



2025

Report
**Community Health
Needs Assessment**



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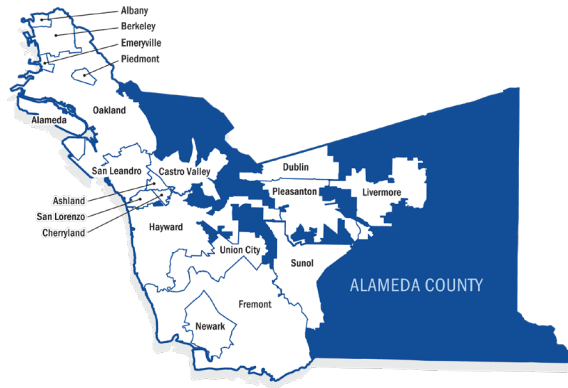
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1. EXECUTIVE SUMMARY

COMMUNITY HEALTH NEEDS ASSESSMENT GUIDING PRINCIPLES

- ✓ Through community voice and statistical data, identify community priority health needs—including social determinants of health—and resources available to address them.
- ✓ Serve as a tool for guiding policy, advocacy, and program-planning efforts to address critical community needs and to improve equity, health, and well-being of communities’ members.
- ✓ Support the development of community benefit plans mandated by State Senate Bill 697.
- ✓ Meet the IRS requirements for Community Health Needs Assessment (CHNA) and Implementation Strategies mandated by the 2010 Affordable Care Act.

The assessment covered Alameda County.



Map credit: Alameda County Transportation Commission

CHNA PROCESS AND METHODS

The process involved data collection, data synthesis, and community prioritization, culminating in this report.



PRIORITIZED 2025 COMMUNITY HEALTH NEEDS

- Economic security
- Behavioral health
- Housing/homelessness
- Racism/discrimination
- Health care access and delivery
- Community/family safety
- Climate/natural environment
- Health conditions:
 - Cancer
 - Heart Disease/Stroke
 - Maternal/Infant Health
 - Sexual Health
 - Unintended Injuries

NEXT STEPS

- Make board-approved 2025 CHNA report publicly available on St. Rose Hospital’s [Community Benefit webpage](#) and solicit written comments until two subsequent reports are published.
- Develop an implementation plan based on the CHNA results, which will be filed with the IRS by February 15, 2026.

2. CHNA REGULATORY REQUIREMENTS AND PURPOSE

This CHNA, completed in fiscal year 2025 and described in this report, meets and exceeds all current State of California (SB 697) and federal (IRS) requirements.



Federal Requirements¹

501(c)(3) hospitals must conduct a CHNA every three years and must document:

- Community served
- Partners involved
- Process and methods
- Identified and prioritized needs



State Requirements²

Private, nonprofit hospitals must conduct a CHNA every three years and annually describe in a report:

- How community was involved in identifying and prioritizing needs
- Activities hospital has taken to address identified needs

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT PURPOSE

The goals of the 2025 Community Health Needs Assessment (CHNA) are to provide insight into the health of the community, prioritize local health needs, and identify areas for improvement. With this information, St. Rose Hospital will develop strategies to tackle critical health needs as well as improve the health and well-being of community members. The assessment findings may also be used as a guideline for funding, policy, and advocacy efforts.

The 2025 CHNA builds upon the findings of the 2022 CHNA (see below for evaluation of 2023–2024 implemented strategies) and previous assessments conducted by St. Rose Hospital. The 2025 report documents how the current CHNA was conducted and describes the related findings. As with prior CHNAs, this assessment also highlights the district's assets and resources (see Section 7: Community Resources).

Note that for the purposes of this assessment, "community health" was not limited to traditional health measures. St. Rose Hospital considered indicators relating to the quality of life (e.g., access to health care, affordable housing, food security, education, and employment) and to the physical, environmental, and social factors that influence the health of the county's residents. This broader definition reflects the hospital's philosophy that many factors affect community health, and that community health cannot be adequately understood without consideration of trends outside the realm of health care.

¹ U.S. Federal Register. (2014). Department of the Treasury, Internal Revenue Service, 26 CFR Parts 1, 53, and 602. Vol. 79, No. 250, December 31, 2014. See Attachment 7 for IRS Regulations Compliance Checklist. The CHNA serves as the basis for implementation strategies that are required to be filed with the IRS as part of Stanford Health Care's Form 990, Schedule H, four and a half months into the next taxable year.

² California Department of Health Care Access and Information (formerly OSHPD). (1998). *Not-for-Profit Hospital Community Benefit Legislation (Senate Bill 697), Report to the Legislature.*

In addition to helping generate shared priorities around community health, St. Rose Hospital also used the 2025 CHNA to fulfill key state and federal mandates.

BRIEF SUMMARY OF THE PRIOR (2022) CHNA CONDUCTED

In 2021–2022, St. Rose Hospital assessed community health needs in its service area. The 2022 CHNA report is posted on the Community Health Needs Assessment page of the hospital’s website.³

The community health needs identified and prioritized through the 2022 CHNA process were:

- Behavioral Health
- Housing and Homelessness
- Education
- Community and Family Safety
- Food Security
- Economic Security
- Structural Racism
- Health Care Access and Delivery

EVALUATION FINDINGS FROM 2023–2025 IMPLEMENTED STRATEGIES

This section is based on the 2023–2025 Implementation Strategy that described how St. Rose Hospital planned to address significant health needs identified in its 2022 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. Health Care Access and Delivery
2. Economic Security
3. Behavioral Health

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 2023–2025 are highlighted below. Note that all years in this section refer to fiscal years (e.g., 2024 represents Fiscal Year 2023–2024).

Health Care Access and Delivery

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

Goals:

1. Improve low-income community members’ access to health care.
2. Improve community members’ access to preventive medicine and specialized care.

³ <https://www.strosehospital.org/community-benefit/>

Examples and outcomes of strategies

Vaccinations

Provided free TB tests to 97 members of the City of Hayward Fire Department and 23 free flu vaccines to members of the City of Hayward Fire Department in 2023.

Case Management and Social Services

Provided over 590 total referrals and follow-up for patients transferred to Skilled Nursing Facilities to ensure discharged patients receive appropriate care in 2024.

Registered Dietician Services

Provided a total of 3,489 hours of registered dietician consultations to diabetic in-patients in 2023 to help patients self-manage their diabetes upon discharge.

Financial Counseling

Assisted underserved patients in determining if they qualify for health insurance or financial aid to ensure coverage. Approved 429 charity applications and facilitated 670 Medi Cal applications in 2023 and 2024 combined.

Economic Stability

Goal: Build community members' employable skills.

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. In 2024, St. Rose's staff spent time with 24 students from the FACES program. Students spent 864 hours at St. Rose learning about careers in healthcare.

Raising Leaders Program

Provide Hayward students in alternative education the opportunity to gain professional experience in a wide variety of fields through internships and workshops. In 2024, St. Rose's staff spent time with 16 students from the Raising Leaders Program operated by Hayward Adult School. Students spent 1,550 hours gaining experience and exposure at St. Rose.

St. Rose Internship Programs

Provide health care 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 37,976 clinical hours and served 305 students in 2023 and 2024 combined.

Behavioral Health

Goals:

1. Improve behavioral health for at-risk youth and their families.
2. Increase community members' access to behavioral health care through care coordination.

Examples and outcomes of strategies

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.

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, as well as transfer, when needed, to psychiatric care.

WRITTEN PUBLIC COMMENTS

St. Rose Hospital welcomes and encourages written public comments about its CHNA and implementation strategy reports. Feedback may be provided by email to Michael Cobb, Foundation Executive Director, mcobb@srhca.org.

At the time this CHNA report was completed, St. Rose Hospital had not received any written comments about the 2022 CHNA report.⁴ The hospital will continue to track submissions and ensure that all relevant comments are reviewed and addressed by appropriate staff members.

⁴ <https://www.strosehospital.org/community-benefit/>

3. ABOUT ST. ROSE HOSPITAL

St. Rose Hospital, a nonprofit community hospital located in Hayward, has been an integral part of the local community for nearly 60 years. On November 1, 2024 the hospital became an affiliate of Alameda Health System, the public safety-net health system in Alameda County.⁵ St. Rose Hospital, accredited by the Joint Commission, 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 over 800 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.

ABOUT ST. ROSE HOSPITAL COMMUNITY HEALTH

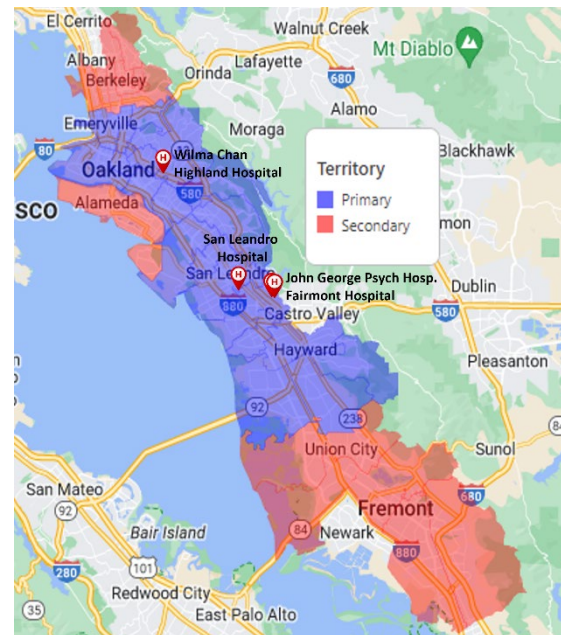
Each year, St. Rose Hospital provides a host of innovative and impactful community benefit programs and services to underserved and underinsured residents. The hospital’s community benefit programs and activities are developed and designed to:

- 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.

COMMUNITY SERVED

The IRS defines the “community served” by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations. Although St. Rose Hospital’s primary service area is in the central part of Alameda County (see map, right), data for the CHNA include all of Alameda County. According to the U.S. Census Bureau, the county’s estimated population for the period 2019–2023 was approximately 1.65 million.

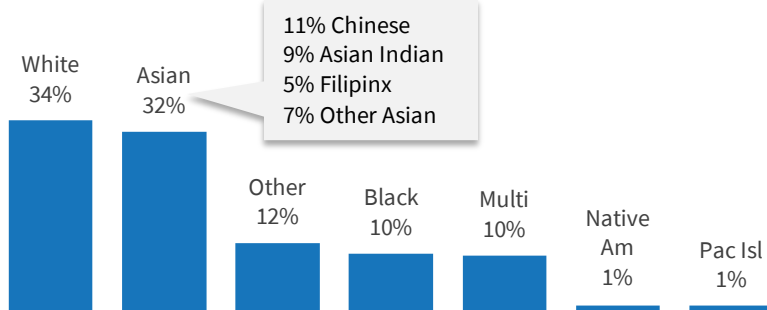
St. Rose Hospital’s primary service area is in central Alameda County.



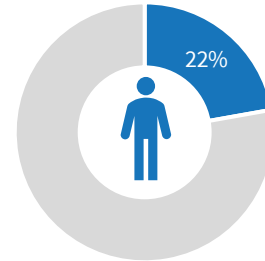
⁵ Alameda Health System. (2024). *St. Rose Hospital is now an affiliate of Alameda Health System*. Retrieved from <https://www.alamedahealthsystem.org/st-rose-hospital-news-2024/>

Demographics, Alameda County

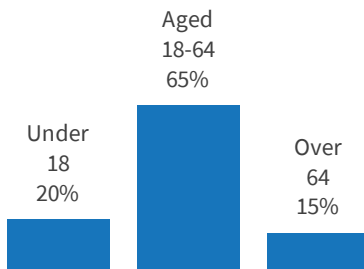
A majority of residents are non-White.



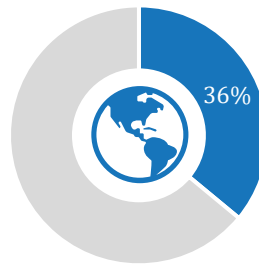
Over one in five are Latine.



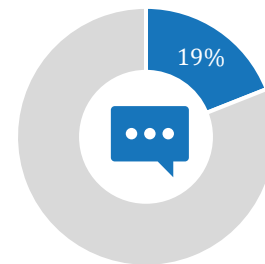
One in five residents are children.



Over one-third of residents are foreign-born.



About one in five over age 5 speak limited English.



\$121,703

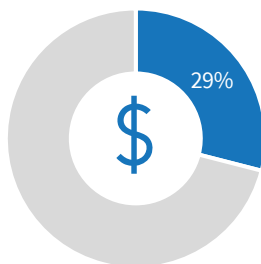
Real Cost Measure (RCM) for 4-person household



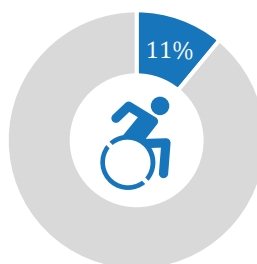
\$1.0M

median home sale price

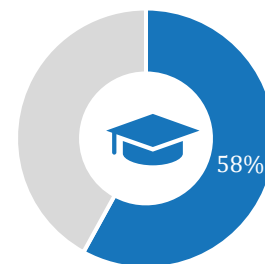
On average, close to one in three households lives below the Real Cost Measure.



Over one in ten residents lives with a disability.



Nearly three in five residents aged 25+ have earned at least a Bachelor's degree.



Sources: United Way: Real Cost Measure (factors in the costs of housing, food, health care, child care and other basic needs), 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: demographics, 2019–2023.

4. ASSESSMENT TEAM

HOSPITALS, OTHER PARTNER ORGANIZATIONS, AND CONSULTANTS

St. Rose Hospital collaborated with the following health systems and organizations to prepare the 2025 CHNA:

- John Muir Health
- Stanford Health Care Tri-Valley
- UCSF Benioff Children’s Hospitals
- Washington Health

This group (collectively, “the collaborative”) all contracted with the same consulting firm (see below for details). Collaborative members also partnered informally with the following health systems and organizations on activities such as exchanging transcripts of interviews and focus groups in order to extend their mutual reach and reduce the assessment burden on the community:

- Alameda County Health
- Applied Survey Research
- Kaiser Permanente (Kaiser Foundation Hospitals: Fremont, Oakland, San Leandro)
- Sutter Health (Alta Bates-Summit and Eden Medical Centers)



IDENTITY AND QUALIFICATIONS OF CONSULTANTS

Actionable Insights, LLC, an independent local research firm, conducted the CHNA on behalf of the collaborative. This consulting firm managed the assessment process from planning and conducting primary and secondary research through facilitating the identification and prioritization of community health needs and ultimately writing this report. Actionable Insights also shared data collection protocols and secondary qualitative data with CHNA consultants serving other hospitals in the same service areas in order to extend the reach of the assessment while not increasing community burden.



Actionable Insights specializes in community health needs assessments, conducting 12 CHNAs for hospitals in the greater Bay Area during the 2024–2025 cycle. The firm also specializes in research and evaluation, helping organizations discover and act on data-driven insights. More information about Actionable Insights is available on the company’s website.⁶

⁶ <https://actionablellc.com/>

5. PROCESS AND METHODS

The hospitals and health systems listed in Section 4 partnered together on the primary and secondary data requirements of the CHNA. Together, these entities planned the CHNA, including making collective decisions on qualitative and quantitative data sources and analysis. The group also came to agreement on the set of criteria to be used in identifying community health needs. The hospitals' goal was to gather community feedback, understand existing data about health status, and learn how the community prioritizes local health needs. By collaborating, the group of hospitals and the public health department were able to obtain and share data efficiently, and to reduce the data-gathering burden on the community.

St. Rose Hospital's data collection process took place over nine months in 2024 and culminated in the composition of this report, written in late 2024 and early 2025. The phases of the CHNA process are depicted below and described in this section.

The core of the CHNA process comprises data collection, analysis and synthesis, culminating in the development of a community health needs list.



SECONDARY STATISTICAL DATA COLLECTION

Data sources were selected to better understand general county-level health, specific vulnerable populations, and to fill previously identified information gaps. Additional data on potential health disparities by geographic area and ethnicity were also analyzed when available.

St. Rose Hospital and its consultants (collectively, “the team”) analyzed over 350 quantitative health indicators to assist with understanding health needs in Alameda County and assessing priorities of the communities. The team collected statistical data from existing sources using County Health Rankings & Roadmaps, which is a public dataset supported by the Robert Wood Johnson Foundation and developed by the University of Wisconsin Population Health Institute.⁷ Supplementary data were collected from other online sources such as KidsData.com, the California Department of Public Health, the U.S. Census Bureau, as well as the county's public health department. The team also used sub-county data when available and a variety of secondary reports and presentations.

Local quantitative data were compared to state benchmarks (California averages and rates) to help determine the severity of a health issue and to identify disparities. The following questions were asked:

- How do these indicators perform against accepted benchmarks?
- What are the inequitable outcomes and conditions for community members?

⁷ County Health Rankings & Roadmaps. (2024). Health Data. Retrieved from <https://www.countyhealthrankings.org/health-data>

Alameda County Community Assessment, Planning, and Evaluation unit (AC CAPE) provided 2019-2023 mortality rates overall and by race/ethnicity for requested causes. However, public health departments face difficulty in providing comparable California rates because the specific diagnoses codes used in some published California mortality rates are not always available. In some cases, Actionable Insights used California mortality benchmarks provided by another county's public health department. Actionable Insights also used the Public Health Department's 2024 report, "Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021," to gather rates that are comparable to California.

AC CAPE also provided rates for birth outcomes, emergency department visits, and hospitalization discharges (all by race/ethnicity). Again, in some cases Actionable Insights used corresponding California benchmarks provided by another county's health department. When benchmarks were missing for emergency department visit and hospitalization rates, Actionable Insights followed the guidance provided by AC CAPE to give priority to the top preventable reasons for ED visits and hospitalizations (e.g., drug overdoses, asthma) in assessing the statistical data.

INFORMATION GAPS AND LIMITATIONS

In this CHNA cycle, our study team had access to more statistical data than ever before. This was due in part to local public health departments' efforts to make their data readily accessible to the public, and their partnership in working with us to obtain that information in a format that was easy to use. However, there are some limitations to the data, which affect the ability to fully assess some health issues that were identified as community needs during the 2025 CHNA process:

1. **Differing local measures.** Overall, the study team was challenged with comparing local Emergency Department (ED) visit rates and hospitalization rates to readily available California benchmarks due to differing local measures. However, the local public health department is working on these issues for future assessments.
2. **Cognitive decline data.** In this assessment, the team was able to access Alzheimer's disease (AD)/dementia mortality rates, but not data on the prevalence of cognitive decline by county. While California is among the 10 states with the highest prevalence of AD/dementia (12%), there is no indication that prevalence in the Bay Area is higher than in the state overall. Although the Alzheimer's Association recently studied prevalence in certain counties, it only published data on the five with the highest prevalence, none of which are Bay Area counties.
3. **Childhood diabetes prevalence.** Because childhood obesity has been a topic of concern in previous cycles, hospitals continue to seek data about childhood diabetes as well, but these data are not publicly available.
4. **Oral health data.** The county also lacked sufficient data pertaining to oral health, including the number of dentists per capita who accept Denti-Cal, individuals with dental insurance, and prevalence of recent dental visits.
5. **Emerging or difficult-to-measure topics.** Lastly, some indicators are difficult to measure or are just emerging. For example, statistical information related to adult marijuana use is scarce. Additionally, health-related data are rarely broken out by income/socioeconomic status, limiting our ability to understand disparities by income level.

PRIMARY/SECONDARY QUALITATIVE DATA COLLECTION (COMMUNITY INPUT)

Qualitative data was collected to better understand certain topics and subpopulations that are not well understood through the statistical data.⁸ Qualitative data were also relied upon to fill previously identified information gaps for which statistical data remain unavailable.



- Primary research was conducted through 8 key informant interviews and 5 focus groups. Three strategies for collecting community input were used:
 - Key informant interviews with health experts and community service experts
 - Focus groups with professionals who represent and/or serve the community
 - Focus groups with community members



- In generating primary research protocols, prior CHNAs were consulted and built upon to focus and refine the protocol questions and topics.



- Transcripts of 37 interviews conducted by Kaiser Foundation Hospitals (Fremont, Oakland, San Leandro) and 8 focus groups conducted by Alameda County's Public Health Department were included in St. Rose's CHNA as secondary qualitative data. While discussion questions were the same, participants were different from and enhanced community input collected by St. Rose.



- Both primary and secondary interviews and focus groups were recorded and transcribed into English.



- Individuals representing vulnerable populations⁹ were included (e.g., unhoused, low-income, communities with inadequate access to clean air and safe drinking water, "minority" groups such as Black, LGBTQ+, or individuals with disabilities, and medically underserved¹⁰).



- Input from over 225 community members, community leaders, health experts and representatives of various organizations and sectors informed the 2025 CHNA. These representatives either work directly in the health field or in a community-based organization that focuses on improving health and quality-of-life conditions by serving those of vulnerable populations.

⁸ For example, the experiences of the LGBTQ+ community in Bay Area counties are often obscured by statistics that represent an entire county's population rather than the LGBTQ+ community as a particular sub-group. This CHNA convened a focus group of LGBTQ+-identifying community members to better understand their needs.

⁹ "Vulnerable" populations, communities, and individuals were formerly referred to as "high-need" populations, communities, and individuals. This term has changed due to statewide regulatory changes under AB 1204. See California Department of Health Care Access and Information. (2022). *HCAI Factsheet Hospital Community Benefits Plans: Vulnerable Populations*.

¹⁰ The IRS requires that community input include the "low-income, minority, and medically underserved populations." Retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

CHNA Interviews and Focus Groups

Community members, leaders, and local experts/professionals participated in interviews and focus groups. Some interviews and focus groups gathered local information on a certain topic, such as substance use, and some were with vulnerable populations, such as unhoused individuals.



- From April to August of 2024, 45 key informant interviews were held with 59 experts from various organizations in Alameda County. Interviews were conducted virtually via Zoom for about one hour.



- Prior to each interview, participants were asked to complete a short online survey:
 - They were asked to identify the health needs they felt were the most pressing among the people they serve. Interviewees could choose up to five needs from the list presented to them, which had been identified in their county in 2022, or could submit needs that were not on the 2022 list.
 - The survey also explained to interviewees how their data would be used and asked them to consent to participate and be recorded.¹¹
 - Finally, participants were offered the option of being listed in the report and were asked, but not required, to provide basic demographic information.



- The discussions centered around five questions for each health need that was prioritized by interviewees in the online pre-survey:
 1. How do you see this need playing out; what do you think creates these issues here?
 2. Which populations or geographic areas in the community are affected more than others?
 3. How has this community need changed in the past few years?
 4. What are the biggest challenges to addressing this need?
 5. What is needed in the community (including models/best practices/key resources) to better address this need?



- Across Alameda County, 13 focus groups were conducted with a total of 58 professionals and close to 110 community members/leaders between June and October 2024.



- Focus group participants also provided responses to a pre-survey,¹² and discussions centered on the needs that had received the most votes from prospective participants in the pre-survey. The questions were identical to those asked of key informants, but language was modified appropriately for each audience.

See Attachment 1: Community Leaders, Representatives, and Members Consulted for a list of individuals focus group or interview details. See Attachment 4: Qualitative Research Materials for protocols used.

¹¹ Only individuals who consented to be recorded were interviewed.

¹² Only individuals who consented to be recorded were included in focus groups. To preserve their anonymity, community members are not listed in the report. Participants in community-member focus groups could take the pre-survey online or on paper. In some cases, participants in the focus groups that were conducted by the public health departments were not asked to provide any demographic information.

List of Focus Groups Conducted for CHNA 2025

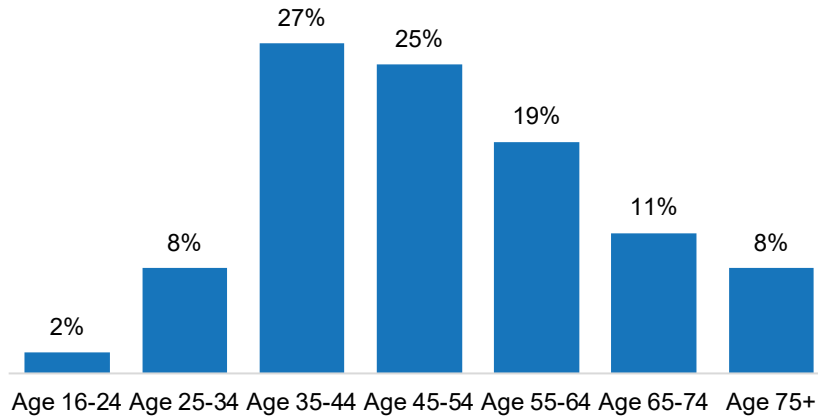
Topic/Population	Focus Group Host/Partner	Date	Number of Participants
Health care access, safety net	Actionable Insights	6/11/24	12
Substance use/addiction	Actionable Insights	6/12/24	9
Faith communities	Actionable Insights	6/25/24	6
Social determinants of health	Actionable Insights	7/22/24	8
Unhoused*	Fremont Family Resource Center	7/25/24	20
Afghani community	Fremont Family Resource Center	8/6/24	15
Health care workforce development	Actionable Insights	8/12/24	8
Parents, Black community*	Family Health Services	8/15/24	17
Parents, Spanish-speaking Latine community*	Hayward YMCA	8/15/24	9
Individuals with disabilities*	Regional Center of the East Bay / Disability Council	8/19/24	18
LGBTQ+ community*	LGBTQ Center	8/22/24	8
Health care access, community health workers*	Vision y Compromiso	9/4/24	22
Older adults, Chinese community*	Korean Community Center	10/28/24	15

* Indicates resident/community member group.

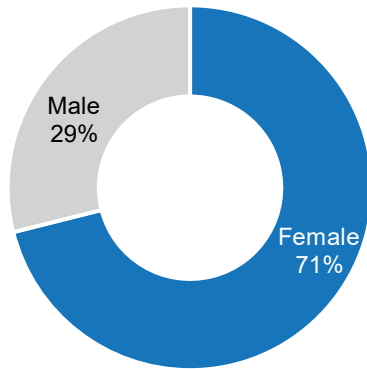
CHNA Participant Demographics

A total of 226 people participated in focus groups or interviews for the CHNA. About 80% of participants responded to a pre-survey asking simple demographics. The charts below show the age ranges, gender, and race of respondents (note that individuals could choose more than one race).¹³

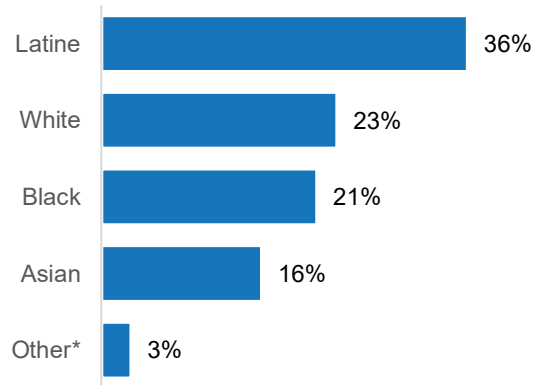
On average, CHNA participants were 51 years old.¹⁴ (N=177)



Almost three-quarters of respondents identified as female. (N=83)



More than one in three respondents were of Hispanic/Latine ethnicity. (N≅180)



*"Other" is Native American/Alaskan and Native Hawaiian/Pacific Islander. Percentages do not sum to 100 due to overlap.

¹³ For race/ethnicity, N=approximately 180; exact number of respondents not available because only summary data were available for some focus groups conducted by Alameda County Public Health.

¹⁴ This report also draws on the findings from three focus groups with youth under age 20 that were conducted for the Eastern Alameda County Human Services Needs Assessment. The youth are not included in these demographics.

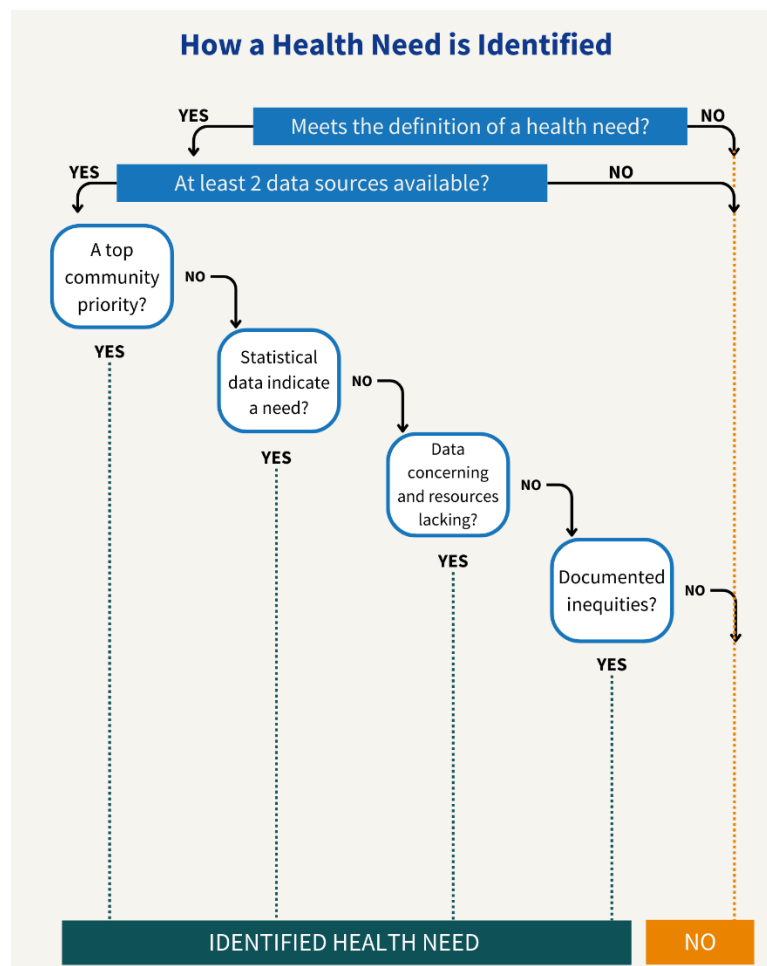
Community Assets

Professionals who participated in key informant interviews and focus groups were asked to review the assets list from the 2022 CHNA report as it related to their area of expertise and to provide updates. This feedback was consolidated by Actionable Insights and the updated assets list is provided in Attachment 3: Community Assets and Resources. This list, updated by CHNA participants, was consulted to assess the sufficiency of assets for each health need (see *Data Synthesis* section below).

IDENTIFICATION OF COMMUNITY HEALTH NEEDS (DATA SYNTHESIS)

During the course of analysis of the quantitative and qualitative data, many health issues surfaced. To be identified as a community health need, an issue had to meet certain criteria, as shown below and described on the next page. All collaborating hospitals used the same criteria for needs identification. See the Definitions box for additional terms and definitions.

An issue must meet a variety of criteria in order to be identified as a health need for the purposes of the CHNA.



DEFINITIONS

Health indicator: A characteristic of an individual, a population, or an environment that can be measured (directly or indirectly) and used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its associated risk(s), or a risk that may lead to a poor health outcome.

Health outcome: A snapshot of a disease/health event in a community that can be described in terms of both morbidity (illness or quality of life) and mortality (death).

Health risk: A behavioral, social, environmental, economic, or clinical care factor that impacts health. May be a social determinant of health.

Health Needs Identification Criteria

1. Meets the definition of a health need (see the Definitions box, previous page).
2. At least two data sources for the health issue are available for the service area.
3. Meets the community priority criterion: Prioritized (i.e., voted as top five to discuss) by at least one-third of all community input cases (interviews and focus groups combined).
4. Meets the statistical data criteria:
 - a. Multiple indicators are worse than the state by 5% or more, or
 - b. At least one indicator is worse (or worsening) and there are few available resources, or
 - c. Multiple inequities by race/ethnicity are a concern.

In 2025, this process led to the identification of eight community health needs that fit the criteria. That list of needs, in descending order of priority, appears on the next page. See Section 6: 2025 Prioritized Community Health Needs for a summarized description of each need.

PRIORITIZATION OF HEALTH NEEDS

IRS requirements state that hospital facilities must identify and prioritize the significant health needs of the community. As described previously, Actionable Insights solicited qualitative input from focus group and interview participants about which needs they thought were the highest priority (i.e., most pressing). St. Rose Hospital used this feedback to identify and rank the significant health needs as follows:

1. Economic Security
2. Behavioral Health
3. Housing and Homelessness
4. Racism/Discrimination
5. Health Care Access and Delivery
6. Community and Family Safety
7. Climate/Natural Environment
8. Health Issues:
 - Cancer
 - Heart Disease/Stroke
 - Maternal/Infant Health
 - Sexual Health
 - Unintended Injuries

6. 2025 PRIORITIZED COMMUNITY HEALTH NEEDS

The processes and methods described in Section 5 resulted in the prioritization of eight community health needs (see *list on previous page*). Each description below summarizes the data, statistics, and community input collected during the Community Health Needs Assessment.

As noted in the introduction to this report, the definition of “community health” in this assessment extends beyond traditional measures of the physical health of community members to include broader social determinants of health, such as access to health care, affordable housing, education, and employment. This more inclusive definition reflects the understanding that many factors impact community health.

The assessment found that social determinants of health underlie many of the physical and behavioral health needs in addition to being identified as needs in and of themselves. Many participants highlighted economic issues, including the high cost of living, income instability, and employment challenges as significant barriers to health. Housing insecurity and homelessness were also commonly identified as major factors by focus group and interview participants. Additionally, structural racism was recognized as a fundamental obstacle that can affect multiple aspects of health.

When describing those who were most greatly affected by the needs, participants in all areas consistently named low-income individuals and families, BIPOC (Black, Indigenous, and people of color, in particular Black and Latine, but also Native American and Pacific Islander) communities, youth (especially foster youth), older adults, individuals experiencing homelessness, people with disabilities (including wheelchair users and those with intellectual and developmental disabilities), recent immigrants (including the undocumented and people not proficient in English), and LGBTQ+ communities as the primary populations disproportionately affected.

SUMMARIZED DESCRIPTIONS OF PRIORITIZED NEEDS

1 Economic Security

What is the issue?

Economic security has been defined as the ability of people to cover their basic needs sustainably, in a manner that allows them dignity and self-respect.¹⁵ Higher income and social status, often achieved through attainment of higher education, have each been linked to greater health. Research shows that access to economic stability programs such as SNAP (formerly called food stamps) results in better long-term health outcomes.¹⁶

Why is it a health need?

Economic security, including education and food security, was the highest-priority health need in interviews and focus group discussions. The high cost of living was a key theme among CHNA participants in all areas. Participants stated that wages from full-time employment were often insufficient to meet the costs of basic needs like rent and living expenses. They indicated that this led to economic strain and forced people to work multiple jobs or cut back on essentials like healthy food. Many also pointed out the correlation between economic and food insecurity, with some noting a substantial increase in food insecurity since the 2020 pandemic.

“Parents that I’ve worked with have been able to find employment, but the amount of money they make doesn’t meet all of their basic needs.”

– Community Leader Interviewee

The populations of highest concern included individuals on fixed incomes, BIPOC individuals, young adults, and families with children. Some participants were especially concerned with the impact of food insecurity on children, including poor physical and mental health.

Regarding other specific populations, it was mentioned that immigrants can face additional challenges due to documentation issues, which can consequently limit their employment opportunities. Some explained that other common economic challenges, such as families needing to work multiple jobs, hinder students’ ability to focus on education, effectively deterring or diminishing their long-term economic prospects. A number also felt economic instability is linked to broader systemic issues, such as hiring discrimination and inadequate local resources.

“If your economic situation is poor, then the thought about even going to free community college is difficult because it’s time away from working.”

– Community Leader Interviewee

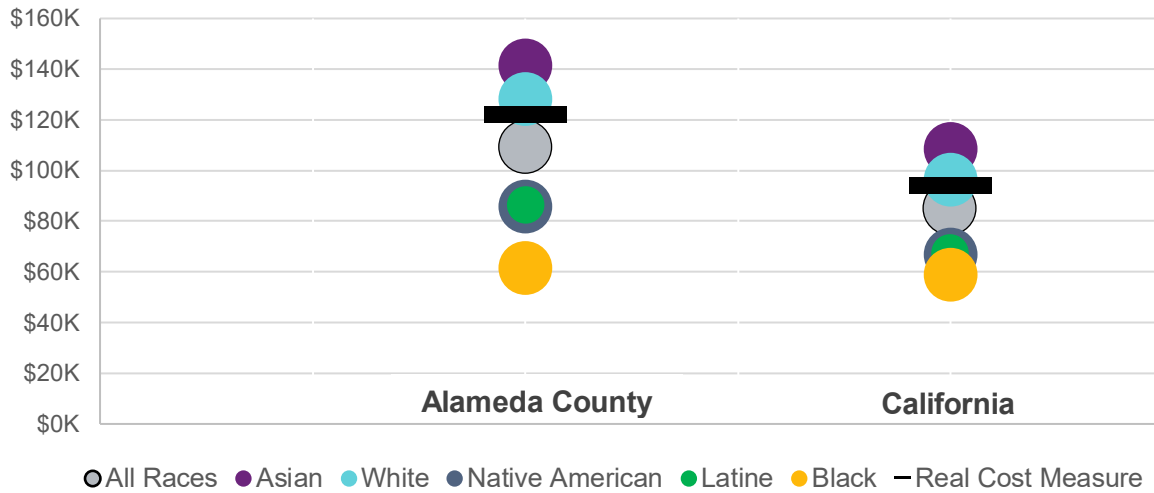
Data show that there are substantial disparities in median income by race/ethnicity; for example, an Alameda County Latine household earns a median of \$86,447, about one-third less than the Real Cost Measure, which

¹⁵ International Committee of the Red Cross. (2020). *Economic Security Strategy 2020-2023*.

¹⁶ Center on Budget and Policy Priorities. (2018). *Economic Security, Health Programs Reduce Poverty and Hardship, With Long-Term Benefits*.

assesses the funds needed for a household to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things. Alameda County women also face a slightly greater gender pay gap (\$0.84 to the dollar) compared to California overall (\$0.86).

Median household income varies substantially by race/ethnicity.

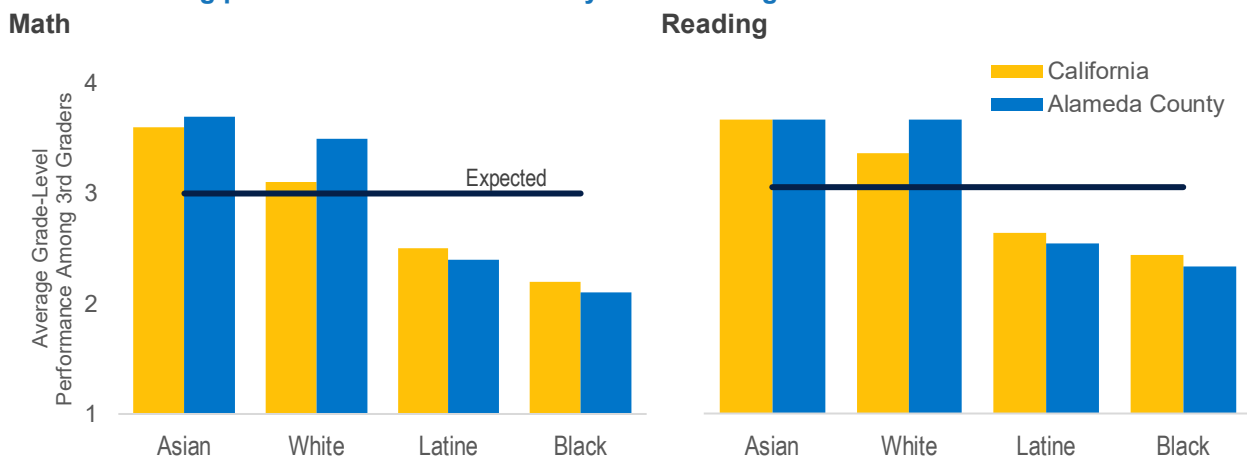


Notes: Dot size varies to show overlap. Source: U.S. Census Bureau Small Area Income and Poverty Estimates, 2021. Retrieved from County Health Rankings, June 2024.

High dropout rates and lower academic performance were highlighted by some CHNA participants. Several described barriers to education for youth in the county, including overcrowded or underfunded schools and teacher/staff shortages.

In Alameda County, Latine students were more likely than students of other ethnic groups to drop out before graduation. Elementary school math and reading performance are also worse among the county’s Black and Latine children (see charts below). Educational statistics and disparities that differ by race/ethnicity are particularly concerning to CHNA participants; as some mentioned, education is linked to future income prospects.

Math and reading performance are both notably worse among Black and Latine students.



Source: California Dept. of Education, Test Results for California’s Assessments. As cited on KidsData.org.

2 Behavioral Health

What is the issue?

Behavioral health refers to both mental health and substance use. Mental health—defined as social, emotional, and psychological well-being—plays a key role in a person’s overall wellness, ability to have healthy and maintain healthy relationships, and function in society.¹⁷ The use of substances such as alcohol, marijuana, and other legal or illegal drugs affects not only the individuals who use them, but also their families and communities.

Why is it a health need?

Behavioral health, including mental health and substance use, was the highest priority need across key informant interviews and focus groups. Most CHNA participants identified mental health as a top concern, highlighting issues such as anxiety, depression, trauma, and severe mental illnesses like schizophrenia and bipolar disorder. Many articulated that there is a significant mental health crisis among youth, exacerbated by COVID-19, social media, and other stressors. Issues such as anxiety, depression, and loneliness were also frequently mentioned. A greater proportion of children in Alameda County are hospitalized for mental diseases and disorders than children in California overall (see chart, next page).

“I’m mostly alone, I don’t really have anyone to talk to. It’s hard to find friends or ...anyone to discuss anything with outside school.”

– Youth Participant, Eastern Alameda County Needs Assessment

Participants highlighted the links among food insecurity, housing instability, violence, and mental health issues such as hopelessness. Several participants noted that trauma, including generational trauma and structural racism, can be a significant factor in worsening mental health issues.

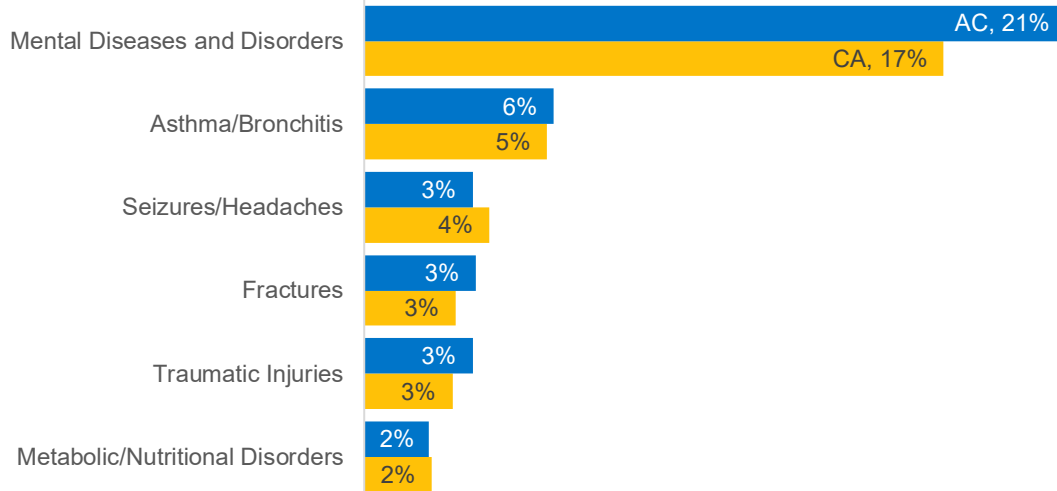
The limited availability of mental health practitioners and related services was frequently discussed, as were other barriers such as long wait times for appointments and inadequate insurance coverage. Some participants expressed particular concern with regard to mental health care access for young children.

“There is not much access to mental health, appointments take very, very long [to get] and an appointment cannot be arranged when a person is already in crisis.”

– Spanish-Speaking Community Focus Group Participant

¹⁷ Substance Abuse and Mental Health Services Administration. (2023). *What is Mental Health?*

The top reason for child hospitalizations is mental diseases and disorders.



Source: California Dept. of Health Care Access and Information custom tabulation, 2020. As cited by KidsData.org.

Substance use, particularly among youth, was a major concern among participants. Experts who participated in the CHNA emphasized fentanyl and synthetic drugs as especially dangerous and noted an increase in substance use disorders overall.

“I work a lot with youth... I have personally a really high concern for the lack of awareness and education surrounding substance use, but with, in particular, the fentanyl issue that we see out there.”

– Expert, Focus Group Participant

Substance use and mental health were seen as being interconnected by CHNA participants, with many stating that substance use often serves as a coping mechanism for untreated mental health issues. Stigma tied to both was noted as a commonplace barrier to seeking help, with other cultural factors contributing as well.

Concern related to both mental health and substance use was specifically expressed for youth, particularly high school and college students, as well as low-income families, who experience high levels of economic stress. Unhoused individuals were also recognized in these discussions, as they often are susceptible to a combination of mental illness, substance use disorders, and other vulnerabilities that can have negative effects on mental well-being.

“A lot of our youth and a lot of underserved folks, mostly Black and brown communities, got hit very hard with COVID, not just getting COVID but a lot of death. That adds to the mental crisis that our youth are experiencing.”

– Community Leader Interviewee

See more related to health care access and delivery, economic security, and housing in their respective descriptions.

3 Housing & Homelessness

What is the issue?

The physical condition of a home, its neighborhood, and the cost of rent or mortgage are strongly associated with the well-being, educational achievement, and economic success of those who live inside it.¹⁸ Poor health can lead to homelessness, and vice versa. People experiencing homelessness suffer from preventable illnesses at a greater rate, require longer hospital stays, and have a greater risk of premature death than their peers with housing security.¹⁹

Why is it a health need?

Housing was one of the highest-priority health needs in interviews and focus group discussions. CHNA participants emphasized the lack of housing affordability, noting that it has been a persistent issue for decades.

“Housing, as it relates to... home purchasing is unaffordable for many.”

– Community Service Provider Interviewee

Participants spoke to rising rent costs and lack of affordable housing options as major issues for many residents. Several participants described poor living conditions, including people living in vehicles or overcrowded housing situations.

“The cost is incredibly high... people have to deal with it. So, the way they do it is they’re overcrowded. They rent rooms.”

– Expert Interviewee

Barriers to housing were widely discussed, including how economic factors, such as wages not keeping up with housing costs and the difficulty of securing financing for affordable housing projects, exacerbate the housing crisis.

Many participants pointed out the increasing homeless population, which is particularly acute in urban areas like Oakland. While the total number of individuals experiencing homelessness in Alameda County decreased between 2022 and 2024, in Oakland the count rose by 9% during that same time period.

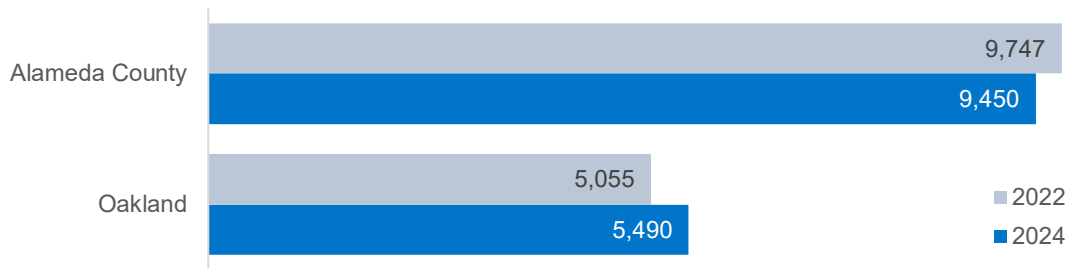
“It’s gotten a lot worse and what we’re seeing is a lot of people. Half of our homeless population live in vehicles.”

– Community Service Provider Interviewee

¹⁸ 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?

¹⁹ O’Connell, J.J. (2005). Premature Mortality in Homeless Populations: A Review of the Literature. Nashville, TN: National Health Care for the Homeless Council.

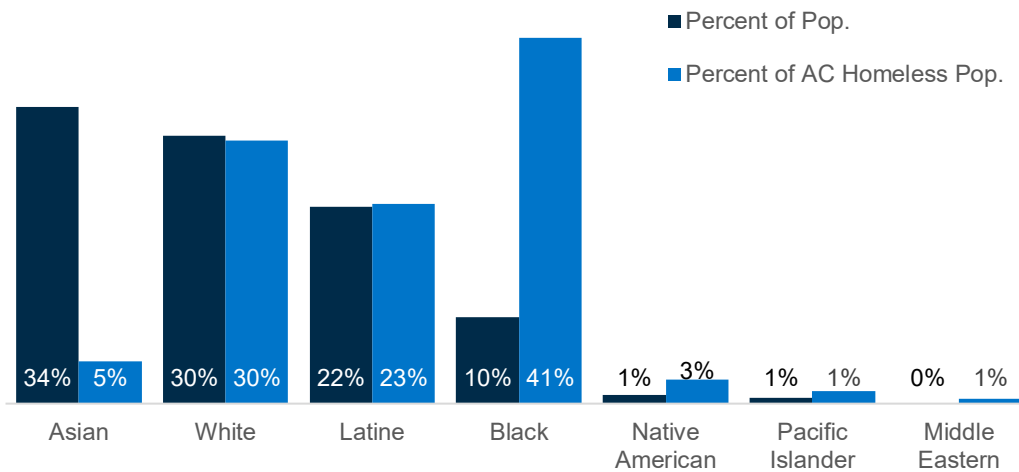
The number of individuals experiencing homelessness in Oakland rose between 2022 and 2025.



Source: Applied Survey Research. Alameda County Point-in-Time Count. 2022 and 2024.

It was regularly underscored by focus groups and key informants that housing instability and homelessness are significant determinants of health, affecting both mental and physical well-being. Stable housing is seen as a foundation for addressing other health needs. Participants mentioned that systemic issues, including structural racism and economic inequities, contribute to the housing and homelessness crisis.

BIPOC communities are overrepresented in Alameda County’s homeless population.



Source: Applied Survey Research. Alameda County Point-in-Time Count. 2024.

4 Racism/Discrimination

What is the issue?

Racism and discrimination, both structural and interpersonal, has been shown to be one of the fundamental causes of health inequities, health disparities, and disease in the U.S.²⁰ The impact of these inequities on the health of Americans is as severe as it is extensive. Throughout the country and locally, racial and ethnic minority populations continue to experience higher rates of poor health and disease across a wide range of health conditions, especially when compared to their White counterparts.²¹ Other populations, such as individuals with disabilities or those identifying within LGBTQ+ communities, also experience varying degrees and forms of discrimination. This assessment considers systemic racism and discrimination as a root cause of health inequities, which are detailed in the other health need descriptions.

Why is it a health need?

More than half of key informants and focus groups identified structural racism as a community priority to be addressed. Racism and other forms of discrimination that can affect health were discussed. CHNA participants explained that structural racism is a continuous and pervasive issue and can manifest in various forms, including the built environment (e.g., diesel truck corridors routed through predominantly Black neighborhoods) and over-policing of BIPOC neighborhoods, which negatively impact physical and mental health outcomes. Further, some participants indicated that structural racism and discrimination in health care directly results in poorer health outcomes for marginalized groups, such as higher rates of chronic diseases, higher infant mortality rates among Black women, or reduced life expectancy among BIPOC populations. Additionally, some noted that the lack of representation and inclusivity in hiring practices is a significant issue.

“Structural racism plays out near constantly, and it’s pervasive... people of color experience a near-constant hypervigilance around our race.”

—CHNA Interviewee, Alameda County

CHNA participants also described experiencing discrimination as members of other marginalized populations, such as LGBTQ+, low-income individuals, and individuals with disabilities. Some participants indicated that low-income communities face neglect and poor living conditions, with landlords often retaliating against common concerns or complaints. Others said LGBTQ+ individuals experience discrimination in housing, with landlords making it difficult for them to secure rentals.

It was frequently mentioned that non-English speakers face additional challenges in accessing quality healthcare services, while others spoke about workplace discrimination against individuals with disabilities.

²⁰ Researchers define structural racism as all of the historical, cultural, and institutional ways a society fosters racial discrimination through inequitable systems that reinforce one another, such as education, credit/banking, health care, and criminal justice, all of which in turn reinforce discriminatory values, beliefs, and resource distribution. See Krieger, N. (2014). Discrimination and health inequities. *International J. of Health Services*, 44(4), 643-710 and Bailey, Z.D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M.T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, 389(10077), 1453-1463.

²¹ Centers for Disease Control and Prevention (CDC). (2021). Racism and Health.

Multiple participants noted that discrimination often intersects across race, disability, economic status, and sexual orientation, compounding the challenges faced by individuals. Youth in particular expressed concern about various forms of discrimination they experience among students while at school.

“Another thing I wish would not be present at school is the homophobia, the transphobia, racism, all of that hate. There’s so much promotion of ‘this is a safe space or inclusive.’ But then I have walked across campus and heard one of my friends be called [derogatory term for sexual orientation] five times. And that’s not something that anyone should have to experience.”

– Youth Participant in Eastern Alameda County Needs Assessment

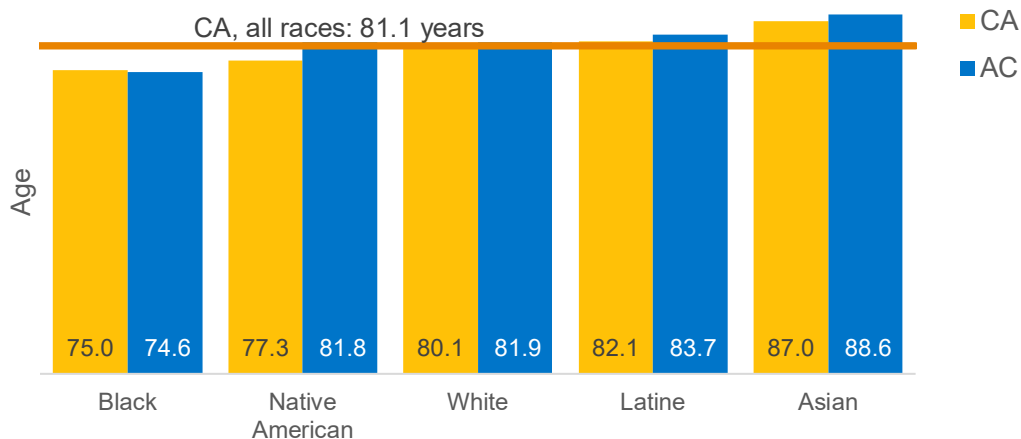
Some CHNA participants mentioned that historical policies like redlining have created long-lasting inequities between neighborhoods, leading to limited access to affordable housing, healthy food, and green spaces for BIPOC populations. Others spoke to the economic barriers that disproportionately affect communities of color. Several stated specifically that structural racism is embedded in the criminal justice system, leading to higher incarceration rates for people of color that disrupt family structures and later translate into worse economic outcomes, such as homelessness.

“For me, [being] Black, it’s always discrimination. Discrimination is alive, and we’re at the bottom of the totem pole.”

– Community Member Focus Group Participant, Alameda County

Participants indicated that addressing structural racism and discrimination requires broader systemic changes across multiple sectors, including housing, health care, education, criminal justice, and employment. Illustrating the effects of systemic racism and related factors on health,²² life expectancy by race is lowest for the Black population. Pacific Islanders have notably lower life expectancy as well.²³

Life expectancy is lowest for Black residents in Alameda County.



Source: National Center for Health Statistics - Mortality Files, 2018-2020, as cited by Community Health Rankings (Robert Wood Johnson Foundation).

²² Gee, G. C., Walsemann, K. M., & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*, 102(5), 967-974.

²³ Information on Pacific Islanders’ life expectancy conveyed by personal conversation with Alameda County CAPE Unit.

5 Health Care Access & Delivery

What is the issue?

Access to affordable, comprehensive, quality health care is important for improving health and increasing quality of life.²⁴ For most people, access to care means having insurance coverage, being able to find an available primary or specialty care provider nearby and receiving timely delivery of care. Delivery of care involves the quality, transparency, and cultural competence/humility with which services are rendered. Limited access to care and compromised delivery affect people's ability to reach their full potential, diminishing their quality of life.

Why is it a health need?

Health care access and delivery was prioritized in more than one-third of all interviews and focus groups. CHNA participants focused on the ever-present barriers to health care access, including economic obstacles and shortages of providers.

"The whole system of health insurance doesn't meet the needs of low-income people. ...Even when somebody has full insurance, because of the cost of copays and deductibles."

—Expert Interviewee

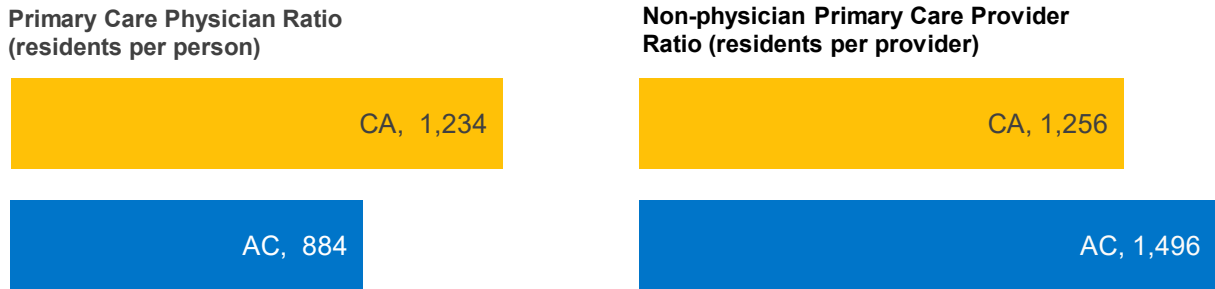
Some participants also mentioned bureaucratic hurdles that persist in navigating the health care system in general. Several described how existing staff is overburdened, naming this as another access issue. In addition, it was noted that undocumented immigrants face unique challenges in accessing health care due to legal and bureaucratic barriers.

Difficulties in accessing specialty care, including mental health services, were highlighted by the community as well. Experts who participated in the CHNA often highlighted the importance of integrating medical, dental, and behavioral health services in a single location to improve access.

Statistics show that in Alameda County, the ratio of community members to primary care providers is better (lower) than the ratio among Californians overall. However, the ratio of community members to other primary care professionals (e.g., physician assistants) is worse (higher) compared to the state (see charts on following page). Access among public school students to school nurses is also worse in Alameda County (3,385 students to each nurse) compared to such access statewide (2,410:1).

²⁴ County Health Rankings & Roadmaps. (2024). Access to Care.

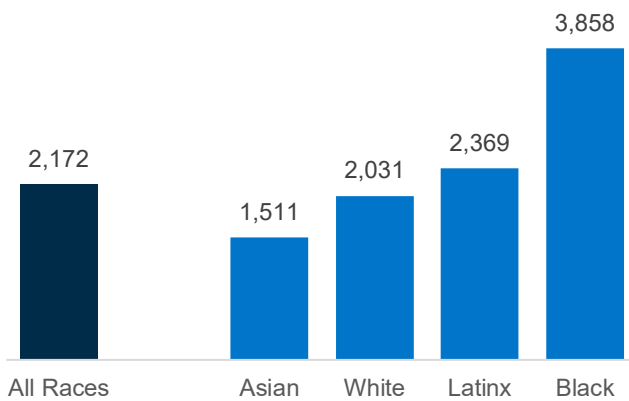
The ratio of community members to non-physician primary care providers is higher (worse) in Alameda County compared to California overall.



Source: Centers for Medicare and Medicaid, National Provider Identification, 2020.

The rates of preventable hospitalizations are highest for BIPOC populations (especially Black and Latine). A higher rate of preventable hospital stays may be an indicator of inequitable access to high-quality care.

In Alameda County, Latine and Black older adults are hospitalized for preventable causes notably more often compared to older adults of all races/ethnicities.



“Language is sometimes a barrier... when we are lucky enough to understand each other, that’s good, isn’t it? But when we are not—I have seen people who want to communicate with the doctors, the nurses, but they [the providers] just don’t.”

—Community Member
Focus Group Participant

Definition: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Source: Centers for Medicare & Medicaid, Mapping Medicare Disparities Tool, 2020.

With regard to health care delivery, some CHNA participants asserted the need for health care services to be more culturally sensitive, alleging that some current practices often disregard cultural differences. There were also concerns expressed about the quality of care, citing issues such as long wait times, poor communication, and perceived indifference or blatant disrespect by health care providers.

6 Community & Family Safety

What is the issue?

Crime, violence, and intentional injury are related to poorer physical and mental health for the victims, the perpetrators, and the community at large.²⁵ As reported by the World Health Organization, even apart from any direct physical injury, victims of violence have been shown to suffer from a higher risk of depression, substance use, anxiety, reproductive health problems, and suicidal behavior.²⁶ Additionally, exposure to violence has been linked to negative effects on an individual's mental health, including post-traumatic stress disorder, as well as a greater propensity to exhibit violent behavior themselves.²⁷

Why is it a health need?

Community and family safety was prioritized in more than two out of every five interviews and focus groups. Concerns were shared about community and family safety, including child and partner abuse. Economic instability and poverty were consistently mentioned as contributing factors to community violence and unsafe environments. Some noted that housing instability, such as families doubling up in homes, creates further stress and therefore could impact the safety of all individuals in such residences.

Gun violence, muggings, and other violent crimes were commonly reported issues affecting community safety as well. Safety concerns in public spaces such as parks and schools were additionally highlighted.

"We had a recent meeting where we talked about... health priorities and the stories that came from residents ... that really touched everybody's heart were simple statements like, 'I want to be able to walk my kid to the park without fear of them being injured or hurt.' "

—Community Leader Interviewee

Participants pointed out the lack of resources such as street lighting, adequate policing, and support services for victims of violence. Some participants felt that institutional racism is what has led to the creation of neighborhoods with high poverty and lack of resources, contributing to unsafe environments.

"By and large, I'd say communities of color... they all talk about violence. All of them. And being concerned about it and it being a problem."

—Expert Interviewee

The threat of violence and crime has significant mental health implications, affecting individuals' ability to thrive and feel safe in their environments. Lack of mental health support was mentioned as a factor that prevents individuals from breaking out of the cycle of violence.

Health experts in Alameda County felt community violence was a county-wide concern, with several interviewees in the Oakland area describing gun violence affecting youth and community-serving staff both

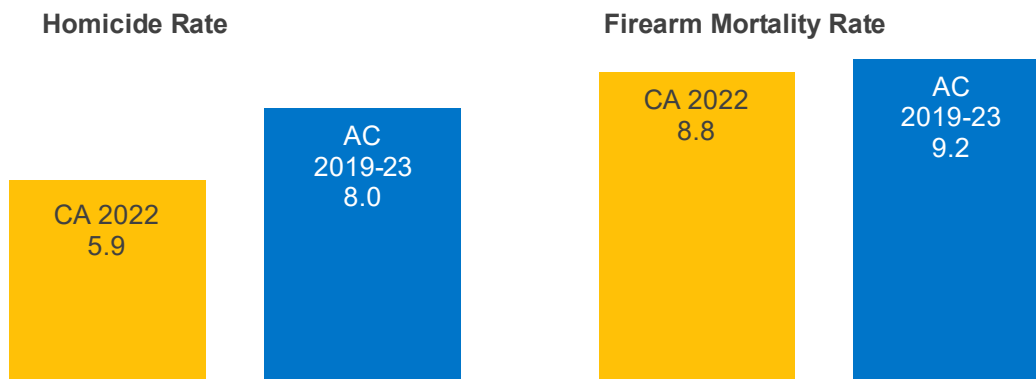
²⁵ Krug, E.G., Mercy, J.A., Dahlberg, L.L., & Zwi, A. (2002). The World Report on Violence & Health. *The Lancet*, 360(9339), 1083–1088.

²⁶ World Health Organization. (2017). 10 Facts About Violence Prevention.

²⁷ 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.

directly and indirectly. Statistics show that the homicide rate is notably higher in Alameda County compared to California’s rate overall. Firearm mortality is similarly higher compared to the state rate and is suffered disproportionately by the Black population (27.5 per 100,000). As with firearm mortality, homicide deaths also disproportionately occur among the Black population in Alameda County (50.7 per 100,000).

Homicide and firearm mortality rates are higher in Alameda County than they are statewide.



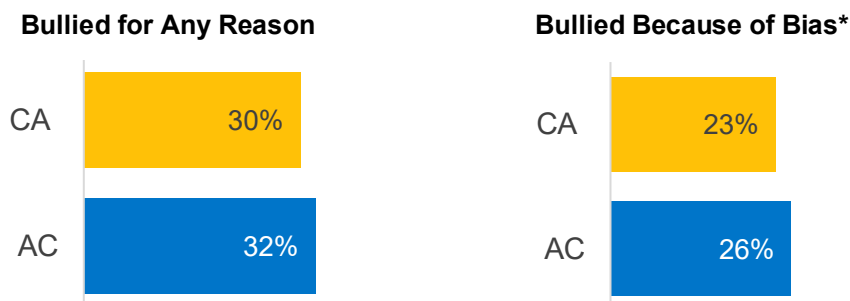
Source: National Center for Health Statistics - Mortality Files, 2016-2020. Rates per 100,000 population.

“I don’t know how much you can physically do... to make people feel safe. I carry pepper spray with me everywhere I go, even if it’s in the middle of the day, because there’s always that inkling in the back of your mind where it’s like, if someone’s really determined to make things unsafe or dangerous, then there’s nothing I can do to stop them.”

– Youth Participant, Eastern Alameda County Needs Assessment

Youth gang membership among 11th graders is somewhat higher in Alameda County (4.4%) versus the California benchmark (4.1%). A slightly larger percentage of youth (9th graders) also reported being bullied and harassed at school because of bias, compared to their statewide peers.

Higher proportions of youth in Alameda County experience bullying or harassment than in California overall.



Source: WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS California Dept. of Education, 2020, as cited in KidsData.org. Note: * Bias because of gender, race/ethnicity or national origin, religion, sexual orientation, or a physical/mental disability.

7 Climate/Natural Environment

What is the issue?

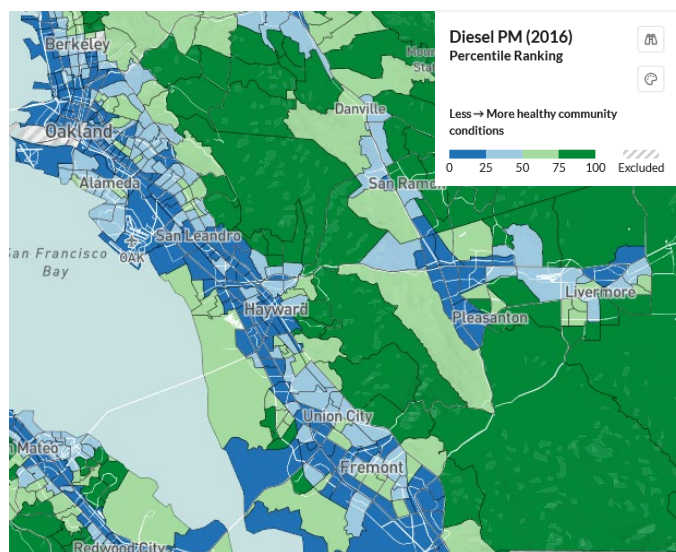
The Office of Disease Prevention and Health Promotion reports that, worldwide, nearly 12 million deaths each year can be attributed to environmental issues. Those issues include air, water, food, and soil contamination, as well as natural and technological disasters. For those whose health is already compromised, exposure to negative environmental issues can compound their problems.²⁸

Why is it a health need?

Indicators of air quality were poor in Alameda County.²⁹ The county had a notably worse rate of particulate matter (PM2.5, 9.4 micrograms per cubic meter of air) versus California's overall rate (7.1). Alameda County's diesel air pollution (0.33 kilograms per day) was also higher than the statewide measure (0.22 kg/day), as was its overall traffic volume statistic (1,791 vehicles per meter of road versus 1,391 statewide).

CHNA participants, primarily community members, spoke about climate change concerns. Those who mentioned it mainly referred to either poor air quality or an increasing number of days of extreme heat. One health expert that participated in this CHNA cycle tied both issues to increasing rates of asthma.

Diesel air pollution is higher near major arteries and in industrial areas.



“It’s the folks who live in places where cranking up the AC isn’t a viable option for monetary reasons. It’s people who are living in housing that has its own health issues.”

—Expert Interviewee

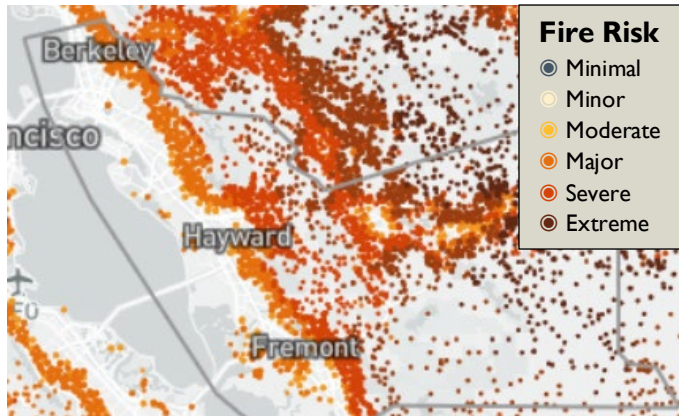
²⁸ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2024). Environmental Health. And: Morris, G. & Saunders, P. (2017). The Environment in Health and Well-Being, Oxford Research Encyclopedias.

²⁹ Although the latest diesel particulate matter data are from 2016, the Healthy Places Index is the standard relied upon by HCAI in determining communities that are vulnerable to air pollution.

With regard to heat, Alameda County is expected to experience seven “hot” days (days in which the temperature feels as though it is over 88° F) in 2025. This number is expected to double to 14 days over the next 30 years.³⁰

With regard to air quality, participants in Alameda County raised their concerns with industrial pollution, making a connecting with historical housing segregation (i.e., lower-income families are more likely to live in areas affected by such pollution). Some individuals also mentioned being affected by wildfire smoke. Alameda County is at major risk of wildfire, with a history of 10 wildfires in the past 35+ years, including the SCU Lightning Complex fire of 2020, which burned nearly 1,650 square miles of land and affected than 1,400 buildings. Nearly 50% of all properties in the county are at some risk of being affected by wildfire in the next 30 years.³¹

More properties east of Hayward are at risk from fire than in other parts of St. Rose’s service area.



CHNA participants expressed concerns around environmental justice. For example, they noted that low-income communities and communities of color are often disproportionately affected by extreme weather and environmental hazards and have fewer resources to cope with the impacts. Participants expressed a sense of limitation to their ability to make significant changes at the local level. They noted that while individual actions are important, broader systemic changes are necessary to address the root causes of climate change effectively.

³⁰ Heat data obtained from First Street, a public benefit corporation connecting climate risk to financial risk via advanced climate science: https://firststreet.org/county/alameda-county-ca/6001_fs/heat

³¹ Fire data obtained from First Street (see footnote above): https://firststreet.org/county/alameda-county-ca/6001_fs/fire

8 Health Issues

What are the issues?

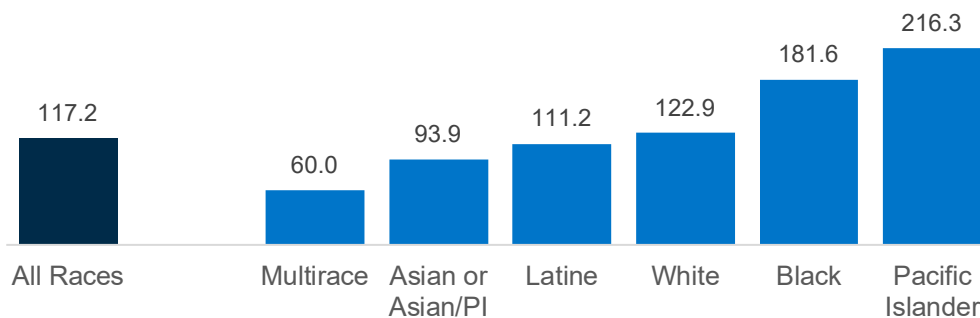
- **Cancer** is the second leading cause of death in the U.S., following heart disease.³²
- **Heart disease** is the #1 cause of death in the U.S.,³³ while **stroke** is #5.³⁴
- Improving the well-being of **mothers and infants** remains an important goal, as U.S. women now have a higher mortality rate from childbirth than their peers in other developed countries.³⁵
- **Sexual health** is dependent on unconditional access to sexual health care and information about sex and sexuality, including knowledge of the risks and consequences of unprotected sex like sexually transmitted infections (STIs).³⁶
- **Unintentional injury** is the third leading cause of death for all ages in the U.S.³⁷

Why are they health needs?

Cancer

Cancer was the #1 cause of death in Alameda County in 2022. Although overall cancer mortality rates are on par or better than the state, statistical data for cancer mortality by race/ethnicity indicates substantial disparities. For instance, the overall cancer mortality rate among Alameda County's Pacific Islander population is much higher compared to their White or Latine counterparts.

People who identify as Pacific Islander or Black have notably higher cancer mortality rates per 100,000 population than people of other racial/ethnic groups in Alameda County.



Source: Public health department (by personal correspondence), 2019–2023.

Countywide statistical data indicate that at least one racial or ethnic group also experiences significantly higher overall cancer incidence rates and worse rates for various types of cancer compared to the total population's rates in Alameda County.

³² Centers for Disease Control and Prevention. (2017). Leading Causes of Death.

³³ Centers for Disease Control and Prevention. (2017). Heart Disease Facts.

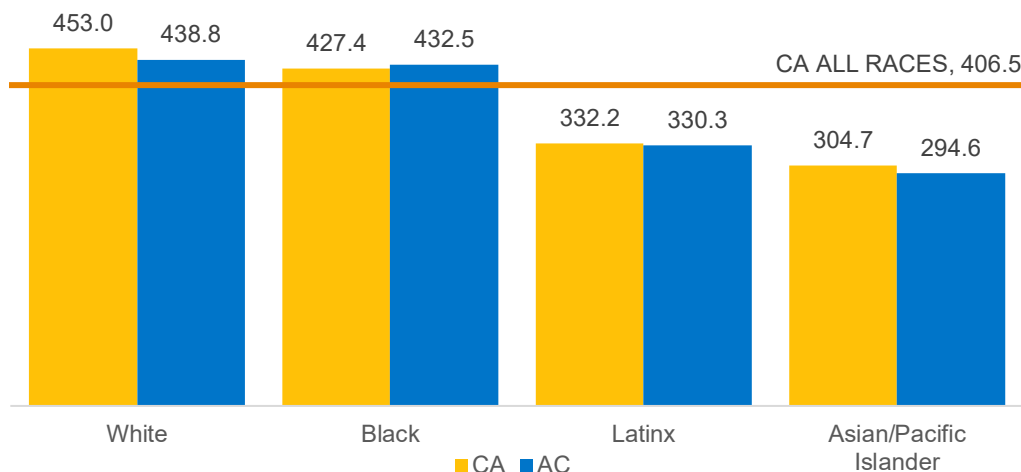
³⁴ Centers for Disease Control and Prevention. (2018). Stroke.

³⁵ Healthy People 2030. (2024). Office of Disease Prevention and Health Promotion.

³⁶ Centers for Disease Control and Prevention. (2024). Sexually Transmitted Infections (STIs).

³⁷ Centers of Disease Control and Prevention, National Center for Health Statistics. (2022). Accidents or Unintentional Injuries.

People who identify as White or Black have higher overall cancer incidence rates per 100,000 population than people of other racial/ethnic populations in Alameda County.



Source: California Health Maps, 2012-2021.

With respect to specific forms of cancer, Latine residents in Alameda County have the highest incidence of liver cancer compared to their non-Latine peers, while Asians have the highest incidence of thyroid cancer compared to any other group. The county’s Whites have a higher incidence of breast, lymphatic, melanoma (skin cancer), and urinary tract cancer than any other group. Further, Blacks have the highest incidence rates of lung, pancreatic, prostate, and uterine cancer compared to other racial/ethnic groups in the county.

Site-specific cancer incidence rates per 100,000 population are more often worse among people identifying as Black or White in Alameda County than people from other racial/ethnic groups.

Cancer Site	All Races	White	Latine	Asian	Black
Breast	65.5	73.7	48.8	58.9	69.4
Colorectal	32.6	33.6	30.1	28.2	41.2
Kidney	12.6	12.8	16.3	7.8	19.2
Liver	9.8	7.3	14.2	11.0	11.0
Lung	38.5	39.6	27.6	34.1	54.9
Lymph	18.4	21.1	18.8	14.6	16.0
Mela (Skin)	19.2	40.6	5.2	1.0	1.2
Pancreas	12.1	12.6	12.3	9.7	15.8
Prostate	43.4	45.9	37.4	25.7	68.1
Thyroid	10.3	11.2	9.3	11.3	4.9
Urinary	14.6	20.0	11.4	8.1	11.7
Uterine	14.3	15.4	14.2	12.1	16.8

Note: Orange text denotes rates higher than the county average. Source: CA Health Maps, 2012–2021.

While cancer was rarely prioritized on its own, community members’ personal accounts illustrated potential gaps in timely and comprehensive cancer screenings. Access to specialized cancer care and resources was raised as an issue; some participants mentioned long waiting lists and limited availability of services. The

financial burden of cancer treatment was a significant concern, with participants noting how it affects economic stability, both short- and long-term, for patients and their families.

“I had prostate cancer. That’s expensive, you know what I mean? Doctors aren’t going to want to treat you for it. Because if you don’t have any insurance, they don’t want to see you, man.”

—Community Member Focus Group Participant, Alameda County

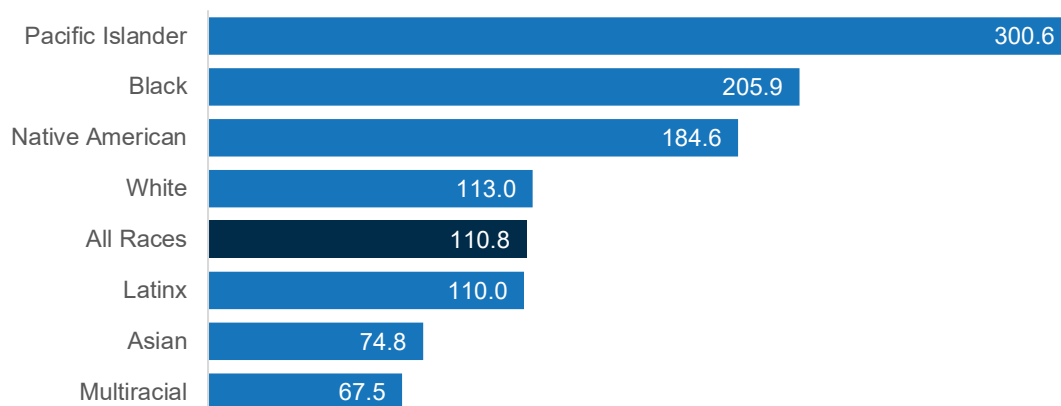
When cancer was discussed, participants frequently mentioned that cancer carries with it an emotional toll on both patients and their families, and that mental health support is needed in addition to physical treatment. Participants also spoke of the need for more cancer education within the community at large.

The National Cancer Institute has acknowledged socioeconomic and racial/ethnic disparities that exist in cancer detection, treatment, and outcomes. It attributes these disparities to a variety of factors, including institutional racism and conscious or unconscious bias among care providers, as well as barriers such as low income, low health literacy, lack of insurance, and lack of transportation. It also acknowledges the role geography plays in cancer risks (e.g., when a neighborhood has poor access to affordable healthy food, community members are more likely to be obese, which is a cancer risk factor). The Institute states, “Reducing or eliminating some cancer disparities in the pursuit of health equity will require policy changes to overcome systemic social, racial, and/or institutional inequalities.”³⁸

Heart Disease/Stroke

Heart disease and cerebrovascular diseases ranked among the top five causes of death in Alameda County in 2022, although stroke mortality is only slightly worse among county residents (43.4 per 100,000) than their statewide peers (42.1) and the cardiovascular disease (CVD) mortality rate is lower than the state’s. However, the mortality rate for heart disease is much higher among the county’s Black population than other ethnic groups.

People identifying as Pacific Islander or Black have notably higher heart disease mortality rates per 100,000 population than people of other racial/ethnic groups in Alameda County.



Source: Alameda County Public Health Department, 2019-23.

³⁸ National Cancer Institute. (2020). Cancer Disparities.

Heart disease and stroke were prioritized by a small proportion of key informants and focus group participants; of these, several CHNA participants noted a high prevalence of hypertension and diabetes within their communities, which are significant risk factors for heart disease and stroke. In Alameda County, hypertension ranked separately in the top 10 causes of death.

"Hypertension and stroke is generally one of the areas where you do see a cultural implication. Our Hispanics and our African Americans are the ones most at risk."

- CHNA Interviewee, Alameda County

Some participants who discussed heart disease highlighted the role that stress and mental health issues have in poor cardiovascular health outcomes, while others identified various social determinants of health (economic insecurity, lack of health care access, and poor-quality health care) as contributing factors. Poor diet due to food insecurity was linked by several experts to higher rates of diabetes and heart disease, especially among youth. Participants saw effective management of chronic illnesses like diabetes and hypertension as crucial for preventing heart disease and stroke.

Maternal/Infant Health

Certain maternal and infant health statistics were worse for particular populations compared to the state rates, including the proportion of premature births, low birth-weight births, and infant mortality. For example, infant mortality is substantially higher among Alameda County's Black population (8.4 per 1,000) compared to infants of other ethnicities (3.3 for all races/ethnicities).

"We have seen that infant mortality and some of the sicknesses that infants are having is high amongst Native children... When they are getting the care that they need, we see less infant mortality and less children getting sick."

—CHNA Interviewee, Alameda County

In Alameda County, the rate of severe maternal morbidity (unexpected and life-threatening events that can occur during childbirth) was notably higher than the California rate and was highest for Black mothers (229.2 per 100,000).

The severe maternal morbidity rate is higher in Alameda County compared to the state.



Source: California Department of Public Health, 2020-2022. Rates per 100,000 population.

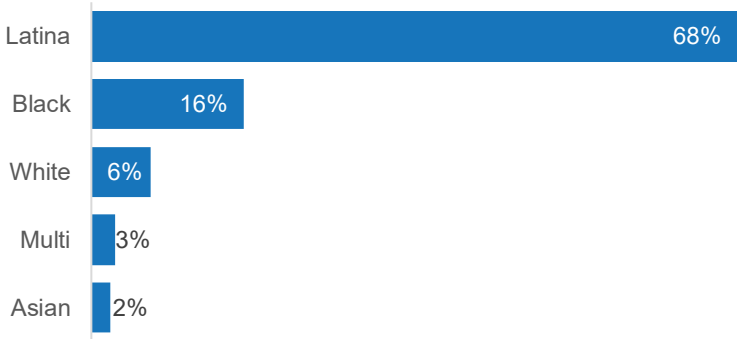
While maternal and infant health was rarely prioritized on its own, CHNA participants noted that low-income and BIPOC (especially Black) mothers face more challenges in accessing maternal/infant health care. Affordability of health care services was a major concern, with some participants revealing that economic

constraints prevented them from accessing necessary prenatal and postnatal care. Another common theme shared throughout discussions was the need for cultural sensitivity and more effective communication from health care providers, specifically with patients from diverse backgrounds.

Sexual Health

Although the rate of teen births in Alameda County (7.0 per 1,000) is better than the state (13.0), there are disparities by race/ethnicity.

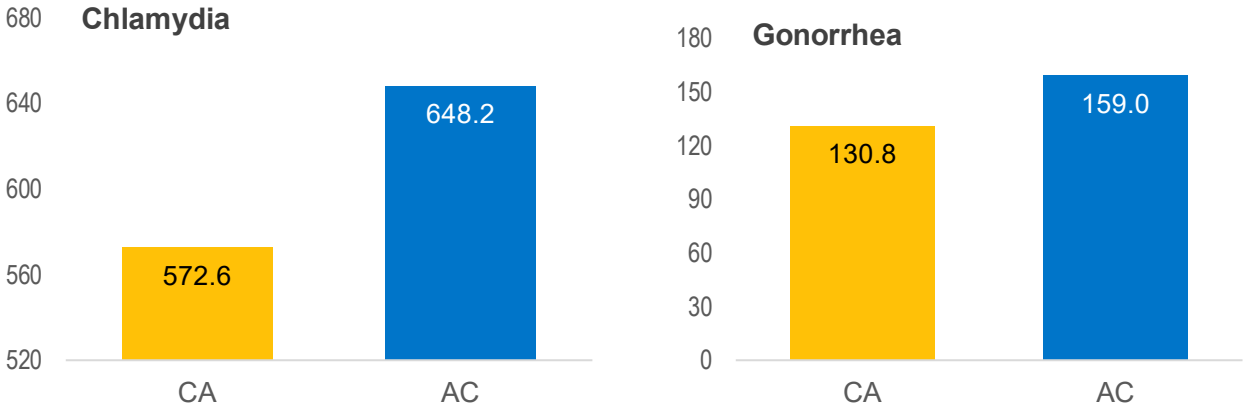
Among teens who gave birth in Alameda County, Latinas represented a much higher proportion than teens of other ethnicities.



Source: California Department of Public Health, Adolescent Births Dashboard. 2020-2022. Ages 15-19.

Incidence rates of chlamydia and gonorrhea among Alameda County youth aged 15-19 are much higher than the rates of these STIs statewide.

Chlamydia and gonorrhea rates for youth in Alameda County are higher than California rates.



Source: California Department of Public Health. 2020. Rates per 100,000 population.

Some CHNA participants expressed a concern regarding the rising rates of STIs like syphilis and chlamydia. It was pointed out by a participant in an LGBTQ+ focus groups that current messages conveyed by health providers and public health departments about sexual health often misses certain individuals who do not identify strictly as gay, bisexual, or heterosexual but still engage in high-risk behaviors (see quote, next page). This gap in messaging leads to a lack of awareness and preventive care measures among these groups.

“There’s a whole group of folks just kind of roaming about, who it doesn’t even cross their mind that they’re at risk for certain things because they don’t see themselves fitting into the category [of people at risk].”

– Community Member Focus Group Participant, Alameda County

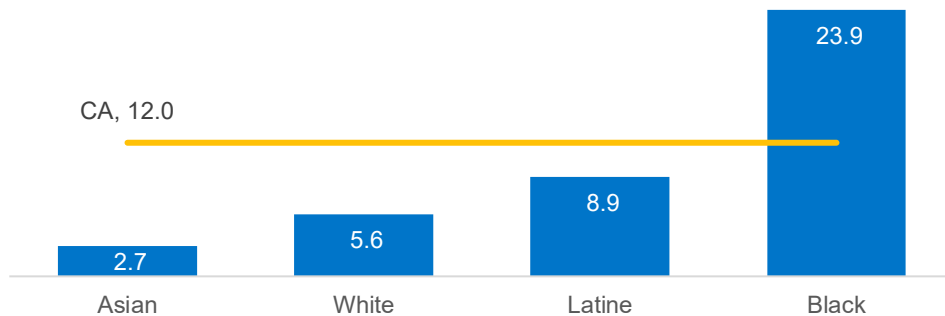
The Centers for Disease Control and Prevention suggest that income inequality, poverty, lack of employment, lower levels of education, and distrust of the health care system (whether due to shame or stigma, experience or fear of discrimination, or other reasons) affect the ability of individuals to “stay sexually healthy.”³⁹

Unintended Injuries

In Alameda County, the rate of mortality by race from all unintended injuries was highest for the Black population, followed by the Native American population. Further, the share of traumatic injury hospitalizations among children in Alameda County was somewhat higher (3.2% of all hospitalizations) compared to children in California overall (2.6%).

Accidents (unintentional injuries) were ranked among the top five causes of death in Alameda County in 2022. Compared to the statewide benchmark (0.4 per 100,000), the rate of pedestrian deaths was notably higher for the county (2.1). Alameda County motor vehicle crash mortality rates by race were highest for the Black population, followed by the Latine population.

Death rates due to motor vehicle crashes are highest among the county’s Black population.



Source: Alameda County Public Health, 2021. Rates per 100,000 population.

Racial inequity in accident rates has been found nationwide and is attributed in part to unequal access to safe transportation.⁴⁰ The absence of sidewalks in low-income neighborhoods is another factor related to national pedestrian accident rates.⁴¹

³⁹ Centers for Disease Control and Prevention. (2020). STD Health Equity.

⁴⁰ Hamann, C., Peek-Asa, C., & Butcher, B. (2020). Racial disparities in pedestrian-related injury hospitalizations in the United States. *BMC Public Health*, 20(1), 1-7.

⁴¹ Lu, W., McKyer, E., Lee, C., Ory, M., Goodson, P., & Wang, S. (2015). Children’s active commuting to school: an interplay of self-efficacy, social economic disadvantage, & environmental characteristics. *Int’l J. of Behavioral Nutrition & Physical Activity*. 12(1):29.

7. COMMUNITY RESOURCES

Various hospitals and clinics, community-based organizations, government departments/ agencies, and other resources in Alameda County are engaged in addressing many of the community health needs identified by this assessment. Hospitals and Federally Qualified Health Centers are listed below. For additional resources available to respond to the identified health needs of the local community, see Attachment 3: Community Assets and Resources.

HOSPITALS

- Alameda Health System, John George Psychiatric Hospital
- Fremont Hospital
- Highland Hospital
- Kaiser Foundation Hospital (multiple sites)
- St. Rose Hospital
- Stanford Health Care Tri-Valley
- Sutter Health Medical Center (multiple sites)
- University of California Benioff Children’s Hospital Oakland
- Washington Hospital

FEDERALLY QUALIFIED HEALTH CENTERS

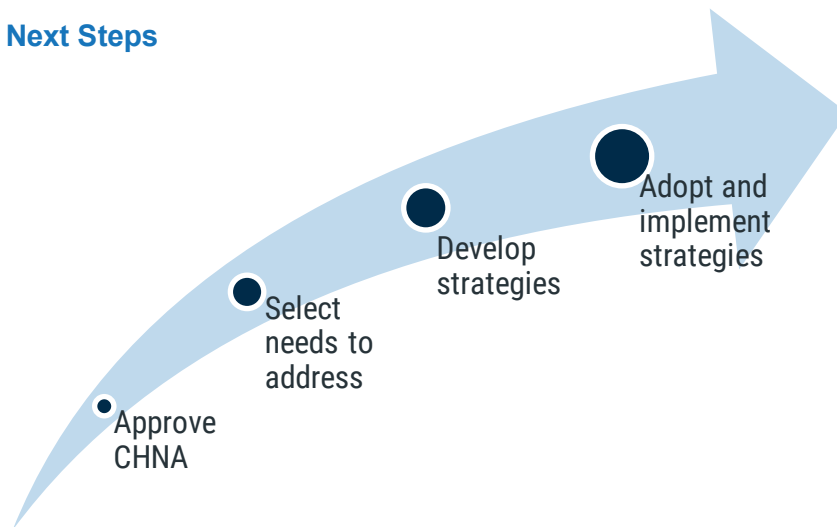
- Asian Health Services-Peralta Wellness Center
- La Clinica de la Raza
- Wildcat Wellness Center

8. CONCLUSION

St. Rose Hospital worked with local partners, combining expertise, guidance, and resources to conduct the 2025 Community Health Needs Assessment. By gathering secondary data and conducting new primary research with other health care facilities and local public health departments, the hospitals gained a shared understanding of how health indicator data for St. Rose Hospital's service area compared to state benchmarks as well as the community's perception of health needs. This extensive base of information informed the hospital's prioritization of health needs.

The 2025 CHNA, which builds upon prior assessments, dating back to 1995, meets federal (IRS) and California state requirements.

Next Steps



Next steps for St. Rose Hospital:

- Ensure CHNA is approved by the hospital board and made publicly available on St. Rose Hospital's [Community Benefits webpage](#) by September 30, 2025.
- Monitor community comments on the CHNA report submitted to Michael Cobb, Foundation Executive Director, mcobb@srhca.org (an ongoing effort).
- Select priority health needs to address.
- Develop strategies to address priority health needs.
- Ensure strategies are adopted by the hospital board and filed with the IRS by February 15, 2026.

9. LIST OF ATTACHMENTS

1. Community Leaders, Representatives, and Members Consulted
2. Secondary Data Indicator Index
3. Community Assets and Resources
4. Qualitative Research Materials
5. IRS Checklist

ATTACHMENT 1: COMMUNITY LEADERS, REPRESENTATIVES, AND MEMBERS CONSULTED

The list below contains the names of leaders, representatives, and members who were consulted for their expertise in the community. Leaders were identified based on their professional expertise and knowledge of target groups including low-income populations, minorities, and the medically underserved.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Organizations						
Interview	Arzelia Lopez, Nurse-Family Partnership Nurse Manager, Alameda County Public Health	Maternal/ infant health	1	Medically underserved	Leader	4/26/2024
Interview	Karen Grimsich, Administrator Aging & Family Services, City of Fremont	Older adults	1	Low-income	Leader	4/29/2024
Interview	Christine Dillman, Executive Director, Tri-Valley Haven	Violence/ community safety	1	Low-income, minorities	Leader	5/3/2024
Interview	Paris Davis, Intervention Programs Director, YOUTH ALIVE!	Violence/ community safety	1	Low-income, minorities	Leader, representative	5/3/2024
Interview-Secondary	Ella Baker Center	Climate	1	Low-income	Leader	5/15/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview	Kimi Watkins-Tartt, Public Health Director, Alameda County Public Health Department	Public health	1	Low-income, minorities, medically underserved	Leader, representative	5/16/2024
Interview	Evette Brandon, Division Director, Alameda County Public Health Department	Public health	1	Low-income, minorities, medically underserved	Leader, representative	5/16/2024
Interview	Aaron Ortiz, Chief Executive Officer , The Alliance For Community Wellness	Mental health	1	Medically underserved	Leader	5/30/2024
Interview	Health Equity Policy and Systems Manager, Health Equity Division, Behavioral Health Department, Alameda County Health	Equity	1	Low-income, minorities, medically underserved	Leader	5/22/2024
Interview	Aislinn Bird, Director of Integrated Care, Psychiatrist, Alameda County Health Care for the Homeless	Homeless-ness, substance use disorder	1	Low-income, medically underserved	Leader	6/11/2024
Interview	Lucy Kasdin, Director, Alameda County Health Care for the Homeless	Homeless-ness, substance use disorder	1	Low-income, medically underserved	Leader	6/11/2024
Interview	Matt Vander Sluis, Managing Director, Policies and Programs, Bay Area, Bay Area Regional Health Inequities Initiative (BARHII)	Climate/ sustainability	1	Low-income, minorities, medically underserved	Leader	7/29/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview-Secondary	Eden United Church of Christ	Food insecurity	1	Low-income	Leader	5/16/2024
Interview-Secondary	Greenlining Institute	Climate	1	Low-income	Leader	5/29/2024
Interview-Secondary	Davis Street	Unhoused	1	Low-income, medically underserved	Leader	5/30/2024
Interview-Secondary	Open Heart Kitchen	Food insecurity	1	Low-income	Leader	6/5/2024
Interview-Secondary	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	Housing	3	Low-income	Leader	6/6/2024
Interview-Secondary	Destiny Arts	multi	1	Low-income	Leader	6/10/2024
Interview-Secondary	Bay Area Community Health Center/Tiburcio Vasquez Medical Center	Access to health care	4	Low-income, minorities, medically underserved	Leaders, representatives	6/10/2024
Interview-Secondary	Rising Sun Center	Income and employment	1	Low-income	Leader	6/12/2024
Interview-Secondary	Abode Services	Housing	1	Low-income	Leader	6/13/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview-Secondary	Native American Health Center	Mental/behavioral health	2	Minorities, medically underserved	Leaders	6/13/2024
Interview-Secondary	NAMI	Mental/behavioral health	1	Medically underserved	Leader	6/13/2024
Interview-Secondary	Rubicon	Income and employment	1	Low-income	Leader	6/13/2024
Interview-Secondary	Planting Justice	Food insecurity	1	Low-income	Leader	6/18/2024
Interview-Secondary	Aliados Health AKA Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	Access to health care	2	Low-income, minorities, medically underserved	Leader	6/18/2024
Interview-Secondary	Eden Housing Resident Services, Inc.	Income and employment	1	Low-income	Leader	6/18/2024
Interview-Secondary	Alameda County Community Food Bank	Food insecurity	1	Low-income	Leader	6/26/2024
Interview-Secondary	Asian Health Services	Access to health care	1	Minorities, medically underserved	Leader	6/26/2024
Interview-Secondary	J-Sei – AAPI Older Adults (Emeryville)	multi	1	Low-income, minorities, medically underserved	Leader	6/26/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview-Secondary	Downtown Streets	Housing	1	Low-income	Leader	6/27/2024
Interview-Secondary	Union City Family Center and Fremont Family Resource Center	Multiple	2	Low-income	Leaders	6/27/2024
Interview-Secondary	Oakland Unified School District	Education	1	Low-income	Leader	7/3/2024
Interview-Secondary	Unity Council	Income and employment	1	Low-income	Leader	7/12/2024
Interview-Secondary	East Oakland Youth Development Center	Income and employment	1	Low-income	Leader	7/15/2024
Interview-Secondary	Trybe	Food insecurity	1	Low-income	Leader	7/15/2024
Interview-Secondary	Side by Side	Transitional Aged Youth	3	Low-income	Leaders	7/15/2024
Interview-Secondary	Alameda County Age-Friendly Coalition & Day Break Adult Day Center	Access to health care	1	Low-income, medically underserved	Leader	7/16/2024
Interview-Secondary	Life Long Medical Care	Access to health care	1	Low-income, medically underserved	Leader	7/17/2024

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Interview-Secondary	Afghan Coalition	Community safety	3	Minorities	Leaders	7/18/2024
Interview-Secondary	Pacific Center for Human Growth	Mental/behavioral health	1	Medically underserved	Leader	7/23/2024
Interview-Secondary	Roots Health Center	Access to health care	1	Minorities, medically underserved	Leader	7/30/2024
Interview-Secondary	Hayward Unified School District	Education	1	Low-income	Leader	8/6/2024
Interview-Secondary	Livermore Valley Joint Unified School District	Youth/ children, education	3	Low-income	Leaders	8/12/2024
Interview-Secondary	Latina Center	Community Safety	1	Low-income, minorities	Leader	Unknown
Focus Group	Host: Actionable Insights	Safety net clinics	12 ⁴²	Medically underserved, low-income	(see below)	6/11/2024
	Attendees:					
	Asian Health Services				Leader	
	Dawnell Moody, Chief Medical Officer, Axis Community Health				Leader	

⁴² One attendee did not give permission to be listed in this appendix.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Janet Escudero, Clinic Manager, Bay Area Community Health				Leader	
	Adriana Lopez, Special Assistant Promotores Program, City of Newark				Leader	
	Freedom Community Clinic				Leader	
	Licensed Clinical Social Worker; Job position: Program Supervisor, La Familia Counseling Services				Leader	
	Elvia Guevara, Director, Medical Operations, Native American Health Center				Leader	
	Susan Fernyak, MD, Medical Director, Order of Malta Clinic				Leader	
	Mary Alvarez Nutting, Senior Clinical Services Manager, Roots Community Health				Leader	
	Alejandro Lopez Munoz, Medical Site Manager, San Antonio Neighborhood Health Center				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Martha Estrella, Resource Specialist, Tiburcio Vasquez Health Center				Leader	
Focus Group	Host: Actionable Insights	Substance use/addiction	9 ⁴³	Medically underserved	(see below)	6/12/2024
	Attendees:					
	Esther Veronika Rodriguez, Substance Use Disorder / Medication Assisted Treatment Program Supervisor, Bay Area Community Health				Leader	
	City of Fremont, Youth and Family Services				Leader	
	Omar Malik, Program Manager, HAART Hayward				Leader	
	Sanjay Patel, Pharmacy Director, Haller's Pharmacy and Medical Supply				Leader	

⁴³ One attendee did not give permission to be listed in this appendix.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Asceneth Paez-Arroyo, Clinical Manager, Horizons Family Counseling				Leader	
	Caitlin Wallace, Program Supervisor - Adult Outpatient Substance Use, La Familia				Leader	
	Program Director, Lifelong				Leader	
	April Rovero, Executive Director, National Coalition Against Prescription Drug Abuse				Leader	
Focus Group	Host: Actionable Insights	Faith leaders	6	Minority	(see below)	6/12/2024
	Attendees:					
	Former Board President, Berkeley Zen Center				Leader	
	Gideon Lee, Pastor, Crosspoint Church				Leader	
	Youngmi Jung, Pastor, First United Methodist Church of Fremont				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Mary Scott, Reverend, GraceWay Church				Leader	
	Kashmir Singh Shahi, Community Outreach Coordinator, Gurdwara Sahib Fremont				Leader	
	Rabbi Jackie Mates-Muchin, Senior Rabbi, Temple Sinai				Leader	
Focus Group	Host: Actionable Insights	Social services	8	Low-income	(see below)	7/22/2024
	Attendees:					
	Suzanne Shenfil, Human Services Director, City of Fremont				Leader	
	Christine Beitsch-Bahmani, Chief Executive Officer, City Serve of the Tri-Valley				Leader	
	Program Director, East Bay Agency for Children				Leader	
	Senior Director, Fred Finch Youth & Family Services				Leader	

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Mary Hekl, Chief Executive Officer , Hively				Leader	
	John Bost, Executive Director, Open Heart Kitchen				Leader	
	Leticia Galyean, Chief Executive Officer, Seneca Family of Agencies				Leader	
	Union City Family Center/New Haven Unified School District				Leader	
Focus Group-Secondary	Host: Fremont Family Resource Center ⁴⁴	Afghani community	15	Minority	Representatives	8/6/2024
Focus Group	Host: Actionable Insights	Workforce development	8	Low-income	(see below)	8/12/2024
	Attendees:					
	Amy Garlin, Medical Director, Alameda County Health Care for the Homeless				Leader	

⁴⁴ Conducted with service providers by Alameda County Public Health.

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
	Eva Jennings, EdD, Interim Vice President of Instruction, College of Alameda				Leader	
	Cristo Rey De La Salle East Bay High School				Leader	
	Blaine Torpey, Superintendent, Eden Area Regional Occupational Program				Leader	
	Jeff Oxendine, Founder, Chief Executive Officer, Health Career Connection				Leader	
	Carrie Dameron, Director of Registered Nursing Program, Ohlone College				Leader	
	Alcian Lindo, Program Manager, Tri-Valley Career Center				Leader	
	Angel-Max Guerrero, Pathway Programs Manager, UC San Francisco				Leader	
Community Members						

Data Collection Method	Name, Title, Agency	Topic	# of People	Target Group(s) Represented	Role in Target Group	Date Input Was Gathered
Focus Group-Secondary	Host: Fremont Family Resource Center	Unhoused	20	Low-income, medically underserved	Members	7/25/2024
Focus Group-Secondary	Host: Family Health Services	Parents, Black community	16	Minority	Members	8/15/2024
Focus Group-Secondary	Host: Hayward YMCA	Spanish-speaking, Latine, parents	9	Minority	Members	8/15/2024
Focus Group-Secondary	Host: Regional Center of the East Bay / Disability Council	Individuals with disabilities	13	Medically underserved, minority	Members	8/19/2024
Focus Group-Secondary	Host: LGBTQ Center	LGBTQ+ community	8	Medically underserved, minority	Members	8/22/2024
Focus Group-Secondary	Host: Vision y Compromiso	Health care access, Spanish-speaking	22	Low-income, medically underserved, minority	Members	9/4/2024
Focus Group-Secondary	Host: Korean Community Center	Older adults, Chinese community	15	Minority	Members	10/28/2024

ATTACHMENT 2: SECONDARY DATA INDICATORS INDEX

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD ⁴⁵	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	National Highway Traffic Safety Administration, Fatality Analysis Reporting System	2016–2020
BEHAVIORAL HEALTH	Deaths of Despair, Alameda County	NIH defines as suicide, alcohol-related liver disease and cirrhosis, and drug/alcohol poisoning. Age-Adjusted Rate per 100,000 Population. Regex Code(s): K70[0-4] K7[3-4] X4[0-5] X[6-7] X8[0-4] Y1[0-5] Y4[5,7,9] Y870	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH: ATOD	Chronic Liver Disease and Cirrhosis Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
BEHAVIORAL HEALTH: ATOD	Current Adult Smokers	Percent of adults currently smoking (age-adjusted)	California Health Interview Survey (CHIS), as cited in Community Health Rankings	2020
BEHAVIORAL HEALTH: ATOD	Drug Poisoning (Overdose) Deaths	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2018–2020
BEHAVIORAL HEALTH: ATOD	Drug Poisoning (Overdose) Deaths Involving Any Opioid Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): T40[0-4,6]	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH: ATOD	Drug Poisoning (Overdose) Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): X4[0-4] X6[0-4] X85 Y1[0-4]	Alameda County Public Health Department, CAPE Unit	2019–2023
BEHAVIORAL HEALTH: ATOD	Drug Poisoning (Overdose) ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): T40[0-9]..(A \$ \\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: ATOD	Drug/Alcohol Abuse & Dependence ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1[0-6,8-9]	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: ATOD	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: ATOD	Opioid Poisoning (Overdose) ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T40[0-4]. T406[09])[1-4]) (A \$ \\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: ATOD	Sequelae Of Drug and Alcohol Abuse & Dependence Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1	Alameda County Public Health Department, CAPE Unit	2019–2023

⁴⁵ ATOD stands for Alcohol, Tobacco, and Other Drugs.

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: ATOD	Student Drinking	Students Who Have Consumed Alcohol 7 or More Times in Their Lifetimes (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: ATOD	Student Recent Alcohol or Drug Use	Students Who Used Alcohol or Drugs in the Previous Month (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: ATOD	Students Recent Marijuana Use	Students Who Used Marijuana 20-30 Days in the Previous Month (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: MH ⁴⁶	Adult Depression	Percent of adults with depression (prevalence)	CDC BRFSS PLACES as cited in Eastern Alameda County Human Services Needs Assessment	2021
BEHAVIORAL HEALTH: MH	Adults with 1-3 Adverse Childhood Experiences	Percent of adults with 1-3 adverse childhood experiences	UC Davis Violence Prevention Research Program, tabulation of data from the CA Behavioral Risk Factor Surveillance System and American Community Survey, as cited by KidsData.org	2011–2017
BEHAVIORAL HEALTH: MH	Adults with 4 or More Adverse Childhood Experiences 2017	Percent of adults with 4 or more adverse childhood experiences	UC Davis Violence Prevention Research Program, tabulation of data from the California Behavioral Risk Factor Surveillance System, as cited by KidsData.org	2011–2017
BEHAVIORAL HEALTH: MH	Children with 2 or More Adverse Experiences	Percent of children Ages 0-17 with 2 or More Adverse Experiences (Parent Reported)	Population Reference Bureau, analysis of National Survey of Children's Health and the American Community Survey, as cited by KidsData.org	2017–2021
BEHAVIORAL HEALTH: MH	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2016–2019
BEHAVIORAL HEALTH: MH	Mental Health Hospitalizations among Children	Mental Health Hospitalization Discharges among Children Ages 5-14, 15-19.	KidsData.org	2021

⁴⁶ MH stands for Mental Health.

Category	Indicator	Description	Source	Year(s)
BEHAVIORAL HEALTH: MH	Mental Health Provider Shortage Areas	Designated Healthy Provider Shortage Areas within counties	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
BEHAVIORAL HEALTH: MH	Mental Health Providers	Ratio of population to mental health providers.	Centers for Medicare & Medicaid Services, National Provider Identification	2022
BEHAVIORAL HEALTH: MH	Poor Mental Health	Percent of adults with poor mental health (prevalence)	CDC BRFSS PLACES as cited in Eastern Alameda County Human Services Needs Assessment	2021
BEHAVIORAL HEALTH: MH	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
BEHAVIORAL HEALTH: MH	Ratio of Students to School Psychologists	Ratio of Students to School Psychologists	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
BEHAVIORAL HEALTH: MH	Ratio of Students to School Social Workers	Ratio of Students to School Social Workers	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
BEHAVIORAL HEALTH: MH	Self-Harm ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T3[6,7,9]9 T414 T427 T4[3,5,7,9]9)2. (?!T3[6,7,9]9 T414 T427 T4[3,5,7,9]9))(T3[6-9] T4[0-9] T50)..2 ((T5[1-4,6-9] T6[0-3,5]9) (T58 T61)[01] T64[08])2. (?!((T5[1-4,6-9] T6[0-3,5]9) (T58 T61)[01] T64[0,8]))(T5[1-9] T6[0-5])..2 (X7[1-9] X8[0-3])... T71..2 T1491.{0,1})(A \$\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: MH	Severe Mental Illness ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F2[0-9] F30[1-3,8-9] F31[0-6] F317[0-1,3,5,7] F31[8-9] F32[2-4] F32[8-9] F33[1-3] F334[0-1] F33[8-9] F34 F39 F400 F4[1-2] F431 F4[4-5] F48[1-2] F60 F50 F53 F91	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: MH	Severe Mental Illness ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F2[0-9] F30[1-3,8-9] F31[0-6] F317[0-1,3,5,7] F31[8-9] F32[2-4] F32[8-9] F33[1-3] F334[0-1] F33[8-9] F34	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021

Category	Indicator	Description	Source	Year(s)
		F39 F400 F4[1-2] F431 F4[4-5] F48[1-2] F60 F50 F53 F91		
BEHAVIORAL HEALTH: MH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): F1[01,3-6,89][129][4-5] F1[0,2-6,89]80 F12150 F12[29]5	Alameda County Public Health Department, CAPE Unit	2020–2022
BEHAVIORAL HEALTH: MH	Severe Mental Illness Related to Drug and Alcohol ED Visits and Hospitalizations	ED Visits or Hospitalizations per 100,000 population. ICD-10 Codes: F101[4-5] F10180 F102[4-5] F10280 F109[4-5] F10980 F111[4-5] F112[4-5] F119[4-4], F12150 F12180 F1225 F12280 F1295 F12980 F131[4-5] F13180 F132[4-5] F13280 F139[4-5] F13980 F141[4-5] F14180 F142[4-5] F14280 F149[4-5] F14980 F151[4-5] F15180 F152[4-5] F15280 F159[4-5] F15980 F161[4-5] F16180 F162[4-5] F16280 F169[4-5] F16980 F181[4-5] F18180 F182[4-5] F18280 F189[4-5] F18980 F191[4-5] F19180 F192[4-5] F19280 F199[4-5] F19980	California Department of Health Care Access and Information (HCAI), Patient Discharge Data	2017–2021
BEHAVIORAL HEALTH: MH	Social Associations	Number of membership associations per 10,000 population.	U.S. Census, County Business Patterns	2020
BEHAVIORAL HEALTH: MH	Student Depression	Students Who Had Depression- Related Feelings in the Previous (Year 7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: MH	Student Suicidal Ideation the Previous Year	Students Who Seriously Considered Attempting Suicide in the Previous Year (9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: MH	Students with a Low Level of Caring Relationships with Adults at School	Students with a Low Level of Caring Relationships with Adults at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
BEHAVIORAL HEALTH: MH	Suicide Among Leading Causes of Death	Rank among reasons for death within counties.	California Department of Public Health, Death Statistics File.	2024
CANCER	Breast Cancer (Female) Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021

Category	Indicator	Description	Source	Year(s)
CANCER	Cancer Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
CANCER	Cancer Incidence Among Children Ages 0-19	Cancer Incidence among Children Ages 0-19	National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data; U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool	2018
CANCER	Cancer Incidence, All Sites	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Colorectal cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Kidney cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Liver cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Lung Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Lymph Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Mammography Screening	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool	2020
CANCER	Melanoma Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Pancreas Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Prostate Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Thyroid Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Urinary Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021
CANCER	Uterine Cancer Incidence	Age-Adjusted Incidence Rate (AAIR) of new cancers per 100,000 for this site.	University of California, San Francisco. California Health Maps website.	2012–2021

Category	Indicator	Description	Source	Year(s)
CLIMATE	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE	Traffic Volume	Regional Studies	EJSCREEN: Environmental Justice Screening and Mapping Tool, as cited by Community Health Rankings	2019
CLIMATE & NATURAL ENV	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	Environmental Public Health Tracking Network	2019
CLIMATE & NATURAL ENV	Air Pollution - Particulate Matter	Annual average amount of fine particulate matter (PM2.5)	National Institute for Minority Health and Health Disparities.	2015–2017
CLIMATE & NATURAL ENV	Change in Average Daily Temperature	Change in Average Daily Temperature (Degrees Fahrenheit)	First Street Technology	2025
CLIMATE & NATURAL ENV	Commuting Alone	Percentage of the workforce that drives alone to work.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
CLIMATE & NATURAL ENV	Drinking Water Contaminants	Index score combining information about 13 contaminants and 2 types of water quality violations found during drinking water sample testing. California Environmental Protection Agency (CalEPA) and is included in the CalEnviroScreen (CES).	California Environmental Protection Agency (CalEPA)	2011–2019
CLIMATE & NATURAL ENV	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	U.S. EPA, Safe Drinking Water Information System	2021
CLIMATE & NATURAL ENV	Extreme Heat Days (Projected)	Projected number of extreme heat days annually for 2050 and 2085. Extreme heat refers to 90 degrees or more.	CDPH California Building Resilience Against Climate Effects (CalBRACE)	2022
CLIMATE & NATURAL ENV	Flood Risk	Flood risk now and in 30 years (minor to severe) by type (residential, commercial, infrastructure, social, and roads)	First Street Technology	2025
CLIMATE & NATURAL ENV	High Temperature Days	Number of Days in excess of 95° (Projected)	First Street Technology	2025
CLIMATE & NATURAL ENV	Poor Air Quality	The likely number of days with air quality considered to be “Unhealthy” or “Unhealthy for Sensitive Groups,” based on the U.S.	First Street Technology	2025

Category	Indicator	Description	Source	Year(s)
		Environmental Protection Agency's Air Quality Index (AQI), for both today and 30 years in the future under the influence of climate change.		
CLIMATE & NATURAL ENV	Wildfire Risk	Wildfire risk now and in 30 years (1=minimal; 10=extreme)	First Street Technology	2025
CLIMATE & NATURAL ENV ⁴⁷	Air Pollution - Diesel	Average daily amount of particulate pollution from diesel sources	California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0	2016
COGNITIVE DECLINE	Alzheimer's Disease Deaths	Deaths from Alzheimer's disease	Alameda County Public Health Department, CAPE Unit	2019-2023
COMMUNICABLE DISEASES	Covid-19 Deaths, ED Visits and Hospitalizations, Alameda County	Age-adjusted rate per 100,000 Population. Regex Code(s): U071	Alameda County Public Health Department, CAPE Unit	2019-2023
COMMUNICABLE DISEASES	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare & Medicaid, Mapping Medicare Disparities Tool	2020
COMMUNICABLE DISEASES	Influenza and Pneumonia Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
COMMUNICABLE DISEASES	Kindergarteners with All Required Immunizations	Kindergarteners with All Required Immunizations	California Dept. of Public Health, Immunization Branch, Reporting Data for Kindergarten and 7th Grade	2022
COMMUNICABLE DISEASES	Tuberculosis Case Rate	Tuberculosis Cases, Rates per 100,000 Population, and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
COMMUNICABLE DISEASES	Tuberculosis Case Rate and Rank	Tuberculosis Cases, Rates per 100,000 Population, and Rank	California Department of Public Health, Tuberculosis Control Branch	2022
COMMUNITY & FAMILY SAFETY	Assault Deaths (Homicide)	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings, as cited by County Health Rankings	2014-2020
COMMUNITY & FAMILY SAFETY	Assault Deaths (Homicide) Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
COMMUNITY & FAMILY SAFETY	Assault ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((T3[679]9 T414 T427 T4[3579]9)3. (?!(T3[679]9 T414 T427 T4[3579]9))(T3[6-9] T4[0-9] T50)..3 ((T5[1-46-9] T6[0-	Alameda County Public Health Department, CAPE Unit	2019-2023

⁴⁷ ENV stands for Environment.

Category	Indicator	Description	Source	Year(s)
		35)9 (T58 T61)[01] T64[08]3.!(?!((T5[1-46-9] T6[0-35])9 (T58 T61)[01] T64[08]))(T5[1-9] T6[0-5])..3 T71..3 (X9[2-9] Y0[0-68] T7[46])... Y07.{1,3} Y09)(A \$ \b)		
COMMUNITY & FAMILY SAFETY	Child Abuse or Neglect	The number of children under 18 years of age that experienced abuse or neglect in cases per 1,000 children. Rates are based on children with a substantiated maltreatment allegation.	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services, as cited by KidsData.org	2020
COMMUNITY & FAMILY SAFETY	Domestic Violence-Related Calls	Domestic Violence-Related Calls for Assistance among Adults Ages 18-69	California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance	2021
COMMUNITY & FAMILY SAFETY	Felony Arrests among Juveniles Ages 10-17	Felony Arrests among Juveniles Ages 10-17	California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections	2021
COMMUNITY & FAMILY SAFETY	Firearm-Related Deaths	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2016–2020
COMMUNITY & FAMILY SAFETY	Firearm-Related ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((W3[23][01] (X74 X95 Y24)[89] Y384).. (X7 Y2)[23] X9[34])... W34[01][09]. Y350[0-39].)(A \$ \b)	Alameda County Public Health Department, CAPE Unit	2019–2023
COMMUNITY & FAMILY SAFETY	Foster Care - Length of Stay	Median Length of Stay in Foster Care among Children Ages 0-17 Entering Foster Care	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services	2024
COMMUNITY & FAMILY SAFETY	Foster Care, Ages 0-21	Children Ages 0-21 in Foster Care	California Child Welfare Indicators Project, CCWIP Reports. University of California at Berkeley & California Dept. of Social Services (2024).	2024
COMMUNITY & FAMILY SAFETY	Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts, as cited by Community Health Rankings	2019

Category	Indicator	Description	Source	Year(s)
COMMUNITY & FAMILY SAFETY	Student Gang Affiliation	Students Who Consider Themselves Gang Members (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
COMMUNITY & FAMILY SAFETY	Students Bullied or Harassed at School	Students Bullied or Harassed at School in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
COMMUNITY & FAMILY SAFETY	Students Bullied or Harassed at School because of Race/Ethnicity or National Origin	Students who were bullied or harassed at school in the previous year on the basis of their race/ethnicity or national origin, by race/ethnicity and number of occasions (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2017–2019
COMMUNITY & FAMILY SAFETY	Students Cyberbullied	Students Cyberbullied 4 or More Times in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
COMMUNITY & FAMILY SAFETY	Students Fear Being Beaten Up at School	Students Who Feared Being Beaten Up at School on 4 or More Occasions in the Previous Year (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
COMMUNITY & FAMILY SAFETY	Students Who Feel Very Unsafe at School	Students Who Feel Very Unsafe at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
COMMUNITY & FAMILY SAFETY	Violent Crime Rate	Definition not found.	County Health Rankings	2007–2016
DEMOGRAPHICS	Kids Ages 0-17 Living in LEP Households	Children Ages 0-17 living in limited English-speaking households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
DEMOGRAPHICS	Percent Not Proficient in English	Percentage of population aged 5 and over who reported speaking English less than "well."	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
DEMOGRAPHICS	Percent of Population by Age 65 and Older	Percentage of population ages 0-18, 65 and older.	U.S. Census Population Estimates	2021
DEMOGRAPHICS	Percent of Population by Gender	Percentage of population by gender	U.S. Census Population Estimates	2021
DEMOGRAPHICS	Percent of Population by Race	Percentage of population self-identifying as American Indian or Alaska Native, Asian,	U.S. Census Population Estimates	2021

Category	Indicator	Description	Source	Year(s)
		Native Hawaiian or Other Pacific Islander, Black, or White		
DEMOGRAPHICS	Percent of Population, Hispanic	Percentage of population self-identifying as Hispanic.	U.S. Census Population Estimates	2021
DEMOGRAPHICS	Percent Rural	Percentage of population living in a rural area.	U.S. Census Population Estimates	2010
DEMOGRAPHICS	Population	Resident population.	U.S. Census Population Estimates	2021
DIABETES & OBESITY	Diabetes Deaths, Alameda County	Deaths from diabetes	Alameda County Public Health Department, CAPE Unit	2019–2023
DIABETES & OBESITY	Sufficient Fruit and Vegetable Consumption, Children Ages 12-17	Children Ages 12-17 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day	UCLA Center for Health Policy Research, California Health Interview Survey	2020
DIABETES & OBESITY	Sufficient Fruit and Vegetable Consumption, Children Ages 2-11	Children Ages 2-11 Who Ate 5 or More Servings of Fruits and Vegetables in the Previous Day	UCLA Center for Health Policy Research, California Health Interview Survey	2020
ECON: ⁴⁸ EDUCATION	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data, as cited by County Health Rankings	2010–2022
ECON: EDUCATION	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: EDUCATION	High School Graduates Completing College Preparatory Courses	High School Graduates Completing College Preparatory Courses	California Dept. of Education, Adjusted Cohort Graduation Rate and Outcome Data	2020
ECON: EDUCATION	High School Graduation	Percentage of ninth-grade cohort that graduates in four years.	U.S. Department of Education, EDFacts	2019–2020
ECON: EDUCATION	Math Scores	Average grade level performance for 3rd graders on math standardized tests.	Stanford University, Stanford Education Data Archive	2018
ECON: EDUCATION	Ratio of Students to School Counselors	Ratio of Students to School Counselors	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
ECON: EDUCATION	Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Stanford University, Stanford Education Data Archive	2018
ECON: EDUCATION	School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an	Albert Shanker Institute, University of Miami School of Education and Human Development, and the Rutgers University	2020

⁴⁸ ECON stands for Economic Security.

Category	Indicator	Description	Source	Year(s)
		estimate of dollars needed to achieve U.S. average test scores in each district.	Graduate School of Education: School Finance Indicators Database	
ECON: EDUCATION	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. Index 0 to 1; 0=school composition that approximates race and ethnicity distributions in the student populations within the county;1=more segregation	National Center for Education Statistics	2021–2022
ECON: EDUCATION	Some College	Percentage of adults ages 25-44 with some post-secondary education.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: EDUCATION	Students Meeting English Language Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in English Language Arts	California Dept. of Education, Test Results for California's Assessments	2022
ECON: EDUCATION	Students Meeting Math Standards	11th Graders Meeting or Exceeding Grade-Level CAASPP Standard in Mathematics	California Dept. of Education, Test Results for California's Assessments	2022
ECON: EDUCATION	Students Not Completing High School	Students Not Completing High School	California Dept. of Education, Dropouts by Race and Gender & Adjusted Cohort Graduation Rate and Outcome Data	2022
ECON: EDUCATION	Students with a Low Level of Meaningful Participation at School	Students with a Low Level of Meaningful Participation at School (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
ECON: EDUCATION	Students with a Low Level of School Connectedness	Students with a Low Level of School Connectedness (7 th Graders, 9 th Graders, 11 th Graders)	WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Dept. of Education	2020
ECON: HOUSING	Broadband Access	Percentage of households with broadband internet connection.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: HOUSING	Children Ages 0-17 Living in Crowded Households	Children Ages 0-17 Living in Crowded Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022
ECON: HOUSING	Homelessness, Alameda County	Point-in-time count of homeless individuals, sheltered and unsheltered, with demographics (e.g. race and Age.)	Alameda County Homeless Census & Survey Executive Summary	2024

Category	Indicator	Description	Source	Year(s)
ECON: HOUSING	Homeownership	Percentage of owner-occupied housing units.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by Community Health Rankings	2017–2021
ECON: HOUSING	Point-in-Time Count of Homeless Children	Point-in-Time Count of Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S.	2023
ECON: HOUSING	Point-in-Time Count of Homeless Youth	Point-in-Time Count of Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECON: HOUSING	Point-in-Time Count of Unsheltered Homeless Children	Point-in-Time Count of Unsheltered Homeless Children Ages 0-17 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECON: HOUSING	Point-in-Time Count of Unsheltered Homeless Youth	Point-in-Time Count of Unsheltered Homeless Youth Ages 18-24 (multiple counties and California)	U.S. Dept. of Housing and Urban Development, Point-In-Time Estimates of Homelessness in the U.S., as cited in KidsData.org	2023
ECON: HOUSING	Rent-Burdened	Percent of residents who are rent-burdened, including severely rent-burdened (by race, socioeconomic status)	California Housing Partnership	2022
ECON: HOUSING	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECON: HOUSING	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	U.S. Department of Housing & Urban Development, Comprehensive Housing Affordability Strategy (CHAS) data	2015–2019
ECON: HOUSING	Students Recorded as Homeless at Some Point during the School Year	Students Recorded as Homeless at Some Point during the School Year	California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & DataQuest	2023
ECONOMIC SECURITY	Annual Cost of Childcare for Infants Ages 0-2 in a Childcare Center	Annual Cost of Childcare for Infants Ages 0-2 in a Childcare Center	California Child Care Resource and Referral Network, California Child Care Portfolio	2023
ECONOMIC SECURITY	Annual Cost of Childcare for Preschoolers Ages 3-5 in a Childcare Center	Annual Cost of Childcare for Preschoolers Ages 3-5 in a Childcare Center	California Child Care Resource and Referral Network, California Child Care Portfolio	2023

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Calculator; Small Area Income and Poverty Estimates	2022 & 2021
ECONOMIC SECURITY	Children Ages 0-17 Living in Food Insecure Households	Children Ages 0-17 Living in Food Insecure Households	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2021
ECONOMIC SECURITY	Children Ages 0-17 without Secure Parental Employment	Children Ages 0-17 without Secure Parental Employment	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2022
ECONOMIC SECURITY	Children Eligible for Free or Reduced-Price Lunch	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.	National Center for Education Statistics, as cited by County Health Rankings	2020–2021
ECONOMIC SECURITY	Children in Poverty	Percentage of people under age 18 in poverty.	U.S. Census Bureau, Small Area Income and Poverty Estimates, as cited by County Health Rankings	2021
ECONOMIC SECURITY	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
ECONOMIC SECURITY	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Food Insecurity	Percentage of population who lack adequate access to food.	USDA Food Environment Atlas; Map the Meal Gap from Feeding America, as cited by County Health Rankings	2020
ECONOMIC SECURITY	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	United States Census Bureau, American Community Survey, 5-year estimates, as cited by County Health Rankings	2017–2021
ECONOMIC SECURITY	Kids in Working Families for Whom Licensed Childcare is Available	Children Ages 0-12 in Working Families for Whom Licensed Childcare is Available	California Child Care Resource and Referral Network, California Child Care Portfolio; U.S. Census Bureau, American Community Survey public use microdata	2022
ECONOMIC SECURITY	Median Household Income	The income where half of households in a county earn more and half of households earn less.	U.S. Census Bureau, Small Area Income and Poverty Estimates, as cited by Community Health Rankings	2021

Category	Indicator	Description	Source	Year(s)
ECONOMIC SECURITY	Real Cost Measure	Funds needed to afford the cost of living based on the cost of housing, childcare, food, health care, transportation, taxes and other miscellaneous things.	United Ways of California, Real Cost Measure Interactive Data Dashboard. https://unitedwaysca.org/realcost	2023
ECONOMIC SECURITY	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	U.S. Bureau of Labor Statistics	2021
GEN HEALTH LIFE/MORTALITY	All-Cause Mortality, Alameda County	Mortality for all causes, age-adjusted rate per 100,000	Alameda County Public Health Department, CAPE Unit	2019–2023
GEN HEALTH LIFE/MORTALITY	Child Mortality	Number of deaths among residents under age 18 per 100,000 population.	National Center for Health Statistics - Mortality Files	2017–2020
GEN HEALTH LIFE/MORTALITY	Child/Youth Mortality (Ages 1-24)	Deaths among Children and Youth Ages 1-24	California Dept. of Public Health, Death Statistical Master Files; California Dept. of Finance, Population Estimates and Projections; CDC WONDER Online Database, Underlying Cause of Death	2020
GEN HEALTH LIFE/MORTALITY	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Life Expectancy	Average number of years a person can expect to live.	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020
GEN HEALTH LIFE/MORTALITY	Life Expectancy, Alameda County	Average number of years a person can expect to live.	Alameda County Public Health Department, CAPE Unit	2019–2023
GEN HEALTH LIFE/MORTALITY	Mortality Rates and Rank, Alameda County	Mortality counts and age-adjusted rates per 100,000	Alameda County Public Health Department, Alameda County: Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021	2024
GEN HEALTH LIFE/MORTALITY	Mortality Rates and Rank, California and by County	Mortality counts and age-adjusted rates per 100,000, ranked.	California Dept. of Public Health, Death Statistical Master Files.	2022
GEN HEALTH LIFE/MORTALITY	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020
GEN HEALTH LIFE/MORTALITY	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	CA Behavioral Risk Factor Surveillance System	2020

Category	Indicator	Description	Source	Year(s)
GEN HEALTH LIFE/MORTALITY	Total Population	Total population of each county.	U.S. Census Bureau, American Community Survey 5-year Estimates	2017–2021
HEALTH CARE ACCESS & DEL	Health Provider Shortage Areas: Primary Care	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEALTH CARE ACCESS & DEL	Limited English Proficiency by ZIP Code	Map of Zip Codes Where the Proportion of Residents is More or Less than 20% of the California Benchmark	Center for Community Health & Evaluation, Kaiser Permanente Community Health Data Platform	2021
HEALTH CARE ACCESS & DEL	Non-Physician Primary Care Providers Ratio	Ratio of population to primary care providers other than physicians.	Centers for Medicare & Medicaid Services, National Provider Identification	2022
HEALTH CARE ACCESS & DEL	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool, as cited by County Health Rankings	2020
HEALTH CARE ACCESS & DEL	Primary Care Physicians	Ratio of population to primary care physicians.	Area Health Resource File/American Medical Association	2020
HEALTH CARE ACCESS & DEL	Ratio of Students to School Nurses	Ratio of Students to School Nurses	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
HEALTH CARE ACCESS & DEL	Ratio of Students to School Speech/Language/Hearing Specialists	Ratio of Students to School Speech/Language/Hearing Specialists	California Dept. of Education, Staff Assignment and Course Data & DataQuest	2019
HEALTH CARE ACCESS & DEL	Uninsured	Percentage of population under age 65 without health insurance.	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTH CARE ACCESS & DEL	Uninsured Adults	Percentage of adults under age 65 without health insurance.	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTH CARE ACCESS & DEL	Uninsured Children	Percentage of children under age 19 without health insurance.	U.S. Census Bureau, Small Area Health Insurance Estimates	2020
HEALTH CARE ACCESS & DEL	Children with Health Insurance Coverage	Children Ages 0-18 with Health Insurance Coverage	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata	2024
HEALTH CARE ACCESS & DEL ⁴⁹	Children in Limited English Households	Percent of Children Living in Limited English-Speaking Households	Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata, as cited on KidsData.org	2021

⁴⁹ DEL stands for Delivery.

Category	Indicator	Description	Source	Year(s)
HEALTH CARE ACCESS: ORAL HEALTH	Dentists	Ratio of population to dentists.	U.S. Department of Health & Human Services, Health Resources & Services Administration, Area Health Resource File/National Provider Identifier Downloadable File	2021
HEALTH CARE ACCESS: ORAL HEALTH	Health Provider Shortage Areas: Dental Health	Designated Healthy Provider Shortage Areas within County	U.S. Department of Health & Human Services, Health Resources and Services Administration	2022
HEART DISEASE/STROKE	Acute Myocardial Infarction Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[1-2]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/STROKE	Acute Myocardial Infarction ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[1-2]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/STROKE	All Heart Disease Deaths, Alameda County	Deaths from heart disease	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/STROKE	Cardiac Dysrhythmia Deaths, Alameda County	Deaths from cardiac dysrhythmia	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/STROKE	Cardiac Dysrhythmia ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I4[7-9]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/STROKE	Cardiovascular Disease Deaths	Deaths from cardiovascular disease	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/STROKE	Cardiovascular Disease ED Visits and Hospitalizations	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I[0-6]I7[0-8]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/STROKE	Cerebrovascular Diseases Among Leading Causes of Death,	Rank within county	California Department of Public Health, Death Statistics File.	2024
HEART DISEASE/STROKE	Cerebrovascular Diseases Deaths, Alameda County	Deaths from cerebrovascular disease	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/STROKE	Essential Hypertension and Hypertensive Renal Disease Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
HEART DISEASE/STROKE	Heart Disease ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I0[0-9]I1[1,3]I[2-4]I5[0,1]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/STROKE	Heart Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
HEART DISEASE/STROKE	Heart Failure ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I0981I1[1,3]0I132I50[1-4,8-9]	Alameda County Public Health Department, CAPE Unit	2020–2022

Category	Indicator	Description	Source	Year(s)
HEART DISEASE/ STROKE	Heart Failure MCOD Deaths, Alameda County	Multiple causes of death: Age-Adjusted Rate per 100,000 Population. Regex Code(s): I50	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Hemorrhagic Stroke Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[0-2]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Hemorrhagic Stroke ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[0-2]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/ STROKE	High Blood Pressure Prevalence	Percent (Crude Prevalence) of Population with High Blood Pressure	Centers for Disease Control & Prevention, Interactive Atlas of Heart Disease and Stroke (BRFSS)	2021
HEART DISEASE/ STROKE	Hypertension Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-3]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Hypertension ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-5]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/ STROKE	Hypertension MCOD Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I1[0-5]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Ischemic Heart Diseases Deaths, Alameda County	Per Mayo clinic: A life-threatening condition that occurs when blood flow to the brain is blocked. This prevents brain tissue from getting oxygen and nutrients, which can lead to brain cell death. Ischemic strokes are the most common type of stroke. Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[0-5]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Ischemic Heart Diseases ED Visits and Hospitalizations	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I2[0-5]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/ STROKE	Ischemic Stroke Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[3,5-6]	Alameda County Public Health Department, CAPE Unit	2019–2023
HEART DISEASE/ STROKE	Ischemic Stroke ED Visits and Hospitalizations	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6[3,5-6]	Alameda County Public Health Department, CAPE Unit	2020–2022
HEART DISEASE/ STROKE	Stroke ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): I6	Alameda County Public Health Department, CAPE Unit	2020–2022
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital	Babies Breastfed in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Babies Breastfed in Hospital Exclusively	Babies Breastfed Exclusively in Hospital	California Dept. of Public Health, In-Hospital Breastfeeding Initiation Data, as cited by KidsData.org	2021
MATERNAL/ INFANT HEALTH	Early Prenatal Care	Babies Born to Mothers Who Received Prenatal Care in the First Trimester	California Dept. of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files	2022
MATERNAL/ INFANT HEALTH	Experiences Of Racism and Discrimination in Health Care	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Infant Mortality	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Mortality Files, as cited in KidsData.org	2014–2020
MATERNAL/ INFANT HEALTH	Infant Mortality, Alameda County	Number of infant deaths (within 1 year) per 1,000 live births.	Alameda County Public Health Department, CAPE Unit	2019–2023
MATERNAL/ INFANT HEALTH	Low Birthweight Babies	Percentage of live births with low birthweight (< 2,500 grams).	National Center for Health Statistics - Natality files, as cited by County Health Rankings	2014–2020
MATERNAL/ INFANT HEALTH	Maternal Mortality by Race, by County	Rate per 10,000 live births. Pregnancy-related death is a death while pregnant or within one year of the end of pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.	California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Severe Maternal Morbidity by Race (per 10,000 labor hospitalizations)	Rate of SMM events per 10,000 labor hospitalizations among females, aged 12 to 55 years	California Department of Public Health, The California Pregnancy Mortality Surveillance System (CA-PMSS)	2021
MATERNAL/ INFANT HEALTH	Singleton Low Birth Weight, Alameda County	Percentage of live births with low birthweight (< 2,500 grams).	Alameda County Public Health Department, CAPE Unit	2019–2023
MATERNAL/ INFANT HEALTH	Singleton Premature Birth, Alameda County	Singleton Preterm birth = Live birth with estimated gestational age < 37 weeks, excluding all multiple births	Alameda County Public Health Department, CAPE Unit	2020–2021
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Adolescent Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024

Category	Indicator	Description	Source	Year(s)
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Child Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Children/Youth with Special Health Care Needs	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Paternal Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Perinatal/Infant Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
MATERNAL/ INFANT HEALTH	Top 3 Priorities for Women/Maternal Health	Among Alameda County Maternal, Paternal, Child, and Adolescent Health (MPCAH) population	Alameda County Title V Local MPCAH Needs Assessment	2024
RACISM/ DISCRIMINATION	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files, as cited by County Health Rankings	2018–2020
RACISM/ DISCRIMINATION	Premature Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files	2018–2020
RACISM/ DISCRIMINATION	Residential Segregation	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	United States Census Bureau, American Community Survey, 5-year estimates	2017–2021
RESPIRATORY HEALTH	Asthma Deaths, Alameda County	Deaths from asthma	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	Asthma ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): J45	Alameda County Public Health Department, CAPE Unit	2020–2022
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 0-4	Asthma Hospitalizations among Children Ages 0-4	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Asthma Hospitalizations Among Children Ages 5-17	Asthma Hospitalizations among Children Ages 5-17	California Breathing, tabulation of data from the California Dept. of Health Care Access and Information, as cited on KidsData.org	2021

Category	Indicator	Description	Source	Year(s)
RESPIRATORY HEALTH	Asthma Prevalence, Children	Children Ages 1-17 Ever Diagnosed with Asthma	UCLA Center for Health Policy Research, California Health Interview Survey, as cited on KidsData.org	2022
RESPIRATORY HEALTH	Asthma/Bronchitis as Reason for Child Hospitalization	Based on percentage of hospital discharges among children ages 0-17 for the 11 most common primary diagnoses, excluding childbirth.	California Dept. of Health Care Access and Information custom tabulation, as cited on KidsData.org	2021
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases Deaths, Alameda County	Deaths from chronic lower respiratory disease	Alameda County Public Health Department, CAPE Unit	2019–2023
RESPIRATORY HEALTH	Chronic Lower Respiratory Diseases ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): J4[0-7]	Alameda County Public Health Department, CAPE Unit	2020–2022
RESPIRATORY HEALTH	Covid-19 Deaths, Alameda County	Deaths from COVID-19	Alameda County Public Health Department, CAPE Unit	2019–2023
SEXUAL HEALTH	Chlamydia Incidence	Number of newly diagnosed chlamydia cases per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance.	2020
SEXUAL HEALTH	Chlamydia Incidence, Youth Ages 10-19	Number of newly diagnosed chlamydia cases per 100,000 population ages 10-19	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2023
SEXUAL HEALTH	Gonorrhea Incidence, Youth Ages 15-19	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance; U.S. Census Bureau, National Population by Characteristics & National Intercensal Tables (Apr. 2023).	California Dept. of Public Health, Sexually Transmitted Diseases Control Branch custom tabulation; Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance.	2020
SEXUAL HEALTH	HIV Disease Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population due to Human Immunodeficiency Virus.. Regex Code(s): B2[0-4]	Alameda County Public Health Department, CAPE Unit	2019–2023

Category	Indicator	Description	Source	Year(s)
SEXUAL HEALTH	HIV Disease ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population due to Human Immunodeficiency Virus. Regex Code(s): B20	Alameda County Public Health Department, CAPE Unit	2020–2022
SEXUAL HEALTH	HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
SEXUAL HEALTH	Teen Birth Rate, Alameda County	Number of births per 1,000 female population ages 15-19.	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURIES	Blood Lead Levels, Kids 0-5	Children Ages 0-5 with moderate/very high blood lead levels among those tested. Moderate: 4.5-9.49 mcg/dL Very high: at least 9.5 mcg/dL	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure	2022
UNINTENDED INJURIES	High Blood Lead Levels, Kids/Youth	Children/youth Ages 6-20 with moderate/very high blood lead levels among those tested. Moderate: 4.5-9.49 mcg/dL Very high: at least 9.5 mcg/dL	California Dept. of Public Health, Childhood Lead Poisoning Prevention Branch, California Blood Lead Data & California's Progress in Preventing and Managing Childhood Lead Exposure	2022
UNINTENDED INJURIES	Crash Fatalities	Number and rate of fatal crashes (bicycle, pedestrian, and vehicle) per 100 vehicle miles driven	Metropolitan Transportation Commission and Association of Bay Area Governments, Vitalsigns.mtc.ca.gov	2022
UNINTENDED INJURIES	Drowning Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): W6[5-9] W7[0-4] X71 X92 Y21	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURIES	Drowning ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): (T751.. W16[49]1. (?!W16[49]) W16..1 W22041 (V9[02] W6[5-9] W7. X71 X92 Y21)...)(A \$\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURIES	Injury Deaths	Number of deaths due to injury (including assault and unintentional injuries) per 100,000 population.	National Center for Health Statistics - Mortality Files, as cited in Community Health Rankings	2016–2020
UNINTENDED INJURIES	Motor Vehicle - Pedestrian ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((V0[2-4] 19 V09[23] Y0[23]0)..)(A \$\b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURIES	Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files	2014–2020

Category	Indicator	Description	Source	Year(s)
UNINTENDED INJURIES	Motor Vehicle Transport Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V0[2-4][1,9] V092 V1[2-4][3-9] V19[4-6] V2[0-8][3-9] V29[4-9] V[3-7][0-9][4-9] V80[3-5] V811 V821 V8[3-6][0-3] V87[0-8] V892	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURIES	Motor Vehicle Transport ED Visits and Hospitalizations	Age-Adjusted Rate per 100,000 Population. Regex Code(s): ((V0[2-4][19] V09[23] V1[2-4][3-5,9] V19[4-69] V2[0-8][3-5,9] V29[4-9] V[3-7].[4-9] V8[3-6][0-3] V80[3-5] V8[12]1 V87[0-8] V892 X810 Y020).. (X82 Y03 Y32)...)(A \$ \b)	Alameda County Public Health Department, CAPE Unit	2020–2022
UNINTENDED INJURIES	Pedestrian Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V0[2-4][1,9] V092	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURIES	Share of Hospitalizations among children Ages 0-17 for Poisoning	Share of Hospitalizations among children Ages 0-17 for Poisoning	California Dept. of Health Care Access and Information custom tabulation	2021
UNINTENDED INJURIES	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	Share of Hospitalizations among children Ages 0-17 for Traumatic Injuries	California Dept. of Health Care Access and Information custom tabulation	2021
UNINTENDED INJURIES	Unintentional Injuries (Accidents) Among Leading Causes of Death	Rank within county	California Department of Public Health, Death Statistics File.	2024
UNINTENDED INJURIES	Unintentional Injury Deaths, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): V W X[0-5] Y85 Y86	Alameda County Public Health Department, CAPE Unit	2019–2023
UNINTENDED INJURIES	Unintentional Injury ED Visits and Hospitalizations, Alameda County	Age-Adjusted Rate per 100,000 Population. Regex Code(s): (T1[5-9]... (T3[679]9 T414 T427 T4[3579]9)1. (?!T3[679]9 T414 T427 T4[3579]9)) (T3[6-9] T4[0-9] T50)..1 ((T5[1-46-9] T6[0-35])9 (T58 T61)[01] T64[08])1. (?!(T5[1-46-9] T6[0-35])9 (T58 T61)[01] T64[08]))(T5[1-9] T6[0-5])..1 (V W)\d.... X[0-5].... T71..1 T712[019]. T719.. T73... T75[0234]..)(A \$ \b)	Alameda County Public Health Department, CAPE Unit	2020–2022

ATTACHMENT 3: COMMUNITY ASSETS AND RESOURCES

Health Care Facilities and Agencies

The following health care facilities are available in Alameda County.

HOSPITALS

- Alameda Health System, Alameda Hospital
- Alameda Health System, Fairmont Hospital
- Alameda Health System, Highland Hospital
- Alameda Health System, John George Psychiatric Hospital
- Alameda Health System, San Leandro Hospital
- John Muir Health
- Kaiser Foundation Hospital–Fremont
- Kaiser Foundation Hospital–Oakland
- Kaiser Foundation Hospital–San Leandro
- St. Rose Hospital
- Stanford Health Care Tri-Valley
- Sutter Health Alta Bates Summit Medical Center
- Sutter Health Eden Medical Center
- St. Rose Hospital Benioff Children’s Hospital Oakland
- Washington Health

FEDERALLY QUALIFIED HEALTH CENTERS

- Asian Health Services
- Axis Community Health (multiple sites in the Tri-Valley)
- Bay Area Community Health (multiple sites and Mobile Clinics)
- Baywell Health
- Brighter Beginnings
- Davis Street Community Center
- La Clínica (multiple locations)
- LifeLong Medical Care (multiple locations)
- Native American Health Center
- Tiburcio Vásquez Health Center (multiple sites)

OTHER HEALTH CLINICS

- Alameda Health System: Hayward Wellness, Newark Wellness
- Ashland Free Medical Clinic
- Center for Elder Independence
- Fremont Hospital mental health clinic

- Order of Malta Clinic
- Roots Community Health Center
- Sutter Health Palo Alto Medical Foundation, Fremont Center
- Washington Township Medical Foundation (multiple sites)

OTHER ORGANIZATIONS

- Alameda County Health Care Services: HealthPAC
- Alameda County Social Services Agency
- Assistance League of the Amador Valley
- East Bay Agency for Children
- Eden I & R, Inc.
- Family Resource Center, Fremont
- George Mark Children's House
- Operation Access
- Rubicon Programs Wellness Services
- Special Need Children Center
- Union City Family Center
- Washington Women's Center

Assets and Resources by Identified Health Need

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

BEHAVIORAL/MENTAL HEALTH

Resource Name	Summary Description	Website	Area
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/	AC
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/	AC
Alameda County Medical Center Substance Abuse Program	Offers high quality treatment and prevention services for residents seeking recovery from drug and alcohol addictions	https://www.acbhcs.org/substance-use-treatment/	AC
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	AC
Alameda Health System	Aims to extend care, wellness, and prevention to all members of the community	http://www.alamedahealthsystem.org/	AC
Alameda Health System John George Psychiatric Hospital	Provides psychiatric emergency and acute care services to adults experiencing severe and disabling mental illnesses	https://www.alamedahealthsystem.org/locations/john-george-psychiatric-hospital/	AC
Al-Anon	12-step program for adult relatives and friends of alcoholics or someone coping with alcoholism	https://al-anon.org/	AC

Resource Name	Summary Description	Website	Area
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	AC
Alcoholics Anonymous	12-step program for individuals who need help with alcohol addiction or excessive drinking	https://www.aa.org/	AC
Asian Health Services - Specialty Mental Health	Provide children and youth ages 0-8 (early childhood) and 5-21 (children & youth) living in Alameda County with social-emotional support through screening, assessment, education, early intervention, medication support, and individual and family therapy.	http://www.asianhealthservices.org	AC
Axis Bridge Mental Health Urgent Care	Provides rapid access to mental health treatment to patients ages 5 and up	https://axishealth.org/axis-bridge-mhuc/	TV
Axis Community Health Behavioral Health Services	Integrated behavioral health, providing mental health and substance use counseling for adults, teens, couples, families and children	https://axishealth.org/ibh/	TV
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	AC
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/	North
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/	AC

Resource Name	Summary Description	Website	Area
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/	AC
California Smokers Helpline	Free telephone program that helps smokers quit.	1-800-BUTTS	AC
The Center for Early Childhood Connections	Child and family therapy, assessments for 0-5, perinatal emotional support during infertility, pregnancy, adoption and postpartum	http://www.thececc.org	North
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/	Mid
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/	AC
Cherry Hill Detox	Sobering Unit assists those needing immediate sobering services for 23 hours or less; Detox Unit residential program serves men and women who are withdrawing from the effects of alcohol or drug use	https://www.horizonservices.org/cherry-hill/	Mid
Chrysalis	Residential treatment program for women age 18+ living with mental health and substance use disorders.	https://www.horizonservices.org/chrysalis/	North
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/	North

Resource Name	Summary Description	Website	Area
City of Union City Youth and Family Services	Provides youth violence prevention and intervention services (ages 8-24)	https://www.unioncity.org/182/Youth-Family-Services	Mid/South
City of Fremont Youth and Family Services Clinic	Family-focused behavioral health services for children and youth ages 0 to 21 years old to improve social-emotional well-being, strengthen family relationships, reduce delinquency, and increase school achievement.	https://www.fremont.gov/government/departments/human-services/mental-health-services/family-counseling	South
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/	AC
Cronin House	Residential treatment program for men age 18+ living with mental health and substance use disorders.	https://www.horizonservices.org/cronin-house/	Mid
CURA, Inc.	Helps individuals experiencing difficulties with substance abuse achieve sobriety, health, and wellness	https://www.curainc.com/Home.html	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including addressing social isolation	https://deafplus.us/	South
Davis Street Community Center	Behavioral Health Services for adults and children	https://www.davisstreet.org	Mid
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/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Family Education and Resource Center	Offers educational information on health, family relationships and well-being	http://askferc.org/	AC

Resource Name	Summary Description	Website	Area
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/	AC
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/	AC
Flourish Agenda	Strives to help youth of color flourish	https://flourishagenda.com/	AC
Fred Finch Youth & Family Services	Comprehensive behavioral health services for children, youth, young adults, and their families to address challenges that may include mental or emotional impairment, developmental disability, early trauma and abuse	https://www.fredfinch.org	AC
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including providing mental health services for all ages and substance use intervention for teens	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South
Friends of Children with Special Needs	Provides information and assistance to children with special needs, adults with special needs, and their communities.	https://fcsn1996.org/	South
Gamblers Anonymous	12-step program for people coping with a gambling addiction	http://www.gamblersanonymous.org/ga/	AC
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/	Mid
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/	AC

Resource Name	Summary Description	Website	Area
Hively	Hively Mental Health provides counseling services to individuals, families and children via MediCal and private payment options. We serve ALL ages.	https://behively.org/mental-health-services/	AC
Horizon Services, Inc.	Provides preventive, educational, and therapeutic services and environments for individuals, families, and the community	https://www.horizonservices.org/	AC
Hume Center	Provides mental health prevention, intervention, and support.	http://www.humecenter.org	TV, SAC
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/	AC
Kidango, Inc.	Runs free and reduced-cost pre-school/ child care centers	https://www.kidango.org/	AC
La Familia Counseling Services	Supplies mental health and community support services to underserved multicultural communities	https://www.lafamiliacounseling.org/	Mid
Lambda Project Eden Drop-In Center	Provides mental health services and support to young people aged 12-24 who identify as LGBTQIA+	https://www.horizonservices.org/project-eden/lambda-youth-project/	Mid
Lincoln Families	Provides children with support and services, from an early age through high-school graduation	http://lincolnfamilies.org/	AC
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/	AC
Narcotics Anonymous	12-step program for individuals coping with substance abuse or drug addiction	https://www.na.org/	AC

Resource Name	Summary Description	Website	Area
National Alliance on Mental Illness (NAMI)	Offers education, support, and advocacy for people affected by mental illness	http://www.namiacs.org/	AC
Niroga	Offers programs in schools to strengthen resilience and empathy, using trauma- informed Dynamic Mindfulness	https://www.niroga.org/	AC
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/	AC
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/	AC
Pacific Center for Human Growth	Delivers LGBTQ-proficient mental health and wellness services to enhance the well- being of community members	http://pacificcenter.org/	AC
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/	AC
Project Eden	Provides adult outpatient addiction recovery treatment	https://www.horizonservices.org/project-eden-adult-outpatient/	TV
RAMS: Pacific Islander Wellness Initiative	Screening, individual and group counseling, workshops, and other services for all ethnicities and populations, with a special focus on Pacific Islanders	https://ramsinc.org/programs/prevention-early-intervention/pacific-islander-wellness-initiative/	Mid
Second Chance, Inc.	Offers individual and group substance abuse treatment	https://secondchanceinc.com/	AC

Resource Name	Summary Description	Website	Area
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/	AC
Senior Support Program of the Tri-Valley	Provides programming and referrals for older adults, including case management, 1:1 counseling and emotional support, and wellness education (e.g., nutrition, fitness).	https://seniorservicescoalition.org/senior-support-program-of-the-tri-valley/	TV
Side by Side	Helps youth overcome traumas caused by adversity and embrace resilience	https://www.sidebysideyouth.org/	AC
Special Need Children Center Foundation	Funds projects that address educational, social or physical needs of special needs children and youth	https://snccf.org/	South
Through the Looking Glass	Home-based support for parents with intellectual disability and their children. Adaptations (e.g. cognitive adaptations, adaptations in communication) and case management.	http://www.lookingglass.org	AC
Tobacco Control Coalition of Alameda County	Grassroots coalition of educators, professionals, and community members that work to prevent, reduce, and limit tobacco use in Alameda County through education, advocacy, and policy.	https://tobaccofreealamedacounty.org/	AC
Tri-Valley Haven	Offers services to survivors of domestic violence, sexual assault and homelessness, including restraining order assistance, counseling groups, financial assistance for survivors, groceries, and more.	https://trivalleyhaven.org/	TV

Resource Name	Summary Description	Website	Area
Tri-Valley Seek and Save	Marriage & Family Christian Therapists available to support women and men in crisis.	https://www.trivalleyseekandsave.org/	TV
Union City Family Center	Connects youth, families and community members to urgent living resources, and offers support groups and empowerment workshops.	https://www.unioncityfamilycenter.org/	Mid/South
Wellness Together	Partners with K-12 school districts and colleges to provide mental health services for students, families, and educators.	https://www.wellnesstogether.org/	AC
West Oakland Health Council	Parent organization of West Oakland Health Center, FQHC with multiple locations that offers medical and dental care as well as behavioral health and other services.	https://westoaklandhealth.org/about-us/	North
Willow Rock Center	23-hour crisis stabilization and outpatient services	https://www.telecarecorp.com/willow-rock-center	Mid
Women and Men on the Way	Provides an alcohol and drug free environment and recovery services in a home like setting for a period of 6-12 months with an ongoing aftercare plan.	https://womenandmenontheway.org/	AC
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	AC
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/	AC

CANCER

Resource Name	Summary Description	Website	Area
American Cancer Society	Aims to freeing the world from cancer by funding and conducting research, sharing expert information, supporting patients, and spreading the word about prevention.	https://www.cancer.org/	AC
CancerCare	Professional oncology social workers provide free emotional and practical support for people with cancer, caregivers, loved ones and the bereaved.	https://www.cancercare.org/	AC
Every Woman Counts	Run by the California Department of Health Care Services, provides free breast and cervical cancer screening and diagnostic services to California's underserved populations.	https://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx	AC
HERS Breast Cancer Foundation	Supports all individuals healing from breast cancer by providing post-surgical products and services regardless of financial status.	https://hersbreastcancerfoundation.org/	South, Mid, TV
The Leukemia and Lymphoma Society	Strives to find a cure for leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families	https://www.lls.org/	AC
Tobacco Control Coalition of Alameda County	Grassroots coalition of educators, professionals, and community members that work to prevent, reduce, and limit tobacco use in Alameda County through education, advocacy, and policy.	https://tobaccofreealamedacounty.org/	AC
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/	AC

CLIMATE/NATURAL ENVIRONMENT

Resource Name	Summary Description	Website	Area
Alameda County Department of Environmental Health	Ensures food and recreational safety, reduces exposures to toxics and pests, protects the quality of local water, air, and physical environment.	https://deh.acgov.org/index.page	AC
Alameda County Office of Sustainability	Leads implementation of county's Climate Action Plan.	https://www.acgov.org/sustain/	AC
Asian Pacific Environmental Network	Supports environmental justice movement with work focused on Asian immigrant and refugee communities.	https://apen4ej.org/	AC
Bay Area Climate Adaptation Network (BayCAN)	A collaborative network of local government staff and partnering organizations working to help the Bay Area respond effectively and equitably to the impacts of climate change on human health, infrastructure, and natural systems	https://www.baycanadapt.org/	AC
Bay Area Air Quality Management District	Oversees and implements policies and regulations for the control of air pollution within the nine counties that surround San Francisco Bay.	https://www.baaqmd.gov/	AC
City of Oakland: Resilience Hubs	Supports enhancement of city facilities (e.g., libraries, recreational centers) to reliably serve as places of refuge during smoke days, extreme heat, and power outages.	https://www.oaklandca.gov/topics/resilience-hubs	North
City of San Leandro: Hub Network	This network of sites – including places of worship, community centers, and neighborhoods – will center the most vulnerable populations and focus on disaster preparedness, community care, and belonging, and climate mitigation and adaptation to be “ready for anything.”	https://www.sanleandro.org/1173/Hub-Sites-in-San-Leandro	Mid

Resource Name	Summary Description	Website	Area
Climate Protection Planning Program	Supporting development and implementation of Comprehensive Climate Action Plan, a roadmap for meeting regional near- and long-term greenhouse gas (GHG) reduction targets by reducing GHG emissions and enhancing carbon sinks in the Bay Area.	https://www.baaqmd.gov/en/plans-and-climate/climate-planning/bay-area-regional-climate-action-planning-initiative	AC
Collective Resilience	Supports the development of resilience hubs.	https://collectiveresiliencenow.org	AC
East Bay Regional Park District	Conserve open space resources and provide outdoor recreational opportunities for present and future generations.	https://www.ebparks.org/	AC
Friends of Lincoln Square Park	Supports the building of a community resilience center in Oakland's Chinatown.	https://www.friendsofcolnsquarepark.org/	North
Local Clean Energy Alliance	Membership organization to promote the development and democratization of local renewable energy resources.	https://localcleanenergy.org/	AC
Sierra Club	Grassroots organization that supports efforts to appreciate and protect the environment and create a more sustainable future.	https://www.sierraclub.org/sfbay	AC
West Oakland Environmental Indicators Project	Conducts participatory environmental research and engages in environmental justice advocacy.	https://woeip.org/	North
Various cities' Environmental Services Divisions			AC

COMMUNITY AND FAMILY SAFETY

Resource Name	Summary Description	Website	Area
A Safe Place	Provides domestic violence shelter and services	https://www.asafeplace.org/	AC
Afghan Coalition	Supports and empowers Afghani refugee families, women, and youth to achieve health and wellness	https://www.afghancoalition.org/	AC
Alameda County Court Appointed Special Advocates	Promotes and supports quality volunteer advocates to speak for the best interests of abused and neglected children in the dependency court system.	https://casaofalamedacounty.org/	AC
Alameda County Deputy Sheriffs' Activities League	Collaborates with residents on initiatives that reduce crime and improve community health	https://www.acdsal.org/	AC
Alameda County District Attorney Accountability Table	Coalition of Alameda County-based organizations working together to advance public safety solutions.	https://acaccountability.org	AC
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/	AC
Alameda Family Services	Offers programs to improve the emotional, psychological, and physical health of children, youth and families	https://www.alamedafs.org/	AC
Alternatives in Action	Offers school and community programs for youth	https://www.alternativesinaction.org/	AC
Allen Temple Baptist Church Health and Social Services Ministries	Provides Alameda County Probation and Court Certified domestic violence batterers intervention classes	https://www.atwellness.org/anger-management-domestic-violence-programs	North
Bananas	Supports families and individuals with children by providing referrals to childcare, education around reimbursement for childcare, and workshops for parents	https://bananasbunch.org/	AC

Resource Name	Summary Description	Website	Area
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	AC
Berkeley Youth Alternatives	Helps at-risk youth through programs that emphasize education, health and well-being, and economic self-sufficiency	https://www.byaonline.org/	North
Boys and Girls Clubs	Provide mentorship, programming (including sports, arts, wellness, and leadership), and safe places for young people.	https://www.bgca.org/	Mid, North
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/	AC
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/	AC
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	https://www.cceb.org/	AC
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	Mid
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/	AC

Resource Name	Summary Description	Website	Area
Community and Youth Outreach	Provides outreach, mentoring, case management, and support to high-risk youth and young adults	http://www.cyoinc.org/	AC
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/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/	Mid
Ella Baker Center for Human Rights	Organizes to shift resources away from prisons and punishment towards opportunities that make our communities safe, healthy, and strong.	https://ellabakercenter.org/	North
Exonerated Nation	Helps exonerated formerly incarcerated individuals transition to life outside prison	https://exoneratednation.org/	AC
Family Support Services	Assists families who face serious challenges in successfully caring for their children	https://fssba.org/	AC
Family Violence Law Center	Helps diverse communities in Alameda County heal from domestic violence and sexual assault, advocating for justice and healthy relationships	https://fvlc.org/	AC
Fresh Lifelines for Youth	Prevents juvenile crime and incarceration through legal education, leadership training, and one-on-one mentoring	https://flyprogram.org/	AC
Girls, Inc.	Runs programs designed to empower and inspire girls and young women	https://girlsinc.org/	AC
Highland Hospital Sexual Assault	Provides comprehensive services to victims of domestic violence and sexual assault	https://www.alamedahealthsystem.org/sarrt/	AC

Resource Name	Summary Description	Website	Area
Response and Recovery Team			
Hively	Hively helps families find and pay for child care, offers mental health support and provides basic necessities to families in need, helping to disrupt neglect and abuse.	https://behively.org/	AC
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/	AC
KidPower International	Provides resources and training to support education on safety, including bullying solutions, sexual assault prevention, child abuse prevention, self-defense, and online safety.	https://www.kidpower.org/	AC
Koreatown Northgate (KONO)	Ensures the district (Telegraph Avenue from 20th to 35th Streets in Oakland) is safe, clean, and promoted	https://www.koreatownnorthgate.org/	North
The Latina Center	Focuses on uplifting the health and growth of the Latinx community by providing leadership and personal development opportunities	https://thelatinacenter.org/	AC
Narika	Helps domestic violence survivors with advocacy, support, and education	https://www.narika.org/	AC
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/	North
OneChild	Helps youth take action against sex trafficking through education, advocacy, mobilization, and survivor care and empowerment	https://www.onechild.ca/	AC
Project Avary	Runs a program that meets the unique emotional needs of children with a	http://www.projectavary.org/	AC

Resource Name	Summary Description	Website	Area
	parent in prison, starting at ages 8–11 and continuing for 10 years		
Reentry Success Center	Supports formerly incarcerated individuals in transitioning back into the community	http://reentrysuccess.org/	AC
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/	Mid
Safe Alternatives to Violent Environments	Supports victims of domestic violence through providing shelter, support and educational opportunities	https://save-dv.org/	South
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/	AC
Tri-Valley Haven	Offers services to survivors of domestic violence, sexual assault and homelessness, including restraining order assistance, counseling groups, financial assistance for survivors, groceries, and more.	https://trivalleyhaven.org/	TV
Youth Alive!	Works to prevent violence, and helps violently wounded people heal themselves and their community	http://www.youthalive.org/	AC
Youth Uprising	Engages youth in East Oakland in leadership opportunities to drive the health and economic growth of the community	https://www.youthuprising.org/	North

HEART AND STROKE

See Economic Security: Food Security for free food resources.

Resource Name	Summary Description	Website	Area
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	AC
Alameda County Public Health Department	Promoting and supporting healthy eating and physical activity.	https://acphd.org/nutrition-services/programs/	AC
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.alamedacounty-socialservices.org/our-services/Health-and-Food/index	AC
American Heart Association	Strives to prevent and cure heart disease	https://www.heart.org/en/affiliates/california/greater-bay-area	AC
American Stroke Association	Resource for evidence-based information on stroke, post-stroke recovery, and caregiver info	https://www.stroke.org/en/	AC
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/	Mid
Centro de Servicios	Offers weekly food distribution to the hungry.	https://centrouc.org/	South
East Bay Regional Park District	Conserve open space resources and provide outdoor recreational opportunities for present and future generations.	https://www.ebparks.org/	AC
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including	https://www.fremont.gov/government/departments/human-	South

Resource Name	Summary Description	Website	Area
	food assistance and referrals to older adult services	services/fremont-family-resource-center	
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org	AC
Senior Support Program of the Tri-Valley	Provides programming and referrals for older adults, including case management, 1:1 counseling and emotional support, and wellness education (e.g., nutrition, fitness).	https://seniorservicescoalition.org/senior-support-program-of-the-tri-valley/	TV
Solid Rock Community Services, Newark	Provides resources, food, health/wellness and family reunification services to improve the quality of life for families in Alameda County to ensure basic needs are met.	https://solidrockcommunityservices.org/	South
Union City Family Center	Provides multiple supports including food distribution and partners with mobile health clinic.	https://www.unioncityfamilycenter.org/	South
Viola Blythe Community Service Center of Newark	Distributes emergency food and clothing, makes referrals to other social services agencies.	https://www.violablythe.org/	South
Various cities' Parks and Recreation Departments			AC

Heart/Stroke and Healthy Lifestyles: Senior Centers in Alameda County

Name	Location	Website
Age Well Center at South Fremont	Fremont	https://www.fremont.gov/government/departments/human-services/age-well-centers
Age Well Center at Lake Elizabeth	Fremont	https://www.fremont.gov/government/departments/human-services/age-well-centers
Alameda Mastick Senior Center	Alameda	https://www.alamedaca.gov/Departments/Recreation-Parks/Mastick-Senior-Center
Albany Senior Center	Albany	https://www.albanyca.org/recreation/senior-center

Name	Location	Website
City of Dublin Senior Center	Dublin	https://www.dublin.ca.gov/1053/Senior-Center
City of Union City	Union City	https://www.unioncity.org/289/Ralph-and-Mary-Ruggieri-Senior-Center
Downtown Oakland Senior Center	Oakland	https://www.oaklandca.gov/topics/downto-wn-oakland-senior-center
East Bay Korean Senior Citizen Center	Oakland	https://eastbaykoreanamericanseniorcenter.org/index.html
East Oakland Senior Center	Oakland	https://www.oaklandca.gov/topics/east-oakland-senior-center
Emeryville Senior Center	Emeryville	https://www.ci.emeryville.ca.us/150/50-Adults
Fruitvale-San Antonio Senior Center	Oakland	https://unitycouncil.org/program/senior-center/
Hayward Area Senior Center	Hayward	https://www.haywardrec.org/Facilities/Facility/Details/Hayward-Area-Senior-Center-93
Judge Henry Ramsey Jr. South Berkeley Senior Center	Berkeley	https://berkeleyca.gov/community-recreation/seniors/senior-centers/judge-henry-ramsey-jr-south-berkeley-senior-center
Kenneth C. Aitken Senior Center	Castro Valley	https://haywardrec.org/facilities/facility/details/Kenneth-C-Aitken-Senior-Community-Center-89
LARPD Senior Services Center	Livermore	https://www.larpd.org/senior-services
North Berkeley Senior Center	Berkeley	https://berkeleyca.gov/community-recreation/seniors
North Oakland Senior Center	Oakland	https://www.oaklandca.gov/topics/north-oakland-senior-center
Pleasanton Senior Center	Pleasanton	https://www.cityofpleasantonca.gov/your-community/recreation/senior-services/
San Leandro Senior Community Center	San Leandro	https://www.sanleandro.org/517/Senior-Services
West Oakland Senior Center	Oakland	https://www.oaklandca.gov/topics/west-oakland-senior-center

ECONOMIC SECURITY

See Food Security sub-section for free food resources.

Resource Name	Summary Description	Website	Area
Abode Services: Project Independence	Provides young adults leaving the foster care system with supportive housing and services aimed at helping them achieve self-sufficiency and stability in their lives, including case management, education and vocational training, employment placement, and financial literacy training.	https://abode.org/services	AC
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.alamedacounty-socialservices.org/our-services/Health-and-Food/index	AC
America Works	Provides work readiness training, vocational training, career placement, career advancement, and employment retention services.	https://americaworks.com/	AC
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/ Legal Advice Line: 1-800-551-5554	AC
Berkeley City College CalWORKS Program	Provides academic support for CalWORKs participants to succeed in both their educational and employment goals, including childcare assistance and work-study opportunities.	https://www.berkeleycitycollege.edu/calworks/	North
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/	AC
California State University, East Bay,	Through collaborative partnership, offers over 35 programs that serve	http://www.haywardpromise.org/	Mid

Resource Name	Summary Description	Website	Area
Hayward Promise Neighborhood	residents, families, children, and students in the Hayward area to ensure educational success and a safe, healthy, thriving community		
Centro de Servicios	Weekly food distribution to the hungry, community thrift store, assistance for veterans, job placement assistance.	https://centrouc.org/	South
Citizens for Better Community	Student internship program; business networking for Chinese community	https://www.cbcsfbay.org/	South
Clausen House	Provides housing, wellness programs, and advocacy for developmentally disabled adults in Oakland and the surrounding East Bay area	https://clausenhouse.org/	North
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/	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including support necessary to gain access to employment and education	https://deafplus.us/	South
Davis Street Community Center	Provide programs and services encompassing: primary care (including medical, dental, pediatric, behavioral health and women's health services), child care, programs for adults living with developmental disabilities, free food and clothing, housing information, utility assistance and more.	https://www.davisstreet.org	Mid
East Bay Asian Local Development Corporation	As the lead agency of SparkPoint Oakland, EBALDC assists families and individuals to stabilize their financial situations and develop asset-building tools as part of its work with and for the diverse populations of the East	https://ebaldc.org/ https://ebaldc.org/sparkpoint-oakland/	AC

Resource Name	Summary Description	Website	Area
	Bay to build healthy, vibrant, and safe neighborhoods through community development		
East Bay Community Foundation	Supports entrepreneurs of color through community-controlled and democratically governed loan fund for businesses with a strong social mission; funds economic justice nonprofits and impact investing.	https://www.ebcf.org/	AC
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/	AC
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/	AC
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/	North
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
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	AC
Give Teens 20 / Nav Z	Website with self-sufficiency resources for teens.	https://gt20.org/	AC

Resource Name	Summary Description	Website	Area
Hayward Day Labor Center	Enables low-income, mostly migrant workers in the East Bay achieve self-sufficiency	http://daylaborcenter.org/	Mid
Hively	Provides help with affordable child care options and offers basic children's necessities (clothing, shoes, diapers, wipes) to families in need.	https://behively.org	North, TV
The Hub Family Resource Center	Assistance with obtaining Medi-Cal, Cal Fresh (food stamps), health insurance, CalWorks, job search, child support paperwork, application assistance with EDD, USDI, SSI, Family Leave, etc.	http://www.husd.us/hub	Mid
Lao Family Community Development	Extensive menu of quality specialized jobs and career and employment programs.	https://lfcd.org/	North
Narika Seed Program	Job training program to foster economic independence and self-reliance among survivors of domestic violence and new immigrant populations that are particularly vulnerable to abuse and exploitation.	https://www.narika.org/seed-program	AC
One-Stop Career Center (EDD)	Offers free help to job seekers, including employment and training assistance, and serves a range of specialized clients including veterans, youth, laid-off workers, and employers.	https://www.careeronestop.org/LocalHelp/AmericanJobCenters/find-american-job-centers.aspx	multi
Rising Sun Center for Opportunity	Provides green training, employment, and residential energy-efficiency services	https://risingsunopp.org	AC
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/	AC
Solid Rock Community Services	Solid Rock Community Services provides resources, food, health/wellness and family reunification services to improve the	https://solidrockcommunityservices.org/	South

Resource Name	Summary Description	Website	Area
	quality of life for families in Alameda County to ensure basic needs are met.		
The East Oakland Collective	Supports various programs including lending circles and financial literacy education.	https://www.eastoaklandcollective.com/	North
Tri-Valley Haven	Offers services to survivors of domestic violence, sexual assault and homelessness, including financial assistance for survivors.	https://trivalleyhaven.org/	TV
Tri-Valley Seek and Save	Providing for utilities, rent, groceries, clothing, and other living essentials on a case by case basis.	https://www.trivalleyseekandsave.org/	TV
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/	AC
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/	AC
Various cities' Human Services Departments			AC

Economic Security: Education

Resource Name	Summary Description	Website	Area
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/hse-ehs.html	AC
Alameda County Library	Offers family literacy days and free 1:1 learning for reading, writing, and speaking English better.	https://aclibrary.org/	AC

Resource Name	Summary Description	Website	Area
Alameda County Office of Education	Oversees school districts' budgets and educational plans, serves as a school district, and provides programs to the county's most vulnerable students. Also provides training and support services for educators.	https://www.acoe.org/	AC
Alameda County Tri-City Children and Youth Service	Trains current graduate students in counseling and social work.	https://www.acbhcs.org/plan-administration/intern-and-trainee-programs-acbh-tri-city-children-and-youth-services/	South
Berkeley City College	Community college that provides instruction, student support and learning resources which enable students to earn associate degrees and certificates, and to attain college competency, careers, transfer, and skills for lifelong success.	https://www.berkeleycitycollege.edu/	North
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/	Mid
Chabot College	Community college that offers educational programs and experiences for students to succeed in their education, progress in the workplace, and engage in the civic and cultural life of the community.	https://www.chabotcollege.edu/about/	Mid
College of Alameda	Community college that provides comprehensive and flexible programs and resources that empower students to achieve their goals.	https://alameda.edu/	North
Castro Valley Education Foundation	CVEF provides resources and programs that support academic opportunities in Castro Valley Unified School District	https://www.cvef.org/	Mid
California State University, East Bay,	Through collaborative partnership, offers over 35 programs that serve	http://www.haywardpromise.org/	Mid

Resource Name	Summary Description	Website	Area
Hayward Promise Neighborhood	residents, families, children, and students in the Hayward area to ensure educational success and a safe, healthy, thriving community		
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence	https://www.cceb.org/	AC
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	AC
DayBreak Adult Care	Provides education, training, and support for family caregivers	www.daybreakac.org	AC
Eden Area ROP	Provides Career Technical Education (CTE) to high school students in CVUSD, HUSD, SLUSD, and SLZUSD. Provides CTE for Adults throughout Bay Area.	https://www.edenrop.org/	Mid
Davis Street Community Center	Supports children and families through State Subsidized Alternative Payment Program(APP) and child development centers.	https://www.davisstreet.org	AC
Eden Youth and Family Center	Provides services to promote the health and socioeconomic well-being of children, youth, and families	http://www.eyfconline.org/	Mid
First 5 Alameda	Provide funding and programming for childcare and learning (e.g., parenting classes, childcare provider training), as well as advocacy and partnership.	https://first5alameda.org/	AC
Fremont Education Foundation	Provides grants to classroom teachers, music education, and other efforts in Fremont Unified School District.	https://www.fremont-education.org/	South
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including	https://www.fremont.gov/government/departments/human-	South

Resource Name	Summary Description	Website	Area
	educational events and child care information and subsidies	services/fremont-family-resource-center	
Friends of Children with Special Needs	Provides information and assistance to children with special needs, adults with special needs, and their communities.	https://fcsn1996.org/	South
Give Teens 20 / NavZ	Website with self-sufficiency resources for teens, including information on funding for college.	https://gt20.org/	AC
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/	AC
Hively	Provides education and training to child care providers and helps families find and pay for child care that promotes early childhood development and learning.	https://behively.org/	AC
Laney College	Community college that provides certificates, degrees, transfer pathways, career education, and lifelong learning opportunities	https://laney.edu/	North
Las Positas College	Community college that offers curriculum for students seeking career preparation, transfer to a four-year college or university, or personal enrichment.	https://laspositascollege.edu/	TV
Merritt College	Community college that provides rigorous and engaging in-person and remote learning experiences that support students' desired academic and personal achievements.	https://www.merritt.edu/	North

Resource Name	Summary Description	Website	Area
Mission Valley ROP	Provides career training for successful business, medical, and technical careers.	https://www.mvrop.org/	South
New Haven Schools Foundation	Administers an annual grant program that provides funding for innovative classroom and enrichment programs in the New Haven School District.	https://nhsfoundation.org/	South
Newark Education Foundation	Supports major initiatives and programs in Science, Technology, and the Arts for the Newark Unified School District	https://newarkeducationalfoundation.org/	South
Ohlone Community College	Community college that provides excellent instruction and support services, awards associate degrees and certificates, and promotes university transfer.	https://www.ohlone.edu/	South
San Leandro Education Foundation	Funds positive youth development activities in the San Leandro community.	https://www.sledfund.org/	Mid
Special Need Children Center Foundation	Funds projects that address educational, social or physical needs of special needs children and youth	https://snccf.org/	South
Tri-Valley ROP	Offers high school students in the Tri-Valley hands-on career-technical education classes that explore careers and/or college majors and develop job skills and a robust Middle College High School Program.	https://www.tvrop.org/	TV
Union City Family Center	Bilingual story time, kinder readiness programs for families with children ages 0-5 who reside in Union City and New Haven Unified School District boundaries.	http://www.unioncityfamilycenter.org	South

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/
Dublin USD	Dublin	https://www.dublin.k12.ca.us/
Emeryville USD	Emeryville	https://emeryusd.k12.ca.us/
Fremont USD	Fremont	https://fremontunified.org/
Hayward USD	Hayward	https://www.husd.us/
Livermore Valley Joint USD	Livermore	https://www.livermoreschools.org/
New Haven USD	Union City	https://mynhusd.org/
Newark USD	Newark	https://www.newarkunified.org/
San Leandro USD	San Leandro	https://www.sanleandro.k12.ca.us/
San Lorenzo USD	San Lorenzo	https://www.slzsd.org/
Oakland USD	Oakland	https://www.ousd.org/
Piedmont USD	Piedmont	http://www.piedmont.k12.ca.us/
Pleasanton USD	Pleasanton	https://www.pleasantonusd.net/

Economic Security: Food Security

Also see overall Economic Security for resources.

Resource Name	Summary Description	Website	Area
18 Reasons	Empowers community members with the confidence to buy, cook, and eat good food every day	https://18reasons.org/	AC
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/	North
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/	AC
Alameda County Food Resources	Lists community groups providing food assistance	https://www.needhelppayingbills.com/html/alameda_county_food_banks.html	AC
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/	AC
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	AC
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/	AC

Resource Name	Summary Description	Website	Area
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	AC
Axis Community Health WIC Program	Provides eligible women and children with programming that supports better nutrition, offers supplemental food, and makes referrals to health care and other community services.	https://axishealth.org/wic/	TV
Building Blocks Collaborative	Committed to improving health conditions in our most troubled neighborhoods. Focused on food justice.	https://acphd.org/building-blocks/projects/bbc/	AC
Catholic Charities of the East Bay	Offers services to aid youth, children, and families facing difficulties with immigration, eviction, literacy, or surviving traumatic violence.	https://www.cceb.org/	AC
City Slicker Farms	Reinforces self-sustaining access to food through urban farming, education, and recreation.	http://www.cityslickerfarms.org/	AC
Daily Bowl	Recovers excess food that would otherwise go to waste and delivers it to Bay Area agencies that feed families who are hungry.	https://dailybowl.org/	AC
Davis Street Community Center	Provides emergency food, clothing, utility assistance and housing support.	https://www.davisstreet.org	AC
First 5 Alameda County	Provide funding, programming, advocacy, and partnership to support children aged 0-5 and their families, including ensuring basic resources such as food.	https://first5alameda.org/	AC
Fremont Family Resource Center	Combines the best efforts of multiple social services programs, including food assistance.	https://www.fremont.gov/government/departments/human-services/fremont-family-resource-center	South

Resource Name	Summary Description	Website	Area
Fresh Approach	Improves healthy food access in the community through farmers markets, community gardens, and cooking and nutrition classes	https://www.freshapproach.org/	AC
LIFE Eldercare, Inc.	Offers Meals on Wheels, transportation, friendly visitors, and fall prevention for the elderly	https://lifeeldercare.org	AC
Mandela MarketPlace	Builds health, wealth, and assets in low-income communities by creating local food enterprises	https://www.mandelapartners.org/	AC
Meals on Wheels of Alameda County	Delivers nutritious meals to, and performs wellness checks on, frail and/or homebound seniors	https://www.feedingse niors.org/	AC
Open Heart Kitchen	Provides equitably access to nutritious food today, while building a food secure tomorrow. Community meals, senior center meals, pop-up pantries, and Open Heart Food Bank	https://www.openheartkitchen.org/	TV
Senior Support Program of the Tri-Valley	Provides programming and referrals for older adults, including case management, 1:1 counseling and emotional support, and wellness education (e.g., nutrition, fitness).	https://seniorservicescoalition.org/senior-support-program-of-the-tri-valley/	TV
Solid Rock Community Services	Solid Rock Community Services provides resources, food, health/wellness and family reunification services to improve the quality of life for families in Alameda County to ensure basic needs are met.	https://solidrockcommunityservices.org/	South
South Hayward Parish Emergency Food Pantry	Food pantry serves thousands of pounds of food per month.	https://www.southhaywardparish.org/food-pantry	Mid/ South
Spectrum Community Services: Meals on Wheels, Senior Meals	Meals on Wheels offers healthy, home-delivered meals for seniors who are unable to prepare their own food and have difficulty with mobility; Senior Meals distributes freshly prepared, nutritious meals to various Alameda County	https://www.spectrumcs.org/senior-services	AC

Resource Name	Summary Description	Website	Area
	locations where registered seniors can pick them up.		
The East Oakland Collective	Supports various programs including food distribution.	https://www.eastoaklandcollective.com/	North
Tri-City Volunteers Food Bank & Thrift Store	Provides food assistance to the residents of Alameda County; largest client-direct food bank in the area, with marketplace, mobile pantry, and bag lunch program.	https://tcvfoodbank.org/	South
Tri-Valley Haven for Women: Food Pantry	Provides free groceries, fresh fruit and veggies to low-income Tri-Valley residents.	https://trivalleyhaven.org/food-pantry/	TV
Tri-Valley Seek and Save	Providing for groceries and other living essentials on a case by case basis.	https://www.trivalleyseekandsave.org/	TV
Union City Family Center	Provides multiple supports including food distribution.	https://www.unioncityfamilycenter.org/	South
Viola Blythe Community Service Center of Newark	Distributes emergency food and clothing, makes referrals to other social services agencies.	https://www.violablythe.org/	South

HOUSING & HOMELESSNESS

Resource Name	Summary Description	Website	Area
Abode Services	Works with government, supporters, landlords, and clients to provide housing for people experiencing homelessness	https://www.abodeservices.org/	AC
Alameda County Health Care for the Homeless	Increases access to quality health care for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/	AC
Alameda County Homeless Project	(includes special needs housing)	https://www.self-sufficiency.org/schp	Mid, South
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/	AC
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/	North
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/	AC
Bay Area Legal Aid	Increases access to the civil justice system through legal assistance for low-income people	https://baylegal.org/	AC
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/	AC

Resource Name	Summary Description	Website	Area
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/	AC
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/	AC
CityServe of the Tri-Valley	Provides counseling, mental health support, job training, and health services for individuals and families	https://cityservecares.org/	TV
Clausen House	Provides housing, wellness programs, and advocacy for developmentally disabled adults in Oakland and the surrounding East Bay area	https://clausenhouse.org/	North
DayBreak Adult Care	Housing navigation and support for vulnerable seniors in Alameda County.	www.daybreakac.org	AC
DeafPlus	Integrated adult day program that serves deaf adults with disabilities, including support necessary to develop independent living skills.	https://deafplus.us/	South
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	AC
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/	AC
East Bay Community Law Center Housing Program	Defends low-income tenants in eviction lawsuits brought against them	https://ebclc.org/need-services/housing-services	AC

Resource Name	Summary Description	Website	Area
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/	AC
Eden Council for Hope and Opportunity (ECHO) Housing	Fair housing or tenant rights and other services.	https://www.echofairhousing.org/	Mid
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/	Mid
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
Everyone Home	Supports collaborative projects to end homelessness	http://everyonehome.org/	AC
FESCO	Provides low/extremely low-income homeless families with food, emergency, transitional, permanent housing, and supportive services	https://www.fescofamilyshelter.org/	AC
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	AC
Goodness Village	An affordable tiny home program that provides the Tri-Valley's formerly unhoused neighbors a safe and supportive community to live independently, heal, and thrive	https://gvlivermore.org/	TV
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/	AC

Resource Name	Summary Description	Website	Area
HOPE Project Mobile Health Clinic	Homeless Outreach for People Empowerment Project is a mobile clinic that brings services to those in need. It provides health and social services to homeless people in five locations throughout southern and eastern Alameda County, in partnership between Abode Services and Bay Area Community Health.	https://bach.health/homeless-programs	TV/ South
Lao Family Community Development	Operates a range of housing for families, seniors, and adults in need	https://lfcd.org/	North
Lava Mae	Brings critical self-care services to people experiencing homelessness via mobile hygiene and pop-up care village programs	https://lavamae.org/	AC
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/	AC
Open Heart Refuge	20-bed overnight shelter for unhoused folks and individuals experiencing crisis. Located at the Vineyard Resource Center in Livermore. Open 365 days a year.	https://www.openheartkitchen.org/refuge	TV
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/	North
Rubicon Programs	Equips East Bay residents with resources to break the cycle of poverty	http://rubiconprograms.org/	AC
Satellite Affordable Housing Associates (SAHA)	Offers quality affordable homes and services that empower people and strengthen neighborhoods.	https://www.sahahomes.org/	AC

Resource Name	Summary Description	Website	Area
Shepherd's Gate	Provides housing and job skill training for women in transition as well as programs for their children	https://shepherdsgate.org/	TV
South Hayward Parish	Shelter guests receive a nightly foldable mat, sleeping bag, as well as a hot dinner and breakfast.	https://www.southhaywardparish.org/shelter	Mid
The East Oakland Collective	Supports various programs including advocacy for the rights of unhoused individuals, research on alternative housing models, and improvement of hygiene at encampments.	https://www.eastoaklandcollective.com/	North
Tri-Valley Haven	Offers services for homeless individuals and families in severe economic need, including shelter, a food pantry, and transitional housing.	https://trivalleyhaven.org/	TV
Tri-Valley Seek and Save	Permanent housing application assistance, occasional relocation funding	https://www.trivalleyseekandsave.org/	TV
Unity Council	Helps families and individuals build wealth and assets through sustainable economic, social, and neighborhood development programs	https://unitycouncil.org/	AC
Women's Daytime Drop-In Center	Empowering women and children to move from the streets to a home by providing housing problem solving services and support, housing case management and referral services, and a transitional housing program	http://www.womensdropin.org	North
Various cities' Housing and Human Services Departments			AC

HEALTHCARE ACCESS AND DELIVERY

See Health Care Facilities and Agencies listed on the second page of this attachment.

Resource Name	Summary Description	Website	Area
Alameda County Health Care for the Homeless	Increases access to quality health care for homeless individuals through free health centers and mobile clinics that provide primary care, substance abuse treatment, and other services	https://www.achch.org/	AC
Alameda County Health Care Services, School Health Services	Provide school districts an array of school-based, school-linked health and wellness services for youth and families, and partner with school districts to build school-based health and wellness systems.	https://achealthyschools.org/	AC
Bay Area Legal Aid	Improves access to the civil justice system through legal assistance for low-income individuals	https://baylegal.org/	AC
California Department of Health Care Services	Helps low-income and disabled people get access to affordable, integrated, high-quality health care, including medical, dental, mental health, and substance use treatment services, as well as long-term care	https://www.dhcs.ca.gov/Pages/default.aspx	AC
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	AC
DayBreak Adult Care	Assists Alameda County seniors with accessing and navigating their care needs	www.daybreakac.org	AC
Eden I&R, Inc.	Connects individuals in need with human services agencies	http://edenir.org/	Mid
George Mark Children's Home	Provides pediatric nursing and other support services to children with complex medical conditions	https://georgemark.org/	Mid

Resource Name	Summary Description	Website	Area
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/	AC
Operation Access	Enables Bay Area health care providers to donate surgical and specialty care to people in need	https://www.operationaccess.org/	AC
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/	AC
United Seniors of Oakland and Alameda County	Offers programs for older adults to educate, mobilize and enable seniors and their supporters to address the issues that affect their quality of life.	https://www.usoac.org/	AC / North
West Oakland Health Council	Parent organization of West Oakland Health Center, FQHC with multiple locations that offers medical and dental care as well as behavioral health and other services.	https://westoaklandhealth.org/about-us/	North

Access: Transportation

Resource Name	Summary Description	Website	Area
Alameda Alliance For Health Medi-Cal Transportation Benefit	Transportation services are offered through the Alliance's transportation provider, ModivCare. There is no cost when transportation is authorized by the Alliance.	https://alamedaalliance.org/members/medi-cal/benefits-and-covered-services/	AC
Alameda-Contra Costa Transit District (AC Transit)	Provides regional bus service	http://www.actransit.org/	AC
Bay Area Rapid Transit (BART)	Provides elevated and subway rail travel across Bay Area counties	https://www.bart.gov/	AC

Resource Name	Summary Description	Website	Area
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	AC
Bike East Bay	Promotes a healthy, sustainable community by making cycling safe, fun and accessible	https://bikeeastbay.org/	AC
Eden I&R, Inc.	Serves as a centralized source of health, housing, and human services information	http://edenir.org/	Mid
LIFE Eldercare, Inc.	Meals on Wheels, transportation, friendly visitors and fall prevention for the elderly	https://lifeeldercare.org	AC
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/	AC
Ride-On Tri-City!	The program provides a number of transportation and mobility support services for seniors and people with disabilities residing in Fremont, Newark, and Union City.	https://www.fremont.gov/government/departments/human-services/transportation-mobility	South
Union City Transit	Local, city-run bus system.	https://www.unioncity.org/170/Union-City-Transit	South

MATERNAL/INFANT HEALTH

Resource Name	Summary Description	Website	Area
A Better Way Inc.	Assessment/referral and parenting support and education through group classes, topic-specific trainings, and through peer-led support groups.	https://www.abetterwayinc.net/	AC
Alameda County Public Health: Family Health Services Black Infant Health Program	Help reduce stress, build resilience, promote healthy behaviors, and increase social support among pregnant and mothering Black women, and build a community that stands up against the injustices towards African-American women and their birthing experiences.	https://acphd.org/programs-and-services/black-infant-health/	AC
Brighter Beginnings: Family Partnership Program	Home visiting program designed to help families in CalWORKs who have infants and children under 3 years old participate.	https://www.brighterbeginnings.org/programs/parenting-and-child-development/family-partnership-program/	AC
Center for Early Childhood Connections	Social groups for parents and children, parent coaching and mentorship, assessments for 0-5, educational and non-clinical services for 0-8 and their caregivers.	http://www.thececc.org	North
Family Paths: Parenting Stress Helpline	Staffed by professional and volunteer counselors, who support parents and caregivers around a variety of parenting issues.	1-800-829-3777	AC
Twins by the Bay: Daytime Support Group for New and Expectant Parents of Multiples	Support group for new or expectant parents of multiples	http://www.twinsbythebay.org	North

RACISM/DISCRIMINATION

Many of the agencies/organizations addressing the other health needs also address racism/discrimination. The agencies/organizations listed below specifically address it.

Resource Name	Summary Description	Website	Area
Alameda County District Attorney Accountability Table	Coalition of Alameda County-based organizations working together to advance public safety solutions.	https://acaccountability.org	AC
Ella Baker Center for Human Rights	Organizes to shift resources away from prisons and punishment towards opportunities that make our communities safe, healthy, and strong.	https://ellabakercenter.org/	North
NAACP Hayward South Alameda County	Seek the enactment and enforcement of federal, state and local laws securing civil rights, and inform the public of the adverse effects of racial discrimination.	https://naacphayward.org/advocacy	Mid, South
NAACP Oakland	Seek the enactment and enforcement of federal, state and local laws securing civil rights, and inform the public of the adverse effects of racial discrimination.	https://www.naacpoakland.org/	North
Showing Up for Racial Justice Bay Area	Through community organizing, mobilizing, and education, SURJ moves white people to act as part of a multi-racial majority for justice.	https://www.surjbayarea.org/	North

SEXUAL HEALTH

Resource Name	Summary Description	Website	Area
Alameda County Health Div. of Communicable Disease Control & Prevention	Multiple programs to address infectious diseases: <ul style="list-style-type: none"> • Chronic Hepatitis Program • Immunization Program • TB Control Program • Office of HIV Care and Prevention • Sexual Health Capacity Building 	https://acphd.org/about/our-organization/dcdcp/	AC
East Bay Getting to Zero	Bring people together to collaborate on creative ways to implement the East Bay HIV strategic plan, supporting community members to have more equitable access to HIV testing, prevention and treatment services.	https://www.ebgtz.org	AC
Hep B Free Alameda County Collaborative	Community collaborative to end hepatitis B through testing, educating and treating	https://acphd.org/hepb/hepb-free-alameda-county-collaborative/	AC
HIV/AIDS Care and Treatment Program (CA Dept. of Public Health)	Includes primary medical care and essential support services for people living with HIV who are low income and uninsured or underinsured.	https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_program.aspx	AC
HIV Education and Prevention Project of Alameda County	Provide harm reduction-based services in Alameda County and Contra Costa County, serve people who are at increased risk for HIV, hepatitis C and other infectious diseases	https://heppac.org/	North
I Know	Free home test kit program is a simple and confidential way for young women, girls, transmen, and any person with a vagina to test for chlamydia and gonorrhea in the privacy of their own home	https://alameda.donthinkknow.org/frequently-asked-questions/home-test-kit-faq	AC
Oakland TGA	Network of comprehensive services for people living with HIV	https://oaklandtga.org/	AC
STI testing clinics directory	Maintains an extensive list of public and private STD testing locations and in-home STD testing options	https://www.saferstdtesting.com	AC

UNINTENDED INJURIES

Resource Name	Summary Description	Website	Area
Alameda County Health Emergency Medical Services: Injury Prevention Programs	Operates and supports several programs designed to prevent injuries and emergencies from occurring among children and older adults.	https://ems.acgov.org/CommttyResources/PreventionPrograms.page?	AC
Alameda County Transportation Commission: Bicycle Safety Education Program	Educates approximately 4,000 adults, teenagers and children annually in safe bicycle riding techniques. Encourages bicycle riders to ride their bicycles with greater control and awareness to enhance their travel safety.	https://www.alamedactc.org/programs-projects/bicycle-and-pedestrian/bicycle-safety-education	AC
Child Passenger Safety Program	Supports the standardization and quality-control course with content and instructors to ensure that information and materials being taught and disseminated are up-to-date, accurate, and consistent	https://www.in.gov/cji/traffic-safety/occupant-protection/children/child-passenger-safety/	AC
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/	North
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/	AC
Safe Kids Alameda County	Coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.	https://www.safekids.org/coalition/safe-kids-alameda-county	AC
Spectrum Community Services Fall Prevention Program	Programs to support exercise, walking, and balance to prevent older adult falls.	https://www.spectrumcs.org/senior-services/fall-risk-reduction	AC

ATTACHMENT 4: QUALITATIVE RESEARCH MATERIALS

English-language pre-surveys and qualitative protocols are included on the following pages of this attachment. For pre-surveys and protocols in other languages, please contact Actionable Insights, LLC (inquiries@ActionableLLC.com).



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Welcome!

Thank you for clicking through to this survey. It will take less than 10 minutes to complete. **Please respond at least two days before your scheduled interview or focus group.**

Non-profit hospitals in the East Bay, including John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System, are conducting a community health needs assessment (CHNA) in accordance with IRS guidelines for non-profit hospitals. For the 2025 CHNA, a combination of statistical data and community input are being collected by these hospitals and their consultants, Actionable Insights. This research will generate a list of community health needs.

The survey you are about to complete briefly presents a list of health needs, including all that were prioritized by the community in Alameda County in 2022. You are welcome to add any needs you feel are missing. As a local expert/community leader, **you are being asked to choose up to five needs that you feel are the biggest health issues and/or conditions for the people whom you serve.** The results of this survey will be shared with Actionable Insights and the hospitals, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. During your upcoming interview/focus group, the Actionable Insights facilitator will ask you to discuss the top needs you chose.

To proceed, please enter your name below and click "Next."

* 1. Your name:



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

List of Health Needs to Select

* 2. Below is a list of health needs. The ones in bold were prioritized by the community during the 2022 Community Health Needs Assessment in Alameda County. They are presented in alphabetical order. Feel free to add any needs you feel may be missing. Please choose up to five needs that you feel are the biggest issues or conditions now for the people whom you serve. There may be overlap; please choose the five that best represent the needs you have in mind.

- Cancer**
- Climate**/healthy environment (including extreme weather, environmental contaminants, safe air and drinking water)
- Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- Community and family safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- Diabetes and obesity**, AKA healthy lifestyles (including fitness and places to exercise; diet, nutrition, and access to fresh food)
- Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- Economic security/stability** (including income, employment, child care, and digital access)
- Education** (including pre-school, school test scores, learning gaps, vocational training, educational attainment, and wealth)
- Food insecurity** (including anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns)
- Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, quality of care, and linguistic/cultural competence in care delivery)
- Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- Heart disease and stroke** (including heart attack, high cholesterol, and high blood pressure)
- Housing and homelessness** (including safe, clean, and affordable housing, overcrowding, and tenant protections)
- Maternal and infant health (including prenatal care, premature births, and infant mortality)
- Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- Oral/dental health
- Respiratory health** (including asthma, allergies, COVID-19, and COPD)
- Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- Structural racism** (social, economic and political systems and institutions that perpetuate racial inequities through policies, practices and norms)
- Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- Transportation** (including safety and reliability, overall infrastructure, and access)
- Unintended injuries/accidents (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- Other (please specify)

When you are done responding to the questions above, please click "Next" for your responses to be tallied.



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Consent

* 3. In order to capture your words accurately, your interview/focus group will be recorded and the recording will be transcribed. A transcript of the interview/focus group discussion will be sent to the health care organizations and their consultants, and may also be shared with a limited number of additional non-profit hospitals, community-based organizations, and/or agencies such as the County's Public Health Department. If a quote from your transcript is used in the report, you will not be identified by name; only as a "local expert." Please indicate that you understand and agree to be recorded.

- Yes, I understand and agree to be recorded.
- No, I do not agree to be recorded. I will not participate in the interview/focus group.



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Report Acknowledgment

* 4. An appendix to the report will contain a list of experts consulted. Please indicate how you would like to be listed:

- By name, title, and organization
- Only my title and organization, not my name
- Only my organization, not my name or role
- Do not include me in the list at all

5. Please fill in the fields that correspond to your response above. If you agreed to be listed by name, we will use your name as you entered it at the beginning of this survey.

Title

Organization

* 6. In a few sentences, please tell us what your organization does and how it serves the community.

* 7. In a sentence or two, how would you describe the geographic areas and populations you serve or represent?



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Question about Climate

* 8. In the past three years, have the people you serve been impacted by any of the following climate hazard events? (Please check all that apply.)

- Extreme heat (too hot to perform routine activities such as work or be at rest)
- Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)
- Drought (not enough access to clean water)
- Extreme rainfall/flooding (too much water)
- None. The people I serve were not impacted by a climate hazard event in the past three years.
- I prefer not to answer.
- Other (e.g., water quality issues, power outages, insect infestations, or diseases from parasites/bacteria/viruses):



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Climate Follow-Up

9. Please tell us how the climate hazard(s) impacted the quality of life and well-being of the people you serve (e.g., poor physical or mental health, economic or housing instability, etc.)



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Demographics

The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below, but responding is optional. We will only report these answers for experts as a group, not for individual participants.

10. What is your age? *(Please enter a number only.)*

11. Are you of Hispanic/Latinx ethnicity?

Yes

No

12. What is your race? (Please choose all that apply.)

- American Indian/Alaskan Native
- Asian (indicate specific ancestry, e.g., "Chinese," in Other field below)
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Some other race (please specify)

13. Which of the following most accurately describes you?

- Female
- Male
- Non-binary
- Transgender
- Intersex
- Let me type...



2024 CHNA Survey to Identify Health Needs - Experts/Leaders (Alameda County)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled interview/focus group. If you are finished with this survey, please click "Done."



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Welcome!

Thank you for clicking through to this survey. It will take less than 10 minutes to complete. **Please respond at least two days before your scheduled focus group discussion.**

Health care organizations in the East Bay, including John Muir Health, St. Rose Hospital, Stanford Health Care Tri-Valley, UCSF Benioff Children's Hospital Oakland, and Washington Hospital Healthcare System, would like to understand the needs of the community better, including its physical, emotional, and environmental health. For this Community Health Needs Assessment, these organizations are collecting thoughts and opinions from people in the community with the help of their consultants and the Alameda County Public Health Department. This will help to make a list of community health needs.

This survey has a list of health needs. It includes the ones that were found in 2022 for Alameda County. You are welcome to add any needs you feel are missing. As a community member, **you are being asked to choose up to five needs that you feel are the most important for your community right now.** The Public Health Department, the health care organizations, and their consultants will receive the answers from this survey and then summarize them. They may also share them with a small number of other community based organizations and health care organizations, **without using your name or email address.** The Public Health Department's facilitator will lead a conversation about the needs that were rated as the most important, or pressing, in your upcoming focus group.

To proceed, please enter your email address below and click "Next."

* 1. Your email address:

* 2. At the end of the focus group, you will receive a gift card as a "thank you" for participating. Which company's gift card would you like?

- Amazon
- Safeway
- Target

* 3. In order to get everyone's words exactly right, your focus group will be recorded. A written copy of the discussion **without people's names** will be sent to the County's Public Health Department, the healthcare organizations and their consultants. They may also share it with a small number of other community based organizations and health care organizations. If you are quoted, you will be identified only as a "community member" -- no names will be used. Please indicate that you understand and agree to be recorded.

- Yes, I understand and agree to be recorded.
- No, I do not agree to be recorded. I will not participate in the focus group.



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

List of Health Needs to Select

* 4. Below is a list of health needs. The ones in bold were identified by the community in Alameda County in 2022. They are presented in random order. Please think about how important each need is for your community right now. Then, please choose up to five needs that you feel are the most important now for your community. There is a space at the bottom where you can add anything you feel may be missing. There may be overlap, but please do the best you can.

- Cancer**
- Climate**/healthy environment (including extreme weather, environmental contaminants, safe air and drinking water)
- Communicable Diseases (including TB, COVID, flu, salmonella; not including sexually transmitted infections)
- Community and family safety**/intentional injury (including child/partner abuse, hate crimes, bullying and school safety, human trafficking, violent crime, arrest rates, and deaths in custody)
- Diabetes and obesity**, AKA healthy lifestyles (including fitness and places to exercise; diet, nutrition, and access to fresh food)
- Disabilities (including vision, hearing, and mobility; neurodivergence such as autism or ADHD; and cognitive disabilities/developmental delays)
- Economic security/stability** (including income, employment, childcare, and digital access)
- Education** (including pre-school, school test scores, learning gaps, vocational training, educational attainment, and wealth)
- Food insecurity** (including anxiety about food insufficiency, household food shortages, reduced quality, variety, or desirability of food, diminished nutrient intake, and disrupted eating patterns)
- Healthcare access and delivery** (including health insurance, costs of care and medicine, availability of primary and specialty care providers, wait times for appointments, telehealth access, quality of care, and linguistic/cultural competence in care delivery)
- Healthy aging (including arthritis, cognitive decline/dementia, Alzheimer's disease, aging-related vision and hearing loss, loss of mobility, falls)
- Heart disease and stroke** (including heart attack, high cholesterol, and high blood pressure)
- Housing and homelessness** (including safe, clean, and affordable housing, internet/WiFi access, overcrowding, and tenant protections)
- Maternal and infant health (including prenatal care, premature births, and infant mortality)
- Mental health** (including stress, anxiety, isolation, and depression; life satisfaction; eating disorders; trauma; and mental health disorders such as schizophrenia)
- Oral/dental health

- Respiratory health** (including asthma, allergies, COVID-19, and COPD)
- Sexual health (including family planning and sexually-transmitted infections such as gonorrhea, chlamydia, or HIV)
- Structural racism** (social, economic and political systems and institutions that perpetuate racial inequities through policies, practices, and norms)
- Substance use** (including vaping; the use of alcohol, tobacco, opioids, and other substances; addiction; and outcomes such as kidney or liver disease)
- Transportation** (including safety and reliability, overall infrastructure, and access)
- Unintended injuries/accidents (including drownings, poisonings, and bicycle, pedestrian, and motor vehicle accidents)
- Other need (please describe)

When you are done responding to the questions above, please click "Next" for your responses to be tallied. You will soon receive an invitation with details about the focus group. We look forward to meeting you!



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Questions About Climate

Please answer this question and the one on the next screen. You will be helping the University of California with research on climate and health.

* 5. In the past three years, were you impacted by any of these climate hazard events? (Check all that apply.)

- Extreme heat (too hot to perform routine activities or be at rest)
- Wildfire and/or wildfire smoke (being in unsafe conditions or finding it hard to breathe because of air quality)
- Drought (not enough access to clean water)
- Extreme rainfall/flooding (too much water)
- None. I was not impacted by a climate hazard event in the past three years.
- I prefer not to answer
- Other climate events that impacted you (for example, problems with water quality, or being in a power outage)



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Climate Follow-Up Question

6. Please tell us how the event(s) you experienced impacted your life. For example, you could have had poor physical or mental health, lost your income or housing, etc.



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Demographics

Thank you for providing your responses to the survey questions! The IRS would like the hospitals to describe who participated in the interviews and focus groups. We would appreciate it if you would answer the questions below. Answering is not required. We will only report these answers for community members as a group, not for individual participants.

7. What city do you live in right now?

8. What is your age? *(Please enter a number only.)*

9. Do you think of yourself as: *(Check all that apply)*

- Lesbian or gay
- Straight or heterosexual (that is, not gay or lesbian)
- Bisexual
- Queer
- Pansexual
- Don't know
- Prefer not to answer
- Something else (please specify)

10. What is your current gender identity? *(Check all that apply)*

- Female/woman/girl
- Male/man/boy
- Nonbinary, genderqueer, or not exclusively female or male
- Transgender female/woman/girl
- Transgender male/man/boy
- Don't know
- Prefer not to answer
- Another gender (please specify)

11. Which category/categories describe you? *Mark all that apply AND add details on the next screen. You may report more than one group.*

- Asian
- Black or African American
- Latino/Latina/Latinx, Hispanic
- Middle Eastern or North African
- Native American, American Indian, or Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Don't know
- Prefer not to answer

Please click "Next" for your answers to be tallied.



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Specific Demographics

12. Asian: Provide details below.

- Asian Indian
- Bangladeshi
- Chinese
- Filipino
- Hmong
- Indonesian
- Japanese
- Korean
- Pakistani
- Sinhalese
- Taiwanese
- Thai
- Vietnamese
- Specify (for example, Afghani, Burmese, Cambodian, Kyrgyz, etc.):

13. Black or African American: Provide details below.

- African American
- Ethiopian
- Haitian
- Jamaican
- Nigerian
- Somali
- Specify (for example, Ghanaian, South African, Barbadian, Congolese, etc.):

14. Latino/Latina/Latinx, Hispanic: Provide details below.

- Cuban
- Dominican
- Guatemalan
- Mexican or Mexican American
- Puerto Rican
- Salvadoran
- Venezuelan
- Specify (for example, Colombian, Ecuadorian, Argentine, etc.):

15. Middle Eastern or North African: Provide details below.

- Algerian
- Egyptian
- Iranian/Persian
- Lebanese
- Moroccan
- Syrian
- Specify (for example, Israeli, Iraqi, Tunisian, etc.):

16. Native American, American Indian, or Alaskan Native: Provide details below.

- American Indian
- Alaskan native
- Central or South American indigenous
- Mam
- Ohlone, including Chochenyo, Karkin, Ramaytush, Yokuts, or Muwekma
- Specify (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat, Nome Eskimo Community, etc.):

17. Native Hawaiian or Other Pacific Islander: Provide details below.

- Chamorro
- Fijian
- Guamanian
- Marshallese
- Native Hawaiian
- Samoan
- Tongan
- Specify (for example, Palauan, Tahitian, Chuukese, etc.):

18. White: Provide details below.

- English
- German
- Irish
- Italian
- Polish
- Spanish/Spaniard
- Tongan
- Specify (for example, Scottish, Norwegian, Dutch, French, etc.):

Please click "Next" for your answers to be tallied.



2024 CHNA Survey to Identify Health Needs - Community Members (Alameda County)

Thank you!

Thank you for responding to the survey. Your facilitator will review your responses prior to your scheduled focus group. Again, you will soon receive an invitation with details about the focus group.

If you are finished with this survey, please click "Done."

CHNA KII Protocol - Professionals (60 min.)

PREP

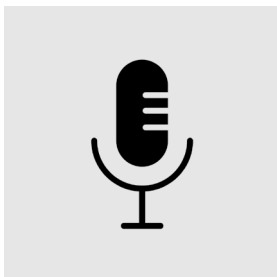
- Schedule call, send background, needs, consent, and demographics survey and main topics from page 2 [*minimum: 1 week ahead of time*]. [Insert QR code for survey]
- 48 hours before:
 - Review the individual's background on LinkedIn and/or their organization's website; review their survey response (health needs they identified).
 - Send reminder email; remind them of their survey response (most pressing needs among those they serve) and the main questions.
 - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (5 MIN.)

[Start recording from the beginning of the session.]

- WELCOME: Thank you for agreeing to do this interview today. My name is [NAME] with Actionable Insights. I will be conducting the interview today on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in [___ County or Counties].
- [*If they didn't submit survey: In order to go ahead, we'll need you to take the survey we sent you. Here's the link; I'll wait while you complete it [place in Zoom chat]*]
- What the project is about:
 - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in [___ County or Counties] 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. The hospitals greatly value your input.
 - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- We expect this interview to last no longer than 1 hour; does that still work for you?
- Today's main topics:
 - Better understand the needs you identified as most pressing in your area
 - Which populations are experiencing inequities related to the needs
 - How things may have changed in the past few years (trends)
 - The biggest challenges you see in addressing the needs
 - Key resources and any models or best practices you know of for addressing the needs
 - Other areas of concern
 - [*If not one of the needs identified:] Your expertise as it relates to the community's needs*]

- What we'll do with the information you tell us today:
 - Will record so that we can get the most accurate record possible
 - Will not share the audio itself; transcript will go to the health care organizations and their consultants, like me.
 - Hospitals will make decisions about which needs they can best address
 - We can keep anything confidential; just let me know any time.
 - The information you provide today will not be reported in a way that would identify you. *[Next part depends on their survey response:]* We plan to name *you/your organization* in the report where we list all the experts we consulted, but will not attach your name to any quotes we might use.
- Do you have any questions before we get started? *[If we don't have the answer, commit to finding it and sending later via email.]*



Kick on Zoom recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

Could you please pronounce your name and share your preferred pronoun? OK, [name], before we get down to the issues you identified, I'd like to ask you:

1. What are the healthiest characteristics of this community? *[Prompt if needed: For example, a strong transportation system, an active arts and culture sector, safe and accessible spaces for physical activity]*
 - a. What strengths in the community amplify or support these healthy characteristics?

Thank you. Now, you identified *[read list from survey]* as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask you six things *[read only **bold text** to introduce this section]*:

1. Please briefly describe **how you see the need playing out**. What does it look like among the people you serve or represent?
2. **What do you think creates these issues?** *[Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education,*

policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime]

3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors? *[Prompts for populations if they are having trouble thinking of any: income/education level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender identity, disability status, geographic location; intersectionality of any of these]*
4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has COVID recovery influenced the characteristics of these needs?
5. What are one or two of the biggest challenges to addressing the need?
6. *[1st time through only: As you know, the hospitals will make decisions about which needs they can best address, and develop strategies to address them.]* **What do you feel is needed to better address this need, including any models, best practices, or key community resources for addressing the need?** In other words, what are effective strategies to reduce health disparities and inequities in your community? *[Prompts if needed: Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?]*
Probes: How would you like to see health care organizations like these hospitals address these needs? Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?

OK, let's get started. For [name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]

Only if their expertise was not related to one or more of the needs chosen:

FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [topic, e.g., substance use disorder, maternal health, or homelessness]. Let's talk a little about that; how does it relate to the community's health needs? *[Probe: What services does your organization provide to help meet those needs?]*

Only if structural inequities were not already discussed:

FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know you didn't identify structural inequities as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? Any recent reports we should consult? Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. **Would you be willing to review a list at that time, related to your area of expertise, and give us feedback?** *[Pause]* For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. *[Make a note as to whether they agree or not.]*

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025. If anything occurs to you later that you would like to add to this interview, please feel free to send me an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol - Professionals (90 min.)

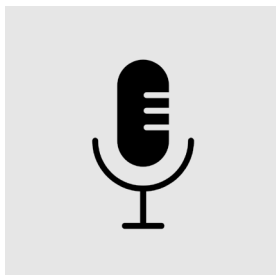
PREP

- Schedule group of 8-10 participants.
- Ahead of time [*minimum: 1 week ahead of time*], send participants:
 - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] and QR code for survey: [insert QR CODE]
 - FG date, time, and Zoom login information
 - Advise that the session will be recorded
- Prepare:
 - Slide of agenda/questions
 - Review pre-survey responses + create slide of top needs
- 48 hours before:
 - Send reminder email.
 - If they didn't respond to the survey, include the link and ask them to respond ASAP before the interview.

INTRODUCTION (10 MIN.)

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [___ County or Counties]. This session will run until [*time*] (one hour).
- My name is ___ and I'm with [*organization name and description, e.g., "a local consulting firm"*]. My colleague will also introduce [*her/him/their*]self. [*Pause for their introduction.*] We are doing this focus group on behalf of local health care organizations as part of the Community Health Needs Assessment process for them in [COUNTY OR COUNTIES]. When we start our discussion in a few minutes, we will ask you to say your first name and your pronouns before speaking.
- What the project is about:
 - Local nonprofit hospitals are conducting a Community Health Needs Assessment. It is a systematic examination of health indicators in [COUNTY or COUNTIES] 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. The hospitals greatly value your input.
 - A CHNA is required of all non-profit hospitals in the U.S. every three years. The report based on this assessment will be a snapshot in time; this report will be published next year (in 2025) and consulted through 2028.
- **Today's main topics:** show slide or point to agenda
 - Better understand the needs you identified as most pressing in your area

- Which populations are experiencing inequities related to the needs
- How things may have changed in the past few years (trends)
- The biggest challenges you see in addressing the needs
- Key resources and any models or best practices you know of for addressing the needs
- Confidentiality:
 - Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to take down your words as accurately as possible.
 - We will only use first names here. (If you want to use a pseudonym, that's OK too!)
 - We can keep anything confidential; just let me know any time and we can delete it from the recording.
- What we'll do with the information you tell us today:
 - Hospitals will make decisions about which needs they can best address
 - The information you provide today will not be reported in a way that would identify you. We plan to name *you/your organization* in the report where we list all the experts we consulted unless you told us in the pre-survey that you didn't want us to be included, or only wanted your organization to be listed. We will not attach your name to any quotes we might use.
 - When we are finished with all of the focus groups, we will read all of the transcripts and summarize the things we learn. We will also use some quotes so that the hospitals can read your own words. We will not use your name when we give them those quotes.
 - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
 - We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
 - We understand that you may have other things going on your end; we ask that you do the best you can to stay present, and let us know through the chat if you absolutely need to step away.
 - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
- Do you have any questions before we get started? [If we don't have the answer, commit to finding it and sending later via email.]



Kick on Zoom
recording!

HEALTH NEEDS DISCUSSION (35 MIN.)

OK, you identified [*read list from survey on PPT slide*] as the biggest health issues or conditions your community struggles with. For each of these needs, I'll ask this group six things [*read only bold text to introduce this section*]:

1. Briefly describe **how you see the need playing out**. What does it look like among the people you serve or represent? Remember, please say your name and your pronouns before speaking.
2. What do you think creates these issues? [*Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime*]
3. This may overlap the previous question, but **are there certain people or geographic areas that have been affected by the issues** we've been talking about **more than others**? If so, in what ways? In other words, which specific groups of the population, if any, should the hospitals focus on to reduce disparities and inequities related to race or other factors? [*Prompts for populations if they are having trouble thinking of any: income/ed level, housing status, language, immigration status, age, ethnicity, sexual orientation, gender ID, disability status, geographic location; intersectionality of any of these*]
4. Next, **how things may have changed** in the last few years (since we know that the data always lag what is happening now)? What emerging trends or areas of concern have you seen since 2021? How has the COVID recovery influenced the characteristics of these needs?
5. What are one or two of the biggest challenges to addressing the need?
6. What do you feel is needed to better address this need, including any models, best practices, or key community resources for addressing the need? [*Prompts if needed: Is there work underway that is promising? Who is doing that work? Are there any best practices you have observed within your health system or organization, in our county agencies, national practices you've heard about, or practices you've read about in literature?*] [*Probe: How would you like to see health care organizations like these hospitals address these needs?*]
 - a. What are effective strategies to reduce health disparities and inequities in your community? [*Probe: Who are the individuals or organizations that are important in connecting the sub-groups most affected by disparities to community resources that support this need?*]

OK, let's get started. For [name first need], [start at Q1; address all six questions, then go back to Q1-6 with second need, again with third need, then go on to the questions below.]

Only if their expertise was not related to one or more of the needs chosen:
FURTHER DISCUSSION: THEIR EXPERTISE (5-10 min.)

You were invited to share your expertise/experience about [topic, e.g., substance use disorder, maternal health, or homelessness]. Let's talk a little about that; how does it relate to the community's health needs? [Probe: What services do your organizations provide to help meet those needs?]

Only if structural inequities were not already discussed:
FURTHER DISCUSSION: STRUCTURAL INEQUITIES (5-10 min.)

I know the group didn't prioritize structural inequities as a specific need; would you mind...

- Speaking to any particularly detrimental structural inequities that are affecting the people you serve? How do those structural inequities show up?
- Identifying any equity initiatives or strategies you know of, which have momentum – that is, they seem to be making a positive impact?

ADDITIONAL COMMENTS (time permitting)

We have a few minutes left; is there anything else you would like to add regarding community health needs that we haven't already discussed? **Any recent reports we should consult?** Any other thoughts or comments we can convey to the hospitals?

REQUEST FOR ASSISTANCE WITH ASSETS LIST (2 min.)

The IRS requires that we get feedback from the community on potential resources available to address these health needs. We are compiling a list of resources by health need later this spring, which will be based on 2-1-1's list. Would you be willing to review a list at that time, related to your area of expertise, and give us feedback? [Pause] For example, we may ask whether the resources seem sufficient or if there are gaps; or if there are resources available that we have missed. [Launch Zoom poll.]

CLOSING (1 min.)

You can look for the hospitals' CHNA reports to be made publicly available on their individual websites in the second half of 2025.

If anything occurs to you later that you would like to add, please feel free to send me [or my colleague] an email.

Thank you so much for contributing your expertise and experience to the CHNA.

CHNA FG Protocol - Community Members (90 min.)

PREP

- Work with host to schedule group of 8-10 participants. If needed, create recruitment email/flier for host. Ahead of time, have host send participants:
 - Pre-focus group **consent/demogs & health needs survey** [INSERT LINK] [depending on group] QR code for survey: [insert QR CODE]
 - FG date, time, and location [or Zoom login information]
 - Advise that the session will be recorded
- Prepare:
 - PDF [or flipchart] of agenda/questions
 - PDF [or flipchart] of prior cycle health needs list (including definition of health care access) **[if no pre-survey]**
 - Review pre-survey responses [depending on group] + create slide of top needs
 - If in person: consent + demogs survey & health needs paper survey **[if no pre-survey]**
 - If virtual: consent language & Zoom poll of health needs **[if no pre-survey]**

INTRODUCTION (10 MIN.)

[Start recording from the beginning of the session.]

- Hello everyone. Thank you for agreeing to participate in this focus group today. Today we are hosting a discussion about health here in [___ County or Counties]. This session will run until [time] (90 minutes).
- My name is ___ and I'm with [organization name and description, e.g., "a local consulting firm"]. My colleague will also introduce [her/him/their]self. [Pause for their introduction.] We are doing this focus group for local hospitals, including [list names of participating hospitals in the area]. When we start our discussion in a few minutes, we will call on you and ask you to say your name and your pronouns before speaking.
- Purpose:
 - You are here today to let nonprofit hospitals [if applicable: and the health department] know what the biggest health needs are in your community. These can include health conditions and the things that make those conditions better or worse.
 - This is called the Community Health Needs Assessment (CHNA), which is required every three years by the IRS, so it is an official, public report.
 - Hospitals will look at the numbers (statistics) and at **what you say**, to plan how they will use their resources to improve health and wellness in your county. So your thoughts are really important to them.
- Today's questions: show slide or point to agenda
 - What are the needs?
 - Which groups of people are doing better or worse when it comes to the needs?

- What can hospitals/health systems do to improve health in the community?
 - Lastly, we will get your perspective about equity and cultural competence when it comes to health care.
- Confidentiality:
 - Like you saw in the survey, we asked everyone if it was OK to record this discussion, and you all said yes. We are recording so that we can make sure to get your words right.
 - We will only use first names here -- you will be anonymous. (If you want to use a fake name, that's OK too!)
 - Will not share the audio [and video, if on Zoom]; just the transcript will go to the health care organizations and their consultants [*if applicable*: like me].
 - When we are finished with all of the focus groups, [we *or* the consultants] will read all of the transcripts and summarize the things [we/they] learn. [We/They] will also use some quotes so that the hospitals can read your own words. [We/They] will not use your name when [we/they] give them those quotes.
 - If for any reason you are deciding that you do not want to participate, it is OK to leave the meeting now. No hard feelings!
- Guidelines:
 - We know you have other things to do and we really appreciate you taking the time out of your day to be here. It is my job to move us along to keep us on time. I may interrupt you; I don't mean any disrespect, but it is important to get to all of the questions so we can finish on time.
 - We understand that you may have other things going on [on your end]; we ask that you do the best you can to stay present, and let us know [through the chat] if you absolutely need to step away.
 - If no pre-survey: You have a choice of a \$50 credit to Amazon or [XYZ]. Please [mark your choice on the sign-in sheet *or* chat your email address to my colleague [*name*] now, along with your choice]. If you don't tell [him/her/them] which one you prefer, we'll [give *or* send] you an Amazon credit.
 - It's OK to disagree, but please be respectful. We want to hear from everyone. Really want your personal opinions and thoughts, even – especially! – if they aren't the same as everyone else's.
- Any questions before we begin? [If we don't have the answer, commit to finding it and sending later via email.]

HEALTH NEEDS DISCUSSION (50-60 MIN.)

If no pre-survey: Here's a list of health needs in your area from 2022. [*show slide or point to flip chart list*] You'll see that there are regular physical health conditions, like cancer, and other kinds of needs, like a healthy climate, and housing. We're going to read the needs, then take a poll for you to choose the five you think are the most important, or pressing, in your community. [*Read off needs, then: launch zoom poll or give five sticky dots to each person in the room. Give people a few minutes to complete.*]

*If collected by pre-survey, start here: As a group, you identified [read list] as the most important needs in your community -- these are the needs that got the most votes in the pre-survey. For each of these needs, I'll ask you three things [read only **bold text** in Q1-3 on the next page to introduce this section].*

But before we get down to the needs you all chose, I'd like to ask you to share:

What is one thing that you are proud of about your community? How might that relate to the overall health of your community? *[Prompt if needed: For example, maybe your community is a place where the people are welcoming to everyone, which could mean people feel safe living there; or maybe there are lots of ways to enjoy nature here, which could mean it's easy for people to be physically active; or there are good services for people who are in need, which could mean people generally have their basic needs taken care of.]*

After each participant who wants to share has done so: OK, let's move on to talk about the needs you chose.

1. *[If on Zoom, facilitators call on participants one by one.] "Please say your first name, and then describe **what the need looks like in your community, including what might get in the way** for people to [live healthier lives / have better outcomes: use "have better outcomes" language if need is homelessness, economic stability, violence/safety, or transportation; use "live healthier lives" for all other needs]. You can choose to pass if you didn't vote for the need and don't have anything to say about it." [Prompts for barriers if they are having trouble thinking of any: Income/economic issues, language, culture/stigma, lack of awareness/education, policies/laws, budget cuts, lack of community resources, geographic location, transportation, housing, addiction, stress, being victims of abuse/bullying/crime, poor access to resources]*
2. This may overlap the previous question, but I'll ask you to identify **what groups of people are better or worse off than others** for that need and explain how or why. *[Prompts for populations if they are having trouble thinking of any: income/education level, housing status, language, immigration status, age, ethnicity [**get specific**], sexual orientation, gender identity, disability status, geographic location]*
3. Finally, I'll ask you to describe, for that issue, **what you think is most needed** to help your community become healthier / improve everyone's lives *[use "improve lives" language if need is homelessness, economic stability, violence/safety, or transportation; use "help become healthier" for all other needs].*
 - a. What is working already, that could be continued or expanded?
 - i. What would make it easier for people to access these resources?
 - b. Formal resources like government agencies and community organizations can help *[pause]*; so can informal resources like community elders, faith leaders, teachers, and coaches *[pause]*. They can support good programs that are already happening. Or they can help bring services to your community, that aren't here already.
 - c. Thinking of all these organizations and people in your community, **which ones do you think could best help** when it comes to this need?
 - d. If you could choose a program, service, or other strategy that's not already here in your community, that you think could help, what would it be? *[Probe if necessary: How could it help?]*

OK, let's get started. For [name first need], [start at Q1; address all three questions, then go back to Q1-3 with second need, then again with third, then go on to the questions below.]

YOUR PERCEPTION OF EQUITY ISSUES (20-25 min.)

You have probably heard the words “cultural competence” before; they mean being able to understand the values and beliefs of people who are different from yourself, so you can communicate with them respectfully.

1. We've heard that not all providers know how to care for people in a **culturally competent and respectful** way. What do you think those providers are missing? What do you think they need to learn?

As you probably know, people have been talking about issues of equity now more than ever. “Equity” means fairness and unbiased treatment. When it comes to health care, we'd like to ask about your opinion on equity and cultural competence:

2. What do you think gets in the way of everyone having the **same access** to health care?
3. What do you think gets in the way of everyone getting the **same quality** of health care?
4. What can **hospitals and health systems** do to best address equity for you and the people in your community?

OTHER COMMENTS (time permitting)

Are there any other thoughts or information you would like to share that we have not already talked about?

CLOSING (1 min.)

Thank you for contributing your opinions and experience to the CHNA. The hospitals' CHNA reports will be available on their websites in the second half of 2025. After the assessment, they will be working on their plan for how they will use their resources to improve health and wellness in your county, and those plans will be available in late 2025 or early 2026.

You can contact us if you want any more information about the assessment. If anything occurs to you later that you would like to add, please feel free to send us an email.

ATTACHMENT 5: IRS CHECKLIST

Section §1.501(r)(3) of the Internal Revenue Service code describes the requirements of the CHNA.

Federal Requirements Checklist	Regulation Section Number	Report Reference
A. Activities Since Previous CHNA(s)		
Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.	(b)(5)(C)	Section #2
Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(6)(F)	Section #2
B. Process & Methods		
Background Information		
Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	(b)(6)(F)(ii)	Section #4
Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	Section #4
Defines the community it serves, which: <ul style="list-style-type: none"> • Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance. • May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions. • May <i>not</i> exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients. 	(b)(i) (b)(3) (b)(6)(i)(A)	Section #3
Describes how the community was determined.	(b)(6)(i)(A)	Section #3
Describes demographics and other descriptors of the hospital service area.		Section #3
Health Needs Data Collection		
Describes data and other information used in the assessment:	(b)(6)(ii)	
a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	Attachments 1 & 2
b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	Section #5
CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii) (b)(5)(i) (b)(6)(F)(iii)	Section #5
Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(6)(F)(iii)	Section #5

Federal Requirements Checklist		Regulation Section Number	Report Reference
	a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(5)(i)(A)	Section #5 & Attachment 1
	b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(5)(i)(B)	Section #5 & Attachment 1
	I. Medically underserved populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	II. Low-income populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	III. Minority populations	(b)(5)(i)(B)	Section #5 & Attachment 1
	c. Additional sources (optional) – (e.g. health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(ii)	Section #5 & Attachment 1
	Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(6)(F)(iii)	Section #5 & Attachment 1
	Describes over what time period such input was provided and between what approximate dates.	(b)(6)(F)(iii)	Section #5 & Attachment 1
	Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	Sections #5, #6, & Attachment 1
C. CHNA Needs Description & Prioritization			
	Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Section #6
	Prioritized description of significant health needs identified.	(b)(6)(i)(D)	Section #6
	Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	Section #5
	Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	Section #7 & Attachment 3
D. Finalizing the CHNA			
	CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	Sections #1 & #5

Federal Requirements Checklist		Regulation Section Number	Report Reference
	CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	Section #8
	Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	By 9/30/2025
	a. May not be a copy marked "Draft".	(b)(7)(i)(A)	By 9/30/2025
	b. Posted conspicuously on website (either the hospital facility's website or a conspicuously-located link to a web site established by another entity).	(b)(7)(i)(A)	By 9/30/2025
	c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	Sections #1 & 8; by 9/30/2025
	d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	By 9/30/2025
	e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	Sections #1 & 8; by 9/30/2025
	f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	By 9/30/2025

Further IRS requirements not applicable to this report:

- §1.501(r)-3(b)(iv) and (v): separate and joint CHNA reports
- §1.501(r)-3(d): requirements that apply to new hospital facilities, transferred or terminated hospital facilities, and newly acquired hospital facilities
- §1.501(r)-3(a)(2) and (c): implementation strategy requirements

