barriers to employment. The program is expected to serve about 100 individuals by providing case management support services to improve inequities and economic disparities for disadvantaged youth and adults overcoming histories, such as gang affiliation, street violence, substance abuse, and incarceration in the most vulnerable areas in Southern Alameda County.

Appendix

A. Secondary data sources

B. Community input

C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

	Source	Dates
1.	American Community Survey	2015 - 2019
2.	Behavioral Risk Factor Surveillance System	2020
3.	CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4.	Center for Medicare & Medicaid Services	2018
5.	CMS National Provider Identification	2019
6.	Dept of Education ED Facts & state data sources	Varies
7.	EPA National Air Toxics Assessment	2014
8.	EPA Smart Location Mapping	2013
9.	Esri Business Analyst	2020
10.	Esri Demographics	2020
11.	FBI Uniform Crime Reports	2014 - 2018
12.	Feeding America	2018
13.	FEMA National Risk Index	2020
14.	Harvard University Project (UCDA)	2018
15.	HRSA Area Resource File	2019
16.	HUD Policy Development and Research	2020
17.	National Center for Chronic Disease Prevention and Health Promotion	2018
18.	National Center for Education Statistics	2017 - 2018
19.	National Center for Health Statistics	2018
20.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21.	NCHS National Vital Statistics System	2015 - 2019
22.	NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23.	NCI State Cancer Profiles	2013 - 2017
24.	NCI United States Cancer Statistics	2013 - 2017
25.	NHTSA Fatality Analysis Reporting System	2014 - 2018
26.	US Geological Survey; National Land Cover Database	2016
27.	USDA Food Environment Atlas	2016

Additional secondary data sources

	Source	Dates
1.	Alameda County Public Health	2016-2021
2.	California Health Interview Survey (CHIS)	2020
3.	California Healthy Kids Survey (CHKS)	2017-2019
4.	Bay Area Equity Atlas	2019

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key Informant Interview	Association of Bay Area Governments (ABAG)	1	Older adults and transit-riding adults	Leader	8/4/2021
2	Key Informant Interview	Abode Services	1	People experiencing homelessness in the Bay Area	Leader	8/20/2021
3	Key Informant Interview	Alameda County Public Health Department (ACPHD)	1	Pregnant women, families, immigrant populations, uninsured and underinsured populations	Representative	8/9/2021
4	Key Informant Interview	Afghan Coalition	1	Immigrants and refugees from Afghanistan	Leader	8/17/2021
5	Key Informant Interview	Alameda County Community Food Bank	1	Food insecure residents	Leader	7/27/2021
6	Key Informant Interview	Alameda County Transportation Commission	1	Transit-reliant and transit-riding populations in Alameda County	Leader	7/14/2021
7	Key Informant Interview	ALL In Alameda County	2	Youth and adults with lower incomes in Alameda County, specifically residents of San Antonio, Fruitvale, and unincorporated areas (Ashland/Cherryland)	Leaders	8/26/2021
8	Key Informant Interview	Greenlining	1	Communities of color	Leader	8/12/2021
9	Key Informant Interview	Asian Health Services	1	Asian, Pacific Islander residents and families	Leader	8/20/2021
10	Key Informant Interview	Bay Area Community Health Center/ Tiburcio	4	Residents with access to care needs, especially Hispanic populations	Representatives	8/26/2021
11	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	3	Medi-Cal recipients, individuals and families with lower income, Hispanic populations	Leaders, Representative	8/18/2021
12	Key Informant Interview	Daily Bowl	1	Food insecure adults and families	Leader	8/12/2021
13	Key Informant Interview	Day Break Adult Day Center & Alameda County Age-friendly Coalition	2	Older adults	Leaders	8/3/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
14	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	3	Residents experiencing or at the risk of homelessness	Leaders	8/24/2021
15	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Older adults with lower incomes, families, and persons with disabilities	Representative	8/17/2021
16	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Youth, especially Hispanic and Black youth	Leader, Representatives	7/29/2021
17	Key Informant Interview	Health Care Services Agency (HCSA) Homeless and Coordination & Everyone Home	2	Residents experiencing homelessness	Leader, Representative	8/19/2021
18	Key Informant Interview	NAMI	2	Families and residents impacted by mental illness	Leaders	7/30/2021
19	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults in residential care and skilled nursing facilities	Leader	8/23/2021
20	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees and asylum seekers	Leader	8/18/2021
21	Key Informant Interview	Rubicon	1	Adults and parents with children experiencing unemployment and underemployment	Leader	7/26/2021
22	Key Informant Interview	Side by Side (TAY)	1	Transitional Age Youth	Representative	8/31/2021
23	Key Informant Interview	SparkPoint	3	Residents with lower income, especially people of color, including Asian, South Asian, Indian, Hispanic, and women of color	Representatives	8/6/2021
24	Key Informant Interview	Union City Family Center and Fremont Family Resource Center	3	Families and children impacted by mental health, residents with lower income, older adults	Representatives	8/6/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Asian Health Services	Asian Mental Health Services serves and advocates for the medically underserved, including the immigrant and refugee Asian community, and to ensure equal access to health care services regardless of income, insurance status, language, or culture. Specialty Mental Health Program provides: prevention, early intervention, and treatment services for people with mental health conditions. We serve children, youth, adults, and older adults of Alameda County. Staff are bilingual and bicultural in Cantonese, Japanese, Khmer, Korean, Mandarin, Mien, Vietnamese, and English. https://asianhealthservices.org/specialty-mental-health-clinic/
Access to care	(see Multiple needs category)	
Housing	Abode Services	Abode Services' mission is to end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable, supportive housing and to be advocates for the removal of the causes of homelessness. http://www.abodeservices.org
Income & employment	Alameda County Community Food Bank	Alameda County Community Food Bank passionately pursues a hunger-free community. Alameda County Community Food Bank — Feeding America's 2016-2017 Food Bank of the Year — has been at the forefront of hunger relief efforts in the Bay Area since 1985. http://www.accfb.org
Mental & behavioral health	NAMI Alameda County South	NAMI Alameda County South's Mission is to empower individuals with mental illness and their caregivers to facilitate recovery to the extent of their ability. https://namiacs.org/