2022 Community Health Needs Assessment

Kaiser Permanente Antioch Medical Center

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

September 27, 2022

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Kaiser Permanente Antioch Medical Center
2022 Community Health Needs Assessment

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Kaiser Permanente Antioch Medical Center 2022 Community Health Needs Assessment

Summary

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

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

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

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

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

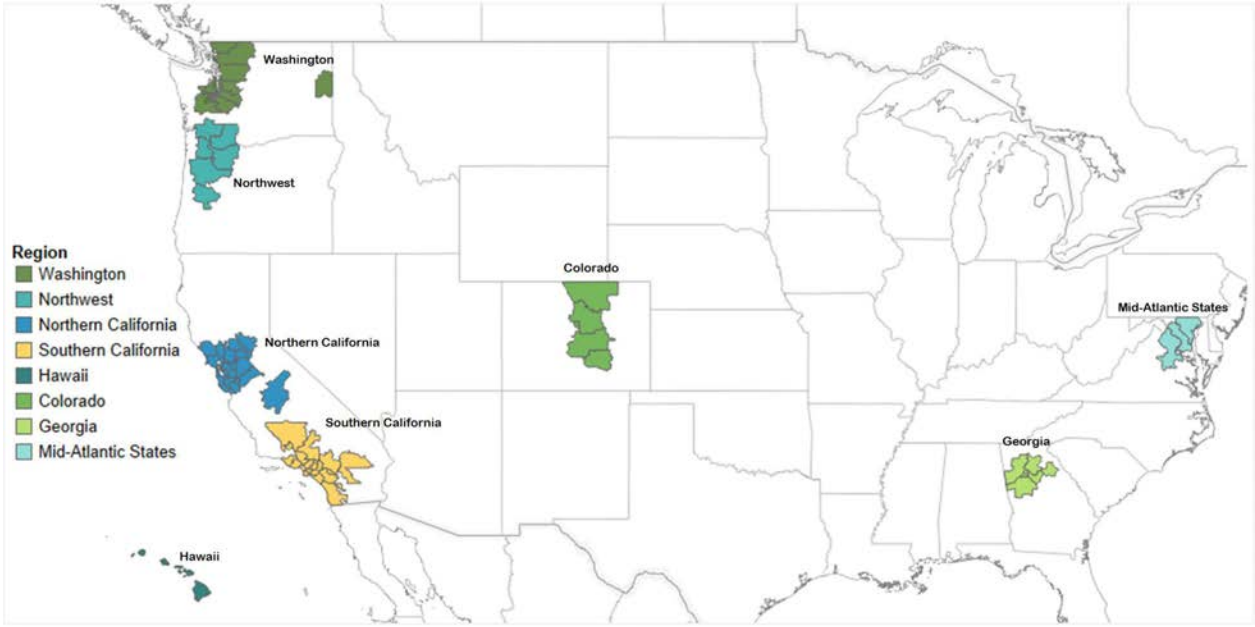
Introduction/background

About Kaiser Permanente

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

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

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

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

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

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

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

Kaiser Permanente's approach to community health needs assessment

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

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

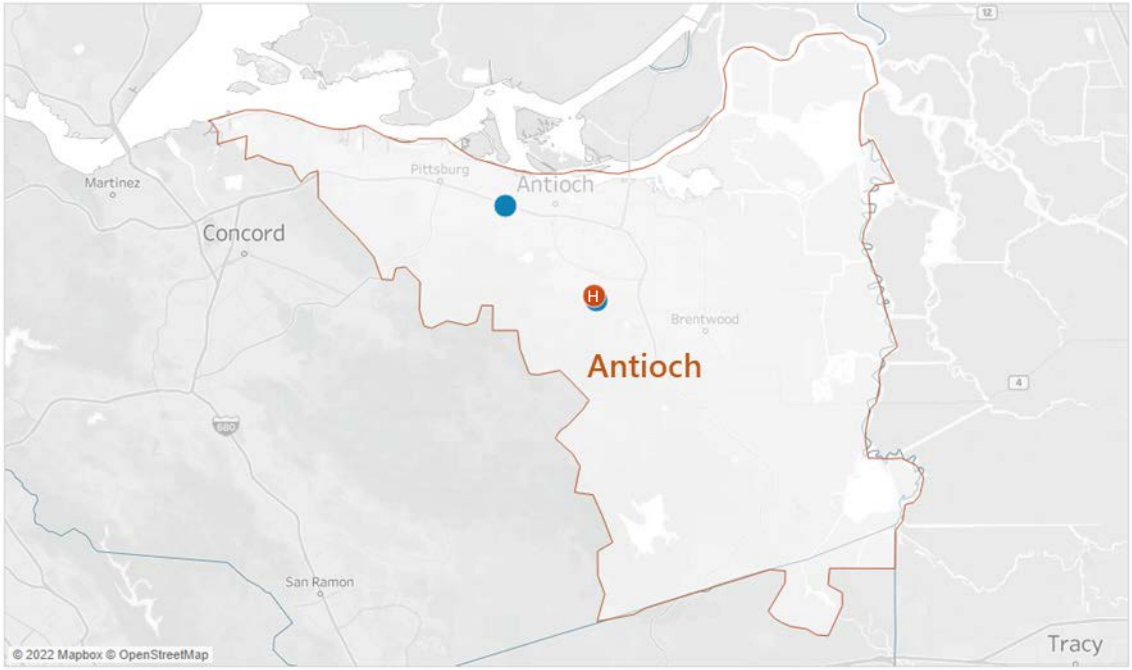
The Kaiser Permanente Antioch Medical Center 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Antioch service area

Kaiser Permanente hospital Kaiser Permanente medical offices



Antioch service area demographic profile

Total population:	337,118
American Indian/Alaska Native	0.4%
Asian	12.2%
Black	11.8%
Hispanic	36.7%
Multiracial	4.7%
Native Hawaiian/other Pacific Islander	0.6%
Other race/ethnicity	0.2%
White	33.4%
Under age 18	25.6%
Age 65 and over	12.2%

Impact of structural racism in our communities

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

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

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

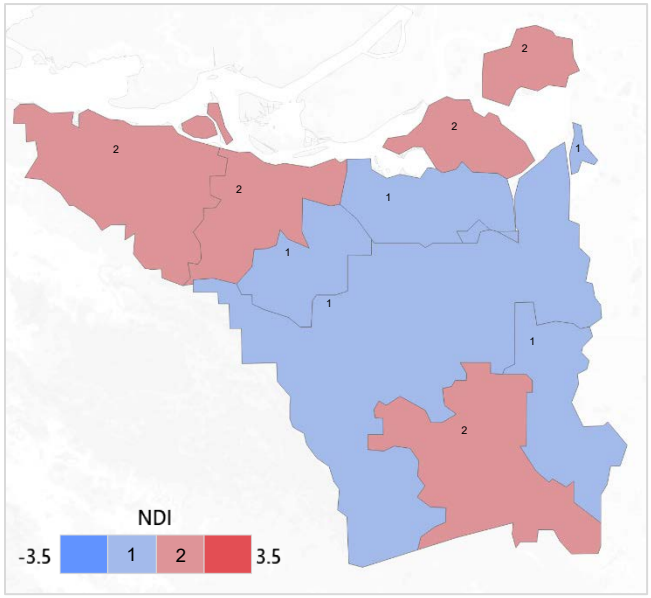
Neighborhood disparities in the Antioch service area

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

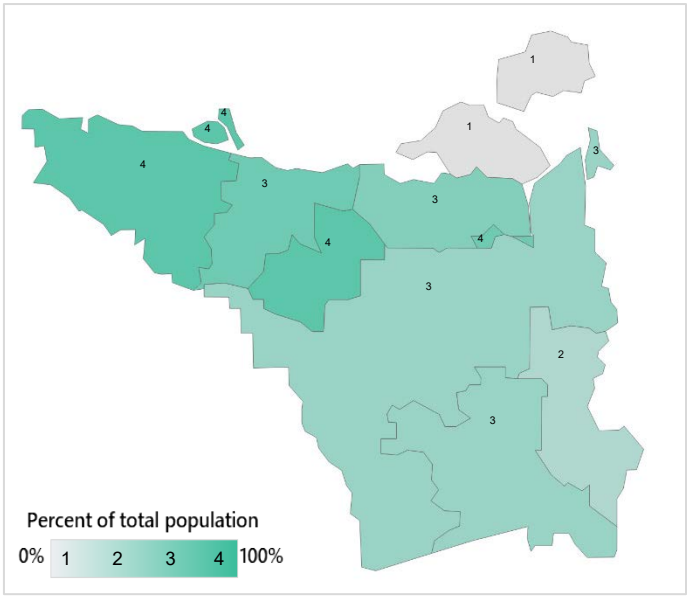
The map on the left shows the NDI for ZIP codes in the Antioch service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

ANTIOCH SERVICE AREA

Neighborhood Deprivation Index



People of color



Kaiser Permanente's CHNA process

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

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

John Muir Health, Sutter Health, UCSF Benioff Children's Hospital Oakland

Other organizations

Contra Costa Health Services

Consultants who were involved in completing the CHNA

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

Methods used to identify and prioritize needs

Secondary data

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

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Antioch Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

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

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

Identifying priority health needs

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

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

Identification and prioritization of the community's health needs

Process for identifying community needs in the Antioch service area

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

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

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

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

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

Description of prioritized significant health needs in the Antioch service area

1. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. Residents in the Antioch service area experience a higher unemployment rate and includes more students eligible for free and reduced-price lunch than both the state and nation. Disparities exist in the percent of students eligible for free and reduced-price lunches, with rates higher in ZIP codes that tend to have higher Black and Hispanic populations. The relatively high prevalence of children living in poverty disproportionately impacts Black and Hispanic populations. Access to jobs, rated through a measure called 'job proximity', is worse than the state rate and is a challenge experienced across racial and ethnic groups. Key informants noted there are few job opportunities in the Antioch service area causing people to commute out of Contra Costa County for employment and the local jobs are typically low wage, with no opportunity for advancement.

2. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Mental and behavioral health outcomes for residents of the Antioch service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for some of the most severe indicators of mental and behavioral health, including suicide and opioid overdose death, are higher for the Antioch service area compared to the rest of Contra Costa County. Deaths of despair—a measure that combines death rates of suicide, alcohol-related disease, and drug overdose—are highest among Black residents in the Antioch service area compared with the service area in general. Black residents of the Antioch service area experience the highest rates of suicide and opioid overdose death compared to any other racial or ethnic group in the service area for which data are available. Key informants noted the need for mental health services for issues like depression and anxiety were exacerbated by COVID-19, especially during the shelter-in-place order and for youth, seniors, and those in the LGBTQ community. Informants also noted a limited number of therapists in the Antioch service area and the surrounding areas and that it is especially hard to find bilingual/bicultural therapists.

3. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Despite having more insured residents and more physicians and dentists compared with the state within Contra Costa County, which contains the Antioch service area, outcomes on indicators such as insurance rates for children and infant mortality for the Antioch service area show access to care is a significant need. Neighborhoods in the northwest region of the Antioch service area, with relatively higher rates of Black and Hispanic residents, experience the highest rates of uninsured children in the Antioch service area. Rates of infant mortality are higher for multiracial and Black residents in the Antioch service area compared with Contra Costa County. Key informants shared many barriers to accessing care including few local clinics, the Contra Costa County hospital not nearby, no coordinated, efficient transportation, and health care providers not mirroring the community culturally or linguistically and not practicing cultural humility.

4. Housing: Having a safe place to call home is essential for the health of individuals and families. The cost of housing in the Bay Area is high, and that remains true for the Antioch service area, especially for renters. The Antioch service area has higher rental costs and housing burden compared with the state, especially for Black and Hispanic residents. Housing burden is measured as a household that spends more than 50 percent of their income on housing. The median rental cost in the Antioch service area is higher than the cost in the state and the nation. Homeownership rates are lower for some neighborhoods with higher Black populations in the Antioch service area. Neighborhoods with higher Hispanic populations experience higher rates of overcrowded housing, where the number of people outnumber the number of rooms. Key informants expressed frustration over the extreme costs of renting a small apartment that is not big enough for a family, the lack of affordable or low-income housing, and the limited shelters in the Antioch service area.

Health need profiles

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

Health need profile: Income & employment

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

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

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

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

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

The Antioch service area experiences a higher unemployment rate[1] and has more students eligible for free and reduced-price lunch[2] than both the state and nation. To access a job, many residents must travel outside the Antioch service area. Access to jobs, rated through a measure called 'job proximity', is 84 percent worse than the state rate and is a challenge across racial and ethnic groups.[3]

- As of 2020, the unemployment rate for the Antioch service area is 16 percent, higher than both the state (16 percent) and national rates (13 percent).[1]
- The percent of students eligible for free and reduced-price lunches (47 percent) tends to be higher in ZIP codes with higher Black and Hispanic populations, especially in ZIP code 94565 where over half of students (58 percent) qualify for free and reduced-price lunch (see figure below). Populations of Black and Hispanic residents are both higher in this neighborhood than the Antioch service area in general.[2]
- Children living in poverty disproportionately impacts Black and Hispanic populations, especially in ZIP code 94509 where 25 percent of children live in poverty (compared to a rate of 15 percent for the Antioch service area in general) (see figure below). Populations of Black and Hispanic residents are slightly higher in this neighborhood than the Antioch service area.[4]

According to the key informants, there are few job opportunities in the Antioch service area causing people to commute out of Contra Costa County for employment. This results in two-to-three-hour daily commutes which, in turn, means less time families can spend together and extended hours in child care for their kids.

Informants noted local jobs are typically low wage, with no opportunity for advancement. Residents were stressed by the financial impact of having a low wage job or no job at all. Regarding the impact of lost wages, one participant in the Hispanic focus group stated, "I will not be able to pay for my house and will end up homeless, or will not have anything to eat, my health will take a toll." Many of the jobs that are available in this area are in the service industry, which put people more at risk for COVID-19 and often do not provide health insurance.

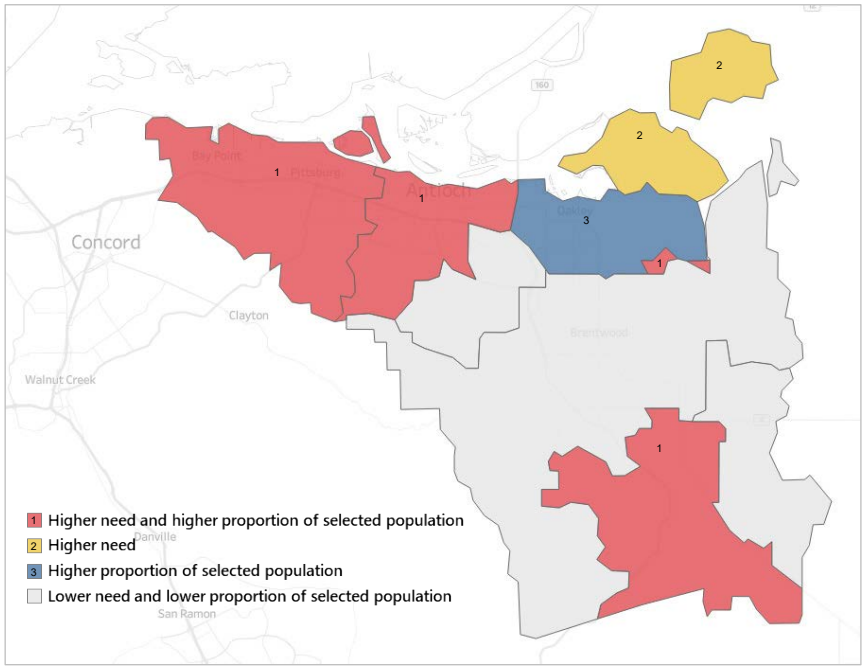
> The Latino population was one of the hardest hit populations due to COVID-19. They had to go into work, with increased risk of exposure, or they lost their jobs and source of income.
>
> – Nonprofit organization leader

Informants suggested to improve employment and income in the Antioch service area, employers need to provide livable wages required for life in the Bay Area (above and beyond minimum wage). They recommended investing in free-or low-cost job training opportunities, especially for people of color, as well as integrating mental health and other services into the job training. There was a common endorsement for universal basic income, seen to help level the playing field, especially in response to the economic impact of structural racism.

> In East Contra Costa it takes effort for people to get into a career that will lead their family to survive. Jobs in East Contra Costa don't pay as much as elsewhere. You can get stuck in low-wage work in East Contra Costa with not a lot of opportunities to advance.
>
> - Nonprofit organization leader

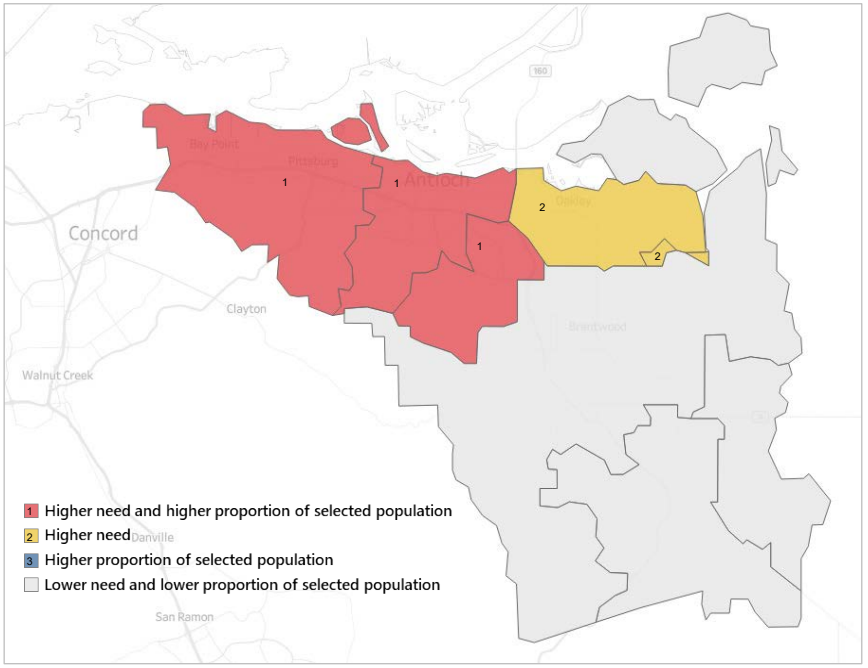
CHILD POVERTY RATE, ANTIOCH SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Hispanic** population and higher child poverty rates relative to other ZIP codes in the Antioch service area. Additional areas of high child poverty are shaded yellow.



FREE AND REDUCED-PRICE LUNCH ELIGIBILITY RATE, ANTIOCH SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Black** population and higher rates of students eligible for free and reduced-price lunch relative to other ZIP codes in the Antioch service area. Additional areas of high eligibility are shaded yellow.



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

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

Health need profile: Mental & behavioral health

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

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

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

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

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

Mental and behavioral health outcomes for residents of the Antioch service area present a critical and urgent need, exacerbated by the COVID-19 pandemic. Rates for some of the most severe indicators of mental and behavioral health, including suicide and opioid overdose death, are higher for the Antioch service area compared to the rest of Contra Costa County (see table below).[1]

- Deaths of despair—a measure that combines death rates of suicide, alcohol-related disease, and drug overdose—are highest among Black residents (46 per 100,000 people) in the Antioch service area compared with the service area in general (36 per 100,000 people) (see table below).[1]
- Black residents of the Antioch service area experience the highest rates of suicide (12 per 100,000 people) and opioid overdose death (14 per 100,000 people) compared to any other racial or ethnic group in the Antioch service area for which data are available and compared to the Antioch service area in general (see table below).[1]

Many key informants cited mental and behavioral health as the greatest health need in the Antioch service area. The need for mental health services for issues like depression and anxiety were exacerbated by COVID-19, especially during the shelter-in-place order and for youth, seniors, and those in the LGBTQ communities. People reported "living in constant fear" of job loss, getting sick, or being evicted. Unsheltered and foster youth, particularly those with a history of trauma, were identified as more likely to need mental and behavioral health services.

Stigma associated with services for mental and behavioral health is a barrier for many in need of said services. Informants reported this to be especially true for people of color. For example, one informant said it is taboo in the Hispanic culture to go to therapy so instead of seeking care, some in the Hispanic culture turn to drugs and alcohol to manage their distress.

Informants also noted oftentimes therapists are not available in the Antioch service area and the surrounding areas and it is especially hard to find bilingual/bicultural therapists. Even those with HMO insurance, including students, often wait a long time to see a therapist and cannot be seen frequently. In addition, it was mentioned that there are no long-term mental or behavioral health inpatient facilities.

Informants noted the need for more therapists in schools, and that youth should be seen regardless of insurance. They shared that in order to have bilingual and bicultural mental health providers, investments into workforce pipelines should be made to increase diversity and provide therapists with a livable wage.

The informants also suggested striving to destigmatize mental health so it is seen as "something that we need to be healthy". In addition, they suggested offering telehealth for those that can access it as well as alternatives for those without a computer, internet, or a private space.

> It is hard to find therapists and those to come to East County, and bilingual is even harder. [We] have nowhere else for these clients to go, and services are only in Brentwood but the waitlist is six months from now and they don't have transportation.
>
> – Nonprofit organization leader

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

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

	Deaths of despair	Suicide	Opioid overdose
Contra Costa County	30.2	9.5	7.1
Antioch service area	36.2	9.4	8.0
Black	**45.9***	**12.3***	**13.7***
White	39.3	9.7	9.2
Hispanic	32.5	**6.6†**	6.6
Asian	**15.8†**	*NA*	0.0

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

Health need profile: Access to care

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

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

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

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

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

Despite having more insured residents[1] and more physicians and dentists compared with the state within Contra Costa County,[2] which contains the Antioch service area, outcomes on indicators such as insurance rates for children[1] and infant mortality[3] for the Antioch service area show access to care is a significant need.

- Neighborhoods in the northwest region of the Antioch service area (ZIP code 94565), with relatively higher rates of Black and Hispanic residents, experience the highest rates of uninsured children in the Antioch service area (5 percent), which is 71 percent higher than Antioch service area generally (3 percent) (see figure below).[1]
- Rates of infant mortality are 123 percent higher (7.8 per 1,000 live births) for multiracial residents and 143 percent higher for Black residents (8.5 per 1,000 live births) in the Antioch service area compared with Contra Costa County (3.5 per 1,000 live births).[3]

Rates of death from COVID-19 impacted Black (128 per 100,000 people) and Hispanic (119 per 100,000 people) residents at the highest rates of any ethnic group in the Antioch service area (service area death rate is 111 per 100,000 people). Meanwhile, multiracial residents have the highest need for COVID-19 vaccinations (35 percent vaccination rate) among all ethnic groups in the Antioch service area (67percent vaccination rate).[4]

Key informants shared many barriers to accessing care. One barrier is physically accessing appointments because there are few local clinics, the Contra Costa County hospital is not nearby, and there is no coordinated, efficient transportation system. The switch to virtual visits during the COVID-19 pandemic helps some, but others do not have access to a computer, internet, or a private space for a visit. Informants cited the cost of insurance (especially for those who do not qualify for Medi-Cal), medicines, and time off work for the medical visit all as barriers to access. They stated it is harder for people with undocumented status to get health care.

Other barriers, according to informants, relate to people not feeling seen or cared for appropriately by health care providers. For example, materials are not in all needed languages, or at the appropriate literacy level, or do not depict the racial, gender, or sexual diversity of the community. Additionally, health care providers do not mirror the community culturally or linguistically. Informants reported being mistreated by providers due to their disability, gender, and/or race, and for this reason do not wish to return to seek care.

> Access to care is a need times 10! Mobile health clinics have been helpful, but we could use more.
>
> – School leader

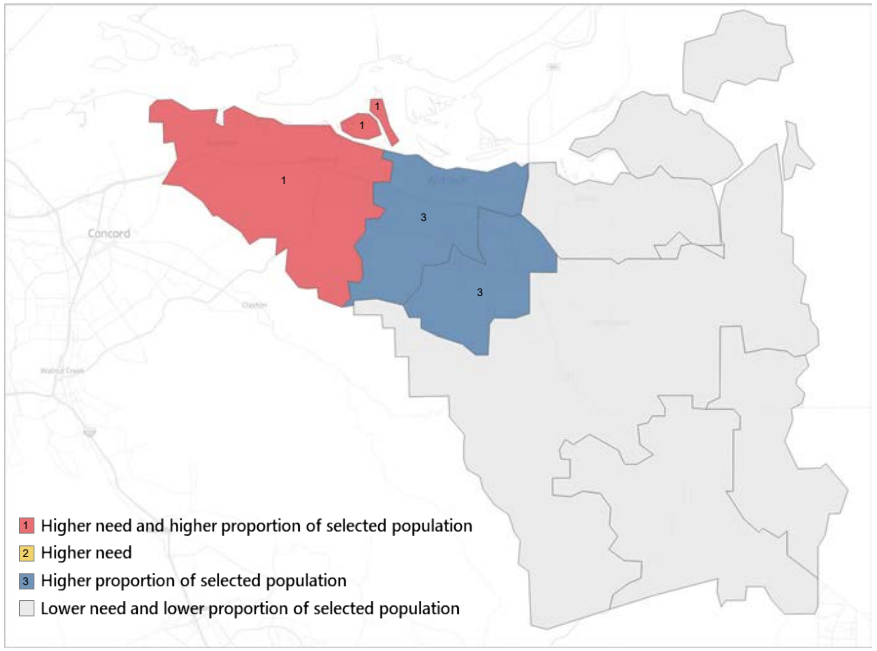
Informants' suggestions for improvements included bringing health care to where people physically are, such as bringing mobile clinics into neighborhoods with less access to care, or parking mobile clinics in front of schools. Other ideas to build trust included hiring providers who mirror the population, training medical staff to increase their cultural humility, and working with trusted community leaders (e.g., faith-based or promotoras) to spread health information, such as the importance of COVID-19 vaccines.

Informants noted the necessity for integration across various sectors, including health care, food, housing, and transportation services to provide more seamless, whole-person care and to address barriers. They wanted a more meaningful partnership among hospitals, nonprofits, and government departments to increase access to health care.

> There is hesitancy to become vaccinated, even if they are available, due to misinformation, fears, things that have happened in home countries, etc.
>
> – Nonprofit organization leader

PERCENT UNINSURED CHILDREN, ANTIOCH SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Black** population and a higher uninsured children rate relative to other ZIP codes in the Antioch service area.



Source and Notes: Kaiser Permanente Community Health Data Platform

[1] American Community Survey, 2015-2019
[2] HRSA Area Resource File
[3] Contra Costa Health Services, California Comprehensive Birth & Death Files, 2016-2020
[4] Contra Costa Health Services, CalREDIE and CAIRS2, October 2021

Health need profile: Housing

KAISER PERMANENTE®

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

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

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

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

The cost of housing in the Bay Area is high, and that remains true for the Antioch service area, especially for renters. The Antioch service area has higher rental costs and housing burden compared with the state, especially for Black and Hispanic residents.[1]

- Following the pattern of increasing rental costs across the Bay Area, median rental cost in the Antioch service area ($1,922) is 14 percent higher than for the state ($1,689) and 66 percent higher than the national cost ($1,155).[1]
- Homeownership rates are lower for some neighborhoods with higher Black populations in the Antioch service area, specifically ZIP codes 94565 and 94509 (see figure below).[1]
- Neighborhoods with higher Hispanic populations experience higher rates of overcrowded housing, where the number of people outnumber the number of rooms (see figure below).[1]

Key informants expressed frustration over the extreme costs of renting a small apartment that is not big enough for a family. They shared how residents are forced to make choices between working multiple jobs, buying groceries, or paying medical expenses. This stress of worrying about housing is negatively impacting their health.

Informants spoke about the lack of affordable or low-income housing and the limited shelters in the Antioch service area. Residents are left to live in vehicles, garages, and on the streets. In addition, informants noted that when people are homeless, it is difficult to connect them to medical services.

As mentioned by informants, the residents most impacted by the housing crisis are older adults (as the population experiencing homelessness is aging), people of color, as well as people in the LGBTQ communities who face discrimination in employment and housing.

Informants spoke about residents who lost their jobs and were no longer able to afford housing due to COVID-19, and that the California eviction moratorium was helpful for many people. Informant interviews took place before the moratorium was to expire, and many were concerned about residents' housing status after it expires.

> You have a one-bedroom, one-bath, and that costs you almost $2,000, $2,500. For a family, that's not big enough. You don't get to buy groceries out of that, you don't get to pay medical.
>
> – Participant in Black focus group

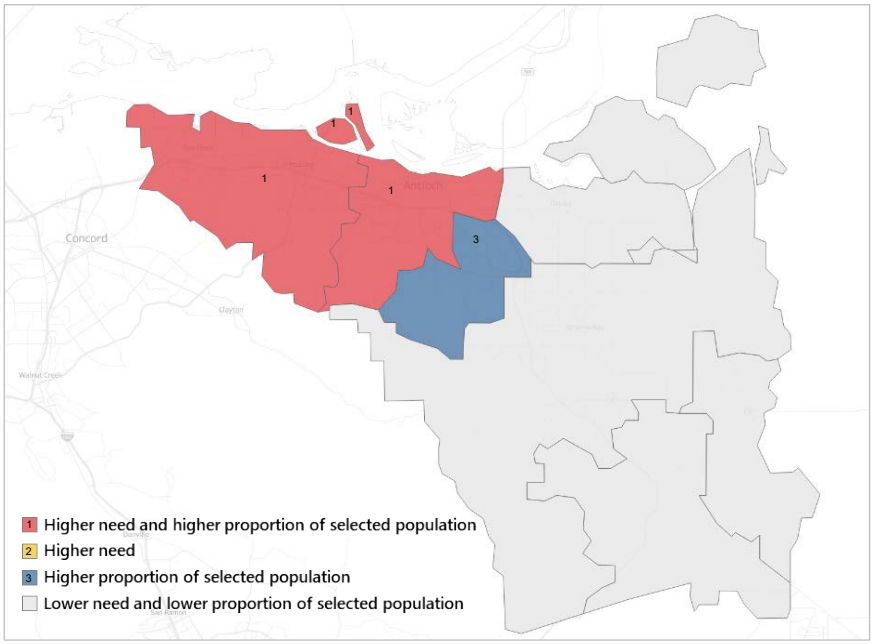
Informants shared the need for temporary shelters and permanent affordable housing opportunities. They felt a critical component of these housing services is to have wrap-around support with medical care, mental health support, and career guidance.

Informants also elevated the need for advocacy and policy changes. Examples that were brought up include advocating for an extension of the eviction moratorium, and for changing policies to decrease the cost of building new affordable housing.

> We've had residents lose their jobs because of COVID, and it has impacted housing because they are not able to pay their rent.
>
> – Nonprofit organization leader

HOME OWNERSHIP RATE, ANTIOCH SERVICE AREA, 2015-2019

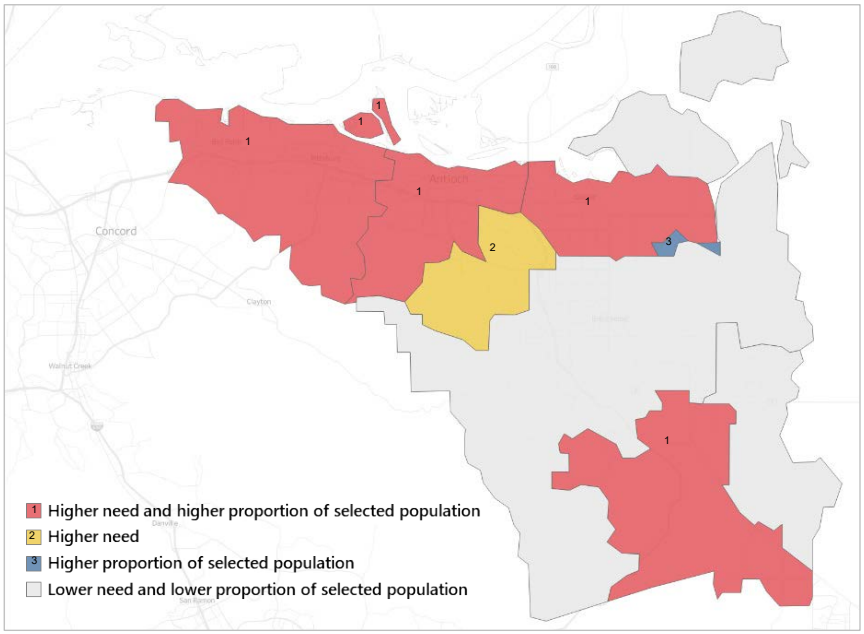
Areas in red (1) are ZIP codes with a higher **Black** population and lower homeownership rates relative to other ZIP codes in the Antioch service area.



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

OVERCROWDED HOUSING, ANTIOCH SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Hispanic** population and higher rates of overcrowded housing relative to other ZIP codes in the Antioch service area. Additional areas of high overcrowded housing are shaded yellow.



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

Community resources potentially available to respond to health needs

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

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

Kaiser Permanente Antioch Medical Center 2019 Implementation Strategy evaluation of impact

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

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

Kaiser Permanente Antioch Medical Center 2019 Implementation Strategy priority health needs

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

2019 Implementation Strategy evaluation of impact by health need

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

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

Additionally, the Kaiser Permanente Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 9 grants totaling $735,012 in service of 2019 IS health needs in the Antioch service area.

One example of a key accomplishment in response to our 2019 IS includes support for programs providing trauma and Adverse Childhood Experiences (ACEs) training for school staff and/or self-care for teachers to address mental health and wellness. Antioch Unified School District (AUSD) serves 24 schools with approximately 16,000 students; around 70 percent are eligible for Free & Reduced-Price Meals, and there is an

increasing demographic distribution toward students who are people of color and English language learners. Prior to 2018, AUSD had inconsistent social-emotional wellness offerings and a lot of variation across school sites. With the Kaiser Permanente support, AUSD developed a long-term Mental Health Initiative and was able to establish a baseline and framework to build trauma-informed systems and practices across school sites and the district. AUSD leveraged the Kaiser Permanente funding to secure additional funding from Contra Costa County Behavioral Health and other hospital systems and provide direct mental health services (including a new telehealth offering) to complement the trauma trainings and district-wide activities.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In 2021, Kaiser Permanente continued to play a critical leadership role in responding to the evolving needs of our members and community during the pandemic. For example, Kaiser Permanente allocated $300,000 in the Antioch service area to deploy grassroots strategies to increase uptake in COVID-19 vaccines among communities disproportionately impacted by the pandemic, remove barriers to access, and address misinformation about vaccine safety and efficacy. With its $75,000 grant, Hijas Del Campo brought COVID-19 vaccines to agricultural workers through its 11 pop-up clinics held at farms in East Contra Costa County, which provided 930 vaccinations to agricultural workers and their families.

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

Health care access and delivery

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

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	15,381	17,302	$22,658,245	$9,626,259
Charitable Health Coverage	85	76	N/A	$210
Medical Financial Assistance	4,317	3,108	$5,472,677	$4,686,104
Total care & coverage	19,783	20,486	$28,130,922	$14,312,573

Other health care access and delivery strategies: During 2020-2021, 30 grants were awarded to community organizations, for a total investment of $953,945 to address health care access and delivery in the Antioch service area.

Examples and outcomes of most impactful other strategies

Connecting Families to Health Care

La Clinica de La Raza, Inc. was awarded $25,000 to increase outreach and enrollment in East and Central Contra Costa County, as well as connect participants to social services as needed during this public health crisis. The program is expected to serve about 1,260 individuals through presentations, tabling, and one-on-one health care navigation support in utilizing health care services.

COVID-19 Adult Ambassadors

Contra Costa County was awarded $95,000 to increase vaccination rates among the communities hardest hit by the pandemic. The program is expected to serve about 10,000 individuals by addressing inequitable access barriers that prevent timely vaccination.

Increasing Access to Healthcare in Antioch

Brighter Beginnings was awarded $25,000 to increase access to comprehensive health care for low-income individuals and support the local health care safety net. The program is expected to serve about 1,281 individuals by providing more outreach and adding a new site in Downtown Antioch which will support in expanding service capacity to serve East Contra Costa residents at the Brighter Beginnings Family Health Clinic/s.

Behavioral health

During 2020-2021, 22 grants were awarded to community organizations, for a total investment of $915,888 to address access to care in the Antioch service area.

Examples and outcomes of most impactful strategies

AUSD Wellness

Antioch Unified School District was awarded $200,000 over two years to fill a gap identified through the RISE (Resilience in School Environments) Index. The program is expected to serve about 300 individuals by providing complementary tools and resources to RISE offerings and supporting the scale and extension for broader reach of RISE tools and resources.

Mindfulness in East Contra Costa Schools

Mindful Life Project was awarded $150,000 over two years to fill a gap identified through the RISE Index. The program is expected to serve about 5,434 individuals by providing complementary tools and resources to RISE offerings and supporting the scale and extension for broader reach of RISE tools and resources for 7 Antioch schools in the first year and 10 schools in the second year.

Economic security

During 2020-2021, 33 grants were awarded to community organizations, for a total investment of $680,863 to address access to care in the Antioch service area.

Examples and outcomes of most impactful strategies

2021-22 Food Bank Food for Life and Thriving Schools Partnership Program

Food Bank of Contra Costa and Solano was awarded $50,000 over two years to help ensure food-insecure individuals have access to the healthy food their bodies need, regardless of their ability to pay. The program is expected to serve about 22,330 individuals by providing healthy food to students through school-based programs to target short-term food insecurity, while connecting eligible individuals with government assistance programs such as CalFresh, WIC, and Pandemic-EBT in order to help reduce food insecurity in the long-term.

Quality Jobs & Careers in Contra Costa	
	Rubicon Programs was awarded $100,000 over two years to help Rubicon individuals prepare for employment, apply for jobs, secure employment, and thrive at work. The program is expected to serve about 550 individuals by providing job training programs and comprehensive, wraparound services.
Built for Zero Accelerator Project	
	Contra Costa Health Services was awarded $95,000 to bring on a temporary consultant (Improvement Advisor) to support implementing improvement processes, creating measurable goals, and tools over 6-12 month period. The role will serve about 1,570 individuals experiencing unsheltered homelessness and help ensure that the system is set up to best serve and measure outcomes of that population over time.

Appendix

A. Secondary data sources

B. Community input

C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

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

Additional secondary data sources

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

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key Informant Interview	Association of Bay Area Governments (ABAG)	1	Older adults and transit-riding adults	Leader	8/4/2021
2	Key Informant Interview	Antioch/Brentwood School Districts	2	School-aged youth (K-12)	Representatives	8/6/2021
3	Key Informant Interview	Greenlining	1	Communities of color	Leader	8/12/2021
4	Key Informant Interview	Contra Costa County Employment and Human Services	1	Older adults and persons with disabilities	Leader	8/17/2021
5	Key Informant Interview	Contra Costa Health Services - Health Care for the Homeless	1	Individuals and families experiencing homelessness	Representative	8/6/2021
6	Key Informant Interview	CoCoKids	1	Youth from lower income families, especially from Hispanic and Black neighborhoods, monolingual Spanish-speakers	Leader	8/4/2021
7	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	2	Medi-Cal recipients, individuals and families with lower income, Hispanic populations	Leaders, Representative	8/18/2021
8	Key Informant Interview	Contra Costa County Transportation Commission	2	Public transit riders	Leader, Representative	8/17/2021
9	Key Informant Interview	Contra Costa Family Justice Center	1	Survivors of domestic violence	Leader	8/9/2021
10	Key Informant Interview	Department of Conservation and Development	1	Older adults, people with disabilities, and public transit riding adults	Leader	8/5/2021
11	Key Informant Interview	East Bay Asian Local Development Corporation (EBALDC)/Berkeley Food and Housing Project/Bay Area Community Services (BACS)	3	Residents experiencing or at the risk of homelessness	Leaders	8/24/2021
12	Key Informant Interview	Ensuring Opportunity	1	Residents with lower income	Representative	8/19/2021
13	Key Informant Interview	Food Bank of Contra Costa & Solano	1	Food insecure adults and families	Leader	7/16/2021
14	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Youth, especially Hispanic and Black youth	Leader, Representatives	7/29/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
15	Key Informant Interview	Healthy Richmond	1	Communities of color, immigrant communities, and individuals and families with lower incomes	Representative	8/3/2021
16	Key Informant Interview	Latina Center	1	Hispanic parents, children, survivors of domestic violence, older adults	Leader	8/16/2021
17	Key Informant Interview	Loaves & Fishes of Contra Costa	1	Food insecure residents	Leader	8/11/2021
18	Key Informant Interview	Monument Crisis Center	1	Food insecure, especially families and older adults	Leader	8/25/2021
19	Key Informant Interview	NAMI	2	Families and residents impacted by mental illness	Leaders	7/30/2021
20	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults in residential care and skilled nursing facilities	Leader	8/23/2021
21	Key Informant Interview	Opportunity Junction	1	Residents experiencing unemployment and underemployment	Leader	8/6/2021
22	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees and asylum seekers	Leader	8/18/2021
23	Key Informant Interview	Rainbow Community Center	1	LGBTQI+ youth, adults, and older adults	Leader	8/20/2021
24	Key Informant Interview	Rubicon	1	Adults and parents with children experiencing unemployment and underemployment	Leader	7/26/2021
25	Key Informant Interview	Shelter Inc	2	Unhoused individuals and families or those at-risk of becoming homeless, including veterans and domestic violence survivors	Representatives	8/5/2021
26	Key Informant Interview	SparkPoint	3	Residents with lower income, especially people of color, including Asian, South Asian, Indian, Hispanic, and women of color	Representatives	8/6/2021
27	Key Informant Interview	St. Vincent de Paul RotaCare Clinic, Pittsburg	3	Uninsured, Hispanic adults	Leaders, Representative	8/10/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
28	Key Informant Interview	Contra Costa County Behavioral Health	6	Residents with disabilities and older adults	Leader, Representatives	8/19/2021
29	Key Informant Interview	STAND!	1	Survivors of domestic violence, youth	Leader	8/18/2021
30	Key Informant Interview	Village Community Resource Center (families)	1	Residents with lower income, Spanish-speaking families and youth	Leader	8/3/2021
31	Focus Group	East Contra Costa County residents, conducted by Contra Costa County Health Services	8	Black community	Members	9/24/2021
32	Focus Group	East Contra Costa County residents, conducted by Contra Costa County Health Services	6	Hispanic community	Members	9/30/2021
33	Focus Group	East Contra Costa County residents, conducted by Contra Costa County Health Services	2	Older adults (65 and over)	Members	9/30/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Contra Costa Health Services	Our mission at CCHS is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. https://cchealth.org/
Access to care	Brighter Beginnings	Brighter Beginnings supports healthy births and successful development of children by partnering with parents and helping to build strong communities. www.brighter-beginnings.org
	La Clínica de la Raza	The mission of La Clínica de La Raza is to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high-quality, and accessible health care for all. https://laclinica.org/
Housing	Abode Services	Abode Services' mission is to end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable, supportive housing and to be advocates for the removal of the causes of homelessness. http://www.abodeservices.org
Mental & behavioral health	Contra Costa Crisis Center	The mission of Contra Costa Crisis Center is to keep people alive and safe, help them through crisis, and provide or connect them with culturally relevant resources in the community. To this end, we operate Contra Costa County's 24-hour crisis, suicide, grief, homeless, child abuse, and elder abuse hotlines; we answer all local calls to the National Suicide Prevention Line. http://www.crisis-center.org
Income & employment	Food Bank of Contra Costa and Solano	Food Bank of Contra Costa and Solano leads the fight to end hunger, in partnership with our community and in service of our neighbors in need. http://www.foodbankccs.org
	Rubicon Programs	Rubicon's mission is to transform East Bay communities by equipping people to break the cycle of poverty. Recognized as a national leader in workforce development, Rubicon supports this mission by providing individualized one-on-one career advising, job attainment and retention support, financial education, wellness support services, legal services, and opportunities to build positive community connections to very low-income people who face significant barriers to achieving economic mobility. http://www.rubiconprograms.org
	SparkPoint	Housed under the United Way of the Bay area, SparkPoint’s one-stop financial centers offer a variety of free services to help struggling individuals tackle their challenges and get ahead. https://uwba.org