2022
Community Health Needs Assessment

August 2022

St. Rose HOSPITAL

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Executive Summary

Background

Every three years, St. Rose Hospital conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. This CHNA identifies and prioritizes needs unique to our service area, based on community-level secondary data and input from key informants and community residents representing the broad interests of the community.

The 2022 CHNA presents a comprehensive picture of community health that encompasses the conditions that impact health in the county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being for all St. Rose Hospital service area residents. From data collection and analysis to the identification of prioritized needs, the development of the 2022 CHNA report has been a comprehensive process with input from diverse community stakeholders and residents.

Conducting a CHNA every three years has been a California requirement for nonprofit hospitals for over 25 years (Senate Bill 697). The federal Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals that wish to maintain their tax-exempt status to conduct a CHNA every three years and hospitals must make the CHNA report widely available to the public. The CHNA must include input from experts in public health, local health departments, and the community, including representatives of minority, low-income, medically underserved, and other high-need populations.

Process

The 2022 CHNA was a collaborative effort of nonprofit hospitals serving Alameda and Contra Costa County. In addition, the Alameda County Public Health Department was an essential partner in collecting primary and secondary data and prioritizing health needs. The CHNA process applied a social determinants of health framework and examined social, environmental, and economic conditions that impact health in addition to exploring factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the priority health needs for St. Rose Hospital's service area. This CHNA report explored inequities and disparities and placed particular emphasis on the health issues and contributing factors that impact historically underserved populations that disproportionately have poorer health outcomes across multiple health needs. These analyses will inform intervention strategies to promote health equity.

Figure 1: CHNA Health Needs in Priority Order

- Behavioral health (first place)
- Housing and homelessness (second place)
- Education (third place)
- Community and family safety (fourth place)
- Food security (tied for fifth place)
- Economic security (tied for fifth place)
- Structural racism (tied for fifth place)
- Healthcare access and delivery (sixth place)

Primary data (community input) was obtained during the summer and fall of 2021 through:

- Key informant interviews with local health experts, community leaders and community organizations
- Focus groups with community residents

Secondary data were obtained from a variety of sources. (See Appendix D: CHNA Secondary Data Indicator Definitions, Sources and Dates.) Data were collected for Alameda County as a whole, as well as for St. Rose Hospital's service area in Central Alameda County which includes Hayward and surrounding cities and unincorporated areas.

Through a comprehensive process combining findings from primary and secondary data, health needs were scored to identify a list of the top eight health needs for the service area. In December 2021, St. Rose Hospital participated in a meeting with key leaders in Alameda County where participants individually ranked the health needs according to a set of criteria and rankings were then averaged across all participants to obtain a final rank order for the health needs. The results of the prioritization appear above and brief descriptions of the top eight priority health needs are provided below.

Top Priority Health Need Descriptions

Behavioral Health: Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also encompasses substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Almost all key informants serving Alameda County identified behavioral health as a top priority health need, with some stating that the situation is at crises level. A quarter of focus groups identified behavioral health as a top priority need. Key informants described behavioral health concerns as a number one issue for communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported that there are long waitlists and inadequate mental health services for non-English speakers, children/teens, and LGBTQIA+ residents. Focus group participants described language and other cultural barriers that prevent immigrant residents from understanding behavioral health terminology or usefulness. Within Central Alameda County, residents experience substantially higher rate of deaths of despair compared to the Alameda County average (31 versus 28 per 100,000 population), with Black/African American residents having the highest rate (54 per 100,000 population). Key informants serving Central Alameda County noted the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They also reported that bullying and harassment are severe issues, and students there would benefit greatly from an increased presence of school-based counselors. Central Alameda County focus group participants listed specific barriers to receiving mental healthcare services, including lack of financial resources, cultural differences in understanding mental health and misinformation about how to manage trauma.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death. Almost all key informants and nearly half of focus groups identified housing and homelessness as a top priority health need for Alameda County. A variety of housing challenges were described by the key informants and focus group participants, including a concern that specific populations are at highest risk of becoming unhoused, including Black/African American, Latinx, and LGBTQIA+ community members, immigrants, seniors, women fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction. Key informants perceived that not enough housing support is available for these vulnerable groups. According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors. Key informants serving Central Alameda County perceived that issues related to homelessness and unhoused residents are becoming more apparent in a number of communities in the county including San Leandro and Ashland. Ashland's housing quality/affordability ranks below 90% of CA communities (according to the Healthy Places Index). Central Alameda County residents with housing face overcrowded conditions, substantial housing cost burdens and the threat of neighborhood gentrification, all of which put families at risk of housing instability. In Castro Valley, San Lorenzo and Ashland, 61% of Black/African American residents live in low-income housing in neighborhoods at risk of gentrifying, followed by 59% of multiracial residents and 50% of Latinx residents.

Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures than those without, including income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement. A fifth of key informants and nearly half of focus groups identified education as a health need for Alameda County, though none ranked it as a top priority. Several key informants noted disparities in educational attainment for children of color which they feel are directly linked to lack of targeted services for these children. Key informants serving Central Alameda County suggested that school administrators incorporate anti-bias and anti-racism training into their employment practices, and increase the presence of Family Resource Centers, which make a noticeable difference in terms of students' health, educational attainment and parent engagement. Disparities for students within Central Alameda County exist at all educational levels. Some

ZIP code areas in southern Oakland and surrounding Hayward, which have a higher percentage of Latinx residents than the county average, have preschool enrollment rates that are lower than the CA average. Hayward (46%) has lower levels of college readiness among high school graduates than Alameda County overall (58%).

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death. A quarter of key informants and nearly half of all focus groups identified community and family safety as a top priority health need for Alameda County. This health need is also linked closely with transportation, as key informants believed this was an area where community and family safety could be improved. Gun violence, in particular, was a concern among key informants. Two key measures of community and family safety, violent crime and injury deaths, were substantially higher in Alameda County than the state average. Furthermore, while secondary data does not measure systemic racism, this is an issue that many key informants believed contributed negatively to community and family safety. Key informants serving Central Alameda County perceived that policing practices in the county criminalize people of color, especially Black/African American residents, which may contribute to their substantially higher rate of deaths caused by injuries (110 per 100,000 population compared to 45 per 100,000 for Central Alameda County). Other concerns mentioned by key informants included domestic violence and the fear and trauma caused by anti-Asian harassment and violence since the start of the pandemic. Overall, the number of violent crimes is 50% higher in Central Alameda County than the CA average (629 vs 418 per 100,000 population).

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake and disrupted eating patterns; and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. Nearly half of key informants identified food security as a top priority health need for Alameda County, while the majority of focus groups discussed food security, though none identified it as a top priority. According to key informants, many families experienced an increase in food insecurity because of the pandemic. Even though the response to the need has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.), key informants were concerned that not all populations in need are being reached. Key informants and focus group participants reported that racial and ethnic groups experience substantial food insecurity, which was exacerbated by the pandemic. Key informants expressed particular concern for populations at highest risk for food insecurity, including unhoused county

residents and populations that may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families). Data indicates that within Central Alameda County, residents are likely to be impacted by the presence of food deserts and have a higher rate of SNAP enrollment than the California average. Supermarket access in Cherryland's least healthy Census Tract (according to the Healthy Places index) is in the bottom half of CA communities (45%), substantially worse than Alameda County overall which ranks better than 93% of CA communities. Many key informants spoke of a burgeoning "food as medicine" movement in the County, and those serving Central Alameda County suggested that more physicians should adopt the "food as medicine" practice of prescribing healthy foods to patients.

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time. The majority of key informants and focus groups listed economic security as a top priority health need. Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living. Key informants and focus group participants reported extensive job loss because of the pandemic, noting that despite a strong job market, many residents are still not working. There are substantial disparities in economic security faced by Black/African American, Latinx, and other vulnerable groups within Alameda County. White residents of Central Alameda County have the highest average incomes of all racial/ethnic groups, almost twice as much as Latinx residents ($73,358 for White men compared to $41,245 for Latinx men). Income growth in Castro Valley, San Lorenzo and Ashland stagnates for those at the median income mark (50th percentile) and drops for those making less than the median income in the 20th percentile and 10th percentiles. Key informants serving Central Alameda County perceived that residents need more potential career pathways that can provide adequate income to live in the area and afford healthy foods. Hayward's least healthy Census Tract (according to the Healthy Places Index) performs worse than 84% of CA communities on measures of income and employment.

Structural Racism: Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further. Many key informants named structural racism as a significant health concern in their communities, as well as a contributor to the other health needs affecting Alameda County residents (healthcare access and delivery, education, housing and homelessness, economic security, food security, behavioral health, community and family safety, and substance use). Key informants described race-

based inequalities in access to and provision of healthcare, resulting in many children and adults of color not receiving necessary physical or behavioral health treatment; key informants reported that care received is often not culturally or linguistically competent. One key informant serving Central Alameda County noted that combating structural racism requires changing all of the systems involved in local policymaking. Another key informant noted that smaller organizations in Central Alameda County serving marginalized or underrepresented populations frequently encounter systemic barriers to receiving or expanding funding. Residents are integral to enacting change but may feel wary of requesting or accepting assistance from organizations or entities outside of their cultural sphere, due to historical inconsistencies in services. Black/African American, Asian/Pacific Islander, Multiracial and Latinx residents in Central Alameda County all have lower median incomes than White residents, and Black/African American residents experience substantially higher rates of deaths of despair (54 versus 31 per 100,000) and COVID-19 deaths (194 versus 124 per 100,000) than their White neighbors.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. The majority of key informants and nearly half of focus groups identified healthcare access and delivery as a top priority health need for Alameda County. Key informants and focus group participants discussed how a lack of healthcare providers with specialized training for working with specific populations serves as a barrier to care, particularly for LGBTQIA+ residents, people with certain disabilities, non-English speakers, and undocumented residents. Additionally, the shift to telehealth during the pandemic, though helpful for many, presented barriers to low-income families with little or no internet access and seniors, some of whom struggle to use technology. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment 21% below the state average (30% vs 38%). Within Central Alameda County, residents from some underserved racial and ethnic groups are even less likely to be insured; some ZIP code areas that have higher Asian populations than the county average, have lower enrollment in Medicaid/public insurance programs than the CA average. Key informants stated that many residents in this region forego any health insurance because of high costs. The downstream effects of this can be seen in higher rates of premature births in Central Alameda County (7.6%) than the county average (6.9%), and a higher infant mortality rate for Black/African American babies than the Central Alameda average (8.1 versus 7.6 per 1,000 live births). Those who live and work in Central Alameda County described shortfalls and biases in healthcare services and delivery for both prevention and treatment, which often disproportionately affect the region's most vulnerable residents.

For additional details, including statistical data and sources, see Section VI C: Prioritized Description of Health Needs and Appendices D and E: CHNA Secondary Data Indicator Definitions, Data Sources and Dates and CHNA Secondary Data Table.

Next Steps

After making this CHNA report publicly available by December 31, 2022, St. Rose Hospital will solicit feedback and comments about the report until two subsequent CHNA reports have been posted online https://www.strosehospital.org/about_community_benefit. The hospital will also develop an implementation plan based on the CHNA results, which will be filed with the IRS by May 15, 2023.

I. Introduction/Background

The Alameda County 2022 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health. The overall goal is to inform and engage local decision-makers, key stakeholders, and the community-at-large around the conditions that impact health and health disparities in the county in efforts to improve the health and well-being of all county residents.

In 2021/2022, seven local hospitals in Alameda and Contra Costa Counties, members of the Alameda and Contra Costa Counties Hospital CHNA Group, collaborated for the purpose of identifying critical health needs for their service areas. St. Rose Hospital worked with its partners to conduct an extensive CHNA. This 2022 CHNA builds upon earlier assessments conducted by the hospitals. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone residing in the communities served. The CHNA results will drive plans for strategic investments that address health needs. The 2022 CHNA report will be available at https://www.strosehospital.org/about_community_benefit.

The hospitals involved in the CHNA will each develop an implementation plan that outlines how they will be addressing priority health needs. These strategies will build on a hospital's own assets and resources, as well as on evidence-based strategies and best practices, wherever possible. Their Implementation Strategy (IS) Plans will be filed with the Internal Revenue Service. Both the CHNA and the IS Plan will be posted publicly on each of the hospitals' websites.

A. About St. Rose Hospital

St. Rose Hospital, an independent community hospital located in Hayward, has been an integral part of the local community for nearly 60 years. The hospital, accredited by the Joint Commission,[1] has built a strong reputation for outstanding cardiology, emergency, diagnostics, and women's services. Through innovation and strategic partnerships, St. Rose Hospital has helped create a healthier community.

As one of Hayward's largest employers, St. Rose Hospital also plays a vital economic role in the community, providing almost 900 jobs and an outstanding quality of life for its employees. More than 300 highly skilled physicians practice at St. Rose Hospital. Along with an experienced staff, they deliver high-quality yet cost-effective health care to community members regardless of income or insurance status.

Mission: St. Rose Hospital offers quality health care to the community with respect, compassion, and professionalism. The hospital works hard, in partnership with its highly valued physicians and employees, to heal and comfort all those it serves.

Vision: St. Rose Hospital will be the health care provider of choice in central and southern Alameda County. The hospital actively seeks partnerships with all groups and individuals dedicated to improving the overall health of the diverse community served.

B. About St. Rose Hospital Community Health

[1] The Joint Commission is an independent nonprofit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. https://www.qualitycheck.org/quality-report/?keyword=94545&bsnid=9862

Each year, St. Rose Hospital provides a host of innovative and impactful community benefit programs and services to underserved and underinsured residents. The hospital's community benefit programs and activities are designed to:

- Meet the specific health care needs of targeted populations;
- Expand availability of health care to those who need it most;
- Provide health information and education resources; and
- Teach participants about healthier lifestyles and the importance of staying healthy.
- These programs were developed to meet the needs of the community.

C. Purpose of the Community Health Needs Assessment Report

Conducting a triennial CHNA has been a California requirement for nonprofit hospitals for more than 25 years (SB 697). The Patient Protection and Affordable Care Act (ACA) adopted a federal model similar to regulations already in place in California, making the CHNA a national mandate for hospitals to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the regulations is a requirement that all nonprofit hospitals conduct a CHNA and develop an IS Plan every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

The development of the 2022 CHNA report has been a comprehensive process, from the data collection and analysis, to the identification of the prioritized needs and was guided by representatives from the Alameda and Contra Costa Counties Hospital CHNA Group. Voices from communities throughout the county were captured through key informant interviews and focus groups; opinions were sought from key informants serving communities experiencing health inequities and disparities.

D. Description of the CHNA Process

The CHNA was a collaborative examination of health in Alameda County, updating and building on work done in prior years, including many of the themes identified in previous CHNA cycles. The 2022 CHNA process applied a social determinants of health framework and examined Alameda County's social, environmental, and economic conditions that impact health in addition to other factors related to diseases, clinical care, and physical health. Analysis of this broad range of contributing factors resulted in identification of the top health needs for the County.

The 2022 CHNA assessed the health issues and contributing factors with greatest impact among vulnerable populations whose health is disproportionately affected across multiple health needs. The CHNA explored disparities for populations residing in specific geographic areas referred to in this report as "Priority Communities", as well as disparities among the County's diverse ethnic populations. These analyses will inform intervention strategies to promote health equity.

This CHNA utilized a mixed-methods approach. The Alameda and Contra Costa Counties Hospital CHNA Group, community partners, and consultants reviewed secondary data available through Kaiser Permanente's Community Health Data Platform and compiled additional data from national, statewide, and local sources to provide a descriptive picture of health in Alameda County. These data were compared to benchmark data and analyzed to identify potential areas of need. In addition, primary data were collected via key informant interviews by Applied Survey Research (ASR]), and focus groups conducted by Alameda County Public Health Department. Primary data offered a wide range of

perspectives on the issues with the greatest impact on the health of county communities. The data also provided examples of existing resources that work to address those needs, and suggestions for continued progress in improving these issues. The analyzed quantitative and qualitative data were triangulated, an approach using multiple sources of data to enhance the credibility of the outcomes. This enabled the identification of the top health needs in the county and supported development of a health need profile summarizing key data points and findings for each health need.

A multi-step process was conducted to rank the health needs. The key findings from the CHNA primary and secondary data analysis were shared with 14 representatives from organizations serving diverse low-income populations experiencing health inequities. A series of meetings was held to review data and prioritize the health needs. Final prioritization was reached through a voting process conducted with meeting attendees. Methods, the data collected and the resulting prioritized community health needs are presented in this report and appendices.

II. Community Served

A. Definition of Community Served

Each hospital participating in the Alameda and Contra Costa Counties Hospital CHNA Group defines its service area to include all individuals residing within a defined geographic area surrounding the hospital. For this collaborative CHNA, Alameda County is the overall service area, with each hospital adding additional focus on their specific service area.

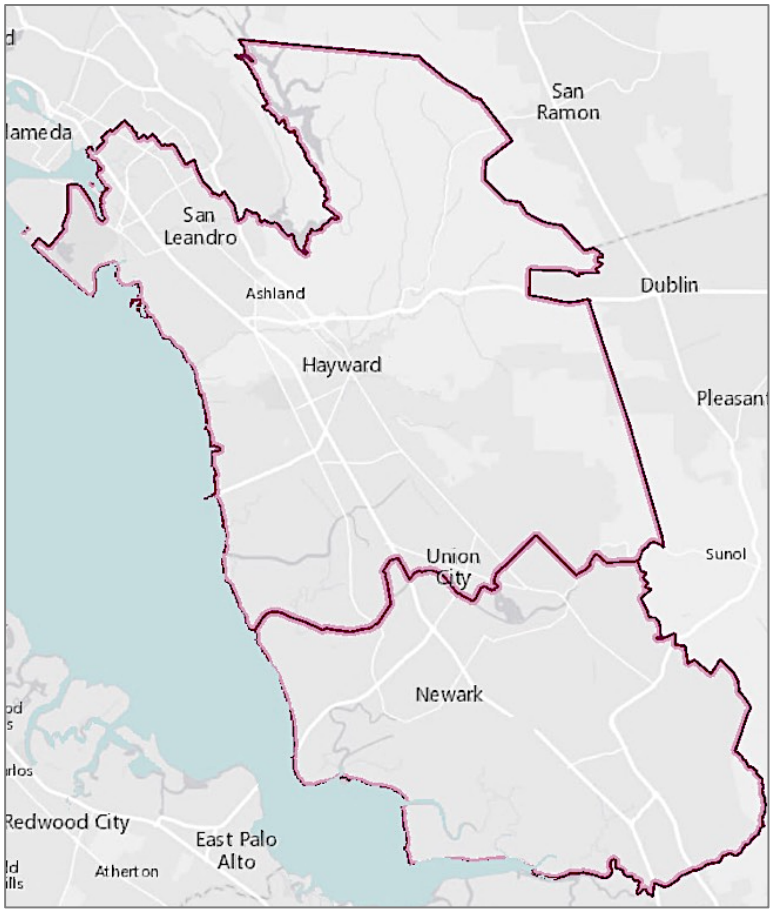
The Internal Revenue Service defines the community served as individuals who live within the hospital's service area. This includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Although St. Rose Hospital patients come from all over Alameda County, the majority of them reside in the Central Alameda cities/communities surrounding the St. Rose hospital campus in Hayward, and Central Alameda County receives special focus in this CHNA. The map below shows the entire St. Rose Hospital service area, which includes Fremont, Hayward, Newark, San Leandro, San Lorenzo, and Union City, as well as other cities and unincorporated territory.

The map below (Figure 1) shows the alignment of the Central Alameda County region with St. Rose Hospital's service area.

B. Map and Description of Community Served

Figure 2: St. Rose Hospital Service Area Map



i. Demographic Profile and Other Characteristics of Community Served

Table 1: Demographic Profile - Alameda County

Race/ethnicity	Alameda
Total Population	
% age 65+	14%
% under age 19	23%
Race	
White	39%
Black/African American	11%
Asian	31%
Other	11%
Multiracial	6%
American Indian/Alaskan Native	<1%
Native Hawaiian/Other Pacific Islander	<1%
Ethnicity	
Hispanic	22%
Non-Hispanic	78%

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

For more in-depth information describing demographics and other characteristics of selected geographies in the service area, please see Section V on Priority Communities and the Priority Community Profiles in Appendix F.

III. Who Was Involved in the Assessment?

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

St. Rose Hospital was part of the Alameda and Contra Costa Counties Hospital CHNA Group that worked with the following partners:

Figure 3: CHNA Partners

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

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

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

St. Rose Hospital contracted with Ad Lucem Consulting (www.adlucemconsulting.com), a public health consulting firm, to conduct the CHNA. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management, and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting (www.adlucemconsulting.com) has developed numerous CHNA reports and IS Plans for hospitals including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

ASR (www.appliedsurveyresearch.org) is the consultant hired by Kaiser Permanente Alameda and Contra Costa service areas to prepare their 2022 CHNA, including conducting key informant interviews. Secondary data charts/tables and interview data were generously shared with members of the Alameda and Contra Costa Counties Hospital CHNA Group and are included in this CHNA report. ASR also convened community stakeholders and hospital representatives to review service area data and participate in a health need ranking process. ASR is a social research organization dedicated to helping people build better communities through measuring and improving organizational impact and services and quality of life. ASR has a strong history of working with vulnerable populations and extensive experience working with public and private agencies, federal and local government, health and human service organizations, cities and county offices, school districts, institutions of higher learning and charitable foundations.

IV. Process and Methods Used to Conduct the CHNA

A. Community Input

i. Description of Who Was Consulted

Community input was provided by a broad range of community members via key informant interviews and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from public health and other public agencies, community organizations, and members of medically underserved, low-income, and racial/ethnic populations. For a complete list of individuals who provided input, see Appendix A.

ii. Methodology for Collection and Interpretation

Key Informant Interview Methodology

ASR conducted 43 key informant interviews with individuals from organizations serving Alameda County, representing diverse sectors (see Figure 5). The key informants were identified collaboratively by Kaiser Permanente, the public health agencies and members of the Alameda and Contra Costa Counties Hospital CHNA Group.

All interviews were conducted in English and followed a standard set of interview questions. Confidentiality was assured at the beginning of each interview and interviewers took detailed notes during the call.

Figure 4: Sectors Represented by Key Informants

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

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

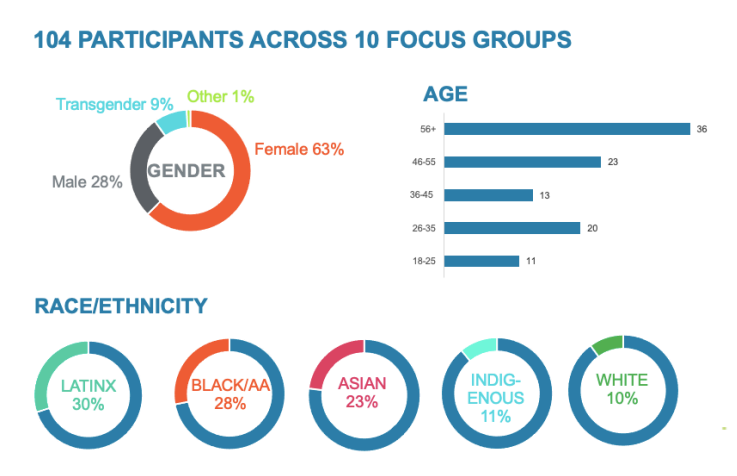
- Priority placed on 2019 health needs
- Other priority health needs
- Impact of COVID-19 on priority health needs
- Challenges to addressing priority health needs
- Sources of information on health needs
- Strategies to address priority health needs
- Health inequities and disparities
- Strategies to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

Data Analysis: ASR delivered to Ad Lucem Consulting a spreadsheet containing individual interviewee responses and key themes. The themes were further organized by Ad Lucem Consulting into the health needs defined by the Kaiser Permanente Community Health Data Platform. The number of mentions for all themes related to a particular health need were tallied to develop an interview data score. Health needs were assigned points based on the frequency of mentions of the health need by key informants. Points for each health need were tallied across interviewees to develop interview scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

Focus Group Methodology

Ten community resident focus groups were conducted in geographic areas within Northern and Central Alameda County and the Tri Valley area. Three groups were conducted in English, four were conducted in Spanish, one in Vietnamese, one in Cantonese, and one in a combination of English and Spanish. Participants were from underserved, low-income, senior, unhoused, LGBTQIA+, and diverse racial/ethnic communities (Vietnamese, Cantonese, Black/African American, Indigenous, and Latinx).

Figure 5: Alameda County Focus Group Participant Profile



The Alameda County Public Health Department conducted the focus groups. Public Health staff recruited participants in partnership with community organizations, organized logistics and facilitated the focus groups. Each focus group session averaged 60 minutes and was audio recorded.

Public Health staff collected focus group participant demographics through a screener survey (see Figure 6). Focus group recordings were transcribed and translated into English as needed. Focus group transcripts were delivered to Ad Lucem Consulting for analysis. Participants received a $25 gift card as a thank you for their time and engagement.

Focus group question guide: The focus group questions were developed by the Alameda and Contra Costa Counties Hospital CHNA Group based on focus group questions from the Hospitals' 2019 CHNA and guides designed by Ad Lucem Consulting for previous CHNAs for other geographies. Questions were open-ended and additional probing questions were used as needed to elicit more in-depth responses and richer details. The questions were translated into Spanish. Focus group facilitators adjusted the questions as needed to ensure participant comprehension and maximize interaction.

The scripted focus group guide was used to ensure consistency across groups. At the beginning of each focus group session, participants were welcomed and assured anonymity of their responses. An overview of the discussion was provided as well as a review of discussion ground rules. For the complete list of focus group questions, see Appendix C. Questions addressed the following topics:

- Facilitators and barriers to health in the community
- Priority health needs facing the community and why they are important
- Priority given to behavioral health, economic security, and access to care
- Impact of COVID-19 on health needs
- Strategies that are working to address health issues and new strategies needed
- Health inequities and disparities and strategies to reduce inequities and disparities

Data Analysis: Focus group transcripts were reviewed and coded to identify prominent themes. Health topics discussed by focus group participants were organized into the health need categories defined by the Kaiser Permanente Community Health Data Platform. Health needs were assigned points based on the frequency and importance given to the health need by focus group participants. Points for each

health need were tallied across focus groups to develop scores for health need priority, racial/ethnic disparities, geographic or other disparities and impact of the COVID-19 pandemic on the health need.

B. Secondary Data

i. Sources and Dates of Secondary Data Used in the Assessment

St. Rose Hospital used the Kaiser Permanente Community Health Data Platform (https://public.tableau.com/app/profile/kp.chna.data.platform/viz/CommunityHealthNeedsDashboard-AllCountiesinKPStates/Starthere) to review a core set of approximately 100 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. This platform allows users to view, map and analyze indicators, understand racial/ethnic disparities, and compare local indicators with state and national benchmarks.

St. Rose Hospital used additional data sources to inform the health need prioritization and health need profiles, including the Healthy Places Index (https://healthyplacesindex.org/), data from the Alameda County Public Health Department, California Health Interview Survey, California Healthy Kids Survey, the Bay Area Equity Atlas, KidsData.org and Point In Time Count reports on homelessness.

Specific sources and dates for secondary data are listed in Appendix D. Appendix E presents data for Central Alameda County and Alameda County from the Kaiser Permanente Community Health Data Platform.

C. Written Comments

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

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

D. Data Limitations and Information Gaps

The Kaiser Permanente Community Health Data Platform includes approximately 100 secondary indicators that provide comprehensive data to identify the broad health needs faced by a community. The supplemental indicators included in this CHNA to describe the Priority Communities provide additional measures of factors influencing health. However, there are limitations with regard to these measures, as is true with any secondary data:

- Some data were only available at a county level and did not contribute to the understanding of neighborhood level needs.
- Data illustrating racial/ethnic disparities in the Kaiser Permanente Community Health Data Platform was only available based on population composition for a given geography.
- A number of indicators reported rely on the Census/American Communities Survey which may be based on small sample sizes and are estimates rather than actual measures.
- Data are not always collected on a yearly basis, and some data are several years old.

- The COVID-19 pandemic had an impact on both socioeconomics and health and exacerbated existing racial/ethnic disparities;[2] the impact of the pandemic is not necessarily captured by the secondary data presented in the CHNA as most of this data was collected pre-pandemic.

Primary data collection and the health need ranking processes are also subject to the following limitations and information gaps:

- Themes identified during interviews and focus groups were dependent upon the experience of individuals selected to provide input; input from a robust and diverse group of key informants and focus group participants sought to minimize this bias.
- The final list of ranked health needs is subject to the affiliation and experience of the individuals who attended the ranking meeting, and to how those individuals voted on that particular day.

V. Priority Communities

The 2022 CHNA for St. Rose Hospital placed particular emphasis on the health issues and contributing factors that impact populations with disproportionately poorer health outcomes. Priority Community Profiles were developed to present local data as a complement to the county wide data reported elsewhere in the CHNA. The profiles include demographics, data on root causes of health, and additional statistics.

Priority Community Profiles can be found in Appendix F.

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

A. Identifying Community Health Needs

i. Definition of "Health Need"

For the purposes of the CHNA, health needs are defined as including the elements essential to improving or maintaining health status in the community at large and in particular parts of the community, such as particular geographies or populations experiencing health inequities. Essential elements may include addressing financial and other barriers to care as well as preventing illness, ensuring adequate nutrition, or addressing social, behavioral, and environmental factors that influence health in the community. Health needs were identified by the comprehensive identification, interpretation, and analysis of primary and secondary data (see Figure 6).

ii. Criteria and Analytical Methods Used to Identify the Community Health Needs

Measures in the Kaiser Permanente Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in Alameda County.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower, 0: no need) based on how many measures were 20% or more worse than the California average.

[2] Center for Disease Control and Prevention (January 2022). Health Equity Considerations and Racial and Ethnic Groups. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html

Themes from key informant interviews and other primary data sources were identified, clustered, and assigned scores on a 0-4-point scale, based on the number of times the theme was mentioned. Both the Data Platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

Each data collection method was assigned a weight, based on rigor of the data collection method, timeliness, and ability to describe inequities/disparities. Primary data (key informant interviews and focus groups) were weighted significantly more than the secondary data to prioritize timely input from diverse, underserved communities. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest.

The eight highest scoring health needs were presented at meetings attended by the Alameda and Contra Costa Counties Hospital CHNA Group, Kaiser Permanente and community partners.

Data were explored for a number of health needs (cancer, chronic disease and disability, climate and environment, family and social support, Healthy Eating/Active Living (HEAL) opportunities, substance use, sexual health, transportation) that were scored, but not discussed at the health needs ranking meeting due to their low scores.

Figure 6: Health Need Identification and Prioritization Process

B. Criteria and Process Used for Prioritization of Health Needs

i. Prioritization Criteria

The following criteria were employed to prioritize the list of health needs for Alameda County:

- **Severity:** How severe the health need is (potential to cause death or disability)
- **Magnitude or scale:** The number of people affected by the health need
- **Clear disparities or inequities:** Differences in health outcomes by subgroups (based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others)
- **Community priority:** The community prioritizes the issue over other issues
- **Multiplier effect:** A successful solution to the health need has the potential to solve multiple problems

ii. Prioritization Process

A process was conducted to rank the health needs and identify the top four priority health needs during a virtual meeting. In partnership with Kaiser Permanente Community Health Managers, ASR contacted community leaders including county health, partner hospitals, and community organization leaders to attend a county-level group meeting to rank top health needs for service areas falling within Alameda County. The meeting was attended by 14 participants serving diverse low-income populations experiencing health inequities, including: hospital representatives, Alameda County Public Health Department, Community Health Center Network, Alameda County Office of Education and The California Endowment (a health funder). ASR presented qualitative and quantitative findings for the top eight health needs identified using matrix results calculated from sources such as key informant interviews, focus groups and data from the Kaiser Permanente Community Health Data Platform. One representative from each organization affiliated with each service area ranked the health needs on a scale of 0-4, with 0 being "not a priority" to 4 being a "very high priority." Vote values (0-4) from each voting attendee were averaged.

C. Prioritized Description of Health Needs

The prioritization process resulted in the following prioritized health needs, presented from highest to lowest ranking per the process described in section B.ii above. Brief descriptions of the top priority health needs within St. Rose Hospital's service area (Central Alameda County) are provided below.

Detailed profiles for each health need highlighting findings from key informant interviews, focus groups and secondary data are presented in Appendix G.

Behavioral Health: Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Behavioral health also encompasses substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health. Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members. Almost all key informants serving Alameda County identified behavioral health as a top priority health need, with some stating that the situation is at crises level. A quarter of focus groups identified behavioral health as a top priority need. Key informants described behavioral health concerns as a number one issue for communities they serve, reporting intense distress about the level of behavioral health needs going untreated. Focus group participants reported that there are long waitlists and inadequate mental health services for non-English speakers, children/teens, and LGBTQIA+ residents. Focus group participants described language and other cultural barriers that prevent immigrant residents from understanding behavioral health terminology or usefulness. Within Central Alameda County, residents experience substantially higher rate of deaths of despair compared to the Alameda County average (31 versus 28 per 100,000 population), with Black/African American residents having the highest rate (54 per 100,000 population). Key informants serving Central Alameda County noted the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They also reported that bullying and harassment are severe issues, and students there would benefit greatly from an increased presence of school-based counselors. Central Alameda County focus group

participants listed specific barriers to receiving mental healthcare services, including lack of financial resources, cultural differences in understanding mental health and misinformation about how to manage trauma.

Housing and Homelessness: The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care. The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside. Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death. Almost all key informants and nearly half of focus groups identified housing and homelessness as a top priority health need for Alameda County. A variety of housing challenges were described by the key informants and focus group participants, including a concern that specific populations are at highest risk of becoming unhoused, including Black/African American, Latinx, and LGBTQIA+ community members, immigrants, seniors, women fleeing domestic violence, people with disabilities, and those experiencing mental illness or addiction. Key informants perceived that not enough housing support is available for these vulnerable groups. According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors. Key informants serving Central Alameda County perceived that issues related to homelessness and unhoused residents are becoming more apparent in a number of communities in the county including San Leandro and Ashland. Ashland's housing quality/affordability ranks below 90% of CA communities (according to the Healthy Places Index). Central Alameda County residents with housing face overcrowded conditions, substantial housing cost burdens and the threat of neighborhood gentrification, all of which put families at risk of housing instability. In Castro Valley, San Lorenzo and Ashland, 61% of Black/African American residents live in low-income housing in neighborhoods at risk of gentrifying, followed by 59% of multiracial residents and 50% of Latinx residents.

Education: The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime. Individuals with at least a high school diploma do better on a number of measures than those without, including income, health outcomes, life satisfaction, and self-esteem. Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school. Moreover, the majority of jobs in the U.S. require more than a high school education. Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement. A fifth of key informants and nearly half of focus groups identified education as a health need for Alameda County, though none ranked it as a top priority. Several key informants noted disparities in educational attainment for children of color which they feel are directly linked to lack of targeted services for these children. Key informants serving Central Alameda County suggested that school administrators

incorporate anti-bias and anti-racism training into their employment practices, and increase the presence of Family Resource Centers, which make a noticeable difference in terms of students' health, educational attainment and parent engagement. Disparities for students within Central Alameda County exist at all educational levels. Some ZIP code areas in southern Oakland and surrounding Hayward, which have a higher percentage of Latinx residents than the county average, have preschool enrollment rates that are lower than the CA average. Hayward (46%) has lower levels of college readiness among high school graduates than Alameda County overall (58%).

Community and Family Safety: Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices. Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death. A quarter of key informants and nearly half of all focus groups identified community and family safety as a top priority health need for Alameda County. This health need is also linked closely with transportation, as key informants believed this was an area where community and family safety could be improved. Gun violence, in particular, was a concern among key informants. Two key measures of community and family safety, violent crime and injury deaths, were substantially higher in Alameda County than the state average. Furthermore, while secondary data does not measure systemic racism, this is an issue that many key informants believed contributed negatively to community and family safety. Key informants serving Central Alameda County perceived that policing practices in the county criminalize people of color, especially Black/African American residents, which may contribute to their substantially higher rate of deaths caused by injuries (110 per 100,000 population compared to 45 per 100,000 for Central Alameda County). Other concerns mentioned by key informants included domestic violence and the fear and trauma caused by anti-Asian harassment and violence since the start of the pandemic. Overall, the number of violent crimes is 50% higher in Central Alameda County than the CA average (629 vs 418 per 100,000 population).

Food Security: Food insecurity is the lack of consistent access to enough food for an active, healthy life. Food insecurity encompasses household food shortages; reduced quality, variety, or desirability of food; diminished nutrient intake and disrupted eating patterns; and anxiety about food insufficiency. Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups. Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges. The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks. Nearly half of key informants identified food security as a top priority health need for Alameda County, while the majority of focus groups discussed food security, though none identified it as a top priority. According to key informants, many families experienced an increase in food insecurity because of the pandemic. Even though the response to the need has been robust throughout Alameda County and food distribution occurs in several sectors (schools, food banks, healthcare centers, mobile clinics, community-based organizations, etc.), key informants were concerned that not all populations in need are being reached. Key informants and focus group participants reported that racial and ethnic groups experience substantial food insecurity, which was exacerbated by the pandemic. Key informants

expressed particular concern for populations at highest risk for food insecurity, including unhoused county residents and populations that may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families). Data indicates that within Central Alameda County, residents are likely to be impacted by the presence of food deserts and have a higher rate of SNAP enrollment than the California average. Supermarket access in Cherryland's least healthy Census Tract (according to the Healthy Places index) is in the bottom half of CA communities (45%), substantially worse than Alameda County overall which ranks better than 93% of CA communities. Many key informants spoke of a burgeoning "food as medicine" movement in the County, and those serving Central Alameda County suggested that more physicians should adopt the "food as medicine" practice of prescribing healthy foods to patients.

Economic Security: People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs. Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes. The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time. The majority of key informants and focus groups listed economic security as a top priority health need. Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living. Key informants and focus group participants reported extensive job loss because of the pandemic, noting that despite a strong job market, many residents are still not working. There are substantial disparities in economic security faced by Black/African American, Latinx, and other vulnerable groups within Alameda County. White residents of Central Alameda County have the highest average incomes of all racial/ethnic groups, almost twice as much as Latinx residents ($73,358 for White men compared to $41,245 for Latinx men). Income growth in Castro Valley, San Lorenzo and Ashland stagnates for those at the median income mark (50th percentile) and drops for those making less than the median income in the 20th percentile and 10th percentiles. Key informants serving Central Alameda County perceived that residents need more potential career pathways that can provide adequate income to live in the area and afford healthy foods. Hayward's least healthy Census Tract (according to the Healthy Places Index) performs worse than 84% of CA communities on measures of income and employment.

Structural Racism: Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms. Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further. Many key informants named structural racism as a significant health concern in their communities, as well as a contributor to the other health needs affecting Alameda County residents (healthcare access and delivery, education, housing and homelessness, economic security, food security, behavioral health, community and family safety, and substance use). Key informants described race-based inequalities in access to and provision of healthcare, resulting in

many children and adults of color not receiving necessary physical or behavioral health treatment; key informants reported that care received is often not culturally or linguistically competent. One key informant serving Central Alameda County noted that combating structural racism requires changing all of the systems involved in local policymaking. Another key informant noted that smaller organizations in Central Alameda County serving marginalized or underrepresented populations frequently encounter systemic barriers to receiving or expanding funding. Residents are integral to enacting change but may feel wary of requesting or accepting assistance from organizations or entities outside of their cultural sphere, due to historical inconsistencies in services. Black/African American, Asian/Pacific Islander, Multiracial and Latinx residents in Central Alameda County all have lower median incomes than White residents, and Black/African American residents experience substantially higher rates of deaths of despair (54 versus 31 per 100,000) and COVID-19 deaths (194 versus 124 per 100,000) than their White neighbors.

Healthcare Access and Delivery: Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility. Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths. The majority of key informants and nearly half of focus groups identified healthcare access and delivery as a top priority health need for Alameda County. Key informants and focus group participants discussed how a lack of healthcare providers with specialized training for working with specific populations serves as a barrier to care, particularly for LGBTQIA+ residents, people with certain disabilities, non-English speakers, and undocumented residents. Additionally, the shift to telehealth during the pandemic, though helpful for many, presented barriers to low-income families with little or no internet access and seniors, some of whom struggle to use technology. Medicaid/public insurance enrollment is a big need in Alameda County with enrollment 21% below the state average (30% vs 38%). Within Central Alameda County, residents from some underserved racial and ethnic groups are even less likely to be insured; some ZIP code areas that have higher Asian populations than the county average, have lower enrollment in Medicaid/public insurance programs than the CA average. Key informants stated that many residents in this region forego any health insurance because of high costs. The downstream effects of this can be seen in higher rates of premature births in Central Alameda County (7.6%) than the county average (6.9%), and a higher infant mortality rate for Black/African American babies than the Central Alameda average (8.1 versus 7.6 per 1,000 live births). Those who live and work in Central Alameda County described shortfalls and biases in healthcare services and delivery for both prevention and treatment, which often disproportionately affect the region's most vulnerable residents.

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

Alameda County contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community organizations engaged in addressing many of the health needs prioritized by this assessment. Key resources available to respond to the identified health needs of the community are listed in Appendix H Community Resources.

VII. St. Rose Hospital 2019 Implementation Strategy Evaluation of Impact

This section is based on the 2020–2022 Implementation Strategy that described how St. Rose Hospital planned to address significant health needs identified in its 2019 Community Health Needs Assessment (CHNA). The impact of those activities is described in this section.

St. Rose Hospital, guided by its mission and capacity, selected the following Implementation Strategy priority health needs:

1. Behavioral Health
2. Economic Stability, including:
    a. Economic opportunity
    b. Housing/homelessness
3. Healthcare Access and Delivery
4. Healthy Eating, Active Living (HEAL)

St. Rose Hospital addressed these health needs in multiple ways, including in kind staff, space and services and charitable health coverage. Examples of these activities conducted from 2020-2022 are highlighted below.

BEHAVIORAL HEALTH

Long Term Goal:	Increase access to behavioral and mental health support for vulnerable communities.
Intermediate Goals:	1. Increase youth- and family-centric behavioral and mental health prevention and support. 2. Increase access to behavioral and mental health evaluation, referrals and intervention support for vulnerable individuals.

Examples and outcomes of strategies

FACES for the Future

FACES provides internships, academic support, individual mental health services and group mental health and wellness workshops to at-risk high school students as well as psychosocial support to students and their families in partnership with La Familia Counseling Services. FACES builds job skills and support mental health to maximize participant readiness for careers and/or higher education. Although St. Rose put plans in place to conduct The FACES program, it was suspended in 2020, 2021 and 2022 due to COVID-19 pandemic safety regulations.

Case Management and Social Services

Provided mental health evaluations and referrals to in-patients and drug and alcohol program resources to in-patients and Emergency Department patients to enhance the likelihood that patients receive needed behavioral/mental health care after discharge from St. Rose. In 2020 and 2022, a total of 180 Emergency Department patients received Buprenorphine and opioid addiction referrals through the Cal Bridges Program.

Telepsych Consultation

Provided mental health services to Emergency Department patients via videoconference with a licensed health care professional available 24 hours/day, seven days a week to reduce patient wait time for mental health treatment and referral. A total investment of $576,000 was made in 2020, 2021 and 2022, proving 1,440 consultations and 450 transfers to psychiatric care.

ECONOMIC STABILITY

Long Term Goal: Improve economic opportunities by increasing job readiness.

Intermediate Goals:

1. Increase access to job skill development, work experience and networking opportunities for youth, students and older adults.

Examples and outcomes of strategies

St. Rose Youth and Senior Volunteer and Skills Development Programs

Provide students and older adults opportunities to volunteer at St. Rose to build job skills and professional contacts (SHINE program, Auxiliary Volunteers, other volunteer opportunities). In addition, volunteers receive a free meal during each shift. Although St. Rose put plans in place to conduct their volunteer programs, these were suspended in 2020, 2021 and 2022 due to COVID-19 pandemic safety regulations.

St. Rose Internship Programs

Provide healthcare career exposure for local college students (Chabot College, Ohlone College, Unitech, Cal State East Bay) through internships to 1) build skills needed for health careers and 2) facilitate networking with health professionals. Invested 13,038 clinical hours during 10/2020-9/2021 and served 85 students.

HEALTHCARE ACCESS AND DELIVERY

St. Rose Hospital ensures health access by serving those most in need of healthcare through Medicaid, Charitable Health Coverage, and Medical Financial Assistance.

	2020		2021		2022	
	# Individuals served	$ Amount	# Individuals served	$ Amount	# Individuals served	$ Amount
Medicaid	16,007	27,035,787	14,300	27,190,466	14,602	26,022,232
Charitable Health Coverage	565	768,276	261	379,150	236	314,118
Medical Financial Assistance	1,158	1,573,013	1,237	1,439,907	1,144	1,537,388

Other Healthcare Access and Delivery

Long Term Goal: Ensure healthcare access by serving those most in need.

Intermediate Goals:
1. Increase access to vaccinations for community residents.
2. Ensure continuity of care through referrals and follow-up.

Examples and outcomes of strategies

Vaccinations

Provided in kind space, staffing and security to Alameda County to deliver COVID -19 vaccines to community members to prevent COVID-19 hospitalizations, deaths and transmission. Invested a total of 648 hours and $37,560 in staff time over 2020 and 2021.

Patient Assistance

Provide funds to in-patients for items required to manage health after discharge (e.g., equipment, medications, medical supplies). Made a total investment of $26, 689.18 in 2021 and 2022.

Case Management and Social Services

Provided over 1,200 total referrals and follow-up for patients transferred to Skilled Nursing Facilities to ensure discharged patients receive appropriate care in 2020, 2021 and 2022.

Cypher Health

Invested a total of $36,000 in 2020 and 2021 for Cypher Health to conduct follow-up on discharged in-patients and out-patients to support compliance with medications and physician appointments to improve patient health, reduce hospital readmissions and improve hospital customer service.

Financial Counseling

Assisted underserved patients in determining if they qualify for health insurance or financial aid to ensure coverage. Approved 278 charity applications and facilitated 149 Medi Cal applications from October 1, 2020 – September 30, 2021.

HEALTHY EATING, ACTIVE LIVING (HEAL)

Long Term Goal: Improve diabetes management.

Intermediate Goals: Increase access to dietetic counseling.

Examples and outcomes of strategies

Registered Dietician Services

Provided a total of 13,143 hours of registered dietician consultations to diabetic in-patients in 2020, 2021 and 2022 at a total cost of $549, 435to help patients self-manage their diabetes.

VIII. Conclusion

St. Rose Hospital collaborated with partners to meet the requirements of the federally mandated CHNA by pooling expertise, guidance, and resources to produce this 2022 CHNA report. By gathering secondary data and conducting primary research with other healthcare facilities and the local public health department, the hospitals gained a shared understanding of how health indicator data for the San Leandro/Hayward region compared to state benchmarks as well as the community's perception of health needs. This rich base of information informed the hospital's prioritization of health needs.

Next Steps for St. Rose Hospital:

- Ensure the 2022 CHNA is adopted by the hospital board and made publicly available at https://www.sutterhealth.org/for-patients/community-health-needs-assessment.
- Monitor community comments on the CHNA report (ongoing).
- Select priority health needs to address.
- Develop an Implementation Strategy (IS) Plan to address priority health needs.
- Ensure the IS Plan is adopted by the hospital board and filed with the IRS.

Appendices

A. Alameda County Community Input List
B. Key Informant Interview Guide
C. Focus Group Screener and Guide
D. CHNA Secondary Data Indicator Definitions, Data Sources and Dates
    i. Kaiser Permanente Community Health Data Platform
    ii. Other Secondary Data
E. CHNA Secondary Data Table
F. Priority Community Healthy Places Index Scores/Profiles
G. Health Need Profiles
H. Alameda County Community Resources

Appendix A: Alameda County Community Input List

	Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
1	Key Informant Interview	Association of Bay Area Governments	1	Alameda County residents and local governments	Leader	8/4/21
2	Key Informant Interview	Adobe Services	1	Unhoused	Leader	8/20/21
3	Key Informant Interview	Alameda County Public Health Department	1	Pregnant people and people with young families	Program Manager	8/9/21
4	Key Informant Interview	Afghan Coalition	1	Afghan community and refugees	Leader	8/17/21
5	Key Informant Interview	Alameda County Community Food Bank	1	Food insecure	Leader	7/27/21
6	Key Informant Interview	Alameda County Sheriff's Dept.	1	Professionals in community safety	Leader	8/19/21
7	Key Informant Interview	Alameda County Transportation Commission	1	Public transportation providers/users	Leader	7/14/21
8	Key Informant Interview	ALL in Alameda County	1	Residents experiencing poverty	Leader	8/26/21
9	Key Informant Interview	Asian Pacific Environmental Network (APEN) and Greenlining	1	Underserved communities experiencing inequities	Leader	8/12/21
10	Key Informant Interview	Asian Health Services	1	Asian	Leader	8/20/21
11	Key Informant Interview	Bay Area Community Health Center/Tiburcio Vasquez Health Center	4	Medically underserved	Program Managers	8/26/21
12	Key Informant Interview	Building Opportunities for Self-Sufficiency (BOSS)	1	Unhoused, (formerly) incarcerated	Leader	8/10/21
13	Key Informant Interview	Castro Valley/Hayward/San Leandro/Fremont Unified School Districts	2	K-12 students/families	Program Managers	7/19/21
14	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/Federally Qualified Health Centers (La Clínica de la Raza, Lifelong, Axis Community Health Center)	2	Medically underserved	Leader and Program Manager	8/18/21
15	Key Informant Interview	Daily Bowl	1	Food insecure	Leader	8/12/21
16	Key Informant Interview	Day Break Adult Day Center and Alameda County Age-friendly Coalition	2	Seniors and care givers	Leaders	8/3/21
17	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project (BFHP)/Bay Area Community Services (BACS)	3	Asians, unhoused	Leaders	8/24/21
18	Key Informant Interview	East Oakland Collective	1	East Oakland residents	Leader	8/20/21
19	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Low-income seniors, families, and persons with disabilities	Program Manager	8/17/21

	Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
20	Key Informant Interview	Family Support Services	1	Care givers of children	Leader	8/12/21
21	Key Informant Interview	Fred Finch Youth Center and Lincoln	5	Youth	Leaders and Program Managers	7/29/202
22	Key Informant Interview	Health Care Services Agency (HCSA) Office of Homeless Care and Coordination and Everyone Home	2	Unhoused	Leader and Program Manager	8/19/21
23	Key Informant Interview	HOPE Collaborative	1	Schools, youth, food vendors	Leader	7/26/21
24	Key Informant Interview	Horizon Services, Project Eden	1	Youth	Leader	8/13/2021
25	Key Informant Interview	Latina Center	1	Latina/domestic violence survivors	Leader	8/16/21
26	Key Informant Interview	Livermore Valley Unified School District	2	K-12 students/families	Leader and Nurse	8/27/21
27	Key Informant Interview	National Alliance on Mental Illness (NAMI)	2	Caregivers and people with mental illness	Leaders	7/30/21
28	Key Informant Interview	Oakland Unified School District	1	K-12 students/families	Leader	8/19/21
29	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults	Leader	8/23/21
30	Key Informant Interview	Open Heart Kitchen	1	Food insecure (seniors, students, families)	Leader	7/22/21
31	Key Informant Interview	Pacific Center for Human Growth	1	Trans, LGBTQ, HIV+	Program Manager	9/29/21
32	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees, asylum seekers	Leader	8/18/21
33	Key Informant Interview	Planting Justice	1	Incarcerated and those experiencing intergenerational poverty	Leader	7/22/21
34	Key Informant Interview	Rubicon	1	Adults seeking employment	Leader	7/26/21
35	Key Informant Interview	Roots Health Center	1	African American	Leader	7/23/21
36	Key Informant Interview	Side by Side (TAY)	1	Transition age youth	Program Manager	8/31/21
37	Key Informant Interview	Sparkpoint	3	Low-income	Program Managers	8/6/21
38	Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Residents with chronic health conditions	Leaders & Program Managers	8/10/21
39	Key Informant Interview	Tri-Valley Haven	2	Unhoused, food insecure, DV and sexual assault survivors	Leader and Director	8/4/21
40	Key Informant Interview	Union City Family Center and Fremont Family Resource Center	3	Families	Leaders	8/6/21
41	Key Informant Interview	Unity Council	1	Unhoused, food insecure, low-income, seniors	Leader	9/1/21

	Data Collection Method	Organization	# Participants	Group(s) Represented	Role in Group	Date Input Gathered
42	Key Informant Interview	Urban Peace Movement	1	Communities of color	Program Manager	9/1/21
43	Key Informant Interview	Youth Alive!	1	Youth	Leader	8/16/21
44	Focus group	Mujeres Unidas y Activas (MUA)	8	Latinx women with children	Member	9/8/2021
45	Focus group	La Familia	9	Seniors	Member	9/24/2021
46	Focus group	Allen Temple	12	Seniors	Member	9/24/2021
47	Focus group	La Familia	13	Young adults/Adults	Member	9/30/2021
48	Focus group	Street Level Health	11	Indigenous families with young children	Member	9/30/2021
49	Focus group	Oakland LGBTQ Center	9	LGBTQ	Member	10/1/2021
50	Focus group	Goodness Village	9	Formerly unhoused	Member	10/6/2021
51	Focus group	Asian Health Services	13	Cantonese adults	Member	10/6/2021
52	Focus group	Asian Health Services	8	Vietnamese adults	Member	10/7/2021
53	Focus Group	Oakland LGBTQ Center	10	Trans Women	Member	10/28/21
54	Prioritization Meeting	Hospital representatives, Alameda County Public Health Department, the Community Health Center Network, the Alameda County Office of Education and The California Endowment.	14	Health care and public health organizations/agencies serving low-income and communities of color; underserved and disinvested communities	Leader	12/8/21

Appendix B: Key Informant Interview Guide

CHNA 2021 Interview Questions

INTRODUCTION

Thank you for agreeing to do this interview today. My name is **[NAME]** with Applied Survey Research (ASR). I will be conducting the interview today on behalf of Kaiser Permanente and additional partner hospitals, **[NAME PARTNER HOSPITALS].** I am leading the Community Health Needs Assessment process for Kaiser in Alameda and Contra Costa Counties.

Kaiser Permanente is conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in a Kaiser Permanente area that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

We expect this interview to last approximately 60 minutes. The information you provide today will not be reported in a way that would identify you.
[Optional: To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.
Do we have your permission to record the interview? YES / NO
Do you have any questions before we get started?

KEY INFORMANT BACKGROUND INFORMATION

Ms./Mr./Dr. [KEY INFORMANT NAME], how would you like me to address you [first name, full name, nickname]? Now, I would like to ask a few questions about you.

1. What is your role at [organization] and how long have you been there?

2. Tell me in a few sentences what [organization] does and how it serves the community?

3. How would you describe the geographic areas and populations you serve or represent?

HEALTH NEEDS

Next, I would like to ask a few questions about the health needs and strategies to address them in your community. This will be followed by questions about inequities in your community that have an impact on these health needs.

4. In 2019, Kaiser Permanente and its hospital partners identified access to health, economic security (such as jobs and housing), and mental/behavioral health as priority health needs in the Community Health Needs Assessment (CHNA) in [service area/region]. Are these health needs still a priority? If no, what changed? If yes, what does it mean to experience [insert health need] in [service area/region]?

5. Are there any other health-related needs that were not identified in the 2019 CHNA that are of growing concern in your community?

6. Is there anything about these significant health needs you mentioned that changed due to the COVID-19 pandemic? If so, in what ways?

7. You indicated that [RESTATE THE significant health needs mentioned above, either those identified as still a need or those identified as a new need area] are significant health needs in your community. What are one or two of the biggest challenges to addressing each of these needs?

8. Has your organization conducted any recent surveys or written any reports that can speak more to the significant health needs in your community? Have you come across any other surveys or reports in your area further demonstrating those health needs? If so, can you please share those with us?

9. How would you like to see health care organizations invest in community health programs or strategies to address these needs? What would those investments be?

EQUITY

Now I have a few questions to ask you about inequities in your community that have an impact on the important health needs you mentioned. This could be racial inequity as well as inequities related to gender, age, and other factors.

10. Are there certain people or geographic areas that have been affected by these issues we've been talking about more than others? If so, in what ways? [Probe: Are there any subgroups of the population we should focus on to reduce disparities and inequities (racism or other factors)?]

11. What are effective strategies to reduce health disparities and inequities in your community? [Probe: Is there work underway that is promising?]

COMMUNITY RESOURCES

12. What are key community resources, assets, or partnerships can you think of that can help address the significant health needs we talked about today?

CLOSING

13. Are there any other thoughts or comments you would like to share that we have not discussed? Thank you <KEY INFORMANT NAME>. That is all that I have for you today. Kaiser Permanente will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2022.

Appendix C: Focus Group Screener and Guide

Alameda County Public Health

Focus Group Participant Information 2021

1) In what city do you live? _____

2) What is your age group?

( ) Less than 18 years ( ) 18-25
( ) 26-35 ( ) 36-45
( ) 46-55 ( ) 56 and older

3) What is your gender?

[ ] Female [ ] Male
[ ] Transgender [ ] Other _____

4) What is your race/ethnicity?

[ ] White [ ] Black
[ ] Asian [ ] Pacific Islander
[ ] Latino/a/x [ ] Middle Eastern
[ ] South East Asian [ ] Indigenous
[ ] Other - Write In (Required): ____

Thank You!

Community Health Needs Assessment 2021
Focus Group Questions

Virtual: As participants get onto Zoom, say hello and tell them we are waiting for everyone to arrive. At 3 minutes past the start time put up the Focus Group Survey poll and ask everyone to complete it. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey poll.

In Person: As participants gather, say hello and tell them we are waiting for everyone to arrive. Don't start the Welcome and Introductions until everyone has completed the Focus Group Survey.

Welcome and Introductions (*Say each of these points)*

- Hello everyone, thank you for joining our focus group today.
- My name is (Leader).
    a. Leader Note: Let the group know your name and why you wanted to do this focus group. Share your interest in the focus group discussion.
- As the focus group leader, I'll be asking you questions, asking follow up questions and keeping track of time and keeping the discussion moving so we can get through all of the questions.
- This is (Notetaker) who will be taking notes during our conversation.
- Our discussion today will take about 1 ½ hours.
- We want you to know that your participation is voluntary and you can leave the group at any time.
- We are recording the session today so we do not miss any of your thoughts. During the focus group, feel free to ask that we turn off the recording if you do not want to be recorded for a specific comment. Is anyone NOT OK to start recording?
    a. Leader Note: START RECORDING

  IN PERSON – start recording on iPad using the VoiceMemo app.
  VIRTUAL – press the Zoom record button.
- Now I'd like to have each of you introduce yourself. IN PERSON: Please introduce yourself by telling us your first name. VIRTUAL: I'll call on you by your first name and please wave and say hi so the group knows who you are.

Notetaker Note: Write down the name of each participant.

- Thanks for these introductions, now we will talk about the purpose of the focus group.

Purpose of Focus Group (*Read to the group*)
Public Health is conducting focus groups to learn more about what you, as a community member, feel are the most important health issues in [region of county]. Public Health is conducting these focus groups with nonprofit hospitals in the area, which are required by the IRS to conduct a Community Health Needs Assessment -- which we call the CHNA -- every three years. Hospitals working together on the East Bay CHNA include: John Muir Health, Kaiser Permanente, St. Rose Hospital, Stanford Health Care -- ValleyCare, Sutter Health, and UCSF Benioff Children's Hospital-Oakland.

Public Health, nonprofit hospitals, and others will use the information gathered during the focus group to identify important health issues in our community and come up with a plan to address the major health issues affecting people in the County. We are interested in hearing your thoughts about what

makes it easy or difficult to be healthy in your community and what services and resources are available and needed in the community to promote health.

Ground Rules (Say each of these points)
Now I would like to share the ground rules we'll use to make sure our discussion is meaningful and comfortable for everyone. (*Read the list of ground rules to the group.*)

1. There are no right or wrong answers because we're interested in everyone's thoughts and opinions and people often have different opinions.
    - Please, feel free to share your opinions even though it's not what others have said.
    - If there are topics you don't know about or a question you are not comfortable answering, feel free to not answer.
    - All input will be welcomed and valued.
2. Next, we want to have a group discussion, but we'd like only one person to talk at a time because we want to make sure everyone has a chance to share their opinion.
    - Please speak loudly and clearly since we are recording and we don't want to miss anything you say.
    - Let's also remember to turn off or silence our cell phones.
    - If you absolutely must take an urgent call, please step away from the focus group.
3. The last guideline is about protecting your privacy.
    - Your name will not be used in any reports, and your name will not be linked to comments you make.
    - Transcripts will go to the hospitals and the consultants working with the hospitals.
    - When we are finished with all of the focus groups, the transcripts will be read by the consultants, who will then summarize the things we learn. Some quotes will be used so that the hospitals can read your own words. Your name will not be used when we use quotes.
    - I'd also like for all of us to agree that what is said in this focus group stays in this focus group.
4. VIRTUAL - Stay on video the whole time so you can fully participate.
5. Are there other ground rules you would like us to add?

Consent and Incentive

- Before we start, we would like to get your consent to participate in this focus group (***say the consent statement provided by Public Health***).
  Leader Note: Ask for a thumbs up to signal consent. If someone doesn't agree to the consent nicely ask them to leave the focus group.
- As a thank you for your participation, we will be providing a $25 gift card.

Discussion Questions
Facilitators and barriers to health in the community
We would like to discuss what is healthy and not so healthy about your community. Things that make a community healthy can include the environment -- examples are sidewalks, clean streets, parks; social/emotional factors -- examples include feeling safe, access to behavioral or mental health services; opportunities for healthy behaviors -- for example, places to buy healthy food, places to

exercise; community services and events such as low cost or free activities for families; and access to health care services.

1. Think about how your community is right now. What is healthy about your community?

2. What makes it difficult to be healthy in your community?

Leader Note: *if examples are needed, you can say this* - For example, lack of access to health services, few grocery stores with healthy, affordable food, unsafe neighborhoods, lack of access to transportation, lots of pollution in the air, no safe places to be active, no affordable dental care.

Three most important health issues facing the community and why important (asking about behavioral health, economic security, and access to care, if not addressed)
Part of our task today is to find out which health issues you think are most important. We have a list of the health issues, many of which the community came up with when the hospitals did the Community Health Needs Assessment in this area in 2019.
Leader Note: Read all of the issues aloud and define where needed (e.g., "Healthcare Access and Delivery" means insurance, having a primary care physician, preventive care instead of emergency room, being treated with dignity and respect, wait times, etc.).

- Climate/Natural Environment
- Community and Family Safety
- Economic Security
- Education and Literacy
- Healthcare Access and Delivery
- Healthy Eating/Active Living
- Housing and Homelessness
- Behavioral Health (includes Mental Health and Substance Use)
- Transportation and Traffic

Please think about the three health issues on the list you personally believe are the most important to address here in the next few years.

IN PERSON – What we would like you to do is vote for three health issues that you think are the most important to address in the next few years. Make a check mark next to each of the three health needs you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others' here in the room. Then we will discuss the results of your votes.

VIRTUAL – What we would like you to do is vote for three health issues that you think are the most important to address in the next few years. We will put up a poll that lists the health issues and select only 3 you think are most important. We really want your personal perspective and opinion; it's totally OK if it's different from others'. Then we will discuss the results of your votes.
If there is a tie:
IN PERSON and VIRTUAL – If there is a tie for the third health need, ask participants to think about which of the tied health needs is most important. Read off the first health need and ask

participants to raise their hand if that is the health need they select. Read off the second health need and count the number of raised hands.

Leader Note: Write down and then say the three health issues with the most votes. Explain that we will spend the rest of our time reflecting onthe three top priorities. You will need to bring up each of the three top health issues during the following questions.
Notetaker Note: Write down the top 3 health issues.

3. When you think about [health issue 1]…
    a. What makes this an important health issue? An issue can be a top priority because it impacts lots of people in the County, impacts vulnerable populations such as kids or older adults, or impacts County residents' ability to have a high quality of life.
    b. In your opinion, what are the specific needs related to [health issue 1] in our community?

4. When you think about [health issue 2]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 2] in our community?

5. When you think about [health issue 3]…
    a. What makes this an important health issue?
    b. In your opinion, what are the specific needs related to [health issue 3] in our community?

[Only If *Not* Voted a Top Need: (top 2019 health need 1]
    a. What about (top 2019 health need 1)? This was one of the top health issues last time.
    b. In your opinion, what are the specific (top 2019 health need 1) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 2]
    a. What about (top 2019 health need 2? This was another top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 2) needs in our community? *Prompt, if needed.*

[Only If *Not* Voted a Top Need: top 2019 health need 3]
    a. What about healthcare access and delivery? This was also a top health issue last time.
    b. In your opinion, what are the specific (top 2019 health need 3) issues in our community? *Prompt, if needed.*

Anything about top health issues that changed due to COVID
6. Is there anything about the most important health issues you mentioned that changed because of the COVID-19 pandemic? If so, in what ways did COVID change these important health issues?
    a. Let's start with [Health issue 1].
    b. In what ways, if any, did COVID change [Health issue 2]?
    c. In what ways, if any, did COVID change [Health issue 3]?

Strategies that are working well and new strategies that are needed

7. What are some available resources, services, or strategies that are working well in the community to address the 3 most important health issues? *Prompts, if needed:* We are looking for your ideas on specific community-based organizations or their programs/ services, specific social services, or health care programs/services.

8. Thinking about the health issues you said are most important, what are new resources, services, or strategies that are needed to address these issues? Some examples could be new or more services or services available in your preferred language or changes in your neighborhood (for example, more parks, more markets for fresh, healthy foods, or more economic opportunities).

Health inequities/disparities and strategies to reduce inequities/disparities

9. Which groups, if any, are experiencing these important health issues more than other groups? For example, are there certain ethnic/racial groups, residents living in specific neighborhoods, age or gender groups that are more impacted by these health issues than others?

    a. Let's start with [Health issue 1]. Which groups, if any, are experiencing [Health issue 1] more than other groups? In what ways?
    b. Which groups, if any, are experiencing [Health issue 2] more than other groups? In what ways?
    c. Which groups, if any, are experiencing [Health issue 3] more than other groups? In what ways?

10. What resources, services, or strategies would help address these important health issues for the groups just mentioned?
    a. Let's start with [Health issue 1].
    b. What would help address [Health issue 2] for [the group(s) discussed]?
    c. What would help address [Health issue 3] for [the group(s) discussed]?
    d. Anything else important to know about health in the community

11. We're just about ready to wrap up. Are there any other health issues that you think are of high importance that we haven't talked about?

12. Is there anything else you feel is important for us to know about health in your community?

Wrap Up and Gift Cards

Thank you so much for joining the focus group today. That was a really good discussion and gave us lots of information.

IN PERSON: Now we will hand out gift cards as our thank you for taking the time to join the focus group. Please stick around for a few more minutes to get your gift card.
Leader Note: Hand one gift card to each participant.

VIRTUAL: You will be receiving your $25 gift card shortly by (describe how the participants will get gift cards for example in the mail or by email).

Appendix D: CHNA Secondary Data Indicator Definitions, Data Sources and Dates

Data sources described below informed the health need prioritization process and health need profiles.

i. Kaiser Permanente Community Health Data Platform

Health Topic	Measure	Definition	Year	Source
Access to care	Dentists per 100,000 population	Licensed dentists (including DDSs and DMDs) per 100,000 population.	2019	HRSA Area Resource File
	Infant deaths	Deaths of infants less than 1 year of age per 1,000 births	2020	HRSA Area Resource File
	Low birth weight births	Percent of total births are under 2500 grams	2016-2018	HRSA Area Resource File
	Medicaid/public insurance enrollment	Percent of population enrolled in Medicaid or another public health insurance program	2015-2019	American Community Survey
	Percent uninsured	Percent of total population without health insurance coverage	2015-2019	American Community Survey
	Pre-term births	Percent of total births that occur before 37 weeks of pregnancy	2016-2018	HRSA Area Resource File
	Primary care physicians per 100,000 population	Number of primary care physicians practicing general family medicine, general practice, general internal medicine, and general pediatrics per 100,000 population	2018	HRSA Area Resource File
	Uninsured children	Percent of children under age 18 without health insurance coverage	2015-2019	American Community Survey
Cancer	Breast cancer incidence	Average age-adjusted incidence of female breast cancer per 100,000 female population	2013-2017	NCI State Cancer Profiles
	Cancer deaths	Average age-adjusted deaths due to malignant neoplasm (cancer) per 100,000 population	2013-2017	NCI United States Cancer Statistics
	Colorectal cancer incidence	Age-adjusted incidence of colon and rectum cancer cases per 100,000 population	2013-2017	NCI State Cancer Profiles
	Lung cancer incidence	Average age-adjusted incidence of lung cancer per 100,000 population	2013-2017	NCI State Cancer Profiles
	Prostate cancer incidence	Average age-adjusted incidence of prostate cancer per 100,000 male population	2013-2017	NCI State Cancer Profiles
Chronic disease and disability	Adults reporting poor or fair health	Percent of adults that report having poor or fair health	2020	Behavioral Risk Factor Surveillance System
	Asthma prevalence	Percent of the Medicare fee-for-service population with a diagnosis of asthma	2018	Center for Medicare and Medicaid Services
	Diabetes prevalence	Percent of adults age 20 years and older that have ever been told by a doctor that they have diabetes	2017	Center for Medicare and Medicaid Services
	Heart disease deaths	Annual average age-adjusted deaths due to coronary heart disease per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke

Health Topic	Measure	Definition	Year	Source
	Heart disease prevalence	Percent of adults age18 and older that have ever been told by a doctor that they have coronary heart disease or angina	2018	Center for Medicare and Medicaid Services
	Poor physical health (days per month)	Age-adjusted average number of self-reported physically unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Population with any disability	Percent of population with any disability	2015-2019	American Community Survey
	Stroke deaths	Annual average age-adjusted deaths due to cerebrovascular disease (stroke) per 100,000 population	2016-2018	CDC, Interactive Atlas of Heart Disease and Stroke
	Stroke prevalence	Percent of the Medicare fee-for-service population diagnosed with stroke	2017	Center for Medicare and Medicaid Services
Climate and environment	Air pollution: PM2.5 concentration	The average modeled particulate matter 2.5 concentration in PM2.5 in µg/m³	2018	Harvard University Project (UCDA)
	Coastal flooding risk	Risk of water inundating or covering normally dry coastal land as a result of high or rising tides or storm surges	2020	FEMA National Risk Index
	Drought risk	Risk of deficiency of precipitation over an extended period of time resulting in a water shortage	2020	FEMA National Risk Index
	Heat wave risk	Risk of abnormally and uncomfortably hot and unusually humid weather typically lasting two or more days with temperatures outside the historical average	2020	FEMA National Risk Index
	Respiratory Hazard Index	Index estimating the non-cancer respiratory risk for adverse health effects over a lifetime	2014	EPA National Air Toxics Assessment
	River flooding risk	Risk of streams and rivers exceeding the capacity of their natural or constructed channels and overflowing banks, spilling into adjacent low-lying, dry land	2020	FEMA National Risk Index
	Road network density	Road miles per square mile of area	2013	EPA Smart Location Mapping
	Tree canopy cover	Percent of land within the report area that is covered by tree canopy	2016	US Geological Survey; National Land Cover Database
Community safety	Injury deaths	Number of deaths from intentional and unintentional injuries per 100,000 population	2020	NCHS National Vital Statistics System
	Motor vehicle crash deaths	Age-adjusted number of deaths due to motor vehicle crashes per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Pedestrian accident deaths	Number of deaths due to pedestrian accidents per 100,000 population	2015-2019	NCHS National Vital Statistics System
	Violent crimes	Number of violent crime offenses (including homicide, rape, robbery and aggravated assault) reported by law enforcement per 100,000 population	2014-2018	FBI Uniform Crime Reports

Health Topic	Measure	Definition	Year	Source
Demographics	% American Indian/Alaska native population	Percent of the total population that identify as American Indian/Alaska native, non-Hispanic	2020	Esri Demographics
	% Asian population	Percent of the total population that identify as Asian, non-Hispanic	2020	Esri Demographics
	% Black population	Percent of the total population who identify as Black or African American, non-Hispanic	2020	Esri Demographics
	% Latinx population	Percent of the total population that identify as ethnically Hispanic	2020	Esri Demographics
	% Multiracial population	Percent of the total population that identify as multiple races, non-Hispanic	2020	Esri Demographics
	% Native Hawaiian/other Pacific Islander population	Percent of the total population that identify as Native Hawaiian/other Pacific Islander, non-Hispanic	2020	Esri Demographics
	% Some other race population	Percent of the total population that identify as some other race, non-Hispanic	2020	Esri Demographics
	% White population	Percent of the total population that identify as White, non-Hispanic	2020	Esri Demographics
	Life expectancy	The average number of years a person can expect to live at birth	2010-2015	NCHS US Small-area Life Expectancy Estimates Project
	Median age	Population median age	2015-2019	American Community Survey
	Population age 65+	Percent of total population age 65 and older	2015-2019	American Community Survey
	Population density	Population per square mile	2020	Esri Demographics
	Population under age 18	Percent of the population aged 5 to 17 years	2015-2019	American Community Survey
	Total population	Total population	2020	Esri Demographics
Disparity measure	Neighborhood Deprivation Index	Standardized Neighborhood Deprivation Index (NDI)	2019	UCDA calculation with ACS data
Education	Adults with no high school diploma	Percent of the population over age 25 with less than a high school degree	2015-2019	American Community Survey
	Adults with some college education	Population of the population over age 25 with some college education	2015-2019	American Community Survey
	Elementary school proficiency index	Performance of 4th grade students on state exams	2020	HUD Policy Development and Research
	On-time high school graduation	Percentage of 9th grade cohort receiving their high school diploma within four years	Var-ies	Dept of Education ED Facts and state data sources
	Preschool enrollment	Percent of the population age 3 to 4 years that is enrolled in preschool	2015-2019	American Community Survey
Family and social support	Children in single-parent households	Percent of children that live in households with only one parent present	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
	Limited English Proficiency	Percent of the population age 5 years and older that speak a language other than English at home and speak English less than "very well"	2015-2019	American Community Survey
	Percent over age 75 with a disability	Percent of the population age 75 years and older with a disability	2015-2019	American Community Survey
	Population 65 and older living alone	Percent of total households with someone 65 and older living alone	2015-2019	American Community Survey
Food security	Convenience stores per 1,000 pop	Number of convenience stores per 1,000 population	2016	USDA Food Environment Atlas
	Food insecure	Estimated percentage of the total population in food-insecure households	2018	Feeding America
	Grocery stores per 1,000 pop	Number of grocery stores per 1,000 population	2020	USDA Food Environment Atlas
	Low access to grocery store	Percent of population with low access to a grocery store	2015	USDA Food Environment Atlas
	SNAP enrollment	Estimated percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits	2015-2019	American Community Survey
	Supercenters and club stores per 1,000 pop	Number of supercenters and club stores per 1,000 population	2016	USDA Food Environment Atlas
HEAL opportunities	Exercise opportunities	Percent of the population that live in close proximity to a park or recreational facility	2020	Esri, Business Analyst
	Food Environment Index	An index of affordable, close, and nutritious food retailers in a community	2020	USDA Food Environment Atlas
	Obesity (Adult)	Percentage of adults 20 years and older that self-report having a Body Mass Index (BMI) greater than 30.0	2018	National Center for Chronic Disease Prevention and Health Promotion
	Physical inactivity (Adult)	Percent of adults aged 20 years and older that self-report not participating in physical activities or exercise	2018	National Center for Chronic Disease Prevention and Health Promotion
	Walkability index	Index scores walkability depending upon characteristics of the built environment that influence the likelihood of walking being used as a mode of travel	2012	EPA Smart Location Mapping
Housing	Home ownership rate	Percent of population that owns a home	2015-2019	American Community Survey
	Housing affordability index	Index of the ability of a typical resident to purchase an existing home in the area	2020	Esri Business Analyst
	Median rental cost	Median gross rent plus estimated cost of utilities and fuels	2015-2019	American Community Survey
	Moderate housing cost burden	Percent of households with housing costs greater than 30% but less than 50% of monthly income	2015-2019	American Community Survey

Health Topic	Measure	Definition	Year	Source
	Overcrowded housing	Percentage of housing units with more than 1 occupant per room	2015-2019	American Community Survey
	Percent of income for mortgage	Percent of income spent on home mortgage	2020	Esri Business Analyst
	Severe housing cost burden	Percentage of households with housing costs are greater than 50% of income	2015-2019	American Community Survey
Income and employment	Children living in poverty	Percent of children aged 0 to 17 years that live in households with incomes below the Federal Poverty Level (FPL)	2015-2019	American Community Survey
	Free and reduced price lunch	Percent of public school students eligible for free or reduced price school meals	2017-2018	National Center for Education Statistics
	High speed internet	Percent of population with access to high-speed internet	2015-2019	American Community Survey
	Income inequality - Gini index	Measure of statistical dispersion representing the degree of income inequality or wealth inequality in an area	2015-2019	American Community Survey
	Jobs Proximity Index	Index of geographic access to job opportunities	2014	HUD Policy Development and Research
	Median household income	Median inflation-adjusted household income	2015-2019	American Community Survey
	Poverty rate	Percent of households with income in the past 12 months below the Federal Poverty Level	2015-2019	American Community Survey
	Unemployment rate	Percent of population age 16 years and older that is unemployed and seeking work	2020	Esri Demographics
	Young people not in school and not working	Percent of youth age 16 to 19 years who are not currently enrolled in school or employed	2015-2019	American Community Survey
Mental/ behavioral health	Deaths of despair	Age-adjusted rate of death due to suicide, alcohol-related disease, and drug overdoses per 100,000 population	2018	National Center for Health Statistics
	Mental health providers per 100,000 pop	Number of mental healthcare providers per 100,000 population	2019	CMS National Provider Identification
	Poor mental health (days per month)	Age-adjusted average number of self-reported mentally unhealthy days per month among adults	2020	Behavioral Risk Factor Surveillance System
	Suicide deaths	Age-adjusted rate of death due to intentional self-harm per 100,000 population	2020	NCHS National Vital Statistics System
Sexual health	Chlamydia incidence	Incidence rate of chlamydia cases per 100,000 population per year	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	HIV/AIDS deaths	Rate of death due to HIV and AIDS per 100,000 population	2016-2018	HRSA Area Resource File
	HIV/AIDS prevalence	Prevalence of HIV infection per 100,000 population	2018	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Health Topic	Measure	Definition	Year	Source
	Teen births	Estimated teen birth rates per 1,000 females aged 15–19 years	2018	National Center for Health Statistics
Substance use	Current smokers	Percent of adults aged 18 years and older that self-report smoking cigarettes some days, most days or every day	2020	Behavioral Risk Factor Surveillance System
	Excessive drinking	Percent of adults aged 18 years and older that self-report heavy alcohol consumption	2020	Behavioral Risk Factor Surveillance System
	Impaired driving deaths	Percent of motor vehicle crash deaths in which alcohol played a role	2014-2018	NHTSA Fatality Analysis Reporting System
	Opioid overdose deaths	Age-adjusted opiate Death Rate per 100,000 population	2015-2019	NCHS National Vital Statistics System
Transportation	Workers commuting by transit, biking or walking	Percent of population age 16 years and older who use public transit, bike or walk to work	2015-2019	American Community Survey
	Workers driving alone to work	Percent of population age 16 years and older who drive alone to work via car, truck, or van	2015-2019	American Community Survey
	Workers driving alone with long commutes	Percent of population age 16 years and older who drive alone to work with a commute time longer than 60 minutes	2015-2019	American Community Survey

ii. Other secondary data sources

Data Source	Date	Link
Alameda County Public Health	2021	Data emailed from source
Bay Area Equity Atlas	2019	https://bayareaequityatlas.org/
California Health Interview Survey (CHIS)	2020	https://healthpolicy.ucla.edu/chis/about/Pages/about.aspx
California Healthy Kids Survey (CHKS)	2017-2019	https://calschls.org/
City of Oakland	2021	https://cityofoakland2.app.box.com/s/xqloqg6rpaljxz6h0cajle6skmoea5ct/file/856855404757
City of San Leandro	2021	https://civicaadmin.sanleandro.org/civicax/filebank/blobdload.aspx?BlobID=3216
Everyone Home	2019	https://everyonehome.org/wp-content/uploads/2019/07/2019_HIRDReport_Alameda_FinalDraft_8.15.19.pdf https://everyonehome.org/wp-content/uploads/2019/12/2019-Hayward-Final-Report.pdf
Public Health Alliance of Southern California	2021	https://map.healthyplacesindex.org/
UCLA LPPI Census Analysis Shows California has 11 Majority-Latino Counties	2020	https://latino.ucla.edu/
United States Census Bureau, American Community Survey	2019	https://data.census.gov/cedsci/table?q=acs
www.kidsdata.org, a program of Population Reference Bureau.	2021	https://www.kidsdata.org/topic/764/food-insecurity/table#fmt=2955&loc=2,127,171&tf=124&sortType=asc https://www.kidsdata.org/topic/742/calfresh/table#fmt=2261&loc=127,2,171&tf=110&sortType=asc

Appendix E: Alameda County CHNA Secondary Data Table

Prevalence/incidence rates for indicators of health status, behavior, and risk factors are shown below for Central Alameda County and Alameda County in comparison to statistics for the State of California. Indicators (percentage of county population or a rate per designated number of residents) are presented for 15 health need categories as organized in the Kaiser Permanente Community Health Data Platform.

Health Need	Indicator	Central Alameda County (# or %)	Alameda County (# or %)	California (# or %)
Access to care	Low birth weight births	7%	7%	7%
	Pre-term births	9%	9%	9%
	Dentists per 100,000 population	96	96	87
	Infant deaths	4	4	4
	Primary care physicians per 100,000 population	110	110	80
	Uninsured children	3	2%	3%
	Percent uninsured	9%	4%	8%
	Medicaid/public insurance enrollment	37%	30%	38%
Cancer	Breast cancer incidence	122	122	121
	Colorectal cancer incidence	34	34	35
	Cancer deaths	135	135	143
	Lung cancer incidence	41	41	41
	Prostate cancer incidence	92	92	93
Chronic disease and disability	Asthma prevalence	6%	6%	5%
	Diabetes prevalence	27%	27%	28%
	Heart disease deaths	112	112	144
	Stroke deaths	40	40	37
	Heart disease prevalence	13%	13%	15%
	Poor physical health (days per month)	3	3	4
	Adults reporting poor or fair health	12%	12%	16%
	Population with any disability	10%	9%	11%
	Stroke prevalence	4%	4%	4%
Climate and environment	Tree canopy cover	3	3	4
	Coastal flooding risk	0.7	5	0.2
	Drought risk	1	27	3
	Heat wave risk	8	9	8
	Air pollution: PM2.5 concentration	14	9	12
	River flooding risk	8	16	6
	Respiratory Hazard Need Rating	0.4	0.4	1
	Road network density	21	23	18
Community safety	Violent crimes	629	629	418
	Injury deaths	42	42	50
	Motor vehicle crash deaths	6	6	10
	Pedestrian accident deaths	2	2	3
Education	Education - Preschool enrollment	49%	58%	51%
	Education - On-time high school graduation	87%	87%	84%
	Education - Elementary school proficiency index	31	53	49
	Education - Adults with some college education	20%	17%	21%
	Education - Adults with no high school diploma	18%	12%	18%

Health Need	Indicator	Central Alameda County (# or %)	Alameda County (# or %)	California (# or %)
Family and social support	Children in single-parent households	31%	26%	32%
	Limited English Proficiency	11%	9%	10%
	Percent over age 75 with a disability	51%	49%	51%
	Population 65 and older living alone	2%	2%	2%
Food security	SNAP enrollment	9%	7%	10%
	Convenience stores per 1,000 population	0.2	0.2	0.2
	Food Environment Need Rating	8	8	8
	Grocery stores per 1,000 population	0.2	0.2	0.2
	Low access to grocery store	7%	7%	12%
	Supercenters and club stores per 1,000 population	0.4	0.4	1
	Food insecure	9%	9%	11%
HEAL opportunities	Obesity (Adult)	23%	23%	25%
	Exercise opportunities	100%	100%	93%
	Physical inactivity (Adult)	15%	15%	18%
	Walkability index	14	14	11
Housing	Overcrowded housing	11%	8%	8%
	Moderate housing cost burden	22%	20%	21%
	Severe housing cost burden	18%	17%	19%
	Median rental cost	$1,892	$1,972	$1,689
	Home ownership rate	56%	54%	55%
	Housing affordability index	83	77	88
	Percent of income for mortgage	30%	33%	31%
Income and employment	High speed internet	87%	89%	86%
	Children living in poverty	13%	11%	17%
	Poverty rate	10%	10%	13%
	Unemployment rate	15%	14%	16%
	Income inequality - Gini index	0.4	0.4	0.4
	Young people not in school and not working	2%	2%	2%
	Jobs Proximity Index	31	46	48
	Median household income	$88,634	$107,216	$82,053
	Free and reduced price lunch	47%	33%	44%
Mental/behavioral health	Deaths of despair	27	27	34
	Suicide deaths	9	9	11
	Poor mental health (days per month)	3	3	4
	Mental health providers per 100,000 population	614	614	352
Sexual health	Teen births	7	7	13
	Chlamydia incidence	583	583	585
	HIV/AIDS deaths	23	23	74
	HIV/AIDS prevalence	427	427	390
Substance use	Current smokers	10%	10%	11%
	Impaired driving deaths	26%	26%	29%
	Opioid overdose deaths	4	4	6
	Excessive drinking	20%	20%	20%
Transportation	Workers driving alone to work	70%	62%	74%
	Workers driving alone with long commutes	14%	13%	11%
	Workers commuting by transit, biking or walking	13%	20%	8%

Appendix F: Priority Community Profiles

The Priority Community Profile examines root causes of health through the Healthy Places Index (HPI), which scores the overall health of California cities and counties using 25 indicators. HPI indicators reflect the social determinants of health, or the community conditions that affect health and well-being. The HPI compares all California communities to create scores for individual geographies. The subsequent tables compare the priority communities to the healthiest communities in Alameda County to identify disparities. The higher the HPI score, the healthier the geography is for that indicator. Definitions for the HPI indicators are provided below.

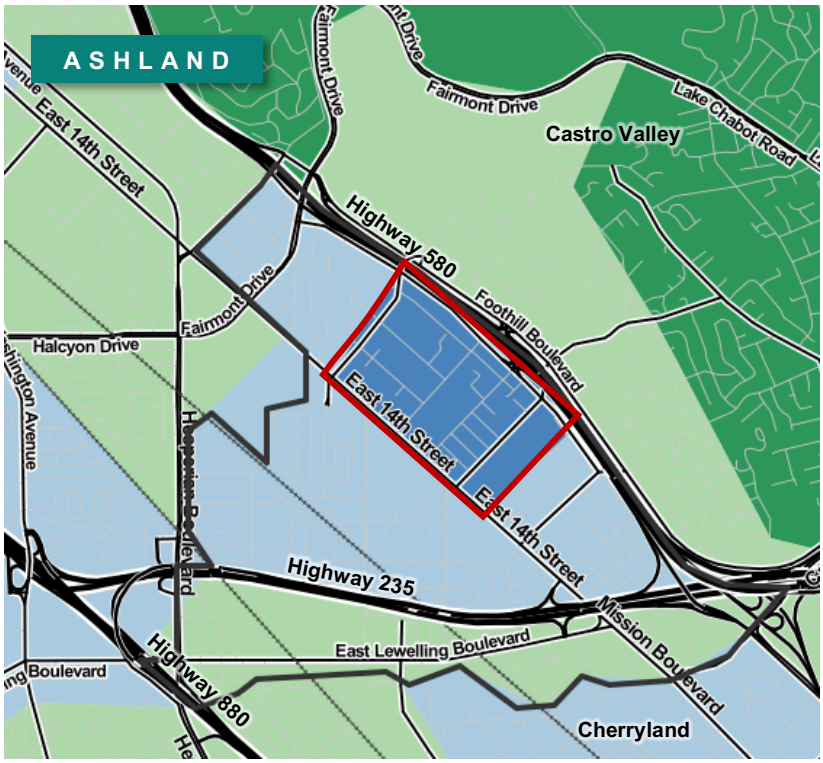
HPI Indicator	Definition
Economic	
Employed	Percentage of people aged 25-64 who are employed
Income	Median annual household income
Housing	
Homeownership	Percentage of homeowners
Housing Habitability	Percent of households with basic kitchen facilities and plumbing
Low-Income Homeowner Severe Housing Cost Burden	Percentage of low-income homeowners who pay more than 50% of their income on housing costs
Low-income Renter Severe Housing Cost Burden	Percentage of low-income renters who pay more than 50% of their income on housing costs
Uncrowded Housing	Percentage of households with 1 or less occupant per room
Education	
Bachelor's Education or Higher	Percentage of people over age 25 with a bachelor's education or higher
High School Enrollment	Percentage of 15-17 year olds in school
Preschool Enrollment	Percentage of 3 and 4 year olds in school
Social	
Two Parent Household	Percentage of children with two married or partnered parents/caregivers
Voting	Percentage of registered voters who voted in the 2012 general election
Healthcare Access	
Insured Adults	Percentage of adults aged 18 to 64 years with health insurance
Transportation	
Automobile Access	Percentage of households with access to an automobile
Active Commuting	Percentage of workers (16 years and older) who commute to work by transit, walking, or cycling
Neighborhood	
Alcohol Access	Percentage of people who live more than ¼ mile of a store that sells alcohol
Park Access	Percentage of the population living within walkable distance (half-mile) of a park, beach, or open space greater than 1 acre
Retail Density	Number of retail, entertainment and education jobs per acre. Communities with mixed land use, and easy access to jobs, schools, shops, and essential services.
Supermarket Access	Percentage of people in urban areas who live less than a half mile from a supermarket/large grocery store, or less than 1 mile in rural areas
Tree Canopy	Percentage of land with tree canopy (weighted by number of people per acre)
Clean Environment	
Diesel Particulate Matter	Average daily amount of particulate pollution (very small particles) from diesel sources (during July)
Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations
Ozone	Average amount of ozone in the air during the most polluted 8 hours of summer days
Particulate Matter 2.5	Yearly average of fine particulate matter concentration from various sources

Central Alameda County Priority Communities: Hayward, Ashland, Cherryland and Castro Valley

Hayward, Ashland, Cherryland and Castro Valley, located in central Alameda County, reflect the diverse population and geographic disparities existing in the County. Ashland, Cherryland and Castro Valley are unincorporated areas within Alameda County and Hayward is a city. This profile presents demographic and root causes of health data for each community, a Census Tract within each community, and Alameda County overall, including scores from the Healthy Places Index (HPI). The HPI includes 25 indicators related to root causes of health and compares all California communities to create scores for individual geographies. The higher the HPI score, the healthier the geography. The maps below illustrate health disparities and inequities between neighborhoods, where areas shaded light and dark blue have fewer community resources needed for health and wellbeing.

Demographics & Socioeconomics

Ashland is home to 24,430 people.



This map[3] illustrates variation in the Healthy Places Index (HPI) for Census Tracts in ASHLAND, highlighting inequities among Ashland's neighborhoods. Most of Ashland receives a low HPI score, though the Census on Ashland's borders have higher HPIs. The lowest HPI Census Tract in Ashland, Census Tract 4339, is outlined in red and ranks in the bottom quarter of CA communities at 22%.

Overall HPI Score Percentile:

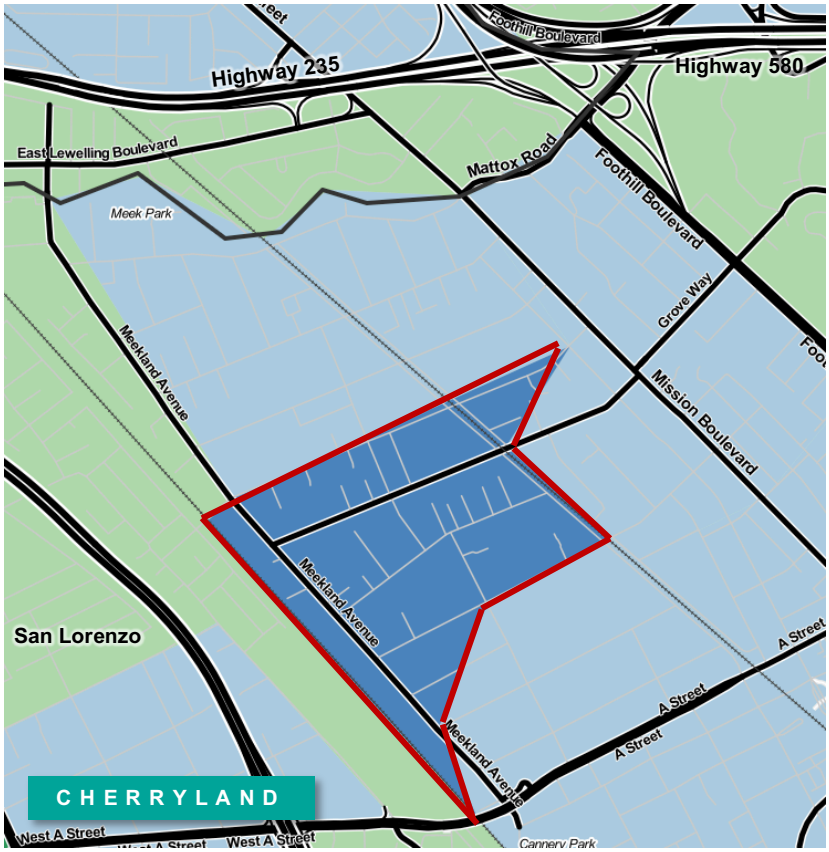
0-25% 25-50% 50-75% 75-100%

Ashland's population is just under half Latinx (Hispanic) (45%) along with significant White (38%) and Asian (24%) populations (Table 1). In Ashland's lowest HPI Census Tract, 4339, the population has a slightly smaller proportion of Latinx (Hispanic) residents (41%) and just under a quarter of residents are Black/African American (23%), with representation from White (34%) and Asian (16%) populations as well. The percentage of people living in poverty is higher in Ashland (14%) and its lowest HPI Census Tract (16%) than Alameda County overall (9%) (Table 2), and Ashland (19%) and its lowest HPI Census Tract (21%) have double the percentage of children (0-18) in poverty as compared to Alameda County (10%); there is substantial poverty among seniors (>65) (29%) in the lowest HPI Census Tract-–three

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

times more than the County overall (10%). Just under a quarter of Ashland residents (24%) do not have a high school diploma and the proportion with no diploma rises to almost a third in Ashland's lowest HPI Census Tract (29%).

Cherryland is home to 16,066 residents.



This map[4] illustrates the HPI for Census Tracts in CHERRYLAND, highlighting inequities among Cherryland's neighborhoods. Most Census Tracts in Cherryland have HPI scores among the bottom half of CA communities. The lowest HPI Census Tract in Cherryland, Census Tract 4356.01, is outlined in red and ranks in the bottom quarter of CA communities, with an HPI score of 18%.

Overall HPI Score Percentile:

0-25% 25-50% 50-75% 75-100%

Cherryland's population is majority Latinx (Hispanic) (56%) and just under half White (45%) (Table 1). There is significant representation from Other (25%), Black/African American (13%) and Asian (10%) residents. Cherryland's lowest HPI Census Tract has a similar racial/ethnic make up. There is double the percentage of residents living in poverty in Cherryland (18%) as compared to Alameda County (9%) and just over a quarter of Cherryland's children (0-18) live in poverty (26%). (Table 2). Cherryland's lowest HPI Census Tract has lower poverty than Cherryland, but these rates are substantially higher than the County poverty rates for children (0-18) (19%), seniors (>65) (11%) and overall (13%). Unemployment in Cherryland (8%) is double Alameda County's unemployment (4%) and more than a quarter of residents in Cherryland (25%) and its lowest HPI Census Tract (27%) do not have a high school diploma.

[4] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

Table 1: Ashland and Cherryland Demographic Characteristics[5, 6, 7, 8, 9]

Category	Group	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Alameda County
Race	White	38%	34%	45%	38%	39%
	Black	14%	23%	13%	13%	11%
	Asian	24%	16%	10%	13%	31%
	Other	16%	15%	25%	30%	11%
	Multiracial	6%	8%	3%	4%	6%
	American Indian/Alaska Native	1%	3%	1%	<1%	<1%
	Native Hawaiian/Pacific Islander	1%	1%	3%	2%	<1%
Ethnicity	Hispanic	45%	41%	56%	57%	22%
	Non-Hispanic	55%	59%	44%	43%	78%
Gender	Female	53%	55%	47%	51%	51%
	Male	46%	45%	53%	49%	49%
Age	Under 5	7%	10%	7%	8%	6%
	5-9	7%	5%	7%	8%	5%
	10-19	13%	13%	12%	14%	12%
	20-44	40%	40%	38%	42%	38%
	45-64	25%	25%	26%	23%	25%
	>65	8%	7%	10%	5%	14%

Table 2: Ashland and Cherryland Socioeconomic Status[10,11,12, 13, 14]

Indicator	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Alameda County
Living in poverty (<100% Federal Poverty Level)	14%	16%	18%	13%	9%
Children (0-18) in poverty	19%	21%	26%	19%	10%
Seniors (>65) in poverty	15%	29%	16%	11%	10%
Unemployment	7%	11%	8%	5%	4%
Uninsured population	6%	7%	7%	5%	5%
Adults with no high school diploma	24%	29%	25%	27%	12%

[5] United States Census Bureau (2019). American Community Survey. Demographic Information for Ashland. https://data.census.gov/cedsci/table?q=ashland%20ca%20acs
[6] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4339. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001433900
[7] United States Census Bureau (2019). American Community Survey. Demographic Information for Cherryland. https://data.census.gov/cedsci/table?q=cherryland%20ca%20acs
[8] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4356.01. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001435601
[9] United States Census Bureau (2019). American Community Survey. Demographic Information for Alameda County. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs
[10] United States Census Bureau. https://data.census.gov/cedsci/table?q=ashland%20ca%20acs
[11] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001433900
[12] United States Census Bureau. https://data.census.gov/cedsci/table?q=cherryland%20ca%20acs
[13] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001435601
[14] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

Root Causes of Health

Ashland's overall Healthy Places Index rating is in the bottom third of CA at 33% while Alameda County's healthiest communities rank above 89% of the state (Table 3). Ashland's lowest HPI Census Tract performs in the bottom quarter of CA communities at 22%. Ashland and its lowest HPI Census Tract score lower than the Alameda County's healthiest communities on economic, housing, education, social, and healthcare indicators; Ashland's lowest HPI Census Tract also scores worse in transportation. The indicators for neighborhood and clean environment are similar for Ashland, its lowest HPI Census Tract, and the County.

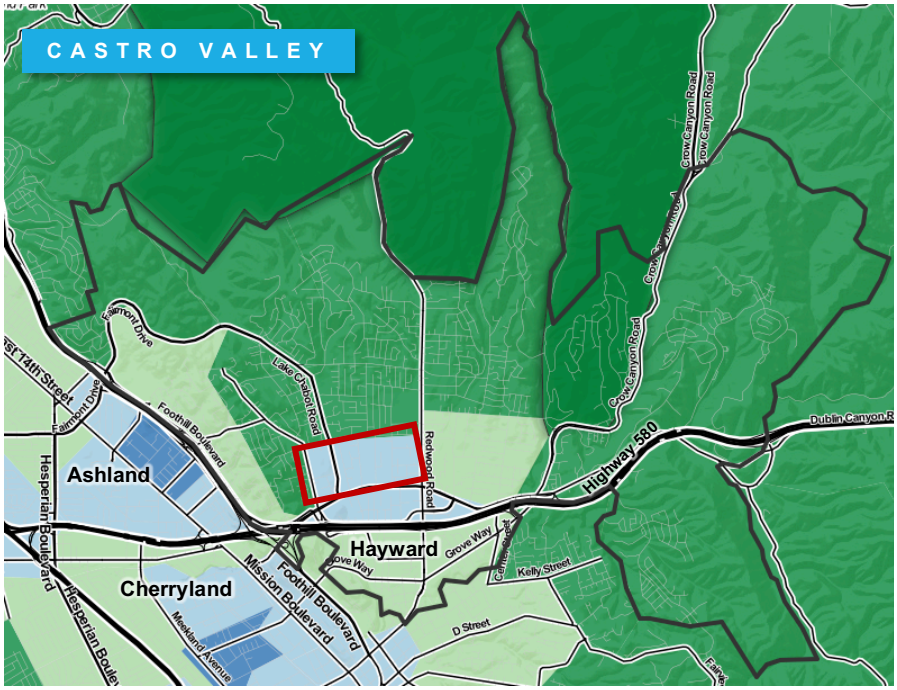
Cherryland's overall Healthy Places Index rating is also low, better than 29% of CA communities and poor compared to Alameda County's healthiest communities (Table 3). Cherryland's lowest HPI Census Tract scores below the majority of CA communities at 18%. Cherryland scores lower than the healthiest Alameda County communities on economics, housing, education, social conditions, healthcare access, and neighborhood indicators; Cherryland's lowest HPI Census Tract scores even lower on most of these categories. While Cherryland scores slightly below the County's healthiest communities on clean environment, Cherryland's lowest HPI Census Tract scores above the County's healthiest communities in this category.

Table 3: Healthy Places Index (HPI) Rankings of Root Causes of Health[15]

Category	Ashland	Lowest HPI Census Tract (4339)	Cherryland	Lowest HPI Census Tract (4356.01)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	33	22	29	18	89	
Economic	39	19	42	32	89	• Employment • Median Income
Housing	10	7	17	24	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	32	41	7	2	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	11	7	18	29	43	• Two Parent Households • Voting in 2012
Healthcare Access	33	36	40	27	86	• Insured
Transportation	78	51	49	21	95	• Automobile Access • Active Commuting
Neighborhood	49	53	25	24	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	77	89	66	79	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

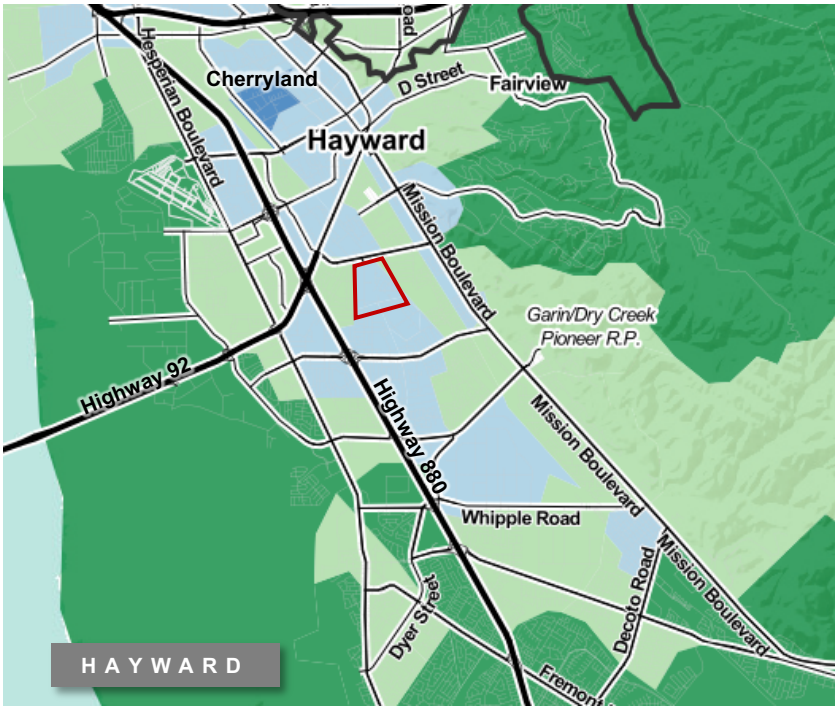
[15] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/
[16] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/



This map[16] illustrates variation in the HPI for Census Tracts in CASTRO VALLEY, highlighting inequities among Castro Valley's neighborhoods. While most of Castro Valley has high HPI scores, its lowest scoring Census Tract, 4309, outlined in red on the map, ranks in the bottom half of CA communities, with an HPI score of 43%.

The population of Castro Valley is just over one quarter Asian (27%) and just over half White (53%) (Table 4). There are smaller proportions of Hispanic and Black/African American residents at 15% and 8%. Castro Valley's lowest HPI Census Tract's population is majority White (59%), with representation from Hispanic (21%), Asian (19%) and Black/African American (10%) populations. The percentage of Castro Valley residents living in poverty is lower than Alameda County overall for adults (7% versus 9%), children (0-18) (8% versus 10%) and seniors (>65) (6% versus 10%) (Table 5). Castro Valley's lowest HPI Census Tract has double the percentage of residents living in poverty (21%) and triple the percentage of children (0-18) (29%) in poverty when compared with Castro Valley and the County. The Castro Valley population has fewer adults without a high school diploma (8%) and a slightly smaller uninsured population (3%) than Alameda County (Table 5), while Castro Valley's lowest HPI Census Tract has higher unemployment (7%) and a higher percentage of adults without a high school diploma (15%) than Castro Valley and the county overall (8%, 12%).

Hayward is home to 159,293 people.



This map[17] illustrates variation in the HPI for Census Tracts in HAYWARD, highlighting inequities among Hayward's neighborhoods. Many Census Tracts in Central Hayward have HPI scores among the bottom half of CA communities. The lowest HPI Census Tract in Hayward, 4375, is outlined in red and ranks near the bottom quarter of CA communities at 26%.

Overall HPI Score Percentile:

0-25% 25-50% 50-75% 75-100%

Hayward's population is diverse with just under 40% of the population identifying as Latinx (Hispanic) (39%) while Asians (30%) and Whites (29%) each account
for approximately 30% of the population (Table 4); 21% of the population identifies as Other race and 9% identify as Black/African American. Hayward's lowest HPI Census Tract's population is 66% Latinx (Hispanic) and 39% White, with representation from Other race (36%) and Asian (16%). Hayward and its lowest HPI Census Tract have similar economic characteristics (Table 5) to Alameda County overall, although they each have a smaller percentage of seniors (>65) in poverty (7% Hayward, 6% lowest HPI Census Tract, 10% Alameda County) and a substantially
larger proportion of adults without a high school diploma (17% Hayward, 29% lowest HPI Census Tract, 12% Alameda County) (Table 5).

[17] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

Table 4: Castro Valley and Hayward Demographic Characteristics[18,19,20,21,22]

		CASTRO VALLEY		HAYWARD		
Category	Group	City	Lowest HPI Census Tract (4309)	City	Lowest HPI Census Tract (4375)	Alameda County
Race	White	53%	59%	29%	39%	39%
	Black	8%	10%	9%	3%	11%
	Asian	27%	19%	30%	16%	31%
	Other	3%	3%	21%	36%	11%
	Multiracial	7%	8%	8%	5%	6%
	American Indian/Alaska Native	1%	1%	<1%	<1%	<1%
	Native Hawaiian/Pacific Islander	<1%	<1%	3%	<1%	<1%
Ethnicity	Hispanic	15%	21%	39%	66%	22%
	Non-Hispanic	85%	79%	61%	34%	78%
Gender	Female	51%	52%	49%	51%	51%
	Male	49%	48%	51%	49%	49%
Age	Under 5	6%	8%	5%	8%	6%
	5-9	6%	9%	5%	8%	5%
	10-19	11%	11%	12%	20%	12%
	20-44	31%	37%	40%	37%	38%
	45-64	30%	21%	25%	18%	25%
	>65	16%	14%	13%	9%	14%

Table 5: Castro Valley and Hayward Socioeconomic Status [23,24,25,26,27]

Indicator	Castro Valley	Lowest HPI Census Tract (4309)	Hayward	Lowest HPI Census Tract (4375)	Alameda County
Living in poverty (<100% Federal Poverty Level)	7%	21%	9%	11%	9%
Children (0-18) in poverty	8%	29%	10%	10%	10%
Seniors (>65) in poverty	6%	11%	7%	6%	10%
Unemployment	4%	7%	4%	5%	4%
Uninsured population	3%	3%	5%	4%	5%
Adults with no high school diploma	8%	15%	17%	29%	12%

[18] United States Census Bureau (2019). American Community Survey. Demographic Information for Castro Valley. https://data.census.gov/cedsci/table?q=castro%20valley%20acs
[19] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4309. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001430900
[20] United States Census Bureau (2019). American Community Survey. Demographic Information for Hayward. https://data.census.gov/cedsci/table?q=Hayward%20ca%20acs
[21] United States Census Bureau (2019). American Community Survey. Demographic Information for Census Tract 4375. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001437500
[22] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs
[23] United States Census Bureau. https://data.census.gov/cedsci/table?q=castro%20valley%20acs
[24] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001430900
[25] United States Census Bureau. https://data.census.gov/cedsci/table?q=Hayward%20ca%20acs
[26] United States Census Bureau. https://data.census.gov/cedsci/table?q=acs&g=1400000US06001437500
[27] United States Census Bureau. https://data.census.gov/cedsci/table?q=Alameda%20county%20acs

Root Causes of Health

Castro Valley's overall Healthy Places Index score is higher than 80% of CA communities but slightly lower than Alameda County's healthiest communities which rank above 89% of CA communities (Table 6). Castro Valley's lowest HPI Census Tract scores in the bottom half of CA communities at 43%. Castro Valley ranks appreciably lower than the healthiest Alameda County communities on education while the lowest HPI Census Tract ranks substantially lower in economic, housing, education, social and neighborhood indicators. Castro Valley's lowest HPI Census Tract performs better than Alameda's healthiest communities on clean environment.

Hayward's overall Healthy Places Index rating is better than 58% of CA communities, but notably worse than Alameda County's healthiest communities which score above 89% of CA (Table 6). Hayward's lowest HPI Census Tract scores just over the bottom quarter of CA communities at 26%. Hayward scores substantially lower than Alameda County's healthiest communities in many areas: economics, education, housing and healthcare access. Hayward's lowest HPI Census Tract scores substantially lower than Hayward overall and the County's healthiest communities on economics, education, healthcare access, and transportation. Hayward and its lowest HPI Census Tract score better than Alameda County's healthiest communities and the majority of CA communities on neighborhood measures.

Table 6. Healthy Places Index (HPI) Rankings of Root Causes of Health[28]

Category	Castro Valley	Lowest HPI Census Tract (4309)	Hayward	Lowest HPI Census Tract (4375)	Healthiest Alameda County Communities	Indicators
Overall HPI Score	80	43	58	26	89	
Economic	81	43	65	16	89	• Employment • Median Income
Housing	69	31	24	26	50	• Low Income Renter & Homeowner Cost Burden • Housing Habitability • Uncrowded Housing • Homeownership
Education	68	30	44	28	91	• Preschool Enrollment • High School Enrollment • Bachelor's Education or Higher
Social	56	22	29	48	43	• Two Parent Households • Voting in 2012
Healthcare Access	81	79	46	21	86	• Insured
Transportation	89	82	81	20	95	• Automobile Access • Active Commuting
Neighborhood	49	4	75	89	55	• Retail Density • Park Access • Tree Canopy • Supermarket Access • Alcohol Outlets
Clean Environment	85	93	77	89	70	• Ozone • Particulate Matter 2.5 • Diesel Particulate Matter • Water Contaminants

Legend: = Scores worse than healthiest communities by 20+ points
= Scores better than healthiest communities by 20+ points

[28] Public Health Alliance of Southern California. Accessed at: https://map.healthyplacesindex.org/

Homeless Point in Time (PIT) Count

Ashland, Cherryland, and **Castro Valley** are unincorporated areas in Alameda County and do not have data for the homeless PIT count.[29]

Hayward's homeless population is small but notable, accounting for approximately 6% of the total Alameda County homeless count. Just under half of the residents experiencing homelessness in Hayward are white (48%) (Table 7), with substantial Black/African American (24%) and Latinx (Hispanic) (21%) homeless population.

Table 7: Point in Time Counts by Race and Ethnicity

Category	Race/Ethic Group	Hayward	Alameda County
Homeless PIT Count in 2019[30]		487	8,022
PIT Count by Race and Ethnicity	White	48%	31%
	Black	24%	47%
	Asian	2%	2%
	Other/Multiracial	14%	14%
	American Indian/Alaska Native	5%	2%
	Native Hawaiian/Pacific Islander	6%	2%
	Hispanic	21%	17%

Suicide Rate in Ashland, Cherryland, Castro Valley and Hayward[31]

Ashland & **Cherryland:** Ashland has a suicide rate of 9 per 100,000 population (data is unavailable or at 0 per 100,000 population for all races/ethnicities in Ashland). The suicide rate for Ashland is higher than Alameda County's suicide rate of 7.7 per 100,000 population. Data is unavailable or at 0 per 100,000 population for all other races/ethnicities in the Ashland. Cherryland does not have suicide rate data available.

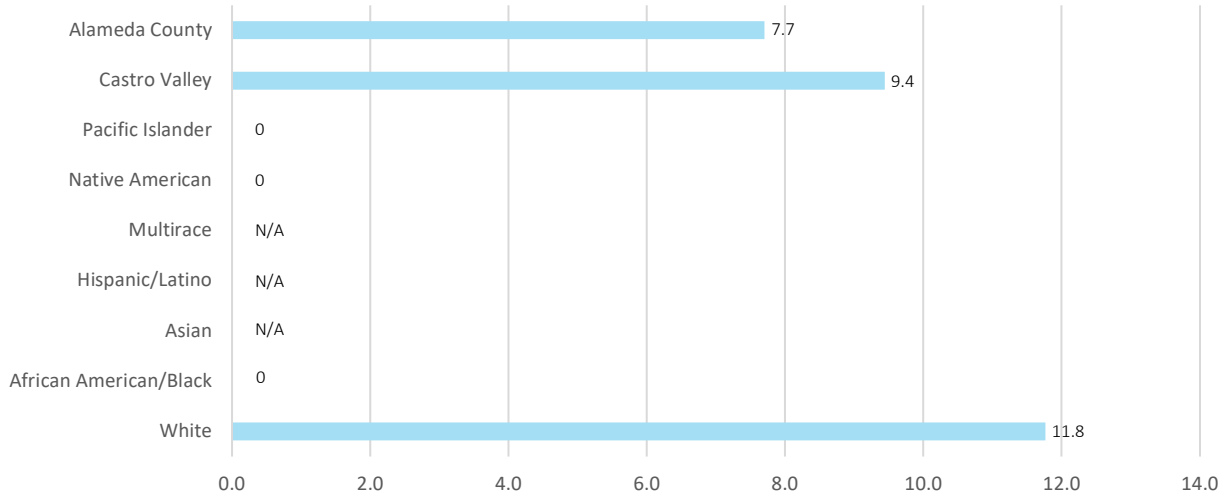
[29] Everyone Home (2019). Point in Time Count Report for Alameda County. https://everyonehome.org/wp-content/uploads/2019/07/2019_HIRDReport_Alameda_FinalDraft_8.15.19.pdf

[30] Everyone Home (2019). Point in Time Count Report for Hayward. https://everyonehome.org/wp-content/uploads/2019/12/2019-Hayward-Final-Report.pdf

[31] Alameda County Health Department Community Assessment Planning and Evaluation, with data from CCDF 2016-2021

Castro Valley's suicide rate is just over 9 per 100,000 people (Figure 2). The suicide rate for the White population is higher than the Castro Valley average at just under 12 per 100,000 population. In addition, the suicide rate for Castro Valley is higher than Alameda County's suicide rate of 7.7 per 100,000 population. Data is unavailable or at 0 per 100,000 population for all other races/ethnicities in Castro Valley.

Figure 1: Castro Valley Age-Adjusted Suicide Rate per 100,000 population



Hayward has a suicide rate just under 8 per 100,000 population, equal to Alameda County's suicide rate (Figure 3). The suicide rate for the White population is more than double the Hayward's average rate at just under 18 per 100,000 population. The Asian and Hispanic populations have suicide rates below the Hayward average. Data is unavailable or at 0 per 100,000 population for all other races/ethnicities in the City.

Figure 2: Hayward Age-Adjusted Suicide Rate per 100,000 population

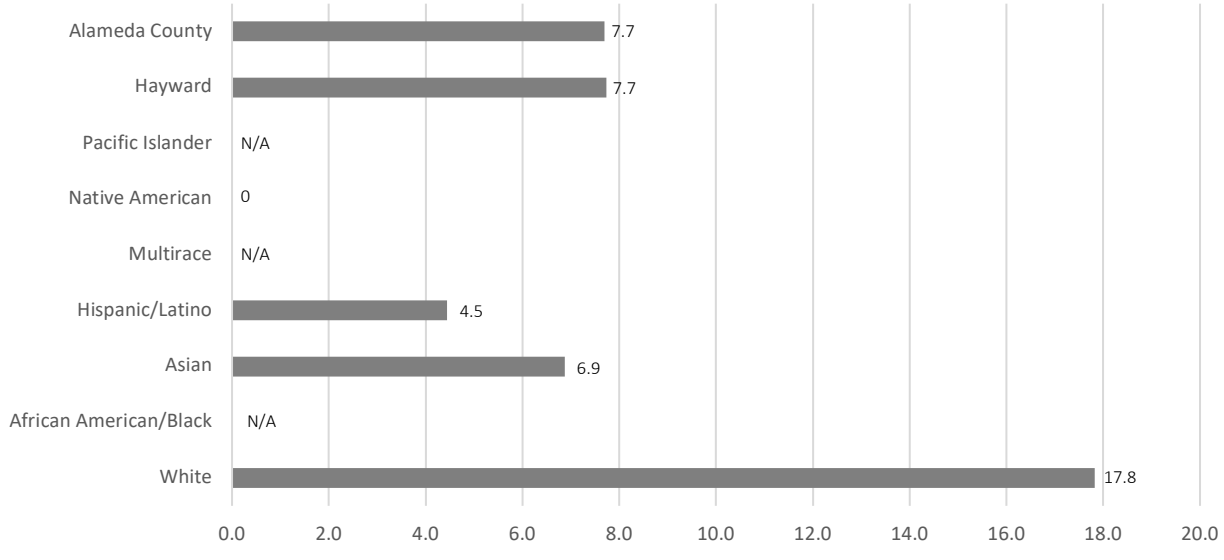


Table 8: Ashland Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities[32]

Category	Indicator	Ashland	Low HPI Census Tract (4339)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**33**	**22**	**89**
Economic	**Total Score**	**39**	**19**	**89**
	Employed	49	28	86
	Income	29	20	91
Housing	**Total Score**	**10**	**7**	**50**
	LI Renter Cost Burden	17	5	61
	LI Homeowner Cost Burden	49	25	73
	Housing Habitability	61	27	58
	Uncrowded Housing	13	14	39
	Homeownership	3	8	16
Education	**Total Score**	**32**	**40**	**91**
	Preschool Enrollment	50	91	89
	High School Enrollment	22	7	60
	Bachelor's Education or Higher	33	30	93
Social	**Total Score**	**11**	**7**	**43**
	Two Parent Households	7	2	55
	Voting in 2012	25	41	41
Healthcare Access	**Total Score/Insured**	**33**	**36**	**86**
Transportation	**Total Score**	**78**	**51**	**95**
	Automobile Access	12	27	4
	Active Commuting	92	77	96
Neighborhood	**Total Score**	**49**	**53**	**55**
	Retail Density	84	62	96
	Park Access	94	81	93
	Tree Canopy	31	36	38
	Supermarket Access	89	87	93
	Alcohol Outlets	5	13	5
Clean Environment	**Total Score**	**77**	**89**	**70**
	Ozone	93	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	2	13	2
	Water Contaminants	100	97	100

Legend: Scores worse by 20+ points than healthiest communities
Scores better by 20+ points than healthiest communities

[32] Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Table 9: Cherryland Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities[33]

Category	Indicator	Cherryland	Low HPI Census Tract (4356.01)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**29**	**18**	**89**
Economic	Total Score	42	32	89
	Employed	55	72	86
	Income	42	28	91
Housing	**Total Score**	**17**	**24**	**50**
	LI Renter Cost Burden	33	37	61
	LI Homeowner Cost Burden	67	65	73
	Housing Habitability	75	41	58
	Uncrowded Housing	14	14	39
	Homeownership	5	15	16
Education	**Total Score**	**7**	**2**	**91**
	Preschool Enrollment	30	49	89
	High School Enrollment	9	2	60
	Bachelor's Education or Higher	31	20	93
Social	**Total Score**	**18**	**29**	**43**
	Two Parent Households	17	25	55
	Voting in 2012	24	35	41
Healthcare Access	**Total Score/Insured**	**40**	**27**	**86**
Transportation	**Total Score**	**49**	**21**	**95**
	Automobile Access	14	25	4
	Active Commuting	85	62	96
Neighborhood	**Total Score**	**25**	**24**	**55**
	Retail Density	73	51	96
	Park Access	78	81	93
	Tree Canopy	27	23	38
	Supermarket Access	58	45	93
	Alcohol Outlets	5	20	5
Clean Environment	**Total Score**	**66**	**79**	**70**
	Ozone	93	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	0	5	2
	Water Contaminants	100	100	100

Legend: Scores worse by 20+ points than healthiest communities; Scores better by 20+ points than healthiest communities

[33] Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Table 10: Castro Valley Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities[34]

Category	Indicator	Castro Valley	Low HPI Census Tract (4309)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**80**	**43**	**89**
Economic	**Total Score**	**81**	**43**	**89**
	Employed	78	44	86
	Income	81	47	91
Housing	**Total Score**	**69**	**31**	**50**
	LI Renter Cost Burden	58	55	61
	LI Homeowner Cost Burden	67	34	73
	Housing Habitability	69	54	58
	Uncrowded Housing	59	32	39
	Homeownership	54	13	16
Education	**Total Score**	**68**	**30**	**91**
	Preschool Enrollment	56	31	89
	High School Enrollment	64	20	60
	Bachelor's Education or Higher	69	49	93
Social	**Total Score**	**56**	**22**	**43**
	Two Parent Households	51	10	55
	Voting in 2012	55	47	41
Healthcare Access	**Total Score/Insured**	**81**	**79**	**86**
Transportation	**Total Score**	**89**	**82**	**95**
	Automobile Access	54	35	4
	Active Commuting	88	82	96
Neighborhood	**Total Score**	**49**	**4**	**55**
	Retail Density	74	86	96
	Park Access	54	2	93
	Tree Canopy	62	36	38
	Supermarket Access	64	73	93
	Alcohol Outlets	26	13	5
Clean Environment	**Total Score**	**85**	**93**	**70**
	Ozone	92	91	91
	Particulate Matter 2.5	52	75	36
	Diesel Particulate Matter	9	32	2
	Water Contaminants	98	97	100

Legend: Scores worse by 20+ points than healthiest communities; Scores better by 20+ points than healthiest communities

[34] Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Table 11: Hayward Healthy Places Index (HPI) Rankings of Root Causes of Health Compared to Healthiest Alameda County Communities[35]

Category	Indicator	Hayward	Low HPI Census Tract (4375)	Healthiest Alameda County Communities
Overall	**HPI Total Score**	**58**	**25**	**89**
Economic	**Total Score**	**65**	**16**	**89**
	Employed	69	14	86
	Income	64	23	91
Housing	**Total Score**	**24**	**26**	**50**
	LI Renter Cost Burden	25	33	61
	LI Homeowner Cost Burden	45	97	73
	Housing Habitability	49	43	58
	Uncrowded Housing	20	11	39
	Homeownership	28	9	16
Education	**Total Score**	**44**	**28**	**91**
	Preschool Enrollment	46	26	89
	High School Enrollment	34	100	60
	Bachelor's Education or Higher	50	21	93
Social	**Total Score**	**29**	**48**	**43**
	Two Parent Households	35	69	55
	Voting in 2012	28	29	41
Healthcare Access	**Total Score/Insured**	**46**	**21**	**86**
Transportation	**Total Score**	**81**	**20**	**95**
	Automobile Access	36	25	4
	Active Commuting	85	58	96
Neighborhood	**Total Score**	**75**	**89**	**55**
	Retail Density	89	46	96
	Park Access	93	81	93
	Tree Canopy	44	38	38
	Supermarket Access	89	58	93
	Alcohol Outlets	26	92	5
Clean Environment	**Total Score**	**77**	**89**	**70**
	Ozone	90	91	91
	Particulate Matter 2.5	50	75	36
	Diesel Particulate Matter	2	13	2
	Water Contaminants	97	100	100

Legend: Scores worse by 20+ points than healthiest communities; Scores better by 20+ points than healthiest communities

[35] Public Health Alliance of Southern California, 2021. Accessed at: https://map.healthyplacesindex.org/

Behavioral Health

What is the Health Need?

Behavioral health, which includes mental health, encompasses emotional and psychological well-being, along with the ability to cope with normal, daily life and affects a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.[36] Behavioral health also covers substance abuse, which impacts many aspects of health. Behavioral health and the maintenance of good physical health are closely related; common mental health disorders such as depression and anxiety can affect one's ability for self-care while chronic diseases can lead to negative impacts on mental health.[37] Behavioral health issues affect a large number of Americans; anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among Black/African American and Latinx community members.[38]

What Community Stakeholders Say About Behavioral Health

Based on key informant interviews and focus groups

Overall

- Almost all key informants (93%) and 2 of 9 focus groups identified behavioral health as a top priority health need.
- Many key informants stated that mental and behavioral health concerns are the number one health issue for the communities they serve. They described intense distress about the level of need among their clients, especially because much of the current need is going untreated.
- Focus group participants and key informants reported a critical need for behavioral healthcare for Alameda County children and that there are long wait times for services. According to key informants, school-based behavioral health services, described as the most convenient and cost-effective way to reach children, were largely unavailable during the pandemic and have yet to return fully to many schools.
- In Central Alameda County schools, key informants reported that bullying and harassment are severe issues, and students there would benefit greatly from an increased presence of school-based counselors.

Focus group participant thoughts on BEHAVIORAL HEALTH overall:
"If I asked my mom, "Do you take care of yourself or do you understand what mental health is?" I know she would say, "No, what is that? What does it mean? What does it look like? " Education in the Mam community is needed so that they can understand that it exists or what it looks like."

[36] Office of Disease Prevention and Health Promotion. (2018). Mental Health and Mental Disorders.
[37] Lando, J., & Williams, S. (2006). A Logic Model for the Integration of Mental Health Into Chronic Disease Prevention and Health Promotion. *Preventing Chronic Disease.* 2006 Apr; *3*(2): A61.
[38] Czeisler MÉ , Lane RI, Petrosky E, et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon.

- Key informants serving Central Alameda County discussed the continuing stigma surrounding mental health issues in their communities, and the need to overcome it. They mentioned the importance of acknowledging that when basic needs are unmet, struggles with mental health are exacerbated.

Inequities

- Many focus group participants of color or from immigrant communities have experienced or continue to experience trauma due to racially or culturally motivated violence.
- Key informants described a lack of bilingual and bicultural behavioral health care providers in Alameda County, stating that patients prefer and feel more comfortable with a racially or culturally congruent provider. Focus group participants expressed frustration with long waitlists for behavioral health services for those who do not speak English or need a provider with specialist training.

> **Key informant thoughts on BEHAVIORAL HEALTH inequities:** "There are not enough Latinx or African American/Black mental health providers. South Asian groups have also been very underserved...We haven't built that much trust with the community. It's due to the lack of representation."

- Key informants pointed to a shortage of trained providers for LGBTQIA+ residents; LGBTQIA+ focus group participants spoke of the intense trauma that many within their community have experienced and continue to live with, and the significant barriers to receiving the behavioral health care needed to recover and heal.
- Central Alameda County focus group participants listed several barriers to receiving behavioral healthcare services, including lack of financial resources, cultural differences in understanding mental health and misinformation about how to manage trauma.

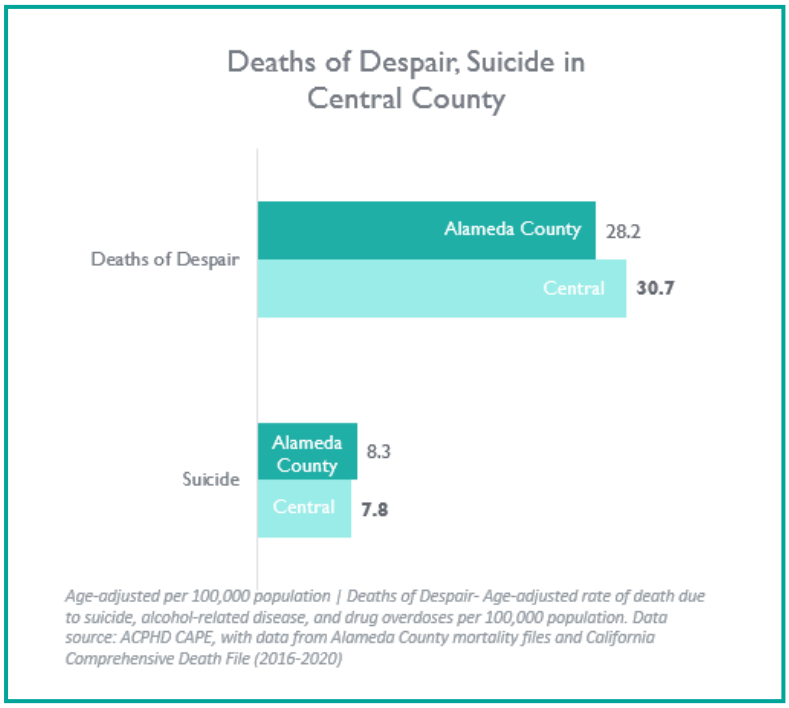
Impact of COVID 19

- The COVID-19 pandemic exacerbated existing mental health issues among Alameda County residents, according to many key informants and focus group participants, and caused feelings of depression, anxiety, fear, boredom, isolation, and despair.
- Many key informants noted mixed results from the switch to phone/online behavioral health services during the pandemic, describing that some patients preferred remote care, which reduced COVID-19 exposure and removed transportation barriers. Key informants reported that other residents, who lacked privacy, a computer/phone with a reliable Internet connection, or the technological know-how to navigate e-visits, were effectively cut off from receiving behavioral health services.
- One key informant from Central Alameda County mentioned that the Asian Pacific Islander community, which has a long history of stigma related to mental illness, has been especially impacted since the start of the pandemic due to anti-Asian racism and rhetoric.

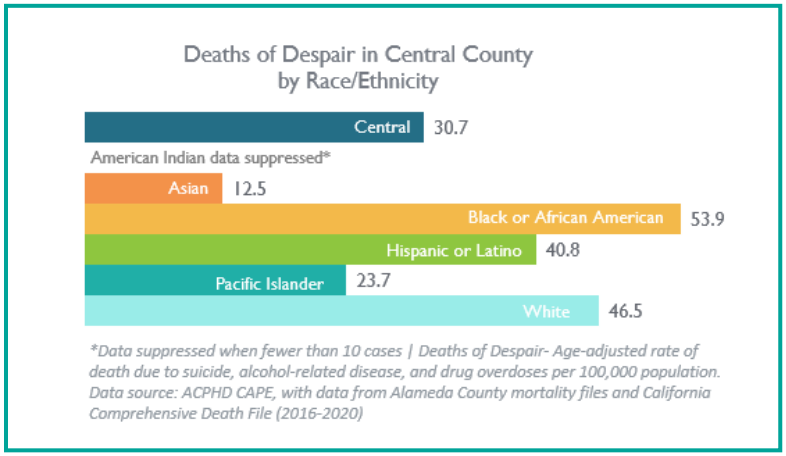
Behavioral Health Data

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

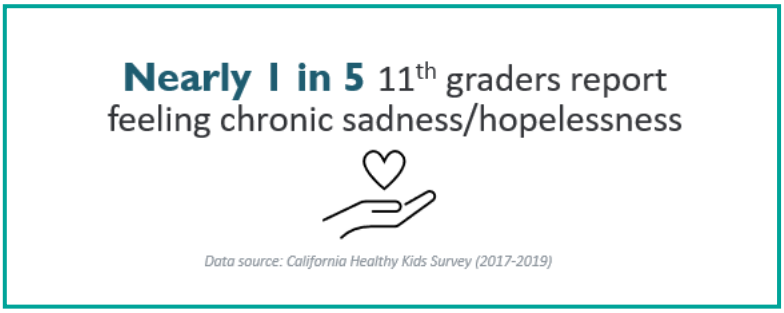
- Central Alameda County is experiencing substantially higher rates of deaths of despair compared to the Alameda County average (31 versus 28 per 100,000 population).
- The rate of deaths of despair for Black/African American residents in Central Alameda County (54 per 100,000 population) is substantially higher than the area average (31 per 100,000).
- Almost 20% of high school aged children report feelings of sadness and hopelessness.



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

Housing and Homelessness

What is the Health Need?

The U.S. Department of Housing and Urban Development defines housing as affordable when it costs no more than 30 percent of a household's income. The expenditure of greater sums can result in the household being unable to afford other necessities such as food, clothing, transportation, and medical care.[39] 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.[40] Homelessness is correlated with poor health: poor health can lead to homelessness and homelessness is associated with greater rates of preventable diseases, longer hospital stays, and greater risk of premature death.[41]

What Community Stakeholders Say About Housing and Homelessness

Based on key informant interviews and focus groups

Overall

- Almost all key informants (91%) and nearly half of focus groups (4 of 9) identified housing and homelessness as a top priority health need.
- Alameda County key informants and focus group participants concurred that housing challenges negatively impact residents' ability to obtain other basic needs (food, employment, healthcare, and childcare) and result in poor mental and physical health.
- County residents needing assistance with housing often need assistance in other areas, which makes for complex case management, according to key informants. Agencies assisting residents with these needs are overwhelmed and unable to meet demand for services.
- Key informants stated that housing costs are prohibitively high for many residents of Alameda County and that there are insufficient affordable housing units; this results in limited neighborhood choice and forces some residents to tolerate unhealthy, overcrowded, or unsafe living conditions.
- Key informants serving Central Alameda County perceived that issues related to homelessness and unhoused residents are becoming more apparent in a number of communities in the county including San Leandro and Ashland.

Key informant thoughts on HOUSING and HOMELESS overall:
"All systems have to change at the same time. It goes as deep as the planning department. How is it that Ashland got the most low-income housing, but no parks or jobs? Those are codes in big books that sit in the planning department."

Inequities

[39] U.S. Department of Housing and Urban Development. (2018). Affordable Housing.
[40] Pew Trusts/Partnership for America's Economic Success. (2008). The Hidden Costs of the Housing Crisis. See also: The California Endowment. (2015). Zip Code or Genetic Code: Which Is a Better Predictor of Health?
[41] National Health Care for the Homeless Council. (2011). Care for the Homeless: Comprehensive Services to Meet Complex Needs.

- Specific populations are more likely to become unhoused, and key informants expressed concern that not enough housing support is available for these vulnerable groups: Black/African American, Latinx, LGBTQIA+, immigrants, seniors, women fleeing domestic violence, those with disabilities, and people experiencing mental illness or addiction.
- According to key informants, seniors are increasingly likely to face housing instability or become unhoused and need targeted assistance to preserve existing housing or find an appropriate senior living setting. Focus group participants echoed this concern and specifically noted a surge in unhoused LGBTQIA+ seniors.

Key Informant thoughts on HOUSING and HOMELESS inequities:
"Any need becomes unmet because of homelessness. You're basically a refugee in your own space. The aging homeless population is growing. When you are homeless, you can shave another ten years of your life."

- Key informants within Central Alameda County highlighted the need for more shelters specifically serving LGBTQIA+ populations.

Impact of COVID 19

- Key informants reported that the pandemic has caused data collection on the unhoused population to all but cease, making it difficult to thoroughly understand current needs.
- According to focus group participants, many residents living on the edge of homelessness have been pushed into overcrowded living conditions. They believe this led to increased transmission of the COVID-19 virus.
- The end of the COVID-19 eviction moratorium, which protected many Alameda County residents from losing their housing, was a pressing issue for key informants who expressed fear about the potentially devastating impact for residents living on the edge of homelessness.

Communities Disproportionately Impacted

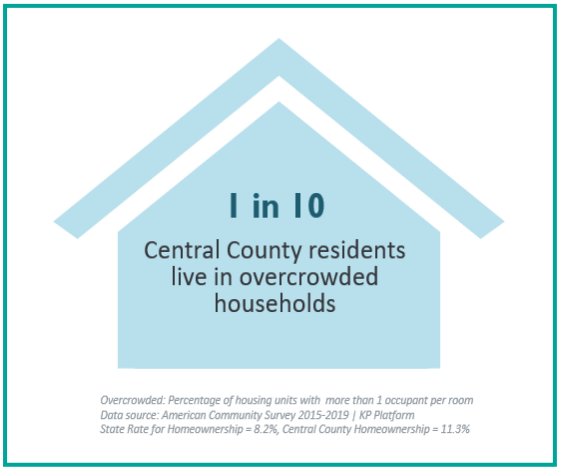
Based on Priority Community Profiles

- Ashland's housing quality/affordability ranks below 90% of CA communities (according to the Healthy Places Index), while Alameda County's Healthiest communities rank at 50%.
- According to the Healthy Places Index, Hayward's housing quality/affordability ranks in the bottom quarter of all CA communities (24%) while Alameda County's Healthiest communities rank at 50%.

Housing and Homelessness Data

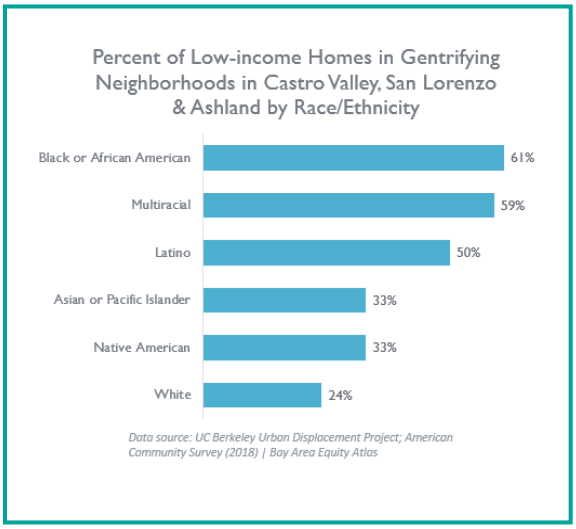
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- In Alameda County, the median rental cost is 17% higher than the CA average ($1972 vs $1689).
- Alameda County rates worse on the housing affordability index than the CA average (77 vs 88).
- In Central Alameda County, 10% of residents live in overcrowded conditions.



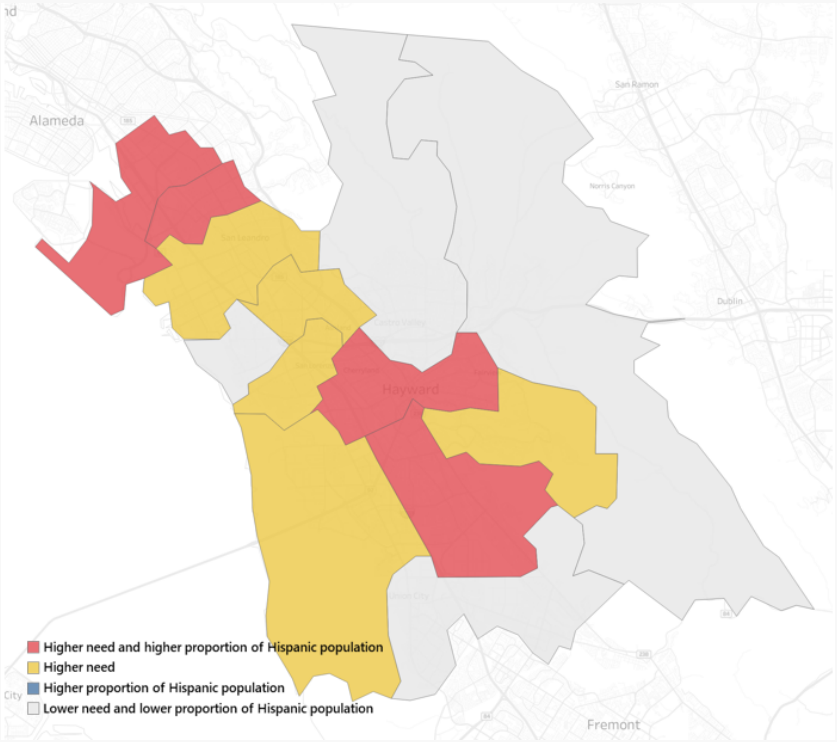
Data visuals created by ASR, 12/2021

- Gentrification is a measure of who is at risk of displacement from their home, often from fast and steep increases in rent prices. In Castro Valley, San Lorenzo and Ashland, 61% of Black/African American residents live in low-income housing in neighborhoods at risk of gentrifying, followed by 59% of multiracial residents and 50% of Latinx (Hispanic) residents.
- Households with housing costs that are greater than 30% but less than 50% of monthly income are defined as experiencing a moderate housing cost burden and are at risk of housing instability. Several Zip codes areas surrounding southern Oakland and Hayward, which have higher Latinx (Hispanic) populations than the county average, have more households with moderate housing cost burdens than the CA average.



Data visuals created by ASR, 12/2021

MODERATE HOUSING COST BURDEN, CENTRAL ALAMEDA COUNTY, 2020 Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher percentage experiencing moderate housing cost burden than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Education

What is the Health Need?

The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer. Pre-school education is positively associated with readiness for and success in school, as well as long-term economic benefits for individuals and society, including greater educational attainment, higher income, and lower engagement in delinquency and crime.[42] Individuals with at least a high school diploma do better on a number of measures than high school dropouts, including income, health outcomes, life satisfaction, and self-esteem.[43] Wealth among families in which the head of household has a high school diploma is 10 times higher than that of families in which the head of household dropped out of high school.[44] Moreover, the majority of jobs in the U.S. require more than a high school education.[45] Disruptions in schooling due to the COVID-19 pandemic particularly affected Black/African American and Latinx students and those from low-income households, who suffered the steepest setbacks in learning and achievement.[46]

What Community Stakeholders Say About Education

Based on key informant interviews and focus groups

Overall

- 12% of key informants and 4 of 9 focus groups listed education as a health need for Alameda County (though none listed it as a top priority health need).
- Key informants and focus groups participants believe that community health education, specifically in immigrant communities, can help to alleviate disparities in access to care and resources to help meet basic needs. Most elementary, middle and high schools lack a Family Resource Center, according to key informants serving Central Alameda County, which makes a noticeable difference in terms of students' health, educational attainment and parent engagement.

Focus group participant thoughts on EDUCATION overall:
"The children lost many experiences through video classes. There are excellent teachers, but there are many teachers who are not."

Inequities

- Focus group participants discussed the need for more education for immigrant communities on behavioral health and the types of services that could be available to them in the US.

[42] Barnett, W.S., & Hustedt, J.T. (2003). Preschool: The Most Important Grade. *Educational Leadership*, *60*(7):54–57.
[43] Insight Center for Community Economic Development. (2014). www.insightcced.org
[44] Gouskova, E. & Stafford, F. (2005). Trends in Household Wealth Dynamics, 2001–2003. *Panel Study of Income Dynamics. Technical Paper Series, 05–03*
[45] Insight Center for Community Economic Development. (2014). www.insightcced.org
[46] United States Department of Education. (2021). Education in the Pandemic: The Disparate Outcome of COVID-19 on American's Students. https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf

- Key informants discussed the need within immigrant communities for more access to and assistance with educational opportunities. They stated that children from immigrant families need more tutoring and mentoring, which many families cannot afford.
- Several key informants noted the disparities in educational attainment for children of color. They felt that this can be directly linked to a lack of targeted services for these children, which then leads to the under-representation of people of color in higher-paying jobs.

Key informant thoughts on EDUCATION and inequities:
"Anti-blackness in education is very real, and we find that there are things in our curriculum and discipline procedures that are traumatizing."

- Key informants serving Central Alameda County suggested that school administrators incorporate anti-bias and anti-racism training into their employment practices.

Impact of COVID 19

- Focus group participants reported that many children were often absent from school due to COVID-19 related illness, the long-term effects of which have yet to be realized.
- Focus group participants from Central Alameda County expressed concern about the negative impacts of the COVID-19 pandemic on their children's schooling. Though distance learning worked well for some students and teachers, parents felt that it left many children feeling unsupported and left behind, and some teachers struggled with the switch to an online format.

Communities Disproportionately Impacted

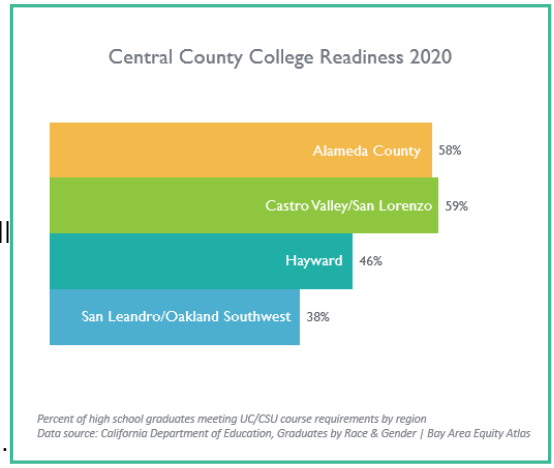
Based on Priority Community Profiles

- According to the Healthy Places Index, the percentage of adult without a high school diploma in Ashland (35%) and Cherryland (27%) is more than double the County's average (12%).
- Cherryland's least healthy Census Tract ranks below 98% of CA communities on education measures while Alameda County ranks above 91% of CA communities.

Education Data

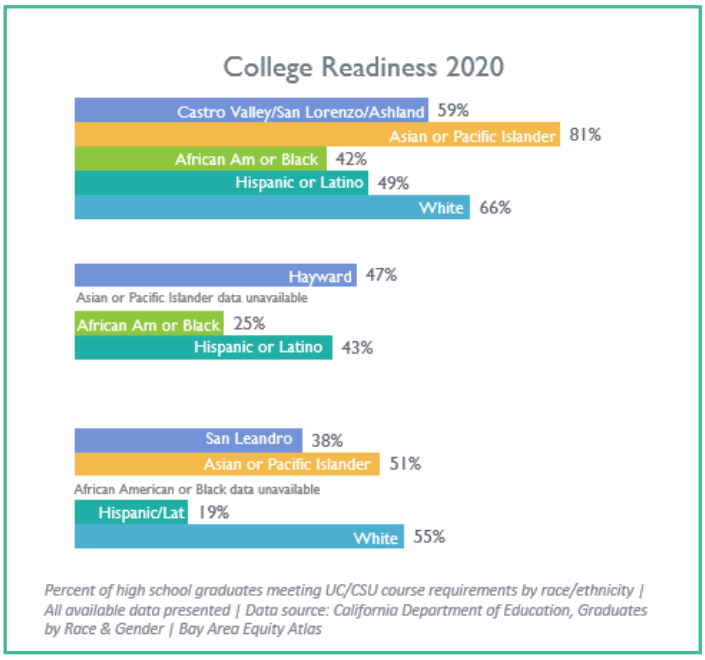
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- San Leandro/Oakland Southwest (38%) and Hayward (46%) have lower levels of college readiness among high school graduates than in Alameda County overall (58%).
- Black/African American and Latinx (Hispanic) high school graduates in Castro Valley/San Lorenzo/Ashland, Hayward and San Leandro scored below the area overall averages for college readiness.



Data visuals created by ASR, 12/2021

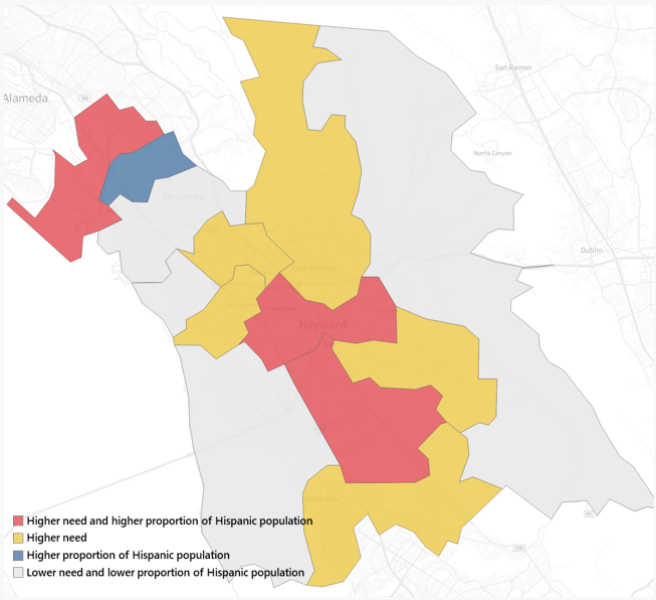
- Some ZIP code areas in southern Oakland and surrounding Hayward, which have a higher percentage of Latinx (Hispanic) residents than the county average, have preschool enrollment rates that are lower than the CA average.



Data visuals created by ASR, 12/2021

PRESCHOOL ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower percentage of preschool enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Community and Family Safety

What is the Health Need?

Safe communities promote community cohesion, economic development, and opportunities to be active while reducing untimely deaths and serious injuries. Crime, violence, and intentional injury are related to poorer physical and mental health outcomes.[47] Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes.[48] In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to policing practices.[49] Motor vehicle crashes, pedestrian accidents and falls are common causes of unintended injuries, lifelong disability, and death.[50]

What Community Stakeholders Say About Community and Family Safety

Based on key informant interviews and focus groups

Overall

- 26% of key informants (11 of 43) and 4 of 9 focus groups listed community and family safety as a top priority health need.
- Key informants noted a recent dramatic rise in gun violence in Cherryland, Ashland and Hayward, which has caused physical and mental trauma to communities. Key informants discussed the negative impacts of gun violence on students in schools and reported that fear of gun-related crime prevents residents from accessing necessary medical care.
- Focus group participants linked mental illness, domestic violence, and neighborhood blight to community crime and violence.
- One Central Alameda County key informant noted that domestic violence is one of the top three categories of calls received by the Sheriff's department (along with substance abuse and behavioral health).

Inequities

- Many Alameda County key informants perceived community violence as a symptom of trauma due to racism and stated that eliminating racism across all sectors will promote healing and safety, preventing trauma before it happens.
- Key informants pointed to a rise in violent crime directed at Alameda County's Asian communities.

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and inequities:
"In the Black community, people of color, especially women, have real, emotional, traumatizing events that occur on a daily basis (the micro-aggressions) and there is no outlet for them to express how they feel."

Key informant thoughts on COMMUNITY AND FAMILY SAFETY and inequities:
"Violence is a symptom of trauma.... If racism is a form of trauma, how do we interrupt racism in healthcare, education, policing, etc.?"

[47] 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.
[48] Ozer, E.J. & McDonald, K.L. (2006). Exposure to Violence and Mental Health Among Chinese American Urban Adolescents. Journal of Adolescent Health, 39(1), 73–79.
[49] Liberman, A.M. & Fontaine, J. (2015). Reducing Harms to Boys and Young Men of Color from Criminal Justice System Involvement. Urban Institute. https://www.issuelab.org/resources/22861/22861.pdf
[50] Norton, R., Hyder, A.A., Bishai, D., Peden, M., et al. (2007). "Unintentional Injuries," *Disease Control Priorities in Developing Countries.*

- Focus group participants and key informants reported that the Black/African American community suffered more threatening behavior and targeted attacks than other racial/ethnic groups, likely a result of the social and political upheaval in 2020 and 2021.
- Key informants serving Central Alameda County perceived that policing practices in the county criminalize people of color, especially Black/African American residents.

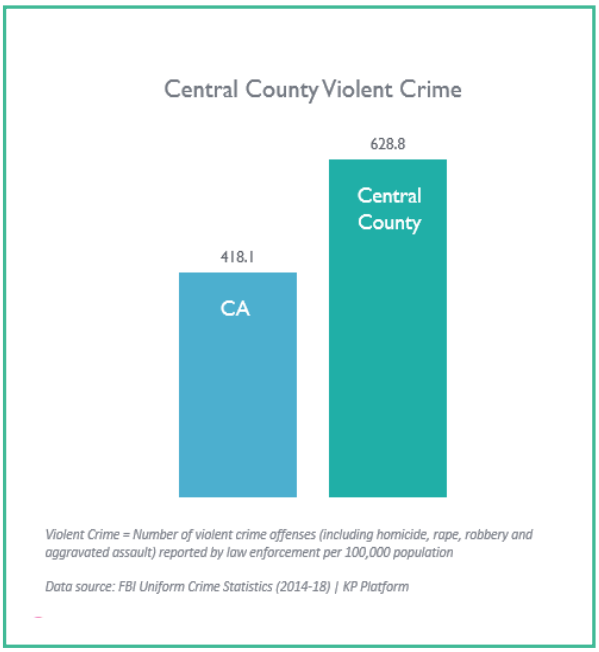
Impact of COVID 19

- Many focus group participants felt that communities had become less safe during the COVID-19 pandemic. LGBTQIA+, seniors, and Black/African American focus group participants expressed fear of violence while out in public, and perceived law enforcement as not adequately present or effective in managing crime.
- Asian residents have felt targeted since the beginning of the pandemic, according to Central Alameda County key informants, which has led to fear and trauma.

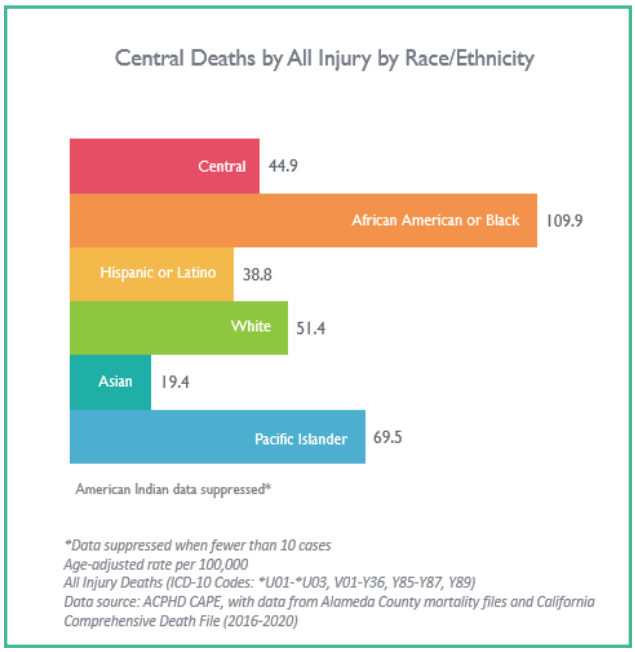
Community and Family Safety Data

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

- The number of violent crimes is 50% higher in Central Alameda County than the CA average (629 vs 418 per 100,000 population).
- Black/African American residents of Central Alameda County have a rate for deaths caused by all injuries (110 per 100,000 population) that is more than twice as high as the rate for all of Central Alameda County (45 per 100,000).



Data visuals created by ASR,



Data visuals created by ASR,

Food Security

What is the Health Need?

Food insecurity is the lack of consistent access to enough food for an active, healthy life.[51] Food insecurity encompasses: household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns, and anxiety about food insufficiency.[52] Black/African American and Latinx households have higher than average rates of food insecurity than other racial/ethnic groups.[53] Diabetes, hypertension, heart disease, and obesity have been linked to food insecurity and food insecure children are at risk for developmental complications and behavioral health challenges.[54] The COVID-19 pandemic substantially increased food insecurity due to job losses, closure/changes to feeding programs, and increased demand on food banks.[55]

What Community Stakeholders Say About Food Security

Based on key informant interviews and focus groups

Overall

- 40% of key informants (17 of 43) identified food security as a top priority health need. Food security was discussed in 6 of the 9 focus groups, though none identified it as a top need.
- Food banks provided food to many of the focus group participants, but focus group participants noted that much of the available food is canned or non-perishable rather than preferred fresh produce and meat, and few food banks offered culturally specific items such as tortillas or corn flour.
- Many key informants spoke of a burgeoning "food as medicine" movement in Alameda County. This cross-sector approach links food distribution, healthcare, nutrition programming, agriculture, and employment to address multiple needs concurrently.
- Key informants serving Central Alameda County suggested that more physicians should adopt the "food as medicine" practice of prescribing healthy foods to patients.

Key informant thoughts on FOOD SECURITY overall:

"The "food as medicine" model makes sense. Growing produce for people who were prescribed that food reduces food insecurity, improves economic development, and [supports] regenerative agriculture."

Inequalities

- Key informants expressed particular concern for populations at highest risk for food insecurity, including unhoused Alameda County residents and populations who may be reluctant to seek out food assistance due to the stigma of being "needy" (especially moderate-income families).

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[51] U.S. Department of Agriculture, Economic Research Service. (2018). Food Security in the U.S.

[52] U.S. Department of Agriculture, Economic Research Service. (2018). Definitions of Food Security.

[53] Odoms-Young, A., & Bruce, M. A. (2018). Examining the Impact of Structural Racism on Food Insecurity: Implications for Addressing Racial/Ethnic Disparities. *Family & community health*, *41 Suppl 2 Suppl, Food Insecurity and Obesity*(Suppl 2 FOOD INSECURITY AND OBESITY), S3–S6. https://doi.org/10.1097/FCH.0000000000000183

[54] Healthy People 2020 (2018). Food Insecurity.

[55] Morales, D. X., Morales, S. A., & Beltran, T. F. (2021). Racial/Ethnic Disparities in Household Food Insecurity During the COVID-19 Pandemic: a Nationally Representative Study. Journal of racial and ethnic health disparities, 8(5), 1300–1314. https://doi.org/10.1007/s40615-020-00892-7

- Many residents need more help with signing up for CalFresh, according to Central Alameda key informants. Reasons can include disability, language barriers or lack of accessible technology.

Impact of COVID 19

- According to key informants, many families experienced an increase in food insecurity due to the COVID-19 pandemic. Despite robust food distribution programs in several sectors (schools, food banks, healthcare, mobile clinics, community organizations), key informants reported that not all populations in need are reached.
- Key informants described the difficulty many residents experienced trying to access food distribution services during the pandemic due to the switch from in-person to online registration and communication, which was difficult for residents already more likely to experience food insecurity (seniors, non-English speakers, visually impaired).

Focus group participant thoughts on FOOD SECURITY and COVID-19:
"There are many people who lost their jobs, therefore they did not have money to pay the rent and they could no longer buy food."

- Focus group participants reported that many small grocery/convenience stores closed because of the pandemic, and remaining stores raised food prices, especially for fresh produce.
- One focus group participant from Central Alameda County discussed the difficulty that some people experienced with trying to access food banks after the start of the pandemic.

Communities Disproportionately Impacted

Based on Priority Community Profiles

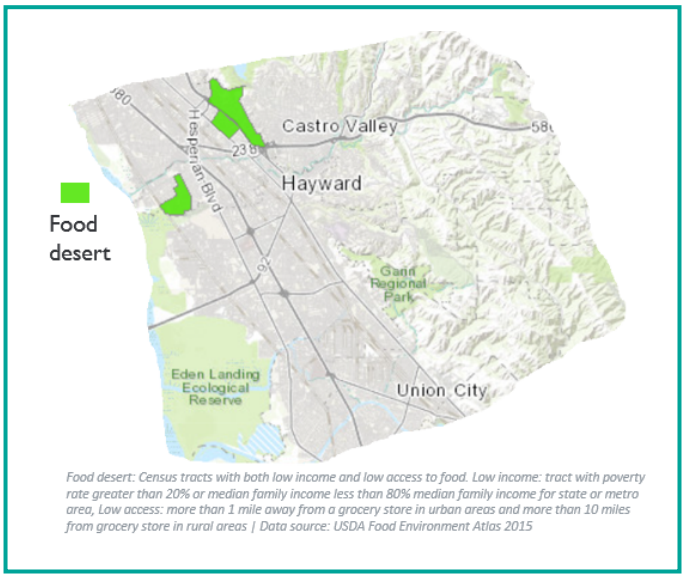
Supermarket access in Cherryland's least healthy Census Tract (according to the Healthy Places index) is in the bottom half of CA communities (45%), substantially worse than Alameda County overall which ranks better than 93% of CA communities.

Food Security Data

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

- In Alameda County almost 1 in 10 children (9.9%) live in food insecure households.
- Alameda County has just under 140,000 adults and children receiving CalFresh food assistance.
- Several populous areas in the northern portion of Central Alameda County qualify as food deserts, which is defined by the presence of poverty and the relative absence of grocery stores.
- Some ZIP code areas surrounding southern Oakland, Ashland and Hayward, which have higher Black/African American and Latinx (Hispanic) populations than the county average, have higher SNAP enrollment than the CA average.

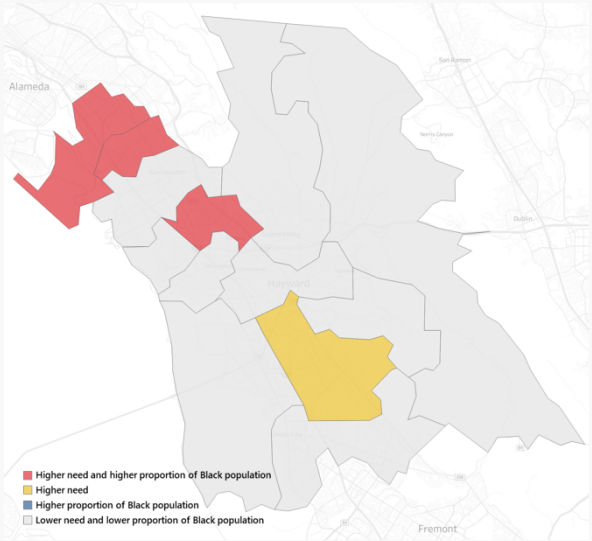
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

SNAP ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

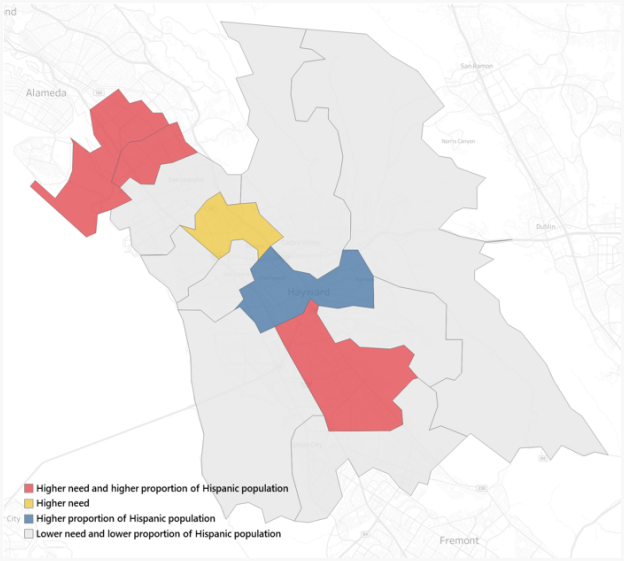
Areas shaded in red are ZIP codes with a Black/African American population greater than 11% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

SNAP ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher SNAP enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Economic Security

What is the Health Need?

People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Strong economic environments are supported by the presence of high-quality schools and an adequate concentration of well-paying jobs.[56] Childhood poverty has long-term effects. Even when economic conditions improve, childhood poverty still results in poorer long-term health outcomes.[57] The establishment of policies that positively influence economic conditions can improve health for a large number of people in a sustainable fashion over time.[58]

What Community Stakeholders Say About Economic Security

Based on key informant interviews and focus groups

Overall

- Most key informants (74%) and 6 of 9 focus groups identified economic security as a top priority health need.
- Key informants reported that Alameda County residents struggle to find living wage jobs given the County's extremely high cost of living.
- Several focus group participants described the challenge of having income too high to qualify for assistance (e.g. Medi-Cal) but not making enough money to cover basic needs.
- A number of key informants highlighted the interconnected nature of employment and mental and physical health. For many people, health insurance is tied to employment – job loss threatens access to healthcare for a whole family. Residents working at jobs without healthcare benefits or with limited sick time are particularly vulnerable to stress, anxiety, and poor health outcomes.
- Focus group participants identified two major employment challenges: 1) low-wage jobs requiring lengthy commutes and 2) the need to work multiple jobs simultaneously to afford basic needs.
- Key informants serving Central Alameda County perceived that residents need more potential career pathways that can provide adequate income to live in the area and afford healthy foods.

Key Informant thoughts on ECONOMIC SECURITY overall:
"We do ask callers why they are calling [for food assistance], and 38% of callers say that they are calling because of loss of income."

Focus group participant thoughts on ECONOMIC SECURITY and inequities:
"Alameda County can say they are helping families a lot [financially], but how much are they really helping? Which community are they helping the most? Who? For example, the Latino community is below the Asian, African American, and North American communities."

Inequities

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

[56] Prevention Institute. (2015). Making the Case with THRIVE: Background Research on Community Determinants of Health.
[57] National Research Council & Institute of Medicine. (2013). Physical and Social Environmental Factors. U.S. Health in International Perspective: Shorter Lives, Poorer Health. Woolf, S.H., & Aron, L., editors. Washington, D.C.: National Academies Press.
[58] Office of Disease Prevention and Health Promotion. (2018). Social Determinants of Health.

- Key informants promoted the idea of universal basic income for Alameda County residents as a strategy (with evidence of success) for ending the cycle of poverty and the potential to address wrongs instigated by structural racism.
- Key informants serving Central Alameda County discussed the difficulty for LGBTQIA+ and trans young people to find

Impact of COVID 19

- Key informants and focus group participants reported extensive job loss due to the pandemic, reporting that despite a strong job market, many residents are not working.
- One key informant mentioned that in San Leandro, the Latinx population was particularly impacted by the economic downturn caused by the pandemic, which resulted in loss of employment and an inability to benefit from any government assistance.

Communities Disproportionately Impacted

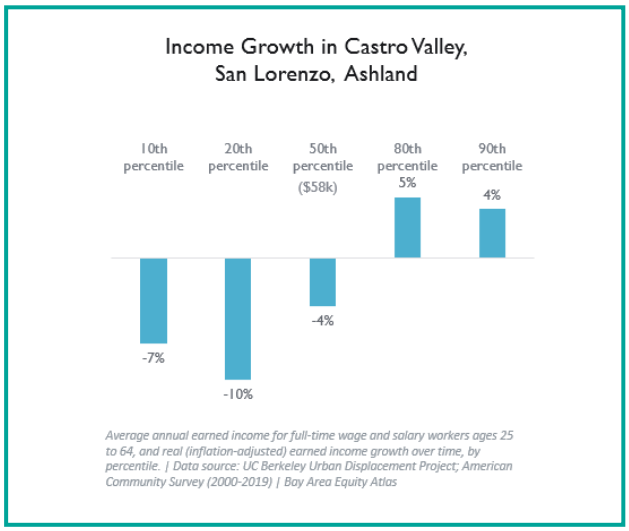
Based on Priority Community Profiles

- The least healthy Census Tracts in Cherryland and Castro Valley (according to the Healthy Places index) have child (age 0-18) poverty rates nearly triple the county average (26% and 29% versus 10%).
- The least healthy Census Tracts in Ashland (according to the Healthy Places index) has a senior (age >65) poverty nearly triple the county average (29% versus 10%).
- Hayward's least healthy Census Tract (according to the Healthy Places Index) performs worse than 84% of CA communities on measures of income and employment.

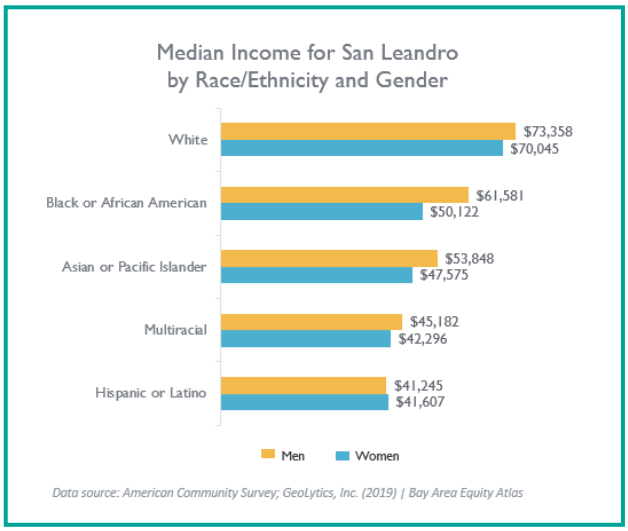
Economic Security Data

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

- Income growth in Castro Valley, San Lorenzo and Ashland stagnates for those at the median income mark (50th percentile) and drops for those making less than the median income in the 20th percentile and 10th percentiles.
- The median income in San Leandro for Latinx (Hispanic) men and women is nearly half of what White residents earn.
- Several ZIP codes areas surrounding southern Oakland and Hayward, which have higher Latinx populations than the county average, have higher rates of free and reduced price lunch program enrollment than the CA average.



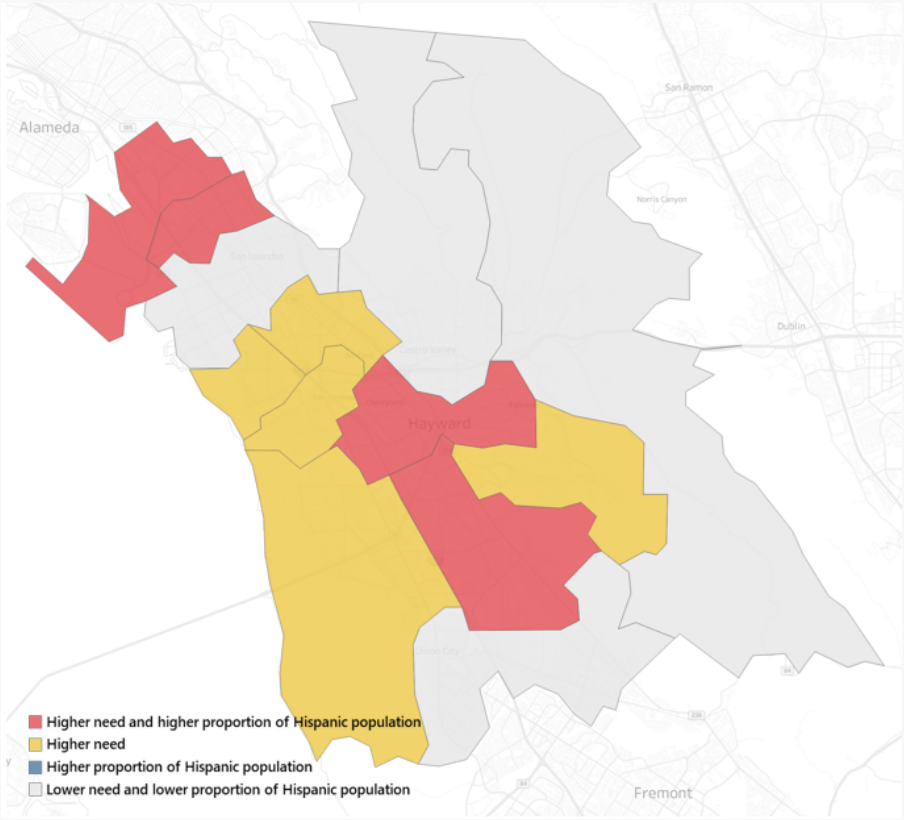
Data visuals created by ASR, 12/2021



Data visuals created by ASR, 12/2021

FREE AND REDUCED PRICE LUNCH, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a higher free and reduced price lunch enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Structural Racism

What is the Health Need?

Structural racism refers to social, economic, and political systems and institutions that perpetuate racial inequities through policies, practices, and norms.[59] Structural racism as a fundamental cause of racial health inequities differentially distributes services, opportunities, and protections of society by race, including safe and affordable housing, quality education, adequate income, employment, accessible quality health care, and healthy neighborhoods.[60] The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy for Black/African American, indigenous, and people of color. These existing inequalities and disparities have been laid bare by the COVID-19 pandemic; the public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health gap further.[61]

What Community Stakeholders Say About Structural Racism

Based on key informant interviews and focus groups

Overall

- 28% of key informants listed structural racism as a top priority health need for Alameda County.
- Many key informants named structural racism as a significant health need in their communities, as well as a contributor to the other health needs.
- Structural racism has a profound effect on health, according to key informants. Race-based inequalities in access to and provision of healthcare keep many children and adults of color from receiving necessary physical or mental/behavioral health treatment, and the care they do receive is often not culturally or linguistically competent.
- One key informant serving Central Alameda County noted that combating structural racism requires changing all of the systems involved in local policymaking, which must involve action on the part of residents.

Inequities

- Key informants described how racial, social, and economic inequalities lead to housing insecurity. When people of color become unhoused, they face barriers to accessing and receiving services and housing support. A few key informants

Key informant thoughts on STRUCTURAL RACISM and inequities:
"Racial inequity and racial trauma, that impacts access to health, economic security, and who's showing up for mental/behavioral health services."

Key informant thoughts on STRUCTURAL RACISM and inequities:
"Race is the largest indicator of inequity, and this is certainly true for those who are unhoused. Inequities in homelessness are built on the inequities of wealth, which feeds into the inequities in healthcare."

[59] Gee, G. C., & Ford, C. L. (2011). Structural Racism and Health Inequities: Old Issues, New Directions. *Du Bois review : social science research on race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130
[60] Center for Disease Control and Prevention (2021). Racism and Health: Racism is a Serious Threat to the Public's Health. https://www.cdc.gov/healthequity/racism-disparities/index.html
[61] Tan, S. B., deSouza, P., & Raifman, M. (2022). Structural Racism and COVID-19 in the USA: a County-Level Empirical Analysis. *Journal of racial and ethnic health disparities*, *9*(1), 236–246. https://doi.org/10.1007/s40615-020-00948-8

pointed out that trans people of color, especially trans women of color, are particularly vulnerable to becoming unhoused.

- Several key informants expressed concern about inequitable practices within the educational system that create a disconnect between schools and communities of color, particularly for Black/African American communities.
- Key informants perceived that people of color in Alameda County are more likely to experience violence through crime, interpersonal aggression, and/or police brutality, reporting that violence disproportionately affects young men of color (teens-30s).
- Smaller organizations in Central Alameda County that serve marginalized or underrepresented populations frequently encounter systemic barriers to receiving or expanding funding, according to one key informant.

Impact of COVID 19

- One key informant serving Central Alameda County perceived that Black/African American, Latinx and Asian American residents may feel wary of requesting or accepting assistance from entities outside of their cultural sphere, due to historical inconsistencies in services. The pandemic caused these underserved communities excessive stress and anxiety, as they tried to understand their new level of need and how to find services to meet it.

Communities Disproportionately Impacted

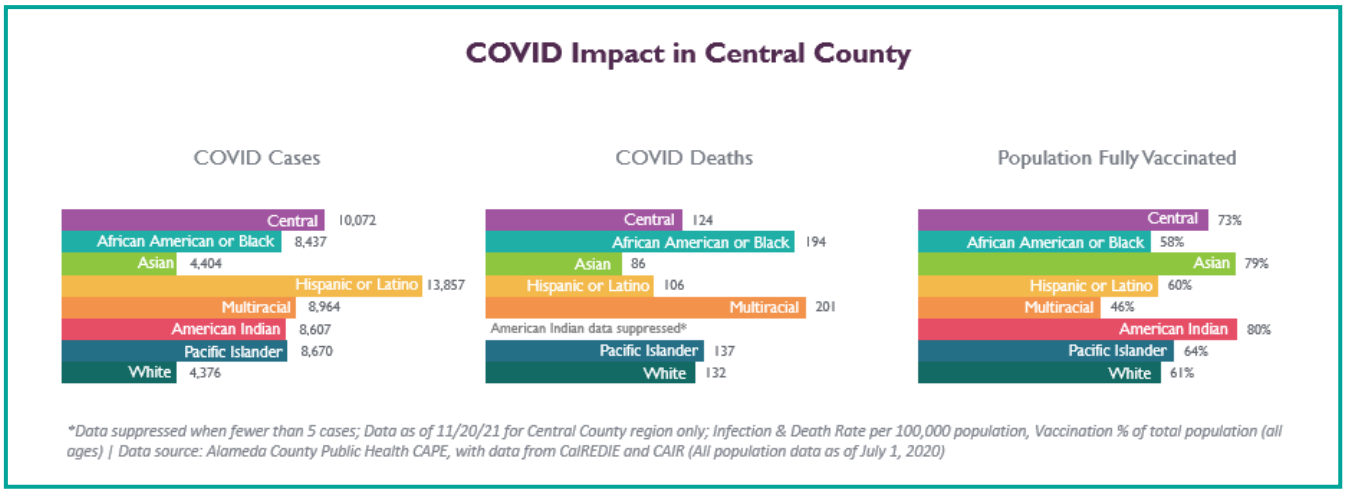
Based on Priority Community Profiles

- Black/African American residents are overrepresented among Hayward's unhoused population, representing 24% of homeless residents although this group is 9% of the total Hayward population (Everyone Home, 2019).
- In Hayward's least healthy Census Tract (according to the Healthy Places index), where two thirds of residents are Latinx (Hispanic), there is a substantially higher percentage of adults with no high school diploma (29%) as compared to Hayward (17%) overall and the county average (12%).

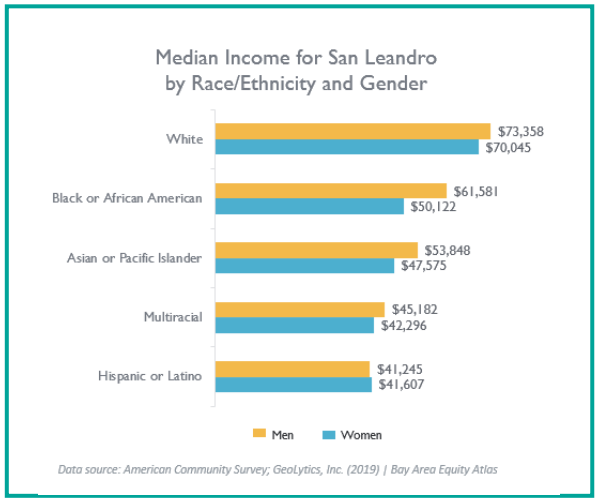
Structural Racism Data

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

- As of Nov 20, 2021, Multiracial and Black/African American residents had the highest Central County COVID-19 death rates (201 and 194 per 100,000 population, respectively).
- Black/African American, Asian/Pacific Islander, Multiracial and Latinx (Hispanic) residents in Central Alameda County all have lower median incomes than White residents.
- From 2016-2020, Black/African American residents experienced substantially higher rates of deaths of despair than the Central Alameda County average.
- ZIP codes areas surrounding southern Oakland and Hayward, which have higher Latinx (Hispanic) populations than the county average, are more likely to have lower homeownership rates and lower median income rates than CA averages.



Data visuals created by ASR, 12/2021



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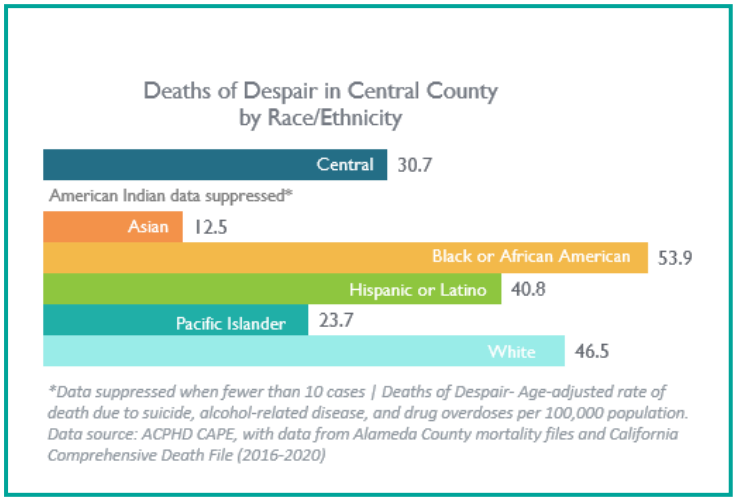
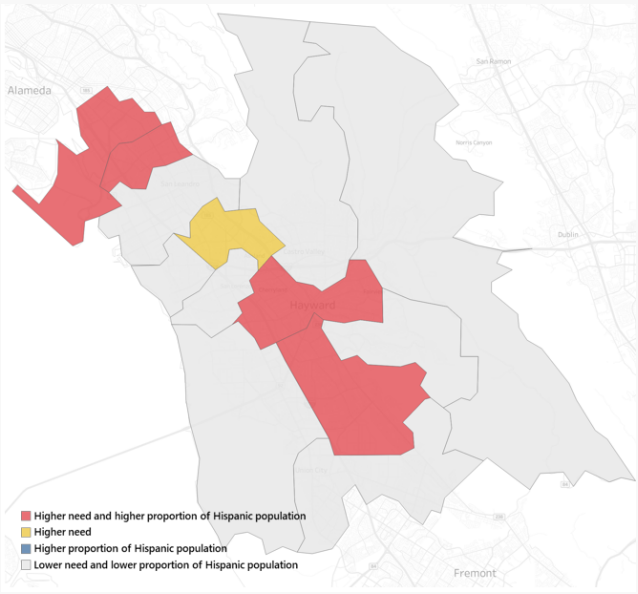


Data visuals created by ASR, 12/2021

HOMEOWNERSHIP RATE, CENTRAL ALAMEDA COUNTY, 2015-2019

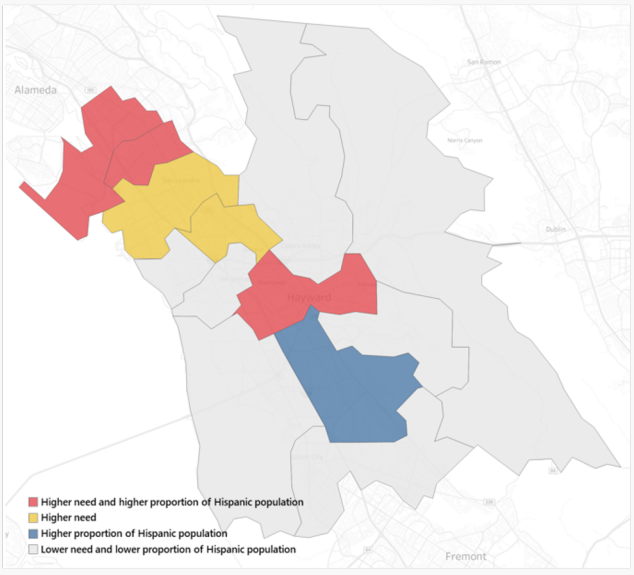
Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower homeownership rate than the CA average.



Source: Kaiser Permanente Community Health Data Platform

MEDIAN HOUSEHOLD INCOME, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with a Latinx population greater than 35% (the service area average) and a lower median household income than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Healthcare Access and Delivery

What is the Health Need?

Access to comprehensive, quality healthcare has a profound impact on health and quality of life. Components of access to and delivery of care include: insurance coverage; adequate numbers of primary and specialty care providers; health care timeliness, quality and transparency; and cultural competence/cultural humility.[62] Limited access to healthcare and compromised healthcare delivery negatively affects health outcomes and quality of life. The COVID-19 pandemic exacerbated existing racial and health inequities, with people of color accounting for a disproportionate share of COVID-19 cases, hospitalizations, and deaths.[63]

What Community Stakeholders Say About Healthcare Access and Delivery

Based on key informant interviews and focus groups

Overall

- 79% of the key informants (34 of 43) and 4 of 9 focus groups identified healthcare access and delivery as a top priority health need.
- Key informants described inadequate partnerships between healthcare and community organizations, which has limited information and data sharing, failed to capitalize on existing trust-based community relationships, and hindered innovation around care provision models that reach underserved communities such as mobile or pop-up clinics.
- Several key informants mentioned that the cost of care and insurance is a barrier to accessing quality healthcare.
- Key informants and focus group participants in Central Alameda County noted that students are in need of more dental services and that families in this area often forgo insurance because of prohibitively high rates and costs.

Focus group participant thoughts on HEALTHCARE ACCESS AND DELIVERY overall:
"It is not the same to talk to doctors or nurses on the phone than to have the doctor in person and to be able to tell him all the places where I feel pain and for him to do a physical medical check-up. I am not satisfied with a single phone call, I need him to see me in person."

Inequities

- Focus group participants and key informants perceived healthcare provider's increasing reliance on online communications/appointments as helpful for many, increasing the likelihood that needed care was received and eliminating transportation challenges. At the same time, there were concerns that the pivot to online services impeded access to healthcare for populations that lack reliable internet or an understanding of how to use technology, especially seniors, those with certain disabilities, non-English speakers, and undocumented residents.

[62] Office of Disease Prevention and Health Promotion. (2015). http://www.healthypeople.gov
[63] Center for Disease Control and Prevention (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html

- Focus group participants and key informants emphatically stated that language and cultural barriers persist within healthcare settings, specifically citing a lack of interpreters for diverse languages, which disincentivizes many residents from seeking needed care.
- Key informants said that partnerships between health care and community-based organizations can be particularly useful when serving populations requiring specific skills or expertise, such as migrants or refugees, people who identify as LGBTQIA+, those who are unhoused, and adolescents and teens, who may be more likely to seek out necessary healthcare when an organization or entity representing their perspective is involved.

Key informant thoughts on HEALTHCARE ACCESS AND DELIVERY and inequities:
"The way we structured healthcare is not inclusive of other methods. For example, BIPOC communities do not always want medication or drugs, but rather food or acupuncture, and these approaches can be less costly and even preventative."

- LGBTQIA+ focus group participants described interactions with providers who misgendered them, identified them by former names, and seemed unaware of appropriate LGBTQIA+ terminology, leaving patients feeling judged, discriminated against, and less likely to continue care.
- Key informants serving Central Alameda County expressed concern about ageism impacting the quality of care received by senior residents and their ability to receive proper diagnoses.

Impact of COVID 19

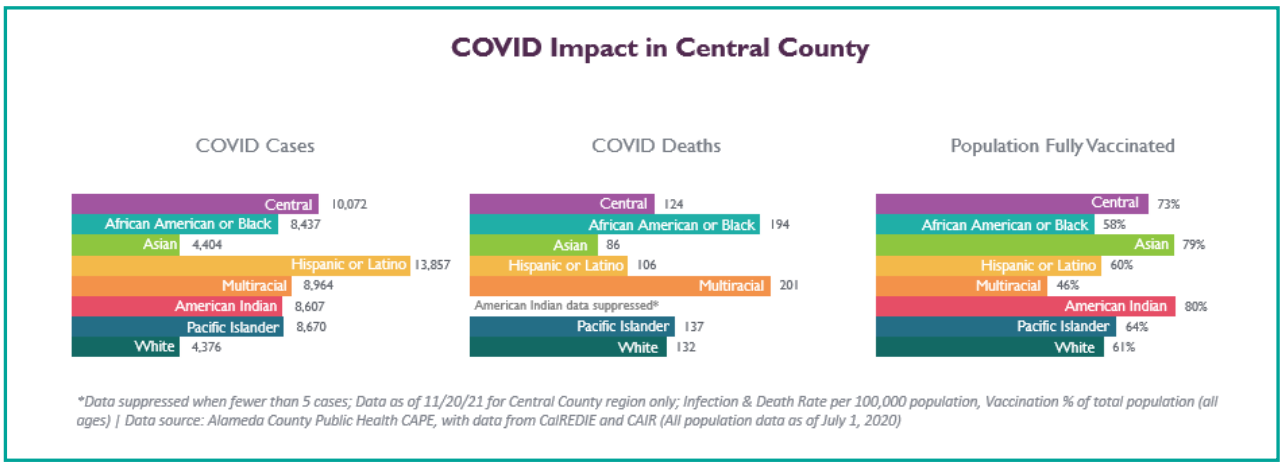
- A number of key informants described county residents' continuing resistance to COVID-19 vaccines, due in part to mistrust of medical professionals, suggesting that work is necessary to build trust and overcome vaccine hesitancy.
- Key informants reported that many COVID-19 testing sites within Central Alameda County did not offer any language/translation services, and when they did it was usually only English and Spanish.

Healthcare Access and Delivery Data

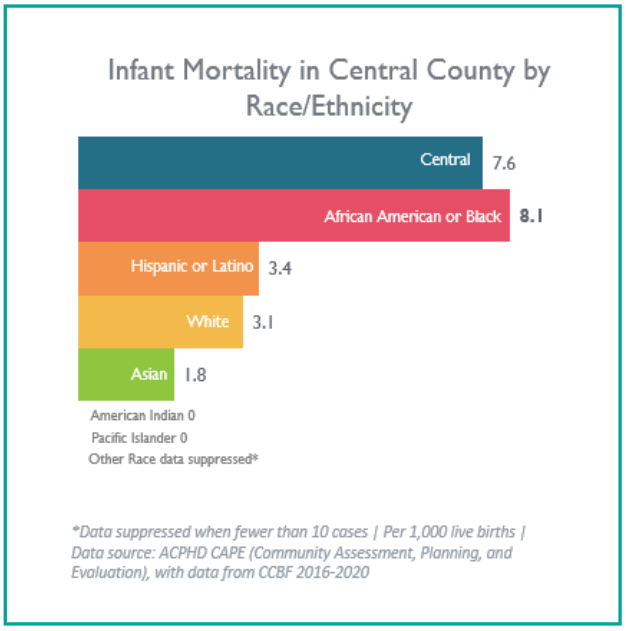
See Appendix D for data sources and Appendix E for indicators from the Kaiser Permanente Community Health Data Platform

- Latinx (Hispanic) residents within Central Alameda County had a COVID-19 case rate (13,857 per 100,000 population) that was 38% higher than the Central Alameda County average (10,072 per 100,000).
- The COVID-19 death rate for Black/African American residents (194 per 100,000 population) and multiracial residents (201 per 100,000) was much higher than the Central Alameda County average rate (124 deaths per 100,000).
- Multiracial residents are the least likely to be vaccinated against COVID-19, with only 46% completing vaccination compared to the Central Alameda County average of 73%.
- Black/African American babies have a higher rate of infant mortality than the Central Alameda County average (8.1 versus 7.6 per 1,000 live births).
- The percent of babies born prematurely (7.6%) in Central Alameda County is 10% higher than Alameda County overall (6.9%).

- Medicaid/public insurance enrollment is a substantial need in Alameda County, with enrollment 20% below the CA average (30% versus 38%).
- Some ZIP code areas that have higher Asian populations than the county average have lower enrollment in Medicaid/public insurance programs than the CA average.



Data visuals created by ASR, 12/2021



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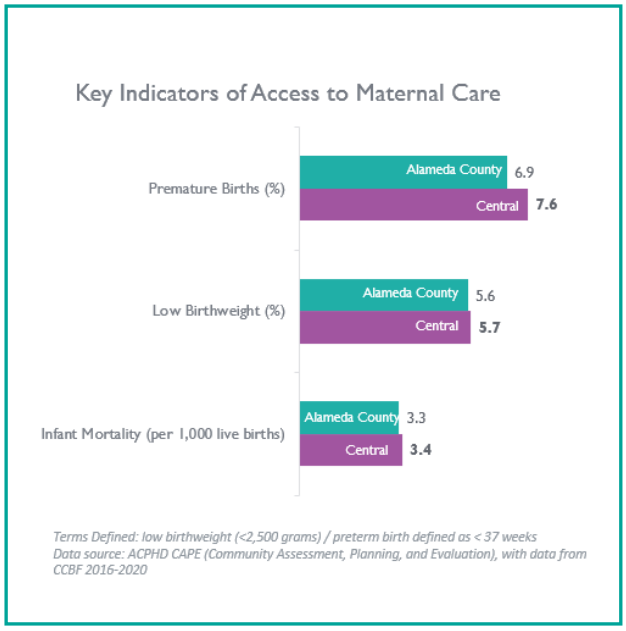
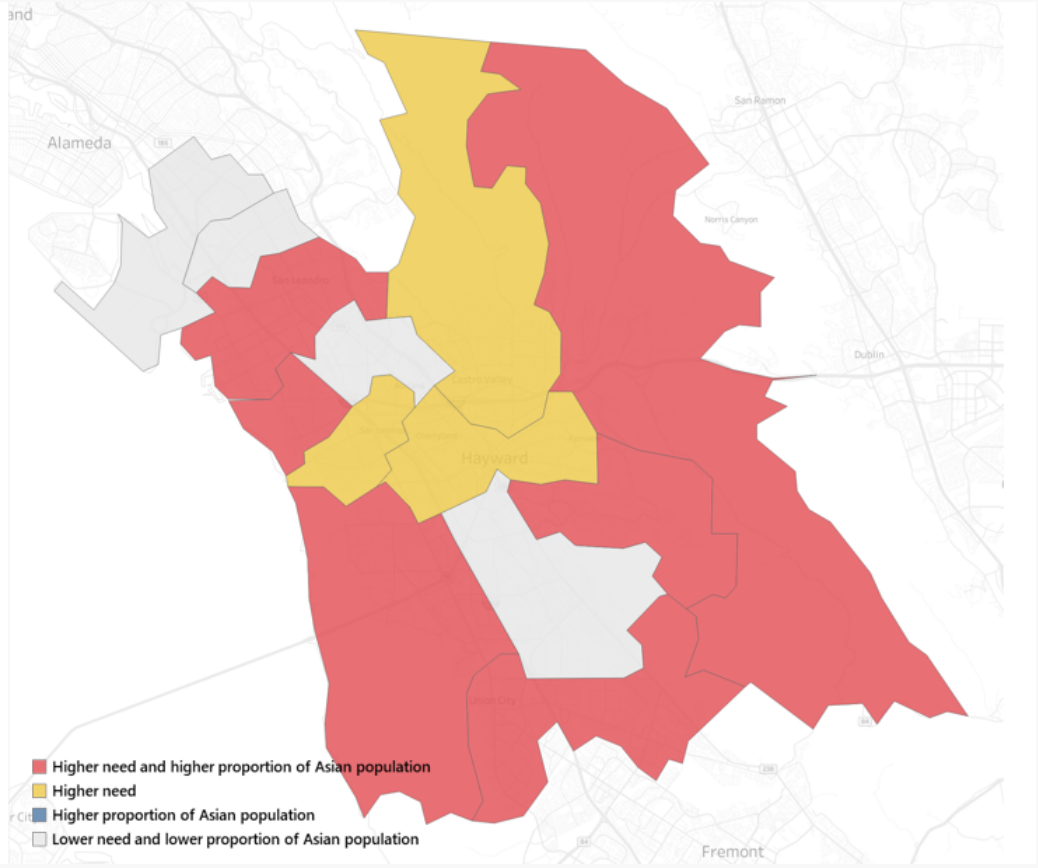


Data visuals created by ASR, 12/2021

MEDICAID/PUBLIC INSURANCE ENROLLMENT, CENTRAL ALAMEDA COUNTY, 2015-2019

Areas shaded in red are ZIP codes with an Asian population greater than 29% (the service area average) and a lower percentage of Medicaid/public insurance enrollment than the CA average.



Source: Kaiser Permanente Community Health Data Platform

Appendix H: Alameda County Community Resources

Please note that this list of Community Assets and Resources is not exhaustive. Additional organizations working to promote health and well-being of the community in response to identified health needs may not be reflected here.

Healthcare Facilities and Agencies

The following healthcare facilities are available in Northern and Southern Alameda County.

HOSPITALS

- Alameda County Medical Center
- Alameda Health System Alameda Hospital
- Alameda Health System Highland Hospital
- Alameda Health System San Leandro Hospital
- John Muir Health
- Kaiser Foundation Hospital–Oakland
- Kaiser Foundation Hospital–San Leandro
- St. Rose Hospital
- Sutter Health Alta Bates Summit Medical Center
- Sutter Health Eden Medical Center
- UCSF Benioff Children's Hospital Oakland
- Washington Hospital Healthcare System

FEDERALLY QUALIFIED HEALTH CENTERS

- Asian Health Services
- Davis Street
- La Clínica
- LifeLong Medical Care
- Native American Health Center
- Tiburcio Vásquez Health Center
- Tri-City Health Centers (and Mobile Clinic)
- West Oakland Health

OTHER HEALTH CLINICS

- Ashland Free Medical Clinic
- Center for Elder Independence
- Order of Malta Clinic
- Roots Community Health Center
- RotaCare Clinic

Assets and Resources by Identified Health Need

The following tables provide the names, summary descriptions, and websites for various healthcare assets and resources available in Central Alameda County to address identified health needs.

BEHAVIORAL HEALTH

Resource Name	Summary Description	Website
Alameda County Behavioral Health Care Services	Provides services to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns	http://www.acbhcs.org/
Alameda County Housing and Community Development	Develops housing and programs to serve the county's low- and moderate-income, homeless, and disabled populations	https://www.acgov.org/cda/hcd/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
Alameda Health System	Aims to extend care, wellness, and prevention to all members of the community	http://www.alamedahealthsystem.org/
Al-Anon	12-step program for adult relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/
Alateen	12-step program for teen relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/for-members/group-resources/alateen/
Alcoholics Anonymous	12-step program for individuals who need help with alcohol addiction or excessive drinking	https://www.aa.org/
Beats, Rhymes and Life	Engages youth in Oakland to use hip-hop and self-expression as a form of therapy to facilitate healing	http://brl-inc.org/
Boldly Me	Helps people with differences due to birth conditions, medical treatments, injury, disease, and self-perception heal from emotional trauma	http://www.boldlyme.org/
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Provides youth programs in the areas of arts, recreation, education, career development, and health and wellness	https://reachashland.org/
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/

Resource Name	Summary Description	Website
City of Berkeley Department of Health Services	Provides services to monitor the health of the community, prevent epidemics and the spread of disease, protect against environmental hazards, respond to disasters, and promote and encourage healthy behaviors	https://www.cityofberkeley.info/publichealth/
Crisis Support Services of Alameda, County 24-Hour Crisis Line	Gives round-the-clock telephone support to people coping with difficult circumstances or emotions, or suicidal thoughts or feelings	https://www.crisissupport.org/programs/crisis-line/
CURA, Inc.	Helps individuals experiencing difficulties with substance abuse achieve sobriety, health, and wellness	https://www.curainc.com/Home.html
East Bay Agency for Children	Offers comprehensive services designed to reduce the incidence/impact of adverse childhood experiences and other traumas	http://www.ebac.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Family Education and Resource Center	Offers educational information on health, family relationships and well-being	http://askferc.org/
Family Paths 24-Hour Parent Support Hotline	Provides free, confidential counseling and information to anyone in need of parenting support as well as referrals to nearly 900 community resources	https://familypaths.org/what-we-do/24-hour-parent-support/
Flourish Agenda	Strives to help youth of color flourish	https://flourishagenda.com/
Gamblers Anonymous	12-step program for people coping with a gambling addiction	http://www.gamblersanonymous.org/ga/
George Mark Children's Home	Offers round-the-clock skilled pediatric nursing, fun activities for children with complex medical conditions, transitional care, end-of-life care, respite care, and bereavement care	https://georgemark.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/
Horizon Services, Inc.	Provides preventive, educational, and therapeutic services and environments for individuals, families, and the community	https://www.horizonservices.org/
Jewish Family and Community Services East Bay	Promotes the well-being of individuals and families of all ages, races, and religions with essential mental health and social services at every stage of life	https://jfcs-eastbay.org/
Wellness Together	Partners with K-12 school districts and colleges to provide mental health services for students, families, and educators	https://www.wellnesstogether.org/
Kidango, Inc.	Runs free and reduced-cost pre-school/ child care centers	https://www.kidango.org/

Resource Name	Summary Description	Website
La Familia Counseling Services	Supplies mental health and community support services to underserved multicultural communities	https://www.lafamiliacounseling.org/
Lincoln	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/
Mindful Life Project	Empowers underserved children to gain self-awareness, confidence, self- regulation, and resilience through mindfulness and other transformative skills	http://www.mindfullifeproject.org/
Narcotics Anonymous	12-step program for individuals coping with substance abuse or drug addiction	https://www.na.org/
National Alliance on Mental Illness	Offers education, support, and advocacy for people affected by mental illness	http://www.namiacs.org/
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma-informed Dynamic Mindfulness	https://www.niroga.org/
Overeaters Anonymous	12-step program for people coping with compulsive overeating, undereating, food addiction, anorexia, bulimia, binge eating and/or excessive exercising	https://oa.org/
Pacific Center for Human Growth	Delivers LGBTQ-proficient mental health and wellness services to enhance the well-being of community members	http://pacificcenter.org/
Partnership for Trauma Recovery	Addresses the psychosocial impacts of trauma among international survivors of human rights abuses through culturally aware, trauma-informed, and linguistically accessible mental-health care, clinical training, and policy advocacy	https://traumapartners.org/
Second Chance, Inc.	Offers individual and group substance abuse treatment	https://secondchanceinc.com/
Seneca Center	Provides a comprehensive continuum of school, community-based and family-focused treatment services for children and families experiencing high levels of trauma who are at risk for family disruption or institutional care for the children	https://www.senecafoa.org/
Side by Side	Helps youth overcome traumas caused by adversity and embrace resilience	https://www.sidebysideyouth.org/
Women on the Way Recovery Center	Helps women who have limited resources or are experiencing homelessness recover from substance abuse through housing, treatment, and aftercare support	https://www.rehab.com/women- on-the-way-recovery-center-phase-one/6416443-r
YMCA of the East Bay	Offers a variety of programs through its five health and wellness centers, 20-plus childcare sites, a teen center, and three camps	https://ymcaeastbay.org/

COMMUNITY AND FAMILY SAFETY

Resource Name	Summary Description	Website
A Safe Place	Provides domestic violence shelter and services	https://www.asafeplace.org/
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with residents on initiatives that reduce crime and improve community health	https://www.acdsal.org/
Alameda County Family Justice Center	Ensures the safety, healing, and self-empowerment of victims of interpersonal violence through supportive services related to counseling, trauma recovery, and resource referral	http://www.acfjc.org/
Alameda Family Services	Offers programs to improve the emotional, psychological, and physical health of children, youth and families	https://www.alamedafs.org/
Alternatives in Action	Offers school and community programs for youth	https://www.alternativesinaction.org/
Bananas	Supports families and individuals with children by providing referrals to childcare, education around imbursement for childcare, and workshops for parents	https://bananasbunch.org/
Bay Area Women Against Rape	Addresses the issue of sexual assault by providing support services to survivors and leading education efforts in the community around the topic	https://www.bawar.org
Berkeley Youth Alternatives	Helps at-risk youth through programs that emphasize education, health and well-being, and economic self- sufficiency	https://www.byaonline.org/
Building Futures	Provides a continuum of care through residential programs, crisis lines, and case management to help county residents build a future free of violence and homelessness	http://www.bfwc.org/
Calico Center	Works with law enforcement officers, child welfare workers, prosecutors, and other professionals to achieve justice for abused children by investigating abuse allegations and eliciting testimony from children	https://www.calicocenter.org/

Resource Name	Summary Description	Website
Center for Healthy Schools and Communities, REACH Ashland Youth Center	Empowers youth living in poverty to be healthy, resilient, and successful by offering programs around recreation, education, childhood development, literacy, art, career and employment, and health and wellness	http://achealthyschools.org/reach-ashland-youth-center.html
Center for Human Development	Facilitates the growth and strengthening of communities by providing services for at-risk youth, individuals, and families	http://chd-prevention.org/
City of Berkeley Department of Health Services	Provides a wide array of services to monitor the health of the community, to prevent epidemics and the spread of disease, to protect against environmental hazards, to respond to disasters, and to encourage healthy behaviors	https://www.cityofberkeley.info/publichealth/
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high-risk youth and young adults	http://www.cyoinc.org/
Community Violence Solutions	Works to end sexual assault and family violence by providing services to survivors of sexual assault or abuse and their families	https://cvsolutions.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison	https://exoneratednation.org/
Family Support Services	Assists families who face serious challenges in successfully caring for their children	https://fssba.org/
First 5 Alameda County	Offers continuous prevention and early intervention programs that promote optimal health and development, narrow disparities and improve the lives of children ages 0–5 and their families	http://www.first5alameda.org/
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring	https://flyprogram.org/
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/
Immigration Institute of the Bay Area	Helps immigrants, refugees, and their families settle in the community by providing legal-aid services as well as education and community engagement opportunities	https://iibayarea.org/

Resource Name	Summary Description	Website
Koreatown Northgate (KONO)	Ensures the district (Telegraph Avenue from 20th to 35th Streets in Oakland) is safe, clean, and promoted	https://www.koreatownnorthgate.org/
The Latina Center	Focuses on uplifting the health and growth of the Latinx community by providing leadership and personal development opportunities	https://thelatinacenter.org/
Narika	Helps domestic violence survivors with advocacy, support, and education	https://www.narika.org/
Oakland Unite!	Targets the highest-risk community members and neighborhoods, with programs focused on interrupting violence as it is occurs and preventing future violence	http://oaklandunite.org/
Project Avary	Runs a program that meets the unique emotional needs of children with a parent in prison, starting at ages 8–11 and continuing for 10 years	http://www.projectavary.org/
Reentry Success Center	Supports formerly incarcerated individuals in transitioning back into the community	http://reentrysuccess.org/
Ruby's Place	Offers women, men, transgender people, and accompanied minors who have been affected by domestic violence or human trafficking with shelter, case management, therapy, and housing services	http://www.rubysplace.org/wp/
Safe Alternatives to Violent Environments	Supports victims of domestic violence through providing shelter, support and educational opportunities	https://save-dv.org/
STAND! for Families Free of Domestic Violence	Strives to break the cycle of violence in families impacted by domestic violence and child abuse by providing services around therapy, crisis lines and educational opportunities	http://www.standffov.org/
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community	http://www.youthalive.org/
Youth Uprising	Engages youth in East Oakland in leadership opportunities to drive the health and economic growth of the community	https://www.youthuprising.org/

ECONOMIC SECURITY

Resource Name	Summary Description	Website
Alameda County Community Food Bank	Partners with and provides food to local charities, pantries, and nonprofits, which pass out groceries and food items (Website has a search function to find multiple food resources in any city in Alameda County; use that for the most up-to-date resources)	http://foodnow.net/food-today/
Alameda County Food Resources	Lists community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html
Alameda County Nutrition Services – Women, Infants, and Children (WIC)	Promotes healthy eating via nutrition advice, help with breastfeeding, referrals to services, and special checks to buy healthy food items	http://www.acphd.org/wic.aspx
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedacountysocialservices.org/our-services/Health-and-Food/index
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates programs and services designed to empower homeless, poor, and disabled individuals to become self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	http://www.cceb.org/
Clausen House	Provides housing, wellness programs, and advocacy for developmentally disabled adults in Oakland and the surrounding East Bay area	https://clausenhouse.org/
City of Berkeley Health, Housing, and Community Services Department	Works to improve the quality of life for individuals and families in Berkeley through innovative policies, effective services, and strong community partnerships	https://www.cityofberkeley.info/dhs/

Resource Name	Summary Description	Website
City of Oakland Department of Human Services	Collaborates with a diverse group of local organizations to provide a services in the community	https://www.oaklandca.gov/departments/department-of-human-services
Community Resources for Independent Living	Focuses on providing disabled individuals with peer-based resources and advocacy to improve their lives and their ability to navigate their environment	http://www.crilhayward.org/
East Bay Asian Local Development Corporation	Works with and for the diverse populations of the East Bay to build healthy, vibrant, and safe neighborhoods through community development	https://ebaldc.org/
East Bay Community Law Center	Addresses the underlying causes of poverty and economic and racial inequality to improve opportunities in economic security, education, health and welfare, housing, and immigration	https://ebclc.org/
East Bay Works	Partners with job centers, economic developers, support service providers, and educational entities to provide benefits and services to employers, job seekers and youth ages 16–24 at no cost	http://www.eastbayworks.com/
East Oakland Youth Development Center	Develops the social and leadership capacities of youth and young adults ages 6–24 so that they are prepared for employment, higher education, and leadership roles	http://eoydc.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
First Place for Youth	Supports youth, particularly those in foster care, in developing self-sufficiency and a sense of purpose by offering housing and case-management services	https://www.firstplaceforyouth.org
Hayward Day Labor Center	Enables low-income, mostly migrant workers in the East Bay achieve self-sufficiency	http://daylaborcenter.org/
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org

Resource Name	Summary Description	Website
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/
Youth Spirit Artworks	Engages homeless and low-income individuals in artistic jobs and training to help them develop skills, experience, and self-confidence	http://youthspiritartworks.org/

EDUCATION

Resource Name	Summary Description	Website
Alameda County Early Head Start and Head Start	Provides child development and family support services to facilitate children's health and education	https://www.alamedafs.org/hs-ehs.html
Boys and Girls Clubs of San Leandro	Provides a variety of recreational programs for children and youth, also after-school kinder care in elementary schools	http://bgcsl.org/
Castro Valley Education Foundation	CVEF provides resources and programs that support academic opportunities in Castro Valley Unified School District	https://www.cvef.org/
California State University, East Bay, Hayward Promise Neighborhood	Through collaborative partnership, offers over 35 programs that serve residents, families, children, and students in the Hayward area to ensure educational success and a safe, healthy, thriving community	http://www.haywardpromise.org/
Community Child Care Council (4C's) of Alameda County	Strengthens children and families by helping parents find and pay for affordable child care	https://www.4c-alameda.org
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/
Hidden Genius Project	Focuses on increasing diversity in the workforce and transforming communities by mentoring black male youth in technology creation, entrepreneurship, and leadership skills	http://www.hiddengeniusproject.org/

SCHOOL DISTRICTS IN ALAMEDA COUNTY

School District	Location	Website
Alameda USD	Alameda	https://alamedausd-ca.schoolloop.com/
Albany USD	Albany	https://www.ausdk12.org/
Berkeley USD	Berkeley	https://www.berkeleyschools.net/
Castro Valley USD	Castro Valley	https://www.cv.k12.ca.us/
Emeryville USD	Emeryville	https://emeryusd.k12.ca.us/
Hayward USD	Hayward	https://www.husd.us/
San Leandro USD	San Leandro	https://www.sanleandro.k12.ca.us/
San Lorenzo USD	San Lorenzo	https://www.slzusd.org/
Oakland USD	Oakland	https://www.ousd.org/
Piedmont USD	Piedmont	http://www.piedmont.k12.ca.us/

FOOD SECURITY

Also see Economic Security for resources related to food insecurity.

Resource Name	Summary Description	Website
Acta Non Verba	Provides urban farming opportunities for children, youth, and families in East Oakland to deepen their understanding of nutrition, food production, and healthy living, and strengthen their ties to the community	https://anvfarm.org/
Alameda County Community Food Bank	Pursues a hunger-free community by conducting food distribution services, CalFresh outreach, youth and student nutrition programs, and mobile produce stands at health-delivery centers	https://www.accfb.org/
Alameda County Deputy Sheriffs' Activities League	Collaborates with Alameda County adults and youth on initiatives to reduce crime and improve community health	https://www.acdsal.org/
Alameda County Nutrition Services–Women, Infants, and Children (WIC)	Promotes healthy eating at public events, conducts cooking demonstrations, teaches nutrition and cooking classes, provides nutrition education, plants gardens, and develops and implements healthy food and beverage standards	http://www.acphd.org/nutrition-services
Alameda County Public Health Department	Offers community-based activities that engage residents and local partners in the planning, evaluation, and implementation of health activities	http://www.acphd.org/
Alameda County Social Services Agency	Provides benefits programs through cash assistance and CalFresh ("food stamps"), CalWORKs (assistance for families with children), General Assistance, and Medi-Cal Health Insurance	https://www.alamedasocialservices.org/public/index.cfm
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation	http://www.cityslickerfarms.org/
Fresh Approach	Improves healthy food access in the community through farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/
Mandela MarketPlace	Builds health, wealth, and assets in low-income communities by creating local food enterprises	https://www.mandelapartners.org/
Meals on Wheels of Alameda County	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.feedingseniors.org/

HEALTHCARE ACCESS AND DELIVERY

Resource Name	Summary Description	Website
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing and Community Development	Supports the preservation and development of affordable housing for low- and moderate-income residents	https://www.acgov.org/cda/hcd/
American Diabetes Association	Educates people about ways to live healthier lives and support friends and loved ones living with diabetes	http://www.diabetes.org/in-my-community/local-offices/san-francisco-california/
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area
Bay Area Legal Aid	Improves access to the civil justice system through legal assistance for low- income individuals	https://baylegal.org/
California Department of Health Care Services	Helps low-income and disabled people get access to affordable, integrated, high- quality healthcare, including medical, dental, mental health, and substance use treatment services, as well as long-term care	https://www.dhcs.ca.gov/Pages/default.aspx
Center for Healthy Schools and Communities	Provides integrated health and wellness services (medical, dental, behavioral health, health education, and youth development) in 29 school health centers throughout Alameda County	https://achealthyschools.org/projects
Eden I&R, Inc.	Connects individuals in need with human services agencies	http://edenir.org/
George Mark Children's Home	Provides pediatric nursing and other support services to children with complex medical conditions	https://georgemark.org/
Operation Access	Enables Bay Area healthcare providers to donate surgical and specialty care to people in need	https://www.operationaccess.org/
Planned Parenthood Northern California	Delivers comprehensive sexual and reproductive health services	https://www.plannedparenthood.org/planned-parenthood-northern-california
Ronald McDonald Care Mobile Dental Clinic	Provides pediatric health services for underserved populations through health education and treatment and referral services	https://rmhcbayarea.org/what-we-do/ronald-mcdonald-care-mobile/
Women's Cancer Resource Center	Helps women with cancer improve their quality of life through education, practical assistance, and support services	https://www.wcrc.org/
United Seniors of Oakland and Alameda County	Offers programs for older adults	https://www.usoac.org/

HOUSING AND HOMELESSNESS

Resource Name	Summary Description	Website
Abode Services	Works with government, supporters, landlords, and clients to provide housing for people experiencing homelessness	https://www.abodeservices.org/
Alameda County Healthcare for the Homeless	Increases access to quality healthcare for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/
Alameda County Housing and Community Development	Leads the development of housing and programs to serve low- and moderate-income households, people experiencing homelessness, and disabled individuals	http://www.acgov.org/cda/hcd/
Alameda Point Collaborative	Permanent supportive housing community for individuals experiencing homelessness, which aims to break the cycle of poverty by providing supportive services around education, employment, nutrition, and entrepreneurship	https://apcollaborative.org/
Bay Area Community Services	Provides behavioral health and housing services for teens, adults, older adults, and their families across the Bay Area.	https://www.bayareacs.org/
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income people	https://baylegal.org/
Building Opportunities for Self-Sufficiency	Operates a variety of programs and services targeted towards empowering homeless, poor and disabled individuals to be self-sufficient	https://self-sufficiency.org/
Catholic Charities of the East Bay	A wide variety of services to aid youth, children and families facing eviction including rent assistance and funds for housing deposits	http://www.cceb.org/housing-services-in-the-county-of- alameda/
Downtown Streets Team	Provides case management and volunteer programs to homeless individuals (or those at risk of becoming homeless), to develop job skills and find employment and housing	https://www.streetsteam.org/index
East Bay Community Law Center Housing Program	Defends low-income tenants in eviction lawsuits brought against them	https://ebclc.org/need-services/housing-services
East Bay Housing Organizations	Works through organized campaigns focused on policy or a geographic community through ongoing committees	http://ebho.org/resources/looking-for-housing/housing-developers/

Eden Housing	Creates and sustains affordable housing for very low, low and moderate-income families, seniors, veterans, people living with physical, mental, or developmental disabilities, and the formerly homeless	https://edenhousing.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
Everyone Home	Supports collaborative projects to end homelessness	http://everyonehome.org/
FESCO	Provides low/extremely low-income homeless families with food, emergency, transitional, permanent housing, and supportive services	https://www.fescofamilyshelter.org/
First Place for Youth	Supports youth, particularly those in foster care, in building self-sufficiency and a sense of purpose by offering housing and case management services	https://www.firstplaceforyouth.org
Homeless Action Center	Makes it possible for people who are experiencing severe homelessness, poverty, or disability to access social safety net programs through free, culturally sensitive legal representation	http://homelessactioncenter.org/
Lava Mae	Brings critical self-care services to people experiencing homelessness via mobile hygiene and pop-up care village programs	https://lavamae.org/
MidPen Housing	Nonprofit developer that owns and manages high-quality affordable housing for low-income families, seniors and people with special needs	https://www.midpen-housing.org/
Rebuilding Together East Bay North	Provides free rehabilitation and critical repairs to the homes of income qualified seniors, veterans, and people with disabilities	https://rtebn.org/
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/

TRANSPORTATION

Resource Name	Summary Description	Website
Alameda–Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/
Bay Wheels	Offers an affordable, accessible mode of transportation via a bicycle-sharing service (operated by Lyft), with discounted memberships for low-income individuals	https://www.lyft.com/bikes/bay-wheels
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/
Drivers for Survivors	Offers free transportation services and supportive companionship for ambulatory cancer patients	http://driversforsurvivors.org/
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/
LIFE Eldercare, Inc.	Meals on Wheels, transportation, friendly visitors and fall prevention for the elderly	https://lifeeldercare.org
Paratransit	Public transit service for people who are unable to use regular buses or trains because of a disability or a disabling health condition	https://www.eastbayparatransit.org/