2022 Community Health Needs Assessment










Kaiser Permanente Richmond Medical Center

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

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Kaiser Permanente Richmond Medical Center 2022 Community Health Needs Assessment

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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 Richmond 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 Richmond Medical Center has identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Richmond 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.

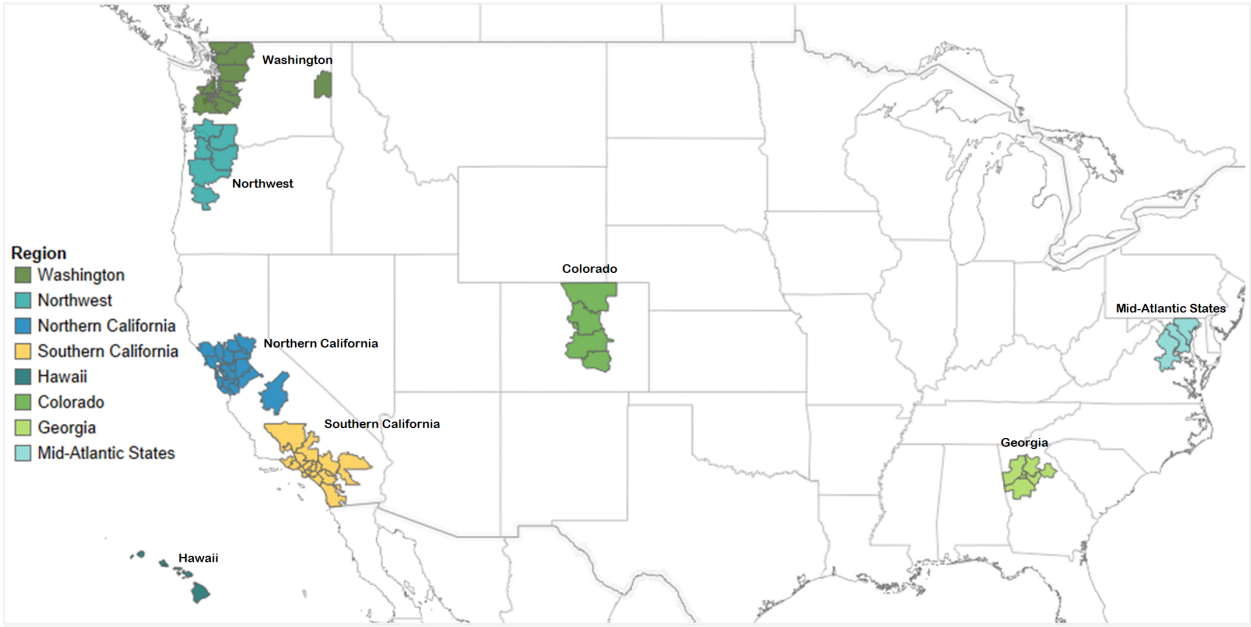
Introduction/background

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.

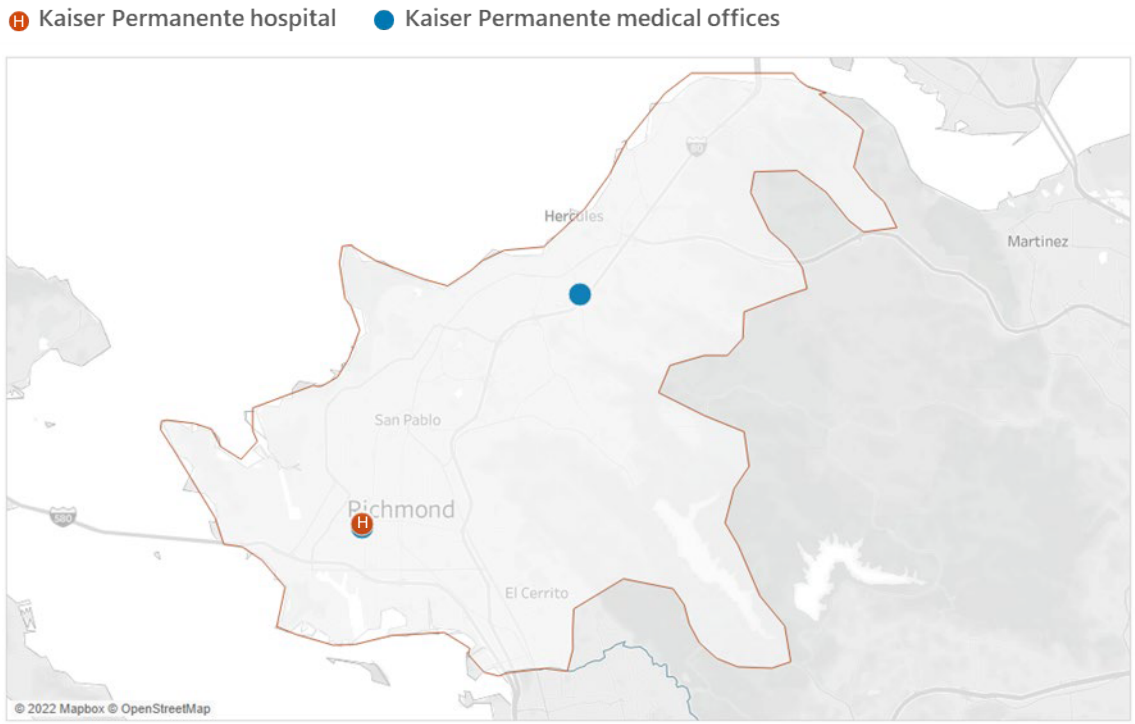
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — 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 Richmond 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 Richmond Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Richmond service area



Richmond service area demographic profile

Total population:	253,639
American Indian/Alaska Native	0.3%
Asian	22.1%
Black	17.7%
Hispanic	35.2%
Multiracial	3.9%
Native Hawaiian/other Pacific Islander	0.5%
Other race/ethnicity	0.4%
White	20.0%
Under age 18	21.1%
Age 65 and over	14.4%

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.

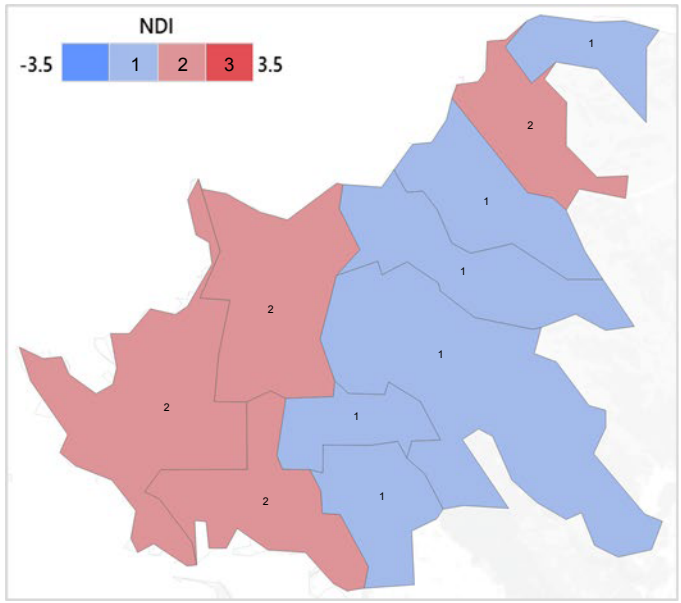
Neighborhood disparities in the Richmond service area

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.

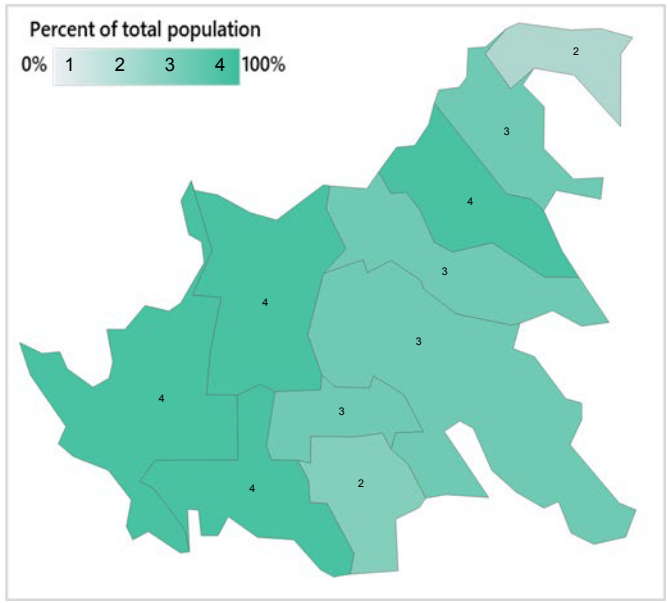
The map on the left shows the NDI for Z codes in the Richmond service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

RICHMOND 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, 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 Fresno 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 Richmond 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 Richmond 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 Richmond 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 Richmond service area

Before beginning the prioritization process, Kaiser Permanente Richmond 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 primary 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 Richmond 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 Richmond 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. The availability of jobs within the Richmond service area is limited, meaning many residents must travel to access employment, which can result in worse health outcomes such as obesity and stress-related disorders. While poverty rates are slightly lower than the rates for both California and the nation, the median income for Richmond service area residents is also lower, suggesting lower economic mobility. Job proximity defined as the availability of jobs in the region is worse than the state average. ZIP codes with relatively high Black populations tend to have lower median incomes, in contrast to neighboring ZIP codes with higher white populations. Key informants explained how the historically marginalized communities (e.g., Black, Hispanic, women of color, and people with undocumented status), are the same communities hit hardest by job loss due to the COVID-19 pandemic, are frontline workers more likely to be exposed to COVID-19 and are paid lower wages.

2. 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. The Richmond service area has lower rates of health insurance enrollment for adults and children compared to California and higher rates of infant mortality and preterm birth compared to Contra Costa County, highlighting the need for increased access to care. These numbers are most severe for Black and Hispanic residents. Black infants have the highest rates of both low birth weight and preterm birth compared to all other ethnic groups in the Richmond service area. Despite having fewer COVID-19 cases than the Richmond service area, Black residents experienced a COVID-19 death rate higher than the service area as a whole. Key informants highlighted the need for additional urgent and emergency care in the Richmond service area since Doctors Medical Center closed in San Pablo in 2015. They noted other barriers to accessing care such as the high cost of insurance and medical care, and providers not mirroring the community linguistically, racially, or ethnically, and not showing cultural humility.

3. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. The rate of mental health providers for Contra Costa County, which includes the Richmond service area, is slightly lower than the state, highlighting how access to mental health services for Richmond service area residents is limited. And while some of the most severe measures of mental health such as suicide rates are lower than for the state as a whole, notable disparities across mental and behavioral health outcomes are present. Between 2016 and 2020, white and Black residents had the highest rates of deaths of despair compared to all other ethnic groups in the Richmond service area. Opioid overdose death rates are highest for white and Black residents. These rates are higher than both the Richmond service area overall and the Contra Costa County rate for opioid overdose death. Key informants noted the trauma in the community (particularly due to over-policing and domestic violence), daily stress, and increased isolation, especially for youth and seniors due to COVID-19 pandemic shelter-in-place orders.

4. Community safety: The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive. The Richmond service area experiences higher rates of injury-related deaths—including motor vehicle crashes and pedestrian accidents—compared with the rest of Contra Costa County. Between 2016 and 2020, Black residents had disproportionately higher rates of injury death (when compared with the Richmond service area in general. Injury deaths include all deaths from all types of injury such as death by firearm, suicide, machinery, and homicide. The Richmond service area experiences slightly more pedestrian accidents compared with both the county and the national rate. Key informants reported not feeling safe walking around their own neighborhoods due to drugs, violence, fear of ICE (Immigrations and Customs Enforcement), and over-policing and over-incarceration in the Richmond service area. In addition, informants shared that the shelter-in-place orders due to the COVID-19 pandemic seemed to increase instances of domestic violence.

Health need profiles

Detailed descriptions of the significant health needs in the Richmond 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 availability of jobs within the Richmond service area is limited, meaning residents must travel to access employment, which can result in worse health outcomes such as obesity and stress-related disorders. While poverty rates are lower than the rates for both California and the nation, the median income for Richmond service area residents is also lower, suggesting lower economic mobility.[1]

- Job proximity, the availability of jobs in the region, is 44 percent worse than the state.[2]
- ZIP codes with relatively high Black populations tend to have lower median incomes, especially ZIP codes 94801 ($57,000), 94804 ($59,000), and 94806 ($64,000), compared to the Richmond service area ($85,000). Median incomes in these ZIP codes stand in stark contrast to neighboring ZIP codes such as 94530 ($107,000) and 94564 ($100,000) with higher white populations (see figure below).[1]
- Communities with relatively high Black populations within the Richmond service area also have higher rates of youth not in school and not working, especially ZIP code 94801, which has the highest rate of youth not in school and not working (7%) in the Richmond service area (see figure below).[1]

Key informants described the need for access to safe, livable-wage jobs in the Richmond service area. They shared that residents commute long hours to get to their jobs. Informants explained how the historically marginalized communities (e.g., Black, Hispanic, BIPOC [Black, Indigenous, and People of Color] women, and people with undocumented status), are the same communities hit hardest by job loss due to the COVID-19 pandemic, are frontline workers more likely to be exposed to COVID-19, and are paid lower wages. They are the same communities that rely on public transportation to get to their jobs and were heavily impacted by the COVID-19-related, reduced transit hours. Informants emphasized that job loss or a decrease in wages impacts their ability to pay for housing and food. They also highlighted that legal status is a barrier for residents to get jobs.

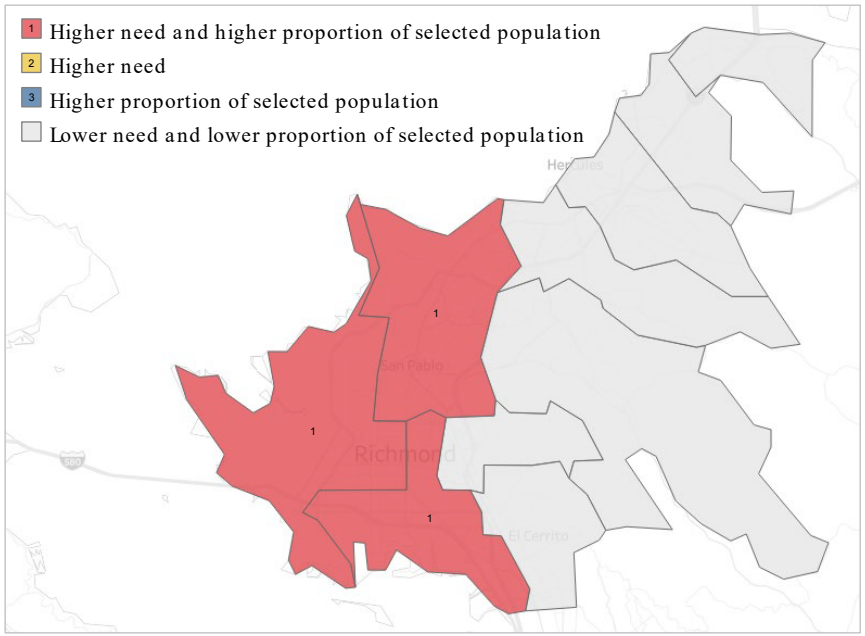
> Western and Eastern ends of our county are the two areas that are more diverse (more People of Color), and for the last two years, these are also the groups of people that do not have the ability to work remotely. These are the core users of public transit, and when these were reduced during COVID-19, they couldn't get to their jobs.
>
> – Nonprofit organization leader

Informants suggested that universal basic income is a strategy that could help level the playing field, especially in response to the economic impact of structural racism. In addition, they recommended investing in workforce development and increasing cross-sector partnerships to connect people to jobs.

> 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

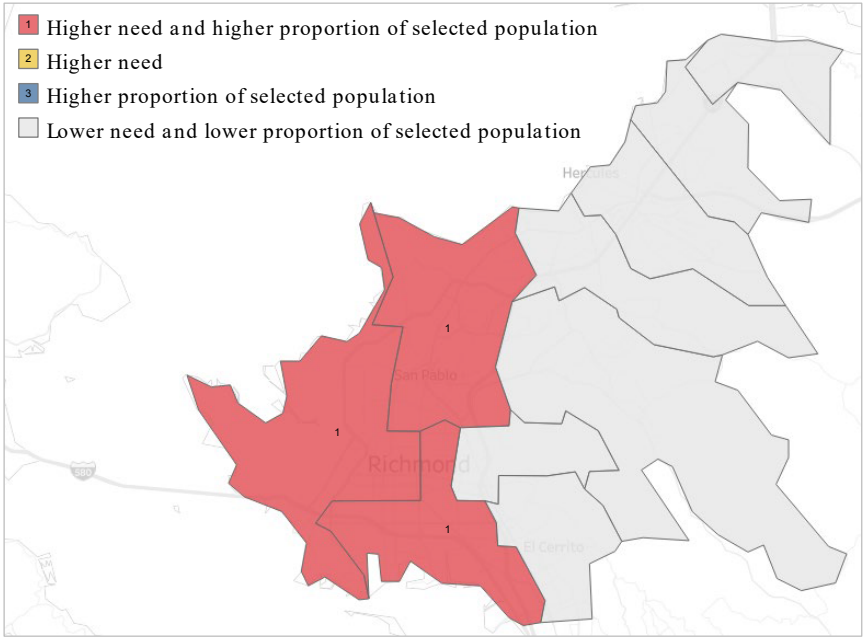
MEDIAN INCOME, RICHMOND SERVICE AREA, 2015-2019

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



YOUNG PEOPLE NOT IN SCHOOL AND NOT WORKING, RICHMOND SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Black** population and a higher rate of young people not in school and not working relative to other ZIP codes in the Richmond service area.



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

[1] American Community Survey, 2015-2019
[2] HUD Policy Development and Research, 2014

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.

The Richmond service area has lower rates of health insurance enrollment for adults and children compared to California[1] and higher rates of infant mortality and preterm birth compared to Contra Costa County, highlighting the need for increased access to care. These numbers are most severe for Black and Hispanic residents.[2]

- Adults in the Richmond service area are uninsured at a rate of 8.3 percent, 11 percent lower than the state rate (7.5 percent) (see figure below).[1]
- Black infants have the highest rates of both low birth weight (10.9 percent of all live births) and preterm birth (11.3 percent of all live births) compared to all other ethnic groups in the Richmond service area.[2]
- Despite having 25 percent fewer COVID-19 cases than the Richmond service area, Black residents experienced a COVID-19 death rate 57 percent higher than the Richmond service area as a whole.[3]

Key informants highlighted the need for additional urgent and emergency care in the Richmond service area since Doctors Medical Center closed in San Pablo in 2015. They reported that residents now have to travel to central Contra Costa County for public health facilities.

Another barrier to accessing care noted by the informants is the costs of insurance and medical care. The informants relayed that if someone does not have income, they usually do not have insurance and cannot afford a medical bill. As a result, residents choose not to seek needed medical care. In addition, many families do not know how to “navigate the system” to apply for Medi-Cal or other health insurance options.

Other barriers informants shared were related to providers not mirroring the diversity of the residents. For example, the informants emphasized the need for providers who speak their language, beyond English and Spanish (e.g., Vietnamese, Russian, Hmong). They noted the importance of having a provider that looks like them; for example, someone who knows what it is like to be Black in the Richmond service area.

Furthermore, informants relayed that many people delayed care due to COVID-19 pandemic and did not seek important preventative screenings and treatments.

> If you don’t have income, how do you pay to go to a doctor? You’re stuck waiting to go to the emergency room and you might not have insurance, so you just force yourself to get through it and hope for the best.
>
> – Hispanic focus group participant

The informants had many ideas on how to improve access to care in the Richmond service area. They suggested bringing care to the community by creating smaller, local hospitals, hosting pop-up clinics with providers that speak different languages, or having clinics at schools for the entire family.

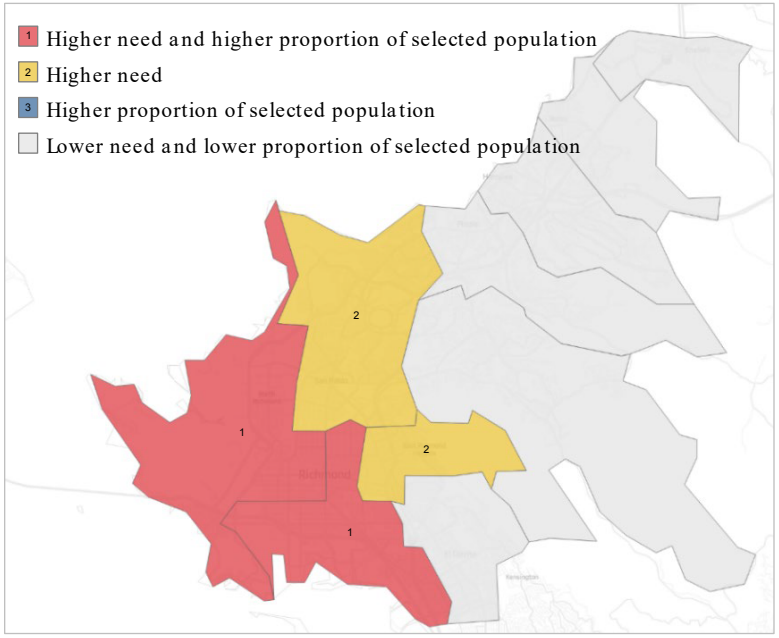
Other ideas included hiring providers that mirror the population to increase cultural humility or working with trusted community leaders (e.g., promotoras) to spread health information, such as where to get COVID-19 vaccines.

The informants also wanted more integrated partnerships, such as between health care and transportation providers to improve access to services.

> I think about the hospital up here that's now gone. The emergency room. Now it's like you can't go there if there's something wrong. If you're not Kaiser, can you really go to Kaiser? Then you're going to go all the way to Martinez because we live in West County. I think of all of those things, we need to look at how we can get stuff in the community.
>
> – Older adult (65+) focus group participant

PERCENT UNINSURED (TOTAL POPULATION), RICHMOND SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a higher **Black** population and a higher uninsured rate relative to other ZIP codes in the Richmond service area. Additional areas of high percent uninsured are shaded yellow (2).



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

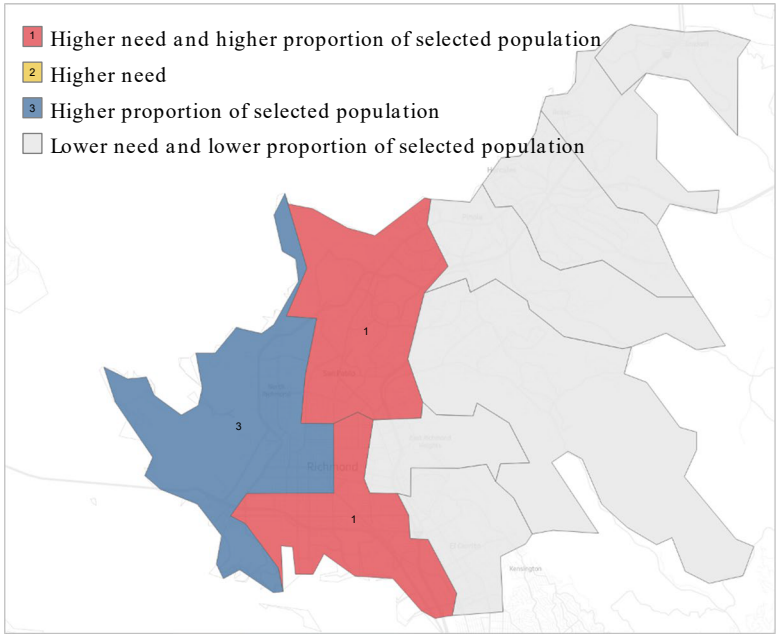
[1] American Community Survey, 2015-2019

[2] Contra Costa Health Services, California Comprehensive Birth & Death Files, 2016-2020

[3] Contra Costa Health Services, CalREDIE and CAIRS2, October 2021

PERCENT UNINSURED (CHILDREN), RICHMOND SERVICE AREA, 2015-2019

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



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.

Access to mental and behavioral health providers, especially in response to added stressors brought on by the COVID-19 pandemic, is an urgent need in the Richmond service area.

The rate of mental health providers for Contra Costa County (339 per 100,000 people), which includes the Richmond service area, is slightly lower than the state rate (352 per 100,000 people), highlighting how access to mental health services for Richmond service area residents is limited.[1] And while some of the most severe measures of mental health such as suicide rates are lower than California (9.8 per 100,000 people for Richmond service area compared to 10.5 for California and 13.5 for the nation),[2] notable disparities across mental and behavioral health outcomes are present.[3]

- Between 2016 and 2020, white and Black residents had the highest rates of deaths of despair (47.5 per 100,000 for white and 37.9 per 100,000 for Black residents) compared to all other ethnic groups in the Richmond service area (see table below).[3]
- Opioid overdose death rates are highest for white (11.5 per 100,000 people) and Black residents (11.1 per 100,000 people). These rates are higher than both the Richmond service area overall (7.5 per 100,000 people) and the Contra Costa County rate (7.1 per 100,000 people) (see table below).[3]
- Suicide rates for white residents (18.5 per 100,000 people) are twice as high as the Richmond service area rate overall (9.3 per 100,000 people) (see table below).[3]

Key informants ranked mental and behavioral health as a top need in the Richmond service area. They cited the trauma in the community (particularly due to over-policing and domestic violence), daily stress, and increased isolation, especially for youth and seniors due to COVID-19 pandemic shelter-in-place orders. The informants noted the connection between mental and behavioral health, people self-medicating with substance use, and the increased risk for homelessness. In addition, they spoke about the stigma against accessing mental and behavioral services, particularly among people of color. Informants suggested incorporating mental health in school curriculum to help destigmatize it.

> Unfortunately, we as a race, don't really believe in mental health. We don't talk about it. We sweep it up under the rug. Even though we know it is an issue, but it's just not something that we choose to talk about.
>
> – Black focus group participant

The informants expressed frustration around the lack of therapists, and as a result having to wait weeks or even months for appointments. They highlighted the importance of having a therapist that comes from the same cultural background and that there are very few bilingual, bicultural, and LGBTQ therapists.

The informants stated that they have to travel to city of Martinez or a neighboring county to see a mental health provider, which can be difficult via public transit. They recommend having more therapists in schools, for kids and their families.

Another common theme the informants shared was that mental health is often criminalized. They suggested creating and publicizing alternatives to calling police for mental health crisis, such as community resources or outreach groups.

The informants noted that telehealth has been helpful for some to access mental health support. But it does not work for those without a computer, internet, or a private space and alternatives are needed.

> [It is] hard to find a good Latina therapist who can understand cultural requirements and needs.
>
> – Nonprofit organization leader

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

Values in red(*) are more than 20% higher than the Richmond 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
Richmond service area	32.3	9.3	7.5
White	**47.5***	**18.5***	**11.5***
Black	37.9	*NA*	**11.1***
Hispanic	30.9	**5.6†**	**5.4†**
Asian	**15.1†**	8.9	*NA*

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

[1] CMS National Provider, 2019
[2] NCHS National Vital Statistics System, 2020
[3] Contra Costa Health Services, California Comprehensive Birth & Death Files, 2016-2020

Health need profile: Community safety

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The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive.

People can be victims of violence, witness violence or property crimes, or hear about crime and violence from others. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. Within families, intimate partner violence (IPV) and child maltreatment frequently occur together, each with adverse health effects. One in four American women reports IPV during her lifetime.

Communities that have been systematically marginalized experience higher rates of violence, including deaths and injuries from firearms. Chronic stress from living in unsafe neighborhoods can have long term health effects, and fear of violence can keep people indoors and isolated. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to local policing practices.

Community safety also reflects injuries caused by accidents — unintentional injuries are the leading cause of death for children, youth, and younger adults and account for nearly 30 percent of emergency department visits.

The Richmond service area experiences higher rates of injury-related deaths—including motor vehicle crashes and pedestrian accidents—compared with the rest of Contra Costa County.[1]

- Between 2016 and 2020, Black residents had disproportionately higher rates of injury death (89.7 per 100,000 people) compared with the Richmond service area in general (55.2 per 100,000 people). Injury deaths include all deaths from all types of injury such as death by firearm, suicide, machinery, and homicide (see table below).[1]
- The Richmond service area experiences slightly more pedestrian accidents (2.5 per 100,000 people) compared with both Contra Costa County (2.0 per 100,000 people) and the national rate (1.5 per 100,000 people) (see table below).[1]

Key informants reported that violence is escalating in the Richmond service area. They do not feel safe walking around their own neighborhoods. Informants also noted an increase in fear of ICE (Immigrations and Customs Enforcement).

The informants were concerned about over-policing and over-incarceration in the Richmond service area. In particular, they highlighted the need for alternatives to calling the police for mental health crises. The informants reported that this fear of the police is causing additional trauma.

In addition, the shelter-in-place orders due to the COVID-19 pandemic seemed to increase instances of domestic violence, according to the informants. They shared that people could not get away from their offender, and the offender could not attend nonviolence groups or participate in alternative mental health activities to relieve stress outside of the home.

> Interpersonal and gender-based violence was more intense [during the pandemic]. There was no place to go, and there was no place for the person causing harm to go. People couldn't even call [for help] because they couldn't get away from their offender.
>
> – Nonprofit organization leader

We see the prostitution up the street on 23rd Street. We see the drugs in the neighborhood. You can't even walk to the nearest grocery store.

– Hispanic/Latinx focus group participant

INJURY DEATHS & MOTOR VEHICLE CRASH DEATHS, RICHMOND SERVICE AREA, 2016-2020

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

	Injury Deaths	Motor Vehicle Crash Death
Contra Costa County	46.8	8.1
Richmond service area	55.2	8.7
Black	**89.7***	**13.0***
White	59.3	**5.2†**
Hispanic	**43.0†**	8.5
Asian	**30.5†**	*NA*

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

[1] Contra Costa Health Services, California Comprehensive Birth & Death Files, 2016-2020

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 Richmond 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 Richmond 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 Richmond 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 Richmond 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 Richmond 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 Richmond 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 12 grants totaling $2,335,012 in service of 2019 IS health needs in the Richmond service area.

One example of a key accomplishment in response to our 2019 IS includes support for food distribution programs that provide nutritious foods to low-income families and individuals and outreach and enrollment campaigns to increase CalFresh enrollment for eligible community members to

address food insecurity. Food insecurity has been a rising concern throughout COVID-19. The Food Bank of Contra Costa and Solano (FBCCS) was able to pivot services during the pandemic to ensure that food distribution continued to reach individuals and families in need. FBCCS will ensure that all students receiving CalFresh or free and reduced-price meals are also receiving Pandemic EBT (electronic benefits transfer) supplemental benefits, host CalFresh trainings for community partner organizations, including schools, and distribute 657,100 pounds of produce and shelf-stable foods to 6,400 students at West Contra Costa partner schools.

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 $170,000 in the Richmond 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 $95,000 grant, United Latino Voices will educate West Contra Costa Latinx Spanish-speaking parents and guardians to vaccinate their children (5-11) and their families against COVID-19.

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

Health care access and delivery

Care and coverage: Kaiser Permanente Richmond 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	11,316	12,796	$32,134,913	$26,036,042
Charitable Health Coverage	61	53	N/A	$161
Medical Financial Assistance	3,776	1,860	$8,552,691	$5,302,944
Total care & coverage	15,153	14,709	$40,687,604	$31,339,147

Other health care access and delivery strategies: During 2020-2021, 23 grants were awarded to community organizations, for a total investment of $835,195 to address health care access and delivery in the Richmond service area.

Examples and outcomes of most impactful other strategies

Core Support Grant - West County Wellness: Access to Care and Coverage

LifeLong Medical Care 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 250 individuals by providing access to health care at this FQHC clinic for West Contra Costa County residents.

Increasing Access to Healthcare in Richmond
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 1,369 individuals by providing more outreach and adding new sites with expanded service capacity to serve West Contra Costa residents at the Brighter Beginnings Richmond Family Health Clinic, which is a Federally Qualified Health Center Look-Alike (FQHC-LAL).
My Actions Save Lives "Mis Acciones Salvan Vidas" West County Latinx COVID Vaccine Hesitancy Project
Richmond Community Foundation was awarded $75,000 to increase vaccination rates among those who identify as Hispanic in the most vulnerable communities of Richmond/North Richmond and San Pablo in West Contra Costa County. The program is expected to serve about 2,180 individuals by addressing inequitable access barriers that prevent timely vaccination.

Behavioral health

During 2020-2021, 24 grants were awarded to community organizations, for a total investment of $902,320 to address behavioral health in the Richmond service area.
Examples and outcomes of most impactful strategies
Building Beloved Community
RYSE INC. was awarded $25,000 to support healing for community members from the long-term stress and inter-generational trauma of racism in West Contra Costa County, among young people of color and their families. The program is expected to serve about 300 individuals by cultivating atmospheric healing that supports personal and collective expression and agency; disrupts harmful, racist narratives; affirms and asserts fortitude and worth; and creates and promotes policies and next generation leaders that prioritize racial and social justice.
Healing and Youth Resilience Post-SIP
James Morehouse Project/Bay Area Community Resources (BACR) fiscal sponsor was awarded $50,000 to serve vulnerable populations through trauma-informed services and training at El Cerrito High School and the West Contra Costa Unified School District (WCCUSD). The program is expected to serve about 350 individuals through clinical mental health (individual counseling, therapeutic support groups) services, youth development programs and peer supports, and through work with teachers and administrators to build a supportive and relationship-rich school community.

Economic security

During 2020-2021, 39 grants were awarded to community organizations, for a total investment of $867,363 to address economic security in the Richmond 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 provide job training programs and comprehensive, wraparound services to help unemployed and underemployed individuals who face barriers to access quality jobs. The program is expected to serve about 550 individuals by preparing them for employment, helping them apply for jobs, secure employment, and thrive at work.

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 and creating measurable goals and tools over 6-12 month period. The consultant 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	Greenlining	1	Communities of color	Leader	8/12/2021
3	Key Informant Interview	Contra Costa County Employment and Human Services	1	Older adults and persons with disabilities	Leader	8/17/2021
4	Key Informant Interview	Contra Costa Health Services - Health Care for the Homeless	1	Individuals and families experiencing homelessness	Program Manager	8/6/2021
5	Key Informant Interview	CoCoKids	1	Youth from lower income families, especially from Hispanic and Black neighborhoods, monolingual Spanish-speakers	Leader	8/4/2021
6	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	3	Medi-Cal recipients, individuals and families with lower income, Hispanic populations	Leaders, Program Manager	8/18/2021
7	Key Informant Interview	Contra Costa County Transportation Commission	2	Public transit riders	Leader, Program Manager	8/17/2021
8	Key Informant Interview	Contra Costa Family Justice Center	1	Survivors of domestic violence	Leader	8/9/2021
9	Key Informant Interview	Department of Conservation and Development	1	Older adults, people with disabilities, and public transit riding adults	Leader	8/5/2021
10	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
11	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Older adults with lower incomes, families, and persons with disabilities	Program Manager	8/17/2021
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

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
14	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Youth, especially Hispanic and Black youth	Leader, Representatives	7/29/2021
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	NAMI	2	Families and residents impacted by mental illness	Leaders	7/30/2021
18	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults in residential care and skilled nursing facilities	Leader	8/23/2021
19	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees and asylum seekers	Leader	8/18/2021
20	Key Informant Interview	Rainbow Community Center	1	LGBTQI+ youth, adults, and older adults	Leader	8/20/2021
21	Key Informant Interview	Rubicon	1	Adults and parents with children experiencing unemployment and underemployment	Leader	7/26/2021
22	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
23	Key Informant Interview	SparkPoint	3	Residents with lower income, especially people of color, including Asian, South Asian, Indian, Hispanic, and women of color	Representatives	8/6/2021
24	Key Informant Interview	Contra Costa County Behavioral Health	6	Residents with disabilities and older adults	Leader, Representatives	8/19/2021
25	Key Informant Interview	STAND!	1	Survivors of domestic violence, youth	Leader	8/18/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
26	Focus Group	West Contra Costa County residents, conducted by Contra Costa County Health Services	6	Black community	Members	9/27/2021
27	Focus Group	West Contra Costa County residents, conducted by Contra Costa County Health Services	1	Hispanic community	Members	9/27/2021
28	Focus Group	West Contra Costa County residents, conducted by Contra Costa County Health Services	8	Older adults (65 and over)	Members	10/7/2021

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	LifeLong Medical Care	LifeLong Medical Care provides high-quality health, dental, and social services to under-served people of all ages; creates models of care for the elderly, people with disabilities and families; and advocates for continuous improvements in the health of our communities. www.lifelongmedical.org
	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
Community safety	STAND!	STAND! For Families Free of Violence is an organization committed to promoting safe and strong families. Their approach to eliminating family violence is well-rounded and community wide. https://www.standffov.org/
Income & employment	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
	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
	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
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