

2022 Community Health Needs Assessment



Kaiser Permanente San Leandro Medical Center

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Kaiser Permanente San Leandro Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente San Leandro 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 San Leandro 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 San Leandro Medical Center has identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente San Leandro 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>.

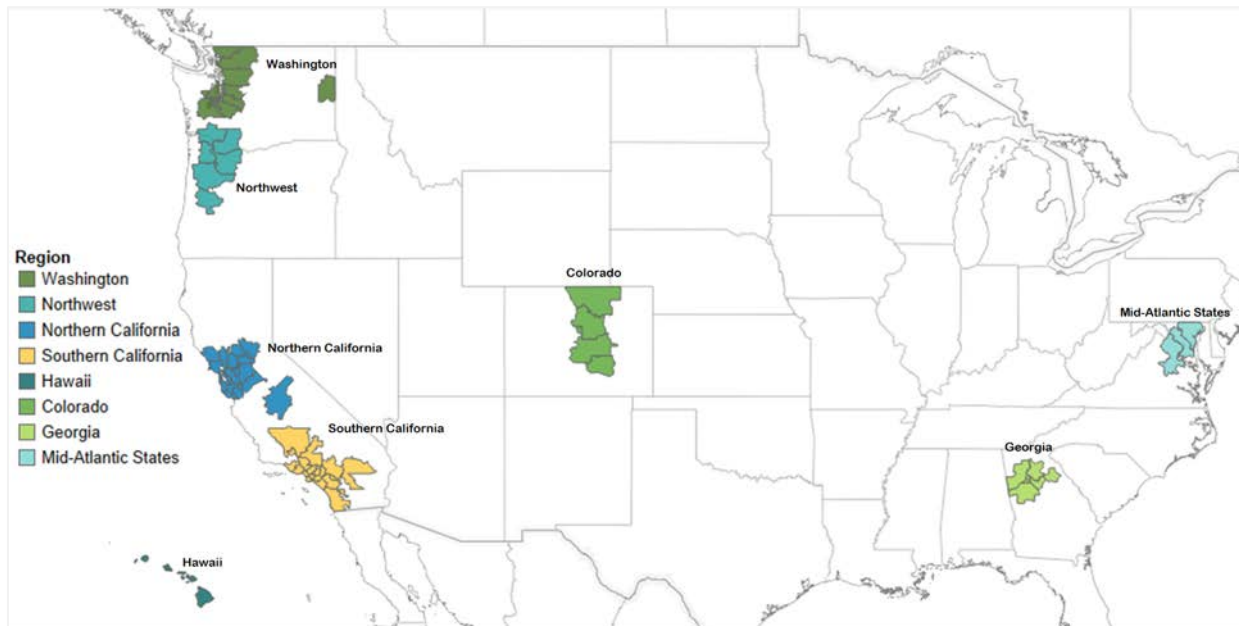
Introduction/background

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.

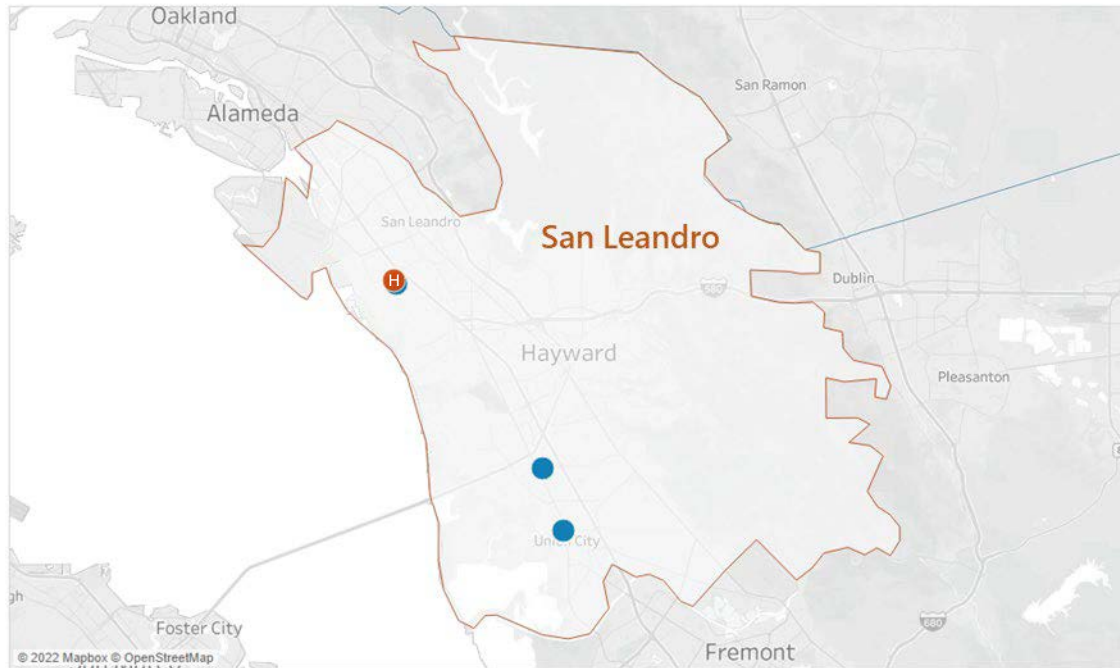
The Kaiser Permanente San Leandro Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

San Leandro service area

🏥 Kaiser Permanente hospital ● Kaiser Permanente medical offices



San Leandro service area demographic profile

Total population:	522,973
American Indian/Alaska Native	0.2%
Asian	5.6%
Black	2.0%
Hispanic	19.3%
Multiracial	3.3%
Native Hawaiian/other Pacific Islander	0.2%
Other race/ethnicity	0.3%
White	69.1%
Under age 18	21.8%
Age 65 and over	13.3%

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.

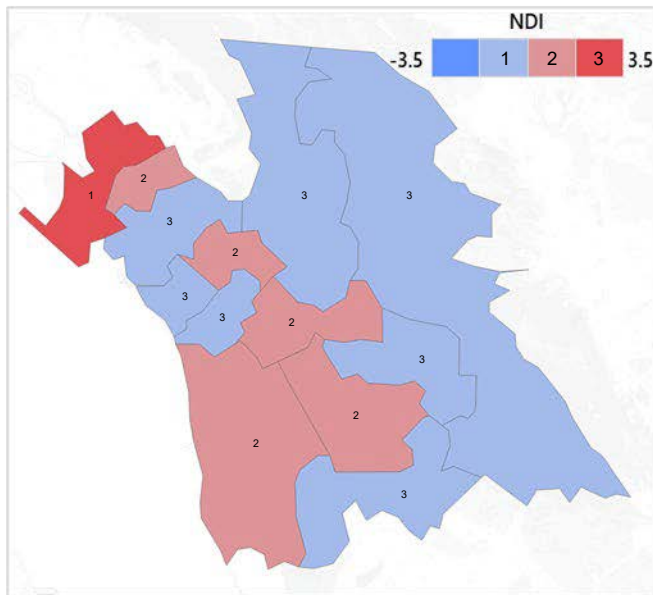
Neighborhood disparities in the San Leandro service area

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.

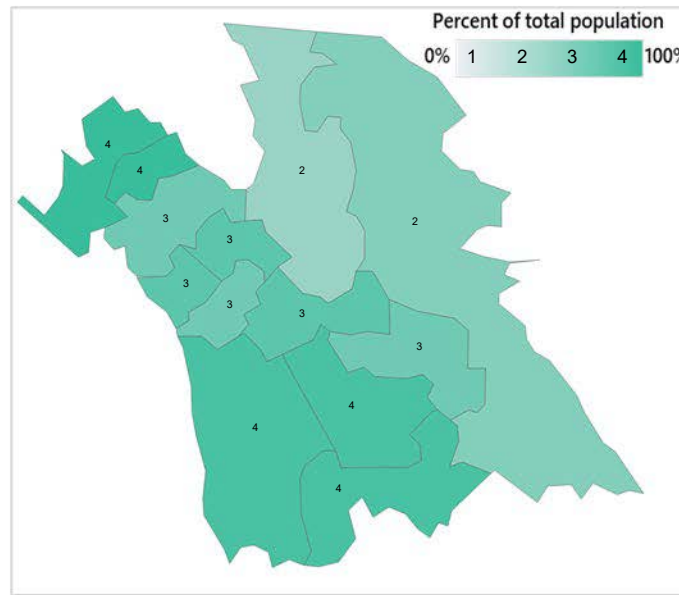
The map on the left shows the NDI for ZIP codes in the San Leandro service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

SAN LEANDRO 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

St. Rose Hospital, Sutter Health, UCSF Benioff Children's Hospital Oakland

Other organizations

Alameda County Public Health Department

Consultants who were involved in completing the CHNA

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

Methods used to identify and prioritize needs

Secondary data

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

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente 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 San Leandro 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 San Leandro 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 San Leandro 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 San Leandro service area

Before beginning the prioritization process, Kaiser Permanente San Leandro 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 the pandemic 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 San Leandro 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 five significant health needs.

Description of prioritized significant health needs in the San Leandro service area

1. Housing: Having a safe place to call home is essential for the health of individuals and families. Rising housing costs in the Bay Area present a major barrier to residents, including those in the San Leandro service area. Rates of overcrowded housing, where the number of people living in the household is greater than the number of rooms, is higher in the San Leandro service area than California. Homeownership, a powerful means of building wealth, is relatively low in some neighborhoods, including Ashland/Cherryland and Hayward. In addition, key informants noted that there are more residents experiencing homelessness in the San Leandro service area than previously, and this has gotten worse due to the COVID-19 pandemic.

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. People in the San Leandro service area have a high need for access to mental and behavioral health services that combat opioid overdose and mental health issues resulting in deaths of despair, especially Black residents. Specifically, opioid overdose death rates are twice as high for Black residents than the San Leandro service area overall. Deaths of despair, those due to suicide, drug overdose, and alcoholism are higher for Black and white residents of the San Leandro service area compared to other racial and ethnic groups for which data are available, as well as for the San Leandro service area generally. According to key informants, youth are experiencing harassment and bullying, and LGBTQ and BIPOC (Black, Indigenous, and People of Color) are experiencing trauma and over policing. The COVID-19 pandemic increased isolation, loneliness, and anti-Asian hate crimes which can compromise both mental and behavior health.

3. Income & employment: Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. San Leandro service area residents in the labor force often need to travel out of the service area for employment and key informants reported that the San Leandro service area lacks jobs that pay livable wages. Additionally, the San Leandro service area has higher rates of students eligible for free and reduced-price lunch than the state; an indicator of the prevalence of families finding it difficult to make ends meet. San Leandro service area neighborhoods with relatively high Black populations also experience lower median income levels. Key informants highlighted that some populations are impacted more (e.g., communities that face discrimination when applying for jobs), such as people who are LGBTQ (especially transgender), youth, formerly incarcerated, older adults, and people with undocumented status.

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 San Leandro service area experiences higher rates of injury death (for example, death from gunshot or work-related incident) and motor vehicle crash death compared with Alameda County, with a rate of injury death (44.9 per 100,000 people) 11 percent are higher in the San Leandro service area compared with Alameda County as a whole. For Black residents, the rate of injury death is higher than that of the San Leandro service area. Native Hawaiian/Pacific Islander residents also experience higher injury death rates than the San Leandro service area overall. Key informants reported that young, Black men are overrepresented victims of violence. Informants also shared that during the COVID-19 pandemic, domestic violence increased as there was additional stress and residents were trapped in the house with their abuser.

5. 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 San Leandro service area experiences better outcomes across many measures of access to care. These include higher rates of insured populations compared to California and other measures such as infant mortality, which are on par with Alameda County. However, rates of these measures differ across racial and ethnic groups and ZIP codes. Black residents in the San Leandro service area experience higher rates of infant mortality than the service area generally. COVID-19 death rates were highest among Multiracial and Black residents, compared to all other racial and ethnic groups and the San Leandro service area overall. In addition, the ZIP code with the highest proportion of Hispanic residents had the highest rate of uninsured, both for total population and for children. Key informants described three main barriers to accessing care in the San Leandro service area: cost, logistics in accessing appointments, and quality of care.

Health need profiles

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

Health need profile: Housing



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.

Rising housing costs in the Bay Area present a major barrier to residents, including those in the San Leandro service area. Rates of overcrowded housing, rental cost, and housing burden, the percent of income residents pay for housing, are all higher in the San Leandro service area than California.¹

- Rates of overcrowded housing, where the number of people living in the household is greater than the number of rooms, is 38 percent higher in the San Leandro service area (11 percent of households) than California (8 percent of households).¹
- The Ashland/Cherryland communities in ZIP codes 94541 and 94578, as well as neighborhood of Hayward (Zip code 94544) have homeownership rates (44%, 40%, and 48%, respectively) lower than the San Leandro service area (56 percent) (see figure below).¹
- Homeownership, a powerful means of building wealth, is lower for some neighborhoods with higher Black and Hispanic populations. The San Leandro service area's rate of homeownership is 56 percent. However, home ownership in ZIP code 94603 is the lowest of all ZIP codes in the San Leandro service area at 46 percent. This ZIP code also has the largest Black population and the second largest Hispanic population relative to other ZIP codes in the San Leandro service area (see figure below).¹

Key informants described housing as one of the greatest needs in the San Leandro service area. They reported that it is expensive to rent a home in the area. They noted that there are more residents experiencing homelessness in the San Leandro service area than previously, and this has gotten worse due to the COVID-19 pandemic.

The informants shared that some communities are more impacted by homelessness, overcrowded housing, and housing discrimination, especially people who are Black, Hispanic, transgender, older adults, and foster youth.

The informants also emphasized the connection between jobs, mental health, and housing. Therefore, they suggested investing in helping people obtain careers and advocating for employers to pay livable wages in order for residents to afford housing.

There's a concentration of homeless in Oakland and Hayward and high probability that those who are unhoused in these cities are Black/African American or Latinx.

– Nonprofit organization leader

The informants reported that the hotel-style shelters with wrap-around services deployed during the COVID-19 pandemic were successful and recommended this model continue after the pandemic. They also proposed investing in affordable, permanent housing and assistance to help residents stay in their existing homes.

[The need for housing] used to be focused on north and northwestern part of the county, and now it is moving south like San Leandro, Ashland, Fremont, Newark who are now seeing a visible homelessness situation.

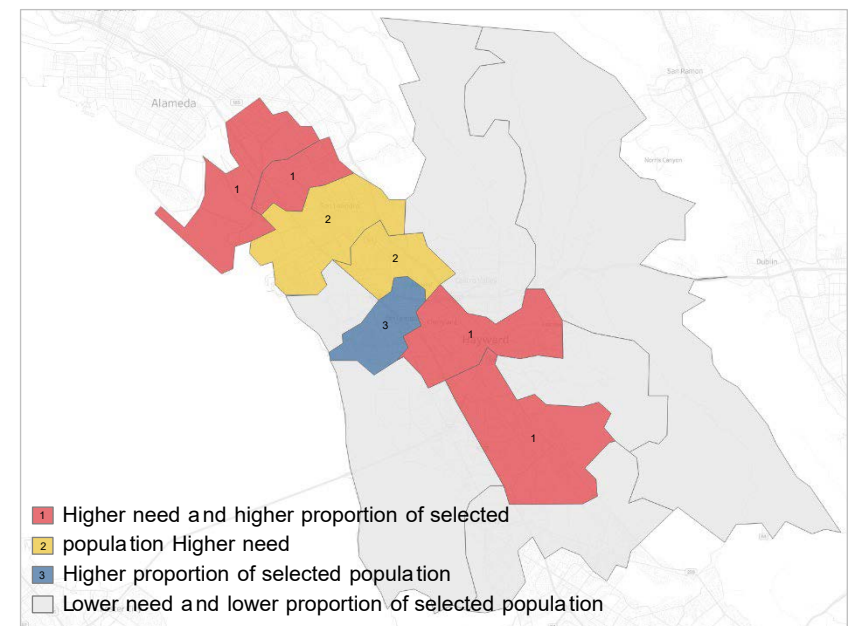
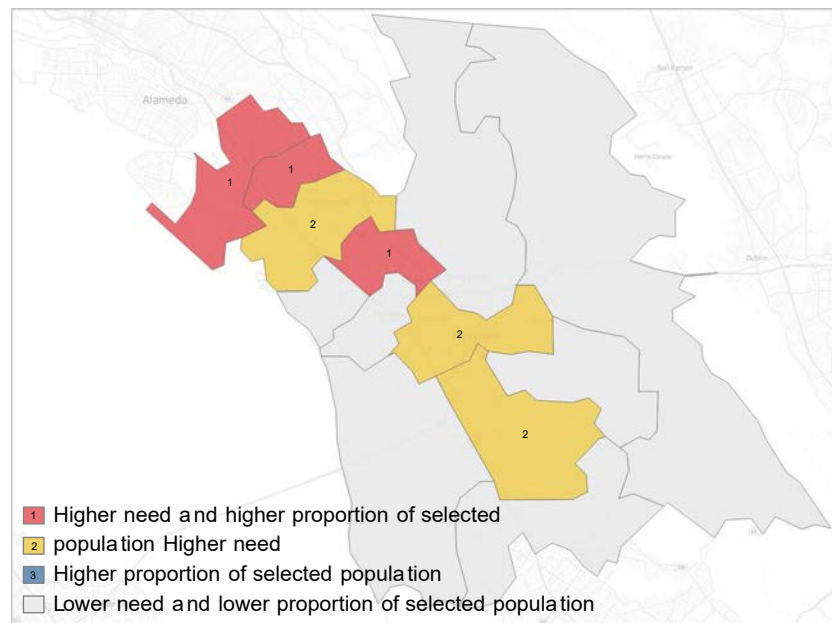
– Nonprofit organization leader

HOME OWNERSHIP RATE, SAN LEANDRO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a higher Black population and lower homeownership rates relative to other ZIP codes in the San Leandro service area. Additional areas of low home ownership rates are shaded yellow (2).

HOME OWNERSHIP RATE, SAN LEANDRO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a higher Hispanic population and lower homeownership rates relative to other ZIP codes in the San Leandro service area. Additional areas of low home ownership rates are shaded yellow (2).



Source and Notes: [Kaiser Permanente Community Health Data Platform](#)

¹ American Community Survey, 2015-2019

Health need profile: 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.

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.

Despite having a 75 percent higher rate of mental health providers in Alameda County, which contains the San Leandro service area, than the state of California,¹ people in the San Leandro service area have a high need for access to mental and behavioral health services that combat opioid overdose and mental health issues resulting in deaths of despair, especially Black residents.²

- Opioid overdose death rates are twice as high for Black residents (12.2 per 100,000 people) than the San Leandro service area overall (4.9 per 100,000 people) (see table below).²
- Deaths of despair, those due to suicide, drug overdose, and alcoholism are higher for Black (53.9 per 100,000 people) and White (46.5 per 100,000 people) residents of the San Leandro service area compared to other racial and ethnic groups for which data are available, as well as for the San Leandro service area generally (30.7 per 100,000 people) (see table below).²

Many key informants felt that mental and behavioral health was the biggest need in the San Leandro service area. They reported that youth in particular are experiencing harassment and bullying. According to informants, residents, especially LGBTQ and communities of color, are experiencing trauma. The informants cited over-policing and over incarceration as a source of this trauma. They also reported that mental health is worse because many residents' basic needs are not being met. For example, they are in crisis from being unhoused or losing their job. The informants noted an increase in rates of suicide and overdosing, as a coping mechanism for mental and behavioral health needs.

The informants shared that the COVID-19 pandemic exacerbated the need for mental and behavioral health. Not only was there fear around contracting COVID-19, they noted there was also an increase in loneliness and isolation (especially among older adults and youth) due to the stay-at-home orders. There was also the stress because many residents lost their jobs and Asian residents were afraid to leave their homes due to the escalating anti-Asian hate crimes.

The informants noted there is stigma around accessing mental health services, especially for people of color. When residents do seek help, there is a long waitlist to see a therapist, which is even longer for Hispanic, Black, South Asian, and LGBTQ therapists.

For the API population, we have always faced a disparity around mental/behavioral health because of stigma. It's become exacerbated because of the anti-Asian racism.

– Nonprofit organization leader

The informants stated that more counselors are needed in schools to support the mental health of students, and that students should be able to access on-site counseling regardless of their insurance. They also recommended investing in more bilingual/bicultural therapists.

The informants noted that the increase in telehealth during the COVID-19 pandemic helped many to access services. However, some residents did not have access to a computer with internet or a private space for online appointments. Therefore, they suggested continuing to offer in person visits and to increase internet access for residents.

It [mental health] crosses race, gender, and socioeconomic status. Destigmatize mental health. There is a huge stigma around mental illness; mental health needs should be treated the same as any other medical condition. There are never enough counselors at the school.

– School leader

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

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

	Deaths of despair	Suicide	Opioid overdose
Alameda County	28.2	8.3	NA
San Leandro service area	30.7	7.8	4.9
Black	53.9*	9.8*	12.2*
White	46.5*	12.2*	9.0*
Hispanic	33.0	5.3†	3.4†
Native Hawaiian/other Pacific Islander	23.7†	NA	NA
Asian	12.5†	6.1†	NA

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

¹ CMS National Provider, 2019

² Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020

Health need profile: Income & employment



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 geographic accessibility to jobs, as measured by the 'job proximity index', presents a major barrier for San Leandro service area residents in the labor force, who must travel away from the San Leandro service area for employment.¹ Additionally, the San Leandro service area contains higher rates of students eligible for free and reduced-price lunch than the state,² along with high rates of poverty compared with the state within some neighborhoods,³ highlighting the need for income and employment supports in the San Leandro service area.

- Residents in the 94621 and 94603 ZIP codes experience poverty rates of 28 percent and 21 percent, respectively, compared to the rate for the San Leandro service area overall of 10 percent (see figure below).³
- San Leandro service area neighborhoods with relatively high Black populations also experience lower median income levels. ZIP codes 94621 and 94603 have both the highest populations of Black residents (31 percent of residents) and the lowest median incomes in the San Leandro service area (\$43k and \$53k, respectively, compared to \$89k for the San Leandro service area generally) (see figure below).³

Key informants reported that in the San Leandro service area there is a lack of jobs that pay livable wages. In particular, they pointed out that in the unincorporated areas of Ashland and Cherryland there is low-income housing but with few jobs. They shared that the jobs that are available are mostly low-wage, part-time, and without health benefits. As a result, residents are having to choose between paying rent or buying food.

The informants highlighted that some populations are impacted more (e.g., communities that face discrimination when applying for jobs), such as people who are LGBTQ (especially transgender), youth, formerly incarcerated, older adults, and people with undocumented status.

The informants noted that many residents lost their jobs due to the COVID-19 pandemic and that it disproportionately affected residents who are Hispanic, Asian, and Pacific Islander.

Having access to career pathways where you can afford to live here and buy food that's not trash would change basically everything.

– Government program leader

The informants recommended investing in job training for career pathways that provide livable wages. They advocated for sustainable job creation that helps the community on multiple levels (e.g., hiring residents to locally grow produce for people who need food). Additionally, the informants supported the idea of universal basic income as they noted it will help to address inequities brought on by structural racism and discrimination.

When the pandemic hit, East-side schools, more along San Leandro, with an increase in Latinx were hit hard and lost jobs and couldn't benefit from government assistance.

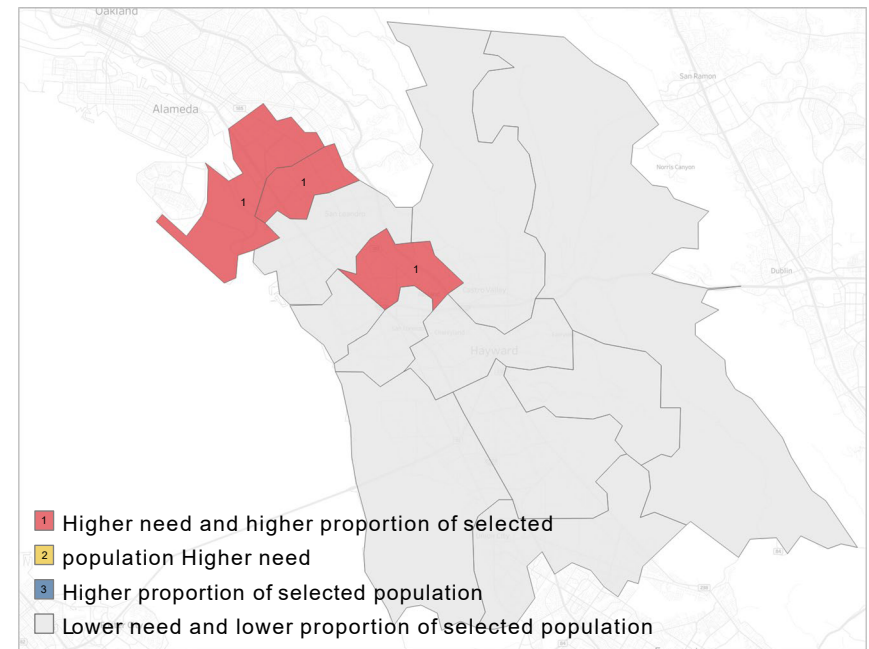
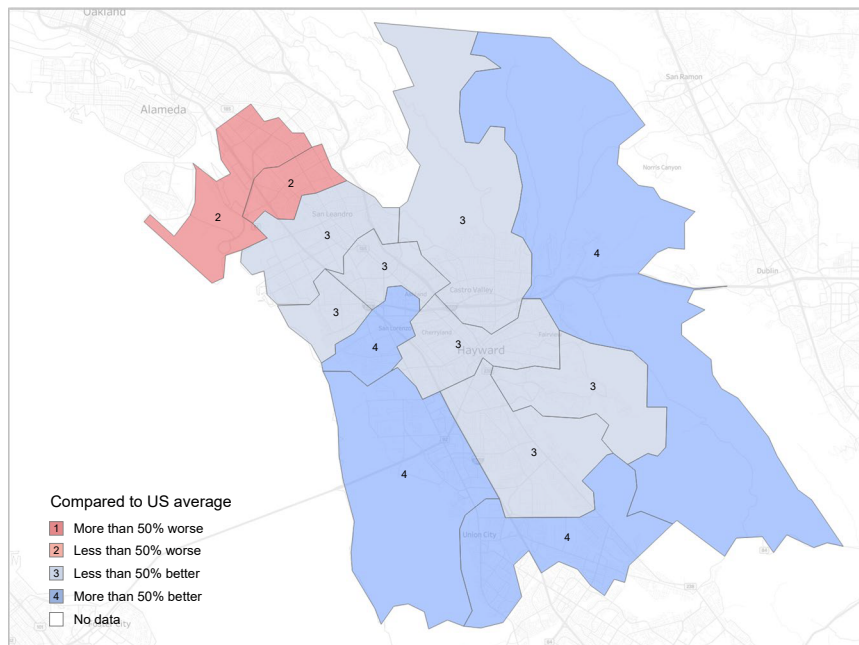
– Nonprofit organization leader

POVERTY RATE, SAN LEANDRO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with higher poverty rates relative to other ZIP codes in the San Leandro service area.

MEDIAN INCOME, SAN LEANDRO SERVICE AREA, 2015-2019

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



Source and Notes: [Kaiser Permanente Community Health Data Platform](#)

¹ HUD Policy Development and Research, 2014

² National Center for Education Statistics, 2017-2018

³ American Community Survey, 2015-2019

Health need profile: Community safety



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 San Leandro service area experiences higher rates of injury death (for example, death from gunshot or work-related incident) and motor vehicle crash death compared with the Alameda County, and rates of these measures impact Black and Native Hawaiian/Pacific Islander residents at significantly higher rates.¹

- Rate of injury death (44.9 per 100,000 people) is 11 percent higher in the San Leandro service area compared with Alameda County (40.3 per 100,000 people) (see table below).¹
- For Black residents, the rate of injury death (109.9 per 100,000 people) is 200 percent higher compared with the San Leandro service area (44.9 per 100,000 people) (see table below).¹
- Black residents experience the highest rates of motor vehicle crash death (12.7 per 100,000) compared to all other ethnic groups in the San Leandro service area for which data are available, and this is higher than the San Leandro service area overall (6.9 per 100,000 people) (see table below).¹
- Native Hawaiian/other Pacific Islander residents experience injury death rates (69.5 per 100,000) 72 percent higher than the San Leandro service area overall (44.9 per 100,000) (see table below).¹

Key informants reported an increase in violence in the San Leandro service area. They described that young, Black men are overrepresented in victims of violence. In addition, the informants highlighted that criminalization of Black people coupled with over incarceration has increased trauma and fear of the police.

The informants shared that during the COVID-19 pandemic, domestic violence increased as there was additional stress and residents were trapped in the house with their abuser. Also, they spoke about the increase in anti-Asian hate crimes, which caused trauma and left residents afraid to leave their homes.

Alameda does treat, especially African Americans, in a way that they criminalize them.

– Nonprofit organization leader

The informants recommended implementing Adverse Childhood Experiences (ACEs) screening to support early detection of risk and intervention, to help interrupt cycles of violence and trauma. They suggested promoting anti-violence messages and policies, continuously and not just after a crisis.

In Hayward, [students] see their parents being carted off, they hear shootings every night, they see their parents in jail, etc.
– School leader

INJURY DEATHS AND MOTOR VEHICLE CRASH DEATH, SAN LEANDRO SERVICE AREA, 2016-2020

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

	Injury deaths	Motor vehicle crash deaths
Alameda County	40.3	5.3
San Leandro service area	44.9	6.9
Black	190.9*	12.7*
Native Hawaiian/other Pacific Islander	69.5*	NA
White	51.4	6.1
Hispanic	38.8	7.8
Asian	19.4†	3.5†

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

¹ Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020

Health need profile: 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 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 San Leandro service area experiences better outcomes across many measures of access to care. These include higher rates of insured populations compared to California¹ and other measures such as infant mortality,² which are on par with Alameda County. However, rates of these measures differ across racial and ethnic groups and ZIP codes.

- Black residents in the San Leandro service area experience rates of infant mortality 140 percent higher (8.1 per 1,000 live births) than the San Leandro service area generally (3.4 per 1,000 live births).²
- COVID-19 death rates were highest among Multiracial and Black residents (201 and 194 per 100,000 people, respectively), as of November 2021, compared to all other racial and ethnic groups and the San Leandro service area overall (124 per 100,000 people).³
- ZIP code 94621 has higher rates of uninsured among its residents, both for the total population (16 percent of uninsured) and for children (7 percent of uninsured children), compared to the San Leandro service area overall (5 percent) (see figure below).¹

Key informants described three main barriers to accessing care in the San Leandro service area: costs, logistics in accessing appointments, and quality of care.

The informants reported that residents working in low-wage jobs are often making too much to qualify for Medi-Cal but not enough to be able to afford private insurance. They explained that health insurance is expensive, and some residents choose to go without insurance because they cannot afford the high rates. According to the informants, residents have difficulties applying for Medi-Cal and cannot easily get assistance with the process, especially if they are needing to apply in a language other than English.

The informants described the challenges residents face when trying to access a health care provider. For example, they said that residents can be on hold for hours trying to schedule an appointment or when they do get an appointment, it is via phone, which makes it difficult to show where they are in pain. Additionally, they noted that people who are seeking asylum or have undocumented status are afraid to get care.

The fees even with Covered California are still high. Families choose to go without insurance because of the high rates. There are a few public health clinics in Hayward, but not really in San Leandro.

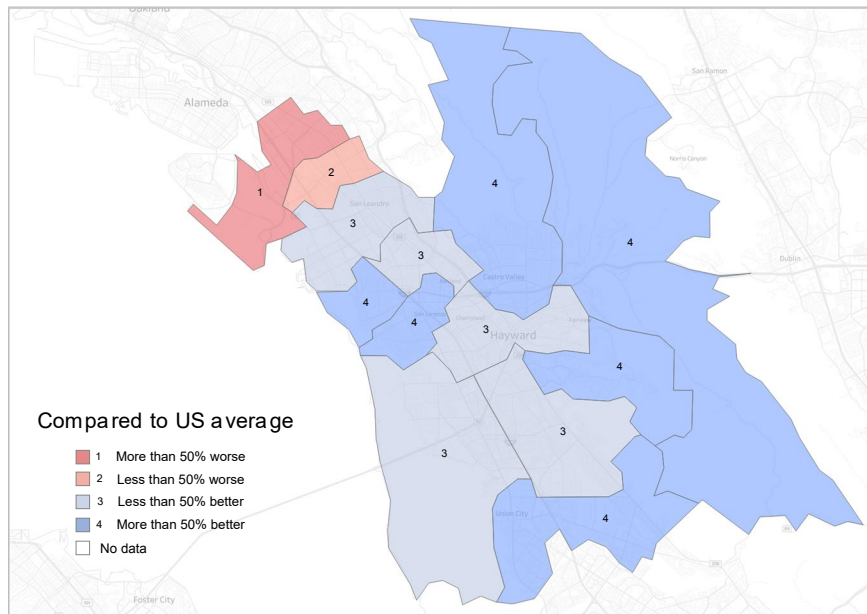
– Nonprofit organization leader

According to the informants, people of color, the LGBTQ communities, and people who are unhoused are less likely to access health care. They recommended bringing services to the people, such as via a mobile van. Also, they noted, these services need to be offered in languages in addition to English and Spanish. To build trust, informants suggested increasing providers' cultural humility.

Additionally, the informants proposed increasing cross-sector partnerships and case management (e.g., implementing Unite Us) to better coordinate whole-person care. For example, they advocated for the "food as medicine" model to address multiple health needs especially when the produce is grown by the local residents.

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

Areas shaded **red** are ZIP codes with a **higher uninsured rate** relative to other ZIP codes in the San Leandro service area.



Source and Notes: [Kaiser Permanente Community Health Data Platform](#)

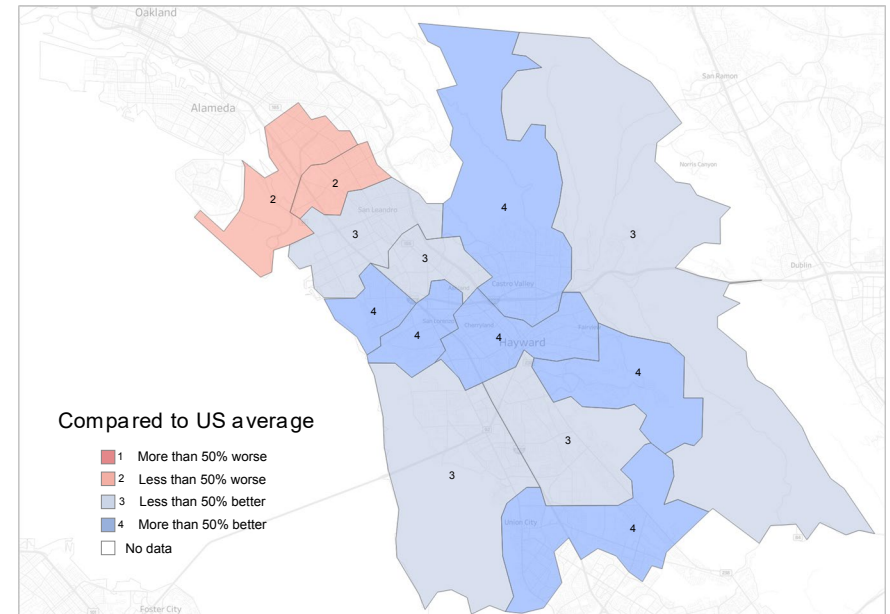
¹ American Community Survey, 2015-2019
² Alameda County Public Health, California Comprehensive Birth & Death Files, 2016-2020
³ Alameda County Public Health, CalREDIE and CAIR, November 2021

I am in a lot of pain and I don't know where to go to be treated. I have been here for two years. I was fleeing from all the violence in El Salvador. I was approved for political asylum. Many people tell me that if I ask for help it will have a negative impact on me.

– Hayward Hispanic focus group participant

PERCENT UNINSURED (CHILDREN), SAN LEANDRO SERVICE AREA, 2015-2019

Areas shaded **red** are ZIP codes with a **higher uninsured children rate** relative to other ZIP codes in the San Leandro service area.



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 San Leandro 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 San Leandro 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 San Leandro 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 San Leandro 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 San Leandro 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 San Leandro 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 17 grants totaling \$4,400,829 in service of 2019 IS health needs in the San Leandro service area.

One example of a key accomplishment in response to our 2019 IS includes increasing FQHC (Federally Qualified Health Centers) and health system capacity to screen and refer clients to social non-medical services (e.g., food, housing, employment) to address access to care. DayBreak Adult Care Centers' Rapid Response Case Management program supports older adults who are high utilizers of emergency medical services for

non-emergency causes. Through very intensive, short-term case management, the program increases access to community-based, long-term health and social services to improve these older adults' quality of life and reduce health care costs. Clients served are expected to have a 40 percent reduction in emergency room utilization, improved access to primary care, and at least one long-term care service in the community.

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. In the San Leandro service area, Kaiser Permanente allocated \$269,7500 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. For example, with its \$50,000 grant, Tiburcio Vasquez Health Center brought COVID-19 vaccines to families in the Hayward and Ashland areas through its 205 clinics held in partnership with academic institutions and community-based organizations, which provided 23,416 vaccinations to Asian, Black, and Hispanic individuals and families.

Kaiser Permanente San Leandro Medical Center 2019 IS priority health needs and strategies

Health care access and delivery

Care and coverage: Kaiser Permanente San Leandro 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	18,371	21,193	\$21,603,221	\$7,866,737
Charitable Health Coverage	138	111	N/A	\$310
Medical Financial Assistance	6,905	4,742	\$11,981,279	\$4,747,498
Total care & coverage	25,414	26,046	\$33,584,500	\$12,614,545

Other health care access and delivery strategies: During 2020-2021, 31 grants were awarded to community organizations, for a total investment of \$1,298,082 to address health care access and delivery in the San Leandro service area.

Examples and outcomes of most impactful other strategies

COVID 19 Prevention and Response Efforts

The Davis Street Community Center Incorporated was awarded \$100,000 to support Davis street's COVID-19 prevention and response efforts. The program is expected to serve about 11,250 individuals by expanding capacity in the Primary Care Clinic's COVID-19 prevention and response efforts mitigating the plethora of health needs patients are experiencing or may experience by increasing access to holistic comprehensive culturally relevant care including health education.

COVID-19 Vaccine Equity in Union City

New Haven Unified School District was awarded \$75,000 to increase vaccination rates among the communities hardest hit by the pandemic. The program is expected to serve about 10,000 individuals by working collaboratively with community health centers and safety net providers to address gaps in current vaccination plans, resources, and capacity to address inequitable access barriers that prevent timely vaccination.

Rapid Response Case Management Pilot

DayBreak Adult Care Centers was awarded \$40,000 to addressing the issue of high utilization of emergency medical services by older adults for non-emergency causes. The program is expected to serve about 35 individuals through a very intensive, short term case management, to include 1) increase access to community based long term, health and social services, 2) improve quality of lives, and 3) reduce health care costs.

Behavioral health

During 2020-2021, 34 grants were awarded to community organizations, for a total investment of \$871,485 to address behavioral health in the San Leandro service area.

Examples and outcomes of most impactful strategies

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

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

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

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

Economic security

During 2020-2021, 49 grants were awarded to community organizations, for a total investment of \$2,992,113 to address economic security in the San Leandro service area.

Examples and outcomes of most impactful strategies

FLY Law & Leadership Programs

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

Project New Start Tattoo Removal Program

Eden Youth and Family Center was awarded \$35,000 to increase vaccination rates among the communities hardest hit by the pandemic. The program is expected to serve about 100 individuals by providing case management support services to improve inequities and economic disparities for disadvantaged youth and adults overcoming histories, such as gang affiliation, street violence, substance abuse, and incarceration in the most vulnerable areas in Southern Alameda County.

Regional Action Plan 1-2-4 Framework Implementation

Tides Center was awarded \$125,000 to tackle the regional housing insecurity and homelessness crisis using the “1-2-4 framework,” which includes investing in (1) housing units, (2) permanent housing solutions, and (4) homelessness prevention interventions. In partnership with policy makers, housing service providers, business and philanthropic groups, and other stakeholders in the Bay Area, the program is expected to serve 28,000 individuals experiencing homelessness and at risk of becoming homeless.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

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

Additional secondary data sources

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

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key Informant Interview	Association of Bay Area Governments (ABAG)	1	Older adults and transit-riding adults	Leader	8/4/2021
2	Key Informant Interview	Abode Services	1	People experiencing homelessness in the Bay Area	Leader	8/20/2021
3	Key Informant Interview	Alameda County Public Health Department (ACPHD)	1	Pregnant women, families, immigrant populations, uninsured and underinsured populations	Representative	8/9/2021
4	Key Informant Interview	Alameda County Community Food Bank	1	Food insecure residents	Leader	7/27/2021
5	Key Informant Interview	Alameda County Sheriff's Department	1	Residents experiencing homelessness, food insecurity, and lower income	Leader	8/19/2021
6	Key Informant Interview	Alameda County Transportation Commission	1	Transit-reliant and transit-riding populations in Alameda County	Leader	7/14/2021
7	Key Informant Interview	ALL In Alameda County	2	Youth and adults with lower incomes in Alameda County, specifically residents of San Antonio, Fruitvale, and unincorporated areas (Ashland/Cherryland)	Leaders	8/26/2021
8	Key Informant Interview	Greenlining	1	Communities of color	Leader	8/12/2021
9	Key Informant Interview	Asian Health Services	1	Asian, Pacific Islander residents and families	Leader	8/20/2021
10	Key Informant Interview	Bay Area Community Health Center/ Tiburcio	4	Residents with access to care needs, especially Hispanic populations	Representatives	8/26/2021
11	Key Informant Interview	Building Opportunities for Self-Sufficiency (BOSS)	1	Residents experiencing or at risk of homelessness, residents with lower incomes	Leader	8/10/2021
12	Key Informant Interview	Hayward and San Leandro School Districts	2	School-aged youth (K-12)	Representatives	7/19/2021
13	Key Informant Interview	Community Clinic Consortium/Alameda Health Consortium/La Clinica de la Raza	3	Medi-Cal recipients, individuals and families with	Leaders, Representative	8/18/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
				lower income, Hispanic populations		
14	Key Informant Interview	Daily Bowl	1	Food insecure adults and families	Leader	8/12/2021
15	Key Informant Interview	Day Break Adult Day Center & Alameda County Age-friendly Coalition	2	Older adults	Leaders	8/3/2021
16	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
17	Key Informant Interview	Eden Housing Resident Services, Inc.	1	Older adults with lower incomes, families, and persons with disabilities	Representative	8/17/2021
18	Key Informant Interview	Family Support Services	1	Caregivers with children	Leader	8/12/2021
19	Key Informant Interview	Fred Finch Youth Center & Lincoln	5	Youth, especially Hispanic and Black youth	Leader, Representatives	7/29/2021
20	Key Informant Interview	Health Care Services Agency (HCSA) Homeless and Coordination & Everyone Home	2	Residents experiencing homelessness	Leader, Representative	8/19/2021
21	Key Informant Interview	Horizon Services, Project Eden	1	Youth with substance use disorders	Representative	8/13/2021
22	Key Informant Interview	NAMI	2	Families and residents impacted by mental illness	Leaders	7/30/2021
23	Key Informant Interview	Ombudsman/Empowered Aging	1	Older adults in residential care and skilled nursing facilities	Leader	8/23/2021
24	Key Informant Interview	Partnership for Trauma Recovery	1	Refugees and asylum seekers	Leader	8/18/2021
25	Key Informant Interview	Rubicon	1	Adults and parents with children experiencing unemployment and underemployment	Leader	7/26/2021
26	Key Informant Interview	Side by Side (TAY)	1	Transitional Age Youth	Representative	8/31/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
27	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
28	Key Informant Interview	Union City Family Center and Fremont Family Resource Center	3	Families and children impacted by mental health, residents with lower income, older adults	Representatives	8/6/2021
29	Key Informant Interview	Youth Alive!	1	Survivors of community and gun violence, especially youth in Northern Alameda County	Leader	8/16/2021
30	Focus Group	Hayward residents, conducted by Alameda County Public Health Department	13	Hispanic adults	Members	9/30/2021
31	Focus Group	Oakland/San Leandro residents, conducted by Alameda County Public Health Department	11	Indigenous Mam families with young children	Members	9/30/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Asian Health Services	Asian Mental Health Services serves and advocates for the medically underserved, including the immigrant and refugee Asian community, and to ensure equal access to health care services regardless of income, insurance status, language, or culture. Specialty Mental Health Program provides: prevention, early intervention, and treatment services for people with mental health conditions. We serve children, youth, adults, and older adults of Alameda County. Staff are bilingual and bicultural in Cantonese, Japanese, Khmer, Korean, Mandarin, Mien, Vietnamese, and English. https://asianhealthservices.org/specialty-mental-health-clinic/
Access to care	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/
Community safety	La Familia Counseling	La Familia Counseling provides underserved multicultural communities with the tools and support necessary to build resilience, wellness, and economic power. Lafamiliacounseling.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
Income & employment	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
	Alameda County Community Food Bank	Alameda County Community Food Bank passionately pursues a hunger-free community. Alameda County Community Food Bank — Feeding America's 2016-2017 Food Bank of the Year — has been at the forefront of hunger relief efforts in the Bay Area since 1985. http://www.accfb.org
Mental & behavioral health	NAMI Alameda County South	NAMI Alameda County South's Mission is to empower individuals with mental illness and their caregivers to facilitate recovery to the extent of their ability. https://namiacs.org/